Food system policy priorities and programmatic actions for healthy diets in the context of COVID-19

The COVID-19 pandemic has created supply and demand shocks in the food systems, disproportionately affecting the poor and nutritionally vulnerable groups. A possible economic slowdown further compounds challenges faced by governments in tackling malnutrition in all its forms.

Thus far, grain supplies do not appear to be at risk, although nutritious foods such as fruits, vegetables, meat and dairy products have been affected in some places due to lockdowns and fresh market closures. The socio-economic impact of the pandemic also appears to put diet quality at risk (Lopez-Pena et al., 2020; Hirvonen, Abate and de Brauw, 2020).

Promoting healthy diets and improved nutrition should be at the top of governments’ agendas, as evidence shows that individuals experiencing food insecurity and low-quality diets have more health risks and mortality from infectious diseases (FAO, IFAD, UNICEF, WFP and WHO, 2018). Early reports suggest that this risk is also true of exposure to COVID-19 (Lopez-Pena et al., 2020).

This brief presents policy and programmatic actions adopted by countries and development partners to ensure that food and agriculture responses promote healthy diets and improve nutrition. Furthermore, this brief explains supply and demand measures, taken from recent worldwide good practices. Once new information is available, this brief will be updated.

POLICY AND PROGRAMME RECOMMENDATIONS

Based on available evidence and recent steps by national governments worldwide, below are seven recommendations. These recommendations can be used to enhance the impact of food system actions on the dietary and nutritional needs of vulnerable populations in the immediate and medium term (see Box 1).

Box 1: Policy and Programmatic recommendations to promote healthy diets and improve nutrition

- Reach existing and new nutritionally vulnerable groups (children under the age of 2, women of reproductive age, school-aged children, urban poor and daily-wage workers).
- Ensure access to and availability of healthy diets through food supply chains.
- Adapt social assistance programmes to protect the diets of nutritionally vulnerable groups.
- Ensure diverse and nutritious foods are available for school-aged children.
- Support the inclusion of behaviour change communication and nutrition education in food and agriculture responses.
- Facilitate an enabling policy environment to promote multi-sectoral actions.
- Use data and information to assess the impact of COVID-19 on diets.
These seven policy and programme recommendations are discussed in further detail below.

**Reach existing and new nutritionally vulnerable groups (children under the age of 2, women of reproductive age, school-aged children, urban poor and daily-wage workers)**

Healthy diets can reduce the risk of malnutrition (Hawkes *et al.*, 2020). In addition, being well-nourished is associated with a strong immune system and supports better health outcomes. In responding to the pandemic, therefore, countries should aim to improve the diets of nutritionally vulnerable groups. Interventions should especially target children under the age of 2 and women of reproductive age (15- to 49-years-old) as their nutrition and well-being has implications for malnutrition later in life (Hawkes *et al.*, 2020). In this regard, countries such as Argentina and Colombia have successfully introduced initiatives that enhance the purchasing power of households with children and pregnant women (FAO and CELAC, 2020).

Livelihoods of urban poor, daily-wage labourers and migrant workers have been severely hampered (Roy, Boss and Pradhan, 2020), resulting in these groups opting for negative coping mechanisms, such as lowering their intake of nutritious foods (Hirvonen, Abate and de Brauw, 2020). It is important that government programmes identify and locate these groups for support, as in some contexts they tend to be mobile.

Additionally, the lockdowns and disruptions of supply chains have compromised the nutrition of school-aged children, as they are unable to benefit from school food and nutrition programmes. Any nutrition-oriented response to the pandemic should prioritize diets of school-aged children (see recommendations on page 3).

**Ensure access to and availability of healthy diets through food supply chains**

Countries can also enable direct links, where possible, and in compliance with public health safety standards, between farmers and consumers. Such links can ensure win-win solutions across food systems, allowing small-scale farmers to enhance their incomes, improve access and availability of healthy diets for consumers, and reduce food loss and waste. The Government of Bangladesh bought fruits and vegetables, that would otherwise have gone to waste, from farmers and channelled the produce into the public food distribution (Dhaka Tribune, ODI, Yale University and Youth Policy Forum, 2020).

Individuals and households residing in low-income areas often have a disproportionate lack of access and availability to food outlets that sell nutritious foods, especially fresh fruits and vegetables. Due to restrictions on movement, those living in lower-income areas may be unable to access food markets and outlets to meet their dietary needs, which could be found in other areas. Initiatives, such as the *Panama Solidario* through which the government delivers essential food items to more than 100 000 low-income families, can be encouraged (FAO and CELAC, 2020). The Governments of Costa Rica, Saint Lucia and Saint Vincent and the Grenadines had similar measures as part of their social protection schemes to support local producers and ensure that beneficiaries access diversified food supplies (Gentilini, Almenfi and Dale, 2020).

