

RESOLUTION OF THE GOVERNMENT OF MONGOLIA

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Ulaanbaatar City

Number 447

APPROVING NATIONAL PROGRAMME ON NUTRITION

In accordance with Article 7.1.3 of the Law on Health the Government of Mongolia RESOLVES hereby:

1. To endorse the National Programme on Nutrition as set in the Annex.
2. To entrust the National Food Safety Committee to approve the Programme Implementation Plan annually and to oversee its implementation, the Minister of Health and Sports to provide an overall guidance to the countrywide implementation of the programme, and Cabinet Members and Governors of Aimags and the Capital City to organize the implementation of the programme within respective sectors and jurisdictions.
3. To assign Minister of Finance and Governors of Aimags and the Capital City to reflect resources required for the implementation of the programme in the Annual Main Guidelines of Socio-Economic Development, state and local budgets, and international grant and loan agreements.

Prime Minister of Mongolia

CH.SAIKHANBILEG

Interim Minister of Health and Sports and
Deputy Prime Minister of Mongolia

TS.OYUNBAATAR

NATIONAL PROGRAMME ON NUTRITION (2016-2025)

One. Programme Rationale

1. Mongolia has attained its Millennium Development Goal (MDG) target “to reduce six-fold the number of persons with nutrition deficiency by 2015 compared to 1990” as a result of the Government commitment to improving nutrition status of Mongolian population. According to 2013 Social Indicators Sampling Survey conducted by the National Statistics Office (NSO) 10.8 percent of children under 5 are stunted, 1.6 percent –are underweight and 1.0 percent– are wasted. Furthermore, vitamin and mineral deficiencies among the population remain stable at the level of 10 years before. The findings of the survey demonstrate that although the country has attained the above-mentioned nutrition target, it remains essential to focus on improving the availability and consumption of nutritious healthy food.

Domestic production of organic food products has declined, while importation of processed food from other countries has escalated following the country’s transition to a market-oriented economy since 1990. As a result, sales of food products with sugar, salt and fat content exceeding standard requirements in retail stores, markets and catering services have increased; thus, negatively affecting in population health. More than a half (54.4 percent) of adults, one in every six children under the five years – old (16.7 percent), and one in every eight adolescents (12.5 percent) are overweight or obese in Mongolia. In addition, consumption of fruits and vegetables declined from the level of 1988, and is below recommended dietary intakes.

Actions to improve nutritional status of population go beyond the health sector, as nutrition is influenced by a wide range of factors such as poverty, inequity, socio-economic disparities, food supply and accessibility, water supply, sanitation and hygiene practices, morbidity and life styles. Therefore, evidence-based and effective interventions at substantial scales should be implemented through coordinated and coherent policies and collaboration spanning various sectors including agriculture, food production and trade, social welfare, education and infrastructure.

Investments made in nutrition improvements and supports are increasing at unprecedented scales given the wealth of evidence produced in the last decade on effectiveness of nutrition support interventions.

The Law of Mongolia on Food was approved in 1995, amended in 1999, and revised into the Law on Food Safety in 2012. The country has successfully implemented the Programme on Nutrition and the National Plan of Action on Food Supply, Food Safety and Nutrition, and is currently implementing the National Programme on Food Safety (2009-2016). However, nutrition issues have been neglected in this programme.

The Government of Mongolia has put in place policies and strategies to prevent and reduce the burden of malnutrition, and to promote healthy and adequate nutrition. However, the scope of implementation of interventions to improve nutrition situation is still limited and unsustainable, and collaboration with other sectors remains weak in the country. Therefore, the National Programme on Nutrition (hereinafter referred to as “the Programme”) has been developed aimed at improving nutritional status of population with the involvement of all relevant sectors.

Two.Terms and Definitions

2.1. The following terms are defined for the purpose of the Programme:

2.1.1.“infant” means a child under the age of one year;

2.1.2.“young child” means a child under the age of three years;

2.1.3. “exclusive breastfeeding” meansgiving a baby only breast milk, and no other liquids or solids, not even water. Drops or syrups consisting of vitamins, mineral supplements or medicines are permitted.

