

### Safeguarding Nutritional Opportunities of the F1KD of Life in the context of COVID-19



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SAVING LIVES CHANGING LIVES



Source: https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6





#### COVID- 19 and the world of work: Impacts and responses

#### Impact on global unemployment and underemployment

- ✓ 40-70 % of the world could become infected
- ✓ Additional unemployment
   5.3 24.7 M (on top of 188 M)
- ✓ Increase poverty (20.1 35.0 M)
- ✓ Increase hunger, food insecurity and malnutrition



## COVID-19 effect is OVERWHELMING for a low to middle income country like PHILIPPINES

Strategies to stop spread of COVID-19 are impacting Food Systems:

- 1. Physical distancing
- 2. School Closure
- 3. Trade restrictions
- 4. Country lockdowns

#### DISRUPTS

- 1. Production
- 2. Transportation
- 3. Sale of Nutritious, fresh, affordable foods

Forcing million of families to rely on Nutrient-Poor initiatives

#### STRAINS

- 1. Health and Nutrition Services
- 2. Humanitarian response
- 3. Social Protection Program (4Ps, SAP)

#### CHAIN EFFECT OF COVID-19



### Worst consequences are born by children



Source: https://www.weforum.org/agenda/2020/04/coronavirus-worsen-hunger-developing-world/



- 10 Million hungry per year, 840 Million by 2030
- 2 Billion no regular access to safe, nutritious, sufficient food
- COVID-19 adds 132 Million hungry in 2020



Nutrition and COVID-19: Malnutrition is a threat multiplier

If no action is taken, the effects of the current COVID-19 pandemic will only make it harder for vulnerable populations to protect themselves against malnutrition."  Disruption to already inequitable health and nutrition services

**15-45%** program coverage reduction for 6 mos







#### Nutrition and COVID-19: Malnutrition is a threat multiplier

- Increased vulnerability from micronutrient deficiencies and pre-existing conditions
  - ✓ Iron
  - ✓ Iodine
  - ✓ Folate
  - ✓ Vitamin A
  - ✓ Zinc

poor growth, intellectual impairments, perinatal complications and increased risk of morbidity and mortality

#### ✓ Vitamin D

may play a special role in reducing the risk of respiratory tract infections, with a potential for lessening the effect of COVID-19

#### Trend in VAD among children, 6 mos-5 yo



#### Note: The reduction in VAD prevalence from 2013 to 2018 was not significant

#### VITAMIN A (NNS 2018)



#### Focus efforts on the 6-59 months

Vitamin A deficient children have:

- Lower food consumption
- Higher prevalence of undernutrition
- Higher anemia prevalence
- Higher non-participation in Vit A supplementation program
- Lower coverage for 2x Vit A supplementation
- Belong to food insecure households

#### HOW THE COVID-19 PANDEMIC MAY AFFECT HUNGER IN THE WORLD: THREE SCENARIOS



NOTES: The shaded area represents the projections for the longer period from 2019 to the 2030 target year. SOURCE: FAO.

### LEVELS AND TRENDS IN CHILD MALNUTRITION

UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates

Key findings of the 2020 edition



Stunting affected an estimated 21.3 per cent or 144.0 million children under 5 globally in 2019.

7 million

WASTING

lives of an estimated 6.9 per cent or 47.0 million children under 5 globally.

#### OVERWEIGHT 38 million

million children under 5 around the world were overweight in 2019.

These new estimates supersede former analyses and results published by UNICEF, WHO and the World Bank Group.





