

COVID-19 AND NUTRITION: SUN MOVEMENT INFORMATION NOTE

8 April 2020

While responding to the urgent and unprecedented COVID-19 pandemic, it is critical that measures are taken to protect and promote good nutrition. This should be done through an adequate integration of nutrition actions into COVID-19 response plans and the protection of existing nutrition programming, especially for the most vulnerable. The role of SUN Government Focal Points and country multi-stakeholder platforms (MSPs) will be critical to minimise the direct and indirect effects of COVID-19 on malnutrition (see Box 1).

This information note provides initial considerations and actions for SUN Government Focal Points and country MSPs to help them engage in national COVID-19 response efforts. Given the emerging situation across countries, new evidence and resources are expanding daily. The priorities included in this information note should be considered a starting point and stakeholders should continue to review and consider emerging evidence and guidance (see Box 2).

Box 1: Strategic priorities for SUN Government Focal Points and country MSPs:

SUN Government Focal Points and country MSPs should, first and foremost, ensure key nutrition representatives are included in any national and sub-national COVID-19 response management meetings or emergency task teams being established. As part of this, the following are key strategic priorities:

1. Where safe and feasible, maintain continuity of ongoing nutrition programming and actions across sectors, and ensure contingency plans are in place to modify delivery modalities where required.
2. Contribute to the design of new actions in response to the COVID-19 crisis, including ensuring that nutrition interventions and messages are integrated into the national COVID-19 response, that adjusted/expanded social protection programmes are nutrition-sensitive and that food system responses provide affordable, adequate, safe and diverse foods that contribute to healthy diets as well as incomes for poor and the most vulnerable.
3. Leverage the commitment and momentum of existing multi-sectoral structures for coordinated action and provide technical advice on how to make government-led national COVID-19 responses multi-sectoral and multi-stakeholder and help the crisis teams work in an inclusive and coordinated manner.

Key actions for SUN Government Focal Points and country MSPs:

ENSURE A MULTI-SECTORAL APPROACH TO NUTRITION IS CONSIDERED IN COVID-19 RESPONSES

Consider and address implications of the COVID-19 pandemic on nutrition – including increased vulnerabilities of malnourished women, men and children to infection and risks of COVID-19 impacting food security and malnutrition. The direct and indirect effects of COVID-19 require coordinated multi-sectoral action. SUN stakeholders have substantial experience in multi-stakeholder, multi-sectoral action, and, in many countries, platforms and structures exist that can be leveraged to respond to this crisis in the context of nutrition.

Immediate priority:

- Contribute to the development, implementation and updating of national and sub-national COVID-19 preparedness and response plans, to ensure nutrition is a key aspect and that the welfare and well-being of those most vulnerable to malnutrition are adequately considered. Help ensure that nutrition considerations are reflected in sector-specific actions.

- Advocate for increased focus on short and long-term consequences that the COVID-19 virus and response will have on the nutrition status of citizens and coordinate with the country's broader COVID-19 response to consider and adapt existing nutrition efforts and programming across sectors.
- Advocate for a systems approach at country level, pointing to the role and implications of the health, agriculture, food, WASH, social protection, and education systems on nutrition.
- Support activation of Inter-Agency Standing Committee (IASC) clusters (e.g. Nutrition, Food Security, Health, WASH) to mobilise humanitarian assistance for a multi-sectoral, nutrition-sensitive COVID-19 response. Where the 'cluster' system is activated, engage with clusters to foster alignment with existing nutrition coordination mechanisms and actions, to strengthen the humanitarian-development nexus.
- Ensure relevant and accurate nutrition messaging is integrated within COVID-19 communications – particularly with regard to exclusive breastfeeding and infant and young child feeding (see [brief](#) from GTAM/UNICEF/Global Nutrition Cluster) and maintaining a healthy diet (see [brief](#) and [videos](#) from FAO). Refer to **Box 2** for additional technical guidance resources.
- Coordinate with social protection services to ensure that all nutritionally vulnerable or food insecure households can access adequate diet and hygiene items as well as protect their livelihoods.
- Prioritise appropriate and timely infant and young child feeding in emergencies (IYCF-E) following the Operational Guidance by the Infant Feeding in Emergencies (IFE) Core Group – including for early initiation and exclusive breastfeeding – and modified as per COVID-19 guidance.
- Emphasise continued compliance with the International Code of Marketing of Breast-milk Substitutes and minimise risks of artificial feeding.

