Policy Dialogue

Reducing Stunting in Ethiopia: “From Promise to Impact”

Dialogue Report
Ethiopian Public Health Institute, Addis Ababa, Ethiopia
Thursday, 18 April 2019

This report was prepared by Knowledge Translation Directorate, at the Ethiopian Public Health Institute

This policy dialogue was informed by the following policy brief: Reducing Stunting in Ethiopia: “From Promise to Impact”

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The views, opinions, and insights in this report reflect the understanding (or misunderstanding) of individual participants in the dialogue. These opinions may or may not be consistent with or supported by the policy brief that informed this dialogue or other evidence. It should not be assumed that the opinions and insights in this report represent a consensus of the participants unless this is explicitly stated. Nor should it be assumed that they represent the views of the authors of this report.

Key Messages

The following statements represent views, opinions, and insights of individual participants in the policy dialogue.

The Problem

- Participants aired whether the term “from Promise to Impact” in the title could address the problem of the country stated in the document. It was discussed that document has addressed the “promise” aspect very well, however, the term “impact”, could be far to achieve. Participants finally agreed to keep the title as it is and the country should keep its promises to reach the impact level.

- The discussants in this dialogue agreed that the poor multi-sectoral collaboration in Ethiopia stated in the brief as the cause of stunting reflects the real situation of the country.

Policy Options

- Dialogue participants suggested that the policy options should be operationally defined for this specific evidence brief. In relation to this, they also aired if the two options (nutrition-specific and nutrition-sensitive interventions) could be integrated as one package.

- It was raised that despite the initiatives undergoing in the country, national coverage of nutrition-specific and nutrition-sensitive interventions are unknown, which is one of the major findings of this evidence brief, and the government should work on.

- Discussants greatly appreciated option three (shifting the current multi-sectoral coordination into a consolidated independent government entity) which was presented as one of the policy options. Dialogue participants called for further enrichment of this option incorporating lessons learned from Federal HIV/AIDS prevention and control Office (FHAPCO) in fighting HIV/AIDS in Ethiopia through a multi-sector approach.

Implementation Considerations

- It was suggested to remove some of the enabling factors such as transforming political landscape at all levels, as there is no political reform at a lower level of government structure. Instead to replace with the presence of health extension programs with more than 40000 health extension workers and increased access to school at national and regional level.
The Problem

Participants discussed whether the term “from Promise to Impact” in the title could address the problem of the country stated in the document. It was aired that the document has addressed the "promise" aspect very well, however, the term "impact", could be far to achieve. After various thoughts and ideas aired, participants agreed to keep the term as it is stated in the title and forwarded their message to the government of Ethiopia to keep its promises to reach the impact level in the long run.

Participants forwarded if the rationale to conduct the policy brief and dialogue has been stated appropriately. Moreover, participants also raised for which policy stage this document is for. Finally, the dialogue participants agreed as the document already addresses this issue in the cover page ("who is this policy for and why it is prepared")? but that it should further be specified in its context.

Another issue raised in the problem section of this policy brief was the need for inclusion of comparison of stunting rates with other countries, such as neighboring, EGAD, and Sub-Saharan countries. It was also stated to include the prevalence together with its absolute number of stunted children among regions of Ethiopia since prevalence only could not indicate the budget allocation implications among regions.

The dialogue participants while discussing the framework used to present the causes of the problem section said that the framework (fenske 2013) is new to them as the UNICEF/WHO conceptual framework is more familiar. Another point mentioned in the cause section was that this brief states as there is an association between low household income and poor water, sanitary, and Hygiene (WASH) practices with stunting. However, participants point out that there are other studies, which do not support this evidence.

The discussants in this dialogue agreed that the poor multi-sectoral collaboration in Ethiopia stated in the brief as the cause of stunting reduction reflects the real situation of the country. Rather they called on for further enrichment of this section with regard to lack of accountability, and authority line (parallel structure of the coordinating body). In general sectors involved in multi-sector collaboration to improve nutrition do not see it with a nutrition lens.

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Policy Options

Participants discussed in what sense options were presented in this brief. They suggested that the policy options should be operationally defined for this specific evidence brief. In relation to this, they also aired if the two options (nutrition-specific and nutrition-sensitive interventions) could be integrated as one package. While others suggested unpacking the proposed option so that it is possible to get evidence in the form systematic reviews on the impact of each unpacked intervention on stunting reduction.

While discussing the current status of Ethiopia in relation to nutrition-specific and nutrition-sensitive interventions the dialogue participants raised whether the term unknown appropriately describes the actual situation since there are different initiatives under implementation. However, they finally point out that despite the initiatives, undergoing, national coverage of these interventions is unknown, which is one of the major findings of this evidence brief, and the government should work on.

