#### Congo

#### **Country overview**

#### Malnutrition burden

The Congo is on course to meet the global target for infant exclusive breastfeeding, but is off course to meet the targets for all other indicators analysed with adequate data.

Although it performs well against other developing countries, the Congo still experiences a malnutrition burden among its under-five population. As of 2015, the national prevalence of under-five overweight is 5.9%, which has increased slightly from 3.5% in 2011. The national prevalence of under-five stunting is 21.2%, which is less than the developing country average of 25%. the Congo's under-five wasting prevalence of 8.2% is also less than the developing country average of 8.9%.

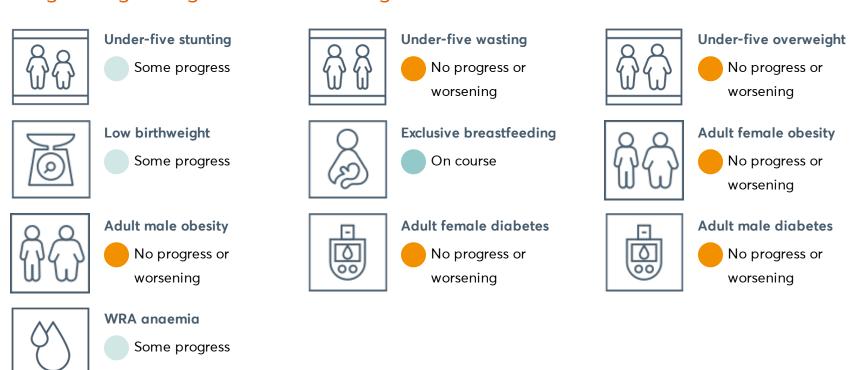
In the Congo, 32.9% of infants under 23 months are exclusively breastfed. The Congo's 2015 low birth weight prevalence of 11.6% has decreased slightly from 11.7% in 2014.

The Congo's adult population also face a malnutrition burden. 51.9% of women of reproductive age have anaemia, and 7.7% of adult men have diabetes, compared to 7.6% of women. Meanwhile, 13.5% of women and 5.5% of men have obesity.

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

Notes: Data on the adult indicators are based on modelled estimates.

#### Progress against global nutrition targets 2018

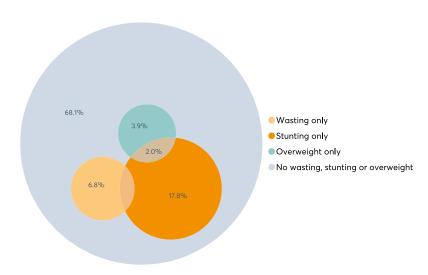


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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.

#### Child (under-five) nutrition status

## Coexistence of wasting, stunting and overweight



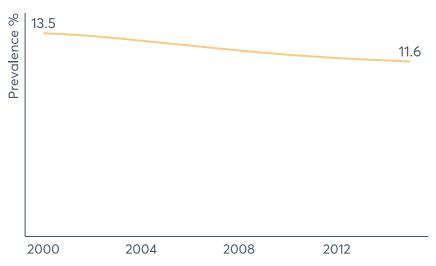
Sources: UNICEF, Division of Data Research and Policy (2019).

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



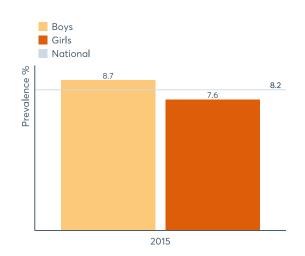
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

