



## COVID-19 Global Pandemic: Better Nutrition Protects Lives

An urgent priority during the COVID-19 global pandemic is to protect mothers and young children and others who are at higher risk of death because they are malnourished. With the virus now spreading in low-resource contexts and new waves of infection expected in the coming year, ***better nutrition for vulnerable people in the poorest countries—nutrition that provides the best possible immunity and strengthens resilience—is more important than ever.***

### Context

Good nutrition is critical for child survival, health, and development. It builds immunity, protects against illness and infection, builds resilience, and supports recovery. **Of all deaths among children younger than 5, approximately 45 percent is attributable to malnutrition—either acute malnutrition or increased vulnerability to infections and other illnesses caused by malnutrition.**



Joseph Moller/Bread for the World

According to the latest estimates,<sup>i</sup> **47 million children around the world suffer from wasting, or acute malnutrition, and 144 million children are stunted from chronic malnutrition.**

The COVID-19 pandemic is straining healthcare systems around the world, but **fragile health systems in less developed contexts face particular challenges and could be pushed past their limits.** Even in “normal” times, healthcare providers in low-income countries struggle to treat populations with high levels of malnutrition and infectious disease. Some countries are in humanitarian crisis, often caused by armed conflict.

Moreover, severe restrictions on mobility imposed for public health reasons are **disrupting essential health and nutrition services that are vital to mothers and their babies in the critical “1,000 days” nutrition window**, which lasts from pregnancy to age 2.

Based on analyses of the 2014 West Africa Ebola outbreak, World Vision<sup>ii</sup> **estimates that the COVID-19 pandemic will lead to a 2 percent rise in acute malnutrition levels.** A 2 percent increase can mean the difference, for example, between a “serious” level of acute malnutrition, which specialists identify as between 10 percent and 15 percent of all children under 5, and a “critical” level of 15 percent to 30 percent. A 2 percent increase also translates to **approximately 5 million additional children**, in 24 of the world’s poorest and most fragile countries, **suffering from moderate or severe acute malnutrition.**

Because **severely malnourished children are nine times more likely to die of preventable diseases as well-nourished children**, COVID-19 is an immediate, urgent danger to global child survival. As hospitals and local health centers fill beyond capacity, access to treatment for malnutrition is likely to be jeopardized.

UNICEF and the Global Nutrition Cluster<sup>iii</sup> are calling for the inclusion of children affected by wasting in the list of highly vulnerable groups. They are at higher risk of COVID-19 related pneumonia. **It is important for the global response not to underestimate the threat posed by the primary and secondary impacts of COVID-19 to the survival of a large number of vulnerable children.**

The COVID-19 pandemic is **expected to double the number of people facing food crises, which will soar to 265 million**

in 2020 unless swift actions are taken, according to the U.N. World Food Programme.<sup>iv</sup> A rise in malnutrition is inevitable as the economic and health crisis becomes a global hunger crisis, and the secondary impacts reduce dietary quality, impair WASH (water, sanitation, and hygiene) practices, and threaten care services for mothers as well as the continuation of regular health and nutrition programs for children.<sup>v</sup>

### What the U.S. government can do:

**Scale up programs to prevent and treat acute malnutrition**, both of which are part of USAID's emergency food assistance programs. Scaling up should include taking steps to ensure a reliable supply chain, and to identify available local procurement options as needed, for specialized nutritious foods – which can quickly begin to help a dying child to recover.

**Strengthen and rapidly integrate nutrition services** into new and existing USAID global health programs and applicable emergency programs that are designed for mothers and children. Specifically, **scale up the “Power 4” set of effective nutrition interventions**: treatment or preventive treatment of children affected by wasting, multiple micronutrient supplementation for mothers, adequate breastfeeding/complementary feeding for infants, and Vitamin A supplementation for children.

**Ensure that ongoing U.S.-funded global health and nutrition programs have maximum flexibility** to rapidly adapt to COVID-related local restrictions. This may include relocating malnutrition treatment programs to sites that are separate from health centers. In addition, increase the resources available to missions to increase their capacity to meet the needs of participants, including those in nutrition programs.

**Increase investments in rapid nutrition assessments in-country**, so that missions understand evolving needs and can identify and develop strategies to fill critical gaps, in both the near and medium terms. Particularly as the secondary effects of the pandemic become increasingly severe over the coming months, strengthen national safety net programs that can identify and respond to the nutrition needs of mothers and children.

In the longer term as the crisis continues, **increase funding for global nutrition in all relevant global health, food security, and humanitarian and emergency food assistance programs**. This will maximize the effectiveness of U.S. foreign assistance resources. Nutrition is a proven investment that pays dividends in lower future costs for health and emergency programs.

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### Endnotes

<sup>i</sup> UNICEF, WHO, and The World Bank. Joint Child Malnutrition Estimates: Levels and Trends, 2020 edition, March 2020.

<https://data.unicef.org/resources/jme-report-2020/>

<sup>ii</sup> World Vision. COVID-19 Aftershocks: Secondary Impacts Threaten More Children's Lives than Disease Itself. April 6, 2020. <https://www.wvi.org/publications/covid-19-aftershocks-secondary-impacts-threaten-more-childrens-lives-disease-itself>

<sup>iii</sup> Global Nutrition Cluster. Nutrition Coordination and COVID-19: Information and Guidance on Humanitarian Coordination in the Context of COVID-19 Outbreak. [https://www.nutritioncluster.net/Nutrition\\_Coordination\\_COVID-19](https://www.nutritioncluster.net/Nutrition_Coordination_COVID-19)

<sup>iv</sup> World Food Programme. Risk of Hunger Pandemic as COVID-19 Set to Almost Double Acute Hunger by End of 2020. April 16, 2020. <https://www.wfp.org>

<sup>v</sup> International Food Policy Research Institute (IFPRI). Headey, Derek, and Marie Ruel. “The COVID-19 Nutrition Crisis: What to Expect and How to Protect.” April 23, 2020. <https://www.ifpri.org/blog/covid-19-nutrition-crisis-what-expect-and-how-protect>