

Ulaanbaatar Capital	3 179 997 Total population (2013)	1.5% Annual growth rate	2.5 Total fertility rate (per woman)	38% Percentage rural (2010)	US\$ 2310 GNI per capita (2011) ¹	36.52 Gini coefficient (1994) ²	34.8 Global AgeWatch Index score (2013)
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How quickly is the population of Mongolia ageing?

The population of Mongolia will increase by 27.9% over the next two decades, reaching 3.52 million by 2030. The proportion of the population aged 60 years and above is projected to exceed that of the population aged 0–14 years in 2056 (see Figure 1).

The proportion of persons aged 60 years and above will increase from 5.9% of the population in 2010 to 12.0% in 2030. Although the number of people aged 0–14 years is declining, this younger population group will still constitute 24.8% of the total population by 2030 (see Table 1).



PHOTO BY: Dave Lawrence/World Bank

How many years can older people expect to live in good health?



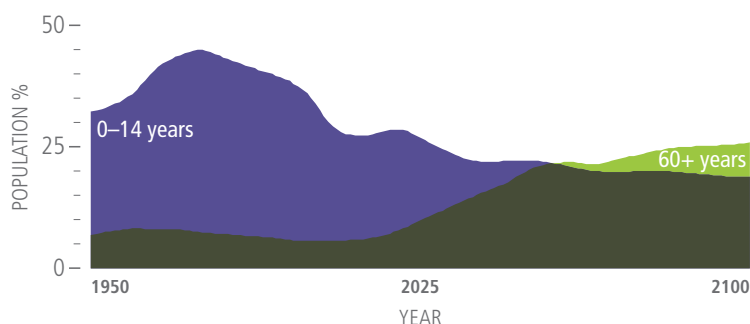
In 2010, healthy life expectancy (HALE)³ at birth was 60.3 years for women and 53.0 years for men. HALE at age 60 was 13.0 years for women and 10.1 years for men.

Table 1. Population percentages and percentage change by age group, 2010–2030

Age group	2010	2030	Change
0–14	27.6%	24.8%	-2.8%
50+	12.9%	23.0%	10.1%
60+	5.9%	12.0%	6.1%
80+	0.7%	0.9%	0.3%
Total population (in 000's)	2756	3524	27.9%

³All percentages are rounded to the closest one decimal point.
Source: World Population Prospects, 2010 revision [online database]. New York: United Nations; 2013 (<http://esa.un.org/wpp/Excel-Data/population.htm>, accessed 20 September 2013).

Figure 1. Population trends in younger and older age groups, 1950–2100



What percentage of older people are participating in the workforce?

In Mongolia (2010), the percentage of labour force participation among people aged 65 years and above was 19.6% for women and 33.3% for men, with 25.8% of people aged 65 years and above participating in the workforce. Over a period of 20 years, the median age in Mongolia will increase by 6.3 years, from 25.4 years in 2010 to 31.7 years in 2030. This compares to an increase of 6.4 years across all Asia and 4.8 years in Europe over the same period.

The 2010 population pyramid for Mongolia shows a large number of people in the 0–4 year age bracket and fewer people aged 4–10 years. Beyond 10 years of age there is a steady increase in population reaching a peak at 20–24 years (see Figure 2a). The 2030 graph shows a large number of people in the 0–24 year age bracket, fewer people aged 24–30 years, and greater numbers of people aged 40–44 years (see Figure 2b). The age distribution between women and men will remain constant over 2010 and 2030.

Figure 2a. Population by age and sex, 2010

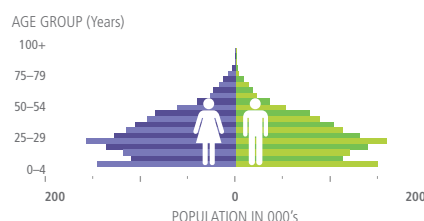


Figure 2b. Population by age and sex, 2030

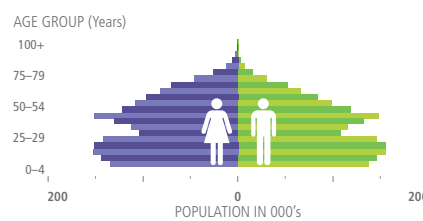


Table 2. Life expectancy by sex at birth and at age 60, 2010 and 2030

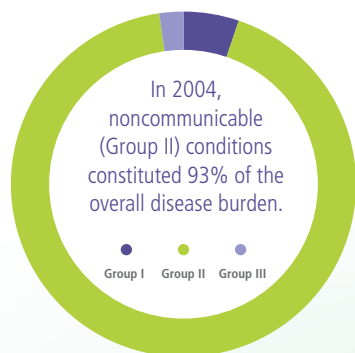
	2010	2030		2010	2030
Women	72.8	77.5	Men	65.0	70.0
At age 60	19.6	21.9	At age 60	16.2	17.4

Source: World Population Prospects, 2010 revision [online database]. New York: United Nations; 2013 (<http://esa.un.org/wpp/Excel-Data/population.htm>, accessed 20 September 2013).

