

A conversation with Venkatesh Mannar on April 30, 2014

Participants

- Venkatesh Mannar – Board Member, International Council for the Control of Iodine Deficiency Disorders (ICCIDD) Global Network; former President, Micronutrient Initiative
- Jonathan Gorstein – Global Coordinator, Universal Salt Iodization Partnership Project; Senior Advisor, ICCIDD Global Network
- Michael Zimmermann – Executive Director, ICCIDD Global Network
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Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Mr. Mannar.

Summary

GiveWell spoke with Mr. Mannar about the work of the ICCIDD Global Network, which includes promoting iodization, monitoring iodine status, and encouraging collaboration among other organizations on iodine issues.

History of the International Council for the Control of Iodine Deficiency Disorders (ICCIDD)

Mr. Mannar was one of the founding members of ICCIDD, which was created in 1986. Much of the progress in reducing iodine deficiency worldwide has been due to the championship and technical leadership of ICCIDD.

A new iodization network was created in the early 2000s, comprised of the major international partner organizations, salt producer associations, and NGOs. ICCIDD maintained its independent status but also participated as a member of the network. The new network focused more on bottlenecks in implementation and ensuring that the most deficient countries were given special support to ensure universal salt iodization. Two years ago, the network merged with ICCIDD because of the progress that had been made on iodization. The new organization is called the ICCIDD Global Network (hereafter referred to as “ICCIDD”) and encompasses all aspects of iodine deficiency and its prevention primarily through universal iodization of salt and in certain special instances, through other means.

ICCIDD monitors progress in eliminating iodine disorders and identifies regions that need increased attention. It has expertise in all fields relevant to iodine issues: medicine, public health, and salt processing. It mainly advocates for salt iodization, though there are some other interventions that can be effective in combating iodine deficiency. ICCIDD has strong technical knowledge of salt iodization and works to monitor the quality and safety of iodized salt. It also promotes iodization to governments and salt producers.

ICCIDD’s work to promote iodization among salt producers

ICCIDD and other organizations have raised awareness among salt producers of the problem of iodine deficiency and the role that they can play. Much of the progress in reducing iodine deficiency disorders has been correlated with improvements in the salt industry. An increase in salt iodization began about twenty years ago when people became aware of the nutritional and public health issues related to iodine and customers began to demand higher quality products and improved packaging. The modernization of the salt industry and the consolidation of small, rudimentary production facilities have also led to progress. There is an increasing number of salt refining plants that buy impure salt and process, refine, and iodize it. It is easier to hold large salt producers accountable for iodization than small ones.

Currently, 70-75% of the world's salt is iodized. Non-iodized salt is mostly produced by small facilities that do not have adequate resources or oversight. Lack of iodization is generally not due to the absence of laws on iodization (some countries without iodization laws have high rates of iodization) but results from decisions by salt producers.

Many organizations, including the Micronutrient Initiative (MI), the Global Alliance for Improved Nutrition (GAIN), and UNICEF are working to contact salt producers to encourage them to iodize their salt. With continuous effort, 90% iodization could be achieved in the next five years. However, there may always be 5-10% of the world's salt that cannot be iodized due to geographic constraints. Other interventions, such as iodized oil, could be used to serve these populations.

ICCIDD partners such as MI, UNICEF and GAIN identify regions with iodine deficiency and map the locations of salt producers in these regions. They work personally with salt producers to inform them about iodine deficiency disorders and about the laws on iodization. To give producers incentive to change, they explain that improving the quality of their salt coupled with proper iodization will enable access to better markets and higher price realization. They also encourage small processors to organize into cooperatives to share processing and iodization facilities and improve market reach.

Mr. Mannar is somewhat concerned that the role of salt producers in the global network has slightly decreased over time. Currently, the ICCIDD board does not have many representatives from the salt industry. Mr. Mannar believes that salt iodization is a major part of the solution to iodine deficiency and encourages ICCIDD to strengthen its expertise in the salt industry so that it is not seen solely as a public health organization.

