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**General debate: population, food security, nutrition and sustainable development**

### **Review of the impact of the coronavirus disease on programmes and interventions for the implementation of the Programme of Action of the International Conference on Population and Development in the context of population, food security, nutrition and sustainable development**

#### **Report of the Secretary-General**

##### *Summary*

The present report has been prepared to inform the Commission's deliberations on population, food security, nutrition and sustainable development during its fifty-fourth session. It supplements the reports prepared for the fifty-third session by focusing on the impact of the coronavirus disease (COVID-19) on programmes and interventions to address food insecurity and malnutrition.

The COVID-19 pandemic has disrupted food security worldwide and will likely reverse recent global progress towards ending hunger by 2030. By increasing poverty, disrupting public health and school feeding programmes and undermining major nutrition programmes such as food fortification, the pandemic is projected to increase the number of people enduring all forms of malnutrition, including micronutrient deficiencies, and issues of obesity and overweight. Substantial consequences related to human health and suffering are expected, including a worsening of maternal and child nutrition, which have lifelong consequences for learning, productivity and well-being. Many innovative programmes to sustain food security and nutrition under COVID-19 hold promise, but do not yet operate at scale. New solutions are needed, but should not eclipse well-proven and highly cost-effective programmes that were already underfunded before the COVID-19 pandemic, including sexual and reproductive health programmes; maternal, newborn, child and adolescent health and nutrition programmes; food targeted at school-age children; food fortification; and incentives for sustainable agriculture.

\* E/CN.9/2021/1.



The pandemic has exposed and exacerbated existing inequities and brought into the spotlight the importance of international solidarity and multilateral cooperation. The wide range of national response actions outlined in the present report offer examples for closer monitoring and evaluation, so that best practices can be taken to scale and used to strengthen both recovery and resilience in the face of future crises.

## I. Introduction

1. The fifty-third session of the Commission on Population and Development was slated to address the special theme of “Population, food security, nutrition and sustainable development”. However, the outbreak of the coronavirus disease (COVID-19) prevented the Commission from holding its formal session in March and April 2020 and a full consideration of the theme was postponed to its fifty-fourth session in 2021, allowing time to address the impact of COVID-19.

2. The report of the Secretary-General for the fifty-third session, entitled “Programmes and interventions for the implementation of the Programme of Action of the International Conference on Population and Development in the context of population, food security, nutrition and sustainable development” (E/CN.9/2020/3), included the following key messages: (a) over time there has been a global decline in hunger – but malnutrition persists in multiple forms, including micronutrient deficiencies, and nearly 2 billion adults are overweight or obese; (b) there is strong scientific evidence for “what works” to assure a nutritious start for all and high development returns for investing in adequate nutrition for the mother-infant dyad (“the first 1,000 days”), but corresponding interventions remain underfunded; (c) global public health research has clearly identified cost-effective interventions for improving nutrition during pregnancy (e.g., bednets, supplemented food and consistent malaria treatment), but these services are far from universal; (d) breastfeeding is crucial for infant and child nutrition, but the six months of exclusive breastfeeding recommended by the World Health Organization (WHO) is not widely adopted; (e) school-based feeding programmes are highly effective at reducing child hunger, and should be implemented at scale; (f) conflict and insecurity, economic crises and climate-related shocks are principal causes of food insecurity, exacerbating nutritional risks and often leading to an increase in acute malnutrition in emergencies, and women are disproportionately affected by food insecurity in times of crisis, even when pregnant or nursing; (g) ageing populations raise new challenges for assuring adequate nutrition among older persons; and (h) further research is needed on policy interventions to reduce overweight and obesity, and promising policies (e.g., taxes on soft drinks and marketing restrictions, especially to children) have not been evaluated at scale.

3. Regarding environmental sustainability and implications for global food security, in his report to the fifty-third session, the Secretary-General highlighted that the vast expansion of land used for agriculture since the 1960s has coincided with a stark reduction in crop diversity: only nine plant species cultivated for food production (sugar cane, maize, rice, wheat, potatoes, soybeans, oil palm fruit, sugar beet and cassava) now account for 66 per cent of all global crop production. As agricultural land expanded, vast ecosystems were destroyed, including important genetic reservoirs for future crops (wild plants). This destruction, coupled with the critical decline in soil health due to monocropping, overtilling and the overuse of fertilizers and pesticides, has led to lower nutrient content in the crops produced. The Secretary-General also highlighted that consistently effective interventions for sustainable agriculture include conditional cash transfers to farmers who adopt sustainable agricultural practices; however, programmes have not been taken to scale.

4. Key recommendations of the report of the fifty-third session included a call to Member States to recognize that, with six years remaining in the United Nations Decade of Action on Nutrition, accelerated action is needed to eradicate hunger and prevent malnutrition in all its forms, and governments should capitalize on a wide range of well-proven and cost-effective nutrition interventions and implement them at scale. Governments were encouraged to assure universal nutrition support for all pregnant women, mother-infant dyads and schoolchildren in all contexts, and adopt

policies to protect, promote and support breastfeeding, as those interventions were among the most cost-effective. In addition, it was recommended that nutrition should be mainstreamed within national health-care systems and nutrition training be improved for health workers in order to address the rise in unhealthy diets and the corresponding epidemic of overweight and obesity. Promising interventions to combat obesity need far greater research investment to assess their impact at scale, including innovative behaviour change communication, fiscal and regulatory measures, better nourishment in public institutions and restrictions on the marketing of unhealthy diets, especially to children.

5. The present report addresses the disruptions to food security and nutrition programmes by the COVID-19 pandemic, and the global practices under way to mitigate the pandemic's impact.

## II. Impact of the coronavirus disease on food security, nutrition and well-being

6. While the full impacts of the COVID-19 pandemic will take years to assess, the pathways through which the pandemic undermines the economy and access to good nutrition are already striking. Ongoing assessments point to COVID-19 worsening an already precarious situation,<sup>1</sup> given that before the pandemic nearly 690 million people, or 8.9 per cent of the global population, were undernourished, 2 billion were moderately or severely food insecure and more than 700 million lived in extreme poverty.<sup>2</sup> COVID-19 will add from 83 to 132 million persons to those undernourished in 2020. In countries where it operates, WFP estimated that 272 million people faced acute food insecurity by November 2020.<sup>3</sup>

7. Food security and nutrition are foundations of human development, and food security is at the core of the 2030 Agenda for Sustainable Development, the corresponding Sustainable Development Goals and the United Nations Framework Convention on Climate Change. The Programme of Action of the International Conference on Population and Development affirmed that measures should be taken to strengthen food, nutrition and agricultural policies and programmes and fair trade relations, with special attention paid to the creation and strengthening of food security at all levels. Prior to the pandemic, the Rome Declaration on Nutrition, and its Framework for Action, adopted at the Second International Conference on Nutrition in 2014, committed governments to eradicating hunger, preventing all forms of malnutrition and reversing the rising trend in obesity. The United Nations Decade of Action on Nutrition (2016–2025), proclaimed by the General Assembly in its resolution [70/259](#), aimed at further intensifying action to end hunger and eradicate malnutrition worldwide, and ensure universal access to healthier and more sustainable diets. To move this agenda forward, the Secretary-General announced his initiative to convene, in 2021, the United Nations Food Systems Summit, to maximize the benefits of a food systems approach across the 2030 Agenda and to meet the challenges of climate change.

<sup>1</sup> J. D. Hamadani and others, “Immediate impact of stay-at-home orders to control COVID-19 transmission on socioeconomic conditions, food insecurity, mental health, and intimate partner violence in Bangladeshi women and their families: an interrupted time series”, *Lancet Global Health*, vol. 8, No. 11 (August 2020).

