

Elimination of Iodine Deficiency Disorders in
Central and Eastern Europe, Commonwealth of
Independent States, & the Baltics

Assessment of UNICEF Communication Activities

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Contents

Acronym List

Executive Summary

Country Case Studies

Albania

Georgia

Kazakhstan

Kyrgyzstan

Moldova

Russia

Tajikistan

Turkmenistan

Ukraine

Appendix

Acronym List

ADB	Asian Development Bank
AIHA	American International Health Alliance
ASMA	Albanian Social Marketing Association
CCP	Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs
DHS	Demographic and Health Survey
ERC/RAMS	Endocrinological Research Center of the Russian Academy of Medical Sciences
ICC/IDD	International Council for the Control of Iodine Deficiency Disorders
IDA	Iron deficiency anemia
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
JSI	John Snow, Inc.
KAN	Kazakhstan Academy of Nutrition
KAP	Knowledge, Attitudes, and Practice
KONFOP	International Confederation of Consumer Societies
KSHRSP	Kyrgyz-Swiss Health Reform Support Project
MOH	Ministry of Health
NCPM	National Center for Preventive Medicine (Moldova)
NICC	National ICC Committee (Moldova)
PSA	Public Service Announcement
PSI	Population Services International
SES	Socio-Economic Status
TAIG	Technical Advisory and Implementation Group (Kazakhstan)
TOT	Training of Trainers
VAT	Value Added Tax

Executive Summary

I. Background

UNICEF commissioned this assessment of IDD communication activities in the Europe and Eurasia region in order to inform a new cycle of communication strategy planning. The United Nations, other international bodies, and most importantly, national governments have set a goal of reaching sustained elimination of IDD by the year 2005. In order to reach that goal governments, donor organizations, private industry, and UNICEF itself will need to make a great investment in time, effort, and funding. It is hoped that this assessment will contribute to the shaping of the strategy that will help Europe and Eurasia reach the 2005 goal.

The assessment was conducted by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs. The assessment team visited nine countries between February and April 2003 to develop the country case studies that form the body of the assessment. Overarching conclusions and recommendations applicable to the Europe and Eurasia region as a whole are gathered in the executive summary.

The analysis of IDD communication activities is based on a framework for IDD prevention that focuses on three critical elements: a supportive environment, increasing immediate use, and ensuring sustained use of iodized salt in future. Each country situation calls for a different weight on each of the three elements, but we feel that all country programs will benefit from a strategy that contains elements of all. The critical elements are described in detail below.

Supportive Environment

Production of, access to, and use of iodized salt are all dependent on the legislative and policy environment of the country. Some countries have achieved legislation mandating the production and importation exclusively of iodized salt. This legislation and policy is the most desirable, but may not be easily achievable in all political environments due to multiple stakeholders and debates about consumer choice, and active advocacy is necessary. A comprehensive IDD strategy will contain an advocacy element that seeks to achieve the most supportive policy environment possible (USI). The salt environment, or the salt situation, is included in the supportive environment section as salt production is often closely linked to government regulation and legislation.

Increasing Immediate Use

UNICEF's efforts to support countries' goal of virtual elimination of IDD by 2005 require a strategy to jump-start use of iodized salt. While legislation can support public use of iodized salt, something more is needed to effect the decisions people make while standing in supermarket aisles. Since salt producers and distributors will respond more effectively to national demand than to regional demand, a national strategy for increasing immediate use of IS is needed in every country that aims for the 2005 deadline. A marketing or social marketing strategy combined with national media and press would be an integral part of such a strategy.

Ensuring Sustained Use

Ensuring that a society sustains its use of iodized salt, informed by the risk of brain damage, is essential to sustained elimination of IDD in future generations. A one-time push for iodized salt use will increase iodized salt use today, but only a health literate population will ensure iodized salt use tomorrow. In keeping with UNICEF's focus on child rights, children are a valuable resource and audience for IDD education. In addition, the medical system is invaluable in continuing education and counseling to the public on IDD and iodized salt. Communication strategies for sustained IDD elimination should include work with the education and health systems to ensure consistent public recall of IDD messages.

II. UNICEF IDD Elimination Activities in Europe and Eurasia

A. Overview

UNICEF is implementing activities that aim to reach sustained elimination of IDD through the use of iodized salt in each of the nine countries included in this assessment. These activities range from strategically planned campaigns that cover the three essential elements to interventions focused primarily on changing legislation. It is clear that reaching UNICEF's IDD goals are important to all country offices, and that staff are eager to move their programs forward. The staff of the country offices visited have much to be proud of – UNICEF has been instrumental in changing the way governments and populations legislate, supply, and use iodized salt.

