ANNEX 6

Guidelines to assess IDD national programmes

A6.1 Background
The elimination of iodine deficiency goal was set at the World Summit for Children in 1990, and subsequently in 1993 when WHO and UNICEF agreed to recommend USI to each nation where IDD is a public health problem. The IDD elimination goal was reaffirmed by multi-sector and national delegations during the UN Special Session for Children (UNGASS) in New York, May 2002, and a timetable was set for global elimination by 2005. At the same time, the Network for Sustained Elimination of Iodine Deficiency (the Network) was launched at a side event during UNGASS by the Director General of WHO which included contributions of high-level global leaders.

Many countries are now seeking acknowledgement of their USI accomplishments and asking for external reviews to assist them in achieving USI. The Network will provide USI/IDD review through simplified guidelines and in a cost-effective manner. Countries that have achieved USI can request a desk assessment by providing relevant data and information (see Annex 1) to the Network. For countries whose progress is stalled and with substantial gains towards USI yet to be made, external review missions might still be needed.

A6.2 Objectives
The following guidelines provide a framework for conducting the USI/IDD country assessment. The main objectives of the review are:

• To help governments and program managers assess and verify the country achievement towards their goals to sustain elimination of iodine deficiency;
• To identify lessons learned and best practices of the country programs;
• To facilitate progress comparisons across regions by means of a standardized tools/guidelines;

• To identify ways to address bottlenecks to ensure USI;
• To recommend steps to sustain USI.

A6.3 Proposed mechanism

The process needs an initiation from the government requesting an external USI review/assessment through the UNICEF or WHO country office. This step is important as it indicates national ownership and commitment to the process.

Once the request is received by the UNICEF/WHO country office, they would facilitate the preparation of country report as outlined in Annex 1. The report should be jointly prepared with all USI/IDD partners (National Coalition) in the country.

The Network Secretary will communicate with the Board members (UNICEF, WHO, WFP, Kiwanis International, Salt Institute, EuSalt, China National Salt Industry, ICCIDD, Micronutrient Initiative, Emory University, US CDC, and GAIN), obtain their inputs, and involve them as appropriate.

A6.3.1 Desk Review

Proposed criteria:
• The country report indicates that USI has been achieved as per:
  — The iodine status of the population and proportion of household with access to adequately iodized salt;
  — The WHO/UNICEF/ICCIDD programmatic indicators.
• There is a need for strategic guidance and sufficient information is available for a desk review.

Country report:
• The country report will be an important means of communicating the country situation. It should include a short executive summary and clear, concise summary on how the country plans to sustain the USI achievements.
• It will be important to have the report (or at least the executive summary and country plans) available to distribute at the ‘stakeholder’/partners consultation prior to submission to the Network.
• Please see Annex 1 for a suggested outline for the country report.

Representatives of Network member organizations could be involved in the desk review, and if needed and resources are available, the Network might have an external expert.
A request from government to the UNICEF or WHO Rep in the Country. The Country Office will inform the Regional Office and Network Secretary on the request.

A report will be prepared by the National Coalition in coordination with government and assistance from UNICEF, WHO and other Network member organizations in the country.

Network member organizations in the country and a local peer reviewer confirm/verify the report/data and decision is made to organize either desk review or in country assessment.

**In-country assessment**

- Reports submitted to the Secretary and the country requests for an in-country assessment.
- The Secretary will share the reports with Network Board members.
- If the Board agrees and resources are available, the Secretary will coordinate with Board members, the country and regional counterparts for developing TORs and program for the review mission. If resources are available and needed, external experts may be recruited.
- The Country Assessment will follow guidelines of Iodized Salt Program Assessment Tool 3.
- Team should submit report and recommendations to the Network Secretary within 2 weeks after the mission.

**Desk review**

- Reports submitted to the Secretary and the country requests for a desk review.
- Secretary will coordinate with Board members to draw on expertise available within Network member organizations (2–3 persons) and or an external expert if needed and resources are available; and form a virtual team for evaluation.
- Team reviews the report and submits recommendations to the Network Secretary within 2 weeks.