<sup>2</sup> Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development, United Nations Children's Fund (UNICEF), World Food Programme (WFP) and WHO, *The State of Food Security and Nutrition in the World 2020: Transforming food systems for affordable healthy diets* (Rome, 2020).

<sup>3</sup> WFP, *WFP Global Update on COVID-19: November 2020*. Available at [www.wfp.org/emergencies/covid-19-pandemic](http://www.wfp.org/emergencies/covid-19-pandemic).

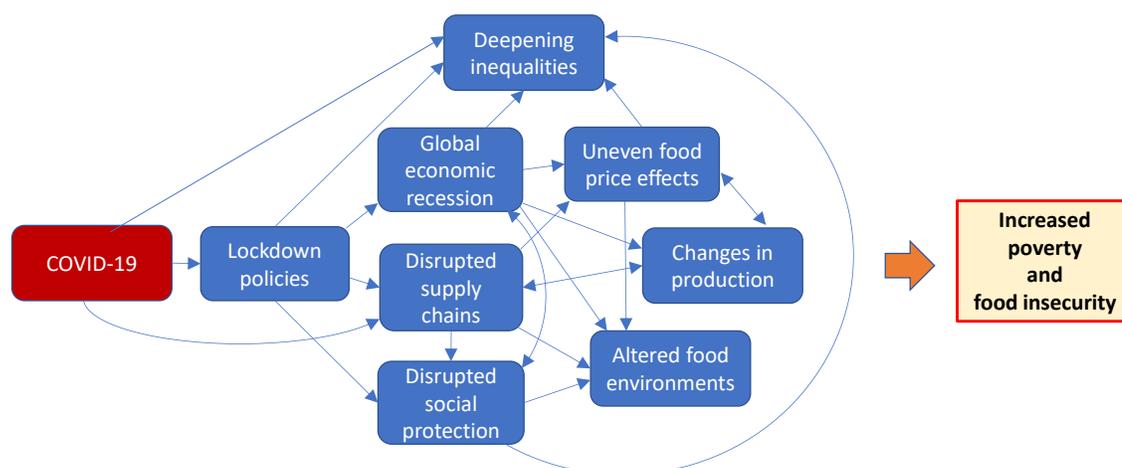
8. In 2020, in its resolution [75/235](#), the General Assembly highlighted the collective actions needed to mitigate the impacts of COVID-19 on agriculture development, food security and nutrition,<sup>4</sup> and recognized the severe and wide-ranging impacts of the pandemic, including the increased risk of food insecurity and malnutrition and an exacerbation of inequities in access to healthy diets. The need to prioritize food security, amid the threat of global famine, was also stressed by world leaders and heads of United Nations agencies at the special session of the Assembly in response to the COVID-19 pandemic, held in December 2020.

9. The need to urgently intercept and reduce COVID-19 transmission led to the adoption of lockdown policies in many countries. While curtailing the spread of infection and saving lives, these measures also caused a serious slowdown in economic activity, unleashing ripple effects on food systems, food security and nutrition (see figure I). In 2020, an estimated 88 to 115 million people were pushed into extreme poverty as a result of the pandemic. Depending on the severity of the economic contraction and the duration of the pandemic, as many as 150 million additional people may be pressed into extreme poverty in 2021.<sup>5</sup>

10. The COVID-19 pandemic has provided a stark reminder of the vast multidimensional inequalities across the world. Low-wage and informal workers have sustained the most severe risks of COVID-19 exposure, and the risk of poor health outcomes from COVID-19 have been compounded by poorer underlying health status, obesity and overweight, and less access to quality health care. The digital divide has left millions of children without schooling during lockdowns, and without access to school feeding programmes. Fear of accessing health care has reduced women's access to essential family planning, antenatal and maternal care, and lockdowns have placed women at risk of increased gender-based violence in the home.

Figure I

**Dynamics of coronavirus disease threatening food security and nutrition**



Source: High Level Panel of Experts on Food Security and Nutrition, Committee on World Food Security, Impacts of COVID-19 on food security and nutrition: developing effective policy responses to address the hunger and malnutrition pandemic (Rome, 2020).

<sup>4</sup> David Laborde and others, "COVID-19 risks to global food security", *Science*, vol. 369, No. 6503 (July 2020).

<sup>5</sup> World Bank, *Poverty and Shared Prosperity 2020: Reversals of Fortune* overview booklet (Washington, D.C., 2020).

11. COVID-19 affects all pillars of food security: availability, access, utilization and stability.<sup>6,7</sup> Access has been particularly affected by the loss of income, livelihoods and assets; increased food prices; the disruption of public services such as school feeding programmes; and the disruption of informal markets. Food availability was immediately affected by the closure of local markets, restaurants and food stalls; the closure of food processing plants; disruptions to the supply chain and labour shortages, which contributed to localized price volatility; export restrictions; and uncertainty in markets. Loss of income and livelihoods reduced people's ability to afford a healthy diet, leading to poorer nutritional intake.

### **Whose food security and nutrition is worsened by the pandemic?**

12. Persons living in fragile and conflict-affected countries are the most vulnerable to worsening food security stemming from COVID-19, as they are already the most food insecure. In 2019, an estimated 135 million people, in 55 countries and territories, were acutely food insecure,<sup>8</sup> of whom 17 million were children under 5. The main drivers of food crises in humanitarian settings include conflicts, weather extremes (e.g., floods, droughts, hurricanes), desert locusts, periods of significant currency depreciation (driving up the cost of food imports) and commodity price collapses, reducing the capacity to import food.<sup>9</sup>

13. Recent International Organization for Migration (IOM) and WFP studies indicate that 9 of the 10 worst food crises in the world are occurring in countries with the largest numbers of internally displaced persons, and the majority of displaced people are located in countries affected by acute food insecurity and malnutrition.<sup>10</sup>

14. In August 2020, WFP reported reductions of up to 30 per cent in food or cash transfer programmes to 2.7 million refugees in Djibouti, Ethiopia, Kenya and Uganda. Compounding the impact of the pandemic, the ongoing desert locust crisis in East Africa threatens hundreds of thousands of hectares of farmlands and pastures at the peak of the agricultural harvest. In Ethiopia, the humanitarian crisis has become particularly acute as internal conflict has caused the displacement of thousands from the Tigray region during the height of the harvest season. An estimated 80 per cent of the Tigray population are farmers, and the displacements will have long-lasting effects on food security in Ethiopia.

15. In Yemen, an estimated 15.9 million (53 per cent of the total population) are acutely food insecure, constituting the world's worst food crisis. In Afghanistan, an estimated 14.7 million people are acutely food insecure, and 2.3 million additional people are projected to be acutely food insecure by March 2021.<sup>11</sup> WFP recorded a 9 per cent increase in the average cost of wheat in the country between March and

<sup>6</sup> David Laborde and others, "COVID-19 risks to global food security".

<sup>7</sup> High Level Panel of Experts on Food Security and Nutrition, Committee on World Food Security, *Impacts of COVID-19 on food security and nutrition: developing effective policy responses to address the hunger and malnutrition pandemic* (Rome, 2020).

<sup>8</sup> Food insecurity of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. See also FAO and others, *The State of Food Security and Nutrition in the World 2020*.

<sup>9</sup> Food Security Information Network and Global Network Against Food Crises, *2020 Global report on food crises: joint analysis for better decisions – September 2020 update in times of COVID-19* (Rome, 2020).

<sup>10</sup> IOM and WFP, *Populations at risk: Implications of COVID-19 for hunger, migration and displacement* (November 2020). Available at [www.wfp.org/publications/populations-risk-implications-covid-19-hunger-migration-displacement-2020](http://www.wfp.org/publications/populations-risk-implications-covid-19-hunger-migration-displacement-2020).