The goal of reaching sustained elimination of IDD by 2005 is achievable in all of the countries visited, but not at the scale at which many of the countries are implementing programs. Only one or two of the countries visited has a comprehensive, strategically designed approach to reaching that goal. If UNICEF intends to reach its stated goal, it is time to ramp-up its efforts.

Currently, IDD activities in the country offices are generally managed by a health officer and a communication officer, often with the program goals and duties split between the staff. This assessment found that there is often not enough integration of the health and communication strategies and plans. Often there is no one person who is responsible for the IDD agenda (inclusive of both communication and health), whose primary task is to plan, implement, and evaluate the activities. This would be fine for a low-priority program that demands little management. However, to reach the 2005 goal each country office needs someone whose main task it is to implement the country's IDD agenda. We would like to emphasize that the staff the assessment team met in the field were highly competent, dedicated, and worked amazingly long hours. They have the respect and admiration of the assessment team.

Funding for all the UNICEF IDD activities assessed came through USAID. While most country offices said the funding was adequate, the current funding levels are not adequate for national-level communication campaigns that include all three elements necessary to

reach sustained elimination of IDD. In order to design strategies, roll out pilot programs, extend community-based activities, and use media effectively more funding is needed. This is a question of scale; the scale at which the IDD programs are being planned and implemented is simply not ambitious enough to meet a very ambitious goal.

The programs UNICEF country offices have designed and implemented are creative, responsive to local needs and desires, and carried out in collaboration with local partners. For example, a local NGO in Ukraine that had a display of iodized salt-themed art by children, and in Kyrgyzstan villages using test kits demanded their salt retailers provide iodized salt. These activities, and many others like them described in this assessment are innovative, thoughtful, and there is every reason to believe, effective. Its time to take them to scale.

B. Supportive Environment

Legislation

Advocating for legislation that mandates USI and moves countries forward toward sustained elimination of IDD has been UNICEF's strongest focus and area of largest reward. All countries visited for this assessment had on-going advocacy activities aimed either at creating new legislation, pushing through drafted legislation, or enforcing legislation passed into law. While UNICEF staff sometimes expressed disappointment that the legislation eventually passed or drafted did not mandate USI, the fact of any IDD legislation at all is a tremendous accomplishment.

Now that many countries have legislation in draft or final form supporting USI or iodizing salt the question remains whether it is enforceable. In Georgia, for example, the customs service is so difficult to navigate that legislation prohibiting the import of iodized salt may turn out to be toothless. When advocating for legislation, UNICEF should be mindful that the legislation must make provisions for enforcing its regulations as well, or the legislation may have no effect, as many of the early decrees some countries in the region passed did not impact iodized salt use. The good working relationships with the local government that UNICEF has built in each country help ensure that the strongest legislation possible in the current environment is drafted and passed. The governments' commitment to enforcing that legislation will be seen in the years to come.

Many countries focused their IDD efforts first on legislation, with plans to turn to increasing immediate use when the legislation was underway. This has worked well for some countries, like Turkmenistan, which now has a presidential decree mandating USI without any substantial activities to increase use at all. Other countries that will not be able to mandate USI swiftly (or possibly ever) must combine their efforts in changing legislation with active efforts to increase use of iodized salt.

Salt Situation

Sustained elimination of IDD is all about getting people to consume iodized salt now and forever. As such, the salt producers, packagers, and retailers are essential stakeholders and partners in reaching the 2005 goal. They are not merely groups that must be

“brought on board” – they are the ones who will ultimately carry the responsibility of making sure iodized salt is available to every one in the region through its production, distribution, and marketing.

It would be impossible to give an overview here of the iodized salt situation in the region. Some countries are producers and exporters, other importers and consumers. Some countries have all the iodized salt they need, and others have very little. What can be said is that there is a commercial net of salt trade flung over the region, with interconnected strands and occasional breaks, all regulated by supply and demand. In the end it is vital that all UNICEF staff understand that as the economies of the former Soviet states evolve iodized salt will continue to be a market-based product, and the market must sustain its production. To do that the businesses that produce salt must have incentives to produce iodized salt and make it affordable, whether those incentives are market based (increased demand) or legislative (taxes and prohibitions).

C. Increasing Immediate Use

In those countries with communication plans, activities designed to immediately increase use of iodized salt are being carried out in partnership with local governments, NGOs, and ad agencies. This was somewhat less true for UNICEF offices that have not yet undertaken a communication strategy design process. All country offices have put thought into the need to increase immediate use of iodized salt, with some country offices already implementing those activities and others hopeful that they will begin soon.