Discussants greatly appreciated option three (shifting the current multi-sectoral coordination into a consolidated independent government entity) to be presented as one of the policy options. It was mentioned that the current approach of multi-sector coordination lacks clear structure, leadership accountability, and responsibility at all levels and in all sectors. Accordingly, dialogue participants called for further enrichment of this section of the evidence brief in more detail incorporating lessons learned from Federal HIV/AIDS prevention and control Office (FHAPCO) in fighting HIV/AIDS in Ethiopia through the multi-sector approach.

Implementation considerations

The following comments/suggestions were forwarded on the implementation consideration section of the policy brief:

- In the enabler section, it would be good to remove transforming political landscape at all level as there is no political reform at a lower level of government structure and replace it with the presence of Health Extension Programs with more than 40,000 HEWs
- Increased access to school and willingness and acceptance of religious leaders could also be included as enabling factors.
Lack of awareness at the household/community level and inefficient budget utilization at all levels were mentioned to be included as barriers.

**Way Forward**

- Enrich and share the document to all policy dialogue participants and concerned stakeholders.
- Share or present the document to the team working on National Food and Nutrition Strategy development to complement and align accordingly.
- The Peru experience should be documented very well and be supplemented by local experiences and best practices of other countries if available.
Appendix 1: Agenda

Ethiopian Public Health Institute
Knowledge Translation Directorate/KTD

Stakeholders dialogue on stunting reduction, 18 April 2019, Addis Ababa, Ethiopia

Agenda of the Dialogue

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00 AM</td>
<td>Registration</td>
<td>Wudenesh Kebede</td>
</tr>
<tr>
<td>9:00-9:15 AM</td>
<td>Opening remarks &amp; Introductions of participants and moderators</td>
<td>Dr. Getachew Tollera</td>
</tr>
<tr>
<td>9:15- 9:30 AM</td>
<td>A brief overview of KTD and evidence brief (Presentation)</td>
<td>Ms. Firmaye Bogale</td>
</tr>
<tr>
<td>9:30-9:40 AM</td>
<td>Procedure and rules of the dialogue</td>
<td>Dr. AlemayehuMekonnen</td>
</tr>
<tr>
<td>9:40-10:20 AM</td>
<td>Going through the executive summary of the evidence brief (Reading session)</td>
<td>Dr. AlemayehuMekonnen</td>
</tr>
<tr>
<td>10:20-10:30 AM</td>
<td>Tea Break</td>
<td>organizers</td>
</tr>
<tr>
<td>10:30-11:30 AM</td>
<td>Problem section of the evidence brief (dialogue)</td>
<td>Dr. AlemayehuMekonnen</td>
</tr>
<tr>
<td>11:30 AM-12:30 PM</td>
<td>Policy options section of the evidence brief (dialogue)</td>
<td>Dr. AlemayehuMekonnen</td>
</tr>
<tr>
<td>12:30-2:00 AM</td>
<td>Tea Break</td>
<td>organizers</td>
</tr>
<tr>
<td>2:00 – 3:00 PM</td>
<td>Policy options section of the evidence brief continued (dialogue)</td>
<td>Dr. AlemayehuMekonnen</td>
</tr>
<tr>
<td>3:00 - 4:00 PM</td>
<td>Implementation considerations part of the evidence brief (dialogue)</td>
<td>Dr. AlemayehuMekonnen</td>
</tr>
<tr>
<td>4:00-4:15 PM</td>
<td>Tea Break</td>
<td>organizers</td>
</tr>
<tr>
<td>4:15 – 4:30 PM</td>
<td>Way forward</td>
<td>Dr. AlemayehuMekonnen</td>
</tr>
<tr>
<td>4:30 – 4:40 PM</td>
<td>Closing Remarks</td>
<td>Dr. Getachew Tollera</td>
</tr>
</tbody>
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Appendix 2: Participants List
Dr. Alemayehu Mekonnen
Ethiopian Public Health Association (EPHA)
Addis Ababa, Ethiopia.
Tel: +251-911606361
Email: alemayehum@yahoo.com

Dr. Girum Habte
Ethiopian Institute of Agriculture Research (EIAR)
Addis Ababa, Ethiopia.
Tel: +251-930593289
Email: girumbt@gmail.com

Lemlem W/gerima
Mekelle University
Mekelle, Ethiopia.
Tel: +251-914748783
Email: lemlemw@ yahoo.com

Tesfaye Mekonnen
Ministry of Education (MOE)
Addis Ababa, Ethiopia.
Tel: +251-913031198
Email: tesfaye05mekonnen@gmail.com

Dr. Girum Habte
Ethiopian Institute of Agriculture Research (EIAR)
Addis Ababa, Ethiopia.
Tel: +251-930593289
Email: girumbt@gmail.com

