Tajikistan

Country overview

Malnutrition burden

Tajikistan is on course to meet the global targets for under-five overweight and under-five stunting, but is off course to meet the targets for all other indicators analysed with adequate data.

Although it performs well against other developing countries, Tajikistan still experiences a malnutrition burden among its under-five population. As of 2017, the national prevalence of under-five overweight is 3.3%, which has decreased from 6.7% in 2012. The national prevalence of under-five stunting is 17.5%, which is less than the developing country average of 25%. Tajikistan's under-five wasting prevalence of 5.6% is also less than the developing country average of 8.9%.

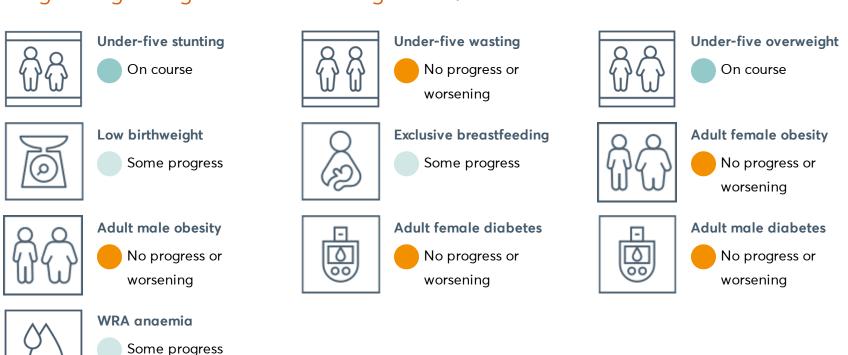
In Tajikistan, 35.8% of infants under 6 months are exclusively breastfed. Tajikistan's 2015 low birth weight prevalence of 5.6% has decreased slightly from 6.2% in 2000.

Tajikistan's adult population also face a malnutrition burden. 30.5% of women of reproductive age have anaemia, and 10.3% of adult men have diabetes, compared to 9.9% of women. Meanwhile, 16.7% of women and 11.6% of men have obesity.

Sources: UNICEF global databases Infant and Young Child Feeding, 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 2019

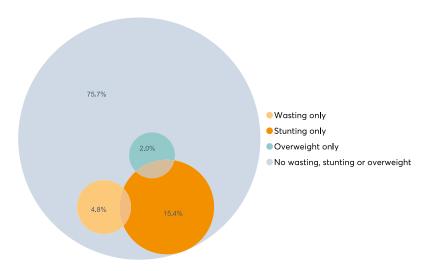


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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



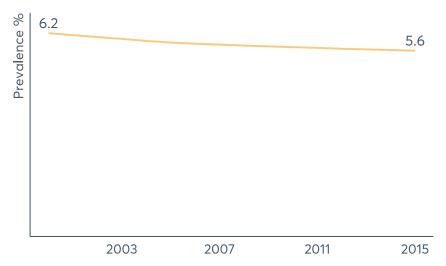
Sources: UNICEF, Division of Data Research and Policy (2019).

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



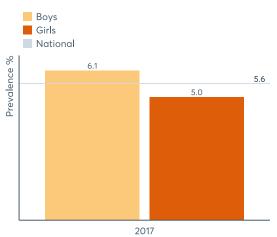
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Child (under-five) nutrition status over time

