Central Asia

Subregional overview

Malnutrition burden

In the Central Asia subregion, there has been some progress towards achieving global nutrition targets. The global targets for under-five stunting and under-five wasting each have three countries on course to meet them, under-five overweight has two countries on course, while low birth weight has one country on course. However, not a single country in the subregion is on course to meet the targets for infant exclusive breastfeeding, anaemia in women of reproductive age, male diabetes, female diabetes, male obesity, and female obesity. Two countries in the subregion have insufficient data to comprehensively assess their progress towards these global targets.

Although it performs relatively well against other subregions, Central Asia still experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 9.4% - the highest compared to other subregions in Asia. The prevalence of stunting in under-fives is 10.9%, this is significantly less than the global average of 21.9%. The Central Asia subregion's prevalence of wasting in under-fives of 3.6% is also less than the global average of 7.3%.
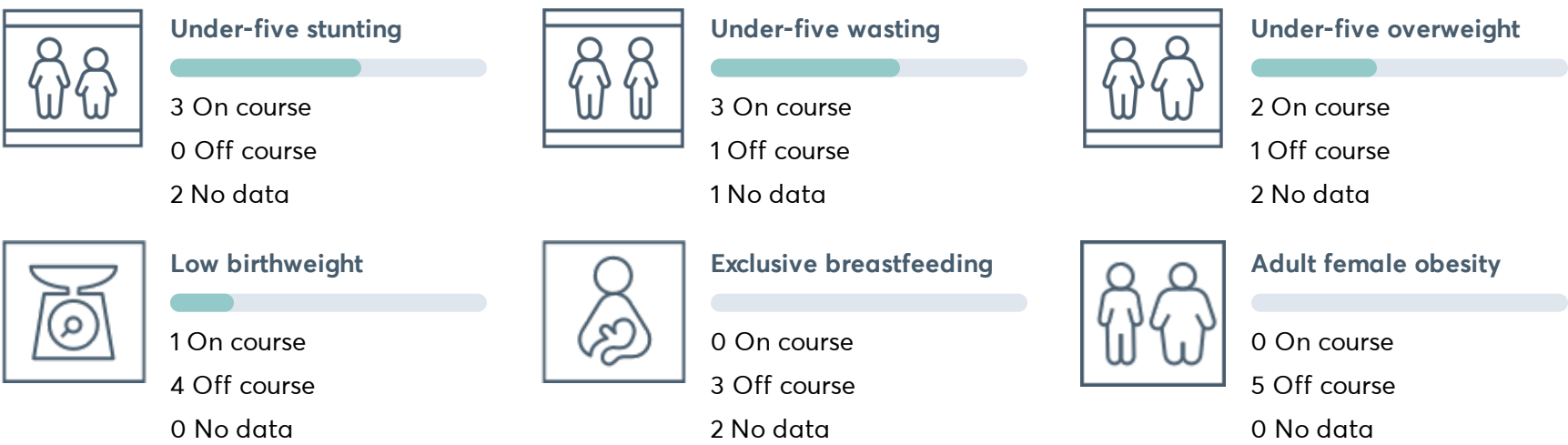
Some 40.9% of infants under 6 months in the Central Asia subregion are exclusively breastfed, while the subregion's average low birth weight prevalence of 5.4% is less than the global average of 14.6%.

The Central Asia subregion's adult population also face a malnutrition burden. An average of 33.8% of women of reproductive age have anaemia, and 11% of adult men have diabetes, compared to 10.9% of women. Meanwhile, 19.8% of women and 15% 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

Under-five stunting
3 On course
0 Off course
2 No data

Under-five wasting
3 On course
1 Off course
1 No data

Under-five overweight
2 On course
1 Off course
2 No data

Low birthweight
1 On course
4 Off course
0 No data

Exclusive breastfeeding
0 On course
3 Off course
2 No data

Adult female obesity
0 On course
5 Off course
0 No data

Adult male obesity

0 On course
5 Off course
0 No data

Adult female diabetes

0 On course
5 Off course
0 No data

Adult male diabetes

0 On course
5 Off course
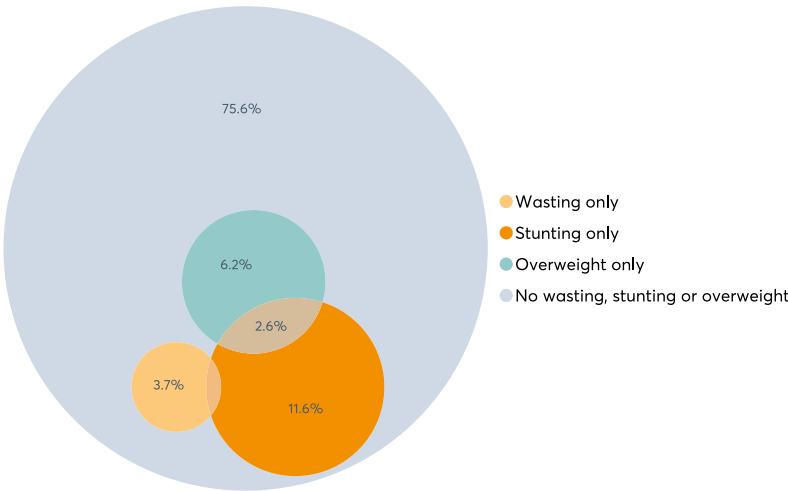0 No data

WRA anaemia

0 On course
5 Off course
0 No data

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

- Wasting only
- Stunting only
- Overweight only
- No wasting, stunting or overweight

75.6%
6.2%
2.6%
3.7%
11.6%

Low birth weight

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

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.

