

# Democratic Republic of the Congo

## Overview

### Nutritional information

**The Democratic Republic of the Congo is off course to meet the global targets for all indicators analysed with adequate data.**

Although it performs relatively well against other developing countries, the Democratic Republic of the Congo still experiences a malnutrition burden among its under-five population. As of 2013, the national prevalence of under-five overweight is 4.4%, which has decreased slightly from 4.7% in 2010. The national prevalence of under-five stunting is 42.7%, which is significantly greater than the developing country average of 25%. Conversely, the Democratic Republic of the Congo's under-five wasting prevalence of 8.1% is less than the developing country average of 8.9%.

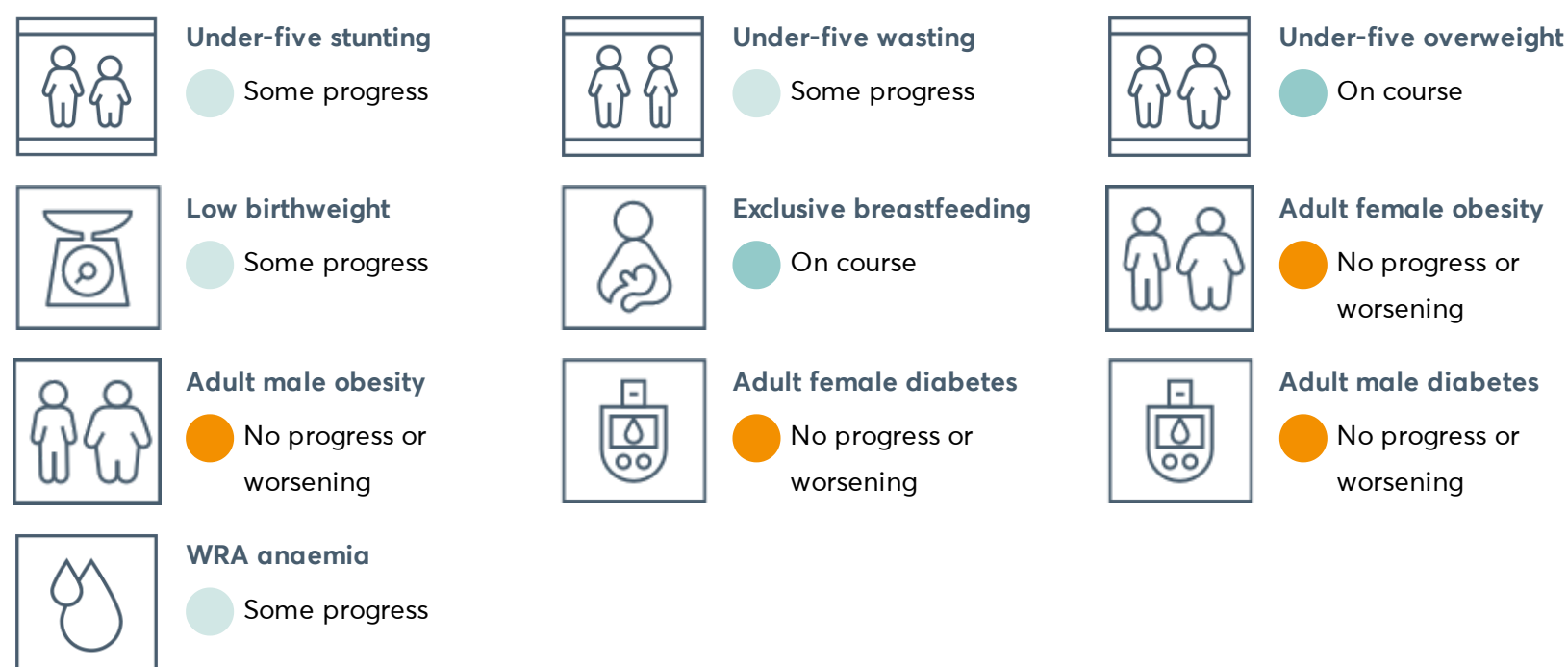
47.3% of infants under 23 months are exclusively breastfed, which is well above the Africa average of 29.4%. The Democratic Republic of the Congo's 2015 low birth weight prevalence of 10.8% has decreased slightly from 10.9% in 2000.

The Democratic Republic of the Congo's adult population also face malnutrition burdens. While there is no prevalence data available for anaemia among women of reproductive age, 6.2% of adult men suffer from diabetes, compared to 6.1% of women. Meanwhile, 9.7% of women and 3.6% of men suffer from obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Thresholds for a country having the form or not: stunting in children aged under-five years >20%; anaemia in women of reproductive age >20%; overweight (body mass index >25) in adult women aged >18 years >35%.

### Progress against global nutrition targets 2018

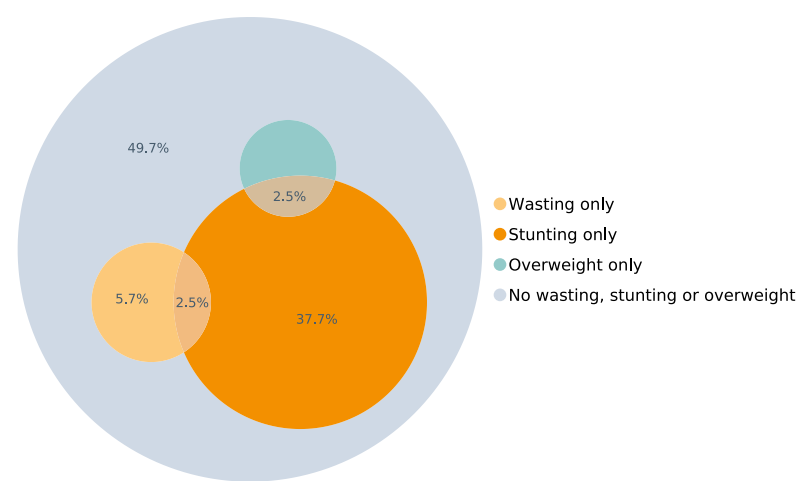


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

# Infant and child (under-five) status

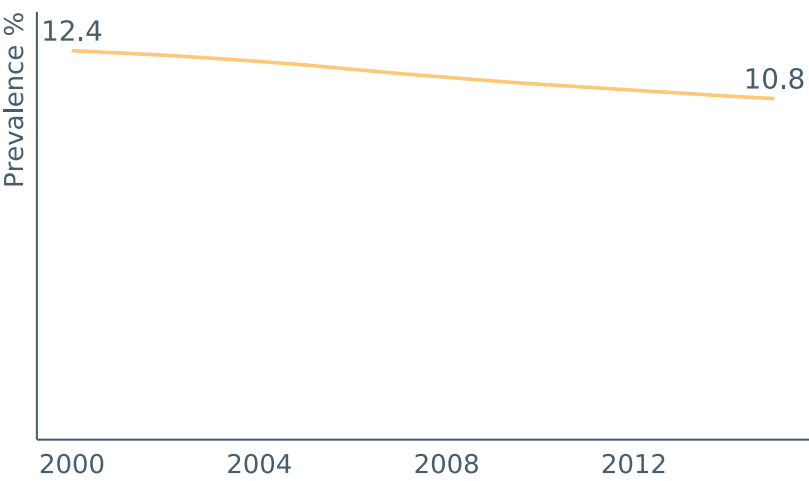
## Under-five coexistence of wasting, stunting and overweight



Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

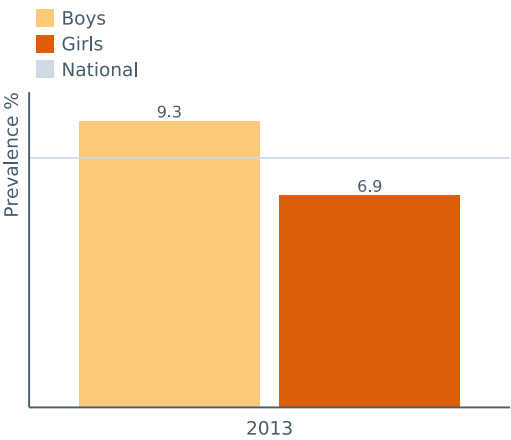
## Low birth weight (%)



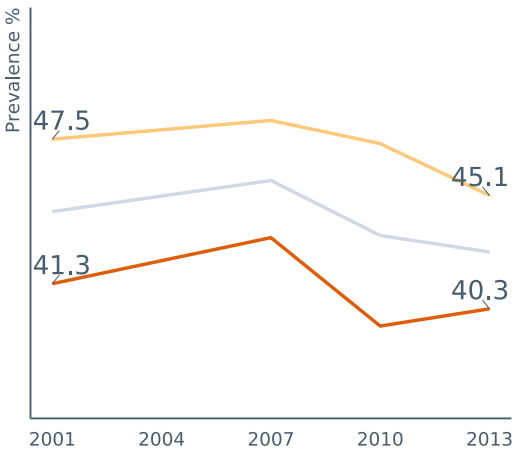
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

# Children (under-five) nutrition status

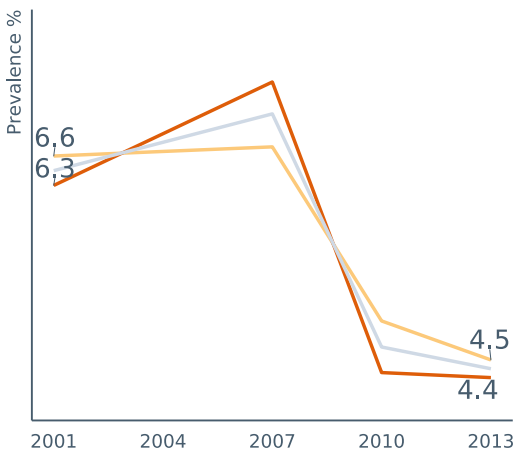
Wasting by gender (%)



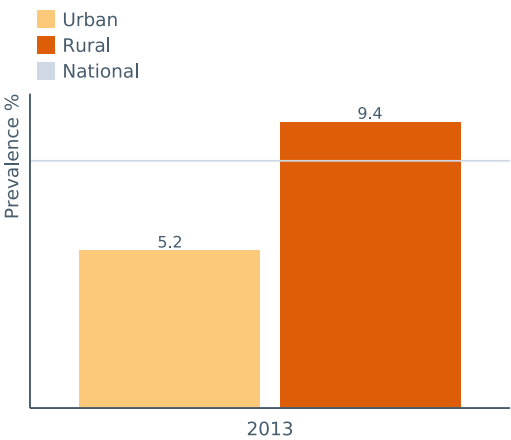
Stunting by gender (%)



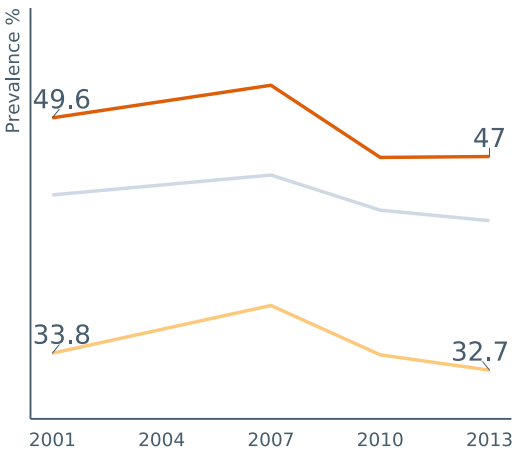
Overweight by gender (%)



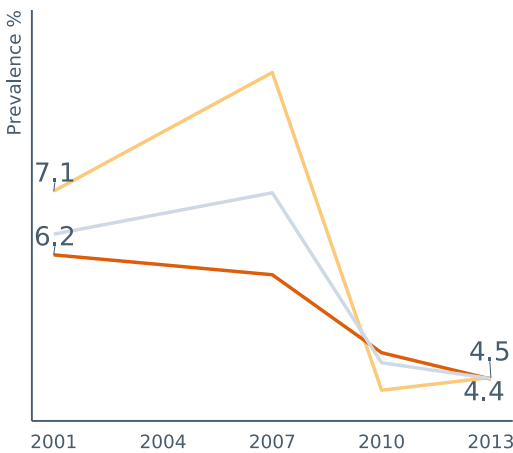
Wasting by location (%)



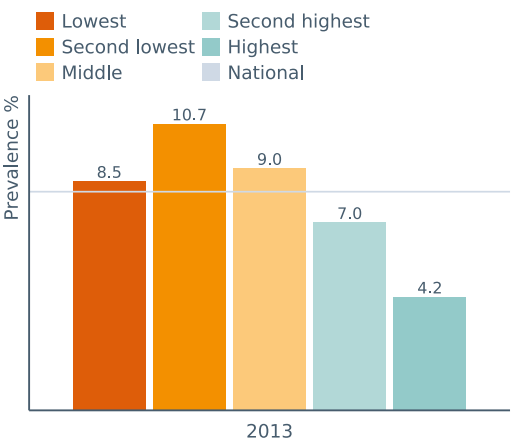
Stunting by location (%)



