Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases

Mongolia
7–11 September 2015
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Summary


The Joint Mission was undertaken at the same time as a Framework Convention for Tobacco Control Needs Assessment Mission\(^1\) and many of the meetings during the week were held jointly between both Missions to maximise efficiency.

Mongolia faces a heavy burden of NCDs that cause premature mortality, significant disability and prevent the country fulfilling its economic potential. Ministries, including the Ministries of Finance, are aware of the economic impact of NCDs, and the need for a whole-of-government response. But the complexities associated with a coalition government, an election next year and the adverse influence of many private sector entities, especially tobacco and alcohol, mean that government and parliament is not treating the prevention of NCDs as a priority. Other findings included: (i) a UNCT that has not to date taken collective action on NCDs but is committed to doing so in the future through the next UNDAF that is being developed at the moment; (ii) a small civil society that to date has focused on NCD issue-specific advocacy but has the potential to be better coordinated; (iii) a few emerging healthcare as well as food and beverage private sector entities keen to play more active role in producing healthier products and developing enabling environments especially for employees, but lacking the goals and guidance from government; and (iv) a small set of bilateral with some interest in NCDs.

The report includes a series of specific and timebound recommendations for the UNCT and Government in the following areas: (i) strengthening development, health sector and NCD-wide policy and planning; (ii) developing and strengthening NCD risk factor-specific policy; (iii) enhancing public awareness; and (iv) building more effective governance, coordination and accountability for NCDs.

A costed programme of action is provided. The Joint Mission also recommends that funding be identified to enable Mongolia to be included in the countries to receive support under the WHO-UNDP Global Joint Programme to Catalyse Multisectoral Action for NCDs.

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\(^1\) [http://www.who.int/fctc/implementation/needs/en/](http://www.who.int/fctc/implementation/needs/en/)
Recommendations

a) Development, health sector and NCD-wide policy and planning

The Joint Mission recommends that:

- The National NCD Programme and its action plan are costed and that the UN System provides technical support for this (by Q3 2016);
- For the goals in the National NCD Programme to be prioritised and those that are prioritised to be made more ambitious (most are insufficiently so) and widely disseminated across the country;
- The Ministry of Finance and Ministry of Health together lead the development of the business case for investing in NCDs. WHO, UNDP, the World Bank and Asian Development Bank should provide technical support for this work (by Q3 2016);
- NCDs are included in the next UNDAF for 2017 and beyond which is currently being developed. The joint Mission recommends that the UNCT takes note of the recently issued guidance at the UNCT’s retreat in October (http://www.who.int/nmh/ncd-task-force/guidance-note.pdf?ua=1);
- The 2001 State Public Health Policy that expires in 2015 is updated. This should include a commitment to fiscal and legislative policies such as taxation that make the biggest impact on NCDs and should be endorsed by the Cabinet and approved by Parliament. This will assist Government in setting cost-effective priorities and provide clear orientation for development partner support. The UN System should provide technical support.

b) Development and strengthening of NCD risk factor-specific policy

The Joint Mission recommends that the government with support from the UNCT starts to address the gaps in tackling NCD risk factors described in the WHO NCD progress monitor 2015:

- Tobacco: to implement the recommendations arising from the FCTC Needs Assessment that was carried out alongside the Joint UNIATF Mission, including that the Ministry of Health and Sport develop an urgent proposal to the Ministry of Finance to increase taxes on tobacco products for the upcoming budget and work with WHO and UNDP to share international best practice to support the proposal;
- Alcohol: to implement the proposed programme from WHO that was shared with the Joint Mission to strengthen national alcohol policies in Mongolia, with a focus on regulating availability, advertising and promotion bans and pricing policies. WHO has earmarked USD 20,000 for this programme and the Joint Mission recommends that the Government identifies USD30,000 to enable the programme to start;
- Unhealthy diet: that the UNDAF includes a commitment to provide technical support to the Government to build on the salt reduction programme to strengthen salt/sodium policies, building on national programme and to implement a national programme to prevent the marketing of unhealthy food and beverage to children and that work on both of these starts in 2016. The joint UN work to improve Mongolians’ diets should be undertaken as part of the FAO-led efforts to promote a green economy.

c) Public awareness
The Joint Mission recommends that to support the above:

- The UN System provides technical support to the Government to develop and implement a public awareness campaign using mass media and social media to raise awareness on the need to tackle NCD risk factors and the roles and responsibilities of government, private sector, communities and individuals.

d) Governance, coordination and accountability

The Joint Mission recommends that:

- There are more robust multisectoral coordination and oversight mechanisms across government with increased capacity to support this from the MoHS. In the first instance the Joint Mission recommends that work is undertaken by the UN System that describes in detail existing multisectoral coordination and accountability mechanisms across government, parliament and within and between stakeholders with costed recommendations for strengthening such mechanisms;
- The Prime Minister or President’s office in collaboration with the UNCT undertakes to explore the current relationship between tobacco, alcohol and food and beverage industries with ministers, parliamentarians and senior officials in government departments describing existing policies and practice and how they need to be improved to meet best practice, with a plan for reducing the current widespread conflict of interest that the Joint Mission has learnt about;
- Efforts are made to strengthen local level governance on NCDs in Ulaanbaatar. In this context funding be identified to enable Mongolia to be included in the countries to receive support under the WHO-UNDP Global Joint Programme to Catalyse Multisectoral Action for NCDs (http://www.who.int/nmh/events/2015/ncd-multisector.pdf?ua=1). The third component of this Programme is strengthening municipal engagement on NCDs.

e) Surveillance

The Joint Mission recommends that:

- STEPS and GSHS surveys are carried out in 2017.
Observations of the Mission

*Ministries in Mongolia, including the Ministry of Finance, are aware of the economic impact of NCDs, and the need for a whole-of-government response. But the complexities associated with a coalition government, an election next year and the adverse influence of many companies in the private sector mean that government and parliament is not treating the prevention of NCDs as a priority...*

1. Although no recent figures were available, it was clear from discussions with ministers, officials from a number of government ministries and selected parliamentarians that the direct and indirect costs of NCDs are having a significant negative impact on the economy. A number of ministers, parliamentarians and officials emphasized the value of having data to describe the economic impact of NCDs as a way of building the business case for further investing in the prevention of NCDs. This is particularly so given the tight fiscal climate that is currently present in Mongolia.

