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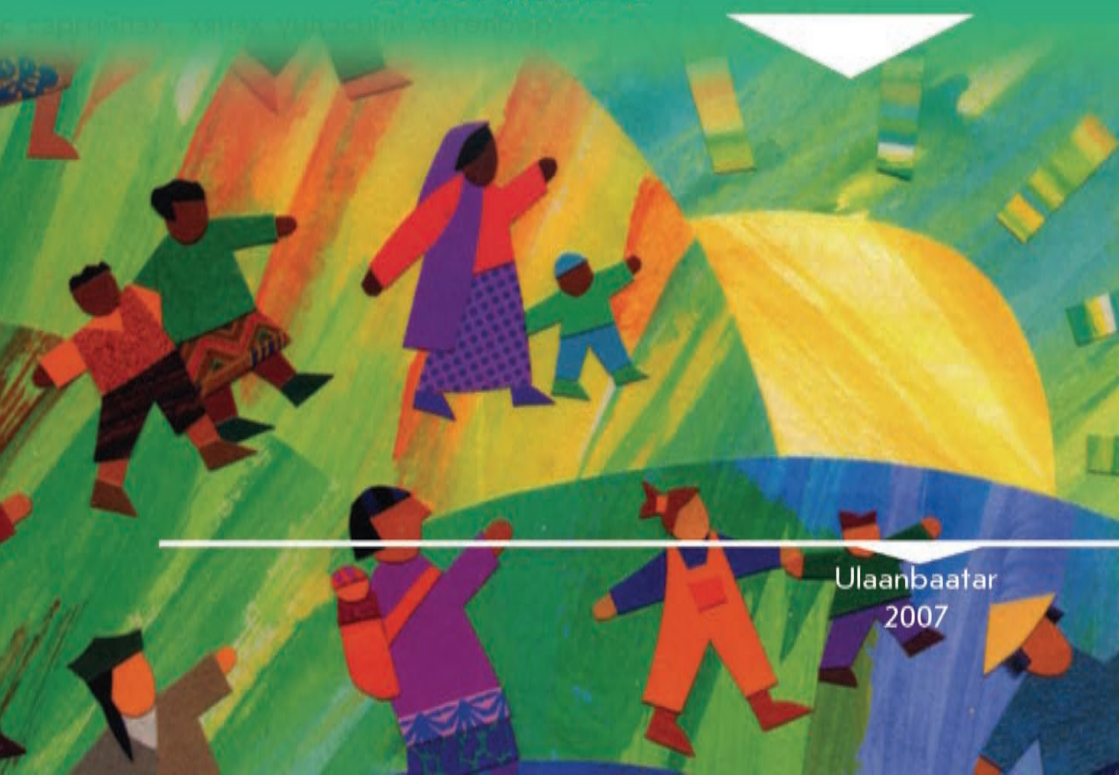
Халдварт бус өвчнөөс

**NATIONAL
PROGRAMME**

ON PREVENTION AND CONTROL

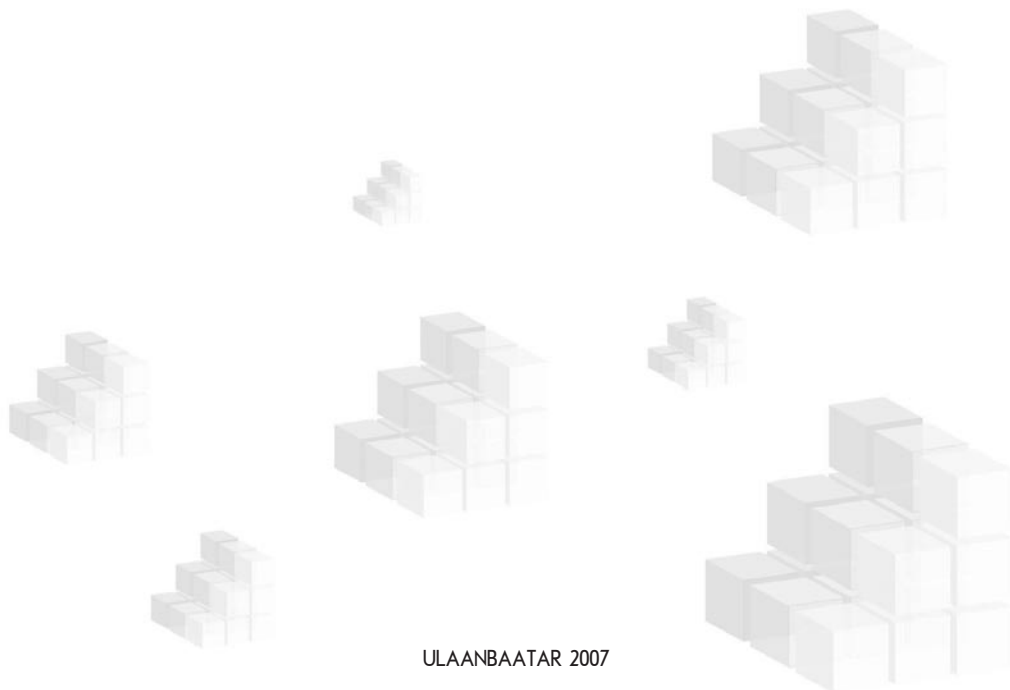
**OF
NONCOMMUNICABLE
DISEASES**

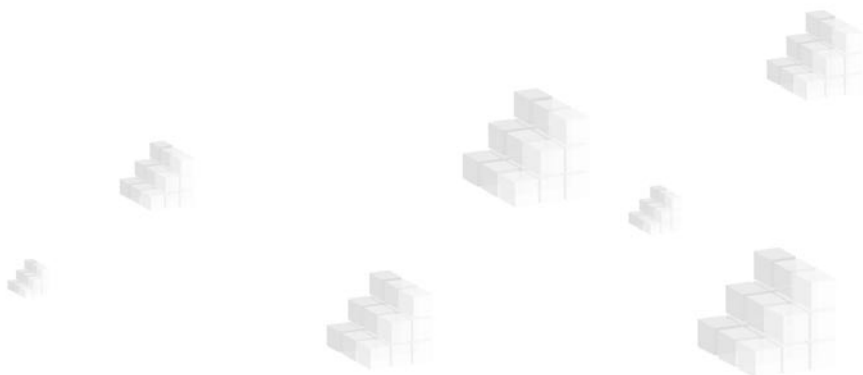
Халдварт бус өвчнөөс сэргийлэх, хянах



Ulaanbaatar
2007

NATIONAL PROGRAMME ON PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES





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GOVERNMENT RESOLUTION OF MONGOLIA

14.12.05

Resolution No. 246

Ulaanbaatar city

Adoption of the “National Programme on Integrated Prevention and Control of Noncommunicable diseases”

The Government of Mongolia is annexed hereto:

1. ADOPTS, the “National Programme on Integrated Prevention and Control of Non-communicable diseases” by annex 1 and the Plan of action for implementation of the programme, by annex 2.

2. ENDORSES, T. Gandhi, the Minister of Health, N. Altanhuyag, the Minister of Finance, D. Terbishdagva, the Minister of Food and Agriculture and the Governors of Capital City and provinces to involve some part of loans and assistance from international organizations and donor agencies in the measures, directed to implementation of the programme and include and provide funds from internal sources, necessary for activities implementation of the programme into the Guidelines on Economic and social development and annual state and local budget .

3. ENDORSES, T. Gandhi, the Minister of Health, to organize an implementation of the programme at the national level and to report its progress and achievements to the Government every second quarter of year.

