

April 16, 2020

COVID-19 & Nutrition Advocacy Talking Points

International Coalition on Advocacy for Nutrition (ICAN)

As the world focuses on the containment of COVID-19, urgent action is needed to avoid the long-term and large-scale impact the pandemic will have on our most vulnerable populationsⁱ, particularly those at risk of malnutrition or who are malnourished in any form. We have long understood that undernutrition compromises immune systems, making bodies vulnerable to virus attacks, reducing effectiveness of vaccines, and impeding recovery. People living with pre-existing medical conditions and non-communicable diseases (NCDs, such as obesity, heart disease, type 2 diabetes, and some cancers), appear to be more at risk of developing severe COVID-19 symptoms and have higher mortality rate than other populations.

The COVID-19 pandemic has yet to be reported at scale in some of the most impoverished parts of the world, but government leaders are beginning to sound the alarm on the susceptibility of their health systems, their food systems and economies.ⁱⁱ In 2019, lower-middle income countries bore the greatest share of the world's under-5 children facing malnutrition: two-thirds of all stunted children live in lower-middle income countries, more than half of all wasted children live in Southern Asia, and we're seeing growing rates of overweight children in sub-Saharan Africa.ⁱⁱⁱ The threats this global pandemic will have on these regions' health, education, economies, food and social protection systems will put vulnerable children and families in even more risk of falling into the vicious intergenerational cycle of malnutrition, ill health, and poverty. Though we haven't seen healthy children experiencing symptoms as elderly and those with pre-existing conditions, vulnerable children are at great risk of facing the secondary health and social impacts of COVID-19.

In the short term, employment uncertainty, closing of schools, closing of borders, periods of isolation and widespread sickness has implications for millions of people vulnerable to food poverty. As governments are responding to this health crisis, multi-sectoral nutrition and food security programs must be safeguarded to protect children and families vulnerable to malnutrition. Not only do we want to prevent a protracted nutrition crisis, but nutrition itself will play a role in recovery to help increase immunity/resiliency.

What and who are urgently at risk?

- The COVID-19 pandemic is severely burdening the health, food, and economic systems of the world's most developed countries. The impact on already vulnerable lower and middle income countries will be even more pronounced due to the pandemic, threatening global spikes in food insecurity and malnutrition.
- Globally, nearly half of all under-5 child deaths are due to undernutrition. Undernutrition puts children at greater risk of delays in recovery and dying from infectious diseases. A severely undernourished child is nine times more likely to die from common infections than their better nourished peers^{iv}.
- The COVID-19 pandemic is also impacting our already fragile food systems, highlighted through the strain put on the supply chain and retail sector in many countries from increased demand for food items. Restrictions on trade and movement have led to reduced import and price hikes, further inhibiting equitable access to proper food and nutrition for all.
- High rates of infection and continued social distancing practices will impact agricultural input and yields, leading to more severe food insecurity and malnutrition outcomes in the long term.
- Already, nutrition programs around the world have paused operations due to COVID-19 containment strategies. Lower-middle income countries often depend on Community Health Workers' (CHW) ability to deliver life-saving interventions directly, but social distancing means that visits to health clinics and support by CHWs are not being recommended. Health systems overwhelmed by COVID-19 cases will not be able to respond to malnutrition-related illness. Although there is much that we don't know about the effects in high-burden countries, one

April 16, 2020

thing is clear – there has already been an immediate effect on delivering the ongoing nutrition interventions and programs that save and improve lives around the world.

Why does good nutrition matter for fighting infectious diseases?

- Good nutrition is critical to building resilient communities - it ensures our bodies' immune systems are supported to fight disease and infections caused by viruses such as COVID-19.
- Healthy and diverse diets also help fight against NCDs such as heart disease and obesity; these co-morbidities put individuals at even greater risk to severe impacts of diseases such as COVID-19.
- Well-nourished women and girls help create prosperous futures and resiliency for us all. Women are traditionally caregivers in many societies, are especially at risk to malnutrition when emergencies strike, make up a large portion of front line health care workers and often eat last and have the least choice, especially in times of crisis; and poor nutrition, especially during the first 1,000 days, impacts a babies growth and development, affecting her ability to do well in school and earn a good living – factors that influence recovery from disease and economic shocks.

Addressing nutrition in the context of the COVID-19 pandemic: How can the global community respond?