2. The Joint Mission was impressed with the extensive access to healthcare that Mongolian citizens have through access to primary care free at the point of delivery as well as nationwide health insurance for secondary and tertiary care as well as additional support through e-health. Social protection in addition to health care is widely available and covers most of the population. The Joint Mission considered that there is the opportunity for an ever greater focus on preventing NCDs across the health system.

3. The Health Sector Master Plan expires in 2015. Cardiovascular diseases, cancers and diabetes are all included under NCDs. While there are actions at health service and community level, there is little attention to the role of the health sector in promoting fiscal and legislative policies that could make a major impact on NCDs. The Joint Mission did not hear of plans for the State Public Health Policy to be updated.

4. The Joint Mission welcomed the national multisectoral programme with targets and indicators and the action plan and a particular strength is that it has been signed off by the Prime Minister as well as the Minister of Health and Sport. There are clear roles and responsibilities for different government ministries but it was unclear that actions were sufficiently joined up across the different ministries. The Joint Mission was also concerned that the targets were insufficiently ambitious and the multisectoral programme was not costed. In addition, the Mission considered that the most cost-effective, feasible and evidence-based interventions are not being prioritized over those that are less so. The Joint Mission held meetings with staff from the offices of the President, PM and Speaker of Parliament and the need to act of NCDs and drive forward the multisectoral programme was acknowledged across all three offices.

5. Despite this high level buy in, The Joint Mission remained concerned that action being taken across government was to a Ministry of Health and Sport led initiative, rather than a whole-of-government led development priority. While it is clear that the Ministry of Health and Sport is displaying leadership with a functioning NCD team, the Joint Mission considered that there was insufficient reach into other sectors and stakeholders.

6. The lack of clarity on effectiveness of existing governance and coordination mechanisms was a concern to the Joint Mission, for example the Council of Public Health. Roles and responsibilities of stakeholders were not always clear, enforcement and accountability seem somewhat weak, and capacity to enforce policies is not always present. As a result the Joint Mission was concerned that robust accountability mechanisms for different parts of government, parliament and other stakeholders were not in place.
7. A major concern that was voiced on a number of occasions to the Joint Mission by ministries, parliamentarians and other stakeholders was the interference of industry in the political process, leading to resistance to implement pro-NCD policy from government and parliamentarians. The Joint Mission was, for example, told that the tobacco and alcohol industries permeated decision making across government and parliament with the result that there was resistance to implement evidence-based taxation policies. With regards tobacco this is a grave concern as Mongolia has been a party to the Framework Convention on Tobacco Control since 2003. The openness of many to acknowledge this issue is commendable but and suggests that there is an opportunity for some external support to be provided to explore ways for responding to this challenge. The Joint Mission considered that overall there was a lack of urgency to get the most effective regulatory, legislative, fiscal and policy measures in place to enable people to make healthy choices. These difficulties was enhanced by continuous turnover at government and ministries, which the Joint Mission heard hinders long term planning and policy making at central level.

8. An even more challenging issue that the Joint Mission observed was the lack of public awareness of the fundamentals of NCDs and their risk factors and the solutions. This makes tackling NCD risk factors against a backdrop of social acceptability of tobacco and alcohol use and a diet high in fat and salt very difficult. The effect is that the population is aware on the actions that are required to stem the tide of NCDs but also a lack of demand that elected officials are implementing polices that prevent early death and long term sickness from NCDs. There seems to be little in the way of the public holding government and parliament to account in this area. The recent abolition of the Health Promotion Foundation Fund, or at least earmarked resources for NCD prevention (in the amended tobacco control law of 2013, there was a provision for utilizing 2% of tobacco excise taxes, and aimed at promoting healthy lifestyles and reducing tobacco consumption in the population) was therefore a significant concern to the Joint Mission.

9. The Joint Mission considered the Women’s Parliamentary Caucus that advocates for health, including NCDs and specifically tobacco and alcohol control to be an important mechanism for driving action to prevent and control NCDs forward. In addition, the Joint Mission considers that the significant political will and stability at the local level (e.g. district governors and their officials) provides a significant opportunity for policy making and multisectoral action.

10. The impact of the above is clearly seen in the WHO NCD progress monitor for Mongolia that is being presented in New York during September 2015. While there is good progress with regards the development of national NCD targets and indicators, the availability of mortality data, risk factor surveys and national multisectoral programmes and action plans, progress is uneven when it comes to tobacco demand-reduction measures, harmful use of alcohol reduction measures and unhealthy diet reduction measures (Annex 1).

11. The Joint Mission considered that the priority now is for government to move speedily to bold and decisive action in developing and implementing policies that encourage healthy behavior and will result in the prevention of NCDs. Implementation was repeatedly cited as being a key area for government focus.

