

### Synthesis of Evidence Regarding Indirect Impacts of COVID-19 on Nutrition

As the COVID-19 pandemic was being declared, Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) supported development of an <u>information note</u> to help countries consider how to protect nutrition during the response, and articulated how to apply the <u>UNICEF</u> <u>framework</u> to the question of how nutrition would be impacted. Then MQSUN+ began collating emerging evidence regarding the possible indirect impacts on nutrition of COVID-19 and the response in low- and middle-income countries (LMICs). Of particular interest were:



Nutritional status, including various forms of undernutrition as well as overweight and obesity—in LMICs.

Breastfeeding practices.

Nutrition intervention delivery and coverage.

Diet, including dietary diversity and dietary practices, particularly amongst women and children.

Availability and price of nutritious foodstuffs.

Given the complexity of nutrition pathways, even with these five areas defined, a search for the evidence required some boundaries, defined in the **Figure** on page 3, which notes what was deemed "in scope". Information was collated from UNICEF and other data sources, journal articles, informal sources and online repositories, as outlined in **Annexes 1–3**. This synthesis shares the high-level findings.

### Maximising the Quality of Scaling Up Nutrition Plus

Following on the success of Maximising the Quality of Scaling Up Nutrition (MOSUN) (2012-2016), the United Kingdom's Development Office (FCDO)-funded MQSUN<sup>+</sup> (2016–2020) provides technical assistance to FCDO, Scaling Up Nutrition (SUN) countries and the SUN Movement Secretariat to catalyse multisectoral country efforts to effectiveness of nutrition-related generation and knowledge uptake and develop technical capacity. Aga Khan University, DAI Global and NutritionWorks.

### Key messages of this synthesis

- Evidence remains scarce on the impact of COVID-19 and its control measures on nutrition outcomes. However, based on modelled decreases in gross domestic income and coverage of health services, wasting may increase by <u>14%</u> (6.7 million more children) and there may be <u>1.2 million more child</u> and <u>56,700 more maternal deaths</u> in 2020. Other researchers indicate those may be underestimates.
- There is <u>no evidence</u> of vertical transmission of SARS-CoV-2 through breast milk, and the World Health Organization continues to <u>advise</u> initiation and continued breastfeeding regardless of COVID-19 status. UNICEF <u>reports</u> these recommendations were widely adopted soon after their publication in June.
- Evidence on the impact on breastfeeding practices is lacking, but <u>UNICEF</u> indicates almost half (46%) of countries with data (n=108) report disruptions to breastfeeding support services, and 45 have reported violations of the <u>International Code of Marketing Breast-Milk Substitutes (BMS)</u> since March.
- <u>UNICEF</u> highlights disruption of nutrition services: iron and folic acid supplementation for adolescent girls (72%), vitamin A supplementation (59%), and wasting treatment (59%) and screening (51%).
- Key nutrition service delivery platforms are disrupted: noncommunicable disease control (80%), family planning (79%), Integrated Management of Childhood Illness (74%) and vaccination campaigns (73%).
- Commonly reported reasons for disruptions: fear of infection reducing demand (25%), user mobility (23%), service closure (12%), service provider mobility (11%) and less community engagement (11%).
- On the positive side, countries are adapting to ensure continuity of services: improving infection
  prevention for service delivery (80%), engaging community to address demand-side barriers (59%) and
  limiting facility-based encounters by integrating or restricting services to high-risk cases only (46%).
- Phone surveys in several countries indicate reduced demand for nutritious foods (meats, fruits and vegetables), largely attributed to a loss of incomes and purchasing power rather than increased prices. Whilst there were reports of higher food prices at the height of COVID-19 restrictions, in most countries this has <u>stabilised</u>, with notable exceptions being Afghanistan, Sudan, Zimbabwe and Nigeria.

### Nutrition Status Outcomes and Related Mortality Estimates

### What we know now

<u>Roberton et al.'s</u> early estimates of potential impacts on child mortality are based on COVID-19related service disruptions, modelled in the Lives Saved Tool (LiST). With their best-case scenario of a 10%–19% decrease in essential maternal and child health interventions and a 10% increase in the prevalence of wasting, they estimated an excess of 253,500 child and 12,200 maternal deaths. Their worst-case scenario was a 39%–52% reduction in coverage and a 50% increase in wasting, resulting in an additional 1,157,000 child and 56,700 maternal deaths. **The increase in the prevalence of child wasting would account for 18%–23% of all COVID-19-related childhood deaths.** 

Based on a modelled 8% decline in gross national income (GNI), <u>Headey et al.'s</u> estimates suggest that COVID-19 will bring a **14% increase in moderate/severe wasting** (an additional 6.7 million children) in 2020 compared to the pre-COVID-19 projections for the year. They project 58% of cases will be in South Asia and 22% in sub-Saharan Africa. Combined with an average (reflecting from Roberton) 25% reduction in coverage of health services including for nutrition (e.g. provision of micronutrients to pregnant women and vitamin A, promotion of adequate child feeding and treatment of severe wasting), this would lead to about 129,000 under-five deaths—more than half in sub-Saharan Africa.

