



Dialogue Summary

Informing Salt Iodization
Policies in Lebanon to
Ensure Optimal Iodine
Nutrition

K2P Policy Dialogue convenes key policymakers and stakeholders to capture contextual information, tacit knowledge, views and experiences including potential options to address high priority issues. K2P Policy Dialogues are informed by a pre-circulated K2P Policy Brief or Briefing Note to allow for focused discussion among policymakers and stakeholders.



Dialogue Summary

+ Included



Definition and contextualization of the priority issue



Summary of stakeholders' deliberations on options



Recommended course of action



Faculty of Health Sciences
Knowledge to Policy | K2P | Center



K2P Dialogue Summary

Informing Salt Iodization Policies in Lebanon to Ensure Optimal Iodine Nutrition



Faculty of Health Sciences
Center for Research on
Population and Health | CRPH



Authors

Chaza Akik, Lamy El Bawab, Hala Ghattas, Omar Obeid,
Fadi El-Jardali*

Funding

IDRC provided initial funding to initiate the K2P Center.

Acknowledgements

The policy dialogue meeting was arranged and organized by the K2P Center in collaboration with the Center for Research on Population and Health (CRPH) and the Faculty of Agriculture and Food Sciences (FAFS). The views expressed in the dialogue summary are the views of the dialogue participants and should not be taken to represent the views of the authors of the dialogue summary.

The authors wish to thank the K2P core team including Diana Jamal, Racha Fadlallah, and Rachel Ashkar.

Dialogue

The K2P Policy Dialogue on Informing Salt Iodization Policies in Lebanon to Ensure Optimal Iodine Nutrition was held on April 28, 2016 at the Gefinor Rotana Hotel, Beirut, Lebanon. The dialogue was facilitated by Dr. Fadi El-Jardali, the director of the K2P Center.

Citation

This K2P Dialogue Summary should be cited as
Akik C., El Bawab L., Ghattas H, Obeid O, El-Jardali, F. K2P Dialogue Summary: Informing Salt Iodization Policies in Lebanon to Ensure Optimal Iodine Nutrition. Knowledge to Policy (K2P) Center. Beirut, Lebanon; June 2016

Contents

Preamble	2
Deliberations about the problem	2
Deliberations about Elements of a Policy	
Approach for Addressing the Problem	6
Recommendations and Next Steps	10

Content

Preamble

The K2P Policy Dialogue was attended by diverse stakeholders: policy and decision makers, representatives from relevant ministries (Ministry of Public Health (MOPH), Ministry of Industry (MOI), Ministry of Economy and Trade (MOET) and Ministry of Education and Higher Education (MEHE)), public institutions' representatives (Lebanese Standards Institutions (LIBNOR)), UN agencies representatives (United Nations Children's Fund – UNICEF), international (Iodine Global Network (IGN)) and local non-governmental organization representatives (Consumers Lebanon), all the 4 salt production industries, salt packaging companies, medical society representatives (Lebanese Society of Endocrinology, Diabetes and Lipids) as well as researchers and public health scholars. The policy dialogue hosted 22 people and was facilitated by Dr. Fadi El-Jardali, Director of K2P with the presence of Dr. Walid Ammar, the Director General of the Ministry of Public Health.

Deliberations about the problem

Dialogue participants discussed the overall framing of the issue of iodine deficiency in the Lebanese population and the current salt iodization program that does not seem to guarantee adequate iodine intake. All participants endorsed the existence of the problem and agreed about the need to focus on the multiple factors that are leading to the problem.

Most participants agreed that the law 178/2011 on iodization of salt contributed to the issue through loopholes in its content, its weak implementation and poor evaluation and monitoring.

The deliberation started by mentioning that the latest law states that iodine levels should be between 60 and 80 mg/kg and this was not clear whether it relates to iodine

Background to the Policy Dialogue

The Policy dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action.