4. In relation to adoption of this programme, RESERVES, the Government resolutions 5- “Adoption of National Programme on Health Education” dated 15 January, 1998, resolution 80 - “Adoption of National Programme on Fighting Against Cancer“ dated 26 March, 1997, resolution 139-“ Adoption of National Fitness Programme “ dated 4 July, 2002.

Prime Minister of Mongolia
Minister of Health

Ts. Elbegdorj
T. Gandi

Annex I

NATIONAL PROGRAMME ON PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

ONE. JUSTIFICATION

The number of people affected by noncommunicable diseases, or NCDs have dramatically increased in relation to unhealthy diet, physical inactivity, alcohol and tobacco misuse which in turn is a result of changing social and cultural characteristics of our civilizations, and lifestyles. This imposes a double burden on economic development and health of the people worldwide including Mongolia thus becoming one of the priority public health problems which needs our full attention for future action.

According to the estimation of WHO, from a projected total deaths from all causes in 2005, it is estimated that chronic diseases such as cardiovascular diseases (CVD), stroke, type 2 diabetes, cancer and chronic respiratory diseases will account for 35 million or 60%, which is double the number of deaths from all infectious diseases (including HIV/AIDS, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies combined.

The primary risk factors accounting for the high disease burden for the world's population are unhealthy diet, physical inactivity, alcohol, and tobacco use. Intermediate risk factors are overweight, high blood pressure, high cholesterol and high blood glucose which are common causes of disease and death as reported by the WHO.

Conclusive evidence now exists to indicate that with individual efforts to change lifestyle factors, half of the chronic disease caused disability and deaths would be prevented. Furthermore, according to WHO estimation, at least 80% of cases of coronary heart diseases, 90% of type 2 diabetes and about one third of cancers would be prevented by keeping healthy behavior such as being on healthy diet, reducing alcohol and tobacco use, maintaining normal weight and being physically active throughout the life span.

According to the Report of Health Indicators, cardiovascular diseases and cancer were rated as second and third causes of death in 1990. Since 1993, cardiovascular diseases rate has sharply increased and become the leading cause of death. Cancer was rated second and injury/poisoning as third cause of death. According to the research findings, in recent years, there is notable tendency in the increase of prevalence for diabetes.

The high prevalence of NCD caused deaths has impact on life expectancy of Mongolians. In 1990, life expectancy of Mongolians was 63.7 and 62.8 in 1992. In 2003 life expectancy has reached to 63.6 and in 2004 64.5, however, overall there is no specific changes in the average life expectancy of Mongolians as compared to 1990.

There are several separate national programs were implemented in Mongolia to combat with the increasing number of NCDs over years. It was noted that but this has been counterproductive due to poor use of a limited budget and capacity and indicates a lack of cooperation between agencies.

There are surveys and studies have been done on NCDs, however they were mainly risk-specific studies. Thus, there was a lack of activities directed towards establishing sustainable system on control and surveillance of risk factors.

Therefore, in line with WHO recommendations, there is a need to move from old risk/disease specific approaches towards cost-effective and integrated NCD risk factors prevention and control programme approach in order to challenge reduction of several risk factors.

TWO. GOAL, DURATION, PRINCIPLES AND FINANCING OF THE PROGRAMME

2.1. Goal

Reduce deaths caused by major NCDs through improving control and surveillance of NCDs and their risk factors and through effective health promotion action

2.2. Duration

The program will be implemented in two stages splitting into stage one as to be implemented during 2006-2009 and two as for 2010-2013

2.3. Principles to be directed for implementation of this programme

- a/. be based in enabling healthy supportive environment in community to adopt healthy behavior and reduce NCD risk factors and multisectoral cooperation directed to reduce NCD risk factors
- b/. provide comprehensive approaches towards reducing common risk factors of major NCDs including policy making, capacity building, partnership, information dissemination and implementation in all aspects
- c/. ensure participation of individuals, families, communities, governmental and non-

- governmental organizations, economic entities/organizations and civil society
- d/. provide comprehensive approaches towards patient-, people at risk- and population-oriented and impact of evidence based intervention
- e/. provide health promotive and preventive actions and continued primary health care and clinical services based on current resources and infrastructure
- f/. improve effectiveness of the programme implementation in interconnection with activities of other public health programmes

2.4. Financing of the programme

- a/. in-country and local budget
- b/. budget from the Government Funds for Special Purposes such as Scientific and Technology Fund, Fund for Fighting against Alcoholism and Health Promotion Fund etc.;
- c/. support from national and foreign governmental and non-governmental organizations, economic entities and individual contributions and support;
- d/. contributions and support from international organizations and donor countries;
- e/. other sources

THIRD. OBJECTIVE, FRAMEWORK OF ACTIVITIES AND EXPECTED OUTCOMES

3.1. **Objective 1.** To create sustainable mechanism for coordination on prevention and control of major NCDs such as cardiovascular diseases, cancer and diabetes mellitus

3.1.1. To set up a sustainable professional and methodological management and coordination mechanism for the National NCD Prevention and Control Programme;

3.1.2. To strengthen health information system in order to control expenditures and reporting for morbidity and mortality of major NCDs on a regular basis;

3.1.3. To establish surveillance system for monitoring of risk factors for NCDs.

Expected outcomes: Established mechanism for management and coordination of the prevention and control activities on major NCDs and their common risk factors thus enabling a surveillance system for monitoring morbidity and mortality of those.

3.2. **Objective 2.** To reduce risk factors of major NCDs by promoting healthy lifestyles and supportive environment

3.2.1. provide intensive information, education and communication (IEC) activity towards acquiring healthy diet behavior among population through reducing consumption of animal fat, salt and sugar and increasing fruit and vegetables intake in the diet

3.2.2. take measures directed towards increasing physical activity of the population by improving accessibility and quality of sport related roads/areas, sport equipment/facilities and improving their safety and lighting

3.2.3. reduce tobacco use by increasing tax on tobacco continuously, by establishing tobacco free environment through improving control of tobacco advertising, promotion and sponsorship and tobacco sale and

3.2.4. enhance proper use of alcoholic beverages by increasing step by step taxes of alcoholic beverages rationally in accordance with their content and amount of spirit and quality and improving control of all kind of advertising, promotion and sponsorship of alcoholic beverages and their production, trade and service and by establishing the alcohol free environment

3.2.5. support healthy lifestyle by improving capacity of organization and communities and increasing number of "healthy" cities, khoroos, soums, bags, schools, workplaces, hospitals, communities and families;

3.2.6. take the following measures to enhance healthy lifestyle - proper use of diet:

1/ to acquire the skills to control of calories of diet in accordance with age and profession

2/ to reduce the usage of the following:

a/ animal fat

b/ salt

c/ sugar and candy

3/ to increase the usage of the following :

a/ fruit and vegetables intake

b/ dietary fiber

4/ proper amount of food for single use:

a/ not to eat fully

b/ to avoid regular use of food with high calories like fatty and sugary

5/ to prepare and use of food by appropriate technology;

a/ to reduce the usage of fried and conserved food

b/ to avoid use of too hot tea and meal

3.2.7. to take the following measures to enhance healthy lifestyle – improve physical activity:

- 1/ to do active movement by walking or cycling at least 30 min a day for every person
- 2/ to do fitness exercise 3 times a week at least 20 minutes for children and youth
- 3/ to do moderate exercise at least 1 hour a day in order to keep body weight
- 4/ to do active movement or exercise during the lunch break at kinder garden, school and workplaces regularly