<sup>11</sup> Office of the United Nations High Commissioner for Refugees (UNHCR), "COVID-19 external update: Asia and the Pacific", 29 October 2020. Available at <https://reporting.unhcr.org/sites/default/files/UNHCR%20Asia-Pacific%20COVID-19%20external%20update%202028-10-20.pdf>.

October 2020, and increases from 18 to 25 per cent in the average costs of pulses, sugar, cooking oil and rice.

16. In Somalia, an estimated 2.1 million people are food insecure, while residents of the Democratic Republic of the Congo, Haiti, northern Nigeria, South Sudan, the Sudan, the Syrian Arab Republic and the Bolivarian Republic of Venezuela are also experiencing severe food insecurity. Small island developing States and other countries that are net importers of food are also vulnerable to food insecurity related to COVID-19, and because they are often highly reliant on income from remittances and tourism. In Jordan, WFP estimates that 63 per cent of the 120,000 refugees receiving food assistance in the Za'atari and Azraq camps are vulnerable to food insecurity,<sup>12</sup> with greater vulnerabilities in families headed by women.

17. Food security among migrant workers and their families has also been disproportionately affected by COVID-19. Pandemic-related job losses among 164 million international migrant workers have left them unable to support nearly 800 million family members who depend on remittances. Once jobs were lost, efforts to return home were thwarted by border closures and travel bans, leaving nearly 3 million migrants stranded, unable to return to their communities of origin. In countries where WFP operates, it estimates that loss of remittances may increase hunger for 33 million additional people by 2021.<sup>13</sup>

18. On every continent, the prevalence of food insecurity is higher among women than among men. This is true in humanitarian circumstances, but also in non-crisis households where women are culturally expected to eat last and least, even if they are pregnant or breastfeeding. Where COVID-19 reduces incomes and food security, women will suffer more than men, as women are already disproportionately represented among those living in poverty and among informal and vulnerable workers. Women in agriculture, representing more than 37 per cent of rural agricultural employment globally, a figure which rises to 48 per cent for low-income countries (see E/CN.9/2021/2), are particularly at risk, as the pandemic has undermined access to local markets. Meanwhile, women everywhere face increased household and community demands to feed their families on reduced incomes, homeschool children, protect older family members and provide care to those who have fallen ill.<sup>14</sup>

19. Lastly, the health and nutrition of adolescents have been compromised as access to school and health services are disrupted. Investments in adolescent health and well-being, including programmes that target malnutrition and food insecurity through schools and provide access to health care, are crucial to ensuring a triple dividend of social and economic benefits now, into future adult life and for the next generation of children.<sup>15</sup>

<sup>12</sup> WFP, "Overview of refugee food security in Jordan: COVID-19 update", September 2020. Available at [https://docs.wfp.org/api/documents/WFP-0000120505/download/?\\_ga=2.23620664.382858506.1608087342-1962871497.1607465683](https://docs.wfp.org/api/documents/WFP-0000120505/download/?_ga=2.23620664.382858506.1608087342-1962871497.1607465683).

<sup>13</sup> IOM and WFP, *Populations at risk*.

<sup>14</sup> FAO, *Gendered impacts of COVID-19 and equitable policy responses in agriculture, food security and nutrition* (Rome, 2020).

<sup>15</sup> George C. Patton and others, "Our future: a *Lancet* commission on adolescent health and wellbeing", *Lancet*, vol. 387, No. 10036 (June 2016).

### III. Impact of the coronavirus disease on nutrition and food security programmes

#### A. Maternal and child nutrition – missed opportunities

20. The interlinkages of nutrition, food security and reproductive health cannot be overstated. Undernutrition in pregnancy increases the risks of obstructed labour, premature births, low-birth-weight babies, post-partum haemorrhage and maternal mortality. Babies of low birth weight are more likely to die in the first month of life; those who survive face lifelong consequences, including higher risks of stunted growth, adult-onset obesity and diabetes and risks to cognitive development. Chronic undernutrition delays maturation and extends the adolescent growth period, overlapping with pregnancy where child marriage and early childbearing remain in force, increasing the risk of maternal mortality. Early pregnancy in a young, undernourished female has a negative impact on her own growth, and worsens pregnancy outcomes.<sup>16</sup>

21. Among the most cost-effective interventions for lifelong health are nutrition programmes focused on pregnant women and their offspring, assuring adequate nutrition for the 1,000 days from the start of pregnancy and until a child reaches 24 months. Before COVID-19, such interventions were identified as among “best buys” in health and development, but were underfunded and insufficient to meet demand. The pandemic risks worsening the nutritional status and survival of mothers and young children through the disruption of important antenatal and postnatal services, including nutrition support. UNICEF reports that in 85 low and middle-income countries, by the end of June 2020, the pandemic had led to a 30 per cent decline in overall services to improve maternal and child nutrition. Critical services such as antenatal care, breastfeeding counselling, vitamin A supplementation for children aged 6 to 59 months, school feeding programmes, iron and folic acid supplementation for adolescent girls, nutrition support for pregnant and lactating women, screening of wasting and deworming prophylaxis were reduced by up to 75 to 100 per cent under lockdowns.<sup>17</sup>

22. As COVID-19 threatens to disrupt essential sexual and reproductive health services, the Global Financing Facility has called on partners to double down on international commitments for women, children and adolescent health. One of the main goals of the Global Financing Facility’s new strategy for 2021–2025<sup>18</sup> is to reimagine service delivery, including closer collaboration with the private sector and non-State actors, to deliver quality health and nutrition services, especially for the most underserved populations. Guidance is provided to the Facility’s country platforms that includes specific interventions to safeguard the continuity of reproductive, maternal, newborn, child and adolescent health and nutrition services, with the active participation of the H6 partnership (the World Bank, UNFPA, UNICEF, the Joint United Nations Programme on HIV/AIDS, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and WHO) as the technical arm of the Every Woman, Every Child initiative. A survey of 36 countries conducted by the Facility found that nearly half reported life-threatening disruptions for some of these services in April 2020.<sup>19</sup>

<sup>16</sup> UNFPA, *State of World Population 2020* (June 2020).

<sup>17</sup> See <https://data.unicef.org/topic/nutrition/child-nutrition-and-covid-19>.

<sup>18</sup> See [www.globalfinancingfacility.org/sites/gff\\_new/files/GFF-Strategy\\_2021-2025\\_EN\\_FINAL.pdf](http://www.globalfinancingfacility.org/sites/gff_new/files/GFF-Strategy_2021-2025_EN_FINAL.pdf).

<sup>19</sup> See [www.globalfinancingfacility.org/gff-leaders-warn-emerging-secondary-global-health-crisis-disruptions-primary-health-care-covid-19](http://www.globalfinancingfacility.org/gff-leaders-warn-emerging-secondary-global-health-crisis-disruptions-primary-health-care-covid-19).