#### Child (under-five) nutrition status over time

Wasting by gender

Stunting by gender

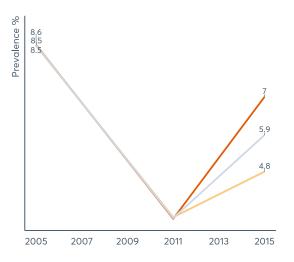
Overweight by gender



33.3 31.2 29.1

21.2

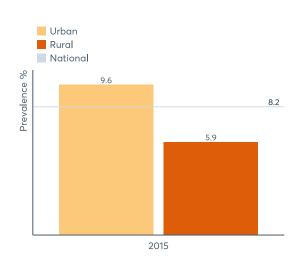
2015

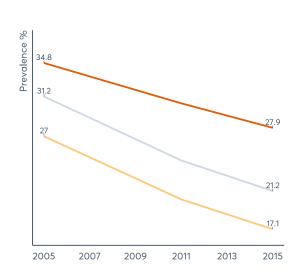


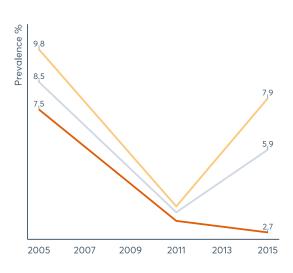
Wasting by location

Stunting by location

Overweight by location



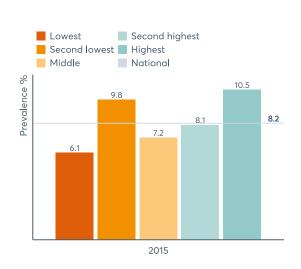


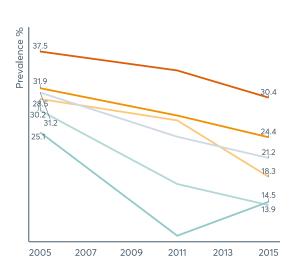


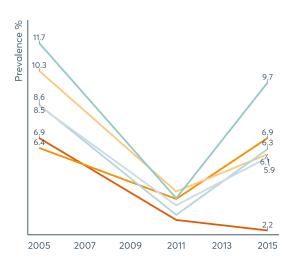
Wasting by income

Stunting by income

Overweight by income



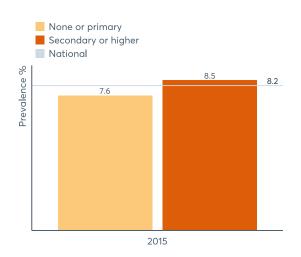


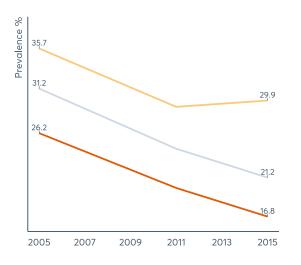


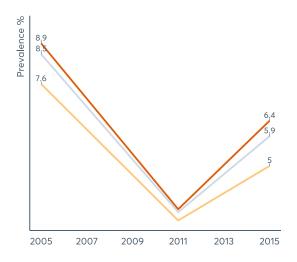
## Wasting by mother's education

## Stunting by mother's education

Overweight by mother's education



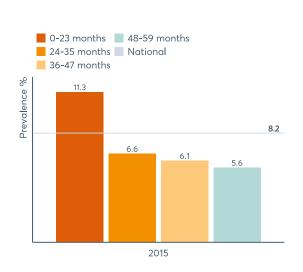


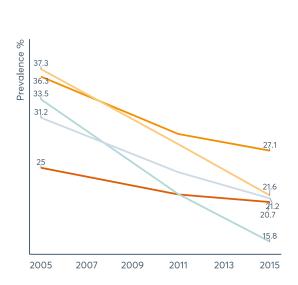


Wasting by age

Stunting by age

Overweight by age



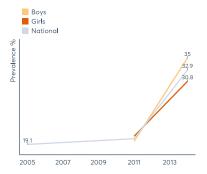




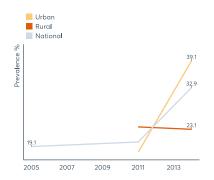
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

#### Infant and young child feeding over time

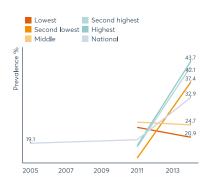
Exclusive breastfeeding by gender



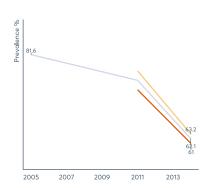
Exclusive breastfeeding by location



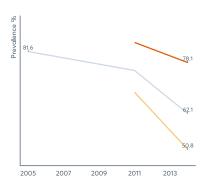
Exclusive breastfeeding by income



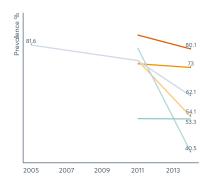
Continued breastfeeding at 1 year by gender



