

Georgia

Historically, high goiter rates (40-52%) and presence of cretinism were reported in the mountainous districts of Georgia (1), and attributed to the low iodine content in soil and water. Because the Soviet Republic of Gruzia had no domestic sources, the Soviet authorities directed shipments of iodized salt to the most affected areas from large salt enterprises in Ukraine and Armenia.

From 1996, UNICEF started its support for the national efforts to eliminate iodine deficiency in Georgia by assisting in advocacy, capacity building, support for salt situation analyses and communications toward attaining USI, while supporting MOH on Government request in a massive oral iodized oil distribution campaign during 2000-2001 (2). Small surveys of the Southern Caucasus mountain valleys in 1996-1998 under the Atlanta-Tbilisi Health Partnership (3) re-confirmed the high goiter existence among the general population and demonstrated TSH elevations among 63% of newborns.

A national survey in 1998 showed 36% goiter prevalence by Tvol measurement and 80% of UI samples below 100µg/L among schoolchildren (4). A State Goiter Control Program under the Ministry of Labor, Health and Social Affairs (MOLHS) was transformed in 1998 into a National Program for IDD Elimination coordinated ultimately by the Georgian Parliament. Parliamentary and Presidential Decrees on salt iodization, tax exemption for iodized salt imports, a mandatory standard (40±15 mg/kg as KIO₃) and a ban on non-iodized salt importation were enacted between 1996 and 2003. The MICS of 2000 showed that only 8.1% of the households in Georgia were using adequately iodized salt (Figure 1).

A salt situation analysis in 1999 (5) identified 29 local trading firms dealing with salt importation, mostly from Ukraine but also Azerbaijan and Iran, and small amounts from Greece and Germany. The series of Presidential Decrees, capacity improvement for salt quality monitoring by Georgian authorities, and the continued informational efforts resulted in a significant increase in the national iodized salt supplies and a concurrent improvement in the proportion of adequately iodized salt consumption in the households to almost 60% in 2003 (Figure 1). A repeat salt situation analysis early in 2003 estimated that 75% of household members were aware of the IDD problem and the benefits of salt iodization (6).

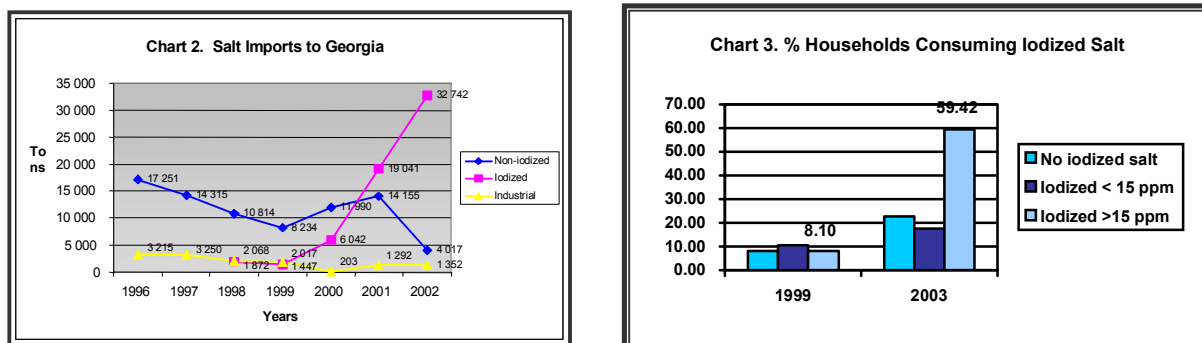


Figure 1: Illustrations of progress toward USI in Georgia, 1997 - 2003

Until 2004, the activities to attain USI were carried out through State structures with the Public Health Department of MOLHS in a leading and coordinating role. A major reorientation toward a multi-sector approach was initiated during a national conference in June 2004 where the program status and

achievements were reviewed together with salt importers, the media, parliamentarians and a national NGO named SOCO. The conference adopted a comprehensive national plan to achieve USI, which became the guidance for accelerated action after the change of Government with the Rose Revolution in November 2004. In February 2005, the President signed the Law on Prevention of Iodine and Other Microelements and Vitamins Disorders, banning the importation of non-iodized salt for households and food industry and authorizing the respective Government Departments to enact and enforce the attendant norms, standards and regulations to ensure USI.

The MICS (7) carried out in Georgia during November-December 2005 in 12,000 households reported that 87.2% of the households were using adequately iodized salt (>15ppm by RTK). Also in November 2005, a national iodine survey was carried out by the National Center for Nutrition with the standard 30x30 PPS design among 6-12y old schoolchildren. Casual urine samples were analyzed at the Centre Universitaire Saint-Pierre, Brussels, which is accredited by the IRLI network. Salt brands were recorded and the iodine content tested with rapid test kits. Approx. 10% of salt samples that tested positive were analyzed by titration in the Institute of Endocrinology, Kiev, Ukraine. In each of the 30 schools, 200 children were palpated for goiter classification. The results showed 90.6% of the 957 salt samples with >15ppm and a national median UI of 321µg/L. Salt brand records showed that 85% of the household salt was imported from Ukraine and 15% from Greece and Turkey. Figure 2 illustrates the progress in Georgia toward the elimination of IDD over time (8).

