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 6 months are exclusively breastfed. The Congo’s 2015 low birth weight prevalence of 11.6% has decreased slightly from 13.5% in 2000.

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.


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

Progress against global nutrition targets 2019

Under-five stunting: Some progress
Low birthweight: Some progress
Adult male obesity: No progress or worsening
WRA anaemia: Some progress

Under-five wasting: No progress or worsening
Exclusive breastfeeding: On course
Adult female diabetes: No progress or worsening

Under-five overweight: No progress or worsening
Adult female obesity: No progress or worsening
Adult male diabetes: No progress or worsening


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

Low birth weight


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

Prevalence of under-five stunting

Stunting at subnational level

Stunting at 5km level


Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.
Child (under-five) nutrition status over time

Wasting by sex

Stunting by sex

Overweight by sex

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
Infant and young child feeding over time

**Exclusive breastfeeding by sex**

**Continued breastfeeding at 1 year by sex**

**Minimum acceptable diet by sex**

**Intro. to solid, semi-solid, soft foods by sex**

**Exclusive breastfeeding by location**

**Continued breastfeeding at 1 year by location**

**Minimum acceptable diet by location**

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

**Exclusive breastfeeding by income**

**Continued breastfeeding at 1 year by income**

**Minimum acceptable diet by income**

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

### Infant and young child feeding

#### Wealth quintiles (%)

- **Continued breastfeeding at 2 years**
- **Continued breastfeeding at 1 year**
- **Minimum acceptable diet**
- **Minimum dietary diversity**
- **Minimum meal frequency**
- **Intro. to solid, semi-solid, soft foods**
- **Exclusive breastfeeding**

#### Urban/rural (%)

- **Urban**
- **Rural**

Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.
Adult nutrition status

Diabetes by sex

Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Raised blood pressure by sex

Sources: NCD Risk Factor Collaboration.

Anaemia in WRA

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

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

Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

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


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

Undernourishment

Source: FAOSTAT 2018.

Food supply

Source: FAOSTAT 2018.

Gender-related determinants

Early childbearing births by age 18 (%)\(^1\) 26 2015

Gender Inequality Index (score\(^1\)) 0.58 2017

Gender Inequality Index (country rank)\(^2\) 143 2017

Sources: \(^1\) UNICEF 2018; \(^2\) UNDP 2018.

Notes: *0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)


Drinking water coverage (% population)


Sanitation coverage (% population)

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.
<table>
<thead>
<tr>
<th>National policies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>Yes</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>No</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>No data</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>No</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt</td>
<td>No</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th></th>
<th>Stunting</th>
<th>Low birth weight</th>
<th>Exclusive breastfeeding</th>
<th>Salt intake</th>
<th>Multisectoral comprehensive nutrition plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Child overweight</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Wasting</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Overweight adults and adolescents</td>
<td>Yes</td>
<td></td>
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</tr>
</tbody>
</table>

Economics and demography

Poverty rates (%) and GDP (PPP$)

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
Gini index rank
Year
49 145 2011

Sources: World Bank 2019.
Notes: 1. 0 = perfect equality, 100 = perfect inequality. 2. Countries are ranked from most equal (1) to most unequal (159).

Population

Population (thousands) 5,244 2018
Under-five population (thousands) 813 2019
Rural (%) 33 2018
>65 years (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 midwives 0.82 2010
Community health workers No data No data

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

For complete source information: globalnutritionreport.org/nutrition-profiles/technical-notes
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