



September 10, 2020

Mr. John Barsa
Acting Administrator
U.S. Agency for International Development
1300 Pennsylvania Ave., NW
Washington, DC 20523

Dear Acting Administrator Barsa:

The novel coronavirus (COVID-19) pandemic and measures put in place to stop its spread are impacting—and will continue to impact—all intermediate results of the U.S. Government Global Food Security Strategy, including agricultural productivity, livelihoods, markets, trade and policy, food consumption and nutrition, hygiene, and resilience. The Board for International Food and Agricultural Development (BIFAD) convened a virtual public meeting, *Food Security and Nutrition in the Context of COVID-19: Impacts and Interventions*, on June 4, 2020 to share the thinking of leading experts in food security and nutrition on COVID-19 impacts. I am pleased to transmit BIFAD's findings, conclusions, and recommendations based on the meeting presentations and deliberations, along with meeting minutes.

Expert panelists at the meeting considered the most promising short-, medium-, and long-term responses across several key areas: farm-level productivity, markets and trade, access to finance, nutrition, safe and hygienic food systems, gender, and national and local policy. The meeting included presentations of credible modeling data about the scale and breadth of anticipated food security impacts in the developing world and near- to longer-term interventions and guidance to mitigate COVID-19 impacts.

BIFAD hopes these findings, conclusions, and recommendations can support decision making by USAID and its partners and stakeholders working to advance food security, nutrition, and resilience at global, regional, and national levels.

Sincerely,

Mark Keenum, Chair, Board for International Food and Agricultural Development (BIFAD) and President, Mississippi State University



181st Public Meeting of the Board for International Food and Agricultural Development
Food Security and Nutrition in the Context of COVID-19: Impacts and Interventions
Findings, Conclusions, and Recommendations
June 4, 2020

Findings:

1. *Economic Impacts*

- 1.1. COVID-19 is causing a combination of a standard economic recession and food system disruption. The number of people experiencing extreme poverty and chronic hunger could increase by almost 100¹ million people in 2020 without policy interventions, with the majority of those affected in sub-Saharan Africa and South Asia.
- 1.2. Food insecurity, poverty, and malnutrition are increased by the disease itself, fear of the disease, unemployment from social distancing, and barriers to movement in food supply chains. Agricultural inputs, imports, and food supplies for cities are also affected.
- 1.3. Many people will lose their jobs across the food systems. Out of more than 1.28 billion formal jobs and more than 3 billion livelihoods, 451 million formal jobs are at risk and 1 billion livelihoods. Major job loss impacts are in food processing (60% of jobs at risk), services (60%), and distribution of services (60%). Lower levels of job loss are anticipated in primary production (21%).
- 1.4. A share of foods that would normally be exported will go to local markets or will be wasted.
- 1.5. Country-specific modeling indicates that economic costs of lockdowns result in declines in GDP. Estimates of the degree to which the global economy will contract range from -4.9% (IMF), -5.2% (the World Bank), and -6% (OECD). OECD also projects a second wave scenario in which GDP growth will contract up to -7.6%. Within the agri-food sector, there are strong downward effects on processing and very strong downward effects on food service. Farming is somewhat less affected by the measures put in place to stop the spread of COVID-19. With a long-term lockdown scenario, GDP will grow but will be significantly less than that without COVID-19.
- 1.6. Consumers and governments exhibit hoarding behaviors when they perceive there will be a shortage of food. According to IFPRI simulations, the impact of export constraints imposed by grain-exporting countries will have a potentially large effect on countries that are importing these commodities. Exports from rice-producing countries have been affected by COVID-19, and this has in turn influenced countries that import these commodities.
- 1.7. The measures put in place to control COVID-19 are affecting the poorest more strongly in populations. Survey results show income declines at the household level, concentrated in the poorest households. Poor people's food and nutrition security is

¹ The initial 148 million IFPRI estimate has been updated to around 100 million for 2020 from multiple sources and projected to persist beyond 2021. https://ceres2030.org/shorthand_story/10-bn-needed-to-avert-the-covid-19-hunger-crisis/June_2020 (accessed 8/11/2020)

more affected because they spend a larger share of their income on food, and their main production factor is labor.

