

**CMAM** 2021

22-25 March

VIRTUAL CONFERENCE

CASE STUDY 5

# ETHIOPIA

## Scaling Up Management of Wasting in Ethiopia: A Case Study

**1.**

**Context**

## Wasting burden

# Ethiopia is the Horn of Africa's most populous nation and has diverse geographies and climates.

Subject to climactic vulnerabilities and public health crises, Ethiopia experiences a high burden of wasting, although the overall proportion of wasted children has been slowly declining (see Figure 1).

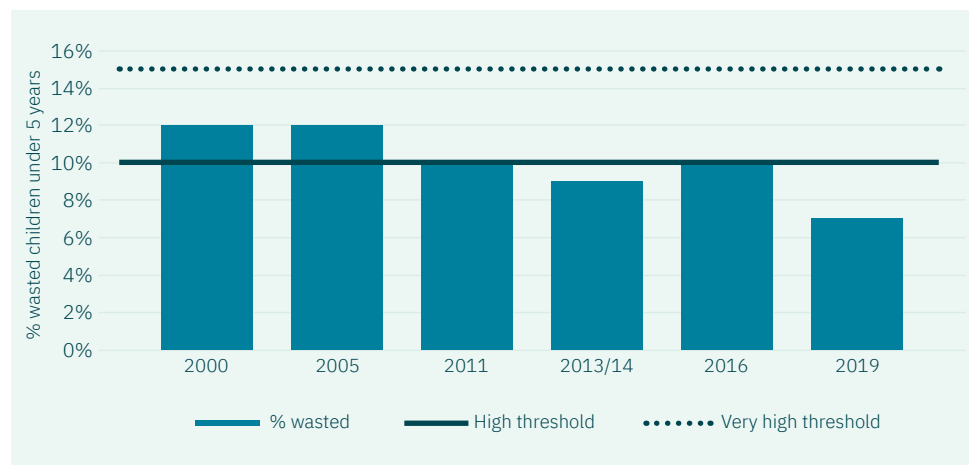


Figure 1. Proportion of children wasted according to the Ethiopia full and mini-DHS surveys (1,2), contrasted to WHO-UNICEF emergency nutrition thresholds (3).

However, wasting exhibits significant regional differences due to livelihood vulnerability and access to basic services. The proportion of wasted children is greatest in Somali region (21%), Afar (14%), and Gambela (13%) (1). While Addis Ababa (2%) and Harari (4%) exhibit the lowest proportions. In 2020, Ethiopia saw 438,763 children admitted into services for severe wasting, with an additional 1.2 million children receiving services for moderate wasting<sup>1</sup>.

## Wasting policies and frameworks

The Community-based Management of Acute Malnutrition (CMAM) was piloted in Ethiopia in 2000 and by 2008 it was embedded in the Health Extension Programme. Wasting is strongly addressed in the strategic frameworks addressing both health and food security. In the Ethiopian National Health Care Quality Strategy (2016-2020) the Ministry of Health has noted that the reduction of child mortality through the prevention and management of severe wasting is a key priority (4). The National Nutrition Program (2016-2020) details how nutrition is embedded across sectors and the Health Sector Transformation Plan (2015/16-2019-20) clarifies how services for wasting are embedded in the health system (5). In 2019, Ethiopia issued new guidance on the management of wasting (6). This replaces previous guidance which considered severe and moderate wasting separately, and unites the management of wasting under one protocol.

1 Statistics provided by the Federal Ministry of Health, Ethiopia

## Service coverage and quality

Facilitated by the Health Sector Development and Transformation Plans, Ethiopia has seen a significant scale-up in services for the management of wasting. Services for severe wasting are available in every health centre and health post, while services for moderate wasting are not as prevalent. Specific services for moderate wasting are available through the health system in woredas which are defined as being chronically food insecure. Currently there are a total of 19,537 sites offering services for severe wasting, including 17,309 outpatient therapeutic programs, 2,228 stabilization centres, and 49 mobile health and nutrition teams<sup>2</sup>.

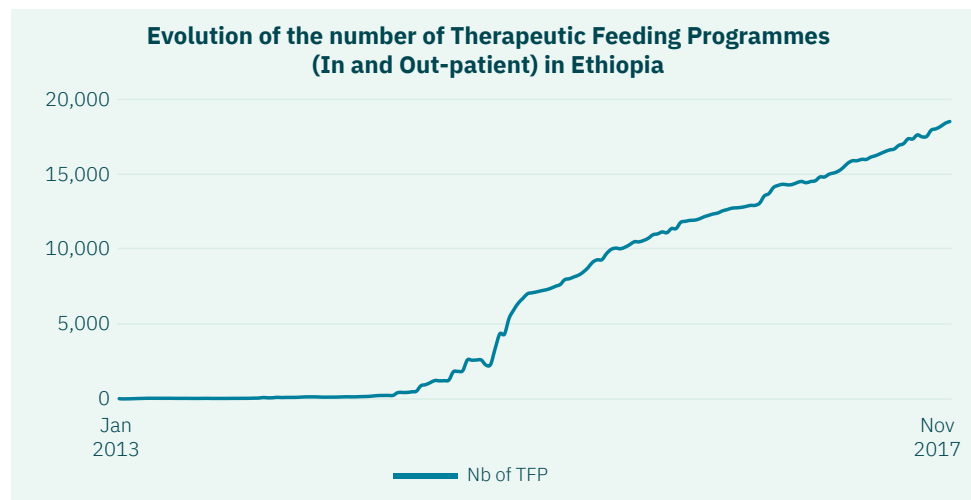


Figure 2. Scale up of sites offering services for severe wasting in Ethiopia (2003-2017)<sup>3</sup>.

