



A review of the
WHO Country Cooperation Strategy
MONGOLIA 2010–2015
with a view to extending to 2016

A review of the
WHO Country Cooperation Strategy
MONGOLIA 2010–2015
with a view to extending to 2016

ACKNOWLEDGEMENTS

We gratefully acknowledge the significant contribution of the Government of Mongolia, particularly the Ministry of Health and Sports, other government organizations, United Nations agencies, multilateral and bilateral agencies, and nongovernmental organizations and individuals in the development and review of this Country Cooperation Strategy. We would also like to thank WHO staff at the WHO country office, the WHO Regional Office for the Western Pacific and WHO headquarters for their valuable input and advice.

WPRO/2016/DPM/001

© World Health Organization 2016

All rights reserved.

Photo credits

Cover: ©WHO/Yoshi Shimizu

Inside pages: pp. 7, 9: ©WHO/Yoshi Shimizu - pp. 1, 3, 8, 11: ©AFP

CONTENTS

Acknowledgements	ii
Abbreviations	iv
1. Introduction	1
2. Health and development challenges and national health priorities.....	3
3. Update on development cooperation and partnerships.....	7
4. Review of WHO–Mongolia cooperation in 2010–2013.....	9
5. Refined focus of WHO–Mongolia cooperation in 2014–2016.....	10
6. Implementing the refined strategic agenda	12
Annex 1. Trends of key social and health indicators in Mongolia.....	13
Annex 2. WHO–Mongolia cooperation in 2010–2013	14
Annex 3. WHO–Mongolia cooperation in 2014–2016	19
References	24

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ADB	Asian Development Bank
CCS	country cooperation strategy
EOC	emergency operations centre
FETP	Field Epidemiology Training Programme
GDP	gross domestic product
HDI	Human Development Index
HIV	human immunodeficiency virus
HSSMP	Health Sector Strategic Master Plan 2006–2015
MDG	Millennium Development Goal
MDR-TB	multidrug resistant tuberculosis
MNT	Mongolian tughrik
NCD	noncommunicable diseases
PHC	primary health care
RED	Reaching Every District
STEPS	STEPwise approach to noncommunicable disease risk factor surveillance
STI	sexually transmitted infection
TB	tuberculosis
THE	total health expenditure
UHC	universal health coverage
UNICEF	United Nations Children’s Fund
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis



1. Introduction

World Health Organization (WHO) country cooperation strategies (CCS) provide a medium-term vision for the Organization's technical cooperation with a given Member State in support of the country's national health policies, strategies and plans. CCS are a key instrument to guide WHO's work in countries and the main instrument to harmonize WHO's cooperation in countries with that of other United Nations agencies and development partners. The CCS time frame is flexible to align with national cycles and processes.

The *WHO Country Cooperation Strategy for Mongolia 2010–2015* was developed based on priorities identified in the national *Health Sector Strategic Master Plan 2006–2015* (HSSMP) and the *Government Action Plan 2008–2012*. The CCS was also expected to link country health priorities to the *WHO Medium-term Strategic Plan 2008–2013* and the *WHO Eleventh General Programme of Work 2006–2015*.

Since then, Mongolia has developed rapidly. The country has attained upper-middle income (1) status, poverty is falling and urbanization is accelerating. The health sector is maturing and now faces new challenges associated with economic and social transition. The donor environment has also changed noticeably.

The Ministry of Health and Sports undertook a midterm review of HSSMP implementation in 2011 that showed the HSSMP remains valid. After the general election in 2012, the Government launched *Government Action Plan 2012–2016*. The *United Nations Development Assistance Framework: Mongolia, 2012–2016*, was also launched in 2012.

WHO's work in Mongolia needs to remain strategic and relevant in this dynamic social, political, economic and policy environment. WHO's work also needs to provide effective technical support to the Government, and the Organization needs continue in its leadership role among health partners.

It was therefore decided to conduct a review of *WHO Country Cooperation Strategy for Mongolia 2010–2015* with a view to extending to 2016. This review and the proposed extension aim to refine the CCS strategic agenda so that it aligns with priorities in the new four-year *Government Action Plan*, harmonizes WHO's work with other United Nations agencies through the United Nations Development Assistance Framework (UNDAF) for Mongolia, and further synchronizes the WHO CCS cycle with Government and UNDAF planning cycles.

Following extensive desk review and wide stakeholder consultation, it is proposed to extend *WHO Country Cooperation Strategy for Mongolia 2010–2015* until 2016 with a slightly refined CCS strategic agenda.



