RESOLUTIONS AND DECISIONS

WHA39.31 Prevention and control of iodine deficiency disorders

The Thirty-ninth World Health Assembly,

Noting the high prevalence of iodine deficiency disorders, affecting more than 400 million people in Asia alone, as well as millions in Africa and South America;

Concerned that iodine deficiency may cause not only goitrous enlargement of the thyroid gland but also stillbirths, abortions and congenital anomalies; endemic cretinism characterized most commonly by mental deficiency, deaf mutism and spastic diplegia and lesser degrees of neurological defect related to fetal iodine deficiency; and impaired mental function in children and adults with reduced levels of circulating thyroxine;

Aware that low-cost and effective technology, including use of iodinated salt and of iodinated oil (by injection or mouth), is available for the prevention and control of iodine deficiency disorders;

Considering that prevention and control of iodine deficiency disorders, which will result in improved quality of life and productivity, and an improved educability of children and adults suffering from iodine deficiency disorders, are feasible within the next five to ten years;

Aware that the United Nations Administrative Committee on Coordination's Sub-Committee on Nutrition had called for a global strategy by governments and United Nations agencies to prevent and control iodine deficiency disorders; and that this recommendation had been endorsed by the Administrative Committee on Coordination for Immediate and high priority action;

1. URGES all Member States to give high priority to the prevention and control of iodine deficiency disorders, wherever these problems exist, through appropriate nutritional programmes as part of primary health care;
2. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, in assessing the most appropriate approaches, in the light of national circumstances, needs and resources, to preventing and controlling iodine deficiency disorders;

(2) to collaborate with Member States in monitoring the incidence and prevalence of iodine deficiency disorders;

(3) to prepare suitable materials for adaptation and use at national level for training health and development workers in the early identification and treatment of iodine deficiency disorders and the implementation of appropriate public health preventive programmes in iodine deficient areas;

(4) to coordinate with other intergovernmental agencies, and appropriate nongovernmental agencies, the launching and management of intensive and extensive international action to combat iodine deficiency disorders, including the mobilization of financial and other resources required for such actions;

(5) to report to the Health Assembly on progress in this area, including the financial aspects.

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(Fifteenth plenary meeting, 16 May 1986 - Committee B, fifth report)