UN Task Force on NCDs:
Joint UN action to respond to the epidemic of premature deaths from noncommunicable diseases in Mongolia

Ulaanbaatar | Thursday 11 September, 2015: Mongolia is now engaged in an all-out campaign to reduce the burden of noncommunicable diseases (NCDs) which includes heart disease and strokes, cancers, diabetes, and respiratory diseases. Mongolia is forging ahead with a whole-of-government response to prevent and control NCDs and to address major risk factors, such as tobacco use. Mongolia recognizes the importance of protecting the health of its people to sustain economic growth.

From 7 to 11 September 2015, two interrelated international missions took place in Mongolia to support the country combat NCDs. The first mission being the “Joint United Nations Task Force for the Prevention and Control of Noncommunicable Diseases” led by WHO together with other United Nations agencies present in Mongolia. The second mission is the “Needs assessment for the implementation of the Framework Convention for Tobacco Control (FCTC)” conducted by the Convention Secretariat jointly with the Ministry of Health in response to a request from the Government of Mongolia.

Joint Programming Mission of the United Nations Interagency Task Force on the Prevention and Control of NCDs

The objective of the Joint Mission was to support government reduce premature deaths from NCDs in Mongolia in line with the World Health Organization’s (WHO) voluntary global target of a 25% reduction in premature mortality from NCDs by 2025. The Joint Mission included representatives from WHO, FAO, UNDP, UNFPA, UNICEF, and the Asian Development Bank. Over the week, the Task Force has been working with the Government of Mongolia and the UN Country Team to build and share solutions for the response to NCDs. It was a second country in the WHO Western Pacific Region to receive a Joint Mission from the Task Force.

The Joint Mission found that Mongolia has made steady progress in improving the health of its population over the last two decades, including meeting the Millennium Development Goal targets for maternal and child health and has experienced a decline in the prevalence of communicable diseases, especially vaccine preventable diseases.

At the same time the Joint Mission found that NCDs and injuries have become the leading causes of morbidity and mortality among adults in Mongolia. NCDs are now estimated to account for 79% of all deaths and are having a grave socioeconomic impact on Mongolia and are a drain on the national economy.
The Joint Mission welcomed the Second National Programme on Prevention and Control of Diseases Caused by Unhealthy Lifestyles 2014-2021 that was published earlier this year. It sets out an approach for all parts of government to work together to combat the NCD epidemic and for society as a whole to respond to the challenge.

The mission concluded that NCDs in Mongolia are now a real concern and cause significant premature mortality. Particular concern is that half of adult males in Mongolia are tobacco smokers, one third of population have raised blood pressure and a fifth have diabetes. The mission has highlighted the main risk factors for NCDs in Mongolia as tobacco use, the harmful use of alcohol, unhealthy diet and physical inactivity.

Increasing disposable income, sedentary lifestyles and acquired tastes for high fat, salty and sugary foods have contributed to the epidemic of NCDs. The heavy reliance on motorized transportation and ease of access to tobacco and alcohol products have all contributed to the NCD burden.

During the Joint Mission, the UN has signaled that it is committed to provide technical assistance to the Government to tackle NCDs as a key development challenge in Mongolia.

“The Government of Mongolia recognizes that it cannot manage the ever increasing burden of NCDs by treating people with these conditions and prevention is now the number 1 priority. We are committed to a whole of government approach and will work with partners right across society to do this and we look forward to working with our UN colleagues.” said G. Shiilegdamba, the Minister of Health and Sports of Mongolia.

**FCTC Needs Assessment Mission**

The FCTC needs assessment mission aimed to identify the strengths, opportunities and challenges Mongolia is currently facing in the full implementation of the treaty, which it has been a Party since 2003; and to also agree on a set of recommendations for the government.

Since 2013, the Mongolian people can breathe cleaner air after its tobacco control law came into effect. Currently, smoking is banned in many public places such as schools and restaurants. Sale of tobacco is also banned within 500 meters from secondary schools and student dormitories. However, there has been a recent setback to the 100% smoke-free ban that permits designated smoking areas and rooms.

Mongolia has a high prevalence of tobacco use. The proportion of men smoking increased from 2009 to 2013, and we see almost half of Mongolian men currently using tobacco.
Although the prevalence of tobacco use among women is low compared to men, more women than men are exposed to second-hand smoke in homes. Among youth aged 13-15 years, 42.4% reported being exposed to second-hand smoke at home. Homes and other private spaces such as cars should be safe and healthy spaces, particularly for children.

The mission acknowledges the progress Mongolia has made through adoption of the tobacco control law and has also identified areas that can be further strengthened. For Mongolia to protect her people’s health and well-being, the Government needs to implement 100% smoke-free indoor public places without permitting designated smoking areas. Having a complete smoking ban will protect non-smokers from second-hand smoke and influence smokers to stop smoking.

Another key area to act on would be to raise tobacco taxes to make this harmful product less affordable. This is, according to WHO, the most cost-effective measure to reduce tobacco consumption. At the same time, the government can use increased tax revenue to invest in people’s health such as in health promotion programmes and NCD prevention and treatment.

“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,” concluded Dr Nyunt-u Soe, WHO Representative in Mongolia.

NCDs in MONGOLIA FACTS BOX:

- 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, like chronic respiratory disease and diabetes (15%), and injuries (11%).

- In 2013, 49.1% of men and 5.3% of women currently use tobacco. Among adults aged 15-64, 40.9% (36% of men and 45.8% of women) were exposed to second-hand smoke in homes.

- In 2014, 20.3% of male students and 8.3% of female students aged 13-15 currently use any tobacco. Among students surveyed, 42.4% reported being exposed to tobacco smoke at home, and 49.8% reported being exposed to tobacco smoke in public places.
• Total alcohol per capita consumption in 2010 in males was 11.7 litres of pure alcohol, whereas in females 2.2 litres, indicating another major difference in living habits between men and women in Mongolia.

• The prevalence of raised blood pressure in 2008 in males was 38.1% and in females 27.5%. Obesity rate in 2008 in males was 10.4% and in females 18.3%. (WHO Mongolia Country Profile, 2014.)

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