23. The Global Humanitarian Response Plan reports that, among 103 countries surveyed from May to July 2020, 64 per cent reported partial or complete disruptions of family planning services, and 56 per cent and 51 per cent reported disruptions in antenatal services and the management of malnutrition, respectively.<sup>20</sup> Even a 10 per cent reduction in access to family planning services in low and middle-income countries would result in an estimated 3.3 million unsafe abortions and 29,000 additional maternal deaths by mid-2021.<sup>21</sup> If lockdowns continue for six months, an estimated 47 million women across 114 low and middle-income countries would lose access to modern contraception, resulting in an estimated 7 million unintended pregnancies.<sup>22</sup>

24. While pregnant and recently pregnant women are less likely to manifest common COVID-19-related symptoms than non-pregnant women of reproductive age, they are more likely to require intensive care for COVID-19.<sup>23</sup> Recognizing the steep toll COVID-19 is placing on the health workforce, governments need innovative solutions to prioritize the coverage of maternity services and other sexual and reproductive health care, such as family planning, emergency contraception, the treatment of sexually transmitted diseases, post-abortion care and, where legal, safe abortion services to the full extent of the law.<sup>24</sup> For example, in Uganda, UNFPA has supported an e-shop initiative for contraceptives and other reproductive health supplies, including HIV tests, pregnancy tests and kits to facilitate clean, safe childbirth.<sup>25</sup> Through a web-based application, these products can now be ordered from and delivered to homes.

25. Added to service disruptions is the loss of routine surveillance to identify communities or individuals in need of nutritional support. UNICEF reported that in 47 of 126 countries with available data, early wasting detection services had declined in September 2020, when compared with the same period in 2019.<sup>26</sup> This is especially concerning as nutrition-related adverse health outcomes are projected to increase (see figure II).<sup>27</sup>

<sup>20</sup> United Nations, Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Response Plan – COVID-19*, July 2020 update. Available at [www.unocha.org/sites/unocha/files/GHRP-COVID19\\_July\\_update.pdf](http://www.unocha.org/sites/unocha/files/GHRP-COVID19_July_update.pdf).

<sup>21</sup> WHO, *Maintaining essential health services: operational guidance for the COVID-19 context* (June 2020).

<sup>22</sup> UNFPA, “Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage”, interim technical note, April 2020.

<sup>23</sup> John Allotey and others, “Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis”, *BMJ*, No. 8261 (September 2020). Available at <http://dx.doi.org/10.1136/bmj.m3320>.

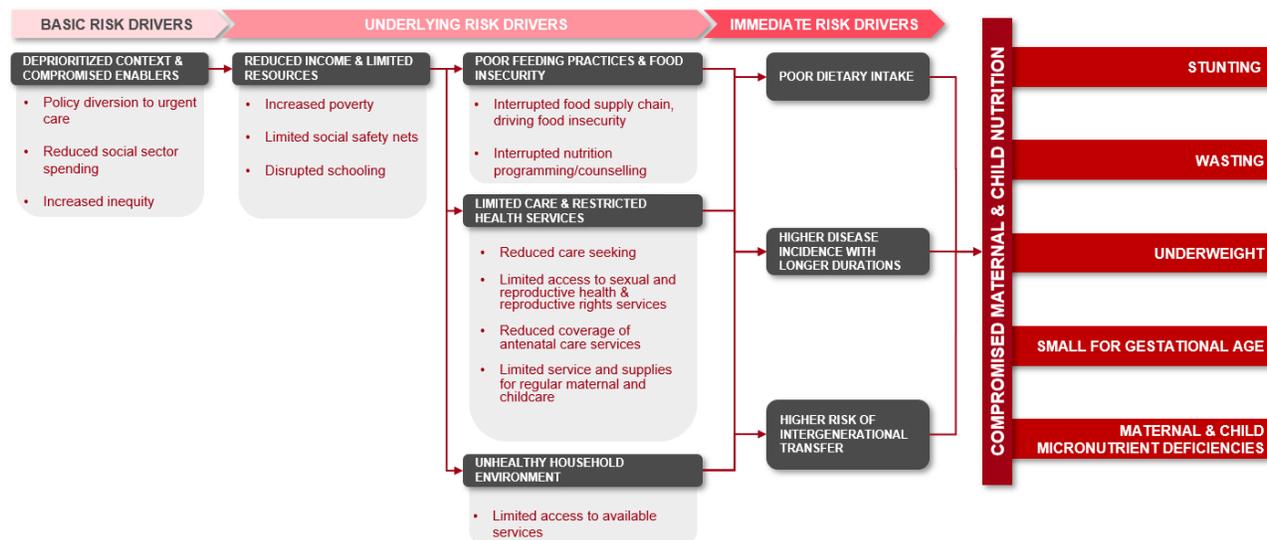
<sup>24</sup> UNFPA, *COVID-19 Technical Brief Package for Maternity Services* (July 2020).

<sup>25</sup> *Ibid.*, “Boda boda drivers deliver contraceptives to the door during Uganda’s COVID-19 lockdown”, 8 July 2020. Available at <https://esaro.unfpa.org/en/news/boda-boda-drivers-deliver-contraceptives-door-during-ugandas-covid-19-lockdown>.

<sup>26</sup> See <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz>.

<sup>27</sup> Derek Headey and others, “Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality”, *Lancet*, vol. 396, No. 10250 (August 2020).

Figure II  
Mapping the impact of the coronavirus disease on maternal and child health, food security and nutrition



Source: Nadia Akseer, Goutham Kandru, Emily C. Keats and Zulfiqar A. Bhutta, “COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition”, *The American Journal of Clinical Nutrition*, vol. 112, No. 2 (August 2020).

26. For children, the reduction in nutrition services will further deteriorate conditions that were poor even before the COVID-19 pandemic. Prior to 2020, only 29 per cent of children aged 6 to 23 months were fed a minimally diverse diet and only 53 per cent received the minimum meal frequency.<sup>28</sup> The Standing Together for Nutrition consortium predicted that the prevalence of moderate or severe wasting among children younger than 5 would increase by 14.3 per cent in 2020 if COVID-19 disrupted vitamin A supplementation, the treatment of severe wasting, child feeding and the provision of micronutrient supplements to pregnant women by 25 per cent. This translates to 6.7 million more children with wasting in 2020 compared with projections prior to COVID-19; 57.6 per cent of these children reside in South Asia and 21.8 per cent in sub-Saharan Africa.<sup>29</sup>

27. WHO recommends a range of ways that nutrition services can adapt under COVID-19, even as health services are diverted to the pandemic. Such measures include the integration of vitamin A catch-up programmes into child immunization programmes, monitoring vitamin A deficiencies through eye exams and modified dose and distribution schedules for ready-to-use therapeutic food. To promote shared problem-solving, the Global Financing Facility has established a service delivery learning programme to share innovations that maintain essential services for women and children during the pandemic.

### Breastfeeding

28. Breastfeeding is a cornerstone of infant and young child survival, nutrition, maternal health and development. WHO recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with complementary foods for up to two years and beyond.<sup>30</sup> Children aged 6 to 23 months require foods

<sup>28</sup> See <https://data.unicef.org/topic/nutrition/child-nutrition-and-covid-19/>.

<sup>29</sup> Derek Headey and others, “Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality”.

<sup>30</sup> See [www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19](http://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19).

of high nutritional value, comprising breastmilk and nutrient-dense complementary foods, to support their growth. Breastfeeding also benefits mothers by preventing post-partum haemorrhage, decreasing the risk of iron-deficiency anaemia and reducing cancer risk.

29. Prior to the pandemic, an improvement in exclusive breastfeeding had been recorded, albeit at a slower pace than needed to achieve the 2030 global target of 70 per cent. COVID-19 now risks reversing these gains. Evidence has already emerged of formula companies capitalizing on misinformation over breastfeeding and COVID-19 to promote formula feeding.<sup>31</sup> WHO and the Centers for Disease Control and Prevention both recommend that breastfeeding should not be interrupted during COVID-19, as there is no evidence to date of COVID-19 transmission through breastfeeding.<sup>32</sup> Instead, public health messaging should counsel that the benefits of breastfeeding substantially outweigh the potential risks of transmission, and mothers who have confirmed cases of COVID-19 can effectively avoid spreading the virus to infants through the use of masks and hand-washing.

