

## **A conversation with Gregory Gerasimov, September 3, 2014**

### **Participants**

- Gregory Gerasimov — Regional Coordinator, ICCIDD; consultant, UNICEF and GAIN
- Timothy Telleen-Lawton — Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Dr. Gregory Gerasimov.

### **Summary**

GiveWell spoke with Dr. Gregory Gerasimov, Regional Coordinator for the International Council for the Control of Iodine Deficiency Disorders (ICCIDD) Global Network as part of its investigation into ICCIDD as a potential 2014 top charity. Conversation topics included past ICCIDD successes in Belarus and Russia and how more funding would impact ICCIDD activities.

### **Dr. Gerasimov's experience**

#### **Soviet Union**

Dr. Gerasimov grew up in the Soviet Union. He is a medical doctor who has also conducted scientific research. When he first learned about ICCIDD in 1990, the Soviet Union already had a functioning iodization program. The program had been running for a long time: by the 1960s and 70s the Soviet Union had essentially eliminated goiter as a public health concern. However, in 1991, the salt iodization program in the Soviet Union collapsed when the Soviet Union broke up.

With the collapse of the iodization program, there was suddenly a large amount of iodization work to be done in Russia and the former Soviet states. Dr. Gerasimov was recruited into ICCIDD and by the mid-1990s was appointed a deputy regional coordinator. Then, around 1999, ICCIDD decided that the area in which Dr. Gerasimov was working should have a designated regional coordinator, and he stepped into that role. His region corresponded to the previous Soviet Union; there was a very broad range of people, cultures, and public health systems to work with.

#### **United States**

In 1997, Dr. Gerasimov received an offer from Emory University to come speak at a panel on micronutrition. Dr. Gerasimov ended up working as Russia Program Director and an Assistant Professor for the university. He still spent most of his time in Russia. Only since 2013 has Dr. Gerasimov begun to work more from the United States. Dr. Gerasimov has worked with many different organizations, including the World Health Organization (WHO) and the Global Alliance for Improved Nutrition (GAIN), in a variety of countries. In Russia, he has mainly worked as a consultant for the United Nations Children's Fund (UNICEF) and a Regional Coordinator for ICCIDD.

## **Duties of a regional coordinator**

Dr. Gerasimov's most important task for ICCIDD has been building national coalitions. Over the last two decades, Dr. Gerasimov has used his connections in the region to build coalitions of government officials, business leaders, and public health professionals that advocate for universal salt iodization (USI). These coalitions sometimes have special relationships with a Ministry of Health; however, even the less formal coalitions still tend to have good working relations with the government, academics, and salt producers.

### **Recent activities**

This year, Dr. Gerasimov has used ICCIDD money to travel to Central Asia from Russia. Kyrgyzstan had been asking him to come for two years because the National Coordinator there has been concerned about iodization setbacks. When Dr. Gerasimov agreed to come, the National Coordinator organized a large meeting for him with important government officials, public health officials, and business leaders. Dr. Gerasimov wanted to visit another country in Central Asia to do a similar meeting, but he did not have enough funding to visit two countries.

Currently Dr. Gerasimov is involved in projects outside his ICCIDD region. For example, GAIN contracted ICCIDD to conduct Quality Assurance/Quality Control (QAQC) projects with GAIN in several countries, for which Dr. Gerasimov is managing ICCIDD's work. Dr. Gerasimov expects that up to 50-60% of his time could be spent on ICCIDD work with sufficient funding.

### **ICCIDD success in Belarus**

One of the largest challenges for USI advocates is addressing the question of consumer choice. Politicians often do not want to mandate universal salt iodization because their constituents want the freedom to buy non-iodized salt (i.e. consumers do not like limited choices). Originally, UNICEF and other USI promoters pushed hard to get mandatory iodization in countries like Russia, not realizing how difficult this would be. Eventually, they realized they needed another approach.

