Delivery platforms for sustained nutrition in Ethiopia

The 2013 Lancet Series on Maternal and Child Nutrition emphasises the crucial importance of scale-up of effective nutrition interventions through health and community delivery platforms. The Series acknowledges that strong health systems are central to achievement of this goal, and for progress towards the 2015 Millennium Development Goals (MDGs). A broad consensus exists about the need for strengthening of health systems to meet the goals of the health-related MDGs by 2015. Because disease-control programmes and general health services often share common service-delivery platforms, they are necessary and complementary in countries with a high disease burden, especially in sub-Saharan Africa. Some findings have suggested that health and nutrition programmes can strengthen health systems and, similarly, that health systems can strengthen programme implementation. Furthermore, for such strengthening to take place, a system or platform for service delivery should be country led and owned to ensure sustainability and effectiveness.

In the past few years, many countries have worked to develop systems and infrastructure at the most decentralised level of services, and these investments have enabled populations to access essential services in sectors such as health, agriculture, education, and social welfare. Ethiopia is exemplary in this regard in view of the country’s progress towards some of the key MDGs, which is mainly attributable to a decentralised service delivery platform—the Health Extension Programme. Launched in 2003, this programme was organised to provide universal access to primary health care, mainly preventive services, through more than 38 000 government-salaried female health extension workers. Two workers were placed in a health post to serve each kebele (the smallest administrative unit) of about 5000 people nationwide. Through this programme new vaccines were introduced and health services expanded, which improved health and nutrition care practices, and investments were made in education and social economic development, contributing to a reduction in the number of child deaths by nearly half.

The present estimate (supported by the Central Statistical Agency) for the mortality rate in children younger than 5 years in Ethiopia is 77 per 1000 livebirths (compared with 166 in 2000 and 123 in 2005). On the basis of the present trend, Ethiopia is predicted to meet MDG 4, to reduce child mortality, by 2015, by having a mortality rate in children younger than 5 years of 68 per 1000 livebirths. Furthermore, a comparison of national levels of malnutrition in the 2000 and 2011 Ethiopia Demographic and Health Surveys (EDHS) shows that stunting has declined from 58% to 44%, underweight from 41% to 29%, and prevalence of wasting from 12% to 10%. Globally, the prevalence of stunting in children younger than 5 years has fallen by 36% in the past two decades, from an estimated 40% in 1990, to 26% in 2011.

To consolidate the gains and enhance the effectiveness of the Health Extension Programme, the Government of Ethiopia has designed a scaling-up strategy, in the form of a so-called health development army, which will scale up documented best practices and use families as role models. Such a strategy is based on social learning theory whereby peer-to-peer modelling can disseminate emerging information and instil improved health-seeking behaviours at community level.

The Health Extension Programme plays a crucial part in the success of the national nutrition programme and strategy that was introduced in Ethiopia in 2008. The community-based management of acute malnutrition approach of the Health Extension Programme manages more than 300 000 children in more than 10 000 health posts annually, has provided vitamin A supplementation.
and deworming tablets to 11 million children and 700 000 pregnant and lactating women every 6 months since 2005–06, and distributes iron-folate supplementation targeted to reach 80% of pregnant women every year. Interventions of the community-based nutrition programme include infant and young child nutrition, and growth monitoring and promotion via the Triple A cycle (assess the problem, analyse its causes and possible solutions, and take appropriate action). The community-based nutrition programme is currently being supported in more than 300 food-insecure woredas (districts), reaching 1500 185 (80%) children younger than 2 years. Efforts of the community-based nutrition programme have resulted in more than 50% of children in Ethiopia being exclusively breastfed (EDHS, 2011). However, the proportion of children receiving a minimum acceptable diet is only 4% in Ethiopia, showing the urgent need to finalise a national strategy for improvement of quantity and quality of complementary feeding.

The revised national nutrition programme spanning 2013–15 will address these challenges by emphasising the first 1000 days of life, with a focus on children younger than 2 years, pregnant and lactating women, and adolescent girls, to break the intergenerational cycle of malnutrition. Furthermore, the revised programme will emphasise actions for acceleration of stunting reduction by focusing on nutrition-sensitive interventions in other development sectors such as education, agriculture, social protection and women’s affairs, and civil society organisations and the private sector. The role of health extension workers and the health development army will continue to be central to achievement of equitable access of all vulnerable women and children to both curative and preventive services, and to ensure that targets specified in the health sector development plan IV of Ethiopia are met. Ethiopia’s actions have enabled development workers to engage people at risk in an integrated manner using a unified Health Extension Programme, enabling achievement of great gains in child survival and nutrition. The Government of Ethiopia, on the basis of experiences in the past 10 years of this programme and the substantial improvements in nutritional status, believes that even greater efforts can be made to reduce stunting. The government will continue to optimise the revised national nutrition programme and the global efforts on nutrition such as Scaling Up Nutrition (SUN) and Renewed Efforts Against Child Hunger (REACH), which are mechanisms to catalyse further multisectoral nutrition-sensitive actions beyond the health sector. Nutrition, as one of many crucial indicators of health status, should be used for close programmatic linkages and synergies between targeted social protection interventions. These synergistic actions across social services will contribute towards increased resource allocation for the national nutrition programme, and ensure that sustainable interventions are scaled up to improve food and nutrition security.

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We declare that we have no conflicts of interest.