WORLD BANK GROUP



#### Seven sub-regions have a high or very high stunting prevalence

GLOBAL 21.3%

Percentage of stunted children under 5, by United Nations sub-region, 2019



# WHA Global Nutrition Targets 2025: **Stunting Policy Brief**

TARGET: 40% reduction in the number of children under-5 who are stunted



#### Philippines from 33.4% (2015) down to 20% (2030)

**Stunting Prevalence in the Country (NNS 2018)** 



# STUNTING \* is a largely irreversible outcome of inadequate nutrition



# repeated bouts of infection



**1,000 days** of a child's life

\* Related to Brain Development

# 6- 23 months **MINIMUM ACCEPTABLE DIET (MAD) = MDD + MMF**



#### Updated MINIMUM DIET DIVERSITY (MDD)

#### MINIMUM DIET DIVERSITY

Percentage of children aged 6–23 months who were fed at least 5 (5 out of 8) food groups the previous day



- Now @ least 5 out of 8 food groups
- Breastfeeding is now included





Source: NNS 2015

#### **ARE WE READY?**



#### Health and Nutrition Activities hampered by COVID-19



Nutrition Education, Advocacy

PLW and Child Care Practices, including Breastfeeding Practices Supplementary Feeding Program, CMAM, MNP, immunization, deworming

to continue the works on Stunting Prevention under the New Normal

Pregnancy **Delivery** Within 6 months postpartum (Lactation) 6 -23 months 24-59 months School aged Adolescence

to continue the works on Stunting Prevention under the New Normal

- 1. Prioritize poor HH with Pregnant women in the SAP; provide room for new enrollees if not included in the listahanan
- 2. Invest on specialized nutritious food

#### • Pregnancy

- Family Food Pack should be nutritious (in designing food packs use \*FNRI Food Composition Table (FCT) and (Dietary Reference Intake (PDRI) to calculate nutrient contents)
- 4. Establish teleconsultation (pre/postnatal; nutrition counselling)
- 5. Promote MUAC for WRA to self monitor nutritional status



\*FNRI: <u>https://www.fnri.dost.gov.ph/index.php/24-</u> publications/nutritional-handbooks/68-nutritional-handbooks https://i.fnri.dost.gov.ph/fct/library; <u>https://i.fnri.dost.gov.ph/#</u>

to continue the works on Stunting Prevention under the New Normal

- 1. Wear PPE especially (suspect, probable, confirm cases)
- 2. Immediate latch-on, no need to separate mothers (COVID-19 suspect, probable, confirm) from newborns
- 3. Practice hand hygiene, wearing of mask (mothers)
- 2. Practice hand hygiene, wearing of mask (mothers) during exclusive BF
- 3. Dietary Supplementation for esp for undernourished Lactating mother (if budget is a constraint); maintain social distancing
- 4. Invest on Specialized Nutritious food for undernourished Lactating mother
- 5. Identify BF spaces in quarantine facilities (fully equipped





No evidence of COVID-19 virus transmission in breastmilk (WHO)

# Delivery6 monthspost partum

#### Pregnant and breastfeeding women consume more staples ("go foods") than recommended





Pinggang Pinoy Recommended Intake

to continue the works on Stunting Prevention under the New Normal

1. Promote diet diversity

Change information approach from simply GO, GROW and GLOW to 7 FOOD GROUPS

MINIMUM DIETARY DIVERSITY SCORE Dietary Diversity Score: The number of food groups consumed by children 6-23 months Minimum Dietary Diversity Score: Proportion of children 6-23 months of age who receive foods from at least 4 food groups (DDS  $\geq$  4) **The Seven Food Groups** 1. Grains, roots and tubers 3. Vitamin A rich 4 Otho



2. Invest on Specialized Nutritious food for undernourished Lactating mother





6-23 months Result of WFP Fill the Nutrient Gap Survey (2018)

#### One third of households could not afford to buy a nutritious diet

#### **Energy Only Diet**

#### **Nutritious Diet**



#### Note:

- The FNG used Food Price data of 2015 and NNS 2015
- Considering inflation, Cost of Nutritious Diet might already have increased

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#### **Comparing Household Food Consumption and Food Price**

	2015 NNS	2018 NNS	Remarks
Mean 1-day Food Consumption of all Food Groups	3400 grams	3072 grams	328 grams reduction
Price	Php 262.87	Php 276.10	Php 13.00 increase

Findings:

- Food Consumption decreased
- Food Price increased
- Food Consumed is usually micronutrient deficient

