In some countries, COVID-19 has turned pre-existing nutrition crises – driven by poverty, conflict, natural disasters and weather extremes – into nutrition disasters. Strategies to reduce COVID-19 transmission upset the production, transport, access and availability of nutritious, fresh and affordable foods, and reduced incomes, forcing millions of vulnerable families to rely on processed foods and nutrient-poor staples.

Misinformation regarding potential transmission, shortfalls in personal protective equipment prompting fears of transmission, maternal stress, social distancing, movement restrictions and a reduction in the supply and availability of medicines due to logistical constraints all disrupted access to lifesaving services to prevent and treat malnutrition for the world’s most vulnerable people, including the forcibly displaced. These services include the early detection and treatment of wasting, support for breastfeeding and other recommended feeding and care practices for young children, and vitamin A supplementation.

In April 2020, the global coverage of nutrition services for women, children and adolescents declined by nearly 40 percent at the start of the pandemic. Some 114 countries experienced disruptions to essential nutrition services (UNICEF, April 2020).

The 10 worst food crises (in terms of numbers of people in Crisis or worse (IPC Phase 3 or above) or equivalent) in 2020 were particularly affected by service disruptions. In six out of the nine countries with data, vitamin A supplementation dropped nationally by at least 25 percent. In Afghanistan, Nigeria, and the Sudan, this figure was over 50 percent. And in the Syrian Arab Republic and Yemen, the implementation of wasting treatment programmes dropped by 25–49 percent. See figure 1.15.

The Lancet estimated that in the first 12 months of the pandemic, the prevalence of child wasting could rise by 14.3 percent, resulting in an additional 6.7 million wasted children and 10,000 additional child deaths per month (The Lancet, 2020).