

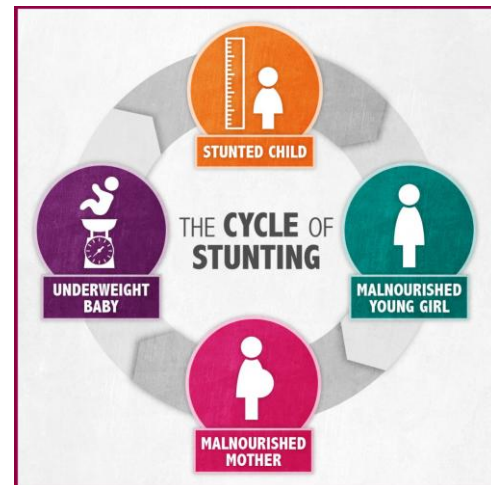
Seqota Declaration: Impact of the expansion phase and potential impact of the scale-up phase on child stunting and mortality

EXECUTIVE SUMMARY

Childhood malnutrition remains a significant challenge to achieving health and economic development goals. To address this, the Government of Ethiopia made a bold commitment to end child stunting by 2030 through the Seqota Declaration (SD)—a multi-phase, multisectoral initiative. The SD began with an innovation phase (2015–2020), moved into an expansion phase (2021–2025), and will progress to a scale-up phase (2026–2030). However, the potential impact of these phases on stunting reduction and child survival has not yet been documented.

This analysis used the Lives Saved Tool (LiST) to model the potential impact of SD interventions on stunting (cases averted) and under-five mortality (lives saved). For the initial expansion phase (2021–2022), coverage data from seven regions and two city administrations were applied. Projections were then made for the remainder of the expansion phase (2023–2025), assuming a 10% increase in intervention coverage and geographic expansion to 700 woredas, and for the scale-up phase (2026–2030), extending to all 1,050 woredas across 10 regions and two city administrations.

The analysis estimates that approximately 60,000 stunting cases are projected to have been averted by the end of 2022. Looking ahead, nearly 700,000 cases could be averted between 2023 and 2025, and over 5.6 million cases between 2026 and 2030. Additionally, these interventions are projected to save almost 50,000 lives of children under five throughout this period.



Source: PT Isotekindo Intertama (2022). *The Vicious Cycle of Stunting* infographic.

THE PROBLEM

Despite notable reductions in global poverty over the past two decades, progress in improving nutritional outcomes and reducing hunger has remained slow^{1,2}. At the current pace, most countries are unlikely to meet the 2025 global nutrition target of ending all forms of undernutrition and hunger.

In Ethiopia, although stunting rates declined from 58% in 2000 to 37% in 2019, the burden remains high^{3,4}. Recognizing this gap, the Government of Ethiopia launched the Seqota Declaration aimed at ending child stunting by 2030. While the initial phase showed promising results, the potential impact of the national scale-up phases on key performance indicators—such as child stunting rates, stunting cases averted, under-five mortality rates, and under-five deaths averted—has yet to be documented.

Box 1: Methodology

We used the Lives Saved Tool (LiST) to model the potential impact of SD program interventions on lives saved, stunting cases averted, and the relative contribution of these interventions to stunting cases averted.

Scenario 1 (2021–2022): The model used intervention coverage data from the Food and Nutrition Strategy Baseline Survey (2021), the SD program, and the Health Management Information System (2022). For WASH indicators, it used the unpublished Hygiene and Environmental Survey Report (2022) as a baseline. The analysis covered seven regions (Amhara, Oromia, Somali, Benishangul-Gumuz, Southern Nations, Nationalities, and People’s [SNNP] Region, Sidama, and Harari), as well as two city administrations (Addis Ababa and Dire Dawa). Data for Tigray, Afar, and Gambela regions were not available at the time of the analysis.

Scenarios 2 and 3 (2023–2025 and 2026–2030): Projections assumed a 10% increase in intervention coverage with expansion to 700 woredas by 2025 and full scale-up to 1,050 woredas by 2030 across ten regions (the seven above plus Tigray, Afar, and Gambela) and the two city administrations. These projections were conducted before the dissolution of the SNNP Region and the creation of its successor regions.

All modeled outcomes—including stunting cases averted and child lives saved—were based on intervention coverage data rather than direct measurement.

