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COVID-19 Global Pandemic: Better Nutrition Protects Lives

Hidden behind the COVID-19 pandemic is another global pandemic—a malnutrition pandemic that threatens the lives of millions of people living with poverty. Most at risk are pregnant women, infants, and young children. Without immediate action, experts estimate that an additional 10,000 children younger than 5 will die every month this year—four deaths per minute—because of the spike in wasting (life-threatening malnutrition) caused by the pandemic. Preventing such an outcome requires urgent U.S. leadership to make swift investments and take quick actions to protect the nutrition needs of the most vulnerable mothers and children around the world.

Good nutrition is critical to child survival, health, and development. It builds immunity, protects against illness and infection, strengthens resilience, and supports recovery. Approximately 45 percent of all deaths among children younger than 5 globally is attributable to malnutrition—either acute malnutrition or the increased vulnerability to deadly infections and other illnesses that is caused by malnutrition.

In a July 2020 [Lancet analysis](#), experts project that without immediate action, wasting among children under the age of 5 will spike by 14.3 percent this year. That translates to an increase of 6.7 million young children who will suffer from this life-threatening form of malnutrition, and an estimated 10,000 additional children who will die every month for the rest of 2020. These children would be in addition to the 47 million children already suffering from wasting.¹ This outcome is unacceptable, and it is preventable.

As shocking as these statistics are, the authors of the report said that they are only the “tip of the iceberg.” That is because they do not include the anticipated increase in child stunting over the coming years. This is the larger part of the malnutrition pandemic: entire generations of children affected by stunting, a form of malnutrition that causes lifelong damage to their physical and cognitive development. Before the pandemic began, the world had 144 million stunted children.

The COVID-19 pandemic is straining healthcare sys-



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tems around the world, but fragile health systems in low-income contexts face particular challenges and could be pushed past their limits, with devastating consequences for the health and well-being of vulnerable mothers and children. Severe restrictions on mobility imposed for public health reasons are disrupting health and nutrition services that are vital to preventing malnutrition among mothers and babies in the critical “1,000 days” nutrition window, which lasts from pregnancy to age 2. Disrupted food and agriculture supply chains will further exacerbate the crisis, with nutritious foods quickly becoming less available and less affordable.

Because severely malnourished children are nine times more likely to die of preventable diseases than well-nourished children, COVID-19 poses an immediate, urgent threat to global child survival. As hospitals and local health centers fill beyond capacity, access to treatment for malnutrition is likely to be jeopardized.

Immediate action by the global community can prevent these unnecessary tragedies. United Nations leaders, in an accompanying [Call to Action in the Lancet](#), raised the urgency of the need to protect children’s right to nutrition in the face of the COVID-19 pandemic. Swift responses and investments are needed. These include an additional \$2.4 billion this year for humanitarian agencies to meet the nutrition needs of mothers and children in the most vulnerable contexts.

As the 2020 Global Nutrition Report points out,ⁱⁱ malnutrition is a result of inequity. Inequity also fuels the COVID-19 pandemic: hundreds of millions of malnourished people and people with diet-related illnesses are more vulnerable to the virus. As the report states, “The need for more equitable, resilient, and sustainable food and health systems has never been more urgent.”

What the U.S. government can do

Increase supplemental funding in forthcoming COVID-19 stimulus bills to \$20 billion for the global response, including \$2 billion to address the unprecedented rise in global hunger and nutrition needs because of the COVID-19 global pandemic, with no less than \$500 million to meet the urgent nutrition needs of vulnerable mothers and children.

Specifically, strengthen essential nutrition services delivered through health systems, including the “Power 4” set of effective maternal and child nutrition interventions: multiple micronutrient supplementation for pregnant women, support for breastfeeding and complementary feeding, vitamin A supplementation for children, and prevention and treatment of wasting.

Integrate nutrition into the U.S. Agency for International Development’s (USAID) emergency food assistance programs, and expand prevention, screening, and treatment programs for conditions that are exacerbated by food insecurity and nutrition insecurity, including wasting and anemia. Scaling up should include taking steps to ensure a reliable supply chain for specialized nutritious foods that can quickly begin to help a malnourished child recover, and to identify available local procurement options as needed.

Improve access to and availability of nutrient-rich foods to ensure diverse and healthy diets since they are key to building resilience and improving immune function. USAID and its partners should expand support for home-stead food production to help improve people’s access to nutrient-rich foods, including fruit, vegetables, and eggs. In addition, cash transfers can enable poor households to buy nutritious foods.

Ensure that ongoing U.S.-funded global health and nutrition programs have maximum flexibility to rapidly adapt to COVID-19-related local restrictions. This may include delivering nutrition and health programs and services through modalities such as mobile clinics, health posts, and community centers. In order to prevent further spread of the virus, water and hygiene interventions must be integrated into all emergency, health, and nutrition programs.

In accordance with the principles of USAID’s [Journey to Self-Reliance](#), support to governments should help strengthen national safety net programs that target women and children to help meet their needs over the longer term. Missions should strengthen their data collection and monitoring in order to inform policy and program shifts during and after the pandemic period. Data should be disaggregated by gender, to include nutrition surveillance and indicators for service delivery, health-seeking behaviors, and diets. In the longer term, funding for global nutrition should be increased in all relevant global health, food security, and humanitarian and emergency food assistance programs. This will maximize the effectiveness of U.S. foreign assistance resources. Nutrition is a proven investment that pays dividends in lower future costs for health and emergency programs.

Endnotes

ⁱ UNICEF, WHO, and The World Bank. Joint Child Malnutrition Estimates: Levels and Trends, 2020 edition, March 2020. <https://data.unicef.org/resources/jme-report-2020/>

ⁱⁱ 2020 Global Nutrition Report. May 12, 2020. <https://globalnutritionreport.org/reports/2020-global-nutrition-report/2020-global-nutrition-report-context-covid-19/>.