



MONGOLIA-WHO

Country Cooperation Strategy 2017–2021



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World Health
Organization

Western Pacific Region

MONGOLIA–WHO

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FOREWORD

The Ministry of Health of Mongolia and the World Health Organization (WHO) are pleased to present the *Mongolia-WHO Country Cooperation Strategy 2017-2021*. The strategy supports work towards achievement of the goals of the *Mongolia Sustainable Development Vision 2030* and the *State Policy on Health (2017-2026)*, and aim at reducing the prevalence of hepatitis and tuberculosis, and the risk of noncommunicable diseases.

Mongolia has made significant achievements in improving the health of its citizens in recent years. Deaths among infants and children have been reduced; the country has maintained its polio-free status; and endemic transmission of measles and tetanus has been eliminated.

However, Mongolia faces a range of stubborn health challenges, including illnesses and liver cancer caused by chronic hepatitis, and a rising burden of noncommunicable diseases. Growing urbanization brings new challenges, such as air pollution and access to safe drinking-water and sanitation for communities on the outskirts of Ulaanbaatar.

To address these issues and support Mongolia's progress towards universal health coverage and the Sustainable Development Goals, it is important to strengthen the health system and to improve the efficiency of major health programmes. To this end, cross-sectoral collaboration is vital.

The Ministry of Health and WHO will focus on three strategic priorities for collaboration over the next five years: 1) building resilient health systems to advance UHC; 2) strengthening the integrated, people-centred delivery of priority public health programmes; and 3) promoting health and healthy environments for all Mongolians through multisectoral engagement and health in all policies.

Through this country cooperation strategy, WHO will continue to provide sound and evidence-based technical and policy advice to the Government. At the same time, WHO will focus on supporting strengthened partnerships for health and enhancing the use of information technology for health in Mongolia.

Building on a long-standing and trusting partnership, the Ministry of Health and WHO will work together closely in the coming five years to implement this strategy. Together, our work will contribute to improving the health and well-being of the more than 3 million Mongolian people and countless others across the Western Pacific Region.



Dr Ayush Tsogtsetseg
Minister of Health of Mongolia



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EXECUTIVE SUMMARY

Mongolia is a democratic country with significant natural and agricultural resources. Guided by the *Mongolia Sustainable Development Vision 2030 (MSDV)*, the country is striving by 2030 to be among the leading middle-income countries based on per capita income, with a diverse economy, ecological balance and democratic governance. The Government is committed to ending poverty, improving the living environment and increasing life expectancy at birth to 78 years by 2030. These national goals are in line with and contribute to Mongolia's progress towards the United Nations Sustainable Development Goals (SDGs).

This *Mongolia–WHO Country Cooperation Strategy 2017–2021* sets out the medium-term vision for the joint work of the Ministry of Health and WHO over the next five years. The Strategy will support work towards the MSDV and is aligned with the *State Policy on Health (2017–2026)*. The Strategy also supports the objectives of the *United Nations Development Assistance Framework 2017–2021* for Mongolia.

Guided by this country cooperation strategy (CCS), the Ministry of Health and WHO will work together to support implementation of the *State Policy on Health (2017–2026)* through three strategic priorities:

- Priority 1. Building resilient health systems to advance universal health coverage (UHC),
- Priority 2. Strengthening the integrated, people-centred delivery of priority public health programmes, focusing on prevention and control of communicable and noncommunicable diseases, and ensuring quality care for mothers, newborns, children and adolescents.
- Priority 3. Promoting health and healthy environments for all Mongolians through multisectoral engagement and Health in All Policies, including stronger partnerships and improved coordination.

To implement this Strategy, WHO will support Mongolia to implement an integrated whole-of-system approach to health system strengthening. The Organization will continue its role as a neutral broker of evidence-based technical and policy advice, while strengthening partnerships and multisectoral collaboration, and improving health literacy and strategic communications.

Annual review of this Strategy and a final review in 2021 will be used to evaluate progress towards the strategic priorities, UHC and the SDGs and to inform the next CCS cycle.



1. Introduction

The WHO country cooperation strategy (CCS) provides a medium-term strategic vision for World Health Organization (WHO) cooperation with a Member State in support of that country's national health policies.

