

CENTER FOR HEALTH DEVELOPMENT



HEALTH INDICATORS

2013

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TABLE OF CONTENTS

Foreword	5
List of tables	6-7
List of figures	8-9
List of acronyms	10
Bibliography	11
Abstract	12
Chapter 1. Population of Mongolia	13
1.1. Population of Mongolia	14-15
1.2. Selected demographic indicators	15-16
1.3. Average life expectancy	16-18
Chapter 2. Health Goals of the Millennium Development	19-24
Chapter 3. Maternal and Child Health	25
3.1. Maternal health	26
3.2. Antenatal care	26-28
3.3. Birth, delivery health care and services	29-31
3.4. Post-delivery health care services	31-34
3.5. Maternal mortality	34-36
3.6. Child health	36-39
3.7. Infant and under five mortality	39-41
3.8. Abortions	41
3.9. Use of modern methods of contraception	42
Chapter 4. Medical services	43
4.1. Family health centers services	44-46
4.2. Soum health centers and inter-soum hospitals services	46-48
4.3. General hospitals and public health centers medical services	49-50
4.4. Regional diagnostic and treatment centers services	50-52
4.5. Central hospitals and specialized centers services	52-53
4.6. Private hospitals and clinics services	54-55
4.7. Ambulance services	56-58

Chapter 5. Human resource in the health sector	59-62						
Chapter 6. Communicable diseases	63						
6.1. Total communicable diseases	64						
6.2. Intestinal infections	64-66						
6.3. Respiratory infections	66-70						
6.4. Sexually transmitted infections	70-71						
6.5. Communicable disease mortality	71						
Chapter 7. Non-communicable diseases	72						
7.1. Main causes of population morbidity	73-76						
7.2. Leading causes of inpatient morbidity	77-80						
7.3. Surgical services	81-83						
Chapter 8. Population mortality	84-86						
8.1. Mortality caused by diseases of circulatory system	86-87						
8.2. Cancer mortality	87-88						
8.3. Injury caused morbidity and mortality causes	88-90						
Chapter 9. State Drug Registry	91-94						
Chapter 10. National Health Programs	95-102						
Chapter 11. Mongolian indicators, Western Pacific	400 400						
Database, WHO, 2013	103-106						
Chapter 12. Main health indicators, /by tables/							

Center for Health Development

FOREWORD

The Department of System Research and Statistics of Center for Health Development Mongolia produces a volume for broad range health indicators annually, based on official statistical data and reports of the health sector in comparison to previous years.

In order to harmonize a statistics and methodology into international common standards and norms, we expand the compilation of the parameters, performance and scope of the work annually whenever possible.

To provide a good accessibility and clarity of the volume for readers, some calculation methods of the basic parameters and a glossary of terms are included in prior to each chapter. In this volume, up to date Health Information database from Mongolian the Bulletin of the WHO Western Pacific Region, a revised figure of human resources for the health sector, and total of 46 tables, 54 figures and 35 additional geographic representations are included.

According to National population health indicators, maternal mortality rate has declined steadily during the past 10 years and it has reached the lowest level of 42.6 in 2013. A mortality rate of infant and under-five per 1000 live births has reduced 4.3 and 4.8 times, respectively, in the last two decades, when compared to 1990 and 2013.

The life expectancy at birth is reached 69.11, (female 75.01 vs.male 65.42) in 2013 and it is increased by 0.4 point when compared to the previous year.

Monthly, quarterly and annual statistics are available in our web site /www.chd.moh.mn/for all users. We receive further comments, suggestions and feedbacks concerning the health indicators and an annual statistics and could cooperate.

DIRECTOR 4 Start CH. BAT-ERDENE

LIST OF TABLES

Table 1.2.1. Demographic indicators by selected years

Table 1.3.1. Population life expectancy, list of the first ten countries

Table 1.3.2. Average life expectancy by regions and sex, 2013

Table 2.1. Infant and under-five mortality /per 1000 live births/ by selected years

- Table 2.2. Maternal mortality rate (per 100 000 live births), by selected years
- Table 2.3. HIV prevalence among pregnant women and youth aged 15-24, by percentage

Table 2.4. Prevalence and death rate of Tuberculosis (per 100 000 population), by select-ed years

Table 3.3.1. Percentage of C-section by regions, 2013

Table 3.3.2. Number of births, by type of health facility, 2013

Table 3.3.3. Age specific fertility rate, 2013

 Table 3.5.1.
 Maternal mortality rate per 100 000 live births by age groups, 2013

Table 3.6.1. Data on newborns by region, 2013

neonatal deaths and fetal deaths (stillbirths) per 1000 births

Table 3.6.2. Neonatal morbidity rate, 2013

Table 3.6.3. Diseases among children under-five by percentage (urban, rural), 2013

Table 3.6.4. The Five leading causes of morbidity among children and adolescents, by age group /per 10000 population/, 2013

Table 3.7.1. Infant and under-five deaths by age and sex, 2013

Table 3.7.2. Diseases among infants and children under 5 by percentage /urban, rural/2013

Table 3.8.1. Abortions by type of health facility, 2013

Table 3.9.1. Use of contraceptive methods by location, 2013

Table 4.1. Number of Health facilities by level of care, 2013

Table 4.1.1. Some indicators of FHCs services, 2013

Table 4.2.1. Average number of physicians per SHC and inter-soum hospitals compared to SPS, 2013

Table 4.2.2. Some indicators on accessibility and quality of health care and services inSHCs and inter-soum hospitals, 2011 and 2013

Table 4.3.1. Selected indicators for aimag and district general hospitals medical services,2011-2013

 Table 4.4.1.
 Selected indicators for RDTCs services, 2011-2013

Table 4.4.2. Selected indicators for RDTCs medical services, 2013

 Table 4.4.3.
 Some human resource indicators of RDTCs, 2013

Table 4.5.1. Some accessibility and Quality indicators of medical care and services in central hospital and specialized centers, 2011-2013

Table 4.5.2. Selected output indicators for the central hospitals and specialized centers,2013

Table 4.6.1. Selected indicators for health care and services of private hospitals and clinics, 2013

Table 4.6.2. Bed capacity of private hospitals, 2013

Table 4.7.1. Ambulance visits, 2013

Table 4.7.2. Emergency calls of the National ambulance network centre, 2013

Table 6.2.1. Number of cases of intestinal infections per 10 000 population, 2012-2013

Table 6.2.2. Viral hepatitis, per 10 000 population by aimags higher than country average2012-2013

Table 6.3.1. Number of registered cases of respiratory infections per 10 000 population,2012-2013

Table 6.3.2. Tuberculosis per 10'000 population by aimags higher than country average,2012-2013

Table 6.4.1. Number of cases of STI's per 10 000 population, 2012-2013

Table 7.1.1. Five leading causes of morbidity, by age and sex, 2013

Table 7.2.1. Five leading causes of the Inpatient morbidity, by age and sex, 2013

Table 7.2.2. Inpatient Morbidity, by percentage, 2003-2013

Table 7.2.3. Number of people covered by early screening, by aimags, 2013

Table 7.3.1. Number of surgeries performed in Ulaanbaatar hospitals, 2013

Table 7.3.2. Types of surgeries performed, 2013

Table 8.1. Five leading causes of mortality, 2013

Table 8.1.1. Cause-specific cardiovascular disease mortality rate by age-group per 10 000

 population

Table 8.3.1. Projected mortality of the world population by 2030, Mortality rate of Mongolia,2013

LIST OF FIGURES

- Figure 1.1.1. Urban and rural population in 2013, by aimags
- Figure 1.1.2. Average population by aimags in 2013
- Figure 1.1.3. Population yearly growth rate by selected years
- Figure 1.2.1. Total fertility rate by last 5 years
- Figure 1.2.2. Total fertility rate by aimags, 2013
- Figure 1.3.1. Population pyramid, 2000, 2013
- **Figure 2.1.** Incidence and deaths from HIV infection (1992-2013)
- Figure 3.1.1. Maternal mortality per 100 000 live births, 2003-2013
- Figure 3.2.1. Percentage of pregnant women with anaemia, by aimags, 2013
- **Figure 3.2.2.** Percentage of women underwent antenatal check-ups more than 6 times during pregnancy, 2013
- Figure 3.3.1. Crude birth rate per 1000 population, by aimags, 2013
- Figure 3.3.2. Percentage of Caesarian section among deliveries, by aimags, 2013
- Figure 3.3.3. Number of mothers from countryside who gave birth in Ulaanbaatar, 2013
- **Figure 3.4.1.** Percentage pf pregnancy, childbirth and post-delivery complications, by type of health facility, 2013
- Figure 3.4.2. Percentage of eclampsia in pregnancy complications by aimags, 2013
- Figure 3.4.3. Percentage of failure to progress in labor by aimags, 2013
- Figure 3.4.4. Percentage of postpartum hemorrhage by aimags, 2013
- Figure 3.5.1. Maternal mortality per 100 000 live births by aimags, 2013
- Figure 3.5.2. Maternal mortality rate per 100 000 live births by region, 2013
- Figure 3.6.1. Stillbirth rate per 1000 births, by aimags, 2013
- Figure 3.6.2. Percentage of neonatal morbidity rate in live births, by aimags, 2013
- Figure 4.1.1. Number of outpatient visits performed by the FHCs, 2011-2013
- Figure 4.2.1. Average number of doctors per SHC and inter-soum hospital, 2013
- **Figure 4.2.2.** Number of patients and average length of stay of SHC and inter-soum hospitals, 2011-2013
- **Figure 4.3.1.** Number of patients and percentage of bed capacity at the aimag and district general hospitals, 2013
- **Figure 4.5.1.** Referral percentage of patients from countyside to central hospitals and specialized centers, 2013
- Figure 4.6.1. Percentage of private clinics by specialization, 2013
- Figure 4.7.1. Number of received calls from remote locations, 2009-2013

Figure 4.7.2. Percentage of leading causes for calling emergency medical services, 2009-2013

Figure 4.7.3. Types of medical care services provided in remote areas by emergency calls, 2009-2013

Figure 5.1. Health professionals by age, 2013

Figure 5.2. Physicians and nurses per 10 000 population by regions, 2013

Figure 5.3. Number of physicians, nurses, and other health professionals enrolled in the

postgraduate training financed by the Treasury fund, 2013

Figure 6.1.1. Total communicable diseases registered at national level, 2013

Figure 6.2.1. Viral hepatitis per 10 000 population, 2003-2013

Figure 6.3.1. Tuberculosis incidence and mortality trend, 2003-2013

Figure 6.3.2. Percentage TB cases detected under DOTS, 2013

Figure 6.3.3. Mumps trend per 10 000 population, 1996-2013

Figure 6.3.4. Number of mumps cases by season, 2013

Figure 6.4.1. The most common STIs per 10 000 population, 2011-2013

Figure 7.1.1. Five leading causes of morbidity, per 10 000 population 2003-2013

Figure 7.1.2. Diabetes by sex and regions, 2013

Figure 7.1.3. Arterial hypertension by sex and regions, per 10 000 population, 2013

Figure 7.3.1. Number of surgeries by aimag, 2013

Figure 7.3.2. Appendectomy due to acute cases by aimags, 2013

Figure 7.3.3. Cholecystectomy by aimags, 2013

Figure 8.1. Five leading causes of mortality per 10 000 population, 2013

Figure 8.2.1. Leading causes of cancer mortality by survival years after the diagnosis, 2013

Figure 8.2.2. Leading causes of cancer morbidity by the stage I-IV diagnosis, 2013

Figure 8.3.1. Injury-caused mortality rate per 10 000 population by sex, 2013

Figure 8.3.2. Injury-caused morbidity and mortality per 10 000 population, 2003-2013

Figure 9.1. Registered drugs by number, 2013

Figure 9.2. Registered drugs by percent, 2013

Figure 9.3. Registered drugs by ATC code, 2013

Figure 9.4. Licensed drugs, by countries, 2013

LIST OF ACRONYMS

ADB	Asian Development Bank
AIDA	Acquired immunodeficiency syndrome
ALOS	Average Length of Stay
ATC	Anotomical Therapeutic Classification
CDR	Crude death rate
C-section	Caesarian sections
DOTS	Directly observed treatment strategy
FHC	Family health centres
HIV	Human immunodeficiency virus
HSUM	Health Sciences University of Mongolia
MDG	Millennium development goals
NCD	Non-communicable diseases
PHC	Public health centre
RDTC	Regional diagnostic and treatment centres
SHC	Soum health centres
SPS	Structure and Performance Standards
STI	Sexually transmitted diseases
TFR	Total fertility rate
VHC	Village health centres
WHO	World Health Organisation

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ABSTRACT

"Health Indicators 2013" is composed 12 chapters, 31 subgroups and health indicators were compared with the last 10 years.

Population of Mongolia reached 2 million 930.3 thousand by the end of 2013. Of the total population, 68.1% live in cities and the remaining 31.9% reside in the rural areas.

In 2013, the average life expectancy at birth was 69.11 years, for females 75.01 years and 65.42 years in males.

In 2013, 79 371 mothers gave birth in the country, which compared to 2012, the number of births has increased by 4 897 or 6.1%. In 2013, 79780 live births were recorded and of live births, there were 1815 twins and 40 triplets.

The crude death rate was 7.9 in 1990; in 2013 were 5.6, compared to 1990 decreased by 2.3.

Health has three goals set under the Millennium Development Goals, there are to reduce child mortality, improve maternal health and to combat HIV / AIDS, tuberculosis.

In 1990, the under-five mortality rate per 1000 live births was 87.5 and 18.0 in 2013.

Mongolian 2-time strategy implemented during 2001-2010 to reduce maternal mortality, maternal mortality rate declined sharply in 2001-2006, and the maternal mortality rate was 42.6 per 100,000 live births by 2013.

As of 2013, 16 central and specialized hospitals, 5 RDTCs, 20 aimag and district hospitals, 8 district PHCs, 6 rural general hospitals, 39 Intersoum hospitals, 228 family health centers, 271/19 soum/village health centers, 3 Maternity hospitals, 31 other hospitals as located in army, railways and prisons, 197 private inpatient hospital and 822 private outpatient clinics, respectively delivering health services to Mongolian population.

In 2013, total of 45.0 thousand healthcare employees were worked in the private and private organizations of the health sector and of them 67 percent are health workers.

As of 2013, there were 30.7 physicians, 37.8 nurses/midwives, respectively per 10 000 population.

In 2013, 16 192 deaths were registered, which is a decrease by 731 cases or 4.3%, compared to last year. 60.1% were males and 39.9% were females. Of all deaths, 24.6% (3 979) of them occurred in hospitals and 25.9% of all hospital deaths were within 24 hours of admission.

In 2013, 37 320 cases of 30 different communicable diseases were registered, which compared to the previous year, decreased by 5 985 cases or 132.7 per 10 000 population.

As of 2013, non-communicable diseases per 10 000 population were 7091.8 and diseases of respiratory system (1339.4), diseases of digestive system (1056.8), diseases of genitourinary system (773.0), diseases of circulatory system (848.1), and injuries, poisoning and certain other consequences of external causes (578.4) were five leading causes of population morbidity.

CONCEPTS AND DEFINITIONS

This section presents statistics on the growth, age and sex, distribution and vital statistic characteristics as births, deaths and average life expectancy.

The main sources of population statistics are population and housing census conducted every 10 years and annual data on resident population, vital statistics and migration statistics.

The population of Mongolia included residents in Mongolia and Mongolian citizenships usual reside in abroad.

The household is the group of people who live together in one house, with a joint budjet and jointly provided their food and other basic needs. Members of the household may be family or relatives; there can be some members in the household with no relation to the other members.

The urban population includes population reside in Ulaanbaatar sity, aimag centers and towns.

The rural population includes population reside in soum centers and rural areas.

The sex ratio at birth refers to the number of boys born alive per 100 girls born alive.

The crude birth rate is the number of live births occurring among the population of a given geographical area in a given year, per 1000 mid-year population of the given geographical area during the same year.

The total fertility rate refers the average number of children that would be born to a woman over her lifetime.

The age specific fertility rate is the number of live births to women in specific age group, devided by the total population of womenin same age group and expressed as a promile.

The crute death rate is the number of deaths occurring among the population of a given geographical area during a given year, per 1000 mid-year population of the given geographical area during the same year.

The natural increase of a population is a situation when births exceed deaths.

CHAPTER 1. POPULATION OF MONGOLIA

1.1. Population

Population of Mongolia reached 2 million 930.3 thousand by the end of 2013, which means an increase of 62.5 thousand people or 2.2% compared to the previous year. Of the total population, 68.1% live in cities and the remaining 31.9% reside in the rural areas. Ulaanbaatar 1372.1 thousand people or 46.8 percent of the population resides.

Out of the total population, 48.7 percent are males and 51.3 percent are females. Sex ratio is 95 males per 100 females. Considering the age structure, 27.4 percent of children are under age 15 and 68.8% of the population aged 15-64 years, 3.8% of the population over the age of 65, respectively.

794.1 thousand Households live in the country, of which 64.4% were in Ulaanbaatar city and 35.6% were in rural area. Of total households, 333.4 thousand of them live in Ulaanbaatar city; 162.3 thousand live in Khangai region, in Central region 140.2 thousand, in Western region 97.8 thousand, in Eastern region 60.4 thousand live and there were in average 3.7 persons per household in 2013.

Some 68.1% of the total population of Mongolia or 1995.7 thousands people live in towns and villages, especially more than half of population of Dornogovi, Govisumber, Darkhan-Uul and Orkhon aimags reside in towns and villages.











Figure 1.1.3. Population yearly growth rate, by selected years

The population growth rate has been increasing for the last years, and in 2013, it was 2.2 compared to 1.74 in 2011, which an increase by 0.26 points.

1.2. Selected demographic indicators

For the last ten years total of 615.9 thousand infants were born and steady increases in number of birth in 2007-2009 had positive effect to the growth rate of the population.

Although there was a twofold reduction in birth rate from 35.3 per 1000 population in 1990 to the minimum rate of 17.8 in 2005, it has been steadily increasing from 2006 reaching 27.5 per 1000 population in 2013. This is 1.2 point increase compared to the previous year.

In 2013, the number of newborns was 79.8 thousand, which is an increase in 8,0%, from previous year. Sex ratio is for every 100 girls there were 106 boys.