- 1.8. Although we already know where the food crisis countries are, we cannot predict where new hotspots of hunger will be. FAO is working to apply the Food Insecurity Experiences Scale (FIES) across 100 countries in the world to identify where the next hunger hotspots will occur.

2. *Nutrition Impacts*

- 2.1. COVID-19-associated shocks are undermining nutrition progress by disrupting livelihoods and food systems, health systems and services, social protection programs, and humanitarian assistance. Women, children, and migrants are most vulnerable to disruptions in these programs.
- 2.2. Decreases in access to health and nutrition services (e.g., vitamin A supplementation, immunization, ante-natal care, prevention and treatment of infections, counseling on breastfeeding and infant and young child complementary feeding practices, and prevention and treatment of severe malnutrition) are reducing coverage of these interventions. Modeling efforts predict that maternal and child mortality will increase from lack of access to health and nutrition services and from increases in malnutrition.
- 2.3. Before COVID-19, undernutrition was the attributable cause of 45% of under-five mortality. Globally, 144 million children were stunted, 47 million children wasted, 38 million children were overweight, and 2 billion people experienced one or more micronutrient deficiencies across all countries and age groups. The greatest burden of undernutrition is in Asia and Africa.
- 2.4. FAO estimates that between 38.2 and 80.3 million people in food-importing countries will be added to the 821 million already without enough food. Overall, 83 to 132 million² globally could be added to the hungry across all countries.
- 2.5. Increased child wasting is anticipated in the short term and child stunting in the long term from COVID-19-associated shocks. Micronutrient deficiencies will be exacerbated by changes in diet quality.
- 2.6. Healthful diets were not affordable for 3 billion people before the COVID-19 pandemic, and that number will increase substantially post pandemic.
- 2.7. The food security impact of COVID-19 is not only on calories but also on the types of foods people consume, with a shift from more expensive, more nutritious, more perishable food to less expensive, less nutritious, less perishable food (e.g., from meat, dairy, and fruits and vegetables to staples and, where available, to more processed and ultra-processed foods).
- 2.8. On the demand side, worry about getting enough calories results in greater consumption of staple foods that have a long shelf life and that do not require refrigeration. Starchy staples generally lack micronutrients but can be consumed to not feel hunger (i.e., meet caloric needs and provide satiety). Phone surveys show both rural

² Revised from numbers reported on June 4 of 100 to 120 million people.

and urban households are reducing food consumption due to lost income by eating less, giving less food to children, and eating fewer meals. This has the greatest impact on women, children, and marginalized groups and is most concentrated in the poorest households.

- 2.9. Misinformation can lead to reductions in consumption of fruit, vegetables, dairy, and meat. Surveys indicate that some households are not consuming vegetables and animal-source foods because of fear of disease transmission through food. Anecdotal evidence indicates that misinformation about the risk of disease transmission through breastmilk has led to reduced breastfeeding rates.
- 2.10. On the supply side, disruptions of value chains in nutrient-rich foods, especially animal-source foods and fresh fruits and vegetables, mean that there will be less consumption of these foods.
- 2.11. The pandemic has also affected access and availability of food and micronutrient supplements, which are in short supply either because of breakdown in local production or imports. Specialized products specifically formulated to treat severe acute malnutrition, such as Ready to Use Therapeutic Foods (RUTFs), are also in short supply. Anecdotal reports indicate that some governments have stopped enforcing fortification mandates, which are vital to maintain micronutrients within staples.

3. *Food Systems Impacts*

- 3.1. In addition to the recession, COVID-19 is causing a systemic disruption of food systems. The impacts of the disruptions vary and are not random. Those parts of the supply chains that are more labor intensive are more affected by the disease and the lockdown measures. Developing countries, where supply chains are more labor intensive, are disproportionately affected by the measures.
- 3.2. Preliminary findings indicate that in some countries, well-intentioned interventions at the national level have not been coordinated with the subnational level, or there is variability at the subnational level across geographies.
- 3.3. In many countries, the share of consumed food that is purchased from traditional (“fresh food”) markets is very high, even in rural areas, demonstrating the critical role of fresh food markets, both for direct access to food and for the livelihoods of those working in critical small- and medium-sized enterprises along supply chains.
- 3.4. Restrictions imposed on trading activities by some countries under COVID-19 has had a direct effect on the income of traders as well as on increased spoilage of perishable goods in contexts where storage was not available. In addition, restricted movement, and access to markets through reduced frequency of markets, may have led to overcrowding, creating optimal conditions for increased disease transmission.
- 3.5. Significant challenges in accessing inputs for agricultural production have been observed under COVID-19. Access to transportation, packaging materials, and fuel critical for processing and delivery operations have been challenging under the measures put in place to control COVID-19 and have been associated with increased costs.