A UNCT that has not to date taken collective action on NCDs but is now committed to doing so in the future...

12. The following UN agencies are resident in Mongolia: FAO, ILO, IOM, UNDP, UNESCO, UNAIDS, UNICEF, UNFPA, UN-HABITAT, UNV and WHO. Non-resident agencies and funds which form part of the United Nations family in Mongolia are ADB and WB.

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13. With the exception of WHO, there was little action being taken forward by other UN system agencies in the area of NCDs but clear willingness to do so now. ADB has a health and social protection portfolio of USD150 million but this does not include action against NCDs. ADB indicated that they would be interested in exploring a loan for tackling NCDs across relevant sectors, including taxation, if this was requested from the Government and could complement a World Bank USD 50 million ne-health loan that has recently been approved.

14. The UN Development Assistance Framework for Mongolia, 2012-2016 does not include NCDs, nevertheless, the Joint Mission welcomed the Resident Coordinator’s commitment to action an initial set of priority actions as a result of recommended from the Joint Mission. The Joint Mission also welcomed a commitment to see NCDs included in the next UNDAF and plans for the Joint Mission’s report to be discussed at the upcoming UNCT retreat in October 2015 and for a discussion on an appropriate mechanism for joint working on multisectoral action on NCDs across the UN family in Mongolia in future. The Joint Mission hopes that the recently published guidance note on how to integrate NCDs into UNDAFs will be a useful tool in this regard.

A small civil society that to date has focused on NCD issue-specific advocacy but has the potential to be better coordinated....

15. The Joint Mission met with a number of NGOs. Most were working in specific areas (e.g. diabetes or cancer). The recently concluded US Millennium Challenge Account provided funds for a number of NGOs to drive forward the NCD agenda, including through behaviour change programmes, and as a result there has been an increase in capacity in this sector over the last few years. It is important that this continues and the Joint Mission hopes that the second phase of the MCA will include NCDs as a key component. World Vision has been providing support to health system strengthening and operates in almost all aimags (provinces). The Adventist Development and Relief Agency has been involved in community-level tobacco awareness programmes. The Joint Mission was made aware of the Mongolian inter-NGO forum, where UN agencies and other development partners attend. The forum enables information to be shared with little emphasis on coordinating action.

16. While there is limited academic capacity on NCDs in Mongolia there was evidence that the recent investment from MCA had resulted in an increase in provincial training for NCDs through the training and assistance for public education campaigns, enhancing and extending screening measures to a significant proportion of the population, introducing modern clinical guidelines and treatment protocols, providing intensive in-service training in prevention, detection, and disease management to physicians and general medical and other personnel and supplying modern equipment required to carry out the proposed interventions to an appropriate international standard.

17. The Public Health Institute of Mongolia has a recently appointed director and there is clear commitment to increase activities in NCDs.

18. The Mission heard of a few examples where the private sector is stepping up to the challenge of responding to NCDs, for example in reducing salt in bread, fat in milk, sugar in pastries and yogurts and motivating workers to quit smoking and be more physically active. There was also interest from some employees to encourage healthy behaviours among employees. But these examples while commendable are neither broad nor deep enough. The challenge now is for government to harness these early success stories, for government to provide goals and guidance and provide incentives for roll out. The Joint Mission was however extremely concerned that tobacco and alcohol industries are exerting very significant influences on a number of ministers, parliamentarians and senior officials in ministries with the result that action is not being driven by
what is in the best interest of the country’s public health. The same seems to be true in the food and beverage sector.

**A small set of bilateral donors with some interest in NCDs**

19. In addition to the recent support for NCDs provided through the USA’s MCA, other bilateral operating in Mongolia include JICA, the Swiss Cooperation and Luxemburg. Both the latter two have activities in the health sector, with Luxembourg supporting e-health.

20. A donor coordination mechanism within the health sector was established under the leadership of the Vice Minister of Health with the support of WHO. However, according to the 2014 WHO Mongolia Country Cooperation Strategy, donor coordination remains a challenge.

**Background and context**

*Mongolia faces a heavy burden of NCDs that cause premature mortality, significant disability and prevent the country fulfilling its economic potential*

21. 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 diseases, especially vaccine preventable diseases. Despite the good progress, there still exists a wide disparity in infant mortality between urban and rural areas. Over the last decade, there has been significant urban migration, predominantly to Ulaanbaatar, where nearly 50% of the country’s population now live. The sparse distribution of the rural population makes it challenging to deliver health care services in rural and remote areas, especially to herders who lead a nomadic life.

21. NCDs have become the leading causes of morbidity and mortality among those economically productive in Mongolia. NCDs are estimated to account for 79% of total deaths. The probability of dying prematurely, between ages 30 and 70, from the four main NCDs is 32%. Cardiovascular disease is the leading cause of death with 43%, followed by cancers (17%), other NCDs (15%).

22. The proportion of those that use tobacco in Mongolia is high. In 2011, 48% of males aged 15 or over in Mongolia used tobacco, placing Mongolia among the countries with the highest prevalence of male smokers in the world. This contrasts with only 6% of Mongolian women of corresponding ages using tobacco in the same year. Total alcohol per capita consumption in 2010 in men was estimated at 11.7 litres of pure alcohol (2.2. litres in women). The prevalence of raised blood pressure is very high with 38.1% of men and 27.5% of women in 2008 having hypertension. Obesity rates in 2008 among men was 10.4% in 2008 and 18.3% in women.

