

**Second Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases**



Mongolia

5-9 September 2016

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Summary

A first joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Mongolia took place between 7-11 September 2015.¹ A second joint mission was conducted between 5-9 September 2016 by WHO and UNDP in close collaboration with the United Nations Country Team (UNCT) following the election of the Mongolian People's Party to Government in June 2016. The objectives of the of the second joint mission were: (i) to develop the investment case for investing in NCDs; (ii) to undertake an Institutional and Context Analysis; and (iii) to review progress since the first joint mission. The Investment Case for investing in NCDs was undertaken in response to a recommendation made in the first joint Mission. This interim report presents the findings on progress since the first joint mission and a small set of recommendations. A final report will be made available once the results of the Investment Case and Institutional Context Analysis are completed.

Mongolia continues to face a heavy burden of Noncommunicable Diseases (NCDs) that cause premature mortality, significant disability and prevent the country from fulfilling its economic potential. The Government is aware of the economic impact of NCDs, and the need for a whole-of-government response. But the legacies associated with a coalition government and the adverse influence of many private sector entities, especially tobacco and alcohol, mean that government and parliament has to date not treated the prevention of NCDs as a priority. However a new government provides an opportunity for political stability and with this strengthened action against NCDs. The findings of the second joint mission include the following: (i) a new government that provides the opportunity for stability and progress on NCDs; (ii) a Government that is in a position to fulfil its commitment to raising tax on tobacco products and alcoholic beverages to create additional space for development and reducing the burden of ill health and premature mortality; (iii) an UNCT that is starting to scale up action on NCDs as part of the SDG agenda; and (iv) a small set of bilateral donors in country that will be coming together to join forces in the area of health. There has been some limited progress on the recommendations of the first Joint Mission. A rapid assessment on Mongolia's progress against the 2015 WHO Progress Monitor shows progress in a few areas but concern in others.

This report includes an updated set of recommendations for the Government and UNCT in the following areas: (i) strengthening development, health sector and NCD-wide policy and planning; (ii) developing and strengthening NCD risk factor-specific policy; (iii) enhancing public awareness; and (iv) building more effective governance, coordination and accountability for NCDs; and (v) surveillance. A set of recommendations for the UN system is also provided. The Joint Mission also recommends that WHO and UNDP continue to identify funding for Mongolia to be part of the WHO-UNDP Global Joint Programme to Catalyse Multisectoral Action for NCDs.

WHO, UNDP and Research Triangle Institute International will complete the investment case with a view to presenting the findings to the Government and other stakeholders in 2017.

¹ In alphabetical order, the following agencies participated in the first joint programming mission: Asian Development Bank, FAO, UNDP, UNFPA, UNICEF and WHO. It was undertaken at the same time as a Framework Convention for Tobacco Control Needs Assessment Mission (<http://www.who.int/fctc/implementation/needs/en/>) and many of the meetings during the week were held jointly between both Missions to maximise efficiency.

Recommendations

1. Development, health sector and NCD-wide policy and planning

1.1 The new National NCD Programme and its action plan that the Government is committed to develop is completed and costed by the end of 2016 through a consultative process across government and with development partners. It should be multisectoral, focus on a small set of priorities at the community and primary care level (Annex 1) and include ambitious targets that are in line with the WHO NCD Global Monitoring Framework and the targets of the Sustainable Development Goals (SDGs). There should be clear linkages to the national Sustainable Development Vision.

1.2 That the Health Promotion Fund is immediately restored.

2. Development and strengthening of NCD risk factor-specific policy

2.1 Tobacco: the Government increases tobacco excise tax by a minimum of 20% immediately in line with the commitment announced by government in September 2016, with ambitious year on year increases. The March 2016 Mongolia Tobacco Tax Working Group Report² indicated that a 25% increase in excise tax would raise MNT 20 billion of extra revenue for the government each year and save several thousand lives over the next few years. Some of these funds should be allocated to a restored Health Promotion Fund.

2.2 Alcohol: the Government increases excise tax on alcoholic beverages by 20% immediately in line with the commitment announced by government in September 2016.

2.3 Salt: the Government implements the following components of the national salt reduction programme with immediate effect: (i) harnessing industry for reformulation of food high in salt; and (ii) adopting front of pack labelling of food products.

3. Public awareness

3.1 Diet and physical activity: the Government undertakes an immediate and sustained public health campaign to raise public awareness on diet and physical activity.

3.2 Health Education: the Government re-establishes the health education curriculum in schools and educational institutions, including a focus on NCD prevention aimed at young people.

4. Governance, coordination and accountability

4.1 The Government establishes a multisectoral coordination mechanism for NCDs at ministerial and technical level in order to oversee the development, implementation and monitoring of the national NCD response. There should be clear linkages to emerging national SDG coordination mechanisms.

