

SUMMARY REPORT

Webinar Title: *Implications of COVID-19 on Nutrition: Lessons Learned and Practical & Innovative Approaches - Perspectives from Civil Society, Government, and Academia*

Date: Wednesday, September 30th, 2020

Presenters:

- Professor Eileen Kennedy (Professor at Tufts University, Friedman School of Nutrition Science and Policy)
- Dr. Sisay Sinamo (Senior Program Manager of Seqota Declaration Federal Program Delivery Unit)
- Dr. Amare Deribew (Country Director for Nutrition International Ethiopia)
- *Facilitator:* Rahel Gizaw (Sr. Learning Advisor at Tufts University, Friedman School)

Summary: *The novel coronavirus is imposing unprecedented health, nutrition, social, and economic risks to the global population. Ethiopia is also being affected, and the continued spread of the virus has the potential to reverse some of the nutritional gains that the country has achieved in the last few years. Joint efforts by key stakeholders to help support the Ethiopian government's strong commitment to preparedness and response are critical to combatting the epidemic. In light of this, on September 30th, Tufts University, in collaboration with Save the Children, organized a webinar that brought together representatives from government, civil society, and academia to discuss lessons learned, practical and innovative approaches regarding COVID-19, different sectors' adaptation and response plans, and recommendations to address the current and future epidemic and minimize its negative impact on nutrition. The two-hour webinar was comprised of three presentations by the panelists, followed by 45 minutes of discussion (Q & A) time.*

The webinar started with a brief introduction of the panelists and the webinar agenda by Rahel Gizaw, Sr. Learning Advisor on the Growth through Nutrition project. The first presenter, Professor Kennedy from the Tufts Friedman School presented an overview of the effects of COVID-19 on food security and nutrition by referencing global and local evidence from various sources, taking participants through some recent data from the World Health Organization looking at global and regional new and cumulative cases of COVID-19. She noted from the data from the WHO that the Americas contribute a higher proportion of cumulative COVID deaths globally (55%), followed by Europe (25%). She explained how COVID affects food security by affecting the food security pillars, mainly food availability, access, and utilization.

On a global level, Professor Kennedy remarked that COVID-19 will only catalyze the existing severe hunger and food insecurity condition – quoting the title of a recent New York Times article – “Hunger will kill us instead of coronavirus.” The World Food Program echoes this outlook – projecting that the number of people suffering from hunger is expected to double from 135 million to 260 million – with those most expected to be affected in low- and middle-income countries.

To narrow down on how the presence of the virus will impact nutrition, she brought up the impact of lockdowns on unemployment and decreased livelihoods and income on a national and household level – which is seen more in poorer households, who in turn tend to turn to more affordable but less

nutritionally dense food such as basic staples and processed foods. This impact was already evident in a recent IFPRI report in which Gross Domestic Product at a global level decreased by 5% and in Sub-Saharan African countries by almost 9%, leading to a 1% and 3.2% drop in household consumption respectively. One local example of this was seen in another IFPRI report which showed that household dairy consumption, a critical component for dietary diversity and nutritional status of children, dropped from 55% to 45% between February (pre-COVID) and May. More significantly, the greatest impact is observed in the poorest households. This pattern was clearly visible when looking at level of income against consumption – with those struggling the most with food insecurity being more affected by COVID-19.

Professor Kennedy further emphasized that in addition to targeting the economically disadvantaged, the impact of the virus is also biased in terms of occupation. Primary production (such as farm-level production), food processing and food service have been particularly affected – influencing the food value chain as a whole, which can further affect production and access to food.

Beyond food insecurity, Professor Kennedy went on to look at the short- and long-term impacts on nutrition. She noted that lower GDP will impact governments' ability to respond to the virus itself via an overburdened health system. In addition, poor diet plays significant role in weakening the immune system making people vulnerable to the virus (particularly in individuals with underlying illness).

Following Professor Kennedy's presentation, Rahel introduced the next speaker, Dr. Sisay Sinamo, whose presentation focused on the Ethiopian government response to COVID-19 and the impacts on nutrition in the Ethiopian context. Dr. Sisay's presentation opened with a brief introduction to the Sequota Declaration, a commitment by the Government of Ethiopia (GoE) to end stunting in children under two by 2030 which consists of a three phased (15-year) roadmap and is a joint effort by nine Government of Ethiopia (GoE) ministries and their regional and woreda counterparts.

