

## A conversation with Greg S. Garrett, June 8, 2018

### Participants

- Greg S. Garrett – Director, Food Policy & Financing, Global Alliance for Improved Nutrition (GAIN)
- Chelsea Tabart – Research Analyst, GiveWell

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

### Summary

GiveWell spoke with Mr. Garrett of the Global Alliance for Improved Nutrition (GAIN) to learn about GAIN's progress and future plans. GAIN is a GiveWell standout charity. Conversation topics included GAIN's current salt iodization work, its collaborative projects, and its room for more funding.

### Universal salt iodization (USI) work

GAIN's universal salt iodization (USI) work falls roughly into three categories:

1. **Knowledge leadership**, much of which is done in close partnership with the Iodine Global Network (IGN).
2. **Regional engagement in East Africa**, which is largely supported by GiveWell-directed funds.
3. **Country-specific projects** in Mozambique, Tanzania, Ethiopia, Nigeria, and Bangladesh, which are primarily funded by the Dutch government.

These are explored in detail below.

### Knowledge leadership

Last year, GAIN, IGN, and two others partners launched the Global Fortification Data Exchange (GFDx), available at [www.fortificationdata.org](http://www.fortificationdata.org), which aggregates global food fortification including iodization data.

GAIN has attended a number of conferences (e.g. a meeting of European leaders in Krakow, a meeting in Pisa organized by the World Iodine Association) where it has advocated for policymakers to implement iodization.

GAIN also leads the advocacy working group among its partners as part of the Home Fortification Technical Advisory Group (HF-TAG).

### The SIMPLIFY ("Salt Iodization: Meeting the needs of Pregnancy, Lactation and Infancy") study

GAIN co-designed and commissioned the SIMPLIFY study in partnership with the Swiss Federal Institute of Technology (ETH Zurich). Data analysis and publication, discussions between GAIN and ETH Zurich, and discussions about the study's policy implications have happened in the past year. The research involved effectiveness

studies in Croatia, China, and the Philippines, and covered six population groups in each of these three countries.

While it has been generally assumed that salt iodization leads to sufficient intakes of iodine in women and children (and there has been some evidence to support this), the SIMPLIFY study is the first study in low- to middle-income countries showing a direct correlation between salt iodization and adequate iodine levels in infants during the first 1,000 days of life. The study's results indicate that salt iodization does provide adequate iodine intake for pregnant women and breastfeeding infants when there is high coverage. The only population group that appears not to be covered is weaned children aged six months to two years, since the complementary foods they consume may not contain salt; filling that gap may require targeted iodine.

GAIN's communications team has been working to disseminate the study's results to relevant actors, which has involved leveraging social media and presenting the results at various forums (e.g. a meeting of the Development Partners Group in Tanzania, various nutrition and food systems conferences).

The study cost \$350,000, of which GAIN contributed \$300,000. UNICEF also contributed a small amount of funding. GiveWell-directed funding paid for some of the analysis and dissemination of the study.

### **Best practices document**

This year, GAIN, Project Healthy Children (PHC), IGN, the Food Fortification Initiative (FFI), and TechnoServe published a guidance document on GFDx of good practices for regulatory monitoring of fortified foods and for bringing monitoring of salt iodization under those same policies and practices. Putting this document together involved consultative meetings with representatives from the World Health Organization (WHO), the UN Food and Agriculture Organization (FAO), UNICEF, and other partners. GAIN brought together the partners and paid for the convenings and technical editing of the document.

This document is intended to serve as a resource for policymakers and fortification and iodization program managers on practical implementation of regulatory monitoring practices. GAIN is working with its partners to disseminate the document at the country level through trainings and workshops to ensure that these guidelines influence food control practices. GAIN tests participants before and after these workshops to measure what they have learned.

### **Other publications**

GAIN published new regression analyses this year in the *Journal of Nutrition* looking at the effects of various factors (e.g. poverty, iodized salt packaging) on urinary iodine concentration (UIC). GAIN used GiveWell-directed funds for some of the dissemination of these results.

GAIN ran Fortification Assessment Coverage Tool (FACT) surveys in Burkina Faso and two states in Nigeria, which included salt iodization coverage. USAID funded these surveys and currently has the results, which will be published once it approves them. Those are the only coverage surveys that GAIN has led in the past year.

