



Risk of COVID-19 complications in Children affected by Wasting.

A Joint Statement by the United Nations Children's Fund and the Global Nutrition Cluster

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As the COVID-19 pandemic reaches many countries with fragile health systems and/or already affected by a humanitarian crisis, it is critical to include wasted children in the list of vulnerable groups to COVID-19 complications.

Despite global progress in reducing child mortality over the past few decades, an estimated 5.3 million children under age five still die every year from preventable causes. Malnutrition is the underlying cause of an estimated 45% of deaths among children under fiveⁱ.

Wasting, primarily defined by a low weight for height, is a form of acute malnutrition which adversely affect specific and non-specific defense mechanisms, resulting in increased susceptibility to infections. Wasted children, particularly those who are severely wasted, are at a significantly higher risk of death from common childhood illness such as diarrhea, pneumonia, malaria and measles.

Available evidence on COVID-19 infections, indicates that children generally present milder symptomsⁱⁱ but we do not know yet how it will affect wasted children. It is reasonable to assume that such children are at higher risk of COVID-19 related pneumonia. Further, while the relative risk of COVID 19 complications may be lower for children from Europe and/or high income countries, we do not yet know how it will affect children in regions where the prevalence of child wasting is high, as is the case in sub-Saharan Africa (6.4%) and South Asia (14.3%)ⁱⁱⁱ

As countries are rapidly developing COVID 19 response policies, strategies and programmes, weighing in the effects on public health and their economies, it is critical that they do not underestimate the potential impact of reduced immune-suppression associated with wasting on the survival of a large number of children and the future of their nations.

Countries should:

- **Intensify efforts to prevent child wasting** including decisive measures to protect, promote and support breastfeeding, including among infected mothers, nutritious complementary foods and adequate complementary feeding practices, including responsive and active feeding during illness, and continued utilization of primary health care and water and sanitation services where appropriate and necessary for the prevention of wasting.
- **Sustain and adapt existing services for the early detection and treatment of child wasting** to respond to anticipated increases in the prevalence of child wasting, due to the secondary socio-economic impact of COVID-19, and to ensure continuity of the provision of critical services for the early detection and treatment of child wasting while reducing the risk of infection among service providers and between service providers and children and planning for alternative options if and when delivery platforms become disrupted or non-functional.

ⁱ <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>

ⁱⁱ <https://pediatrics.aappublications.org/content/pediatrics/early/2020/03/16/peds.2020-0702.full.pdf>

ⁱⁱⁱ United Nations Children's Fund (UNICEF), World Health Organization, International Bank for Reconstruction and Development/The World Bank. *Levels and trends in child malnutrition: Key Findings of the 2020 Edition of the Joint Child Malnutrition Estimates*. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.