

# **A conversation with the Dr. Michael Zimmermann and Dr. Jonathan Gorstein, June 22, 2015**

## **Participants**

- Dr. Michael Zimmermann – Chairman, Iodine Global Network
- Dr. Jonathan Gorstein – Executive Director, Iodine Global Network
- Tim Telleen-Lawton – Senior Research Analyst, GiveWell
- Cat Hollander – Outreach Associate, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Dr. Michael Zimmerman and Dr. Jonathan Gorstein.

## **Summary**

GiveWell spoke with Dr. Zimmerman and Dr. Gorstein of Iodine Global Network (IGN) as part of its investigation into IGN as a potential top charity. The conversation was intended to identify countries where GiveWell could more deeply investigate IGN's impact, and it focused on the work of IGN staff members in several countries.

## **India**

IGN believes that Dr. Chandrakant Pandav (IGN Regional Coordinator for South Asia) has been extremely effective in India in terms of his influence, credibility, and ability to coordinate the various iodization stakeholders in the region.

Dr. Pandav chairs the National Coalition for Sustained Iodine Intake, which meets two times a year (or more frequently when necessary), and has a good relationship with all other stakeholders. He has also consulted for the World Health Organization (WHO), the Micronutrient Initiative, and UNICEF.

Dr. Pandav's position as a professor in the Department of Community Medicine at the All India Institute of Medical Sciences (AIIMS) grants him scientific credibility, and being a founding member of IGN has also given him particular credibility and leverage.

## **Defense of mandatory salt iodization legislation**

Dr. Pandav has twice been instrumental in resisting reversals of the ban on the sale of non-iodized salt in federal and state supreme courts.

1. In 2000, India repealed its ban on non-iodized salt. Dr. Pandav helped to achieve a reinstatement of the ban in 2005, in part through leveraging his relationship with IGN and bringing high-level representatives of IGN partners, including the Executive Director of UNICEF, to New Delhi to help with advocacy.
2. In 2011, the ban on non-iodized salt was again challenged based on concerns about the appropriateness of the particular type of legislation used. Dr.

Pandav helped put together a successful case to preserve mandatory iodization legislation.

## **Funding**

IGN funding in India has helped support:

- A local IGN newsletter, which is used to advocate for the importance of iodine nutrition and the national salt iodization program
- Surveys in multiple states, partially funded by IGN
- Quality control work for the laboratory at the All-India Institute of Medical Sciences, partially funded by IGN

## **Lebanon**

### **2013 survey**

IGN national coordinator Dr. Omar Obeid is a Professor of Nutrition at the American University of Beirut (AUB). While in northern Lebanon, close to two or three of the largest salt producers in the country, he discovered that the producers had stopped iodizing their salt. The producers were aware of the iodization legislation that has long been in place but were not iodizing their salt because of uncertainty over the legislation and lack of enforcement. Support for iodization in Lebanon from other aid agencies (e.g., UNICEF) is currently limited due to their focus on other important issues, especially the Syrian conflict. IGN is the only agency currently working on iodization in Lebanon.

In 2013, Dr. Obeid and Dr. Zimmerman designed the first national urinary iodine concentration (UIC) survey for Lebanon, with help from the statistics office at AUB in designing the sampling scheme. The survey included about 1,000 children from across Lebanon. Survey samples were analyzed at Dr. Zimmermann's lab in Zurich. The median UIC was found to be only 66 micrograms/liter, one of the lowest national-level median UICs in the world and well within the range that randomized controlled trials have suggested can cause a drop of 2 to 4 IQ points in children.

### *Funding*

The survey was designed, executed and funded by IGN with support from AUB. Dr. Obeid received funding for fieldwork from AUB, while IGN provided funding for laboratory measurements and analysis of the survey, as well as some of the funding for transport of samples and travel. Dr. Zimmermann estimates that IGN funded about three-quarters of the overall cost of the survey.

