

A conversation with Fortify Health, September 18, 2018

Participants

- Brendan Eappen – Co-Founder, Fortify Health
- Nikita Patel – Co-Founder, Fortify Health
- James Snowden – Research Consultant, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Fortify Health.

Summary

GiveWell spoke with Mr. Eappen and Ms. Patel of Fortify Health to get an update on its work. As part of GiveWell's work to support the creation of future top charities, in June of 2018, Fortify Health received a GiveWell Incubation Grant of \$295,217 to start a new program aimed at mass fortification of wheat flour with iron in India. Conversation topics included the identification of Indian states to work in, organizational developments, an update to fortification standards in India, changes to Fortify Health's strategy, its monitoring and evaluation, and its projected timeline.

Identification of Indian states to work in

In order to understand the viability and scalability of its fortification program in different Indian states, Fortify Health reviewed data from government surveys and from studies by the Food Fortification Initiative (FFI) on consumption patterns, degree of industry centralization, and burden of anemia¹. It visited each of the states identified as high-priority, assessing the feasibility of miller and government partnerships and conducting market research on supply chains, major brands, and consumption patterns of different consumer bases. Fortify Health found that retailers and millers were generally interested in fortification.

After conducting site visits, Fortify Health was able to identify Maharashtra and West Bengal as the two states in which it will work.

Maharashtra

In Maharashtra, a state with a population of 112 million people, approximately 29% of whole wheat flour (known as atta) and 43% of all flour is centrally produced (according to a 2011-12 supply chain mapping by FFI). Fortify Health believes it could scale up fortification in centralized mills producing atta in Maharashtra to 16.5 million times the state's current per capita atta consumption. If it is able to make structural changes to India's public distribution system (PDS), which delivers subsidized foods to poor households, Fortify Health believes that policy change could reach 30 million people in Maharashtra with fortified atta. 30 million is likely

¹ Fortify Health's state selection matrix is available here: <https://docs.google.com/spreadsheets/d/1G8rZqCydTY92EcGfWarbP83zNy3YjioMJogdD00M9zs/e/dit?usp=drivesdk>

an underestimate, as Fortify Health created this projection using PDS data from 2011, and the program has since expanded.

During Fortify Health's investigation of the viability of Maharashtra for its work, it discovered that fortified flour was already being sold (in limited quantities, by select brands) on the state's open market. It plans to achieve a better understanding of fortified flour's market share in Maharashtra in order to determine its program's potential impact.

West Bengal

In West Bengal, a state with a population of 91 million people, approximately 79% of atta and 91% of flour is centrally produced—although flour is not as widely consumed as rice. Approximately 32 million people in West Bengal receive atta, some of which is fortified, through India's PDS. Fortify Health believes it could scale up fortification in centralized mills producing attain West Bengal to 30.5 million times the state's current per capita atta consumption.

A significant portion of atta delivered through PDS in West Bengal is already fortified. However, the quality and magnitude of atta fortification in the state remains unclear. Government officials test fortified atta for the presence of iron but do not possess the necessary lab equipment to test for specific dosage levels.

Fortify Health believes that it could support government officials in improving the quality assurance and effectiveness of West Bengal's fortified atta program by supporting the exploration of an open market mandate and facilitating large-scale fortification of flour sold on the open market.

Organizational developments

Registration

Fortify Health is currently fiscally sponsored by Charity Science Health (CSH). It is in the process of registering as a section-8 company (a type of non-profit organization) in India, which should occur within the next few months. It may take four to six months for Fortify Health to be officially registered as an independent entity in the United Kingdom, as it has prioritized registration in India.

Hiring

Fortify Health is in the process of hiring three new staff members who, due to contractual obligations with previous employers, will begin working in October of 2018. The roles of the new staff members are:

- **Program officer** – The program officer's responsibilities will include conducting market research, outreach, and monitoring and evaluation.
- **Partnerships manager and senior partnerships manager** – The partnerships manager and senior partnerships manager will monitor the activity of relevant organizations and individuals in addition to serving as

technical advisors for government stakeholders in West Bengal and Maharashtra.