#### Figure. Indirect impacts of COVID-19 on malnutrition.



COVID-19

Source: Adapted from https://mgsunplus.path.org/blog/visualising-malnutrition-in-the-time-of-covid-19/

Modelling reductions in GDP, GNI and/or health services, an estimated 6.7 million more children may become wasted and over 1 million more may die.

Correspondence from <u>McClure et al.</u>, <u>Akseer et al.</u> and <u>Busch-Hallen et al.</u> note that these figures are likely an underestimate as they fail to account for the potential impact of COVID-19 on breastfeeding, stillbirths, maternal nutrition, micronutrient deficiencies, intrauterine growth, linear growth and childhood stunting. <u>Jacob et al.</u> also note that, given 61% of the global workforce is in the informal sector, basing modelling on gross domestic product alone does not account for unpaid work or care.

Regardless of the halting of nutrition surveys, several countries report a worsening nutrition situation with COVID-19 identified as a contributing factor. In June 2020, the number of children with severe acute malnutrition (SAM) admitted to treatment programmes in <u>Nigeria</u> increased by 35% compared to the same period in 2019. <u>UNICEF Ethiopia</u> reported a 12% year-on-year increase in admissions between January and June 2020. In northwest Syria, a <u>July 2020</u> report using a proxy prevalence of acute malnutrition based on community surveillance data revealed a poor nutrition situation—largely attributed to unsafe conditions and disease, including COVID-19.

There have been fewer estimates of impact on stunting prevalence. According to the <u>Goalkeeper's</u> report 2020, taking into account the likely impact of COVID-19, under-five stunting is estimated to fall short of meeting the 2030 target of 15%, at a predicted prevalence of 20%–26%. Furthermore, obesity is a serious issue. A pooled analysis (Popkin et al.) looked at 75 studies in 10 countries from January to June 2020 and showed individuals with obesity were at a higher risk of being COVID-19 positive (>46%), hospitalised (113%), admitted to ICU (74%) and dying (48%). Although the included studies are primarily from high- and middle-income countries, the authors highlight that this is relevant, given more than 70% of individuals with overweight/obesity live in LMICs. Popkin et al. and an <u>editorial</u> highlight how lockdowns exacerbate an obesogenic environment in which access to nutritious foods and physical activity are difficult. They call for improved access to nutritious foods.

#### What we do not know

Information remains scarce on the impact of COVID-19 disease control measures on nutritional status in LMICs, as measured by anthropometric or biomarker indicators. As noted, most current evidence on nutrition outcomes and mortality are based on modelling rather than observed through surveys or health management information systems (HMIS). Regular nutrition surveys ceased in early March in most LMICs due to concerns around COVID-19 transmission and information from ongoing community screening during the pandemic is not yet widely available.

Also not yet widely available is nutrition data from HMIS, though the intervention section below includes information on service disruptions. The pandemic has reduced access to nutrition services, making it difficult to determine impacts on caseloads. As such, it is difficult to ascertain the short-term impacts of COVID-19 and associated disease control measures on nutrition status.

#### Responses

The nutrition community is generally accustomed to dealing with crises, and in conflict situations, surveys often continue. However, the physical contact involved in collecting such data has made doing so risky for data collectors and for those being measured. SMART recently published <u>Interim</u> <u>Guidance</u> on resuming such data collection (rather than continuing to rely only on alternative

methods). Several examples include: considering whether the nutrition situation is likely to demand data; reviewing national guidelines on movement restrictions and household data collection during the epidemic; reviewing the epidemiology around COVID-19; coming to an agreement with local public health authorities; checking the availability of qualified staff and supplies to protect them; and establishing how to minimise interview time, sample size, risk factors and contact.

Given COVID-19-related challenges, nutrition, economics, food and health system experts have formed <u>Standing Together for Nutrition</u>: an advocacy group calling for the safeguarding of access to nutritious, safe and affordable diets; and nutrition-related health and social protection services.



#### What we know now

Evidence regarding the **potential (or lack thereof) for vertical transmission of SARS-CoV-2** through breast milk began emerging in early February. In response, in June, the World Health Organization (WHO) published <u>a scientific brief</u> highlighting that existing data were insufficient to conclude the existence of vertical transmission and so standard recommendations on initiation and continued breastfeeding also apply to mothers with suspected or confirmed COVID-19. <u>A living systematic review</u> concludes that there continues to be no evidence of transmission through breast milk. However, small studies have found misconceptions regarding the potential for transmission—that is, misconceptions amongst the public in <u>India</u> and <u>Turkey</u> and amongst doctors in <u>Jordan</u>.

Information on **actual impacts on breastfeeding practices and policy** remains scarce. A prospective observational study (KC et al.) in Nepal showed that institutional neonatal mortality increased from 13 to 40 per 1,000 live births and early initiation of breastfeeding decreased from 49% to 46%. UNICEF provides <u>coverage figures</u> for programmes supporting breastfeeding during the pandemic compared with 2019 coverage: amongst 108 countries with information available, 46% are experiencing some disruptions and 19% report a 25% or greater reduction compared to 2019.