The Network Chair on behalf of the Board sends the report to UNICEF/WHO Country Representative.

UNICEF/WHO country Reps present the final report to the government.

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a Network Secretary can be contacted at info@iodinenetwork.net.
b Network member organizations in the country include UNICEF, WHO, WFP, Kiwanis International, Salt Institute, EuSalt, China National Salt Industry Corporation, ICCIDD, MI, Emory U, US CDC, and GAIN.
A6.3.2 External Review Mission

Proposed criteria for conducting an external review:
- National progress has been stalled;
- Early and significant gains towards USI can be predicted and alternative or different strategies are considered worthwhile;
- Evidence of senior political commitment to goal achievement and national commitment to success is apparent;
- There is a need for an external mission.

Assessment team composition:
- Senior officers from selected central ministries and governmental departments;
- National coalition/committee;
- Salt producers, technicians, and traders;
- Civil, scientific, and communications elements of society;
- Representatives from the border inspection systems, importers and exporters, law enforcement personnel, agriculture and education;
- Senior officers from resident development agencies in the country, and representatives of other network member organizations, where possible;
- One or two regional/international consultants.

Country assessment and mission report will follow the procedure and format suggested in ISPAT (1999).

A6.3.3 Proposed outline for reporting country USI achievement

The country report should include:

- Executive summary: A summary of country USI/IDD status, analyses, and recommendations.

- Summary of country action plans: Key action plans for strengthening and sustaining the achievements.

- Country profile: In this section, a brief summary of information on the country is collected and recorded. It should provide a summary of geographical and administrative description of the country, including demographics, vital health statistics, and basic government organization. A description of the health care system in the country should be provided, including an estimated health budget, and the budget for iodine deficiency elimination program activities – including the budget for the USI component. It would be useful to plot an historic time-line marking significant program activities for the past 10 to 20 years.
Country assessment

a. The product

This section should include information on all aspects of salt production or imports. It should focus on those aspects that pertain to the entire salt industry and should provide details on those areas of industry responsibility that can be improved and sustained. The discussion includes:

- Achievement of change in practices by food processing industries;
- Analysis of relationships between regulatory authorities and practices and salt producers and practices;
- Analysis of utility and impact of product advertising on public demand, use and understanding;
- Analysis of quality assurance at iodized salt production;
- Analysis on data of salt importation, production and iodization process, distribution, major companies, small scale producers/salt farmers, association of salt producers, prices of products and the market situation;
- Analysis on availability and procurement of $\text{KIO}_3$;
- A summary of salt situation (see Table 16);
- A summary of lessons learned;
- Key action plans related to the product might be elaborated.

<table>
<thead>
<tr>
<th>Table 16  Summary of salt situation</th>
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<tbody>
<tr>
<td>SALT</td>
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<tr>
<td>Total produced/imported</td>
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<tr>
<td>(total salt available in country)</td>
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<tr>
<td>Industrial (non-food grade)</td>
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<tr>
<td>Food grade (including animal salt)</td>
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</tbody>
</table>

b. The process

This section should include all elements necessary for the long-term continuation of the program. The focus should be on elements that are the roles and responsibility of the national IDD program, or of other branches of the government. This should include assessments of each element’s strengths and weaknesses, with specific suggestions for improvement. The discussion includes:

- Analysis of the political process and how that has been nurtured and sustained, and with what measurable results;
- Analysis of the history of formation of a National Coalition to assure achievement of USI and Sustained Iodine Nutrition and the current practices and issues;
• Analysis on laws and regulations, inspection, and enforcement processes in the country for USI and some indication of practice and results;
• Analysis of government oversight practices and procedures;
• Achievement of penetration into learning systems;
• Achievement of insertion of essential knowledge on iodine nutrition in the training of medical practitioners and other health personnel;
• Achievement of insertion in animal husbandry and some indication of impact and increase of iodized salt use for animals;
• Analysis of the communications tactics and strategies and the potential of their permanency;
• Analysis of national management capacities including appointment of a responsible officer for IDD elimination program;
• Analysis of financial commitments of state authorities, central budgets, and expenditure patterns, including private sector and civic sector commitments; and degree to which the nation is positioned with national resources to sustain iodine nutrition forever;
• Analysis of impact of international aid and collaboration;
• Analysis of potential for success absent international aid;
• A summary of lessons learned;
• Key action plans related to the process.

