Key mission findings from 2015

1. Despite the presence of a NCD multi-sectoral programme, action being taken across government is primarily a Ministry of Health and Sport led initiative, rather than being a whole-of-government led development priority.

2. There is a lack of public awareness regarding the fundamentals of NCDs, their risk factors and the solutions. Moreover, the Health Promotion Fund was recently abolished.

3. While there is progress with respect to the development of national NCD targets and indicators, the availability of mortality data, risk factor surveys and national multi-sectoral programmes and action plans, progress is uneven when it comes to tobacco demand reduction, harmful use of alcohol and unhealthy diet. Moreover, industries (especially tobacco and alcohol) exert significant influence on a number of ministers, parliamentarians and senior officials in ministries.

4. The UN Development Assistance Framework for Mongolia, 2012-2016, did not include NCDs, nevertheless, the Resident Coordinator is committed to including NCDs in the next UNDAF.

Key recommendations from 2015

1. A new National NCD programme needs to be developed and costed. It should be multi-sectoral, focus on a small set of priorities at the community and primary care level and include ambitious targets that are in line with the WHO NCD Global Monitoring Framework and the targets of the Sustainable Development Goals (SDGs).

2. The Ministry of Health and the Ministry of Finance need to develop an investment case on NCDs.

3. NCDs need to be included as an integral component of the UNDAF for 2017-2021.

4. Policies on risk factors need to be developed and strengthened, e.g. WHO FCTC.

5. The UN System should provide technical support to the Government to develop and implement a public awareness campaign, using mass media and social media to raise awareness of the NCD risk factors.

6. The Health Promotion Fund (HPF) should be restored. Potential sources of the Health Promotion Fund should include excise tax from tobacco and alcoholic beverages, with the “pooling mechanism” regulated and controlled by Government.

7. Stronger coordination mechanisms and responsibility/accountability mechanisms are needed.

8. Better coordination of efforts between government and civil society organizations is needed.

9. STEPS and GSHS surveys should be carried out.

Key adult NCD mortality and risk factors*: 

- Probability of premature mortality from NCDs: 30% (2016)
- 16% of adult men and 18% of adult women are insufficiently physically active (2016)
- 10% of adult men and 10% of adult women have raised fasting blood glucose (2014)
- 28% of adult men and 22% of adult women have raised blood pressure (2015)
- 47% of men and 5% of women (aged >= 15 years) smoke tobacco (2016)
- 54% of adult men and 54% of adult women are overweight (2016)
- Pure alcohol per capita consumption: 7.4 litres per year (population 15+, 2016)
- 97% of adult men and 96% of adult women consume insufficient amounts of fruit and vegetables (2013)
Adding value: actions taken following the mission

1. The Mission provided a platform for bringing NCDs to the top of the political agenda.

2. The State Policy in Health (2017-2026), approved on 18 January 2017, identifies public health as one of eight key areas. Incorporation of health in all policies; food safety and promotion of healthy diet; public health education; screening for predominant diseases including NCDs; and limiting use of alcohol and tobacco were set as separate objectives.

3. NCDs are now included as part of the UNDAF.

4. The Government of Mongolia and the International Monetary Fund signed an economic and financial program by a 3 year Extended Fund Facility. The program includes an increase of excise taxes on tobacco and alcohol by 20% over 2018-2020.

5. The Health Promotion Fund was re-established on 15 March 2017. The focus areas of the fund includes information, education and communication; advocacy and surveillance activities relevant to prevention of noncommunicable diseases; and harmful use of alcohol, and tobacco. Potential sources of the fund are 1% of the excise tax on alcoholic beverages; 2% of the excise tax on tobacco and 2% of import and excise taxes on drugs.

6. The first UN Joint Global Programme on Cervical Cancer Prevention and Control Inception Mission visited Mongolia and a draft action plan was developed and finalized. It was approved on 16 March 2018 by a Health Ministerial order.

7. The National programme on prevention and control of non-communicable diseases 2017-2021 was approved on 27 September 2017. Its goal is to reduce the prevalence of predominant NCDs and their common risk factors with engagement of multilateral cooperation among organizations, communities, families and individuals and to strengthen the prevention, control, early detection and surveillance of diseases. The monitoring indicators reflect global voluntary targets.

8. Modelling on taxation for sugar sweetened beverages was done by the School of Public Health. The estimation result will be introduced to key stakeholders. Moreover, the Ministry of Health sent an official request to the Ministry of Finance to have tax on sugar sweetened beverages on 3 May, 2017 (N1A/1651).The list of 25 food items prohibited around school settings was approved by the Ministry of Health.

9. The law concerning newborn and infant food in Mongolia, in full compliance with the Code of Marketing of BMS, was approved on 12 May 2017 and enacted on 1 July 2017. In the near future, actions to implement articles focused on labeling, establishing breastmilk bank at maternity homes and sub-committee on BMS control will be implemented along with improving counseling skills of health professionals working at maternity wards.

10. The Ministry of Health and Ministry of Food, Agriculture and Light Industry (MFALI) jointly announced a 2 year campaign to promote the production of less salty food products among local food companies.

11. A business case for NCDs was developed as part of the UNIATF’s work to help countries develop accelerated action to prevent and control cardiovascular and chronic respiratory diseases, cancers and diabetes. The case was presented to a multistakeholder forum in Ulaanbaatar, Mongolia, on 12 December 2017.

Next steps

1. The WHO FCTC will be implemented in line with the Action Plan for the next 4 years.

2. MoH, WHO and UNDP will develop and implement a joint costed action plan accompanying the investment case for NCDs.

3. 4th STEPS survey and GSHS (Global School Health Survey) will be carried out in 2018.

4. Costing exercise for the action plan on Cervical Cancer Prevention and Control (approved on 16 March 2018) will be carried out.