

A conversation with Dr. Michael Zimmermann on August 19th, 2014

Participants

- Dr. Michael Zimmermann – Executive Director, International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD)
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Michael Zimmermann.

Summary

GiveWell spoke with Dr. Michael Zimmermann about the movement toward horizontal integration of micronutrient programs, the Iodine Task Force, and other topics related to funding and iodine research.

Moving toward horizontal integration

In the past, ICCIDD has solely focused on improving iodine nutrition through salt iodization interventions.

In the future, ICCIDD hopes to contribute more to “horizontal integration,” which would involve collaborating with other micronutrient organizations on policy advocacy and program implementation, among other activities.

If micronutrient organizations were to combine their advocacy efforts, they may be more effective at persuading governments to implement micronutrient programs. A collaborative plan could attempt to comprehensively address indicators common to several micronutrient deficiencies, such as stunting rates.

Horizontal integration could also lead to cost-savings in programs, since the same government workers could be trained to monitor the quality of, e.g., both iodized salt and fortified flour.

Another potential benefit of horizontal integration is more idea sharing between micronutrient organizations.

In its 2013 strategic plan, ICCIDD formalized its plans to integrate with other nutrition programs. ICCIDD has met with the Scaling Up Nutrition (SUN) Secretariat and made plans to integrate universal salt iodization with other nutrition programs in Tanzania, Zambia and Malawi. Ideally, an ICCIDD national coordinator would contribute to the development of the nutrition agenda in every country where SUN works so that ICCIDD can ensure that universal salt iodization is carried out and integrated with other programs in those countries. ICCIDD may also try to find national coordinators for SUN countries who could be informed advocates for all micronutrient interventions (not only universal salt iodization).

ICCIDD has also worked on integrating its programs with the Food Fortification Initiative (FFI). Karen Codling is both the ICCIDD Regional Coordinator for Southeast Asia and the FFI Executive Officer for Asia. At a recent management council meeting, Ms. Codling discussed plans for FFI and ICCIDD to work together more in the future on advocacy and quality control of programs. Although in the past ICCIDD coordinators were most often medical doctors who had treated goiter and other iodine deficiency disorders, more recently chosen coordinators like Ms. Codling have a broader nutritional focus.

The Iodine Task Force

The Iodine Task Force was initiated by Arnold Timmer of UNICEF and Venkatesh Mannar of the Micronutrient Initiative (MI) in 2011. Five working groups, with three to four leaders each, identified key unanswered questions for iodine programs, and determined what research projects could answer those questions. Some of the working groups found that more research was needed on scientific questions, such as the appropriate urinary iodine concentration (UIC) for pregnant women and infants. Other groups focused on programmatic questions, like how to create guidelines for engaging with food manufacturers about the use of iodized salt in processed food, and how to update program guidelines for surveying the UIC of pregnant women.

ICCIDD has received some funding from Global Alliance for Improved Nutrition (GAIN), MI, and UNICEF to do research on some of the questions identified by the Iodine Task Force. GAIN has funded research on the effect of salt iodization on pregnant and lactating women and infants, UNICEF funded research on median UIC in children and on thyroglobulin as an iodine status indicator, and MI provided \$50,000 to answer other questions raised by the Iodine Task Force.

It would take a great deal of time and funding to do all of the research suggested by the Iodine Task Force, and the implementing agencies are reluctant to fund research that is not of direct programmatic importance. For example, current guidelines for median UIC for pregnant women and infants are extrapolated from other populations (e.g. non-pregnant adults and children). It would be beneficial to do research to get more accurate guidelines for UIC for pregnant women and infants, but there is not high demand for this research. If ICCIDD had about \$200,000 per year in additional funding, it would be able to work on these kinds of research questions. Some of this research may lead to other funding opportunities from other organizations in the future.

Funding and research priorities

When ICCIDD has funding to do research, Dr. Zimmermann usually coordinates the work while on-the-ground research and data analysis is usually conducted by ICCIDD's regional and national coordinators. For example, a recent study on median UIC was done by Dr. Vincent Assey, the Regional Coordinator for East Africa, and Dr. Teofilo San Luis, the National Coordinator for the Philippines. One of the advantages of ICCIDD's model is that it has a worldwide reach with regional and national coordinators, which enables international collaborative research to move forward quickly.

Since Dr. Zimmermann coordinates most of ICCIDD's research, the organization would not currently be able to use more than an additional \$200,000 per year for research. However, others like Elizabeth Pearce in the U.S. and Gregory Gerasimov in Central Asia could possibly take on more research coordination for ICCIDD in the future.

If funding were limited, new research would not take priority over ICCIDD's primary work of advocacy, building coalitions, and ensuring sustainability of iodine programs. However, it is also important to regularly review program guidelines to ensure that universal salt iodization programs continue to be effective.

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