Indicators	1990	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total population (thousand)	2149.2	2407.5	2562.3	2594.8	2626.6	2683.5	2735.5	2780.7	2811.6	2867.7	2930.3
Urban population (%)	54.6	57.2	60.2	60.9	61.0	61.4	62.6	63.3	67.1	67.2	68.1
Rural population (%)	45.4	42.8	39.8	39.1	39.8	38.6	37.4	36.7	32.9	32.8	31.9
Age group (%)											
0-15	41.5	33.7	32.6	28.6	28.9	28.1	27.6	27.3	27.2	27.6	27.4
15-64	54.4	62.8	63.9	67.3	67.3	67.8	68.4	68.8	68.8	68.4	68.8
Over 65	4.1	3.5	3.5	4.1	4.1	4.1	4.0	3.9	4.0	4.0	3.8
Demographic rates											
CBR	35.3	21.5	17.8	18.4	21.7	23.7	25.3	23.8	25.3	26.3	27.5
CDR	7.9	5.9	6.1	6.1	6.2	5.7	5.7	6.3	6.2	5.9	5.6
Growth rate	2.7	1.5	1.17	1.23	1.55	1.8	1.9	1.7	1.9	2.0	2.2
TFR	4.3	2.2	1.9	1.9	2.3	2.6	2.8	2.4	2.6	2.7	3.0

Table 1.2.1 Demographic indicators by selected years

Total mortality rate was 7.9 in 1990 to 5.6 in 2013 compared to 1990 decreased by 2.3.





Total fertility rate decreased by 2 times in the period 2000-2003 was 4.3 in 1990, 2.4 in 2010 and increased to 3.0 in 2013. The birth rate is higher in the group aged and live births per 1000 women aged 25-29 by 2013 is 167.3.

Figure 1.2.2. Total fertility rate, by aimags, 2013



1.3 Average life expectancy

In 2013, the average life expectancy at birth was 69.11 years in Mongolia. The life expectancy of the population in 2013 to 69.11 in previous increased by 0.4. In our country gender specifications of the average life expectancy were 75.01 years for females and 65.42 years in males.

There is a difference in average life expectancy between sexes in any country, and females live in average four years longer compared to males. In our country, women's life expectancy is 9.6 years longer than for men.

Monaco, in 2013, the average life expectancy of the population of the countries of the world in the most high of 89.63 years and 49.07 years, the lowest in the country of Chad. Mongolia is ranked 157.

1	Country/city	Average life expectancy	Year
1	Monaco	89.63	2013
2	Масаи	84.46	2013
3	Japan	84.19	2013
4	Singapore	84.07	2013
5	San-Marino	83.12	2013
6	Andorra	82.58	2013
7	Guernsey	82.32	2013
8	Switzerland	82.28	2013
9	Hongkong	82.20	2013
10	Australia	81.98	2013

Table 1.3.1. Population life expectancy, list of the first ten countries

http://www.infoplease.com/world/statistics/life-expectancy-country.html

In 2013, there was a difference among aimags and regions in average life expectancy. The lowest life expectancy in the khangai area of 69.0, the central region has the highest life expectancy in the population, or 70.9.

Indicates Khuvsgul /65.25/, Uvs /67.72/, Dornod /67.84/, Darkhan-Uul /67.94/, Govi-Altai /68.27/, Bayankhongor /68.32/, Zavkhan /68.62/, Uvurkhangai /68.75/ provinces are below the country average life expectancy.

Table 1.3.2. Average life expectancy by regions and sex, 2013

Western region Bayan-Ulgii 72.16 68.89 74.50 Govi-Altai 68.27 63.47 71.70 Zavkhan 68.62 66.23 71.20 Uvs 67.72 62.93 71.58 Khovd 71.20 67.72 74.90 Marcial 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orknon 70.25 69.27 79.53 Covisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornogovi 67.84 63	Aimag, town	Total	Male	Female
Bayan-Ulgii 72.16 68.89 74.50 Govi-Altai 68.27 63.47 71.70 Zavkhan 68.62 66.23 71.20 Uvs 67.72 62.93 71.58 Khovd 71.12 67.72 74.90 Khovd 71.12 67.72 74.90 Arkhangai 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orkhon 70.25 69.27 79.53 Derogovi 72.61 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornogovi 67.84 63.94 72.12 Sukhbaat		Wes	stern region	
Govi-Altai 68.27 63.47 71.70 Zavkhan 68.62 66.23 71.20 Uvs 67.72 62.93 71.58 Khovd 71.12 67.72 74.90 Khangai region Arkhangai 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 69.92 69.92 Orkhon 70.25 69.27 79.53 Derkhan-Uul 67.94 63.69 72.61 Dornogovi 72.61 69.58 77.20 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 65.5<	Bayan-Ulgii	72.16	68.89	74.50
Zavkhan 68.62 66.23 71.20 Uvs 67.72 62.93 71.58 Khovd 71.12 67.72 74.90 Khangai region Arkhangai 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 69.27 79.53 Orkhon 70.25 69.27 79.53 Dornogovi 69.59 64.99 74.69 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 71.91 67.68 <td>Govi-Altai</td> <td>68.27</td> <td>63.47</td> <td>71.70</td>	Govi-Altai	68.27	63.47	71.70
Uvs 67.72 62.93 71.58 Khovd 71.12 67.72 74.90 Khangai region Arkhangai 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orkhon 70.25 69.27 79.53 Central region Cotisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.95 75.05 56.50 <td>Zavkhan</td> <td>68.62</td> <td>66.23</td> <td>71.20</td>	Zavkhan	68.62	66.23	71.20
Khovd 71.12 67.72 74.90 Khangai region Arkhangai 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orkhon 70.25 69.27 79.53 Central region Govisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 73.43 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Uvs	67.72	62.93	71.58
Khangai region Arkhangai 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orkhon 70.25 69.27 79.53 Central region Govisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Khovd	71.12	67.72	74.90
Arkhangai 69.95 67.48 71.45 Bayankhongor 68.32 64.99 70.05 Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orkhon 70.25 69.27 79.53 Dorkhon 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79		Kha	ingai region	
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Bulgan 71.70 67.14 74.69 Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orkhon 70.25 69.27 79.53 Central region Govisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukbbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Bayankhongor	68.32	64.99	70.05
Uvurkhangai 68.75 66.18 71.53 Khuvsgul 65.25 62.25 69.92 Orkhon 70.25 69.27 79.53 Central region Central region 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Bulgan	71.70	67.14	74.69
Khuvsgul 65.25 69.22 Orkhon 70.25 69.27 79.53 Govisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Uvurkhangai	68.75	66.18	71.53
Orkhon 70.25 69.27 79.53 Central region Govisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Khuvsgul	65.25	62.25	69.92
Central region Govisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Orkhon	70.25	69.27	79.53
Govisumber 72.26 70.85 74.75 Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79		Cei	ntral region	
Darkhan-Uul 67.94 63.69 72.61 Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Govisumber	72.26	70.85	74.75
Dornogovi 69.59 64.99 74.69 Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Dornod 67.84 63.94 72.12 Dornod 67.84 66.35 75.05 Khentii 70.35 67.68 73.79	Darkhan-Uul	67.94	63.69	72.61
Dundgovi 72.61 69.58 77.20 Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Dornogovi	69.59	64.99	74.69
Umnugovi 70.85 67.11 74.09 Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Dundgovi	72.61	69.58	77.20
Selenge 71.27 67.06 76.43 Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Umnugovi	70.85	67.11	74.09
Tuv 71.46 69.23 74.34 Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Selenge	71.27	67.06	76.43
Eastern region Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Tuv	71.46	69.23	74.34
Dornod 67.84 63.94 72.12 Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79		Eas	stern region	
Sukhbaatar 71.19 66.35 75.05 Khentii 70.35 67.68 73.79	Dornod	67.84	63.94	72.12
Khentii 70.35 67.68 73.79 Ulaanbaatar Vilaanbaatar Vilaanbaatar	Sukhbaatar	71.19	66.35	75.05
Ulaanbaatar	Khentii	70.35	67.68	73.79
		UI	aanbaatar	
Ulaanbaatar 70.65 65.51 74.02	Ulaanbaatar	70.65	65.51	74.02

Health Indicators, 2013

Figure 1.3.1 shows age structure diagram, which depicts age and sex distribution of the population in 2000 and 2013. In 2000, the diagram had fairly pyramid shape whereas in 2013 diagram's shape showed gradual widening in the middle of the pyramid. In other words, the proportion of people of young age in Mongolia is increasing.



Figure 1.3.1 Population pyramid (2000, 2013)

IIn 2013, the number of children aged 0-4 was higher, the proportion of people aged 20-29 relatively greater showing that the demographic window of opportunities is open due to an increase the number of people of working age.

CONCEPTS AND DEFINITIONS

Millennium Development Goals (MDGs) have been reflected in Mongolian government policy making process. Mongolian Parliament have approved Millennium Development Goals in 2005 as development indicators and used MDGs in National Development Policy for 2008-2021 as basis. One of few counties, who determined and added goal 9 "To assure Human rights and develop democratic governance", is Mongolia and as a result of focusing on democratic governance and Human rights it can provide conditions required for complying other MDGs.

In 1990 **under-five mortality rate** in Mongolia was 87.5 per 1000 live births then in 2013 it become 18.0. Therefore in 2013 Mongolia has fully accomplished the objective to reduce under-five mortality rate for 4 times.

Maternal mortality rate was 176.0 per 100 000 live births in 1996 and then it become reduced to 89.0 in 2007. During 1997-2000 maternal mortality rates were fluctuated and did not decrease. But starting 2001 to 2006 significantly decreased. During 2007-2010 maternal mortality rates were fluctuated but general tendency was declining. Maternal mortality rates in Mongolia were high in 1990s and as a resit of implementing two strategies to reduce maternal mortality rates, which conducted in 2001-2010, maternal mortality rates significantly decreased in 2001-2006.

The government of Mongolia has expanded strategy range to reduce maternal mortality rate and approved "Strategy of maternity and child health (2011-2015)" and has been implementing it. The strategy is aimed to intensify accomplishing the objective to reduce maternal mortality rates before 2015.

Mongolia has low **HIV/AIDS prevalence rate**. At the end of 2013 total of 150 HIV/AIDS cases were registered in Mongolia and prevalence of HIV among adults was less than 0.1%. But incidence of HIV infection especially among high-risk groups such as gay and bisexual men has been increasing.

Tuberculosis prevalence among population was 148 per 100 000 people in 1996 and 142 in 2013 which has demonstrated Tuberculosis prevalence is not reduced.

CHAPTER 2. MILLENNIUM DEVELOPMENT HEALTH GOALS

Health has three goals set under the Millennium Development Goals, there are to reduce child mortality, improve maternal health and to combat HIV / AIDS, tuberculosis.

Goal 4. Reduce child mortality

Objective	Indicators
Objective 9. Reduce the under-five mortality rate by four times be- tween 1990 and 2015	4.1 Under-five mortality rate /per 1000 live births/4.2 Infant mortality rate /per 1000 live births/4.3 Percentage of children vaccinated against measles

Goal 5. Improve maternal health

Objective	Indicators
Objective 10.	5.1 Maternal mortality rate /per 100.000 live births/
To provide all individuals with essential reproductive health services, and lower the maternal rate by four times between 1990 anmd 2015	5.2 Percentage of births attended by health professionals

Goal 6. To limit and reduce HIV and tuberculosis

Objective	Indicators			
Objective 44	6.1 Percentage of HIV-infected pregnant women /%/			
To limit and prevent of Human immunodeficiency virus / HIV/, Acquired Immunodeficiency symdrome by 2015.	6.2 Percentage of HIV-infected youth aged 15-24 /%/			
Objective 12.	6.3 Prevalence of tuberculosis /per 100.000 population/			
	6.4 Tuberculosis mobidity /per 100.000 population/			
	6.5 Tuberculosis mortality /per 100.000 population/			
To reduce the prevalence of tuberculosis by 2015	6.6 Percentage of detected and treated tuberculosis cases according to international diagnostic and therapeu- tic guidelines			

Objective 9. Reduce the under-five mortality rate by 4 times between 1990 and 2015

Reducing infant and under-five mortality is a major concern for the Government of Mongolia. Therefore, an objective to reduce infant and under-five mortality by 4 times between 1990 and 2015 was set.

In 1990, the under-five mortality rate per 1000 live births was 87.5 and infant mortality rate 63.4, while in 2007 these two indicators reduced to 22.1 and 17.8 respectively reaching its goal for 2015. Therefore, in 2008, the Government set a new goal of lowering the under-five mortality rate per 1000 live births to 21.0 and infant mortality rate to 15.0 in order to endorse these achievements.

Indicator	1990	2000	2006	2007	2008	2009	2010	2011	2012	2013	2015
Infant mortality /per 1000 live births/											
Gender											
Male	-	-	22.1	19.2	22.4	22.6	21.3	17.5	17.1	16.0	
Female	-	-	17.3	16.4	16.6	17.6	17.3	15.1	13.4	13.1	
Country average	63.4	31.2	19.8	17.8	19.6	20.2	19.4	16.3	15.3	14.6	22.0à/15.0á
Ub city average	70.3	32.8	19.0	14.7	17.5	18.0	16.1	13.3	13.1	13.6	-
Aimag average	62.5	30.8	20.3	20.3	21.2	21.9	22.1	19.2	17.5	15.7	-
			Unde	r-five mo	rtality /pe	r 1000 liv	e births/				
Gender											
Male	-	-	26.8	23.3	26.4	25.9	26.4	21.9	20.8	22.6	
Female	-	-	21.1	20.8	20.2	21.2	22.7	18.0	16.5	16.9	
Country average	87.5	42.4	24.0	22.1	23.4	23.6	24.6	20.0	18.7	18.0	29.2à/21.0á
Ub city average	99.9	42.4	21.8	18.8	20.8	21.0	20.6	16.2	16.0	16.3	-
Aimag average	94.4	42.5	25.6	24.6	25.3	25.7	28.0	23.5	21.3	19.7	-

Table 2.1. Infant and under-five moratlity (per 1000 live births) by selected years

Source: a. Parliament decree #15, on approving of Mongolia's MDG, 2005 b. Parliament decree #13, on approving of Mongolia's MDG, 2008

In 2013, 1166 infant deaths were registered and the infant mortality rate per 1000 live births was 14.6. It dropped 2.1 times and 1.3 times compared to 2000 and 2008 respectively. There was 2.4 times drop of the under-five mortality rate per 1000 live births in 2013 compared to 2000, reaching 18.0, which is 1438 registered under-five deaths.

Statistics for the last two decades shows a steady decline of infant and under-five mortality rates per 1000 live births. In 2013, the infant mortality and under-five mortality rates per 1000 live births declined 4.8 and 4.3 times respectively compared to the rates in 1990.

Objective 10: To provide all individuals with required reproductive health services, and lower the maternal rate by four times in 2015 than 1990.

Mongolia is among the medium maternal mortality rate countries compared to other regional and developed countries. Sustainable low maternal mortality is one of the Government's concerns, and there are number of programmes, projects and guidelines are being successfully implemented. Mongolia's maternal mortality rate in 1992 was chosen as a baseline; therefore, a new goal to reduce maternal mortality by three-quarters between 1992 and 2015 or 50 maternal deaths per 100 000 live births was set. In 2012, the Fourth National Reproductive Health Programme of Mongolia was approved.

Indicator	1996	2000	2006	2007	2008	2009	2010	2011	2012	2013	2015
Country average	176.0	158.5	69.7	89.6	49.0	81.4	45.5	48.2	50.8	42.6	50.0ª
UB city average	97.7	171.1	71.8	73.7	55.2	78.9	46.2	44.2	43.0	52.3	-
Aimag average	200.7	153.4	68.2	102.0	44.3	83.5	44.9	51.8	58.6	32.8	-

Table 2.2. Maternal mortality rate (per 100 000 live births), by selected years

Source: Parliament decree #13, on approving Mongolia's MDG, 2008

The mortality rate was 45.5 per 100 000 live births in 2010 for the last decade and in 2013 lowest rate was 42.6.

Objective 11: To limit and prevent spread of HIV/AIDS by 2015.

Prevalence of HIV among Mongolian population is less than 0.1%, and prevalence of HIV in vulnerable groups of people is less than 5%, which makes Mongolia as country with low risk in population and high-risk in vulnerable groups.

Ever since the first registered case of HIV/AIDS in Mongolia in 1992, there have been a total of 150 cases registered by the end of 2013, of which 23 were registered in 2013.

There have been 19 people passed away out of registered 150. Of the registered 150 cases, 121 (80.7%) were males, 28 (18.7%) females and one of uncertain gender identity.

Majority of registered cases contracted HIV infection by sexual intercourse. Cases of passing the infection through blood transfusion, medical assistance or from mother to child were not registered yet.

A total of 150 cases diagnosed from 86.0 percent of the UB, and 13.3 percent in rural areas and 0.7 percent are uncertain.

Table 2.3. HIV prevalence among pregnant women and youth aged 15-24, by percentage

Indicator	1990	2000	2006	2007	2008	2009	2010	2011	2012	2013	2015
Prevalence of HIV-infected pregnant women	-	-	0.004	0.001	0.0	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1ª
HIV prevalence among youth aged 15-24	-	-		0.007	0.0005	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1

Source: a. Parliament decree #13, on approving of Mongolia's MDG, 2008

Figure 2.1. Incidence and deaths from HIV infection, cumulatively (1992-2013)



Among all registered cases in 2013, there were 19 (82.6%) males and four (17.4%) females. Of the 23 cases, one (29.6%) case were 20-24, 18 cases were 25-39, four cases were under 40 years of age. 43.4% or 10 cases were recorded among those who have a family.

HIV cases were detected through active surveillance 4 cases (17.4%), 9 cases (39.1%) from health organizations and 10 cases (43.4%) through routine check-ups and clients who voluntarily.

Objective 12: To reduce the prevalence of tuberculosis by 2015

Although Mongolia, as many other countries, has used strategy of directly observed treatment, short courses (DOTS) since 1996, which has impacted in steady detection of new cases and tendency in reduction of tuberculosis cases since 2007, it is not sufficient to achieve the target by 2015.

A new objective was set to reduce the incidence rate per 100 000 population to 82, morbidity to 100 and mortality to 2.0 in 2015. Moreover, an objective was introduced to early detect tuberculosis cases and have 100% of cured cases under DOTS.

In 1996, the incidence rate of tuberculosis was 146.0 per 100 000 population but it had increased by 1.3 times (186) in 2006.

However, starting from 2007 the incidence have declined and in 2007 the rate was 168 per 100 000 population, 143 in 2011 and 142 in 2013.

In 2013, mortality rate of tuberculosis was 2.0 per 100 000 population and it was 2.5 times lower compared to mortality rate in 1996. 2015 target is reached.