KEY FINDINGS

Scenario 1: Modeled impact of the initial year of the expansion phase (2021–2022) on child stunting and mortality

Based on modeled estimates of the potential impact of SD interventions during the initial year of the expansion phase, approximately 60,000 stunting cases are projected to have been averted, and 2,904 lives of children under five are projected to have been saved between 2021 and 2022 (see Figures 1 and 2).

Figure 1: Projected number of stunting cases averted through SD interventions in seven regions and two city administrations of Ethiopia, 2021–2022

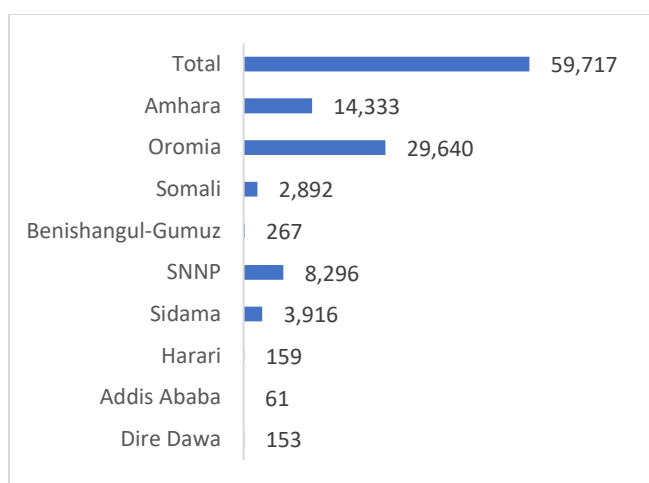
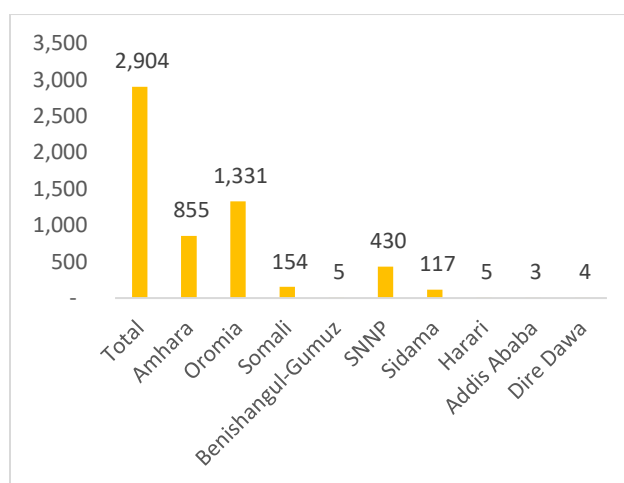
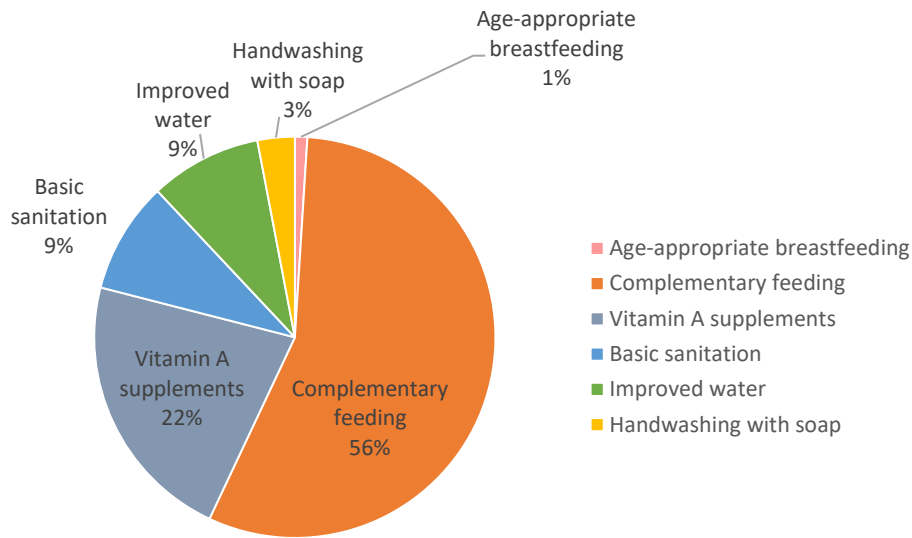


Figure 2: Projected number of child lives saved through SD interventions in seven regions and two city administrations of Ethiopia, 2021–2022



Three high-impact interventions are projected to account for nearly 99% of stunting cases averted between 2021 and 2022: appropriate complementary feeding (56%), vitamin A supplementation (22%), and WASH interventions, including basic sanitation, improved water, and handwashing with soap (21%), as shown in Figure 3.

