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**ACTION
AGAINST
HUNGER**

COVID-19 IMPACT: THE SEEDS OF A FUTURE HUNGER PANDEMIC?

Fieldwork insight

FOREWORD

Previous pandemics have demonstrated that more people could die from the indirect consequences of an outbreak than from the disease itself. As the fight against the pandemic is pushing millions into poverty and hunger, COVID-19 will likely be no different.

With 40 years of experience fighting hunger in many countries, Action Against Hunger (Action contre la Faim) has long understood the impact of large-scale emergencies, witnessing the Ebola outbreak, war-torn countries, and extensive displacements. This pandemic is however unique, its sheer magnitude differentiating it from other crises.

This insight reveals, along with previous experiences, that direct and indirect impacts of COVID-19 on health, hunger, and food insecurity are already extensive. It expands and fosters the worrying trends that we see since 2017 on the global rise of hunger.

As of today, quick and substantial adapted development and humanitarian aid responses are needed. The first observations from our worldwide programmes have taught us that the COVID-19 impacts are multiple and massive, varying from one region to another, depending on its rural or urban localisation as well as food availability and access. Responses therefore need to be comprehensive and adapted to each context.

To implement an effective response, humanitarian and development actors must work alongside communities and civil society organisations to jointly define both the needs and the appropriate response.

In the past months, Action Against Hunger programmes and teams in over 40 countries worldwide have been actively working to contain the spread of the virus. They have been providing direct support to affected people while continuing responses to ongoing crises. They have also been supporting people, communities and local authorities to prevent further suffering as well as building more resilient health, food, and social protection systems.

We must use this crisis as an opportunity to strengthen these systems, to prevent future outbreaks and hunger crises. Promoting adequate access to basic water and sanitation services, mental health and protection, building universal health coverage, reaffirming our commitment to principled humanitarian actions, and transforming food systems and security policies to improve our resilience to ongoing and future shocks must also be prioritised.

We now call on the international community to collectively make political commitments and take action as well as use every political opportunity to both avoid a hunger crisis and radically transform our collective model, for the benefit of all.

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INTRODUCTION

The global COVID-19 pandemic has revealed systemic and geographic inequalities in accessing essential services.

Action Against Hunger is concerned about an increase in hunger worldwide. This threat is caused by the pandemic and its consequences, affecting people living in countries where systems are already weakened by conflicts, climate hazards, and chronic poverty.

The number of people living in a state of severe food insecurity could [double this year reaching 265 million](#) due to a combination of the pandemic, economic depression, climate crisis, and conflict, and 500 million additional people could fall into poverty. If nothing is done now, the 821 million people already suffering from hunger in 2018 ([SOFI, 2019](#)) could rise to over one billion in the foreseeable future. In a video statement released on the 9th of June 2020, the United Nations Secretary General reaffirmed that “unless immediate action is taken, it is increasingly clear that there is an impending global food emergency that could have long-term impacts on hundreds of millions of children and adults.” This call followed World Food Programme (WFP) Executive Director David Beasley’s statement on the 30th of April 2020 declaring that “if we don’t prepare and act now – to secure access, avoid funding shortfalls and disruptions to trade – we could be facing multiple famines of biblical proportions within a short few months.”

Based on information from 25 countries of operation, Action Against Hunger is highly alarmed at how COVID-19 is impacting food and health systems and its impact on people. This report further examines how COVID-19 exacerbates existing vulnerabilities, more specifically with regards to food and nutrition security as well as access to basic services, including water and sanitation. While many countries have taken necessary measures to fight against this pandemic, these actions have therefore constrained both movement of essential goods and people as well as disrupted food and value chains. This has led to shortages or a surge in food prices in different countries and regions, directly impacting the livelihood of millions. Complicated access to basic health services, in particular while they are focusing on dealing with the pandemic, as well as the fear of contamination are also going to have immediate and long-term consequences. Additionally, constraints on humanitarian access to countries, already in acute emergency or conflict, further limit people’s access to assistance and set additional immediate risks to life. In turn, a deepening hunger crisis could lead to increasing tensions and conflicts. A fast and concerted human-right based response is needed, fighting discrimination, taking into account the urgent need to strengthen health and social protection systems, to prioritise and improve food and nutrition security as well as to reshape a long-term strategic global food development system.

Action Against Hunger has identified immediate actions and policy commitments that could help to avoid a rise in hunger. This will support responses to COVID-19 and the resulting food crisis, and will also mitigate future food security risks from new global shocks (pandemic, climate change, or major conflict).

- Ensuring access to health and basic services for all and building resilient health and social protection systems
- Responding to the food crisis and transforming food systems to make them resilient, sustainable, and capable of providing healthy and affordable food in sufficient quantity
- Lifting humanitarian access constraints

Action Against Hunger calls on all governments to integrate these actions into their response to the pandemic. The international community should also support political and financial initiatives that aim to mitigate the impacts of COVID-19. Key summits, such as the upcoming G7 and G20, should prioritise the international response to the social impacts of COVID-19, especially on hunger and undernutrition, as it did in 2008 with the Aquila Initiative. Events, such as Nutrition for Growth, that were scheduled this year have been postponed due to the pandemic, at a time when action on malnutrition is more urgent than ever. Committee on World Food Security (CFS) – reformed after the food riots to better answer global food insecurity crises – should also take a leading role in defining global responses, avoiding world hunger and nutritional crises, and transforming food systems. **We therefore urge governments to support, within the Committee on Food Security, the organisation in 2020 of high-level discussions to coordinate a political response to the food crisis.**

On a broader level, given the deterioration of the current situation, we urge governments, donors in particular, to take every opportunity to work together and make early commitments to action on hunger and malnutrition this year. Countries must commit both politically and financially to avoid a hunger disaster and support system changes.



Methodology: this document is based on evidence collected from Action Against Hunger's programmes across Africa, Asia, the Middle East, and Latin America between April and June 2020.