The *Mongolia–WHO Country Cooperation Strategy 2017–2021* outlines the strategic framework for WHO's work with the Government of Mongolia and other partners from 2017 to 2021. The Strategy supports work towards achievement of the goals of the *Mongolia Sustainable Development Vision 2030* (MSDV) and the *State Policy on Health (2017–2026)*. The 10 WHO Programme Budget priorities that the Ministry of Health and WHO will work on jointly in 2018–2019 and 2020–2021 will be aligned with this CCS. The Strategy also supports achievement of the objectives of the *United Nations Development Assistance Framework 2017–2021* for Mongolia.

The CCS was developed in consultation with the Government, especially the Ministry of Health, and other health partners, including bilateral and multilateral agencies, United Nations agencies and nongovernmental organizations. This CCS will contribute to harmonized work in health by United Nations agencies and other partners in Mongolia for enhanced effectiveness. Implementation of this CCS will help guide Mongolia's contribution to global health. The Ministry of Health and WHO are both invested in the development and implementation of this CCS and are accountable for its results.



2. Development and health situation

2.1 Development achievements and remaining challenges

Mongolia is a landlocked country bordered by China and the Russian Federation, with significant natural and agricultural resources. The country transitioned to a democratic, free-market economy and a multiparty parliamentary system in 1990. The economy depends mainly on mining and agriculture. More than 60% of the population is of working age (15–64 years), presenting opportunity for economic growth. While poverty has declined, there are disparities among regions – with poverty being more prevalent in the Khangai and western regions – and with greater poverty in rural areas. Due to economic fluctuations, Mongolia's upper middle-income country status changed to lower-middle income in 2016.

Over the past 30 years, urbanization has transformed Mongolia. More than 45% of the population lives in the capital city of Ulaanbaatar. Unplanned peri-urban areas – also known as *ger* areas because of the presence of traditional rounded houses called yurts or *gers* – are home to more than 800 000 people. Challenges in *ger* areas include access to safe drinking-water, sanitation and hygiene, air pollution, violence against women and children due to alcohol abuse, and unemployment.

Mongolia has a fragile ecosystem that is facing desertification and is vulnerable to climate change. The mean temperature has increased by 2.07 °C in the past 70 years and is expected to continue to rise. Natural and human-induced hazards have increased in recent years. The Government is promoting a Green Development Policy concept to establish a low-carbon and climate resilient society.

2.2 Health achievements and remaining challenges

In recent times, the average life expectancy of Mongolia's more than 3 million people has increased to 69.57 years, with women living almost 10 years longer than men.

In the era of the Millennium Development Goals (MDGs), Mongolia successfully reduced deaths among infants, children under 5 years of age and mothers and also improved nutrition among children. The country has maintained its polio-free status, eliminated tetanus and achieved regional targets for hepatitis B control.

However, Mongolia continues to have the world's highest rates of illnesses and of death due to liver cancer, with over 95% of liver cancer cases associated with hepatitis B and C infection. Treatment costs for hepatitis C were included in the national budget in 2015. There is limited capacity in Mongolia to detect communicable diseases and monitor treatment at the primary healthcare level, which results in delays in accessing health care, treatment failure and a high number of patients who do not receive follow-up care.

Ischemic heart disease, cerebrovascular diseases, liver cancer and injuries are among the top causes of premature death in the country. People are also living longer with chronic illness and the effects of noncommunicable diseases (NCDs) such as diabetes, stroke and heart disease. Among countries in the Western Pacific Region, Mongolia has the seventh-highest burden of NCDs – and the toll is increasing. At the same time there are limited domestic funds available for NCD programmes. The WHO *Protocol to Eliminate Illicit Trade in Tobacco Products* was ratified in 2014. Smoking in public places is prohibited, and there are graphic health warnings on cigarette packs. However, the tobacco excise tax is three times lower than WHO recommendations.

Mongolia has faced emerging diseases, environmental events such as toxic chemical hazards, *dzud* (summer droughts followed by severe winters) and flooding. Surveillance and emergency response coordination systems – including regional emergency operations centres and a laboratory network in *aimags* (administrative districts) near national borders – have been established in line with the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III). Within these systems, graduates of the Field Epidemiology Training Programme (FETP) play a leading role in field exercises, hands-on training, risk assessments and outbreak response reviews.