23. Periodic NCD risk factor surveillance through STEP surveys has demonstrated that unhealthy lifestyle behaviors are the norm and are not showing any signs of decline. The country’s first national Knowledge, Attitudes and Practices (KAP) study related to NCDs among the Mongolian general population in 2010 concluded that there was a lack of knowledge about NCD across the

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3 Tobacco smoking in Mongolia: findings of a national knowledge, attitudes and practices study, 2014.
4 WHO Mongolia Country Profile, 2014.
population, with most people “not aware that by changing their own lifestyles they can influence and reduce risk factors and potentially prevent NCDs.”

24. Mongolia has seen a reduction in external development assistance over the last few years with a stronger Mongolia economy associated with mining. Nevertheless support in the health sector continues with support from the UN systems and bilateral such as the USA.

**At the regional level NCDs are accorded a high priority**

25. The WHO Western Pacific Region consists of 37 countries and areas. It is home to approximately 1.8 billion people. The major NCDs — cardiovascular diseases, diabetes, cancers and chronic respiratory diseases — account for more than 80% of all deaths in the Western Pacific Region and 50% of all premature mortality (under 70 years of age) in low- and middle-income countries in the Region. In the Region, the burden of morbidity and mortality from NCDs occurs against a complex backdrop of globalization, rapid economic growth, unplanned urbanization, environmental degradation, climate change and growing inequities within countries. (WRP Action Plan for NCDs 2014-2020). The prevalence of the NCD risk factors (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol) in the Western Pacific Region is high, and in many countries the risk factors are on the rise.

26. The objectives of the Western Pacific Regional Action Plan for NCDs 2014-2020 are: (i) to raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals through strengthened international cooperation and advocacy; (ii) to strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs; (iii) to reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments; (iv) to strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage; (v) to promote and support national capacity for high-quality research and development for the prevention and control of NCDs; and (vi) to monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.

27. The WHO Regional Office for the Western Pacific provides leadership for NCDs at the regional level with commitment to advance multisectoral actions in line with relevant global and regional resolutions and mandates.

**At the global level there are clear frameworks to guide national action**

28. The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs called upon UN agencies and key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts. The WHO Global Action Plan for the Prevention and Control of NCDs, 2013-2020 also highlights the role of the UN system in supporting Member States and highlights cost-effective and very cost-effective interventions for the prevention and control of NCDs (Annex 2) in four key areas: (i) tobacco control; (ii) harmful use of alcohol; (iii) unhealthy diet; and (iv) physical inactivity. These interventions save lives. They also save individuals, communities and government
money in both the short and long term. They are all evidence-based, high impact, cost effective, affordable and feasible to implement.

29. Although these interventions are simple to execute, a number require political commitment and coordinated action across government. Acting alone, ministries of health are limited to remedial action, treating the sick; a whole-of-government approach is required for the societal causes of NCDs to be addressed. In parallel, a whole-of-UN approach must support a comprehensive national response. In addition, strategic engagement with civil society, academia, professional bodies and selected private entities are also important when it comes to tackling NCDs.

30. In July 2014, Member States undertook a comprehensive review and assessment on the prevention and control of NCDs and progress since the 2011 Political Declaration on NCDs. Key national commitments agreed at that meeting include: (i) setting national targets for NCDs for 2025; (ii) developing national multisectoral policies and plans to achieve the targets; (iii) considering establishing a national multisectoral mechanism for engaging policy coherence and mutual accountability of different spheres of policy-making that have a bearing on NCDs; (iv) reducing NCD risk factors by implementing interventions identified in the WHO NCD Global Action Plan, 2013-2020. The full set of national commitments is set out in Annex 3. The Statement from the Mongolian Minister of Health is included in Annex 4. Member States will report to the UN General Assembly on 10 progress indicators in 2018 and in advance of this information will be collected by WHO from Member States in 2017. Ahead of this, WHO has developed a report that sets out each country’s progress against the 10 targets in 2015.

31. The UNIATF was formed by the United Nations Economic and Social Council (ECOSOC) in 2013. In 2014, ECOSOC approved the UNIATF’s terms of reference. As part of this, a Division of Tasks and Responsibilities was adopted by UN agencies, funds and programmes to support implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2020. Activities identified in the UNIATF’s 2014-2015 work-plan include a series of joint missions to selected countries to support governments and UNCTs scale up their response to NCDs. Previous missions have included Barbados, Belarus, DRC, India, Kenya, Tonga and Turkmenistan. The need for UNCTs to prioritise the provision of support to governments around NCDs has been set out in two joint letters from the UNDP Administrator and the Director-General of WHO to UN Resident Coordinators and UN Country Teams in 2012 and 2014.

Acknowledgement

The Joint Mission is grateful to the Ministry of Health and Sports and the many other government ministries that took time to meet with the Mission. The Mission is also grateful to NGOs, academic institutions, private sector entities and other stakeholders that participated in discussions during the week.

Members of the Joint Mission, Terms of Reference and Programme

Members of the Joint Mission, Terms of Reference, and the programme are provided in Annexes 5-7.