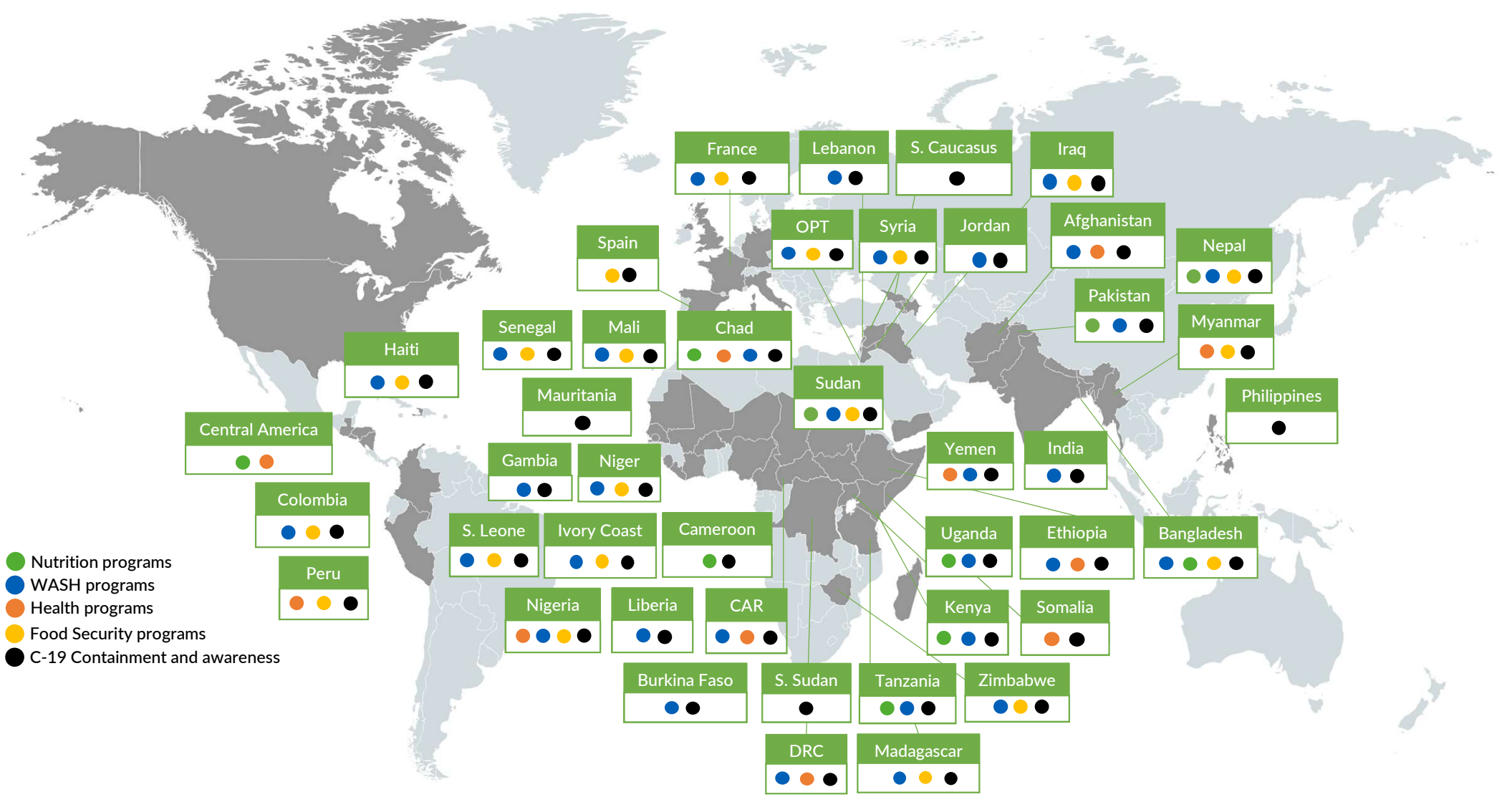
This report aims to identify and illustrate our field interventions and study the impacts of COVID-19 in different and urgent contexts. It does not represent as such a full picture of the hunger situation in different countries but aims to highlight key impacts, trends, and issues that need to be addressed to avoid a major hunger crisis. The information was gathered from a survey sent to all programmes in May and June 2020 in which questions on impacts of the pandemic on health systems / food systems and humanitarian access have been asked. Due to the evolving situation, country-specific examples showcased in this report may have changed since. Difficulties arose in the collection of answers due to the emergency itself; still those information represents what Action Against Hunger programs have witnessed at a certain time and in 25 countries.

Not all the evidence is included in this paper, but the highlighted challenges are examples representative of operational challenges, given along with advice, also drawn from wider experiences and technical recommendations. Based on our information collected at field-level, this report aims to point out the challenges faced during the COVID-19 crisis and possible problems that could emerge as a result of this pandemic.

ACTION AGAINST HUNGER'S RESPONSE TO COVID

We are working with our local partners to respond to the pandemic in ways that complement and support the efforts of local governments. Our global response is structured around three axes:

- Urgent action to prevent the spread of COVID-19 and to adapt existing programmes for a better response: by joining forces with our partners and local governments, we are reducing transmission, as well as improving mitigation measures, and tracking of the outbreak. We are directly supporting health facilities to improve infection prevention and control, to ensure the continuity of essential health services, and to provide critical supplies (mass awareness campaigns, water provision, sanitation and hygiene infrastructure, distribution of hygiene kits, etc.). We are also distributing food and cash transfers to people in need, to maintain their access to food and essential goods.
- Response: we are supporting communities and local actors to address the long-term side effects of COVID-19 and associated with local authorities and resources. We aim to expand our efforts to find effective and sustainable solutions through our ongoing work with local partners and key actors across civil society and local governments. We are scaling up our programmes to prevent further suffering related to COVID-19, by strengthening our understanding of the pandemic and targeting its indirect impacts as well as building up the resilience of health and food systems to support the recovery.
- Learning and research: we are developing evidence-based approaches through interventional research. We are harnessing our renowned technical and research expertise to work collectively with our partners and assess the direct consequences of the COVID-19 pandemic on hunger and malnutrition. This will inform our programming and help develop evidence-based approaches to support long-term recovery. Action Against Hunger has evaluated it will need \$200 million to fight COVID and hunger within the next two years.



I. ENSURING ACCESS TO HEALTH AND ESSENTIAL SERVICES FOR ALL

The number one priority is to respond to urgent health needs which are directly linked to COVID-19. This pandemic is having a devastating and disproportionate impact on the most vulnerable members of society, who lack access to resources and basic services – children, women, elderly, disabled, workers in the informal sector, refugees, Internally Displaced People (IDPs), and migrants. These people, who were already struggling to survive before the arrival of COVID-19, now find themselves in a catastrophic situation. Responding to the immediate and urgent health needs directly related to the virus is crucial. However, the response cannot come at the expense of equitable access to basic services for all. This includes detecting and treating undernutrition, evaluating sexual and reproductive health, facilitating access to water, hygiene, and sanitation, reinforcing social safety nets, facilitating livelihoods/farming support, mental health and psychosocial services as well as protection services for children and sexual and gender-based violence survivors. Fair access to essential services is not only crucial to prevent and stop the expansion of the pandemic but also to limit additional deaths linked to the reduction of health coverage, particularly sexual-reproductive, maternal, newborn and child health, and to address the long-term threats to food and nutrition security.

We need to safeguard their needs and rights, especially in times of containment measures and focus on the fight against COVID-19. All these have by correlation decreased access to essential services in some situations or for some people, many health facilities being unable to cope with multiple emergencies.

Lessons learned from Ebola epidemics have shown that previous health crises have led to serious disruptions in routines and basic services, including primary health care and undernutrition services. They also affect the continuity of water and sanitation services due to many factors such as the reduction of water treatment products, the death of water and sanitation service staff, the private sector collapse (i.e. water vendors and latrine desludging companies). COVID-19 has already had major impacts on health by either impacting people directly or by diverting the medical focus from other lethal diseases and undernutrition.

Movement restrictions and the lack of information on whether services were functioning safely have harmed people's ability to access basic services. As a serious food crisis is currently threatening one billion people, enhanced access and continuity of essential services is crucial to save lives.

PROTECTION BOX: LEAVING NO ONE BEHIND

Worrying reports indicate that vulnerable individuals and communities are excluded from the response to the hunger crisis. This includes people suspected of living with COVID-19, people in exile (refugees, IDPs, migrants), women and children, homeless people, people in detention centres, sex workers, people with disabilities, persecuted ethnic minorities, and members of the civil society.