Most country’s increasing immediate use element was based around raising awareness of IDD and iodized salt’s role in preventing it. There was a lack of real marketing (actively seeking to increase household’s use) of iodized salt, however, in almost all country strategies. Iodized salt is a product sold in the open market, and messages that promote it must compete with messages that endorse other products as good for health. UNICEF is not a social marketing organization, and should not expect its staff to be marketing experts. But promoting iodized salt is about marketing, and private businesses producing and selling salt, more than it is about making sure everyone knows the myriad health effects of iodine deficiency. UNICEF should enlist the assistance of marketing experts and possibly business development experts to help plan marketing activities to jumpstart use of iodized salt.

One result of not having a communication strategy is that many countries have not segmented their audience, and do not have specific messages targeted to the most vulnerable group: mothers-to-be. General “iodized salt is good for your health” messages may not reach this group as powerfully as a message on preventing brain damage in their child. It is important for UNICEF as a whole and country offices individually to identify the key message for mothers-to-be (both pregnant women and young women who might become mothers soon) and ensure that their communication strategies include special efforts directed at this population.

Many of the activities designed to increase iodized salt use had a focus on raising the IDD issue in the press. The press is an important part of the media environment, and it

was good to see the close relationships between UNICEF communication officers and local journalists and news outlets. Media is bigger than the press, however, and the fact that many UNICEF communication officers are also journalists, and play a PR role for UNICEF may mean that media opportunities outside of the press are less evident. The press can inform the population about IDD, but their role as unbiased sources of information means they cannot, by the rules of their profession, use some of the tools of persuasive communication that other media can use. UNICEF should encourage their communication officers to use other forms of media that employ a marketing perspective in addition to their work with the press.

D. Ensuring Sustained Use

Some countries have large ensuring sustained use components, with training of medical professionals and work with school children seen as priority elements in their strategy. Other countries have not yet developed plans for working with these audiences. Those countries that have IDD curricula for school kids (Ukraine) and medical professionals (Kazakhstan) can share their curricula with other countries just beginning to engage the education and health sector to move those agenda forward. Work with health professionals and school children should not be seen as a quick strategy to increase use; this is a valuable, long-term strategy to ensure sustained elimination of IDD through on-going use of iodized salt.

While the focus of UNICEF activities for ensuring sustained use of IS were the education and medical sector, some programs did actively engage the NGO sector and other community groups. The NGOs either acted as implementing agencies or as disseminators of campaign materials and messages. Kazakhstan, for example, engaged the Kazakhstan Confederation of NGOs in materials dissemination and research, while in Russia consumer groups played a dynamic role in the program. In Kyrgystan community leadership and village health committees became forces in applying pressure on retailers and producers to supply iodized salt. In all cases, involvement of civil society organizations into the fight against IDD is valuable, and should be fostered.

III. Regional Recommendations

1. All country programs that have not yet developed communication strategies for IDD should do so. UNICEF country offices should enlist the assistance of communication strategy design experts to facilitate workshops that bring together all IDD stakeholders in the government, private sector, and civil society. The process Kazakhstan undertook, and the resulting plan and stakeholder participation, should be a model.
2. Create a multi-national permanent IDD coalition for the region to monitor progress, set advocacy priorities, and coordinate across borders. Some existing CIS mechanisms, including the Executive Secretariat, might be in a position to do this. At the numerous regional meetings of Heads of State, Ministers, and others, iodized salt and IDD could be raised and discussed as a regional challenge. Such a coalition would require at least a permanent skeleton staff and some funding to succeed. Such

a committee could, for example, decide to establish a region-wide IDD Day, or coordinate the activities of Mr. Karpov for IDD for maximum regional impact.