Table 2.4. Prevalence and death rate of Tuberculosis (per 100 000 population), by selected years

Indicator	1996	2006	2007	2008	2009	2010	2011	2012	2013	2015
Incidence of tuberculosis*										
Country average	146	186	168	160	157	154	143	139	142	100.0a
UB city average	189	248	217	205	199	189	174	170	179	-
Aimag average	122	149	145	140	131	136	126	119	110	-
Death rate of tuberculosis*										
Country average	4.9	2.9	2.5	2.7	2.8	3.3	2.2	2.1	2.0	2.0a
UB city average	4.1	3.3	2.3	3.2	2.7	4.4	2.4	2.2	2.4	-
Aimag average	2.4	2.5	2.6	2.4	2.9	2.5	1.9	2.0	1.7	
Proportion of Tube	Proportion of Tuberculosis cases detected and cured under DOTS*									
Country average	100/66.2	100/82.1	100/83.8	100/85.0	100/82.4	100/84.5	100/83.0	100/82.7	100/80.1	100.0a
UB city average	100/62.7	100/78.0	100/84.2	100/86.4	100/80.7	100/81.7	100/79.8	100/78.0	100/76.0	-
Aimag average	100/68.5	100/87.1	100/88.0	100/87.2	100/87.8	100/87.5	100/87.3	100/89.2	100/84.7	-

Source: a. Parliament decree #13, on approving of Mongolia's MDG, 2008

In 2013, total of 4 111 new cases of tuberculosis were registered, and 1 622 of them were new sputum smear-positive pulmonary tuberculosis, and it was 4.1% (167 cases) and 5.7% (94 cases) decrease respectively compared to the previous year.

Of the 4 111 new cases of tuberculosis registered in 2013, 57.3% were pulmonary types of tuberculosis and 42.7% were non-pulmonary types.

There were 402 new cases of tuberculosis registered in children which was 9.7% of all new registered cases; a increase by 12.6% compared to the previous year.

Some 68.7% of total tuberculosis cases occurred among working age group population (16-44 years old). 55.4% were male and remaining 44.6% were female.

In 2013, the verified diagnosis percentage was 71.5% and the recovery rate was 80.1%, an decrease by 4% and decrease by 2.6% respectively compared to the previous year.

CONCEPTS AND DEFINITIONS

This chapter illustrates the following features: medical care for pregnancy, prenatal, delivery, postnatal period and threats for maternal mortality, child health, infant and under-five mortality and morbidity, and use of modern contraceptive methods, an abortion, maternal and child health indicators by regions etc.

Nevertheless, maternal and child mortality rates have declined at the national level, these rates are still high in some regions and provinces due toremote location, unequal access to health care services, migration of poor and vulnerable women along withlate access to medical care for children.

Live birth: Live birth refers to the birth of a newborn after 22 weeks of pregnancy or weighing more than 500 grams, irrespective of the duration of gestation that exhibits any sign of life, such as respiration, heartbeat, umbilical pulsation, or movement of voluntary muscles. Each product of such a birth is considered live born.

Still birth: A stillbirth is defined as the death of a fetus at any time after the twentieth week of pregnancy. Stillbirth is also referred to as intrauterine fetal death (IUFD).

A pregnancy that ends before the twentieth week is called a miscarriage rather than a stillbirth, even though the death of the fetus is a common cause of miscarriage.

A stillbirth is an indicator for judging the quality of services provided during pregnancy and childbirth, and it is used to evaluate quality check for infant mortality data

Perinatal mortality: The perinatal period is defined as starting at the 22th week of gestation and ending one week after birth. Approximate fetal weight is 500 grams during this period. Perinatal mortality rate is a variable used toevaluatethe health care quality status during pregnancy, birth and postnatal period. Besides perinatal mortality rate indicates the maternal health and nutritional status of mother as well as living conditions.

Maternal mortality: Maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Infant mortality: The number of children dying at less than 1 year of age, divided by the number of live births that year (per 1,000 live births).

An infant mortality rate is estimated by location and gender to determine the trends in infant and maternal mortality over the period. It is also used to assess the quality of medical services provided tochildren and mother, the high-risk geographic areas and population groups.

CHAPTER 3. MATERNAL AND CHILD HEALTH

3.1. Maternal health

The Government of Mongolia has defined a population policy documents - based on the National Development Strategy and the Millennium Development Goals 2 and "Fourth national program for reproductive health" was approved by Government Resolution No.61, on July 29, 2012. This program is implementing for 2012-2016, and provides an equal access to reproductive health services for women, men and adolescents as well as supports sustainable population growth by creating a favorable environment for development of Mongolian population.





Trends for maternal mortality rate per 100 000 live birthsshowed a tendency todecreaseover the last 10 years and it was reached lowest level of 42.6 in 2013.

3.2. Pregnancy control and antenatal care services

In 2013, a total of 84 399 pregnant women were newly registered by antenatal care service and 87.8% of them at the first trimester or first 3 months, 11.4% at the 4-6 months, and 0.8% atthe 7 months or late entry into antenatal care, respectively.

Early antenatal care services in terms of urban vs. rural areas showed that 86.4% were in urban areas, 89.1% were in rural areas, respectively. Both indicators were increased by 0.2% and 0.4%, respectively, when compared to the previous year.

Overall anemia prevalence among pregnant women who attended in thepregnancy control was 4.8%, and it was decreased by 2.3% compared to the previous year. Bayan-Ulgii /20.4/, Dornod /14.9/, Darkhan-Uul /13.3/ and Orkhon /8.8/ aimags were 1.5-4.2 times higher than the country average, whereas Tuv /2.6/,Govi-Sumber /2.2/, Khentii /2.1/ and Dundgovi /0.9/ aimags were 1.8-5.3 times lower than the country average.



Figure 3.2.1 Percentage of pregnant women with anemia by aimags, 2013

Overall syphilis positivitywas 2% of pregnant women and the following areas were 0.3-0.9 times higher than countryaverage; Ulaanbaatar /2.3/ Selenge /2.4/, Dornod / 2.5/, Sukhbaatar /2.6/, Khuvsgul /2.8/ and Orkhon /2.9/, respectively. Total participation rate was 95.7% who was provided a blood sample for antenatal syphilis test.

Total participation rate for gonorrhea testing was 88.8%, which have decreased by 1.2 point from the previous year. Overall gonorrhea positivity was 0.7% of pregnant women and the following areas were 0.8-0.5 times higher than countryaverage ; Bayan-Ulgii /1.5/, Bayankhongor /2.2/, Selenge /2.8/, Sukhbaatar /3.6/, Govi-Altai /3.8/, and Dornod /5.7/, respectively.

Total participation rate for trichomoniasis testing was 89.7% and 1.8% of pregnant women were a positive for this test. The following areas were 0.2-6.6 times higher than countryaverage ; Bulgan /2.0/, Orkhon, /2.3/ Selenge /2.6/, Khentii /2.9/, Arkhangai /3.2/, Dorno-govi /4.5/, Sukhbaatar /5.2/, Bayankhongor /6.9/ and Dornod /8.4/, respectively.

During the antenatal period, 75.6% of pregnant women had tookX-ray examinations and 260 cases (0.4%) of active tuberculosis were identified.

Total of 341 maternal resting wards were functioning throughout the country in 2013, of which 264 were in soum health centers, 37 in inter-soum hospitals, 19 in aimag's general hospitals, 9 in village health centers, 5 in rural general hospitals, 5 in Regional Diagnostic and Treatment Centers (RDTC) and 2 in hospital of Ulaanbaatar, respectively.

Of the maternal resting wards, 32.0% located in designated buildings and 67.7% located in clinics and total of 78 051 bed days were used and average length of stay at a maternal resting ward was 7.1 days.

A total of 3 new maternity wards were built, in 38 places building maintenance or renovation

and in 50 places comport improvement completedin 2013.Of mothers required for antenatal resting service, 74.1% went to resting wards.



Figure 3.2.2 Percentage of women underwent antenatal check-ups more than 6 times during pregnancy, 2013

In 2013, 91.8% of all mothers had at least 6 times for pregnancy control check-ups.

3.3. Labor and birth medical care services

In 2013, 79 371 mothers gave birth in the country, which compared to 2012, the number of births has increased by 4 897 or 6.1%. The crudebirth rate per 1000 population has decreased in Tuv /14.4/, Selenge /18.7/, Bulgan /18.8/, Sukhbaatar /23.1/, and Uvs /27.0/ aimags. In contrast, UB /29.9/ Khovd /30.2/, Bayan-Ulgii /30.2/, Orkhon /31.2/ and Govisumber /32.9/ aimags were higher than country average by 2.7-5.4 promile.



Figure 3.3.1. Crude birth rate, per 1000 population, by aimags, 2013

General fertility rate was estimated and 95 out of 1000 women of reproductive age gave birth in 2013. 45.9% of total births were in Ulaanbaatar city, 29.5% were in aimag center general hospitals, 12.3% were in RDTCs, 7.8% were in soum, inter-soum and village hospitals, 2.2% were rural general hospital, and 2.0% were in private clinics or in National Center for Infectious Diseases and 0.3% were home births.

Of deliveries, 36.9% were first birth, 6.5% were 1 year interval birth, 14.7% were 2 year interval birth and 41.9% were 3 or more year's intervals birth, respectively.

By the attendance of labor by medical professionals, 3.6% of them were attended by physicians, 91.3% by obstetrician and gynecologists and 4.3% by midwives. Percentage of mothers under 20 years old was 5.5% while of mothers aged over 35 years was 13.4%.



Figure 3.3.2. Percentage of Caesarian section among deliveries, by aimags, 2013

The World Health Organization (WHO) recommended level of caesarian sections (C-section) is 5-15% from all deliveries. In 2013 the C-section rate in Mongolia was 23.7%, which considered relatively high. The number of C-section was increased by 11.1% (2093 case) within the one year period.

The number of C-section was lower than aimags average by 3.3 points in the Western region and by 0.2 points in the Khangai region. In contrast, it was higher by 2.2-2.9 points in other regions.

	Mothers gave birth	Mothers underwent C-section (n)	Mothers underwent C-section (%)
Western region	10018	1501	15.0
Central region	10248	2098	20.5
Khangai region	14399	2601	18.1
Eastern region	4800	1019	21.2
Aimag average	39465	7219	18.3
Ulaanbaatar	39906	11592	29.0
Country average	79371	18811	23.7

Table 3.3.1 Percentage of Caesarian section by regions, 2013

Total 287 home births, not attended by health professionals were registered in 2013 and this number has increased by 19.1% (55 case) when compared to the previous year. Of home births, 61.6% were occurred in Ulaanbaatar and this number has declined by 3.9% when compared to the previous year. Further more, 14.6% (5 842) of all mothers who gave birth in Ulaanbaatar hospitals were come from countryside. This number has increased by 736 births from the previous year.





Aimag,city	Total number of births	Home births	RDTC	Aimag, district general hospitals	Rural general hospitals	SHC, inter- soum hospitals	VHC	Units with medical doctor	Maternity hospitals in UB, NCMCH	Private clinics	NCID
Arkhangai	2101	2	0	1509	0	589	0	1	0	0	0
Bayan-Ulgii	2783	5	0	2125	0	653	0	0	0	0	0
Bayankhongor	2308	9	0	1936	0	356	7	0	0	0	0
Bulgan	1023	6	0	764	0	232	21	0	0	0	0
Govi-Altai	1376	5	0	1195	0	171	1	4	0	0	0
Govisumber	478	1	0	477	0	0	0	0	0	0	0
Darkhan-Uul	2680	9	0	2618	0	53	0	0	0	0	0
Dornogovi	1502	5	0	1226	234	37	0	0	0	0	0
Dornod	1972	7	1881	0	0	84	0	0	0	0	0
Dundgovi	890	3	0	715	0	172	0	0	0	0	0
Zavkhan	1501	1	0	901	374	225	0	0	0	0	0
Orkhon	2891	7	2878	0	0	6	0	0	0	0	0
Uvurkhangai	2779	6	1882	0	287	566	0	2	0	36	0
Umnugovi	1536	6	1280	0	0	250	0	0	0	0	0
Sukhbaatar	1217	4	0	1119	0	94	0	0	0	0	0
Selenge	1924	4	0	1018	662	203	37	0	0	0	0
Tuv	1238	2	0	873	0	363	0	0	0	0	0
Uvs	1994	17	0	1482	0	495	0	0	0	0	0
Khovd	2364	2	1843	0	211	308	0	0	0	0	0
Khuvsgul	3297	2	0	2386	0	909	0	0	0	0	0
Khentii	1611	7	0	1237	170	195	1	1	0	0	0
Aimag average	39465	110	9764	21581	1938	5961	67	8	0	36	0
Ulaanbaatar	39906	177	0	1786	0	0	3	0	36359	1568	13
Country average	79371	287	9764	23367	1938	5961	70	8	36359	1604	13

Table 3.3.2 Number of births by type of health facility, 2013

Table 3.3.3 Age specific fertility rate, 2013

Age group	Number of women of reproductive age	Number of live births given by women of reproductive age	Age specific rate
15-19	124782	4380	35.1
20-24	143337	24983	174.2
25-29	144435	24166	167.3
30-34	124350	15523	124.8
35-39	114948	8758	76.1
40-44	102032	1901	18.6
45-49	92061	57	0.6

Crude birth rate was 3.0 for the country. The highest age specific fertility rates (ASFR) werefound among 20-24 years olds with 174 per 1000 women and 25-29 years old with 167 per 1000 women.

3.4. Post-delivery health care services

In 2013, 83.4% of mothers who were under prenatal care were received a post-delivery maternal care within 42 daysof birth and this number was declined by 6 point when compared to the previous year. This indicator is imperative in reducing a post-delivery complications and maternal mortality. In 2013, 13.7% of pregnant women had any co-morbidity diseases as follows:

- Diseases of urogenital system 39.6 %
- Diseases of circulatory system 16.8%
- Diseases of digestive system -12.8%
- Diseases of respiratory system 8.0% and other 22.8%.

In connection with pregnancy, childbirth and post-delivery complications, total 61131 cases (766.2 per 1,000 live births) were recorded in 2013. Among those cases were;

- Complications during pregnancy -35.6 %
- Delivery complications -50.6%
- Postpartum complications -3.4% and
- Other complications not associated with pregnancy and delivery-10.4%, respectively.

Figure 3.4.1 Percentage of pregnancy, childbirth and post-delivery complications, by type of health facility, 2013



Total of 26 cases of congenital syphilis were recorded in 2013, which of those occurrences registered as following areas: in Ulaanbaatar-14, Dornod-4, Orkhon-3, Uvurkhangai-3, Bayan-Ulgii and Khentii aimags 1 case each.

The increase in number of pregnant women with sexually transmitted diseases (STIs) and birth of children with congenital syphilis suggests that there is need of early detection and treatment of infections in pregnant women and improving antenatal care services.





The percentage of eclampsia-pregnancy complications was 1.8-2.2 times higher than country average, in Dundgovi /100/, Arkhangai /96.9/, Tuv / 94.9 / and Bayan-Ulgii /80.4/, respectively. On the contrary, it was 1.6-4.3 times lower than country average in Bayankhongor /10.5/ and Umnugovi /27.4/.

The percentage of pregnancy complications such as pre-eclampsia and, eclampsia was 44.6% and 0.2% respectively. First and secondary failure to progress in labor was in 41.8% which is the most common complication during birth. Postpartum hemorrhage accounted for 81.3% of all post-delivery complications.



Figure 3.4.3 Percentage of failure to progress in labor by aimags, 2013

The percentage of failure to progress in labor during the childbirth was 1.5-1.6 times higher than country average the following aimags; in Govisumber /69.8/, Govi-Altai /67.9/, Khovd /67.0/, Darkhan-Uul /66.2/ and Arkhangai /66.0/ respectively.



Figure 3.4.4 Percentage of postpartum hemorrhage by aimags, 2013

3.5. Maternal mortality

The Millennium Development Goals (MDGs) of health sector has specified that to reduce maternal mortality rate by 75 percent by the 2015 in comparison to 1990. According to of-ficial statistics, of 40-50 million recorded pregnancies, 30500-50000 maternal deaths occurred during pregnancy, childbirth and post-delivery and 300 000 newborn children died during the first day of their life in the Asia-Western Pacific region. Up to date, the maternal mortality level in our country has reduced 4 times since 1990 and Mongolia has become a country with moderate level of maternal mortality.

In 2013, 34 cases of maternal mortality were recorded and it was 42.6 per 100000 live births. Since 2012 maternal mortality decreased by 4 cases (10.8%) which come to 8.2 per 100 000 live births.No maternal deaths were recorded in Arkhangai, Bayankhongor, Bulgan, Govi-Altai Govisumber, Dornod, Dundgovi, Orkhon, Umnugovi Sukhbaatar, Selenge, Tuv, Uvs and Khentii aimags. 73.5% of deaths were occurred in hospitals and 26.5% at home.

Figure 3.5.1 Maternal mortality per 100 000 live births by aimags, 2013



Maternal deaths by education are shown as follows; 3% no formal education, 5.9% primary, 64.7% secondary, 5.9%, specialized secondary, and 20.5% college or higher, respectively. Maternal deaths by occupation are shown as follows; 26.4% employed 14.7% herder, 11.7% student and 47.2% unemployed, respectively.

By looking at the type of health facility where maternal deaths occurred, 38.2% of deaths were in central and specialized hospitals, 20.5% in aimag general hospitals, 17.6% in Ulaanbaatar maternity hospitals, 11.7% in sum, intersoum hospitals and 5.8% were in RDTC, 6.2% were in National center for Maternal and Child Health, and in district public health center. 29.4% of maternal mortality was from pregnancy complications, 5.8% was from birth complications, 29.4% were from post-delivery complications and 35.2% was from diseases not related to pregnancy and birth. This data shows that birth and post-delivery complications are increased by 0.6% and 5.7% respectively, whilst pregnancy complications and diseases not related to pregnancy and birth are decreased by 2.2% and 4.3%, respectively, in comparison to 2012.

Age group	Number of mother died	Percent	Number of children born by the same age group women	Maternal mortality rate per 100 000 live births of the same age group
15-19	1	2.9	4380	22.8
20-24	8	23.5	24983	32.0
25-29	9	26.4	24166	37.2
30-34	6	17.6	15523	38.6
35-39	7	20.5	8758	79.9
40-44	3	9.1	1901	157.8

Table 3.5.1. Maternal mortality rate per 100 000 live births by age groups, 2013

Maternal mortality rate per 100 000 live births was 79.9 in age group 35-39 years and 157.8 in age group 40-44 years, respectively, which is greater by 37.3-115.2 promile than the country average.



Figure 3.5.2 Maternal mortality rate per 100 000 live births by region, 2013

Maternal mortality rate per 100 000 live births was higher by 9.7-27.2 promile in the Western region and Ulaanbaatar, but lower by 13.5-22.2 in the Central and Khangai regions than the country average and no maternal mortality was registered in the Eastern region.

In 2013, the maternal mortality rate per 100 000 live births has increased by 5.3 promile (69.8) in the Western region but it has increased by 9.3 promile (52.3) in UB when compared to 2012.

3.6. Child health

When infant receive an appropriate health care service up to one month after birth, it gives increasing probabilities to survive and it can be essential base-line for further development and healthy growth.

