

## NEWS STORIES

# European Union support to scaling up nutrition in Ethiopia



The EU and the Government of Ethiopia have identified two focal sectors in the National Indicative Programme 2014-2020 through which nutrition is integrated: Sustainable Agriculture & Food Security (€240 million) and Health (€200 million).

## Ethiopia can overcome Undernutrition

Ethiopia is the second-most populous country in Africa with a population of near 100 million. In just over 20 years Ethiopia has reduced the prevalence of stunting in children under-five years of age from 67% to 38%. No other country in Africa has matched this achievement although few have started from such a low base. This has been a major contributing factor to Ethiopia's impressive performance in reducing child mortality.

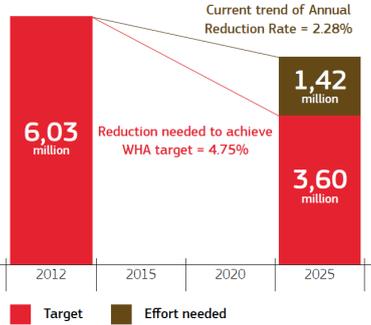
However, if this trend continues, Ethiopia will still fall short of its own commitment to reduce stunting by 20% by 2025. 38% prevalence of stunting is still above the sub-Saharan average and in absolute numbers represent today about 6 million children. Rates of low birth weight and anaemia in children and mothers are also of considerable concern. The consequences of undernutrition in Ethiopia are estimated to cost the country over 16% of GDP.

[1] Between 2000 and 2011, the under-five mortality rate was cut by almost half, from 130 to 77 deaths per 1,000 live births, and so has the maternal mortality rate, which dropped from 700 to 350 deaths per 100,000 live births (World Bank 2013).

## Nutrition in Ethiopia: context and trends

### Targeted stunting reduction (million Under 5's stunted children)

Beginning prevalence (2012): 42.8% Target prevalence (WHA 2025): 22.7%



### Effects of Stunting

Children who suffer from chronic malnutrition fail to grow to their full genetic potential, both mentally and physically. It significantly increases the likelihood of premature death, and those that survive are prone to ill health and less able to have an active and productive life. The condition is measured by stunting—shortness in height compared to others of the same age group—which manifests itself in the early life cycle of children.

### Undernutrition - Existing State of Play

Whilst Ethiopia has made considerable gains in improving childhood nutrition, there is no room for complacency, because the prevalence of stunting is still higher than neighbouring countries and the prevalence of wasting (acute malnutrition) falls just short of the WHO emergency threshold of 10%. In Ethiopia, stunting prevalence increases considerably amongst children from six months of age through to two years, highlighting the need for more resources devoted to preventing undernutrition during the critical window from conception to two years of age (known as the "first 1,000 days"). Beyond this "window of opportunity" it is almost impossible to recover from the human development deficits. The situation varies quite significantly across the country. Stunting is higher in Afar (41.1%), Tigray (39.3%), SNNP (38.6%) and Amhara (46.3%), whilst the agro-pastoralist and pastoralist areas such as Somali region, which are more vulnerable to drought and food insecurity, have much higher rates of wasting. Children from rural areas are much more likely to be stunted than those from urban areas. Micronutrient deficiency, also known as "hidden hunger", because it is less visible to the naked eye, is an additional issue in Ethiopia. Anaemia is affecting one in two children and a significant proportion of women of reproductive age. Iron deficiency is the cause of half of anaemia cases, which result in deficits in the cognitive development and educational achievement of those affected.

[2] Hoddinott 2009, Alderman 2006

[3] Ethiopia Demographic & Health Survey 2014

### The Cost of Undernutrition in Ethiopia

- 44% of the health costs associated with undernutrition occur before the child turns one year-old;
- 28% of all child mortality in Ethiopia is associated with undernutrition;
- 16% of all repetitions in primary school are associated with stunting;
- Child mortality associated with undernutrition has reduced Ethiopia's workforce by 8%;
- 67% of the adult population in Ethiopia suffered from stunting as children; and
- The annual costs associated with child undernutrition are estimated at Ethiopian birr 55.5 billion which is equivalent to 16.5% of GDP.