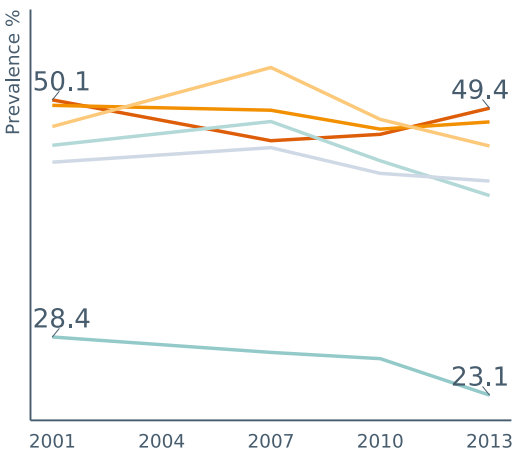
Overweight by location (%)



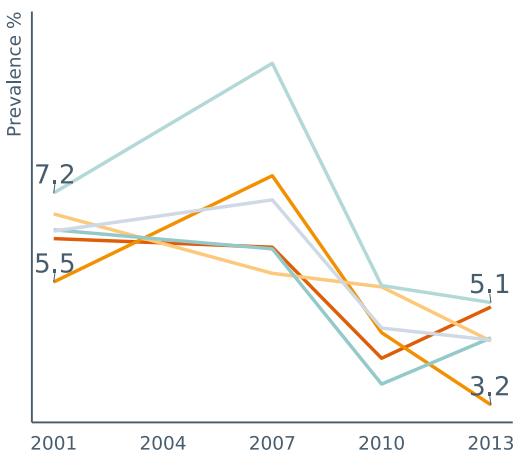
Wasting by income (%)



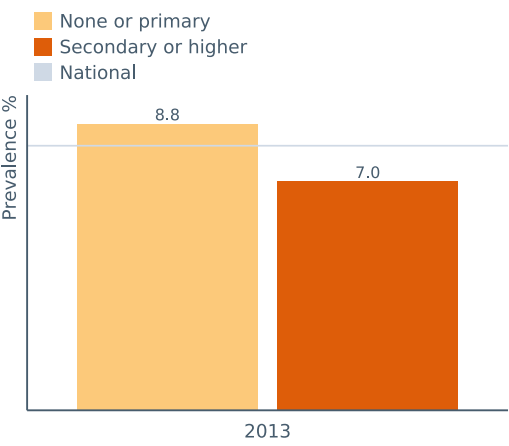
Stunting by income (%)



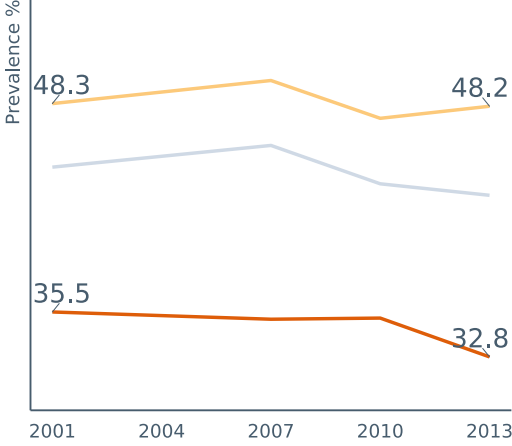
Overweight by income (%)



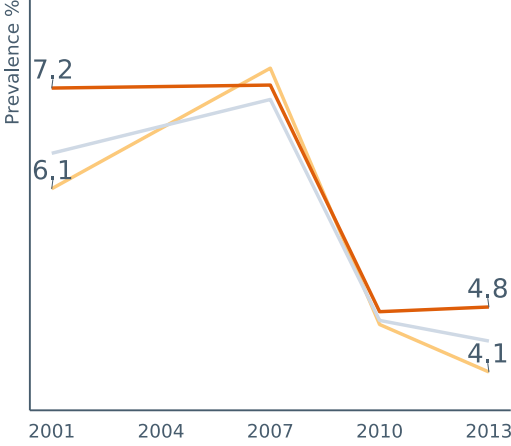
Wasting by education (%)



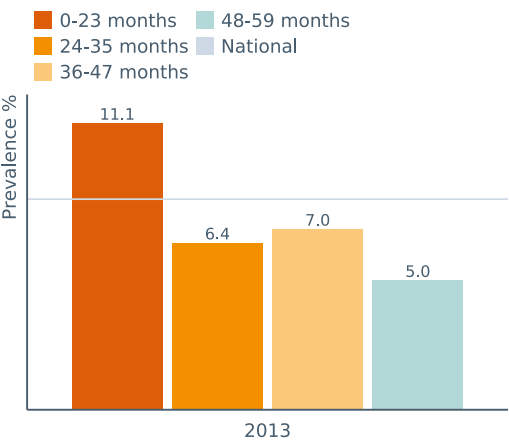
Stunting by education (%)



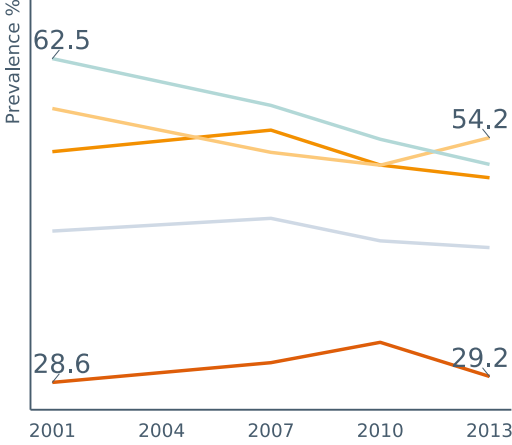
Overweight by education (%)



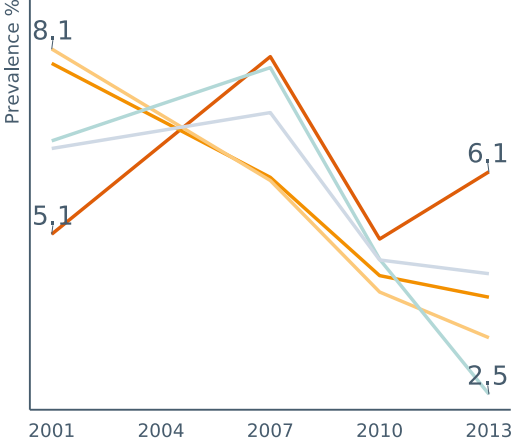
Wasting by age (%)