Air pollution in Ulaanbaatar is among the highest in the world. Water, sanitation and hygiene are a key part of Mongolia's unfinished MDG agenda. Key challenges are soil contamination, and poor management of wastewater treatment and disposal, and improper open-pit latrines in *ger* areas. Many health-care facilities are not connected to central water supplies and sewer systems. Many still use open-pit latrines.

There is no surveillance system for antimicrobial resistance, and antibiotics can be purchased over the counter, leading to concerns of irrational use. The management of medicines also must be improved to ensure correct pricing and availability of essential drugs, particularly in rural areas.

2.3 Health system overview

Health care is provided at three service levels. As of 2016 the health-care system consisted of 3500 state-owned, private and mixed organizations, including facilities manufacturing medicines and those delivering public health, medical, pharmaceutical, medical education, research and training services. The health sector employs 48 173 people – with 32.4 physicians, 37.2 nurses, and 24.5 other medical professionals and technical education staff per 10 000 people. The ratio of medical doctors to nurses is 1:1.18 nationally and 1:1.45 in primary health care. The human resource strategy needs to be updated to reflect challenges including human resource planning, improving the database and licensing system, and strengthening competencies.

The Government budget accounts for 62.1% of health sector financing, followed by health insurance (over 24.9%), user fees (3.2%) and other sources (9.8%). Nearly 60.8% of the budget is allocated to secondary- and tertiary-level hospitals. Although the Government budgets for health care and over 90% of Mongolians are covered by health insurance, out-of-pocket payments represented 42% of total health expenditures in 2014. Health insurance reforms, the expansion of the health insurance package to outpatient services, high-cost diagnostics and treatments, and medicine reimbursement have combined to push down the share of inpatient care covered by health insurance from 66.3% in 2011 to 47.1% in 2016.

A number of key health sector laws have been revised recently, including approval by the Parliament of a revision of the Health Insurance Law in 2015 and the enactment of a new Law on Medical Services in 2016. The Ministry of Health is revising the law on medicines and medical devices, aiming to establish a national regulatory authority tasked with strengthening medicine quality and safety.

Geographical barriers prevent rural populations from accessing quality health-care services. Long distances to reach health facilities can delay access to services and increase overall costs. To address these challenges, the Office of the WHO Representative Office in Mongolia initiated a subnational health system strengthening programme in 2013 involving national and international partners. The programme has been piloted using participatory approaches in Umnugovi *aimag* and Songinokhairkhan district. They will be rolled out in line with the ministerial decree on guidance to develop a subprogramme to implement the *State Policy on Health (2017-2026)* at the local level over the next few years to another 20 *aimags* and eight districts. All *aimag* and district health departments are developing local health plans consistent with the state policy and the principle of “leaving no one behind”, which is key to achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs). Within the health system strengthening initiative, WHO has provided support to the national Government and local authorities to strengthen the delivery of mobile health services. Modern mobile health technology provides cost-effective tools to reach out to rural and remote population groups.

2.4 Partnerships landscape

Mongolia is expected to “graduate” from participation in global health initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, in the coming years. Like other United Nations agencies, WHO work in Mongolia is guided by the country’s *United Nations Development Assistance Framework 2017–2021*. WHO is working with United Nations agencies and other international development partners in an effort to harmonize activities and make best use of the support available for the greatest overall benefit to Mongolia and its people.



3. Mongolia's vision for Sustainable Development

The *Mongolia Sustainable Development Vision 2030 (MSDV)* aspires for Mongolia by 2030 to be among the leading middle-income countries based on per capita income, with a diverse economy, ecological balance and democratic governance. The MSDV focuses on 10 goals including an end to poverty in all its forms, an improved living environment and an increase in life expectancy at birth to 78 years. These policies support Mongolia's progress towards achieving the global SDGs. The *United Nations Development Assistance Framework 2017–2021* for Mongolia in turn supports work towards the MSDV. The MSDV is structured in three phases: 2016–2020, 2021–2025 and 2026–2030.