3.2.8. to take the following measures to enhance healthy lifestyle – reduce tobacco consumption:

- 1/ to avoid use of any form of tobacco products, due to their harmful effects for health ;
- 2/ nicotine, contained in tobacco products is addictive substance, therefore to avoid to test tobacco products;
- 3/ prevent from second hand smoking;
- 4/ not to smoke in presence of other persons
- 5/ in order to improve health, to quit smoking

3.2.9. to take the following measures to enhance healthy lifestyle – reduce alcohol consumption

- 1/ children and youth - not to start drinking of alcoholic beverage
- 2/ adults - moderate use of alcoholic beverage
- 3/ drinkers - in order to improve health, stop drinking

Expected outcomes: To be improved capacity for establishment of health promotion environment, increased number of ‘health promotion’ settings, production and services and enhanced healthy life style among population and reduced NCD risk factors

3. Objective 3. To make reorientation of health services (towards community-based, appropriate, accessible and effective) for major NCD-s

3.3.1. to introduce effective method of early detection, screening and control of major NCD-s

3.3.2. to develop and implement evidence based clinical guideline and standard of cardiovascular diseases, diabetes and cancer; which considered primary health care, build a capacity at the secondary and tertiary level of care

3.3 3. to expand system of registration, monitoring, auditing of clinical service for major NCD-s

3.3 4. to develop and implement treatment-training program for the people at risk including smoking cessation, reduction of high blood pressure and overweight, to determine and treat causes of obesity etc

3.3.5. to improve capacity and resources of the palliative care for persons with terminal stages of NCD-s.

Expected outcomes: To be introduced community based health service for prevention and control of major NCD's and improved its continuity, quality and accessibility.

FOUR. PROGRAMME MANAGEMENT STRUCTURE

4.1 In order to improve participation of other sectors, the National Council of Public Health shall be responsible for overall coordination and management of collaboration and cooperation of economic entities, organizations and international organizations in implementation of the programme.

4.2. The State Central Administrative Body in Charge of Health Matters in collaboration with other professional Agencies (Public Health Institute, Center for Health Development, National committee for Physical Culture and Sport, National Cancer Center etc) shall be responsible for professional management, coordination, information and monitoring of implementation of the programme. There, under the State Central Administrative Body in Charge of Health Matters, will be operated NCD Technical Working Group, in order to provide organization, coordination of inter-sectoral activities for implementation of the programme and submit a report on the implementation and executive unit for dealing with its every day activities.

4.3. Local Sub-council of Public Health headed by the local Governors shall be responsible for management, coordination and monitoring of the programme at the local level in collaboration with professional organizations. There, under the Governors office at aimaq, city, soum and district level will be established inter-sectoral working group for organization of implementation of the programme and reporting its outcomes. Local Sub-council of Public Health will be submitted progress report and outcomes of implementation of the programme to the State Central Administrative Body in Charge of Health Matters whiting the I quarter of every year.

4.4. The State Central Administrative Body in Charge of Health Matters will be responsible for summarizing and making a progress report on the implementation and outcome of the activities conducted at the national and local levels and submit to the National Council of Public Health and Government Cabinet of Mongolia whiting the II quarter of every year.

4.5. Participation of organizations, economic entities and individuals in implementation of the programme.

4.5.1. The State Central Administrative Body in Charge of Health Matters:

- 1/ to make necessary change in policy and strategy by conducting a survey and establishing the surveillance system for on-going tracking of NCD risk factors;
- 2/ to explore and appoint an institution, responsible for integrated management and organization of NCD prevention and control measures at the professional level;
- 3/ to establish an Information Databasa and review and update NCD related indicator;
- 4/ to increase funding for NCD prevention and control and mobilize resources;
- 5/ to promote participation and initiative of organizations, economic entities and individuals in implementation of the programme and provide management and methodological advise;
- 6/ to improve effectiveness of the programme through the collaboration of its activities with activities of other national programmes;
- 7/ to develop and enforce training program of informal and distance learning, manual, guideline and recommendation oriented to provide knowledge and skills on importance of proper diet, physical activity, tobacco and alcohol free lifestyle to the population in collaboration with concerned ministries and organizations;
- 8/ to improve proportion of preventive measures in the care and service for major NCD-s, establish legislative environment for financial and other support for health promotive and preventive measures;
- 9/ to train human resources at the local and international level in NCD prevention and management and health promotion and updating their qualifications;
- 10/ to develop and enforce standards and guidelines for diagnosis and treatment of major NCD-s;
- 11/ to develop and enforce mechanism for integration and evaluation of an integrated prevention and control measures of major NCD-s with primary health care , provided at the soum and family clinics (FGPs);
- 12/ to take measures, directed to improve community participation in prevention of complication of NCD-s such as conduct training for individuals in control of blood pressure, blood cholesterol, blood glucose and weight control themselves,

to improve supply of available apparatus for control of NCD risk factors on their own, to involve family members in programs for patient, to whom needs behavior change etc;

- 13/ to plan and conduct a study on NCD prevention and control policy and measures, undertaken, effectiveness of programs and projects, behavioral and environmental change and monitoring;
- 14/ to provide evidence based advocacy for policy makers and decision makers on the importance of reduction of risk factors;
- 15/ to develop sub-program on reduction of NCD risk factors and conduct training for the people with high risk;
- 16/ to develop guideline and standard of active movement, appropriate to the different age and profession of the population and provide professional and methodological advise to promotional measures of physical culture and active movement;
- 17/ to take in to consideration the licensing of economic entities and centers, which provide an activities, directed to reduction of overweight of the people;

4.5.2. The State Central Administrative Body in Charge of Foreign Affairs Matters

- 1/ to collaborate actively with international agencies and donor countries in implementation of the national programme;
- 2/ to reflect national policy on NCD prevention and control in contract and protocol, will be made with foreign countries and international organizations and provide monitoring for them;

4.5.3. The State Central Administrative Body in Charge of Justice Matters

- 1/ to provide support to make reorientation of legislation, related to implementation of the programme;
- 2/ to intensify implementation of the National Alcohol Prevention and Control Programme;

4.5.4. The State Central Administrative Body in Charge of Finance Matters

- 1/ to take the tax measures and market incentives directed towards promotion of proper and healthy diet, active movement and reduction of alcohol and tobacco consumption;
- 2/ to review and make decisions on funding of the running costs of the program, based on request of State Central Administrative Body in Charge of Health Matters, reflect it into the economic and social development guideline as well as into the state budget and provide financing every year;
- 3/ to establish conditions for sustainable financing of NCD prevention and health promotion activities;

4/ to provide financial support for some activities of the program through foreign loan and donations;

4.5.5. The state central authority in charge of education:

- 1/ to introduce the basic knowledge of students on healthy diet, physical activity, harm of alcohol and tobacco consumption into the curriculum of secondary schools;
- 2/ to provide opportunity to serve “healthy” hot meals, boiled hot water at educational institutions of all levels through contracting with catering and food producing companies;
- 3/ to implement the day meal program at basic education schools;
- 4/ to renew kitchen equipment at the basic education schools and dormitories; to improve knowledge of chiefs on nutrition and daily meal need for children;
- 5/ to provide students with opportunity to stay physically active and fit as well as to prevent physical inactivity;
- 6/ to establish alcohol and tobacco free environment at schools
- 7/ to train specialists on prevention of NCD prevalent risk factors and health promotion
- 8/ to review and update the academic curriculum of the medical and nursing schools on NCD prevention and health promotion;
- 9/ to select and finance a research work on NCD prevention policy, its implementation outcomes, population behavioral features and environmental changes.