2.1.4.“complementary food” means industrially produced or homemade any foods that are given to young childrenafter 6 months of age to complement breast milk or breast milk substitutes;

2.1.5.“nutrition”means nourishment that is obtained by a living organism from food consumed or the process of absorption of the proper amount of nutrients for its growth, cell and tissue proliferation and regeneration;

2.1.6.“malnutrition”means a pathological state resulting from relative or absolute deficiency or excess of essential nutrientsin the diet;

2.1.7.“nutritional status” means a condition of the body in those respects influenced by the diet; the levels of nutrients in the body and the ability of those levels to maintain normal metabolic integrity.

2.1.8.“nutritional requirements” means the amount of water and nutrients needed for human organism to sustain normal functioning, growth and development;

2.1.9.“stunting” means growth retardation in linear growth (low height-for-weight), more than two standard deviations below the median of the reference population;

2.1.10.“underweight” means a condition when the child’s weight is more than two standard deviations below the median of weight-for-age of the reference population

2.1.11. “wasting” means a condition when the child’s weight is more than two standard deviations below the median of weight-for-height of the reference population;

2.1.12. “overweight” means a condition when an adult person’s body mass index (BMI) is greater than 25; or BMI standard deviations two and above of the growth standard median for children under the age of five years;

2.1.13. “obesity” means a condition when an adult person’s BMI is greater than 30; or BMI standard deviations three and above of the growth standard median for children under the age of five years;

2.1.14. “fortified food” means food products to which added one or more nutrients such as vitamins and minerals for the purpose of improving its nutrition quality;

2.1.15. “micronutrient supplement” means a compound of essential vitamins and minerals necessary for growth and infection prevention;

2.1.16. “healthy food” means a food that is believed to prevent diet and nutrition related disorders, non-communicable diseases, diabetes, heart diseases, stroke and cancers;

2.1.17. “healthy diet” means eating the right amount of balanced healthy food;

2.1.18. “adult healthy diet” means:

- eating at least 400 grams of fruit and vegetables per day (fruit and vegetables food group includes all types of fruits, vegetables, legumes [lentils and beans], nuts, wholegrain cereals [unprocessed corn, millet, oats, wheat, etc.], potatoes, sweet potatoes and other starchy roots are not classified as fruits or vegetables);
- balancing food energy intake and expenditure, and consuming less than 50 grams of sugar per day;
- limit fat intake to less than 30 percent of total daily calories (limit saturated fat intake, all foods with industrial trans-fat are not part of healthy diet);
- less than 5 grams (approx. 1 teaspoonful) of iodized salt per day.

2.1.19. “infant and young child healthy diet” means:

- exclusive breastfeeding in the first 6 months of life;
- from 6 months of age breast milk should be complemented with a variety of adequate, safe, and nutrient dense complementary foods;
- continue breastfeeding for up to two years of age or beyond.

2.1.20. “public service establishment” means an organization which offers services included in “Reference Norms of Public Services” and approved by the Resolution of the Government No. 334 of 2010, as well as uniformed services and detention centers;

2.1.21. “safe food” means food, which is prepared and handled in ways that prevent harm to human health and life.

Three. Programme Goal and Objectives

3.1. Goal

The Programme aims to reduce diet and nutrition related diseases through improving health and nutrition education of the general public, and supply of healthy and safe food.

3.2. Objectives

3.2.1. Establish healthy and safe food systems;

3.2.2. Improve maternal and child nutrition status;

3.2.3. Strengthen the health sector capacity to ensure nutrition and food safety;

3.2.4. Scale-up nutrition information, education and communication for the general public;

3.2.5. Strengthen surveillance, monitoring and evaluation system on nutrition at the national level.

Four. Programme Activities

4.1. The following activities are planned within the framework of the objective to establish healthy and safe food systems as set in Provision 3.2.1 of the Programme:

4.1.1. Improve household fruit and vegetable gardening capacities:

- provide technical support to and build the capacity of household farmers for cultivation, handling and use of fruits and vegetables;
- provide market incentives, soft loans and grants to farmers for cultivation of fruits and vegetables;
- support farmers by providing cropland, fencing and irrigation systems, and improving the market and availability of farming tools and equipment;
- provide technical support to introduce new technology for cultivation, storage and packaging of fruits, berries and vegetables, and strengthen farm-to-market sales network.