Annex 1. WHO NCD progress monitor for Mongolia presented in New York in September 2015

1. National NCD targets and indicators
2. Mortality data
3. Risk factor surveys
4. National integrated NCD policy/strategy/action plan
5. Tobacco demand-reduction measures:
   a. taxation
   b. smoke-free policies
   c. health warnings
   d. advertising bans
6. Harmful use of alcohol reduction measures:
   a. availability regulations
   b. advertising and promotion bans
   c. pricing policies
7. Unhealthy diet reduction measures:
   a. salt/sodium policies
   b. saturated fatty acids and trans-fats policies
   c. marketing to children restrictions
   d. marketing of breast-milk substitutes restrictions
8. Public awareness on diet and/or physical activity
9. Guidelines for the management of major NCDs
10. Drug therapy/counselling for high risk persons

○ = not achieved  ◦ = partially achieved  ● = fully achieved

Annex 2.
Evidence-based cost-effective interventions for the prevention and control of NCDs

Tobacco use

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Harmful use of alcohol

- Regulating commercial and public availability of alcohol
- Restricting or banning alcohol advertising and promotions
- Using pricing policies such as excise tax increases on alcoholic beverages

Unhealthy diet

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

10 Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

11 These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.
Annex 3.
National commitments as set out in the Outcome Document of the High-Level Meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of NCDs

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;

(v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

(viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;

(ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;

(x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.
(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

   (i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty-five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

   (ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

   (iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure
and diagnostics, and by promoting the development and dissemination of appropriate, affordable
and sustainable transfer of technology on mutually agreed terms for the production of affordable,
safe, effective and quality medicines and vaccines, while recognizing the leading role of the World
Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and
triangular cooperation, in the prevention and control of non-communicable diseases to promote at
the national, regional and international levels an enabling environment to facilitate healthy lifestyles
and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a
complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through
domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative
financing mechanisms.
Annex 4.
Statement by Dr. Natsag Udval, Minister for Health of Mongolia at the 2014 High-level Meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the Prevention and Control of Non-Communicable Diseases

Mr. President,
Mr. Secretary-General,
Madame. Director-General of the World Health Organization,
Excellencies,
Ladies and Gentlemen,

It is my great honour to participate in this important High-Level meeting to address the most challenging public health issues. I am confident that the High-Level Meeting will succeed with the adoption of a concise, focused, action oriented outcome document which would scale-up the implementation of the Political Declaration.

I wish to express our gratitude to the United Nations, WHO and other global partners for their efforts to contribute in addressing the most challenges of health sector in many countries.

Mr. President,

Mongolia attaches a great importance to the full implementation of the Political Declaration on Prevention and Control of Non-Communicable Diseases (NCDs) and as well as the WHO Plan of Action on prevention and control of NCDs for 2013-2021.

With a view to achieving our goals, my Government has been intensively implementing the National Program on Control and Prevention of NCDs for the last 9 years and it has been a priority issue for the Health sector.

NCDs became 72 per cent of total disease burden in the country thus, it is one of the serious issues for public health. Moreover, one third of the population affected by cardiovascular disease and one fifth of total death occurs due to cancer and its associated risk factors.

Therefore, Mongolia has a strong commitment to fully implement Political Declaration on NCDs prevention and control and has been making its efforts to promote multi-sector response through the all stakeholders’ partnership, including civil society.

As you may aware that His Excellency Tsahia Elbegdorj, President of Mongolia, has initiated a nationwide movement “Alcohol free Mongolia” in 2009. This initiative has been well accepted by the society and thus, we have seen a progressive result of an increased number of alcohol free community and villages\provinces\. NGOs are actively contributing in the implementation of prevention and control of harmful use of alcohol and advocating movement on prevention from heavy drinking. As result of that 3 provinces have been registered as alcohol free and 1 province as tobacco free.

Taking this opportunity, I wish to recall our President's initiative to draft and adopt a Framework Convention on Alcohol Control. With a view to realizing this initiative, the Government of Mongolia has been conducting a serious of discussions and dialogues at national, bilateral and international levels. We will continue our efforts to deliberate on a positive outcomes. We strongly believes that introducing a legal documents such as Framework Convention on Alcohol control would be the most powerful tool to reduce NCDs in all countries regardless of their development level.
Mr. President,

Allow me, to briefly touch upon the actions undertaken by Mongolia. This year, the Government of Mongolia established the National Committee on Health headed by the Prime Minister and it has adopted the Policy document for the Multi-sector Coordination. The policy document envisages multi-sectoral commitments to reduce risk factors of NCDs generated by other sectors' malfunction. The Programme on early detection of five common NCDs has been implementing and the Life course screening program has been developed.

In addition, in 2012, the Parliament of Mongolia adopted the major amendments to the Law on Tobacco control to meet the FCTC commitments. And in 2014, it also ratified WHO Protocol to Eliminate Illicit Trade in Tobacco Products. Hence, in accordance with the amended Law on Tobacco Control, smoking in public places, including bars, restaurants, schools, is prohibited, size of the health warning sign on cigarette packs is increased from 33% to 50% in both side and penalty rate for law abuse has been raised.

Local governments have been initiating health friendly community movement on maternal and child health care and have been undertaking everyday physical activities to promote wider participation of community in order to control and prevent from alcohol and tobacco use.

Moreover, the Mongolian NGOs have initiated the Forum on Citizen’s Participation and Ownership for Health and have been advocating nationwide public awareness of blood pressure control, health education on common health risk management. Those activities are financially supported by the Government through the Health Promotion Foundation, which has been generated from tax revenue on tobacco and alcohol.

Mr. President,

As we all recognize the global burden and treat of NCDs constitute one of the major challenges for development, we need to strengthen our efforts to achieve our common goals and commitments towards a world free NCDs. Therefore, the Government of Mongolia joins the call for inclusion of the prevention and control of NCDs, especially alcohol and tobacco control, in the post 2015 Development Agenda.

I am confident that under your leadership, Mr. President, this High Level Meeting will succeed with a productive outcome. I wish to assure you of my Government’s full support and cooperation.