4.2 The Prime Minister or President's office, in collaboration with relevant government entities, undertakes to explore and address the influence of tobacco, alcohol and food and beverage

² "An evaluation of Mongolian tobacco taxes 2011-2015 and a proposal for future tobacco tax increases" Mongolian tobacco tax working group, March 2016

industries in the development and enforcement of policies and legislation impacting on public health.

4.3 The authorities of Ulaanbaatar develop and implement a set of local level actions against NCDs in line with national priorities, including a reduction in levels of pollution.

4.4 Once the results of the Investment Case are available, they should be presentation of this and the findings and recommendations in this report to Cabinet and Parliament.

5. Surveillance

5.1 STEPS and a Global School Health Survey are carried out in 2017.

6. The United Nations system

6.1 A mechanism for coordinating action across the UNCT is put in place. This is especially important as: (i) NCDs are now reflected in the UNDAF; (ii) FAO and UNICEF are both increasing action on NCDs; (iii) the new joint UN global programme on cervical cancer that will include Mongolia (UNFPA, UNICEF and WHO are all parties to the programme); and (iv) UNDP's current programme of work which has clear linkages between health, governance and broader SDG action.

6.2 WHO and UNDP at global, regional and national level identify funding for Mongolia to support the recommendations provided above through the new WHO-UNDP Global Joint Programme to Catalyse Multisectoral Action for NCDs (<http://www.who.int/nmh/events/2015/ncd-multisector.pdf?ua=1>) which is being launched at the UN General Assembly in September 2016.

6.3 The Secretariat of the Task Force explore with relevant members of the Task Force opportunities for a programme to support the Government tackle pollution in Ulaanbaatar.

6.4 WHO, UNDP and Research Triangle Institute International will complete the investment case with a view to presenting the findings to the Government and other stakeholders in 2017.

Key findings

The new government provides the opportunity for stability and progress on NCDs. The Government must fulfil its commitment to raising tax on tobacco products and alcoholic beverages to create additional fiscal space for development and reduce the burden of ill health and premature mortality...

1. 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 and contribute to an average life expectancy of just 64.7 years for men compared to 73.2 for women.

- At 32%, Mongolia has the second highest levels of premature mortality among low middle income countries.
- Thirty eight percent of men and 28% of women have hypertension.
- Overweight and obesity rates are increasing and are among the highest in Asia: 55% of the population is overweight and 20% is obese.
- Just under one half of men use tobacco.
- Total alcohol per capita consumption in 2010 in men was estimated at 11.7 litres of pure alcohol: the third highest levels in low-middle countries.
- Over 96% of the population is not eating the WHO recommended amount of daily fruit and vegetables.
- Ulaanbaatar, where around 50% of the country's population live, is the second most polluted city in the world.

2. Preliminary results of the Investment Case analysis demonstrate that the direct and indirect costs of NCDs will have a significant negative impact on the economy. This is particularly important since the Mongolian economy is facing significant challenges. Increasing tax on tobacco products and alcoholic beverages will raise revenue for the Government and will improve public health and in turn reduce the costs to the health sector associated with tobacco and harmful use of alcohol.

3. The increase in revenue can also support the Government's committed to maintain health expenditures at their current level until the end of 2017. A proportion of the revenue raised from taxation can also be used for reestablishing the Health Promotion Fund.

4. Current fiscal space is tight. This highlights the importance of Government being ruthless in focusing on a small number of highly cost-effective actions to prevent and control NCDs in order to maximize return of investment and allocative efficiencies, with an increased focus on prevention and primary care.

5. Mongolia has a strong health system. It is important that the focus of investment on NCDs over the next four years needs to be at the primary care level.

6. The Government has decided to develop a new multisectoral NCD programme and costed action plan. This needs to be completed rapidly to ensure action is not delayed. The programme and action plan require a speedy consultative process across government and with development partners. It should be multisectoral, focus on a small set of priorities at the community and primary care level ([Annex 1](#)) and include ambitious targets that are in line with the WHO NCD Global Monitoring Framework and the targets of the Sustainable Development Goals. In addition to tackling the risk factors of tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, there should be a focus on reducing pollution in Ulaanbaatar, which is the second most polluted city in the

world. There should be clear linkages between the NCD programme and action plan and the national SDG framework.

7. The first joint mission raised concerns regarding the lack of clarity and effectiveness on governance and coordination mechanisms. It is crucial that the new government establishes clear and effective mechanisms as soon as possible. Robust accountability mechanisms for different parts of government, parliament and other stakeholders also need to be put in place.

8. The first mission was concerned about the interference of industry in the political process, leading to resistance to implement pro-NCD policy from parts of government and parliamentarians. The first Joint Mission was, for example, told that the tobacco and alcohol industries permeated decision making across government and parliament with the result that there was resistance to implement evidence-based taxation policies. With regards to tobacco this was a grave concern as Mongolia has been a party to the Framework Convention on Tobacco Control since 2003. The new government needs to ensure that private sector interests and interference do not override the development and enforcement of evidence-based policies that advance public health, such as increased taxation of tobacco and alcohol products.