In 2013, 93.3% of newborns were breastfed during their first hour of life. This indicator was 6.8-3.5 % lower than country average namely, in Arkhangai, Uvurkhangai, Sukhbaatar aimags and Ulaanbaatar city.

	Nur	nber of newb	orns	Total births		
Region	Total	Male	Female	Sex ratio	Percentage of low birth weight babies	Stillbirths (per 1000 all births)
Western region	10032	5195	4837	107.4	4.3	8.5
Central region	10294	5387	4907	109.8	3.4	6.8
Khangai region	14444	7343	7101	103.4	4.0	4.9
Eastern region	4823	2458	2365	103.9	2.9	4.3
Aimag average	39593	20383	19210	106.1	3.9	6.9
Ulaanbaatar	40187	20683	19504	106.0	4.7	6.5
Country average	79780	41066	38714	106.1	4.2	6.7

Table 3.6.1 Data on newborns by region, 2013
In 2013, 79 780 live births were recorded, 5002 more newborns or increase by 6.2% compared to 2012. 4.2% of total newborns had birth weight lower than 2500 grams. Of live births, there were 1815 twins and 40 triplets.

Total of 539 stillbirths were recorded, which is 5.9% (32 cases) higher than those recorded in 2012.





Stillbirth rate in Bayan-Ulgii aimag was 17.8 per 1000 births, which is higher than country average by 11.1 promile. Stillbirth rate in the Eastern and Central regions was lower than country as well as aimags average. Bayankhongor /8.1/ and Orkhon /7.8/ aimags which belong to Khangai region were higher than aimags average by 1.1-1.4 promile. Of stillbirths, 51.7% were boys and it was consistent throughout the most regions. The sex ratio at birth was 106.0

In 2013, active monitoring rates of infants and children under-five years were 99.6% and 96.1% respectively. Total of 11 688 neonatal morbidity cases were registered in 2013, which is accounted for 14% of all live births.



Figure 3.6.2. Percentage of neonatal morbidity rate in live births, by aimags, 2013

Table 3.6.2. Neonatal morbidity rate, 2013

	Total Perinatal neonatal pathology morbidity	Infectious and parasitic diseases		Diseases of respi- ratory system		Diseases of diges- tive system			Injuries, poisoning,	External		
		Perinatal pathology	Total	Congenital syphilis	Total	Pneumonia	Total	Non- infectious diarrhea	Congenital abnormali- ties	certain other con- sequences of external causes	causes of morbidity and mor- tality	Other dis- eases
Aimag average	4808	3834	12	12	340	115	58	46	215	7	1	335
UB city average	6880	6333	12	12	80	33	28	6	380	5	0	25
Country average	11688	10167	24	24	420	148	86	52	595	12	1	360

Fetal asphyxia and neonatal jaundice were the most common disorders in the perinatal period which occurred in 17.9% and 20.8% of neonates respectively.

Total of 865 congenital anomalies among infants were registered and the most common types of anomalies were congenital anomalies of digestive system, congenital heart defects and hip injury, 30.6%, 25.0% and 16.6 %, respectively

Table 3.6.3 Causes of under-five morbidi	ty by percentage	(urban and rural), 2013
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	0-1 yea	ars old	under-5 years old		
	Urban	Rural	Urban	Rural	
Diseases of respiratory system	64.5	65.2	58.7	65.5	
Diseases of digestive system	10.2	12.7	7.9	13.1	
Conditions originating in the perinatal period	6.1	3.2	3.3	1.7	
External causes of morbidity and mortality	3.1	1.1	10.9	3.3	
Infectious and parasitic diseases	1.3	0.4	3.6	1.9	
Diseases of skin and subcutaneous tissue	5.4	3.7	11.5	5.3	
Diseases of the ear and mastoid antrum	1.7	5.1	1.4	4.1	

1st leading cause2nd leading cause3rd leading cause

Diseases of respiratory system were the leading disorders among children under-five year old in both urban and rural areas. Frequently occurring respiratory diseases were pneumonia-24.3%, influenza and influenza-like illnesses-18.1% and acute bronchitis-13.7%, respectively. Non-infectious diarrhea disease was accounted for 62.3% among diseases of the digestive system.

	1-4 years	5-9 years	10-14 years	15-19 years
Diseases of respiratory system	4825.7	1360.5	989.7	653.7
Diseases of digestive system	815.9	754.6	665.3	690.0
Infectious and parasitic diseases	214.5	186.3	126.4	154.6
External causes of morbidity and mortality	553.9	365.5	467.6	533.7
Diseases of urogenital system	103.2	118.0	193.2	447.5
Diseases of the ear and mastoid antrum	655.3	371.6	382.8	499.6
			1s	t leading cause

Table 3.6.4 The Five leading causes of morbidity among children and adolescents, by age group per 10000 population, 2013

1st leading cause 2nd leading cause 3rd leading cause

Majority of diseases among adolescents are diseases of respiratory, digestive system, injury, poisoning and certain consequences of external causes, skin and subcutaneous tissue diseases plus infections of the genitourinary system. Above all, injuries, poisoning and certain consequences of external causes have been increasing among adolescents year by year.

The incidence of injuries among children aged 10-14 years and 15-19 years has increased by 66.9-84.6 per 10 000 children compared to the previous year.

The leading causes of morbidity among children of 1-4 years of age were non-infectious diarrhea 417.3, tooth decay 146.9 and other dental diseases 113.5, respectively per 10000 children with matching age group.

Further more, the leading causes of morbidity in children aged 5-9 years were tooth decay and other dental diseases that occurred as 229.6 and 297.3 per 10 000 children with matching age group.

3.7. Infant and under-five children mortality rate

Within the MDGs proposed that to reduce infant mortality rate per 1000 live births 15.0 and under-five children mortality rate to 21.0 by the 2015.

At the national level 1166 infant deaths were recorded in 2013, which are 14.6 per 1000 live births. It has decreased by 0.7 promile per 1000 live births compared to 2012.

More than half, 66.1% of deaths in infant mortality were occurred at the neonatal period and the neonatal mortality rate was 9.7 per 1000 live births. Total of 771 cases, 614 cases (79.6%) of neonatal deaths were occurred in the early neonatal period / first 0-6 days of life / whereas 157 cases (20.4%) of neonatal deaths were occurred in the late neonatal period /first 7-28 days of life/. Sex ratio for infant mortality was 56.4% male and 43.6% female, respectively.

Aimags such as Govi-Altai /25.2/, Khuvsgul /23.1/, Arkhangai /18.4/,Bayankhongor /18.1/, Khentii /18.0/, Zavkhan /17.9/, Bulgan /17.6/, Uvs /17.0/, and Sukhbaatar /15.5/ have higher infant mortality rate by 0.9-10.6 promile compared to the country average.

In 2013, 1438 children aged under-five died and this is 18.0 per 1000 live births. Irrespective of the actual number of 42 deaths for children aged under-five were increased in comparison to 2012, it was decreased by 0.7 promile per 1000 live births. Of total deaths, 55.8% were boys and 44.2% were girls.

The following aimags; Govi-Altai /30.3/, Khuvsgul /28.8/, Bayan-Ulgii /23.9/, Khentii /23.5/, Arkhangai /22.7/, Dornogovi /21.9/, Zavkhan /21.2/, Sukhbaatar /21.2/, Bayankhongor /20.7/, Bulgan /20.5/ and Uvs /20.0/ have higher children aged under-five mortality rate by 2.0-12.3 promile compared to the country average.

The three leading causes of infant mortality were disorders derived from the perinatal period, diseases of respiratory system, and congenital abnormalities or genetic disorders, which are accounted for 52.6%, 15.7% and 15.1% of all death respectively. Compared to the previous year, deaths caused by diseases of respiratory system and diseases derived from the perinatal period have decreased by 2.1 and 2.2 points, respectively. In contrast, deaths from congenital abnormalities or genetic disorders have increased by 2.9 points.

Figure 3.7.1 Infant and under-five mortality rate by age and sex, 2013

	Male	Female	Total
Early neonatal mortality rate	345	269	614
Late neonatal mortality rate	92	65	157
Neonatal mortality	658	508	1166
Under-five mortality rate	803	635	1438
Number of live births	41066	38714	79780

Leading cause of infant mortality was perinatal period-originated diseases in both urban and rural areas.

Table 3.7.2. Causes of infant and under-five mortality by percent	tage (urban and rural), 2013
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	Infant		Und	er-five
	Urban	Rular	Urban	Rular
Diseases of respiratory system	10.1	20.6	10.5	20.2
Diseases of digestive system	3.3	2.3	3.2	2.7
Conditions originating in the perinatal period	58.2	48.2	48.4	38.3
Congenital abnormalities and chromosomal disorders	17.8	12.7	16.3	11.3
External causes of morbidity and mortality	5.1	8.4	13.2	15.6

1st leading cause 2nd leading cause 3rd leading cause

Health Indicators, 2013

93.1 % of deaths of children under-five were due to illnesses and 6.9 % were due to injuries, poisoning and certain consequences of external causes. Of all deaths, 83.4%, 14.6% and 2% have occurred in hospitals, home and other places respectively.

3.8. Abortions

In 2013, 15 628 cases of abortion were recorded with ratio of 195.0 per 1000 live births and 18.4 abortions per 1000 women of reproductive age.

The abortion rate has decreased by 2 845 cases or 18.2% compared to the previous year which corresponds to 51.3‰ per 1000 live births.

The abortion rate was higher by 20.5-317.7‰ compared to the country average in some areas namely, Umnugovi /216.3/ Dornod /235.9/, Uvurkhangai /320.5/, Orkhon /513.5/ and Ulaanbaatar /258.4/.

Abortion performed in private clinics and practices has declined by 5 488 cases or by 2.6 times compared to last year. Termination of pregnancy in later stages was 6.1 per 1000 live births in 2013, thus shows that a decrease by 0.7 point compared to the previous year.

The abortion rates by age group were as follows: women under 20 years - 6.1%, 20- 34 years olds – 69.3% and over 35 years olds – 24.6%. The abortion rate was decreased by 0.8 points in women under 20 years old in 2013 compared to the previous year. Percentage of women underwent abortionfirst time has decreased by 11.2 %(1 758 cases) compared to last year.

Total of 115 cases with abortion complications were recorded, which corresponds to 2.9 times decrease when compared to the last year. These complications for the abortion were consisted of bleeding due to weakening of uterine contractility -46.0 %, an inflammation associated with cervical hormone -38.2 % and other complications - 15.8 %, respectively.

1	Type of health facility	Number of recorded abortions	Percentage from total number of abortions
1	NCMCH	3127	20.0
2	Maternity hospitals	4766	30.5
3	District public health centres	116	0.7
4	Private clinics	3335	21.3
5	RDTCs	2308	14.8
6	Aimag general hospitals	1840	11.8
7	Rural general hospitals	56	0.4
8	Inter-soum hospitals	22	0.1
9	Village health centre	0	0.0
10	Soum health centre	30	0.2
11	Other	28	0.2
	Total	15 628	100.0

Table 3.8.1 Abortion by locations, 2013

Health Indicators, 2013

3.9. Use of modern methods of contraception

552 women out of 1000 reproductive women aged 15-49 years, use any kind of contraceptive method.

Statistics on use of contraceptive methods were as follows: condoms -32.4%, intrauterine devices -25.5%, birth control pills -24.4%, injectable contraceptives -11.4%, tubal ligation -1.4%, Norplant -0.3% and other 4.6\%, respectively.

The study on use of contraception "Child development 2010", which surveyed married and living with partners women aged 15-49 years, showed that regardless of their perception about contraceptive methods, just over half (55%) of women used the modern methods of contraception. In this study, a proportion of contraceptive users were 13.2 % of the women. And 5.6 % of pregnant women were ex-contraceptive user.

Table 3.9.1 Use of contraceptive methods by location, 2013

1	Location	Number of women using contraception	Percent
1	Ulaanbaatar city	211 309	45.3
2	Aimag centre	113 276	24.3
3	Soum centre	65 505	16.4
4	Bag	65 502	14.0
	Total	466 550	100.0

CONCEPTS AND DEFINITIONS

In this chapter, the official statistics of health care services are compared in terms of the institution and standard operating procedures of the health facilities throughout the country. The health care system in Mongolia is provided by three different grades of hospitals. It pursues a guiding principles on the each grade of medical carewith the goal of providing the equal access to everyone and good quality.

Health and medical services of Mongolia comprise from the state owned, private and mixed health organizations as follows: Family Health Centers (FHC), Soum and village health centers, Inter-soum hospitals, Maternity hospitals, Public health Centre (PHC), General hospitals, Sanatoriums, Emergency medical service center, Regional diagnostic and treatment centers (RDTC), Central hospitals, specializedcenters and Private hospitals, respectively.

In this chapter, health care quality indicators, infants, children under age of 5 mortality rate, maternal mortality, outpatient care data indicators as well as human resource data are shown for each grade of health care system.

As of 2013, 737, 477 hospitalized patient were used 5 648 506 bed days and use of hospital inpatient services is considered as one of the main indicators in health care services. Reduced turnover increasing year by year which mainly impact on the average length of stay (ALOS) in hospital.

Average length of stay (ALOS): refers to the average number of days that patients spend in hospital. It is generally measured by dividing the total number of days stayed by all inpatients during a year by the number of admissions or discharges.

In 2013, ALOS was 7.7 that have decreased by 0.9 from average of the last decade. Consideration of disease classification and division of each unit is more important than total number of hospital admissions on good measure of the ALOS. This indicator is used to evaluate the utilization of hospital beds, to identify needs of hospital beds and to plan further number of beds in combination with hospital supplies and other indicators of health care services. ALOS is often used as an indicator of cost efficiency on hospital operation.

Hospital beds capacity: It refers to the average number of days occupied by one hospital bed per given year. An average use of hospital beds capacity was 86.2% in 2013. For instance, in European countries use of hospital beds capacity more than 85% is considered as negative impact on the quality of healthcare services. In contrast, when it stay less than 85%, use of hospital beds capacity is considered as inadequate consumption and subject to stock reduction.

CHAPTER 4. MEDICAL CARE SERVICE

The health care system in Mongolia comprise from the state owned, private and mixed health organizations, which render public health, medical, pharmaceutical, medical education, research and training services to the population.

As of 2013, 16 central and specialized hospitals, 5 RDTCs, 20 aimag and district hospitals, 8 district PHCs, 6 rural general hospitals, 39 Intersoum hospitals, 228 family health centers, 271/19 soum/village health centers, 3 Maternity hospitals, 31 other hospitals as located in army, railways and prisons, 197 private inpatient hospital and 822 private outpatient clinics, respectively delivering health services to Mongolian population.

Health care providers	Number
Family health centres	228
Soum/village health centres	271/19
Inter-soum hospitals	39
District general hospital	8
Rural general hospital	6
Aimag general hospital	20
Regional diagnostic and treatment centres	5
Central and specialised hospitals	16
Maternity hospitals	3
Other hospitals /Hospital for border patrol, Railway workers hospital, Hospitals in detention centres/	31
Private hospitals	197
Private clinics	822
Sanatoriums	71
Drug supply companies	128
Drug manufacturer	42
Private pharmacies	789
Other	57
Total	2752

Table 4.1 Number of health facilities, 2013

4.1. Family health centres health care services

Family health centres (FHCs) are private organizations providing health services to urban and settled population by contract with the Government. Within the framework of the Second Health Sector Development Project funded by the Asian Development Bank (ADB), family practices were established according to plannedphases in bothUlaanbaatar city and aimag centres. The family medicine system has been functioning since 2002 throughout the country.

Of the existing 228 FHCs, 136 are covering a population of 1 267.0 thousand people in Ulaanbaatar city and 92 FHCs provide service in 21 aimags for 576.7 thousand people.

Indicator	Family heal	Total	
	Ulaanbaatar city	Aimag	
Number of FHCs	136	92	228
Number of family doctors	555	320	875
Number of nurses	527	285	812
Number of outpatients	3834822	2035472	5870294
Percentage of preventive medical check-ups	42.2	36.1	40.1
Number of visits per person per year	3.0	3.0	3.0
Number of outpatient visits per physician	6909.6	6360.9	6708.9
Percentage of early antenatal care	86.4	87.1	86.7

Table 4.1.1 Some indicators of FHCs health care services, 2013

Total of 2 501 health professionals are working in 228 FHCs, including 875 physicians and 812 nurses. However the Structural and Performance Standards (SPS) of FHCs are specified that one family doctor per 1800-2000 population. In fact, country average one family doctor was worked for 2 107 population in this year.

The number of people per one physician was higher than the given standard, in Arkhangai, Bayankhongor, Bulgan, Dornod, Dundgovi, Uvs, Khuvsgul aimags and Ulaanbaatar, respectively.

About 5.8 million medical examinations at FHCs and average 3.0 visits to FHCs a year were registered in 2013. Out of total outpatient visits, 40.1% were preventive medical check-ups, reaching 42.2% in Ulaanbaatar city and 36.1% in aimag FHCs, respectively. A number of preventive medical check-ups were reduced by 4.8% compared to 2012.

SPSs for FHCs is specified that active visits to households should be not lower than 30%, but it stayed 26.7% similar to 2012 level.

As of 2013, medical check-up rate among infants, children under-five years old and elderly population were 99.6%, 96.1% and 83.7%, respectively.





As review, the following number of medical examinations was done at the family health centers of Ulaanbaatar; 3.0 million in 2005, 3.9 million in 2007, 4.2 million in 2010 and 3.8 million in 2013, respectively. An average number of visits performed by one family doctor per year in Ulaanbaatar city were 6909.6, which is higher than one family doctor in aimags by 548 visits.

4.2 Soum health centres and inter-soum hospitals medical care services

Soum health centres (SHC) and village health centres (VHC) provide health care services by modern and traditional medicine to their catchment population. Bag medical unit with physiciancan be operating depending on the number of residents and geographical location of a soum. Inter-soum hospitals provide health care services to the population of their own soum and neighbouring soums depending on population size and density.

Structural and Performance Standards (SPS) for Soum and Village health centres were approved in 2013. In this SPS soum or village health centres were classified into three categories according to their population size of catchment and remote status.

The first category of SHCs deliver health care services up to 3000 residents which service area is limited up to 50 km from aimag center. The second category of SHCs deliver health care services up to 3000 residents which service area is limited to 50-99 km from aimag centeroraccessible to aimag center up to 2 hours. The third category of SHCs or inter-soum hospitals deliver health care and services up to 8000 residents which service area is more than 100 km from aimag center.

However, SHC is located less than the 50 km from aimag center, is considered as second category when providing a service more than 3,000of the population or more than 70% of catchment population live far from soum center. When SHC is located less than the 100 km from aimag center, but providing a service more than 8,000 of the population, it is considered as third category.