2. Health and development challenges and national health priorities

2.1 Key updates on national development and health situation

Socioeconomic development

Since the launch of the CCS in 2010, Mongolia has experienced rapid economic growth mainly because of the mining sector. The country attained upper-middle income country status (2014). Gross national income per capita increased from US\$ 1639 in 2008 to US\$ 3770 by the end of 2013. In 2013, Mongolia also grappled with high inflation (12.5%) and a growing current account deficit as foreign direct investments declined.⁽²⁾

Human development is not keeping pace with economic growth. In 2013, Mongolia's human development index (HDI) was calculated at 0.675 which was lower than in 2007 (0.727). When the value is discounted for inequality, the HDI falls to 0.568 with a loss of 15.9%. The poverty headcount declined by more than 11 percentage points between 2010 and 2012, but still remains unacceptably high at 27.4%.⁽³⁾

Population

Mongolia's population was 3 million at the end of 2014. Rural-to-urban migration has been accelerating because of rapid economic growth fuelled by the mining boom. The urban population increased from about 60% in 2008 to 67.2% in 2012. In 2012, there were 1 318 100 people residing in Ulaanbaatar and population density was 280 people per square kilometre.⁽⁴⁾ This rapid urbanization resulted in the expansion of peri-urban *ger* (Mongolian traditional dwelling) area with emerging challenges including the spread of communicable diseases, especially sexually transmitted infections (STIs), environmental degradation and increasing air pollution, in particular in winter.

Disaster and environmental health risk

Mongolia is prone to natural disasters such as earthquakes, flooding and *dzud* (extremely severe winters). The country experiences severe climatic conditions, with long, cold winters and short, hot summers. Major environmental risk factors include air pollution, limited access to water and sanitation, chemical safety and limited waste management. The country is also facing increasing environmental degradation and contamination due to the rapid growth of extractive industries.

Health situation

There have been strong gains in health outcomes, particularly in vaccine-preventable disease control, maternal and child health, and human immunodeficiency virus (HIV) prevention. In 2013 Mongolia was certified to have effectively controlled hepatitis B in infants and in 2014 as having eliminated measles. Both the maternal mortality ratio and the under-5 mortality rate have declined since 2012.⁽⁵⁾

However, there are many remaining and emerging health challenges. These include the high prevalence of noncommunicable diseases (NCDs). Life expectancy among men is almost 10 years shorter than among women. The trend of new registered tuberculosis (TB) cases has been constantly high for more than 10 years.⁽⁶⁾ Progress to improve nutrition has been much slower than expected. STIs are also increasing despite the overall decrease in communicable diseases. Respiratory diseases have also increased among young and older people, especially during winters due to air pollution. Rapid expansion of extractive industries and building of new roads led to an increase in industrial and road traffic accidents causing an increased number of injuries leading to disabilities. There is still a large herder population likely to contract zoonotic diseases. Several anthrax and plague cases are recorded every year. In addition, Mongolia is still one of the highest prevalence countries for brucellosis.

Health system

Challenges related to health system development also remain. The sparsely distributed population makes it challenging to deliver quality and affordable health-care services to rural and remote areas, especially to nomadic herders. Mongolia introduced a social health insurance system in 1994, and its coverage reached 97.3% in 2013.⁽⁷⁾ However, unemployed and herder populations are still not fully covered by social health insurance.

The private health sector has been growing rapidly. As of 2014, 22.1% of hospital beds belong to the private sector.⁽⁸⁾ A significant challenge remains in regulating the quality and cost of private services. Total health expenditure (THE) has increased from Mongolian tugrik (MNT) 250 billion in 2010 to MNT 416 billion in 2013. However, THE as a share of gross domestic product (GDP) dropped from 3.0% in 2010 to 2.37% in 2013.

The predominant share of health expenditure is for secondary and tertiary curative care. Funding for primary care has decreased from 19.6% in 2010 to 16.3% in 2014.⁽⁹⁾

The pharmaceutical sector is facing challenges including uncontrolled sale of drugs, poor quality of drugs, increasing flow of counterfeit drugs from neighbouring countries, insufficient regulatory measures, weak enforcement, and quality control and shortage of drugs in rural areas. Key social and health indicators for Mongolia are available in Annex 1.