9. There have been examples of progress since the first Joint Mission. Examples include: (i) a move towards banning smoking in public places; (ii) the development of a national salt strategy; and (iii) the expansion of local production of vegetables, with a planned scale up of production of berries and expansion of products grown in greenhouses. The Public Health Institute of Mongolia remains a strong and positive influence in tackling NCDs in Mongolia.

10. There remains however, lack of public awareness on 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. The effect is that the population is neither sufficiently aware of the actions that are required to stem the tide of NCDs, nor demands that elected officials are implementing policies that prevent early death and long term sickness from NCDs.

11. The abolition of the Health Promotion Foundation Fund, or at least earmarked resources for NCD prevention, remains a significant concern for the second Joint Mission. It is important that this fund is reinstated as soon as possible.

12. It is important that a new parliament is fully sensitized about the need for a multisectoral whole of government and whole of society response to the prevention and control of NCDs. In addition, it remains important, especially in the light of new plans for decentralization, for there to be local leadership to advance policies and multisectoral action on NCDs. The need to identify and work with influential and highly regarded individuals both in government and across society is crucial. This is in order to encourage government to develop and enforce policies that promote public health and also to encourage communities, and in particular the young, to adopt healthy lifestyles.

13. The ability of the country to implement successive government plans and enforce legislation and regulation in the area of NCDs has been a concern in the past. The new Government has the opportunity to change this. Doing so will ensure that the Government is in a good position to report to the UN General Assembly in 2018 on progress in Mongolia's efforts to prevent and control NCDs. In preparation for the 2018 meeting, the government will be invited to report to WHO at the end of 2017.

An UNCT starting to scale up action on NCDs as part of the SDG agenda...

14. The UN Development Assistance Framework for Mongolia, 2017-2021 includes reference to NCDs. A number of agencies are committed to scale up their work. The second Joint Mission welcomed UNICEF's plans to include NCDs in its new country programme and the work of FAO in supporting the Government to increase promotion of fruit and vegetables. WHO, UNICEF and UNFPA will also be included in a new joint UN programme on cervical cancer and an inception mission is planned later this year. UNDP and UNICEF are initiating joint work on air pollution. The Joint Mission was strongly encouraged by the International Monetary Fund's commitment to push Government to increase taxes on tobacco products and alcoholic beverages.

15. The health portfolios of ADB and the World Bank also provide opportunities for increasing action on NCDs, for example through ADB's Sixth Health Sector Development Project that is currently being developed.

16. There remains a need to establish an appropriate mechanism for joint working on NCDs across the UN system if the UNCT is to maximise its collective impact on NCDs, be more than the sum of its parts, and ensure that linkages are made between health and other SDGs.

Civil society, while still very small, beginning to come together to influence government policy on NCDs...

17. The Joint Mission met with a small number of NGOs. They described recent efforts to shape the new Government's agenda on the prevention and control of NCD. There has clearly been an increase in coordinated activities in this area over the last year. The report of the first Joint Mission describes NGO activities in more detail.

18. As in the first Joint Mission there are a small number of examples where the private sector is stepping up to the challenge of responding to NCDs. The Government needs to harness these efforts ever more in order to encourage greater production of fruit and vegetables and the production of food with less added salt, fat and sugar.

19. The second Joint Mission remains extremely concerned that tobacco and alcohol industries continue to exert very 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.

A small set of bilateral donors in country that will be coming together to join forces in the area of health...

19. The second Joint Mission welcomed the Australian Ambassador's plans to chair a health sector development group and also welcomed his strong support for the new joint UN programme on cervical cancer. The Joint Mission also heard of the United States' commitment to reducing pollution and the Swiss Development and Cooperation Agency's interest in governance and health. The second Joint Mission did not get the opportunity to meet other bilateral development partners.

Progress against the recommendations of the first Joint Mission and an assessment of progress against the 2015 WHO Progress Monitor

20. Progress against the recommendations of the first Joint Mission is provided in [Annex 2](#).

21. A rapid assessment undertaken by the Second Joint Mission on Mongolia's progress against the 2015 WHO Progress Monitor³ is shown in [Annex 3](#) and a summary is shown in the Box below.

Progress against the 2015 WHO Progress Monitor for Mongolia: key points

There has been progress in three areas:

- Advertising bans on tobacco products (from partially achieved to fully achieved);
- National salt/sodium policies in place (from not achieved to partially achieved); and
- Restrictions on marketing to children (from not achieved to partial achieved).

However there has been a step back in two areas:

- Tobacco smoke free policies (from fully achieved to partially achieved); and
- Alcohol pricing policies (from partially achieved to not achieved).

In the other 13 areas there has been no change. This is most worrying in the area of

- Adequate taxation of tobacco products (remaining not achieved); and
- Drug therapy/counselling for high risk persons (remaining not achieved).