Homestead food production can be an effective way to enhance access and availability of nutritious foods. In the context of the COVID-19 pandemic, promoting such initiatives can present co-benefits as they are consistent with physical distancing guidelines and utilize surplus household labour to increase production of nutritious foods, such as vegetables, fruits and eggs, which are an essential part of healthy diets (Headey and Ruel, 2020). The Ministry of Agriculture, Livestock, Fisheries and Cooperative in Kenya have released guidance on simple technologies that households can adopt to produce nutritious foods during COVID-19 (MALFC, 2020a).
Adapt social assistance programmes to protect the diets of nutritionally vulnerable groups

Measures such as lockdowns and restrictions on economic activity have an adverse impact on economic growth. To better respond to the economic slowdown, 171 countries have planned, initiated, expanded or adapted social assistance programmes (such as cash transfers, in-kind transfers and school feeding). The primary objective of these social assistance programmes is to protect vulnerable groups’ livelihoods and basic needs. Nevertheless, it remains unclear if these measures will sustain the purchasing power of vulnerable groups and support them with purchasing nutritious foods such as fruits and vegetables, wholegrains, legumes and nuts. Until now, only a few countries have social assistance programmes to ensure that healthy diets remain affordable (Gentilini, Almenfi and Dale, 2020).\

Given the role poverty and inequality can play in exacerbating malnutrition, countries can choose to expand coverage of existing social assistance programmes in order to smooth food consumption patterns and prevent negative coping mechanisms. Countries can make their social protection programmes nutrition-sensitive by targeting families with young children, pregnant women and people with disabilities. For instance, the Government of the Plurinational State of Bolivia has provided bonus payments to low-income families with young children to cover basic food and health expenditures, while the Government of Trinidad and Tobago has given one-time payments to families with children enrolled in school feeding programmes (Gentilini, Almenfi and Dale, 2020).

In many countries, the immediate response to the pandemic has been to provide food transfers to the poor and vulnerable. The Government of Bangladesh has provided free food (rice, wheat and vegetables) to the poor as well as utilized their public distribution system to provide food at subsidized rates to vulnerable families (Dhaka Tribune, ODI, Yale University and Youth Policy Forum, 2020). Similarly, in India the Government has increased its allotment of food (which includes rice, wheat and pulses) given out through the Public Distribution System (Roy, Boss and Pradhan, 2020), and the State Government of Kerala has successfully set up community kitchens to provide prepared meals to the poor and needy (Pothan, Taguchi and Santini, 2020).

Ensure diverse and nutritious foods are available for school-aged children

School food and nutrition programmes are important for meeting the dietary and nutrition needs of children (WFP, FAO and UNICEF, 2020). The closure of schools due to COVID-19 has put the nutrition status of around 370 million school-aged children at risk (UNICEF, 2020).

Countries have explored innovative solutions to adapt their existing school food and nutrition programmes to ensure that children still have access to food despite school closures. For example, the Ministries of Education in the Bahamas and Chile, through their respective national school feeding programmes, have allowed parents and guardians of children to pick up a diverse range of foods at schools. Similar initiatives have been implemented in Brazil, Colombia, Costa Rica and the Dominican Republic (FAO and CELAC, 2020).

Apart from increasing access to diverse foods for school-aged children, countries should also ensure that those foods provided are healthy. For instance, Brazil’s national school meal programme offers guidance on providing meals that are low in added sugars, saturated fats and salt, and high in fresh and minimally processed foods (Imprensa Nacional, 2020). In Costa Rica, the food baskets for school children include perishable and fresh foods sourced from smallholders, while students in Ireland are being sent home packages with fresh foods, including bread, eggs, fruit and yogurt (Gentilini, Almenfi and Dale, 2020).

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1 The data on number of countries with a social protection response to COVID-19 is from 08 May 2020.
**TABLE 1 | Promoting healthy diets and improved nutrition: food system policy priorities and programmatic actions implemented during COVID-19**

