

Harmonized Salt Iodization – future policy approach to achieve the mission and vision in eliminating Iodine deficiency in Europe

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Introduction

The joint WHO and UNICEF report published in 2007 on “Iodine deficiency in Europe: A continuing public health problem” identified the situation of Iodine Deficiency in Europe as a major public health concern. The following paraphrasing of the indication in stipulating the goal of the report is essential to frame the current situation, “Given the magnitude of iodine deficiency in Europe, it is important to review this situation in order to assess the current strategy, identify the reasons why these programmes are not as effective as expected, and ultimately provide public health authorities with the information required to improve the iodine status of deficient populations. This is precisely the main objective of this report, and we hope that it will contribute to the goal of elimination of iodine deficiency in Europe.”. Following this joint UNICEF and WHO publication many initiatives of the Iodine Global Network (IGN) have been undertaken, many mission, and visions elaborated upon, but still, the elimination of Iodine deficiency has not been recognized in the European policy setting as a major public health concern requiring a concerted action in Europe.

With this publication, we provide an overview of the history, identify the missing links, and provide a solution that could help to have Iodine deficiency eliminated in Europe.

History

Iodine deficiency has been recognized since decennia as the world’s greatest single cause of preventable brain damage. This recognition by the scientist, public health policy makers and international health organization like WHO and UNICEF is the driving force that led the World Health Assembly to adopt a resolution in 1990 to eliminate iodine deficiency. The World Health Assembly adopted in 1993 the main strategy for the control of iodine deficiency disorders (IDD) through salt iodization. Salt had been chosen as a vehicle because of its widespread consumption and the extremely low cost of iodization. This led to the instalment of the Universal Salt Iodization (USI) policy. Promotion of iodine consumption through Universal Salt Iodization programmes is an essential policy which the salt industry is supporting and has been promoting for many years. This policy is part of the responsible stakeholder's role salt producers worldwide are involved in. It is also essential to indicate that this promotion is in accordance with UNICEF and WHO –recommendations and that salt iodization does not collide with the European and national initiatives aimed at reducing the overall salt consumption. This has also been recognized in the joint WHO-UNICEF report.

Although the many initiatives to raise awareness about Iodine deficiency and its impact on health, and the related solution to promote the consumption of Iodized salt both at consumer level as at policy makers, the latest IGN global Iodine nutrition scorecard of 2015 still indicates that Iodine deficiency in Europe is prevailing in several European member states.

Status

Even though the health consequences of Iodine deficiency for adults, infants and children are well known including irreversible mental retardation yet the European policy makers are not motivated to act and foresee a concerted action to raise the concerns of the impact of Iodine deficiency on public health at the same level of activities as the sugar, fat and salt reduction campaigns which are undertaken.

The question needs to be asked whether we can get Iodine deficiency back on the national agenda of European governments as a serious public health concern which should receive attention. This attention should be the start of policy actions that would help to raise awareness at consumer and policy maker levels to assure an optimum nutrition of Iodine. The concerted actions should not only involve policy makers but all stakeholders that have a contribution to raising the concern on the Iodine nutrition status in Europe.

The salt industry has been instrumental in providing Iodized salt and to contribute to many international organisations like the Iodine Network for sustainable elimination of Iodine Deficiency, currently known as the Iodine Global Network to support the WHO and UNICEF policy in eliminating Iodine Deficiency. Yet the use of iodized salt in Europe is in a decline.

The year report 2016-2017 of the Comité des Salines de France shows a decline of 36.5% of the sales of Iodized salt in 2015 compared to 2005. This trend is also shown in several other countries in Europe.

We cannot attribute the decline in the sales of iodized salt to only to a lower consumer awareness, or a lacking national health policy, but maybe more importantly to the impossibility of the free movement of iodized salt as well as food products with iodized salt in the European Union.

Legal framework

The lower interest of food companies interested in marketing food products with iodized salt in the European market is confronted with a non-harmonized regulatory status of the food product with Iodized salt hampering the free movement of these food products within the European Union. This non-harmonized regulatory situation concerning Iodized salt and food products produced with Iodized salt is a result of the following European legislative framework producers are confronted with.

