Question and Answer Session of COVID- 19 and its impact on Childhood Malnutrition and Nutrition-related Mortality

Derek Headey, Senior Research Fellow, IFPRI

Question: Data used in the study is from 1998 to 2018, which is before COVID-19. How does this relate to the effects of COVID-19 on malnutrition?

Answer: COVID-19 is an unusual crisis and a lot of work has been done to quantify its impact on the economy. As the year progresses, we are getting more solid evidence on which economies have been affected and by how much. Two things make the COVID-19 crisis unusual. The first, is how the macroeconomic impacts are trickling down to households. Early in the crisis estimates from global institutions including the IMF and some of the IFPRI models were done but might have underestimated its impacts on poverty. This is because the nature of the disruptions has especially affected the informal sector severely and was felt more in urban areas. However, the result from current household surveys including the recent IFPRI model by Laborde et al (2020) is quite devastating and show that around 150 million people throughout the world might be forced to $1.9/day poverty. Lockdown measures have also severe short-term impacts on incomes. Even though there might be recovery several months later, there are still many households around the world this year, that are going several months without an income and with often limited coping mechanisms. The second, is the disruption in both health services and the demand for health services. Fear of the disease is prompting many people not to engage in normal health seeking behavior. Due to this, in western countries, for instance, doctors and dentists are going out of business. The analog in developing countries, people not going in for health care, it may not be lifesaving in the short run but in the long run it will have an important effect on maternal and child health services. There are also several disruptions to important maternal and child health services. In previous crises, in the 1990s and 2018, the Demographic Health Surveys show macroeconomic shocks also affect health services but not to the scale that is seen in COVID-19 times.

Question: Maternal education is included as a control variable. Will maternal education impact child wasting in COVID-19? Isn't this a lag indicator?

Answer: Maternal education is used as a control variable in the study. It has some protective effects. Children of mothers who have more education are somewhat less likely to be wasted. The study in this case didn't specifically test its impact during COVID-19. However, testing if there is a resilience aspect to maternal education hasn't been done so far but could be a good idea.

Question: It is obvious that the decline in GNI may increase child wasting, especially when it comes to poor countries like Ethiopia. However, is that the case all the time? Child malnutrition also related to the per capital income of individuals, access to services and mainly awareness and behavior in the individual and community level. So, is GNI a better predictor of wasting status?

Answer: It is not a question of a competition between these indicators. Macroeconomic effects can cause all sorts of disruptions both to household incomes and to health service shocks as well. The project Standing Together for Nutrition consortium is looking at the health service disruption separately. Those account for a pretty large share of the total mortality effects predicted from the COVID-19 crisis. Our study doesn't model just one but multiple mechanisms by which COVID-19 will affect child nutrition. There are also a lot of factors that are not fully understood or easily modelled like social capital, government or non -government programs that are in place to provide resilience to this kind of shocks. Due to this, the model in the study should be interpreted more like what will happen if we don't take action.

Question: Do you think the effects discovered on child nutrition will be sustained even after COVID-19 is (hopefully) controlled?

Answer: Recent studies show the impacts of macroeconomic shocks on stunting. Similarly, the study on wasting proved large effects of macroeconomic shocks on child dietary diversity. These shocks will not only affect stunting but also micronutrient deficiencies and undernutrition in early childhood that can have prolonged effects on schooling, taking attendance on cognitive development and adult earnings and productivity much later. So, there will be a protracted effect of the COVID-19 crisis. Therefore, it will be important to provide not only resilience in the short-term, but also some sort of recovery for children who have been affected, as well as school-aged children whose education have been severely disrupted.

Question: It is mentioned that in the study a separate test was done on the rural and urban population. Did the result show any differences? Was it expected?

The study didn't find significant differences as the model was not powered enough to detect significant differences. However, there was a little bit of a hint in the data that the impacts were a little bit worse in urban areas. It is also quite often that macroeconomic crises have more effect on the urban economy as seen during the COVID-19 crisis. In terms of the different sectors, agriculture sector seems to be quite resilient compared to manufacturing and tourism that suffered a huge decline in demand. There is still quite a lot of food trade going on around the world. Vulnerability of urban population is typically expected but can be country specific. Ethiopia has been dealing with non-COVID-19 problems like locusts and flooding. For this reason, Ethiopia and other countries might see some rising case of wasting in urban areas which was not common in a normal year.

Dr Stanley Chitekwe – Chief Nutrition Officer, UNICEF, Ethiopia

Question: It is good to hear the different contextual aspects that you have considered in the estimates. Is there a report available for the estimates that UNICEF made on the inquiry made on the increase on the number of wasted children considering the various shocks that were mentioned? What magnitude of increase in funding is needed to meet the additional program actions compared to before COVID-19?