Stunting by age (%)



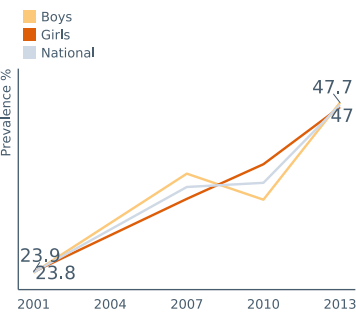
Overweight by age (%)



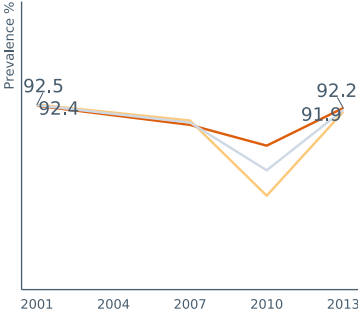
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and child (under-five) feeding over time

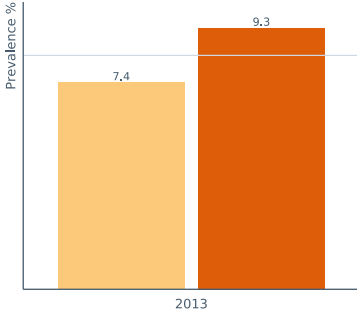
Exclusive breastfeeding by gender



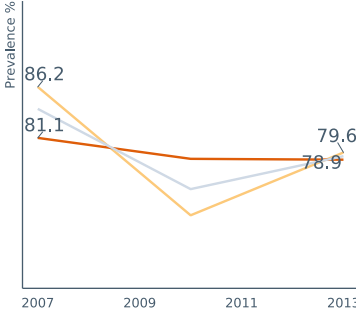
Continued breastfeeding at 1 year by gender



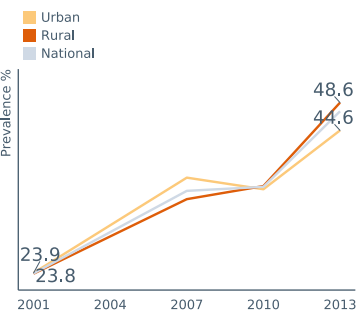
Minimum acceptable diet by gender



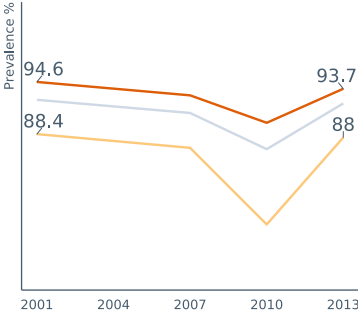
Introduction to solid, semi-solid or soft foods by gender



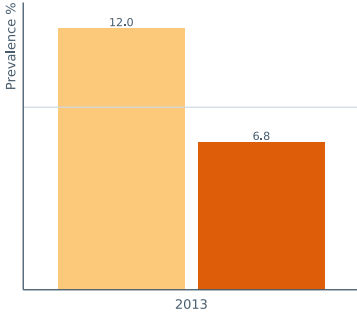
Exclusive breastfeeding by location



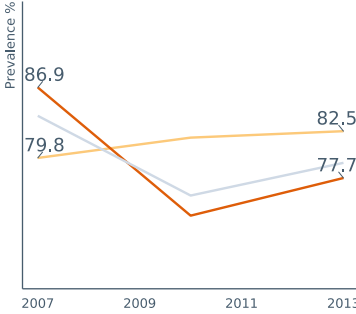
Continued breastfeeding at 1 year by location



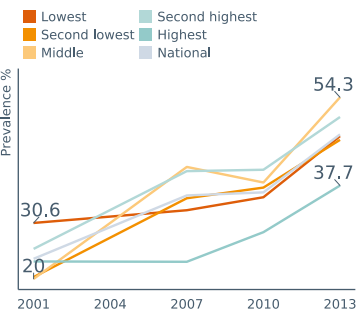
Minimum acceptable diet by location



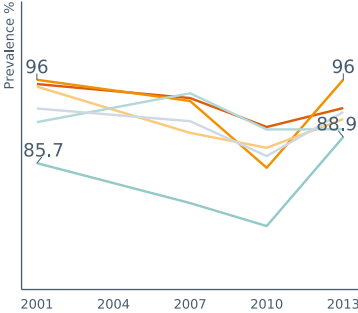
Introduction to solid, semi-solid or soft foods by location



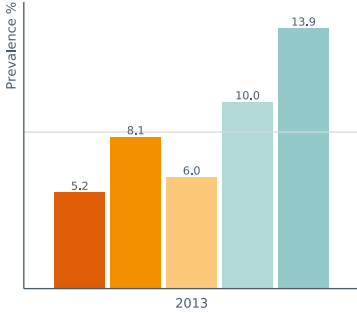
Exclusive breastfeeding by income



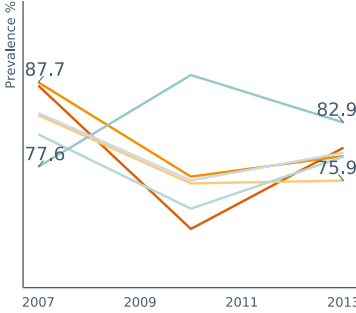
Continued breastfeeding at 1 year by income



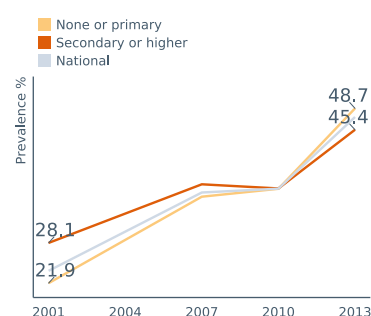
Minimum acceptable diet by income



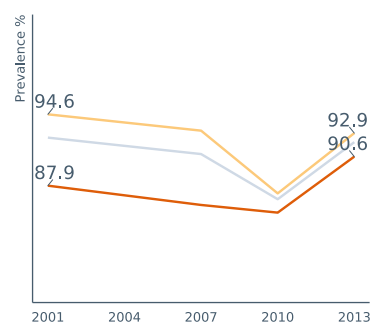
Introduction to solid, semi-solid or soft foods by income