Figure 3: Relative contribution of SD interventions to stunting cases averted during the initial year of the expansion phase (2021–2022) in seven regions and two city administrations of Ethiopia



Scenario 2: Modeled impact of the continued expansion phase of SD interventions (2023–2025) on child stunting and mortality

Based on modeled projections assuming a 10% increase in intervention coverage and a gradual expansion of SD interventions to 700 woredas across all regions of Ethiopia, we estimate that 698,892 stunting cases could be averted and 9,141 child lives could be saved between 2023 and 2025 (see Figures 4 and 5).

Figure 4: Projected number of stunting cases averted across all regions of Ethiopia with a 10% coverage increase and gradual expansion of SD interventions to 700 woredas, 2023–2025

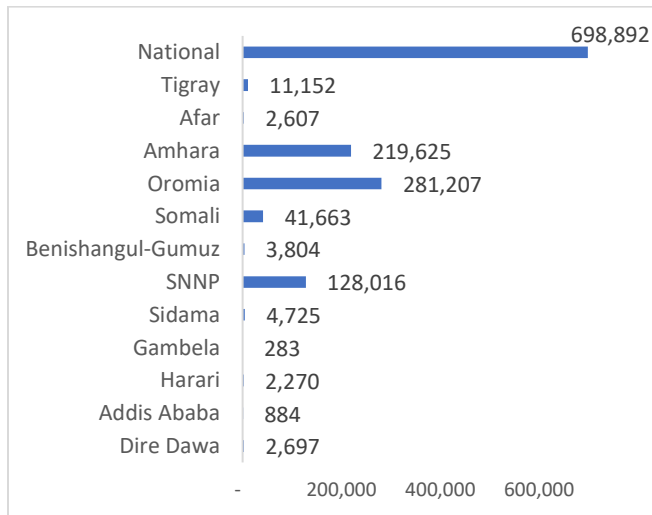
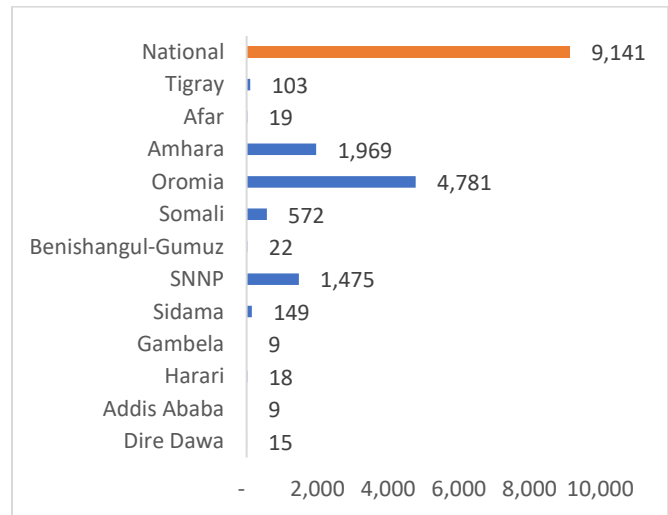
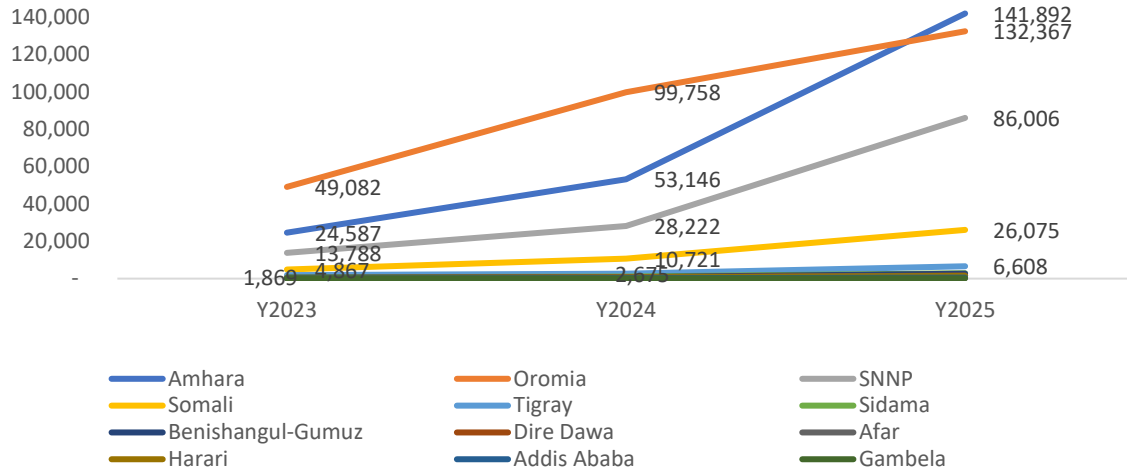


