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

Although it performs relatively well against other developing countries, Kyrgyzstan still experiences a malnutrition burden among its under-five population. As of 2014, the national prevalence of under-five overweight is 7%, which has decreased slightly from 8.9% in 2012. The national prevalence of under-five stunting is 12.9%, which is less than the developing country average of 25%. Kyrgyzstan's under-five wasting prevalence of 2.8% is also less than the developing country average of 8.9%.

In Kyrgyzstan, 45.6% of infants under 6 months are exclusively breastfed. Kyrgyzstan's 2015 low birth weight prevalence of 5.5% has decreased slightly from 6.8% in 2000.

Kyrgyzstan's adult population also face a malnutrition burden. 36.2% of women of reproductive age have anaemia, and 10.8% of adult women have diabetes, compared to 9.9% of men. Meanwhile, 18.6% of women and 14% of men have obesity.


Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2019


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

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

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Low birth weight


Prevalence of under-five stunting

Stunting at subnational level


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 sex

![Graph showing wasting prevalence by sex over time.]

Stunting by sex

![Graph showing stunting prevalence by sex over time.]

Overweight by sex

![Graph showing overweight prevalence by sex over time.]

Wasting by location

![Graph showing wasting prevalence by location over time.]

Stunting by location

![Graph showing stunting prevalence by location over time.]

Overweight by location

![Graph showing overweight prevalence by location over time.]

Wasting by income

![Graph showing wasting prevalence by income over time.]

Stunting by income

![Graph showing stunting prevalence by income over time.]

Overweight by income

![Graph showing overweight prevalence by income over time.]

3
Wasting by mother’s education

![Bar chart showing wasting by mother's education across different educational levels in 2014 with percentages 5.3%, 2.0%, and 2.8% for none or primary, secondary or higher, and national, respectively.]

Stunting by mother’s education

![Line graph showing stunting by mother's education from 2006 to 2014 with a significant decrease in prevalence from 18.1% to 10.3%.]

Overweight by mother’s education

![Line graph showing overweight by mother's education from 2006 to 2014 with a consistent decrease from 10.7% to 2.8%.]

Wasting by age

![Bar chart showing wasting by age across different age groups in 2014 with percentages 5.3%, 1.9%, 2.4%, and 2.8% for 0-23 months, 24-35 months, 36-47 months, and national, respectively.]

Stunting by age

![Line graph showing stunting by age from 2006 to 2014 with a significant decrease in prevalence from 22.2% to 10.2%.]

Overweight by age

![Line graph showing overweight by age from 2006 to 2014 with a consistent decrease from 10.7% to 3.4%.]

Infant and young child feeding over time

Exclusive breastfeeding by sex

Continued breastfeeding at 1 year by sex

Minimum acceptable diet by sex

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

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

**Infant and young child feeding**

**Wealth quintiles (%)**
- 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

**Urban/rural (%)**
- Urban
- Rural

Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.
Adult nutrition status

Diabetes by sex

Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Raised blood pressure by sex

Anaemia in WRA

Sources: NCD Risk Factor Collaboration.

Sodium intake (grams per day)

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

Notes: WRA = women of reproductive age.
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

<table>
<thead>
<tr>
<th>Coverage/practice indicator</th>
<th>Total (%)</th>
<th>Boy (%)</th>
<th>Girl (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-59 months with diarrhoea who received zinc treatment</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Children 6-59 months who received vitamin A supplements in last 6 months</td>
<td>44</td>
<td>45</td>
<td>43</td>
<td>2012</td>
</tr>
<tr>
<td>Children 6-59 months given iron supplements in past 7 days</td>
<td>11</td>
<td>12</td>
<td>10</td>
<td>2012</td>
</tr>
<tr>
<td>Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care</td>
<td>45</td>
<td>NA</td>
<td>NA</td>
<td>2012</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>97</td>
<td>NA</td>
<td>NA</td>
<td>2012</td>
</tr>
</tbody>
</table>


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.

Gender-related determinants

Early childbearing births by age 18 (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4</td>
</tr>
</tbody>
</table>

Gender Inequality Index (score)

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>0.39</td>
</tr>
</tbody>
</table>

Gender Inequality Index (country rank)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>2017</td>
</tr>
</tbody>
</table>

Sources: \(^1\) UNICEF 2018; \(^2\) UNDP 2018.

Notes: \(*0 = low inequality, 1 = high inequality.\)

Food supply

Availability of fruit and vegetables (grams)

Source: FAOSTAT 2018.

% of total calories from non-staples

Female secondary education enrolment (net, % population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>81</td>
</tr>
<tr>
<td>2015</td>
<td>83</td>
</tr>
<tr>
<td>2016</td>
<td>85</td>
</tr>
<tr>
<td>2017</td>
<td>87</td>
</tr>
</tbody>
</table>


Drinking water coverage (% population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Surface water</th>
<th>Unimproved</th>
<th>Limited</th>
<th>Basic</th>
<th>Safely managed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>36</td>
<td>34</td>
<td>19</td>
<td>19</td>
<td>46</td>
</tr>
<tr>
<td>2017</td>
<td>9</td>
<td>19</td>
<td>68</td>
<td>68</td>
<td></td>
</tr>
</tbody>
</table>


Sanitation coverage (% population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Open defecation</th>
<th>Unimproved</th>
<th>Limited</th>
<th>Basic</th>
<th>Safely managed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>92</td>
<td>97</td>
<td>97</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>Yes</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>No</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>No data</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt</td>
<td>No</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>Yes</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Stunting</th>
<th>Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Child overweight</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>Wasting</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Overweight adults and adolescents</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Multisectoral comprehensive nutrition plan

No

Economics and demography

Poverty rates (%) and GDP (PPP$)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Gini index score</th>
<th>Gini index rank</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>27</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Population (thousands)</th>
<th>6,316</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-five population (thousands)</td>
<td>773</td>
<td>2019</td>
</tr>
<tr>
<td>Rural (%)</td>
<td>64</td>
<td>2018</td>
</tr>
<tr>
<td>&gt;65 years (thousands)</td>
<td>295</td>
<td>2019</td>
</tr>
</tbody>
</table>

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

Population density of health workers per 1,000 people

<table>
<thead>
<tr>
<th>Physicians</th>
<th>1.85</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses and midwives</td>
<td>6.36</td>
<td>2013</td>
</tr>
<tr>
<td>Community health workers</td>
<td>No data</td>
<td>No data</td>
</tr>
</tbody>
</table>

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