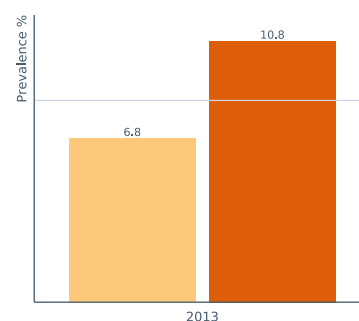
## Exclusive breastfeeding by mother's education



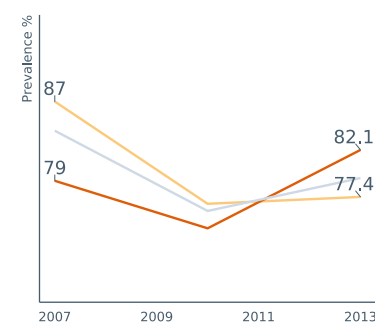
## Continued breastfeeding at 1 year by mother's education



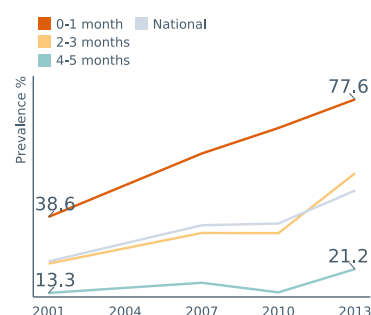
## Minimum acceptable diet by mother's education



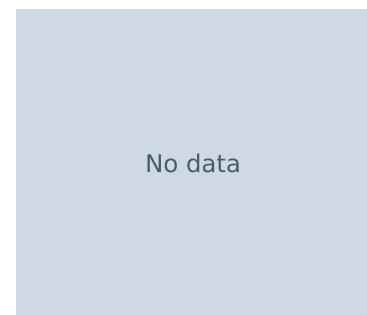
## Introduction to solid, semi-solid or soft foods by mother's education



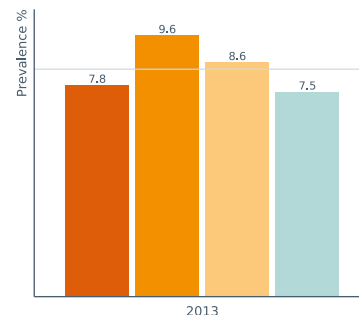
## Exclusive breastfeeding by age



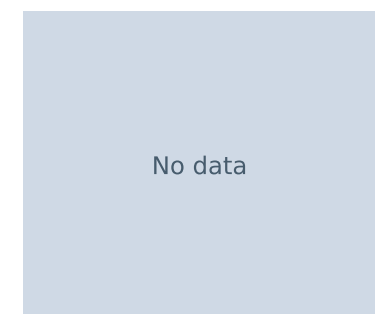
## Continued breastfeeding at 1 year by age



## Minimum acceptable diet by age

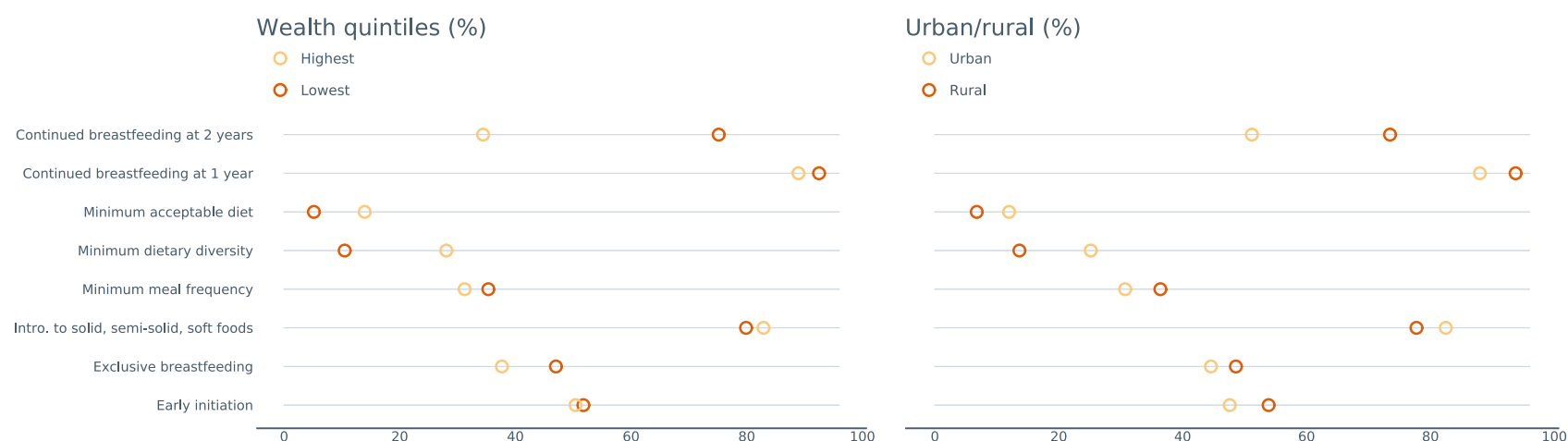


## Introduction to solid, semi-solid or soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

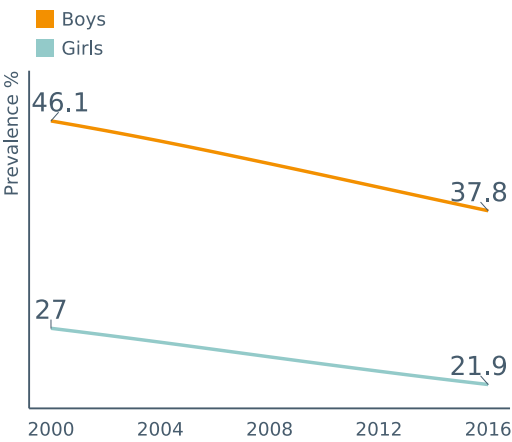
## Infant and young child feeding



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

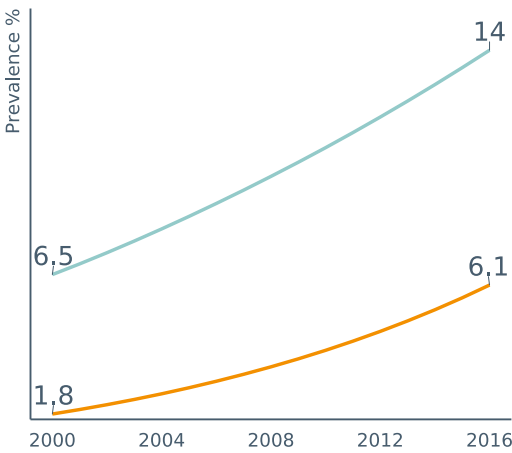
# Children and adolescent (aged 5-19) nutrition status