The MSDV contains four health-care system objectives:

1. Create a national disease prevention system, increase access to diagnostic services and increase life expectancy.
2. Reduce factors affecting preventable **maternal and child mortality** by improving the quality and accessibility of reproductive health-care services, and decrease maternal and child mortality and malnutrition.
3. Reduce the burden of **noncommunicable diseases (NCDs)** and reduce health risk factors and preventable deaths through an active and inclusive partnership of individuals, families, communities and organizations.
4. Decrease the spread of **communicable diseases** through prevention, early detection and preparedness to treat communicable diseases, by improving the rapid response capacity of health services, and by ensuring access to priority vaccines for everyone.

Phase 1 (2016–2020) actions towards achieving these objectives include reforming the health insurance system; improving disease detection and response capacities; increasing life expectancy to 71 years; further reducing maternal, child and infant mortality; improving population lifestyle habits; increasing vaccination coverage; and reducing hepatitis and tuberculosis prevalence.

The ambitious goals and objectives of the MSDV have been advanced through the *Action Program of the Government of Mongolia for 2016–2020* and the *State Policy on Health (2017–2026)*. The State Policy was adopted in January 2017 and supports work to achieve MSDV targets through 2026. The policy focuses on eight key areas: 1) public health; 2) medical care; 3) human resources; 4) health financing; 5) health technology; 6) pharmaceuticals; 7) information technology and management; and 8) health sector management, organizational arrangements and transparency. The State Policy identifies 69 objectives within the eight key areas.



4. The strategic agenda for WHO support to Mongolia

This strategic agenda was developed through a process of internal and external consultation among WHO, the Ministry of Health and other health partners in Mongolia.

Together, WHO and the Ministry of Health commit to work towards a common goal: to achieve the highest attainable standard of health and quality of life for all Mongolians.

The three strategic priorities and corresponding focus areas outlined below will support work towards this goal over the next five years by strengthening Mongolia's health system, health programmes and multisectoral support for health. These priorities will further support implementation of the *State Policy on Health (2017–2026)*.

The Ministry of Health and WHO will work together on three strategic priorities, explained in more detail below:

- Priority 1. Building resilient health systems to advance universal health coverage
- Priority 2. Strengthening the integrated, people-centred delivery of priority public health programmes
- Priority 3. Promoting health and healthy environments for all Mongolians through multisectoral engagement and health in all policies

STRATEGIC PRIORITY 1

Building resilient health systems to advance universal health coverage

WHO will work with Mongolia to strengthen the health system at all levels towards the achievement of universal health coverage (UHC) and to enhance health security. This will include improving access to essential medicines, addressing antimicrobial resistance, and sustaining and advancing capacities to manage health security threats.

Focus Area 1.1. Further strengthen health policies, financing and information

Over the next five years, WHO will support the Government:

- to strengthen health systems with a focus on leaving no one behind;
- to strengthen health-care financing mechanisms and improve equity in resource allocation and efficiency, including reduction in out-of-pocket payments;
- to strengthen integration of the national health information system for improved efficiency and better monitoring of population health;
- to generate periodically knowledge and evidence on UHC status and priority public health issues, and institutionalize the annual generation of updated national health accounts data;
- to more effectively use information and evidence in decision- and policy-making; and
- to implement the Law on Medical Services with a focus on improving human resource competency, service quality, patient safety and the continuum of care.

Focus Area 1.2. Improve access to essential medicines and address antimicrobial resistance

Over the next five years, WHO will support the Government:

- to strengthen mechanisms to regulate and monitor medicine quality and safety, including pharmacovigilance, and ensure equitable access to affordable medicines;
- to develop and implement the framework on good governance for medicines to increase transparency and accountability in regulatory and supply management systems; and
- to implement regulation on prescription policy and advocacy for rational drug use.

Focus Area 1.3. Sustain and advance capacities to manage health security threats

Over the next five years, WHO will support the Government:

- to implement and monitor the national *Plan for Emerging Infectious Diseases and Public Health Emergencies*, taking into consideration the recommended priority actions from the Joint External Evaluation, as guided by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III);
- to strengthen linkages among risk assessments of public health events and emergencies, risk communication, and public health laboratory and response systems for timely and informed decision-making;
- to apply the principles of an incident management system for coordinated response capacity and establish links between the International Health Regulations (2005) national focal point, the emergency operations centre (EOC) and non-health sector EOCs and WHO EOCs;
- to develop a skilled workforce for surveillance, risk assessment and response through expansion of the Field Epidemiology Training Programme (FETP) network; and
- to monitor and evaluate all stages of the planning and implementation cycle to measure system functionality.

