

ICN2 Country statement – Ethiopia

**Dr. Ferew Lemma, Senior Advisor to the Minister of Health, Federal Democratic
Republic of Ethiopia**

Thank you Chair person

Excellency's

Distinguished delegates

Ladies and gentlemen

Good morning to you all

I would like to make this statement on behalf of the Government of Ethiopia.

Ethiopia's Nutrition Strategy and Program is in line with the proposed priorities and implementation approaches indicated in the commitment and framework for action of Rome ICN2 documents. Ethiopia considers nutrition program as one of the main priorities in improving the primary health care, thereby improving the health status of its citizens as well as national socio-economic development.

In recent years, Ethiopia has made remarkable progress in improving the nutritional status of children. The prevalence of chronic malnutrition (stunting) decreased by 31 percent (from 58 percent to 40 percent) between 2000 and 2014. The proportion of children underweight declined even more substantially by 39 percent over the same period.

Ethiopia has made these commendable improvements in nutrition as a result of a truly community based intervention packages that empowers the community, that is, through the Health Extension Program. The HEP is a set of health promotion, diseases prevention and high impact basic curative services that are implemented at household, community and health post levels by the community themselves with a facilitative and enabling effort of 38,000 locally recruited, trained and government salaried Health Extension Workers. For this purpose, more than 16,000 health posts have been built with the contribution of the local community and more than 3500 health centers constructed in the last couple of decades.

Such health system strengthening endeavors have enabled us to provide nutrition specific interventions at scale, including growth monitoring & promotion through CBN program; CMAM (at 12,000 facilities); vitamin A supplementation reaching 11 million children; de-worming 7 million children (2-5 years) and supplementing iron-folic acid to PLW.

Chair, Excellency's; Distinguished guests, Ladies and Gentlemen

Encouraging progress is also being registered in nutrition – sensitive programs. We, in Ethiopia, have developed a School Health and Nutrition Strategy aimed at adolescents. Both our food security program, namely the Productive Safety Net Program and Agriculture Growth Program are becoming nutrition sensitive – targeting children under 2 years, pregnant & lactating women and those nutritionally vulnerable. These indicates the political commitment and the Leadership of the Government of Ethiopia.

Chair,

We believe that the Rome Declaration and/ or Framework for Action do not include the following important issues: -

- ✓ Making a case by including the socio-economic consequences of (childhood) under-nutrition to reach those that are yet to be convinced to invest in nutrition.
- ✓ The issues of equity and quality, of nutrition services be more pronounced in both Rome ICN2 documents
- ✓ Community empowerment/ involvement, to enable households to produce their own health, should be emphasized in Framework for Action; this would ensure sustainability as well as transform people's lives and national development.
- ✓ The Rome ICN2 documents indicate the need for '*more money for nutrition*'; however, Governments/ countries should also ask for '*more nutrition for money*'.

We hope that these points would be considered and incorporated in the final Framework for Action document.

Finally, Government of Ethiopia reaffirms its unreserved commitment to tackle maternal and childhood under-nutrition in the next decade. To this end, we have set the following Post MDG targets based on the WHA indicators.

1. Reduce chronic under-nutrition (stunting) by 43% from the 2011 rate of 44%
2. Reduce wasting (acute malnutrition) by 60% from 10% to 4%
3. Decrease anemia (in women 15-49 years old) by 50%
4. Low birth weight to reduce to 6.5% by 2025 from 11% (in 2011), that is 41% reduction
5. Maintain the rate of increase in exclusive breastfeeding and reach 72% in 2025 from the current 52%
6. Maintain the level of childhood obesity/ overweight below 5%.

Thank you very much.