I thank you. Mr. President.
Annex 5. Members of the Joint Mission

**WHO**

- Dr Soe Nyunt-U who is the WHO Representative in Mongolia
- Dr Nick Banatvala who is the Senior Adviser, Office of ADG, NCDs & Mental Health, Geneva
- Dr Alexey Kulikov who is the External Relations Officer, UNIATF Secretariat
- Dr Woo-Jin Lew who is the Senior PMO, WHO Mongolia
- Dr Tsogzolmaa Bayndoory who is the National Professional Officer WHO
- Mr Kelvin Khow who is the Acting coordinator TFI at WPRO
- Ms Trinette Lee who is a consultant working at WPRO HPR unit

**UNDP**

- Dr Beate Trankmann who is the UN Resident Coordinator
- Dr Thomas Eriksson who is the UNDP Deputy Representative
- Dr Dudley Tarlton who is the Programme Specialist, Health and Development
- Dr Nadia Rasheed who is the Team Leader, HIV, Health & Development, Asia-Pacific Bangkok Regional Hub

**UNICEF**

- Dr Basil Rodrigues who is the Regional Health Advisor for East Asia and the Pacific
- Mrs Judith Bruno who is the Deputy Representative, Mongolia
- Dr Surenchimeg Vanchinkhuu who is the Health specialist

**UNFPA**

- Dr Iliza Azyei who is the National Programme Officer, Mongolia

**Asian Development Bank**

- Dr Claude Bodart who is the Principal Health Specialist, Urban and Social Sectors Division, Mongolia

**FAO**

- Dr Kevin Gallagher who is the FAO Deputy Representative Mongolia

Terms of Reference

Background and Rationale

Over 14 million people die each year from NCDs prematurely (aged 30 to 70 years), 85 per cent of whom live in developing countries. Up to two thirds of these deaths are linked to exposure to risk factors - namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – with the remaining third are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs. Most of these premature deaths from NCDs can be prevented by implementing a set of simple, effective and affordable solutions that could be tailored to each country’s needs.

In September 2011, Heads of State and Government adopted the Political Declaration on NCDs at the High-level Meeting of the General Assembly and called upon WHO, as the lead UN specialized agency for health, and all other UN system agencies and international financial institutions to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impact.

Member States have committed to take action by; (i) developing national targets and indicators based on national situations; (ii) developing, allocating and implementing budgets for national multi-sectoral NCD policies and plans; (iii) prioritizing the implementation of cost-effective and affordable interventions; and (iv) strengthening national surveillance systems for NCDs and measuring results.

In order to realize the commitments made in the 2011 Political Declaration, WHO developed the Global NCD Action Plan 2013-2020 that was endorsed by the World Health Assembly in May 2013. The global action plan comprises a set of actions which, when performed collectively by Member States, international partners and the WHO, will help to achieve a global target of a 25% reduction in premature mortality from NCDs by 2025.

The Global NCD Action Plan calls on United Nations Country Teams (UNCTs) to provide technical support to countries in strengthening nationwide actions for the prevention and control of NCDs. In particular, the Global Action Plan calls on WHO and other UN Agencies to mobilize the UNCTs to strengthen the links among NCDs, universal health coverage (UHC) and sustainable development, integrating them into the United Nations Development Assistance Framework’s (UNDAF’s) design processes and implementation.

The need for a coherent UN System response to scale up technical assistance in support of national efforts to address NCDs in line with the Global NCD Action Plan gave rise to formation of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs. The UNIATF, which the UN Secretary-General established in July 2013 and placed under the leadership of the WHO, has started to provide support to national efforts to respond to the NCD problem. The Task Force has completed its missions in the East European country of Belarus, Kenya in East Africa, India in Asia, Barbados in Americas, Tonga in Polynesia and Jordan in Middle East. Subsequent missions to priority countries are planned to take place in the second part of 2015.
Review of developments four years into the implementation of the 2011 Political Declaration on NCDs revealed that much had been achieved at the global level, namely the endorsement by the World Health Assembly of a Global Action Plan for the Prevention and Control of NCDs 2013-2020, and the adoption of a comprehensive global monitoring framework; establishment of the UNIATF and of a Global Coordination Mechanism on NCDs.

However, despite some clear improvements, overall progress at the country level has remained insufficient and uneven. Despite the increase of national multisectoral plans and NCD units in many countries, a large number of developing countries still lack the capacity to move from commitment to action.

WHO Regional Committee for Western Pacific in its resolution WPR/RC64.R6 of 24 October 2013 Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020). This Action Plan is intended to operationalize the Global Action Plan for the prevention and control of noncommunicable diseases, envisioning “a Region free of avoidable NCD deaths and disability”.

The second multisectoral National programme to prevent and control the burden of NCDs (2014-2021) provides framework for actions for all sectors including civil society, community and individuals.

There are also some complementing policies/plans in place such as sub-programme on cancer prevention and control 2015-2020, strategy on screening and early detection of liver cancer 2014-2018, and men’s health national strategy 2014-2018.

Current UNDAF in Mongolia 2012-2016 was developed in partnership with the Government and the civil society. It encourages UNCT to work with the GoM, civil society, and other development partners on 4 strategic priorities: 1. Economic development is inclusive and equitable contributing towards poverty alleviation. 2. Equitable access to, and utilization of, quality basic social services and sustainable social protection. 3. Improved sustainability of natural resources management and resilience of ecosystems and vulnerable populations to the changing climate 4. Strengthened governance for protection of human rights and reduction of disparities. Current UNDAF recognizes non-communicable diseases such as heart diseases, cancer and injuries as a leading causes of death in Mongolia. Health facilities lack skilled personnel, equipment and medical supplies, particularly in rural areas, and the health sector is underfunded. At the same time there is no firm reference of the NCDs into the UNDAF results matrix, which is to be done in the next UNDAF.

