

## A conversation with Chandra Pandav on September 2<sup>nd</sup>, 2014

### Participants

- Chandra Pandav – Regional Coordinator of South Asia, International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD); Professor and Head of the Centre for Community Medicine, The All India Institute of Medical Sciences (AIIMS)
- Timothy Telleen-Lawton – Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Chandra Pandav.

### Summary

GiveWell spoke with Chandra Pandav about the activities in Indian states funded by the 2013 GAIN grant for iodine nutrition and what ICCIDD could do in the future with consistent funding.

### Activities funded by 2013 GAIN grant

The Global Alliance for Improved Nutrition (GAIN), with funding from the Bill and Melinda Gates Foundation, granted \$20,000 to –ICCIDD-India and \$150,000 to ICCIDD for iodine projects in India between April 2013 and March 2014. ICCIDD used this funding for monitoring visits to salt producers and for bringing together government and industry stakeholders.

Some small-to-medium-sized salt producers use iodine sparingly to save money, creating inadequately iodized salt. Between April 2013 and March 2014, ICCIDD made visits to several salt producers to check on their production methods, iodine stocks, and government-mandated iodine registers to ensure that the producers were following regulations. ICCIDD communicated its findings to the Salt Commissioner's office. ICCIDD has been conducting monitoring visits for the past ten years, which usually cost about 30-40% of its total budget in South Asia. The other 60-70% of its budget in South Asia is usually spent on its website, newsletter, Professor Pandav's travel to countries in the region, secretary staff, and laboratory staff.

With GAIN funding, ICCIDD was able to use its network of students and professionals across India to establish coalitions for improved iodine nutrition in five Indian states. Stakeholders from salt-producing states Rajasthan (10% of India's salt production), Tamil Nadu (20%), and Gujarat (70%) participated, as well as stakeholders from Uttar Pradesh and Bihar, two states with relatively high levels of iodine deficiency disorders.

- **Rajasthan** has low-quality salt and inadequate iodization. Some inadequately iodized salt from Rajasthan is transported by railway to neighboring states, which ICCIDD is planning to address in the future.
- **Tamil Nadu** recently established a cooperative, the Tamil Nadu Salt Corporation. ICCIDD provided some on-site training and quality assurance for the new cooperative using funding from the GAIN grant.

- Leaders in **Gujarat** developed field testing kits for iodine levels in salt and other nutrients in other foods, conducted a large-scale survey of urinary iodine concentrations in schoolchildren, and provided free iodized salt for pregnant women.
- **Uttar Pradesh** has historically had problems with iodine nutrition. Government officials have made progress by providing the public with information about who is selling inadequately iodized salt. Uttar Pradesh had success in implementation by dividing the state into sub-regions, which could also be a useful strategy in other states.
- An NGO in **Bihar** had established a lab for testing iodine levels in salt. Funding from the GAIN grant to ICCIDD was used for the operation of the lab, and ICCIDD also provided training and quality assurance for the lab.

With one year of funding provided through the GAIN grant, ICCIDD and other stakeholders made significant progress in these five states. However, no additional funding was provided after March 2014, so many activities were put on hold.

ICCIDD now does some monitoring of salt producers by phone and email, which is not as effective as site visits. Government officials are now monitoring salt facilities that ICCIDD is not, but the government inspectors are often not accountable and may not be impartial.

### **Potential effects of consistent funding**

Inconsistent sources of funding to ICCIDD, like the 2013 GAIN grant, make sustained progress in iodine nutrition difficult. If ICCIDD consistently had more resources, the following would be funded in South Asia:

- **National coordinators** require a stipend, funding for running their offices, and a travel budget. Additional funding would allow current national coordinators to spend more time on monitoring activities, and could also be used for recruiting new national coordinators.
- **Annual regional and state conferences** could provide sustained dialogue on shifting iodine issues in South Asia. For example, iodine levels in salt may need to be adjusted in reaction to salt consumption reduction. State-level conferences would provide a venue for sharing measures of progress in iodine nutrition on a regular basis. An increased budget could also be used for printed materials at these conferences.
- **Laboratories** are necessary for quality assurance for iodine programs, both for testing urinary iodine concentrations and for testing iodization levels in salt. More funding is necessary for training technicians. Recently developed techniques, like screening for iodine deficiency disorders in specific areas, should also be funded and continued. Funding for Professor Pandav's two labs comes from both AIIMS and ICCIDD.
- **Translations of the regional newsletter** are needed, since South Asia has many state and national languages.
- **An increased travel budget for the Regional Coordinator** would allow Professor Pandav to conduct more monitoring visits outside of India and to attend more

conferences. AIIMS provides some funding for Professor Pandav's travel budget, but around 80-90% of travel funding usually comes from ICCIDD.

- When Professor Pandav travels to another South Asian country, he organizes a national workshop which brings stakeholders together to discuss iodine issues. The presence of an external consultant catalyzes progress in iodine nutrition programs. In addition, Professor Pandav tries to provide funds for students to travel with him, since it is important to train the next generation of experts in iodine nutrition.
- For some conferences, like the WHO regional meeting in Bangladesh in 2014, ICCIDD currently only has the budget to send one person. However, given the workload, it would be much more effective to send two or three ICCIDD representatives. For the recent regional UNICEF meeting, ICCIDD could not send a representative at all due to budget constraints.
- **Monitoring at the salt production level** has not occurred as often since the end of the 2013 GAIN grant funding, but is essential for ensuring that progress in iodine nutrition continues. ICCIDD can provide a standard operation procedure for salt producers in addition to checking for intentionally inadequately iodized salt.
- **Dialogue with wholesale distributors once a year** is crucial, since they are responsible for properly labeling iodized salt.
- **A communication campaign** could help poor, rural segments of the population who do not have much access to packaged goods. These populations are more likely than others to have iodine deficiency disorders, so addressing this issue is essential. The government could possibly provide iodized salt to poor, rural populations, or it could create markets for iodized salt in rural areas, as well as other packaged goods like soap and toothpaste.

It would be difficult to prioritize these activities, since they all are necessary for improving iodine nutrition. However, if additional funding were limited, increased budgets for the national coordinators and for monitoring visits would be priorities.

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