

## 19. COVID-19 will mostly spare young children; the economic crisis will not

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In a pair of commentaries published in *The Lancet* in August 2020, [we and our colleagues](#) in the [Standing Together for Nutrition Consortium](#) (STfN) and [the leaders of four UN agencies](#) called for immediate action to address the escalating problems of child malnutrition and excess mortality triggered by the COVID-19 pandemic (Fore et al. 2020; Headey et al. 2020). Although child mortality from the virus itself is low compared to other age groups, the social, economic, and health systems crises it has prompted pose a serious threat to young children's nutrition, health, and survival in low- and middle-income countries (LMICs).

As disruptions to economies and food and health systems continue, their negative impacts are multiplying: [World Bank](#) estimates from February 2021 suggest that an additional 150 million people fell into extreme poverty in 2020, while [The State of Food Security and Nutrition in the World \(SOFI\) 2021 report](#) estimated that over 300 million more people faced food insecurity that year compared with 2019. At the household level, this means that incomes have plummeted, food security has deteriorated, and nutritious diets have grown increasingly out of reach for the most vulnerable populations in LMICs. Making matters worse are the pandemic-induced interruptions to health, nutrition, and social protection services. [The World Health Organization's Pulse Survey on Continuity of Essential Health Services During the COVID-19 Pandemic](#) found that over half of the 105 surveyed countries had experienced disruptions in antenatal care, sick child services, and management of malnutrition in 2020, as well as disruptions to routine vaccinations. Similarly, in early 2021, [UNICEF](#) estimated that provision of essential nutrition services such as micronutrient supplementation and school feeding programs had fallen by 30 percent. Although social protection programs, including cash and food transfers, have been modified or scaled up in many countries, they have struggled to meet the skyrocketing demand resulting from job and income losses.

The combination of increased poverty and food insecurity and gaps in essential health and nutrition services means that the number of children suffering from malnutrition, especially wasting (thinness, a form of acute malnutrition), will rise and, along with it, the risk of mortality from infectious diseases. Before the pandemic, some 47 million children under age 5, mostly in Africa and South Asia, were moderately or severely wasted.

### How many additional children could become malnourished or die as a result of the COVID-19-related health and economic crises?

To stimulate a rapid response to protect nutrition and prevent dramatic rises in child wasting and mortality, we and our colleagues at STfN planned a set of analyses to assess the scope and depth of

the problem. We took a multipronged approach to model the combined effects of the COVID-19-triggered health and economic crises on child wasting and mortality. We used the MIRAGRODEP computable general equilibrium model, Lives Saved Tool (LiST), and Optimal Nutrition Model to assess how the types of GNI (gross national income) shocks due to COVID-19 economic disruptions would affect child stunting, wasting, and mortality in 118 LMICs under optimistic, moderate, and pessimistic scenarios. We further approximated the cost of six possible interventions to address child stunting and mortality.

The results were grim. [Under the moderate scenario](#), we found that COVID-19-related disruptions could lead to an additional 9.3 million wasted children, 2.6 million stunted children, and 168,000 child deaths by 2022 (Osendarp 2021). Similarly, we found that 2.1 million additional women could suffer from anemia and 2.1 million children could be born to mothers with low BMI (body mass index), indicating that child malnutrition may continue to increase after 2022. Together, these effects could lead to over US\$29 billion in future productivity losses mostly in South Asia and sub-Saharan Africa.

In contrast, we estimate that countries will need to spend between \$762 million and \$1.7 billion per year on nutrition interventions to successfully combat the increased malnutrition brought on by the pandemic. This is in addition to the \$7 billion per year estimated in 2017 that would be needed to reach nutrition targets. Currently, the amount of funding provided has fallen far short of these goals, even though the returns on investment from this spending would likely be substantial.

It is important to note that the dramatic increases in severe wasting and associated mortality tell only part of the story. The children who survive may suffer from long-lasting and largely irreversible impacts – ranging from repeated infections to impaired cognition and even blindness (from severe vitamin A deficiency) – that will affect them, their families, and their societies for decades.

## The road ahead

After almost two years, it is clear that COVID-19 will continue to threaten the health, nutrition, and livelihoods of people around the world for the foreseeable future. While highly effective vaccines have been developed, large populations are still unable or unwilling to be vaccinated and virus mutations continue to pose additional risks to public health. It is crucial for policymakers to adapt to this new reality by addressing health and nutrition concerns while also dealing with COVID-19. Researchers must continue analyzing the implications of this combination of public health challenges to anticipate future obstacles and improve interventions.

The [Call to Action](#) signed by four UN institutions urges national governments to adopt five actions across health, food, and social protection systems to prevent COVID-19 from triggering an intergenerational hunger and malnutrition crisis.

1. Safeguard and promote access to nutritious, safe, and affordable diets.
2. Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood.
3. Reactivate and scale-up services for the early detection and treatment of child wasting and maintain and expand other nutrition services.

4. Maintain the provision of nutritious and safe school meals for vulnerable children.
5. Expand social protection to safeguard access to nutritious diets and essential services.

The challenges ahead are immense. But we do know that by acting now, we can reduce the impact on young children and perhaps spare them from lifelong consequences that could cripple their ability to learn, leave them vulnerable to chronic diseases, and prevent them from realizing their full physical, cognitive, health, and productive potential.

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## References

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