4.5.6. The state central authority in charge of food and agriculture:

- 1/ to review and adhere food labeling standards in accordance with “The Recommendation of the Committee on Food Legislation and Regulation” and “Guidance Law on Food Labeling’ in order to provide population with opportunity of healthy choice and access to full information on nutrition facts.
- 2/ to promote healthy diet by reviewing and updating food standards in order to reduce salt, sugar and fat content;
- 3/ to distribute the international and domestic nutrition handbooks, to impose economic incentives for production, advertisement of new food products promoting healthy diet;
- 4/ to ensure fulfillment of the storage technology for grains, potato, vegetables and other food products; to prevent food infesting by aflatoxin-producing fungus which causes cancer development;
- 5/ to accelerate implementation of the National Program on Food Supply, Safety and Nutrition;

4.5.7. The state central authority in charge of trade and industry:

- 1/ to coordinate foreign trade policy in order to support usage of low salt, sugar, fat content food, vegetables and fruits; to monitor its implementation;
- 2/ to support, cooperate with programs, activities which focus on active lifestyle;
- 3/ to take policy measures to increase production of salt which satisfies consumption standards of population;

4.5.8. The state central authority in charge of social welfare and labor:

- 1/ to introduce new provisions to the Labor Law, other legislative acts on duties and responsibilities of employer and employee, which would require to conduct employee's medical checkup at least once a year, to undergo medical treatment if necessary, and to evaluate its results;
- 2/ to conduct training, promotion campaign on issues of workplace hygiene, safety and healthy environment with participation of relevant institutions and civil society;
- 3/ to link the program implementation with activities of the population development committees on national and sector level, to include in the year plan and ensure its implementation;
- 4/ to collaborate with professional institutions and attract NGO's in reduction of NCD risk factors among socially vulnerable people

4.5.9. The state central authority in charge of construction and urban development:

- 1/ to study and decide aspects of creating pedestrian, cycling roads and squares suitable for other physical activities;
- 2/ to include pedestrian, cycling roads and squares while planning of new constructions, buildings and roads;

4.5.10. The state central authority in charge of roads, transportation and tourism:

- 1/ to expand public transportation service, improve service culture and advertise its significance;
- 2/ to organize physical activities among people; to provide population with proper conditions for physical activities;

4.5.11. The state central authority in charge of defense:

- 1/ to conduct NCD risk factor (unhealthy diet, physical inactivity, smoking and alcohol consumption) prevention training, promotion activities and establish a health-oriented environment within army, special rescue forces and military officers;

4.5.12. The state central authority in charge of professional inspection:

- 1/ to monitor the implementation of the legislative acts and programs on NCD risk factor prevention and establishment of the health-oriented environment, to take proper measures if necessary;
- 2/ to improve the border control on imported food products in par with international standards, to solve the gradual implementation of allowing import of products, which fully satisfy the quality and sanitary norms;
- 3/ to establish an environmental control at organizations, factories where contact with radioactive, cancer-causing substances /carcinogens/ is present;
- 4/ to control the practice of the diagnostic procedures, treatment standards and guidelines on major NCD-s.

4.5.13. The state authority in charge of standardization and metrology:

- 1/ to update, approve and implement the food standard with reduced level of salt, sugar and fat content;

4.5.14. Governors of aimags, capital city, soums and districts:

- 1/ to organize the implementation and monitoring of the program at local level;
- 2/ to develop and implement sub-program on NCD prevention and control based on local needs in compliance with the national program;
- 3/ to initiate, support, advertise and provide incentives for public activities aimed at enhancing healthy lifestyle and prevention of NCD-s;
- 4/ to consider and implement the enhancing healthy lifestyle and prevention of NCD-s as one of the work performance indicators for the affiliate organizations;
- 5/ to allocate annual budget for financing free of charge medical service to patients with cancer and diabetes based on estimation and proposal of the local health authority.

4.5.15. Mass media organizations:

- 1/ to include into publication, broadcasting policy such issues as NCD risk factor prevention, self-control of patients through establishing health-oriented environment and healthy lifestyle.
- 2/ to deliver a simple, clear message of promotion healthy diet, physical activity and reduction of tobacco, alcohol consumption; and to support and cooperate with other organizations in this field;

4.5.16. Business entities and organizations:

- 1/ to estimate and allocate funds for health promotion and NCD risk factor prevention, to estimate its health and economic cost-effectiveness;
- 2/ to improve knowledge and skills of employees on healthy lifestyle and NCD risk

- factor prevention through dedicated training, to involve employees in medical checkup 1-2 times a year and take necessary measures needed;
- 3/ to plan and implement measures to provide employees with hot meal, boiled hot, fresh drinking water; to create an environment promoting physical activity, fitness exercise, and in same time free of alcohol and tobacco; afterwards endorsement measures to be taken in order to fortify results achieved.
 - 4/ to production and service policy compliant with the objectives and goals of the national program;
 - 5/ to impose a strict fulfillment of the safety standards and sanitary norms by the organizations where a contact with cancer-causing /carcinogen/ and other substances harmful for health occurs;
 - 6/ to carry out an environmental safety control on regular basis, to train employees a constant use of individual and mass protective equipment and facilities at the organizations that handle radioactive substances; to implement other labor protection measures;
- 4.5.17. Food factory, food market and all types of catering:
- 1/ to provide user-friendly production and service with focusing on: reduction of NCD risk factors such as consumption of animal fat, salt, sugar, alcohol and tobacco; promoting fruit and vegetables consumption;
 - 2/ to give customers full information about nutrition facts in a simple and clear way, and to provide with opportunity to make healthy choice;
- 4.5.18. Customer right protection and other non-government organizations:
- 1/ to control promotions with false information about food consumption such as advertisements of sweet, salty, conserved, fatty food and carbonated soft drinks; to organize counter-advertising, provide correct information and take other measures in collaboration with professional organizations;
 - 2/ to participate in the implementation monitoring of the program.
- 4.5.19. Civil and community participation:
- 1/ to learn and follow guidance, handbooks, instructions by professional organizations aimed at healthy diet and active lifestyle promotion, reduction of tobacco and alcohol consumption, relieving smoking and drinking abuse; to distribute this information to others;
 - 2/ to learn how to keep body weight within normal limits through a healthy diet and active lifestyle, to control blood pressure and glucose yourself, to follow information, instructions and guidance by professional organization; to participate to related activities;

- 3/ to report cases of advertisement with deceitful information on food consumption (such as encouraging consumption of sweet, salty, conserved, fatty food and carbonated soft drink) to related organizations;

FIVE. MONITORING, EVALUATION OF THE PROGRAM IMPLEMENTATION AND ITS INDICATORS

5.1 The state central authority in charge of health shall be responsible for the program implementation monitoring and evaluation; the Governors' offices in collaboration with other state authorities and nongovernmental organizations shall be responsible for the program implementation at national and local level.