4.1.2. Increase the variety of staple food products:

- reduce content of salt, sugar, fat and trans fats in mainstream food products, and update the content of food ingredients;

- increase the variety and production of healthy and safe food products through collaboration with food producers and importers, and providing technical support to small producers.

4.1.3. Support fortification of staple food products with vitamins and minerals, and increase the variety of fortified food:

- establish a legal environment for food fortification;
- develop, approve and enforce methodology, technology and standards on food fortification, sampling and examination;
- strengthen laboratory examination capacity (methodology, human resources, accreditation) for ensuring quality and safety of raw materials, products and fortificants for food fortification;
- update regulations on registration, monitoring, sales and advertisement of biologically active supplements.

4.1.4. Strengthen a system for monitoring of content and nutrition value of food products:

- develop and enforce regulations to limit and prohibit marketing of unhealthy foods and beverages high in sugar, salt, saturated and/or trans fat in children's organizations, hospitals and nursing facilities;
- assess the feasibility of establishing healthy diet promotion fund through increasing taxes on food products high in sugar, salt, saturated and trans fats.

4.1.5. Establish an integrated food production and supply system for public establishments:

- support improvements in catering and service management of public establishments to meet customer need and requirements;
- develop and enforce regulations on procurement, transportation and distribution of food products for public establishments;
- revise hygiene standards and requirements for occupational safety in catering establishments;
- improve hygiene and safety standards and requirements for food supply and delivery;
- support fortification of staple food products procured with budget funding for public catering establishments;
- establish flexible financial system, and revise regularly budget allocations and tariffs for the procurement of food products for public establishments (schools, kindergartens,

hospitals, uniformed services and social welfare programs for poor households) in line with the latest dietary recommendations, food price increase and inflation.

4.1.6. Support catering and production of safe and micronutrient dense food in line with the latest dietary recommendations:

- revise dietary recommendations every 5 years;
- revise and update food preparing technology and recipes used in catering establishments, hospitals, kindergartens, schools and uniformed services;
- update catering equipment (freezing, heating, and mechanic) and kitchen utensils in kindergartens, schools, uniformed services, hospitals, nursing facilities and vocational training centers in compliance with standard requirements;
- implement and scale-up pilot catering projects in kindergartens, schools, hospitals and nursing facilities.

4.1.7. Protect vulnerable population groups in need of social welfare support and services from the risk of undernutrition and ensure diet and nutrition requirements during the emergencies, disasters and other exceptionally difficult circumstances:

- revise eligibility criteria and regulations for the identification of target groups for food and nutrition support;
- revise regularly budget allocations for food support to target groups in accordance with food price increase and inflation rates;
- increase the variety of food products provided to target groups and supply of fortified foods high in vitamins and minerals;
- develop recipes and introduce production technology of ready to use food products for distribution to affected populations and law enforcement officers during emergencies and disasters;
- establish in city and aimag centers temporary service center (serving hot food, and offering shelter, shower and training facilities) for the homeless and vulnerable population groups in need of social welfare support.

4.2. The following activities are planned within the framework of the objective to improve maternal and child nutrition status as set in Provision 3.2.2 of the Programme:

4.2.1. Promote healthy diet for mothers and children, and provide young children with age-appropriate and safe complementary foods:

- revise and approve the amended Law on Breast Milk Substitutes;
- assess the feasibility of the ratification of Maternity Protection Convention (183/2000) and Recommendation (No. 191) of the International Labour Organization;

- support and scale up initiatives for establishing environments to promote breastfeeding and nursing facilities at work places;
- establish designated nursing and baby caring facilities in public places;
- provide policy support to domestic production of nutrient dense complementary food for children;
- conduct regular trainings on child nutrition for healthcare workers;
- provide multiple micronutrient supplements (MMS) for pregnant women, children aged 6-23 months, high dose vitamin A supplementation for children aged 6-59 months, and high dose vitamin D supplementation for children aged 0-36 months;
- provide women and children of target population groups in need of social welfare support with fortified food or MMS;
- Increase variety of safe and healthy complementary food for children and develop new recipes and technologies to use locally available, nutritious food;

4.2.2. Improve quality and safety of catering services in kindergartens, schools and other establishments for children:

- revise, approve and enforce regulations, guidelines and standards for improving child diet and nutrition, food safety of kindergartens and secondary schools;
- improve children's knowledge on nutrition, and implement measures to prevent childhood obesity;
- include a training module on healthy diet and nutrition, food safety issues into the curriculum of teaching institutes and colleges, and organize trainings for teachers and child care-takers on the mentioned topics, and develop and disseminate relevant manuals;
- develop and provide with age-appropriate training packages (training visuals, slides and aids) on healthy diet for children of all level of educational organizations.