Figure 5: Projected number of child lives saved across all regions of Ethiopia with a 10% coverage increase and gradual expansion of SD interventions to 700 woredas, 2023–2025



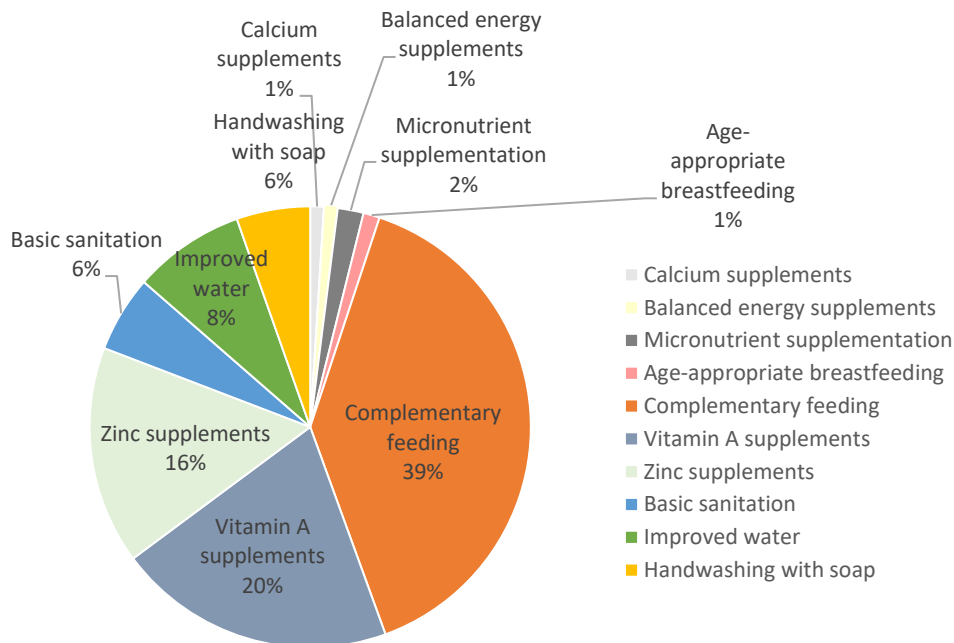
With the ongoing expansion of SD interventions to 700 woredas, the annual and regional number of stunting cases averted is expected to rise between 2023 and 2025. Notably, four regions—Amhara, Oromia, SNNP, and Somali—are projected to experience substantial increases in stunting cases averted, as shown in Figure 6.

Figure 6: Trends in projected number of stunting cases averted per year and per region through gradual expansion of SD interventions to 700 woredas, 2023–2025



Four high-impact interventions are projected to account for nearly 95% of stunting cases averted between 2023 and 2025: appropriate complementary feeding (39%), vitamin A supplementation (20%), WASH interventions (basic sanitation, improved water, and handwashing with soap) (20%), and zinc supplementation (16%), as shown in Figure 7.

Figure 7: Relative contribution of SD interventions to stunting cases averted through gradual expansion of SD interventions to 700 woredas, 2023–2025



Scenario 3: Modeled impact of the scale-up phase of SD interventions (2026–2030) on child stunting and mortality

Modeled projections with a 10% coverage increase and a gradual scale-up of SD interventions to 1,050 woredas across all regions of Ethiopia indicate that approximately 5,694,765 stunting cases could be averted and 37,879 child lives could be saved between 2026 and 2030 (see Figures 8 and 9).