STRATEGIC PRIORITY 2

Strengthening the integrated, people-centred delivery of priority public health programmes

WHO and the Ministry of Health will focus on strengthening people-centred interventions, enabling a supportive policy framework, and improving access and the quality of services. The focus will be on priority programmes to prevent and control communicable diseases and NCDs, including increasing access to mental health services, and to improve the quality of care for mothers, newborn babies, children and adolescents.

Focus Area 2.1. Prevent and control communicable and noncommunicable diseases including priority mental health disorders

Over the next five years, WHO will support the Government:

- to develop, revise and implement national policies for major NCDs, including hypertension, diabetes, cardiovascular diseases, injuries and cancer, and for communicable diseases, including viral hepatitis, tuberculosis (TB), sexually transmitted infections (STIs) and vaccine-preventable diseases (VPDs), as well as the use of innovative technologies, as appropriate, to improve the health of underserved and disadvantaged population groups;
- to support strengthening capacity for early detection of priority diseases, for sustaining and further improving priority health programmes, and for advocating better social protection, treatment support and referral systems;
- to support implementation of policies to reduce modifiable risk factors (tobacco use, diet, physical inactivity and harmful use of alcohol) for predominant diseases and disorders, including underlying social determinants;
- to support strengthening the integration of mental health services across the continuum of promotion, prevention, treatment and recovery services; and
- to support strengthening surveillance systems for environmental health risks and hazards and priority diseases such as chronic viral hepatitis B and C, TB, STIs and VPDs .

Focus Area 2.2. Quality care for mothers, newborns, children and adolescents

Over the next five years, WHO will support the Government:

- to foster implementation of the integrated national programme on maternal, child and reproductive health by promoting and sustaining effective public health interventions and best practices;
- to reinforce capacity-building at all levels and to motivate more complete adoption of guidelines, protocols and standards of health services in order to improve the quality of maternal, newborn and child care; and
- to improve coordination and collaboration across priority health programmes, in particular for the integrated prevention of mother-to-child transmission of HIV, syphilis and hepatitis B.

STRATEGIC PRIORITY 3

Promoting health and healthy environments for all Mongolians through multisectoral engagement and Health in All Policies

The determinants of health often reside outside the health sector. To ensure good health and well-being for all Mongolians, WHO supports health sector leadership and the promotion of multisectoral collaboration and partnerships to advance health.

Over the next five years, WHO will support the Government:

- to promote Health in All Policies through multisectoral coordination, collaboration and partnership.
- to facilitate multisectoral engagement to strengthen health promotion, address urban health issues, promote healthy living and safe work environments, and mitigate environmental risks and hazards. Establishing effective mechanisms for multisectoral collaboration and programme coordination will strengthen health considerations in the work of other sectors;
- to strengthen Mongolia's linkages to and engagement with global health developments and activities that can be utilized both to support local coordination efforts and to ensure that the wider global community can learn from Mongolia's experiences;
- to promote the expansion of the Healthy Cities movement and the acceleration of implementation of the *WHO Framework Convention on Tobacco Control* in partnership with nongovernmental and civil society organizations;
- to strengthen national capacities to conduct health impact assessments as part of environmental impact assessments; and
- to enhance institutional policies, plans and procedures to reduce duplication and facilitate improved communications, coordination and collaboration across sectors.



5. Implementing the strategic agenda

5.1 Means of implementation

Strengthening partnerships and multisectoral collaboration

Central to the successful implementation of this country cooperation strategy will be strengthened engagement with government ministries beyond health, other United Nations agencies and development partners. To facilitate progress towards achieving the SDGs, WHO will assist the Ministry of Health to reach out to co-beneficiaries and advocate whole-of-government and whole-of-society approaches. Coordination across sectors and bringing together different stakeholders will be used to address health risks that exist beyond the health sector. Close working relationships with the National Center for Public Health will also be vital. WHO has more than 30 local partners in Mongolia, including nongovernmental organizations and professional associations.

