

NUTRITION

THE KEY TO COVID RECOVERY

GENERATION
NUTRITION

Malnutrition is expected to cause nearly 170,000 additional child deaths

The increase in malnutrition arising due to the coronavirus pandemic is expected to cause nearly **170,000 additional child deaths in the next two years**¹.

Please, read that again, and understand that we are in the middle of a crisis within a crisis.

This pandemic has created a fatal cycle: malnourished people are at a higher risk of death or hospitalisation from COVID-19, and the lockdown measures necessary to tackle the

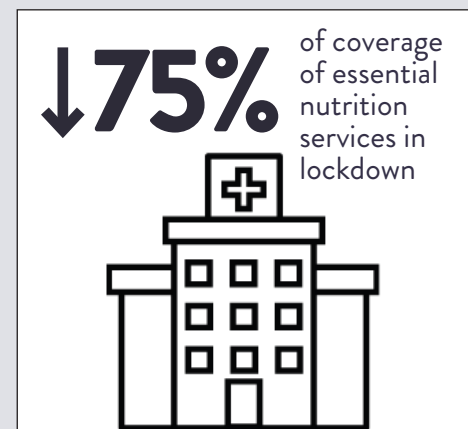
virus make it more difficult for people to access healthcare facilities and proper food, thus pushing them closer to malnutrition.

Since nutrition underpins all of human flourishing, people in these regions are also under great economic, social, environmental and health strains, and may sink deeper into poverty as a result². Both COVID-19 and malnutrition have intense, long-term impacts, and challenge our ability to reach the Sustainable Development Goals (SDGs). They are emergencies in the short and long term. To avoid this food crisis spiralling out of control, actions to prevent malnutrition must be adopted as an essential part of any COVID-19 response.

WHAT RISKS DOES COVID-19 POSE TO NUTRITION?

Health systems disrupted

The crisis has revealed the weakness of health systems. In many healthcare facilities, COVID-19 is diverting attention from other lethal threats to health, including undernutrition. **People who are undernourished are more likely to die from infectious diseases, including pneumonia, HIV, tuberculosis and malaria, but COVID-19 has disrupted their ability to access treatments for these diseases.** The restriction of movements and the lack of information on how the virus spreads also impacts attendance at health centres. In the early months of the pandemic, the coverage of essential nutrition services in low and middle-income countries declined by 30%, and by 75%-100% in lockdown contexts³.



¹ Standing Together for Nutrition Consortium, The potential impacts of the COVID-19 crisis on maternal and child undernutrition in low and middle income countries, December 2020, [link](#)

² Alliance2015 Covid-19 & Community Resilience: Voices of over 16,000 women and men from 25 countries across 4 continents, February 2021, [link](#)

³ UNICEF, Child nutrition and COVID-19, July 2020, [link](#)

Food systems disrupted

Before COVID-19, 2 billion people had difficulties regularly accessing nutritious food⁴. The situation is deteriorating by disrupted value chains (from production, to transportation, to storage and the sale of food). **The UN estimates that by the end of 2020, the number of people facing acute food security would nearly double to reach 265 million⁵.** By 2022, an additional 9.3 million people could face acute malnutrition, and 2.6 million children could be suffering from chronic malnutrition⁶. Restrictions on movement have led to reductions on access to markets for farmers and consumers, and price hikes, further inhibiting equitable access to proper food and nutrition for all.

265 million people facing acute food security



Lack of access to water, sanitation and hygiene (WASH)

When children drink dirty water and get severe diarrhoea or intestinal worms, they can't absorb the nutrients they need to grow properly -which results in chronic malnutrition. Estimates suggest that poor sanitation is the second leading risk factor for chronic malnutrition worldwide⁷. In addition, adequate WASH services are key to preventing the spread of COVID-19 and other infectious diseases. Yet, according to UNICEF, **3 billion people still lack soap and water at home⁸, and over 800 million children lack soap and water at school⁹.** In addition, 32% of healthcare facilities were not equipped to practice hand hygiene at points of care¹⁰.

3 billion people still lack soap and water



Poverty increases

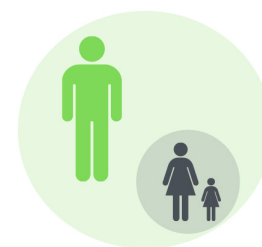
COVID-19 restrictions impact daily economic activities that many households depend on. According to IFPRI, **the COVID-19 pandemic will throw an additional 140 million people into extreme poverty¹¹.** Decreasing or losing household income leads to difficulties accessing healthy food, or paying for health needs.