Ages 5-19 by gender:  
underweight (%)

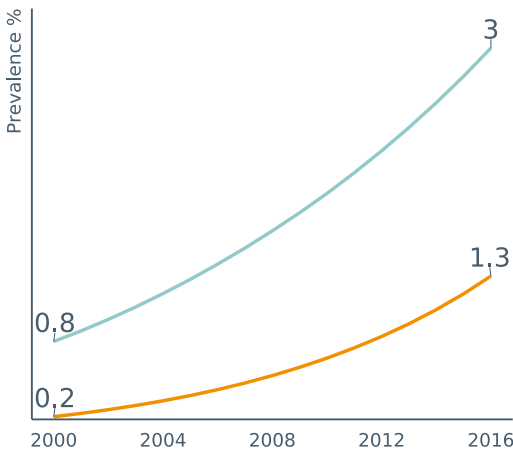


Sources: NCD Risk Factor  
Collaboration.

Ages 5-19 by gender:  
overweight (%)

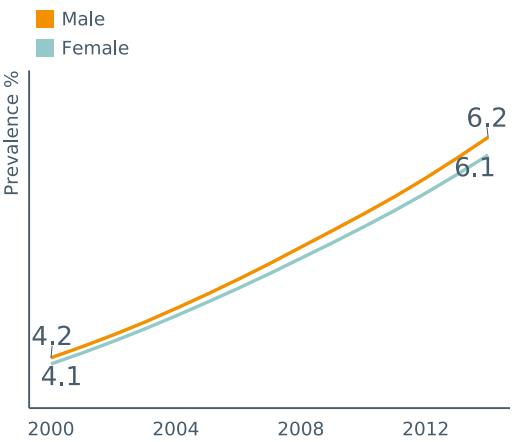


Ages 5-19 by gender:  
obesity (%)



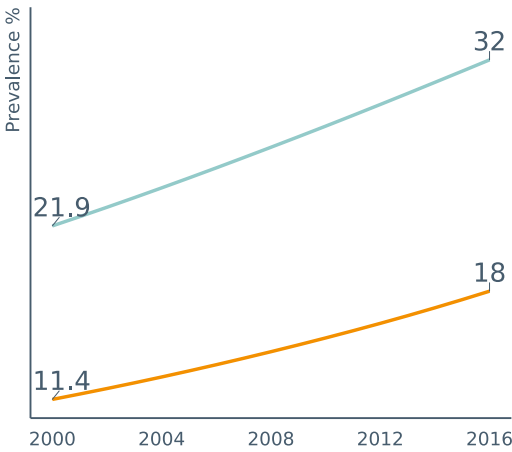
## Adult nutrition status

Adult by gender:  
diabetes (%)

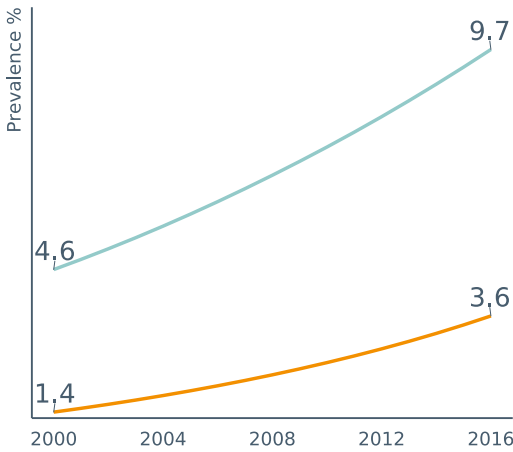


Sources: NCD Risk Factor  
Collaboration.

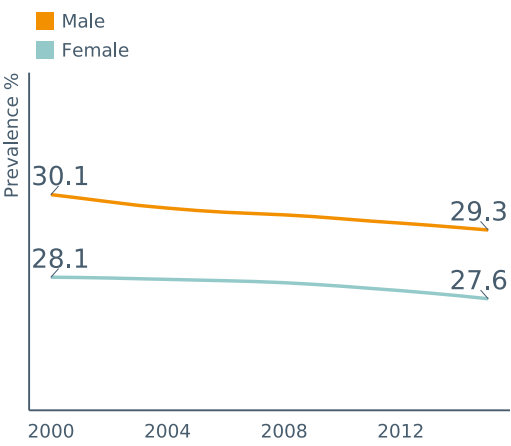
Adult by gender:  
overweight (%)



Adult by gender: obesity  
(%)

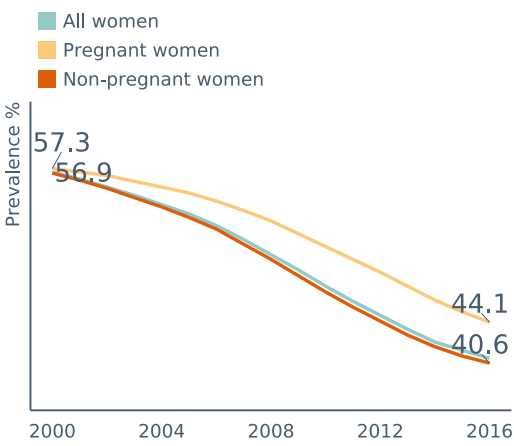


## Adult by gender: raised blood pressure (%)



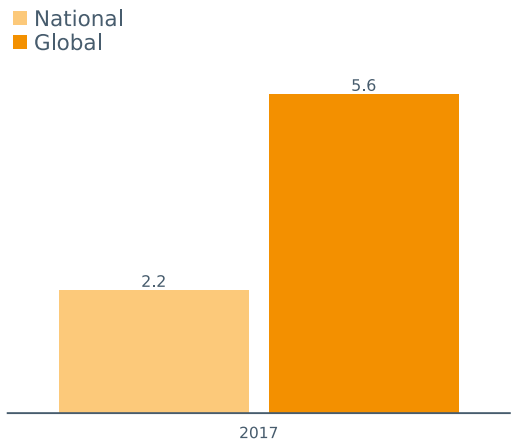
Sources: NCD Risk Factor Collaboration.

## Adult: anaemia in WRA (%)



Source: WHO Global Health Observatory.  
Notes: WRA = women of reproductive age.