The key health and development challenge confronting Mongolia is the burden of noncommunicable diseases (NCDs). NCDs such as cardiovascular diseases, cancer, stroke, diabetes and injuries have become the leading causes of morbidity and mortality as reflected in the annual statistics reports. To address the challenges, the Government of Mongolia has endorsed and been implementing the second multisectoral National programme to prevent and control the burden of NCDs (2014-2021). The WHO Country Cooperation Strategy for Mongolia has given a significant importance to the prevention and control of NCDs. The NCD surveillance through WHO STEP survey on prevalence of NCD and injury risk factors (WHO STEPS), Global Youth Tobacco Survey (GYTS) and Global School Health Survey (GSHS) has produced evidence-based information for planning, implementing and evaluating NCD programmes and thus assisted in mobilizing large amount of resources from...
partners to support the first National Programme for NCD prevention and control (2006-2013). In 2008, Mongolia entered into a compact with the Millennium Challenge Corporation of the United States Government, which included USD 39.1 million for the Health Project on the Prevention and Control of NCDs and Road Traffic Injuries. This nationwide project has greatly accelerated the pace of introduction of internationally recognized prevention, early detection, and case management services, and is considered to be the first major investment in response to the burden of NCDs. As one of the outcome of this project, the Center for Excellence for stroke and heart disease linking primary health care facilities, district and aimag hospitals has been established with the technical support from the WHO and the funding support of the Millennium Challenge Account.

The main task for resident UN agencies is to implement the second National Programme on Prevention and control of diseases caused by unhealthy lifestyles 2014-2021 which was developed in line with the WHO Global NCD Action Plan 2013-2020.

Mongolia UNCT is implementing some elements of “Delivering as One” like one leader (RC), one programme (UNDAF), joint reporting (annual UNDAF progress reviews), one premises (UN House), common operations (OMT, MoU on common services), a joint Communication group. UNCT implements UNDAF through a joint thematic and working groups and task forces most of which are led by Heads of agencies. There are thematic groups on gender, HIV/AIDS and youth, and UNDAF strategic priority areas groups on (1) Sustainable Economic Development, (2) Basic Social Services and Social Protection which has subgroup on social protection and health- NCDs are under health subgroup, (3) Environment, Climate Change and Disaster Risk Reduction and (4) Governance and Human Rights.

The planned Joint Mission of the UNIATF will help to scale up and accelerate the gains realized through effective partnership between the WHO County Office for Mongolia and different line ministries of the Government of Mongolia in laying the foundation for a national multisectoral response to NCDs. It will also provide impetus to UN agencies and international development partners to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets.

The core team of the mission, led by WHO, will comprise of participants from Headquarters, Regional and Country Offices of Asian Development Bank, FAO, ILO, UNDP, UNFPA, UNICEF, World Bank and WHO.

At the country level, the mission is coordinated by the WHO WPRO and Country Office for Mongolia in close collaboration with the Ministry of Health and the Office of the UN Resident Coordinator in Mongolia.

Overall approach

The joint UNIATF mission is intended to enhance the support of UN agencies, individually and through the UN Country Team, to the Government of Mongolia to scale up the National Multisectoral Response to NCDs, in line with the WHO Global NCD Action Plan 2013-2020, the Regional Action Plan as well as the National Strategic Plan for the Prevention and Control of non-communicable diseases 2015-2019.
The mission will be carried out in line with the terms of reference of the UN Interagency Task Force. A key element of the mission will be to assess the state of national response to the challenge of NCDs in Mongolia, including through exploring the role and potential of country and regional UN agencies and whole-of-government and whole-of-society approaches in the implementation of the national NCD agenda.

Major areas of NCD intervention in Mongolia, including tobacco control activities, harmful use of alcohol, road safety interventions and health promotion relevant for NCDs and their risk factors will be highlighted during the mission.

**Purpose and objectives of the mission**

The **Purpose** of the joint UNIATF mission to Mongolia is to support UN agencies, the UN Country Team and members of the UNDAF Outcome Group (*if exist*) to:

- understand the relevance of NCDs to their individual human development efforts in the country and support their implementation;
- integrate NCDs and their determinants into their bilateral plans with the Government of Mongolia and jointly review progress in implementation of bilateral plans;
- make an assessment of the NCD investment needs in Mongolia;
- establish a functional mechanism to coordinate support by the UNCT on NCD to the Government’s efforts to address NCDs;
- highlight progress made to date in laying the foundation for a national multisectoral response to NCDs through WHO support at country level;
- draw lessons from ongoing efforts by WHO and other UN Agencies working with the Government of Mongolia in the area of NCD prevention and control, including implementation of the WHO Framework Convention on Tobacco Control (FCTC) in Mongolia, in order to inform other countries in the region and beyond.

