

## **A conversation with Greg S. Garrett on April 30, 2014**

### **Participants**

- Greg S. Garrett – Director, Large-Scale Food Fortification, Global Alliance for Improved Nutrition (GAIN); Board Member, International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD)
- Jonathan Gorstein – Global Coordinator, Universal Salt Iodization Partnership Project; Senior Advisor, ICCIDD
- Jake Marcus – Research Analyst, GiveWell
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Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Mr. Garrett.

### **Summary**

GiveWell spoke with Mr. Garrett about the roles of the International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD) and the Global Alliance for Improved Nutrition (GAIN) in reducing iodine deficiency disorders.

### **Iodine health and salt iodization worldwide**

About 75% of countries globally have salt iodization programs; in these countries it is important to make sure those programs are maintained and sustained. This can be challenging because iodization has existed for many years, so some governments may believe that the task of iodization has been completed. Donors are also sometimes reluctant to fund the maintenance of existing programs.

It is important to encourage governments to continually monitor levels of iodization and iodine status among the population. Methods for monitoring iodine include chemical testing in laboratories, sampling salt in markets, and nutritional assessments.

It is also necessary to monitor trends in salt consumption to determine the proper levels of iodization that are needed. There are moves to decrease salt consumption in many parts of the world, which means that the levels of iodization may need to be increased as salt intake decreases.

Some governments have sustained iodization programs with minimal external support, such as in Zimbabwe. On the other hand, some regions may be at risk of reversing progress on iodization:

- Indonesia has a loophole in the law that allows non-iodized salt to be used in processed foods, which are growing in popularity. The long-term effects of this need to be monitored.

- Parts of Europe may struggle to sustain iodization, due to factors including prohibitions on the export of iodized salt and decreases in salt consumption.

While global iodine deficiency has been decreasing, there are over 30 countries, representing about 25% of the world's population, that are still classified as iodine deficient.

### **ICCIDD's role**

ICCIDD takes on several roles in reducing iodine deficiency, including coordinating the iodine health community, establishing key indicators for USI, designing iodine health surveys, being a “watchdog” for iodine health problems in countries with iodization programs, and advocating for improved policy in some countries.

ICCIDD acts as a coordinator among organizations providing technical assistance and advocacy for salt iodization programs, and ensures that there is not redundancy in those efforts. GAIN, UNICEF, and MI are the largest global providers of technical assistance for iodization programs.

ICCIDD establishes key indicators for USI. For example, it has helped establish a useful indicator used globally that 90% of households should use iodized salt. This would classify a country as having sufficient levels of salt iodization. It determines how iodization levels should change, based on trends such as decreased salt consumption and increased consumption of processed foods. Since ICCIDD's core funding does not rely on a large donor grant, it may be able to provide a more neutral perspective for defining these goals. For example, organizations are sometimes pushed to measure success in terms of the number of individuals covered by iodized salt. While this is an important metric that encourages improvements in the salt supply, it is sometimes overemphasized.

ICCIDD has helped design surveys, which are implemented by national agencies or as part of Demographic and Health Surveys (DHS) or UNICEF's Multiple Indicator Cluster Survey (MICS). ICCIDD also helps facilitate the implementation of surveys. Without ICCIDD, surveys would still be administered, but there might be less global coordination.

ICCIDD acts as a “watchdog” for iodization maintenance in countries with full salt iodization programs. It watches out for new problems for iodine health and looks to maintain and improve the quality of salt iodization in those countries. GAIN, UNICEF, and MI are more likely to focus on countries with a need to improve or expand iodization.

Since ICCIDD represents GAIN, UNICEF, and MI, it would be effective for it to be the primary advocate for iodine issues. However, the influence of ICCIDD varies between countries, depending on where it is active in supporting programs. There are some countries in which other organizations are more active in managing iodization programs.

For example, UNICEF is arguably more active in Niger and GAIN arguably more active in Bangladesh. There are some countries where ICCIDD does not have a presence.

### *ICCIDD staff*

Though the ICCIDD staff previously consisted mostly of people from biomedical fields, there has recently been a move to increase diversity and form a multidisciplinary team. This is beneficial, because some of ICCIDD's work requires people with experience working with the private sector or with policymakers. Other work requires individuals with experience in public health.

Many national coordinators at ICCIDD have other jobs or projects, which means that they are unable to devote all of their time to iodization issues.

### **The Universal Salt Iodization Partnership Project**

GAIN and UNICEF were jointly funded by the Gates Foundation to reduce iodine deficiency through the Universal Salt Iodization (USI) Partnership Project, which will end in 2015.

While there are more than 30 countries that are still classified as iodine deficient, the Partnership Project focuses on just 14-15 most of which represent the highest burden countries (e.g. India, Ethiopia, Bangladesh). Among these Partnership countries, an average of about 60% of household salt being consumed is adequately iodized (which needs to be "sustained"), about 25% of household salt is iodized but not sufficiently (in which iodization levels need to be "improved"), and about 10-15% of household salt is not iodized at all (to which iodization needs to be "expanded"). (All data are approximations.)

GAIN and UNICEF work to 1) sustain iodization levels in those regions with adequate levels of iodization, 2) improve iodization levels in those places which have inadequate levels of iodized salt; and 3) expand iodization to new areas where it does not currently happen. GAIN's primary focus is on improving the levels of salt iodization in regions that have insufficient iodized salt although it also works to sustain iodization levels in its core countries as well as expanding iodization. GAIN believes that a focus on improving levels of iodization provides the most promising opportunities to improve iodine health at low cost and among large parts of populations. It appears to be more cost-effective than expanding iodization programs into areas that are not currently iodizing their salt at all, primarily because those regions typically have a highly fragmented salt industry and therefore require different models to expand iodization

In addition to promoting policies to expand iodization, GAIN promotes iodization in locations that do not iodize salt. GAIN works with small salt producers to expand iodization

in their practices. Often the producers require improved equipment and training for blending iodine into salt and chemically testing the levels of iodine in salt.

In some countries, such as Ghana and Senegal, there are thousands of small salt producers. It is costlier to run iodization program in these countries, because GAIN must apply significant resources to work with these thousands of salt producers or use salt extenders. In some of these countries, GAIN lacks the resources to address iodization adequately, though GAIN would work in these countries if a donor provided funds for that purpose.

This work to expand iodization among small-scale salt producers is easier in countries where salt production is being consolidated, such as in Bangladesh. In these countries, GAIN incentivizes producers to iodize salt and monitors their progress.

The Partnership Project selected countries in which to improve iodization programs based on household surveys and salt industry assessments. Currently GAIN uses data from surveys administered by other organizations, including the Demographic and Health Surveys (DHS), the UNICEF Multiple Indicator Cluster Survey (MICS), and government surveys. The USI Partnership Project is also developing its own data-collection capacity. It is rolling out five national surveys on household iodine coverage and is adding questions related to iodine to governmental or existing surveys in six additional countries.

GAIN is working with ICCIDD to improve quality assurance and quality control in these industries.

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