In the coming years, WHO will continue to work closely with development partners including other United Nations agencies, the Asian Development Bank and the World Bank. Joint work will be guided by the SDGs, the *Mongolia Sustainable Development Vision 2030* and *United Nations Development Assistance Framework 2017–2021*. WHO will also collaborate with partners on the regular reporting of achievements against agreed indicators.

Health literacy and strategic communications

People with higher levels of health literacy are more likely to adopt healthier behaviours and to receive and act on health information and services. Increasing the level of health literacy among Mongolians is vital to enable individuals to protect themselves, their families and their communities. Communications will target decision-makers, as well as the general public. Communications will also foster increased visibility of WHO health messages and adaptation of technical recommendations within local contexts.

Technical and policy adviser

Leveraging WHO's global, regional and country resources, this CCS will use integrated approaches to strengthen health system resilience. WHO support to Mongolia for UHC will focus on ensuring key health system attributes of quality, efficiency, equity, accountability and resilience. The focus will be on ensuring WHO support to Mongolia is sustainable and focused on long-term solutions, with the principle of leaving no one behind.

Technical cooperation between WHO and the Government will focus on strengthening good governance in the health sector. This will include supporting the effective use of evidence for decision-making, strengthening individual and institutional capacity, and providing technical assistance. WHO programmes will be delivered through national frameworks, with regional and global tools adapted to the national context. WHO will support strengthening of disease surveillance using surveys, web-based tools and reporting systems, and establishing a nationwide system to link intersectoral databases.

Continuing professional development for WHO country office staff and Ministry of Health colleagues will continue to ensure that staff have the required skills and competencies to address and respond to health issues.

5.2 Monitoring and evaluation of CCS implementation

This CCS will inform development of two biennial work plans (2018–2019 and 2020–2021) for WHO work with Mongolia. At the end of each biennium, WHO country office staff and national counterparts in the Ministry of Health will closely review, discuss and evaluate the achievements for each strategic priority of the CCS. A final review of the CCS will be conducted to inform the next CCS cycle.

Annual review of CCS progress

To monitor implementation of the CCS, an annual forum will be convened to bring together Government, partners, academia and civil society. The forum will discuss topics including the health status of Mongolia and related global health issues and monitor implementation of the CCS. The forum will act as a participatory mechanism and platform to advance consideration of health issues.

ANNEX. CORE HEALTH INDICATORS

Indicator	Baseline (2016)
Total population	3 119 900 ^a
Population under 15 years (%)	30 ^a
Population over 60 years (%)	3.8 ^a
Life expectancy at birth	69.57 (Total) ^a ; 75.10 (Female) 65.58 (Male)
Maternal mortality ratio (per 100 000 live births)	48.6 ^a
Births attended by skilled health personnel (%)	100 ^a
Adolescent birth rate (per 1000 girls aged 15–19 years)	33.6 ^a
Under-5 mortality rate (per 1000 live births)	20.8 ^a
Infant mortality rate (per 1000 live births)	16.8 ^a
Neonatal mortality rate (per 1000 live births)	9.2 ^a
Ratio of health personnel per 1000 population	316 ^a
Total expenditure on health as % of gross domestic product	4.7 ^c
Government health spending as % of gross domestic product (%)	2.8 ^a
Out-of-pocket expenditure as % of total health expenditure (%)	42 ^b
Population using drinking-water sources at least basic (%)	72 ^d (2015)
Population using sanitation facilities at least basic (%)	59 ^d (2015)
Annual mean concentration of Particulate Matter 2.5 in capital city	57µg/m ³ ^d (2015)
Children under 5 years who are stunted (%)	1 ^a
Adult (over 15 years) literacy rate (%)	98.3 ^a
Poverty headcount ratio at US\$ 1.90 a day (2011 purchasing power parity) (% of population)	0.22 (2014) ^e
Gender-related development index rank out of 188 countries	90 (value 1.028) ^f
Human development index rank out of 188 countries	108 ^f

Sources:

^a Center for Health Development. *Health Indicators 2016*. Ministry of Health, Mongolia, 2017.

^b WHO. *WHO Global Health Expenditure Atlas, 2014*.

^c WHO. *Global Health Observatory Data 2014* (<http://www.who.int/countries/mng/en/>, accessed on 1 September 2017).