140 million people MORE into extreme poverty



Gender inequality increases

Crises exacerbate gender inequalities, and the COVID-19 pandemic is no different. **Gender inequalities have a direct impact on nutrition**, shaping food dynamics in the household and community in ways that affect women's and girls' production of, access to, ability to afford, food, which makes women, girls, and female-headed households particularly vulnerable to malnutrition¹².



Education is disrupted

School feeding programmes are, for some children, the only opportunity to get a healthy meal each day. The disruption and closure of schools prevents these children from accessing proper nutrition. UNICEF estimates that **39 billion in-school meals have been missed globally because of COVID-19.**

39 billion school meals missed



⁴ FAO, IFAD, UNICEF, WFP and WHO. 2020. The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets, [link](#)

⁵ WFP, Risk of hunger pandemic as coronavirus set to almost double acute hunger by end of 2020, [link](#)

⁶ Standing Together for Nutrition Consortium, The potential impacts of the COVID-19 crisis on maternal and child undernutrition in low and middle income countries, December 2020, [link](#)

⁷ Danaei G et al., Risk Factors for Childhood Stunting in 137 Developing Countries: A Comparative Risk Assessment Analysis at Global, Regional & Country Levels. PLoS Medicine;13(11), 2016, [link](#)

⁸ UNICEF, WASH and COVID-19, August 2020, [link](#)

⁹ Ibid.

¹⁰ Ibid.

¹¹ IFPRI, Poverty and food insecurity could grow dramatically as COVID-19 spreads, [link](#)

¹² CARE, Left Out and Left Behind: Ignoring Women Will Prevent Us From Solving the Hunger Crisis, August 2020, [link](#)

WHERE IS NUTRITION IN THE EU'S COVID RESPONSE?

In April 2020, the EU re-allocated €15,6 billion towards the “Team Europe” global COVID-19 response¹³, for the short-term humanitarian crisis, the socio-economic impact, and to strengthen health systems. **In this package, nutrition is only mentioned once, under the urgent, short-term emergency response section**, while the vast majority of these reallocated funds were earmarked to address the socio-economic consequences of the pandemic.

In the Council conclusions on Team Europe Global Response to COVID-19¹⁴, adopted in June, the aggravation of malnutrition is mentioned and linked to the disruption of food systems, supply chains, and the impacts of the pandemic on livelihoods, but no specific programmes or financial amounts are specified.

There is no publicly available information concretely detailing how the EU has incorporated efforts to accelerate the fight against all forms of malnutrition into their COVID response¹⁵. Addressing the COVID-Nutrition crisis requires long-term strategies and should not be considered only as part of the emergency response. Clear and concrete actions must be taken now, and sustained in the medium-to-long term.

FOOD CRISIS IN THE DRC

Through discussions with the EU's delegation in-country, and the DRC lead at the European Commission's Department on International Partnerships, we learned that **the EU does not yet have statistics on how COVID-19 is impacting malnutrition.** However, 42.7% of children under 5 were affected by chronic malnutrition in 2019, which is higher than the average for the Africa region (29.1%) and among the highest in the world¹⁶. The same year, DRC experienced the second-worst food crisis in the world, with 15.6 million people facing crisis or emergency levels of acute food insecurity¹⁷.

Our colleagues on the ground report that **COVID-19 lockdowns are exacerbating vulnerabilities.** According to the WFP, 19 out of 28 provinces have faced an increase in commodity prices, including on staple foods like cassava, corn flour, palm oil, and beans. In Goma, 86% of traders reported supply difficulties.

Due to the one passenger per motorcycle limit, the cost of this means of transportation has almost doubled, making it difficult for producers to reach markets.



With the Team Europe re-allocations in DRC, health programmes have been strengthened, particularly in the capital of Kinshasa and Eastern DRC, which are the epicentres of the virus' impact. Interventions included support to WHO coordination; support to health facilities; response in prisons; emergency water, sanitation and hygiene; provision of free electricity supply to the water-pumping station in Goma to provide drinking water; awareness raising and communication; security and public order. The EU Humanitarian Air Bridge launched by the EU on 7 June, with the support of France and Belgium, transported 80 humanitarian workers and 56 tonnes of humanitarian cargo. **Nutrition has not been incorporated into the EU's COVID response.**

¹³ Joint communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the regions, Communication on the Global EU response to COVID-19, April 2020, [link](#)

¹⁴ [Link](#)

¹⁵ More comprehensive information is not expected until the next progress report, set to be published in spring of 2021.