2.2 Updates on national health and development priorities

Government Action Plan 2012–2016

HSSMP was approved in 2005. The Ministry of Health and Sports undertook a midterm review of its implementation in 2011.⁽¹⁰⁾ The review found that HSSMP remains valid. After the general election in 2012, the Government presented five action programmes: Mongolian with a Job and Income, Healthy and Strong Mongolia, Educated and Knowledgeable Mongolia, Mongolian in a Safe Environment and Free Mongolian.⁽¹¹⁾ The *Government Action Plan 2012–2016* has been designed to achieve a healthy Mongolia. The key objective for the health sector is to provide an opportunity for every citizen to receive medical diagnostics, treatment and services of the highest quality based on fair competition and selectivity.

Ministry of Health and Sports reform policy on health

To implement the *Government Action Plan*, the Ministry of Health and Sports developed a reform policy on health.⁽¹²⁾ The policy consists of the following strategic directions:

- **Public health** (promotion of health in all policies to decrease health risks caused by mining, urbanization and climate change, strengthening public health laboratories and surveillance, prevention and control of NCDs and communicable diseases, men's health, establishment of public health centres in *aimags* and cities).
- **Medical services:**
 - expansion of family health centre services by adding home and day care, rehabilitation services and palliative care, increasing the number and type of diagnostic tests, and increasing the capitation rate;

- establishment of a district health system network for every 150 000 population in Ulaanbaatar city;
 - decentralization of ambulance care in Ulaanbaatar, strengthening of long-distance ambulance care, establishment of an emergency operating centre, expansion of telemedicine services; and
 - establishment of a national diagnostic centre and national laboratory with biosafety level 3, introduction of an e-referral system and strengthening of drug regulation.
- **Governance of health-care institutions:** pilot semi-autonomous hospital, support public–private partnership, and improve performance and funding contract of health-care institutions.
 - **Health-care financing:** establishing a single purchasing system, increasing Government funding for health up to 5.6% of GDP, transferring services funded by state budgets to health insurance funding (60% of health insurance funding as a percentage of total Government health expenditure by 2016), increasing funding for public health, and reducing out-of-pocket expenditure from 41% to 25%.
 - **Human resources for health:** promoting distance and interactive learning methods for health-care worker training, revising and renewing salary and incentives policy, and establishing a postgraduate training institution.



3. Update on development cooperation and partnerships

Strong economic performance since 2007 and near doubling of GDP have meant Mongolia is becoming less dependent on aid. However, if the recent downward economic trend continues, external support may again be sought.

United Nations agencies including WHO have been active in Mongolia for many years and maintain a high level of involvement in health sector programmes. WHO has taken the lead in supporting the health sector in donor coordination as well as in coordination of external resources for effectiveness and harmonization of international aid.

UNDAF provides a composite platform to help United Nations agencies integrate their programmes and plans to generate synergies and streamline cooperation.⁽¹³⁾

The four strategic priorities of UNDAF for Mongolia in 2012–2016 are:

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; and
4. strengthened governance for protection of human rights and reduction of disparities.

In implementing UNDAF, United Nations Volunteers and WHO have been jointly leading the United Nations country team Task Force on Civil–Society Engagement. The Working Group on Maternal and Child Health is being led by the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and WHO. The United Nations Development Programme, UNFPA, UNICEF and WHO also took part in the Joint Programme on Promoting social quality in the Gobi areas of south Mongolia by fostering human security with integrated and prevention approaches.⁽¹⁴⁾



4. Review of WHO–Mongolia cooperation in 2010–2013

The *WHO Country Cooperation Strategy for Mongolia 2010–2015* identified five strategic priorities for WHO cooperation from 2010 to 2015:

1. Health systems strengthening through a primary health care approach
2. Scaling-up prevention and control of NCDs, injuries, violence and their determinants
3. Sustaining and accelerating the achievement of health-related Millennium Development Goal (MDG) targets
4. Strengthening health security, including control of communicable and vaccine-preventable diseases
5. Strengthening environmental health management (15)

For each of the strategic priorities, a set of focus areas and strategic approaches was formulated. WHO provided policy advice to the Government as well as technical and financial assistance in collaboration with other development partners. A detailed description of WHO–Mongolia cooperation in 2010–2013 is available in Annex 2.



5. Refined focus of WHO–Mongolia cooperation in 2014–2016

The WHO *Twelfth General Programme of Work 2014–2019*, endorsed at the sixty-sixth World Health Assembly in 2013, established the technical categories of work (25 programme areas grouped into five categories) and key priorities for the Organization. The *Programme Budget 2014–2015* then identifies outputs to be achieved based on the roles, functions and deliverables of each level of the Organization. Member States have requested that the WHO Director-General prepare the *Programme Budget 2016–2017* using a robust bottom-up planning process based on clear roles and responsibilities across the three levels of WHO. In consultation with the Government, the WHO Secretariat identified 10 priority programme areas for WHO’s technical cooperation with Mongolia to which approximately 80% of resources should be directed. The other 20% is to be used for unbudgeted urgent priorities arising during the biennium. Identification of priorities for 2016–2017 was based on the *WHO Country Cooperation Strategy for Mongolia 2010–2015* and the *Programme Budget 2014–2015* of the Office of the WHO Representative in Mongolia.