Ongoing/longer-term:

- Advocate for an equitable COVID-19 response, that considers the unique needs and barriers of women, girls, men and boys, and engages vulnerable and marginalised populations in planning and response efforts (**See Box 3**).
- Advocate for nutrition to be considered and integrated within COVID-19 risk assessments and strengthen reporting on key nutrition indicators in the context of COVID-19 to inform continued planning and response.¹
- Contribute to the development and operationalisation of national and sub-national COVID-19 plans for recovery and long-term resilience to ensure nutrition is adequately reflected.

Box 2: Key resources (regularly updated)

As information and guidance is regularly updated, it is recommended to continuously check these web portals to stay up to date.

COVID-19 & nutrition knowledge portals

- ❖ Global Nutrition Cluster: [COVID-19 Resources](#)
- ❖ UNSCN: [COVID-19 and Nutrition Resources](#)
- ❖ SUN Movement: [COVID 19 Knowledge Hub](#)
- ❖ Nutrition Connect: [COVID-19 and Food Systems](#)
- ❖ ENN: [COVID-19 and nutrition Programming](#)

UN agency COVID-19 responses

- ❖ UN: [Coronavirus disease \(COVID-19\)](#)
- ❖ WHO: [COVID-19 pandemic](#)
- ❖ FAO: [COVID-19 Outbreak](#)
- ❖ UNICEF: [Coronavirus disease \(COVID-19\)](#)
- ❖ WFP: [Response and Situation Reports](#)
- ❖ OCHA: [Global COVID-19 response plan](#)
- ❖ UNDP: [COVID-19 pandemic](#)

¹ FAO. 2020. "Programmatic Implications for COVID Response: Emergency Preparedness, Response and Mitigation Measures | For Discussion." (not yet published).

Scaling Up Nutrition (SUN) multi-stakeholder platforms during the COVID-19 crisis

Where feasible, it is recommended that SUN MSPs remain operational so that nutrition-oriented COVID-19 actions are coherent and well-coordinated. MSP members should take precautionary measures (e.g. practice physical distancing, virtual consultations) when holding meetings to limit the spread of COVID-19. Mobilise country MSP stakeholders to disseminate common and accurate nutrition messages in relation to COVID-19, targeting poor and vulnerable households (adapting communication means where necessary within restrictions on movement).

SUN Networks (e.g. business, civil society, donor, the United Nations) should leverage emerging evidence, international guidelines and protocols with respect to links between nutrition and COVID-19, to backstop or support the adaptation of nutrition actions to the evolving COVID-19 context, where requested/feasible.

- **Business networks:** Advocate for and support SMEs in a broader food system response to support local food system efforts, with particular considerations around women-led business which will likely face additional challenges due to inequitable household and childcare burdens (see FAO [resource](#)). Additionally, businesses must adhere to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IFE Operational Guidance. Companies should not donate, market nor promote unhealthy foods - high in saturated fats, free sugar and/or salt – and national regulations in this regard should be respected and enforced.
- **Donor networks:** Increase flexibility to extend support across sectors to adapt and implement amidst the changing context (e.g. through flexible budgeting to cover unforeseen expenses, being supportive of no-cost extensions, or re-shaping projects to allow, for example, shifting focus to support vulnerable families/populations). Continue to coordinate and communicate with other donors and governments to understand current and future needs.
- **UN networks:** Leverage technical expertise of the UN system to support governments, including supporting and implementing nutrition, health, food security and WASH interventions. UN networks should continue to liaise with government, civil society, and other key partners to provide and disseminate up-to-date guidance from the UN and considerations within specific country contexts.
- **Civil society networks:** Maintain or adapt nutrition programming in line with ongoing guidance (see **Box 2**). Support the dissemination of standard messaging (to dispel misinformation), especially to vulnerable populations, in coordination with government/other partners. Utilise operational capacity to support implementation efforts amidst the COVID-19 response across sectors, in coordination with government and partners. Advocate to policymakers and parliamentarians to ensure nutrition remains a priority during and after the pandemic. Advocate for and help facilitate community engagement to ensure vulnerable communities are consulted and heard in design of COVID-19 response plans.

