Mr. Chairman, Your Excellencies and Distinguished Delegates:

Thank you for the opportunity of speaking with you today on behalf of the International Council for the Control of Iodine Deficiency Disorders (ICCIDD). I am Dr Mu Li from the School of Public Health at the University of Sydney, and the ICCIDD Deputy Regional Coordinator for the Asia Pacific region.

It is estimated that one billion people living within the Asia Pacific region have urinary iodine excretion concentrations less than the minimum level of 100 ug per litre and are at risk of developing one or more of the adverse effects of IDD (1). The vast geographical expanse of this region, from small Pacific Island nations to some of the most populous nations on earth, such as China, poses a huge challenge in identifying and addressing the problems of IDD in this part of the world. Poverty and social disadvantage characterize many of these underdeveloped countries. IDD is most commonly, but not always, associated with lack of social and economic development, isolation and mountainous terrain.

Within the Western Pacific Region, IDD has been recognized as a serious public health problem in Cambodia, China, Laos, Malaysia, Mongolia, Papua New Guinea and the Philippines. In some of these countries serious iodine deficiency is limited to remotely located pockets of the population that are difficult to reach with iodized salt on a sustainable basis. Despite all the difficulties, there have been considerable improvements in household iodized salt coverage in most of these countries over the past decade, giving hope to the realization of the goal of sustainable IDD control within the next decade. China and Vietnam are good examples of countries that have invested enormous effort and resources in IDD elimination programmes and are now reaping the social and health benefits of these investments (3). Both countries have met the overall target of achieving iodized salt coverage in excess of 90% of all households.

In the Pacific Island countries, there have been sporadic reports of goiter being endemic in parts of Fiji, New Caledonia, Samoa, Tuvalu and Vanuatu. Because of these countries have large expanses of coastline and presumed easy access to seafood, it has erroneously been assumed that iodine deficiency is not a significant endemic problem in the Pacific. As a consequence, little or no data on IDD has been collected in many of these nations. In the WHO Database on Iodine Deficiency, updated in December 2006, majority of the Pacific Island countries were listed as “No Data”. A recent study in
Tanna Island, Vanuatu has revealed that the median urinary iodine excretion level was 49 microgram per litre in children indicating moderately iodine deficient, 27% boys and 33% girls had thyroid size greater than the international standard for their age. Further studies need to be carried out to fully assess the magnitude and severity of the iodine deficiency problem in the Pacific Island countries.

A disregard of the crucial role of iodine nutrition has characterized the position of some of the more affluent nations such as Australia and New Zealand (2). Mild iodine deficiency has re-emerged in Australia and New Zealand over the past decade and poses a significant health risk to future generations of these countries. A recent national iodine nutrition study has revealed the median urinary iodine level is under 100 ug/l. and there is increased size of thyroid glands by ultrasound measurement, consistent with mild iodine deficiency in Australian school children. Similar results have been obtained in studies of New Zealand children.

We urge WHO WPRO to continue to support Member States in the effort of IDD elimination; to enforce WHA resolution on collection and reporting of country iodine deficiency status and to advocate the health authority in each country and the food industry about the importance of adequate iodine nutrition on mental and physical development of future generations and the development of our region.

Thank you for your attention.