c. Households access to iodized salt and iodine nutrition status
This section should provide a summary of the most current data in the last two years on household and retail iodized salt coverage/access, and on the iodine nutrition status (urinary iodine concentration: median, percentage of population below 20 µg/l) of a population. If an independent, population-based survey (preferably nationally representative) is included, data methods should be described, and a summary presented. The discussion should include data collection methods and an assessment of the coverage and prevalence figures presented. The discussion includes:

• Achievement of government practices and procedures for obtaining, analyzing, publishing and utilizing data and information.
• Analysis of commitments to assess and reassess the progress towards elimination with access to laboratories able to provide accurate data on salt and urinary iodine. This should include:
  — Regular data on salt iodine at the factory, retail, and household levels, and regular laboratory data on UIE in school-age children with appropriate sampling for higher risk areas;
  — A database for recording of results of regular monitoring proce-
dures particularly for salt iodine, UIE, and if available neonatal TSH monitoring with mandatory public reporting.

- Analysis on trends/changes in iodized salt coverage and iodine status over time (last 10 years if possible).
- Achievement of public health laboratories related to iodine nutrition, their management, quality control practices and procedures.
- Program infrastructure, oversight committee, staff, budget, type and number of laboratories and annual number of samples processed.
- A summary of lessons learned.
- Key action plans to sustain regular USI monitoring and evaluation.

d. A summary of Country Program assessments by WHO, UNICEF, and ICIDD

Table 17 Summary of Country Program assessments

<table>
<thead>
<tr>
<th>PROGRAMMATIC INDICATORS</th>
<th>COUNTRY PROGRAM SITUATIONS</th>
<th>ACTION PLANS TO SUSTAIN USI</th>
</tr>
</thead>
</table>
| 1. Presence of a national multi-sector coalition responsible to the government for the national programme for the elimination of IDD with the following characteristics:  
  - National stature;  
  - All concerned sectors, including the salt industry, represented, with defined roles and responsibilities;  
  - Convenes at least twice yearly. |                           |                            |
| 2. Demonstration of political commitment as reflected by:  
  - Inclusion of IDD in the national budget (either as specific programme funds or through inclusion in existing programme funds) particularly with regard to procurement and distribution of KI03. |                           |                            |
| 3. Enactment of legislation and supportive regulations on universal salt iodization, which establishes a routine mechanism for external quality assurance. |                           |                            |
| 4. Establishment of methods for assessment of progress in the elimination of IDD as reflected by:  
  - Reporting on national programme progress every three years. |                           |                            |
Table 17 Continued

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<thead>
<tr>
<th>PROGRAMMATIC INDICATORS</th>
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<tr>
<td>5. Access to laboratories as defined by:</td>
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<td>- Laboratories able to provide accurate data on salt and urinary iodine levels and thyroid function.</td>
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<td>6. Establishment of a programme of education and social mobilization as defined by:</td>
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<td>- Inclusion of information on the importance of iodine and the use of iodized salt, within educational curricula.</td>
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<td>7. Routine availability of data on salt iodine content as defined by:</td>
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<td>- Availability at the factory level at least monthly, and at the household level at least every five years.</td>
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<td>8. Routine availability of population-based data on urinary iodine every five years.</td>
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<td>9. Demonstration of ongoing cooperation from the salt industry as reflected by:</td>
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<td>- Maintenance of quality control measures and absorption of the cost of iodate/iodide.</td>
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<tr>
<td>10. Presence of a national database for recording of results of regular monitoring procedures which include population-based household coverage and urinary iodine (with other indicators of iodine status and thyroid function included as available).</td>
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Conclusions

Conclusion on the country situation analysis and summary of agreed key action plans to sustain ID elimination in the country.