COVID-19 FOOD SECURITY AND NUTRITION ALERT

30 March 2020

The ongoing COVID-19 pandemic is likely to exacerbate existing food crises in the East Africa region and drive worsening food security and nutritional outcomes. Given the high level of uncertainty relating to both on the trajectory of the virus’ spread and the severity of economic impacts at global, national, and subnational levels, an in-depth analysis of a most-likely food security and nutrition scenario is not yet available. However, in the meantime, FSNWG calls upon all concerned partners to be aware of and prepare for the possibility of increasing food and nutrition insecurity in the region given the effects of this pandemic on local livelihoods, markets, and the delivery of basic public health services.

FSNWG will be closely monitoring this rapidly evolving situation and will provide regular updates and more detailed analyses as additional information becomes available.

COVID-19 CASES

- **Global**: Though the situation is rapidly evolving and caseload figures are imprecise given current testing levels, the World Health Organization (WHO) reports a total of 634,835 confirmed cases of COVID-19 and 29,957 related deaths across 172 countries, as of the 29 March. The current crude mortality ratio is 4.7%, which is significantly higher than that observed for the seasonal flu (<1%).

- **East Africa region**: Two hundred and thirty-two confirmed COVID-19 cases have been reported in countries covered by the FSNWG. However, caseloads in the region are rapidly increasing (Figure 1) and local transmission has been reported in a number of countries.

**Figure 1.** COVID-19 cases by country and time in the FSNWG region

Note: No cases currently reported in Burundi and South Sudan

Source of data: WHO
GLOBAL IMPACTS

- **GDP losses:** A global economic downturn is expected as the ongoing pandemic has already significantly disrupted production and supply chains across the world. Additionally, crude oil prices have recently begun to fall due to the combined effects of multiple factors, one of which is reduced demand due to COVID-19 (Figure 2). **Simulations developed by OECD** indicate that the previously forecasted 2020 GDP growth of 2.9% (forecasted in November 2019) could be downgraded to 1.5% if the disease spread widely across Asia-Pacific, Europe, and North America. Similarly, scenarios developed by McKibbin and Roshen project GDP losses of 10% in Japan and 8% in Brazil, France, Germany, Italy, Russia, and the US.

- **Global grain markets:** As of mid-March, global grain markets have not yet significantly reacted to the COVID-19 pandemic (Figure 3). This is likely due in part to good production and supply prospects, as well as relatively inelastic demand for food commodities.

EAST AFRICA REGIONAL IMPACTS

- **Control measures:** Various control measures to stop the spread of COVID-19 have been put in place across the region, such as the suspension of international passenger flights, border closures, restrictions on public transportation and domestic travel, and the closure of some markets and non-essential businesses. If further cases are observed in the region, additional restrictions could be implemented.

- **Impacts on national economies:** Similar to global trends, GDP losses are likely across the region as key sectors are touched by the economic slowdown and movement restrictions. For example, as shown by Figure 4, key exports for countries in the region include animal products, chemical products, agricultural products, metals/mineral products/oil/stones/glass, foodstuff, and wood products. Given ongoing economic disruptions, all of these sectors have been or likely will be negatively affected, with significant implications for national revenues. Countries will also likely experience a loss of income from tourism due to travel restrictions linked to COVID-19. In 2018, the contribution of travel and tourism to GDP was 8.8% in Kenya, 9.4% Ethiopia 11.7% in the United Republic of Tanzania; 7.7% in Uganda, and 1.8% in the DRC (Source: World Travel and Tourism Council).
Furthermore, many countries in the region are dependent on remittances which have also decreased. This causes both significant income loss for poor households but also challenges in obtaining foreign currency for some countries.

**Figure 4. Export products by country**

- **Trade flows and cereal supplies:** International and regional trade has been, to date, exempt from restrictions though cross-border trade monitoring conducted by the FSNWG markets sub-working group members indicates that cross-border trade has already begun to be adversely affected. Wheat supplies through Mombasa port have also reportedly declined. Regional and international trade are vital to ensuring sufficient cereal supplies across the East Africa region. For example, Burundi, the Democratic Republic of the Congo, Eritrea, Kenya, Rwanda, and South Sudan are all deficit-producing countries for maize despite maize represents a key food item for local diets. For these countries, imports from South Africa, Tanzania, and Uganda are critical to ensuring national supplies. If these trade flows were to be disrupted, maize supplies in these countries would quickly become limited. Similar dependencies on regional and international markets are also observed for other key commodities, including rice and wheat. Countries that are heavily dependent on food imports, such as Djibouti where imports represent nearly 100% of cereal supplies, are particularly vulnerable to trade disruptions (Source: FAOSTAT).

- **Cereal demand:** Though demand for food items is generally considered inelastic at the global level, it has been found to be more elastic in lower income countries. With this in mind, the East Africa region will likely experience, after a short period of increased demand as people engage in panic buying, a slight decline in demand for key staple commodities as household incomes and purchasing power falls.