¹⁶ Global Nutrition Report 2020, [link](#)

¹⁷ von Grebmer, K., J. Bernstein, R. Alders, O. Dar, R. Kock, F. Rampa, M. Wiemers, K. Acheampong, A. Hanano, B. Higgins, R. Ni Chéilleachair, C. Foley, S. Gitter, K. Ekstrom, and H. Fritschel. 2020 Global Hunger Index: One Decade to Zero Hunger: Linking Health and Sustainable Food Systems. Bonn: Welthungerhilfe; and Dublin: Concern Worldwide, 2020, [link](#)

INCREASED MALNUTRITION IN BANGLADESH



After discussing with nutrition-experts operating in-country, it became clear that COVID-19 is impacting income sources in Bangladesh, which consequently impacts the daily food intake of children, pregnant and lactating mothers, as well as other household's members. According to a multi-stakeholders needs assessment¹⁸,

- 75% of people don't have sufficient access to food at home.
- 91% don't have sufficient money to buy food.
- 70% indicated they couldn't provide a varied diet to children between 6 and 23 months.

The EU allocated €334 million to help fight the pandemic and announced that more funds could be mobilized in the near future. The allocation will be invested in helping to mitigate the economic and social impacts of the pandemic and providing cash assistance to workers in the export-oriented industries adversely affected by the fallout of the pandemic. Currently there is no information available as to how the EU is incorporating nutrition into its COVID response in Bangladesh.

WHAT SHOULD THE EU DO?

The European Commission's 5th progress report on Nutrition, released before the start of the COVID-19 pandemic, highlights a global truth: **the world is not on track to achieve the World Health Organisation (WHO) 40% chronic malnutrition reduction target¹⁹ by 2025.** In order to reach the target, there must be a strong focus on the diet, care and health-related problems that cause malnutrition.

The number of people suffering from hunger and undernutrition is on the rise since 2014 after several years of decrease, putting in jeopardy efforts towards the SDGs. The multiple effects of the COVID-19 pandemic combined with the current impacts of conflict, economic decline and rising inequalities, climate extremes are driving people further into the emergency phase of food insecurity and nutritional crises, towards famine risks in some extreme situations. **The impacts of the pandemic on nutrition “could have intergenerational consequences for child growth and development and life-long impacts on education, chronic disease risks, and overall human capital formation”.**



The challenge over the next 5 years will be to accelerate significantly the annual rate of stunting reduction so that the 7 million target is achieved²⁰

¹⁸ Needs Assessment Working Group (NAWG). COVID-19: Bangladesh Multi-Sectoral Anticipatory Impact and Needs Analysis, [link](#)

¹⁹ In 2012, the World Health Organization, to which the EU is a party, adopted a resolution on maternal, infant and young child nutrition that included a global target to reduce by 40% the number of stunted under-five children by 2025.

²⁰ Directorate - General for International Cooperation and Development (DG DEVCO), Action plan on nutrition: Fifth progress report April 2019 - March 2020, October 2020, [link](#)

Unless rapid action is taken, the world will witness a rise in chronic and acute hunger, with long-term consequences for hundreds of millions of children and adults²¹. The EU must act swiftly and strengthen its nutrition efforts within the global COVID-19 response.

We call on the EU to:

- Make an **ambitious financial commitment for nutrition** for the 2021-2027 period at the **Nutrition for Growth (N4G) Summit**;
- Adopt specific **partnership on health systems strengthening in the EU-Africa policy process**, which integrates nutrition and WASH into the joint EU-AU strategy;
- Ensure that **malnutrition in all its forms is adequately addressed at the UN Food Systems Summit** and that representatives of vulnerable groups (small-scale farmers, women, indigenous people etc.) are in the driving seat in the preparation and discussions at the summit;
- Prioritize a **multisectoral approach to nutrition in the 2021-2027 Multiannual Indicative Programmes of the NDICI**, focusing on improving access for all to basic social services (such as health and WASH) and to safe, affordable and nutritious food;
- **Scale up social protection measures and cash transfers** when possible, that protect livelihoods and safeguard the food and nutrition security of the most vulnerable;
- **Implement the humanitarian-development nexus to nutrition** to tackle all forms of malnutrition in all contexts;
- As part of EU global covid response, **monitor and gather data on the impacts of the pandemic on the nutritional status** of the most vulnerable to design and implement more targeted interventions; prioritize the most vulnerable, in particular children and women with increased nutritional and health vulnerabilities and invest in gender transformative approaches;
- Ensure a **strong community-led response** to the pandemic.


World Vision
EU REPRESENTATION

Alliance 2015
towards the eradication of poverty



²¹ FAO and WFP. "FAO-WFP early warning analysis of acute food insecurity hotspots". July 2020 FAO-WFP early warning analysis of acute food insecurity hotspots (reliefweb.int)