Grade	Number of hos-	Average number of physicians	Hospitals that meet the requirement		Hospitals failed to meet the requirement	
	pitais	per hospital	Number	Percentage	Number	Percentage
l grade	17	2.8	15	88.2	2	11.8
II grade	79	1.9	52	65.8	27	34.2
III grade	175	2.8	133	76.0	42	24.0
Inter-soum hospitals	39	5.7	5	12.8	34	87.2

Table 4.2.1 Comprising characteristics between provision of physicians per SHC, inter-soumhospital and minimal level of standard, 2013





Table 4.2.2 Some indicators for qualitiy and accessibility of health care services in SHCs and inter-soum hospitals, 2011, 2013

	20	011		2	013	
Indicator	Soum hospital	Inter-soum hospital	Total	SHC	Inter-soum hospital	Total
Number of hospital beds	2 928	675	3 603	2 971	661	3 632
Numbe of doctors	576	171	747	611	208	819
Number of nurses	1 341	243	1 584	1 383	256	16.39
Average length of stay	8.0	7.8	7.9	7.3	7.0	7.3
Number of inpatients	109 720	22 905	132 625	101 010	21 816	122 826
Number of outpatients	2 009 293	427 516	2 436 809	1 910 213	438 021	2 348 234
Number of check-ups	39.5	37.5	39.2	37.8	38.7	37.6
Number of early antenatal coverage	89.5	92.6	90.0	90.5	90.9	90.5
Maternal mortality rate /per 1000 live births/	58	145.3	76.4	64.6	75.5	67.0
Infant mortality rate /per 1000 live births/	36.2	28.3	34.5	35.3	27.9	33.7

18.2% of all hospital beds were accounted for SHC and inter-soum hospitals in 2013, and it has increased by 29 beds or 0.7% compared to 2011.

Total number of inpatients in SHC and inter-soum hospitals was 122.8 thousand people in 2013. Number of inpatients in SHC has decreased by 4.9% compared to 2011, whereas number of inpatients in inter-soum hospitals has increased by 8.7% compared to 2011.





2011 2012 2013

Average length of stay (ALOS) at the SHC and inter-soum hospitals has decreased to 7.3 days in 2013 compared to 7.9 days in 2011. An average number of visits per capita at the SHC and inter-soum hospitals were decreased to 2.3 in 2013 compared to 2.5 days in 2011.

In 2013, percentage of prenatal care was 90.5% at SHC and inter-soum hospitals, an increase by 0.5% compared to 2011. In 2013, total 4 cases (11.8%) of maternal mortality were recorded at the SHC and inter-soum hospitals and the maternal mortality rate per 100 000 live births was decreased by 69.8 at the inter-soum hospitals when compared to 2011. On the contrary, maternal mortality rate per 100 000 live births was increased by 6.6 at the SHCs compared to 2011.

As of 2013, infant mortality rate was 35.3 and 27.9 per 1000 live births in SHC and intersoum hospitals respectively, a decrease by 0.8 compared to 2011.

4.3. General hospitals and public health centers medical care services

The Law on Health of Mongolia has described that general hospitals which set up as a minimum 7 departments including internal medicine, pediatrics, obstetrics and gynecology, general surgery, dentistry, neurology and infectious diseases, with the goal of providing the medical services in terms of inpatient and outpatient level. Based on location and needs of a population general hospitals could have additional outpatient unit. Public health centers provide public health services in accordance with Government policy and laws, with the goal of supporting health promoting environment at aimag and district level.

As of 2013, there were total of 4 692 health professionals including 959 physicians, 1608 nurses, 2168 mid-level health staffs in 16 aimag general hospitals, and a total of 2892 health professionals, including 796 physicians, 852 nurses and 1136 mid-level health workers in Ulaanbaatar city district general hospitals and public health centers.

3 249 beds in aimag general hospitals were accounted for 16.3% of all hospitals beds and number of beds has increased by 36 compared to 2011.

9.4% of all hospital beds were occupied by district general hospitals and public health centres and number of inpatients at district general hospitals has increased by 9.6 thousand people in 2013. Actual number of inpatients at district general hospitals was 76.7 thousand in 2011 and it reached 86.4 thousand in 2013.





	20	11	2012		20	13	Average for the	
Indicator	Aimag general hospital	District general hospital	Aimag general hospital	District general hospital	Aimag general hospital	District general hospital	Aimag general hospital	District general hospital
Number of hospital beds	3 213	1 808	3 070	1 808	3 249	1 868	3 177	1 828
Number of physicians	903	711	904	785	959	796	922	764
Number of nurses	1 515	766	1 524	822	1 608	852	1 549	813
Average length of stay	7.8	7.5	7.7	7.5	7.4	7.3	7.6	7.4
Number of inpatients	127 414	76 783	125 369	84 892	126 902	86 401	126 562	82 692
Hospital deaths within 24 hrs of admission	34.1	29.6	31.5	31.4	32.3	30.3	32.6	30.4
Number of outpatients	1 616 455	2 033 432	1 425 793	2 168 522	1 497 908	2 367 979	1 513 385	2 189 978
Percentage of check-ups	41.8	45.3	37.6	45.0	35.1	43.7	38.2	44.7
Maternal mortality rate (per 100 000 live births)	49.7	-	49.8	-	32.2		44.5	-
Infant mortality (per 1000 live births)	15.1	-	12.0	-	11.8	-	12.9	-
Number of referrals	16.5	-	13.7	-	11.6	-	13.9	-

Table 4.3.1. Some health care service indicators of aimag and district general hospitals, 2011-2013

As of 2011, the average length of stay (ALOS) in aimag general hospitals was 7.8 days and 7.5 in district general hospitals, which decreased to 7.4 and 7.3 days, respectively in 2013. In 2013, the percentage of deaths occurring within 24 hours of admission in aimag general hospitals has decreased by 1.8% compared to 2011. In contrast it has increased by 0.7% in district general hospitals.

As of 2011, the number of outpatients at aimag general hospital level was 1.6 million, which decreased to 1.4 million, and at district general hospital level was 2 million, which increased to 2.3 million in 2013. This data somehow reflects an increasing migration directed from countryside to Ulaanbaatar throughout country. Percentage of preventive medical check-ups at aimag general hospitals and district general hospitals decreased by 6.6% and 1.6%, respectively, compared to 2011.

We have observed a steady decrease on infant mortality rate in past three years and it stayed at the average of 12.8.

In 2013, the maternal mortality rate was 32.2 per 100 000 live births at aimag general hospitals level, which decreased by 17.5 compared to 2011.

In the last three years, the number of inpatients referred from SHC and inter-soum hospitals accounted for 13.8% of total inpatients in aimag general hospitals. In 2013, the number of inpatients referred from SHC and inter-soum hospitals decreased by 4.9% compared to 2011.

4.4. Regional diagnostic and treatment centres medical care services

The regional diagnostic and treatment centers (RDTC) are health organizations providing medical care services to the population of the given region, with the goal of giving the professional methodological advice to health institutions as well as conducting some training activities. As of 2013, aimag general hospitals in Orkhon, Dornod, Uvurkhangai, Khovd and Umnugovi aimags were functioning under the status of RDTCs at national level. As of 2013, a total of 1855 health professionals were recorded at RDTCs, including 412 medical doctors, 665 nurses and 896 mid-level medical workers, respectively.

Indiantar		Years	Average for the	
	2011	2012	2013	last 3 years
Number of hospital beds	1145	1290	1285	1240.0
Average length of stay	7.5	7.7	7.6	7.6
Percentage of deaths occurred within 24 hrs of admission	26.8	29.6	27.9	28.1
Number of inpatients	43 163	49 417	51 107	47 896
Number of outpatients	458 211	555 650	571 396	528 419
Maternal mortality rate (per 100 000 live births)	63.7	33.2	20.3	37.4
Infant mortality rates (per 1000 live births)	15.9	14.9	10.2	13.8
Percentage of inpatients referred form the lower level of care	27.6	26.3	27.5	27.1

Table 4.4.1. Selected indicators for RDTCs medical care services, 2011-2013

In 2013, total of 51.1 thousand inpatients were admitted to RDTC and in average, 14 054 patients were treated at RDTCs annually. Number of inpations which transferred from soum, inter-soum hospitals and regional aimags to RDTCs accounted for 27.5% of all inpatients.

The average length of stay at RDTC was 7.5 days in 2011, which increased to 7.6 in 2013. In 2013, total deaths occurring within 24 hours of hospital admissions was 27.9% greater than 26.8% in 2011.

In reference to decreasing tendency of country for last three years, an average infant mortality rate was 13.8 per 1000 live births in 2011-2013, which is lower compared to the aimag average. In 2013, each one case of maternal mortality was reported at RDTC in Uvurkhangai, Khovd aimags.

Aimag	Number of inpatients	Bed days	Average length of stay	Hospital deaths within 24 hrs of admission	Outpatient visits	Registered NCDS	Maternal mortality /per 100000 live births/	Infant mortality rate /per 1000 live births/	Under-five mortality rate /per 1000 live births/
Dornod	11 478.5	92 896	8.1	32.7	107 332	17 435	0.0	12.1	17.4
Orkhon	13 649.5	104 089	7.6	21.2	147 672	5 311	0.0	9.6	9.6
Uvurkhangai	8 140	60 067	7.4	31.9	88 330	32 940	35.9	10.6	11.6
Umnugobi	6 192.5	40 018	6.5	62.5	100 819	17 932	0.0	11.6	12.4
Khovd	11 647	91 560	7.9	24.0	127 243	14 165	42.2	14.0	15.1
Total	51 107.5	388 630	7.6	27.9	571 396	87 783	20.3	10.2	12.9

Table 4.4.2. Selected indicators of RDTC medical care services, 2013

	Aimag	Total number of	Ν	- Number of		
1		employees	Allied health profes- sionals	Doctors	Nurses	beds
1	Dornod	502	222	101	163	322
2	Orkhon	475	244	109	193	364
3	Uvurkhangai	314	160	79	109	216
4	Umnugovi	205	93	56	64	125
5	Khovd	373	181	83	134	258
	Total	1869	900	428	663	1285

Table 4.4.3. Some human resource indicators of RDTCs, 2013

4.5. Central hospitals and specialized centers medical care services

Central hospitals and specialized centers are health organizations to provide specialized professional medical inpatient and outpatient services at national level and carry out research and training activities, with the role of giving a professional consultations and methodological recommendations to other health organizations.

As of 2013, a total of 6391 health professionals were worked in 16 Central hospitals and specialized centers, including 1383 medical doctors, 2071 nurses and 2494 mid-level medical staffs, respectively.

Central hospitals and specialized centers in Ulaanbaatar city account for 21.0% of all hospital beds and 19.8% of inpatients, respectively.

The average length of stay was 8.2 days in 2011 which decreased to 7.4 days in 2013. Further more, the percentage of inpatient deaths occurring within 24 hours of hospital admissions was 21.2 in 2011 which increased to 24.5 in 2013 and the proportion of inpatient deaths occurring within 24 hours of hospital admissions was 22.7% as average over the last three years.

Table 4.5.1.Quality and accessibility indicators of medical care services in central hospitals and specialized centers, 2011-2013

Indiantar		Average for the last		
Indicator	2011	2012	2013	3 years
Number of hospital beds	3 995	4 085	4 187	4 089.0
Number of doctors	1 280	1 327	1 383	1 330.0
Number od nurses	1 937	1 988	2 071	1 998.7
Average length of stay	9.9	9.2	9.5	9.5
Percentage of deaths occurred within 24 hrs of admission	21.2	22.3	24.5	22.7
Number of inpatients	137 929	141 381	146 375	141 895.0
Number of outpatients	1 200 639	1 237 295	1 385 032	1 274 322.0
Percentage of inpatients referred form the lower level of care	34 741	32 007	39 380	35 376.0

Within the last 3 years, an average of 141 thousand in-patients were treated in central hospitals and specialized centers, of which 24.9% were transferred from countryside.

Compared to 2011, the total number of inpatients increased by 2.8% in 2013, and referred patients from the rural areas decreased by 0.3%.





Table 4.5.2. Selected indicators for the central hospitals and specialized centers, 2013

Hospitals	Number of outpatient visits	Number of hospital admissions	Average length of hospital stay	Hospital deaths within 24 hrs after admission
I State Central Hospital	207 512	21 147	7.8	26.3
I State Central Hospital	89 633	7 561	8.8	8.3
III State Central Hospital	152 203	17 064	8.4	19.6
National Centre for Mother and Child	167 598	36 892	6.3	26.8
National Cancer Centre	90 964	8 575	8.4	4.2
National Infectious Diseases Centre	111 514	9 571	14.3	9.2
National Traumatology and Orthopaedics	107 537	13 038	11.9	24.2
National Centre for Dermatology	82 710	5 803	10.0	0
National Centre for Mental Health	56 386	5 750	29.3	14.3
Sanatorium for children	0	302	21.4	0
Traditional Medicine, Technology and Production National Corporation	24 442	4 015	9.1	0
Centre of Forensic Medicine	16 675	0	0	0
National Gerontological Centre	13 064	0	0	0

4.6. Private hospitals and clinics medical care services

As of 2013, a total of 5 835 health professionals were worked in 197 private inpatient hospitals and 822 private outpatient clinics, including 1 965 physicians, 1891 mid-level medical staffs of them 1 326 nurses respectively.

	2000	2005	2009	2010	2011	2012	2013
Private hospitals	400	160	160	166	171	179	197
Private clinics	400	523	922	947	1013	851	822
Number of beds	964	1 982	2 422	2 527	3 069	3 606	3 829
Percentage form all hospital beds	5.4	10.8	13.6	14.2	16.2	18.4	19.3
Number of doctors	736	1 145	1 396	1 549	1 677	1 904	1 965
Number of nurses	296	682	858	1 007	1 135	1 275	1 326
Outpatient visits	-	1 016 705	1 304 897	1 036 934	1 986 901	1 320 932	1 756 769
Number of inpatients	23 592	63 267	75 003	86 117	97 821	111 338	121 452
Average length of stay	11.3	9	8.1	7.9	8.2	7.7	7.4

Table 4.6.1 Selected indicators for medical care services of private hospitals and clinics, 2013

There were 1982 beds in private hospitals in 2005 and this number has increased to 3 829 beds in 2013, which is 19.3% of all hospital beds in the country.

Since 2005, the establishment of new private sector, especially with hospital beds were limited, but some services offered by these private hospitals were similar to services offered by state hospitals. Therefore, health policy has focused on expanding activities and of these hospitals and supporting the establishment of diversifications.



Figure 4.6.1. Percentage of private clinics by specialization, 2013

Health Indicators, 2013

In 2005, a total of 1 016 705 patients received outpatient services and there were 63 267 inpatients at the private hospitals, but in 2013, the number increased to 1 756 769 and 121 452 respectively.

In 2013, by looking at the type of medical specialisations for private hospitals were as follows; 47.5% an internal medicine, 10.1% neurology, 10.4 % traditional medicine, 7.2% obstetrics and gynaecology, 5.1% surgery and 4.7% pediatrics, respectively.

Table 4.6.2	. Bed	capacity	of	private	inpatient	hospitals,	2013
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Indiantara	Number of	f hospitals	Number of	Number of inpatients		
indicators	Number	Percent	Number	Percent		
5-8 beds	14	7.1	6 102	5.0		
10-12 beds	65	33.0	35 446	29.2		
15 beds	46	23.4	27 625	22.7		
20-25 beds	38	19.3	20 520	16.9		
30 beds	14	7.1	11 659	9.6		
40-50 beds	11	5.6	7 650	6.3		
50 beds	9	4.6	12 450	10.3		
Total	197	100	121 452	100		

4.7. Emergency medical services

In order to establish integrated system of emergency medical services closer to international standards "The nationwide emergency network program" was approved by Government Resolution No 318, on December 8, 2010. This program aims to set up an efficient effective structure and organization of the services, better management, improved equipment and supply, and strengthening human resources by improving knowledge and skills of personnel.

In 2013, total of 730.0 thousand emergency medical service recorded and 10.6 % of them were from remote areas.

1	Aimore	Total	Ambulance calls from remote areas			
	Aimays	ΤΟΙΔΙ	Number	Percent		
1	Arkhangai	20 906	4 748	22.7		
2	Bayan-Ulgii	21 590	6 654	30.8		
3	Bayankhongor	15 968	3 085	19.3		
4	Bulgan	14 142	3 309	23.4		
5	Govi-Altai	18 148	2 832	15.6		
6	Govisumber	6 322	466	7.4		
7	Darkhan-Uul	24 151	755	3.1		
8	Dornogovi	20 173	2 938	14.6		
9	Dornod	16 032	2 355	14.7		
10	Dundgovi	14 105	3 387	24.0		
11	Zavkhan	20 663	3 054	14.8		
12	Orkhon	18 103	354	2.0		
13	Uvurkhangai	21 016	6 560	31.2		
14	Umnugovi	12 409	2 390	19.3		
15	Sukhbaatar	18 111	4 312	23.8		
16	Selenge	30 770	4 351	14.1		
17	Tuv	17 917	4 494	25.1		
18	Uvs	17 436	4 224	24.2		
19	Khovd	16 924	3 536	20.9		
20	Khuvsgul	27 198	5 005	18.4		
21	Khentii	21 481	4 470	20.8		
22	Aimag average	393 565	73 279	18.6		
23	Ulaanbaatar	336 452	4 175	1.2		
24	Country average	730 017	77 454	10.6		

T I I A T A	-				0040
Table 4.7.1.	Emergency	medical	service	call,	2013

Remote services of the National Emergency Network Center

As of 2013, a total of 250 emergency calls were recieved from 21 aimags and 3 remote districts of Ulaanbaatar city. Of all emergency calls, in 157 (62.8%) cases a specialized physicions was performed medical care during the local visits, in 88 (35.2%) cases was given an advice by phone and in 5 (2%) cases patient were died before arrival of ambulance services, respectively.

1	Aimag/disrict	Number emergency calls		By cycl medi services in r	By cycle for medical services in rural areas		The number of death before call	
		Number	Percent- age	Car	Plane	elephone	visiting	
1	Arkhangai	15	6.0	10	0	5	0	
2	Bayan-Ulgii	19	7.6	0	12	5	2	
3	Bayankhongor	8	3.2	6	0	2	0	
4	Bulgan	17	6.8	13	0	2	2	
5	Govi-Altai	2	0.8	1	0	1	0	
6	Govisumber	2	0.8	1	0	1	0	
7	Darkhan-Uul	18	7.2	10	0	8	0	
8	Dornogovi	5	2.0	5	0	0	0	
9	Dornod	7	2.8	1	5	1	0	
10	Dundgovi	7	2.8	2	0	5	0	
11	Zavkhan	6	2.4	1	1	3	1	
12	Orkhon	8	3.2	5	0	3	0	
13	Uvurkhangai	26	10.4	14	0	12	0	
14	Umnugovi	4	1.6	2	1	1	0	
15	Sukhbaatar	9	3.6	6	0	3	0	
16	Selenge	15	6.0	11	0	4	0	
17	Tuv	20	8.0	10	0	10	0	
18	Uvs	10	4.0	0	9	1	0	
19	Khovd	7	2.8	0	4	3	0	
20	Khuvsgul	8	3.2	5	1	2	0	
21	Khentii	19	7.6	15	0	4	0	
22	Baganuur district	12	4.8	2	0	10	0	
23	Bagakhangai district	1	0.4	1	0	0	0	
24	Selenge Zuunkharaa	5	2.0	3	0	2	0	
	Total	250	100.0	124	33	88	5	

Table 4.7.2. Remote calls of the National emergency network center, 2013









Injuries were the leading cause for emergency medical services among calls received from rural area.