In France for instance, many migrants living in informal settlements were denied the right to access water, sanitation and hygiene (WASH) facilities whilst French authorities were recommending all citizens to wash their hands frequently. In most countries where Action Against Hunger is present, people in exile are excluded from national social protection mechanisms because of their nationality and administrative status.

In other instances, measures to tackle the pandemic have been purposely instrumentalised to further violate the human rights of marginalised communities. This was the case early May 2020, when hundreds of Rohingya asylum seekers were stuck at sea in the Gulf of Bengal and the Andaman Sea in appalling conditions. Fear that asylum seekers would spread the virus has been used as an excuse to deny them the possibility to moor and seek refuge and safety, against the international legal principle of non-refoulement.

A hunger crisis cannot be fought if the most vulnerable people are left behind: governments and the international community must ensure that all measures adopted in the name of the ongoing crisis guarantee access to basic services for all, without any form of discrimination.

The COVID-19 crisis has revealed the systemic weakness of health systems. Due to a consistent lack of investment, more than half of the global population lacks access to basic health services because of a lack of infrastructure, trained health staff, and medical equipment. For instance, according to UN-Water, one in eight health facilities worldwide have no water services. Moreover, in Sub-Saharan Africa, only half of the health services have basic access to water and there is on average less than 0,5 doctors per 1.000 people in the region. Despite the proven benefits of community-based health approaches, such interventions aren't sufficiently developed on a community level and health workers lack personal protective equipment (PPE) to work in a safe environment. Direct and indirect health care costs (i.e. transport costs to health centres, loss of income due to sickness, etc.) are still a huge burden to households. If necessary measures are not put in place to ensure Universal Health Care (UHC) and expand social safety nets, too many people may still not be able to access the health care they need.

Furthermore, ten months out of twelve, health systems in Sahel countries are under stress because of seasonal epidemics and peaks in acute malnutrition, caused by malaria and cholera. Health systems being particularly stressed during the rain season.

In the initial stages of previous epidemics, programmes implemented by the international community too often developed a vertical approach to the disease, which did not sustainably strengthen existing health systems. This has since then been corrected and initiatives, such as the Global Fund, aim at strengthening health systems. It is urgent that we learn from these previous crises to ensure the health response to COVID-19 is fully integrated within existing health systems and reinforces them, especially in the context of ongoing global initiatives, such as ACT-A¹.

1. Launched in April 2020, the Access to COVID-19 Tools (ACT) Accelerator, is a global initiative to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

In terms of water, sanitation, and hygiene, further impacts of COVID-19 could involve a lack of maintenance of WASH infrastructure as well as gaps in service provision, including disruption of safe water distribution and potential sewer overflow. Health facilities, schools, and prisons may particularly be put at risk by the failings in supplying and purchasing water, wastewater treatment chemicals, fuel for pumping stations as well as the disruption of water and wastewater treatment plants and desludging services. However, disruption of solid waste management services, stock-out, or increased price of WASH commodities are far more likely and need to be anticipated.

Other identified indirect risks are the disconnection from services due to lack of income as well as families or communities regressing to open defecation due to the resistance or fear to share toilets.

Apart from health systems, during socio-economic crises, access to adequate social protection is essential and must be part of a national response to this pandemic. Around the world, 4 billion people do not have access to some form of social protection and on the African continent, only 18% of individuals are covered by social protection. Since the 1st of May 2020, 159 countries have either planned, introduced, or adapted social protection programmes in response to COVID-19, cash transfers being the most commonly used. While the speed and magnitude of national responses are unprecedented, much more is needed.

IMPACTS AT COUNTRY LEVEL

a. Disruption of basic services

In **Pakistan**, at the early stage of the pandemic, there was a drop in the number of children accessing treatment for wasting. As for Outpatient Therapeutic Feeding Programmes (OTP), we have seen a 20% to 50% reduction in cases in Nutrition Stabilisation Centres (NSCs). Since the 26th of June 2020, the situation in NSCs has returned to normal. However, it is likely that the number of patients is on the rise as people are still afraid of accessing health facilities.

In **Burkina Faso**, in April 2020, Action Against Hunger noticed a 70% drop in attendance rate of programmes for Ready-to-Use Therapeutic Food treatments, helping to manage children under five with severe acute malnutrition.

In **Nigeria**, Action Against Hunger teams have witnessed how misinformation and the lockdown have negatively impacted women's access to reproductive health services, which remain key in the fight against undernutrition amongst mothers and children.

In **Central African Republic** (CAR), since March 2020, there has been a decrease in the number of children undergoing active screening for moderate and severe acute malnutrition. The decrease from February to March adds up to around 9% and from March to April to around 10%. This most probably occurred due to movement restrictions, impacting community health teams, who were no longer able to conduct household screenings.

In **Niger**, despite the importance of WASH services in tackling the COVID-19 pandemic, only 46,1% of the population have access to clean drinking water and 70,8% still practice open defecation. The World Health Organization (WHO) estimates that 50% of malnutrition is linked to repeated diarrhoea or intestinal worm infections as a result of unsafe water, inadequate sanitation, or insufficient hygiene. The lack of support for WASH services during the pandemic has further exposed vulnerable communities to an upcoming hunger crisis.

In **Syria**, while Action Against Hunger continued essential interventions such as water trucking in vulnerable areas in Hassakeh governorate as well as in Aleppo and Idlib. Delays occurred in desludging, managing solid waste and latrine cleaning in IDP camps, and rehabilitating infrastructure (i.e sanitation and sewage systems in Daraa and Aleppo).

b. Challenges to existing health and social protection systems

In **Mali**, the health system was not able to address the challenges posed by the virus. Access to basic health services such as medical staff, materials, and even water in health structures was already precarious before COVID-19. The increase of patients affected by COVID-19, particularly those with severe complications, is likely to stifle an already year-round pressured health system. Likewise, the management of this pandemic will have a major impact on health as it may divert medical priorities from other lethal diseases and undernutrition. This is likely to make undernourished populations more vulnerable, and therefore more likely to develop complications.

In **Afghanistan**, we observed a decrease in the number of beneficiaries in Action Against Hunger health centres. At national level, compared to December 2019, there has been a significant decrease in people seeking health services, with a 6% drop in antenatal care and an 11% decrease in primary health care consultations. However, community mobile health teams and community health facilities have witnessed an 89% increase in attendance thanks to strong community awareness efforts.

In **Burkina Faso**, the government has put in place measures. The World Bank should also contribute to the social safety nets, which are part of COVID-19 by transferring 20.000 FCFA to vulnerable households for three months.

In **Haiti**, the lack of equipment and material remains a concern. Critical items include PPE, oxygen, ventilators, and hospital beds, in particular for Intensive Care Units. Some hospitals have refused to treat patients due to PPE shortages. Sustaining regular health services beyond COVID-19 is critical. To do so, there is a need for PPE for all health personnel outside facilities designated for COVID-19 response, as well as hygiene materials at health facilities, relevant health supplies, medicine, and reproductive health commodities. Working conditions for health personnel need to be improved to support the delivery of lifesaving services such as immunisation, skilled birth attendance, and antenatal care or cesarean section. The nutrition sector continues to prioritise the treatment of wasted children, as they are vulnerable to COVID-19 complications. The expected increase in acute malnutrition cases will require additional funds to procure therapeutic food, medicine, and protective equipment.