Context and background

Mongolia faces a heavy burden of NCDs that cause premature mortality, significant disability and prevent the country fulfilling its economic potential

22. Mongolia has made steady progress in improving health of its population over the last two decades. The country is on track to meet the Millennium Development Goal targets for maternal and child health and is experiencing a declining trend in the prevalence of communicable diseases, especially vaccine preventable diseases. Despite the good progress, there still exists a wide disparity in infant mortality between urban and rural areas. Over the last decade, there has been significant urban migration, predominantly to Ulaanbaatar, where nearly 50% of the country's population live. The sparse distribution of the rural population makes it challenging to deliver health care services in rural and remote areas, especially to herders who lead a nomadic life.

23. NCDs have become the leading causes of morbidity and mortality among those economically productive in Mongolia. NCDs are estimated to account for 79% of total deaths. 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 (15%).

24. The proportion of those that use tobacco in Mongolia is high. In 2013, 49.1% of males aged 15 or over in Mongolia used tobacco, placing Mongolia among the countries with the highest

³ Noncommunicable diseases progress monitor, 2015. Geneva, World Health Organization, 2015

prevalence of male smokers in the world. This contrasts with only 5.3% of Mongolian women of corresponding ages using tobacco in the same year.⁴ Total alcohol per capita consumption in 2010 in men was estimated at 11.7 litres of pure alcohol (2.2. litres in women). The prevalence of raised blood pressure is very high with 25.3% of men and 26.6% of women in 2013 having hypertension. Obesity rates among men was 15.2% and 24.2% in women in 2013.⁴

25. Periodic NCD risk factor surveillance through STEP surveys has demonstrated that unhealthy lifestyle behaviors are the norm and are not showing any signs of decline.⁵ The country's first national Knowledge, Attitudes and Practices (KAP) study related to NCDs among the Mongolian general population in 2010 concluded that there was a lack of knowledge about NCD across the population, with most people "not aware that by changing their own lifestyles they can influence and reduce risk factors and potentially prevent NCDs."⁶

26. Mongolia has seen a reduction in external development assistance over the last few years with a stronger Mongolia economy associated with mining. However there is now significant pressure on the economy with a requirement that Mongolia starts making significant debt repayments in 2017.

At the regional level NCDs are accorded a high priority

27 The WHO Western Pacific Region consists of 37 countries and areas. It is home to approximately 1.8 billion people. The major NCDs — cardiovascular diseases, diabetes, cancers and chronic respiratory diseases — account for more than 80% of all deaths in the Western Pacific Region and 50% of all premature mortality (under 70 years of age) in low- and middle-income countries in the Region. In the Region, the burden of morbidity and mortality from NCDs occurs against a complex backdrop of globalization, rapid economic growth, unplanned urbanization, environmental degradation, climate change and growing inequities within countries. (WRP Action Plan for NCDs 2014-2020). The prevalence of the NCD risk factors (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol) in the Western Pacific Region is high, and in many countries the risk factors are on the rise.

28. The objectives of the Western Pacific Regional Action Plan for NCDs 2014-2020 are: (i) to raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals through strengthened international cooperation and advocacy; (ii) to strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs; (iii) to reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments; (iv) to strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage; (v) to promote and support national capacity for high-quality research and development for the prevention and control of NCDs; and (vi) to monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.

29. The WHO Regional Office for the Western Pacific provides leadership for NCDs at the regional level with commitment to advance multisectoral actions in line with relevant global and regional resolutions and mandates.

⁴ "Third national STEPs survey on the prevalence on the noncommunicable diseases and injury risk factors". MoH Public Health Institute of Mongolia, 2013

⁵ WHO Mongolia Country Cooperation Strategy, 2014.

⁶ Supporting Mongolia's Fight against Non-Communicable Diseases: A Five-Year Project and Its Achievements, 2013; Knowledge, Attitudes and Practices related to the Non-communicable Diseases among Mongolian General Population, 2010.

At the global level there are clear frameworks to guide national action

30. The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs called upon UN agencies and key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts.⁷ The WHO Global Action Plan for the Prevention and Control of NCDs, 2013-2020 also highlights the role of the UN system in supporting Member States and highlights cost-effective and very cost-effective interventions for the prevention and control of NCDs ([Annex 1](#)) in four key areas: (i) tobacco control; (ii) harmful use of alcohol; (iii) unhealthy diet; and (iv) physical inactivity.⁸ These interventions save lives. They also save individuals, communities and government money in both the short and long term. They are all evidence-based, high impact, cost effective, affordable and feasible to implement.

31. Although these interventions are simple to execute, a number require political commitment and coordinated action across government. Acting alone, ministries of health are limited to remedial action, treating the sick; a whole-of-government approach is required for the societal causes of NCDs to be addressed. In parallel, a whole-of-UN approach must support a comprehensive national response. In addition, strategic engagement with civil society, academia, professional bodies and selected private entities are also important when it comes to tackling NCDs.