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#### ...and non-affordability of energy-only diet is low







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# Non-affordability of a nutritious diet varies between 18-59%



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#### Areas with higher non-affordability of a nutritious diet have higher stunting prevalence



**FNG** 

Source: WFP Fill the Nutrient Gap (FNG) 2018

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- 3. Address wasting (has link with stunting)
  - Prevention (Complementary Foods)





 24-59 months

- Management



MODERATE ACUTE MALNUTRITION MAM Recipes



Alternative to Ready to Use Supplementary Food (RUSF)
2020

### When and how children should eat





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- Pregnancy
  - Delivery
    - Within 6 months postpartum (Lactation)
    - 6 -23 months
    - 24-59 months
  - School aged
  - Adolescence
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Not covered by MNAP (in some LGUs) but still worth to be looked at

24.2% (NNS 2018) (NNS 2019)

6 to 10 years old

25.2%

School Aged (K-12)







# Current consumption patterns show that pre-school children also have an excessive energy intake



Actual daily intake: 3 year old child



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Source: WFP Fill the Nutrient Gap (FNG) 2018

# School meals are healthy but micronutrient content could be increased



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- Iron Folic Acid supplementation
- Nutrition Education
- Social Behavioral Change Communication
- Prevention of Teen-age pregnancy
- Empowerment to report abuse

Adolescence

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- Promote
  Agrobiodiversity
- Develop policies to reduce the cost of nutritious foods and ensure affordability of healthy diets

Food System Transformation to decrease Climate Change





Others

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 Food Fortification (Pre and Post harvest)- Iron Fortified Rice, Zinc Rice



## Others

 Increase coverage of MNP, Vit A supplementation, deworming and vaccination







## **Continuum of Care**



plation is, for incation strategies, nutrition in emergencies

Training Module on the National Guidelines on the Management of Moderate Acute Malnutrition for Children under Five Years

## CALL to ACTION by heads of the 4 UN Agencies (WFP, UNICEF, FAO, WHO)

### Panel: Five urgent actions to protect children's right to nutrition in the COVID-19 pandemic

- 1. Safeguard and promote access to nutritious, safe, and affordable diets
- 2. Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
- 3. Re-activate and scale up services for the early detection and treatment of child wasting
- Maintain the provision of nutritious and safe school meals 4. for vulnerable children
- Expand social protection to safeguard access to nutritious diets and essential services

#### Child malnutrition and COVID-19: the time to act is now

The COVID-19 pandemic is undermining nutrition four life-saving interventions: prevention of wasting in Published Onli across the world, particularly in low-income and middle- children at risk; treatment for children who are wasted; income countries (LMICs).<sup>1</sup> The worst consequences biannual vitamin A supplementation for children aged are borne by young children. Some of the strategies to 6-59 months (90% coverage); and mass communication See Online/Comment respond to COVID-19-including physical distancing, for the protection, promotion, and support of breastschool closures, trade restrictions, and country lock-feeding that focuses on caregivers or families of children downs-are impacting food systems by disrupting aged 0-23 months. the production, transportation, and sale of nutritious, fresh, and affordable foods, forcing millions of families of the iceberg. The COVID-19 pandemic is also expected to rely on nutrient-poor alternatives. Strained health to increase other forms of child malnutrition, including systems and interruptions in humanitarian response stunting, micronutrient deficiencies, and overweight, are eroding access to essential and often life-saving The global community's failure to act now will have nutrition services.<sup>2</sup> Social protection systems in many devastating long-term consequences for children, LMICs are overloaded as vulnerable families struggle to human capital, and national economies. access the food and services they need in the context of As leaders of four UN agencies, we are issuing a call for an economic downturn.