Strategic priorities for WHO–Mongolia cooperation were further refined through the process of reviewing the CCS document. It is recommended that the CCS cycle should be extended to 2016. Existing CCS strategic priorities are still valid, but a minor refinement is proposed. Proposed refined strategic priorities for WHO–Mongolia cooperation 2014–2016 are:

- health system strengthening for achieving universal health coverage (UHC) through a primary health care (PHC) approach linked with the other levels of care;
- scaling up prevention and control of NCDs, injuries, road traffic accidents, violence and their determinants;

- sustaining and accelerating the achievement of health-related MDG targets through enabling the Government and other domestic partners to manage the services while preparing for the post-MDG agenda and UHC;
- strengthening health security, including control of communicable and vaccine-preventable diseases; and
- strengthening environmental health management.

Further details of WHO–Mongolia cooperation in 2014–2016 are available in Annex 3.

Other health priorities in Mongolia in 2014–2016 may be supported by WHO subject to:

- identification by the Government of a specific priority area of intervention, with a request for further WHO support;
- WHO added-value in providing such support, or comparative advantage, over other possible sources of support; and
- identification of adequate human and financial resources to ensure WHO’s productive involvement.



6. Implementing the refined strategic agenda

Despite changes in strategic frameworks both for Mongolia and WHO, the five strategic priorities identified in the CCS 2010–2015 are still considered appropriate for 2014–2016 with minor refinements. The refined CCS strategic agenda will guide the WHO Secretariat’s work with Mongolia from 2014 to 2016.

Mongolia is experiencing rapid and profound social, political and economic changes. This is likely to have significant implications on the extent and nature of WHO’s engagement in Mongolia in the near future. While implementing the refined CCS strategic agenda, the WHO Secretariat will ensure the Organization continues to be strategically placed to respond to evolving challenges. This will be a key determinant of WHO’s relevance and effectiveness in future.

The WHO Secretariat, and in particular the Office of the WHO Representative in Mongolia, will monitor the Organization’s contribution within the partnership environment to ensure continuing complementarity with partner contributions.

ANNEXES

ANNEX 1.

Trends of key social and health indicators in Mongolia⁽¹⁶⁾

Indicators	2012	2013	2014
Total population	2 867 700	2 930 300	2 995 900
% population under 15	27.6	27.4	28
% population over 65	4.0	3.8	4.0
Life expectancy at birth (total, female, male)	68.7 years 74.3 female 64.9 male	69.1 years 75.0 female 65.4 male	69.6 years 75.5 female 65.9 male
Infant mortality rate per 1000 live births	15.3	14.6	15.3
Under-five mortality rate per 1000 live births	18.7	18.0	18.4
Maternal mortality ratio per 100 000 live births	50.8	42.6	30.6
% Births attended by skilled health workers in hospital	99.7	99.8	99.9
Density of physicians per 10 000 population	30.3	30.7	31.4
Density of mid-level medical personnel per 10 000 population	59.4	60.0	61.7
% Population using improved drinking-water sources	72.6 (2010) ¹⁷
% Population using improved sanitation facilities	23.2 (2010) ¹⁷
Total expenditure on health as % of GDP	3.0	3.0	3.0
General government expenditure on health as % of total government expenditure	7.0	8.0	8.0
Private expenditure on health as % of total public expenditure on health	2.7	1.7	2.2
Adult (15+) literacy rate total	98.3 (2010) ¹⁸	-	-
Poverty headcount ratio at US\$ 1.25 a day (PPP) (% of population)	27.4 ¹⁹
Human development index		0.67 (2013) ¹⁹	

Source: Government of Mongolia

ANNEX 2.

WHO–Mongolia cooperation in 2010–2013

STRATEGIC PRIORITY 1

Health systems strengthening through a primary health care approach

WHO advocated the importance of health system strengthening at the subnational level through a primary health care (PHC) approach to achieve the goal of universal health coverage (UHC).

- The concept of subnational health system strengthening was accepted by health development partners who agreed to roll-out this concept in selected *aimags*.
- WHO also supported the development and roll-out of training packages for health workers to improve service delivery in remote and rural areas and health-care management capacity and leadership.