32. In July 2014, Member States undertook a comprehensive review and assessment on the prevention and control of NCDs and progress since the 2011 Political Declaration on NCDs.⁹ Key national commitments agreed at that meeting include: (i) setting national targets for NCDs for 2025; (ii) developing national multisectoral policies and plans to achieve the targets; (iii) considering establishing a national multisectoral mechanism for engaging policy coherence and mutual accountability of different spheres of policy-making that have a bearing on NCDs; (iv) reducing NCD risk factors by implementing interventions identified in the WHO NCD Global Action Plan, 2013-2020. The full set of national commitments is set out in [Annex 4](#). Member States will report to the UN General Assembly on 10 progress indicators in 2018 and in advance of this information will be collected by WHO from Member States in 2017. Ahead of this, WHO has developed a report that sets out each country's progress against the 10 targets in 2015.

33. The UNIATF was formed by the United Nations Economic and Social Council (ECOSOC) in 2013. In 2014, ECOSOC approved the UNIATF's terms of reference. As part of this, a Division of Tasks and Responsibilities was adopted by UN agencies, funds and programmes to support implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2020. Activities identified in the UNIATF's 2014-2015 work-plan include a series of joint missions to selected countries to support governments and UNCTs scale up their response to NCDs. Previous missions have included Barbados, Belarus, DRC, India, Kenya, Tonga and Turkmenistan. The need for UNCTs to prioritise the provision of support to governments around NCDs has been set out in two joint letters from the UNDP Administrator and the Director-General of WHO to UN Resident Coordinators and UN Country Teams in 2012 and 2014

⁷ Paragraph 51 of the Political Declaration "calls upon WHO, as the lead UN specialized agency for health, and all other relevant UN system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts". http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

⁸ http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1

⁹ <http://www.un.org/en/ga/68/resolutions.shtml>

Members of the Joint Mission, Terms of Reference and Programme

34. Members of the Joint Mission, Terms of Reference for developing the Investment Case and the Intuitional Context Analysis, and the programme are provided in Annexes 5-7.

Acknowledgements

35. The Joint Mission is grateful to the Ministry of Health and Sports, the Ministry of Finance and the other government ministries that took time to meet with the Mission. The Mission is also grateful to NGOs, academic institutions, private sector entities, bilateral development partners and other stakeholders that participated in discussions during the week.

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Annex 1.

Evidence-based cost-effective interventions for the prevention and control of NCDs¹⁰

Tobacco use¹¹

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Harmful use of alcohol

- Regulating commercial and public availability of alcohol
- Restricting or banning alcohol advertising and promotions
- Using pricing policies such as excise tax increases on alcoholic beverages

Unhealthy diet

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

Cardiovascular disease and Diabetes

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and nonfatal cardiovascular event in the next 10 years

¹⁰ Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

¹¹ These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.

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- Acetylsalicylic acid for acute myocardial infarction

Cancer

- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective), linked with timely treatment of pre-cancerous lesions

Chronic respiratory disease

- Access to improved stoves and cleaner fuels to reduce indoor air pollution
- Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos
- Treatment of asthma based on WHO guidelines
- Influenza vaccination for patients with chronic obstructive pulmonary disease

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Annex 2.
Summary of progress against the recommendations of the first Joint Mission

a) Development, health sector and NCD-wide policy and planning

The National NCD Programme and its action plan are costed and that the UN System provides technical support for this (by Q3 2016).	While this wasn't undertaken, it is important that this is completed for the new programme and plan that the new Government is developing. This should be done within 6 months.
For the goals in the National NCD Programme to be prioritised and those that are prioritised to be made more ambitious (most are insufficiently so) and widely disseminated across the country.	As above but should be completed within 3 months.
The Ministry of Finance and Ministry of Health together lead the development of the investment case for investing in NCDs. WHO, UNDP, the World Bank and Asian Development Bank should provide technical support for this work (by Q3 2016).	Completed through the second Joint Mission
NCDs are included in the next UNDAF for 2017 and beyond which is currently being developed. The joint Mission recommends that the UNCT takes note of the recently issued guidance at the UNCT's retreat in October (http://www.who.int/nmh/ncd-task-force/guidance-note.pdf?ua=1).	NCDs now included in the UNDAF
The 2001 State Public Health Policy that expires in 2015 is updated. This should include a commitment to fiscal and legislative policies such as taxation that make the biggest impact on NCDs and should be endorsed by the Cabinet and approved by Parliament. This will assist Government in setting cost-effective priorities and provide clear orientation for development partner support. The UN System should provide technical support.	Plans to update the policy postponed to 2017.

