Mongolia
NCD Joint programming mission, 7-11 September 2015
Investment case mission, 8-9 September 2016

Key mission findings

1. Although it is clear that NCDs have a significant negative impact on the economy of Mongolia, precise data are still needed to be able to build the business case for further investing in the prevention of NCDs. This is particularly necessary given the tight fiscal climate that is currently present in Mongolia.

2. Despite the presence of a NCD multi-sectoral programme, the first Joint Mission remained concerned that action being taken across government was a Ministry of Health and Sport led initiative, rather than being a whole-of-government led development priority.

3. A challenging issue observed by the first Joint Mission was the lack of public awareness regarding the fundamentals of NCDs, their risk factors and the solutions. This makes tackling NCD risk factors very difficult.

4. At the moment Mongolia has some of the highest rates of cardiovascular disease in the region and among countries of a similar per capita income. Risk factors among men, particularly in relation to smoking and alcohol, are at an alarming rate. The recent abolition of the Health Promotion Fund was therefore a significant concern to the Joint Missions.

5. While there is good progress with regard 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.

6. The UN Development Assistance Framework for Mongolia, 2012-2016, did not include NCDs, nevertheless, the first Joint Mission welcomed the Resident Coordinator’s commitment to see NCDs included in the next UNDAF.

7. Both Joint Missions were extremely concerned that industries (especially tobacco and alcohol) exert 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.

“Tobacco use is a problem in Mongolia. It has made progress in fighting this epidemic, and we hope that the Government will continue to strengthen its efforts to protect its people from the harms of tobacco use and second-hand smoke.”

Dr Nyunt-u Soe, WHO Representative in Mongolia

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Key adult NCD mortality and risk factors*: NCDs cause premature mortality, significant ill health and are a severe drain on the economy of Mongolia

- Probability of premature mortality from NCDs: 30% (2015)
- 48% of men (aged >= 15 years) smoke tobacco (2015)
- 20% of adults are insufficiently physically active (2010)
- 14% of adult men and 18% of adult women are obese (2014)
- 10% of adults have raised fasting blood glucose (2014)
- Pure alcohol per capita consumption: 7.8 litres per year (population 15+, 2015)
- 28% of adult men and 22% of adult women have raised blood pressure (2015)
- 96% of adults consume insufficient amounts of fruit and vegetables (STEPS, 2013)
- 22% of adult men and 14% of adult women have raised blood pressure (2015)

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*Updated: April 2017
Key recommendations

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 on 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.

Adding value: actions taken following the mission

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

2. NCDs are now included as an integral part of UNDAF, and are likely to be included in Mongolia’s Long-Term Sustainable Development Concept (2016–2030). "Mongolian Sustainable Development Vision 2030" was approved February, 2016.

3. The Multi-Sectoral National Programme on Nutrition (2016–2025) and National Strategy on Salt Reduction (2015–2025) were endorsed by the government.

4. A national workshop on the development of an action plan for population-based prevention of childhood obesity, and policy dialogue with stakeholders on reduction of sugar were held in November 2015.

5. The Prime Minister has established a National Committee on Food Security.

6. A national conference on 'Mongolia without alcohol' was held in November 2015. Governors of all of Mongolia’s provinces attended the conference, which included a presentation on alcohol-free provinces.

7. A WHO FCTC needs assessment was completed in 2015.

8. A second joint mission was conducted in September 2016 by WHO and UNDP, in close collaboration with the United Nations Country Team (UNCT), with the objective of developing an NCD investment case.

9. Additional missions to develop economic modelling on excise tax on tobacco and alcoholic beverages in Mongolia were conducted in 2015 and 2016. Findings are providing solid evidence to support an increase in excise taxes.

10. The State Policy in Health (2017-2026), which was 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.

11. The Government and the IMF reached an agreement on an economic and financial program to be supported by a 3 year Extended Fund Facility. Among several arrangements, increase of excise taxes on tobacco and alcohol by 20% over 2018-2020 is planned.

12. The Government approved establishment of the Health Promotion Fund on 15 March 2017. The fund will focus on information, education and communication; advocacy and surveillance activities relevant to enabling healthy and safe living environment, mental health; prevention of communicable and noncommunicable diseases and injury; and prevention of harmful use of alcohol, tobacco, substance abuse and irrational drug use. Potential sources of the fund also included 1% of excise tax on alcoholic beverages; 2% of excise tax on tobacco and 2% of import and excise tax on drug.

Next steps

1. WHO Country Office, with the support of the World Bank and Asian Development Bank to work with the Ministry of Health, the Ministry of Finance, and selected parliamentarians to advocate for a further increase in alcohol and tobacco tax.


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

4. A costed action plan and accompanying investment case will be developed.

*All data are WHO crude country comparable estimates from Global Health Observatory, who.int/gho/ncd/en, accessed 24/4/2017, with the exception of amounts of fruit and vegetables which is from Mongolia National STEPS Survey, 2013.

Additional information on the status of NCDs in Mongolia can be found on the WHO NCD DataFinder app.