*Note: Data may include re-exports from neighboring countries.*

*Source of data: The Observatory of Economic Complexity*
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- **Prices**: Though there is no indication at this time that COVID-19 has to date significantly affected the prices of key staple commodities, panic buying, hoarding by traders, and disruptions along the food value chain (e.g. processing, transportation both internally between rural and urban areas and internationally) could drive higher prices in certain areas, limiting food access for poorer households.

- **Social unrest**: The East Africa region already faces high levels of conflict, insecurity, and population displacements. An economic downturn, rising prices, and restrictions on movements and certain business operations also have the potential to deepen longstanding grievances, and increase levels of social unrest within the region.

- **Humanitarian assistance**: According to the 2019 Global Report on Food Crises - Regional Focus on the Intergovernmental Authority on Development (IGAD) Member States, the IGAD region1 received, between 2016 and 2018, approximately USD 4.5 – 5 billion in humanitarian assistance a year, representing 18 – 23% of assistance provided globally during that time period. The funding requirements for 2020 Humanitarian Response Plans (HRP) for countries within the FSNWG region currently total USD 7.279 billion, though funding levels to date remain quite low, ranging from 1.9 – 15.6% (Source: OCHA’s Financial Tracking Service).2 The ongoing COVID-19 outbreak will likely have significant implications on humanitarian assistance delivery due to procurement and funding difficulties, movement restrictions, and challenges relating to ensuring distributions are conducted in a manner that wouldn’t further spread the disease. As shown by recent IPC analyses, ongoing food security programs are currently playing a key role in preventing worse food security outcomes in parts of the region, particularly in Central African Republic, Ethiopia Somalia, and South Sudan.

- **Impact on school children**: As of 25th March 2019, all schools have been closed within the region with an exception of Burundi and Eritrea, and according to UNICEF, these closures have disrupted the education of over 66 million children and youth.3 Many of these children normally rely on school feeding programmes and the recent closure of schools and resulting suspension of school meals threatens the food security and nutritional status of millions of East Africa’s youth. For example, according to WFP, 4.7 million children have already missed meals in Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, and Uganda alone. In Rwanda, discussions are currently underway between WFP and the Ministry of Education to explore the possibility of “take home rations” for school children there.

- **Food security impacts**: Prior to the COVID-19 pandemic, food insecurity in the East Africa region was already alarmingly high, with over 33 million food insecure people (IPC Phase 3+) across countries covered by FSNWG. Key drivers of this food insecurity includes climatic shocks (drought, flooding), economic challenges/high food prices, outbreak of livestock pest and diseases, conflict/insecurity, and population displacements. Looking forward to the upcoming 2020 agricultural seasons, the ongoing desert locust outbreak had already increased concerns about further food security deteriorations. Given an additional economic shock resulting from the COVID-19 crisis, the magnitude and severity of food insecurity and undernutrition could increase significantly and therefore needs to be closely monitored in the most vulnerable areas.

- **Nutrition impacts**: To date there is very little known or documented impact of COVID-19 on nutritional status, noting much of the evidence so far has been from high and middle-income economies where underlying nutritional status is not a public health concern. The Eastern and Central Africa region faces multiple, underlying vulnerabilities, including food insecurity, undernutrition, and disease burden such as HIV coupled by high levels of poverty which places the population at higher risk of infection. The region therefore, as well as being impacted directly by COVID-19, is also at risk of secondary impacts of COVID-19 such as increased cases of acute

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1 IGAD region includes Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, the Sudan and Uganda.
2 HRP funding levels by country: Burundi (13.7%), CAR (15.6%), DRC (6%), Ethiopia (11.1%), Somalia (9.6%), South Sudan (1.9%), and Sudan (13.3%).
3 Figure includes data from Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Uganda, and Tanzania.
malnutrition in vulnerable households driven by reduced food access and limited access to health care due to the increased burden on health services from COVID-19 as well the implementation of containment measures. Sustaining the implementation of life saving health and nutrition services for children and pregnant/lactating women will therefore be critical, while also ensuring to reduce the risk of exposure to COVID-19 for these vulnerable groups.

- **Access to health services:** Sustaining access to quality routine health services for children and pregnant women, particularly throughout the COVID-19 pandemic response, cannot be underestimated. Learnings from the Ebola Vitus Disease outbreak in Western Africa, suggested that non-Ebola morbidity and mortality increased after the onset of the outbreak with reproductive, maternal, and child health services especially affected. The indirect impact on health service is thus likely to be substantial with this pandemic, and highlight the importance of support to maintain routine health service delivery including vaccination, child health, treatment of wasting and ante natal and safe delivery programmes.

### IMPACTS BY POPULATION GROUP

**For urban populations:**

- **Impacts on business/trade:** Further impacts of COVID-19 on small and medium enterprises, who are already closing down due to restricted movements of buyers and increasingly due to shortage of stocks of non-food items, are likely as these businesses depend heavily on imports, especially from China. Trade opportunities could also be limited in open markets where gathering of large number of people could be restricted.