b) Development and strengthening of NCD risk factor-specific policy

Tobacco: to implement the recommendations arising from the FCTC Needs Assessment that was carried out alongside the Joint UNIATF Mission, including that the Ministry of Health and Sport develop an urgent proposal to the Ministry of Finance to increase taxes on tobacco products for the upcoming budget and work with WHO and UNDP to share international best practice to support the proposal.	March 2016 Mongolia Tobacco Tax Working Group Report recommended fiscal and public health benefits of raising tax on tobacco. Now needs to be urgently implemented.
Alcohol: to implement the proposed programme from WHO that was shared with the Joint Mission to strengthen national alcohol policies in Mongolia, with a focus on regulating availability, advertising and promotion bans and pricing policies. WHO has earmarked USD 20,000 for this programme and the Joint Mission recommends that the Government identifies USD30,000 to enable the programme to start.	Not started yet.
Unhealthy diet: that the UNDAF includes a commitment to provide technical support to the Government to build on the salt reduction programme to strengthen salt/sodium policies, building on national programme and to implement a national programme to prevent the marketing of unhealthy food and beverage to children and that work on both of these starts in 2016. The joint UN work to improve Mongolians' diets should be undertaken as part of the FAO-led efforts to promote a green economy.	In August. 2015 the national strategy to reduce salt intake 2015-2025, was approved. The second national program on nutrition was approved in 2015, but not yet introduced to the sub-national levels. The MoH is planning to its launch on 23 November, 2016. At the same time, MoH has provided

	comment on increase taxes on tobacco, alcohol and sugar.
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c) Public awareness

The UN System provides technical support to the Government to develop and implement a public awareness campaign using mass media and social media to raise awareness on the need to tackle NCD risk factors and the roles and responsibilities of government, private sector, communities and individuals.	Limited progress to date.
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d) Governance, coordination and accountability

There are more robust multisectoral coordination and oversight mechanisms across government with increased capacity to support this from the MoHS. In the first instance the Joint Mission recommends that work is undertaken by the UN System that describes in detail existing multisectoral coordination and accountability mechanisms across government, parliament and within and between stakeholders with costed recommendations for strengthening such mechanisms.	Limited progress to date. It is important that appropriate coordination mechanisms are established as soon as possible, in the context of the new NCD action plan.
The Prime Minister or President's office in collaboration with the UNCT undertakes to explore the current relationship between tobacco, alcohol and food and beverage industries with ministers, parliamentarians and senior officials in government departments describing existing policies and practice and how they need to be improved to meet best practice, with a plan for reducing the current widespread conflict of interest that the Joint Mission has learnt about.	While this was not undertaken, it is important that industry interference is addressed at the highest levels of government.
Efforts are made to strengthen local level governance on NCDs in Ulaanbaatar. In this context funding be identified to enable Mongolia to be included in the countries to receive support under the WHO-UNDP Global Joint Programme to Catalyse Multisectoral Action for NCDs (http://www.who.int/nmh/events/2015/ncd-multisector.pdf?ua=1). The third component of this Programme is strengthening municipal engagement on NCDs.	WHO-UNDP Global Joint Programme to Catalyse Multisectoral Action for NCDs being presented at the UNGA in an attempt to attract donors. Next stage is developing a Mongolia specific proposal to attract donors for the 5 elements of the programme.

e) Surveillance

STEPS and GSHS surveys are carried out in 2017.	Due to resource constraints preparation yet not started.
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Annex 3.
**WHO NCD progress monitor for Mongolia presented in New York in
 September 2015, along with an assessment of progress
 during the Second Joint Mission**

	2015	2016 Joint Mission rapid assessment
1 National NCD targets and indicators	●	-
2 Mortality data	◐	No change →
3 Risk factor surveys	●	No change →
4 National integrated NCD policy/strategy/action plan	●	No change →
5 Tobacco demand-reduction measures:		
a. taxation	○	No change →
b. smoke-free policies	●	Partially achieved ↓
c. health warnings	●	No change →
d. advertising bans	◐	No change →
6 Harmful use of alcohol reduction measures:		
a. availability regulations	◐	Fully achieved ↑
b. advertising and promotion bans	◐	No change →
c. pricing policies	◐	No change →
7 Unhealthy diet reduction measures:		
a. salt/sodium policies	○	Not achieved ↓
b. saturated fatty acids and trans-fats policies	○	Partially achieved ↑
c. marketing to children restrictions	○	No change →
d. marketing of breast-milk substitutes restrictions	●	No change →
8 Public awareness on diet and/or physical activity	●	Partially achieved ↑
9 Guidelines for the management of major NCDs	◐	No change →
10 Drug therapy/counselling for high risk persons	○	No change →
		No change →
		No change →
		No change →
		No change →

○ = not achieved ● = partially achieved ● = fully achieved

World Health Organization - *NCD Progress Monitor*, 2015.