## Adult: sodium intake (grams per day)



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

# Dietary needs

## Consumption of food groups and components, 2016



Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older.

# Intervention coverage

| Coverage/practice indicator                                      | Total (%) | Boy (%) | Girl (%) | Year |
|--|-----------|---------|----------|------|
| Children 0-59 months with diarrhoea who received zinc treatment  | 2         | 2       | 2        | 2013 |
| Children 6-59 months who received A supplements in last 6 months | 70        | 70      | 70       | 2013 |



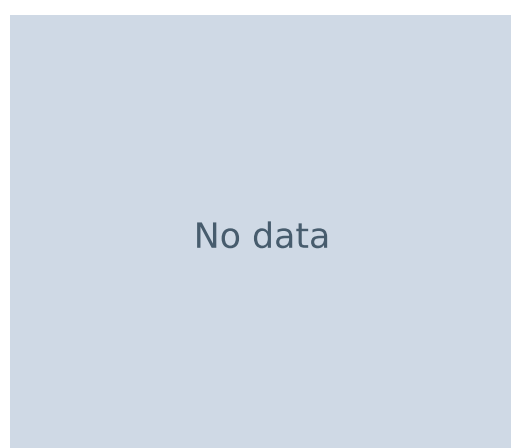
| Coverage/practice indicator   | Total (%) | Boy (%) | Girl (%) | Year |
|---|-----------|---------|----------|------|
| Children 6-59 months given iron supplements in past 7 days  | 16        | 15      | 16       | 2013 |
| Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care | 59        |         |          | 2013 |
| Household consumption of any iodised salt   | 92        | NA      | NA       | 2013 |

Sources: Huestis A. and Kothari M., based on *2016 Global Nutrition Report* and UNICEF global databases, 2019.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

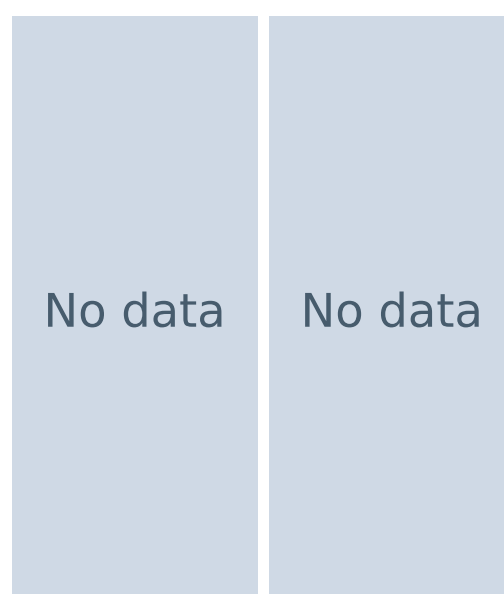
## Determinants

### Undernourishment (% population)



Source: FAOSTAT 2018.

### Food supply



Source: FAOSTAT 2018.

### Gender-related determinants

|  |      |      |
|--|------|------|
| Early childbearing: births by age 18 (%) <sup>1</sup>      | 27   | 2014 |
| Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup> | 0.65 | 2017 |
| Gender Inequality Index (country rank) <sup>2</sup>        | 152  | 2017 |

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018.

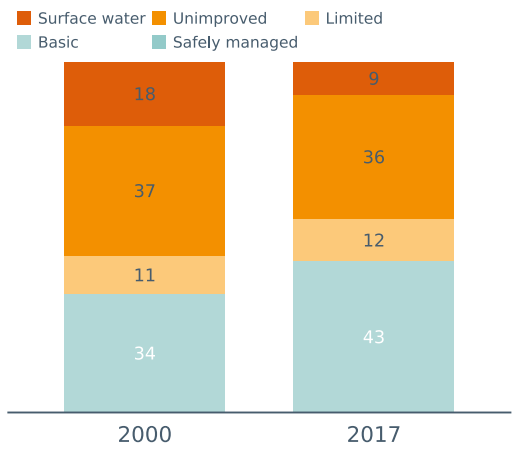
Notes: <sup>\*</sup> 0 = low inequality, 1 = high inequality.

## Female secondary education enrolment (net, % population)



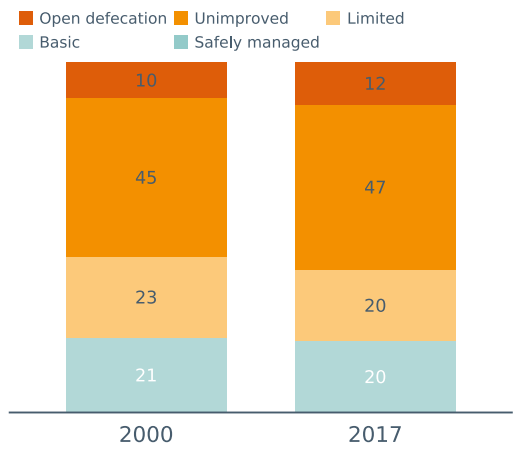
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