Answer: There is a report that mainly focused on the impact of desert locusts, primarily in the six affected regions. The analysis of the report was built on the IPC food security analysis on the impact of the desert locusts done by the Ministry of Agriculture, jointly with the FAO. The analysis basically modeled the food security data and looked at existing smart surveys and admissions to treatment of acute malnutrition in the six regions that were affected by the desert locust invasion. But due to the combined effect of COVID-19, the desert locust and some programmatic reasoning of logistics of having a buffer stock, the initial number of children that need to be treated increase from 480,000 to 570,000 that led to about a 25% increase. Thus, additional funding that is required rose from $28 million to $38 million. Since 2020 is coming to an end, fundraising will start again in 2021 for treating another 570,000 to 600,000 children depending on the impact of COVID-19. This study by Drs. Headey and Ruel (2020) will help us to lobby and advocate with government and donors for additional resources.

Dr Sisay Sinamo - Senior Program Manager of the Sequota Declaration Implementation, Federal Program Delivery Unit, Ministry of Health

Question: How do the country work to help hospitals and health systems address maternal and neonatal health during this COVID-19 health crisis?

Answer: When COVID-19 emerged in Ethiopia, the first reaction of the health facilities was to focus on the response at all levels. Not only the SAM management but also the management for maternal, child

health, nutrition, and other reproductive health services were disrupted. So, the Ministry made a strategy that made the COVID-19 coordination team focus only on the response and the maternal and child health team to provide a guiding document for sustaining the health facilities of maternal child and neonatal services. In addition to this, several directives were put in place. The first one is to continue providing all services during the crisis. The second is each thematic area i.e., family planning, maternal and newborn health and nutrition were requested to develop and provide a technical guide that shows the needed adjustment while responding to the crisis. The third is availing all the necessary preventive equipment like mask and hand sanitizer to health workers and hospital to make them provide service without interruption. The fourth is on-site supervision to understand the ground level challenges that the health facilities are facing and come up with practical action plan to respond to their needs. And the last one is engaging with the stakeholders that work on maternal, newborn, child health and nutrition and mobilize additional resources. Furthermore, estimation of excess death /cases in the coming months were done to anticipate and avail the necessary equipment, preposition commodities and supplies that are essential for maternal, child health, and nutrition services. So, that is how the government has managed the impact COVID-19 might have on hospitals.

General Question

Question: What about the current situation of stunting in relation in relation to COVID-19? Are we doing something about stunting the same way we're doing for wasting?

Dr. Derek Headey, Senior Research Fellow, IFPRI

Stunting is a serious risk but doesn't emerge as quickly as wasting. However, the progress result of stunting in the next Ethiopian Demographic Health Survey may not be as fast as it used to be over the past couple of decades due to COVID-19. Recent phone survey evidence, and the multi country econometric model, are showing that diets are quite severely impacted which is a real risk for stunting. However, there are actions that can be taken to prevent both wasting and stunting such as nutrition-sensitive social protection. Solving the food system problem particularly around animal source food is also very important at preventing stunting in Ethiopia.

Dr. Stanley Chitekwe – Chief Nutrition Officer, UNICEF, Ethiopia

Looking at the World Health Organization target by 2025, there is a need to reduce the number of stunted children by 40%. But it is known that the rate at which we have been reducing stunting has been rather slow. In Ethiopia stunting declined from 58% to 38 %. Even though progress has been made we still need to accelerate more. And now with COVID-19, which presents a unique challenge, there is an additional burden to our effort. Nonetheless, we are making all the efforts to sustain the nutrition education throughout the country. Currently UNICEF is working closely with the Ministry of Health by providing radio and TV spots, education on how to sustain nutrition within the context of COVID-19 and how to maintain dietary diversity of children in this context. All these efforts are basically put in place to make sure that any gain made so far in reducing stunting won't be lost.

Dr. Sisay Sinamo - Senior Program Manager of the Sequota Declaration Implementation, Federal Program Delivery Unit, Ministry of Health

It is known that Sequota declaration is one of the commitments of the Ethiopian Government to end stunting by the year 2030. Despite the COVID-19 crisis, the current flooding and other shocks, the government is persistent to accelerate its commitment towards ending stunting. In addition, the new Food and Nutrition Strategy is expected to provide alternatives on how to minimize the impact of COVID-

19 through a multisectoral approach and response like the Sequota declaration. COVID-19 will have an impact, but the government will have a policy and strategies that would help to cope with.