5.2. An implementation of the program will be evaluated by the following criteria:

Indicator	Data Source	Reference Value (2005)	Change as planned	
			2009	2013
I. Primary risk factors indicator				
1. Prevalence of tobacco smoking (by percentage)	*	25.9	23.4	20.4
2. Alcohol use percentage among population (last month)	*	30.5	29.0	27.0
3. Salt intake (gram per day)	*	10.1	9.6	9.1
4. Fruits intake (days per week)	*	1.6	2.0	2.5
5. People who consume vegetables more than 2 units per day (by percentage)	*	44.4	49.4	55.0
6. People with active lifestyle on regular basis with 30 min as minimum (by percentage)	*	15.4	18.4	23.4
II. Interrmediate risk factors indicator				
7. Prevalence of people with obesity (Body mass index BMI > 25 kg/m ²)	*	39.3	38.3	37.0
8. Blood (arterial) pressure average	*	a/ 128.5 b/ 79.4	a/ 128.0 b/ 78.9	a/ 127.5 b/ 78.4
a/ systolic				
b/ diastolic				

9.	Prevalence of people with high cholesterol (>200 mg/dl or 5.2 mmol/l) (by percentage)	*	12.4	12.2	11.7
10.	Prevalence of people with high blood glucose (>5.6 - <6.1 mmol/l)	*	10.2	10.0	9.8

III. Rate of early detection of cancer

11.	People with 5-year survival rate of the cervical cancer (by percentage)	**	33.1	34.0	35.0
12.	People with 5-year survival rate of the breast cancer	**	29.1	30.0	31.0

IV. Death rates of NCD-s

13.	Death due to the cardiac infarction (per 10 000)	***	2.7	3.5	3.0-3.4
14.	Death due to the stroke (per 10 000)	***	9.7	15.1	12.5-14.0
15.	Death due to the cancer (per 10 000)	***	12.1	11.8	11.5-11.7

Notes:

- Data Sources: * National integrated NCD risk factors survey (NINCDRFs) 2005
** National Cancer Center records, 2004
*** National Health Statistics, 2004
- One unit of vegetable equals one cup of fresh vegetable or an half-cup of boiled vegetable;
- Every year death rate due to cardiac infarction is increasing by 0.3 points. But as result of intervention estimated to decrease by 0.1. In year 2009, death rate will be raise up to 3.5 points, however; further 0.3 point decrease is forecasted.
- Annual death rate due to the stroke is increasing by 1.5points. But as result of intervention, this estimated to decrease by 0.8. In year 2009, death rate will reach 15.1points, however; further decrease is forecasted.

ACTION PLAN FOR IMPLEMENTATION OF THE NATIONAL PROGRAMME ON NCD PREVENTION AND CONTROL

#	Activities	Responsible organization	Cooperating organizations	Duration	Expected outcomes	Indicators
Objective 1. Measures, directed to create sustainable mechanism for management and coordination of NCD Prevention and Control						
1	Establish network directed to increase participation of governmental, nongovernmental organizations, business entities and citizens in implementation of the programme	MoH	MoF&A, MoT&I, MoEC&S, MoJ, SPIA, MoC&UD	2006-2007	Coordination of inter-sectoral collaboration to be improved	Increased number of stakeholders involved in activities of the programme
2	Conduct meetings and discussions for coordination of activities of the programme with other programs, projects and activities.	MoH	MoF&A, MoT&I, MoENITO, SCO, MoEC&S, MoJ, MoC&UD	2006-2008	Coordination, collaboration and effectiveness of programs and projects to be increased	Percentage of coordinated programs, projects and activities
3	Implement sub-program on NCD prevention and control at the aimag and capital city level and establish inter-sectoral working group to manage implementation of sub-program	Aimag and Capital City Governors Office	MoH	2006-2007	Inter-sectoral coordination of the program activities to be improved	Decision on establishment of working group
4	Appoint an institution, which will provide with professional methodology for management and organization of an integrated NCD prevention and control measures.	MoH	MoF	2006-2007	An institution to be appointed	Decision on appointment of institution
5	Collaborate with other ministries and organizations in the field of information and encouragement of collectives, who has been achieved success in NCD risk factor reduction	MoH (NCHD)	MoF, MoSVW&L, MoEC&S, PR&TV, Mass Media	Every year	Community participation in implementation of the program to be increased	Percentage of community & collectives, encouraged
6	Carry out monitoring of the programme implementation at the 3-4 aimags and districts	MoH	SPIA, Aimag and Capital City Governors Office	Every year	Implementation of the program to be monitored and necessary further activities to be determined	Number of aimags and districts, involved in monitoring and their reports
7	Decide inclusion of indicators of activities directed to reduction of morbidity and mortality of major NCD-s and some risk factors in health information system	MoH (NCHD, PHI)	NSO, MoEC&S (HSUM)	2006-2008	NCD related health indicators to be updated	Updated NCD indicators

#	Activities	Responsible organization	Cooperating organizations	Duration	Expected outcomes	Indicators
8	Establish information Database which included the status of morbidity, mortality and risk factors of major NCD-s and measures, directed to reduce their prevalence and outcomes	MoH (PHI, DC, NCC)	NSO, MoEC&S (HSUM)	2006-2008	NCD information Database to be established	Decision on the establishment of NCD information Database
9	Enhance quality and accessibility of information on the status of morbidity, mortality and risk factors of major NCD-s and implementation of the program and its outcomes to decision and policy makers as well as community	MoH (NCHD, PHI)	MoEC&S (HSUM), PR&TV	2006-2013	Knowledge and attitude of decision and policy makers as well as community to be improved	Percentage of activities, implemented based on information.
10	Conduct STEP survey on prevalence of NCD risk factors	MoH (PHI, NCC, DC, NCHD, SCPC&S, IMS)	MoEC&S Aimag and Capital City Governors Office	2005, 2009, 2013	The national baseline data on NCD to be determined	Survey report
11	Create ongoing monitoring system for risk factor; morbidity and mortality of major NCD-s and carry out measures, directed to improve its capacity	MoH (PHI, NCC, DC, NCHD, SCPC&S)	MoF, MoEC&S (HSUM)	2006-2008	Evidence needed for planning and implementation of policy and intervention to be created	Established NCD surveillance system
12	Conduct training for health workers on detection, evaluation and control of NCD risk factors.	MoH (PHI, NCC, DC, NCHD, SCPC&S)	MoEC&S (HSUM)	2006-2011	Knowledge of health workers to be improved	The number of conducted training and percentage of health workers, participated in training
13	Support research activities on tobacco, alcohol consumption, their negative social and economic consequences, behavioral change, economical and health benefits and effectiveness of activities, directed to reduce NCD risk factor	MoH (PHI, NCC, DC, NCHD, SCPC&S, IMS)	MoEC&S (HSUM)	2007-2013	Possibility to carry out evidence based planning and intervention to be improved	The number of research study and their report
Objective 2. Measures, directed to reduce NCD risk factors by promoting healthy lifestyles and supportive environments						
14	Review and update legislative acts, standards in order to reduce risk factors (fat, salt, sugar, alcohol and tobacco use and physical inactivity)	MoJ	MoT, MoF, MoF&A, MoT&I, NCS&M, NGO	2006-2008	Legal environment, directed to reduce risk factors to be updated	Adopted resolution, decision and standard
15	Carry out measures directed to create sustainable funding mechanism for activities to reduce the NCD risk factors and creation of "health promoting" environment for enhancing healthy lifestyle by establishing Health promotion foundation from portion of excise tax of tobacco and alcohol	MoH	MoJ, MoF, NTO, MoF&A, MoT&I, MoEC&S	2005-2007	The sustainable funding mechanism for reduction of NCD, its risk factors and health promotion to be established	Decision about establishment of foundation and its budget composition
16	Develop and implement the national guideline for implementation of "The Global Strategy on Diet and Physical Activity"	MoH (PHI, DC, NCHD, SCPC&S)	MoF&A, MoT&I, NGO	2006-2007	Guideline, reflected local condition to be developed and implemented	Percentage of organizations, implemented approved guideline
17	Develop formal, informal and distance education programs, manual, methodology and recommendation for the public directed to enhance their knowledge, attitude and practice on healthy diet, physical activity, smoke free and alcohol free lifestyle, appropriated to their age, sex, and professions	MoH (NCHD, PHI, SCPC&S, DC, MNH&NC)	MoEC&S	2006-2013	Formal& informal training programs to be updated . New manual, methodology, recommendation and IEC materials to be developed	Approved training program, Number & quality of published manuals, methods, recommendations and IEC materials, Number of people participated in learning program.