WHO provided policy advice, technical assistance and financial support to the Government in developing, implementing and reviewing national health policies, including a joint midterm review of HSSMP, the *Long-term Policy for Social Health Insurance Development 2013–2022* and the *E-Health Strategy 2010–2014*.

In human resources for health, WHO supported the High-Level National Committee on Human Resources to improve coordination and to strengthen the health sector human resource system. A memorandum of understanding among key stakeholders was signed, and the human resource database for licensing health-care workers and regulation on accreditation was updated.

In medicine and health technology, WHO provided technical assistance to improve drug regulation through revision of medicine policies, adoption of good manufacturing practices standards, adoption of WHO guidelines on good distribution practices and good pharmacy practices, and strengthening drug control laboratory.

WHO conducted research and surveys to support evidence-based decision-making. WHO also supported establishing the health sector enterprise architecture and “Mongolmed”, an online bilingual bibliometric system, in 2012.

In health development partner coordination, WHO supported the preparation and conduct of quarterly meetings of the Government Aid Coordination Committee and training of the committee’s secretarial support services.

STRATEGIC PRIORITY 2

Scaling up prevention and control of noncommunicable diseases, injuries, violence and their determinants

WHO's work on NCDs has expanded dramatically during the first phase of CCS implementation, reinforced by collaboration with the Millennium Challenge Corporation-funded project that ended in 2013.

In surveillance, WHO facilitated the third survey of the WHO STEPwise approach to NCD risk factor surveillance (STEPS) and the second Global School-based Student Health Survey in 2013. WHO also supported the establishment of the stroke registry at the Third Clinical Hospital and Bayangol district hospital, which could set the stage for considering what other similar types of disease registries could be set up.

In policy advice, WHO supported the development of national strategies on NCDs and provided technical assistance in implementing or reviewing these strategies, specifically:

- *National Strategy on Diet and Physical Activity 2010–2021, National Strategy on Prevention and Control of Deafness and Hearing Impairment 2010–2019, National Programme of Injury and Violence 2010–2016 and National Programme on Mental Health 2010–2019; and*
- *National Strategy on Rehabilitation Care and Services 2011–2015, National Strategy on Traffic Safety 2012–2020, and Second National Multisectoral Programme on NonCommunicable Diseases 2014–2021.*

WHO advocated enabling environments through the Healthy City Initiative and issues on disability:

- advocating expansion of the Healthy City Initiative to all *aimags* and the establishment of the 100% smoke-free environment in line with the revised Tobacco Control Law in 2012;
- promoting community-based rehabilitation guidelines that resulted in the official launch of the *World Report on Disability* in 2011 and the *Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific* in 2014; and
- supporting the establishment of the Centres of Excellence for Stroke, Heart Attack and Post-stroke Rehabilitation at the Third Clinical Hospital of Ulaanbaatar city to strengthen the comprehensive health services at the tertiary level.

STRATEGIC PRIORITY 3

Sustaining and accelerating the achievement of health-related Millennium Development Goals targets

In maternal, neonatal and child health, WHO continuously supported the Government to achieve the MDGs. This support included technical assistance in translating the latest global policies into Mongolia's context and capacity-building of health workers. These actions improved antenatal care, reduced maternal and child mortality, and improved nutrition of mothers and children.

In TB, HIV/AIDS and STI control, WHO provided policy advice in developing and implementing national strategies, technical assistance and financial support in strengthening strategic information systems, and facilitated resource mobilization. This included:

- *National Stop TB Strategy 2010–2015, National Guidelines on TB Care and Services*, a multidrug-resistant tuberculosis (MDR-TB) training module for health providers and health volunteers, introduction of new diagnostic tools such as liquid culture and Gene Xpert, and TB prevalence surveys;
- *National HIV/AIDS and STI Prevention and Control Strategy 2010–2015, National Guidelines on HIV/STI Management*, and revision of the *Methodology of Second Generation STI/HIV Surveillance*;
- introduction of a one-stop services approach to improve access to maternal syphilis screening and treatment; and
- resource mobilization for the Government with approximately US\$ 12 million for health system strengthening, TB and HIV/AIDS prevention and control through the Global Fund to Fight AIDS, Tuberculosis and Malaria New Funding Model mechanism.