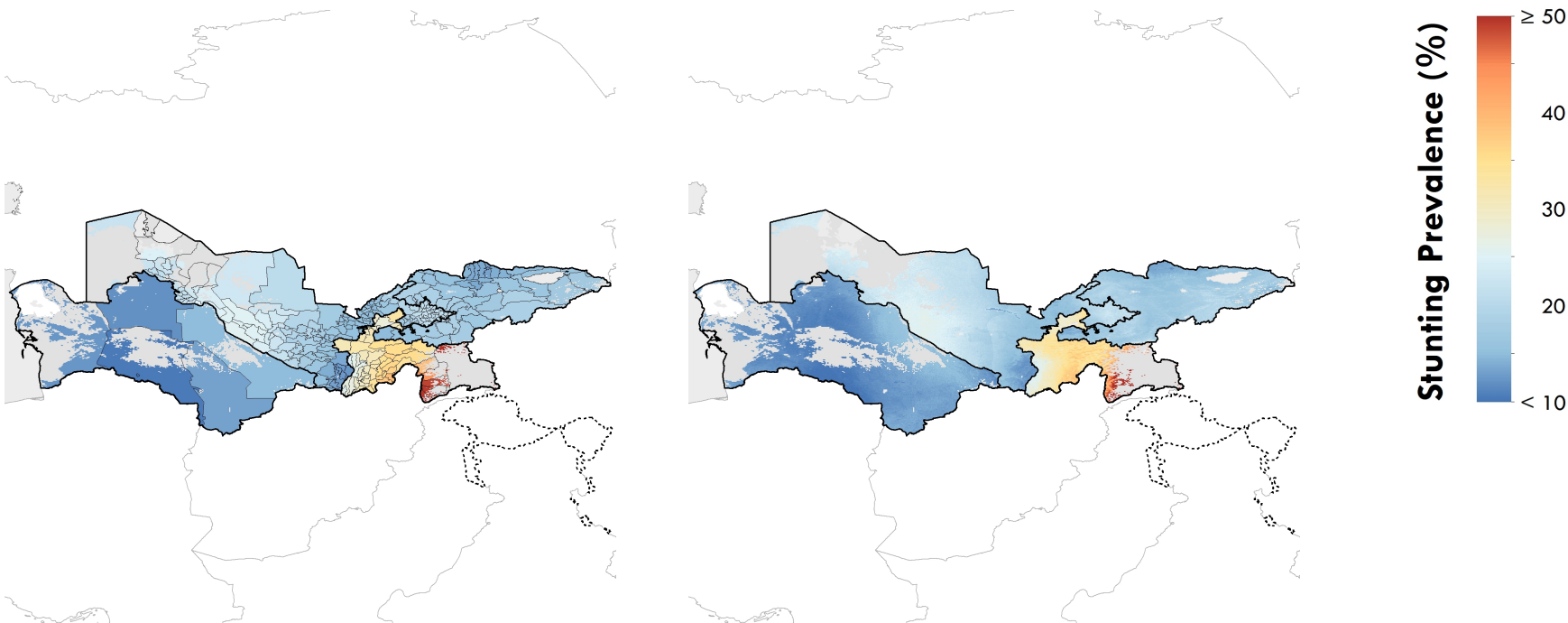# Prevalence of under-five stunting

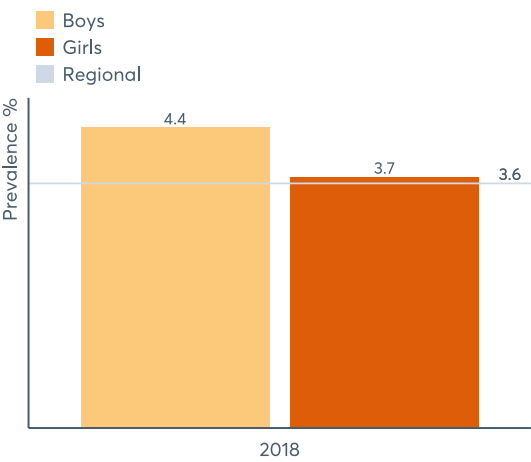## Stunting at subnational level

Stunting at 5km level

Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231–234 (2020) doi:10.1038/s41586-019-1878-8.
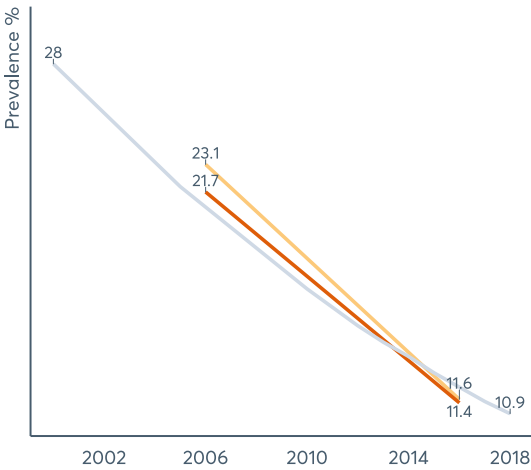
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

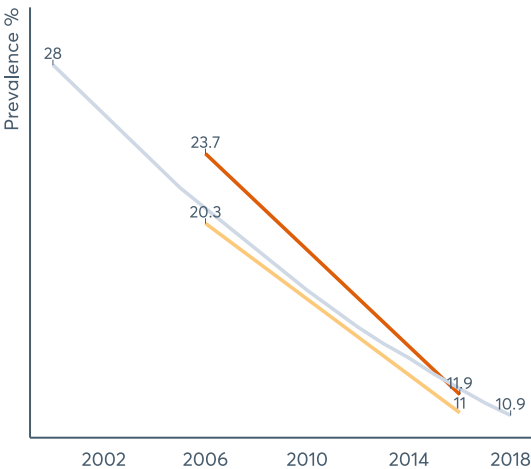# Child (under-five) nutrition status over time