18	Develop and enforce the joint ministers order directed to regulate healthy food service, improve physical activity and create "health promoting" environment at the school and work places	MoH (NCHD, PHI, SCPC&S)	MoSW&L, MoEC&S	2006-2008	The joint ministers order & guideline on creation of "health promoting" environment to be developed and enforced	Approved order & guideline, Percentage of implemented organizations updated & approved
19	Review and update the national food standard in order to reduce salt, sugar and fat content- appropriate to population age	NCS&M	MoH (PHI), MoF&A, MoT&I, NGO	2006-2007	Food standard appropriate to population age to be updated	Percentage of entities and organizations implemented a standard Number of advocacy campaign
20	Provide advocacy campaign on creation of health promoting environment for decision makers and policy makers	MoH (NCHD, PHI)	MoEC&S (HSUM) PR&TV Other mass media	2006-2008	Knowledge & attitude of policy makers and decision makers to be improved	Number of policy makers and decision makers involved
21	Update the existing regulation on creation of "health promoting" school, work-place and hospital and enforce	MoH (NCHD)	MoEC&S, MoSW&L, Business entities& organizations NGO	2006-2007	Regulation to be updated & enforced	Number & percentage of "health promoting" organizations, implemented the updated regulation
22	Conduct a meeting and consultation with food producers and importers on improving of nutrition quality assurance of food products	MoH (PHI)	SPIA, MoF&A, MoT&I, MoFA	2006-2012	Collaboration to be improved	Recommendation & decision of meeting or consultation and its status of implementation.
23	Study on possibility to establish national reference chemical laboratory of food products, and improve its capacity	MoH (PHI)	MoF MoF&A, MoT&I, SPIA, MoFA	2006-2009	Sustainable control of food and nutrition quality to be established	Decision on establishment national reference laboratory
24	Develop and enforce order directed to evaluate healthy food producer-business entity, organization.	MoH (PHI, NCHD, DC)	MoF MoF&A, MoT&I, SPIA, NGO	2006-2013	Production of healthy food and nutrition to be increased	Percentage of healthy food producer-business entities
25	Evaluate and inform organization and collectives which established special places, rooms directed to improve physical activity of workers, students and customers	MoH (NCHD, SCPC&S)	MoSW&L, MoEC&S, MoD, PR&TV, Other mass media	2006-2012	Number of agencies where places, rooms are available for physical activity to be increased	Number of agencies with physical activity rooms and places
26	Train national trainers-teachers who provide with methodology for implementation of an integrated NCD prevention and control activities in central and local level.	MoH (NCHD, SCPC&S, PHI, DC)	MoEC&S, (HSUM)	2006-2007	Trainers- teachers to be trained	Training report, Percentage of trained people
27	Update test to determine fitness status of population.	MoH (SCPC&S)	MoEC&S, NCS&M	2006	Fitness test to be updated	Approved test
28	Take in to consideration the licensing of organizations and centers, where provide an activities directed to improve fitness, body building and weight loss and training of all kind of exercises, develop and enforce standard, manual, provide with methodology	MoH (NCHD, SCPC&S, PHI)	SPIA, NCS&M, Aimag and Capital City Governors	2006-2007	The quality of activity of centers to be improved.	Approved standard, manual, percentage of implemented agencies
29	Take a measures directed to improve plan and project of buildings and apartments to be newly established and reconstructed, by making opportunities to create special roads and squares promoting physical activity of the people	MoC&UD	Aimag and Capital City Governors MoH (SCPC&S)	2006-2013	Physical activity of the people to be increased	Percentage of buildings and apartments, planned to be have special roads and squares

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#	Activities	Responsible organization	Cooperating organizations	Duration	Expected outcomes	Indicators
30	Take a measures directed to establish places and squares to promote active movement of the people and improve supply of necessary equipment	MoC&UD	Aimag and Capital City Governors Association of the owners of the apartment, Business entities	2006-2013	Possibility of active movement to be created	Percentage of apartments with special places and squares and necessary equipments
31	Promote community initiative for implementation of activities, small projects, programmes directed to reduce risk factors and enhance healthy lifestyle	MoH (PHI, NCC, DC, NCHD, SCPC&S) Aimag and Capital City Governors	MoE&Sc, (HSUM) NGO	2006-2013	Participation of the community in activities directed to reduce risk factors, promote healthy lifestyle to be increased Number of aimags and districts actively working in reduction of NCD risk factors to be increased	Percentage of community projects and programmes
32	Implement demonstration project on reduction of NCD risk factors and health promotion at some aimags and districts, and inform their best practice among other aimags and districts	MoH (PHI, NCC, DC, NCHD, SCPC&S) Capital City Governors	MoH (PHI, NCC, DC, NCHD, SCPC&S)	2006-2013	Number of people and organization, involved in the best practice training	Number of people and organization, involved in the best practice training
33	Train human resources at the local and international level in NCD prevention and management and health promotion and updating their qualifications	MoH	MoE&Sc, (HSUM) IO	2007-2013	Capacity of human resources to be improved	Percentage of persons involved in training
34	Develop and implement social marketing strategy directed to enhance healthy lifestyle and reduce NCD risk factors	MoH (PHI, DC, NCHD, SCPC&S)	PR&TV Mass media	2006-2007	Social marketing to be improved	Approved social marketing strategy and plan
35	Develop guideline, manual and provide advocacy training and information on creation of health promoting environment, enhancing healthy lifestyle and reduction of NCD risk factors for policy and decision makers at all level	MoH (NCHD, PHI, SCPC&S, DC)	Aimag and Capital City Governors, NGO	2006-2010	Knowledge and attitude of decision and policy makers to be improved, Number of health promoting activities and organizations to be improved	Number of developed manuals, conducted training and number of people participated, Number of health promoting collectives and organizations Number of business entities which produce healthy food,
36	Develop manual and provide training and information on methodology of appropriate choice of food products and cooking "healthy" meal for the food specialists, food producers, importers, house wives, parents and community	MoH (PHI, NCHD)	MoF&A, MoT&I, PR&TV Mass media	2006-2009	Number of business entities which produce healthy food to be increased, Community knowledge on healthy nutrition to be improved	Community knowledge on healthy nutrition Number of TV and radio programmes, Number of developed and published IEC materials, Number of organized trainings and number of participants
37	Improve control on nutrition quality, fat, salt and sugar content of imported food products, and create legislative environment directed to promote healthy food products by taxation policy.	MoF (NTO)	MoF&A, MoT&I, (NCHD)	2007-2010	Number and type of "healthy" food products with minimal content of NCD risk factors to be improved	Approved law, resolution and order
38	Organize various competition, exhibition and demonstration activities directed to improve healthy diet and physical activity among population	MoH (NCHD, PHI, SCPC&S, DC)	MoF&A, MoT&I, MoJ Professional Associations NGO	2006-2010	Knowledge, attitude and skills of the community on healthy diet and physical activity to be improved	Number of organised measures, number of people involved