**Specific objectives** of the joint mission are to support the Government of Mongolia:

1. Map ongoing bilateral and multilateral processes to support the Government in their efforts to address NCDs within the context of the UNDAF (2012-2016) and the country cooperation strategies of respective UN agencies. The joint mission will facilitate:
   
   (i) contribution of key UN agencies (Asian Development Bank, FAO, ILO, UNDP, UNFPA, UNICEF, WHO, World Bank), individually or collectively through the UNCT/UNDAF Outcome Group, to implementation of the national multisectoral response to NCDs,
   

2. Advocate for effective multisectoral response and increased multi-sectoral investment for NCDs at the country level. The joint mission will:

   (i) highlight approaches for effective coordination of national multisectoral response to NCDs;
(ii) identify barriers which prevent effective coordination of the national multisectoral response to NCDs, and provide relevant recommendations;

(iii) assess the NCD investment priorities in Mongolia and develop a recourse mobilization tool “NCD investment requirements in Mongolia”, which will show at a glance for potential donors which priorities require immediate investments in Mongolia to maintain national NCD response;

(iv) identify possibilities for domestic finance for NCDs and support needed by Government from WHO, other UN agencies, the World Bank and international partners;

(v) advocate for health promoting policies across government line-ministries, and help drive the inter-ministerial commission initiative which is underway in the country;

(vi) advocate for establishment of the thematic group on NCDs (or equivalent) within the UNCT which to facilitate interagency coordination in support of multisectoral action on NCDs. This body should meet periodically, involve relevant UN agencies, and focus strategically on UNCT support to the governmental NCD response.

3. Establish a roadmap over the next 12 months which will result in significant progress in ongoing national efforts contributing to the multisectoral response to NCDs;

finalization, dissemination and implementation of the first year action plan with the necessary costing and financing elements
Annex 7. Joint Mission Programme

* Meetings to be convened jointly by UNIATF and FCTC Country Assessment missions

**Monday, 7 September 2015 (Day 1)**

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<tr>
<th>Time</th>
<th>Meeting</th>
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<tr>
<td>08.00 – 08.30</td>
<td>Meeting with WR</td>
<td>WHO Country Office</td>
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<tr>
<td>08.30 – 10.00</td>
<td>Internal discussion on the programme with WHO and interpreters</td>
<td>WHO Country Office</td>
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<tr>
<td>10.00 – 11.30</td>
<td>Meeting with UNCT*</td>
<td>UN House</td>
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<tr>
<td>11.30 – 12.30</td>
<td>Meeting with Minister of Health and Sports and Senior officials *</td>
<td>MoHS</td>
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<tr>
<td>13.00 – 14.30</td>
<td>Lunch</td>
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<tr>
<td>14.30 – 16.00</td>
<td>Stakeholder forum with NGOs, Civil Society Organizations to be facilitated by the UN taskforce on Civil Society Engagement*</td>
<td>UN House</td>
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<tr>
<td>16.00 – 17.00</td>
<td>Wrap up session</td>
<td>WHO Country Office</td>
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**Tuesday, 8 September 2015 (Day 2)**

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<tr>
<td>09.00 – 09.40</td>
<td>Meeting with development partners*</td>
<td>TBC</td>
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<tr>
<td>10.00 – 11.00</td>
<td>Meeting with President*</td>
<td>President’s Office</td>
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<td>11.00 – 12.00</td>
<td>Meeting with Speaker of the Parliament*</td>
<td>Parliament House</td>
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<tr>
<td>12.00 – 14.30</td>
<td>Lunch*</td>
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<tr>
<td>14.30 – 16.30</td>
<td>High level stakeholder forum with senior officials from line-Ministries, hosted and chaired by MOHS*</td>
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<tr>
<td>16.30 – 17.00</td>
<td>Video interviewing of senior officials from line ministries*</td>
<td>MoHS</td>
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<tr>
<td>17.00 – 18.00</td>
<td>Wrap up session*</td>
<td>WHO Country Office</td>
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**Wednesday, 9 September 2015 (Day 3)**

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<tr>
<td>09.00 – 10.00</td>
<td>Meeting with Minister of Finance</td>
<td>MOF</td>
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<tr>
<td>10.00 – 11.30</td>
<td>Meeting with Minister of Population Development and Social Protection</td>
<td>MPDSP</td>
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<tr>
<td>11.30 – 13.00</td>
<td>Meeting with Minister of Labour</td>
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<td>13.00 – 14.00</td>
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<tr>
<td>14.00 – 15.00</td>
<td>Meeting with Minister of Food and Agriculture</td>
<td>MFA</td>
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<td>15.30 – 16.30</td>
<td>Meeting with Minister of Education, Culture and Science</td>
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<td>16.30 – 17.30</td>
<td>Minister of Foreign Affairs</td>
<td>MoFA</td>
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<tr>
<td>17.30 – 18.30</td>
<td>Wrap up meeting*</td>
<td>WHO Country Office</td>
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**Thursday, 10 September 2015 (Day 4)**
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<tr>
<td>08:00 – 10:00</td>
<td>Meeting with Parliament Women’s Caucus and Parliamentary Standing Committee on Social Policy, Culture and Science*</td>
<td>Tuushin hotel</td>
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<tr>
<td>10:30 – 13:00</td>
<td>Private Sector Forum: with Private Health Sector, Industry Groups and other Private Sector by the Chamber of Commerce and Trade Union</td>
<td>Chamber of Commerce</td>
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<td>13:00 – 14:30</td>
<td>Lunch</td>
<td>TBD</td>
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<tr>
<td>14:30 – 15:30</td>
<td>Meeting with UNCT and UNDAF Working Group on Outcome 2 - Social Services “By 2021, disadvantaged groups benefit from increased access to quality and equitable social services”. to discuss preliminary outcomes and next steps Discussion on draft outcomes and the recommendations</td>
<td>UN House</td>
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<tr>
<td>15.30 – 16.30</td>
<td>Concluding meeting with Minister of Health and Sports, Government of Mongolia</td>
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<tr>
<td>16:30 – 18:00</td>
<td>De-briefing with UNCT</td>
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**Friday, 11 September 2015 (Day 5)**

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<th>Time</th>
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<td></td>
<td>Departure of participants</td>
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