^d WHO UNICEF, *Joint Monitoring Programme. Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG, 2017 Baselines*.

^e World Bank. *Databank* (<https://data.worldbank.org/indicator/SI.POV.DDAY?locations=MN>, accessed 1 September 2017).

^f Government of Mongolia, UNDP. *Mongolia Human Development Report 2016, 2016*.

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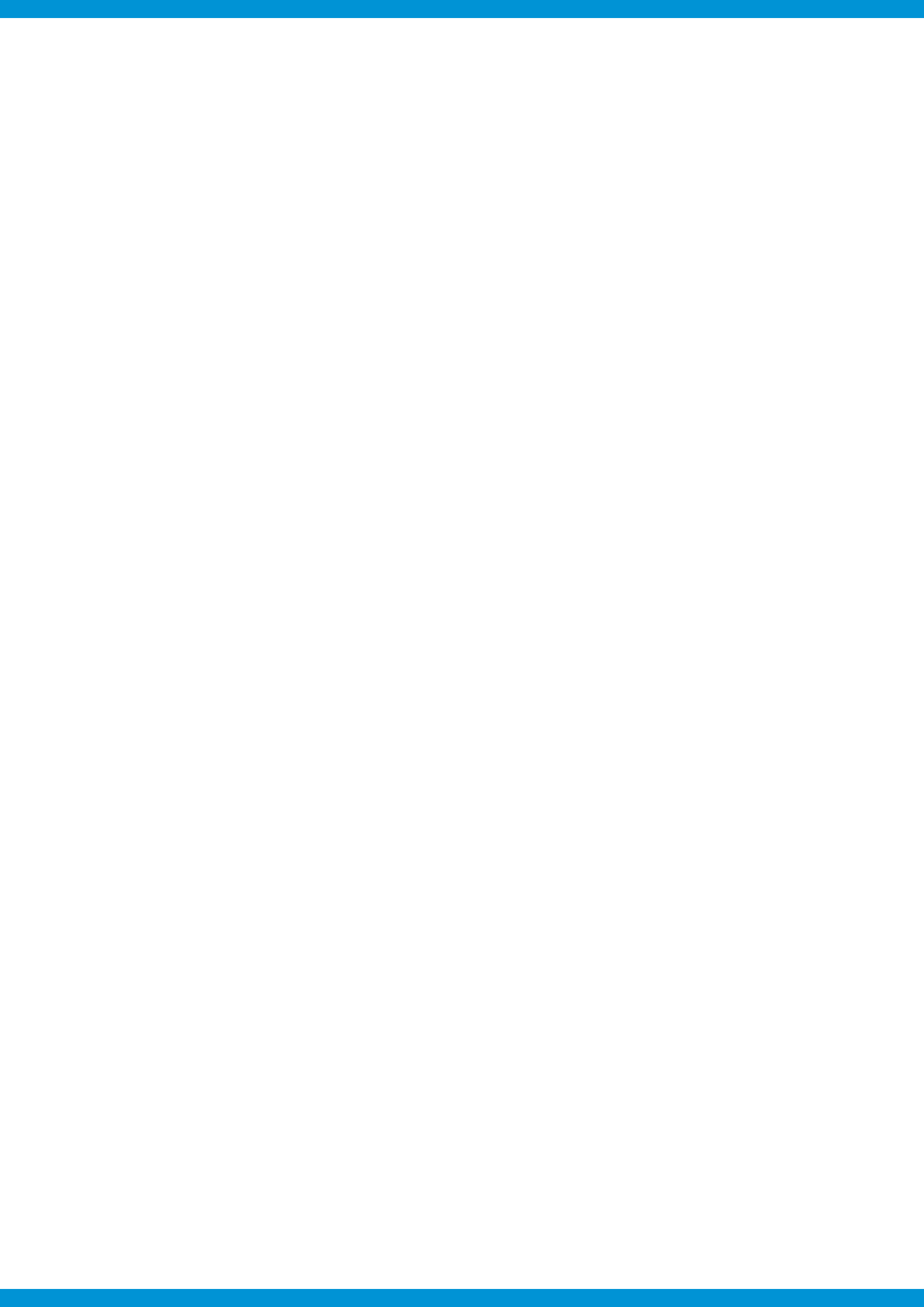
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