Almost half of countries with data report disruptions to breastfeeding support services, and about 41% have reported violations of the <u>International Code of</u> <u>Marketing Breast-Milk Substitutes (BMS)</u>

A <u>commentary on breastfeeding (Dodgson)</u> highlights the struggle to ensure <u>International Code of</u> <u>Marketing Breast-Milk Substitutes (BMS)</u>, i.e. "Code" compliance during the crisis. <u>UNICEF data</u> show 45 (of 108) countries report Code violations. The most common violations are donations of BMS, bottles and teats from agencies, donors and private companies, and distribution of milk products which could be used as BMS. Eleven countries in Latin America and the Caribbean reported violations, and four to six countries reported violations in other regions. There are <u>anecdotal reports</u> in India and Pakistan of BMS promotion on social media and <u>a lack of adherence</u> to international recommendations. Relatedly, <u>correspondence</u> highlights Code violations and poor choices, such as misguided fears of infection leading to doctors separating newborns from mothers and to the

promotion of infant formula. The correspondence calls for urgent action to improve Code implementation and enforcement in every country, with severe sanctions for any violations.

Despite widespread adoption of recommendations for continued breastfeeding, it is feared that factors—such as reduced access to prenatal, delivery and post-partum care and wider support services, misinformation on the risk of transmission, increased financial and time constraints on caregivers and marketing of BMS—are likely to negatively impact breastfeeding, as noted in <u>a BMJ feature article</u> on India. <u>Busch-Hallen et al.</u> estimated that a hypothetical effect of a range of reductions in breastfeeding (from small at 5% to severe at 50%) due to COVID-19 disruptions would result in 16,469 to 138,398 more child deaths across 129 LMICs over a year, plus added morbidity.

### What we do not know

Johns Hopkins University has established a regularly updated <u>literature repository</u> on "COVID-19, Breastfeeding, Infant Feeding, Breast Milk", focused on the potential for COVID-19 transmission, with a few LMIC-based studies examining changes in breastfeeding rates or knowledge, attitudes or practices (KAPs). Information on breastfeeding KAPs from other sources, such as grey literature, HMIS and facility or population-based phone surveys, also remains scarce.

#### Responses

In mid-June 2020, UNICEF conducted <u>a survey</u> of 88 countries to assess the extent to which breastfeeding recommendations have been adopted in the context of COVID-19. Over 80% of countries surveyed had adopted the recommendation of skin-to-skin contact, rooming-in and breast milk expression by mothers where breastfeeding is interrupted. Over 90% of countries were promoting optimal breastfeeding practices and providing counselling and practical support. In contrast, 16% of countries, mostly in Europe and Central Asia and East Asia and the Pacific, had national policies which unfortunately promoted separating COVID-19 mothers from their infants.

The WHO/PATH COVID-19 <u>Essential Health Services Policy Tracker</u> is an interactive database of programme adaptations and policies around child and maternal health in the context of COVID-19. It notes 17 LMICs with national policies or programmes on breastfeeding in this context.



#### What we know now

As of late August, <u>UNICEF</u> finds (caveats below in "what we do not know") that nutrition services with high levels of any reported disruption are iron and folic acid supplementation for adolescent girls (72%), vitamin A supplementation (59%), treatment for child wasting (59%) and screening for child wasting (51%). Worryingly, 24% of countries reported 25% or more reduction in use of programmes treating child wasting, with Indonesia and Nepal reporting reductions of 75%–100% in service use, and India, Bangladesh, Papua New Guinea and Peru all reporting decreases of 50%–74%.

There has also been widespread disruption to key platforms for delivering nutrition services: control of noncommunicable disease (80%), family planning (79%), Integrated Management of Childhood Illness (74%) and vaccination campaigns (73%). Thirteen percent of countries have seen health

campaigns (insecticide-treated bednets, mass drug distribution, etc.) coverage fall by between 75% and 100%.

Amongst countries reporting reasons for disruptions to services, the most common reasons are reduction in demand due to fear of infection (25%), lockdown restriction impacting users' mobility (23%), closure of services (12%), lockdown restrictions impacting service providers' mobility (11%), and interruption of community engagement activities (11%). Amongst 116 countries reporting on whether there have been stock-outs in nutrition programmes, 80% report none, 11% report less than 25% of facilities with stock-outs and 6% report more than 50% of facilities with stock-outs.

<u>UNICEF</u> reports nutrition services disruption: iron and folic acid supplementation for adolescent girls (72%), vitamin A supplementation (59%), and wasting treatment (59%) and screening (51%). Common reasons for disruptions: fear of infection reducing demand (25%), user mobility (23%), service closure (12%), service provider mobility (11%) and less community engagement (11%).