Key features of the dialogue were:

- 1) Addressing an issue currently being faced in Lebanon;
- 2) Focus on different underlying factors of the problem;
- 3) Focus on four elements of an approach for addressing the policy issue;
- 4) Informed by a pre-circulated K2P policy brief that synthesized both global and local research evidence about the problem, elements and key implementation considerations;
- 5) Informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach for addressing it;
- 6) Brought together many parties who would be involved in or affected by future decisions related to the issue;
- 7) Ensured fair representation among policymakers, stakeholders, and researchers;
- 8) Engaged a facilitator to assist with the deliberations;
- 9) Allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
- 10) Did not aim for consensus. Participants' views and experiences and the tacit knowledge they brought to the issues at hand formed key input to the dialogue. The dialogue was designed to spark insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue and by those who review the dialogue summary.

or potassium iodate. However, participants debated that this amount should be revised based on accurate studies and a needs assessment, since people living on the seaside are less in need of iodine than people in mountains. An accurate amount needs to be set and implemented; especially that access to large amounts of iodine is limited.

Most participants disagreed with extending the fortification of salt to coarse salt or salt used in food processing, given that the addition of iodine in table salt in 1995 was sufficient to meet the needs of the Lebanese community. There could also be an increased risk of excessive consumption of iodine that could lead to iodine-induced hyperthyroidism as well as autoimmune diseases. Participants also emphasized that by only applying the law on salt packed in one-kilogram bags, all salts packaged in larger bags do not require iodization. Even if that salt was being iodized, the concentration of iodine is likely to drop considerably given the suboptimal packaging. It is also unclear at what stage the iodization process was taking place (pre- or post-refinement) leading to further drop in the iodine concentration.

Several participants discussed the need to take into consideration, not only the quantity of iodine being added but also its purity.

Participants in general, criticized law 178/2011 as not having been drafted on evidence-based information.

Salt producers acknowledged facing challenges undermining the proper iodization of salt. They reported difficulties in ensuring adequate iodine supply given the high cost and the complications in importing it. They also recognized the need for technical support in the iodization process given the narrow recommended range of iodine in the law. Furthermore, they reported that current samples are being transported from their area to the capital for testing, incurring additional costs. Thus testing labs should be accessible and available across Lebanon.

Participants also highlighted weak commitment of the salt industry to the implementation of the law as no action was taken on their behalf despite warnings issued by monitoring bodies.

Participants also emphasised the lack of awareness among the general population on ways to use and store the salt (such as the

addition of iodized salt that is highly volatile during cooking), jeopardizing the costly process of salt iodization; therefore the need for consumers' awareness.

Furthermore, most participants agreed on the weak monitoring and evaluation of the implementation process. The relevant bodies are facing challenges in conducting these processes in a sustainable manner. They suggested further collaboration among themselves to find solutions.

Deliberations

Deliberations about Elements of a Policy Approach for Addressing the Problem

The dialogue participants suggested that solutions be realistic given the current circumstances and the importance of all stakeholders being engaged towards achieving the goal.

Acknowledging the importance of a mandatory (rather than voluntary) law to protect the Lebanese population against iodine deficiency disorders, the dialogue participants discussed the need for drafting a new law rather than amending law 178/2011 (as suggested in Element 1). The new law should address the following: 1) minimum and maximum levels of iodine to avoid deficiencies or toxicities, 2) exclusion of fluoride fortification? from salt production, 3) purity and quality of iodine should be ensured, and salt should not contain heavy metals, 4) attention should be given to individuals who consume high amounts of iodine (such as those who eat sushi on a regular basis, 5) make sure that the techniques used to process salt do not result in iodine evaporation, 6) consumption of non-iodized coarse salt should remain an option.

One key suggestion was to avoid specifying the quantity of iodine to be added to the salt in the law and rather conduct a study every 2 to 5 years to assess the urinary iodine concentration and accordingly adjust the quantities needed. However, since iodization focuses on refined salt only, which contribute to less than 50% of salt intake, and in line with WHO recommendations, an iodization level of 60-80 mg of potassium iodate per Kg salts would be a reasonable starting level. Furthermore, LIBNOR standard for table salt published in 2007 will be updated this year. In alliance with the Codex Alimentarius, the standard does not specify the quantity of iodine that needs to be added to salt. It rather refers to the Ministry of Public Health set recommendations.