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Annex 4.
National commitments as set out in the Outcome Document of the High-Level Meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of NCDs

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;

(v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

(viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;

(ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;

(x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

(i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

(ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

(iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

Annex 5. Members of the Joint Mission

WHO	
Dr.Soe Nyunt-U	WHO Representative in Mongolia
Dr.J.Naranchimeg	NCD contractor, WHO CO Mongolia
Dr. V.Delgermaa	NPO/MCH/Health and Environment, WHO CO Mongolia
Dr. E.Erdenechimeg	NPO/HSD/HCF , WHO CO Mongolia
Dr.B.Ganbat	Local Consultant to WHO CO to WHO Mongolia
Ms. L.Nomin	Communication,Health Promotion Officer, WHO CO Mongolia
Mr.Nick Banatvala	Senior Adviser, Office of ADG, NCDs & Mental Health, Geneva
Mr. Stefan Savin	Epidemiologist and Technical Officer, Geneva
Ms.Elizabeth DeYoung Brouwer	Consultant Economist to WHO Geneva

UNDP	
Barkhas Losolsuren	Programme Specialist, Health and Development, Mongolia
Anga Timilsina	Policy specialist, global anticorruption initiative, Singapore
Nadia Rasheed	Team Leader, HIV, Health & Development, Asia-Pacific, Bangkok
Claudia de Andrade Melim- McLeod	Principal Consultant to UNDP New York

Ministry of Health and other government officials	
Dr. Baigalmaa,	Senior Officer and Focal Point for NCDs and Acting Director Public Health Division, Ministry of Health
Dr. B. Suvd	Epidemiologist researcher, Head of Policy Implementation Division, Public Health Institute
Dr. P. Enkhtuya	Epidemiologist, Public Health Institute
Dr. S.Tsegmed	Epidemiologist, Public Health Institute

Annex 6. Terms of Reference for developing an NCD Investment Case

Rationale

Avoidable illness and premature death from NCDs constitutes one of the major challenges for development in the 21st century. In the 2011 UN Political Declaration and 2014 UN Outcome Document on NCDs, governments committed themselves to reducing risk factors for NCDs (tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet). This requires engagement of all stakeholders across government, NGOs, civil society and the private sector; policy coherence; and mutual accountability of different spheres of public policy making that have a bearing on NCDs.

Significantly increased investments are necessary to meet the NCD-related Sustainable Development Goal targets. These investments will need to rely primarily on domestic public finance. WHO has identified 'best buy' interventions that will achieve the three goals of increasing financing for NCD interventions, growing the national economy and reducing the disease burden. From a return on investment perspective, prevention must remain the cornerstone of any national response to NCDs.

The UN has been asked to assist countries in quantifying the costs – to the health sector and the economy at large – and the benefits of scaled up action.¹² The ability of governments – especially ministries of health – to make a compelling, evidence-informed advocacy case for NCD investments is crucial for reversing the trend of more and younger people falling ill, living with chronic and debilitating conditions and dying of NCDs.

Even when the economic case for increased investment is clear, there are still political and economic barriers to action. The UNDP/WHO mission will assess the options presented by the institutional and political economy context, and map a route to achieving the recommended policy change.

Context

To transform this commitment to action, UNDP and WHO are scaling up technical assistance to low and middle income countries. To this end, the two agencies have agreed on a Global Joint Programme to Mobilize Country Action on NCDs, the objective of which is to support countries in fulfilling their national commitments to implement health-in-all-policies, whole-of-government and whole-of-society approaches to prevent and control noncommunicable diseases (NCDs).

The Joint Programme will focus on:

1. Helping countries develop their own investment cases for financing NCD interventions;
2. Creating and strengthening national and local governance architectures for NCDs; and
3. Sharing best practices in governance among countries.

The Mongolia NCD Investment Case mission aims to address the first objective of the WHO-UNDP Global Joint Programme on NCDs – to assist the country in developing an advocacy case for increased investment in NCDs interventions. The mission will be undertaken jointly by UNDP and WHO. The mission will take into account both the national context and the regional implications for the GCC and its member states.

Objectives

1. To meet with key stakeholders and sectors to discuss the purpose of the investment case, seek their inputs and ultimately secure the endorsement of the case.

¹² WHO FCTC Decision COP6/17 requested UNDP and WHO to help countries make the investment case for investments in tobacco control.

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2. To undertake an analysis of the institutional context as it relates to NCD action in Mongolia.
 - a) What should be done to accelerate implementation of Mongolia's NCD Programme on Prevention and Control of NCDs?
 - b) Who are the key allies that could help put into practice scaled up action on the main NCD risk factors (tobacco, harmful use of alcohol, unhealthy diets and physical inactivity)?
 - c) Given the above, what should be the strategic approach for uptake and usage of the NCD Investment Case?
 3. To work with a local team (composition defined below) to develop preliminary estimates for the investment case.
 4. To brief the Government of Mongolia on how to use, adapt and update the NCD investment case.

Outputs at completion of the work

1. Mongolia will have a tailored, compelling and clear case outlining the economic benefits of strengthening the national NCD response to the NCD-related Sustainable Development Goal targets, utilizing context-specific policy options.
2. Mongolia will have an agreed road map for assessing and agreeing and priority recommendations and actions arising from the investment case.