These findings are broadly in line with widespread disruption to health services noted in other evidence. For instance, WHO conducted <u>key informant surveys</u> amongst officials in five WHO regions between May and July 2020 to assess the impact of the COVID-19 pandemic on up to 25 essential health services in the country. They reported widespread disruptions affecting almost every country (90% of the 105 respondents), with greater disruptions in LMICs than in high-income countries.

The Global Financing Facility <u>analysed DHIS2 data</u> from more than 63,000 facilities in 10 LMICs and found outpatient consultations fell for at least one month in all countries where this was monitored. Overall, they found disruptions to health services varied across countries; results from June and July show that essential services had improved somewhat in most countries with some disruption persisting.

#### What we do not know

The UNICEF data provide the most comprehensive picture available of disruptions (versus the same time in 2019) to essential child and maternal health services in LMICs, drawing on best available sources in each country, including HMIS data, representative survey data or extrapolations from reliable local reports. However, important limitations include: raw data are not yet shared, long questionnaire may reduce the quality of responses, some anomalies in the data, reliance on the knowledge of staff, and some questions generate quite a few "do not know" responses. Given ongoing mobility restrictions and concerns about accessing health services, similar issues are also likely in other data sources, limiting a complete picture of impacts on nutrition services.

#### Responses

There have been many adaptations to ensure that the management of acute malnutrition is sustained. <u>UNICEF reports</u> 29 countries reducing the regularity of visits, supporting caregivers to themselves measure mid-upper arm circumference (MUAC) and increasing stocks at district or facility level. Nineteen countries report adapting by treating wasted children, without complications, with one product—i.e. ready to use therapeutic food (RUTF); 18 countries report community health

workers are providing treatment of uncomplicated wasting; and 17 countries report the use of one criterion (<120 or <125 mm MUAC and/or oedema) for admission, follow up and discharge.

Reported adaptations to ensure continuity of micronutrient powder supplementation include physical distancing at the health facility (28 countries), use of community-based platforms (14 countries) and increasing quantity and reducing frequency of distribution (6 countries). Of 102 countries reporting, three-quarters report having introduced adapted measures to support families on what, when and how to feed young children during the complementary period.

Action Against Hunger and partners have launched (on acutemalnutrition.org) a tracker documenting nongovernmental organisations', United Nations (UN) agencies' and governments' <u>COVID-19</u> <u>Adaptations in the Management of Acute Malnutrition</u>. So far, there is information from 40 countries, including adaptations, such as combined severe and moderate acute malnutrition treatment, family measurement of MUAC and modified admissions or discharge criteria.

From the UNICEF data, amongst 128 countries reporting adaptations to ensure continuity of services, actions include: efforts for improving infection prevention and control for essential health service delivery (80%); community engagement, awareness and behavioural change strategies to address demand-side barriers (59%); and limiting the number of facility-based encounters by integrating services or restricting services to high-risk or emergency cases only (46%).

The WHO/PATH <u>Essential Health Services Policy Tracker</u> has documented 6 countries with national policies dealing with the treatment of child wasting, 8 with policies on maternal nutrition, and 15 with policies on vitamin A and 18 with policies on iron supplementation in the context of COVID-19.



#### What we know now

<u>The State of Food Security and Nutrition in the World 2020</u> noted that globally only one in three children 6 to 23 months of age meets the recommended minimum dietary diversity, with wide variation amongst the regions of the world. In sub-Saharan Africa and Southern Asia, more than 57% of the population are unable to afford a healthy diet. The <u>International Food Policy Research Initiative</u> (<u>IFPRI</u>) warns a further dangerous decline in dietary diversity and quality in LMICs is to be expected due to income loss because of government restrictions, a strain on social protection and both demand and supply shocks.

In <u>60 Decibels'</u> online survey in 19 countries<sup>1</sup> between May to August 2020, 32% of respondents (n=21,977) reported some decrease in food consumption as a result of COVID-19 in the previous month. However, those reporting the most severe decreases was reduced from 8% to 3% between May and August. Trends were more variable in some countries, such as Kenya, where reports of reduced consumption decreased from 43% (May) to 26% (June) before rising again to 43% in July.

<sup>&</sup>lt;sup>1</sup> Brazil, Cote d'Ivoire, Democratic Republic of the Congo, Ghana, India, Indonesia, Kenya, Madagascar, Myanmar, Nigeria, Paraguay, the Philippines, Rwanda, Senegal, Sierra Leone, South Africa, Tanzania, Uganda and Zambia.

Dietary diversity impacts were noted in <u>Kenya</u>, <u>Indonesia</u>, <u>India</u>, <u>Uganda</u> and Ethiopia, where a <u>household phone survey</u> in Addis Ababa found 58% of respondents reported a decrease in consumption of fruits (81% to 60%), meat (65% to 54%), and dairy (56% to 45%). As restrictions began to ease, conditions have improved, but, for example, in Ethiopia, though overall food consumption reduced with the easing of lockdown measures to pre-pandemic levels, the reduction in vegetable consumption continued (<u>IFPRI</u>, <u>October 2020</u>). In another <u>online-based survey</u>, almost two-thirds (62%) of Save the Children's beneficiaries (25,634 respondents across 37 countries) reported it was difficult to provide families with meat, dairy products, grains, fruits and vegetables.

