### Nutrition & corona virus advocacy messaging

## TOPLINE

- Severely undernourished children are nine times more likely to die from common infections than well-nourished children<sup>1</sup>. The response to COVID19 must put the most vulnerable first.
- Short and long-term food security is a serious concern, particularly for the most deprived and marginalised communities. Tightening of family finances and restrictions on movement are making access to healthy and nutritious food a challenge. Safe, healthy and nutritious food must be affordable and accessible for all.
- **High quality nutrition services**, such as nutrition counselling and the management and treatment of child wasting and stunting, should be integrated in treatment and preparedness activities.
- **Protecting breastfeeding and complementary feeding** during the COVID19 pandemic is key. Early initiation and exclusive breastfeeding saves lives. When a mother is diagnosed with COVID19, she should be supported to breastfeed while following respiratory hygiene guidelines.

# FULL NUTRITION MESSAGING AND CONTEXT

#### Putting the most vulnerable first

- A global pandemic demands an urgent, global response; however, sight must not be lost on other long-term and large-scale health threats.
- We must protect the most the world's most vulnerable children. The COVID19 response must consider where malnutrition may cause additional vulnerability both in the immediate and longer term.
- The COVID19 pandemic has yet to reach some of the poorest parts of the world at the scale we're seeing in parts of Europe and Asia. A combination of malnutrition, poor access to healthcare, Water Sanitation and Hygiene (WASH), and overcrowded living conditions could make the crisis even more serious for the poorest communities.
- Whilst much is unknown about the impact of COVID19 on children, we know severely undernourished children are nine times more likely to die from common infections than well-nourished children.
- Nutrition is sometimes the forgotten part of humanitarian responses; the Global Technical Assistance Mechanism for Nutrition, and the Global Nutrition Cluster, must ensure that the treatment of malnutrition, adequate IYCF protection and support (through the Operational Guidance on Infant Feeding in Emergencies) and shock-protection for those vulnerable to food insecurity are included in the Global Humanitarian Response Plan, with adequate resource and platform given to agencies to be able to do so. All Governments must commit to these areas within their national response plans, to ensure that efforts to reduce child mortality are not lost.

#### Food security

<sup>&</sup>lt;sup>1</sup> https://www.unicef.org/nutrition/index\_sam.html

- Ensuring physical and financial access to food for the most vulnerable is critical for maintaining health and slowing down the virus.
- The COVID19 pandemic is also impacting already fragile food systems, highlighted through the strain that has been put on the supply chain and retail sector in many countries from increased demand for food items. The closing of borders and restriction of import / exports has revealed our vulnerability to globalised and complex supply chains.
- In the short term, employment uncertainty, closing of schools, closing of borders, periods of isolation and widespread sickness has implications for millions of people vulnerable to food poverty.
- Projections of a related economic downturn which could last for several years means that measures to end child poverty and equitably strengthen healthy food and nutrition security for all people, everywhere, will be crucial to avert longer term health crises when the worst of the COVID-19 pandemic itself is past.
- We know that this pandemic will affect everybody from high-income economies to lowand middle- income countries, whilst hitting the poorest and most vulnerable the hardest. It will be essential for countries to provide any and all available income support as quickly as possible, to avoid families going hungry and prevent a potentially life-long negative impact on children.

#### High quality nutrition services

- Health and nutrition responses should be aligned; nutrition outcomes are health outcomes.
- Nutrition should be included in treatment and preparedness protocols, and where we have implemented simplified tools and approaches for working at the community level, these resources should be scaled up.
- The health system has a unique role in delivering essential nutrition actions to all in an efficient and effective way, reaching the most deprived and marginalised.
- Community health workers have a key role in preventing, detecting and responding to the outbreak, and must be supported and protected by governments, donors and health facilities. Any training, support and human resources must include community health workers, as key members of the health workforce.

#### Protecting breastfeeding and complementary feeding (IYCF)

- Breastfeeding saves lives and protects against many infections
- The virus has not been found in breast milk and transmission via breastfeeding has not been demonstrated
- Women with COVID19 can breastfeed. They should:
  - Practice respiratory hygiene during feeding, wearing a mask where available.
  - Wash hands before and after touching the baby.
  - Routinely clean and disinfect surfaces they have touched.
- Women who are too unwell to breastfeed their baby due to COVID-19 or other complications, should be supported to safely provide their baby with breastmilk. This could include:
  - $\circ$   $\;$  Expressing milk for another care giver to give to baby.
  - Relactation being supported to start breastfeeding again once they are well enough.
  - Donor human milk.

# **GOVERNMENT AND THE INTERNATIONAL COMMUNITY: ACTIONS**

As an immediate priority, governments and the international community should:

- Prioritise actions to ensure children, pregnant and lactating women, and older people are well nourished, alongside other critical health interventions. These actions should be part of preparedness and protection strategies, and treatment of malnutrition should be part of treatment protocols.
- Provide clear guidance on infant and young child feeding to confirm that appropriate and timely support of infant and young child feeding in emergencies (IYCF-E) saves lives; protects child nutrition, health and development; and benefits mothers. The Operational Guidance on Infant Feeding in Emergencies should be followed – including for early initiation and exclusive breastfeeding - and modified as per COVID19 guidance<sup>2</sup> with attention to respiratory hygiene for breastfeeding mothers.
- Ensure that appropriate, safe, healthy and nutritious food is affordable and accessible for all by financing and scaling up social protection schemes to protect the poorest and most vulnerable; and through a coordinated response linking government and community initiatives through a variety of food aid services based on criteria of both health vulnerability and food poverty. These schemes must be in place to counteract the knock-on effects of the necessary containment measures which will limit people's ability to earn an income and access nutritious food.

# Governments and the international community should also continue to scale-up investments and save lives through proven interventions including:

- Provision of good quality nutrition services as part of primary health care
- Prioritise support and transition to community-based modalities during the pandemic
- Scale up social safety nets for vulnerable groups to help protect from financial impacts
- Ensure that appropriate, safe, healthy and nutritious food is affordable and accessible for all, particularly the most vulnerable through a coordinated response linking government and community initiatives through a variety of food aid services.
- Ensure communities have access to clean water, hygiene and sanitation

<sup>&</sup>lt;sup>2</sup> <u>https://www.unicef.org/southafrica/SAF\_jointnote\_IYCF\_COVID-19.pdf</u>; http://www.babymilkaction.org/wp-content/uploads/2020/03/IYCF-Programming-in-the-context-of-COVID-19-Brief-2\_v1-30-March-2020\_-for-distribution.pdf