4.3. The following activities are planned within the framework of the objective to enhance the health sector capacity to ensure nutrition and food safety as set in Provision 3.2.3 of the Programme:

4.3.1. Strengthen the health sector capacity:

- organize structured regular trainings at all levels of the healthcare facilities to improve the capacity of health professionals to provide counselling on healthy diet, physical activity and exercises, to prevent diet and nutrition related diseases, and nutrition services during the emergencies;

- include modules on diet, nutrition and nutrition therapy aspects into undergraduate and postgraduate training curriculum of medical schools;
- organize clinical dietitian trainings in the health sector.

4.3.2.Improve guidelines and standards for the prevention, diagnosis and treatment of malnutrition:

- revise and approve guidelines for prevention, diagnosis and treatment of severe, moderate and acute malnutrition, and diseases caused by micronutrient deficiencies;
- update, approve and implement guidelines on nutrition therapy (parenteral and tube feeding) for some diseases;
- include nutrition therapy indicators in the accreditation criteria of health facilities.

4.4.The following activities are planned within the framework of the objective to scale-up nutrition information, education and communication for the general public as set in Provision 3.2.4 of the Programme:

4.4.1.Improve the access and quality of education and communication activities on nutrition:

- enhance legal regulations of the production, sales and advertisement of unhealthy foods and beverages (high in calories, saturated and trans fat, and salt);
- create legal environment for labeling of healthy foods with the approbatory signor pictorial device of professional authorities and associations;
- conduct regular communication campaigns to improve knowledge, attitudes and practices on healthy diet through the mass and social media;
- improve public awareness on healthy choice of food products by using of nutrition labeling and other additional information;
- conduct regular communication campaigns to promote healthy choice of food products, food safety, consumer rights, regular physical activity and exercise;
- conduct publicity activities to advertise healthy food producers and foods low in fat, salt and sugar.

4.4.2. Promote customer friendly labeling of food products:

- bring labeling of food products in conformity with CODEX requirements;
- establish legal regulatory framework for labeling of food products with clear information on nutrition facts, particularly content of saturated fat, sugar, salt and trans fat;

- establish an open access public channel with regular activities to disseminate information on counterfeit and improperly labelled food products.

4.5. The following activities are planned within the framework of the objective to strengthen surveillance, monitoring and evaluation on nutrition at the national level as set in Provision 3.2.5 of the Programme:

4.5.1. Strengthen the national surveillance system of population nutritional status, availability and consumption of foods:

- revise regulation on the surveillance of food-borne diseases;
- conduct a national nutrition survey (merged with household food consumption and health risk assessment surveys) every 5 years;
- conduct impact assessment studies on food intake, food safety and environmental effects for the health of Mongolian population.

4.5.2. Strengthen monitoring and evaluation system and the capacity of nutrition research institutions:

- strengthen the capacity of food nutrition research laboratory, incorporate with accreditation;
- develop and enhance preparedness and response plan for public health emergencies due to breaches in food safety;
- update a food composition table;
- promote private sector participation and collaboration in the development of new recipes and technologies for food production;
- enhance sustainability of monitoring of breast-milk substitute import, sales, advertisement and consumption.

Five. Timeframe of the Programme implementation

5.1. The Programme will be implemented in two stages in 2016-2025:

First stage: 2016-2020;

Second stage: 2020-2025.

Six. Programme Funding

6.1. The implementation of the Programme will be funded from the following sources:

6.1.1. State and local budget;

6.1.2.Grants, loans and donations from donor countries and international partner organizations;

6.1.3.Donations from governmentand non-government organizations, business entities and individuals;

6.1.4.Other sources.

Seven.Institutional Arrangements

7.1.The National Food Safety Committee is responsible for coordinating the Programme implementation by governmental and non-governmental organizations, business entities, civil society and international partners.