RECOMMENDATIONS FOR GOVERNMENTS, DONORS, AND THE INTERNATIONAL COMMUNITY

- The response to the pandemic should not be at the expense of other basic services: continuity of basic services, including at community level, outpatient and inpatient management of acute malnutrition, must be guaranteed to prevent additional deaths from other diseases and hunger.
- The rights of vulnerable individuals and marginalised communities to access basic services throughout the crisis response should be upheld.
- The negative impact of restrictive measures on the most vulnerable should be minimised by supporting the adoption of gender-sensitive social protection safety nets and by developing community-centred prevention alternatives to confinement, based on lessons learned from Ebola, and in coordination with the World Health Organization.
- Restrictions on freedom of movement should conform to national and international law, be limited to the scale and duration required, and not lead to the disproportionate use of force or endanger the right to privacy.
- The strengthening of health systems and WASH sectors should be prioritised, first and foremost at community level and reflect this in budgets. Governments and donors must respect their commitment of allocating 15% of their budgets and Official Development Assistance (ODA) to public health, as per the Abuja declaration². Local water and sanitation utilities must be supported to secure a basic level of operation. This may require extra staff and costs, due to providing additional safety equipment to workers.
- Financial barriers to access health, WASH, nutrition and other basic services should be removed. Efforts towards Universal Health Coverage should be accelerated and political reforms, such as a Universal Minimum Income, should set up. In the meantime, governments must extend existing safety nets and create an enabling environment for humanitarian actors to complement the national response through cash transfer programmes.

2. This is crucial to reinforce the quality and the availability of health services and medicines, while keeping in mind other key basic services such as WASH, psychosocial support, and safety nets.

II. RESPONDING TO THE FOOD CRISIS AND BUILDING RESILIENT FOOD SYSTEMS

Primarily classed as a health crisis, COVID-19 has also had immediate consequences on food security and livelihoods. If no immediate coordinated political response is taken at national, regional, and international level, this pandemic may very soon lead to a hunger crisis.

While acknowledging governments' efforts to limit the spread of the virus, we have noticed that both movement restrictions as well as the closure of borders and markets have had collateral impacts on people with precarious livelihoods. Physical (closure of markets, disruption of supply chains, etc.) and/or financial (income loss, food price rise) inability to access healthy and diverse food may be accentuated in the very near future, impacting the most vulnerable, especially women, refugees, and displaced persons. The combination of losing an income and the rising price of food both undermine the purchasing power of weaker households. Most of the affected population have now started to change their consumption habits, moving towards cheaper food with less nutritional value, or even less food, which impacts malnutrition rates. While social protection mechanisms in the richest countries could prevent a social breakdown, the situation is quite different and much more alarming for low and middle-income countries, with non-existent or fragmented social protection systems. Additionally, these populations are already suffering from great economic vulnerability or ongoing crises and are often overwhelmed by hunger and food insecurity. In these countries, as well as an increase in the global burden of malnutrition, a hunger crisis is looming on the horizon. COVID-19 is already impacting fragile food systems and will further exacerbate existing vulnerabilities. The impacts of COVID-19 on food supply and demand are directly and indirectly affecting the four pillars of food security and nutrition: availability, access, utilisation, and stability. In many parts of Asia and Africa, the inevitable scaling back of these efforts will coincide with the monsoon rains and hunger gap – a time when, even in normal years, the incidence of acute malnutrition rises steeply.

Most of the countries, in which Action Against Hunger operates, earn most of their resources from agricultural and livestock activities, or fishing. Despite their rural character, most of these countries or territories often remain heavily dependent on food imports, due to weak governance systems, political crises, conflicts, and their high vulnerability to disasters. These countries are often deep in debt and dependent on international trade to export raw materials, build up foreign exchange reserves, and import industrialised goods, which often are basic necessities for their populations. The COVID-19 crisis, being a worldwide crisis, has led to a drop in the global food production and manufactured goods through the cessation of many activities, a slowdown or even blockage of cross-border trade, as well as a drop in demand due to the fall in income caused by increased unemployment and underemployment. Without international development aid and debt cancellation, countries that are already economically vulnerable will not be able to provide the economic assistance that is necessary for the confined populations during the health crisis, as well as during the subsequent recovery phase. Beyond the immediate consequences, it seems that the economic disruption will have a huge impact on the international economy. Yet, there is a strong relationship between the economic slowdown and downturn with malnutrition (SOFI report, 2019).

Consequences of restriction measures affect both rural and urban populations. In rural areas, the closure of borders and markets, restrictions on herd mobility, and limitations on the transport of food, veterinary products, and agricultural inputs will significantly increase the vulnerability of farmers and herders. They are usually the first victims of hunger in the context of climate change,

epizootics, and conflicts. The closure of schools and canteens, and also the difficulties for rural populations to use traditional coping mechanisms to adapt to depleted food supplies, such as seasonal migration, reliance on agricultural employment on larger farms, and participation in self-help and tontine systems, are central to the resilience of the poorest to shocks.

In urban areas, day labour and small business are dominant and offer no economic protection to the population, nor do they provide social rights. People are therefore very vulnerable to economic shocks. Imposed closures of shops and markets, as well as restrictions on people's movement immediately affect the ability of families to meet their food needs. A day without income for a labourer or a small trader, is a day when their family will not be able to eat sufficiently. This situation is aggravated not only by the closure of school canteens, but also by the increase in the price (observed in many places) of basic food supplies which have become rarer as a result of restrictions on the movement of goods. The impact on the livelihoods of women, who are largely dependent on the informal economy and the agricultural/food transformation sector in many regions of the world, will result in a decrease or absence of income that will be critical to maintaining the family's food and health needs. Finally, a decline in financial transfers from the diaspora has already been observed. These additional elements could, after a few weeks, significantly increase economic vulnerabilities and the risk of widespread food crises.

It is also very important to highlight the fact that the upcoming hunger crisis comes on top of other crises (conflicts, climate crisis, and crop destruction caused by desert locusts, etc.).

In **West and Central Africa**, the situation is particularly worrying. Between June and August 2020, 19 million people could reach food insecurity (Cadre Harmonisé analysis, March 2020) due to ongoing crises, conflicts, and structural issues. According to estimations, these figures could reach 50 million people due to the pandemic's consequences. The effects of COVID-19 on precarious livelihoods could therefore result in more people dying because of hunger.

IMPACTS AT COUNTRY LEVEL

All observed impacts are very much interlinked and weigh evenly on food security on a short and long-term spectrum.

a. Disruptions along the supply and production chains

In **Afghanistan**, partial border closures with Pakistan and Iran have affected main supply routes for critical items, most specifically food. There have been some recent openings with Pakistan to allow commercial vehicles to access Afghanistan. However, administrative delays make it difficult for goods to reach the country.

In **Burkina Faso**, freight is still permitted, but national restrictions have also affected delivery times, as many people and suppliers have to work remotely (in Burkina Faso, at headquarters, and internationally).