Dr. Kassu Ketema
Private
Addis Ababa, Ethiopia.
Tel: +251-911405333
Email: kassu.ketema@gmail.com

Yetayesh Maru
UNICEF Ethiopia
Addis Ababa, Ethiopia.
Tel: +251-912506982
Email: ymaru@unicef.org

Getahun Teka
WHO Ethiopia
Addis Ababa, Ethiopia.
Tel: +251-911806874
Email: beyeneg@who.int

Sr. Dareskedar Getie
Amhara Public Health Institute (APHI)
Bahirdar, Ethiopia.
Tel: +251-945553109
Email: dargetie2009@gmail.com

Hawa Abdu
Afar Regional Health Bureau
Semera, Ethiopia.
Tel: +251-911390481
Email: hawisha99@yahoo.com

Amdom G/hiwot
Tigray Regional Health Bureau
Mekelle, Ethiopia.
Tel: +251-914011854
Email: amdomphn@gmail.com

Girmay G/kiros
Policy, Plan, Monitoring & Evaluation (PPMED), Federal Ministry of Health
Addis Ababa, Ethiopia.
Tel: +251-935460402
Email: girmaygk16@gmail.com

Melaku Tadesse
Ministry of Labour and Social Affairs (MOLSA)
Addis Ababa, Ethiopia.
Tel: +251-912403654
Email: melaku270@gmail.com

Mulugeta Woldu
Tigray Healthy Research Institute
Mekelle, Ethiopia.
Tel: +251-945084848
Email: mulugetawoldu425@gmail.com

Taye Wondimu
Oromiya Regional Health Bureau
Addis Ababa, Ethiopia.
Tel: +251-916850112

Yitbarek Kidane
Seqota Declaration, Federal Ministry of Health (FMoH)
Addis Ababa, Ethiopia.

Page 8 of 11
Email: tayewondi@yahoo.com

Aschalew Worku
Tel: +251-912944030
Email: aschale07worku@gmail.com

Email: yitbarek.woldetensay@gmail.com

Amare Temesgen
Ethiopian Broadcast Corporation (EBC) Addis Ababa, Ethiopia.
Tel: +251-910285911
Email: amaretemesgen@yahoo.com

EPHI Team (Knowledge Translation Directorate)

Yosef Gebreyohannes
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-932974092
Email: yosephgy@gmail.com

Sabit Ababor
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-911988638
Email: sabitabor32@gmail.com

Dagmawit Solomon
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-912100978
Email: dagmawit_solomon@yahoo.com

Firmaye Bogale
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-913754332
Email: fbfogale93@gmail.com

Zelalem Kebede
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-911806465
Email: welzol@yahoo.com

Dr. Samson Mideksa
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-978743049
Email: samkmwmtj@gmail.com
OBSERVERS (EPHI Staff)

Atkure Defar
Health system and Reproductive Health Research Directorate,
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-911088999
Email: atkuredefar@gmail.com

Abel Ahmed
National Information Platform for Nutrition(NIPN) Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-913377420
Email: abelaa1561@gmail.com

Desalegn Kuche
Food Science and Nutrition Research Directorate
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-913177986
Email: desukuche@gmail.com

Girmay Ayana
Food Science and Nutrition Research Directorate
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-973746020
Email: girmayayana@yahoo.com

Dilnesaw Zerfu
Food Science and Nutrition Research Directorate
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-911421720
Email: dilnesaw2012@gmail.com

Dr. Alemnesh Hailemariam
National Data Management Center (NDMC)
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-929376628
Email: alemnesh.Mirkuzie@uib.no

Emana Alemu
Public Health Emergency Management (PHEM)
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-913156145
Email: ema271978@gmail.com

Sintayehu Abate
Scientific and Ethical Review Office
Ethiopian Public Health Institute
Addis Ababa, Ethiopia.
Tel: +251-912441796
Email: sintayehuabate@yahoo.com
Authors

Dagmawit Solomon¹, MPH
Zelalem Kebede¹, MPH
Firmaye Bogale¹, MPH
Sabit Ababor¹, MPH
Desalegn Ararso¹, MPH
Ermias Woldie¹, MPH
Tsegaye Getachew¹, MPH
Samson Mideksa¹, PhD
Yosef Gebreyohannes¹, MPH
Tesfaye Hailu², MSc
Aweke Kebede², MSc, PhD

¹Knowledge Translation Directorate, Ethiopian Public Health Institute
²Nutrition and Food Science Directorate

Addis Ababa, Ethiopia

Address for correspondence

Dagmawit Solomon, Assistant Researcher, Knowledge Translation Directorate, Ethiopian Public Health Institute (EPHI)
P.O.Box 1242/5654, Addis Ababa, Ethiopia

Email: dagmawit_solomon@yahoo.com

Tel: +251912100978

Competing interests

All authors declare that they have no competing interests

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