

GiveWell's notes from phone conversation with Micronutrient Initiative, September 15, 2011

- The Micronutrient Initiative focuses on improving nutrition, particularly of pregnant women and young (under-5) children. It supports some piloting and operations research, but its focus is on very large-scale programs, for which it provides technical assistance as well as procurement for supplies such as Vitamin A supplements.
- Primarily funded by CIDA. MI has a variety of other donors for specific and targeted activities, including the US-fund for UNICEF, the Children's Investment Fund, etc. Funding base has been on the order of 30-35 million, growing in the current fiscal year to about \$40-45 million. MI hopes to reach around \$50 million by the end of next year, and sees significant room to use more funding to accomplish more.
- On differences with GAIN: GAIN generally focuses more on private sector partnerships, whereas Micronutrient Initiative focuses primarily on reaching low income groups through quality execution of government programs to distribute supplements and private sector efforts to fortify staples.
- Each year, MI produces reports to core funders on projects it has carried out - what was done and how much was spent. The largest of these is to CIDA, totaling 100-150 pages.
- On the question of how \$1 million (or funding in that range) could be put to good use, MI sees many possibilities.
 - Operations research / piloting around double fortified salt (salt fortified not just with iodine but also with iron), a relatively new approach to improving nutrition.
 - Operations research / piloting around "sprinkles," i.e., powders containing multiple important micronutrients that can be mixed into food for young children. A particular challenge here is investigating how to promote the use of these products in the household.
 - Operations research / piloting around ways to increase the use of iron supplements (the concern being that sometimes supplements may be distributed but not consistently used by those who need to use them).
 - Advocacy and/or technical assistance for large-scale use of zinc supplements (in combination with ORS) to treat diarrhea. This is a program with proven efficacy but large gaps in implementation.
- On salt iodization (GiveWell asked specifically about this):
 - The world has seen a lot of progress on iodized salt over the past few decades, and at this point around 70% of the world is estimated to be consuming iodized salt, but there are still major gaps in places including 1, Ghana, Mozambique, Tanzania, Ethiopia, Sudan, and Afghanistan, (In recent years countries like Senegal and Pakistan have shown good progress in salt iodization levels). Some of these countries have just "fallen between the cracks," in that there's no good reason that they shouldn't be given assistance with iodization.

- A possible role for funding here is to offer free or subsidized potassium iodate (the material needed to iodize salt) for salt producers, which makes it cheaper to comply with regulations about iodizing salt. However, MI is wary of fostering dependency, and prefers to provide a temporary subsidy with the understanding that at some point the subsidy will end and the salt producers themselves will pay.
- The above model has worked partially or fully in the past. Some of the wealthier states in India have graduated from subsidization. In Bangladesh the subsidy has gradually fallen and now sits around 25%. Progress has also been made on this front in Sri Lanka, Indonesia, and several countries in Latin America.
- It can take a long time to graduate from subsidies, on the order of 10 years or more. And it can undermine attempts to make this happen, if another donor comes in offering subsidies while one donor is trying to pull out.
- *GiveWell requested historical data on the size of subsidy that MI has provided to each country for this purpose. MI pointed out that this wouldn't, by itself, tell the whole story, since other organizations provide subsidies as well. The main organizations providing subsidies (aside from MI) are GAIN and UNICEF.
- On Vitamin A supplementation: here too, subsidies are provided (the costs of the capsules themselves is covered, though the government costs of distributing them are much higher than the costs of the capsules). MI provides Vitamin A supplements for around 70 countries, through UNICEF, and estimates that only around 5 have graduated from subsidy.
- On funding gaps:
 - MI gets a lot of funding for this from its major funders. Yet funding gaps in delivering VA capsules persist in countries when they are delivered through Child Health Days.
 - There are some gaps in salt iodization.
 - Most countries have no significant program for zinc (to accompany ORS treatment of diarrhea) or sprinkles for young infants. The gaps here are huge.
- MI's strategic plan states that it will estimate figures like the number of child deaths averted, cognitive impairments averted, women who no longer suffer from moderate-to-severe anemia, etc. GiveWell asks: does MI maintain these numbers and find them helpful/meaningful, or is it more at the request of donors that they're produced? MI responds: these numbers are calculated and the details may be able to be shared; in general, MI is a truly metrics-driven organization and finds formal evaluation to be meaningful and helpful. MI is also highly committed to transparency and is happy to share what can be shared.