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<th>Food system elements</th>
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| **Food supply chain** | Promote direct food channels, between small-scale farmers producing fresh, high-value commodities and consumers. | • Establish and coordinate links between farmers and consumers for distributing safe and nutritious food.  
• Procure food from farmers for public distribution programmes. | Bangladesh, Costa Rica, Ecuador, Peru, Saint Lucia, Saint Vincent and the Grenadines |
|                       | Prioritize access to and availability of nutritious foods to low-income areas.    | • Deliver essential food items to low-income individuals and households affected by restrictions in movement. | Panama                                        |
| **Food environments** | Initiate or expand social assistance programmes to support vulnerable groups.     | • Expand coverage and allow social assistance programmes to continue in order to smooth food consumption patterns and prevent negative coping mechanisms.  
• Target families with young children, pregnant women and people with disabilities by providing food baskets, coupons or vouchers. | Bangladesh, Plurinational State of Bolivia |
|                       | Keep traditional food markets open (where possible) while ensuring safety measures. | • Ensure smooth functioning of markets and outlets that serve poor segments of the population.  
• Install public handwashing stations in major food retail outlets to reduce the transmission of COVID-19. | Ghana, Guyana |
|                       | Promote initiatives that provide free, cooked meals to the poor and needy.       | • Set up community kitchens to serve free meals to vulnerable populations.  | India                                         |
| **Consumers**         | Encourage the provision of diverse and nutrient-rich foods to school-aged children affected by school closures. | • Re-shape school feeding programmes to allow parents and families to pick up diverse foods.  
• Provide door-to-door delivery service to children. | Bahamas, Brazil, Chile, Colombia, Costa Rica, Dominican Republic |
|                       | Support the inclusion of behaviour change communication and nutrition education in food and agriculture programmes. | • Issue dietary recommendations to encourage healthy eating, exclusive breastfeeding and complementary feeding.  
• Hold learning events to encourage preparation of healthier meals and recipes. | Kenya, Panama |
|                       | Encourage homestead production to increase production and own consumption of nutritious foods. | • Support households in setting up and running homestead food production systems as well as applying small-scale storage and processing techniques to limit food waste. | Kenya                                          |
| **Enabling environments** | Facilitate a multi-sectoral response to address malnutrition. | • Establish food and nutrition coordination units at various levels of governance (national, subnational and local) to design a coherent response. | Peru, Ecuador |
|                       | Elevate nutrition higher on the policy and investments agenda.                  | • Advocate for a nutrition-oriented response to the pandemic.  
• In partnership with key stakeholders, issue joint statements (where possible) and support action on nutrition. | African Union, FAO ASEAN Joint Statement on Nutrition |
|                       | Use data and information to inform policy design and implementation.            | • Conduct rapid assessments of food systems and individual dietary consumption.  
• Make use of innovative data sources (cell phone data usage and migration data) to guide policy. | Bangladesh, Eritrea, Uganda |
**Support the inclusion of behaviour change communication and nutrition education in food and agriculture responses**

Research shows that food and agriculture programmes that include components on nutrition and health behaviour change communication are more likely to improve nutrition outcomes (Ruel, Quisumbing and Balagamwala, 2018). In their response to the COVID-19 pandemic, countries can promote behaviour change communication and nutrition education to encourage the general population to prepare healthier meals.

In Panama, the Government issued the “Dietary recommendations for the Panamanian population in the COVID-19 emergency” to promote healthy eating, exclusive breastfeeding and complementary feeding (FAO and CELAC, 2020). The Government of Kenya has also issued guidelines on maintaining a healthy diet during the pandemic, on preserving foods and avoiding on food waste (MALFC, 2020b).

**Facilitate an enabling policy environment to promote multi-sectoral actions**

In the aftermath of COVID-19, a shrinking fiscal space will affect the technical and operational capacities, especially in low-income settings. Coordination and synergies will be required to increase alignment across sectoral efforts and ensure that no measure causes harm to the health and well-being of people, especially those with the highest risk of becoming malnourished. Thus, to begin with, there is a need to support food and nutrition coordination units at various governance levels (national, subnational and local) to design a coherent response. In Peru and Ecuador, the Governments have established and coordinated direct channels between farmers and consumers at the decentralized level while monitoring food safety (FAO and CELAC, 2020).

In Guyana, the water and sanitation authorities, in partnership with the Rotary Club, have installed public handwashing stations in major food retail outlets to reduce the transmission of COVID-19 in food handling and sales (FAO and CELAC, 2020).

The financing and investments space for nutrition will be affected as a result of the impending economic slowdown, and nutrition should be higher on the policy agenda. National policy makers, civil society, academia and international organizations should advocate for a nutrition-oriented response to the COVID-19 pandemic (IFPRI, 2020).

For instance, the African Union and FAO, in partnership with international development partners organized a virtual meeting of food and agricultural ministers to commit to supporting access to food and nutrition for vulnerable groups in Africa (FAO, 2020). A similar initiative was taken by countries in the ASEAN countries (ASEAN, 2020).

**Use data and information to assess the impact of COVID-19 on diets**

Rapid assessments of food systems and changes in individual dietary consumption, from innovative sources, should be conducted to better identify nutritionally vulnerable groups and understand the impact of COVID-19 on food security and nutrition.

For instance, the Government of Bangladesh, in partnership with academia, have a data collection strategy which involves using phone surveys, migration data, epidemiological modelling and cell phone usage data to understand the impact of the pandemic on socio-economic characteristics, and to identify the beneficiaries of the Government’s response (Mobarak, 2020).

In addition, Eritrea and Uganda, with support from FAO, are conducting rapid assessments of COVID-19 on food systems and healthy diets in the country.
REFERENCES


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This policy brief has been written and coordinated by Ahmed Raza and Patrizia Fracassi, with comments from Anna Lartey and Nancy Aburto. The brief will be updated when more country examples on agriculture and food system priorities and actions to promote healthy diets and improved nutrition are gathered. If there are country examples that you would like to share, please send the information to: ESN-Director@fao.org.