Wasting by gender

Legend: Boys, Girls, Regional

Prevalence %

4.4
3.7
3.6

2018

Stunting by gender

Prevalence %

28
23.1
21.7
11.6
11.4
10.9

2002 2006 2010 2014 2018

Overweight by gender

Prevalence %

12.4
11.6
9
9.4
7.2
6.9

2002 2006 2010 2014 2018

Wasting by location

Legend: Urban, Rural, Regional

Prevalence %

4.9
3.8
3.6

2018

Stunting by location

Prevalence %

28
23.7
20.3
11.9
11
10.9

2002 2006 2010 2014 2018

Overweight by location

Prevalence %

12.1
12.1
9
9.4
8.6
6

2002 2006 2010 2014 2018

Wasting by income

Legend: Lowest, Second lowest, Middle, Second highest, Highest, Regional

Prevalence %

3.7
3.9
4.6
3.6
4.7
3.6

2018

Stunting by income

Prevalence %

28
25
24.9
22.9
20.4
17.8
14.8
11.9
10.7
10.9
10.2
9.7

2002 2006 2010 2014 2018

Overweight by income

Prevalence %

12.8
12
12
11.6
11.5
9
9.4
9.4
8.5
6.9
5.6
5.6

2002 2006 2010 2014 2018

Wasting by mother's education

Legend:
- None or primary
- Secondary or higher
- Regional

3.6

2018

Stunting by mother's education

28

10.9

2002 2006 2010 2014 2018

Overweight by mother's education

9

9.4

2002 2006 2010 2014 2018

Wasting by age

Legend:
- 0-23 months
- 24-35 months
- 36-47 months
- 48-59 months
- Regional

6.4

3.6

2.6   2.3   2.3

2018

Stunting by age

28
27.7
24.5
22.9
18.7

15.3
13.5
10.4
10.9
9.2

2002 2006 2010 2014 2018

Overweight by age

13.4
13.3
10.8
9
8.5

9.4
8.2
7.3
6.6
4.9

2002 2006 2010 2014 2018
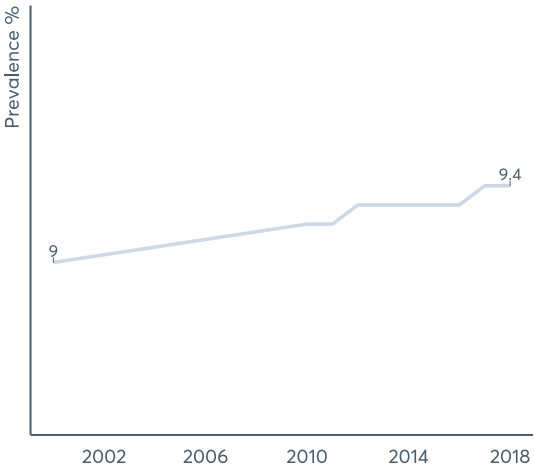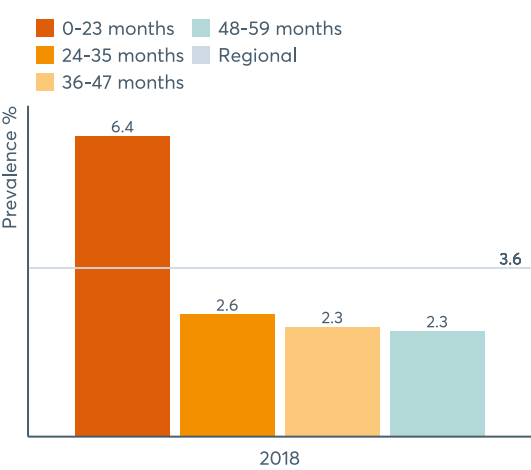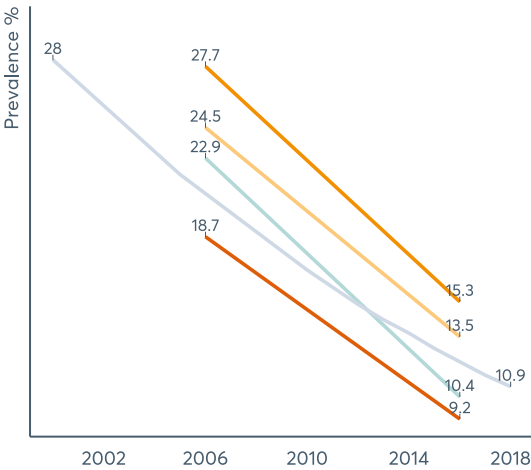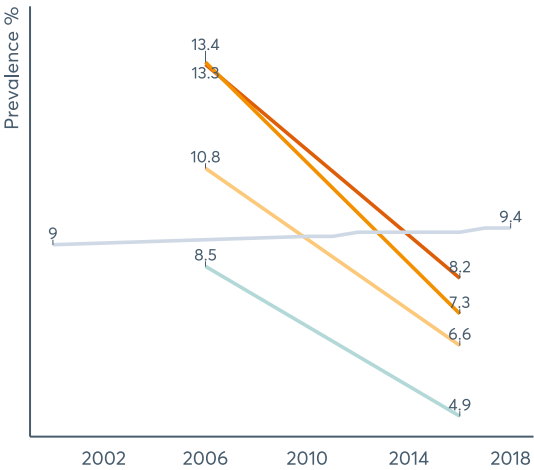
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Notes: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Disaggregated data (coloured lines/bars in charts) is based on population weighted means. Estimates are presented only where available data represents at least 50% of the regional population. Based on population weighted means of between 4 and 5 countries.
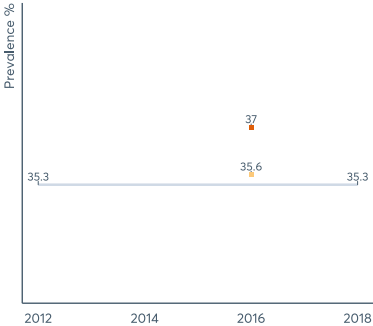
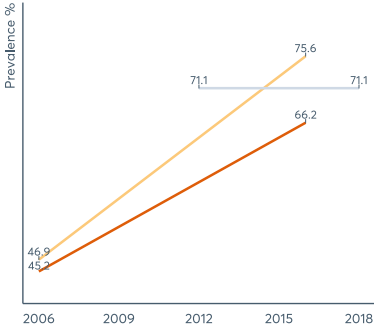# Infant and young child feeding over time

Exclusive breastfeeding by gender
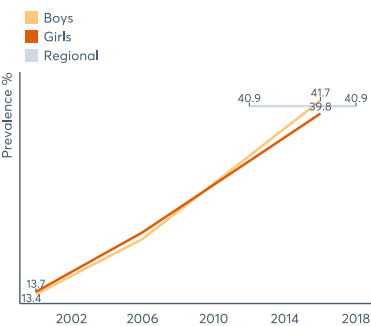
Continued breastfeeding at 1 year by gender
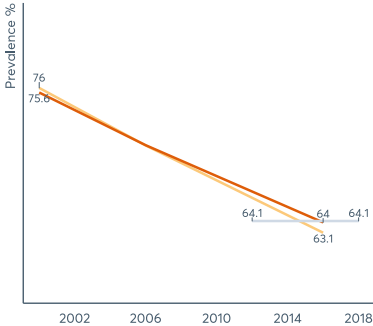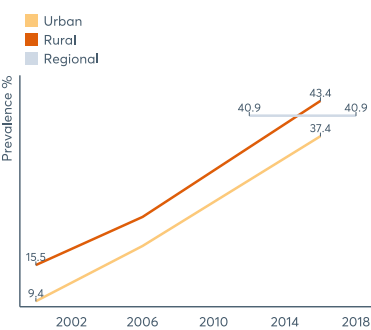