- Article 168 of the treaty on the functioning of the EU stipulates clearly the following: "Union actions shall complement national policies". Therefore, public health remains within the responsibility of member states. The European Commission can have a guiding role as well can act as an initiator and coordinator of concerted actions in members states, however, cannot impose, draft or have

implemented a national public health policy. Therefore, the European Union has failed to identify a European harmonized recommended Iodine level to the addition of salt. This resulted in a scattered national approach on the fortification of salt and food products with Iodine. The latest IGN Global map of legislation on salt iodization of 2016 updated to show the situation until 28 June 2016 provides a good insight into this diversity. But this diversity is not only whether there is a voluntary or mandatory policy set but is much more complex. The complexity of the diversity is linked to the allowed levels of fortification, the allowed sources of Iodine that can be used and even the limitation to restrict the fortification to certain food categories or food products. Therefore, food producers are confronted with such a scattered and complex regulatory status of the products limiting the free movement of their goods and the marketing of the Iodized salt or the food product containing Iodized salt cross members states markets.

- Regulation (EC) No 1925/2006 Addition of vitamins and minerals to food: This regulation provides a framework allowing certain additions to certain products. It sets conditions, restrictions and levels to which nutrients can be added. There is a certain consensus in this framework to restrict iodine fortification to salt uniquely. This has been indicated in a discussion paper issued by the European Commission on this aspect. However, to complete the harmonization in this respect there was also a need to set European harmonized maximum amounts of levels of certain additions of nutrients. The Commission, therefore, issued a "Discussion Paper on the setting of maximum and minimum amounts of vitamins and minerals in foodstuffs" for which the consultation closed on 30 September 2006. Although the Commission has consulted extensively with the Member States and interested stakeholders on the issue, no proposal has yet been presented due to the complex nature of the issue and the divergent views that were expressed. Therefore, the current regulation still does not limit restriction member states can impose the free movement of iodized salt or products with iodized salt based on national public health concerns.

- Regulation (EC) No 1924/2006 on Nutrition and Health Claims: Although several health claims on Iodine as a nutrient have been approved by the EFSA-scientific approval process, still the framework does not provide a harmonized regulatory framework allowing the communication on the purpose and need to consume the added nutrient. The regulation foresaw the setting of Nutrient Profiles, instrumental to allow health claims on certain food products with a certain nutrient profile. Limiting communication on food products leads to a restricted public awareness and ultimately to an abstaining of a well-informed consumer choice leading to purposely choose for products fortified with Iodine. The Commission recently undertook a survey on the evaluation of the Regulation (EC) No 1924/2006 on nutrition and health claims made on foods. This survey has however not yet led to a further harmonization of the legislative approach to clarify the status of the required setting of Nutrient Profiles ultimately leading to allowing these health claims in Europe on Iodized fortified foods and salt.

Beside these regulatory hurdles, the fact that the European Commission DG Health & Food Safety is not recognizing Europe as being Iodine deficient, and recognizing it has a strategic role to undertake as to provide concerted actions including optimum nutrition of Iodine in Europe in their Strategic Plan 2016-

2020, is instrumental in not having the initiatives on the regulatory framework to lift these regulatory hurdles.

The strategic plan 2016-2020 of DG Health and Food Safety has set targets and objectives to identify the current status of the goal to implement cost-effective health promotion and disease prevention. It identifies the number of Member States having an integrated national plan to address (major) chronic diseases in place, implementing the WHO non-communicable diseases (NCD) targets. In identifying the reaching of the goals, they enumerate the number of EU countries with a national initiative on the reduction of saturated fat, the reduction of salt, the reduction of sugar and the reduction of alcohol-related harm. However, no mention of Iodine deficiency in any of the measured targets was made. This is also no surprise as, since the joint WHO-UNICEF report in 2007, not one single policy statement from WHO-Europe in regard to Iodine deficiency in Europe has been issued.

Iodine deficiency in Europe is clearly not highly ranked on the political agenda of any of the international, European or national governments. Scientific stakeholders involved in Iodine nutrition or fiercely trying to raise awareness but are not being able to reach their voice to the broader public, to stakeholders or to the attention of political influencers that could stir the attention of European and national governments to start actions.