In 2013, a proportion of specialized physicians to visit local health care by means of emergency calls has decreased to 62.8 percent, or by 4.6 points compared to the previous year.

CONCEPTS AND DEFINITIONS

This chapter describes the statistics on the number of health personnel including physicians, mid-level medical staffs, nurses, as well as associates and management staff engaged in the health sector, in combination with their age, sex, skill mix, and human resources of each level of operating health institutions.

"Health professionals career development pathway" was developed in 2008 and its updated document was approved by Mongolian Government in 2012 with the goal of implementing "The regional strategy to develop human resources for the health sector" which proposed by the Western Pacific Region WHO.

An official statistics of health sector provide the summary information on the number of health care employees, by type of health organizations, grade level of medical services, professional associations of physicians and their internal migration status and its geographical distribution.

Further more, number of physicians, nurses and mid-level medical staffs per 10 000 population was estimated for each aimags. An estimated physicians density was 30.7 per 10 000 population in 2013, which ranks Mongolia is a country with relative high physicians density, while this indicator was lower in remote rural areas.

The total number of health sector's employee per 10 000 population is used to evaluate the stock availability of human resources, human resource planning and estimating needs for human resources in the health sector. It is also commonly used to compare availability of human resources by regions.

The number of population per a physician can be estimated according to type of medical qualification that is estimated comprising of the total number of physician into an average annual population.

In addition, the number of nurses per 10 000 population can be estimated based on numbering an availability of nurses into an average annual population that is used for evaluating in provision and accessibility of nurses and planning of human resources, estimating needs for human resources in health sector and comparing the nurse provision by regions.

CHAPTER 5. HUMAN RESOURCES IN THE HEALTH SECTOR

In 2013, total of 45.0 thousand healthcare employees were worked in the public and private organizations of the health sector and this number was increased by 3.2% compared to the previous year.

Of total healthcare personnels who provide health care and medical services, 24.4% were in the primary health care, 18.2% were in the secondary level, 18.3% were in the tertiary level, 12.9% were in private sector and 26.2% were in maternity hospitals and other health organizations, respectively, in this year.

Out of total healthcare personnels, there were recorded 8 911 physicians, 1 596 parmacists, 17 402 mid-level medical associates including 10 150 nurses and 12 505 other non-medical staffs, respectively. Number of ENT, urologist, physicians for radiology diagnosis (e.i. X-ray, ultrasound, CT and MRI), and dentists has declined in comparison to 2012, however, number of other practitioners has increased.

As of 2013, an average number of population per a physicion and per a nurses were 325.3 and 285.6, respectively, and both indicators declined by 5.0 and 0.8 persons, as compared to the previous year. An average number of population per a physicion was the highest /490.8/ in Khangai region whereas it was lowest /416/ in Central region. This indicator was the highest level in the following aimags;Bayan-Ulgii /614.0/, Khuvsgul /579.0/, Selenge /568.0/, Arkhangai /565.0/, Bulgan province /540.0/ and Bayankhongor /535.2/, respectively. On the contrary, this indicator was the lowest level /259.9/ in Govisumber.

In 2013, by looking at occupation of healthcare personnels who provide medical services were as follows; physicians 19.8%, nurses 22.5% and mid-level medical professionals 38.6%, respectively. Women is accounted for 80.4% of all employees.

The distribution of physicians by grade of health care services were as follows; 19.5% in the primary health care, 21.1% in the secondary level, and 20.3% in the tertiary level, respectively. The distribution of nurses by grade of health care services was as follows; 25.4% in the primary health care, 25.9% in the secondary level, and 26.9% in the tertiary level, respectively.

As of 2013, there were 30.7 physicians, 37.8 nurses/midwives and 60.0 mid-level health care professionals, respectively per 10 000 population. An average number of physicians and nurses per 100 000 population was increased by 0.4 and 0.1, respectively compared to 2012.

The physicians, nurses or midwives ratio was as follows; at the national level 1.0:1.2, in Ulaanbaatar city 1.0:1.0 and at the aimag level 1.0:1.7, respectively.



Figure 5.1 Health professionals by age, 2013

The proportion of health professionals aged 20-29 years has been increasing in the health sectors for the last years.

Looking by geographical distribution (location) of health professionals, there were 40.8 doctors and 37.5 nurses per 10 000 population in Ulaanbaatar while 21.9 doctors and 32.7 nurses per 10 000 population were in rural areas. This data indicates that a high density of doctors in Ulaanbaatar city. Especially, the number of surgeons, trauma and orthopedics specialists, radiology and lab specialists and pediatricians were 1.0, 3.0, 3.0-3.5 and 1.1 times, respectively higher in Ulaanbaatar city than other rural areas.



Figure 5.2. Physicians and nurses per 10 000 population by regions, 2013

The number of doctor per 10 000 population was higher in the Central region compared to other regions, and the number of nurses per 10 000 population was 0.4-3.0 times higher in the Eastern region than other regions.

As of 2013, total of 1019 private health organizations were functioning with 5835 health professionals. Physicians accounted for 33.7% of the total staff, and nurses accounted for 22.7% of the total staff.

By type of physician's specializations in private sector were as follows; dentists 26%, internal medicine 12.6%, obstetrics &gynecologists 9.5% and 10.7% doctors of the traditional medicine, respectively.

Postgraduate training for medical professionals

In 2013, 849 doctors, 545 nurses and other medical professionals were enrolled in postgraduate training of medical professionals, including basic and specialized qualifications and professional training, financed by the Treasury fund, Government of Mongolia.





Physician Nurse, Midlevel personnel

Further more short-term courses with, 571 topics were organized and there 84 878 medical professionals on duplicated numbers were participated in the training courses.

In 2013, total of 2938 persons were graduated from 12 higher education institutions with a license such as Health Sciences University of Mongolia (HSUM), "Ach" medical school, "Monos" medical school, "Etugen" medical school, 'Enerel", "Ulaanbaatar" institutes, Technology School of HSUM, Govi-Altai, Darkhan-Uul and Dornogovi branches of HSUM.

CHAPTER 6.COMMUNICABLE DISEASES

CONCEPTS AND DEFINITIONS

Infectious diseases may include some ICD-10 infectious diseases and zoonotic bacterial diseases (A00-B99).

Statistic data for infectious diseases has been used to determine outbreaks of communicable diseases, establish demography and population groups where occurred high outbreaks of communicable diseases, to evaluate results of programs and projects to prevent and fight against infectious diseases, to assess multy year trends of epidemics for infectious diseases, ultimately efficiently distribute reserves for diagnosis, treatment and prevention measures against infectious diseases, to define burden on public health, social and economic harm caused the country due to outbreaks of infectious diseases etc.

Communicable diseases registered at national rate - Total cases of communicable diseases per 10 000 population, registered within report year.

Cases of communicable diseases can be assessed based on infection detections, infection resources, transmission ways, patient age and gender groups, rural and urban epidemic areas.

Viral Hepatitis rate – Total new cases of viral Hepatitis per 10 000 population, registered within report year

Sexually transmitted infection rate - Total new cases of sexually transmitted infections per 10 000 population, registered in hospitals within report year

HIV /AIDS/ infection rate - Total new cases of HIV /AIDS/ infections per 10 000 population, diagnosed within report year

Tuberculosis infection rate - Total new cases of Tuberculosis infections per 10 000 (100 000) population, registered in hospitals within report year

Tuberculosis recovery rate –Cases of last subsequent 2 or more tests of treatments with negative diagnoses of TB patient who had TB positive result, in comparison with all previous TB infection cases

Tuberculosis diagnosis approval –Cases of detecting TB bacteria in biological samples during TB test analysis and plus positive TB test cases of patient who repeatedly sick of TB again after succeffully completion of TB treatments. In other words, it means number of cases of detecting TB in case of detected TB infections and approved by bateriological and radiograph analysis plus number of positive TB test cases of patient who repeatedly sick of TB again after succeffully completion of TB treatments.

CHAPTER 6. COMMUNICABLE DISEASES

6.1 Total communicable diseases

In 2013, 37 320 cases of 30 different communicable diseases were registered, which compared to the previous year, decreased by 5 985 cases or 132.7 per 10 000 population or 21.3.

Compared to the previous year, the indicators show there has been an increase in diseases per 10,000 populations in Dornod, Sukhbaatar, Khuvsgul, Uvurkhangai, Bayan-Ulgii, Zavkhan, Dornogovi and Arkhangai.

In 2013, meningococcal infection, varicella, syphilis, hand-foot-mouth disease, scarlet fever, tuberculosis, Tick-borne encephalites, anthrax, erythema infectois, gas gangrene, Malaria, Tick-borne rickettsiosesincreased by 0.1-6.6 cases per 10 000 population, compared to the previous year.

Reported infectious disease in 2013, Dornod (421.7), Sukhbaatar (182.2), Dornogovi (172.5), Govisumber (137.2), Khuvsgul (144.9) and UB city (158.0) is higher than the country average. 50.2% of all cases was registered in UB.

14.3% of communicable diseases registered in 2013 at the national level were intestinal infections, 38.9% were respiratory diseases, 1.2% were zoonotic bacterial diseases and 39.9% were sexually transmitted infections.

Figure. 6.1.1. Total communicable dieseases registered at national level



6.2 Intestinal infection

In 2013, 5 350 cases of 6 different intestinal infections such as viral hepatitis A, dysentery, food poisoning, salmonella, diarrhea, and hand-foot-mouth disease were registered at the national level, taking up 14.3% of all communicable diseases.

3 616 cases (67.6%) of intestinal infections registered at the national level occurred in Ulaanbaatar city.

29.7% of intestinal infections were viral hepatitis A, 37.0% was dysentery, 25.7% was hand-foot-mouth disease, 4.4% food poisoning, 1.6% salmonella and 1.6% was diarrhea.

	2	012	2	Increase /decrease/	
miectious diseases –	Absolute number	Per 10 000 population	Absolute number	Per 10 000 population	Per 10 000 population
Typhoid and paratyphoid fever	0	0.0	0	0.0	0.0
Salmonella infections	112	0.4	83	0.3	-0.1
Shigellosis	2051	7.3	1982	7.0	-0.3
Other bacterial foodborne intoxications	719	2.6	238	0.8	-1.8
Diarrhea infections	86	0.3	84	0.3	0.0
Viral hepatits A	5892	21.0	1589	5.7	-15.3
Hand-foot-mouth disease	405	1.4	1374	4.9	3.5

Table 6.2.1. Number of cases of intestinal infections per 10 000 population, 2012-2013

6.2.1. Other bacterial foodborne intoxications

A total of 238 cases or 0.8 per 10 000 population of other bacterial food borne intoxications were registered at the national level, taking up 4.4% of all intestinal infections. Of the total number of other bacterial food borne intoxications, 121 cases (51%) were registered in Ulaanbaatar, making them 1.0 per 10 000 population.

Compare to last year, there was a decrease in 512 cases or 4.3 in Ulaanbaatar but increase in 31 cases or 0.3 in aimags. 35% of cases were employers.

/Source; Annual report, NCCD/

6.2.2. Viral Hepatitis

A total of 2 537 cases of viral hepatitis were registered at the national level, taking up 6.8% of all communicable diseases, and compared to the previous year, has decreased by 4319 cases.

Of the total number of viral hepatitis, 62.6% was viral hepatitis A, 24.2% was viral hepatitis B, and 13.2% was other viral hepatitis. Hepatitis A and hepatitis C decreased by 15.3 and 0.2 per 10 000 population, compared to last year. According to the morbidity of acute hepatitis A, recorded over the last 10 years, the maximum was 49.0 per 10 000 people in 2011. Acute hepatitis A in the 2-9 ages recorded the highest, incidence among all age groups decreased, and men were more sicker. Overall morbidity 59.5 percent were schools and kindergartens disease.

Acute hepatitis B is common in men and 15-34 years for the disease registered patient. Analysis of social conditions, the unemployed, students and employees have higher morbidity among registered.

/Source; Annual report, NCCD/

Table 6.2.2.Viral hepatitis, per 10 000 population /by aimags higher than country average,2012-2013

	2	2012	2	013	Increase/decrease
Aimag	Absolute number	Per 10 000 population	Per 10 000 population	Per 10 000 population	Per 10 000 population
Umnugovi	293	55.8	99	18.9	-36.9
Arkhangai	281	31	135	14.9	-16.1
Selenge	333	31.1	146	13.6	-17.5
Darkhan-Uul	277	30	124	13.5	-16.5
Uvurkhangai	338	29	122	10.5	-18.5
Ulaanbaatar	2 718	22.9	1 207	10.2	-12.7
Uvs	232	30	74	9.6	-20.4
Country average	6 856	24.4	2 537	9.0	-15.4

Figure 6.2.1. Viral hepatitis per 10 000 population, 2003-2013



6.3 Respiratory infections

14 529 cases of respiratory infections were registered, taking up 38.9% of all communicable diseases. Majority of the respiratory infections were tuberculosis (28.3%), varicella (32.1%), and mumps (36.3%).

Compared to 2012, mumps, rubella, erysipelas decreased by 13.5, 0.7, 02 respectively, and varicella, scarlet fever, tuberculosis, infectious erythema infectious increased by 6.6, 0.7, 0.3 and 0.1.

Table 6.3.1	. Number of	registered	cases of	respiratory	infections	per 10 000	population,	2012-
2013								

	:	2012	:	Increase/decrease	
Infectious diseases	Absolute number	Per 10 000 population	Absolute number	Per 10 000 population	Per 10 000 population
Tuberculosis	3 944	13.9	4111	14.2	0.3
Scarlet fever	89	0.3	271	1.0	0.7
Meningococcal infection	28	0.1	40	0.1	0.0
Varicella	2 806	10.0	4 669	16.6	6.6
Measles	0	0.0	0	0.0	0.0
Rubella	215	0.8	15	0.1	-0.7
Mumps	9 060	32.2	5 268	18.7	-13.5
Erysipelas	201	0.7	137	0.5	-0.2
Gas gangrene	0	0.0	3	0.0	0.0
Erythema infectiosum	11	0.0	15	0.1	0.1

6.3.1 Tuberculosis

The 4 111 new registered cases of tuberculosis take up 11.0% of all communicable diseases. 2 403 cases occurred in Ulaanbaatar city, taking up 58.5% of all tuberculosis.

1622 new smear positive pulmonary tuberculosis were registered, decreasing by 94 cases compared to the previous year.

57.3% of the new registered tuberculosis was pulmonary tuberculosis, 42.7% were extra pulmonary cases.

Table 6.3.2 Tuberculosis per 10 000 population /by aimags higher than country average, 2012-2013

	2	2012		2013	Increase/decrease
Aimag	Absolute number	Per 10 000 population	Absolute number	Per 10 000 population	Per 10 000 population
Darkhan-Uul	249	27.0	230	25.0	-2.0
Selenge	209	19.5	231	21.6	2.1
Dornod	137	18.6	151	20.5	1.9
Ulaanbaatar	2261	19.1	2403	20.3	1.2
Sukhbaatar	78	14.2	87	15.8	1.6
Country average	3944	13.9	4111	14.2	0.3

Registered new cases by age group:

Looking at the registered new cases by age group, 68.7% were 16-44 years old, 55.4% were males and 44.6% females.



Figure 6.3.1. Tuberculosis incidence and mortality trend, 2003-2013





IIn 2013, 71.5% of all cases' diagnoses were verified, 80.1% of cases were cured, which is 4% decrease in verified diagnosis and 2.6% decrease in cured cases.

6.3.2 Mumps

Decrease in cases of mumps as 18.7 per 10 000 population or 5268 cases at national level in 2013 compared to 13.5 per 10 000 population or 3792 cases of last year. Mumps accounted for 14.1% of all infectious diseases.

Incidence of mumps increased by 0.2-43.4, and by aimags were as follows: Zavkhan – 53.1, Khuvsgul - 42.6, Uvurkhangai - 60.4, Khentii - 35.4, Govisumber – 21.8, Bulgan - 23.8,

Sukhbaatar - 42.0, Arkhangai - 17.3, Bayan-Ulgii - 9.2, Baynkhongor – 12.9, Uvs – 5.2, Dornogovi - 10.1, Darkhan-Uul - 4.9, Dornod - 67.8, Dundgovi - 8.4, Umnugovi – 0.8 per 10 000 population. Of all registered cases, 28.2% were registered in Ulaanbaatar and decrease in cases as 46.3 per 10 000 population of last year.

Mumps disease among all age groups, registered in 2013, and 82.5 percent of patients were school-age children.

By age groups and higher incidence were among children 5-19 years old male.

The mumps disease registered in 2013, 68.8 percent of students, and accounted for 7.7 percent of kindergarten children.



Figure 6.3.3. Mumps trend per 10 000 population, /1996-2013/

By looking at the data of 1996-2013, it was observed 3-4 years pattern of increase of mumps.

Looking by season, the most cases of mumps occurred in January, April and May. Last year the peak of morbidity was in March-June (Figure 6.3.4).

Figure 6.3.4. Number of mumps cases by season, 2013



6.3.3 Varicella

This year there were 4 669 cases or 16.6 per 10 000 population, which increased by 6.6 compared to the previous year.

In 2013, morbidity rate was higher that country average (16.6) in the following aimag: Dornod - 61.7, Dornogovi - 44.3, Umnugovi - 33.7, Khentii – 22.9, Ulaanbaatar city - 21.5, Sukhbaatar – 18.9, Govisumber - 16.9 per 10 000 population. It was 0.2-4.9‰ decrease in Bayankhongor, Khovd, Govi-Altai, Uvs, Bulgan, Orkhon aimags and 0.1-33.9‰ increase in the Ulaanbaatar city and remaining aimags compared to last year. 75.2% (3511) of all cases occurred in children aged 0-15 years.

6.4 Sexually transmitted infections

14 904 cases of STI's were registered, taking up 39.9% of communicable diseases, and compared to the previous year, has increased by 1.5 per 10 000 population or 414 cases. 32.5% of STI's were gonorrhea, 41.9%% were syphilis, 25.4% were trichomoniasis and 0.2% were HIV/AIDS.

