Seqota Declaration: Impact of the Expansion Phase and Potential Impact of the Scale-Up Phase on Child Stunting and Mortality

THE PROBLEM

Despite promising reductions in global poverty over the past two decades, the gains in nutritional outcomes and hunger have been disappointingly low. With the current trends, most nations are unlikely to fulfill the global nutrition target of ending all forms of undernutrition and hunger by 2025. The Seqota Declaration (SD) is a multiphase, multi-sectoral, multiyear local innovation, and a unique commitment made by the Ethiopian government (GoE) to end child stunting by 2030. Although a success has been witnessed during the pilot (initial) phase of the project, the impact of the expansion phase and the potential impact of the scale-up phases on key performance indicators, such as child stunting rate, number of stunting cases averted, under-five mortality rate, number of under-five deaths averted, and so on, have never been documented.

METHODOLOGY

We used the LiST model to estimate stunting cases averted, additional lives saved, and stunting rates that would be averted during the initial year of the expansion phase, continued expansion to 700 woredas, and full scale-up of SD interventions to all 1050 woredas between 2021 and 2022, 2023 – 2025, and 2026–2030, respectively. We also determined the impact of expanding and scaling-up SD interventions with a modest (10%) coverage scale-up (scenario-I), full expansion of SD interventions to 700 woredas with modest (10%) coverage scale-up (scenario-II), and full scale-up of SD interventions to all woredas with modest (10%) increase in SD coverage (scenario III). We analyzed data for seven regions and two city administrations (Addis Ababa and Dire Dawa) for the initial (2021-2022) expansion phase, while included all the 11 regions and the two city administrations of Ethiopia for the three scenarios. .

KEY FINDINGS

I. Effect of the Initial year of The Expansion phase (2021 – 2023) on Child stunting and mortality

Approximately, a total of 60,000 stunting cases averted and 2904 lives saved from 2021-22 by SD interventions as showed in Fig 1 &2 below.

Figure 1: Potential number of stunting cases averted by SD interventions in seven regions and the two city administrations of Ethiopia, 2021- 2022.

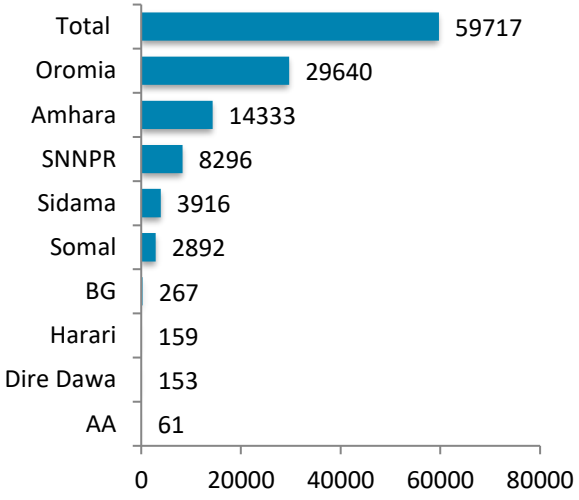
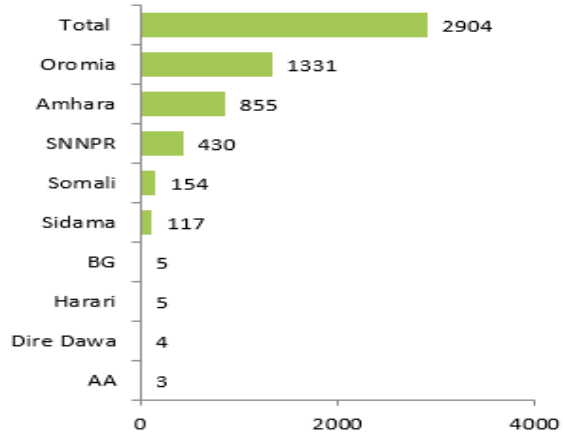


Figure 2: Potential Number of lives saved by SD interventions in seven regions and two administrative cities of Ethiopia, 2022



II. Modeling the potential impact of Continued Expansion phase of SD interventions (2023 – 2025) on Child stunting and Mortality

Figure 3. Potential number of stunting cases averted by SD interventions in all regions of Ethiopia through a modest (10%) coverage scale-up and gradual expansion of SD interventions, 2023- 2025.

