

Maternal, infant and young child nutrition

Sustaining the elimination of iodine deficiency disorders

Report by the Director-General

INTRODUCTION

1. In 2007, the Sixtieth World Health Assembly adopted resolution WHA60.21, in which it requested the Director-General to report on iodine status every three years in compliance with resolution WHA58.24 (2005).
2. The present report provides an overview of the progress made in sustaining the elimination of iodine deficiency disorders. It contains additional information that supplements the earlier report submitted by the Secretariat to the Executive Board at its 150th session in 2022 on maternal, infant and young child nutrition.¹

PROGRESS MADE IN ELIMINATING IODINE DEFICIENCY DISORDERS

3. The remarkable progress made in the last decades in the elimination of iodine deficiency disorders has recently stalled with 21 countries estimated to have insufficient iodine intakes in 2020,² compared to previous trends of insufficient iodine intakes in 19 countries in 2017, 25 in 2015, 32 in 2012, 47 in 2007, 54 in 2003, and 110 in 1993. These data are based primarily on school-age children, but the global situation of iodine nutrition status among other population groups, such as pregnant women who are particularly vulnerable to iodine deficiency, is uncertain. Countries are encouraged to continue monitoring iodine status on a regular basis, particularly when there are programmatic changes.
4. The preferred strategy for the control of iodine deficiency disorders remains universal salt iodization.³ In 2020, 122 countries had legislation for mandatory salt iodization and 21 had legislation allowing voluntary iodization.⁴ It is further estimated that 89% of the global population has access to

¹ Document EB150/23; see also the summary records of the Executive Board at its 150th session, tenth meeting, section 4.

² Zimmermann MB, Andersson M. Global Endocrinology: Global perspectives in endocrinology: coverage of iodized salt programs and iodine status in 2020. *Eur J Endocrinol.* 2021 Jun 10;185(1):R13-R21. doi: 10.1530/EJE-21-0171.

³ Guideline: fortification of food-grade salt with iodine for the prevention and control of iodine deficiency disorders. Geneva: World Health Organization; 2014 (<https://apps.who.int/iris/handle/10665/136908>, accessed 23 March 2022).

⁴ Global fortification data exchange (GFDx), 2021. (<http://www.fortificationdata.org>, accessed 23 March 2022).

iodized household salt (2014–2020),¹ similar to the estimate of 86% noted in the previous reporting period (2011–2016). However, data on the coverage of iodized salt used in the production of processed foods are incomplete, particularly in countries with voluntary salt iodization.

5. Effective coverage of the iodization of all food-grade salt used in households and food processing is needed, including reaching the most vulnerable populations.² It is recommended that iodine concentrations in salt be adjusted in countries based on their own dietary salt intake data.² As strategies for salt reduction are implemented, careful monitoring of both sodium and iodine intake at the country level helps to ensure that individuals consume iodine at levels that are effective and safe.

6. In the biennium 2022–2023, WHO and partners will provide an update of the global iodine status for school-age children, pregnant women and non-pregnant women. The Secretariat is also initiating the process to update guidance on the population assessment of iodine status.

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¹ United Nations Children’s Fund, Division of Data, Analysis, Planning and Monitoring (2021). UNICEF Global Databases on Iodized Salt, New York, 2021. (<https://data.unicef.org/topic/nutrition/iodine/>, accessed 23 March 2022).

² Guideline: fortification of food-grade salt with iodine for the prevention and control of iodine deficiency disorders. Geneva: World Health Organization; 2014.