WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH - EAST ASIA

REGIONAL COMMITTEE

SEA/RC34/17

Thirty-fourth Session

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Supplementary Agenda item 2

REGIONAL COMMITTEE DOCUMENT

BACKGROUND DOCUMENT FOR THE PROPOSED AGENDA ITEM ON GOITRE CONTROL

(Paper presented by the Government of India)

Goitre is a deficiency disease manifested by an enlargement of the thyroid gland. Although goitrogenic factors are present in a number of foodstuffs, they seldom play a major role in the causation of endemic goitre. It has now been accepted that the most important single causal factor is an inadequate iodine content in food and consequently an insufficient dietary intake of iodine.

Endemic goitre has been reported from all over the world, and is an important non-communicable disease prevalent in almost all countries. Information available for the South-East Asia Region indicates that the prevalence rate varies widely from country to country, ranging from 4% to 60%. No country can be said to be totally free from goitre. Only those countries in the world which have undertaken a total coverage of the population for the supply of iodized salt are free from goitre.

A goitre survey, conducted in Burma in 1968, which was limited to the mountainous areas and covered only children 6-14 years of age, showed a prevalence rate of 62% in males and 74% in females. Preliminary findings from a 1976 survey report in Bangladesh gave an estimated prevalence ranging from 4.3% to 40.3%. Sri Lanka reported in 1967 that approximately 8.5 million people (70% of the population) were exposed to the risk of endemic goitre. In India, a highly endemic goitre belt is known to stretch across the Himalayas from Jammu and Kashmir in the west to Arunachal Pradesh in the east, the prevalence rate varying from area to area with an average of 35%. From Indonesia, it is reported that during 1971-72, when all the school-children were examined in 39 villages of high endemicity in North Sumatra, West Sumatra, East Java and Bali, the prevalence was found to be 62% in North Sumatra, 89% in West Sumatra, 83% in East Java and 21% in Bali. In Nepal, a 1965-66 survey report showed a prevalence rate ranging from 6% to 89% in females over 13 years of age; a 1980 survey report in northern Nepal showed a prevalence rate of more than 50%. In Thailand, surveys in the northern provinces between 1960 and 1968 showed 44.7% to 62.9% prevalence of goitre in children in the 7-14-year age-group.

Goitre is known for its grave consequences, including irreversible changes, particularly in the younger age-group. While a mild enlargement may be only of aesthetic significance, severe goitre can produce a number of complications. Even more important from the public health point of view is the fact that endemic goitre is epidemiologically associated with endemic cretinism, deaf-mutism and mental deficiency. These associated features vary in degree, according to the severity of the iodine deficiency, and often depend on how early in life it occurs, being the worst when there is a deficiency during foetal development. The prevalence and severity of goitre among women of child-bearing age are therefore of particular concern. In persons over 40 years of age, goitre may also lead to a gradual destruction of the gland, with the result that myxoedema may appear, especially in women. The presence of cretins, deaf-mutes and mentally defectives in a community places a heavy load on it, and a control programme is justified on this score alone.

Fortification of common salt with iodine is accepted to be an effective and most economic method of control. As mentioned earlier, many countries have controlled endemic goitre by the compulsory iodization of edible salt.

Alternative methods for controlling goitre are also being tried out. For example, in Argentina, New Guinea, Peru, Zaire and Nepal, injections of iodized oil are being tried. Prophylactic trials with iodine tablets have been conducted in Burma and in some other countries. In the South-East Asia Region, the introduction of iodized salt was started in 1956 in India, 1962 in Thailand, 1970 in Burma, 1973 in Nepal and 1977 in Indonesia. The programme needs to be evaluated periodically in most of the countries as recent data are not available.

From the above, it is apparent that endemic goitre is undoubtedly a recognized public health problem in the Region. It is totally preventable by the use of a simple technology.

It is desirable that the goitre control programme should have a place in the overall strategy of "health for all by the year 2000" for the Region.

The Committee may like to adopt a resolution on the subject. A suggested draft is attached.

Draft Resolution

GOITRE CONTROL PROGRAMME WITHIN THE CONTEXT OF HEALTH FOR ALL BY THE YEAR 2000

The Regional Committee,

Recalling World Health Assembly resolutions WHA30.43, WHA32.24 and WHA32.30, which reflect the determination of Member States as well as of the Organization to attain the cherished goal of health for all by the year 2000,

Reaffirming the Regional Committee's resolutions SEA/RC32/R1 and SEA/RC33/R4, which urged Member States to develop a plan of action in consonance with the national and regional strategies for health for all,

Noting with concern that goitre remains one of the most important health problems in most of the countries of the Region, and that efforts in organizing control programmes and resources for the application of goitre control measures are still inadequate,

Being concerned about the grave consequences of goitre, such as varying degrees of physical and mental retardation especially in the younger age-groups, endemic cretinism and deaf-mutism,

Emphasizing that the technology in goitre control is feasible, simple and economically viable,

Endorsing priority for goitre control in the programme of primary health care,

1. URGES Member States:

   (a) to give priority attention to strengthening the goitre control programme as an integral component of primary health care, and

   (b) to develop a plan of action in respect of goitre control programmes in accordance with the formulated national and regional strategies for health for all by the year 2000;

2. REQUESTS the Regional Director,

   (a) to include the goitre control programme as a component of primary health care in the overall strategies for the attainment of the goal of health for all for the Region;

   (b) to cooperate with and assist Member States in formulating national plans and strategies in the goitre control programme and in promoting the development of manpower, resources for research and other resources for the programme;

   (c) to support research in the field of goitre control;

   (d) to promote technical cooperation among Member States in respect of national goitre control programmes;

   (e) to develop strategies and a plan of operation for a regional programme in collaboration with other United Nations agencies such as UNICEF as well as with the assistance of extrabudgetary resources, and

   (f) to report to the thirty-fifth session of the Regional Committee on the implementation and progress of the programme.