

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”



Table of contents

What is a policy dialogue?

A structured discussion focused on an evidence-based policy brief

The agenda from the policy dialogue is attached as Appendix 1

Who participated in the dialogue?

People with relevant expertise and perspectives, including policymakers, civil society, the mass media and researchers

The complete list of participants is attached as Appendix 2

What was the aim of the policy dialogue?

+ That discussion and careful consideration should contribute to well-informed health policy decisions

× The dialogue did not aim to reach a consensus or make decisions

What is included in this report?

+ Views, opinions, and insights of individual participants reported without attribution

The opinions included 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 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

Table of contents	1
Key Messages	3
The Problem	4
Policy Options	5
Implementation considerations	5
Way Forward	6
Appendix 1: Agenda	7
Appendix 2: Participants List	7

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*.

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

<p style="text-align: center;">Ethiopian Public Health Institute Knowledge Translation Directorate/KTD <u>Stakeholders dialogue on stunting reduction, 18 April 2019, Addis Ababa,</u> <u>Ethiopia</u> <u>Agenda of the Dialogue</u></p>		
Time	Activities	Responsible
8:00-9:00 AM	Registration	Wudenesh Kebede
9:00-9:15 AM	Opening remarks & Introductions of participants and moderators	Dr. Getachew Tollera
9:15- 9:30 AM	A brief overview of KTD and evidence brief(Presentation)	Ms. Firmaye Bogale
9:30-9:40 AM	Procedure and rules of the dialogue	Dr. AlemayehuMekonnen
9:40-10:20 AM	Going through the executive summary of the evidence brief (Reading session)	Dr. AlemayehuMekonnen
10:20-10:30AM	Tea Break	Organizers
10:30-11:30AM	Problem section of the evidence brief (dialogue)	Dr. AlemayehuMekonnen
11:30AM-12: 30 PM	Policy options section of the evidence brief (dialogue)	Dr. AlemayehuMekonnen
12:30-2:00AM	Tea Break	Organizers
2:00 – 3:00 PM	Policy options section of the evidence brief continued (dialogue)	Dr. AlemayehuMekonnen
3:00 - 4:00 PM	Implementation considerations part of the evidence brief (dialogue)	Dr. AlemayehuMekonnen
4:00-4:15 PM	Tea Break	Organizers
4:15 – 4:30 PM	Way forward	Dr. AlemayehuMekonnen
4:30 – 4:40 PM	Closing Remarks	Dr. Getachew Tollera

Appendix 2: Participants List

Dr. Alemayehu Mekonnen
Ethiopian Public Health Association (EPHA)
Addis Ababa, Ethiopia.
Tel: +251-911606361
Email: alemayehum@yahoo.com

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

Tsigereda Fekadu
Ministry of Agriculture (MOA)
Addis Ababa, Ethiopia.
Tel: +251-911836589
Email: tsiguadom@gmail.com

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

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

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

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

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

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

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

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

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

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

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

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

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

Email: tayewondi@yahoo.com

Tel: +251-911893807

Email: yitbarek.woldetensay@gmail.com

Aschalew Worku

Policy, Plan, Monitoring & Evaluation (PPMED),
Federal Ministry of Health,

Addis Ababa, Ethiopia.

Tel: +251-912944030

Email: aschale07worku@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: sabitababor32@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: fbfbogale93@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

Desalegn Kuche

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

Dilnesaw Zerfu

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

Emana Alemu

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

Abel Ahmed

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

Girmay Ayana

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

Dr. Alemnesh Hailemariam

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

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

Suggested citation

Solomon D, Kebede Z, Bogale F, Ababor S, Ararso D, Woldie E, Getachew T, Mideksa S, Gebreyohannes Y, Hailu T, Kebede A. Reducing Stunting in Ethiopia: “From Promise to Impact”: Evidence-Informed Policy Brief. Addis Ababa, Ethiopia: Ethiopian Public Health Institute, 2019.