Two of Fortify Health's new employees are from Maharashtra, and the third employee is from Kerala. All three employees will be based in Mumbai.

Delay in hiring

Fortify Health originally projected a hiring timeline that it now believes was overly optimistic, as significantly more time was required to find highly qualified candidates. Fortify Health's interview process was also lengthier than expected and included two interviews with Mr. Eappen and Ms. Patel as well as a written task and an additional interview with Laura Rowe, the Chairperson of Fortify Health's advisory board and Deputy Director of the FFI.

Modification of fortification standards in India

The Food Safety and Standards Authority of India had previously adopted minimum standards for fortification that were aligned with internationally recognized guidelines on fortification. However, last month, for reasons that remain unclear, the Indian central government approved and published maximum fortification standards lower than the dosage levels recommended by experts. Multiple organizations are now working with the Indian government to realign the standards with expert consensus. Fortify Health believes that the standards, as they currently stand, may hinder the effectiveness of atta fortification programs.

Changes to strategy

Different goals for program officer role

Fortify Health originally believed that its program officer role would be responsible mainly for outreach and market research and would likely have experience in the milling industry. However, it altered the role's responsibilities to include both partnerships and market research as well as monitoring and evaluation. The individual hired previously worked at the Abdul Latif Jameel Poverty Action Lab and has much more experience with monitoring and evaluation than the milling industry.

Increased optimism for the feasibility of miller partnerships

Fortify Health believes that its original projections regarding the acceptability of fortification to millers were overly conservative. During its meetings with millers, Fortify Health found that the primary barrier to acceptance of fortification was related to cost. The profit margin of millers is approximately 2-3% of the flour's price in the open market, and fortification may result in a 33-50% reduction in profits, which is a significant deterrent. However, Fortify Health plans to achieve stronger cost efficiencies during the production of fortified atta, such that millers are incentivized to fortify their product.

Scale-up plan

Fortify Health believes that if it is able to target specific millers or atta brands for fortification, it may be able to scale up much more quickly than originally anticipated. However, its current strategy is to commence at a slower pace and, as it becomes more confident in its work and identifies opportunities aligned with its plan for growth, scale up accordingly.

Monitoring and evaluation

In order to establish monitoring and evaluation as a core component of its agreement with millers, Fortify Health plans to begin collecting data on fortification levels at the outset of its program.

Evaluation of health impacts

Fortify Health plans to wait approximately six months after its fortification program commences to begin collecting data on health impacts, due to:

- **Prioritization of fortification monitoring** – Fortify Health believes that significant resources should not be invested in monitoring health impacts before it can be established that fortification is occurring at the appropriate doses.
- **Sampling strategy** – Before collecting data on health impacts, Fortify Health would like to develop a more concrete strategy on which consumer bases and geographical areas to sample.
- **Time required to observe impact** – It may take six months for an intervention that fortifies foods with iron to cause a significant increase in the target population’s hemoglobin concentration, with health benefits diminishing approximately two years after the intervention begins.
- **Communications with IDinsight**

Fortify Health has been in contact with IDinsight about its status and its plan for monitoring and evaluation.

Projected timeline

Commencement of fortification

Fortify Health does not expect to achieve its first commitment from a mill by September of 2018. However, it believes that it will still be able to begin fortification in its first mill by the original projection of January of 2019, as the time between commitment and commencement of fortification will be less than anticipated.

Renewal of funding

Fortify Health’s current funding will finance its work until the end of May of 2019, one month later than initially projected. Fortify Health believes that it applied for funding slightly too late and would like to begin discussing the possibility of a grant renewal three months before it exhausts its current funding. By this time, Fortify

Health hopes to have begun fortification in at least one mill, with infrastructure in place for scaling operations.

Initial delay in funding

Funding was transferred to CSH approximately two months after GiveWell completed its investigation of Fortify Health, but due to a delay in UK registration, Fortify Health has received only approximately half of its grant.

All GiveWell conversations are available at <http://www.givewell.org/conversations>