

Country Context

HDI ranking: 176th out of 182 countries¹

Life expectancy: 48 years²

Lifetime risk of maternal death: 1 in 13²

Under-five mortality rate: 148 per 1,000 live births²

Global ranking of stunting prevalence: 16th highest out of 136 countries²

Technical Notes

Stunting is low height for age.

Underweight is low weight for age.

Wasting is low weight for height.

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 trend data shown in Figure 1, 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

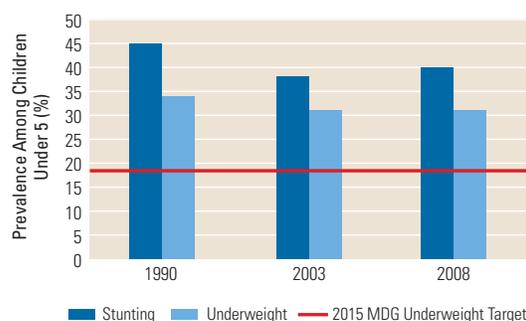
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- The economic costs 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.⁶

Where Does the DR Congo Stand?

- 46% of children under the age of five are stunted, 13% are wasted,³ and 25% are underweight.²
- 12% of infants are born with a low birth weight.²

As shown in **Figure 1**, rates of stunting and underweight have not changed dramatically in recent years. The DR Congo will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁷

FIGURE 1 DR Congo's Progress Toward MDG 1 is Insufficient



Source: WHO Global Database on Child Growth and Malnutrition (figures based on the NCHS/WHO reference population).

As seen in **Figure 2**, the DR Congo has higher rates of stunting than its immediate neighbors in the Africa region. Other countries with similar per

Most of the irreversible damage due to malnutrition happens in gestation and in the first 24 months of life.⁷

Annually, the DR Congo loses US\$100 million in GDP to vitamin and mineral deficiencies.^{4,5} Scaling up core micronutrient interventions would cost less than US\$30 million per year.

(See *Technical Notes* for more information)

Key Actions to Address Malnutrition:

Increase government attention and resource allocation to public health and nutrition.

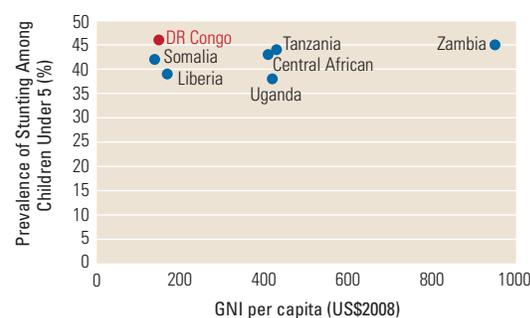
Improve infant and young child feeding through effective education and counseling services.

Increase coverage of vitamin A supplementation and deworming for young children and iron supplementation for pregnant women.

Achieve universal salt iodization.

Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

FIGURE 2 DR Congo has Higher Rates of Stunting than Some of its Neighbors and Income Peers



Source: Stunting rates were obtained from the 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.

capita incomes such as Somalia and Liberia exhibit lower rates of child stunting, which demonstrates the ability to achieve better nutrition outcomes despite low income.

Undernutrition is not just a problem of poverty. As **Figure 3** shows, children are undernourished in 26% of even the richest households. This is typically not an issue of food access, but of caring practices and disease.



Poor Infant Feeding Practices

- Just under half of all newborns receive breast milk within one hour of birth.²
- Only 36% of infants under six months are exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, 38% 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

- 17% and 23% of deaths of children under five are due to diarrhea and pneumonia, respectively.⁷
- Undernutrition increases the likelihood of falling sick and 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

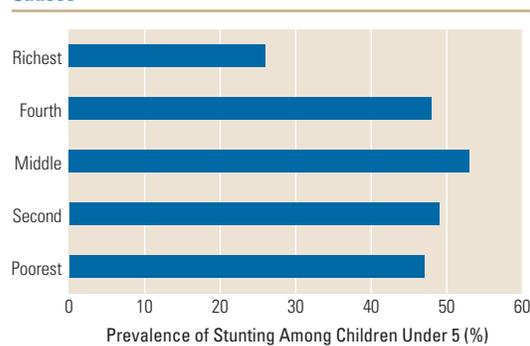
- An alarming three-quarters of households were food insecure in 2004–2006, tripling from levels in 1990–1992.⁸
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Lack of consistently-accessible diverse diets contributes to high levels of micronutrient deficiencies and lost human capital.

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

References

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3. Democratic Republic of Congo DHS. 2007.
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5. World Bank. 2009. *World Development Indicators* (Database).
6. Horton S and Ross J. 2003. *The Economics of Iron Deficiency*. Food Policy 28:517-5.
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9. WHO. 2009. *Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005*. WHO Global Database on Vitamin A Deficiency.
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FIGURE 3 Undernutrition Affects All Wealth Quintiles – Poor Infant Feeding Practices and Disease are Major Causes



Source: WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards)

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 pervasive in the DR Congo.

- **Vitamin A:** 60% of preschool aged children and 16% of pregnant women are deficient in vitamin A.⁹ Supplementation of young children and dietary diversification can eliminate this deficiency.

- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 71% and 53%, respectively.³ Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.
- **Iodine:** 79% of households consume iodized salt, leaving 609,000 infants unprotected from iodine deficiency disorders.⁷

World Bank Nutrition Related Activities in DR Congo

The World Bank is supporting a US\$150 million Health Sector Service Rehabilitation Project which intends to ensure that target populations receive a well-defined package of quality essential health services.

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

