

## **A conversation with ICCIDD on January 9, 2014**

### **Participants**

- Michael Zimmermann — Executive Director, 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 the Executive Director of the International Council for the Control of Iodine Deficiency Disorders (ICCIDD) Global Network, Dr. Michael Zimmermann, to learn about ICCIDD and its funding needs.

### **Background on ICCIDD**

Iodine deficiency is considered by the World Health Organization (WHO) to be one of the most prevalent and preventable causes of mental retardation in the world.

ICCIDD works to decrease the global burden of iodine deficiency disorders through advocacy and technical assistance. It helps to develop and support national coalitions that build and manage national salt iodization programs.

ICCIDD uses an advocacy model because it believes that the most sustainable and effective model for controlling iodine deficiency is one in which each nation takes ownership of its salt iodization program. Many other nutrition-oriented programs have attempted to replicate ICCIDD's structure.

ICCIDD is not an implementing agency; it does not, for example, build iodized salt production lines.

ICCIDD is a WHO-registered non-profit that has been in operation since 1985. It is primarily a volunteer organization; it pays its core administrative staff (see details of ICCIDD's budget below), but many of its members are volunteers.

ICCIDD has a network of committed professionals working all over the world. This network is led by 10 regional coordinators whom collectively oversee all of the national coordinators and national salt iodization programs that ICCIDD supports. Out of the approximately 192 countries in the world, ICCIDD works with a committed leader at the national level in about 130 to 140 countries.

### **Recent changes at ICCIDD**

During the last two years, there have been major changes at ICCIDD.

In November 2012, ICCIDD merged with another major iodine supplementation organization called the Iodine Network. The Iodine Network was a coalition of partners in development agencies and aid organizations that had existed for about 10 years. The two organizations merged in order to consolidate resources.

The merger between ICCIDD and the Iodine Network has consolidated all major players working to control iodine deficiency disorders under ICCIDD, which has led to less fragmentation than in many other global health fields.

Since the merger, ICCIDD has slightly restated its mission, vision, and goals. These are available on its website. ICCIDD's former structure has remained intact during the merger.

ICCIDD receives substantial support from major global health organizations, and its support from these organizations has increased since the merger. ICCIDD is supported by implementing agencies such as UNICEF, the Micronutrient Initiative, the World Food Programme, and the Global Alliance for Improved Nutrition (GAIN). A representative from WHO sit on ICCIDD's Board.

Aid agencies such as the U.S. Agency for International Development (USAID), the UK Department for International Development (DFID), and the Australian Agency for International Development (AusAID, which has now become Australian Aid) have funded ICCIDD's activities in the past.

Having major agencies represented on its Board has helped ICCIDD to ensure that it is using its resources as effectively as possible at the regional and national levels.

### **Global control of iodine deficiency**

Iodine deficiency experts believe that it may be possible to achieve global control of iodine deficiency by about 2020, despite a few remaining difficult cases.

### **ICCIDD's budget**

ICCIDD has a small budget because it is largely a volunteer-based organization. Its working budget is about \$800,000 per year. Its spending broadly falls into the following categories:

- Activities of 10 regional coordinators: ~\$450k/year
- Core activities: ~\$100-150k/year
- Targeted efforts: ~\$200k/year

“Core activities” include funding for the secretariat, the treasurer's office, the meeting of regional coordinators (one per year), the meeting of the board (one per year), and other activities.

“Targeted efforts” are ICCIDD’s priority projects in particular years. For example, in 2014, ICCIDD is planning to carry out a targeted effort to control iodine deficiency in Latin America, where some countries have successfully controlled iodine deficiency while others have had iodine deficiency problems for several decades. ICCIDD is organizing sub-regional workshops where leaders from countries in southern South America will come together for 3 days to learn from each other about how to reduce iodine deficiency and how to build on past successes in controlling iodine deficiency.

The funding for targeted efforts is loosely managed by regional coordinators but is not allocated toward their annual budgets.

### **ICCIDD’s funding sources**

ICCIDD faces uncertainty about its future funding and is still searching for alternative sources.

Previously, ICCIDD was primarily supported by AusAID (about three quarters of ICCIDD’s budget), the Canadian International Development Agency (CIDA), and the Netherlands Ministry of Development Cooperation.

However, many national aid agencies have shifted toward restricted funding for projects in particular countries instead of providing unrestricted funding.

ICCIDD no longer receives core funding from AusAID. Without funding from AusAID, ICCIDD has had to improvise to find other funding sources.

