

## Advocacy Messages on COVID-19 and Nutrition

The global coronavirus pandemic throws unprecedented challenges and pressures onto already strained health systems and fragile economies. The most vulnerable are likely to fall even further behind. Following Save the Children's [COVID-19 Advocacy Framework](#), to #ProtectAGeneration, the following key messages have been put together to support nutrition advocacy across the movement.

Critically:



Essential health and nutrition services - such as IYCF and nutrition counselling, and the management and treatment of acute malnutrition - must be maintained and prioritised.



Food security and livelihoods must be protected.



Protecting, promoting and supporting breastfeeding and complementary feeding during the COVID-19 pandemic (and beyond) is vital.

### Disease containment and mitigation

Whilst children make up [less than 2% of diagnosed COVID-19 cases](#), reductions of coverage of life-saving interventions due to the impact of the virus could see under-five mortality increase by 45%<sup>1</sup>.

**Early initiation, exclusive breastfeeding and continued breastfeeding after 6 months and complementary feeding** saves lives and protects against many infections. COVID-19 has not been found to be active in breastmilk and transmission has not been demonstrated. Latest [guidance](#) from WHO, regularly updated, should be widely disseminated.

**Essential health and nutrition services must be accessible to all, free at the point of use for the duration of the crisis.** Health and nutrition services are being closed to create COVID-19 treatment centres. Existing delivery of these services, such as treatment for malnourished and ill children, and vaccination programmes, must be protected wherever possible.

**Community health workers must be supported and protected.** Community health workers have a key role in preventing, detecting and responding to the pandemic, as well as broader health and nutrition services to marginalised and vulnerable groups.

### Global financing

**Financing must be mobilised to respond to the crisis caused by COVID-19 to protect SDG progress.** This should include: debt relief; the protection and increasing of aid, directed at the poorest countries and at key services (including nutrition); the protection and scale up of spending on social protection and public services for children; and an urgent and comprehensive response by governments and the global community.<sup>2</sup>

**Donors and national governments must also commit to long term, flexible funding for nutrition,** particularly in fragile and conflict affected settings, in order to continue progress and build back better.

### Family finances

**Swift action is required to protect food security and livelihoods.** The number of people facing acute food insecurity is projected to increase double, from 135 million in 2019 to 265 million, by the end of 2020 as a result of the economic impact of COVID-19.<sup>3</sup>

**Ensuring access to healthy and nutritious food is critical.** Where families and communities are affected by shielding practices, nutrition and economic support measures must be provided to ensure that shielding remains a protective, rather than harmful measure.

<sup>1</sup> John Hopkins (21 April 2020) [Early Estimates of the Indirect Effects of the Coronavirus Pandemic on Maternal and Child Mortality in Low- and Middle-Income Countries](#)

<sup>2</sup> [Save the Children COVID-19 Policy and Advocacy Key Messages](#). Last updated 8 April 2020

<sup>3</sup> WFP (21/0420): ['COVID-19 will double number of people facing good crises unless swift action is taken'](#)

**It is essential that income support and social protection measures are provided** as quickly as possible to avoid families going hungry. Cash transfers should be coupled with nutrition messaging to achieve the greatest impacts on nutrition outcomes.

### Education and learning

Millions of vulnerable people are at risk of food poverty because of widespread school closures and policies of social distancing. Many children around the world are reliant on the provision of school meals as their only quality meal of the day. School closures due to COVID-19 mean that [368.5 million children](#) globally who rely on school meals might have lost access to a reliable source of food. **It is important that social vulnerabilities, not just clinical, are considered within COVID-19 response.**

### Child safety and protection

**Families and communities affected by shielding / isolation must receive adequate nutritional and economic support.** The global pandemic could cause 13 million additional child marriages by 2030 and 7 million unintended pregnancies (many amongst adolescent girls) through a combination of lack of access to health and prevention programmes and the potential effects of worsening poverty on the prevalence of early marriage. Adolescent pregnancies result in increased nutritional risks for both mother and child.<sup>4</sup>

#### **We call on national governments to:**

- Prioritise actions to ensure vulnerable groups are well nourished
- Prioritise continued delivery of essential nutrition services
- Provide guidance on appropriate and timely support for infant and young child feeding in line with WHO guidance and protect breastfeeding by upholding the standards and recommendations of [the Code](#) and subsequent related WHA resolutions
- Ensure that safe and nutritious food is affordable and accessible for all by financing and scaling up social protection schemes, alongside measures to address livelihoods and food system challenges

#### **Whilst ensuring:**

- Good quality nutrition services are delivered as part of primary health care, ensuring services are free at the point of use and prioritise reaching the most deprived and marginalised
- Support for community-based modalities during the pandemic is prioritised
- Social safety nets are scaled up for vulnerable groups
- Communities have access to clean water, hygiene and sanitation as part of an appropriate COVID-19 response

#### **We call on all stakeholders, including donors, to:**

- Mobilise financing for nutrition as part of the COVID-19 response
- Plan for renewed, long-term commitments to nutrition to avoid the cliff-edge of less commitments from 2021 onwards. These can be made via [Nutrition for Growth](#)
- Consider where malnutrition may cause additional vulnerability both now, and in the long term, and embed nutrition into COVID-19 responses to avoid worsening malnutrition rates
- Work collaboratively with other actors towards common goals and share operating methods as appropriate in order to maximise impact

<sup>4</sup> UNFPA (21 April 2020) [Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](#)