Dr. Sisay next presented some of the main anticipated COVID impacts on the health and agricultural sectors some of which are already being seen. Among those listed in the health sector were disruption in delivery of essential health and nutrition services at health facilities and shortage of essential commodities at all levels. Furthermore, a shortage is expected for infection prevention and control (IPC) and personal protective equipment (PPE) due to limited supply and the higher usage of these products. The quality of essential and emergency services is also expected to decrease due to lowered visits to health facilities, inability to conduct face-to-face and community based social behavioral change activities, and lack of equipment and necessary commodities. Limitations in both commodity and human transportation (via the social distancing related transportation laws) is also expected to impact access to these services and nutrition. In terms of the agriculture sector, Dr. Sisay noted the price increases of staples and nutrient-dense foods above the seasonal norm. He also noted higher prices spices and condiments and agricultural inputs, as well on transportation which affected both sellers and buyers. Furthermore, there was a significant decrease in demand for animal source foods due to misconceptions and fears.

Having discussed these issues in both sectors, Dr. Sisay went on to share some of the main lessons learned in responding to this pandemic. He stressed that with an already high burden on the safety net program with over 6.8 million people and nearly 100,000 people in the rural and urban safety net programs respectively, as well as 3 million experiencing moderate and severe malnutrition, the nutrition sector is particularly sensitive to shock. Therefore, he emphasized the importance of good, structured leadership and accountability mechanisms at such times – including providing clear, contextually-driven direction and following up to make sure services continue and morbidity and mortality on account of COVID-19 are mitigated.

Secondly, he underlined the critical need for sufficient logistics as well as commodities so that frontline workers have the necessary tools to effectively provide and sustain services. Dr. Sisay noted that the information tracking and weekly monitoring process is critical for immediate and responsive course correction, with an emergency tracking system activated to track weekly data on mortality.

Another lesson shared was that use of multi-media was a critical factor for spreading awareness and key information and stimulating demand for necessary health services. He emphasized that progress in nutrition requires the alliance of not only health and agriculture, but multi-sectoral collaboration of other sectors as well.

In elaborating the specific sectors expected to be impacted by the presence of the virus, Dr. Sisay explained although the degree may vary from sector to sector, none would be exempt from impact, including all nine sectors in the Seqota declaration. In cognizance of this fact, the response is being led at the highest government authority and federal and regional government authorities from different sectors have developed complimentary preparedness and response plans that are aligned with global level COVID guidelines.

From these lessons, Dr. Sisay went on to explain how the Seqota Declaration and Government of Ethiopia has responded and adapted. First off, he stressed that it was vital to tailor restrictions and solutions contextualized to the need of specific country. For example, solutions more pertinent to Ethiopia's case included enforcing limited seating in public transportation, closing schools or limiting the number of staff who come to offices – whereas measures such as reducing import of fertilizer seeds and other commodities would have dire malnutrition costs.

Other immediate responses to minimize COVID impact included adjusting work schedules and frequent information exchange to respond immediately to impacts. Reprogramming of activities to make room for COVID response, as well as transitioning to virtual platforms in the place of in-person meetings and reducing frequency of nutrition service client visits were also adopted. A rapid assessment was also conducted to understand the magnitude of the effects of COVID-19.

Some of the successes of the approach that were highlighted as best practices include the adoption of global recommendations to the local context, rapid assessment of impact, multi-level, multi-sectoral platform with strong government leadership and authority, and accountability mechanisms.

In closing, Dr. Sisay proposed the following recommendations to address future epidemics: 1) facilitating uninterrupted nutrition service provision through capacity building and equipment to frontline agriculture extension workers, health centers, health posts across the country— particularly at such times where many are reluctant to go to health facilities, 2) prepositioning of essential nutrition commodities and PPE/IPC in preparation of lockdowns, 3) diversified approaches to demand creation, 4) solutions to absorb shock to food access and security and 5) develop and sustain multichannel information systems.

The final presentation was provided by Dr. Amare Deribew from Nutrition International, who opened by noting that the impact of COVID-19 on the economic system is grave and perhaps not surpassed by any other event since World War II. He referenced a Lancet paper that predicted the global impact of COVID (due to loss of income and disruptions in the food system and service) would lead to an 8% decrease in gross national income per capital and up to 140 million people may be thrown into deep poverty. This decline is expected to increase global wasting cases by 14%, and with an expected reduction in health services of around 30%, an additional 6.7 million children will likely experience severe or moderate wasting – resulting in over 128,000 deaths globally.

In Ethiopia, Dr. Amare highlighted that a loss of remittance and employment (around 10-15%) will likely lead to a 5.6% drop in national GDP and 2 million Ethiopians will be thrown into poverty while at the same time, food inflation is expected to approach up to 20%. As a result, severe acute malnutrition is expected to rise by 10-15% as well. In fact, severe acute malnutrition, in comparison to previous years has already seen a significant spike between May to July 2020 compared with previous years.