SUPPORT HEALTH SYSTEM CAPACITY TO DELIVER

Support strengthening health systems to respond to COVID-19, while maintaining the delivery of vital services, including essential nutrition actions, especially for the most vulnerable.

Immediate priority:

- Review and consider [operational guidance](#) from WHO on maintaining essential health services to inform risk assessment and adjustments to service/programme delivery for essential nutrition actions.
- Coordinate with the health sector to ensure continued promotion and protection of early, exclusive, and continued breastfeeding. Refer to WHO [Q&A](#) on pregnancy, childbirth and breastfeeding.
- Ensure nutrition-related health products are prioritised along with essential medical supplies and support strengthening of supply management.
- Strengthen existing community health service structures to prevent a deterioration in caseload and severity of all forms of malnutrition. This may include expansion of the scope and coverage of community health interventions to prevent and control for COVID-19 transmission.
- Intensify nutrition screening and management of acute malnutrition (applying safe/adapted approaches as needed per [guidance](#) from UNICEF, GTAM, and the Global Nutrition Cluster) to prevent a surge in cases and use the opportunity to promote infection prevention and control best practices.

Ongoing/longer-term:

- Use monitoring and nutrition information systems to enable preparatory measures and fast response that reach vulnerable population groups (e.g. by identifying high risk areas for COVID-19 outbreaks and supporting contact tracing, where appropriate and feasible).
- Adapt the organisation and delivery of nutrition services, to increase efficiency and free-up capacities to respond to COVID-19 through decentralised and community services, as feasible. This should be done in combination with physical distancing efforts and training on COVID-19 response of community healthcare workers.
- Continue to advocate for and maintain commitments to Universal Health Coverage (UHC), which remains central to combating malnutrition, and with increased urgency for access to quality and affordable services.
- Explore opportunities to apply modern technology combined with community-centred care to scale up public awareness and health-delivery schemes (e.g. health tools/platforms, radio, TV, SMS and home-based assessment of anthropometrics, where tested and feasible).

Box 3: Promoting an equitable COVID-19 response

Advocate for considerations around gender equality and vulnerable populations throughout COVID-19 planning and response, including encouraging participation of women, people with disabilities, older people and other population groups in the decision-making and response-planning, as well as communicating the increased vulnerabilities of the poorest and most marginalised groups including indigenous and tribal peoples, refugees, internally displaced persons, and migrant workers/labourers.

Useful resources:

- ❖ IASC: [COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement](#)
- ❖ IASC & UN Women: [Gender Alert for COVID-19 Outbreak](#)
- ❖ UNICEF: [COVID-19 response considerations for children and adults with disabilities](#)

PROTECT FOOD AND NUTRITION SECURITY AND LOCAL FOOD SYSTEMS

Support mitigation efforts to address the socio-economic consequences of the COVID-19 pandemic on food insecurity and malnutrition, with particular priority given to protect the capacity of local food systems to continue producing and delivering affordable, adequate, safe and diverse foods.

Immediate priority:

- Raise awareness of the need to expand food assistance and social protection measures amidst the crises, drawing attention to interruptions in school feeding programmes and increased household vulnerabilities due to movement restrictions and resulting income loss. See general guidance from [UNICEF](#) on cash transfers and COVID-19 and the WFP [webpage](#) and FAO [presentation](#) for school feeding information.
- Advocate for government responsibility to ensure access by all to adequate, safe, and diverse foods that contribute to a healthy diet, especially for those directly affected by COVID-19 and living in poor/crowded conditions, as well as providing essential health services. Refer to guidance from [IASC](#) and [WFP](#) on food distribution and from [FAO](#) on responding to food supply chain risks.
- Ensure all parties cooperate to facilitate safe and timely passage and distribution of food and medical supplies to those in need, which conforms with the beliefs, culture, traditions, dietary habits and preferences of individuals, in accordance with national legislation and international law and obligations and the Charter of the United Nations. Pay special attention to protect, promote and support infant and young child feeding, including breastfeeding.
- Protect local food value chains through efficient logistics to maintain the production and delivering of safe and diverse foods, especially fresh produce. See FAO [resource](#).