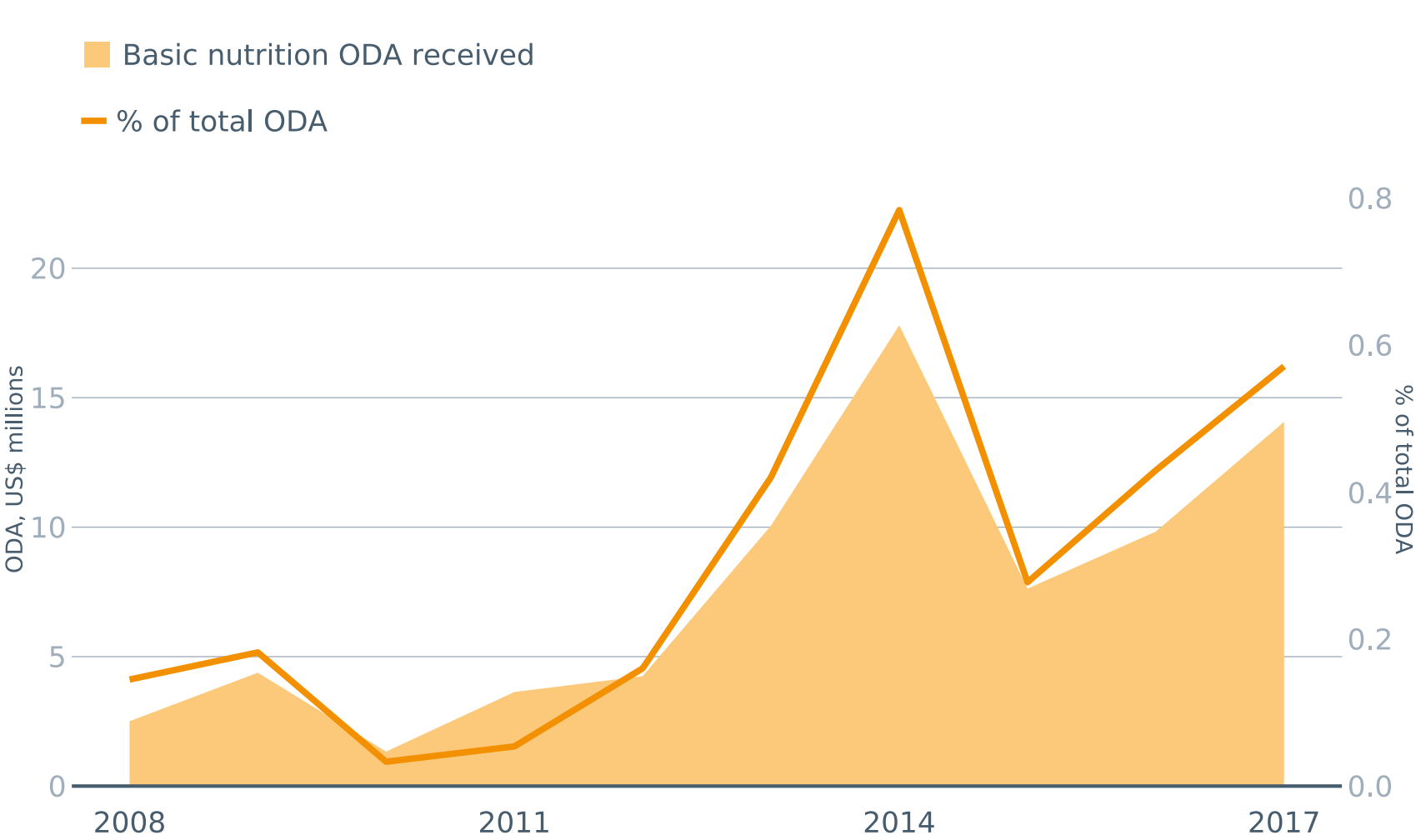
## Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

## Development assistance



Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

## National policies

|  |     |
|--|-----|
| Mandatory legislation for salt iodisation  | No  |
| Sugar-sweetened beverage tax   | No  |
| Food-based dietary guidelines  | NA  |
| Policy to reduce salt consumption  | No  |
| Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs   | No  |
| Operational, multisectoral national NCD policy, strategy or action plan  | No  |
| Operational policy, strategy or action plan for diabetes   | Yes |
| Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt | No  |
| Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats   | No  |

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: Add note: NA = not applicable; NCD = non-communicable disease.

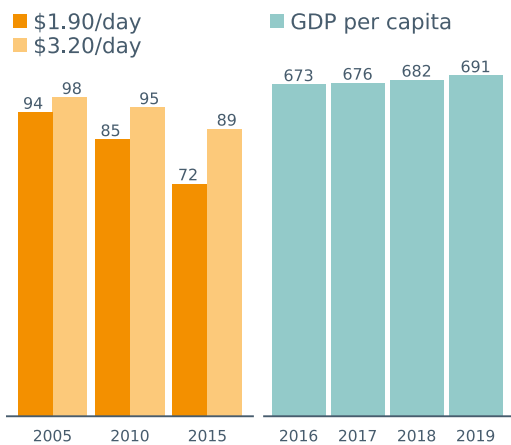
Targets included in national (nutrition or other) plan

| Stunting                                   | Anaemia                           |
|--|-----------------------------------|
| No   | No                                |
| Low birth weight                           | Child overweight                  |
| No   | No                                |
| Exclusive breastfeeding                    | Wasting                           |
| Yes  | Yes                               |
| Salt intake                                | Overweight adults and adolescents |
| No   | No                                |
| Multisectoral comprehensive nutrition plan |                                   |
| No   |                                   |

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography

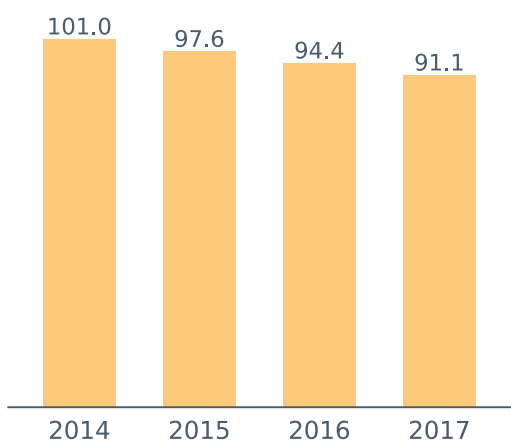
Poverty rates (%) and GDP (PPP\$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

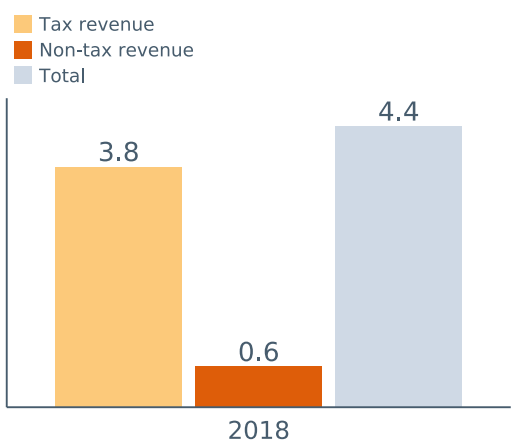
Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

## Income inequality

| Gini index score <sup>1</sup> | Gini index rank <sup>2</sup> | Year |
|-------------------------------|------------------------------|------|
| 42                            | 116                          | 2012 |

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality.<sup>2</sup> Countries are ranked from most equal (1) to most unequal (120).

## Population

|                             |            |      |
|-----------------------------|------------|------|
| Population (000)            | 84,068,091 | 2018 |
| Under-five population (000) | 15,503     | 2019 |
| Rural (%)                   | 56         | 2018 |
| >65 years (000)             | 2,618      | 2019 |

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

## Population density of health workers per 1,000 people

|                          |      |      |
|--------------------------|------|------|
| Physicians               | 0.09 | 2009 |
| Nurses and midwives      | 0.96 | 2009 |
| Community health workers | NA   | NA   |

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.