COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition

Research snapshot[1]

The adverse global impact of COVID-19 on poverty, the coverage of essential support services and access to nutritious foods is likely to lead to an increase not only in the incidence of child wasting but also maternal and child undernutrition more broadly. A number of sectors that are critical for the reduction of maternal and child undernutrition are at risk of collapse or reduced efficiency. Specifically, disruption to food systems, incomes and services that provide healthcare, education, social protection and sanitation need to be mitigated during and in the aftermath of COVID-19 to reduce the burden of undernutrition.

The authors build on their previous 'Global Health's Stunting Reduction Exemplars' project to suggest priority actions within low- and middle- income countries. For food systems, these include interventions to strengthen the food supply chain through investment and policy reforms and to reduce food insecurity by assisting those at immediate risk of food shortages. For incomes, interventions include targeted social safety net programmes, payment deferrals or tax breaks as well as suitable cash support programmes for the most vulnerable such as the national conditional cash transfer programme in Peru.

Community health workers (CHWs) and community groups, targeting the most marginalised households, can be utilised to address shortfalls in current healthcare, education, social protection and sanitation services. Ethiopia's health extension workers and Nepal's female community health volunteers showcase successful models of mobilising CHWs. CHWs and other community groups can also be an important source of health and nutrition information while the education system is not fully functioning. Additionally, several community-level COVID-19 response measures such as contact tracing and self-isolation could also be exploited for nutrition protection. While government-led improvements in sanitation infrastructures might be on hold as a result of the pandemic, community-led sanitation programmes can ensure healthy household environments and reduce undernutrition, for example, the Community Led Total Sanitation programmes in Nepal, Ethiopia and Senegal.

Successful interventions to alleviate the effects of COVID-19 on maternal and child undernutrition will require governments, donors and development partners to restrategise and reprioritise investments for the COVID-19 era and will necessitate data-driven decision making, political will and international unity.

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Assessing nutrient gaps and affordability of complementary foods

Research snapshot[1]

Identifying nutrition and dietary gaps alongside foods that are best matched to fill these gaps is essential to inform nutrition-related policies and programmes. The five research papers in this Nutrition Reviews supplement address these questions for young children in Eastern and South Africa and South Asia. The first article by Beal et al (2021a) introduces a novel methodology for identifying the public health significance of nutrient gaps in children's diets. The methodology, called Comprehensive Nutrition Gap Analysis (CONGO), collates all relevant data points from a given region and provides clear criteria for rating the nutrient gap (as negligible, low, moderate or high) implied by each data point. The methodology then assigns weights to each data point based on evidence type, geographic representation, recency of data collection, age and sex representation and sample size. For each nutrient, an overall nutrient gap rating is derived as well as an evidence quality rating.

The next two articles (White et al, (2021); Beal et al, (2021b)) detail the application of CONGO for children 6-23 months of age. The studies found clear differences in the availability of relevant data by country and micronutrient. Furthermore, important nutrient gaps were identified in iron, vitamin A, zinc, calcium, vitamin C (South Asia only), vitamin B12 and folate. The last two articles (Ryckman et al, (2021a); Ryckman et al, (2021b)) identified the most affordable foods that could close the nutrient gaps previously identified. They found several nutrients with few affordable sources, with zinc being universally unaffordable.

While it is too early to say for sure whether these deductions are indeed valid, these papers provide a strong basis for the design of interventions to improve the nutrition of infants and young children in the poorest regions of the world.

Children eat a food supplement at a clinic in Democratic Republic of Congo

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