STRATEGIC PRIORITY 4

Strengthening health security, including control of communicable and vaccine preventable diseases

WHO facilitated cross-sectoral collaboration and partnership in managing risks of emerging diseases in implementing the *Asia Pacific Strategy for Emerging Diseases* in Mongolia, in particular:

- WHO supported the establishment of the intersectoral coordination mechanism between veterinary and public health sectors and its expansion to cover food safety authorities, inspection, emergency management and environmental sectors in 2013. Mongolia's Field Epidemiology Training Programme (FETP) will serve as secretariat to the intersectoral coordination committee and will provide the evidence base for cross-sectoral policies.
- WHO supported the development of the *National Emerging Infectious Disease and Public Health Emergencies Plan 2011–2015* that refocused on preparedness planning and capacity-building to mitigate the effects of public health emergencies.
- WHO supported the establishment of an emergency operations centre (EOC) at the Ministry of Health and Sports. The centre can be used to respond to health emergencies of any type, scope and complexity. WHO also supported adoption of the Incident Management System to achieve seamless inter-agency coordination, communication and ensure that resources are managed appropriately allowing a prompt and proportionate response.

In vaccine-preventable disease control, WHO supported the Government to strengthen the surveillance system. This included:

- establishing population-based sentinel surveillance for invasive bacterial diseases and rotavirus diarrhoea; and
- accreditation of poliomyelitis and measles laboratories as a National Reference Laboratory.

STRATEGIC PRIORITY 5

Strengthening environmental health management

WHO advocated health and environment issues and joined other stakeholders to strengthen the environmental health management system in Mongolia. This included joint United Nations programmes, demonstration projects and studies to support evidence-based decision-making:

- Two United Nations joint projects on health and environment were implemented from 2009 to 2013 with financial support from the United Nations Trust Fund for Human Security. Capacity of rural health workers and communities on environmental

health management, water and sanitation systems was upgraded in selected 20 *soum* hospitals and health-care waste management system was improved in 26 *soum* hospitals.

- The Mercury Free Hospital Initiative was successfully rolled out. Procurement of mercury -containing thermometers, sphygmomanometers and dental amalgams was banned, effective from January 2011.
- The Water Safety Plan Initiative has been carried out in two urban and six rural areas since 2012 under the framework of the Australia/WHO Water Quality Partnership. Policy revision, particularly the inclusion of water safety plans into existing policies and standards, is crucial to ensure drinking-water quality. The revision of water related policy documents, including drinking-water quality standards, is ongoing.
- Evidence for decision-making was strengthened through a study assessing the health condition of artisanal miners and their family members in collaboration with the Swiss Agency for Development and Cooperation.

Annex 3.

WHO–Mongolia cooperation in 2014–2016

REFINED STRATEGIC PRIORITY 1

Health systems strengthening for achieving equitable universal health coverage through primary health care (PHC) approach linked with the other levels of care.

While the value of a PHC approach is still valid in Mongolia, it is proposed that the CCS strategic priority should be to link clearly with WHO's global leadership priority of UHC. Under this refined strategic priority, WHO will focus its support to the Government's health sector reform agenda, in particular on subnational health system strengthening and reviewing and upgrading national health policies and strategies.

WHO will support the health sector reform agenda to ensure universal access to quality services and address disparities through subnational health systems strengthening, including improved cross-sectoral collaboration (programme area 4.002).

- WHO has agreed with UNICEF, World Vision and Norwegian Lutheran Mission to collaborate on health system strengthening at the subnational level in selected *aimags*/districts for 2014–2016. Other potential development partners, such as the nongovernmental organizations People In Need and Caritas, are also expected to participate in due course (programme area 4.002).
- WHO will also provide technical assistance for a demonstration project on hospital governance, hospital policy and upgrading service quality of district hospitals in collaboration with the Asian Development Bank (ADB). (programme area 4.002)
- WHO, along with other partners—ADB, Deutsche Gesellschaft für Internationale Zusammenarbeit and the United Nations system—will continue to support activities to improve the management competencies of health managers through training with departments/agencies responsible for this task (programme area 4.002).

WHO will provide technical and policy advice to the Government in reviewing and upgrading national health policies to achieve UHC (programme areas 4.001, 4.003 and 4.004).

- WHO will support the establishment of the single purchaser system in health financing and also assist in the meeting the 5%-of-GDP target for health expenditures and reduce out-of-pocket expenditures (programme area 4.001).