Most respondents reported decreasing consumption of fruits, meat and dairy. As restrictions ease, conditions improve, but reductions may continue.

### What we do not know

As with nutritional status outcome data, information on impacts on diet is still scarce, largely based on modelling and some non-representative online and telephone surveys.

#### Responses

The Food and Land Use (FOLU) Coalition assessed the food systems, economics and vulnerabilities to COVID-19 in five countries (China, Colombia, Ethiopia, India and Indonesia). <u>Strengthening Food</u> <u>Systems' Resilience to COVID-19: Initial Lessons from FOLU Countries' Responses to the Global</u> <u>Pandemic</u> focused on policy responses and the ability to ensure food availability and access and to support adequate livelihoods, positive nutritional outcomes and natural resource resilience. It notes that ensuring food availability and sustaining incomes have been a bigger focus than supporting nutrition outcomes of vulnerable groups or ensuring access to nutritious food, such as fruits and vegetables. Making urban markets safe has also received less attention as it is not easy to do. It recommended supporting stronger and more local supply chains, particularly for nutritious foods.



#### What we know now

<u>Global food prices</u> (from October 2020) for grain showed a strong increase globally in September attributed to production concerns and diminishing inventories. COVID-19-related restrictions and related impacts on consumer demand and government market interventions have had diverse effects. There have been price increases in some West African countries, particularly in Nigeria, where food prices continue to surge, attributed in part to movement restrictions and related changes in consumer demand. Increased demand has also contributed, alongside other aggravating factors, to upward pressure on prices in Bangladesh, South Sudan, Sudan, Tajikistan and Zimbabwe.

The <u>Food Crises and COVID-19</u> report notes that countries with existing structural challenges—such as the Central African Republic and the aforementioned South Sudan and Sudan—are experiencing

decreased agricultural production, which may impact prices. This report analysed the situation in 20 countries from May to July and shows markets and food supply chains initially faced widespread disruption but have since largely stabilised, thanks to governments' action (see responses below).

Despite an overall stabilisation, effects vary. The <u>Global Network Against Food Crises</u> summarised that, in addition to COVID-19 exacerbating the effects of extreme events, contradictions have largely been due to the timing of measurement, coverage and baseline of the analysis and other external factors, such as currency fluctuations. Despite policies in place, in breadbasket locations, food producers were unable to transport perishable foods to further markets—forcing them to sell at local markets, which led to price increases in urban markets due to a decrease in availability.

Foods vulnerable to disruptions in supply chains tend to be perishable and of high nutrient value (<u>IFPRI</u>). Reports of disruptions to vegetables and dairy in April/May 2020 emerged in urban <u>Ethiopia</u>; in <u>Indonesia</u>, the disruptions were to fruit, vegetables and animal-based products. Whilst most markets appear to have largely rebounded as restrictions ease, the onset of economic crisis resulted in decreasing prices for nutritious foods as demand for these high-priced items fell. In rural areas, the collapse in producer prices and the difficulties farmers face in selling their produce imply lower prices and greater availability of varied foods (<u>Harris et al.</u>, <u>Food Crises and COVID-19</u>).

The food price hikes at the height of restrictions have <u>calmed, with exceptions</u>.

Despite these context-specific and often contradictory effects, an overall trend of food price increases has been reported in several countries.

- In Afghanistan, according to food-price monitoring, the <u>UN Office for the Coordination of</u> <u>Humanitarian Affairs (OCHA)</u> reports that wheat prices have increased substantially since March. <u>REACH</u> reports the increase was partly due to hoarding of supplies. This has been accompanied by a <u>declining purchasing power</u> of casual labourers and pastoralists, which have deteriorated by 4% and 8% respectively.
- In **Nigeria**, the Food and Agriculture Organization of the United Nations (FAO) reports prices surged from July through September and reached levels well above those a year earlier—driven in part by COVID-19-related restrictions. Famine Early Warning Systems Network (FEWS NET)'s <u>Global Price Watch</u> notes some markets also reported stock-outs.
- **Chad** and **Senegal** <u>report</u> higher than year-on-year average prices, as of October 2020, attributed in some part to COVID-19 restrictions.
- As of August 2020, <u>FEWS NET</u> reports that **Rwanda** faces food prices much higher than those in the same period in 2019, despite the easing of COVID-19 restrictions.
- In Yemen, the <u>World Food Programme</u> (WFP) reports national cost of the minimum food basket increased by 8% in June, compared to pre-COVID-19, with a 35% increase in some areas since early April.
- **Zimbabwe's** volatile macroeconomic situation, as noted by <u>FEWS NET's Global Food Security</u> <u>Alert</u>, has been compounded by COVID-19—driving staple food prices above average.