### **Advocacy**

Dr. Obeid is currently using the survey results to advocate for the Lebanese government to enforce iodization legislation.

IGN held a workshop in April, attended by two nutrition officials from the MoH and a major salt producer. Dr. Obeid is currently forming a national iodine coalition that includes the government, salt producers, and civil society. Dr. Zimmerman estimates

that within 6 to 12 months, the Lebanese government will start ensuring that salt producers comply with iodization legislation.

### **Impact on Syria**

Four large salt producers provide salt for nearly all of Lebanon and part of Syria. One producer (with whom Dr. Obeid has a close relationship) produces 70% of the salt that is imported into Syria. There is therefore potential for salt iodization in Lebanon to impact Syria and other countries that import Lebanese salt.

Syrian legislation requires imported salt to be iodized at at least 30ppm, although it is not clear whether this is being enforced.

### **Gulf States**

Over last three years, Dr. Izzeldin Hussein (IGN Regional Coordinator for the Middle East and North Africa) raised money for and executed surveys of iodine nutrition in:

- Qatar
- Oman
- Kuwait
- Bahrain
- United Arab Emirates

These surveys reported sufficient iodine levels in Oman, Kuwait, and Bahrain. In Qatar, the survey identified a median iodine level of 340 ug/l, higher than the recommended range of 100-299 ug/l. Many of the Gulf States had had no recent surveys prior to Dr. Hussein's efforts (e.g., Kuwait's last survey was in 1997; Oman's last survey was in the mid-2000s).

There is some pressure from MoHs in the Gulf States to reduce individual discretionary consumption of salt and the use of salt in processed foods. IGN is collaborating with the salt reduction community to reduce salt consumption while maintaining or increasing salt iodization to compensate. IGN has directed some GiveWell funding towards this project. This is one of the first models of a linked surveillance system that tracks the status of both USI and salt reduction efforts, and uses complementary data to adjust each respective program strategy.

### **Croatia**

Dr. Gregory Gerasimov (IGN Regional Coordinator for Eastern Europe and Central Asia) played an important role in the national iodine program initially supported by the Government with the assistance of Arnold Timmer (former UNICEF Regional Nutrition Adviser for Central Asia and Eastern Europe). Mr. Timmer developed a strategy for Croatia and surrounding countries and raised funds from UNICEF, while Dr. Gerasimov did footwork in the region over the course of eight years to build national coalitions and advocate about the importance of iodine. Dr. Gerasimov used a small IGN budget to fill gaps in the budget provided by UNICEF. During this time, Dr. Gerasimov worked closely with WHO and other agencies. Croatia has one of the most successful USI programs in the world, one which led to the elimination of IDD

and has been sustained in great part due to the structures put in place with the assistance of IGN.

## **Madagascar**

The UNICEF office in Madagascar, recognizing that issues of iodine deficiency had been long neglected in the country and that updated data on the status of iodine nutrition were needed, asked Dr. Pieter Jooste (IGN Regional Coordinator for South Africa) to design and implement a national UIC survey and to develop appropriate policy adjustments, including revision of legislation. Fieldwork for this survey was completed in 2014. As part of this project, Dr. Jooste helped set up and vet a laboratory in Madagascar to perform in-country UIC measurements.

Dr. Jooste has also played a significant part in reforming and revitalizing the iodine coalition in Madagascar, especially through a visit in July 2013.

Some GiveWell funding has been used for analysis of the Madagascar survey, as well as to fund a regional dissemination and policy workshop (with ten participating countries from eastern and southern Africa, including Madagascar).

## **Tanzania**

Dr. Vincent Assey (IGN Regional Coordinator for Eastern Africa) is a native Tanzanian and was the long-time Head of Nutrition for the Tanzanian MoH.

East Africa has been a leading region in the Scaling Up Nutrition movement, and Tanzania has been one of the leaders in terms of integrating iodine nutrition to the broader nutrition agenda.

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