

NUTRITION IN THE CONTEXT OF COVID-19

Governments and partners across the Asia-Pacific region are doing efforts to protect citizens from COVID-19 to save many lives. However, measures needed to slow the transmission of the disease are resulting in hardship for many vulnerable families. In particular, the COVID-19 pandemic is having worrying impacts on household incomes, food supply chains, health services, and schools.

The Asia United Nations Network on Nutrition, which is comprised of FAO, WFP, WHO, and UNICEF, is concerned about the impacts of the COVID-19 pandemic on the nutrition status of those most affected, particularly the poor and vulnerable. At the start of the crisis, an estimated 10.5 million children under five in Asia were suffering from wasting, 78 million children were stunted, 17 million were overweight, and 400 million women were anemic. The current situation aggravates the difficulties many families already face in terms of access to affordable, healthy diets.

Governments, donors, and partners are called to take action to protect the nutritional status of the most vulnerable families and individuals across Asia, while implementing appropriate infection prevention control measures. A Joint Statement was issued to provide recommendations on a prioritized set of actions and policy guidance to support nutrition in the context of COVID-19. The actions outlined in this statement cover the six domains of healthy diets; maternal, infant and young child nutrition; management of wasting; micronutrient supplementation; school feeding and nutrition, and nutrition surveillance. The key actions needed are as follows:

- 1. Healthy diets:** Food supply chains must be kept moving and the availability of nutritious foods ensured. Incomes and livelihoods of those dependent on agriculture must be protected. Social protection schemes and community programmes should help ensure that the most vulnerable groups are able to access nutritious foods. Clear messages should be communicated about the importance of a healthy and safe diet while limiting the consumption of foods that contribute to overweight and obesity.
- 2. Maternal, infant and young child nutrition:** Health services should continue to provide essential nutrition services for pregnant and breastfeeding mothers, newborns and sick children. They should also provide appropriate support for mothers to breastfeed, including those with COVID-19, and communicate accurate information on maternal, infant and young child nutrition.

- 3. Management of wasting:** Life-saving services to treat both wasted children and undernourished mothers must be maintained and adapted to require less frequent treatment visits and more take home supplies. Wasting prevention measures are needed for vulnerable children and other population groups at risk of thinness, including older persons and the sick.
- 4. Micronutrient supplementation:** Programmes to prevent and control micronutrient deficiencies should be continued as far as possible during routine services for pregnant women and young children. However, planned mass micronutrient campaigns (e.g., vitamin A supplementation and deworming) should be temporarily suspended/postponed and re-planned for the earliest opportunity once conditions allow.
- 5. School feeding and nutrition:** When schools are closed, guidance should be provided to school staff, parents and children on the importance of safe and healthy diets, hygiene and physical activity for school-aged children. Where possible, school meal programmes should be continued using alternative transfer modalities including cash transfers and food deliveries to homes.
- 6. Nutrition surveillance:** We urge the establishment of a tailored food security and nutrition surveillance system using remote mobile phone or web-based surveys to monitor food market functionality, coping mechanisms, food consumption patterns and multi-dimensional poverty. The timely collection and update of food security and nutrition information is critical not only to identify populations at risk but also to monitor and address factors likely to have a negative impact on the nutrition status of vulnerable groups.

This document was developed based on the current understanding of COVID-19 and recommendations for physical distancing. It will be updated periodically as new evidence emerges, and as we continue to develop our understanding on how to deliver effective programming in the context of COVID-19. A more detailed brief on each of the six domains, a glossary and resources on healthy diets and a set of references accompany this Statement.

Source:

Joint statement on nutrition in the context of the COVID-19 pandemic in Asia and the Pacific. April 17, 2020. <https://www.unicef.org/eap/media/5211/file>

This brief has highlighted only one of the five key action strategies recommended in the joint statement. The others can be found in the original source presented above.