#### What we do not know

Food price monitoring has largely been on staples and rarely on perishable nutritious foods. Where trend data are available, the specific effects of the COVID-19 pandemic are difficult to distinguish from other factors that affect food prices and food insecurity, including conflicts, extreme weather events, animal disease and crop infestation. Most of the data are from country-level price monitoring systems.

### Responses

The <u>Food Crises and COVID-19</u> report above attributes price stabilisations to governments' work to implement policies to ensure continued sufficient food supply and functioning markets despite movement restrictions. Many countries, such as the Democratic Republic of the Congo, Kenya, Palestine, Liberia and Somalia, exempted farmers, food workers, food traders and food trucks from movement restrictions. In Malawi, Liberia, Pakistan and Sierra Leone, governments supported local agricultural production through subsidies, distribution of inputs and promotion of gardening.

The Committee on World Food Security High Level Panel of Experts on Food Security and Nutrition's paper called <u>Impacts of COVID-19 on Food Security and Nutrition: Developing Effective Policy</u> <u>Responses to Address the Hunger and Malnutrition Pandemic</u> highlights the impact of responses such as lockdowns and physical distancing policies on food system dynamics around access, availability, utilisation, stability, agency and sustainability—noting issues from disruptions to social protection programmes to localised food-price hikes to changes in food environments. It emphasises initial, medium-term and long-term impacts and recommends policy shifts to transform food systems, recognise inter-system links, incorporate greater understanding of the complex interactions between different forms of malnutrition and to account for contextual differences.

The African Leaders for Nutrition (ALN) Initiative issued a <u>position paper</u> on embedding nutrition within the COVID-19 response and recovery. The call to action urges high-level political leadership and governments to prioritise nutrition in national COVID-19 response plans and strategies. The African Union Commission has launched the African Union COVID-19 Response Fund, and the African Development Bank has put in place a US\$10 billion COVID-19 Response Facility.

### Annex 1. Key Repositories for Evidence Synthesis

The following resources were used to identify sources for this synthesis. "Focus countries" are those on which MQSUN<sup>+</sup> collated emerging evidence on COVID-19's indirect impacts on nutrition.

Name	Institution	Technical focus	Geographic focus
Regularly updated sources			
WFP COVID-19 Situation Updates	World Food Programme (WFP)	Diet	Global
OCHA COVID-19 Situation Updates	UN Office for the Coordination of Humanitarian Affairs (OCHA)	Breastfeeding, Nutrition intervention delivery, Diet	Global
<u>HungerMap Live: Hunger</u> and COVID-19 Weekly <u>Snapshot</u>	WFP	Diet	Focus countries: Afghanistan, DRC, Iraq, Malawi, Mozambique, Nigeria, Syria, Yemen. Others: Burkina Faso, Cameroon, Mali, Niger.
VAM COVID-19 Resources	WFP	Diet, Food price and availability	Global
Food Price Monitoring and Analysis (FPMA) Bulletin. Global Information and Early Warning System (GIEWS)	Food and Agriculture Organization (FAO)	Diet, Food price and availability	Global
Food and Agriculture Policy Decision Analysis Tool (FAPDA)	FAO	Breastfeeding, Nutrition intervention delivery, Diet	Global
<u>COVID-19 Briefings (Weekly</u> <u>Video)</u>	Famine and Early Warning Systems Network (FEWS NET)	Diet	Global
Situation tracking for COVID-19 socioeconomic impacts	United Nations Children's Fund (UNICEF)	Nutrition intervention delivery	Global
Nutrition   COVID-19	UNICEF	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global
COVID-19 situation reports in East Asia & Pacific	UNICEF	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global
Research for Effective COVID-19 Responses (RECOVR)	Scaling Up Nutrition	Breastfeeding, Nutrition intervention delivery, Diet	Burkina Faso, Colombia, Côte d'Ivoire, Ghana, Mexico, the Philippines, Rwanda,

Name	Institution	Technical focus	Geographic focus
			Sierra Leone, Uganda, Zambia, Nigeria.
WHO/PATH COVID-19 Essential Health Services (EHS) Policy Tracker	WHO/PATH	Policy	Global
Search engines	-	-	-
FEWS NET COVID-19 Search Page	FEWS NET	Nutrition intervention delivery, Diet	Global and regional African reports. Individual focus countries: Nigeria, Sudan, Somalia, Yemen, Mozambique, Kenya, Rwanda, Uganda, South Sudan, Afghanistan, Zimbabwe, Malawi. Others: Mauritania, Niger, Lesotho, Haiti, Burkina Faso, Cameroon, Chad, Central African Republic, Guatemala.
IFPRI COVID-19 Document Search Page	International Food Policy Research Institute (IFPRI)	Nutrition intervention delivery, Diet, Food price and availability	Global
IFPRI COVID-19 Blogs Page	IFPRI	Nutrition intervention delivery, Diet, Food price and availability	Global
<u>World Food Programme</u> (WFP) Library	WFP	Nutrition intervention delivery, Diet, Food price and availability	Global
Food and Agriculture Organization (FAO) Library	FAO	Nutrition intervention delivery, Diet	Global
UNICEF Publications Library	UNICEF	Breastfeeding, Nutrition intervention delivery, Diet	Global
UNICEF Innocenti COVID-19 Research Library	UNICEF	Breastfeeding, Nutrition intervention delivery, Diet	Global
Reliefweb Updates Search	Reliefweb	Breastfeeding, Nutrition intervention delivery, Diet, Food price and availability	Global
Humanitarian Response Document Search	ОСНА	Breastfeeding, Nutrition intervention delivery, Diet	Global
Devex news	Devex	Nutrition intervention delivery, Diet	Global