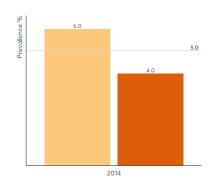
Continued breastfeeding at 1 year by location



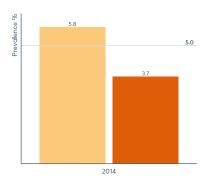
Continued breastfeeding at 1 year by income



Minimum acceptable diet by gender



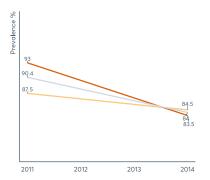
Minimum acceptable diet by location



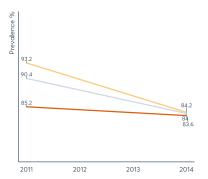
Minimum acceptable diet by income



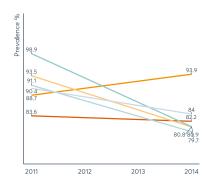
Intro. to solid, semi-solid, soft foods by gender



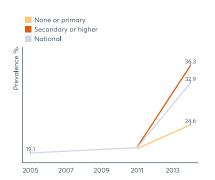
Intro. to solid, semi-solid, soft foods by location



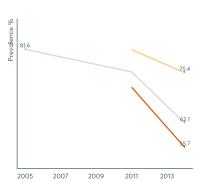
Intro. to solid, semi-solid, soft foods by income



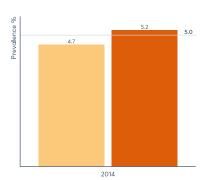
## Exclusive breastfeeding by mother's education



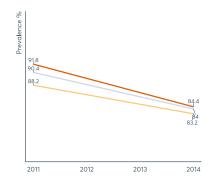
Continued breastfeeding at 1 year by mother's education



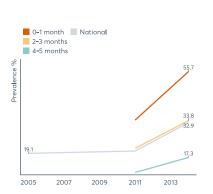
Minimum acceptable diet by mother's education



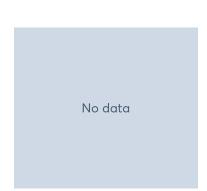
Intro. to solid, semi-solid, soft foods by mother's education



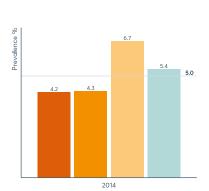
Exclusive breastfeeding by age



Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

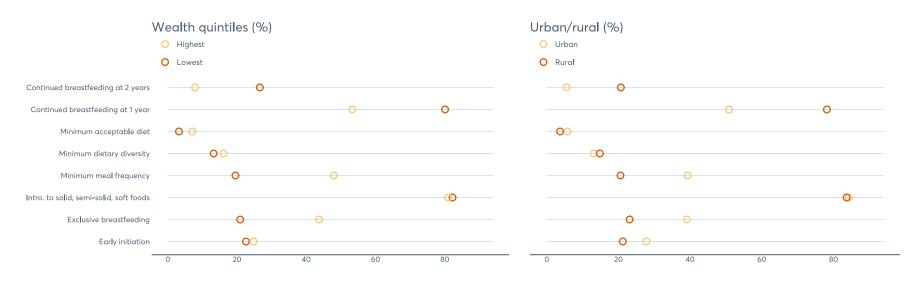


Intro. to solid, semi-solid, soft foods by age



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

#### Infant and young child feeding



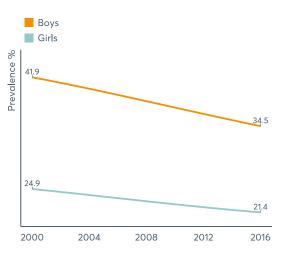
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

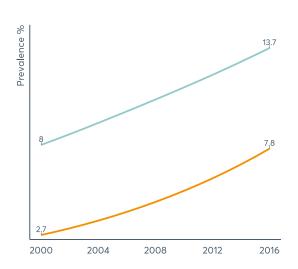
#### Child and adolescent (aged 5-19) nutrition status