COVID-19 in mothers and children. At the same time, and investments from governments, donors, the private more children are becoming malnourished due to sector, and the UN. Five actions must be taken and the deteriorating quality of their diets, interruptions tracked immediately (panel). in nutrition and other essential services, and the First, access to nutritious, safe, and affordable diets socioeconomic shocks created by the pandemic in needs to be safequarded and promoted as a cornerstone LMICs. New estimates by Derek Headey and colleagues<sup>3</sup> of the response to COVID-19. This can be done by in an accompanying Comment in The Lancet suggest protecting food producers, processors, and retailers; that without timely action, the global prevalence of discouraging trade bans; and designating food markets child wasting could rise by a shocking 14-3%. With an to be essential services and keeping them functioning estimated 47 million children younger than 5 years and safe for workers and consumers. affected by wasting globally before the COVID-19 pandemic,4 this would translate to an estimated additional 6-7 million children with wasting during childhood by protecting breastfeeding and preventing the first 12 months of the pandemic-80% of them the inappropriate marketing of infant formula in the in sub-Saharan Africa and south Asia-and more than context of COVID-19;6 securing children and women's 10000 additional child deaths per month during this same period.<sup>3</sup>

With services for the prevention and treatment of wasting to a large extent up-ended in LMICs, millions of children are at risk of not receiving the care they need to survive and thrive. UNICEF reports from the early months of the COVID-19 pandemic suggest a 30% reduction in the coverage of essential nutrition services in LMICs and declines of 75-100% under lockdown contexts.5 Our agencies estimate that a minimum of US\$2.4 billion is needed immediately to protect these children, prevent and treat malnutrition, and avoid human loss. This \$2.4 billion estimate includes an essential package of

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The estimated increase in child wasting is only the tip

action to protect children's right to nutrition in the face Malnutrition could exacerbate the effects of of the COVID-19 pandemic. This requires a swift response

Second, investments are needed to improve maternal and child nutrition through pregnancy, infancy, and early

#### Panel: Five urgent actions to protect children's right to nutrition in the COVID-19 pandemic

- Safeguard and promote access to nutritious, safe, and affordable diets
- Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
- Re-activate and scale up services for the early detection and treatment of child wasting
- Maintain the provision of nutritious and safe school meals for vulnerable children
- Expand social protection to safeguard access to nutritious diets and essential services

## Global Nutrition Report 2020 Recommendations:

- 1. Continue to provide Community-based Nutrition Services
- 2. Partner with agriculture community to increase access to healthy and diverse food
- Ensure emergency food distribution and safety net programs provide fortified foods
- 4. Scale up Cash Transfer programs prioritizing vulnerable groups
- 5. Roll out national communication campaigns
- 6. Invest in Water Sanitation and Hygiene

- 1. Continue to provide critical community-based nutrition services using innovative/digital delivery systems for basic services such as promotion of breastfeeding, micronutrient supplementation, and basic primary health care including immunisations.
- 2. In partnership with the agriculture community, increase access to healthy and diverse food. This could include: a) National policies to dissuade trade bans on food supplies, especially for staple foods; b) Strengthening local supply chains for vegetables, fruit and other perishable foods that are subject to waste, especially in the context of lockdowns; and c) Putting in place taxation and marketing regulations on unhealthy foods such as sugar sweetened beverages and junk foods that promote obesity. This would not only prevent malnutrition but will also help provide fiscal space in developing countries at a time when budgets are severely constrained.
- 3. Ensure that emergency food distribution and safety net programs (including school meals) provide foods fortified with vitamins and minerals.
- 4. Scale up cash transfer programs, using nutritional vulnerabilities as beneficiary targeting criteria and provide adequate nutrition, health and hygiene advice using innovative solutions such as digital payments and social media messaging.
- 5. Roll out national communication campaigns on COVID-19, reiterating the need for social distancing while continuing to safely breastfeed infants, promoting handwashing, and emphasising the need for healthy diets, basic nutrition services such as vitamin A supplementation and immunisation.



Photo Credit: Dr. Rolf Klemm Presentation, Hellen Keller International, Johns Hopkins Bloomberg School of Public Health

## **Entertain yourself a bit**

# NETFLIX





Nutrition in times of COVID- 19





Ernest Hemingway

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Thank You!

### **Stunting Prevention in times** of COVID- 19