Ongoing/longer-term:

- Assess risks to food and nutrition security at all levels of planning for the response to COVID-19. This would include accounting for the impacts of the disease itself and the response measures.
- Encourage support to small and medium-sized enterprises (SMEs) within the food system (for example through debt relief, incentives and bridge funding) to ensure they are able to continue production throughout and beyond the crisis.
- Ensure civil society actors are mobilised and supported in the response to food value chain and livelihood disruptions to protect the poorest and most vulnerable groups.
- Encourage long-term social change processes promoting gender equality, in recognition of disrupted initiatives, potentially jeopardising gains in areas of gender equality and reduced gender-based violence (see **Box 3**).
- Continue and strengthen the monitoring of key indicators and determinants of malnutrition (e.g. food prices) to assess direct and secondary impacts of COVID-19 on increased population vulnerability to inform planning.
- Assess and strengthen existing nutrition emergency responses/planning, risk assessment, and early warning surveillance systems and ensure a coordinated multi-sectoral approach (see [SUN checklist](#) and [Sphere standards](#)).

MAINTAIN NUTRITION PROGRAMMES/SERVICES/ACTIONS

Continue investing in and implementing nutrition programmes to prevent and treat malnutrition and safeguard optimal health and development, thereby, supporting the countries' long-term human capital and economic prospects.

Immediate priority:

- Coordinate with UN partners, nutrition clusters, and relevant stakeholders to optimise the use of existing distribution channels and platforms and nutrition-service provision. This is especially important where COVID-19 response measures may increase nutritional vulnerabilities (e.g. by disrupting food supply or access) or disrupt existing nutrition efforts (e.g. school feeding programmes or rehabilitation centres).
- Where nutrition programming can continue, promote integration of key COVID-19 messaging.
- Ensure resources are not diverted away from ongoing nutrition programmes to respond to the COVID-19 outbreak as a surge in malnutrition could cause an undue burden on already strained health systems and workers.
- Advocate for continued management of acute malnutrition following the regularly updated [guidance](#) - from UNICEF, GTAM, and the Global Nutrition Cluster – on services and programmes for the management of child wasting in the context of COVID-19, and prepare for potential increased cases of child wasting due to COVID-19.

Ongoing/longer-term:

- Support the adaptation of nutrition programmes to be safely and effectively delivered during the COVID-19 pandemic (see **Box 2** for resources).
 - Continue and increase nutrition resource mobilisation efforts and advocacy to ensure maintenance and expansion of multi-sectoral nutrition actions during and following the current crisis.
 - Utilise ongoing nutrition surveillance and monitoring systems to evaluate, adapt, and inform continued nutrition planning and response, due to potential shifting or expanding needs from direct and indirect effects of COVID-19.
 - Continue to engage with civil society and other stakeholders using virtual platforms during physical distancing to preserve accountability and advocacy channels, where this is a possibility, and the infrastructure for such exists.
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Annex 1: Additional background – summary based on available technical resources

Malnutrition and immunity

- Adequate nutrition is critical for a strong immune system. Globally, malnutrition is one of the leading causes of morbidity, including infection and mortality among children under 5 years of age.^{2,3} Those with weakened immune system are more susceptible to COVID-19 infection and complications, making it paramount to reinforce the message that good nutrition is essential to build resilience and immunity (see CFS [web-page](#) and WHO [information note](#)).
- Additional susceptibility has been noted in people with pre-existing conditions such as heart disease, diabetes, and respiratory conditions, resulting in more severe COVID19 symptoms, including bilateral viral pneumonia, and higher healthcare needs, such as respirators (see WHO COVID-19 and NCDs [information note](#)).
- A combination of malnutrition, other infectious diseases, overcrowded living conditions, poor access to quality healthcare and to clean water and sanitation, and misinformation about COVID-19 could aggravate the crisis among the poorest and most vulnerable people and communities (see IACS [guidance](#)).
- Although there is a clear association between breastmilk and strengthened immune system, messaging needs to address the fear of COVID19 transmission during breastfeeding which may lead to decreased breastfeeding and uptake of infant formula or other milk/food substitutes (see WHO [web-page](#)).