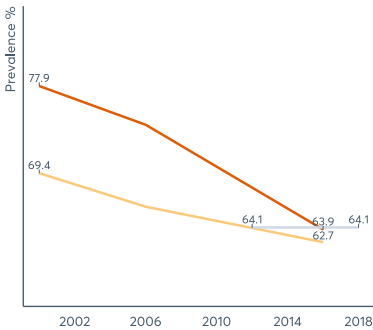## Minimum acceptable diet by gender

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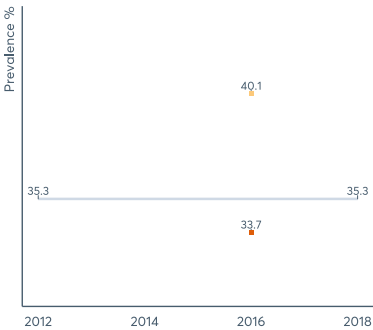

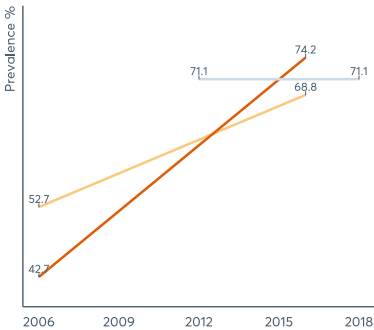## Exclusive breastfeeding by location

Continued breastfeeding at 1 year by location
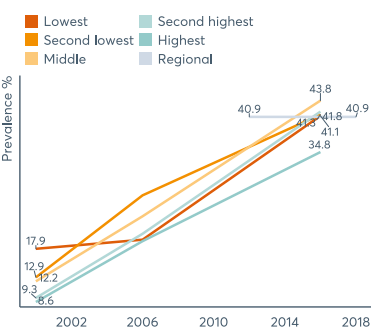

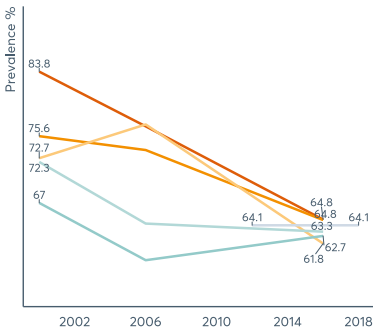## Minimum acceptable diet by location

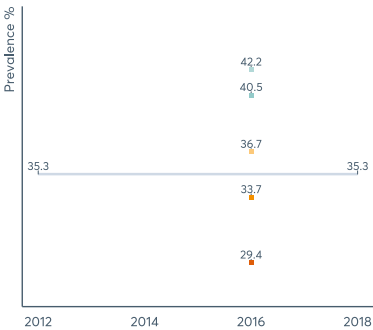## Intro. to solid, semi-solid, soft foods by location
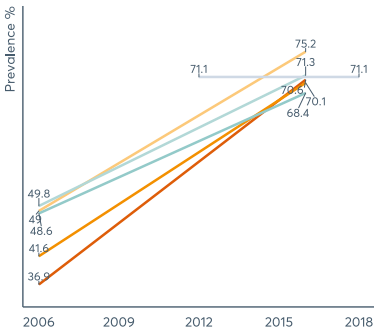

Exclusive breastfeeding by income

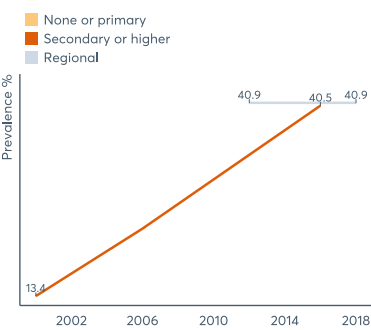## Continued breastfeeding at 1 year by income

Minimum acceptable diet by income

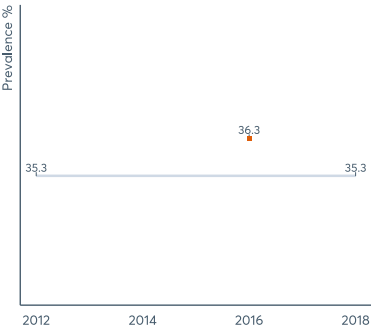## Intro. to solid, semi-solid, soft foods by income
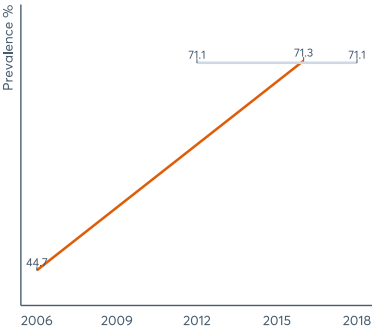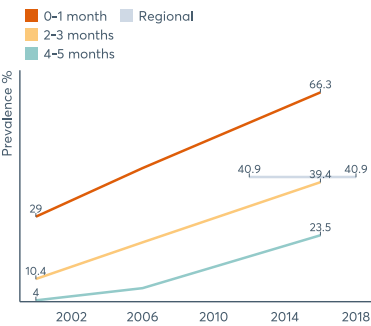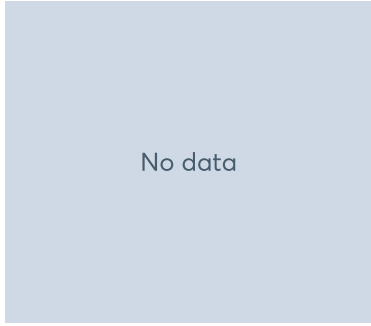
Exclusive breastfeeding by mother's education

- None or primary
- Secondary or higher
- Regional

13.4 · 40.9 · 40.5 · 40.9
2002 · 2006 · 2010 · 2014 · 2018

Continued breastfeeding at 1 year by mother's education

75.9 · 64.1 · 63.8 · 64.1
2002 · 2006 · 2010 · 2014 · 2018
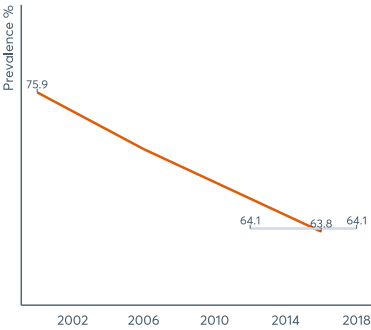
Minimum acceptable diet by mother's education

35.3 · 36.3 · 35.3
2012 · 2014 · 2016 · 2018

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

71.1 · 71.3 · 71.1 · 44.7
2006 · 2009 · 2012 · 2015 · 2018

Exclusive breastfeeding by age

- 0-1 month
- 2-3 months
- 4-5 months
- Regional

66.3 · 40.9 · 39.4 · 40.9 · 29 · 10.4 · 4 · 23.5
2002 · 2006 · 2010 · 2014 · 2018

Continued breastfeeding at 1 year by age

No data

Minimum acceptable diet by age

- 6-11 months
- 12-15 months
- 16-19 months
- 20-23 months
- Regional

43 · 41.7 · 41.7 · 35.3 · 35.3 · 24.7
2012 · 2014 · 2016 · 2018
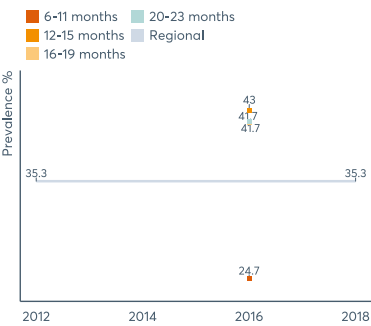
Intro. to solid, semi-solid, soft foods by age

No data

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

Notes: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Disaggregated data (coloured lines/bars in charts) is based on population weighted means. Estimates are presented only where available data represents at least 50% of the regional population. Based on population weighted means of between 2 and 5 countries.