- 3.6. Evidence from past disease outbreaks indicates that the longer it takes to detect new disease transmission, the more expensive the cost of control.

Conclusions:

1. *COVID-19-related impact pathways*
 - 1.1. Unlike prior food system shocks, COVID-19 is affecting both effective demand, through reduced incomes among lower-income people especially, as well as supply of higher nutritional quality, higher-value, perishable foods that are vulnerable to disruptions to labor and logistics. Taken together, these forces make foods important to quality diets less affordable to the poor and lead to declines in nutritional status and well-being.
2. *Nutrition*
 - 2.1. Nutrition backsliding caused by COVID-19 control measures will contribute to increased undernutrition and mortality and decreased human capital in the future. To reduce loss of life and the long-term negative impacts of undernutrition into adulthood, it is imperative to protect gains in nutrition during both the crisis and recovery.
3. *Supply Chain Actors and Private Sector*
 - 3.1. COVID-19 response intervention designers should involve the private sector. In some contexts, the private sector has been active and effective in promoting social distancing in markets, but in others, the private sector and markets have been at the center of coronavirus clusters.
 - 3.2. Measures to control the spread of disease should consider the complexity of food supply chains and essential services, such as transportation and input suppliers for animal and crop production and for food processing and packaging.
 - 3.3. Food systems interventions should target private food supply chains and small and medium-sized enterprises (SMEs) vs. government suppliers, as SMEs provide a large majority of the value of food consumed and are a major source of employment.
 - 3.4. Interventions should focus on keeping markets open and food supply chains safe and functioning.
 - 3.5. Interventions should include support for food supply chain actors to upgrade their practices, improved fresh food market infrastructure (including water for handwashing), more information on health and safety, and provision of Personal Protective Equipment (PPE). Such interventions must be accompanied by incentive and behavioral change structures for traditional/informal markets, based on simple training and appropriate risk-based regulations.
 - 3.6. Cash transfers—when implemented in operational markets, with a supply of food available, and with restrictions to ensure they are used for purchasing nutrient-rich healthful food—have an important role in keeping the economy going and should be optimally combined with food assistance approaches, which are easier for the

distribution of non-perishable staples and pulses. Clear and transparent mechanisms to ensure programs reach their intended beneficiaries are critical for effective programs.

4. *Institutional Arrangements*

- 4.1. Response to disease requires an institutionally integrated and horizontal approach. Lessons of pandemic teach us that we need to change institutional configurations and relationships.
 - 4.1.1. There is a need for real-time data and analysis to understand the complexities of food systems and supply chains, to strengthen evidence-based decision making, and to identify new hotspots of food insecurity.
 - 4.1.2. There is a need for greater inclusion in decision processes of marginalized populations that bear the brunt of the pandemic.
- 4.2. Greater coordination and integration among human, animal and environment health dimensions (a One Health approach) at the global, national, and subnational levels are important to mount effective pandemic response, to shorten the time to detect a new disease, and to reduce the cost of control.
- 4.3. Local policy institutes should inform evidence-based decision making.
- 4.4. It will be crucial to move from crisis management to creating more resilient food systems, leveraging opportunities and innovations for a more resilient, sustainable, and inclusive future.

Recommendations:

1. *Bolster Economic Recovery Programming*
 - 1.1. USAID should advocate for and support efforts by international lenders to provide economic stimulus and debt relief for poor countries.
2. *Support Nutrition*
 - 2.1. USAID should support the maintenance of critical health and nutrition services while reducing disease transmission, including reviving community-based social and behavioral communication campaigns on breastfeeding and complementary feeding for nutritious infant diets, support for pregnant and lactating mothers, and food fortification.
 - 2.2. USAID programming should prioritize, both in the short and long term, building nutrition quality, not just quantity of food in the food system, supporting policies that promote safe access to fresh food markets, and supporting producers, processors and sellers of nutritious foods.
 - 2.3. USAID's severe acute malnutrition treatment programs should be modified to assure less contact.
 - 2.4. USAID should strengthen and expand social protection programs during the pandemic and during the recovery period to ensure uptake of nutritious foods and access to nutrition services.

