

# Working Together for The Future of Ethiopia:

## A Call to Action on Nutrition For Development Partners

July 2014

**E**thiopia has recently seen remarkable economic growth and is on track to meet several of the Millennium Development Goals, including eradicating poverty and hunger, achieving universal primary education, and reducing child mortality. Despite Ethiopia's successes, however, without improvement in nutrition, further progress is not possible. Continued emphasis and investment in prevention and treatment of malnutrition is needed to ensure Ethiopia continues its growth and development.

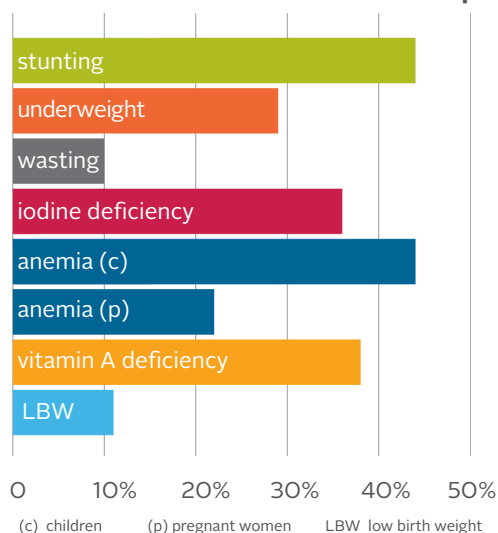
The prevalence of malnutrition in Ethiopia is among the highest in sub-Saharan Africa and remains a serious public health problem. Malnutrition in Ethiopia can take many forms, including stunting (short for age), wasting (low weight for height), underweight (low weight for age), iron deficiency anemia, vitamin A deficiency, iodine deficiency, and low birth weight (< 2.5 kg).<sup>1,2</sup> Rates of anemia are especially alarming: According to the 2011 Ethiopia Demographic and Health Survey, more than 40% of children under 5 and nearly a quarter of pregnant women are suffering from anemia. Forty-four percent of Ethiopian children are stunted and about one in three is vitamin A deficient.<sup>1,2</sup>

These rates of malnutrition have serious ramifications. Malnutrition has a cumulative negative effect on health, education, and economic development, costing developing countries up to 3% of GDP annually.<sup>3</sup>

- Stunting alone will cost Ethiopia US\$25 billion in economic productivity losses by 2025.<sup>4</sup>
- Malnutrition is the underlying cause of as many as 45% of child deaths in Ethiopia.<sup>4,5,6</sup>

- 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).<sup>5,6</sup>
- Malnutrition results in developmental delays and impairs cognitive ability. Children with chronic malnutrition (stunting) 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.<sup>5,7</sup>

Prevalence of Malnutrition in Ethiopia<sup>1,2</sup>



If there is no change in nutrition by 2025<sup>4</sup>:

**664,000**  
lives of children under 5 will be lost related to **stunting**

almost **16,000** mothers' and **84,000** newborns' lives will be lost related to **maternal anaemia**

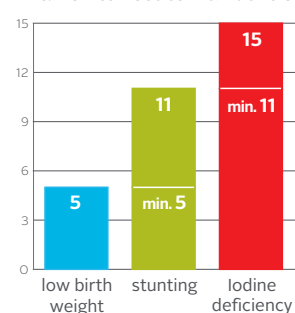
**500,000**  
lives of children under 5 will be lost related to **low birth weight**

**323,000**  
lives of children under 5 will be lost related to **vitamin A deficiency**

**475,000**  
lives of children under 5 will be lost related to **wasting**

**12.8 million**  
children will be born with **irreversible brain damage** with a **decrease in IQ** related to **maternal iodine deficiency**

IQ Points Lost to Malnutrition<sup>7</sup>



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. As such, malnutrition in Ethiopia is a complex problem; in addition to nutrition-specific interventions, nutrition-sensitive interventions that are multi-sectoral are essential to reduce and eradicate malnutrition in Ethiopia.<sup>4</sup>

Malnutrition in Ethiopia is intergenerational in nature. Infants that are born with low birth weight become malnourished children and adolescents. Adolescent girls are married early and many begin childbearing

during their adolescent years while they themselves are malnourished. During pregnancy, women and girls often do not gain adequate weight, which results in the birth of a low weight infant. This lifecycle of malnutrition is characteristic of the nutrition situation in Ethiopia. Even when infants are born with normal birth weight, malnutrition begins early in life.<sup>4</sup>

In response to the problem of malnutrition, the Government of Ethiopia developed and launched the National Nutrition Program, with a renewed focus on the first 1,000 days (from conception to a child's second birthday) and on the country's most vulnerable demographic groups (i.e., pregnant and lactating women, adolescents, and children under 5 years of age).