- WHO will continue to support the Multi sectoral National Committee on Health and Sub committee on Human Resources for Health focusing on licensing, postgraduate training, distribution, quality, ethics and incentive mechanism (programme area 4.001).
- WHO will support the Government to develop and revise the State Policy on Medicines and Medical Devices, which is in the final stages of being passed by the Parliament; and revision of the Medicines and Medical Devices Law and the Formation of the unified Drug Regulatory Agency (programme area 4.003).
- WHO will continue to support implementation of national policies on improving health service quality and patient safety, state policy on medicine and medicine regulation, rational use of essential and traditional medicine, and updating diagnostic and treatment guidelines and protocols (programme area 4.003).
- WHO will also support evidence-based decision-making towards UHC through strengthening health systems research, health information systems and monitoring and evaluation mechanisms (programme area 4.004).

REFINED STRATEGIC PRIORITY 2

Scaling up prevention and control of noncommunicable diseases, injuries, road traffic accidents, mental health, violence and their determinants.

WHO will continue to support the Government in the prevention and control of NCDs including injuries, road traffic accidents and violence (programme areas 2.001 and 2.003) by:

- implementing the *Second National Multisectoral Programme on NCDs 2014–2021* (programme area 2.001);
- integrating road traffic accidents and injury prevention from violence and occupational hazards into the new NCD programme to promote synergies and streamline collaboration (programme area 2.003); and
- organizing the third Global youth Tobacco Survey in 2014 (programme area 2.001).

WHO will expand its support to the Government to improve mental health and control substance abuse in particular to control harmful use of alcohol (programme area 2.002) by:

- revising the national law on alcohol control (programme area 2.002); and

- organizing an international meeting on alcohol control and prevention of harmful use of alcohol in 2015, which is expected to serve as a turning point for alcohol control policy in Mongolia (programme area 2.002).

REFINED STRATEGIC PRIORITY 3

Sustaining and accelerating the achievement of health-related MDG targets through enabling the Government and other domestic partners to manage services while preparing for the post-MDG agenda and universal health coverage.

WHO will continue to support the Government to evaluate and report on MDGs in 2015 and roll-out the post-2015 development agenda:

In maternal and child health (programme area 3.001):

- delivering PHC on maternal and child health within national and subnational health systems, especially at the subnational level to expand coverage and access (programme area 3.001 and 4.002);
- delivering integrated services including interactive and distance learning (programme area 3.001 and 4.002);
- implementing Integrated Reproductive Health and STIs services, enabling the operation of the one-stop approach for elimination of congenital syphilis and strengthening of the health sector response to violence against women (programme area 3.001 and 3.003); and
- building institutional and human resource capacity to reduce neonatal mortality through early essential newborn care to improve management and clinical skills of health workers (programme area 3.001).

In HIV/AIDS, STIs, TB and hepatitis control, WHO will continue to support the Government to strengthen national response by (programme area 1.001 and 1.002):

- working with the Global Fund to Fight AIDS, Tuberculosis and Malaria in accessing support through the New Funding Model (programme areas 1.001 and 1.002);
- rolling out WHO consolidated antiretroviral treatment guidelines (programme area 1.001);
- strengthening programmatic and clinical management of MDR-TB and extensively drug resistant tuberculosis (XDR-TB) among high risk groups in conjunction with subnational health systems strengthening initiatives (programme areas 1.002 and 4.002);

- strengthening strategic information for HIV/STIs and TB (programme areas 1.001 and 1.002);
- ensuring that health services including STI and TB services target young populations, such as university students (programme areas 1.001 and 1.002); and
- expanding support to strengthen Government capacity in the prevention, control and treatment of viral hepatitis through advocacy and technical assistance to develop national policies, strategies and action plans (programme area 1.001).

REFINED STRATEGIC PRIORITY 4

Strengthening surveillance and response capacity for all hazards including communicable diseases with improved linkages/integration with emerging infectious disease and public health emergencies.

In emerging infectious diseases, WHO will focus on building existing generic capacities, including event-based surveillance, risk communications, response logistics, infection prevention and control, laboratory and emergency operations centres that can be used to respond to health emergencies of any type, scope and complexity (programme area 5.001).

In vaccine-preventable disease control, WHO will focus its support to the Government on a few key areas (programme area 1.005):

- strengthening the subnational health system using Reach Every District (RED) strategy in urban and rural settings (programme areas 1.005 and 4.002); and
- introducing vaccines against pneumonia, the main killer of Mongolian children, into the routine national immunization programme and switching to injectable polio vaccine as a part of Global Polio Eradication Initiative (programme area 1.005).

REFINED STRATEGIC PRIORITY 5

Strengthening environmental health management.

