

## Facilitators of ‘good’ and ‘poor’ practice in the distribution of infant formula: Evidence from the 2014–2016 refugee crisis in Europe

This is a summary of the following paper:

Gribble K & Palmquist A (2021) ‘We make a mistake with shoes [that’s no problem] but... not with baby milk’: Facilitators of good and poor practice in distribution of infant formula in the 2014–2016 refugee crisis in Europe. *Maternal and Child Nutrition*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8710125/>

In low- and middle-income countries, early cessation of breastfeeding remains a concern with infants who are not breastfed having an eight times greater risk of death than their exclusively breastfed counterparts. However, it is often difficult to implement effective infant and young child feeding in emergencies (IYCF-E) interventions and the aid that is provided in emergencies can do more harm than good. Specifically, the inappropriate distribution of infant formula reduces breastfeeding rates which remains an important safeguard against child mortality.

Using a combination of qualitative research approaches – such as rapid ethnographic assessment, narrative elicitation, and semi-structured interviews with 33 individuals – this paper investigated factors that contributed to following ‘good practice’ or following ‘poor practice’ in relation to the Infant and Young Child Feeding in Emergencies Operational Guidance (OG-IFE) during the 2014–2016 European refugee crisis. Factors that contributed to ‘good practice’ were identified as the presence

of breastfeeding support, the presence of properly implemented formula feeding programmes, understanding that maternal choice to formula feed should be considered within the risk context of the emergency, and positive personal experiences of breastfeeding. Factors that contributed to ‘poor practice’ were the presence of infant formula donations, the absence of properly managed formula feeding programmes, the belief that maternal choice to formula feed is paramount and should be facilitated, and personal experience of insurmountable breastfeeding challenges and/or formula feeding.

The authors concluded that governments and humanitarian actors should ensure adequate resourcing of and preparedness for IYCF-E programmes, including adequate training. Additionally, organisations should incorporate maternity protection that enables employees to breastfeed as recommended, which can generate positive breastfeeding experiences among staff, who will then pass on good practice to the communities they work with.



A mother breastfeeds her child at a community care group in Malawi



A mother feeds her 2-year-old daughter, Diella, a healthy diet

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## Nutrition and COVID-19 susceptibility? A systematic review

This is a summary of the following paper:

James P, Ali Z, Armitage A, Bonell A, Cerami C, Drakesmith H et al (2021) *The Role of Nutrition in COVID-19 Susceptibility and Severity of Disease: A Systematic Review*. *The Journal of Nutrition* 0, 1–25. <https://academic.oup.com/jn/article/151/7/1854/6274856>

Many nutrients have powerful effects on the immune system with the potential to alter susceptibility to COVID-19 infection, progression to symptoms, the likelihood of severe disease and survival. However, nutrition information has long been miscommunicated to the public and nutrition-related myths regarding COVID-19 protection and treatment have been widely prevalent during this pandemic. This review investigates the latest evidence on how malnutrition across all its forms (under- and over-nutrition and micronutrient status) may influence both susceptibility to, and the progression of, COVID-19.

The authors synthesised information on 13 nutrition-related components and their potential interactions with COVID-19: overweight, obesity and diabetes, protein-energy malnutrition, anaemia, vitamins A, C, D and E, poly-unsaturated fatty acids, iron, selenium, zinc, antioxidants and nutritional support. For each section they provided a) a background narrative review summarising the relevant material, b) a systematic search of the literature and c) a screen of six clinical trial registries. Searches took place between 16th May and 11th August 2020.

In the final narrative synthesis, the authors summarise 22 published articles, 38 pre-print articles and 79 trials. Despite the wealth of literature being published, the evidence directly linking nutritional status to the risk and progression of COVID-19 is still sparse due to the lack of high-quality data. The authors conclude that currently there is limited evidence that high-dose supplements of micronutrients will either prevent severe disease or speed up recovery. However, the results of clinical trials are eagerly awaited. Given the known impacts of all forms of malnutrition on the immune system, public health strategies to reduce micronutrient deficiencies and undernutrition remain of critical importance. Furthermore, there is strong evidence that the prevention of obesity and type-2 diabetes will reduce the risk of serious COVID-19 outcomes.