3. UNICEF should disseminate lessons learned, successful methodologies, messages and materials, and strategies among countries. While UNICEF offices certainly communicate and share information, more active distribution of key strategies and products, perhaps with a recommendation from Geneva that a certain strategy is effective, might help the most important information stand out from the flood that all program implementers must assess.
4. UNICEF should advocate for strengthened mechanisms for designing, implementing, and enforcing policy at the national level. Not all countries have IDD Committees, and some that do are not adequately staffed, or have low-level representation without political clout. The assessment team heard many times that the national IDD committee did not have any paid staff, and so no one to move the agenda forward. UNICEF should encourage governments appoint at least one paid staff person dedicated to the IDD agenda.
5. Russia has begun to attempt to quantify the social and economic cost benefit of salt iodization on the national level. This is a fascinating and potentially powerful approach to convincing policy makers to advocate for USI. This approach should be supported in Russia, and if the results are positive, use the same methodology to help other countries in the region with their advocacy agenda.
6. In many countries IDD education and iodized salt promotion were slightly different agenda, with different approaches. UNICEF's strategy is clear: the sustained elimination of IDD will be achieved through universal iodization of salt. Therefore, focus in all programs should be on promoting iodized salt, with enough health information given in the process of promotion to ensure that the population knows why they should use iodized salt now and always. Messages that educate the population about the hazards of IDD without directly telling consumers to buy iodized salt have missed the mark.
7. In almost all countries visited the issue of profitability of iodized salt was of concern to salt producers. In none of the countries visited was the price of iodized salt a significant barrier to its use. Because private business is a major stakeholder in IDD, UNICEF has a real interest in finding ways to help salt producers make a reasonable profit on iodized salt – as no unprofitable business will continue to exist for long. UNICEF is already actively involved in the salt production business through its donations of equipment and supplies to salt production companies. In those countries where the salt producers and importers are not willing or able to provide enough iodized salt without donations of equipment or supplies, UNICEF could look at hiring an expert in business development. This expert could work with the salt producers to find ways of maintaining profitability while retaining a reasonable cost to consumers. This might be done on the regional level with individual country consultations planned, as the salt production business is regional as well as national.

8. Campaigns that directly target mothers-to-be (both pregnant women and women likely to become pregnant sometime soon) should be considered by all UNICEF offices as they prepare new cycles of communication activities. Young women are not only those most impacted by IDD, they are also often the family members who do the grocery shopping, and thus would chose the family's salt. While some countries did indeed develop specific materials intended for this audience, entire strategies and campaigns could be designed to really get the message across. Such a strategy would go beyond media to include counseling by Ob/gyns and involvement of women's groups.
9. When designing messages, UNICEF should focus more on the message that iodized salt prevents brain damage. Messages that say simply that iodized salt leads to "better health" is not enough, because then iodized salt must compete with other products offering better health. However, messages that state that iodized salt "prevents brain damage" set iodized salt apart in a significant (positive) way. Even messages stating that iodized salt "enhances brain health" can be problematic, since iodized salt then seems like a supplement, and more of a supplement is a good thing, which is not true of salt. UNICEF (regionally) should endorse the use of the message concept "iodized salt prevents brain damage." Individual country programs will then need to pretest this message with various wordings, presentations, and creative approaches to find what works for a given audience. The essential concept remains the same.
10. Marketing strategies (ie those that actively seek to increase use or purchase) should be used in promoting iodized salt. UNICEF should seek out marketing experts when they are not available in-house to help design strategies that employ marketing approaches and tools, such as point-of-sale promotions and branding. This could be done in conjunction with the communication strategy design process.
11. UNICEF could develop guidelines for IDD communication strategies that outline key activities, messages, and results that all countries programs should include. This may help countries develop their own communication strategies by defining the most important messages and audiences (for example prevention of brain damage for mothers-to-be) and suggesting activities that support the strategy.
12. The high cost of media and advertising, and the difficulty of getting "social advertising" status for IDD spots, was a common concern among many UNICEF offices. There are at least two approaches to addressing this concern. The first is budgetary. Communication can be expensive, and if UNICEF wants the results good communication programs can provide, they should fund it. This includes buying air-time when it is absolutely necessary. It does no good to get social advertising status for your spot if it is aired at two o'clock in the morning once a week. The second approach is to engage media outlets and government-run media as stakeholders so they advocate for increased (and quality) airtime for IDD messages. Often both approaches are necessary in varying degrees, depending on the country situation.

13. There are many health projects being implemented in the Europe and Eurasia region, from women's health to HIV/AIDS to health reform. Projects that have some element of client counseling, health provider continuing education, or reproductive health improvement are potential collaborators. UNICEF offices should meet with all UN agencies, NGOs, and international organizations active in relevant health areas to see if they would be willing to include IDD messages in their materials, curricula, and activities. For example, a pamphlet on pregnancy distributed at women's health clinics developed by an international organization could contain a sentence on use of iodized salt.

Engaging health workers and teachers in delivery of the iodized salt message is an important element most of the country programs have included. Care has to be taken with training teachers and health workers to ensure that the message is consistent with UNICEF goals. UNICEF programs should also look at additional ways they can engage civil society groups in the third element of their IDD programs, ensuring sustained use.