How do we assess the health of populations as they age?

In Mongolia, life expectancy at birth and at age 60 will increase for both women and men between 2010 and 2030 (see Table 2). Over the next 20 years, life expectancy at birth will increase by 4.7 years for women and 5.0 years for men. The life expectancy gap between sexes will decrease from 7.8 years in 2010 to 7.5 in 2030. For people who survive to age 60 in 2010, women can expect to live to another 19.6 years and men another 16.2 years.

Figure 3. Disease burden in Mongolia, percentage distribution of DALYs⁴ by major disease group⁵, 2004



What health issues currently affect the population?

In 2004, noncommunicable (Group II) conditions constituted 93% of the overall disease burden. Group I conditions accounted for 5%, while Group III conditions accounted for 2% of the total disease burden (see Figure 3).⁵

Cardiovascular disease was the number one burden of disease for women and men, followed by malignant neoplasms (second) and sense organ diseases (third). The top two conditions were more prevalent in men than women, and these two conditions were much more common than other diseases (see Figure 4).

Figure 4. Top disease burdens (DALYs) for persons aged 60 years and above, by sex and disease subgroups, Mongolia, 2004

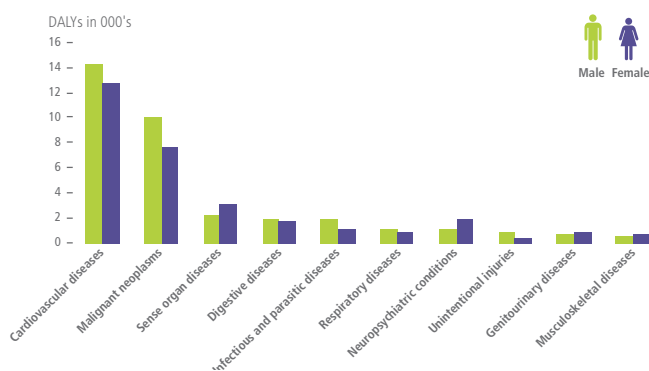
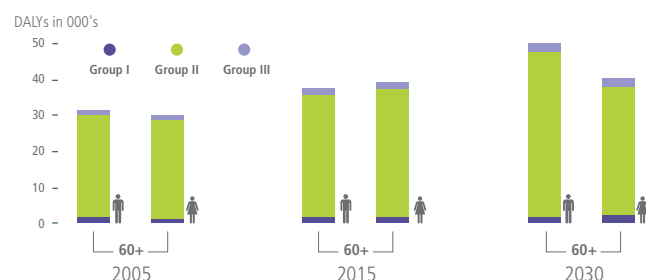


Figure 5. Burden of disease estimates and projections (DALYs) for persons aged 60 years and above in the Western Pacific Region, by major disease group and sex, 2005, 2015, 2030



How will ageing in Mongolia affect the disease burden borne by older people?

The burden of disease in Mongolia is expected to change as a consequence of population ageing. The disease burden in the older age group (60 years and above) is expected to increase between 2005 and 2030 (see Figure 5).

The estimates and projections (DALYs) for persons aged 60 years and above in 2005, 2015 and 2030 show that Group II conditions will continue to increase and hold the leading position for the burden of disease in the Western Pacific Region (see Figure 5).

Policy and practice recommendations

- ✓ Constructive, proactive measures are needed to implement and monitor strategies and policies on ageing, like those included in the State Policy of Mongolia on Population Development.
- ✓ Support for collaborative and multidisciplinary research is indicated.
- ✓ Improved translation of health research results is crucial to inform and shape current and future policy.
- ✓ Coordinated interventions are needed to address health and well-being in the National Program on Health and Social Protection of Elderly.

Notes

- Gross National Income (GNI) per capita, in current US\$ by Atlas Method.
- The Gini coefficient is a measure of equality in income distribution where 0 is perfect equality and 100 is perfect inequality.
- Healthy life expectancy (HALE) is an estimate of the number of years that a person can expect to live in good health, taking into account age-specific mortality, morbidity and

functional health status (http://www.who.int/topics/life_expectancy/en).

- Disability-adjusted life years (DALYs) across a population are used to quantify the burden of disease from mortality and morbidity. DALYs are calculated as the sum of years lost to premature death and years lost to disability due to a given disease or health condition.

- Burden of disease Group I = Communicable, maternal, perinatal, and nutritional conditions;

Group II = Noncommunicable conditions; Group III = Injuries and violence.

Data Sources

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