Figure 8: Projected total number of stunting cases averted through gradual scale-up of SD interventions to all 1,050 woredas of Ethiopia, 2026–2030

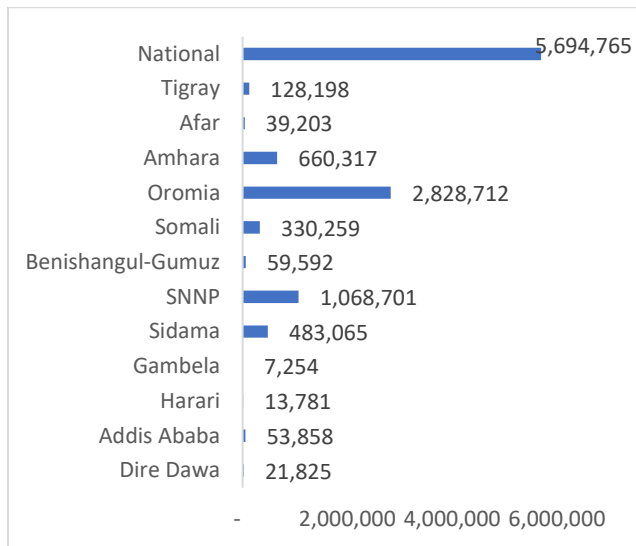
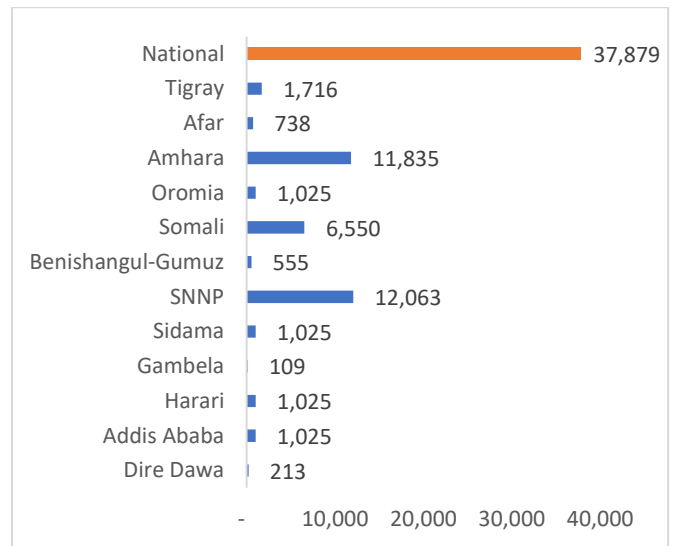
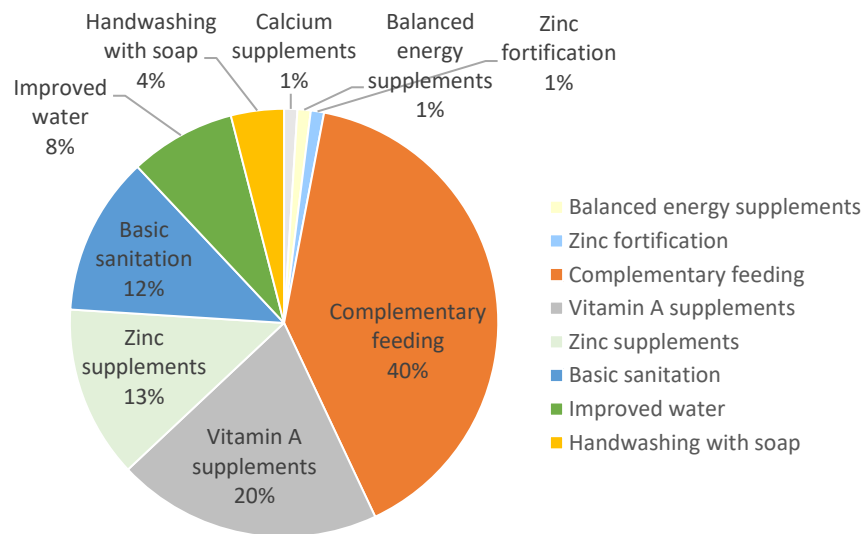


Figure 9: Projected number of child lives saved through gradual scale-up of SD interventions to all 1,050 woredas of Ethiopia, 2026–2030