WHO will advocate key issues on health and environment to raise awareness among national leaders and the public (programme area 3.005):

- Mining and health. In Mongolia, extractive industries are rapidly growing. Environmental and health hazards related to mining are increasing, including

environmental degradation and contamination, industrial and traffic accidents, dust-related respiratory diseases, and chemical poisoning due to artisanal mining. STIs among miners and nearby local communities are another challenge to health care. Regulation and legislation for basic occupational health services should be strengthened with WHO support. WHO's technical assistance is vital to strengthen capacity in dealing with these issues as well as national capacity to conduct health impact analysis.

- Waste management. WHO technical support is crucial to improve appropriate waste management in the coming years while Mongolia is increasingly challenged to deal with poor waste management, including health care hazardous waste.
- Climate change and health. WHO will expand its role in supporting the Government to mitigate health impacts of climate change, to strengthen capacity to adapt to climate change and to encourage an economic system with less greenhouse gas emissions.

WHO will continue to provide technical assistance in developing and implementing water safety plans across Mongolia, which will be integrated into water-related policy documents and the national water programme, rendering water safety planning compulsory (programme area 3.005):

- expanding provision of safe drinking water and improve sanitation facilities in health-care settings; and
- developing a strategy to scale-up the Water Safety Plan implementation.

WHO will also provide technical support to implement the *National Programme on Environmental Health and National Environmental Action Plan*, with the focus on (programme area 3.005):

- strengthening and ensuring environmental health and sustainable management for reduction of air, soil and water pollution;
- enabling proper management of chemical safety; and
- strengthening of capacity to carry out health impact assessments in relation to environmental and occupational health (programme area 3.005).

References

1. World Bank Databank, 2015 (<http://data.worldbank.org/country/mongolia>, accessed 25 January 2016).
2. Social and economic situation (As of the preliminary result of 2013) of Mongolia. National Statistics Office of Mongolia: Ulaanbaatar; 2014. <http://www.nso.mn/files>, accessed 25 January 2016).
3. Mongolia Human Development Report, 2013. <http://hdr.undp.org/en/MNG>, accessed 25 January 2016).
4. National Statistics Office. <http://www.nso.mn/>, accessed 25 January 2016).
5. Health Indicators 2014, Center for Health Development, Ulaanbaatar, Mongolia 2014. (<http://www.chd.mohs.mn/content.php?type=service&id=76>, accessed 25 January 2016).
6. Health Indicators 2014, Center for Health Development, Ulaanbaatar, Mongolia 2014. (<http://www.chd.mohs.mn/content.php?type=service&id=76>, accessed 25 January 2016).
7. Social Insurance General Office (Internal unpublished), Mongolia 2013.
8. Health Indicators 2014, Center for Health Development, Ulaanbaatar, Mongolia 2014. (<http://www.chd.mohs.mn/content.php?type=service&id=76>, accessed 25 January 2016).
9. Internal unpublished data from Finance and Economic Division, Ministry of Health and Sports, 2013
10. Health Minister's Order, 2011, Ministry of Health and Sports. (<http://www.mohs.mn/web/index.php/erhzui/32>, accessed 25 January 2016).
11. Government Action Plan 2012–2016. (http://www.wpro.who.int/countries/mng/mongolia_government_action_plan_2012-16.pdf, accessed 25 January 2016)
12. Health Sector Reform Policy, Ministry of Health and Sports (unpublished), Mongolia 2012.

13. United Nations Development Assistance Framework for 2012–2016. (http://www.wpro.who.int/countries/mng/UNDAF_ENGLISH_17March2011.pdf, accessed 25 January 2016).
14. Annual Report of United Nations Resident Coordinator in Mongolia 2013 (Internal unpublished). United Nations Resident Coordinator in Mongolia: Ulaanbaatar, 2014.
15. WHO Country Cooperation Strategy for Mongolia 2010–2015. (<http://www.wpro.who.int/mongolia/publications/stragey/en/>, accessed 25 January 2016).
16. Health Indicators 2012, 2013 and 2014, Center for Health Development, Ulaanbaatar, Mongolia. (<http://www.chd.mohs.mn/content.php?type=service&id=76>, accessed 25 January 2016).
17. Achieving the Millennium Development Goals. Fifth National Progress Report 2013, Government of Mongolia. (http://www.mn.undp.org/content/dam/mongolia/Publications/MDGreports/MDG%205,%20Final%20ENG%20Report_1225.pdf, accessed 25 January 2016).
18. Population and Housing Census of Mongolia 2010, Ulaanbaatar, Mongolia. (<http://en.nso.mn/content/109>, accessed 25 January 2016).
19. Mongolia Human Development Report 2013. (<http://hdr.undp.org/en/MNG>, accessed 25 January 2016).