Infant and young child feeding
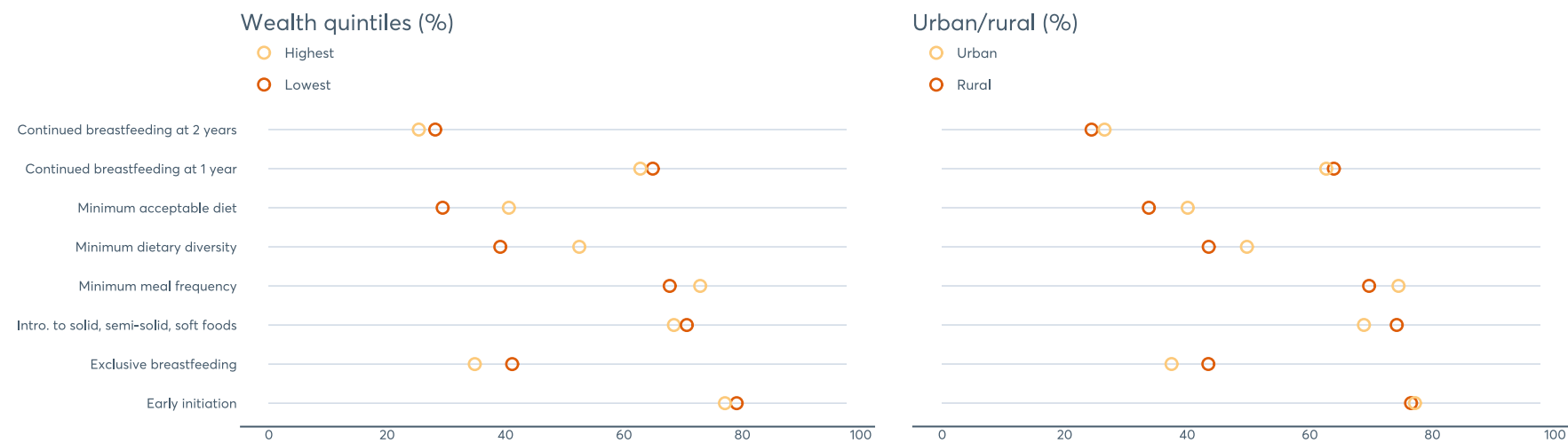
Wealth quintiles (%)

- Highest
- Lowest

Urban/rural (%)

- Urban
- Rural

- 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
- Early initiation

0 · 20 · 40 · 60 · 80 · 100

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.

Notes: Based on population weighted means of between 2 and 5 countries.

Child and adolescent (aged 5-19) nutrition status

Underweight by gender
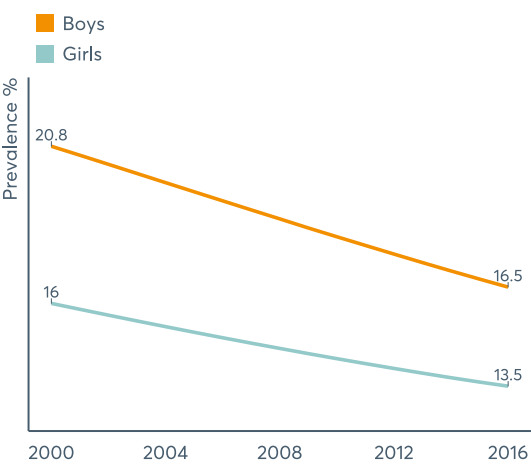
Legend: Boys, Girls

Prevalence %

20.8
16
16.5
13.5

2000 2004 2008 2012 2016

Sources: NCD Risk Factor Collaboration.

Notes: Based on population weighted means of 5 countries.

Overweight by gender

Prevalence %

17.2
17
11.8
9.3

2000 2004 2008 2012 2016

Notes: Based on population weighted means of 5 countries.

Obesity by gender

Prevalence %

5.5
3.4
2.2
1.3

2000 2004 2008 2012 2016
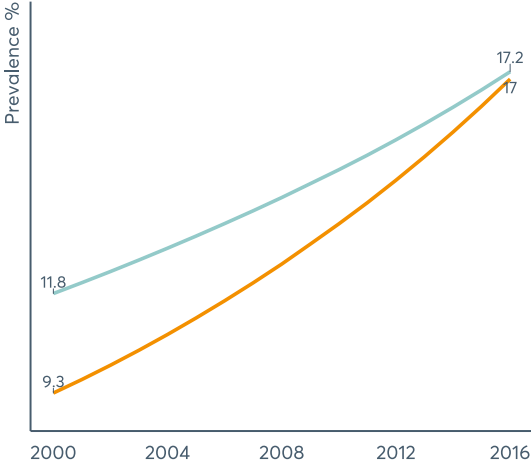
Notes: Based on population weighted means of 5 countries.

Adult nutrition status

Diabetes by gender
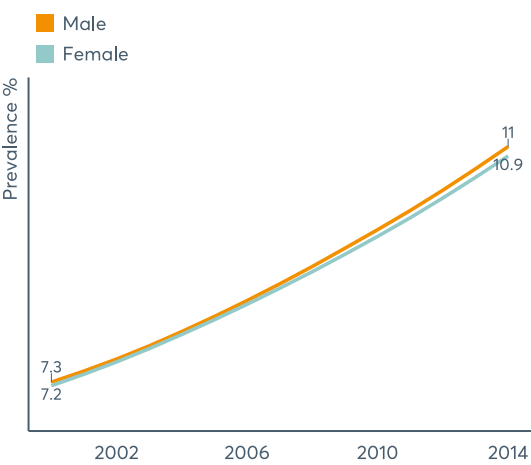
Prevalence %

7.3
7.2

11
10.9

2002 2006 2010 2014

Sources: NCD Risk Factor Collaboration.