In Belarus, a solution to this problem was discovered: mandate the use of iodized salt only in the food industry. The salt that goes into bread, pasta, butter, processed meat, sausage, cheese, etc. is called "hidden salt." All of the public health goals of iodization can be accomplished with a law mandating that hidden salt be iodized, because typically most of a country's salt (60-70%) goes into processed foods. By leaving the smaller part of the market (retail salt, which happens to be more politically sensitive) out of the advocacy efforts, USI promoters were able to make progress in Belarus. The Belarus government passed a resolution in 2001 that prohibited non-iodized salt in the food industry, while leaving the retail market open to both kinds of salt.

### **How the iodization campaign in Belarus began**

In 1986, Belarus suffered from the terrible disaster of a nuclear meltdown in Chernobyl. The nuclear reactor that failed was in Ukraine, but winds blew much of the pollution to Belarus. Belarus became contaminated with radioactive iodine. A significant number of people in Belarus were iodine-deficient. Their bodies quickly absorbed the iodine, but this ended up contaminating their thyroid glands with radioactive isotopes of iodine. As a result, in the early 1990s Belarus experienced the largest epidemic of thyroid cancer in children than was ever recorded in history.

Dr. Gerasimov was the first person from ICCIDD in 1991 to travel to Belarus. He and his team pioneered research on iodine deficiency in Belarus. Their funding came from the Soviet (later Russian) government and from ICCIDD (UNICEF had given ICCIDD a grant for the research). This was many years before UNICEF established itself in Russia. Dr. Gerasimov presented at many meetings after his research was published in Russia and internationally; these presentations raised concerns about iodine deficiency.

### **Advocating for iodization**

After research, Dr. Gerasimov's primary task was to educate about iodine deficiency. He and his colleagues spent almost all of the 1990s doing advocacy work for USI. They participated in many meetings and showed that the thyroid cancer in children was a direct consequence of the nuclear disaster. They argued that to prevent the threat of something similar happening again, the country would need iodine sufficiency. Even now Dr. Gerasimov is concerned about France and other western European countries that are iodine deficient and rely heavily on nuclear power.

Around this time, a network of professionals slowly grew around the ICCIDD National Coordinator for Belarus (Dr. Tatiana Mokhort). She was the head of a department of post-graduate medical training. Many doctors would come from around Belarus to do post-grad training in her hospital. She would share information about iodization with these doctors, and bring them into the coalition of people supporting USI. Other highly ranked academics also joined the coalition.

In 1997 UNICEF opened offices in Ukraine, Belarus, and Russia. UNICEF made a huge contribution to the work in Belarus by buying supplies, working with the salt industry, and supporting advocacy work.

Dr. Gerasimov was travelling to Belarus 3-4 times a year. He would organize people in the medical community. Because the medical professionals in the USI coalition held prestigious academic positions, they were able to speak with high-level officials in the Ministry of Health. Once these officials understood the importance of iodization, they brought the Prime Minister a draft paper on iodization. Because ICCIDD and UNICEF had mutually increased the advocacy activity in Belarus, the Prime Minister was convinced and decided that iodization should be decreed.

So, by 2001, the USI coalition in Belarus was finally able to promote regulation prohibiting the use of non-iodized salt in the food industry. With the help of the EU and UNICEF, the salt industry was given ~1 million euros (in 2014 terms) to upgrade its salt iodization practices. With that funding, the salt industry agreed to

support the new legislation. Additionally, Belarus received funding from the EU and the UNICEF for administration and monitoring of the new iodization program. Some salt producers were afraid that iodization would make their salt lower quality, so the government had agreed to do quality control checks on salt.

### **ICCIDD funding during the Belarus campaign**

Dr. Gerasimov did not receive much funding from ICCIDD during the 1990s. Instead, he funded his trips with academic grants. For example, in 1996 he received a grant to present the results of his Chernobyl research in Belarus. Dr. Gerasimov believes it is very difficult to say how more funding would have affected the campaign. Once UNICEF and the EU entered Belarus and began contributing, other sources of funding were not necessary. UNICEF used to even pay volunteers from ICCIDD.

