

## **A conversation with ICCIDD on January 21, 2014**

### **Participants**

- Michael Zimmermann — Executive Director, International Council for the Control of Iodine Deficiency Disorders (ICCIDD) Global Network
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**Note:** This set of notes was compiled by GiveWell and gives an overview of the major points made by Dr. Michael Zimmermann.

### **Summary**

GiveWell spoke with Dr. Michael Zimmermann, Executive Director of the ICCIDD Global Network. Conversation topics included: measures of ICCIDD's impact, ICCIDD's role in the network of iodine nutrition organizations, and cases when ICCIDD has funded fieldwork.

### **ICCIDD's key impacts**

ICCIDD's key impacts are:

- Encouraging governments to adopt salt iodization that would not otherwise have adopted salt iodization
- Improving the quality of salt iodization programs by working as a technical assistance partner

### **Measures of ICCIDD's impact**

ICCIDD uses 10 indicators to track the performance and sustainability of a country's salt iodization program. When all 10 indicators show positive results, a country is considered to have a sustainable salt iodization program. The indicators were developed in conjunction with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

The first two indicators (and the only quantitatively measurable indicators) are:

- Household coverage of iodized salt
  - This is determined by a series of surveys that measure the amount of iodine in household salt samples.
- Urinary iodine (UI) concentration of the population
  - This is determined using school-based surveys that collect urine samples from a representative sample of the population.
  - UI concentration is a very reliable measure of iodine nutrition.

ICCIDD collects data on these indicators before and after it provides technical assistance to a country in order to determine its impact on a country's iodized salt program. Together, these two indicators provide a reliable measure of a national program's progress on achieving adequate iodine nutrition.

Typically, in a country with poor iodine nutrition, baseline surveys show that coverage of iodized salt is poor—confined to households in the upper quintiles of the wealth distribution and/or to urban areas—and that UI concentration is low.

### **ICCIDD’s role in the network of iodine organizations**

ICCIDD is the only nutrition organization dedicated exclusively and specifically to controlling iodine deficiency. Other organizations in this space, such as UNICEF, typically work on a broader range of issues.

UNICEF, the Global Alliance for Improved Nutrition (GAIN), and the Micronutrient Initiative (MI) have representatives on ICCIDD’s board and communicate frequently with ICCIDD. These groups and others in the global iodine community such as the World Food Programme coordinate resources and information so that global iodine nutrition can be improved as efficiently as possible.

Funding for iodine nutrition programs is not consolidated under ICCIDD; organizations within the global iodine community manage their own resources while coordinating with the other groups. For example, UNICEF and MI might decide within their organizations that they have enough funding to support salt iodization programs in 3-4 countries in Eastern Africa. Then, they will convene with the ICCIDD Global Network to discuss how to use resources most efficiently within those countries and how to coordinate with other organizations already working in those countries.

Most of the funding for iodine nutrition fieldwork comes from MI, UNICEF, GAIN, and the Centers for Disease Control and Prevention (CDC). ICCIDD typically acts as a technical advisor for salt iodization projects.

ICCIDD also influences prospective funding for iodine programs by, e.g., asking UNICEF to request more resources for iodine programs from its donors.

#### *Details on national salt iodization programs*

National coordinators of salt iodization programs are sometimes representatives of non-profits (UNICEF, GAIN, etc.) and sometimes are not involved with any agency.

A typical national-level salt iodization program involves multiple partners with different roles. Examples include:

- GAIN typically works closely with salt producers
- UNICEF often focuses on communication, advocacy, and funding a salt iodization line
- ICCIDD typically coordinates the national coalition to use all of its available resources as efficiently as possible

It may be difficult to distinguish ICCIDD's impact on salt iodization programs from the impact of its partners because, for any given national program, many actors are working together to improve iodine nutrition.

### **How ICCIDD chooses which countries to work in**

ICCIDD's decisions about which countries to work in are determined by a combination of funding availability and ICCIDD priorities.