Notes: Based on population weighted means of 5 countries.

Overweight by gender

Prevalence %

40.3
39.5

49.7
49.1

2000 2004 2008 2012 2016

Notes: Based on population weighted means of 5 countries.

Obesity by gender

Prevalence %

19.8

12.6

15

8.6

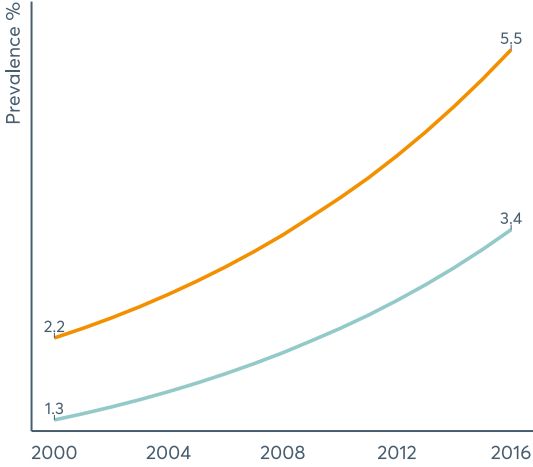2000 2004 2008 2012 2016
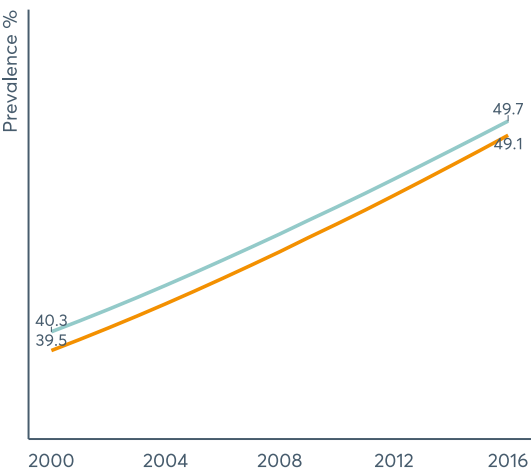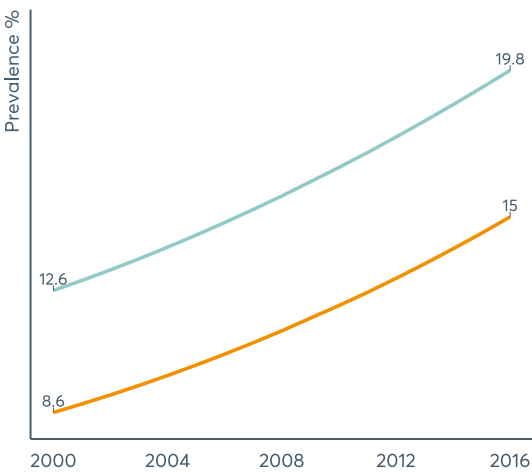
Notes: Based on population weighted means of 5 countries.

Raised blood pressure by gender
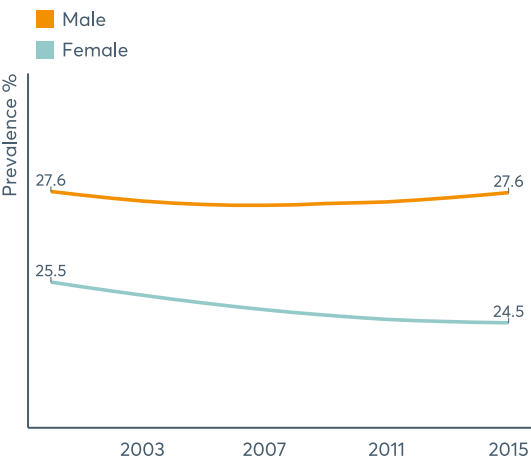
Male
Female

Prevalence %

27.6
25.5

27.6

24.5

2003 2007 2011 2015

Sources: NCD Risk Factor Collaboration.

Notes: Based on population weighted means of 5 countries.

Anaemia in WRA

All women
Pregnant women
Non-pregnant women

Prevalence %

41.2
40.9
37

34
33.8

29.3

2000 2004 2008 2012 2016
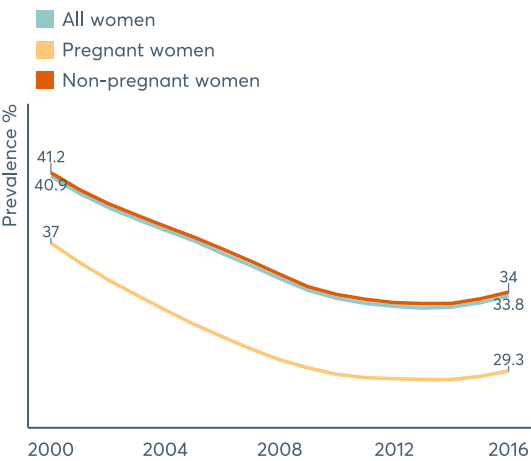
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age. Based on population weighted means of 5 countries.

Salt intake (grams per day)

Central Asia
Global

4.2

5.6

2017
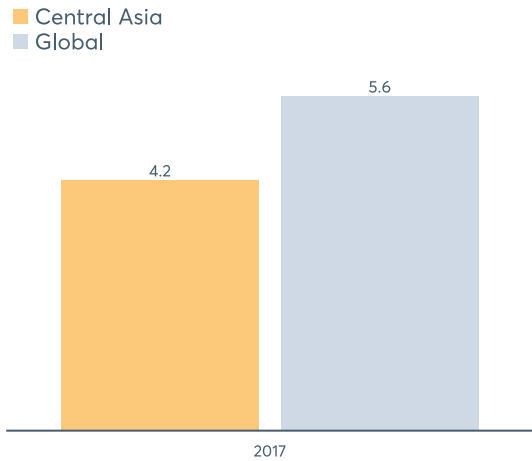
Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Based on population weighted means of 5 countries.

Dietary needs

Consumption of food groups and components, 2016

Legend:
- ○ Central Asia
- ○ Global

Left chart (scale: 0%/0g of TMREL — Midpoint of TMREL — 200% of TMREL):
- Calcium — 1.3g
- Fruit — 250g
- Legumes — 60g
- Milk — 435g
- Nuts and seeds — 20.5g
- Omega 3 — 0.3g
- Polyunsaturated fat — 11%

Right chart:
- Processed meat — 2g
- Red meat — 22.5g
- Salt — 2g
- Saturated fat — 7%
- Sugar-sweetened beverages — 2.5g
- Trans fat — 0.5%
- Vegetables — 360g
- Whole grain — 125g

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. Based on population weighted means of 5 countries.