Name	Institution	Technical focus	Geographic focus
WHO COVID-19 Global Literature on Coronavirus Disease	World Health Organization (WHO)	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global
Elsevier Novel Coronavirus Information Center	Elsevier	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global
<u>The Lancet COVID-19</u> <u>Resource Centre</u>	Lancet	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global
PLOS COVID-19 pandemic (2019-20)	PLOS	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global
LitCOVID	PLOS	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global
Knowledge hubs			
Scaling Up Nutrition COVID- 19 knowledge hub	Scaling Up Nutrition	Diet, Breastfeeding, Nutrition intervention delivery	Global
CGIAR Response to COVID- 19	CGIAR	Diet, Nutrition intervention delivery	Global
UNSCN COVID-19 Recent News	United Nations System Standing Committee on Nutrition (UNSCN)	Diet, Breastfeeding, Nutrition intervention delivery	Global
Research for Effective COVID-19 Responses (RECOVR)	Innovations for Poverty Action	Nutritional status, Breastfeeding, Nutrition intervention delivery, Diet	Global. Survey results for Burkina Faso, Colombia, Côte d'Ivoire, Ghana, Mexico, the Philippines, Rwanda, Sierra Leone, Uganda, Zambia, Nigeria.
Johns Hopkins University COVID-19, Maternal and Child Health, Nutrition	Johns Hopkins University	Nutritional status, Breastfeeding, Nutrition intervention delivery	Global

### Annex 2. Key Resources on Policy and Guidance

Policy and response trackers	
<u>Global</u> <u>Development</u> <u>Commons (GDC)</u>	A digital platform launched by UNICEF and the Lancet to allow organisations and researchers, decision-makers, front-line workers and young people to share tools, resources, case studies and research in support of Sustainable Development Goals (SDG) work to help children. It now has a section focused on ideas—including other tools mentioned in this update—for responding to the COVID-19 pandemic.
WHO/PATH COVID- 19 Essential Health Services (EHS) Policy Tracker	An interactive display of government guidance related to maintaining and adapting essential health services during the COVID-19 pandemic. The dashboards show which countries have issued relevant policies on essential health services, as well as how those policies change over time, providing links to the policies. The aim is to facilitate cross-country policy exchange and learning, to improve the response to maintaining, adapting and reinstating essential health services. Policies are searchable by health area and by each programme activity included in the World Health Organization's (WHO) 01 June version of: "Maintaining essential health services: operational guidance for the COVID-19 context".
<u>Tracker: COVID-19</u> <u>Adaptations in the</u> <u>Management of</u> <u>Acute Malnutrition</u>	This page serves to track protocol adaptations across contexts, highlight innovative case studies and aggregate available resources as part of a study by Action Against Hunger, USAID, UNICEF and the US Centers for Disease Control and Prevention.
<u>Food and</u> <u>Agriculture Policy</u> <u>Decision Analysis</u> (FAPDA) Tool	The FAPDA tool provides an electronic repository for food and agriculture policies in over 130 countries. The tool facilitates policy research and analysis by enabling the identification of policy trends, allowing an initial assessment of policy coherence on a country by country basis. However, it is not clear how comprehensive or timely the policy mapping process is.
<u>Global Monitoring</u> of School Meals During COVID-19	Using an interactive map, the World Food Programme (WFP) is monitoring school meals during school closures and assessing alternative solutions from the government or WFP. It provides a short explanation for each country that is tracked. However, it is not clear how comprehensive or timely the policy mapping process is.
Guidance	
The State of Acute Malnutrition: Innovations and COVID-19 Adaptations in the Management of Child Wasting	This page serves to track protocol adaptations across contexts, highlight innovative case studies and aggregate available resources as part of a study by Action Against Hunger, USAID, UNICEF and the US Centers for Disease Control and Prevention.
GTAM COVID-19 Technical Support	The Global Technical Assistance Mechanism for Nutrition (GTAM) provides global tools and guidance and country-level examples for programmatic adaptations for general COVID-19 and nutrition, prevention and management of wasting, nutrition for infants and young child (IYCF & micronutrients) and nutrition information systems.