ICCIDD's work in monitoring iodine disorders

ICCIDD works to maintain global concern about iodine deficiency and to ensure that iodine issues are addressed in programs on health and nutrition. Without ICCIDD, there would be a risk that the progress on iodine deficiency would be reversed. ICCIDD monitors salt iodization worldwide and alerts governments about potential problems related to iodine.

Nigeria

Nigeria had achieved almost universal salt iodization seven to eight years ago, but iodization then began to decline, partly due to political issues. Studies by UNICEF, ICCIDD, and MI showed that iodization decreased from 80-90% to less than 70%. Though the problem was identified by other organizations, ICCIDD's expertise was necessary to analyze iodine excretion and predict the impact on iodine deficiency disorders. ICCIDD alerted the government to the issue of decreased iodization, and corrective measures are now underway.

Kenya

Kenya is an important salt producer in East Africa, providing salt for seven countries, including Rwanda, Burundi, and Tanzania. Over twenty years ago, the Kenyan government enacted a policy to iodize all salt in the country. The mandatory iodine levels were established to be relatively high – 100 parts per million (ppm) – because significant losses of iodine were expected during the transportation and storage of salt. However, the losses were much less than had been predicted, so organizations began to observe an excess of iodine excretion among people using Kenyan salt. ICCIDD and other organizations alerted the Kenyan government to this and successfully negotiated to have the concentration reduced to 50 ppm.

Other organizations working on iodine issues (such as GAIN, MI, and UNICEF) have knowledge of the technical aspects of implementation but do not have as much medical expertise as ICCIDD. Even if these organizations had independently discovered the problem of excessive iodine in Kenya, they probably would not have had the authority to influence the government.

India

Chandrakant Pandav informed the Indian government of iodine deficiency disorders in the state of Assam.

ICCIDD's role in the global health landscape

Influencing WHO

ICCIDD works to influence the World Health Assembly, an annual meeting organized by the World Health Organization (WHO) that includes health ministers from around the world. It tries to put iodine on the agenda at the assembly and encourages WHO to recommend universal salt iodization and monitoring and reporting of iodine status.

Partnerships with UNICEF

ICCIDD assists UNICEF with iodine programs. It would be difficult for UNICEF to do significant work on iodine independently because it works on many other issues. A UNICEF national office may only have one or two people working on all nutrition issues, of which micronutrients are a small subset. UNICEF sometimes requests the assistance of ICCIDD in

administering surveys on urinary iodine concentrations. UNICEF also uses the global database on iodine issues that is managed by ICCIDD and WHO.

ICCIDD assisted UNICEF in promoting salt iodization in Eastern Europe and the former Soviet Bloc.

Increasing collaboration among health organizations

ICCIDD tries to increase collaboration among organizations that work on iodine issues. The lack of cooperation among these organizations at the global level and the national level can be counterproductive. Though the organizations want to collaborate, they often do not. This sometimes leads to redundancy in programs. When Mr. Mannar was president of MI, he found it challenging to have discussions with other organizations.

It would be difficult for ICCIDD to act as a global coordinator for iodine programs, given that each organization has its own goals. Instead, ICCIDD uses a less authoritative approach and acts as a facilitator. It provides a location for the organizations that work on iodine issues to meet, exchange ideas, share good practices, and collaborate on projects.

When ICCIDD identifies gaps or problems in iodine programs, it collaborates with other organizations to solve the issues.

Independent projects

ICCIDD has accomplished some of its successes independently. For example, its Indian office was responsible for persuading the Indian government to focus on iodine issues and for sustaining the iodization program there.

Future roles for ICCIDD

ICCIDD needs to continue its work for at least five to ten more years, which will be the critical years for eliminating iodine deficiency. ICCIDD will be working at the global level and the regional level to address recommendations from the task forces on iodine issues. It is unlikely that another organization would be capable of implementing these recommendations.

It is difficult to predict whether ICCIDD will be needed after this period. It may have a diminished role or may merge with a larger organization. In the future, UNICEF or WHO might be able to monitor global iodine status in place of ICCIDD.

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