



**Joint Statement on Nutrition**  
**in the context of the COVID-19 pandemic**  
**Latin America and the Caribbean**  
**February 2021**

Food and Agriculture Organization (FAO)

Pan American Health Organization (PAHO)

United Nations Children's Fund (UNICEF)

World Food Programme (WFP)

**COVID-19 AND NUTRITION**

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The Coronavirus disease (COVID-19) crisis brings high risks to the nutritional well-being of populations. Latin America and the Caribbean remains heavily affected by the COVID-19 pandemic, and the impact of prevention and mitigation measures on trade, social services and livelihoods are widespread and profound throughout the region. The economic outlook for Latin America and the Caribbean region is dire, with a 7,7% contraction of the regional GDP projected for 2020. By the end of the year, an additional 45 million individuals could join the existing 185 million already living in poverty.<sup>1,2</sup> According to the United Nations Sustainable Development Group, children bear the burden of the pandemic through three main channels: infection with the virus itself, the immediate socioeconomic impact of imposed confinement, and the potential longer-term effects of countries failing to meet the Sustainable Development Goals.<sup>3</sup>

This region has the lowest prevalence of wasting in the world (1.3%) and nearly halved the prevalence of stunting over the past 20 years (from 16.8% to 9%).<sup>4</sup> Before the crisis however, the number of people suffering from hunger increased from 38 million to 42.5 million between 2014 and 2018, and the number of food-insecure people increased from 155 million to 187 million, with women, the urban poor, rural communities and marginalized groups, including indigenous, migrants and people living with HIV, disproportionately affected.<sup>2</sup>

The sustained increase in the national rates of overweight and obesity is also a reason for concern, especially in light of higher risk of more severe COVID-19 related illnesses and death in people with obesity and other chronic non-communicable diseases. Sixty percent of women and 58.8% of men in the region are overweight, including 28% and 20%, respectively who are obese,<sup>5</sup> while 7.5% or 3.9 million children under the age of 5 years are overweight or obese.<sup>4</sup> The consumption of ultra-processed foods in the region has grown in tandem with the obesity epidemic and is linked to unhealthy eating habits, which is a critical risk factor for chronic non-communicable diseases.<sup>6,7,8</sup>

A diversified, age-appropriate healthy and nutritious diet, coupled with physical activity, is essential for cognitive and physical growth, and the prevention of chronic non-communicable diseases. The COVID-19



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crisis threatens to impact all components of the food system: i) the food supply chain; ii) food environment and, iii) consumer behaviours. Movement restrictions and tariffs limit the flow of goods within and between countries. Labour shortages limit food production and processing. Physical and economic access to quality food may be constrained, food consumption patterns may change towards less diversified diets, and higher consumption of pre-packaged processed or ultra-processed foods.

Young children under the age of five and pregnant and lactating women and girls are expected to be the most nutritionally affected by the crisis. Breastfeeding which provides children with the best start in life, is being threatened in many countries of the world, by misguided hospital practices and the promotion of breastmilk substitutes in contravention of the International Code of Marketing of Breastmilk substitutes.<sup>9</sup>

Near 141 million children have been out of school temporarily<sup>10</sup> and millions remain out of schools while schools reopen slowly. For many, school meals may be the only meal they consume in a day. School closures add an economic burden on families and disproportionately increase the workload of girls and women in the form of additional domestic responsibilities and, in the case of girls, care for younger siblings and household chores at the expense of learning.<sup>11</sup> Whenever schools reopen, there is an opportunity to strengthen policies for the delivery of a comprehensive package of health and nutrition interventions, including school meals. The United Nations Educational, Scientific, and Cultural Organization (UNESCO), UNICEF, the World Bank and WFP recently [adopted](#) a framework for reopening schools<sup>12</sup> that can guide governments and partners.

Many countries in the region have swiftly initiated large scale social assistance programs to mitigate the already profound effects of the crisis, primarily in the form of emergency cash transfers, food baskets, and take-home food kits. These measures aim to address immediate needs but are often not tailored to tackle a prolonged nutritional crisis or to contribute to a balanced diet. This crisis will have long-lasting effects on social norms, gender dynamics, poverty, food security, and nutrition.

FAO, PAHO/WHO, UNICEF and WFP call upon all governments, civil society organizations, and the donor community to protect and prioritize the nutritional status of all individuals. Pregnant and lactating women and girls, children and vulnerable and marginalized groups must be prioritized to ensure that the ongoing health and economic crisis does not lead to a food and nutrition crisis.

## **CORE RECOMMENDED ACTIONS:**

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### **1. Ensure availability of and access to nutritious foods, promote sustainable food production**

Disruptions in the movement of foodstuffs must be safeguarded to ensure a smooth functioning of supply chains in the face of the crisis and deliberate actions must be taken to increase the resilience and sustainability of food systems so that they can support food security and nutrition. Key actions include:

- Promote local food production and the purchase of locally produced food;
- Facilitate smallholders'—both women and men equitably— access to markets, including institutional markets such as national school meals programs and other food-based safety nets;
- Strive to reduce domestic and international barriers to food trade such as taxes and tariffs.