<u>UNICEF's updated</u> <u>MUAC tape design</u>	This tool will make it easier for caregivers to use the mid-upper arm circumference (MUAC) measuring tape, given the need to scale up screening for wasting during COVID-19. They note the social distance requirements to be adhered to in order to train parents how to do the measurement. The new design was produced to support the previously-mentioned UNICEF/WHO <u>Prevention, Early Detection and Treatment of Wasting in Children 0–59 months through National Health Systems in the Context of COVID-19</u> implementation guidance.
UNICEF/WHO Prevention, Early Detection and Treatment of Wasting in Children 0–59 months through National Health Systems in the Context of COVID- 19	This is a tool for implementing the recommendations reflected in existing WHO and UNICEF guidance on the delivery of services through national health systems to prevent, detect and treat wasting in the context of the pandemic. It reflects broad guidance for all levels of the health system and includes temporary adaptations around adherence to infection prevention and control measures, systems strengthening to support the delivery of services, and contextualised examples of such adaptations to ensure the continuity and safety of services.
Interim Guidance on Household Surveys during COVID-19: SMART	<ul> <li>The guidance outlines considerations for when and how, in the context of the evolving COVID-19 pandemic, to resume data collection in population-representative household-level surveys involving physical contact with households (e.g. anthropometric measurement and capillary blood samples for measurement of haemoglobin concentration). As of the 21 October update to this evidence review, it recommends:</li> <li>Considering whether the nutrition situation actually requires updated information and what actions are dependent on survey findings.</li> <li>Reviewing guidelines on movement restrictions and on household-level data collection during the epidemic, and coming to agreement with local authorities.</li> <li>Reviewing the epidemiology around COVID-19 (incidence, trends, percentage of positive cases, tests conducted per 100,000 population per week).</li> <li>Checking the availability of qualified staff and supplies to protect them (e.g. personal protective equipment, using enumerators under 65 years of age).</li> <li>Establishing how to keep interview time short and minimise sample size; check for COVID-19 risk factors and exclude respondents if needed; and taking MUAC, weight, height and age using trained measurers who follow the usual methods (done outside if possible, using social distancing as much as possible, asking respondents to wear masks and offering them masks as needed, and sanitising the hands before contact with individuals and equipment after each household).</li> </ul>
Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context	This WHO guideline recommends practical actions to help countries maintain high- quality, essential health services during a pandemic context, including nutrition services such as those in antenatal care (ANC), counselling for infant and young child feeding, micronutrient supplements and detection and treatment of wasting.
Clinical Management of COVID-19 (Policy)	This interim guidance from WHO on the clinical management of COVID-19 includes feeding and caring for infants and young children of mothers with COVID-19, for example, initiation and continuation of breastfeeding.

### Annex 3. Key Resources on Country-by-Country Information

OCHA Situation Updates	These regularly updated reports are not specific to COVID-19. However, they do contain explicitly COVID-19-related information. They also report on nutrition programmes, noting the impact on coverage and impacts of COVID-19 and response measures.
UNICEF Situation Updates	COVID-19-specific and non-specific country situation reports.
<u>FEWS NET</u> <u>COVID-19</u> <u>Search Page</u>	A dedicated COVID-19 page on the FEWS NET website provides a list of the most recent COVID-19-specific documents related to food security and price-monitoring. The search function can be used to filter types of reports and the country of interest.
<u>ReliefWeb</u>	In the link, search terms "COVID and nutrition" are applied. Documents can be further refined based on the country of interest. Documents tend to be situation updates. Depending on the country, this can be as frequent as monthly updates.
Research for Effective COVID- 19 Responses (RECOVR)	This knowledge hub provides a range of initiatives from Innovations for Poverty Action (IPA) on the Research for Effective COVID-19 Responses (RECOVR). Round 1 results from phone surveys to examine the effects of COVID-19 on disruptions to health care, education and work in selected countries are posted, with plans to update with subsequent rounds.
Hunger and COVID-19 Weekly Snapshot and	This website provides a weekly overview of the food security situation, COVID-19 caseloads and an indication of shifts in relevant indicators—such as health and market access. The data provided through these Snapshots are sourced from World Food Programme's (WFP) remote monitoring systems and thus cover only countries where these systems are operating. The HungerMap Live is a data visualisation with COVID-19 alerts to increasing cases and deterioration of food consumption from one month ago. Indicators include the number of people reporting challenges accessing health services and top five barriers to doing so.
<u>HungerMap Live</u>	Limitations: Difficult to identify sample size or representativeness information; long-term trends not shown, just current and previous week's data, so difficult to interpret values; likely to be biased toward younger and better-off populations and those in urban areas with access to electricity for mobile phone charging.
VAM Hunger Analytics Hub	This interactive map from WFP visualises the COVID-19 cases and deaths at global and national levels and has the option to overlay it with food security data. It is not clear how often this is updated.

#### About MQSUN<sup>+</sup>

MQSUN<sup>+</sup> provides technical assistance and knowledge services to the UK Foreign, Commonwealth and Development Office (FCDO) and the Scaling Up Nutrition (SUN) Movement Secretariat (SMS) in support of propoor programmes in nutrition. MQSUN<sup>+</sup> services are resourced by a consortium of five non-state organisations leading in the field of nutrition.



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