



NUTRITION at a GLANCE

CONGO



Country Context

HDI ranking: 136th out of 182 countries¹

Life expectancy at birth: 54 years²

Lifetime risk of maternal death: 1 in 22²

Under-five mortality rate: 127 per 1,000 live births²

Global ranking of stunting prevalence: 54th highest out of 136 countries²

Technical Notes

Stunting is low height for age (too short).

Underweight is low weight for age (too small).

Wasting is low weight for height (too thin).

Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the wealth quintile data shown in Figure 2, which are calculated according to the previously-used NCHS/WHO reference population.

Low birth weight is a birth weight less than 2500g.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: www.worldbank.org/nutrition/profiles

The Costs of Undernutrition

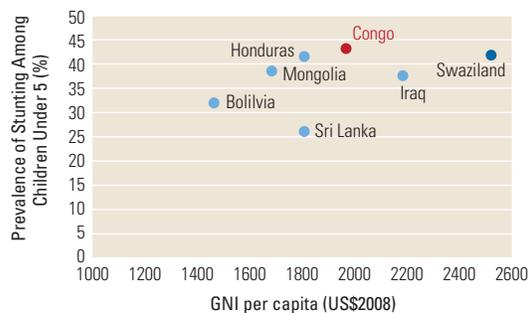
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.⁵

Where Does Congo Stand?

- 30% of children under the age of five are stunted, 11% are underweight, and 8% are wasted.²
- More than 1 in 8 infants are born with a low birth weight.²
- Congo is currently on track to meet MDG 1c (halving 1990 rates of child underweight by 2015).⁶

As seen in **Figure 1**, Congo has higher rates of stunting relative to its income peers. Countries with lower per capita incomes, such as Sri Lanka and Bolivia, exhibit reduced rates of child stunting, showing that it is possible to achieve better nutrition outcomes despite low income.

FIGURE 1 Congo has Higher Rates of Stunting than Many of its Income Peers



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank's World Development Indicators.

Most of the irreversible damage due to malnutrition happens in gestation and in the first 24 months of life.⁶

Annually, Congo loses over US\$200 million in GDP to vitamin and mineral deficiencies.^{3,4}

Scaling up core micronutrient nutrition interventions would cost less than US\$ 2.5 million per year.

(See *Technical Notes* for more information)

Key Actions to Address Malnutrition:

Increase nutrition capacity within the Ministries of Health and Agriculture.

Improve high risk-population, infant, and young child feeding through effective education and counseling services.

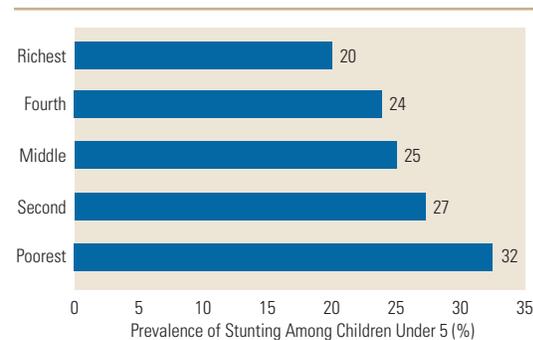
Prevent and reduce micronutrient deficiencies through increased coverage of vitamin A supplementation for young children, iron supplementation for pregnant women, and universal salt iodization.

Improve food safety in households as well as quality of food control at the National level through increased education, communication, and policy-making.

Improve dietary diversity through promoting healthy food and nutrition practices through home production of a diversity of foods and market and infrastructure development.

Undernutrition is not just a problem of poverty. As **Figure 2** shows, children are stunted in 1 in 5 of even the richest households. This is not an issue of food access, but of caring practices and disease.

FIGURE 2 Undernutrition Affects All Wealth Quintiles: Poor Infant Feeding Practices and Disease are Major Causes



Source: DHS 2006 (figures based on NCHS/WHO reference population).

Poor Infant Feeding Practices

- 61% of newborns do not receive breast milk within one hour of birth.²
- 4 out of 5 infants under six months are not exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, almost one-quarter of infants are not fed appropriately with *both* breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.¹¹

High Disease Burden

- Undernutrition increases the likelihood of falling sick and the severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

- More than 1 in 5 households are food insecure, according to a measure of per capita access to calories.⁷ Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, social protection, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

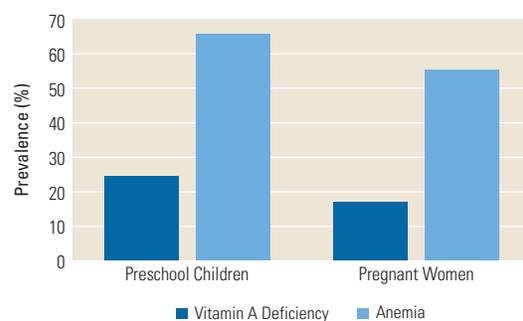
References

1. UNDP. 2009. *Human Development Report*.
2. UNICEF. 2009. *State of the World's Children*.
3. UNICEF and the Micronutrient Initiative. 2004. *Vitamin and Mineral Deficiency: A Global Progress Report*.
4. World Bank. 2009. *World Development Indicators* (Database).
5. Horton S, Ross J. 2003. *The Economics of Iron Deficiency*. *Food Policy* 28: 51–75.
6. UNICEF. 2009. *Tracking Progress on Child and Maternal Nutrition*.
7. FAO. 2009. *The State of Food Insecurity in the World: Economic Crises – Impacts and Lessons Learned*.
8. WHO. 2009. *Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005*. *WHO Global Database on Vitamin A Deficiency*.
9. WHO. 2008. *Worldwide Prevalence of Anemia 1993–2005: WHO Global Database on Anemia*.
10. Horton S. et al. 2009. *Scaling Up Nutrition: What Will it Cost?*
11. World Health Organization (2009). *HIV and infant feeding: Revised principles and recommendations – Rapid advice*.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being, and are highly prevalent in Congo, as indicated in Figure 3.

FIGURE 3 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity



Source: 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition.

- **Vitamin A:** 25% of preschool aged children, and 18% of pregnant women are deficient in vitamin A.⁸ Supplementation of young children and dietary diversification can eliminate this deficiency.
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 66% and

55%, respectively.⁹ Iron-folic acid supplementation of pregnant women, deworming, and the provision of multiple micronutrient supplements to infants and young children are effective strategies to improve the iron status of these vulnerable subgroups.

- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

World Bank Nutrition-Related Activities in Congo

The World Bank is currently supporting the US\$40 million Health Sector Services Development project strengthening of the health system in order to effectively combat the major communicable diseases and improve access to quality services for women and children.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US\$ 0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.¹⁰