### **ICCIDD success in Russia**

In 2012, Russia asked UNICEF to close down its office in Russia and stop funding iodization efforts, which it did. The timing was unfortunate because 2013 was a crucial year for iodization legislation and only 30% of Russia's salt was iodized at that time. GAIN was still working in Russia, although GAIN works more with private sector businesses.

At the end of 2012, despite a lack of funding, USI advocates pushed hard for legislation mandating salt iodization. For example, ICCIDD lobbied the Russian government and convinced them to write a national policy paper on a food fortification. This policy paper helped politicians better understand the importance of iodization. All of the lobbying was done by the pro-USI coalition that Dr. Gerasimov had helped build.

Dr. Gerasimov's Deputy Regional Coordinator (Dr. Ekaterina Troshina) had been participating in many meetings and hearings with the Russian Parliament, the Minister of Health, and the National Center of Preventive Medicine. She was making progress, so ICCIDD decided to bring together all of the important actors influencing USI. This meeting occurred in 2013, despite UNICEF's departure, and it included representatives from:

- The Parliament
- The Ministry of Health
- Several research institutes (endocrinology, nutrition, baking industry)
- The bread baking industry
- The salt industry
- The executive government
- The Deputy National Coordinator of Belarus (Dr. S. Petrenko)

The meeting was funded by both ICCIDD and GAIN. GAIN paid for the venue, while ICCIDD paid for promotional materials, the travel costs of the Deputy National Coordinator from Belarus, the costs of a report on salt iodization in Belarus (written by the National Coordinator), and Dr. Gerasimov's travel costs.

The purpose of the meeting was to encourage a change of tactics—instead of aiming for the iodization of all salt, Russia could follow in Belarus’ footsteps and only require iodized salt in the food industry. This ended up being a very attractive proposal to the attendees, and the Parliament Deputy and his technical staff (who were all at the meeting) drafted legislation soon afterwards. About a month after the meeting, in December 2013, the Russian parliament introduced the legislation, which mandated universal iodization of salt for the bread industry and certain types of salt.

This was significant progress towards USI, and now the pro-USI coalition continues to facilitate the process of USI in Russia (without support from any other organization). In March, Dr. Gerasimov and the coalition agreed to set up a series of meetings for late September because the legislation is still being debated. These meetings were to be funded by ICCIDD. Dr. Gerasimov invited people who are working on salt reduction efforts, so that they can work with the USI coalition to ensure proper iodization even if salt in processed foods is reduced. This meeting was not intended to be solely academic; it was going to include government officials and business leaders. For example, the Deputy Director of the Prevention Department of the Ministry of Health will be there, as will a representative from the Parliament health committee.

### **ICCIDD success in Ukraine**

In November 2013, ICCIDD funded meetings in Ukraine that were very similar to the meetings hosted in Russia. The meetings in both countries happened roughly at the same time. These meetings were developed with support from GAIN and UNICEF country office. Again, the USI coalition invited the Deputy National Coordinator from Belarus to speak about the success there and it was decided that pending legislation in Ukraine should shift to focus on iodizing the salt in the food industry. Previously, drafted legislation for iodization had not been submitted to the old parliament. However, after the meeting, the new government agreed to view the new iodization legislation. The iodization efforts were moving forward until the political turmoil in Ukraine in 2014 put salt iodization efforts in Ukraine on hold.

### **The funding landscape for iodization**

Since 2009, funds for iodization in Central Asia have disappeared. Only two countries (Ukraine and Belarus) received funding in 2009-2013. GAIN still has a very small amount of funds and works in Tajikistan. UNICEF is still present in the area, but not longer does work on USI there. Dr. Gerasimov is not sure why the funding dried up; he believes UNICEF would best be able to explain what happened.

ICCIDD’s approach to country activities is different from UNICEF or GAIN because ICCIDD has permanent interest in strengthening national USI programs and presence in many countries. UNICEF and GAIN will work on defined projects, and if they do not have the funding to work on a project, they will not do it. ICCIDD, on the other hand, establishes itself in a country and stays there, which in some ways makes ICCIDD better at sustaining achievements.