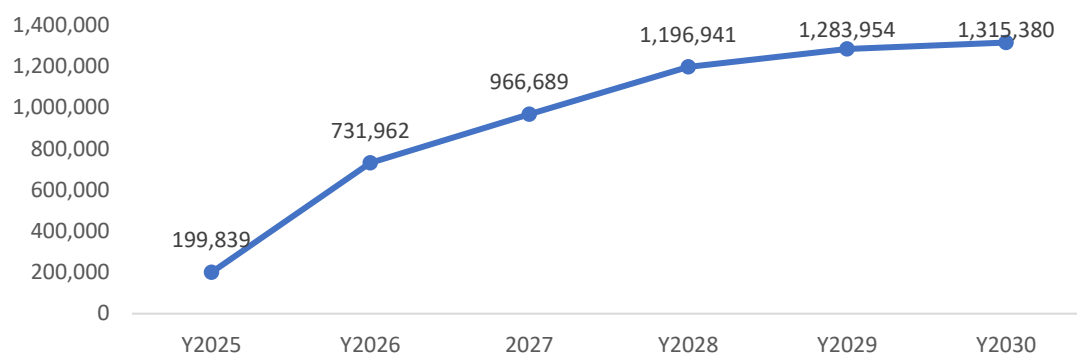
During the scale-up phase (2026–2030), modeling suggests that four high-impact interventions are projected to account for nearly 97% of stunting cases averted, as shown in Figure 10. These interventions are consistent with those identified as key contributors to stunting reduction during the expansion phase, namely, appropriate complementary feeding (40%), WASH (basic sanitation, improved water, and handwashing with soap) (24%), vitamin A supplementation (20%), and zinc supplementation (13%).

Figure 10: Relative contribution of SD interventions to stunting cases averted through full scale-up of SD interventions to all 1,050 woredas of Ethiopia, 2026–2030



As the government continues efforts to gradually increase SD intervention coverage and complete the scale-up to 1,050 woredas, the annual number of stunting cases averted is projected to rise between 2026 and 2030, as shown in Figure 11.

Figure 11: Trends in projected number of stunting cases averted per year through gradual scale-up of SD interventions to all 1,050 woredas of Ethiopia, 2026–2030



KEY RECOMMENDATIONS

- If SD interventions can be rapidly expanded and fully scaled, stunting could be reduced to the point where it is no longer a public health concern in Ethiopia.
- To sustain momentum, the government should increase both the number of woredas and intervention coverage.
- High-impact nutrition-specific interventions, including appropriate complementary feeding, vitamin A supplementation, and zinc supplementation, are projected to account for approximately 75% of stunting reduction and should be prioritized.
- Fortifying foods with key micronutrients—such as iron and folic acid will further improve outcomes.
- Nutrition-sensitive interventions, such as WASH, which account for approximately 22% of stunting reduction, should be reinforced alongside nutrition-specific interventions.
- The nutrition partners should support the government by financing and supplying essential micronutrient supplements.
- The government should lead annual investment efforts, with additional support from donors. Innovative financing mechanisms and household contributions are also needed to drive comprehensive change in the prevention of all forms of malnutrition.

AUTHORS

Anbissa Muleta (PhD)¹, Tadesse Zerfu (PhD)², Tirsit Genye², Aregash Samuel (PhD)¹, Sisay Sinamo (PhD)³, Daniel Tsegaye³, and Masresha Tessema (PhD)¹

1. Ethiopian Public Health Institute (EPHI)/National Information Platforms for Nutrition (NIPN)
2. International Food Policy Research Institute (IFPRI)/Collaborator
3. Federal Ministry of Health, Food and Nutrition Coordination Office, Ethiopia

ACKNOWLEDGMENTS

The authors gratefully acknowledge Archana Sarkar (Deutsche Gesellschaft für Internationale

Zusammenarbeit [GIZ]/NIPN) for her review and Cornelia van Zyl (GIZ/NIPN consultant) for her review and content editing of this policy brief.

FURTHER INFORMATION

This brief is based on a research report which will soon be available on the NIPN website (<http://www.nipn.ephi.gov.et/>). Detailed descriptions of methods and findings are included in the research report.

CONTACT: For queries, please contact NIPN Ethiopia at ephi.nipn@gmail.com

REFERENCES

1. The State of Food Security and Nutrition in the World 2023 [Internet]. FAO; IFAD; UNICEF; WFP; WHO; 2023 [cited 2023 Aug 21]. Available from: <http://www.fao.org/documents/card/en/c/cc3017en>
2. The State of Food Security and Nutrition in the World 2022 [Internet]. FAO; 2022 [cited 2023 Aug 21]. Available from: <http://www.fao.org/documents/card/en/c/cc0639en>
3. Central Statistical Agency/Ethiopia and ORC Macro. 2001. Ethiopia Demographic and Health Survey 2000. Addis Ababa, Ethiopia: Central Statistical Authority/Ethiopia and ORC Macro.
4. Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2021. Mini Demographic Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF.