GOVERNMENT OF MONGOLIA
RESOLUTION

27 September 2017 **Number 289** Ulaanbaatar

ADOPTION OF THE NATIONAL PROGRAMME

With purpose to implement the objective 3.1 of Action Plan of the Government Program for 2016-2020, pursuant to the clause 10.3 of the Mongolian Law on Development Policy Planning and the clause 7.1.3 of the Mongolian Law on Health, the Government ADOPTS hereby:

1.APPROVES "National programme on the prevention and control of Non-communicable diseases" as per the annex.

2.ENTRUSTS the Minister of Health to develop and implement a comprehensive action plan on implementing the National programme on the prevention and control of Non-communicable diseases nationwide and monitor the implementation of the Programme.

3.ORDERS the Minister of Finance, Minister of Health and Governors of the capital city and aimags to take financing measures for the Programme by integrating the Programme activities and measures into annual State Guidelines on economic and social development, by allocating necessary funding for the annual state and local budgets and by including the Programme to grant aid and loan of foreign countries and international organizations.

4.ORDERS the Minister of Health to report back to the Government Cabinet on the implementation progress of the Programme in the 1st quarter of each year.

5.In relation to the adoption of this Resolution, VOIDS, the Government Resolution No.34 "Adoption of the 2nd National Programme on the Prevention and Control of Diseases Caused by Unhealthy Lifestyles" dated 7 February 2014.

ACTING PRIME MINISTER OF MONGOLIA J.ERDENEBAT

ACTING MINISTER OF HEALTH A.TSOGTSETSEG

Annex to the Government Resolution No.289 of 2017

National programme on the prevention and control of Non-communicable diseases

One. General provision

1.1 The United Nations Sustainable Development Goals 2030 agenda states, by 2025, through prevention and treatment of non-communicable diseases (hereinafter referred to as “NCDs”), to reduce premature deaths from NCDs by 25 percent, harmful use of alcohol and physical inactivity by 10 percent, tobacco use and salt intake by 30 percent, high blood pressure by 25 percent, increase in obesity and diabetes by 0 percent; Mongolia’s Sustainable Development Vision – 2030 states in its objective 3 of part 2.2.2, to reduce the people’s unhealthy habits, improve the living environment, strictly enforce quality standards for food products, and decrease mortality per 10 000 population caused by cardiovascular diseases and cancer to 17.4 and 10.5 respectively.

Over the past 20 years, preventable, early detectable NCDs of common cause are recurrently occurring among Mongolia’s population especially within working-age population and it has been one of serious public health challenges.

The Joint team of the UN Interagency taskforce on the prevention and control of NCDs fielded missions to Mongolia in 2015 and 2016 and evaluated the country situation. The mission reported that 77 percent of all deaths of the population are caused by NCDs and 32 percent of them are affecting and causing premature mortalities of the people aged 30-70 years. Comparing this report to the ones of other low and middle income countries, Mongolia is being the 2ndcountry with highest NCDs prevalence in the world. In addition, the Mission also reported that more than 70 percent of the health sector budget has been spent on high-cost diagnosis and treatment of chronic and diseases of late stage.[1]

Main causes of the population morbidity include cardiovascular, digestive and urinary and reproductive system disorders and obstructive respiratory diseases and pneumonia account for 44 percent of respiratory diseases. Moreover, high blood pressure and ischemic heart disease account for 40.2 and 23.6 percent respectively of cardiovascular diseases, liver diseases account for 26.9 percent of digestive system disorders, and 63.6 percent of urinary and reproductive system disorders have been various types of nephritis. According to the above study results, mental disorders were highly prevalent; nevrosis were at 18.5 percent, sleeplessness at 17.1 percent, chronic fatigue at 16.2 percent, and depression were at 6.6 percent among the general population. [2]

Furthermore, due to the fact that majority of hospital inpatients have acute and chronic nephritis, number of people with chronic kidney failure has been increasing year by year, which leads to the greater need for high-cost hemodialysis treatment and kidney transplantation surgeries. As of today, 1,536 million Mongolian tugrug per month is being spent for hemodialysis treatment per patient.

There is an increasing tendency among the population that one personis having2 or more NCDs or some NCDs becoming causes and risk factors for another NCDs. For instance, diabetes, a cause of many diseases including cardiovascular, nephrological diseases and blindness, account for 49.9 percent alone of endocrinologic, nutritional and metabolic disorders and has been widely prevalent among the people aged 45-65 years. [3]

NCDs account for 85.9 percent of the leading causes of the people‘s mortality and of which, cardiovascular disease (1 in 3 people), cancer (1 in 4 people), and injury, poisoning and external causes (1 in 5 people) are being the major causes amongst many others. As of 2016, more than 5,900 people have been diagnosed with cancer annually, of which 78% were diagnosed in its advanced stage and it is forecasted that new cases of cancer will increase to 7,500 each year by 2025.

Main causes of NCDs, namely dental pathology, tonsillitis, and eyesight and hearing disorders are being commonly spread among children. For instance, more than 90% of adolescents have dental caries, 10%, 11%, and 6% of school children have tonsillitis, eyesight disorders and amblyopia respectively, and more than 90% of children who haveeyesight disorders do not wear prescription eyeglasses.[4]

According to the findings of the Mongolia STEPS Survey 2005, 2009, and 2013, the prevalence of NCD risk factors which are the leading causes of mortality among people aged 15-64 years has not been decreasing: 1 in 2 people have overweight and obesity, 1 in 3 people have high blood pressure, 1 out of 4 people have physical inactivity, 1 in 2 men smoke cigarettes, 1 in 3 people drink alcohol, of which 1 in 10 drink excessively. Moreover, 61.9% of the total population have high blood cholesterol or at risk of it, 8.3% have blood sugar disorder (latent form). Also, the proportion of the population with 3 or more NCD risk factors have increased by 10.5% and the people with none of the risk factors were only 1% of the total population.[5]

In conjunction with rapid socioeconomic development, respiratory tract allergies due to pollen of allergy-causing plants, trees and hogweeds are widely spread among the urban population. According to a study conducted among the capital city residents, pollen and dust of plants and trees such as, wormwood, orache, bromegrass, steppe wheat grass, birchwood and aspen tree, account for68.3% of all causes forthe people with respiratory tract allergies.

As a result of series of actions taken by the Government, as part of the First and Second National Programmes on the prevention and control of NCDs 2005 and 2013, NCD prevention and early detection system has been established in the health sector, and many positive outcomes have been achieved. For example, more than 50% of the target group population have been undergone early screenings and health check-ups, healthy lifestyles and positive social behaviours and attitudessuch as, quit smoking and drinking, increased physical activities,eating more healthily have been increased among the people. However, the prevalence of NCDs and its common risk factors are still being high.

Considering the above facts and needs, and aiming at sustaining the achievements made on reducing the prevalence of NCDs and its risk factors,

empowering the participation of and strengthening the cooperation among different institutions, social sector communities, local and international organizations, strengthening the prevention system targeted at the population, and based on the participation of healthcare organizationsand the need forfurther strengthening the actions towards NCDs prevention and control, this National Programme on the prevention and control of NCDs (hereinafter referred to as the “Programme”) has been developed.

1.2 The scope of the Programmecovers prevention and control of preventable NCDs, namely, cardiovascular diseases, cancer, diabetes, kidney disorders, chronic obstructive pulmonary disease, digestive system diseases, bone and muscle disorders, arthritis, mental disorders and their primary causes, which are smoking, harmful consumption of alcohol, unhealthy diet, physical inactivity, stress, allergies of non-infectious causes, avoidable blindness and deafness.

Two. Goal, objectives, duration of implementation and principle of the Programme

2.1 The goal of the Programme is to contain the prevalence of commonly occurring NCDs and their risk factors based on the multilateral cooperation among organizations, communities, families and individual citizens, to strengthen the prevention, control, early detection and surveillance of diseases.

2.2. The objectives of the Programme are:

Objective 1. To reduce the prevalence of primary and intermediate risk factors of NCDsby enabling the environment for promoting health at organizations and entities, and by improving the knowledge and attitude of the people on healthy living;

Objective 2. To create the environment for reducing the morbidity and mortality by strengthening the preventive measures for NCDs and comprehensive care services of early detection, diagnosis and treatment based on the participation of healthcare organizations and the provision of early and regular check-ups for NCD patients;

Objective 3. To establish and strengthen the open electronic system on NCDs registration, information, surveillance, monitoring and evaluation at national, local levels and other sectors, and to enhance the scientific and research activities on reducing NCDs and its risk factors;

Objective 4. To strengthen the participation and cooperation of local and international organizations, other social sector institutions, to improve the governance, leadership and capabilities of local and national organizations in order to prevent and control NCDs.

2.3 The Programme will be implemented from 2017 to 2021 in the following phases:

Phase I: the year 2017-2019;

Phase II: the year 2020-2021.

2.4 The following principles will be adhered to the activities for implementing the Programme:

2.4.1.Be comprehensive, integrated and aligned with objectives of the Government programme of action, other national programmes and of international organizations;

2.4.2.Keepthe continuity of the Government policy and actions on reducing the commonly occurring NCD and its common risk factors;

2.4.3.Beappropriate and align the activities on the prevention, detection, treatment and control of NCD with people's lifecycle, age and gender;

2.4.4.Be based on research, analysis and evidence;

2.4.5.Bebased on resources and potentials of individual citizens, families, communities, governmental and non-governmental organizations, companies and entities of all sectors;

2.4.6.Be transparent, open and ensured with the participation of the public.

Three. Activities to be implemented under the Programme

3.1.The following activities will be implemented under the Programme Objective 1:

3.1.1.Re-introduce "Health" subject into the Secondary School Curriculum;

3.1.2.Establish a system on registration, information, monitoring of commonly occurring disease, source of chronic infection, low vision, refractive error, growth and developmental disorder, overweight and obesity, mental and behavioural problems among school children based on schooling and education institutions, and create an integrated information database on children's health indicators;

3.1.3.Re-develop sample job descriptions on kindergarten and school physician/pediatrician, social worker, physical training teacher, and education methodologist and to have them adhered to, strengthen the capacity of them, conduct campaign on health-promoting kindergarten and school in line with programmes and activities of similar kind in the education sector;

3.1.4.Solve an issue of providing prescription eyeglasses for children of households which in need of social care support, either by subsidizing the eyeglasses' expenses by social protection fund and or providing the eyeglasses at no cost;

3.1.5.Carry out measures to improve teacher's knowledge, to introduce a "Subject on the prevention of commonly occurring NCD and its risk factors" into the curricula of medical, nursing and pedagogic colleges and universities;

3.1.6.Regularly organize information, dissemination and advocacy activities for the general public, and for the decision makers in order to improve the knowledge and attitude towards preventing and controlling the NCD and its risk factors;

3.1.7.Implement the “COLOMBO” approach on the prevention and treatment of drug addiction;

3.1.8.Reduce the consumption of alcohol, tobacco and sugary food which pose risk to people’s health by price and tax policy, to increase excise taxes on alcohol and tobacco to 50% of their retail price, strengthen the legal environment of water pipe or hookah and electronic cigarettes as the smoke cigarettes by incorporating into the related laws and regulations;

3.1.9.Accelerate the implementation of the laws and regulations on reducing the consumption of tobacco, alcohol and alcoholic beverages, introduce internationally recognized approaches and methodologies on measures for detecting and controlling illegal trade;

3.1.10.Renew the guidelines on treatment on alcohol, tobacco and other substance addiction disorders, and detoxification, subsidize anti-smoke patch and quit smoking drugs, to carry out actions on avoiding unhealthy habits and promoting quit smoking for people based on primary healthcare organizations;

3.1.11.Develop regulation and guidance on controlling the people’ physical development and training status, overweight and obesity, body mass index, physical inactivity and physical and physiological balance, and create an electronic information database on registration and control of these indicators;

3.1.12.Take measures on promoting people who have treated from alcohol and drug addiction and chose to live healthy lifestyles;

3.1.13.Set up a 24-hour reliable telephone line to provide people with psychological advice, introduce an electronic application and methodologies for preventing from commonly occurring mental health issues, depression and stress and self-control;

3.1.14.Conduct annual campaign on reducing the pollen of allergy-causing plants and hogweeds among the population settlements with the participation of local administrative organizations;

3.1.15.By promoting healthy working environment, conduct health screenings at least once a year among employees of companies and business entities to early detect hypertension, type-2 diabetes, kidney, breast, cervical, liver and stomach cancers and define health status of the people, to create enabling working environment to serve healthy meal and food at work by introducing it into work agreements and contracts;

3.1.16.Implement early detection, registration, surveillance and information dissemination activities on temporary loss of ability to work, occupational hazard and create integrated information database.

3.2.The following activities will be implemented under the Programme Objective 2:

3.2.1.Approve the list of early screening and diagnostic tests appropriate to person's age, gender and lifecycles, integrate the information on the registered people into the database;

3.2.2.Evaluate the current population-based system on early detection, registration, information, surveillance, control and treatment of hypertension, type 2 diabetes, cervical and breast cancers and implement the recommendations provided;

3.2.3.Develop the guidelines on nephritis, chronic obstructive pulmonary disease, rheumatic heart disease, arthritis, liver and stomach cancers which are highly prevalent among the population, and implement them in practice;

3.2.4.Enhance the participation of local authorities and improve the human resources capacity to increase the supply and coverage of medicine, medical devices, diagnostic kits and equipment necessary for the early detection on NCD;

3.2.5.Enforce the utilization of WHO recommended essential care services set on NCD prevention and control, methodology for envisaging and controlling the risks for stroke and heart attack, and mobile technologies on rapid test into the activities of primary health care organizations;

3.2.6.Take comprehensive measure on reducing the cervical cancer, detecting its cause - human papilloma virus, immunize girls aged 9-14 years with HPV vaccine and organize advocacy and information dissemination works;

3.2.7.Improve the capacity of cancer registration, information, patient callback and support services and diagnosis to international standard;

3.2.8.Renew the guidance on population and hospital based early detection, registration, information, diagnosis and treatment of diabetes,create legal environment for developing and implementing suitable methodologies and financing mechanism for costing of diagnosis and treatment;

3.2.9.Redevelop methodologies for diagnosis, treatment and control of diabetes and its complications (cardiac, renal, and ophthalmologic etc.,) and enforce them in practice;

3.2.10.Improve the knowledge and skills of physicians on envisaging and controlling of negative impacts of drug treatment of commonly occurring complex diseases on renal functions, and operate a nephrology reference center directed to the community and based on capital city and local healthcare organizations, and under the guidance of nephrology professional council under the state central administrative organization in charge of health matters;

3.2.11.Introduce the clinically tested and approved latest medicines into chemotherapy of cancer and targeted therapy, and improve the quality of radiation therapy;

3.2.12.Increase the coverage and accessibility of emergency, palliative and rehabilitative care services for NCD and its complications;

3.2.13.Increase the quality of NCD diagnosis and strengthen the control ofthe 4-digit diagnostic coding;

3.2.14.Approve guidance on registration, information on and improving the supply and accessibility of medicine and technology for treatment of common NCD, subsidize the cost by including them into the list of essential medicine;

3.2.15.Improve the knowledge and skills of doctors and health professionals who work on NCD prevention, treatment and control by participating them in regular professional trainings, and enhance distance training methods and technologies

3.2.16.Expand the units for treatment of diabetes, obstructive pulmonary, heart and liver disease under the specialized centers and strengthen their diagnostic and treatment capacities, provide professional and technical advice to local healthcare organizations and conduct reference care services;

3.2.17.Improve the responsibility, accountability and work coherence among and of specialized hospitals and health centers, aimag and capital city general hospitals, public health centers, soum and family health centers, strengthen the control of patient referral system and electronic system of information exchange;

3.2.18.Create enabling legal environment for promoting people who take active part in early screenings and control of NCD by health, social welfare and protection, sports and physical training activities.

3.3. The following activities will be implemented under the Programme Objective 3:

3.3.1.Conduct 3th national survey on school health and 4th national STEPS survey on the prevalence of NCD common risk factors, provide partners with evidence, set up information system which is mutually beneficial and open;

3.3.2.Strengthen the national and local surveillance-information-control system based on the statistics of disease burden, stepwise approach to surveillance of NCD risk;

3.3.3.Establish electronic network on the monitoring and evaluation of implementation progress, indicators of the Programme and usage of medicine and technology and provision of human resources;

3.3.4.Set up a system to monitor and inform the implementation of NCD-related objectives and indicators of the UN Sustainable Development Goals and Mongolia’s Sustainable Development Vision -2030, and provide guidance and instruction to relevant authorities;

3.3.5.Strengthen the indicators of population health status, common NCDs and mortality and its risk factors, in accordance with the internationally approved indicators;

3.4. The following activities will be implemented under the Programme Objective 4:

3.4.1.Integrate the issues of prevention and control of NCD and its risk factors into the socio-economic development policy, annual development priorities and poverty reduction programmes;

3.4.2.Support the development and implementation of the local sub-programme on NCD prevention and control and its indicators, allocate necessary budgets into local budgets, discuss the implementation progress reports of the sub-programme annually at Health councils under the local Governors and solve the issues, and enforce the accountability;

3.4.3.Incorporate the subject of common human behavioural and other social negative NCD-causing risk factors into social sector development policy and action plan of local administrative organizations, and measure the outcomes of it;

3.4.4.Introduce the comprehensive management of NCD prevention, control, diagnosis and treatment based on the participation of health care organizations of all level, and strengthen the related human resources capacities;

3.4.5.Strengthen the operational relations and coordination of public health centers and general hospitals for early detection, health check-ups and control of commonly occurring NCD and its risk factors, increase their leadership capacity;

3.4.6.Develop guidance and manuals to provide the policy- and decision-makers with the NCD-related evidence and information, organize meetings, trainings and advocacy workshops directed to the public;

3.4.7.Activate the participation of organization and business entities through announcing small projects on reducing NCD and its risk factors, promote the new ideas and initiatives;

3.4.8.Promote the initiatives and ideas of non-governmental organizations working towards reducing cancer and harmful use of alcohol and its consequences;

3.4.9.Take measures on strengthening the capacity of health and non-health sector workers who participate in the Programme implementation;

3.4.10.Improve the coordination and coherence of actions through establishing and operationalizing local and national commission on NCD prevention and control, joint mission composed of the specialists of the UN specialized agencies and other international organizations and, technical working group.

Four. Expected outcomes and indicators

4.1. Following outcomes of the Programme are expected to be achieved:

4.1.1.By reducing the causes and socio-economic impacts of commonly occurring NCDs among the population through multisectoral collaboration of individuals, communities, organization and business entities, the morbidity prevalence will be contained, which in turn will improve the people's quality of life and healthy lifestyles and behaviours will be formed amongst the people of Mongolia.

4.1.2.By enabling the condition where early detection and treatment of common NCDs including as stroke, ischemic heart disease, diabetes and cancer, which otherwise requires highly costly treatment if it is diagnosed in late stages, morbidity and mortality rates from NCDs will be reduced.

4.1.3.By conducting campaigns on health-promoting organization, community, family, soum, district and city, favorable condition for reducing the temporary loss of ability to work will be enabled.

4.1.4.By enabling condition for achieving the UN Sustainable Development Goals Agenda, 1st phase of Mongolia's Sustainable Development Vision-2030 and objectives of the State Policy on Health will be formed.

4.1.5.By introducing the WHO-recommended economically efficient measures for reducing NCDs and their causes, the condition for state budget efficiency improvement will be enabled.

4.1.6.By early detecting and providing timely medical care services, the reduction in the expenditure for high-cost treatments for diseases in their late stage, inpatient hospital costs and savings in health sector expenditures will be enabled.

4.1.7.By reducing the people's loss of ability to work, allowances from the social insurance fund will be reduced.

4.1.8.By covering certain percentage of costs for NCD early detection, people, who pay health insurance premium and protect their health yet, do not receive medical care services, will be able to benefit from the health insurance.

4.1.9.By covering certain percentage of costs for NCD early detection, health funding resources will be increased, which in turn will reduce the financial burden forboth the individual citizens and healthcare organizations.

4.1.10.By the increase in the net population growth, number of workforce will increase, which will positively influence on the economy.

4.3. Following indicators will be used in evaluating the efficiency and outcomes of the Programme implementation:

	Indicator	Data source	Reference value	Expected	
				2019	2021
A.Outcome indicators:					
I. Indicators on primary risk factors for NCDs:					

1.	Smoking population rate, by percentage	*	27.1	27.0	26.0
2.	Adolescents aged 13-15 years who smoke cigarettes 1-2 times in the past 30 days, by percentage	**	5.9	5.4	4.9
3.	Adolescents aged 16-17 years who smoke cigarettes 1-2 times in the past 30 days, by percentage	**	17.5	16.0	14.5
4.	People who were exposed to secondhand smoke at workplace in the past 30 days, by percentage	*	25.5	23.4	21.3
5.	Amount of recorded alcohol consumption per person aged 15 years or older, by litres (in pure alcohol)	*****	7.2	7.0	6.9
6.	People who excessively consume alcohol, by percentage	*	10.3	10.0	9.6
7.	School children aged 15-17 years who have excessively consumed alcohol 1-2 times, by percentage	**	23.1	22.3	21.6
8.	Average daily salt intake of the population aged 25-64 years old (grams/day)	****	11.1	10.0	8.9
10.	Population with physical inactivity, by percentage	*	22.3	21.6	20.8
II. Indicators on intermediate risk factors for NCDs:					
1.	Percentage of the population with overweight and obesity,(BMI ≥25kg/m^2)	*	54.4	49.9	45.3
2.	Prevalence of hypertension (systolic blood pressure ≥140, diastolic blood pressure ≥90 and use of antihypertensive medication), by percentage	*	27.5	25.2	22.9
3.	Percentage of the population who have total blood cholesterol level of 5 mmol/l or above, by percentage	*	61.9	56.7	51.9
4.	Percentage of the population who have blood glucose level of 5.6-6.0 mmol/l or above, by percentage	*	8.3	7.6	6.9
5.	Population who have increased blood glucose level of 6.1mmol/l or higher and on glucose-lowering medication, by percentage	*	6.9	6.3	5.8
III.Indicators on early detection of NCD and morbidity					
1.	Population early screened for cervical cancer, by percentage (30-60 years old)	***	44.9	46.3	51.9
2.	Population early screened for breast cancer, by actual number (30-60 years old)	***	286921	291121	307921
3.	Population early screened for liver cancer, by percentage (40-65 years old)	***	-	30.0	70.0

4.	Percentage of the population diagnosed with early stage liver cancer (percentage of 1st, 2nd stages)	***	18.9	20.7	28.0
5.	Percentage of the population diagnosed with early stage cervical cancer (percentage of 1st stage)	***	37.5	42.5	62.5
6.	Population early screened for high blood pressure, by percentage (40-64 years old)	***	65.1	69.0	79.5
7.	Population early screened for diabetes, by percentage (40-64 years old)	***	60.3	65.0	77.5
B.Indicators on the Programme efficiency:					
1.	Mortality from cancer (10 000 population)	******, ***	13.8	11.6	10.5
2.	Mortality from cardiovascular diseases (10 000 population)	*** ******	17.8	17.6	17.4
3.	Patients hospitalized due to nephritis, by percentage	***	63.9	63.5	62.0

Remarks:
(*) Mongolia STEPS Survey on the prevalence of NCD risk factors, 2013
(**)School-based survey on children's health, 2013
(***) Health indicators, 2016
(****) Survey on the salt intake of the population, 2013
(*****) National Statistics Information, 2015
(******) Mongolia'sSustainable development vision, 2015-2030

Five. Financing of the Programme

5.1.The financing of the Programme shall be comprised the following:

5.1.1.State and local budget;

5.1.2.Grant aid and loan of foreign countries and international organizations, projects and programs;

5.1.3.Donation and financial assistance of individual citizens and organizations;

5.1.4.Other resources.

Six. Management, monitoring and evaluation of the Programme

6.1.Health Councils under the capital city and aimag Governor's Offices will be responsible to approve and implement sub-program at local level, be accountable for and report back on the implementation of the sub-program and annual workplan to the State Central Administrative Authority responsible for health matters by February annually.

6.2.State Central Administrative Authority responsible for health matters will submit a comprehensive report on the Programme implementation to the Government Cabinet within the 1st quarter annually.

6.3.State Central Administrative Authority responsible for health matters will conduct the medium term review for the Programme in 2019, and capital city and aimag Governor's Offices will be responsible for conducting the Programme reviews at local level.

6.4.Process evaluation will be organized at State Administrative Authorities at least 4 times a year during the Programme implementation.

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