

Nutrition in the context of the Covid-19 pandemic

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The Covid-19 pandemic highlighted the challenges of food insecurity, hunger, and malnutrition that existed prior to the outbreak, but which are now affecting more individuals and households. During June 2020, three organisations - the Nutrition Society of South Africa (NSSA), the Association for Dietetics in South Africa (ADSA), and Dietetics-Nutrition is a Profession (DIP) - joined forces to call on the government to address malnutrition in all its forms. Prof Corinna Walsh from the Department of Nutrition and Dietetics at the University of the Free State (UFS) is the President of the Nutrition Society of South Africa, which aims to advance the scientific study of nutrition to promote appropriate strategies for the improvement of nutrition well-being.



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The call confirms that good nutrition is an essential part of an individual's defence against disease and explains that malnutrition, in the forms of both over- and undernutrition, is closely related to an increased risk of illness and death, which has a considerable economic and societal impact. The Coronavirus pandemic has emphasised the importance of food security and nutritional well-being for all South Africans and has exposed the vulnerability and weaknesses of our food systems.

How big is the problem of malnutrition in South Africa and what impact has the Coronavirus had on this situation?

The call highlights that undernutrition co-exists with the rising incidence of overweight and obesity (frequently in the same household) and resultant non-communicable diseases (NCDs) such as type 2 diabetes mellitus and hypertension. In South Africa, more than a quarter of the female adult population is overweight and more than a third is obese; it is estimated that

269,000 NCD-related deaths occur in the country annually. Obesity and NCDs are regarded as major risk factors for Covid-19 hospital admissions and complications. Over the past 20 years, the prevalence of chronic undernutrition in children has not improved, with 27% of children under the age of five being chronically undernourished. Chronic undernutrition in children manifests as impaired growth, referred to as stunting. By the age of two, this impaired growth and deficits in development become more difficult to reverse, resulting in intellectual impairment that compromises children's school performance and employment prospects. Chronic undernutrition in children furthermore increases their future risk of obesity and non-communicable chronic diseases in adolescence and adulthood.

Although the nutrition situation in the country had been of concern prior to the pandemic, the acute nature and vast extent of the lockdown brought the plight of individuals and communities to the forefront. In addition to hunger and food insecurity and the resultant undernutrition, the pandemic also placed a focus on non-communicable chronic diseases such as obesity, hypertension, and diabetes. These comorbidities, mostly related to overnutrition, are seen to be associated with a more severe form of Covid-19 infection, as well as an increased risk of hospitalisation and death.

With South Africa's current economic challenges and the rise of unemployment, is the situation of malnutrition and food insecurity bound to worsen?

Food, water, sanitation, and social security are under severe pressure due to the pandemic. All of these factors are directly related to an increased risk of malnutrition. Further underlying causes of malnutrition include poverty, unemployment, and inequality, which require interventions over the medium and long term.

The initial hard lockdown had an immediate and acute impact on households and communities in many ways. With regard

to food and nutrition, these include interrupted access to food due to restrictions on travelling and informal trading; discontinuation of food and nutrition social programmes such as the National School Nutrition Programme and feeding at early childhood development programmes; increases in food prices and food expenditure; and reduced or lost income.

The pandemic came at a time when global food security and food systems were already under strain due to natural disasters, climate change and other challenges, exacerbating the need to transform food systems to be sustainable and resilient.

What interventions are suggested to address the problem of malnutrition?

Food relief and social relief interventions, such as food parcels and social grants, could address the more immediate needs, but broader actions are required to address the underlying causes of malnutrition.

An important first step in the fight against malnutrition will be to recognise the severity of the situation and the need for coordinated strategic efforts to address the underlying factors that contribute to malnutrition, such as insufficient access to food, affordability of fresh foods, poor health services, and a lack of safe water and sanitation. Food security and nutrition should therefore be addressed collectively with interventions aimed at tackling these factors. It will require concerted efforts from the government, the private sector and civil society to address the immediate, underlying, and structural causes of undernutrition. In view of this, the call proposes that interventions include the following:

- Prioritise nutrition on policy agendas related to health and social security, including a regulatory framework to support access to healthy and affordable foods. Consideration can be given to a basket of subsidised healthy foods and greater regulation of prices of basic foodstuffs.
- Provide strategic direction and ensure coordinated and aligned programming to address food and nutrition security in collaboration with other sectors, including civil society organisations. Interventions to ensure optimal nutrition should extend beyond the healthcare system and should draw on complementary sectors such as agriculture, social protection, early childhood development, education, water, and sanitation.
- Coordinate an adequate and targeted food and social relief approach, prioritising the most vulnerable and needy for short-term mitigation. Food relief should be standardised and tailored to the nutritional needs of targeted beneficiaries, especially children.
- Progress towards universal health coverage to ensure access to quality, essential healthcare. Focus on delivery of preventive nutrition services as part of the transformation and strengthening of the health system, integrating nutrition into universal health coverage as an indispensable prerequisite for longer-term benefit.
- Prioritise the challenges faced by specific populations, including the elderly, women (especially women of childbearing age), children, and those with pre-existing medical conditions (most notably HIV/AIDS, TB, and NCDs), drawing on local structures to identify those most in need.
- Implement well-funded coordinated strategies to actively address the main drivers of malnutrition, paying attention to food, nutrition, and health, backed by responsive social protection mechanisms.
- Improve access to quality nutrition care through investment in human resources to increase the number of qualified nutrition professionals, as well as education opportunities for other cadres of workers who provide nutrition services in primary care settings. Each point of contact with the health system should be recognised as an opportunity to direct caregivers to nutrition care and support services, with efficient referral pathways between sectors.
- Promote nutrition education of the public through targeted and relevant nutrition messaging and communication campaigns.

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University of the Free State

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