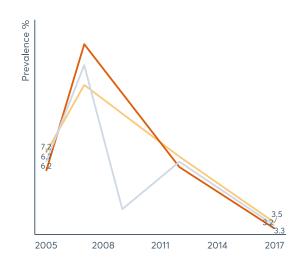
Wasting by gender

Stunting by gender

Overweight by gender



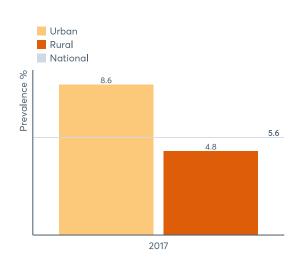
5.6 5.0 35,4 30,6

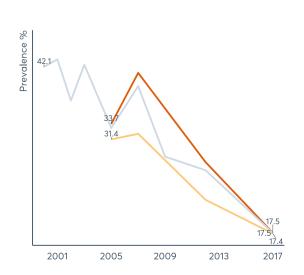


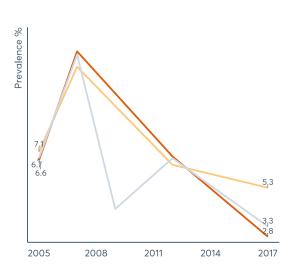
Wasting by location

Stunting by location

Overweight by location







Wasting by income

Stunting by income

Overweight by income



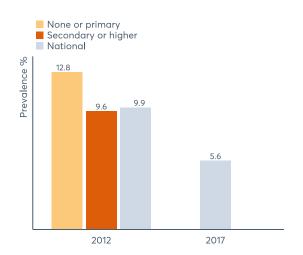


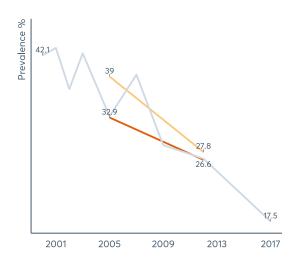


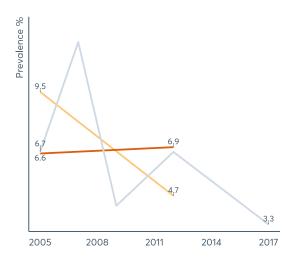
Wasting by mother's education

Stunting by mother's education

Overweight by mother's education





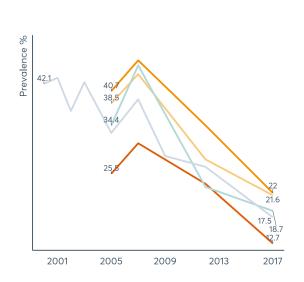


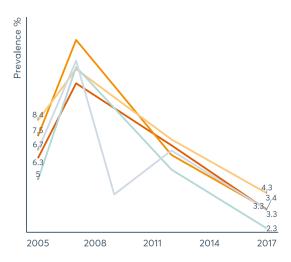
Wasting by age

Stunting by age

Overweight by age



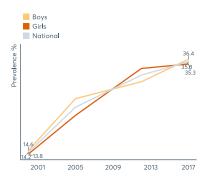




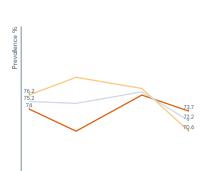
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and young child feeding over time

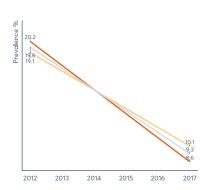
Exclusive breastfeeding by gender



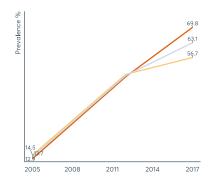
Continued breastfeeding at 1 year by gender



Minimum acceptable diet by gender



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

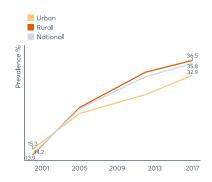


Exclusive breastfeeding by location



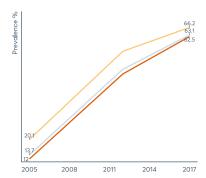
Minimum acceptable diet by location

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



79.7 79.7 75.2 77.2 77.2 69.8

% 9 227 19,6 18,8 12,8

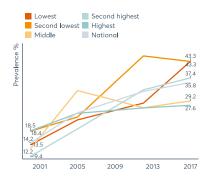


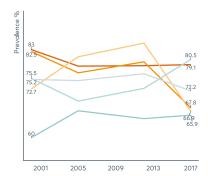
Exclusive breastfeeding by income

Continued breastfeeding at 1 year by income

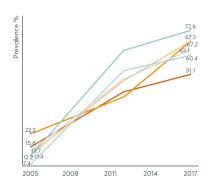
Minimum acceptable diet by income

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

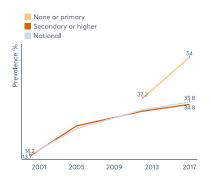








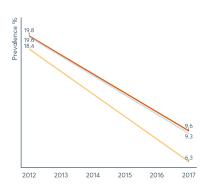
Exclusive breastfeeding by mother's education



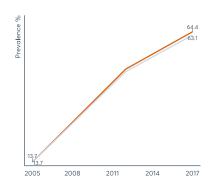
Continued breastfeeding at 1 year by mother's education