3. *Support Social Safety Nets - Food Assistance*
 - 3.1. USAID should support generation of real-time data to identify new hotspots of food insecurity to support countries in better targeting social safety net programs.
 - 3.2. USAID should continue to support social programs and safety net programs, assuring that relief programs to sustain the food supply chain do not replace the food supply chain with government services or block activities that can be done by the private sector, especially in inputs and food supply chains.
 - 3.3. USAID should require and support clear and transparent mechanisms to ensure cash transfer programs get to intended beneficiaries. USAID should support balanced combinations of cash transfer and food assistance programming.
 - 3.4. USAID should invest in innovative mechanisms to compensate farmers and link the distribution of nutrient-dense foods to markets and to social safety net programs for the most vulnerable.

4. *Support Policy Influence*
 - 4.1. USAID should help countries maintain and strengthen policy and decision-making systems. Particularly important is strengthening the capacity for inclusive, evidence-based decision making including the capacity to represent marginalized populations including women and children, and the capacity to generate and use objective evidence around needs and solutions.
 - 4.2. USAID should encourage host-country partners to support policies and programs for economic stimulus and to eliminate counterproductive measures, including export bans and non-tariff barriers, especially around food safety.
 - 4.3. USAID should encourage host country partners to establish “green lanes” for food, inputs, and labor movement (with health protections, including transportation and testing, at blockage points like border crossings) in order to mitigate the impact of restrictions on internal and international food movement.
 - 4.4. USAID should encourage host country partners to focus explicitly on gender and nutrition issues in their policy response.

5. *Support Markets and Supply Chains*
 - 5.1. USAID should support food processing and formal and informal market functioning by keeping workers and traders healthy through training, behavioral incentives, social distancing, improved health services, and market infrastructure improvement.
 - 5.2. USAID should continue to support the functioning, and rebuilding, where needed, of global, regional, and domestic supply chains to promote country resilience.
 - 5.3. USAID should support programming to resolve smallholder liquidity challenges, e.g., through loan guarantees.
 - 5.4. USAID should continue to support trade and market access, including through facilitation of intraregional trade.

- 5.5. USAID should support food safety standards given they play a crucial role in reducing non-tariff barriers at the regional and global level.
- 5.6. USAID should support access to transparent information on global stocks and markets
- 5.7. USAID should support the processing and packaging industry in modified logistics, automation, robotics, storage facility construction, and e-commerce. USAID should target women and minorities in the COVID-19 response and recovery effort.
- 5.8. USAID should focus on institutional innovations with new technology to address supply chain disruption.
- 5.9. USAID should promote smart social distancing and food system innovations to restructure value chains.
- 5.10. USAID should promote practical approaches to improving fresh food markets without jeopardizing human health, food security or resilience. Using a One Health approach, USAID should enable a risk-based, not a hazard-based, approach to controlling disease in markets, supporting co-creation of tailored solutions and regulations (e.g., training, cutting boards, disinfectants, safe containers, market certification, and selective banning of wildlife, but not livestock, from markets).

6. *Support Long-Term and Institutional Arrangements*

- 6.1. USAID should support research on innovation, preparedness, and food supply chains in developing countries and should encourage partnerships with local research institutions and networks of researchers to provide data and evidence to address COVID-19 food security challenges and guide policy responses.
- 6.2. USAID should continue to support global disease surveillance predictive platforms to inform early warning and early action.
- 6.3. In the long term, USAID should build relationships with and strengthen the capacity of policy advisory systems in partner countries to develop a critical mass of human capital and organizational capacity to address COVID-19 and other challenges. USAID should encourage partner governments to include local food policy organizations at the table, in addition to health and disaster management ministries, to strengthen their policy responses.
- 6.4. USAID should continue to allocate resources for economic growth-promoting strategies, including agricultural research, universities, and extension.
- 6.5. USAID should promote a One Health approach integrating human, animal, and environmental health within the Agency's organization and among country partners.
- 6.6. USAID should encourage local partners to coordinate across national and subnational levels.