## **Regional engagement in East Africa**

GAIN's main regional activities in East Africa are:

- Structuring the governance of fortification alliances to incorporate salt iodization
- Strengthening governance structures and networks (in close partnership with IGN)
- Developing fortification policy and standards
- Working with industry and governments to improve their quality assurance and quality control (QA/QC) capacity

GAIN tends to operate in countries with lower iodine levels and/or lower iodized salt coverage, including Mozambique, Tanzania, Kenya, Burundi, Rwanda, Uganda, Zambia, and Zimbabwe.

GAIN's Regional Fortification Advisor is based in Nairobi. She travels frequently in the region to organize workshops on QA/QC among regional actors (e.g. food control inspectors, managers of large salt refineries, etc.). Her primary role is as coordinator, though at one recent convening in Lusaka she also presented and trained on some aspects of internal QA (e.g. passive hazard analysis, critical control, good manufacturing practices, etc.). GAIN has organized about five such convenings in the past year. These convenings have had good participation, and post-workshop surveys and testimonials indicate that participants are learning the material (though it can be somewhat difficult to directly attribute changes in the system to these convenings). It is sometimes difficult to tell to what extent good practices are actually being implemented.

Overall, about 80% of GAIN's regional work is technical assistance and 20% deals with more policy-related issues (e.g. ensuring that penalties imposed for failing to iodize salt are severe enough that industry actors do not prefer to pay the fine rather than iodize). GAIN also plans to work to encourage large, processed foods companies to procure only adequately iodized salt. GAIN's work on processed foods is being done in close coordination with IGN.

GAIN uses GiveWell-directed funds for this regional work.

## **Country-specific projects**

### **Mozambique**

Mozambique is the most challenging country for USI in which GAIN works. It appears to have very low iodized salt coverage: the potassium iodate (PI) that GAIN

is aware that Mozambique is procuring is only enough to cover roughly 30% of the population.

GAIN has looked into establishing a "revolving fund" for PI procurement. This would involve assessing country-wide demand for PI every six months, then having a local agent purchase PI and sell it onwards to salt producers at a price that recovers the agent's costs. GAIN is also working to consolidate the salt production industry; within the next year, for instance, GAIN hopes to help establish a new cooperative of small-scale salt producers.

GAIN is also working with the government to strengthen its inspectorate and make sure it has the budget to effectively monitor the salt industry.

GAIN received some extra funding from the Dutch government in late 2017 to increase its engagement in Mozambique. It recently hired a full-time project manager for Mozambique who spends about 80% of his time on salt iodization and 20% on fortification of staple foods.

## **Tanzania**

The majority of GAIN's work in Tanzania is engagement with government, primarily the Tanzanian Food and Drug Authority (TFDA). GAIN has provided WYD iodine checkers to each of the TFDA's zonal inspectorates, given training workshops, tested inspectors' knowledge of salt testing practices before and after workshops, and translated the English manual for inspectors into Swahili.

The TFDA has shared results from government salt testing with GAIN, which show some improvement in iodization coverage from a 2015 baseline survey. GAIN would like to raise funds to do its own endline survey in a couple of years as a follow-up on that 2015 baseline data.

GAIN's approach in Tanzania is more decentralized than in, e.g., Mozambique. It works with industrial salt producers at a regional level on implementing good manufacturing and iodization practices, which has been fairly successful.

GAIN's work in Tanzania is mainly funded by the Dutch government and a private UK foundation. It has also used some GiveWell-directed funding. GAIN has one full-time staff person dedicated to fortification and iodization in Tanzania and part of a regional staff member's time in addition to short-term consultants.

### *Other actors*

Nutrition International (NI) is also actively working to increase iodized salt coverage in Tanzania. Last November, NI ran a workshop where it described to its partners (including GAIN) its focus on supporting a cooperative model for salt producers in Tanzania.

## **Ethiopia**

In 2017, GAIN began working with the Ethiopian Food, Medicine and Health Care Administration and Control Authority (FMHACA), training inspectors to use WYD

iodine checkers, perform titration testing, and monitor internal QA documentation (for instance, inspectors can check producers' financial records to see whether the amount of PI purchased is sufficient to adequately iodize the producer's salt output).

GAIN's work in Ethiopia is roughly 60% with government and 40% with industry.

