ACHIEVING USI IN PAKISTAN BY IMPROVED QUALITY CONTROL AND BETTER GOVERNMENT OWNERSHIP AND CAPACITY

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ABSTRACT

In 2010, an evaluation among 850 processors associated with the Universal Salt Iodization (USI) Programme indicated that only 36% of the salt produced by them was adequately iodized. A strategy focussed on strengthening the government’s capacity was developed by MI and the Local Government to provide external quality assurance support to processors while also enforcing regulations. To this effect, Iodine Deficiency Disorders (IDD) Control Committees were established to oversee external monitoring. Provincial & District Focal Persons and USI field officers were deputed for monitoring and supervising USI activities. Monitoring staff of Department of Health were trained on quality control and six district quality control laboratories (QCLs) were established to assess iodine content in salt samples. Timely feedback to salt processors along with strengthened regulatory enforcement and monitoring mechanisms increased the proportion of adequately iodized salt production from 36% in 2010 to 57% in 2012.

BACKGROUND

- Sixty percent of salt processors in Pakistan are small scale processors who have limited knowledge & capacity required for iodization.
- Equipment used for iodization by salt processors is very rudimentary.
- High and increasing price of potassium iodate is a deterrent for small salt processors to adequately iodize salt.
- Monitoring is poor and often absent and there is no quality control system in place.
- Devolution of health from the central to the provincial government due to constitutional amendment created a gap in the institutional and regulatory arrangements and the required technical and human resource capacity at the provinces for policy, planning and coordination to ensure salt iodization.

OBJECTIVE

To improve the proportion of salt that is adequately iodized through capacity building of the government’s system to provide external quality assurance support to processors while also enforcing regulation.

A SMALL SALT MILL (CHAKKI) IN DISTRICT MARDAN, PAKISTAN

METHODOLOGY

ACHIEVING USI IN PAKISTAN THROUGH STRENGTHENING QUALITY CONTROL MECHANISM

- 215 officials from the Department of Health (DoH) trained on supervision, monitoring, quality control, quality assurance and regulatory enforcement.
- Provincial Managers in three provinces and 23 field officers deputed in districts to make regular visits for monitoring and supervision of USI activities.
- Strong monitoring and supervision by the DoH and focus on quality control and enforcement of standards for adequate iodisation contributed towards improving salt iodisation levels.
- Seventy district and provincial IDD control committees established to monitor program implementation.
- External quality control was strengthened through the establishment of QCLs. This led to more rigorous and frequent quantitative analysis which improved the adequacy of iodisation in comparison to monitoring using qualitative techniques like Rapid Test Kits (RTKs).
- The proportion of adequately iodized salt (≥30ppm iodine) produced increased from 36% in 2010 to 57% in 2012.

CONCLUSION

- Strengthened monitoring of salt processors enabled:
  - the continuous engagement with salt processors to provide technical support, problem solving and supportive supervision;
  - a stronger enforcement by government authorities;
  - obtaining rapid results in terms of the proportion of salt that is adequately iodized.
- Strengthened institutional arrangements at the provincial and district levels provided regulatory and technical oversight to monitor salt processors and achieve USI.

Challenges ahead:

- Maintaining and further improving quality of salt iodisation at the production level.
- Continuous refresher training to address the rapid turnover of salt workers.
- Sustained and continuous monitoring and quality control after withdrawal of donor support.
- Establishing a national and provincial legislation on mandatory USI.

TESTING FOR QUALITY ASSURANCE AT QCLs

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