7.2.Cabinet member in charge of health is responsible for managing the implementation of the Programme at the national level.

7.3.Governors are responsible for the Programme implementation, oversight and coordination at the local level.

Eight.Expected Outcomes and indicators for monitoring and evaluation

8.1.The expected outcomes of the Programme implementation are as follows:

8.1.1.Increased production, variety and availability of healthy and safe foods;

8.1.2.Improved maternal and child nutrition, and reduced prevalence of diet and nutritionrelated diseases;

8.1.3.Improved quality of catering in public service establishments, kindergartens, schools, hospitals and nursing facilities, and enhanced healthy eating habits and behaviors;

8.1.4.Improved quality and availability of nutrition therapy in the health facilities;

8.1.5.Strengthened nutrition surveillance, M&E and research national capacity, and enhanced evidence based policy planning and implementation;

8.1.6.Improved consumer awareness and enhanced behaviors related with healthy and safe food.

8.2.Mid-term review of the Programme will be carried out in 2020, and final evaluation – in 2025.

8.3.The Programme implementation will be evaluated against its objectives and expected outcomes.

Nine.Indicators for Programme implementation

9.1. The Programme Implementation will be assessed against the following indicators:

No	Indicator	2013 baseline	2020 target	2025 target	Source
Breastfeeding:					Social Indicators Sampling Survey (NSO)
1.	Proportion of children initiated breastfeeding within one hour of birth	71	80	90	
2.	Proportion of exclusively breastfed children	47	60	≥70	
Complementaryfeeding:					
3.	Proportionof children (6-23 months), who meet the criteria of complementary feeding frequency	35	50	≥60	
Nutritional status:					
4.	Prevalence of wasting among children under 5 years of age	1.0	≤1.0	≤1.0	
5.	Prevalence of stunting among children under 5 years of age	10.8	9.0	≤7.0	
6.	Prevalence of overweight among children under 5 years of age	16.7	≤16.0	≤15.7	
7.	Prevalence of obesity among children under 5 years of age	7.3	≤7.0	≤6.3	
Food fortification:					
8.	Number of business entities producing fortified flour	-	-	70	
	Number of business entities producing iodized salt	-	-	50	
	Number of business entities producing fortified milk	-	-	20	
9.	Household iodized salt consumption rate	74.5	80.0	95.0	
Vitamin and mineral supplementation:					National Nutrition Survey
10.	Percent of children aged 6-59months who received high dose vitamin A supplementation	95	≥90	≥90	
11.	Percent of children under the age of 3 years who received high dose vitamin Dsupplementation	-	≥90	≥90	
12.	Percent of children aged 6-23months who received MMS	-	≥90	≥90	
13.	Prevalence of vitamin D deficiency among children under 5 years of age	28	25	≤20	
14.	Prevalence of vitamin A deficiency among children under 5 years of age	32.3	25	≤20	

№	Indicator	2013 baseline	2020 target	2025 target	Source
15.	Prevalence of anemia among children under 5 years of age	28.5	25	≤20	
16.	Prevalence of iron deficiency among children under 5 years of age	21.4	18.0	≤15	
17.	Prevalence of anemia among reproductive age women	14.4	12	≤10	
Health risks:					School Health Survey
18.	Prevalence of overweight and obesity in 12-17 year-old adolescents	11.2	≤11.0	≤10.0	
19.	Prevalence of overweight in 15-64 year-old population	54.4	≤53.0	≤50.0	STEP Survey
20.	Prevalence of obesity in 15-64 year-old population	19.7	≤18.0	≤16.7	
21.	Percent of 15-64 year-old population consuming less than 5 servings of fruits and vegetables	98.0	90.0	≤80.0	
22.	Average daily salt intake (g)	11.1	9.0	7.5	Salt Intake Survey
Healthy diet:					National Statistical Office year report
23.	Annual consumption of fruits and berries(kg)	8.4	30	50	
24.	Annual consumption of vegetables (kg)	24.0	40	73	
25.	Annual consumption of sugar (kg)	16.8	12.8	8.4	
26.	Daily Energy intake per person, by adult equivalent (kcal)	2795.1	2300	<2300	