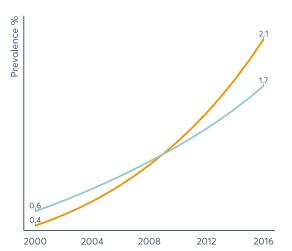
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

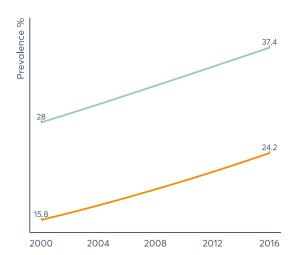
#### **Adult nutrition status**

#### Diabetes by gender

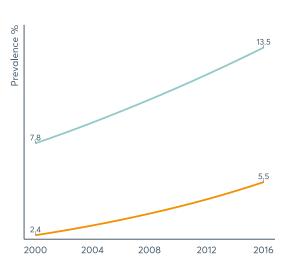
# Male Female % 7,7 7.6

Sources: NCD Risk Factor Collaboration.

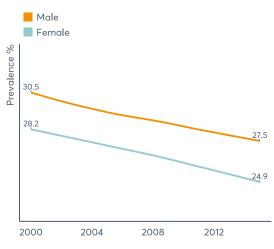
#### Overweight by gender



#### Obesity by gender

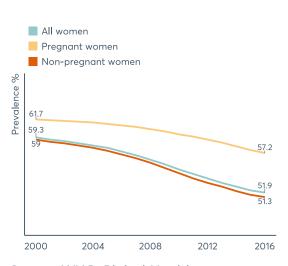


## Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

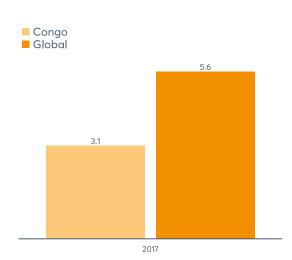
#### Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

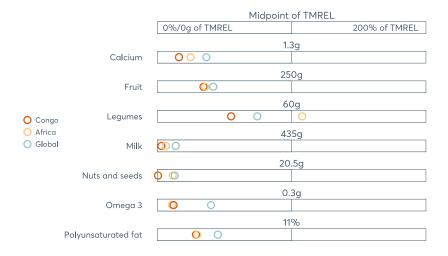
## Salt intake (grams per day)

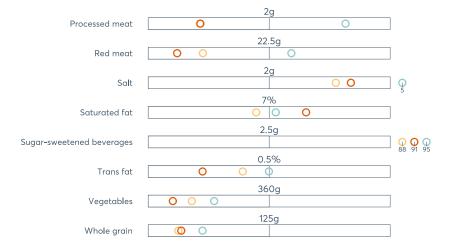


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

#### **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

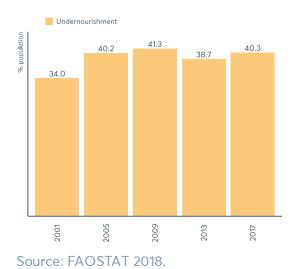
| Coverage/practice indicator   | Total<br>(%) | Boy<br>(%) | Girl<br>(%) | Year       |
|---|--------------|------------|-------------|------------|
| Children 0-59 months with diarrhoea who received zinc treatment   | No<br>data   | No<br>data | No<br>data  | No<br>data |
| Children 6-59 months who received vitamin A supplements in last 6 months  | 65           | 65         | 65          | 2011       |
| Children 6-59 months given iron supplements in past 7 days  | No<br>data   | No<br>data | No<br>data  | No<br>data |
| Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care | 84           | NA         | NA          | 2011       |
| Household consumption of any iodised salt   | 100          | NA         | NA          | 2011       |

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

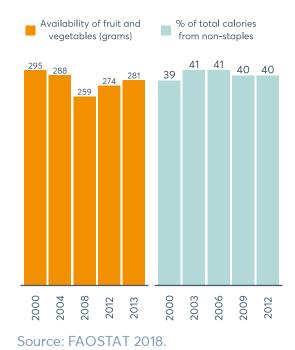
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

#### **Determinants**

#### Undernourishment



#### Food supply



## Gender-related determinants

| Early childbearing<br>births by age 18 (%) <sup>1</sup>       | 26   | 2015 |
|---|------|------|
| Gender Inequality<br>Index (score <sup>*</sup> ) <sup>2</sup> | 0.58 | 2017 |
| Gender Inequality Index (country rank) <sup>2</sup>           | 143  | 2017 |

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018. Notes: \*0 = low inequality, 1 = high inequality.