## **ICCIDD's budget**

Dr. Gerasimov currently has 16k from ICCIDD to fund activities for the next year in his entire region, which is not a large amount. He would like a minimum of 20k per year, at least for the next three years, although additional funding would be even better. Half of this funding would likely go to support activities and half would be used on stipends.

## **Self-sufficiency**

Dr. Gerasimov is unsure about receiving too much funding. For a long time, he has trained his National Coordinators to not rely on external funding. External funding should be thought of as catalytic money, with which one can leverage more funding from the government and private sector.

For example, Dr. Gerasimov provided peanuts for the meeting in Moscow at the end of September 2014. The venue was then provided free of charge. The salt producers decided they wanted to contribute a small amount of funding to cover half of the meeting. This is a typical example of how funding often falls into place.

So, while ICCIDD could certainly spend money beyond \$20,000, Dr. Gerasimov would like to continue this trend of self-sufficiency. He notes that some expenses will never be covered by other sources; for example, he has never had an organization volunteer to cover travel expenses or the costs of ICCIDD volunteers' time.

## **What would be done with an increased budget**

With an increased budget, Dr. Gerasimov would spend more time in Russia. He does not need funding to support living in Russia (because he has family there who he can stay with), but he needs funds to support activities.

Dr. Gerasimov currently spends about 20% of his time working in his ICCIDD region, but he is only compensated as though he were spending 10% of his time on that work. Currently many people in ICCIDD are working for essentially no compensation, which is not the best way to create a sustainable effort. For example, the National Coordinator of Belarus is a medical doctor who cares deeply about iodization. Due to her commitment to the cause, she will work despite not being paid. However, increased funding could allow her to be paid what she deserves for her work.

Dr. Gerasimov has a work plan for the 12 countries in his region: currently the two largest countries (Russia and Ukraine) are behind other countries in their salt iodization efforts, so he wants to target them. However, all of his funds would be used up if he targeted just those two countries. He also wants to help Belarus sustain its success.

With an increased budget, Dr. Gerasimov would be able to incentivize workers in Russia to spend more of their time on iodization efforts. Currently many of the workers are volunteers; with a stipend they could spend more time working for

ICCIDD. He would also give a stipend to his Deputy Regional Coordinator, who currently works in a hospital and does not always have much time to work on ICCIDD tasks. She might decide to give some of her stipend to other workers (e.g. a communications employee).

Dr. Gerasimov would especially like to pay some workers to develop pro-iodization media. Some small Russian NGOs (e.g., one called Interrepublican Confederation of Consumer Societies) have had a lot of success working with the media and government. In the past, they have helped ICCIDD convince consumers that iodized salt is helpful. Public opinion has helped to push the legislation forward. Dr. Gerasimov currently knows of a skilled communications volunteer in the USI coalition who could mobilize the media for iodization if asked. She does not technically work for ICCIDD, but Dr. Gerasimov thinks employing her skills could be a good use of ICCIDD's funds.

Additionally, sometimes ICCIDD volunteers need to travel to make progress (e.g. not all meetings about iodization in Russia are held in Moscow or Kiev). Extra funding could support these trips.

### **Funding for countries other than Ukraine and Russia**

ICCIDD needs to sustain and promote Belarus, which is the poster child for iodization. In Belarus he would like 15k-20k each year for three years. This funding could also be used to bring professionals in Belarus to other countries to share their experience and advocate for iodization.

Unfortunately, the international pro-iodization community is currently neglecting countries in Central Asia. These countries have natural iodine deficiency. Originally, these countries saw dramatic improvement in their deficiency statuses, thanks to programs funded by UNICEF and other donors. Their ability to iodize salt during production and to monitor the iodization increased drastically. Now, the problem is that UNICEF and the other donors have left, and there are no more funds. So, pro-USI coalitions are struggling. They need to sustain:

- Monitoring activities
- Advocacy efforts that the government recognizes
- Media campaigns

If the coalitions are unable to maintain their previous efforts, Dr. Gerasimov is afraid that what happened in the early 1990s—the collapse of a working iodization program in a single year—could happen again. That would be a huge setback.

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