Additional targeted interventions would also need to be developed for vulnerable populations such as pregnant women (as

mentioned in Element 3), in addition to recommendations by the Ministry of Public Health on the amounts of iodine to be consumed by these populations.

Based on previous best practices, a list of the common strategies for countries to be successful in reaching optimal levels of iodine was mentioned in the dialogue. It included: 1) developing a national committee for follow up and update, 2) setting regulations; the law is important but needs to be amended and updated regularly, 3) developing public educational programs, 4) performing regular UI monitoring, 5) performing quality control and quality assurance at the industries and root-cause analysis to monitor, follow up and solve the problems that emerge, 6) creating a monitoring system for the national database.

Most participants agreed on the importance of creating a national committee (as suggested in Element 1) to ensure continuity of the dialogue and for follow-up. It should have clear duties and responsibilities. All stakeholders need to be engaged particularly the ministries given the need for a subsidized iodine supply and sustainable monitoring and evaluation.

Many participants highlighted the importance of supporting the Lebanese salt producers (especially from the Ministry of Economy and Trade) as their market share has been decreasing with increasing imports of iodized salt from other countries. A 25% increase in imported salt ready for consumption, sold at third the price of local salt, was reported in the last year according to the Ministry of Economy and Trade. The cost of iodine remains a key worry to producers highlighting the need for subsidization, especially that some participants questioned the feasibility of further increasing salt price. In order to upgrade the salt iodization process, participants emphasized the need for standard operating procedures, as well as potentially establishing a traceability system that would help reduce the inefficiencies within the salt supply chain. Many participants also suggested the use/establishment of a local laboratory to test the samples in the North of Lebanon where most of these production facilities are based rather than in Beirut in order to cut on transportation costs.

All participants acknowledged the necessity of the monitoring and evaluation systems to the success of any salt iodization program but also highlighted the requisite commitment of all ministries.

Several participants also highlighted the importance of raising public awareness both on the importance of iodine on health, its potential deficiencies and toxicities as well as on how to use salt when preparing food.

Next Steps

Recommendations and Next Steps*

Below are the suggested recommendations and next steps based on the deliberation and input from dialogue participants:

- Formation of a national committee with a clear plan (both short and long-term) that covers among other issues, the standards, the technical assistance, the monitoring and evaluation needed to upgrade the salt production in addition to the legislation. It would have detailed roles and responsibilities of the different stakeholders (including mainly all attendees of the dialogue) and potentially led by the Ministry of Public Health. In this regard, the MOPH recommended scaling up the scope and functions of this committee to establish a national Micro-Nutrient Committee.
- The MOPH recommended issuing an approved document from the Minister of Health which provides clarifications on the existing law, including standards and mechanisms for monitoring and evaluation.
- The need to request a supply of iodine from an agency that offers it at subsidized prices and to perform a situation assessment of the salt industry.
- Conduct an evaluation within two years of points 1 and 2 to inform current and future laws.
- Initiate a monitoring mechanism of the salt iodization process. This should be complemented with capacity building and training from international experts.
- Support national production with emphasis on the requisite commitment of the local salt industry in improving implementation of the salt iodization process.

* The Ministry of Public Health provided additional comments and suggestions after the dialogue as the Director General had to leave the dialogue to attend to an urgent matter.

Knowledge to Policy Center draws on an unparalleled breadth of synthesized evidence and context-specific knowledge to impact policy agendas and action. K2P does not restrict itself to research evidence but draws on and integrates multiple types and levels of knowledge to inform policy including grey literature, opinions and expertise of stakeholders.

Knowledge to Policy (K2P) Center
Faculty of Health Sciences
American University of Beirut
Riad El Solh, Beirut 1107 2020
Beirut, Lebanon
+961 1 350 000 ext. 2942-2943
www.aub.edu.lb/K2P
K2P@aub.edu.lb

Follow us
Facebook [Knowledge-to-Policy-K2P-Center](https://www.facebook.com/Knowledge-to-Policy-K2P-Center)
Twitter [@K2PCenter](https://twitter.com/K2PCenter)