For example, if the Canadian International Development Agency (CIDA) or the US Agency for International Development (USAID) funds UNICEF to work in specific countries, ICCIDD will provide support to UNICEF to use funding as efficiently as possible in those countries.

In other cases, if an ICCIDD regional coordinator identifies an especially significant need in a particular country, ICCIDD will talk to GAIN, UNICEF, MI, CDC, and other members of its network to see if they have resources that they could use in that country. If there is a pressing need and other agencies do not have short-term resources that can be allocated to the country in need, then ICCIDD may use some of its operating budget to work in that country.

### **Cases when ICCIDD has funded fieldwork**

#### *Work in Madagascar*

ICCIDD paid for field expenses in Madagascar because it saw a pressing need (very poor iodine nutrition outcomes) and a lack of available resources from other partners. GAIN and MI did not have a presence in Madagascar, and UNICEF only had a small number of staff in Madagascar who were mainly focusing on infectious diseases rather than nutrition. UNICEF did not have additional funding that it could use to support iodine nutrition in Madagascar.

Once ICCIDD decided to dedicate resources to fieldwork in Madagascar, the ICCIDD regional coordinator made two visits to the country to discuss the benefits of iodine nutrition with government officials and UNICEF. The government showed commitment to controlling iodine deficiency, so a national coalition was formed, assisted by UNICEF. A local official became the national coordinator in Madagascar, with support from the ICCIDD regional coordinator.

As an initial step in its work in Madagascar, ICCIDD plans to quantify the severity of the iodine deficiency problem in the country by collecting baseline data on household iodized salt and UI concentration in children. It is working with the national coordinator, the Ministry of Health, and UNICEF (which contributed staff and vehicles for data collection) to conduct this national survey, which will be Madagascar's first national survey of iodine nutrition. It is anticipated that this survey will cost about \$35k and will

take place in the second half of 2014. It is anticipated that it will include at least 30 clusters, 30 schools, and at least 900 children. It will follow WHO survey protocol.

### *Workshops*

ICCIDD has paid for salt iodization workshops in the past. Workshops typically bring together government leaders from neighboring countries to share lessons and to discuss progress on reducing iodine deficiency. For example, in late 2013, ICCIDD held a workshop for 6 to 7 leaders from southern South American countries to ensure the sustainability of salt iodization programs in that region. Speakers from the WHO/PAHO, UNICEF, and GAIN sometimes give presentations during these workshops.

### *Quality assurance*

ICCIDD has paid technical experts to assist salt manufacturers with quality assurance and quality control. For example, in 2013, salt producers in Ethiopia were having difficulty producing salt with the proper level of iodine. ICCIDD paid for two of its regional coordinators to act as technical consultants to travel to rural Ethiopia for a few days to help salt producers improve salt iodization and add quality assurance protocols to their production process.

### *Other considerations when funding fieldwork*

Some countries have more available funding for nutrition projects than other countries. For example, the Gates Foundation made a partnership grant to UNICEF and GAIN to improve nutrition in 14-16 priority countries. These countries generally have available resources for salt iodization programs.

ICCIDD cannot afford to fund field activities very often because of its lean budget. ICCIDD's decision to pay for field activities is highly dependent on the country context. When ICCIDD supports workshops, trainings, communication, advocacy, and other projects, it typically tries to find funding from other organizations first.

### **ICCIDD's region-level plans**

In April 2014, ICCIDD will have its annual meeting with regional coordinators to finalize work plans and budgets for the next year. Regional coordinators submit their plans and proposed budgets to ICCIDD at the end of January 2014, and then Dr. Zimmermann and independent external experts review these documents. Regional coordinators produce a prioritized list of 10-12 activities that they would like to pursue using their available resources (~\$40k-\$50k per year), and then ICCIDD management deliberates with the coordinators about the prioritization of the projects. It typically funds the 3-4 highest priority activities for each regional coordinator.

In the regional coordinators' end-of-year reports, they must evaluate the impact of their major activities from the previous year.

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