A recently conducted meta-analysis synthesized data on treatment outcomes for outpatient programs for severe wasting. It found that the pooled data from 19 studies demonstrated a recovery rate of 70%, death rate of 2%, defaulter rate of 10% and non-recovery rate of 15% (7). The pooled recovery rate is below the SPHERE standard of 75% and is clearly affected by the non-recovery and defaulter rates (8). The recovery rate varied considerably between the studies with a low of 32.7% and a high of 92.7%. Key issues noted with recovery rate were ration sharing, lack of antibiotics to address co-morbidities, and distance to site hampering treatment adherence.

<sup>2</sup> Mobile teams are unique to the Afar and Somali regions, which experience the highest burden of wasting in the country.

<sup>3</sup> Graph provided by the Federal Ministry of Health, Ethiopia

# 2.

**Enablers and  
barriers to  
the scaling  
up of wastewater  
treatment**

## Enablers

Ethiopia has recognized various successes in scaling up access to wasting services, notably the presence of services for severe wasting throughout the health system and the country. A critical enabler to the scaling up in Ethiopia has been the strong technical leadership of the Ministry of Health, supported by key partners. Ethiopia's initial recognition of the constraint with traditional in-patient care for severe wasting and the need to innovate in order to reach all those affected, has ensured that the management of severe wasting is strongly embedded in the health system and particularly the Health Extension Programme.

## Barriers

**Resources and supplies.** Supplies for the management of wasting are not yet fully integrated into the National Health supply system. The procurement of supplies is still supported by UN partners, due to the heavy financial burden it entails. In general, the Ministry of Health has found it difficult to mobilize resources to address all forms of wasting, with severe wasting being prioritized. Resources for the management of moderate wasting are earmarked for areas considered chronically food insecure, around one fourth of the country's woredas. As such moderate wasting is not well integrated into the health system.

**Community.** The community-based management of wasting is included in the health extension program and while the programme has been successful in increasing service coverage in Ethiopia, it suffers from gaps in terms of resources, and due to the remote nature of many health posts there are areas which suffer from limited supervision, and poor referral to higher levels of care (9). Health workers also find that there is poor compliance by clients when they are referred to inpatient management for complicated cases of wasting. Likely due to the time commitment required to travel to, and stay in, inpatient facilities. In addition, there is low coverage of screening for wasting. This results in late identification of cases at community level leading to late representation to services for treatment. Health workers have noted inappropriate use of nutritional commodities by beneficiaries which leads to poorer outcomes indicators.



## Recent adaptations to wasting services

In response to the unprecedented Covid-19 pandemic, Ethiopia quickly developed and disseminated program guidance to ensure that life-saving interventions can continue with reduced possibilities for viral transmission.

### Moderate wasting

To support a better continuum of care between severe and moderate wasting, the Ministry of Health in Ethiopia, in collaboration with the National Disaster Reduction and Management commission (NDRMC) and its development partners, UNICEF and WFP have signed a memorandum of understanding to integrate the management of moderate wasting into the routine health system. To this end, 100 first phase woredas were identified by the regions for integration. National and regional trainings have been completed. This is to be followed by cascade training and finally implementation within the pilot woredas. These pilot woredas will be part of an operational research project to assess success of the integration of moderate wasting into the health extension program.

### Family MUAC

As in many countries, the concept of Family MUAC in Ethiopia has become important during the Covid-19 pandemic, as the Ministry of Health struggles to ensure continuity in the detection of wasting while reducing physical contact between health workers and community members. The Ministry of Health in Ethiopia has begun piloting the Family MUAC approach in order to strengthen screening activities during the global pandemic and beyond. The Family MUAC approach could significantly support Ethiopia's challenge with early identification of wasting. If the approach is deemed successful, it will be scaled-up nationally.

**3.**

**Moving  
forward**



## **Ethiopia is supporting the Global Action Plan (GAP) on Wasting, and its contextualization to the Ethiopian context.**

A key part of the GAP is the integration of wasting treatment into national primary healthcare systems. While severe wasting is almost fully embedded, moderate wasting is not. Therefore, in line with the GAP, the Ministry of Health in Ethiopia has made a commitment to take the following actions in order to scale up access to wasting services:

- › Pilot the Family MUAC approach in order to strengthen screening activities and ensure early detection at community level
- › Mobilize additional resources for the management of moderate wasting in order to increase coverage
- › Integrate the management of moderate malnutrition into the health extension programme

In addition, the Government of Ethiopia has prioritized the scale-up of prevention interventions to reduce the incidence and burden of wasting in the country.

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