In **Colombia**, an average of 87% of small food producers has experienced a severe impact on their capacity to produce food caused by the sharp increase in the use of agro-inputs (especially in Antioquia, Boyacá, and Córdoba) and the increase of transport prices (in Antioquia and Putumayo). Markets have experienced an availability gap up to an average of 92% across the country essentially in small and medium-sized urban areas and popular parts of the larger urban areas. The impact reported is that around 34,2% of Colombian households are facing challenges to access markets

mainly due to travel restrictions (75% of them) while around 53,7% of households are using negative coping mechanisms such as relying on lower quality or rich food, or reducing their consumption.

In the **Democratic Republic of Congo** (DRC), movement restrictions have affected rural markets from operating as per usual. This has therefore impacted the rural economy, highly dependent on the urban economy. In Goma, the country's third-largest city, traders overwhelmingly reported supply difficulties, as 86% of suppliers were encountering issues. Due to the one passenger per motorcycle limit, the cost of this means of transportation, which is the most used, has almost doubled (the journey "Goma - Mweso - Goma" cost 48.000 Congolese francs instead of 24.000). This has made it difficult for producers to reach markets. COVID-19 measures will have a serious impact on agricultural production activities, especially in the more rural areas, where populations do not have any local high-quality inputs (i.e. they rely on imported vegetable seeds and tools). Border closures with Rwanda, Uganda, and Angola have also affected the markets' restocking.

In **Madagascar**, on top of low stocks because of poor harvests caused by the drought, it was difficult or nearly impossible to restock as the roads were closed because of lockdown.

Mauritania's border closures with Mali and Senegal had a huge impact on the transhumance of Mauritanian herds: shepherds were no longer able to move their herd to adapt to grazing impoverishment caused by the drought.

In **Nepal**, according to the World Food Programme COVID-19 Food Security & Vulnerability Update 3 (on the 6th of May 2020), it was reported that for 53% of traders, food availability in markets was considered to be insufficient.

In **Pakistan's** rural areas, food availability differed according to the province. The situation was more difficult in places, such as Balochistan, which are more reliant on other provinces for staple foods because of the ban on interprovincial movements and shortage of wheat. Since the 26th of June 2020, supply/demand shortages have been disrupted by transport and the perceptions about food safety, for instance dairy products. Additionally, only locally-sourced food was available at a reasonable price, and was in fact often far below the usual sale price. On the other hand, non-local items were being sold at a much higher price.

In **Syria**, sustainable food systems, training sessions on vegetable production, processing, and conservation were temporarily suspended (Aleppo, Daraa, Der ez-Zor, and rural Damascus). Ongoing monitoring of project activities and implementation of endline surveys were also suspended.

Similar impacts are being reported in **Guatemala** where 2.6 million people (out of 17 million) are classified as facing a food crisis situation (Integrated Phase Classification - IPC- Phase 3). 3.2 million have reached food insecurity mainly at the Corredor Seco (Dry Corridor) which is systematically affected by droughts and aggressive climate conditions, rendering the rural communities more fragile. 54,6% of households are affected by challenges to access markets and 40% are using negative coping mechanisms. Rates of children under five with acute malnutrition have increased in the Corredor Seco (56,6% increase in Chiquimula), where access to health services has decreased as external consultancies have been closed and nutrition preventive services halted.

“Mauritania’s border closures with Mali and Senegal prevented herds from entering the country to seek pastures, leading them to a situation of pronounced famine. A prolonged closure will have further important consequences: herd concentration in certain areas will be affected if Mauritanian herds, currently in Senegal or Mali, are not able to return to their own country. This closure will also disrupt commercial livestock flows in the western subspace. The concern is all the more acute with the approach to Tabaski, which is normally an essential source of income for pastoral households. The high concentrations of animals and humans, especially around water points, raises the question of the high health risks linked to the COVID-19 pandemic. Additionally, this could lead to an increase in conflicts between farmers and breeders as well as between breeders themselves in the coming months, just as the winter season will begin, mainly in recession areas in the south of Senegal”, Aliou Samba Ba, Network of African breeders and pastoralists organisations called Réseau Bilital Maroobé

b. The increase in food prices

In **Afghanistan**, border and road closures as well as panic buying in response to COVID-19 have led to an increase in food prices, exacerbating food insecurity for vulnerable households already living below the poverty line. Food commodity prices have increased by 10% to 20% (IPC and WFP market monitoring). Kazakhstan, being an important wheat and wheat flour supplier in Afghanistan, has also imposed restrictions resulting in an abrupt wheat flour and oil price increase.

In **Cameroon**, some items have significantly increased in price, whereas others have gone down. This decrease in costs is due to exportation limitations as well as unsold overproduction. Between February and the end of May 2020, some regions saw the price of pulses rise from 10% to 56%. Sorghum, for example, experienced a 7,84% increase in the Far North region and just under 11% in other parts of the country. Soy has increased by 50%, niebe by 55,7%, and peanuts by 23,5%. The prices of perishable goods (e.g. fruits) have however seen their prices go down.

In the **DRC**, 19 out of 28 provinces have faced an increase in prices while households have lost on average 40% of their purchasing power.

In **Nepal**, in Nawalparasi, our field staff, as well as the WFP (WFP - mVAM : mobile Vulnerability Analysis and Mapping - Market Update), has reported a relatively sharp increase in vegetable and fruit prices increasing from 33% to 100% compared to pre-lockdown prices. As an example, the price of bananas and oranges has increased respectively by 44% and 50%. As Ramadan started, a huge increase in prices was also noted.

In **Nigeria**, the COVID-19 pandemic has impacted the price of essential commodities and the minimum expenditure on basket cutting across all regions of operation. Price spikes were seen in major markets in targeted intervention areas. As per bi-weekly price monitoring analysis, a 7% increase has been noted on food items.

In **Pakistan**, food prices were already on the rise. In rural areas, food prices suffered a 75% increase in 2019 but since the COVID-19 crisis, this has worsened. The dairy food chain has shut down as farmers are not able to access markets to sell their products. Since the 26th of June 2020, farmers have been struggling to reach markets and food diversity is very limited. Additionally, locusts have attacked crops and another influx is to be expected during the summer.

In **Niger**, measures put in place to manage the pandemic have had consequences on food prices, particularly on cereals, caused by the disruption of the production chain. The Nigerian government has adopted measures to control the price of basic food items, but this is still at risk because of shortages.

In **Uganda**, restrictions on cargo movements have resulted in fewer food imports and therefore increased food prices. In addition, farmers and suppliers have been unable to reach markets.

In **Ethiopia**, food prices have increased due to hoarding, transport and market access restrictions, and reduced day labour which, necessary for functioning markets. COVID-19 has also impacted the agricultural sector due to labour shortages. This pandemic has impacted desert locust control and surveillance operations, as well as the deployment of experts to the field. This could cause considerable damage to livelihoods and food supply.

c. Income loss

In **Afghanistan**, the lockdown measures put in place in response to the COVID-19 pandemic also significantly decreased daily labour opportunities, reducing household purchasing power and food access. Around 60% of households (70% in urban areas) reported that their income levels had decreased compared to the previous year.