Minimum acceptable diet by mother's education



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



Intro. to solid,

Exclusive breastfeeding by age

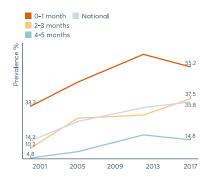


breastfeeding at 1

Continued

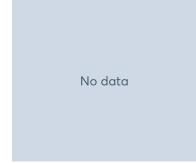
Minimum acceptable diet by age





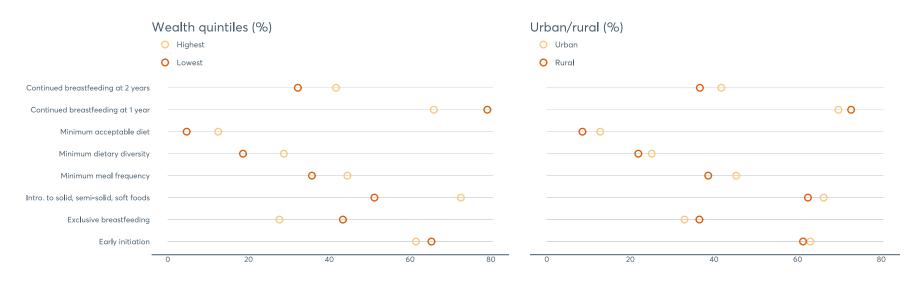






Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

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.

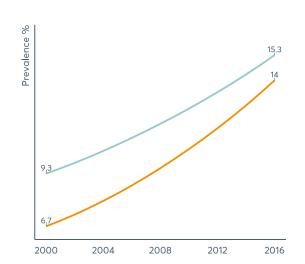
Child and adolescent (aged 5-19) nutrition status

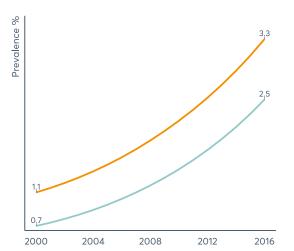
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

Adult nutrition status

Diabetes by gender

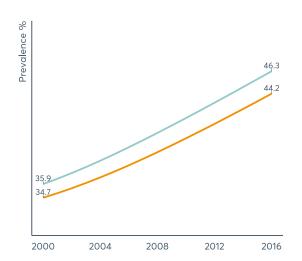
Diabetes by gender

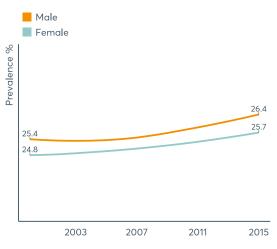
Sources: NCD Risk Factor Collaboration.

Raised blood pressure by

gender

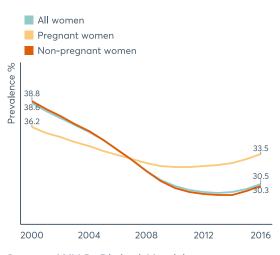
Overweight by gender





Sources: NCD Risk Factor Collaboration.

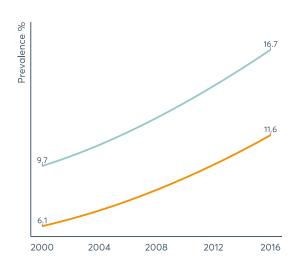
Anaemia in WRA



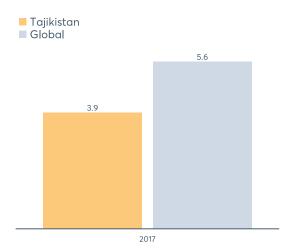
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

Obesity by gender



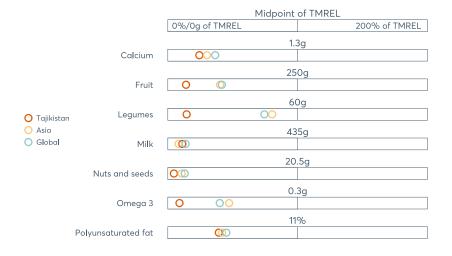
Salt intake (grams per day)

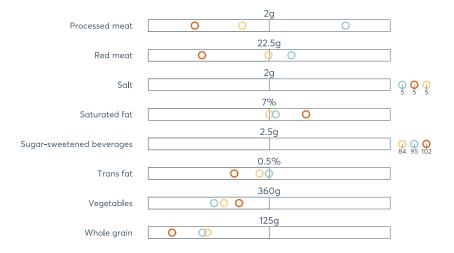


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016





Sources: 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.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	20	19	21	2017
Children 6-59 months who received vitamin A supplements in last 6 months	76	76	75	2017
Children 6-59 months given iron supplements in past 7 days	26	26	26	2017
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	44	NA	NA	2017
Household consumption of any iodised salt	92	NA	NA	2017

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report.

