Would you be so kind as to find herewith our submission in favour of a sustainable mass prevention of iodine deficiency disorders within the framework of the consultation launched by the European Commission.

Regards.

Bernard Moinier
Consultant “Sel et santé »
Comité des Salines de France
17, rue Hamelin
75116 PARIS
bmoinier@salines.com

Consultation launched by the European Commission on how to promote healthy diets

A special EU intervention programme should be drafted and enforced as a priority to eliminate iodine deficiency disorders (IDD) in a sustainable way. The aforesaid programme should be based on an already available report drafted in 2004 for WHO and UNICEF. The report includes the most recent data available for 40 countries in the region. Increased advocacy would be the first step. SANCO would be invited to prioritise the approximation of law on salt iodisation in order to facilitating the distribution of iodised/iodated salt to both households and food industries.

The following suggestions are meeting the questions on which the European Commission invited contributions to be sent not later than March 15th, 2006.

1. Consumer information

Restrictions concerning dietary salt intake should not obfuscate the role of discretionary salt as the most efficient carrier of iodine to prevent iodine deficiency disorders and of fluoride to prevent dental decay, more especially in groups at risk.

2. Consumer education

How can consumer best be in a position to make the right choice regarding food grade salt as long as consistent and comprehensive messages are not disseminated and reiterated on iodised and fluoridated salt? The Health and Education authorities should elaborate at least an IDD prevention programme in association with the salt manufacturers, and integrate it in their global health action plan. The media should participate in it for mass effect. The distribution channels should make leaflets available to orientating consumer choice towards iodise/iodated salt. The ‘Jodsiegel’ experience was a success story in Germany. It might be extended to other Member States.

3. Children and young people

This experience was especially designed to get school children aware of interventions for iodine deficiency sustainable correction. Even mild to moderate iodine deficiency affects children (mental retardation). Iodised/iodated salt improves their intellectual and sexual development and their capacity for initiative (improved IQ). Prevention measures at school

would alleviate the social cost of curative medical interventions in relation to the iodine status of the population.

4. Food availability and health education at the workplace

The use of iodised and fluoridated salt should be explained as part in mass prevention within the framework of social instances operated in companies and institutions. Catering would require intensive action. Coarse salt should neither be used in the kitchen nor at the table. Dieticians would be appreciated in explaining the significance of fortified salt for good health.

5. Overweight and obesity prevention

Salt is not contributing to overweight (no energy value).

6. Addressing the health environment

A major component in iodine deficiency prevention and control is the monitoring and evaluation of national intervention programmes. The assessment of their effectiveness and the coordination of the means to ensure sustainability require to setting up a network of resource and initiative. Full cooperation of all interested parties would contribute to better results. An agreement was reached in 2002 between the United Nations agencies, institutions, nongovernmental organisations, salt industries etc. to support and promote ‘universal salt iodisation’ (USI) further to the ad hoc WHO recommendation. Such a partnership should be supported by the European Commission.

7. Socio-economic inequalities

Low revenue population groups are exposed to iodine deficiency disorders. Even borderline, a deficient iodine status is known to affect the life chances of many children, and later on, their work productivity and their self achievement as adults. The consequences are more severe in groups at risk (pregnant and lactating women). The long term correction of iodine deficiency is feasible at low cost via iodised/iodated salt. The benefits of USI include the reduction of socio-economic inequalities. In the European Union, the most appropriate measure which would meet WHO recommendation would consist in instructing all the distribution channels that every salt packet should be iodised (mandatory measure).

9. Recommendations for nutrient intakes

As regards iodine, the recommended daily intake (per capita) amounts to

- 90 µg for the age group < 6 years
- 120 µg for the age group 6 to 12 years
- 150 µg for adults
- 200 µg during pregnancy and lactation.

Salt iodisation was recommended many years ago in order to make sure that adequate iodine intake is effective in a given population. In 1999, the European region was identified as having the lowest (27 %) coverage of salt iodisation of all the WHO regions. Only discretionary salt is often supposed to be iodised or iodated. This represents a declining source of iodine because of the alteration of cooking habits and the increasing role of manufactured products in our daily diet. A few European Member States allow the use of iodised salt in food processing (Czech Republic, Denmark, Germany, the Netherlands). Although permitted

by food law, the use of iodised salt remains voluntary in most of the Member States. It should become mandatory with a specific claim and/or logo drawing the attention of the consumer that salt is iodised. Effectiveness and sustainability depend on it.

10. Cooperation beyond the European Union

Cooperation with WHO, UNICEF, ICCIDD (Europe), the Network for iodine deficiency elimination could be closer. Iodine deficiency disorders constitute a continuing public health problem as shown in the above-mentioned report which is about to be printed. Priority should be given to areas which remain seriously affected. Moreover, candidate countries would have to participate in a global intervention programme as soon as initiated.