39	Develop guideline and standards of active movement appropriate to age, work and profession, and conduct training of trainers and community and disseminate an information regularly through mass media	MoH (NCHD, PHI, SCPC&S)	MoEC&Sc, PR&TV, Mass media, NGO	2006-2007	Guideline and standards of active movement to be developed, Methodologists of aimags and capital city and community to be involved in training and information	Approved guideline and standard, Percentage of people involved in training, Number of programmes and mass media organizations provided an information, Number of activities, organised, Number of people involved, by age groups
40	Organize age specific activities on fitness, physical culture and sport, take a measures directed to involve all age groups of the population	MoH (SCPC&S)	MoEC&Sc, MoSW&L, Aimag and Capital City Governors,	2006-2013	All age groups of the population in activities on fitness, physical culture and sport to be involved	Number of organized campaign, developed cartoon and competition, Percentage of children involved
41	Organize a campaign "active movement" for preschool and school children, develop cartoon, and organize competition.	MoH (NCHD, SCPC&S)	MoEC&Sc, PR&TV	2007-2011	Physical activity of preschool and school children to be improved	Percentage of organized measures and participants involved
42	Expand measures directed to conduct the training on aerobics, fitness exercise and dancing among children, youth and population	Aimag and Capital City Governors,	MoEC&Sc, MoH (SCPC&S, NCHD)	2006-2012	Physical activity of the public to be improved	Percentage of aimags, districts, business entities and organizations taking measures
43	Improve possibility to do active movement for the community by improving lighting and safety of roads, square and garden	Aimag and Capital City Governors,	SPIA, MoC&UD, MoRTT, Business entities, MoEC&Sc,	2006-2011	Physical activity environment for the public to be improved	Percentage of organizations, established tobacco free environment
44	Provide and evaluate competition among organizations and business entities on creation of tobacco free environment, and disseminate best practice information	MoH (NCHD, MNH&NC)	MoSW&L, Aimag and Capital City Governors, Mass media, NGO	2006-2011	Number of organizations, created tobacco free environment to be increased	Approved guideline, Number of people involved in training, Number of organizations, created tobacco free environment, Approved new programme, Percentage of educational organizations introduced new programme
45	Develop manual on methodology of creation of tobacco free environment, and provide training.	MoH (NCHD, MNH&NC)	Aimag and Capital City Governors, NGO	2006-2009	Manual on methodology of creation of tobacco free environment to be developed	Percentage of teachers involved in training
46	Review formal and informal training programme of educational organizations at all level, introduce tobacco related harm, its prevention and importance of tobacco cessation in training program.	MoEC&Sc,	MoH (NCHD, MNH&NC)	2007-2009	Training programme to be updated and introduced, Knowledge and attitude of students to be improved	Percentage of teachers involved in training
47	Conduct training for teachers on tobacco harm	MoEC&Sc,	MoH (MNH&NC, NCHD), NGO	2006-2011	Knowledge, attitude of teachers on tobacco harm to be improved	Percentage of teachers involved in training

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#	Activities	Responsible organization	Cooperating organizations	Duration	Expected outcomes	Indicators
48	Select and make agreement with business entities and organizations directed to improve supply of necessary medicaments used in tobacco cessation based on estimation	MoH (MNH&NC)	Organization for supply of medicine, Business entities	2006-2013	Supply of necessary medicaments used in tobacco cessation to be increased	Percentage of improvement of supply of necessary medicaments used in tobacco cessation
49	Implement treatment-training programme on tobacco cessation and establish hotline based on agreement performance work	MoH (MNH&NC)	Organization for supply of medicine, Business entities	2006-2013	Possibility to get advice and treatment, who wants to quit smoking to be established	Number of people involved in tobacco cessation program, Number of people got hotline advice
50	Develop and implement recommendation for organization of cultural show, competition, events and other measures to be "tobacco free" such as "Tobacco free youth", "Tobacco free cultural event", "Tobacco free sport."	MoH (NCHD PH, MNH&NC)	MoEC&Sc, MoSW&L NGO PR&TV	2006-2012	Number of tobacco free environment, activity and measures to be increased	Developed recommendation, Number of tobacco free environment, activities and measures
51	Celebrate World No Tobacco Day (31 May of every year) and expand information, education (IEC) for the public at the aimag and capital city level	Aimag and Capital City Governors,	PR&TV, MoH (MNH&NC NCHD)	2006-2013	Knowledge and attitude of community on tobacco harm, importance of tobacco cessation, reduction of tobacco use and creation of tobacco free environment to be improved	Percentage of aimags and districts celebrated World No Tobacco Day
52	Develop and implement training and treatment strategy on tobacco cessation for the people in rural areas, people with low living condition and homeless people	MoH (MNH&NC NCHD)	Aimag and Capital City Governors, MoSW&L	2006-2013	Knowledge and attitude of the people in rural areas, people with low living condition and homeless people to be improved	Approved education programme, Number of people involved in training
53	Celebrate Alcohol free Day in every month, develop manual and recommendation on alcohol free environment, organize competition among organizations and business entities, disseminate information for the public	Aimag and Capital City Governors,	MoH, SPIA, NGO	2006-2013	Manual and recommendation to be developed, Number of Alcohol free activities and alcohol free environment to be increased	Approved order, Number of Alcohol free Days, alcohol free organizations and business entities
54	Develop advice, recommendation and IEC materials on negative consequences of alcoholic beverages for human health and its moderate use and provide training and information for the public	MoH (NCHD MNH&NC)	MoEC&Sc (HSUM) PR&TV, NGO	2006-2013	Accessibility of information to be increased	Number of advice, recommendation and IEC materials,
55	Review formal and informal education programme of educational organization at all level and reflect issues related to negative consequences of alcoholic beverages for human health, it's prevention and importance of treatment of alcohol dependence	MoEC&Sc	MoH (MNH&NC NCHD)	2007-2009	Training programme to be updated, Knowledge and attitude of students to be improved	Number of trained people, Approved training programme, Percentage of organizations introduced new programme
56	Provide with methodology and cooperate with organizations and community, initiated to organize volunteer clubs to help drinkers and their families	MoH (NCHD MNH&NC)	Aimag and Capital City Governors, NGO	2007-2013	Assistance for the drinkers and their families to be improved	Number of volunteer clubs, Number of activities implemented, Number of people involved