Solutions

There are several strategies available to combat the prevalence of IDD, the most common of which is salt iodization. From the public health point of view in many countries, the universal salt iodization program is recognized as an economical, convenient and effective means of preventing IDD. In recognizing the need for harmonised action in Europe and to have a concerted public health policy be set, it is also important to recognize that implementing or setting a mandatory USI-policy is not always the best policy option in Europe. There are clearly some challenges to overcome in Europe in order to assure a sufficient consumption of iodine and in doing so to overcome the problem of IDD. Already at the ICCIDD (currently known as IGN) roundtable on Iodine Deficiency in Europe in Pisa on Friday 7 September 2012, the meeting agreed to plan a satellite meeting to be held in conjunction with a scheduled meeting of the European Council of Ministers of Public health in late 2013. The concept was that in setting such a meeting member states would be instrumental in raising the issue to the agenda of such a European Health Council meeting. This initiative was never implemented and hence never any further initiative to lobby the European stakeholders and political influencers were undertaken. Undertaking such a lobby exercise as an Iodine community to raise the Iodine nutrition problem requires also insights into the Public Affairs practices and political agenda of the influencers. Understanding how the Brussels based European institutions will undertake initiatives in this field is essential, but more essential is the recognition of the problem and the need to undertake actions by all concerned stakeholders. This latter is missing as the concern on Iodine deficiency is not a European concern. It is also not a public concern. Everybody has some relative that has been affected by CVD, obesity, cancer or other very prevailing diseases. The visibility of Iodine deficiency is very low. The understanding that the economic impact on future generations because of the link to brain development, is lacking. Hence there is no public interest, no public common action, no public

fundraising activities. All these parts of the chain are essential in order to initiate any initiative at any political level.

Secondary, the concept of USI or a mandatory iodization programme at European level would also not provide a solution but rather an opposition. This as the national competent authorities would like to undertake initiatives in assuring optimum iodine nutrition if it concurs to the national iodine intake status. Hence a different approach to raise the concern, as well as to lift the barriers to the free movement of food products fortified with iodine needs to be recognized and discussed.

Such an approach could be the setting of a minimal European level in accordance with the WHO-recommendation, and foresee a harmonized regulatory framework on salt iodization lifting the barriers and providing flexibility to still facilitate national additional actions to be undertaken to complement a European approach. This possible European approach could be to promote Harmonized Salt Iodization (HSI) instead of USI. Complementing Food grade salt with a fortified salt that would include the minimal level of the recommended iodine content, and which can be freely marketed in Europe, would help to raise awareness, facilitate the marketing of products with iodized salt and help to eliminate the iodine deficiency prevalence in Europe.

Therefore, tackling iodine deficiency in Europe and assuring that the elimination of IDD in Europe is implemented and obtained in the future European health policies, requires a multi-stakeholder approach in which every stakeholder has a major role to play.

Having good and sound scientific information documents which can be translated in an understandable language to raise the public awareness is a role the iodine industry, under its umbrella association World Iodine Association (WIA) can undertake.

European recognition that indeed Europe is iodine deficient is essential. The joint WHO-UNICEF report as published in 2007 is a basis. The future involvement of WHO-Europe is therefore crucial to disseminate this knowledge and to reiterate their concern and their emphasis on this goal to eliminate iodine deficiency in Europe. A major public health promotion campaign will be instrumental to assure the consumers do understand the choice for iodized salt and food products with iodized salt.

There should be an inclusion in the European health promotion campaigns, and the strategic planning of DG Health and Food Safety to raise the public concern. It requires a lobbying policy at European level with the engagement of WHO-Europe to have the fight against IDD be recognized as a priority for the years to come. The efforts needed to install such policies requires a different political approach. This approach is not on member states level individually but will require the guidance of the European Health policy. The previous lobby activities undertaken by the different scientific communities and organisations did raise national concern but were not initiating a European initiative and action. Although a recognition at member states level is instrumental, it has little effect if it is not guided and co-ordinates in a European health policy and EU-direction.

It also requires a good measuring of the iodine status in populations in Europe. The EUthyroid-project is instrumental to assure such a common approach in measuring iodine status in Europe.

A continuous promotion of the HSI-principles and the need to restrict fortification to solely to salt as a carrier is a responsibility not only of the scientific community under the umbrella of IGN but also of all

involved policy makers. In this the WHO-publication indicating that HSI-programs are not in contradiction to the salt reduction programs is essential.

Strategy

The upcoming WIA-conference in Pisa on 15th -17th November 2017 should initiate and result in a common multi-stakeholder commitment of all stakeholders involved. The commitment should include a common strategy to help eliminate Iodine deficiency in Europe. The public pledge to undertake this commitment should be the benchmark for the European policy makers to include the assuring of optimum Iodine nutrition as a strategic public health goal in their strategic planning in 2020-2024. It should trigger a concerted action and the creation of a multi stakeholder platform creation that is measuring the implementation and improvement of the Iodine nutrition in Europe.