GAIN has one full-time Fortification Manager in Ethiopia who works about half-time on salt iodization and half-time on staple foods fortification.

#### *Other actors*

NI has been very active in Ethiopia previously (Mr. Garrett is unsure how active it is now). UNICEF has received a grant to work in Ethiopia on advocacy around food fortification generally; it is unclear how much its work will impact salt iodization.

### **Bangladesh**

In Bangladesh, the current penalty on salt producers for not iodizing is low, and GAIN's impression is that some producers are willing to simply risk paying the fine rather than iodize. GAIN has helped develop a new national salt iodization law that includes a higher penalty, which it expects will be adopted by the end of the year. GAIN is also running an awards ceremony sometime this summer to reward salt producers who comply with iodization standards.

GAIN is also doing QA/QC training to help on-the-ground managers iodize correctly and make sure that salt is high quality.

GAIN's work in Bangladesh is about 60% with government and 40% with industry. GAIN has a full-time fortification staff person in Bangladesh who works about half-time on salt iodization.

GAIN's work in Bangladesh is funded by the Dutch government

### **Nigeria**

GAIN's work in Nigeria is primarily high-level governance work. At the federal level, there is currently some ambiguity about whether monitoring of salt iodization and imposition of penalties falls under the purview of the Standards Organisation of Nigeria (SON) or the National Agency for Food and Drug Administration and Control (NAFDAC). GAIN has reviewed this situation and plans to roll out a clearer institutional policy structure to clarify the roles of each department, reform enforcement protocols, and adjust the budget flow of each department appropriately.

### **Burundi**

A small iodine deficiency disease (IDD) survey in Burundi began recently with support from GAIN, IGN, and UNICEF. GAIN is co-funding the survey and will lead on disseminating the results.

## **Budget and room for more funding**

140 countries have implemented iodization legislation, and a few others have done salt iodization at scale without legislation. 19 countries are currently classified as iodine insufficient (down from 54 in 2004). Based on current efforts, GAIN believes that IDD could realistically be under control by 2023. In 2008, GAIN and UNICEF each received \$20 million from the Gates Foundation to support iodization efforts, and those funds were exhausted by early 2015. GAIN is working to help fully control IDDs, but this will require another funding infusion of around that size.

GAIN receives about \$300,000 to \$350,000 per year in GiveWell-directed funding. GAIN has country-level financing of around \$4.5 million over three and a half years from the Dutch government, which will run out around March 2021. In Tanzania, GAIN had funding of £300,000 over two years from a private UK foundation, which recently ran out. GAIN is optimistic that this funding will be renewed at roughly the same level. Less than 5% of GAIN's budget is unrestricted.

GAIN has three full-time equivalents plus some consultants working on salt iodization.

## **Room for more funding**

GAIN believes it could effectively use an additional \$2 million per year. The Gates Foundation's grant to GAIN mentioned above (\$20 million over 6-plus years) averaged just over \$3 million per year. With funding at that level again, GAIN could roughly double its current iodization profile, entering new countries which are iodine deficient as well as strengthening its existing work.

With an additional \$2 million per year, GAIN would likely focus on work in high-burden countries, including:

- **Nigeria.** GAIN's understanding is that salt is produced in many different regions of Nigeria. It would be helpful to do an assessment of the volumes and quality of salt coming from each region, as well as get better data on salt importation. GAIN would then primarily work with medium- and large-scale producers while encouraging smaller producers to move towards a cooperative model. Small-scale producers are often unregistered and do not package or brand their salt; medium- and large-scale producers are registered and package their salt. GAIN would also continue working to institutionalize the governance changes described above.
- **Egypt.** GAIN previously worked in Egypt using funding from the Gates Foundation. GAIN's understanding based on low procurement of PI is that salt iodization has slipped since then and that not much government inspection is occurring. If GAIN reentered Egypt, it would first assess the current landscape and then implement whichever activities were appropriate based on its national fortification delivery model.

- **India.** GAIN's partnership project with UNICEF in India was fairly successful overall, but there were some specific states that showed low coverage. With additional funding, GAIN would go back to support improvements in coverage in those states.

GAIN would also enter other high-burden countries where it is not currently active on salt iodization, such as Pakistan, Afghanistan, and Ghana. It would also increase the budgets of its current countries in order to, e.g., conduct new assessment surveys in each country.

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