Strained health systems

- The COVID-19 pandemic risks overwhelming health systems, which can lead to higher mortality from COVID-19 and also interrupt other life-saving services, including treatment of malnutrition, care during pregnancy and childbirth, vaccinations, treatment for diarrhoea, malaria and other infectious diseases.
- With overwhelmed health systems, the delivery of essential nutrition actions⁴, including the promotion and protection of breastfeeding and the management of acute malnutrition, will be affected. Furthermore, supply chain disruptions can lead to stock-outs of essential nutrition commodities⁵.
- Limited availability of personal protective equipment and basic infection prevention materials increases the risk of COVID-19 infection among health workers – which severely affects the health systems management and response capacity.
- UHC remains central to combating malnutrition. In the context of COVID-19, there is an increased recognition around the critical and urgent need to maintain and boost access to quality and affordable services (see UHC2030' [statement](#) and G20 leader's [remarks](#))

Risks to nutrition services and food security

- COVID-19 response measures as well as the disease itself are likely to exacerbate basic, underlying and immediate factors of malnutrition through the impacts on the economy, food systems, and health systems that affect household and individual food security, nutrition and care. Specifically, due to quarantines, border and business closure, there will be a disruption in the production, supply, and importing of produce and reduced access to the market. The potential increase in prices due to reduced availability and

² UNICEF, World Health Organization, and The World Bank. 2012. "UNICEF-WHO- World Bank. Joint Child Malnutrition Estimates: Levels & Trends in Child Malnutrition." WHO Library, 35. [link](#).

³ Development Initiatives. 2018. Global Nutrition Report 2018: Shining a Light to Spur Action on Nutrition. [link](#).

⁴ WHO. 2019. "Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course." [link](#)

⁵ FAO. 2020. "Programmatic Implications for COVID Response: Emergency Preparedness, Response and Mitigation Measures | For Discussion." [unpublished]

affordability will likely affect access to safe, adequate diverse foods, especially fresh produce, at an individual level. The trade of perishable food products will be affected disproportionately. For more information, see FAO's [policy briefs](#) and [paper](#) on COVID-19 impact on food security and nutrition.

- With the COVID-19 pandemic spreading, there is a risk that aid budgets and domestic budgets for nutrition may be diverted from interventions to prevent and treat malnutrition to instead respond to the pandemic. Even short-term disruptions to nutrition financing and humanitarian or development programmes could have irreversible adverse effects on optimal child survival, health, and development.

Implications for vulnerable groups

- The poorest and most vulnerable populations have fewer resources to cope with the loss of incomes, increase in food prices, irregular food availability or reduced mobility for food access. Among these groups are the elderly, ill, food-insecure, poor and those living in settings of protracted crisis. See the FAO's related [issue paper](#).
- Fragile and conflict-affected contexts and countries already affected by food shortages (for example due to droughts or the locust crisis) are particularly vulnerable. Disruption in supply chains and movement restrictions, will disproportionately affect humanitarian programmes and impact on delivery of humanitarian operations, including the distribution of micronutrients to children and pregnant and lactating women, treatment for acutely malnourished children, and distribution of fortified foods. See OCHA's [Global Humanitarian Response Plan](#).
- The gendered impact of epidemics may, for example, increase the burden on women's time through added unpaid domestic labour and care work and increase risk of unemployment after the crisis. These inequities can contribute to sub-optimal child growth and nutrition care.⁶ Additionally, the rise in domestic violence in periods of quarantine can affect prenatal risk behaviour and delivery care, foetal growth and pregnancy outcomes, and post-natal care, which can have severe consequences on early childhood growth and nutrition.⁷ See [WFP guidance on COVID-19 and gender](#)
- The outbreak is predicted to have significant effects on many sectors dominated by women. As women form 70 percent of the healthcare workforce⁸ they will be on the front lines of the response.



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⁶ Wenham, Clare, Julia Smith, and Rosemary Morgan. 2020. "COVID-19: The Gendered Impacts of the Outbreak." *The Lancet* 395 (March): 846–47. [link](#).

⁷ Sobkoviak, Rudina M., Kathryn M. Yount, and Nafisa Halim. 2012. "Domestic Violence and Child Nutrition in Liberia." *Social Science and Medicine* 74 (2): 103–11. [link](#).

⁸ WHO, 2019. "Gender Equity in the Health Workforce: Analysis of 104 Countries." WHO, March, 8.