The international donor community should maintain their investments in nutrition programming and governments with high-burdens of malnutrition should continue to scale-up domestic investments and policies, saving lives through a holistic approach with proven interventions. Continuity of investments in global health and development, such as basic nutrition and health services, vaccines, food security, and WASH programs, are more important than ever. These programs contribute to improved recovery from disease and resilience to economic shocks.

In addition to supporting developing countries' capacity to respond to the pandemic, we must ensure that nutrition remains a top priority in health systems strengthening in order to protect our progress in maternal and child mortality reductions. COVID-19 response and recovery initiatives should integrate nutrition through a multi-sectoral approach with special focus on infant and child nutrition, food security, WASH, and social protection:

- Scale up programs that protect, promote, and support early and exclusive breastfeeding and age-appropriate and safe complementary foods and feeding practices, per UNICEF guidelines^v. Exclusive breastfeeding^{vi} protects newborns from falling ill, and with proper precautions^{vii}, mothers who are infected with COVID-19 can still breastfeed their newborns and children should they choose to do so.
- Take steps to prevent severe malnutrition^{viii}, both in immediate and longer term, to ensure the world does not see an increase of severe malnutrition related mortality. For example, pre-position life-saving essential nutrition supplies (such as vitamin A supplementation and therapeutic foods) and ensure proper delivery through health and social protection systems.^{ix}
- Scale up of enhanced hygiene behavior change campaigns, including handwashing with required access to safe water and sanitation as critical nutrition sensitive interventions at household, community and institutional levels, particularly healthcare settings.
- Take steps to ensure everyone has sufficient access to nutritious food, particularly those in vulnerable groups and those who are now considered vulnerable due to COVID-19.
- Strengthen capacity of health systems with well-equipped and supported frontline health care workers to ensure good quality nutrition services, both nutrition specific and nutrition sensitive, are comprehensively provided as part of primary health care, including the assessment, diagnosis and treatment of severe malnutrition.
- Distribute cash to poor and poorest households and develop social safety nets for vulnerable groups to help protect from financial impacts and prevent erosion of assets.

April 16, 2020

- Ensure sufficient level of community involvement and contribution to any intervention, according to the ability and capacity of the affected men, women, girls and boys. Communities' coping strategies must be taken into account and supported.
- Safeguard access to treatment for severe malnutrition, other nutrition interventions, and WASH in humanitarian contexts. We do not yet know exactly how COVID-19 will affect undernourished adults and children but we do know that the infection rate is exponential so cases will rise rapidly when it takes hold in refugee or displacement camps. Acting now to slow the spread of infection and boost vulnerable people's immune systems with good nutrition is a vital preparedness action.

In sum

Nutrition is a cross-cutting issue, which when neglected has far reaching implications across health and society. The fact that such a high proportion of COVID-19 fatalities so far have been among people living with obesity and other diet-related NCDs highlights this. Multi-sector commitment, collaboration and coordination with the highest level of leadership is necessary to ensure all people, everywhere are nourished in ways which secures their health and resilience today, tomorrow and into the future. Good nutrition is as much, if not more, of a concern and priority today as it has ever been.

ⁱ According to the WHO "Children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised, are particularly vulnerable when a disaster strikes, and take a relatively high share of the disease burden associated with emergencies."

https://www.who.int/environmental_health_emergencies/vulnerable_groups/en/

ⁱⁱ Financial Times: <https://www.ft.com/content/c12a09c8-6db6-11ea-89df-41bea055720b>

ⁱⁱⁱ WHO: UNICEF/WHO/The World Bank Group joint child malnutrition estimates: levels and trends in child malnutrition: key findings of the 2020 edition <https://www.who.int/publications-detail/jme-2020-edition>

^{iv} UNICEF: https://www.unicef.org/nutrition/index_sam.html

^v ENN: https://www.enonline.net/attachments/3366/IYCF-Programming-in-the-context-of-COVID-19-Brief-2_v1-30-March-2020_for-distribution.pdf

^{vi} WHO: <https://www.who.int/nutrition/topics/infantfeeding/en/>

^{vii} The WHO recommends mothers who choose to breastfeed can by practicing [respiratory hygiene](#) during feeding, [wearing a mask](#) where available; washing hands before and after touching the baby; and routinely cleaning and disinfecting surfaces they have touched <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>

^{viii} Defined here as the most extreme forms of stunting, wasting, and overweight where a child is at the highest risk of death

^{ix} ENN: https://www.enonline.net/attachments/3366/IYCF-Programming-in-the-context-of-COVID-19-Brief-2_v1-30-March-2020_for-distribution.pdf