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

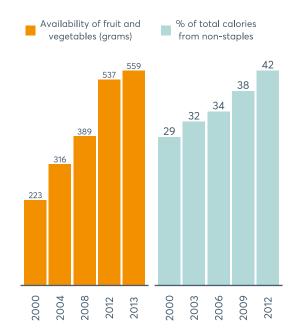
Determinants

Undernourishment

No data

Source: FAOSTAT 2018.

Food supply



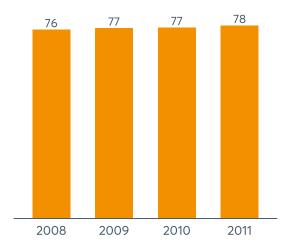
Source: FAOSTAT 2018.

Gender-related determinants

Early childbearing births by age 18 (%) ¹	2	2012
Gender Inequality Index (score [*]) ²	0.32	2017
Gender Inequality Index (country rank) ²	69	2017

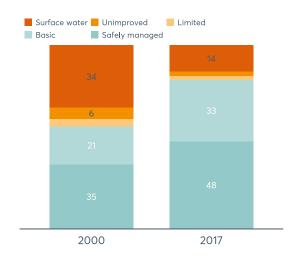
Sources: ¹ UNICEF 2018; ² UNDP 2018. Notes: *0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



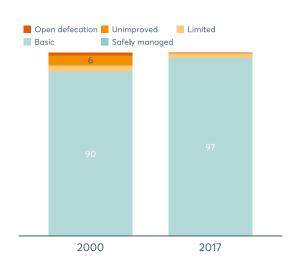
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)

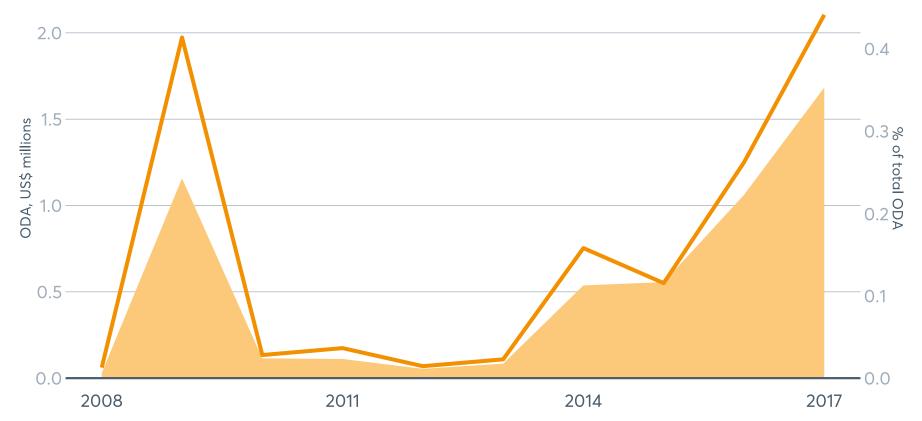


Source: WHO/UNICEF Joint Monitoring Programme 2019.

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	Yes
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
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	Yes
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	Yes

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.

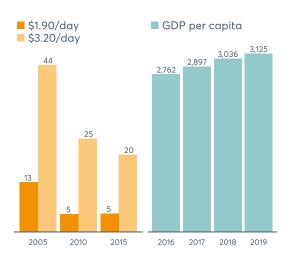
Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	Yes
Low birth weight	Child overweight
No	Yes
Exclusive breastfeeding	Wasting
Yes	Yes
Salt intake	Overweight adults and adolescents
Yes	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.

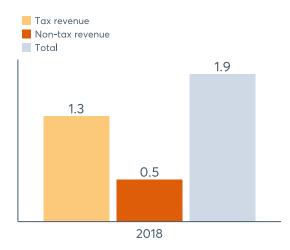
Notes: PPP = purchasing power parity.

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 score ¹	Gini index rank ²	Year
34	53	2015

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)	9,101	2018
Under-five population (thousands)	1,347	2019
Rural (%)	73	2018
>65 years (thousands)	288	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	1.71	2014
Nurses and midwives	5.28	2014
Community health workers	No data	No data

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