### **Malaria control**

30. Even in the midst of COVID-19, malaria must remain a global health priority. In 2019, in the WHO African Region, malaria claimed 384,000 lives and malaria infections during pregnancy resulted in 822,000 newborns with low birth weight.<sup>33</sup> Hence, it is crucial to continue building effective collaborations among maternal health care, malaria control and nutrition interventions in malaria-endemic regions. Iron supplementation and presumptive curative treatment of malaria among pregnant women, followed by preventive treatment, are among the most highly cost-effective interventions in maternal and child health, reflecting years of global research. When implemented as part of routine antenatal care, such a protocol significantly reduces maternal anaemia, increases infant birth weights and reduces stunting. The global prevalence of maternal anaemia alone would be reduced by one third to one half if actions were taken to support focused, large-scale programmes to control malaria in pregnant women (see E/CN.9/2020/3). Irrespective of COVID-19, such proven, cost-effective health interventions should be cornerstones of all national health systems, given their huge multiplier effects across the life course for both mother and infant. In the context of COVID-19, Benin offers a notable example of rapidly adapting a malaria control programme to the pandemic. In collaboration with Catholic Relief Services, the country's national malaria control programme digitized the 2020 distribution of insecticide-treated nets and safely distributed 7,652,166 nets, achieving national coverage of 94 per cent.<sup>34</sup> The process involved: (a) the procurement of high-resolution satellite imagery to map all households; (b) the use of smartphones to capture information about household members and determine needs; (c) the issuance of unique household Quick Response Codes as coupons for the correct number of nets; and (d) door-to-door delivery.

<sup>31</sup> See [www.devex.com/news/ngos-defend-breastfeeding-as-covid-19-misinformation-rages-97440#](http://www.devex.com/news/ngos-defend-breastfeeding-as-covid-19-misinformation-rages-97440#).

<sup>32</sup> See [www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/COVID-19-and-breastfeeding.html](http://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/COVID-19-and-breastfeeding.html) and [www.who.int/news-room/commentaries/detail/breastfeeding-and-COVID-19](http://www.who.int/news-room/commentaries/detail/breastfeeding-and-COVID-19).

<sup>33</sup> WHO, *World Malaria Report 2020* (Geneva, 2020).

<sup>34</sup> Rock Aikpon and others, "Digitalized mass distribution campaign of insecticide-treated nets (ITNs) in the particular context of Covid-19 pandemic in Benin: challenges and lessons learned", *Malaria Journal*, vol. 19, No. 431 (November 2020).

## B. Impact of the coronavirus disease on school feeding programmes

31. School feeding programmes in low and middle-income countries are highly effective for improving child and adolescent nutrition and boosting school enrolment, attendance and learning outcomes. As the pandemic spread and schools closed, many such programmes were unable to operate. Data from WFP show that at the peak of COVID-19-related school closures in April 2020, 369 million schoolchildren in 199 countries missed school meals. By the end of November, the number was still 246 million children in 88 countries, despite concerted efforts to reach schoolchildren through alternative solutions, including cash-based transfers to families, take-home rations and other modalities.<sup>35</sup>

32. India adapted the world's largest school feeding programme, Mid-Day Meals, to ensure that approximately 100 million schoolchildren continued to receive nutritional sustenance during school closures, through cash-based transfers or the delivery of food. The Home-Grown School Feeding programme in Nigeria continued delivering meals to more than 3 million households with primary-school-age children, through vouchers for take-home rations at one of 6,000 distribution centres.<sup>36</sup> In the United States of America, millions of children in the National School Lunch Program still accessed meals through waiver programmes. Programmes that share the design of Mid-Day Meals or the Home-Grown School Feeding programme should be particularly encouraged, as they source locally produced food, thereby stimulating local agricultural production and local economies.

## C. Impact of the coronavirus disease on food security and the safety of women and girls

33. In the COVID-19 context, food scarcity and restricted mobility during lockdowns heighten the risk of child labour, transactional sex and other forms of sexual exploitation of women and girls, and increase risks of child marriage. Data from Jordan refugee camps found an average increase of 14 per cent and 3 per cent in child labour and child marriage, respectively, between April and August 2020.<sup>37</sup>

### Child marriage

34. Food insecurity and malnutrition are both causes and consequences of child marriage. Marrying off daughters may be a means for families to save limited food resources, yet young mothers are at increased risk of maternal mortality and morbidity, and babies born to girls under the age of 15 are more likely to have low birth weight, to experience stunting and to die before the age of 5. UNFPA has estimated that child marriage will increase as a result of COVID-19 through the projected rise in extreme poverty, and numerous governments and partners are deploying strategies to sustain child marriage prevention despite the pandemic. Fifteen countries in East and Southern Africa have toll-free child helplines, and life skills courses, a core intervention of the UNFPA and UNICEF programme to end child marriage, have been adapted for social distancing. Ghana, Nepal and Uganda have moved such programmes to radio and phone delivery, and Mozambique is now distributing the life skills curriculum through television. Ethiopia, the Niger and

<sup>35</sup> See <https://cdn.wfp.org/2020/school-feeding-map>.

<sup>36</sup> Peixun Fang and others, "Scaling up and sustaining social protection under COVID-19", International Food Policy Research Institute COVID-19 policy response portal project note No. 3, October 2020. Available at <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/134033/file/134244.pdf>.

<sup>37</sup> WFP, "Overview of refugee food security in Jordan: COVID-19 update".

Zambia have reduced life skills class sizes and increased the number of mentors to ensure social distancing.<sup>38</sup>

### Gender-based violence

35. The incidence of gender-based violence increases in almost every type of crisis or humanitarian situation, and there is widespread evidence of increased reports of gender-based violence and requests for emergency shelter under COVID-19 lockdowns. Select country offices of both UNFPA and UNHCR report increases in the number of calls for protection.

36. Food scarcity itself exacerbates stress in a household and has been shown to increase domestic and intimate partner violence,<sup>39</sup> and the UNFPA intimate partner violence dashboard highlights that younger women are at the highest risk of such violence.<sup>40</sup> Despite such risks, pandemic-related closures have drastically reduced the availability of traditional resources for gender-based violence survivors. In France, following a 30 per cent increase in domestic violence reports since March 2020, authorities converted 20,000 hotel rooms into temporary shelters.<sup>41</sup> Where gender-based violence support services are categorized as essential they can remain open, but alert systems are needed for girls and women who lack ways to communicate during lockdowns. In Somalia, development partners are establishing “neighbourhood watch systems” to identify, prevent or mitigate incidents of violence.

37. The evident links between COVID-19, household food insecurity and gender-based violence highlight the importance of social protection for families facing the harsh economic consequences of COVID-19. Greater risks for women and girls under COVID-19 heighten the importance of the European Union-United Nations Spotlight Initiative investments in Asia, Africa, Latin America, the Pacific and the Caribbean. It is also essential to engage women leaders in the design of gender-based violence and social protection systems in order to ensure that such systems respond to the disproportionate and greater suffering of women and girls given the unfolding insecurity stemming from the pandemic.

## D. Addressing the pandemic-related health risks of obesity and overweight

38. As COVID-19 progressed, case data quickly identified that, after advanced age, obesity is the single largest determinant of adverse outcomes of COVID-19, even in children.<sup>42</sup> The simultaneous occurrence of both the obesity epidemic and the COVID-19 pandemic has resulted in a *syndemic*. A syndemic occurs when parallel health epidemics interact synergistically, have intertwined risk factors and mutually enhance each other against a background of shared social and economic inequalities<sup>43</sup> (see figure III). As COVID-19 increases household poverty and people have less access to healthy diets, and intermittent lockdowns reduce opportunities for physical exercise, the risks of obesity and overweight have increased. In turn, obesity and

<sup>38</sup> UNFPA, UNICEF, *Pivoting the UNFPA-UNICEF Global Programme to End Child Marriage to Respond to the Pandemic: Adapting to COVID-19* (September 2020).