- **Impacts on labor:** Labor opportunities for the urban poor (e.g. transportation, hospitality, tourism, domestic house help) is already on decline and will likely continue as social distancing measures take effect and limit movement.

- **Food security impacts:** These combined factors will likely drive a decline in household incomes and purchasing power for affected urban populations. Slum dwellers with very low incomes will likely be the most affected. Additionally, increased urban to rural migration may be observed as a coping strategy due to the absence of employment opportunities in towns and cities.

**For farming households:**

- **Markets and income:** Market closures, trade disruptions, rising transportation costs, and a reduction in demand for certain commodities, particularly cash crops, could cause farmers to face marketing challenges that drive a decline in their income levels. As previously shown in Figure 4, the economies of many countries in the region rely heavily on exports of agricultural products including but not limited to coffee, tea, cut flowers, and oil seeds. Already, there are indications of declining export demand and related prices for some of these products (Sources: *IMF, The Standard*). Increased food losses due to market disruptions are also a possibility, especially for perishable products such as fruits, vegetables, and milk.

- **Agricultural inputs:** Imported agricultural inputs make up the majority of products on East Africa formal markets, with the Asia and Europe supplying the majority of these inputs for many countries. Market and trade disruptions could limit this supply and drive rising prices of essential agricultural inputs, which could cause declines in crop yields for affected farmers.
Figure 5. Source of imported mixed mineral or chemical fertilizers

Note: Data may include re-exports from neighboring countries.

Source of data: The Observatory of Economic Complexity

- **Agricultural labor**: Movement restrictions could cause labor supply challenges. For examples, several Crop and Food Security Assessment Missions (CFSAM) and Emergency Food Security Assessments (EFSA) conducted during the Ebola crisis in West Africa found that farmers saw their crop production levels fall due mainly to limited labor availability as movement restrictions prevented agricultural laborers from working in groups. For poorer households who were heavily reliant on labor work as a source of income, labor wages also fell, reducing their purchasing power. Though its impacts on crop yield will likely be limited in comparison to other factors, a high COVID-19 caseload during the agricultural season could also reduce sick farmers’ ability to effectively manage their fields (i.e. weeding, pest control).

For livestock farmers (including pastoralists):

- **Livestock markets**: The closure of and weekly local livestock markets will likely affect the incomes of livestock keepers. Additionally, pastoral households may experience a decline in their earnings if trade disruptions reduce the export demand for live animals, with a consequent decline in livestock prices and worsening cereal-to-livestock terms of trade. Somalia and the Sudan are among the most vulnerable countries to this shock, as livestock exports to the Middle East, particularly during the Ramadan and Hajj/Eid season, are essential both for national economies and for pastoral households’ livelihoods. In Somalia, for example, the livestock sector accounts for about 40 percent of the national GDP, about 60 percent of export earnings, and is the largest contributor to Somali livelihoods, with over 65 percent of the population engaged in livestock-rearing activities (Source: FAO-GIEWS). Disruptions to exports will result in declining purchasing power for large segments of the population and a sharp decline of tax revenues, with major impacts on both the macroeconomic situation and on the food security of pastoralist households, already of concern due to the negative impacts of recent climate shocks.
Livestock inputs: Similar to agricultural inputs, market and trade disruptions could also reduce livestock owners’ access to vital livestock feeds, medicines, and other inputs, resulting in deteriorating animal health and an increased mortality rate if the situation persists.

For refugees, asylum seekers and IDPs:

Existing food insecurity: The East Africa region is currently hosting more than 4.6 million refugees, asylum seekers and around 8 million IDPs, and nutrition and food insecurity remain a key concern among these displaced population. Due to limited agriculture and livelihood opportunities, refugees remain dependent on the humanitarian food assistance to meet their minimum food needs. In addition, funding shortfalls resulted in inadequate resource allocation for adequate health care, water sanitation and hygiene, and shelters for refugees in the region.

Vulnerabilities to COVID-19: Displaced populations are likely at much higher risks of contiguous diseases outbreak considering different vulnerabilities:

- Higher transmissibility due to intense social mixing between the young and elderly, overcrowding in camps, and specific cultural and faith practices such as mass prayer gatherings, large weddings and funerals during which super-spreading events might propagate transmission disproportionately;

- Higher infection-to-case ratios and progression to severe disease due to the COVID-19 virus’ interaction with highly prevalent co-morbidities, including non-communicable diseases (NCDs; hypertension and diabetes).

- Extreme pressure on the already inadequate curative health services in the refugee/IDP settings could result in indirect impacts resulting from disrupted care for health problems other than COVID-19.

Malnutrition: High prevalence of malnutrition remains a key concern amongst displaced populations where infectious disease outbreak, like COVID-19, can worsen the situation, possibly increase malnutrition sharply, leading to even higher mortality rates. Pregnant women, young children, the chronically ill and the elderly often have compromised immune functions making them vulnerable to infection and at risk of death.