	2	2012		Increase/decrease	
Infectious diseases	Absolute number	Per 10 000 population	Absolute number	Per 10 000 population	Per 10 000 population
Syphilis	4954	17.8	6246	22.2	4.4
Gonorrhea	5351	19.2	4842	17.2	-2.0
Trichomoniasis	4158	15.0	3793	13.5	-1.5
HIV/AIDS	27	0.1	23	0.1	0.0

Table 6.4.1. Number of cases of STI's per 10 000 population, 2012-2013

Syphilis per 10 000 Dornod (70.6), Govisumber (44.3), Sukhbaatar (37.3), Khuvsgul (28.1), Bayankhongor (24.8), Darkhan-Uul (19.7), Dornogovi (19.0), Orkhon (18.9) provinces and Ulaanbaatar (27.4), gonorrhea Dornod (118.8), Dornogovi (40.5), Sukhbaatar (35.8), Bayankhongor (30.0), Khuvsgul (25.7), Selenge (19.5) provinces and trichomoniasis disease Dornod (50.2), Dornogovi (30.3), Bayankhongor (28.1), Dundgovi (22.9), Sukhbaatar (20.4), Khovd (17.2), Khentii (15.3), Bulgan (12.5) aimags and Ulaanbaatar city (15.4) and province higher than average.

In 2013, 26 cases of congenital syphilis were registered, decreasing by 2 cases, compared to the previous year. There were 1 cases of congenital syphilis in Bayan-Ulgii aimag, 4 in Dornod aimag, 3 in Orkhon, 3 in Uvurkhangai, 1 in Khentii, and 14 cases in Ulaanbaatar city.

In 2013, of the examinations done on pregnant women, 1600 cases (1.9%) of syphilis, 538 cases (0.7%) of gonorrhea, and 1425 cases (1.9%) of trichomoniasis were detected.



Figure 6.4.1. The most common STIs per 10 000 population, 2011-2013

In 2013, 64.8% of women and 35.2% men contracted the most common STIs. By age groups there were 0.5% of children aged 0-4 years, 0.6% of age 5-14 years, 45.4% of 15-24 years old, 49.5% of 25-44 years old, 3.8% of 45-64 years old and 0.1% over 65 years old. There were 150 registered cases of HIV/AIDS, and 23 of them were new cases in 2013. Of all cases of HIV infection were through sexual transmission. 20 cases (87.0%) diagnosed in UB, 3 (13.0%) diagnosed in rural areas and 78.2 percent diagnosed during asymptomatic stages, 21.8 percent diagnosed in AIDS stage.

Of all cases with HIV/AIDS, 19 (82.6%) were men and 4 (17, 4%) were women. HIV patient 15 (65.2%) because of the disease, and 1 (4.4%) of the surveillance, and 1 (4.4%) the voluntary counseling and testing clinics, and 6 (26.1%) are detected screening.

6.5. Deaths from communicable disease

There were 145 deaths from communicable disease were registered and 117 cases were from tuberculosis, 7 cases from meningococcal infection, 9 were from viral hepatitis, 2 were from Tick-borne encephalitis, 3 were from congenital syphilis, 2 from HIV/AIDS, 1 each were from bacterial food borne intoxications, gas gangrene, varicella, rabies and rubella.

CONCEPTS AND DEFINITIONS

This group of non-communicable diseases in the population leading 5 including that disease is the most common cause of age, sex, urban and rural areas, as the location for 10 years, estimates are included.

Epidemiological data used as a valuable source of health information for to develop and implement health policy and program, for monitoring & evaluation, and epidemiological research, to identifying risk population, and for clinical studies and research as evidence.

Statistician William Farr, from Genaral Statistic Office, England developed the first class in 1855. The WHO International Classification of Diseases on the basis of this class is in use in other countries. ICD-10 classes in our country since 1993, the introduction, in 2013 four notes classification are using.

Non -communicable disease can be registered as main disease and patient shall be registered and informed based on final diagnosis which lead to perform treatments and diagnosis.

When there are detected more than one such cases of diseases then main disease can be chosen by most costly ones. If does not determine diagnosis then main disease can be determined by major symptoms and laboratory's abnormal data. Therefore, according to the International Classification of Diseases diagnoses need to write clearly.

A disease or condition caused him to write a detailed doctor recommend in Injuries, poisoning and certain other consequences of external causes.

Ambulatory morbidity leading the first 5 levels of disease (by ICD 10) assumes the 5 leading causes of morbidity.

Cardiovascular disease prevalence – Number or cases of patients with cardiovascular disease per 10 000 people during report year

Ten leading disorders and disease pathology for inpatient – Number or cases of inpatient due to disorders and disease pathology per 10 000 people during report year
CHAPTER 7. NON-COMMUNICABLE DISEASES

7.1 Main causes of population morbidity

At present WHO recommends to take and implement prevention measures against getting diseases instead of hospitalizing after sick.

Causes of deaths for 63 percent of world population are due to non-communicable diseases and 14 millions of those 36 million people are died at ages between 30-70 years.

In order to diminish cases of non-communicable diseases WHO has focused on reducing use of alcohols, tobaccos and cigarettes, which are risk factors, sustaining healthy eating, and considers preventing lack of exercise. Also WHO has been collaborating with number of international communities and organizations for improving cigarette tax and control, reduce salt uses in food consumptions etc., and reflected these activities on 2013-2020 plan for preventing and controlling non-communicable diseases.

Countries recommended to make intersectoral collaboration between health and other sectors, namely: agriculture, communications, education, energy, environment, economy, trade and industry, law, art, sports, transport, social and economic sectors.

Global implementation of non-communicable disease prevention and control plan, 9 goals and 25 indicators considered. There are:

- 1. Non-communicable disease mortality reduction
- 2. Reduce alcohol consumption
- 3. Movement deficit reduction
- 4. Salt of the population, and reduce the consumption of sugar
- 5. More than 15 years old to reduce tobacco consumption
- 6. Blood pressure control, and to reduce the spread of pressure disease
- 7. Reduction in the prevalence of diabetes
- 8. Reduce heart disease
- 9. Improve the treatment of non-communicable diseases at the primary level

/Source: WHO, Global NCD Action plan, 2013-2020/

The country's population of non-communicable disease is the leading cause of illness among 10 000 population increased by 1-2.5 times compared with 2003.





As of 2013, diseases respiratory system per 10 000 population were 1339.4, diseases of digestive system were 1056.8, diseases of urogenital system were 773.0, diseases of circulatory system were 848.1, and injuries, poisoning and certain other consequences of external causes were 578.4, which compared to 2012, respiratory diseases, digestive diseases, diseases of circulatory system, injuries, poisoning and certain other consequences of external causes, urogenital diseases have increased (Figure 7.1.1).

As of 2013, the 5 leading causes of population morbidity per 10 000 population:

Diseases of Respiratory System – 1 339.4 Diseases of Digestive System – 1 056.8 Diseases of Circulatory System – 848.1 Diseases of Genitourinary System – 773.0 Injuries, poisoning and certain other consequences of external causes - 578.4

In Ulaanbaatar, three leading causes of morbidity in 2013 were diseases of respiratory, digestive systems and injuries, poisoning and certain other consequences of external causes, respectively, while in rural area the first three causes of morbidity were diseases of respiratory, digestive and cardiovascular systems respectively.

For instance, respiratory system diseases per 10 000 population is 1 540.3 in the city and 1 165.6 in the rural areas, digestive system diseases is 1 027.0 in the city and 1 082.6 in the rural areas, genitourinary system diseases is 654.1 in the city and 875.9 in the rural areas, injuries, poisoning and certain other consequences of external causes is 929.0 in the city and 275.0 in the rural areas.

	Total morbidity	Respiratory system diseases	Digestive system diseases	Urogenital sys- tem diseases	Cardiovas- cular system diseases	Injurie, poisoning and certain other consequences of external causes
Sex						
Male	5567.4	1267.7	851.2	349.7	661.2	751.6
Female	8534.5	1407.3	1251.4	1173.7	1023.8	414.6
Age group						
Under 20 years old	5372.1	2483.8	796.7	203.5	40.5	468.4
20-44	6437.5	569.0	923.0	1069.6	437.9	674.2
45-65	10736.4	856.0	1767.7	1204.3	2551.8	619.0
Over 65 years old	16575.4	1422.3	2190.6	1226.3	5835.7	535.9
Residency						
Urban	7949.9	1540.3	1027.0	654.1	768.5	929.0
Rural	6349.0	1165.6	1082.6	875.9	917.0	275.0
Regions						
Western	5780.7	1124.2	929.5	925.7	858.2	172.1
Khangai	6474.5	1033.8	1074.8	935.0	1000.4	248.1
Central	6591.5	1260.4	1087.0	848.8	964.1	369.5
Eastern	6481.9	1377.2	1382.6	684.5	681.9	312.8
Country average	7091.8	1339.4	1056.8	773.0	848.1	578.4

Table 7.1.1. 1 Five leading causes of morbidity, by age and sex, 2013

When comparing the morbidity registration of 10 000 female populations to male population, the female population is higher by 1.5 times. Looking at the causes of morbidity, men receive outpatient services for injuries, poisoning and certain other consequences of external causes, which is higher than female by 1.8 times, but the other leading causes of morbidity is lower by 1.1-3.4 times.

The incidence rates of the 3 leading causes of morbidity by region were as follows: Western Region - diseases of the respiratory system (1 124.2), digestive system (929.5) and genitourinary system (925.7); Khangai Region - diseases of the respiratory system (1 033.8), digestive system (1 074.8) and diseases of the circulatory system (1000.4); Central and Eastern Regions respectively - diseases of the respiratory system 1 260.4 and 1 377.2), diseases of the digestive system (1 087.0 and 1 382.6) and diseases of the genitourinary system (848.8 and 684.5).

Compared to other regions, the incidence rates of diseases of the respiratory system were highest in the Central and Eastern regions, rates of diseases of the digestive system were highest in the Central and Eastern regions, rates of diseases of the genitourinary system were highest in the Western and Khangai regions, rates of diseases of the circulatory system were highest in the Central and Khangai regions, and rates of injuries, poisonings and certain other consequences of external causes were highest in the Central and Eastern regions.



Figure 7.1.2 Diabetes by sex and regions, per 10 000 population, 2013

Of all NCDs, diabetes accounts for 0.84%, increase in morbidity by 8.4 compared to last year, taking up to 58.3 per 10 000 population. There were 56.4 males and 60.1 females per 10 000 population.

Looking by age groups, 10 365 cases or 222.7 per 10 000 population were in 45-65 age group, which means increase by 30.1. Location wise, the Central region had higher rate /57.3 per 10 000 population/ of occurrence with Darkhan-Uul /88.8/, Dundgovi /57.0/ and Selenge /53.8/.



Figure 7.1.3 Arterial hypertension by sex and regions, per 10 000 population, 2013

Arterial hypertension accounts for 5.4% of all morbidity, which is 379.9 per 10 000 population. Women are affected more compared to men, and by age groups, there were 1 317.7 and 2 852.2 per 10 000 population in 45-65 and over 65 years old, increasing by 15.6 for people of working age compared to 2012.

Looking by location, population of Khangai region suffer more compared to people of other regions and of occurrence with Bayankhongor /660.1/, Arkhangai /603.9/ and Uvurkhangai /507.7/.

7.2. Leading causes of the Inpatient morbidity

As of 2013, the five leading causes of Inpatient morbidity per 10 000 population:

- Diseases of Respiratory System 352.4
- Diseases of cardiovascular and Circulatory System 385.7
- Diseases of Digestive System 332.0
- Diseases of Genitourinary System- 301.9
- Diseases of Neuropathy System- 174.3

Table 7.2.1 Five leading causes of the inpatient morbidity, by age and sex, 2013

	Total morbidity	Respiratory system diseases	Digestive system diseases	Urogenital system diseases	Cardiovascular system diseases	Nervous system diseases
Sex						
Male	1882.9	367.2	312.1	162.8	322.3	151.8
Female	3142.7	338.3	350.9	433.5	445.7	195.6
Age group						
Under 20 years old	1546.2	705.4	228.4	88.0	18.8	81.1
20-44	2465.4	99.5	262.8	381.6	166.0	163.6
45-65	3837.4	204.0	620.2	493.3	1121.0	342.2
Over 65 years old	7501.8	524.8	913.8	695.1	3177.6	492.7
Residency						
Urban	2750.2	356.0	383.0	272.2	383.0	183.3
Rural	2339.6	349.2	287.9	327.6	388.0	166.5
Regions						
Western	2754.2	380.7	367.7	416.6	441.2	227.8
Khangai	2272.2	312.1	278.8	331.0	414.2	147.0
Central	2090.0	355.1	233.3	284.6	342.9	146.3
Eastern	2353.6	377.6	295.6	255.6	325.0	153.9
Country average	2530.2	352.4	332.0	301.9	385.7	174.3

Hospital admission rates were 1 882.9 per 10 000 in males and 3 142.8 per 10 000 in females and approximately half of all inpatients were male. Inpatient admission rate per 10 000 population was 1.7 times higher in females than males.

As of 2013, the five leading causes among hospitalized patients were as follows: among patients with diseases of the genitourinary system, 66.1% had nephritis; among patients with diseases of the respiratory system 46.1% had suffered from pneumonia; among with diseases of the digestive system 27.0% had liver problems, and among patients with diseases of the cardiovascular system 37.6% had suffered from arterial hypertension and 26.7% had ischemic heart disease.

Nephritis accounted for 63.1% of diseases of the genitourinary system in 2003 but this percentage increased to 67.8% in 2007 and in 2012 decreased by 1.0%, compared to 2013.

Diseases	Les din recurs	Percent of total										
classification	Leading cause	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Urogenital system diseases	Nephritis (N10-N16)	63.1	65.4	69.1	69.7	67.8	69.1	66.6	68.3	67.4	67.1	66.1
Respiratory system diseases	Pneumonia (J12-J18)	42.7	43.2	39.8	38.6	40.5	41.9	38.8	44.8	46.2	46.9	46.1
Digestive system	Liver diseases (K70-K77)	21.8	23.7	25.7	24.9	25.1	25.6	25.7	25.2	26.1	26.6	27.0
	Appendicitis (K35-K38)	22.7	21.4	20.2	19.4	18.6	17	16.9	16.7	15.4	14.6	14.1
	Diseases of gall bladder (K80-K81)	16.5	15.8	15.6	15.3	13.97	13.7	14.2	13.8	14.2	14.3	14.6
Cardiovas-	Hypertension (I10-I15)	32.4	32.3	31.3	32.6	32.1	33.2	34.4	36.6	36.8	37.7	37.6
diseases	Ischemic heart disease (I20,I23-I25)	23.5	25.7	26.3	26.3	29.3	30.1	29.5	26.6	26	26.1	26.7
Nervous system diseases	Disorders on neural radixes and plexuses (G50-G59)	20.9	20.5	23.4	21.7	22.1	24.3	26.0	26.7	28.8	30.9	33.8
	Epilepsy (G40-G41)	12.6	12.9	12.4	12.5	11.7	11.2	10.9	13.3	12.6	12.1	11.4

Table 7.2.2 Inpatient Morbidity, by percentage, 2003-2013

Pneumonia accounted for 42.7% of inpatient diseases of the respiratory system in 2003 but this percentage went down to 40.5% in 2007 and decreased in 2012 by 0.8% compared to 2013.

In 2003, liver disorders and hepatitis accounted for 21.8% and cholecystitis 16.5% percent of diseases of the digestive system. However, the percent of liver disorders and hepatitis increased to 27% in 2013 and cholecystitis accounted for 14.6% of diseases of the digestive system. Ischemic heart diseases accounted for 23.5% of diseases of the cardiavsacular and circulatory system in 2003 and it become 26.7% in 2013.

Screening for Non-communicable diseases

In 2013, 243 163 people were covered by screening for arterial hypertension, and it is 38.5% of people due to be screened for.Response rate is similar to the rate in 2012. Covered a total of 41.5% of the population were male and 58.5 percent female.

Attendance percentage terms of gender, 34.0 percent of the male population eligible, 42.3% of the female population is involved in early screening.

Results of screening showed, there were 70.8% of people with normal arterial pressure, and out of 12.9% of people with possible arterial hypertension, and they had invited for repeated examination. In 2013, 46 836 people were covered by repeated examination, there were in 4.6% /11 158 people/ the diagnosis was verified.

223 039 people underwent diabetes screening, and this is 35.3% of people due to be screened for. Results of screening showed, there were 89.3% of people with normal glucose, and out of 4.6% of people with changes in fasting glucose, and they had sent to secondary hospital for verifying diagnosis.

	Screening for arte	Screening for arterial hypertension		liabetes type 2
Aimag, city	Percentage of people screened	Diagnosis verified	Percentage of people screened	Diagnosis verified
Arkhangai	61.1	5.5	54.8	0.3
Bayan-Ulgii	28.5	27.6	9.8	8.7
Bayankhongor	58.1	3.9	51.7	0.6
Bulgan	54.2	8.2	54.2	0.8
Govi-Altai	31.6	0.5	31.5	0.4
Govisumber	14.8	0.2	14.8	0.0
Darkhan-Uul	100.0	2.7	77.5	0.1
Dornogovi	72.8	5.4	72.6	0.7
Dornod	20.8	6.5	19.1	0.8
Dundgovi	43.5	3.0	42.9	0.9
Zavkhan	19.9	7.8	16.0	0.4
Orkhon	25.9	2.4	20.5	1.2
Uvurkhangai	78.6	7.4	76.1	0.3
Umnugovi	67.1	3.9	65.5	0.2
Sukhbaatar	71.0	3.5	70.9	0.3
Selenge	20.1	9.2	12.5	1.0
Tuv	45.2	3.4	39.4	0.7
Uvs	51.0	1.7	50.0	0.4
Khovd	38.3	7.1	33.9	0.8
Khuvsgul	29.7	5.6	26.8	0.1
Khentii	24.7	2.6	24.7	0.6
Aimag average	46.5	5.4	41.2	0.6
Ulaanbaatar	28.5	3.0	28.0	0.8
Country average	38.5	4.6	35.3	0.6

Table 7.2.3. The number of people covered by screening, by aimags, 2013

When considering enrollment rate of early screening examinations for Type 2 diabetes by gender then it demonstrated 31.4% of male population eligible for the inspection were covered by a screening examination and 38.8% of female population, respectively. 37 889 people were covered by repeated examination for diabetes type 2, there were in 0.6% /1 414 people/ the diagnosis was verified

Cervical and breast cancer screening

The Government of Mongolia has started introducing a system for screening and early detection of cervical and breast cancers in Mongolia.