In 2013, ICCIDD was able to make up for the loss of AusAID’s funding by fundraising from several sources. It received a one-time grant from CIDA, and USAID funded some of its regional workshops. Dr. Zimmermann is unsure whether funding from USAID and CIDA will be renewed in the future.

### *Other potential funders of ICCIDD*

There seems to be increasing interest from major government aid programs in funding maternal and child nutrition programs because these programs are now seen as fundamental to development. This trend suggests that ICCIDD may be more likely to receive funding. However, there are many actors working on maternal and child nutrition who are in need of funding, so this trend will not necessarily lead to more resources for ICCIDD.

ICCIDD does not expect to request funding from the Gates Foundation before 2016. This is because the Gates Foundation has a 7-year partnership grant with UNICEF and GAIN to work on nutrition in 16 priority countries, including salt iodization. The partnership grant has had a major impact on nutrition in those priority countries, and ICCIDD does not expect the Gates Foundation to make new iodine nutrition grants before the partnership grant ends at the end of 2015.

ICCIDD is participating in the Gates Foundation grant to UNICEF and GAIN as a technical advisor.

### **ICCIDD's funding needs**

ICCIDD is in need of additional funding to maintain its core operations. Additionally, ICCIDD has access to a more extensive network since its merger, so it has the capacity to use a larger budget than it has typically had in the past.

At ICCIDD's most recent board meeting, in November 2013, it determined that roughly \$2 million per year would be its ideal budget. This ideal budget is based on a strategic plan that estimated the costs of achieving specific goals. Even larger budgets might enable ICCIDD to achieve global control of iodine deficiency more quickly.

### **How ICCIDD would use additional funding**

With additional funding, ICCIDD would:

- Provide additional resources to regional coordinators
- Provide additional support for national coordinators
- Provide additional resources to key countries with severe iodine deficiency problems

#### *Regional coordinators*

One of ICCIDD's current problems is that it does not have enough funding to enable its regional coordinators to be as effective as possible.

Currently, each ICCIDD regional coordinator receives about \$40k-\$50k per year for expenses in managing a large number of national programs. For example, the regional coordinator for West and Central Africa manages about 20 countries but only has the resources to visit about 5 countries per year. Sometimes, regional coordinators do not pursue important opportunities due to lack of resources.

Additionally, regional coordinators typically have other full-time or part-time jobs (e.g., in academia or in fortification alliances). Regional coordinators are paid a small stipend but are essentially volunteers.

With more funding, ICCIDD could provide more resources to regional coordinators, which would enable them to visit more countries in their regions each year, be more committed to their role within ICCIDD, spend more time working with national coalitions, and be more effective at distributing media and teaching aids to national coalitions. Regional coordinators would prioritize visits to countries that have a high burden of iodine deficiency disorders and that do not have a national coordinator.

#### *National coordinators*

One of ICCIDD's goals for the future is to build a more effective and comprehensive network of national coordinators. In countries without national coordinators, it is a high priority to find someone to fill that role. Regional coordinators are responsible for identifying and supporting national coordinators.

ICCIDD currently has national coordinators in 100 of the approximately 192 countries in the world. In countries without national coordinators, ICCIDD has either not identified a suitable person for the role or has not replaced a national coordinator who left the role. For example, ICCIDD would like to have a national coordinator in Niger, but it has been difficult to find a suitable candidate.

National coordinators have various backgrounds. In many countries, the national coordinator is a key figure in the Ministry of Health who is responsible for nutrition or micronutrient programs. In other cases, the national coordinator might be an undersecretary or other permanent figure at a Ministry of Health, a leading academic authority on iodine nutrition, or a dedicated UNICEF employee who will be in a particular country for 3-4 years (this typically occurs in UNICEF and GAIN partnership countries). It is ideal for the national coordinator to be a nutrition expert in a country's Ministry of Health, but national coordinators with different backgrounds can be effective in particular settings. Who is chosen to lead a national program is highly dependent on the context in a particular country.

#### *Additional support for key countries*

With additional funding, ICCIDD could provide more support to countries with severe iodine deficiency disorders. For example, Angola has severe cases of iodine deficiency that cause mental impairment of children, poor pregnancy outcomes, and other major impacts. With more funding, ICCIDD would try to strengthen the national coalition in Angola. Mozambique and Madagascar also have severe iodine deficiency problems, and ICCIDD could use additional funding to intensify efforts in these countries.

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