

Mongolia



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2013)	47.1
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	73.2 (Female) 64.7 (Male) 68.8 (Both sexes)
Population (in thousands) total (2015)	2959.1
% Population under 15 (2015)	28.2
% Population over 60 (2015)	6.4
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	97
Gender Inequality Index rank (2014)	63
Human Development Index rank (2014)	90
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.73
Private expenditure on health as a percentage of total expenditure on health (2014)	44.60
General government expenditure on health as a percentage of total government expenditure (2014)	6.72
Physicians density (per 1000 population) (2015)	3.262
Nursing and midwifery personnel density (per 1000 population) (2014)	4.068
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	9.7 [6.3-14.5]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	17.9 [12.1-26.1]
Maternal mortality ratio (per 100 000 live births) (2015)	44 [35 - 55]
Births attended by skilled health personnel (%) (2013)	98.9
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) ()	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Since the era of the Millennium Development Goals, the health situation in Mongolia has improved significantly. Average life expectancy has increased and progress was made in reducing deaths among infants, children under five and mothers. Economic growth has improved livelihoods for many. However despite a decline in poverty, disparities remain and poverty is prevalent particularly in the Khangai and western regions.

Looking ahead Mongolia faces several challenges. Rapid urbanization has meant that over 45% of the population are living in the capital city of Ulaanbaatar. Unplanned peri-urban areas known as "ger" areas are home to more than 800 000 people. Challenges in ger areas include access to safe drinking water, sanitation and hygiene, air pollution, violence against women and children due to alcohol abuse and unemployment.

Air pollution in Ulaanbaatar is among the highest in the world. Water, sanitation and hygiene challenges include soil contamination, poor management of wastewater treatment and disposal, and improper open-pit latrines in ger areas. Many health-care facilities do not have access to central water supplies and still use open-pit latrines.

Mongolia also faces a double burden of communicable and noncommunicable disease. The country has the world's highest rates of illness and death due to liver cancer, with over 95% of cases linked with hepatitis B and C. Capacity limitations mean that detection and treatment of communicable diseases remain insufficient. Among countries in the Western Pacific Region, Mongolia has the seventh-highest burden of NCDs – and the toll is increasing.

HEALTH POLICIES AND SYSTEMS

Health care is provided at three service levels. The healthcare system consists of 3500 state-owned, private and mixed organizations, including facilities manufacturing medicines, delivering public health, pharmaceutical, medical education, research and training services.

The Government budget accounts for 62.1% of health sector financing, followed by health insurance (>24.9%), user fees (3.2%) and other sources (9.8%). Although over 90% of Mongolians are covered by health insurance, out-of-pocket payments represented 42% of total health expenditures in 2014.

A number of key health sector laws have been recently revised, including approval for a revision of the Health Insurance Law in 2015 and the enactment of a new Law on Medical Services in 2016. The Ministry of Health is also revising the law on medicines, aiming to establish a national regulation agency to strengthen medicine quality and safety.

COOPERATION FOR HEALTH

In the coming years, Mongolia is expected to "graduate" from participation in global health initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. WHO is working with United Nations agencies and other international development partners in an effort to harmonize activities and make best use of the support available for the greatest overall benefit to Mongolia and its people, guided by the United Nations Development Assistance Framework 2017–2021.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Building resilient health systems to advance universal health coverage (UHC)	Focus Area 1.1. Further strengthen health policies, financing and information WHO will support health system strengthening with a focus on leaving no-one behind. WHO will also support efforts to improve efficiency and monitoring through strengthened health-care financing and the integration of national health information systems. WHO will also collaborate with Mongolia to produce evidence and information on UHC status and priority health issues, which will help with decision- and policy-making.
	Focus Area 1.2. Improve access to essential medicines and address antimicrobial resistance WHO will support strengthening mechanisms of regulation and monitoring medicine quality and safety; implement a framework on good governance to increase transparency in supply management; implement regulations on prescription policy; and advocate rational drug use.
	Focus Area 1.3. Sustain and advance capacities to manage health security threats WHO will support the Government to advance capacities in managing health security threats by implementing the national Plan for Emerging Infectious Diseases and Public Health Emergencies; strengthen linkages among risk assessments of public health emergencies, risk communications, and public health laboratory and response systems; adopting the principles of an incident management system for coordinated response capacity as well as developing a skilled workforce for surveillance, risk assessment and response. This will ensure that WHO, in coordination with the Government is able to effectively monitor and evaluate all future stages implementation.
STRATEGIC PRIORITY 2: Strengthening the integrated, people-centred delivery of priority public health programmes	Focus Area 2.1. Prevent and control communicable and noncommunicable diseases including priority mental health disorders WHO will support developing and implementing national policies for major NCDs, as well as the use of innovative technologies to improve the health of disadvantaged population groups. WHO will also collaborate with Mongolia to strengthen the capacity for early detection of priority diseases, advocating better social protection, treatment support and referral systems; and implementing policies to reduce modifiable risk factors for predominant diseases (including underlying social determinants). In addition, WHO will support efforts to further integrate mental health services; and strengthen surveillance systems for environmental health risks and priority diseases.
	Focus Area 2.2. Quality care for mothers, newborns, children and adolescents WHO will support provision of quality care for mothers, newborns, children and adolescents by assisting in the implementation of the integrated national programme on maternal, child and reproductive health; reinforcing capacity-building at all levels to motivate a more complete adoption of guidelines, protocols and standards for quality care; and improving coordination & collaboration across priority health programmes, in particular for the integrated prevention of mother-to-child transmission of HIV, syphilis and hepatitis B.
STRATEGIC PRIORITY 3: Promoting health and healthy environments for all Mongolians through multisectoral engagement and health in all policies	The determinants of health often reside outside the health sector. To ensure good health and well-being, WHO supports health sector leadership and the promotion of multisectoral collaboration. Multisectoral collaboration will be facilitated to strengthen health promotion, address urban health issues, promote healthy living and safe work environments, and to mitigate environmental hazards. WHO will also support the strengthening of Mongolia's engagement with global health developments and activities, as this will serve to support local coordination efforts. Expanding the promotion of Healthy Cities as well as the WHO Framework Convention on Tobacco Control will also serve to promote health and healthy environments for all Mongolians. Additionally, WHO seeks to strengthen national capacities in collaboration with the Government to conduct health impact assessments as part of environmental impact assessments; and to enhance institutional policies, plans and procedures to reduce duplication and improve coordination across sectors.