

A conversation with Greg Garrett on March 11, 2014

Participants

- Greg Garrett — Director of Large-Scale Food Fortification, Global Alliance for Improved Nutrition; Board Member, International Council for the Control of Iodine Deficiency Disorders Global Network
- Elie Hassenfeld — Co-Executive Director, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Greg Garrett.

Summary

GiveWell spoke to Greg Garrett to learn more about opportunities for philanthropy in salt iodization. Conversation topics included progress on universal salt iodization, key players in research, advocacy, implementation and programming, the funding gap, and other organizations in the nutrition space.

Progress on universal salt iodization

Universal salt iodization is close to complete. Worldwide household coverage of iodized salt is between 70-80 per cent. For continued progress, more work is needed in research, advocacy, implementation, and programming.

Research and advocacy

Groups focused on research and advocacy include the International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD) and World Health Organization (WHO). UNICEF also undertakes advocacy and is strong at the country level.

Important advocacy opportunities include:

- Sustaining interest and efforts in iodization despite recommendations from WHO and other sources to reduce salt intake. ICCIDD and WHO, with input from GAIN and UNICEF, produced a document on how to coordinate messages about salt iodization and salt reduction. Advocacy will also be needed to ensure that the levels for iodization, which are based on levels of sodium intake, are adjusted as needed.
- Advocating for the use of iodized salt in processed foods. Processed foods which contain salt are the main source of salt for most Americans today.
- Ensuring that governments allocate sufficient budgets for regulation and actively enforce laws related to iodization.

ICCIDD

ICCIDD serves as a watchdog organization, provides programmatic guidance, develops monitoring indicators for national programs, helps build the evidence base for iodization, and does advocacy. In Ethiopia, for example, ICCIDD supported the need to scale up iodization and advised the government on its monitoring efforts. (GAIN contributes technical assistance.)

ICCIDD is a network of volunteers, most of whom are biomedical specialists. While members of ICCIDD are knowledgeable about research related to iodine, in some cases they are less prepared and/or able to effectively undertake work related to liaising with industry, implementation and programming. The board of ICCIDD is addressing this issue by making strategic recommendations for the review of new country- and regional-level coordinators. ICCIDD does not have plans to specialize in implementation and programming.

ICCIDD receives small amounts of annual funding from GAIN, UNICEF, the Micronutrient Initiative (MI), and the Centers for Disease Control and Prevention (CDC), on the order of about \$50-100K from each agency per year. ICCIDD received a grant from the Canadian International Development Agency, but that grant may not be renewed. ICCIDD needs more funding to effectively monitor at the regional and national levels. Having in-country staff members could help the organization make more progress.

With more funding, ICCIDD could:

- Hold high-level advocacy workshops at the regional and national level to identify potential barriers to sustaining and improving iodization.
- Lead efforts to coordinate messaging about iodization and salt reduction.
- Lead efforts to close loopholes in countries such as Indonesia that allow food industries to use non-iodized salt in processed foods.
- Continue to develop appropriate indicators at the global level for tracking progress of USI programs (e.g. cutoffs for urinary iodine concentrations)

Implementation and programming

Key players in implementation and programming include the Global Alliance for Improved Nutrition (GAIN) and the Micronutrient Initiative (MI).

Important implementation opportunities include:

- Working with salt producers, particularly small-scale producers, to mechanize iodization and maintain quality control through testing.
- Establishing revolving funds for potassium iodate (KIO₃) in countries such as Afghanistan and Pakistan. A revolving fund has been successfully established in Ethiopia and is a good model for transitioning away from free or subsidized KIO₃ and sustaining the supply of iodization “premix,” or KIO₃. A number of countries without systems for procuring premix currently receive premix donations from grants from USAID and other donors, but this meets only a small portion of the total demand.

The Global Alliance for Improved Nutrition (GAIN)

GAIN is working in sixteen countries, twelve of which represent the highest-burden countries, including India, Ethiopia, Nigeria, Pakistan, and Afghanistan. GAIN's countries overlap with the Micronutrient Initiative (MI) in about five of the roughly ten countries where MI works. MI and GAIN have a good relationship and work to coordinate their efforts.

Some of GAIN's programs have reached sustainability, while others are in need of more funding. GAIN, in partnership with UNICEF, receives funding from the Gates Foundation to work on salt iodization in most of its 16 countries. Funding from the Gates Foundation will end in a year, and it is not clear if another funder is prepared to support iodization at the level needed to achieve and sustain universal coverage.

Funding gap

A 2012 report on hunger by Save the Children estimates that it would take an additional investment of \$80m per year to fully scale up salt iodization and achieve universal salt iodization in those countries which continue to lag behind. This estimate includes equipment, pre-mix (KIO₃), technical assistance, advisory services, and policy and advocacy work. There is some concern that donor fatigue is making it more difficult to find new funding.

A small grant of \$3-4M would be best spent on either:

- Policy and advocacy; for example, strengthening ICCIDD's capacity to act as a watchdog, identify bottlenecks, and sustain and improve salt iodization; or
- Technical assistance on supply-side issues with, for example, regulatory monitoring, which is important and does not receive enough attention. In some countries, salt iodization is mandated but quality control is lacking. GAIN and MI are among the groups providing technical assistance to improve regulatory monitoring of national salt iodization programs.

Other organizations in the nutrition space

GAIN is the largest organization focusing solely on nutrition, followed by MI and HKI.

Other organizations in this space include:

- Project Healthy Children, which is involved in small scale wheat and maize flour fortification and has partnered with GAIN multiple times, though not on salt iodization. Project Healthy Children seems to advocate for legislation and programming in areas of food fortification where other organizations are not as involved. Project Healthy Children declined an opportunity to work with GAIN to do work on small-scale salt iodization. GAIN is testing small-scale flour fortification equipment used by Project Healthy Children (PHC) and Sanku. The

model being used by PHC and Sanku may have application to be adapted for small-scale salt iodization.

- World Health Organization, which focuses on research and regulation.
- UNICEF, which focuses on policy and could potentially do more work in implementation and programming.

Other organizations which could potentially work in this space include:

- World Food Programme, which is working to make emergency food baskets more nutritious, among other nutrition-related interventions.
- HarvestPlus, which focuses on bio-fortification.
- HKI which works on staple food fortification
- USAID contractors and consultancies such as Abt Associates, FHI360, and Futures Group which work in nutrition at times. (These groups would only work on USI if USAID started to include iodization funding in their contracts and cooperative agreements).

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