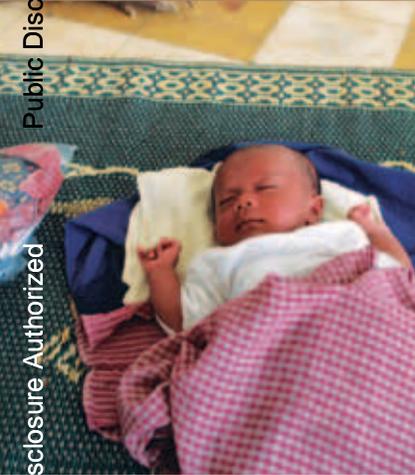




NUTRITION at a GLANCE

MONGOLIA



Country Context

HDI ranking: 115th out of 182 countries¹

Life expectancy: 67 years²

Lifetime risk of maternal death: 1 in 41²

Under-five mortality rate: 840 per 1,000 live births²

Global ranking of stunting prevalence: 67th 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.

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

Overweight is a body mass index (kg/m²) of ≥ 25 ; **obesity** is a BMI of ≥ 30 .

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 Malnutrition

- The East Asia region is anticipated to lose at least a cumulative US\$5 billion to chronic disease by 2015.⁵
- 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 and overweight 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 Mongolia Stand?

- 27% of children under the age of five are stunted, 5% are underweight, and 3% are wasted.²
- 70% of those aged 15 and above are overweight or obese.⁷
- 5% of infants are born with a low birth weight.²

Most of the irreversible damage due to malnutrition in Indonesia happens during gestation and in the first 24 months of life.⁹

As seen in **Figure 1**, Mongolia performs better than many of its neighbors in the region. However, countries with similar per capita incomes, such as Sri Lanka and Bolivia exhibit reduced rates of child stunting.

The Double Burden of Undernutrition and Overweight

Though Mongolia is currently on track to meet MDG 1c (halving 1990 rates of child underweight by 2015) it has seen a recent increase in adult obesity. Low-birthweight infants and stunted children may be at greater risk of chronic diseases such as diabetes and heart disease than children who start out well-nourished.¹⁰

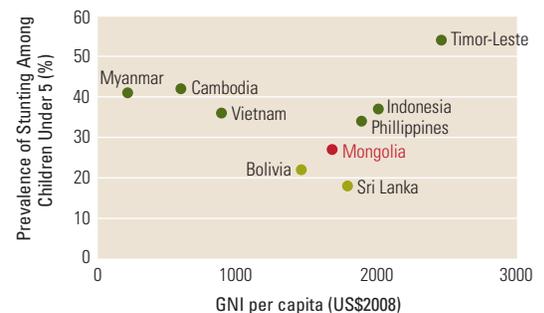
This “double burden” is the result of various factors. Progress in improving community infrastructure and development of sound public health systems has been slow, thwarting efforts to reduce

Annually, Mongolia loses nearly US\$32 million in GDP to vitamin and mineral deficiencies.^{3,4} Scaling up core micronutrient nutrition interventions would cost less than US\$1 million per year.

(See *Technical Notes* for more information)

Key Actions to Address Malnutrition:	Approximate Return on Investment(%) ¹⁵ :
Improve infant and young child feeding through effective education and counseling services.	1400
Achieve universal salt iodization.	3000
Ensure an adequate supply of zinc supplements for the treatment of diarrhea.	1300
Invest in vitamin A Supplementation.	1700

FIGURE 1 Mongolia has Higher Rates of Stunting than Some of its Income Peers



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition. GNI data were obtained from the World Bank's World Development Indicators.

undernutrition; while urbanization and the adoption of diets high in refined carbohydrates, animal protein and saturated fats and sugars, combined with a more sedentary lifestyle are commonly cited as the major contributors to the increase in overweight and chronic diseases.¹¹

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 prevalent in Mongolia, as indicated in **Figure 2**.

Poor Infant Feeding Practices

- Close to 1 in 4 of all newborns do not receive breast milk within one hour of birth.²
- 43% of 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, 43% 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.

High Disease Burden

- 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

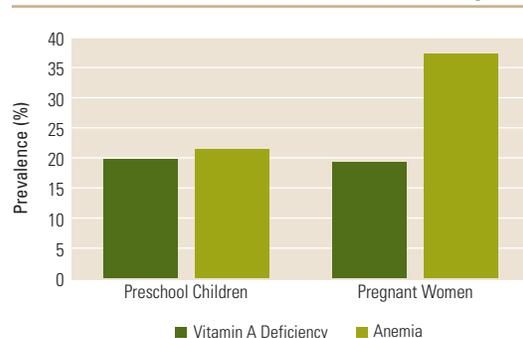
- 29% of households are food insecure.⁸
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

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

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FIGURE 2 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:** Almost 1 in 5 preschool aged children and pregnant women are deficient in vitamin A.¹²
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 21% and 37%, respectively.¹³ 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:** Two-thirds of households are not consuming iodized salt,⁹ leaving infants and children unprotected from iodine deficiency which can reduce IQ.
- 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 Mongolia

The World Bank is currently engaging with Mongolia through its analytic and advisory work. A knowledge sharing forum on results based financing in health (with discussion of interventions related to nutrition) is scheduled for delivery next fiscal year. A health policy note and workshop in health-related issues in Mongolia were also recently completed.

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 costs¹⁴.