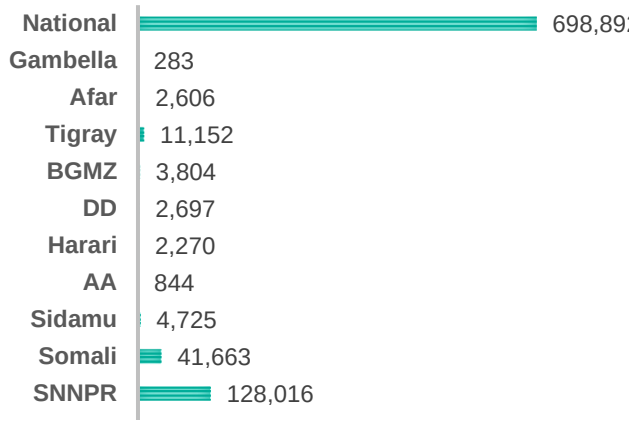
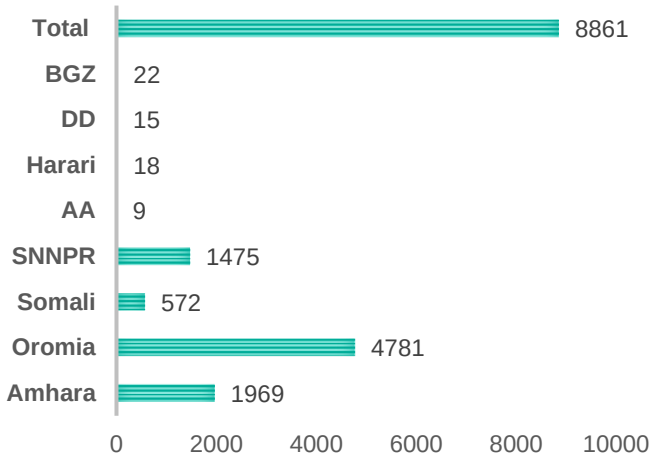


Figure 4. Potential number of child lives saved through modest (10%) scale-up of SD interventions in all regions of Ethiopia, 2023- 2025.



III. Modeling the potential impact of Continued Expansion phase of SD interventions (2026 – 2030) on Child stunting and Mortality

Figure 5. Potential number of stunting cases averted, through full scale-up of SD interventions in to all woredas (1050) of Ethiopia, 2025 – 2030.

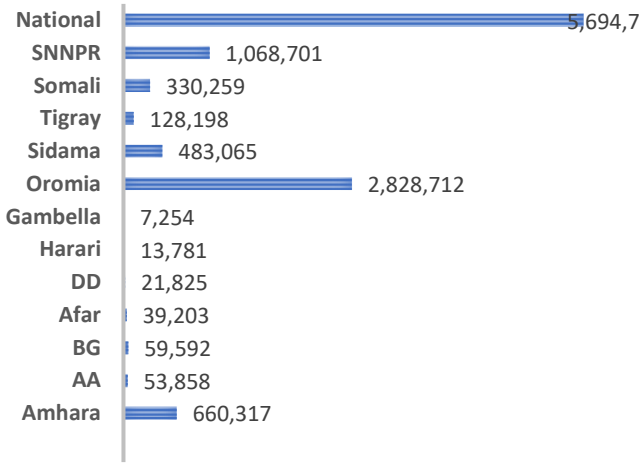
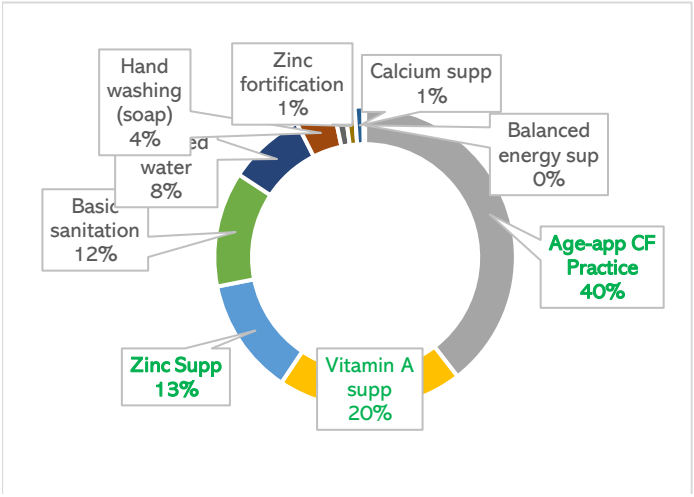


Figure 6. The relative contribution of SD interventions for stunting cases averted through full scale-up of SD interventions to all woredas of Ethiopia, 2026–2030.



Key Recommendations

- Accelerate SD intervention expansion (pace) combined with the introduction of new non-SD interventions (e.g., Zn supplementation) could result in a closer estimate to the target and promising stunting reduction rates.
- If SD interventions can be rapidly expanded with strong financial investment and fully scaled, there is a chance that stunting will be reduced to the point that it is no longer a public health concern in Ethiopia.