Key mission findings

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 have 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 necessary given the tight fiscal climate that is currently present in Mongolia.

2. Despite the presence of an NCD multi-sectoral programme, the 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. 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.

3. A challenging issue observed by the Joint Mission was the lack of public awareness regarding 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. Although the population is aware of the actions required to stem the tide of NCDs, there is a lack of demand from elected officials to implement policies 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 and 1% of alcohol excise taxes, and aimed at promoting healthy lifestyles and reducing tobacco consumption in the population) was therefore a significant concern to the Joint Mission.

4. 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 measures, harmful use of alcohol reduction measures, and unhealthy diet reduction measures.

5. 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 recommendations from the Joint Mission. The Joint Mission also welcomed a commitment to see NCDs included in the next UNDAF, 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 multi-sectoral 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.

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32%</td>
<td>Probability of premature mortality from NCDs</td>
</tr>
<tr>
<td>20%</td>
<td>20% are insufficiently physically active</td>
</tr>
<tr>
<td>10%</td>
<td>10% have diabetes</td>
</tr>
<tr>
<td>26%</td>
<td>26% have hypertension</td>
</tr>
<tr>
<td>28%</td>
<td>Smoke tobacco</td>
</tr>
<tr>
<td>16%</td>
<td>16% are obese</td>
</tr>
<tr>
<td>6.9 litres</td>
<td>Drink 6.9 litres of pure alcohol per person per year</td>
</tr>
<tr>
<td>96%</td>
<td>96% eat insufficient amounts of fruit and vegetables</td>
</tr>
</tbody>
</table>
**Key recommendations**

1. A costed national NCD programme needs to be prioritized and UN technical support provided.
2. The Ministry of Health and Sports and the Ministry of Finance need to develop an investment case on NCDs.
3. NCDs need to be included as an integral part of UNDAF for 2017-2021.
4. Policies on risk factors need to be developed and strengthened, e.g. WHO FCTC.
5. The UN Country Team should collaborate and work on specific action on NCDs.
6. Stronger coordination mechanisms and responsibility/accountability mechanisms are needed.
7. Better coordination of efforts between government and civil society organizations is required going forward.

**Next steps**

1. WHO Country Office, with the support of the World Bank and Asian Development Bank to work with the Ministry of Health and Sports, the Ministry of Finance, and selected parliamentarians to advocate for an increase in alcohol and tobacco tax in 2016.
3. The WHO FCTC will be implemented in line with the Action Plan.
4. A costed action plan and accompanying investment case will be developed by June 2016.
5. A follow-up mission is recommended in order to engage with the parliamentary health committee.

**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).
3. NCDs are an outcome of the government’s draft SDG vision document (2016-2020).
4. The Multi-Sectoral National Programme on Nutrition and National Strategy on Salt Reduction (2015-2025) has been endorsed by the government.
5. 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 was held in November 2015.
6. The Prime Minister established a National Committee on Food Security.
7. 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.
8. A WHO FCTC needs assessment has been completed.

*All data come from WHO crude country comparable estimates. WHO Global Health Observatory. http://who.int/gho/ncd/en/ Accessed 4/5/2016, with the exception of amount of fruit and vegetables, which comes from the Mongolia STEPS survey. Additional information on the status of NCDs in Mongolia can be found on the WHO NCD DataFinder app.*