According to the recent study conducted in Addis Ababa by IFPRI, two-thirds of respondents reported that their income was lower than they expected in May and that the impact of COVID-19 were more severe for poorer households. In terms of food security, 75% of poor households were reported unable to eat healthy and nutritious food and 17% were hungry and were unable to find food as a result of lack of money.

Dr. Amare remarked that in an adequate response on nutrition a multilevel framework is needed with several actions necessary at an individual, community, national and global level to minimize COVID impact. At the individual level, healthy behaviors are recommended including diet, exercise and a healthy lifestyle. At the community level, systems should be in place to ensure availability of and access to food and rein in the response of panic buying through awareness building as well as identifying and protecting vulnerable populations. On the national level, systems and policies should be in place to ensure availability of food through use of taxation and subsidies, supporting industries, markets and prices, building networks and transparency while at a global level, strategies support global trade are recommended.

Dr. Amare continued by touching on some of the best practices observed during the pandemic. He noted that through the development and distribution of COVID guidelines, the government and emergency task force was able to respond quickly by providing free treatment center and increasing testing capacity. This fast response was seen in SBCC messaging in relation to COVID-19 as well as food

distribution in Addis Ababa, initiated by the Prime Minister. This engagement by different stakeholders at the beginning of the epidemic in Ethiopia is an important lesson for the future COVID response activities.

That said, Dr. Amare also reminded participants that there would be areas to improve on. One such area was the absence of sufficient PPE in certain settings. Further, preventative measures are not being accurately followed such as lack of social distancing or lack of a face mask despite the government's strong advocacy. A lesson learned from the era in which HIV was prevalent was the effectiveness of using victims of the virus to promote caution – he noted that such an approach may be applicable to encourage use of COVID-19 prevention mechanisms.

Some of the best practices from other countries that can be adopted include:

- Senegal, where the early engagement of stakeholders was used to distributed various stable foods (such as rice, oil and sugar) to families ahead of time as a best practice and encouraged other nations to follow suit, a digital technology was used to disseminate messages and a maternal, newborn, child, and adolescent health and nutrition resilience plan was developed.
- In Kenya, social media, and particularly the video streaming service YouTube, was used as a tool to raise awareness in the population and has thus responded well to the burden of COVID-19.
- Costa Rica provided a best practice to adopt by way of ensuring children get access to food once schools were on lockdown by utilizing school canteens and food collection points.
- In India, teachers play a role by distributing food in their localities
- In the UK, families were provided supermarket vouchers
- For families in Brazil, using cards that were previously used to purchase school materials, cash was instead injected to assist poorer households.

Looking at the adaptation of recommended actions by UNICEF and other organizations, Dr. Amare highlighted the use of technology such as conducting web-based surveys and e-health platforms in the nutrition information system, and simplifying wasting management programs as useful for the Ethiopian context.

He also noted that almost all partners in Ethiopia have adapted their programming to support the government in its fight against COVID-19. Many have engaged in community mobilization and awareness creation, supported health facilities to uphold infection prevention mechanisms, provided PPE to frontline workers, and supported health system strengthening activities. In the case of Nutrition International, Dr. Amare explained that a Nutrition Response Plan was developed in the early phases of the epidemic with the focused on health system strengthening, providing support to Primary Health Care Units (PHCU), use of Collaborative Quality Improvement approach to work on service quality improvement, developing COVID-19 Behavior Change Intervention strategy and providing grants to regional health bureaus for mainstream COVID-19 in the regional nutrition programming.

In elaborating on the way forward for implementation, Dr. Amare recommended that civil society should continue supporting the GoE in coordination of the response and maintaining accountability. He

also recommended more support to be provided to health extension workers to improve the quality of integrated nutrition services, such as through tailored SBCC strategies. The utilization of data, and data quality should also be strengthened and a mobile and web-based system should be introduced. He reiterated the simplified waste management techniques mentioned above should be encouraged – i.e. family MUAC and community based approach and work toward ensuring an uninterrupted supply chain. He noted that due to middlemen and the current market system, access to healthy diet is capped by price inflation so a government mechanism of subsidizing healthy diet for poorer families to provide more affordable access should be advocated.

His final recommendation was to develop a strategy for mobilizing resources to minimize the negative impact of COVID on nutrition and not reverse the nutrition gains the nation has achieved over the past few years.

Summary of Q&A Session:

Q1. Most of the evidence and lessons on the effect of Covid-19 on food security/nutrition are so far from (semi-)urban settings and overnutrition affected communities. Are there any global lessons/recommendations from the more self-productive agrarian/rural communities?

Professor Kennedy explained that with the novelty of the phenomenon, data is only now emerging and extensive data for rural communities will become more available in the future. There is no one size fits all response about the effects on rural areas as it will depend a lot on the specific local infrastructure. As an example, rural areas with poor road infrastructure will be heavily disadvantaged due to disruptions in transporting products in and out and thus huge accumulation will occur in various locations with scarcity in others. This extends to other factors such as human capital infrastructure and is further impacted by closing of national borders.