In **Nepal**, according to a study commissioned by United Nations Development Programme in this country, three in every five employees of both formal and informal micro, small, and medium enterprises have lost their jobs as a result of the COVID-19 pandemic. Many people have lost their livelihood and will need immediate food assistance. These households may not be part of traditional low-income groups as more businesses become affected by this protracted lockdown (e.g. hospitality and restaurateurs). Additionally, Action Against Hunger led a rapid need assessment in Pratappur rural municipality (Nawalparasi West) at the end of April and early May 2020 (Nepal's lockdown started on the 25th of March 2020). Among 234 of the most vulnerable and poorest households, respondents reported a 62% income decrease in the last month compared to previous ones. In order to cope with food shortage within their homes, 60,68% of them stated that they have reduced food portions and 97,86% responded that their livelihood has been impacted by the current crisis caused by COVID-19.

In **Madagascar**, a large majority of the urban population works in the informal market and lives on daily wages (according to the National Institute of Statistics, «93% of the economic activities are considered illegal»). Daily labour and petty trade are dominant (street vending, service activities, taxi drivers, cleaning women, restaurants, etc.). Mandatory shop and market closures as well as movement restrictions have affected the ability of many families in meeting their food needs.

In **Pakistan**, farmers have not been able to sell their specialised food to usual clients (i.e. restaurants), and have been obliged to sell off their products as they could not store goods.

In the **occupied Palestinian territory** (oPt), according to the Ministry of Social Development, at least 53.000 families across the territory have fallen into poverty, caused by the loss of an income source due to COVID-19 restrictions.

In **Jordan**, in an assessment amongst vulnerable refugees and host community households, Action Against Hunger found that 84% of participants reported losing their source of income as daily worker, employee, or business owner during the lockdown. Only 17% of the respondents said they

were able to fully or partially pay their house rent for the month of April 2020, while over 82% were able to fully or partially pay their rent for the months of January or February 2020. This goes to show that debt levels have increased for many households.

Peru is among the countries with the strictest government response to counter the effects of COVID-19, approving 70 emergency decrees during the pandemic, 21 of them on economic matters. It can be expected that the fall in household income, as a consequence of the restrictions imposed by the state of emergency, will change monetary poverty and inequality patterns at a national level. Projections for 2020 expect poverty to increase up to 29,5%. This would cause the country to return to similar poverty levels as in 2010 and 2011, the most affected being non-poor middle-class households.

In **Ethiopia**, remittances have either decreased or ceased, severely impacting access to food, especially for vulnerable groups.

d. Household coping strategies

Because of income loss or the fear of contamination, many households have adopted coping strategies that could have a huge impact on nutrition.

In **Afghanistan**, following price shocks, dietary diversity has dropped as households are dedicating more of their available resources to consuming cheaper, non-nutritive food.

In **Colombia**, around 53,7% of households have implemented negative coping mechanisms such as relying on lower quality food or reducing their consumption. The speed at which these effects are spreading is also worrying, with weekly increases of around 0,5 million affected households in May 2020.

In rural areas in **Nepal**, community groups have adopted negative coping strategies by skipping meals and eating a non-balanced diet. It is important to keep in mind that when farmers do not own their land, they cannot eat their crop as it belongs to the owners. So far, food availability in urban areas is less problematic in this country.

In **Pakistan**, there is also less demand for certain food items as people fear the spread of COVID-19 through fresh products.

In **Peru**, several million people are in an intermediate to severe food insecurity situation. In May 2020, 14% of households (representing at least one million people in Lima alone) declared that they had not been able to buy any protein food, and 9% have not been able to buy any carbohydrates. For 73% of households having difficulties in acquiring protein foods, the main cause was a lack of financial means.

RECOMMENDATIONS FOR GOVERNMENTS, DONORS, AND THE INTERNATIONAL COMMUNITY

The immediate and secondary socio-economic consequences of this pandemic and the measures taken have already had an impact on the food and nutrition security of most populations where Action Against Hunger is working. The pandemic has demonstrated how fragile our global health and food systems are to shocks such as pandemics. It is therefore necessary to adopt different measures to respond to the crisis and make food systems more resilient and sustainable against any future emergency of this scale.

- Short-term food security operations must urgently be scaled up to answer the immediate needs of the most vulnerable people in affected countries, and especially to address the direct effects of gaps in supply, particularly in quarantined zones and inaccessible rural areas.
- Negative effects of the lockdown and restriction of movement measures on populations and the food chain should also be tackled. The long-term impacts on livelihoods should be anticipated and mitigated. Restrictions on freedom of movement should conform to national and international law, be limited to the scale and duration required, and not lead to the disproportionate use of force or endanger basic human rights.
- Cash activities and social safety nets should be developed and extended for vulnerable populations and households. Immediate measures must be put in place to improve the purchasing power of the most vulnerable populations in affected zones or areas under lockdown, and their safe access to markets should be secured. Existing productive safety nets and social protection programmes should be scaled up.
- Governments, Non-Governmental Organisations (NGOs), and UN agencies (FAO and WFP) must keep conducting rapid assessment surveys of the impacts on agriculture, markets, food security, and livelihoods to define the most urgent needs, both in rural and urban areas. Assessments must be widely shared immediately between all stakeholders through efficient and inclusive coordination mechanisms, such as food security clusters.
- When necessary, measures to fight price increases must be put in place. Countries should adopt political measures to limit the rise in prices of some basic food items as well as adopt long-term measures to organise food stocks (such as cereals).
- All countries should rethink their current agricultural model and food systems. When possible, it is crucial to develop local agriculture for local consumption, for countries to be less dependent on imports and exports and less vulnerable to international price fluctuations as well as possible disruptions along the food chain.
- Agroecology should be at the core of food system transformations to enable farmers to be less dependent on external inputs and more resilient to crises. Countries should facilitate the production, exchange, and use of farmer seeds.
- Local farmers and markets should be supported to ensure the continuity of accessible, safe, affordable, nutritious, and healthy food for all. It could be financial as well as in-kind support (local seeds, agricultural inputs, etc.) or agroecology methods training-sessions. These models, which preserve biodiversity and well-functioning ecosystems, are essential to prevent similar crises and food risks in the future.

- At an international level, several relevant summits, including Nutrition for Growth (N4G) and the UN Food Systems Summit, will take place in 2021.
- If there is an increasing interest in working on food systems at an international level, it is more than ever crucial to engage a real transformative approach, with agroecology at the core of this transformation. Such transformation would only be possible and effective if vulnerable communities, farmers, and women are at the centre of policy responses with their inclusion in the process of elaboration. These different summits must take into consideration the work of the CFS on Food Systems and Nutrition, and on Agroecology.
- The CFS must fulfill its role in coordinating international political responses regarding this food security crisis. Countries must support the CFS in order to prioritise this crisis in its work agenda.

III. OPERATIONAL BARRIERS TO HUMANITARIAN AID

An effective global response to the pandemic requires a system-wide approach and a strong commitment from all countries to facilitate humanitarian access to communities and people in need. While borders are closing and conflicts are continuing, governments and the international community should support the UN Secretary General's call for national ceasefires and humanitarian pauses to enable access to all populations in need of assistance.