[4] The Cost of Hunger Study in Ethiopia was led by the African Union Commission (AUC) and the NEPAD Planning & Coordination Agency and supported by the Economic Commission for Africa (ECA) and the World Food Programme (WFP)

### Contextual factors underlying progress and challenges

Multiple factors contribute to child malnutrition in Ethiopia and these will vary across different contexts, livelihood zones and groups of people. **Disease** and the quantity and **quality of diet** are the two most immediate causes. Proper infant and young child feeding (IYCF) practices are sub-optimal in Ethiopia. Nearly half of infants less than six months of age are still not exclusively breastfed. Complementary feeding from 6 months is insufficient and the quality of older infants' diets is extremely poor, with only 3% of children 6-23 months having a minimally acceptable diet and only 4% meeting the minimum dietary diversity threshold of four food groups.

Underlying chronic undernutrition are socio-economic issues such as **poverty**, **lack of access to essential basic services** (such as water, health and education), **poor hygiene and sanitation**, and **issues of gender**. However, Ethiopia is making gains in some of these areas, which are almost certainly contributing to the reduction in stunting. The proportion of the population affected by poverty fell significantly from 54% of the population in 2000 to 29% in 2011, which is good news, as stunting remains very much associated with poorest households (see figure 1). Similarly, the proportion of mothers with no education has reduced significantly from 82% of the population to 69% in the same period (see figure 2). Stunting of children in Ethiopia is very much linked with poor maternal education, the more the government invests in relevant education (particularly for girls), the more positive will the prospects be for reducing chronic undernutrition.

[5] Ethiopia Demographic & Health Survey (EDHS) 2011

Figure 1: Prevalence of stunting in children under-five years of age, by poorest and non-poorest households: 2000-2011

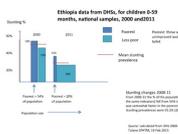
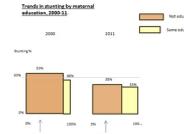


Figure 2: Prevalence of stunting by maternal education: 2000-2011

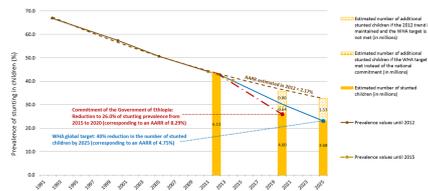


### Ethiopia's commitment to overcome undernutrition

Ethiopia demonstrated its political commitment to nutrition by launching the National Nutrition Strategy (NNS) in 2008 and being one of the first countries to commit to the Scaling Up Nutrition (SUN) movement in 2010. The NNS for Ethiopia is now operationalised through the multi-sectoral National Nutrition Programme II (NPN II) 2016-2020 with thirteen stakeholder ministries. The NPN II also presents a comprehensive monitoring and evaluation framework to track implementation. Under the NNP, Ethiopia has a well-defined nutrition governance and coordination structure.

### How does the political commitment of Ethiopia measure up?

- Whilst Ethiopia is ranked 22nd (out of 45 countries) in the overall Global Hunger & Nutrition Index (HANCI), it scores first place for several nutrition achievements including:
- Establishing a National Nutrition Strategy and operational plan supported by a multi-sectoral budget with time-bound nutrition targets;
  - Operating a multi-sectoral and multi-stakeholder coordination mechanism;
  - Promoting complementary feeding; and
  - Committing to regular national nutrition surveys.



The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 2.17% (brown dotted line) as well as the projected AARRs of 2.29% (red broken line) and 4.75% (blue line) to meet the government's own commitment and the WHA target (respectively). In 2012, 6,130,000 children under-five were stunted. Given the current trend and considering the population growth, 5,210,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 1,530,000 children and avert them from stunting.

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