Mongolia has made steady progress in improving health of its population over the last two decades. The country is on track to meet the Millennium Development Goal targets for maternal and child health and is experiencing a declining trend in the prevalence of communicable disease preventive diseases. Strong political commitment and support from several international and national partners led to steady decline in maternal mortality ratio. Despite the good progress, there still exists a wide disparity in infant mortality especially neonatal and maternal mortality between urban and rural areas. The western and eastern provinces close to the Russian and Chinese border still lag behind in achieving the MDG targets. Also, the birth rate among adolescents in the last five years. Over the last decade, an increasing trend in rural to urban migration has been observed and has imposed great socioeconomic and health challenges on the Government and especially in the capital city (Ulaanbaatar). The sparse distribution of the rural population makes it challenging to deliver health care services to rural and remote areas, especially to herders who lead a nomadic life.

Declining trends in the prevalence vaccine preventable diseases are due to high and sustained immunization coverage. However, emerging diseases such as viral hepatitis and sexually transmitted infections remain a challenge to be addressed. Though the prevalence of HIV/AIDS is less than 0.02%, the number of registered cases has been increasing in the recent years. Mongolia’s large herder population has a greater chance of contracting zoonotic diseases. Several anthrax and plague cases have been reported yearly.

Non-communicable diseases such as heart disease, diabetes, stroke and preventable cancers of the breast and cervix as well as injuries have become the leading causes of morbidity and mortality among the productive age group. Periodic NCD risk factor surveillance through STEP surveys have demonstrated that unhealthy lifestyle behaviors are highly prevalent and not showing any signs of decline despite several health promoting initiatives.

Environmental factors such as air pollution in urban areas, poor access to water and sanitation especially in rural areas, significant incidents of foodborne illness, food contamination and chemical safety due to increasing formal and informal mining are of concern to the public health.

**HEALTH POLICIES AND SYSTEMS**

The Government has endorsed a long-term National Development Strategy (2000-2020) based on the Millennium Development Goals and the current Government’s Medium Term Action Plan 2012-2016. Health sector development is very well integrated into the above high level political commitments with the goal of poverty reduction and achievement of the MDG goals. Regular reports on the progress being made on MDG are reported to the UN Secretary General.

In the health sector, the National Health Sector Strategic Master Plan 2006-2015 is a comprehensive policy and strategy document, upon which several programme-specific national strategies and plans have been developed, are being implemented and periodically evaluated. These areas are child and maternal mortality reduction, non-communicable disease prevention and control, cancer prevention, injury and violence prevention, immunization, etc.

Mongolia has made progress in building national capacities for surveillance, response, laboratory, public health emergency preparedness, infection prevention and control, zoonoses coordination and risk communication to reach IHR (2005) requirements. However there is a critical need to build the system, integrating and linking existing separate capacities.

The Ministry of Health at central level headed by the Minister of Health, is responsible for formulating and monitoring all health policies and national programmes. National government agencies such as the National Centre for Health Development, National Public Health Institute, National Maternal and Child Health Maternal and health institutions at aimag (province), sum (district) and Baag (community level) have the role of implementing the health policies and programmes. A large unregulated private sector also contributes to the implementation of health service delivery at various levels.

**COOPERATION FOR HEALTH**

Mongolia has benefitted from externalaid in the past, with support of several international partners; however, this has changed during the last few years following the significant revenue prediction due to the mining sector boom and Mongolia’s status upgrade to a middle income country status.

In the health sector the main international partners providing support during the last five years were the USA through its Millennium Challenge Account to support noncommunicable diseases prevention and control; the Asian Development Bank with grant and loan fourth and fifth health sector development project focusing on hospital reform, drug safety, human resource development, and blood transfusion and hospital infection control; the United Nations Development Assistance Framework (UNDAF 2007-2011), focusing specifically on MDGs. UNICEF, UNFPA and WHO have made efforts to support MDG 4 and 5 and overall health systems strengthening based on primary health care. Other partners such as World Vision and the Norwegian Lutheran Mission provide significant assistance at the primary health care level.

A donor coordination mechanism within the health sector was established with the support of WHO whereby all health partners frequently meet under the leadership of the Vice Minister of Health to discuss programmes and projects that are supported by the various partners. However, donor coordination in the true sense of the Paris and Busan declarations still remain a challenge to be addressed.
# WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010-2015)

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Health systems strengthening through the primary health care approach | - Supporting health sector reform to ensure universal access of quality services and address disparities  
- Strengthening the performance of the health care system  
- Promoting coordination and partnership for health |
| **STRATEGIC PRIORITY 2:** Scaling up prevention and control of noncommunicable diseases, injuries, violence and their determinants | - Supporting NCD, injury and violence surveillance  
- Supporting NCD and injury prevention policies  
- Integrated prevention and control of risk factors through enabling environments  
- Comprehensive approaches for management and rehabilitation of people with noncommunicable diseases, injuries and violence |
| **STRATEGIC PRIORITY 3:** Sustaining and accelerating the achievement of health-related MDG targets | - Strengthening public health approach to reduce disparity in maternal, newborn, child and adolescent health  
- Strengthening the continuum of care  
- Reducing neonatal mortality  
- Supporting the prevention and control of tuberculosis, HIV/AIDS and STI |
| **STRATEGIC PRIORITY 4:** Strengthening health security including control of communicable and vaccine-preventable diseases | - Strengthening surveillance and response capacity to communicable diseases  
- Strengthening capacities for regulation and monitoring of food safety  
- Emergency and disaster preparedness and response  
- Sustaining and accelerating control of vaccine-preventable diseases |
| **STRATEGIC PRIORITY 5:** Strengthening environmental health management | - Mitigating the health impacts of climate change.  
- Strengthening programmes to improve provision of safe water and adequate sanitation  
- Supporting the implementation of the National Environmental Health Programme |