Objective 3. Measures directed to make reorientation of health services (towards appropriate, accessible, effective, community-based) for common NCD-s						
		MoH (NCC, NCHD, PHI, DC)	MoEC&Sc (HSUM) Professional associations	2006- 2012	Quality of medical service to be improved	Approved standard and guidelines
57	Develop, update and implement guideline and standard for diagnosis and treatment of major NCDs	MoH (NCC, NCHD, PHI, DC)	MoEC&Sc (HSUM) Professional associations	2006- 2012	Quality of medical service to be improved	Approved standard and guidelines
58	Develop training programme and manual for implementation of guideline and standard for diagnosis and treatment of major NCDs and conduct training for health workers	MoH (NCC, NCHD, MNH&NCC, PHI, DC)	MoEC&Sc (HSUM) RDTc	2006-2013	Management of NCDs to be improved	Approved training programme and manual, Percentage of health workers involved in training
59	Select medicines (safe, effective, with reasonable prices) for treatment of NCDs based on clinical research evidence and introduce them in the national list of essential medicines.	MoH (NCC)	MoEC&Sc (HSUM)	2006-2012	Modern and effective medicine to be introduced	Number of medicines included in the list
60	Determine necessary instruments, techniques and equipments for diagnosis and treatment of NCDs according to the level of health service and take measures to improve their supply in collaboration with local and international donors and international organizations	MoH	MoFA, MoF, MoT&I, Business entities	2006-2009	Supply of necessary instruments techniques and equipments to be improved	Number of health organizations with appropriate supply of equipments
61	Develop manual, recommendation and training programme on diet treatment for major NCDs for cooks of kitchen at hospital and sanatory and conduct training and information.	MoH (PHI)	MoEC&Sc (HSUM) Professional Associations	2006-2010	Knowledge, attitude and skills of cooks to be improved	Number of developed manual, recommendation and training programme
62	Establish model kitchen for treatment, training and research on healthy food, promote initiatives of business entities and organizations in relation to this, collaborate and provide them with methodology, and take a measures to disseminate best practices	MoH (PHI)	MoFA, MoT&I, Professional Associations	2006-2008	Model kitchen to be determined/established	Number of model kitchen, Number of people involved in training
63	Develop NCD specific physical activity methodology and introduce in the practice of health service	MoH (NCHD, SCPC&S)	MoEC&Sc (HSUM)	2006-2009	NCD specific physical activity methodology to be developed	Approved methodology, Percentage of health organizations implemented
64	Increase percentage of preventive measures in the health service for major NCDs and create legislative environment of financial and other type of encouragement to the health promotive and preventive measures	MoH (NCHD)	MoF, Ainag and Capital City Governors,	2006-2008	Legislative environment to be created, Health promotive and preventive measures to be improved	Approved legislative acts, Improved percentage of health promotive and preventive measures among clinical services
65	Develop and implement methodology and guidelines for integration of NCD prevention and control activities with primary health care -sourn and family hospital services and for evaluation of it's effectiveness.	MoH (PHI, NCHD, NCC)	RDTc	2006-2007	Integration and coordination of NCD prevention and control activities with primary health care to be improved	Approved guideline, order Percentage of health organizations, implemented
66	Provide nationwide medical examination of the population in every year in order to make early detection of major NCDs and take necessary measures	MoH (Ainag and Capital City Governors, RDTc, HO)	MoH (NCC, DC)	2007-2013	Rate of early detection to be increased	Percentage of people involved in medical examination

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#	Activities	Responsible organization	Cooperating organizations	Duration	Expected outcomes	Indicators
67	In order to enhance the skills of individuals in control of NCD risk factors such as blood pressure, blood glucose, sodium salts in urine and weight control themselves, take a measures, directed to improve necessary supply of apparatus and reagent, and develop an information and education material and conduct training and information among people at risk and the community	MoH (PHI, NCHD, NCC DC, SCPC&S)	MoFA, Aimag and Capital City Governors, RDTIC, HO, Professional Associations, Business Entities	2006-2013	Knowledge and skills of individuals to be improved	Percentage of individuals with knowledge and skills
68	Introduce costeffective methods for early detection of major NCDs such as detection of cervical cancer using 3 % acetic acid test for women and PAP steamer and detection of breast cancer by using self examination and mamagramm	MoH (NCC DC)	Aimag and Capital City Governors, RDTIC, HO	2007-2013	New methods of early detection of common NCDs to be introduced	Approved new methods, Percentage of introduced or organization, Percentage of detected cases
69	Develop and implement regulation on registration and recall of people/individuals with major NCDs	MoH (NCC DC, PHI)		2006-2008	Number of registered patients to be increased,	Percentage of registered patients
70	Develop the regulation on provision of external audit. in the health services for NCDs	MoH (NCHD, NCC)	SPIA	2006-2008	Quality of health services for NCD to be improved	Approved system and regulation on external audit, Percentage of organization involvement
71	Take a measures directed to extension of tele-medicine system for diagnosis, consultancy, training and monitoring of NCDs.	MoH (NCHD, IMS, NCC)	MoF, MoFA, IO	2007-2012	Accessibility of tele-medicine system to be improved	Percentage of health organizations involved in tele-medicine system
72	Develop guideline, programme and recommendation on reduction of NCD risk factors and prevention of consequences such as treatment of alcohol dependance, tobacco cessation, reduction of overweight and detection and treatment of causes of obesity and conduct training among people at risk and patients	MoH (PHI, NCHD, DC, SCPC&S, MIN&NCC)	MoEC&S, (HSUM) MoF&A, Professionals Associations, NGO&WL	2006-2007	Risk level among risky populations to be reduced and their health status to be improved	Approved programs, Percentage of people involved
73	Develop and implement regulation on improving supply of essential medicine and instruments for the treatment of NCDs and coordination of medical services (price provision of supply and self-control of patients, etc.)	MoH	MoF Organizations for supply of medicines	2006-2009	Supply of medicines and instruments to be improved	Approved regulation
74	Develop IEC materials, methodological recommendation and conduct training and information directed to make a selfcontrol by patients themselves on intermediate risk factors (such as blood pressure, blood glucose level, sodium salts in urine, overweight etc.) and improve involvement of the family members.	MoH (PHI, NCHD, DC, SCPC&S)	MoEC&S, (HSUM)	2006-2007	Knowledge and skills of patients and people with risk to be improved	Percentage of people who have knowledge and skills of self-control.
75	Take measures directed to improve supply of specific food products for diabetic patients	MoF&A	MoH (DC), MoT&I, SPIA, Professionals associations, Business entities, NGOs	2006-2013	Supply of specific food products to be improved	Number of diabetic patients who use specific food products

76	Develop palliative care management guidelines and conduct training of health professionals	MoH (NCC)	MoEC&S, (HSJM) NGO TCPC	2006-2009	Palliative care management guidelines to be developed	Guidelines for palliative care management,
77	To establish a multidisciplinary palliative home care team in all aimags and districts.	MoH (NCC)	HO NGO TCPC	2006-2007	Knowledge and skills of family and som doctors on palliative care management to be improved Multidisciplinary palliative home care team at all aimags and districts to be established	Percentage of family and som doctors, trained in palliative care management. Percentage of provinces and districts with palliative home care team Percentage of patients, to whom provided service
78	Take a measures directed to improve and provide sustainable supply of slow released morphine for oral use with reasonable prizes	MoH (NCC)	MoF, MoFA, Mongol Em Impex, Other Companies for supply of Medicine, NGO-s TCPC	2006-2009	Supply of Morphine for oral use to be improved	Percentage of patients, users and their level of satisfaction
79	Conduct training for oncologists, internists, gynaecologists and surgeons at provinces and districts and improve their basic knowledge on palliative care	MoH (NCC)	HO NGO TCPC	2006-2009	Capacity to provide consultancy for the palliative home care team to be improved	Percentage of doctors including oncologists, internists, gynaecologists and surgeons, trained in palliative care management.
80	In order to improve supply, make an estimation and order the nursing instruments and supplies necessary to provide palliative care and make a proposal to the donor countries	MoH (NCC)	MoF, MoFA, Companies for supply of Medicine, NGO-s TCPC	2007-2009	Supply of instruments, necessary to provide palliative care to be improved Level of satisfaction of patients to be improved	Percentage of health organizations with improved supply of instruments, necessary to provide palliative care
81	Develop manual and recommendation on palliative care directed to improve knowledge, attitude and skills of family members and community and provide information, education and training	MoH (NCC, NCHD)	NGO-s TCPC	2006-2013	Knowledge, attitude and skills of family members and community to be improved Level of satisfaction of patients and their quality of life to be improved	Manuals and recommendations, Percentage of families and communities trained in palliative care