Intervention coverage

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

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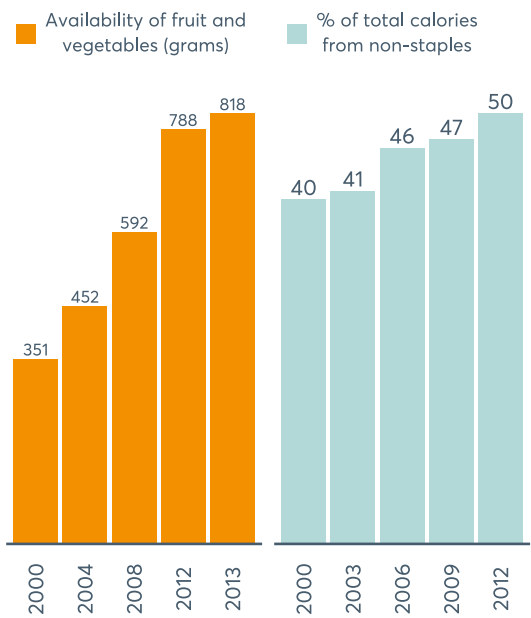
Determinants

Undernourishment
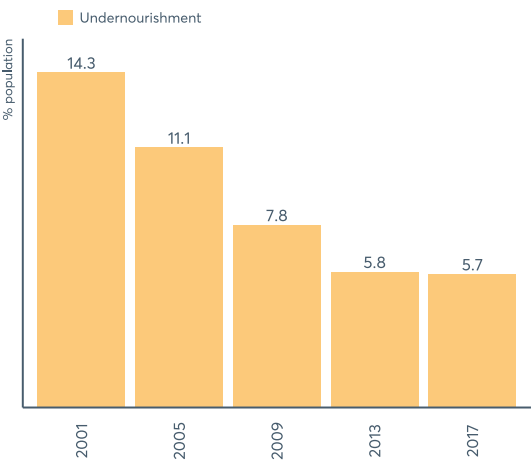
Source: FAOSTAT 2018.
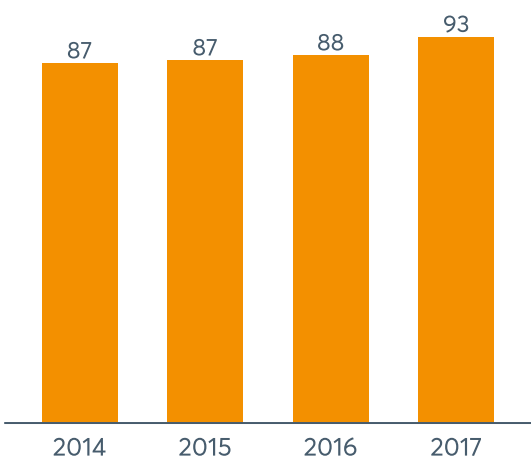
Food supply

Source: FAOSTAT 2018.

Gender-related determinants

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

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.

Notes: Based on population weighted means of between 2 and 3 countries.

Drinking water coverage (% population)
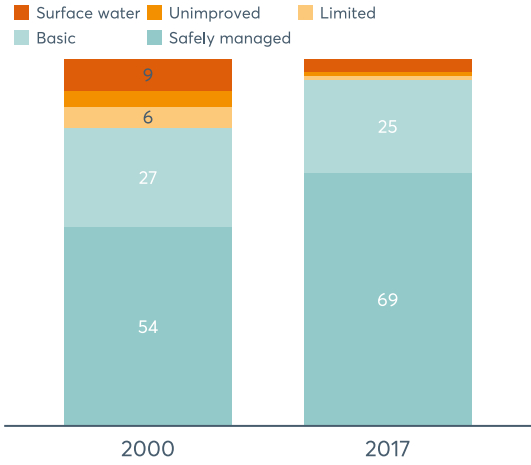
Source: WHO/UNICEF Joint Monitoring Programme 2019.
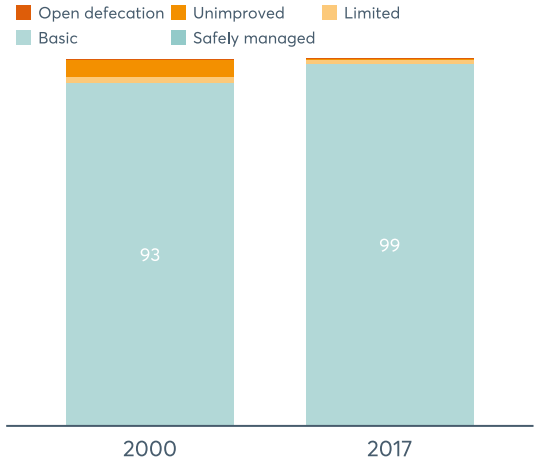
Notes: Based on population weighted means of 5 countries.

Sanitation coverage (% population)

Source: WHO/UNICEF Joint Monitoring Programme 2019.

Notes: Based on population weighted means of 5 countries.