To fight the global pandemic, all countries have set containment measures to restrict movement and to fight against the spread of the virus. While these measures are in most cases adequate, essential, and supported by humanitarian actors including Action Against Hunger, they also have had an immediate impact on current humanitarian operations and the COVID-19 response.

In July 2020, containment measures have been eased in many countries where Action Against Hunger operates. As the pandemic could yet strike again soon, it is of the utmost importance to ensure that governments and the humanitarian community draw from this experience to enable a faster response for populations and to reinforce their commitment to a principled humanitarian response.

Over the past months, in most of the countries Action Against Hunger operates in, border closures as well as national containment measures have had or still have a direct effect on the deployment capacity of humanitarian workers in and out the national territory. It had and still has an impact on the import of essential goods to enable life-saving activities thus constraining further humanitarian operations. Real improvements have emerged since the start of the crisis, such as the new launch of European Union Humanitarian Air Bridges to facilitate movement of goods and workers as well as national measures to ease internal transport¹. The lack of available flights or the closure of embassies, limiting visa deliveries, has therefore hindered humanitarian aid from reaching a country. Additionally, PPE availability, mainly for first responders, is still of great concern in some places, such as Yemen. In other countries, administrative barriers continue to be important and therefore further delay humanitarian aid. Humanitarian staff wellbeing is also at risk as some have not been able to move since early March 2020 when the crisis started.

In countries affected by conflict and ongoing crises, where access before the COVID-19 outbreak was already severely constrained, the risks for populations to be cut off from humanitarian aid remain important. Despite some improvements on specific COVID-related issues, sanctions regimes, such as Syria or Venezuela, may further delay or directly limit humanitarian assistance.

The negative impact on hunger will therefore increase unless strong commitments are taken by governments and donors to ease humanitarian access and lift administrative barriers.

1. Since the 26th of June 2020, still around 30 of for Action Against Hunger France workers have been unable to reach their country of intervention or leave their current post.

IMPACTS AT COUNTRY LEVEL

Imposed movement restrictions in affected countries have had various impacts on humanitarian workers.

In **Burkina Faso**, with the border closure, many organisations have found it difficult to facilitate international movement for their expatriate personnel. For instance, workers that were abroad or newly recruited found themselves unable to reach their missions. The situation later improved in June 2020 when travel by roads was reauthorised and the EU Humanitarian Air Bridge launched to support movements with internal flights, alleviating pressure on NGOs.

In **Cameroon**, flights, including from WFP, were either very limited, irregular, or cancelled at the last minute, making the continuity of operations more difficult. Additionally, complications for expatriates to obtain visas from several countries to enter the territory, due to language barriers or the absence of a Cameroonian embassy in the country of departure, further complicated the response.

In **Iraq** and **Jordan**, initial strict curfews prevented the movement of humanitarian workers, constraining the response for people on the move. As of July 2020, these prevention measures were lifted, allowing programmes to start running again.

In **Yemen**, the situation was and still remains particularly tense in the northern provinces, where Action Against Hunger operations are down to a minimum and the area remains difficult to reach since the 26th of June 2020. While access to the country was already severely constrained pre-COVID-19, the pandemic only worsened the situation. UN flights are partially available in the south but remain insufficient to support rotations and humanitarian response.

In **Haiti**, there are no restrictions on the movement of humanitarian workers. However, border and airport closures have impacted the arrival of humanitarian staff and essential supplies necessary to respond to both the pandemic and the ongoing food and nutrition crisis. In addition, fuel shortages and ongoing demonstrations are constraining the movement of NGOs. WFP is providing air transport for humanitarian personnel, but there is a need for additional funding to ensure that staff can travel to the field to meet the needs of the population.

In some countries, governments have swiftly taken important steps to support lifeline operations, such as in **Afghanistan**. Despite commercial flights being blocked, a United Nations Humanitarian Air Service (UNHAS) bridge to Doha has been established and has been fully operational, with three rotations per week allowing international staff movements. However, to be able to continue these crucial rotations, funding shortage may become an issue. As of the 26th of June, UNHAS requires \$25 million in financial support for 2020 to maintain essential domestic flights and an international air bridge for humanitarian staff transiting to and from Afghanistan.

UNHAS flights in many countries have now recently resumed but need to be maintained and expanded as much as possible to overcome the commercial flight shortages.

Additionally, restriction of movement of agencies and workers within affected countries has been a challenge for organisations to operate and deliver aid, such as in the following countries.

In **Nigeria**, despite the total lockdown in Abuja and Borno, Action Against Hunger medical staff was still allowed to work. However, the public transport system was not running and interstate movement had been severely restricted. Authorisations needed for staff as well as suppliers to transport workers have been difficult to obtain. In addition, due to lack of transportation, public

health care workers have encountered difficulties in accessing certain health facilities located further away from main towns. It further delayed lifesaving interventions for children as well as pregnant and lactating women.

In **Pakistan**, for COVID-related activities, authorities made efforts to ease access by providing early certificates to initiate work. However, there was a lack of clarity as to whether this only applied to COVID-19 response, or to all other interventions too. As an example, health programmes were exempt from certificates early on in most provinces, but nutrition programmes, as well as activities related to agricultural development run by Action Against Hunger, were not recognised as a health component nor as a COVID-19 specific response. This further delayed urgent responses in some districts and at provincial level. Additionally, outreach workers, employed to support communities, faced acceptance difficulties and confusion from communities in which they worked. They further struggled to move and access people in need given the lack of public transport.

In the **occupied Palestinian territory**, due to the limitations and restrictions imposed, humanitarian actors have been faced with increasing challenges to ensure the ongoing activities and unhindered support of vulnerable individuals and households across the territory. Movement restrictions introduced by Israeli and Palestinian authorities, while deemed necessary for public health purposes, have considerably affected organisations' operations and access. For an extended period of time, public administration workforces have not been operating at full capacity, complicating and further delaying administrative procedures.

In **Mali**, the measures taken to contain the pandemic have been challenging the deployment of the humanitarian response. Social distancing and confinement measures inevitably slowed down the deployment and dispatching of humanitarian staff and materials. UNHAS flights have also been affected. There has been an important impact on local markets, with less availability and an increase in the price of essential products.

In **Cameroon**, the instability of UNHAS flights within the country and to N'djamena to access Logone and Chari, in the Far North region, was an important issue. The wet season also further complicated access.

In the **DRC**, only UNHAS humanitarian flights were maintained, with strict sanitary protocols. It was also forbidden to leave Kinshasa (in isolation) to reach other provinces. Road movements toward Kinshasa have been possible but remain limited and transportation costs are rising sharply.

In **Bangladesh**, Cox Bazaar, humanitarian workers needed to leave all camps at 6 pm, but the curfew in place reduced all staff capacities in delivering aid.

The safety and security of frontline humanitarian and medical workers remain a deep concern. The lack of PPE is constraining services. In **Afghanistan**, 871 health workers have been infected by COVID-19, of whom 12 died. In **Yemen** alike, PPE availability remains a great concerns as of June 2020. Communities' negative perceptions of humanitarian workers have also been noticed in different countries in which Action Against Hunger operates.

