

Working Together for The Future of Ethiopia:

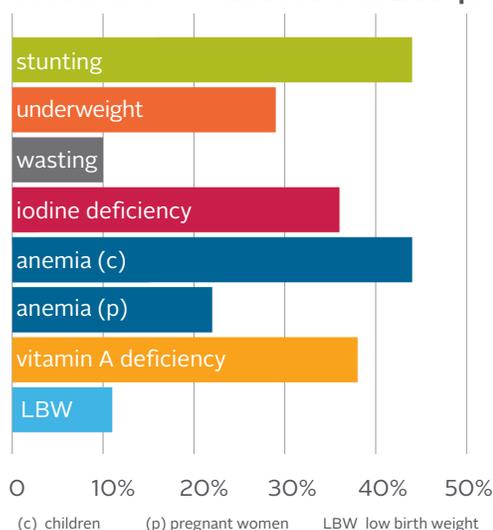
A Call to Action on Nutrition For Government Officials

July 2014

While the rates of malnutrition in Ethiopia have improved in recent years, they remain among the highest in sub-Saharan Africa.

- **Malnutrition takes many forms**, including stunting (short for age), wasting (low weight for height), underweight (low weight for age), iron deficiency anemia, vitamin A deficiency, iodine deficiency, and low birth weight (< 2.5 kg).
- **Among children under 5 years, 44% are stunted**, 29% are underweight, 10% suffer from wasting, and 44% are anemic.
- **Twenty-two percent of pregnant women suffer from anemia**, increasing their risk of dying in pregnancy or childbirth and of having a low birth weight infant with an increased risk of dying.³
- **Thirty-six percent of women are iodine deficient**, leading to impaired cognitive ability in their children.³
- **Malnutrition is the underlying cause of as many as 45% of child deaths** in Ethiopia.^{3,4,5} Children who are malnourished are at greater risk of infections (such as diarrhea and respiratory infections) and chronic diseases (such as diabetes and heart disease).^{4,5}
- **Malnutrition results in developmental delays and impairs cognitive ability.** Children with chronic malnutrition (stunted) learn to sit, stand, and walk later; have poorer cognitive function; enroll in school later; perform worse in school; have more days out of school due to illness; and are more likely to repeat grades and drop out of school than well-nourished children.^{3,4}

Prevalence of Malnutrition in Ethiopia^{1,2}



- **Stunting alone will cost Ethiopia US\$25 billion in economic productivity losses by 2025.³**
- **The causes of malnutrition in Ethiopia are manifold: Repeated infections, poor health, and inadequate dietary intake are immediate causes of malnutrition, but underlying causes include food insecurity, high fertility rates, gender inequality, poverty, and lack of safe water, hygiene, and sanitation.**

Malnutrition is *preventable and treatable*.

Increasing and sustaining commitment and investment for nutrition in Ethiopia is urgent now.

- By investing in proven, effective nutrition interventions implemented at scale by 2025, **hundreds of thousands of lives will be saved and improved.³**
- Improvement in nutrition outcomes would result in **children staying in school longer and performing better in school.⁵**
- In addition, **improving nutrition would result in billions of U.S. dollars of economic productivity losses averted by 2025.³**

■ **Reducing malnutrition would:**

save **~58,000** infants' lives by reducing low birth weight

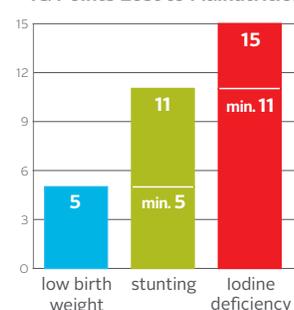
save **~150,000** children's lives by preventing stunting

save **~34,000** infants' lives by decreasing maternal anemia

save **~108,000** children's lives by preventing and treating wasting

save **~107,000** children's lives by decreasing vitamin A deficiency

IQ Points Lost to Malnutrition⁶



Scale-up of proven, effective, and quality services in Uganda is urgently needed.

Improved nutrition will require:^{3,5}

- **Strong political leadership, commitment at national and local levels, and adequate resource allocation** to ensure that nutrition is integrated into the programs of relevant ministries and local governments
- **Implementation of comprehensive nutrition services throughout the country** and adequate institutional structures to scale up nutrition
- **Strong multisectoral coordination** among the interrelated sectors of health, including family planning, agriculture, education, water and sanitation, and women's empowerment, to efficiently and effectively use resources
- **Prioritization and implementation of multisectoral interventions** to improve nutrition
- **Enforcement of nutrition-related regulations**, including food fortification and salt iodization
- **Informing the public about malnutrition**, its dangers, and the benefits of nutrition services and where they can access them

What should be done now?

- **Integrate interventions to improve nutrition in sectoral micro-planning based on the National Nutrition Program**, including:
 - Health
 - Agriculture
 - Education
 - Water and Sanitation
 - Women's Empowerment
- **Use your leadership position to coordinate with other sectors in your region, woreda, and/or kebele.**
- **Allocate more resources and efficiently use resources to improve nutrition.**

Examples of Proven, Effective Solutions to Improve Nutrition

- Prevention of stunting and wasting
- Promotion of optimal breastfeeding and appropriate complementary feeding
- Promotion of delayed marriage and first pregnancy
- Treatment of wasting with special foods, such as ready-to-use therapeutic foods
- Improved hygiene and sanitation practices including provision of safe water
- Vitamin A supplementation
- De-worming
- Iron-folic acid and calcium supplements for pregnant women and lactating mothers
- Salt iodization
- Fortification of staple foods
- Multiple micronutrient powders
- Promoting women's empowerment, access to and control over productive resources, capital, and income generation
- Diversifying food production and making animal protein (e.g., dairy, eggs, meat, poultry, and fish) and micronutrient-rich foods (e.g., fruits and vegetables) more available including in schools
- Improvement of post-harvest handling
- Supporting and expanding early childhood development programs to promote optimal cognitive development
- Supporting and expanding secondary school education for girls and boys



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