<sup>39</sup> Amy A. Conroy and others, “Food insecurity and violence in a prospective cohort of women at risk for or living with HIV in the U.S.”, *PLOS ONE*, vol. 14, No. 3 (March 2019). Available at <https://doi.org/10.1371/journal.pone.0213365>.

<sup>40</sup> See <https://pdp.unfpa.org/intimate-partner-violence/>.

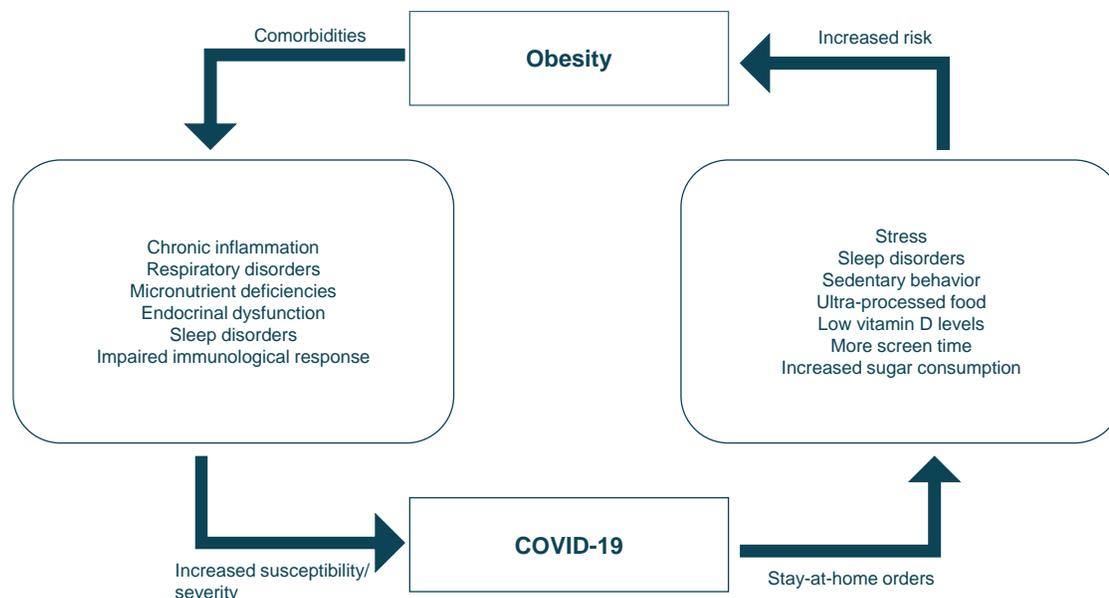
<sup>41</sup> United Nations Development Programme (UNDP), “UNDP brief: gender-based violence and COVID-19”, May 2020.

<sup>42</sup> WFP, “Overweight and obesity in the context of COVID-19”, August 2020.

<sup>43</sup> Clare Bambra and others, “The COVID-19 pandemic and health inequalities”, *Journal of Epidemiology and Community Health*, vol. 74, No. 11 (May 2020).

overweight worsen COVID-19 outcomes. Hence, it is essential to increase programming to reduce obesity and overweight, or COVID-19-vulnerability will rise.

Figure III  
**Link between obesity and the coronavirus disease**



Source: Adapted from Carlos Alberto Nogueira-de-Almeida and others, “COVID-19 and obesity in childhood and adolescence: a clinical review”, *Jornal de Pediatria*, vol. 96, No. 5 (September–October 2020).

39. In Mexico, where 73 per cent of adults are overweight or obese, national and state governments pursued policies to counter obesity before COVID-19. In 2019, Mexico passed legislation to require the labelling of food products high in saturated fat, trans fat, sugar, sodium or calories, consistent with WHO recommendations for diet intervention “best buys”,<sup>44</sup> and similar to labelling actions in Canada, Chile, El Salvador, Indonesia, Ireland, Peru, Saudi Arabia and Sri Lanka. In 2020, compelled by the correlation between obesity and severe COVID-19 complications, two states in southern Mexico<sup>45</sup> passed additional legislation banning the sale of food products high in fats, salt, sugar and calories to children under the age of 18.

40. Similarly, in the United Kingdom of Great Britain and Northern Ireland,<sup>46</sup> where almost two thirds of the adult population is obese or overweight, in July 2020 the Government acted on the evidence of obesity causing severe complications from COVID-19 and unveiled a new strategy to reduce obesity nationwide. The new strategy includes a ban on television and online advertising of foods high in fat, sugar or salt before 9 p.m., bans “buy one, get one” promotions on such foods and restricts the display of such foods near supermarket cash registers or other prominent locations, among other actions.

<sup>44</sup> WHO, document WHO/NMH/NVI/17.9.

<sup>45</sup> Simone Bösch and others, “Trans fat free by 2023: a building block of the COVID-19 response”, Policy brief for the NCD Alliance, November 2020.

<sup>46</sup> See [www.gov.uk/government/news/new-obesity-strategy-unveiled-as-country-urged-to-lose-weight-to-beat-coronavirus-covid-19-and-protect-the-nhs](https://www.gov.uk/government/news/new-obesity-strategy-unveiled-as-country-urged-to-lose-weight-to-beat-coronavirus-covid-19-and-protect-the-nhs).

## E. Coronavirus disease and nutrition programmes for older persons

41. In an ageing world, nutrition interventions are increasingly responding to the unique nutritional needs of older persons, who may experience malnutrition due to loss of appetite, a decrease in the body's ability to process food, social isolation or depression, household discrimination or a limited ability to shop and prepare food. In the context of COVID-19, such interventions need to be carried out with extreme caution owing to the disproportionate risk of death from COVID-19 among older persons.

42. Numerous programmes worldwide have increased home-based delivery of meals to older persons during the pandemic. The Moldova Ministry of Health, Labour and Social Protection, in partnership with UNFPA and HelpAge International, has distributed hundreds of food parcels to older persons as part of national efforts to sustain nutritional support and protect older persons. Other active programmes in a range of countries are increasing digital training for older persons, focusing on Internet skills to motivate healthy cooking and increase dietary counselling during quarantine. In India, UNFPA and partner agencies are supporting the mobile delivery of critical health services and dignity care, such as food and hygiene for older persons.

## F. Addressing pandemic-related food insecurity in humanitarian settings

43. Targeted programming to mitigate the impacts of COVID-19 in humanitarian contexts is essential to preventing a further exacerbation of food insecurity among the world's most food vulnerable populations. In Yemen, where United Nations agencies recorded a 10 per cent increase in malnutrition, and a 15.5 per cent increase in severe acute malnutrition cases in the southern districts of the country since early 2020,<sup>47</sup> UNHCR has provided treatment for acute malnutrition to more than 1,800 children and 836 pregnant and nursing mothers, and provided acute malnutrition prevention support to 600 highly vulnerable children.<sup>48</sup> In October, WFP restarted its school feeding programmes in Yemen, reaching 600,000 students, and provided general food assistance to 8.7 million people through in-kind food assistance, food vouchers and cash assistance.<sup>49</sup>

44. To mitigate the immediate and long-term impacts of COVID-19 on mobile, displaced populations and remittance-dependent households, WFP and IOM recommend eight priority actions within the broader framework of the Global Compact for Safe, Orderly and Regular Migration. These include ensuring that migrants facing acute hardship can access humanitarian assistance to meet their food and other essential needs, and facilitating the flow of remittances as an essential financial service that supports the response to and recovery from COVID-19.