Support to vulnerable household access to nutritious food is essential. Public policies must support access to nutritious foods and physical environments to enable populations to adopt healthy diets and to be physically active.<sup>6,7,13</sup> This support can be provided through:

- Restrictions to the marketing of unhealthy food, while promoting front-of-pack labelling and fiscal policies;
- Safeguarding economic access to healthy diets for the more disadvantaged through social protection programs, schools, and early child development centers;
- Promoting the production, supply and provision of fresh, natural and minimally processed foods; and
- Including fortified staple food and age-appropriate fortified complementary food for children, low in fats, sugars and salt, in food-based safety nets, where needed.

### **2. Ensure the continuity of essential nutrition and early child development services, specifically for pregnant and lactating women and girls and children under five years of age:**

- Encourage and support mothers to initiate and continue breastfeeding regardless of their COVID-19 infection status, following WHO recommendations;<sup>14</sup>
- Enforce full adherence to the International Code for the Marketing of Breastmilk Substitutes and subsequent World Health Assembly (WHA) resolutions (including WHA 69.9 on ending the inappropriate promotion of food for infants and young children) at all times and in all contexts. Donations of breastmilk substitutes, teats and bottles, should not be sought nor accepted. Where breastmilk substitutes are used, they should be purchased, distributed and used according to strict criteria;<sup>15</sup>
- Continue and strengthen counselling and support for age-appropriate and safe complementary foods and feeding practices for children as a critical component of nutrition services for mothers and caregivers. When physical distancing and movement restrictions hamper the delivery of counselling and support, alternatives should be sought, including telephone, websites, social media, and mobile applications; and



- Guarantee timely services, including those at the community level, for the early detection, referral and treatment of wasting in children and the delivery of essential nutrition services (growth/weight gain monitoring and nutrition counselling, micronutrient supplementation where relevant for children and/or pregnant women and girls), when the health system is not able to do so.

**3. Invest in social protection systems and programs that are gender, age and nutrition-sensitive, with particular attention to nutritionally vulnerable groups**

Social assistance in the form of cash or food transfers is essential to protect vulnerable households' access to quality food and other critical needs. However, attention needs to be paid to the design, adaptation, and implementation of these transfers to maximize their nutrition impact. These programmes must:

- Have explicit nutrition objectives and measurable nutrition indicators;
- Target nutritionally vulnerable populations (pregnant and lactating women and girls, families with children under the age of 5 years, rural poor or food-insecure families, migrants) and reach them with the appropriate instruments;
- Ensure that transfer values consider the cost of healthy diets and other essential needs, and/or that food kits or food baskets are designed to meet both nutrient needs and energy needs, preventing all forms of malnutrition (e.g. include micronutrient-dense foods, age-appropriate food for children, and avoid products high in sugars, fats and/or sodium);
- Favour local agricultural production, leveraging food systems that can contribute to social inclusion and nutrition, leverage local economies and solidarity and protect the natural resources, cultural heritages and the environment;
- Be gender-sensitive by promoting men and boys' engagement in nutrition and food security, as well as promoting sharing non-paid care and domestic work to ensure an equitable distribution among family members;
- Remove access constraints to other vulnerable groups, such as migrants, informal workers, internally displaced people, refugees and people living with HIV;
- Promote the consumption of healthy diets, including fresh locally produced foods; and
- Encourage physical distancing practices, health, and hygiene measures to prevent the transmission of COVID-19.

**4. Reshape school nutrition and health services in providing healthy meals, as well as integrating healthy diets into the school environment, nutrition education, and the learning and development objectives of school children.**

There is a responsibility to strengthen policy in order to provide an integrated package of health and nutrition services at schools<sup>16</sup>. Key actions include:

- Provide basic health (vaccination, deworming, oral health, reproductive health, micronutrient supplementation) and nutrition services (growth monitoring, counselling);



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- Prepare healthy school meals, made of fresh, nutritious foods, sourced locally from family farmers;
- Strengthen food and nutrition education, and promote school gardens as part of basic learning objectives;
- Develop transformative approaches that use social and behaviour change communication to promote healthy lifestyles;
- Enhance social cohesion, promote equitable share of non-paid care work, and address the risk of gender-based violence;
- Ensure regular physical activity as part of a healthy lifestyle;
- Prohibit the sale or promotion of ultra-processed food and sugar-sweetened beverages inside and around schools;
- Ensure that safe drinking water is widely available free of cost; and
- Promote safe distancing and ensure continued access to safe water and soap to guarantee proper hygiene practices in the face of COVID-19.

#### **5. Invest in nutrition surveillance and monitoring, early warning and information systems for timely and evidence-based decision making**

Understanding who is affected, where, and how is essential. Data collection efforts must include:

- Nutrition indicators: prevalence of acute malnutrition in children under the age of 5 years, prevalence of stunting, prevalence of overweight and obesity;
- Market indicators: functionality, food prices and food availability (including whole fresh fruit and vegetables), changes in food consumption patterns, affordability of nutritious food;
- Socio economic indicators: deprivation/poverty, loss of income, access to health, education and assistance; and
- Gender indicators: disaggregated data by age, sex and socio-economic status to understand the impact of gender dynamics and social determinants on nutrition.

Remote data collection, such as web-surveys or phone interviews, provide a viable alternative to traditional data collection methods for use in the COVID-19 context, where the necessary infrastructure and access exist.



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