

A conversation with Dr. Michael Zimmermann, February 11, 2015

Participants

- Michael Zimmermann – Chairman, Iodine Global Network (IGN)
- Ben Rachbach – Research Analyst, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Zimmermann.

Summary

GiveWell spoke with Dr. Zimmermann of IGN for an update on IGN's current level of funding and how it plans to use those funds. Conversation topics included a recent grant from USAID, how IGN plans to allocate its resources in light of the USAID funding, the current state of progress in iodization worldwide, and changes in staff and leadership at the organization.

Funding for 2015 and beyond

USAID funding

Dr. Zimmerman believes that USAID has budgeted approximately \$1.5 million per year for iodine nutrition.

In 2014, USAID began directing money via UNICEF to IGN's programs, and it will provide IGN with close to \$500,000 this year. Dr. Zimmermann feels this funding may be renewed in subsequent years.

USAID grants through UNICEF to IGN are earmarked for specific countries and programs. The money for 2015 will be allocated as follows to some of the regions covered by IGN:

- East Africa – \$225,000
- Middle East and North Africa – \$140,000
- Central Asia – \$60,000

Potential future USAID/UNICEF-funded programs

Some projects that UNICEF has expressed interest in funding include:

- A program to address excess iodine intake in Somalia, where the groundwater has very high iodine levels, leading to high intake in some of the population.
- A program to study the effects of overiodized salt in Tanzania in vulnerable groups, such as infants and pregnant women.
- A workshop in Arusha, Tanzania to convene representatives from countries in southern Africa that are leading on iodization as well as those that still

have work to do (Angola, Madagascar, and Mozambique are examples of the latter category). The workshop would be designed to strengthen national coalitions in countries that need to improve their iodization programs and to show representatives from those countries examples of successful programs in other countries.

USAID and UNICEF have also expressed interest in developing a mechanism to measure iodine levels in individual pregnant women, perhaps through repeated collections of 24-hr urines.

Unrestricted funds from GiveWell donors and other sources

IGN has not yet decided how it will use its unrestricted funds, including donations resulting from GiveWell's selection of IGN as a standout charity for 2014. It may use them to supplement funding for regional coordinators (RCs) this year. However, this will depend on the work plans the RCs are now submitting for review.

IGN's annual board meeting takes place in November, and this year's management council meeting will be held April 1–3 in Oman. The RCs' work plans for 2015, including amounts of funding requested, will be reviewed by the senior advisors and finalized at the council meeting. After the council meeting, IGN should have a better idea of how it plans to use its unrestricted funds.

New funding sources

Other than USAID/UNICEF and GiveWell, IGN's core funding sources are the Global Alliance for Improved Nutrition (GAIN), Micronutrient Initiative (MI), and the Centers for Disease Control and Prevention (CDC). Each of these donors continues to contribute \$50,000 per year. No new funding sources have been identified since fall 2014.

Allocation of resources

Regional coordinators

Because USAID/UNICEF restrict the countries and programs their funding can be used for, an increase in funds from these sources means a corresponding increase in the amount of time RCs must spend on USAID/UNICEF projects. For example, Vincent Assey, the RC for East Africa, and Pieter Jooste, RC for southern Africa, will be spending about 50% of their time this year on achieving goals set by UNICEF in those areas. As a result, IGN must cut back on the amount of non-earmarked regional funding that these RCs receive.

Some RCs may be able to scale up their activities given a limited amount of additional funding for their regions, but most are operating under time constraints because of other work commitments. Dr. Assey, Ming Qian (RC for China and the Far East), and Karen Codling (RC for Southeast Asia and the Pacific) all have other responsibilities and probably wouldn't be able to spend more time on IGN work if they had more funding. However, Eduardo Pretell (Americas), Pieter Jooste,

Chandrakant Pandav (South Asia), Izzeldin Hussein (Middle East and North Africa), and Gregory Gerasimov (Russia and Central Asia) could potentially give up to 50% of their time to IGN if they had additional funding.

National coordinators

IGN usually funnels money through the RCs, with national coordinators (NCs) working on a voluntary basis. However, because IGN's capacity in West Africa is low, it has decided to target one NC in particular who has shown high potential, Dr. Boubacar Issa in Niger. At the recommendation of Roland Kupka of UNICEF, who is also an IGN board member, IGN gave Dr. Issa a \$5,000 grant to start a program in that country. He recently organized the first national survey of pregnant women in Niger, which was designed by IGN and for which IGN contributed about 25% of the funding. IGN hopes to begin identifying similarly qualified individuals in other key countries, such as Morocco and Angola, who would be good candidates to receive similar grants.

Global progress against iodine deficiency

There are now only 26 countries left in the world that have median urinary iodine concentrations in the deficient range, down from 31 last year. Afghanistan, Ghana, Guatemala, and Mongolia have become iodine sufficient, and Mozambique is nearly at the sufficient level as well. There have been successful iodization programs in Afghanistan and Palestine, which is especially noteworthy, given the challenges these countries face.

IGN believes that with USAID's new investment in iodization, it may be possible to get all countries' median urinary iodine concentrations into the sufficient range by 2020.

Challenges of remaining countries

Of the remaining 26 countries on the iodine-deficient list, 10 are small islands in the Pacific or the Caribbean. It is very difficult to make progress on iodization in some of the larger countries. For instance, UNICEF has been trying for several years to reduce iodine deficiency in Angola but still faces major challenges, so it is hard to say what will be needed to improve Angola's status or when it will improve. It will likely also take some time for Mozambique to make major progress.

If IGN focuses on efforts in Burundi, Djibouti, and Lebanon it can probably make progress fairly quickly. Djibouti, for example, is a small country, but it is a major salt producer in the Horn of Africa. Part of the USAID money allocated to the Eastern Mediterranean and North Africa regions will be used to conduct an iodine survey and start a program in Djibouti.

Changes in personnel

Staff

In December, IGN hired a 60%-time (three days per week) junior-level communications officer, who led a revision of IGN's website and created the global scorecard for 2014, and will handle some of the data gathering for the scorecard going forward. IGN has hired Jonathan Gorstein as the new Executive Director. He plans to devote 50% of his time to IGN in 2015, about four times his current commitment.

Leadership

Larry Grummer-Strawn stepped down as chair of IGN's board after moving to the World Health Organization (WHO). Dr. Zimmermann was then elected board chair. Dr. Zimmermann's commitment will probably remain unchanged, so the total number of hours between Jonathan Gorstein and Michael Zimmermann will increase substantially.

Traditionally, the chair and the executive director have held complementary roles, with the executive director focusing more on day-to-day activities and the chair concentrating on strategy and global advocacy.

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