## G. Protecting food fortification during the pandemic

45. While food security programmes prioritize availability, access and affordability of a limited range of staple foods, nutrition programmes focus on providing the right

<sup>47</sup> UNICEF, "Malnutrition surges among young children in Yemen as conditions worsen", 27 October 2020. Available at [www.unicef.org/press-releases/malnutrition-surges-among-young-children-yemen-conditions-worsen](http://www.unicef.org/press-releases/malnutrition-surges-among-young-children-yemen-conditions-worsen).

<sup>48</sup> UNHCR, "UNHCR operational update: Yemen", 29 October 2020. Available at <https://data2.unhcr.org/en/documents/download/82598>.

<sup>49</sup> WFP, "WFP Yemen country brief: October 2020". Available at <https://docs.wfp.org/api/documents/WFP-0000121272/download/>.

nutrients. In the context of the pandemic, nutrition-specific interventions are needed to prevent an increase in malnutrition and the hidden hunger of micronutrient deficiency, as people shift to cheaper, less perishable, but less nutritious foods. Deficiencies in key vitamins and minerals, such as vitamin A and iodine, are leading causes of disability and morbidity, while iron deficiency makes childbirth more dangerous for both mothers and babies, and folic acid deficiency can cause devastating birth defects.<sup>50</sup> Even before the pandemic, nearly one third of the global population suffered from nutritional deficiencies that contributed to disease and premature death.

46. Food fortification, the process of adding vitamins and minerals to food staples, is a proven, highly cost-effective tool for addressing micronutrient deficiencies in populations at large. To date, 140 countries have mandated the iodization of salt, 86 countries have mandated the fortification of at least one staple cereal flour and 49 countries have mandated the fortification of edible oils. However, the pandemic is disrupting fortification programmes in a number of low and middle-income countries. This has prompted the Food Fortification Initiative, the Global Alliance for Improved Nutrition, Helen Keller International, the Iodine Global Network, Nutrition International, the Scaling Up Nutrition movement, UNICEF and WFP to issue a joint call to prioritize food fortification as part of global and national responses to COVID-19.

47. India, one of the largest suppliers of food fortification premixes, is experiencing disruptions in its national programming as the pandemic has reduced national production capacity by up to 50 per cent. Egypt experienced a three-month delay in the shipment of potassium iodate, a key ingredient for salt iodization, due to a combination of temporary export restrictions, lockdowns and port congestion. Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Nepal and Nigeria have experienced significant challenges to the regulatory enforcement and monitoring of fortification processes, forcing them to either pause or relax requirements.<sup>51</sup>

48. Maintaining large-scale food fortification interventions, even as the pandemic continues to unfold, will require multi-stakeholder collaboration, and governments are encouraged to classify food fortification as an essential service. Governments should fast-track new mandatory staple food fortification programmes, especially those delivering essential nutrients, for example, vitamins A, D and B12, and iron, zinc, folic acid and iodine. Premixes of these vitamins and minerals should be prioritized for clearance at border crossings by including them on the list of essential health commodities and exempting them from import duties and taxes. Governments and development partners should prioritize funding to maintain the production of fortified foods and the enforcement of fortification standards.

## IV. Social protection and cash transfers

### Social protection

49. Social protection measures are the most widely used intervention by countries to mitigate the impact of COVID-19 on agrifood systems. Between March and September 2020, approximately 1,179 new social protection measures were

<sup>50</sup> Food Fortification Initiative and others, “COVID-19 is making it harder for vulnerable people to access healthy food: strengthening large scale food fortification should be part of the response”, October 2020. Available at [www.gainhealth.org/sites/default/files/publications/documents/covid-19-is-making-it-harder-for-vulnerable-people-to-access-healthy-food.pdf](http://www.gainhealth.org/sites/default/files/publications/documents/covid-19-is-making-it-harder-for-vulnerable-people-to-access-healthy-food.pdf).

<sup>51</sup> Ibid.

implemented by 212 countries and territories.<sup>52</sup> In 119 countries for which data were available, a total of \$789.8 billion had been spent on social protection measures for COVID-19 as at 13 September 2020. This represents almost a percentage point (0.9 per cent) of the \$87.7 trillion global gross domestic product in 2019 and well exceeds the level of social protection spending that occurred as part of the global response to the 2007/08 financial crisis. On a per capita basis, about \$243 is being provided per person, ranging from \$695 in high-income countries to \$4 in low-income settings.<sup>53</sup>

50. More than half of social assistance measures include various forms of cash-based transfers, including in-kind distribution of food commodities, vouchers and feeding programmes. In India, the state of Kerala implemented a near-universal public food distribution programme, providing 35 and 15 kilograms of rice to poor and non-poor households, respectively, through September 2020, coupled with grocery kits comprising beans, lentils, oil and spices.<sup>54</sup> Globally, WFP has assisted 68.8 million people with unconditional food assistance in the first nine months of 2020, more than in all of 2019 (60.8 million).<sup>55</sup>

51. Prior to the COVID-19 pandemic, many countries struggled to provide universal health coverage. The pandemic's protracted health crisis is acutely straining health systems, further deteriorating access, especially for those without health insurance. Social protection measures that increase access to essential health services are especially critical to reducing the compounding effects of the pandemic and the loss of essential, preventive health services.

52. The High-level Event on Financing for Development in the Era of COVID-19 and Beyond, co-convened by Canada, Jamaica and the United Nations in May 2020, highlighted the critical need for building resilient and equitable health systems. Innovative financing, including blended finance structures, particularly in the areas of health and nutrition, was prioritized as a consideration for building such resiliency and equity. With 135 million people projected to face crisis levels of hunger, and another 130 million on the edge of starvation, food security and sustainable agricultural practices were also included as key considerations for governments.<sup>56</sup>

### Cash transfers

53. The use of cash transfer programmes in development has been steadily increasing over the past 20 years. These programmes continue to be positively reviewed and are found to protect living standards, promote wealth creation, prevent households from suffering shocks and help households build human capital through investments in children's health, nutrition and education. The accurate targeting of vulnerable men and women, especially those who are particularly susceptible to the impacts of climate change, natural hazards, economic shocks, conflict, protracted crises and pandemics, is often critical to success.

54. Cash transfer programming has been utilized by various governments and development actors throughout the COVID-19 pandemic, including to deliver critical relief to vulnerable smallholder farmers. In South Sudan, the FAO Emergency

<sup>52</sup> Ugo Gentilini and others, *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures* (World Bank, Washington, D.C., 2020). Available at <https://openknowledge.worldbank.org/handle/10986/33635>.

<sup>53</sup> See [www.ifpri.org/project/covid-19-policy-response-cpr-portal](http://www.ifpri.org/project/covid-19-policy-response-cpr-portal).

<sup>54</sup> M. Swaminathan, note prepared for the expert group meeting on population, food security, nutrition and sustainable development, 28 to 30 October 2020.

<sup>55</sup> WFP, *WFP Global Update on COVID-19: November 2020*.

<sup>56</sup> See *Financing for Development in the Era of COVID-19 and Beyond: Menu of Options for the Consideration of Heads of State and Government*, parts I and II (September and October 2020). Available at [www.un.org/en/coronavirus/financing-development](http://www.un.org/en/coronavirus/financing-development).