RECOMMENDATIONS FOR GOVERNMENTS, DONORS, AND THE INTERNATIONAL COMMUNITY

- The UN Secretary General's call for national ceasefires and humanitarian pauses must be supported to enable access to all populations in need of assistance (forcibly displaced populations, their host communities, and the civilian population as a whole).
- Medical and humanitarian staff must be considered as “essential personnel” and allowed to move, while ensuring the respect of “do no harm” to prevent the spread of the virus.
- Administrative and operational restrictions should be lifted and exemptions to the UN sanctions regime should be provided. This would ease the movement of goods and humanitarian personnel (e.g. travel authorisations) for a timely response to COVID-19 induced food and nutrition insecurity.
- Civil-military dialogue must be reinforced to maintain already fragile humanitarian access and to ensure the distinction between military and humanitarian mandates. The use of military means to respond to the COVID crisis must only be a last resort.
- The amount and organisation of dedicated international flights should be reinforced and the number of regular internal flights (e.g. UNHAS) increased, until commercial flights resume.
- The distribution, purchase, and delivery of PPE should be supported as it is critical to allow all staff, community health workers, and humanitarian workers to safely deliver aid and respond to all humanitarian crises.
- The response should be localised to a maximum. Funding should also be easily and directly made accessible to international and local NGOs by ensuring that the response builds on community strengths. It should be community-driven (using existing community and faith-based groups), with community involvement and contribution on development of plans and strategies, including the communities' existing coping strategies.

To prepare for a possible pandemic resurgence, countries should immediately install exemption measures. This process should be automatic and be put in place as soon as the crisis happens.

CONCLUSION AND WAYS FORWARD

In addition to the extensive and known impacts on people's health, all feedbacks received from Action Against Hunger country offices across the world highlight how this crisis is already having disastrous socio-economic consequences leading to an increase in hunger. This is even more dramatic in the most fragile countries, particularly in those already affected by pre-existing serious humanitarian crises.

Action Against Hunger is deeply concerned with the threat of hunger posed by the pandemic and the risk that it may lead to a major food and nutritional crisis. COVID-19 has already exacerbated the systemic, social, and geographic inequalities, intensified chronic food scarcity and lack of food diversity in some regions, as well as seasonal gaps in food and nutrition security.

Due to the immediate and long-term effects and necessary responses, Action Against Hunger recommends the following points.

All involved stakeholders need to improve in-country coordination to mitigate the pandemic's impact and tackle the global challenge together. In terms of funding, governments, donors, and international institutions should allocate sufficient and flexible funding to address both the global pandemic and ongoing humanitarian crises, whilst ensuring adequate emergency funding to respond to the upcoming hunger crisis and thus anticipating responses.

Massive long-term investments to improve resilience and counter development barriers are also needed due to significant worldwide socio-economic impacts. This is an opportunity to not only tackle immediate emergency issues, but also to reinforce and transform health, food and social protection systems at national and global levels, for populations and the world to be better prepared and protected from an outbreak risks and crises.

Because of the global scale and urgency of this pandemic, Action Against Hunger, being at the forefront of the global response and present in hard-to-reach areas, has identified critical elements in the global COVID-19 response that should be addressed.

Access to basic services for all should be guaranteed and resilient health and social protection systems should be created to prevent additional deaths from hunger. The continuity of all basic services, **including nutrition services**, must be immediately ensured. The response to the pandemic cannot be at the expense of other health and social basic services.

Governments should accelerate efforts towards UHC, by strengthening health systems and extending existing safety nets to cover direct and indirect costs related to health and nutrition. These must be considered as priority measures. The right to access water and sanitation must be applied and WASH sectors should be properly included in countries' development strategies and funding plans. While the speed and magnitude of national responses are unprecedented, much more is needed to ensure that **no one is left behind**.

Alternative measures, which do not lead to serious consequences in accessing essential services nor aggravate poverty and food insecurity, should be considered to respond to the spread of COVID-19. They should be taking into account populations with a high death-risk and vulnerable populations using methods such as the Shielding approach, while reducing the risk of transmission of COVID-19 in protected spaces, decreasing individuals' isolation, and facilitating the organisation of communities, including gender-related issues.

Responding to the food crisis and building resilient food systems: COVID-19 is exacerbating existing vulnerabilities, especially in food and nutrition security. The deepening of the food crisis could lead to an increase in tensions and conflicts and push millions of people into suffering. This is why the global response should tackle the negative effects of lockdown and restriction of movement measures on populations and anticipate long-term impacts on livelihoods. In this situation, we encourage governments around the world to rethink their current agricultural model and promote sustainable practices such as agroecology, eco-pastoralism, and agroforestry to ensure the continuity of accessible, safe, affordable, nutritious, and healthy food for all. These models, preserving biodiversity and well-functioning ecosystems, are the sine qua non conditions to prevent similar crises and food risks in the future.

Lifting humanitarian access constraints on affected populations: an adequate, timely and global response to ensure that the pandemic has no further impact on hunger, requires a strong commitment and collaboration from countries to facilitate and ease humanitarian access. This includes lifting all administrative barriers for humanitarian essential personnel to reach communities and people in need, including exemptions to UN sanctions regimes. Governments and the international community must also guarantee the safety and security of frontline personnel and create an enabling environment for humanitarian actors to implement the global and national responses.

Action Against Hunger would like to recall the key role of civil society. All countries where in which Action Against Hunger operate, local, national and international civil society actors play a critical role, ensuring aid reaches the most vulnerable communities and is accountable to the people affected by the crisis. Action Against Hunger would therefore like to emphasise the need to acknowledge civil society's role and ensure communities and organisations are included in all relevant coordination mechanisms and have a say in decisions making, policies and programmes being developed in response to the crisis. Strong civil society engagement at all levels, including community-driven approaches, must be reflected in all donors and governments policies. To achieve a better understanding of the most vulnerable populations' needs and implement an efficient and swift response, donors and governments must directly and flexibly support NGOs and civil society organisations.

While the UN Sustainable Development Goals (SDGs) agenda still has ten more years to go, the pandemic is a potential obstacle to progress, in particular towards goals 1 and 2, respectively reducing poverty and hunger. This will therefore negatively impact other SDGs such as goals on good health (4), gender equality (5), life on land (15), and peace (16). We must anticipate, mitigate, and react to all secondary impacts which could lead to a hunger pandemic. Recalling the mobilisation that followed the 2008 food riots, national actions and global initiatives should be put in place immediately. Action Against Hunger urges the heads of government to take leadership on the matter and calls on a high-level mobilisation event to tackle these four aspects and crystallise major political and financial commitments.

GLOSSARY

ACT-A	Access to Covid-19 Tools Accelerator
CAR	Central African Republic
CFS	Committee on World Food Sec
CDGs	Sustainable Development Goals
COVID-19	Coronavirus disease 2019
DRC	Democratic Republic of Congo
FAO	Food and Agriculture Organization
IDP	Internally Displaced People
IPC	Integrated Phase Classification
N4G	Nutrition for Growth
NGO	Non-Governmental Organisation
NSC	Nutrition Stabilisation Centre
ODA	Official Development Assistance
OPT	occupied Palestinian territory
OTP	Outpatient Therapeutic Feeding Programmes
PPE	Personal Protective Equipmen
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation



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