Resources, policies and targets

Development assistance

Basic nutrition ODA received
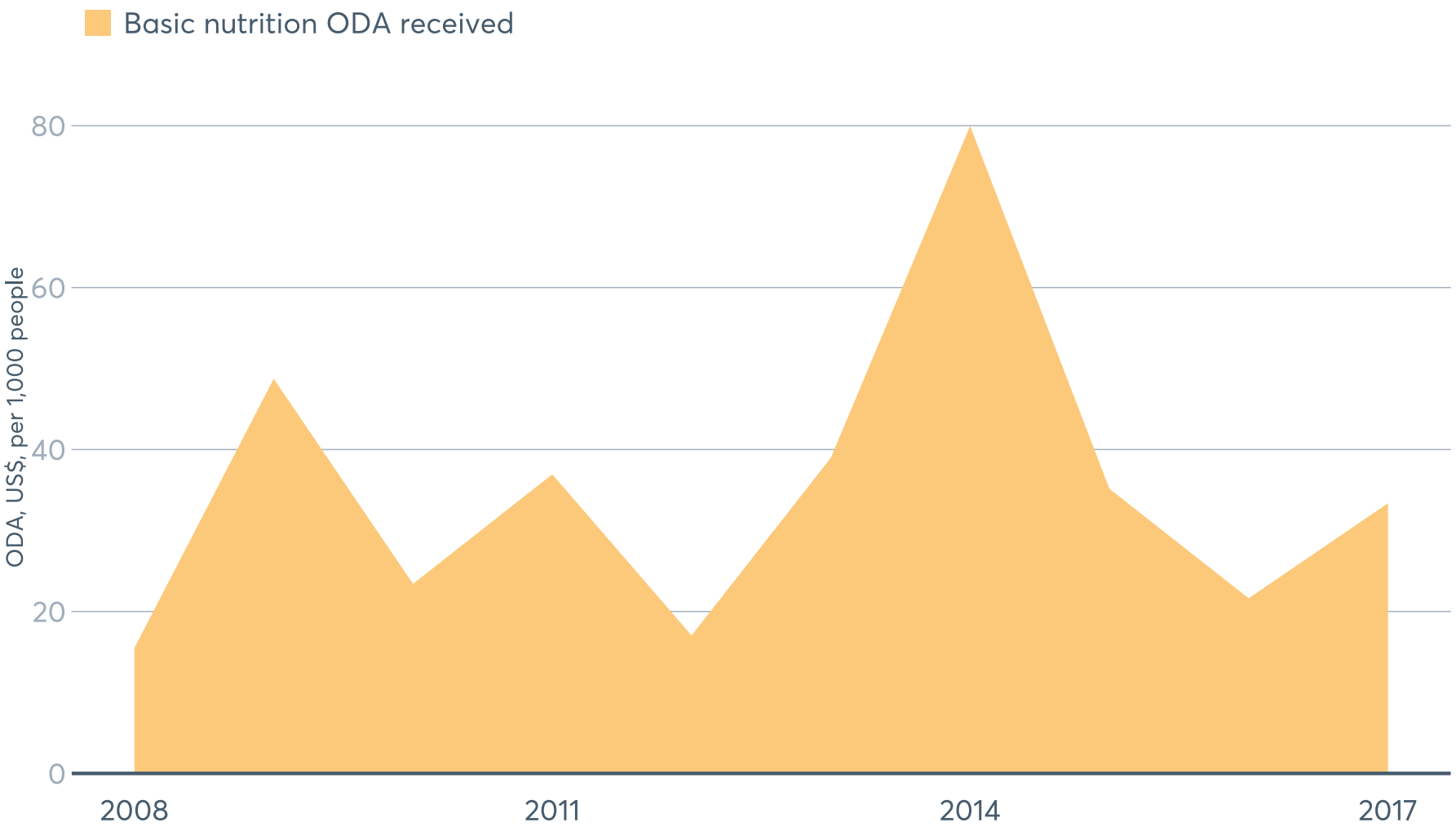
Sources: Development Initiatives based on OECD Development Assistance Commitee (DAC) Creditor Reporting System (CRS).

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	5/5
Sugar-sweetened beverage tax	0/5
Food-based dietary guidelines	0/5
Policy to reduce salt consumption	4/5
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	5/5
Operational, multisectoral national NCD policy, strategy or action plan	4/5
Operational policy, strategy or action plan for diabetes	5/5
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	2/5
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	3/5

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: Value refers to the number of countries with policy. NA = not applicable; NCD = non-communicable disease.

# Targets included in national (nutrition or other) plan

Stunting	Anaemia
2/5	3/5
Low birth weight	Child overweight
0/5	2/5
Exclusive breastfeeding	Wasting
2/5	2/5
Salt intake	Overweight adults and adolescents
4/5	4/5
Multisectoral comprehensive nutrition plan	
1/5	

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Notes: Value refers to the number of countries with target.

Economics and demography

Poverty rates (%) and GDP (PPP$)
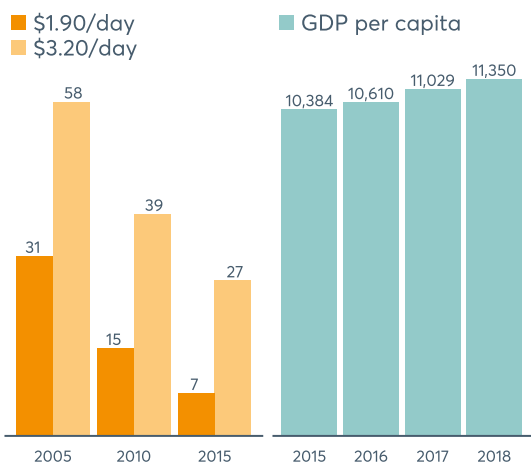
Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

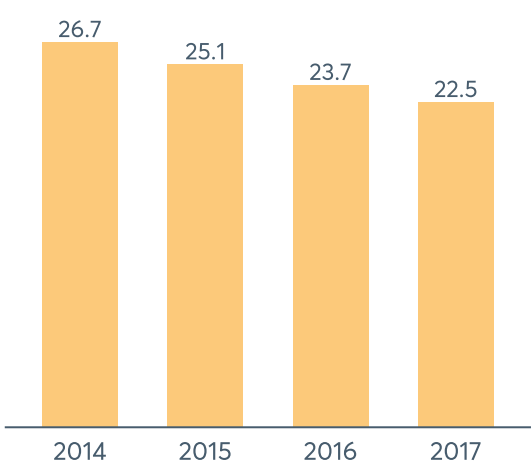Notes: PPP = purchasing power parity. Based on population weighted means of 5 countries.

Under-five mortality (per 1,000 live births)

Source: UN Inter-agency Group for Child Mortality Estimation 2018.

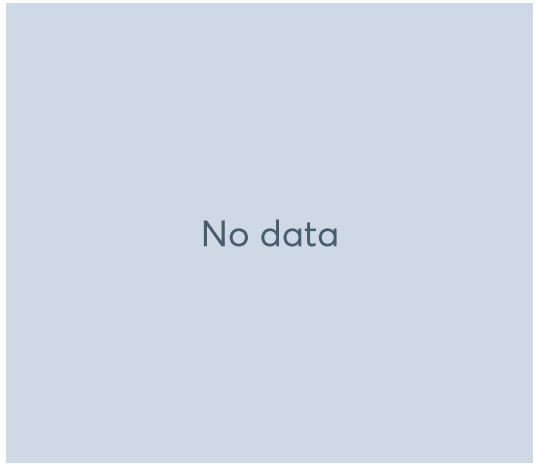Notes: Based on population weighted means of 5 countries.

Government revenues ($m)

No data

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
NA	NA	NA

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)	72,499	2018
Under-five population (thousands)	8,177	2019
Rural (%)	52	2018
>65 years (thousands)	3,791	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Notes: Based on population weighted means of 5 countries.

Population density of health workers per 1,000 people

Physicians	2.51	2016
Nurses and midwives	9.46	2016
Community health workers	No data	No data

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

Notes: Based on population weighted means of 5 countries.