## Nigeria: sustaining a remarkably successful USI program

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Historically a country with endemic iodine deficiency and a national goiter rate of 20% (1), Nigeria mandated in 1992 for all foodgrade salt to be iodized. With demonstrated commitments from the Government of Nigeria, the salt industry, and development partners, and subsequent refinements to its salt standards, Nigeria began to make progress towards USI. In 2005, Nigeria was the first African country to be certified as USI compliant after having achieved 98 % household coverage of iodized salt, a goiter rate of 6%, and a median urinary iodine concentration of > 130  $\mu$ g/l between 1999 and 2004.

But this remarkable success was followed by waning support for the national IDD-USI Taskforce. Certification may have suggested to some stakeholders that continued programmatic action was no longer needed. In 2007-08, population-based surveys using rapid test kits (RTK) continued to show high household iodized salt coverage, but the proportion of adequately iodized salt appeared to have decreased (*Figure 1*).



Sustainable USI in Nigeria allows babies to grow strong and healthy

However, it is unclear if these decreases were real or spurious, given that RTKs have limited accuracy to quantify salt iodine levels. A 2010 survey covering Nigeria's six geopolitical zones reassuringly showed that urinary iodine concentrations in a combined sample of school age children and nonpregnant women were in the adequate range (2). Furthermore, available monitoring data from factory levels continued to show near

Figure 1 Coverage of iodized salt (and adequately iodized salt) in national surveys in Nigeria 2002-2011. \*denotes that surveys used titration analyses; all other surveys used Rapid Test Kits



USI, and data from distributor as well as retail levels showed that coverage of iodized salt remained ≥92 %.

Drawing on the recent experiences, the national program has developed a 2013-2015 operational plan guiding actions at the levels of production, monitoring and enforcement, as well as social marketing and communications. Continued strong advocacy and leadership is needed to ensure the implementation of this plan.

## References

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