Q2. Consumption of dairy product in Ethiopia is affected by different factors in different months like fasting. My question is, have you considered these factors when you evaluated the consumption reduction of dairy products in related to COVID?

Professor Kennedy reminded the participants that the data presented was comparing January, February to May – had fasting months been included, a different set of data would be expected – this confirms that the information is highly contextual between countries and regions.

Q3. The main source of food for consumption is from local production, and from your presentation, you associate food and nutrition insecurity with COVID-19. Have you seen the other contributing events in Ethiopia like flooding, internal displacement and security issues and from your experience, how much do these factors contribute to nutrition and food insecurity?

Dr. Sisay acknowledged that the burden on many families have been greatly escalated due to these factors on top of the COVID-19 situation over the past six months and have resulted in loss of food and

nutrition security. A dedicated emergency response commission is dedicated to supporting households to overcome this.

Dr. Amare stated that COVID-19 would not be the only cause of food insecurity – floods and other factors have played a role and studies should investigate the impact of all such factors on food insecurity.

Q4. Did the rapid assessment you mentioned in your presentation indicate an increase in the workload of the most affected malnutrition and nutrition health services?

Dr. Sisay explained that as a result of people's fear of visiting health facilities, there was a sharp decline in admission rate of, particularly, the outpatient therapeutic program – as a result health screening were not performed actively and the referral link was not working. However, these numbers have been gradually increasing since April, as can be seen in the weekly tracking. As there is normally a hunger gap on account of the rainy season, Dr. Sisay recommended further studies be done to determine what impact COVID-19 had on these admission rate changes. Another notable trend that Dr. Sisay encouraged further research on how COVID-19 is expected to result in higher mortality rates (either directly or indirectly) but child mortality is relatively stable. This does not necessarily effect mortality so further studies should shed some light.

Q5. What changes are made to address nutrition commodity issues, given the pandemic? Were there any strategic changes?

Dr. Sisay described how the Government of Ethiopia has worked with UNICEF to provide to ensure that therapeutic food was successfully distributed and transported to all health facilities for a minimum of six months. It was then determined that there could be an excess case load of corn and wheat because of COVID-19 and a resource mobilization strategy was developed and resources was procured and the provision a one-year worth's supply is now in the pipeline.

Q6. As we entered the new Ethiopian Fiscal Year 2013 in July'20, how much do you think has the anticipated COVID-19 response affected/informed GoE's planning of 2013?

Dr. Sisay said that the government has considered COVID-19 and its impact as it has had a lot of impact on operations. As an example, he highlighted how the government has allocated \$16 million birr toward the Seqota Declaration last year with an additional \$460 million birr committed for the coming year, showing the continued emphasis on nutrition.

Dr. Amare echoed the reflections of Dr. Sisay that COVID-19 was indeed considered in the planning of the upcoming year, mentioning the Productive Safety Net Program (PNSP) plan which reflects the realities of COVID.

Q7. Woreda costed nutrition plans in case of SD Initiative? CSO's planned activities? Do you think adaptations for the year still keep nutrition a priority agenda at different levels?

Dr. Sisay explained that despite the urgent COVID-19 epidemic and enormous resource constraints, the government continues to prioritize nutrition. Similarly, the woreda costed plan, a multi-sectoral plan that is being committed to by all sectors, and have relevant considerations in their planning.

Q8. Who were targeted by the COVID-19 sensitive Behavioral Change Initiative (BCI) strategy and other support at HQ level and how did it help in increasing the demand?

The focus of the BCI strategy focused largely on the community, beneficiaries and health workers. Although it is impactful, Dr. Amare noted that Nutrition International has introduced an evaluation of the strategy and tools, particularly those around demand creation and utilization.

Q9. Families are staying at home, does this have an impact on nutritional status of children?

Although there is not sufficient study to definitively say this was the case, it is likely that they will exercise more as well as be able to consume more nutritionally dense foods, future studies would clarify whether this is the case.

This sentiment was echoed by Professor Kennedy. She noted that stay at home also presents some negative outcomes, such as children not accessing school meals. However, this adverse result can be offset by innovative strategies such as providing food kits, as was shared in Dr. Amare's presentation.

In closing the discussion section, Professor Kennedy noted that in sharing and reflecting on the response and impact of COVID-19, learning opportunities (such as the webinar) would allow stakeholders to build on their knowledge and continue to more effectively address COVID and future challenges.

Following this discussion, Rahel thanked the panelists for their thorough presentations and for excellently addressing the questions and the participants for actively engaging in the rich discussions, announcing that future webinars are also in the works.