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



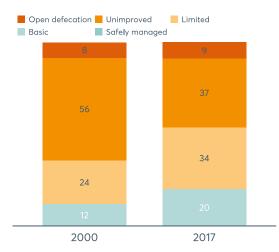
2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

## Sanitation coverage (% population)



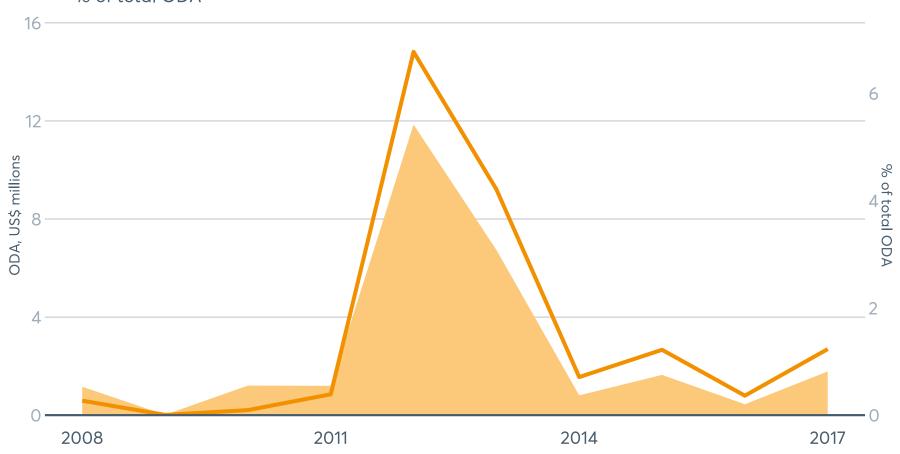
Source: WHO/UNICEF Joint Monitoring Programme 2019.

#### Resources, policies and targets

#### Development assistance

Basic nutrition ODA received

- % of total ODA



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  | Yes           |
|--|---------------|
| Sugar-sweetened beverage tax   | No            |
| Food-based dietary guidelines  | No data       |
| Policy to reduce salt consumption  | Don't<br>know |
| Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs   | Yes           |
| 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   | Don't<br>know |

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

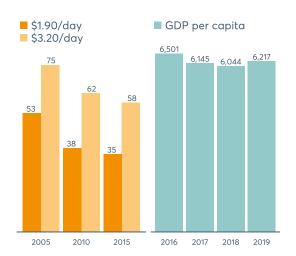
#### Targets included in national (nutrition or other) plan

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

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

#### **Economics and demography**

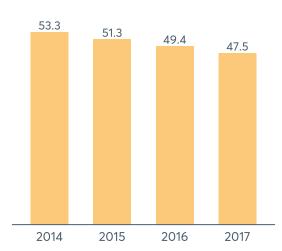
### Poverty rates (%) and GDP (PPP\$)



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

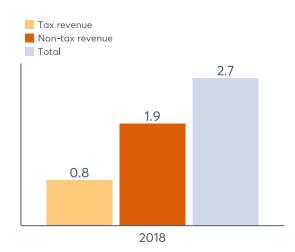
Notes: PPP = purchasing power parity.

### 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<br>score <sup>1</sup> | Gini index<br>rank <sup>2</sup> | Year |
|----------------------------------|---------------------------------|------|
| 49                               | 145                             | 2011 |

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<br>(thousands)               | 5,244 | 2018 |
|---|-------|------|
| Under-five<br>population<br>(thousands) | 813   | 2019 |
| Rural (%)                               | 33    | 2018 |
| >65 years<br>(thousands)                | 146   | 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               | 0.1        | 2010       |
|--------------------------|------------|------------|
| Nurses and<br>midwives   | 0.82       | 2010       |
| Community health workers | No<br>data | No<br>data |

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