Deliverables at completion of mission

1. An excel model (utilizing the WHO One Health tool) handed over to the Government that includes the calculations used in the investment case which can continue to be edited by the country team (using locally contextual data to the greatest extent possible).
2. A brief report on the NCD-relevant institutional context that describes the NCD governance arrangements, the key stakeholders' incentives and steps for putting appropriate policies into practice.
3. An overall slide deck or other advocacy materials to be used for communicating the Investment Case to other policymakers.
4. Strategy for dissemination, advocacy and socialization of the findings of the Investment Case, tailored to both the Government and the UN Country Team.

Team Members

The mission team will consist of an international social development specialist, an international health economist, and an international and national epidemiologist.

Annex 7. Joint Mission Programme

Time	Activities	Venue
05 September, Monday		
08.30-09.30	Inception meetings with WHO	Meeting room, WHO
10.00-10.30	Inception meetings with UNDP, UNRC	UN House, 6 th floor
11.00-12.00	Inception meeting: Mission team with country team	Meeting room, WHO
12.00-12.30	Inception meeting with Ms. L. Byambasuren, Vice Minister of Health	MOH
13.00-14.00	Lunch time	
14.00-15.15	Mr Enkh – Amgalan, Chairman of Standing Committee on Social Policy, Education, Culture and Science.	House of Parliament
17.00-18.00	Team review meeting	Meeting room, WHO
06 September, Tuesday		
09.00-13.00	Data collection and validation with	Meeting room, WHO
09.00-10.00	Meeting with Swiss Development Cooperation Agency	
10.00-11.30	Ms. Ariunaa, Lecturer, National Academy of Governance (budget/decentralization)	National Academy of Governance Room 208
13.00-14.00	Lunch time	
13.00-14.30	Ms. Daniela Gasparikova, DRR, UNDP Ms. Ts.Davaadulam, Governance team leader, UNDP	DRR's Office, UN House
15.00-16.30	Mr. Tsogtsugar, Head of NGO fighting against alcohol	3 rd microdistrict
16.00-16.45	Meeting with Asian Development Bank, Health Sector Development Project 3 and 4	ADB office
14.00-17.00	Data collection and validation with	Meeting room, WHO
17.00-18.00	Team review meeting	Meeting room, WHO
07 September, Wednesday		
09.00-11.00	Ms Bolormaa B, Head of Health Sector Council, Mongolian National Chamber of Commerce and Industry Mr Munch-Erdene Battur, Director of Foreign Relations and Supply Department Ms Byambasuren Dashdorj, Executive Director Mongolian Association of Private Sector's Health Association Dorjgunsmaa Chuluumbat, General Manager Mongolian Association of Private Sector's Health Association	Chamber of Commerce
11.00-12.00	Dr. P.Munkhtulga, Head of the agency of working ability loss due to health and disability	State insurance general office
09.00-11.30	Dr. Enkhzaya- MOH NCD officer (ex)	MOH, office room
09.00-10.00	Meeting with Dr. J.Narantuya, TO/HIV/STI/TB	Meeting room, WHO
10.30-11.30	Meeting with Dr. B.Tsogtbaatar, PHI	Meeting room, WHO
09.00-13.00	Data collection and validation: Model refinement	Meeting room, WHO

13.00-14.00	Lunch time	
15.00-15.45	Meeting with UNICEF/UNFPA	UN House, UNICEF
16.00-17.00	Meeting with anti-corruption agency	UN House, UNDP
14.00-17.00	Data collection and validation with	Meeting room, WHO
17.00-18.00	Team review meeting	Meeting room, WHO
08 September, Thursday		
08.30-09.30	Meeting with Kevin D. Gallagher, Deputy FAO	UN House
09.00-13.00	Data collection and validation : Model testing	Meeting room, WHO
11.30-12.30	Swiss Development Cooperation Agency	SDCA office
13.00-13.30	Lunch time	
14.00-15.00	Meeting with Australian Embassy	Australian Embassy
14.00-15.00	Dr. Baigalmaa, MOH NCD officer	WHO meeting room
15.30-16.30	Dr. Tsogtbaatar PHI	At PHI or WHO meeting room
16.00-17.00	International Monetary Fund	IMF office: MCS plaza 3 rd floor
15.30-16.30	Meeting with Transparency International	Office of Transparency International
17.00-	Meeting with UNDP Governance team	UNDP office
14.00-17.00	Data collection and validation : Model testing	Meeting room, WHO
17.00-18.00	Team review meeting	Meeting room, WHO
09 September, Friday		
09.00-13.00	Data collection and validation : Model testing	Meeting room, WHO
09.00-10.00	Mr. Ch.Tavinjil, Department of Development Policy and Planning, Ministry of Finance	Ministry of Finance
11.00 – 12.00	Meeting with Governor, Health officer of Khan-Uul district Governor's Office	Khan-Uul district Governor's Office
11.00-12.00	Meeting with US Embassy	US Embassy
13.00-13.45	Briefing of preliminary findings to UN agencies, Development partners	WHO meeting room
14.00-14.30	Briefing of preliminary findings with MOH	WHO meeting room
18.00-19.00	Meeting with NGOs/CSOs	WHO meeting room