Livelihood Response Programme is implemented through a cash-for-seeds modality. Farmers can purchase essential inputs at local markets, supporting local producers.<sup>57</sup> In Viet Nam, after recognizing the potential for food insecurity and loss of livelihoods in the province, a targeted cash transfer programme was launched by FAO in Ca Mau province for smallholder farmers who did not qualify for Government-sponsored pandemic-response programmes.<sup>58</sup> Prior to the pandemic in Viet Nam, Ca Mau had been suffering from a prolonged drought since the end of 2019 and from saline intrusion. Pandemic-related market closures and social distancing mandates severely limited farmers' ability to market their crops. Programme implementation began in August 2020.

55. In Belize, the World Bank has reallocated funds from existing projects to support smallholder farmers and bolster the nation's overall food security. Farmers were already suffering through drought when the pandemic arrived in Belize. Export markets have since been disrupted and domestic demand has decreased owing to the contraction of tourism and job losses, reducing overall domestic spending. The World Bank's reallocation of \$8 million will provide support to more than 8,700 agriculture households, including programmes for cash transfers to smallholder farmers and women.<sup>59</sup>

## V. Climate change

56. Evidence of climate change's impact on the production of nutritious food emerged on all continents in 2020. Unusually heavy rains have led to the arrival of vast locust swarms, destroying large swathes of crops across East Africa and South-West Asia and disrupting food supplies. As flooding strains Chinese agriculture, the Government is implementing wide-ranging measures to reduce the nation's food waste. Heat and blazing wildfires across the western United States, coupled with a derecho storm in the country's midwest region, have threatened livestock and devastated millions of acres of croplands. Blistering heat and severe drought across France have wreaked havoc on agricultural production and prompted an aid package from the Government, including funding for climate change adaptation.

57. Climate change, food security and nutrition are inextricably linked. Climate change and associated severe weather, droughts, fires, pests and diseases were already threatening efforts to assure universal nutrition and food security prior to COVID-19. Unless governments act decisively, these problems will worsen, causing disproportionate suffering among the poorest and most vulnerable. Recognizing the need for protecting gains in resilience achieved prior to the pandemic, and to promote a foundation for more inclusive, resilient and protective recovery, WFP has sought to develop response programmes that support asset creation and the protection of livelihoods, including climate-smart agricultural assets such as hydroponics and home gardens. At the community level, WFP has continued to scale up support for smallholder farmers, such as assistance to increase supply and access to markets, and support for the distribution of more than \$548 million in seed packages, alongside

<sup>57</sup> FAO, "South Sudan: Cash for seeds brings new hope to Santa and 12,000 vulnerable farmers in Magwi", 25 August 2020. Available at [www.fao.org/emergencies/fao-in-action/stories/stories-detail/en/c/1304850](http://www.fao.org/emergencies/fao-in-action/stories/stories-detail/en/c/1304850).

<sup>58</sup> FAO, "Cash transfer programme to respond to COVID-19", 2020. Available at [www.fao.org/vietnam/programmes-and-projects/success-stories/cash-transfer-programme-to-respond-to-covid-19/en/](http://www.fao.org/vietnam/programmes-and-projects/success-stories/cash-transfer-programme-to-respond-to-covid-19/en/).

<sup>59</sup> World Bank, "World Bank provides US\$8 million to strengthen agriculture and food security in Belize", 27 August 2020. Available at [www.worldbank.org/en/news/press-release/2020/08/27/world-bank-strengthens-agriculture-food-security-belize](http://www.worldbank.org/en/news/press-release/2020/08/27/world-bank-strengthens-agriculture-food-security-belize).

governments and other partners.<sup>60</sup> Ahead of the United Nations Food Systems Summit in 2021, Member States should actively promote solutions for more climate-resilient food systems and a healthier planet. Technological innovation will play a valuable role in these efforts, but coordinated political leadership is essential.

## VI. Changes in data

58. The rapidly evolving nature of COVID-19 heightens the need for readily accessible, timely and relevant data. These data are essential to policymakers so they can accurately assess the impact of the pandemic and the effectiveness of implemented measures that aim at improving food security and nutrition. However, social distancing protocols and limitations on mobility have often made it impossible to collect such data through face-to-face interviews. Member States, United Nations entities and development partners have rapidly adapted data collection through greater use of telephone-based interviews, online rapid assessments, the use of administrative data and the integration of big data applications such as satellite imagery and detailed records of telephone calls. The need for data includes a cascade of concerns about how COVID-19 and associated policies have affected human behaviour, attitudes, household needs and health outcomes, among many other outcomes. The demand for retrospective comparisons between 2020 and the pre-pandemic experience has enhanced the demand for faster and “real-time” data from month-to-month. This alone may alter the nature of data tracking on many dimensions of development, accelerating the pace of available data for interpretation and action. In this regard, standard data applications may be irreversibly shifted away from less frequent, in-depth and in-person interviews to faster remote applications for years to come.

## VII. Recommendations

59. **With clear evidence of worsening food security under COVID-19, Member States are strongly encouraged to protect the diets and nutrition of all people by strengthening programmes that address all forms of malnutrition, including both undernutrition and overweight/obesity.**

60. **Recognizing that food insecurity is most acute in humanitarian crises, Member States are called upon to increase support for food security and nutrition in crisis settings, in particular for the poorest populations disproportionately affected by the COVID-19 pandemic, including refugees, internally displaced persons and other migrants. Where possible, governments should prioritize programmes that source local, sustainably produced foods, as a complementary means to support local agriculture.**

61. **Member States should address the disproportionate impact of food insecurity among women, who are more likely than men to suffer hunger in times of crisis, and ensure that women are fairly represented in the design and implementation of social protection and cash transfer programmes.**

62. **Member States are strongly urged to prioritize programmes that meet the nutrition needs of pregnant and lactating women, within sexual and reproductive health services, and of infants and young children, especially during the 1,000 days from the start of pregnancy to 24 months of age, and promote exclusive breastfeeding during the first 6 months, while implementing infection prevention and control procedures to mitigate COVID-19 transmission. These programmes**

<sup>60</sup> WFP, *WFP Global Update on COVID-19: November 2020*.

are among the most cost-effective health interventions, with huge multiplier effects across the life course of both mother and infant.

63. In malaria-endemic areas, Member States are encouraged to prioritize malaria control programmes in the context of COVID-19, classifying programmes such as bednet distribution, iron supplementation and presumptive and curative antenatal treatments as essential health care.

64. Member States are encouraged to protect the nutrition needs of school-age children by maintaining the provision of school feeding programmes, including through alternative modalities when schools are closed.

65. Member States are urged to increase measures to mitigate the adverse effects of the pandemic and greater food insecurity on child marriage, gender-based violence and other harmful practices.

66. Member States are encouraged to regulate the marketing, promotion or mass distribution of foods that are high in saturated fats, free sugars and/or salt, especially to children.

67. Member States are urged to classify food fortification as an essential service, and programmes should be prioritized and maintained to mitigate an emerging global crisis of poor dietary quality and inadequate nutrition. Member States should engage in multi-stakeholder collaboration to sustain food fortification.

68. Member States are encouraged to prioritize the integration of local and sustainable agriculture practices into national food production, including the use of conditional cash transfer programmes that have proven effective in promoting sustainable agriculture. Sustainable agriculture policies should be integrated within national climate policies to promote future crop diversity as a means of slowing the pace of climate change and reducing the impact of future climate shocks or pandemics on global food production and access.

69. To design inclusive responses to food insecurity and malnutrition exacerbated by COVID-19, it is important for Member States to enhance the collection and analysis of reliable and timely data, disaggregated by age, sex, disability status and other key characteristics, to assess the impact of the pandemic on nutrition programming and outcomes. In addition, they should test the feasibility of nutrition assessments during the pandemic and consider innovations to support improved data collection and analysis.

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