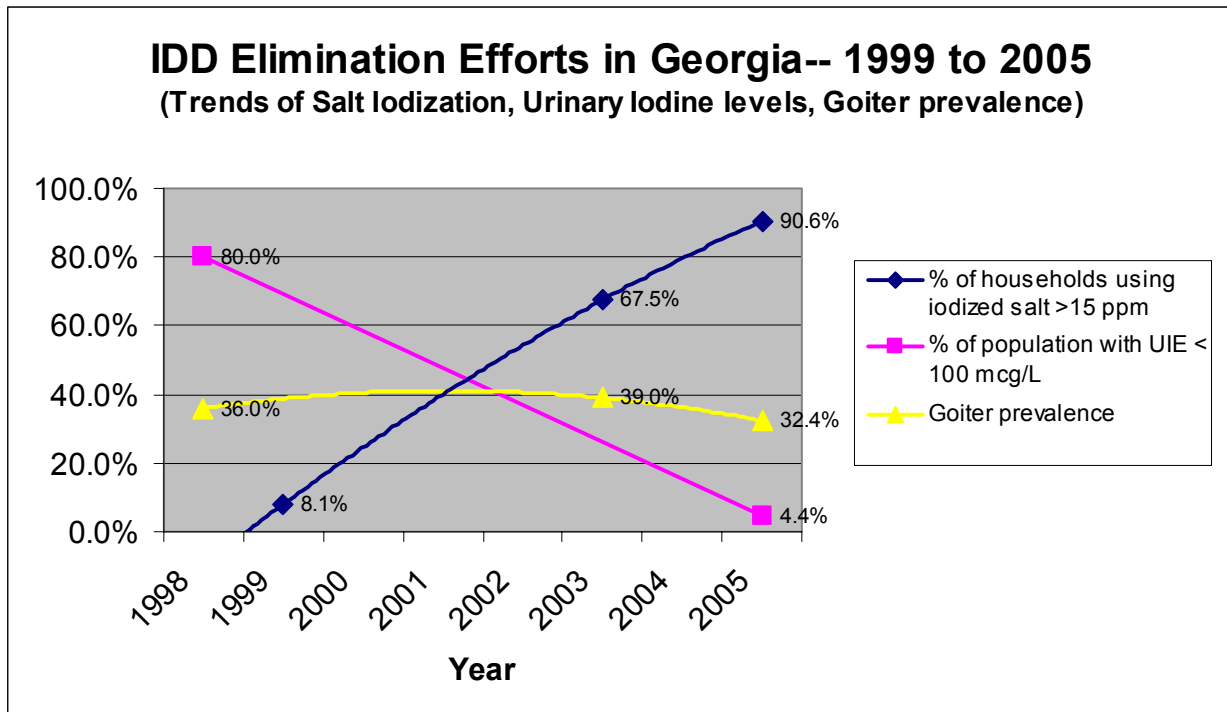


Figure 2: Population status indicators of iodine nutrition in Georgia (ref 8)

The results of the 2005 national iodine survey demonstrated that iodine deficiency had been overcome in Georgia by universal salt iodization. A comprehensive overhaul of Georgia's governmental structures,

initiated after the Rose Revolution, has left the responsibility for regulation and oversight of the salt supplies somewhat unresolved, however. A small follow-up study in 2007 (9) confirmed that the food industry in Georgia (bread, canned food and cheese) was using iodized salt. None of the producers had ever received a complaint from a customer or consumer regarding the use of iodized salt in their food products. One cheese producer was found using non-iodized salt, stating that the product quality (odor) would be affected by using iodized salt.

In conclusion, impressive progress has been made in Georgia to establish USI for IDD elimination in a relatively short time period. All the consumption salt needs are imported with Ukraine, Turkey and Greece as important sources. Before the change of Government in November 2004, the approach had included large-dose supplement distributions and an attempt to start local salt processing, but shortly after his inauguration, the new President issued a new Law mandating true USI and banning the import of non-iodized salt. A standard iodine survey less than one year later showed optimum iodine nutrition in the population. Some evidence suggests that the food industries in Georgia are using iodized salt. The overhaul of Government's institutions during most of 2007 has left the responsibilities for oversight and quality control somewhat unclear.

Participation of national officers in UNICEF-supported regional meetings:

- Conference on Elimination of Iodine Deficiency Disorders (IDD) in Central Eastern Europe, the Commonwealth of Independent States, and Baltic States, 3-6 September 1997, Munich, Germany
- Eliminating Micronutrient Malnutrition with focus on Universal Salt Iodization – Multi-sector Management Course, 15-22 June 1998, Tbilisi, Georgia
- Workshop on Strengthening Strategies for the Elimination of Micronutrient Malnutrition. Ankara, Turkey, 13-17 September 2004
- Workshop on Strengthening of Laboratory Capacity and Iodine Status Assessments for Monitoring of Sustained IDD Elimination through USI in the CEE/CIS Region. Istanbul, Turkey, 18-19 May 2006

References/important documents

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