## What can you do as a development partner to improve nutrition?

- **Include both prevention and treatment of malnutrition in development programs**
- **Continue coordination efforts among all development partners**
- **Advocate for and assist the Government of Ethiopia to:**
  - Focus direct nutrition interventions on four critical areas:
    - Improving adolescent nutrition
    - Improving maternal nutrition during pregnancy and the postpartum period
    - Improving nutrition of children under 2
    - Improving prevention and treatment of severe and moderate acute malnutrition among children under 5
  - Support:
    - Multi-sectoral coordination across ministries
    - Development of a high-level coordinating body at the Office of the Prime Minister level to oversee the National Nutrition Coordinating Body (NNCB)
- Enactment and enforcement of legislation that reinforces the National Nutrition Program, including fortification of foods (such as flour and oil with iron and vitamin A), restricting advertising of breast milk substitutes in the mass media, and expanding maternity leave to 6 months.
- Capacity strengthening to ensure skilled staff are available for service delivery
- Health system strengthening to ensure that prevention and treatment of malnutrition are effectively integrated into national health service delivery
- Expansion of family planning services, with a special focus on adolescent girls
- Resource allocation at all levels—national, regional, woreda, and kebele—necessary for prevention and treatment of malnutrition
- Development and implementation of a strong supervision and monitoring system
- Community-based organizations to create demand for nutrition and family planning services

## Talking Points for Use by Development Partners with the Government of Ethiopia

Investing in nutrition now is crucial for Ethiopia's development.

- We share the belief that every Ethiopian has the right to good nutrition, health, education, and opportunities for economic growth. All of the projects being funded by **development partners stand in support of the government to improve nutrition outcomes.**
- We know that reducing malnutrition in Ethiopia **will require a coordinated, multi-sectoral approach and, to that end, we support the implementation of the Ethiopia National Nutrition Program.**
- If there is no change in nutrition by 2025, it is estimated that<sup>4</sup>:
  - More than 800,000 lives of children will be lost related to malnutrition.
  - **About 16,000 mothers' lives will be lost** related to maternal anemia.
  - **12.8 million children will be born with irreversible brain damage** with a decrease in IQ related to maternal iodine deficiency.
  - **Stunting alone will cost Ethiopia US\$25 billion** in economic productivity losses.

The benefits of investing in nutrition far outweigh the costs.

- **By investing in proven, effective nutrition interventions to prevent and treat malnutrition implemented at scale by 2025, hundreds of thousands of lives will be saved and improved.**<sup>4</sup>
- **Progress in nutrition would result in children staying in school longer and performing better in school.**<sup>6</sup>
- For a country like Ethiopia, nutrition is a smart investment: **For every US\$1 spent on nutrition, there is a US\$30 return in health and economic benefits.**<sup>8</sup>

## Steps the Government of Ethiopia Can Take to Improve Nutrition

- Ensure strong multi-sectoral coordination amongst the sectors of health, agriculture, education, water and sanitation, and women's empowerment to efficiently and effectively use resources.
- Create a high-level coordinating body at the Office of the Prime Minister level to oversee the NNCB.
- Enact and enforce legislation that reinforces the National Nutrition Program, including fortification of foods (such as flour and oil with iron and vitamin A); restricting advertising of breast milk substitutes in the mass media; and expanding maternity leave to 6 months.
- Ensure that adequate skilled staff are available at all levels for service delivery.
- Develop a strong supervision and monitoring system to assess progress on food security and nutrition.
- Ensure that a structure is in place to integrate nutrition into the health system at every level.
- Allocate more resources and efficiently use resources to improve nutrition.
- Let development partners know how we can support the government more effectively.



This brief is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), and USAID/Ethiopia under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.