Within the framework of "Preventing cancer and control" subprogram, performed by the Government of Mongolia and Ministry of Health in 2008-2013 has been implementing project called "Cancer screening, detection and recall system" and started first statewide early detection examination and screening activities for cervical cancer and breast cancer and implemented patient recall system.

Results of reviewing aimag and district reports showed that 78 930 women of target and non target groups were screened for cervical cancer, and 70 639 (51.6%) women of target age group /30, 33, 36, 39, 42, 45, 48, 51, 54, 57, 60/ were screened. But women who invited for the screening accounted for 52.3%. Of all those screened women, 7.6% (6 013) had positive Pap test and some changes in histology tests.

130 039 women were covered by breast screening, and 1.6% of them had some lumps in their breasts. 247 women with high risk factor for developing breast cancer were screened. Out of 2 031 women positive during screening, in 26 cases breast cancer was diagnosed.

7.3. Surgeical services

Out of 98 526 people underwent surgeical treatment, 68.6% were in Ulaanbaatar and 31.4% were in rural hospitals. 13.0% or 12 821 cases were paedatric surgeries, under 15 years old.

Operation	Number oper	of people rated	Number of	Postoperative complications			Mortality rate		
Operation	Total number	Percent- age	Number of	Total number	Percent- age	Total number	Percent- age		
National Centre for Mother and Child	12266	18.1	28	16	7.2	4	1.8		
State hospitals under Ulaanbaatar Health Authority	21789	32.2	51	33	14.8	6	2.6		
Private hospitals under Ulaanbaatar Health Authority	4038	6.0	0	0	0.0	0	0.0		
I State Central Hospital	8673	12.8	20	3	1.3	21	9.2		
National Centre of Traumatology and Orthopaedics	7058	10.4	0	3	1.3	120	52.6		
III State Central Hospital	4658	6.9	0	25	11.2	29	12.7		
Private hospitals under Ministry of Health	5118	7.6	135	120	53.8	2	0.9		
II State Central Hospital	1591	2.4	13	17	7.6	14	6.1		
National Cancer Centre	1863	2.8	9	6	2.7	32	14.0		
National infectious Diseases Centre	569	0.8	26	0	0.0	0	0.0		
Total	67623	100.0	282	223	100.0	228	112.9		

7.3.1. Number of surgeries performed in Ulaanbaatar hospitals, 2013

Endoscopic surgeries were performed in 3 871 patients, and 59.5% of them were for patients with diseases of digestive system, 24.7% were for diseases of urogenital system, 11.2% were for gynaecology patients and 4.6% were for other reasons.

Figure 7.3.1. Number of surgeries by aimag, 2013



Table 7.3.2. Types of surgeries performed, 2013

1	Onerstien	Number of	F Number of Re-		Postoperative operations		Mortality rate	
	Operation	operated	operations	Number	Percent- age	Number	Percent- age	
1	Acute appendicitis	12415	26	37	13.0	5	1.9	
2	Other operations of joints	8751	25	2	0.7	9	3.4	
3	Other gynaecological surgeries	6067	12	5	1.8	1	0.4	
4	Other ophthamological surgeries	5822	103	103	36.1	0	0.0	
5	Operations of biliary tract	4733	17	17	6.0	14	5.3	
6	ENT operations	4647	0	0	0.0	0	0.0	
7	Maxillo-facial surgeries	3899	0	1	0.4	1	0.4	
8	Small and large intestine surgeries	1983	49	39	13.7	46	17.5	
9	Other operations on male genital organs	1505	0	0	0.0	0	0.0	
10	Other operations on brain, spinal cord	1976	6	14	4.9	100	38.0	

Figure 7.3.2. Appendectomy due to acute cases by aimags, 2013



There were 12 415 cases of appendectomy and 33.8% (4 198) of them were performed in Ulaanbaatar.



Figure 7.3.3. Cholecystectomy by aimags, 2013

There were 4 733 cholecystectomy performed in 2013, and 71.3% (3 374) were in Ulaanbaatar city.

CONCEPTS AND DEFINITIONS

This chapter of the Mongolian population of 2013, the death rate and the 5 leading causes of death by sex, age and location made for comparison.

Death of the local population, age, gender and race, employment status and social class, location, standards of living and hygiene conditions, such as rates vary depending on many factors.

The crude death rate indicates the number of deaths per 1000 people per year. Mongolian 2013 crude death rate was 5.6.

Mortality by age group, gender, counting the various age groups, men and women will be able to study mortality rates that vary. Mongolian's death in 2013 for men, women are 1.5 times more deaths.

Deaths due to use, considering the cause of death issued by the WHO classification. / location, gender, age group, and cause-specific mortality ratio estimated population 10 and 5 leading causes of death, etc./

Calculation method: Multiplied /by the top 5 reasons/ the total number of people who died per year by 10 000, shall be divided by the average population.

CHAPTER 8. POPULATION MORTALITY

Diseases of the circulatory system, neoplasm's and injuries remain the 3 leading causes of population mortality since 1995 and the number of deaths due to these diseases has been increasing every year.

In 2013, 16 192 deaths were registered, which is a decrease by 731 cases or 4.3%, compared to last year. 60.1% were males and 39.9% were females. Of all deaths, 24.6% (3 979) of them occurred in hospitals and 25.9% of all hospital deaths were within 24 hours of admission.



Figure 8.1.1. Five leading causes of mortality per 10 000 population, 2013

The leading causes of mortality were as follows: 35.1% diseases of circulatory diseases, 23.4% were cancer and 17.2% were injuries and poisonings, 8.4% were diseases of digestive system, 3.4% were diseases of respiratory system and 87.5% of causes of total mortalty.

Considering the 5 leading causes of death in 2013, an annual average of 5500-6000 people or 1 of 3 from diseases of the circulatory system, and over 3500 people from cancer, over 2,700 people or 1 of 6 from injuries and poisoning, has died.

In 2013, the 5 leading causes of population morbidity per 10 000 population are the following:

Diseases of the circulatory system - 19.6 Neoplasms - 13.0 Injuries and poisoning - 9.6 Diseases of the digestive system - 4.7 Diseases of the respiratory system - 1.9 Health Indicators, 2013 The population mortality rate is 69.1 per 10,000 in males and 43.4 per 10 000 in females, which is 1.6 times higher in males. 7.2% of total deaths occurred in infants, 8.9% in children under-five and 1.1% in children of 5-14 years old.

According to the estimations in 2008, the WHO announced that by 2030, ischemic heart disease, brain vascular disease (stroke), chronic obstructive pulmonary disease, respiratory infections and traffic injuries, will be the 5 leading causes of mortality in the world.

	Total morbidity	Diseases of circulatory system	Neaplasms	Injuries, poisoning and cer- tain other consequences of external causes	Diseases of digestive system	Diseases of respiratory system
Sex						
Male	69.0	22.7	14.9	15.8	5.3	2.4
Female	43.4	16.7	11.2	3.7	4.1	1.4
Age group						
Under 20 years old	16.9	0.2	0.5	3.8	0.5	2.3
20-44	23.8	4.0	2.5	11.8	2.2	0.4
45-65	116.1	41.3	35.9	17.6	11.7	2.0
Over 65 years old	527.9	284.3	150.2	9.4	42.7	14.0
Residency						
Urban	62.2	16.8	13.1	11.5	4.5	1.8
Rural	60.9	22.0	13.0	8.0	4.8	2.0
Regions						
Western	59.2	22.5	15.0	5.9	3.5	57.1
Khangai	63.6	25.1	12.2	9.1	4.5	63.4
Central	56.5	18.6	11.5	8.6	4.4	57.5
Eastern	66.4	20.9	15.5	8.7	7.1	61.1
Country average	55.9	19.6	13.0	9.6	4.7	1.9

Table 8.1. Five leading causes of mortality, 2013

8.1. Mortality caused by diseases of circulatory system

Each year due to diseases of the circulatory system 5500-6000 people, or 1 out of 3 of the population died, which remains the leading cause of death.

Diseases of circulatory system accounted for 22.7 per 10 000 males and 16.7 per 10 000 females in 2013. The cardiovascular mortality rate was highest in Khangai and Western regions, and lowest in the Eastern aimags.

The main causes of mortality compared by gender and by age group and sex are: for males of age group 45-64, Ischemic heart disease was 23.48 per 10 000 population, stroke was 22.9 and arterial hypertension was 1.7. Compared to mortality rate of women of the same age from above diseases, mortality rates in men were 2.9, 1.6 and 1.5 times higher, mortality of arterial hypertension 2.3 times lower respectively (Table 8.1.2).

The stroke was the leading cause of mortality among Mongolian men in 2013 and it was decreased by 1.2 promile to a level of 7.8 per 10 000 population compared to last years.

Until 2003, mortality rates of ischemic heart disease and stroke were in close proximity but starting from 2008, stroke mortality rate seems to be getting higher.

Table 8.1.1.	Cause-specific	cardiovascular	disease	mortality	rate	by	age-group	per	10	000
population										

	Diseases of circulatory system	Stroke	Arterial hypertension	Ischemic heart diseases	
Total mortality	19.6	6.8	1.1	8.7	
Under 20 years old	0.2	0.0	0.0	0.1	
20-44	4.0	1.6	0.1	1.4	
45-64	41.3	18.4	2.9	15.2	
Over 65 years old	283.4	78.7	15.1	143.4	
Male	22.9	7.8	0.8	10.4	
Under 20 years old	0.2	0.0	0.0	0.1	
20-44	5.6	2.2	0.2	2.1	
45-64	57.5	22.9	1.7	23.5	
Over 65 years old	332.7	96.0	14.4	168.9	
Female	16.9	6.0	1.4	7.3	
Under 20 years old	0.2	0.0	0.0	0.1	
20-44	2.4	1.1	0.1	0.7	
45-64	27.1	14.5	4.0	8.0	
Over 65 years old	247.9	66.3	15.7	125.0	

8.2. Cancer mortality

Since 1990, cancer remains the second leading cause of population mortality in Mongolia. In 2013, cancer related mortality rate was 23.4% from total mortality and was 15.0 per 10 000 in males and 11.3 per 10 000 in females.

The leading 5 causes of cancer in males in Mongolia are liver, stomach, lung, esophagus, and pancreatic. The leading 5 cause of cancer in females is liver, stomach, cervix, esophagus, and liver.

In 2013, 75.9% of the population diagnosed their cancer during the late stages (III and IV) of the disease, and 64.3% of cancer cases survived for less than a year after the diagnosis. Compare to 2010 data, percentage of patients diagnosed in late stages of cancer decreased by 3.2% in 2013, and people survived up to one year after cancer was diagnosed increased by 2.9%.



Figure 8.2.2. Leading causes of cancer morbidity by the stage (I-IV) diagnosis, 2013



8.3 Mortality due to injuries and poisoning and certain other consequences of external causes

Mortality due to injuries and poisoning and certain other has increased sharply within the last few years. It was ranked as the fifth leading cause of population mortality in 1990 and has been ranked third since 2000. Moreover, mortality rate due to injuries and poisoning and certain other per 10 000 population was 6.0 in 1995, 7.6 in 2000 and 11.7 in 2007, 9.6 in 2013 decreased by 2.1.

In 2013, 2 788 cases of injuries, poisoning and certain other consequences of external causes were registered, 9.6 per 10 000 population. 79.9% were males and 20.1% were females, in other words, 15.8% of deaths per 10 000 men and this is 4.2 higher compared in women.

Figure 8.3.1. Injury-caused mortality rate per 10 000 population by sex, 2013



Deaths due to traffic accident were 19.7%, suicide was 15.7%, and homicide was 8.5% and 56.1% were mortalities caused by other accidents.

Each year number of deaths from traffic accidents increase but it was decreased by 0.2 in 2013, than previous year. In comparison with women, per 10 000 persons, suicide rates are 6.1 times higher for men, violence and homicide rates are higher by 3.9 times, and traffic accident rates are higher by 3.9 times. Compared to 2012, this is 0.5 times increase in mortality rates of suicide, violence and traffic accidents respectively had decreased by 1.8 and 0.5.

There is a tendency in increasing the number of deaths from injuries and poisonings and certain other consequences of external cause. In 2009, the National Program on Prevention from Injuries and Violence was approved and mortality rate from injuries and violence is 19.9 per 100 000 population in 2013, it was decreased by 1.0 than previous year.



Figure 8.3.2. Injury-caused morbidity and mortality per 10 000 population, 2003-2013

Table 8.3.1 Death in 2030, the world population status and Mongolian's 2013 mortality rate)
comparison	

2030 Disease or injure	Deaths /%/	Rank	Rank	Deaths /%/	2013 Disease or injure
Isheamic heart diseases	14.2	1	1	15.6	Isheamic heart diseases
Cerebrovascular diseases	12.1	2	2	13.9	Cerebrovascular diseases
Chronic obstructive pulmonary diseases	8.6	3	3	5.4	Cirrhosis of the liver
Lower respirature infections	3.8	4	4	3.7	Stomach cancer
Road traffic accidents	3.6	5	5	3.6	Road traffic accidents
Trachea, bronchus, lung cancers	3.4	6	6	2.9	Self-inficted injures
Diabetes mellitus	3.3	7	7	2.3	Trachea, bronchus, lung cancers
Hypertensive heart diseases	2.1	8	8	1.8	Hypertensive heart diseases
Stomach cancer	1.9	9	9	1.7	Tuberculosis
HIV/AIDS	1.8	10	10	1.7	Violence
Nephritic and nephross	1.6	11	11	1.5	Oesophagus cancer
Self-inficted injures	1.5	12	12	1.1	Birth asphydia and birth trauma
Liver cancer	1.4	13	13	0.9	Lower respirature infections
Colon and rectum cancers	1.4	14	14	0.9	Nephritic and nephross
Oesophagus cancer	1.3	15	15	0.8	Diabetes mellitus
Violence	1.2	16	16	0.8	Colon and rectum cancers
	1.2	17	17	0.3	Breast cancer
Cirrhosis of the liver	1.2	18	18	0.2	Diarrhoeal diseases
Breast cancer	1.1	19	19	0.2	Prenatality and low birth weight
Tuberculosis	1.0	20	20	0.2	Neonatal infections and other
Neonatal infections and other	0.9	21	21	0.1	Chronic obstructive pulmonary diseases
Prenatality and low birth weight	0.9	22	22	0.0	HIV/AIDS
Birth asphydia and birth trauma	0.7	23	23	0.0	Malaria
Malaria	0.4	24	24		

Comparison on mortality rates in Mongolia with projections of mortality rates of the world population in 2030 shows that in 2030 leading causes of mortality in the world would be ischemic heart disease, cerebrovascular diseases, chronic asthma whereas in Mongolia leading causes of death in 2013 were ischemic heart disease, cerebrovascular diseases, and liver cirrhosis. Especially, liver cirrhosis is the third cause of death in our country.

CONCEPTS AND DEFINITIONS

Registration of drugs and pharmaceutical raw materials in the State Drug Registry is important, with the purposes of providing the environment for safe and quality assured drugs, closing a door counterfeit drugs in the domestic market and promoting rational drug use.

Drug Registration procedures are regulated in accordance with "Law on Drugs and MedicalDevices" and "Drug and biological product registration procedures" which approved by the Minister of Health, Decree No. 41 of 2012, within the territory of the Mongolia.

For the purposes of providing the medical services by means of safe, efficient, quality assured drugs, pharmaceutical raw materials and diagnostic reagents, the drug autorization procedures such as new drug registry, amends or changesof registry and drug exclusions are regulated in accordance with the "State Drug Policy" and "Law on Drugs and Medical Devices". The annual list of priority drugs for State Drug Registry are approved by Human Drug Council (HDC) meeting at the first quarter of each year - based on the proposals submitted by the following health organizations; central hospitals, specialized centers, Ulaanbaatar city and Aimags health departments and general hospitals.

Human Drug Council (HDC)decides issues on registration of drugs, vaccines and raw materials. In addition, it enables approval of internationally recognized, quality guaranteed drugs directly delivered from the manufacturer, which are essential forhealth care and medical services of population, by expedited procedures.

The manufacturer's name, international and trade drug name, type, dosage, packaging, usage conditions, validity of registration and manufacturer's country of origin will be stated on each decree of the drug registration. Only medicines and diagnostic reagents with a label of packaging forms which presented at the Human Drug Council meeting are considered as approved for the registry, and above given products with different label of packaging forms are considered as not sanctioned for the registry.

Drugs and pharmaceutical raw materials and diagnostic kits which recorded for drug registration generally shall be certificate for 5 years whereas drugs recorded by expedited procedure for drug registration shall be certificate for 3 years.

Since 1992, total of 3711 drugs and pharmaceutical raw materials have been recorded by State Drug Registry of Mongolia.

As of January 1,2014, total of 2920 drugs,110 pharmaceutical raw materials were valid for registration and 6,5% of them accounted for national industry products.

In 2013, Human Drug Council meeting took place7times and 495 drugs and pharmaceutical raw materials were extended for the registration and 525 drugchange issues were resolved. Moreover, out of 347 newdrug applications, 309 drugs and vaccines has recorded for the registration.

CHAPTER 9. STATE DRUG REGISTRY

Since 1994 the registration of drugs has started, in order to ensure the safety, efficacy and quality of drugs used for health care and medical services.

As of 2013, there are 2920 types drugs and 110 pharmaceutical raw materials registered in Drug Registry of Mongolia. In 2013, total of 309 new types of drugs were registered, 495 types of drug applications were prolonged, 525 types of drug registrations were changed and 5 types of drugs were removed from the list, respectively.



Figure 9.1 Registered drugs by number, 2013

Figure 9.2 Registered drugs by percent, 2013



The codes of registered drugs according to Anatomical Therapeutic Classification (ATC) are shown in Figure 9.3.



Figure 9.3. Registered drugs by ATC code, 2013

Figure 9.4. Licensed drugs, by countries, 2013



As of 2013, total of 2920 types of registered drugs were manufactured by 392 different manufacturer and delivered from 54 countries. Among these imported drugs, 12% were produced in Russia, 11.4% in India, and 8.6% in Germany, respectively.

CONCEPTS AND DEFINITIONS

This chapter included 7 national program's indicators in the health sector in the last 5 years.

"**National reproductive health program**" is approved by the Government Resolution #61, 2012 and duration of this program is from 2012 to 2016.

Main objective of this program is to reach MDGs providing equal and accessible reproductive health care and services to women, men and adolescents, and supporting sustainable population growth by means of improving reproductive health.

Program, the perinatal mortality /1000 live births/ rate is 16.9 and to be delivered in 2014, the figure rose to 14.4 in 2013.

"National communicable disease control program" is approved by the Government Resolution #108, 2011 and duration of this program is from 2011 to 2015.

Main objective of this program is to strength implementation capacity on the "International health regulations" at national local level and legal environment for the program implementation.

Infectious diseases per 10 000 populations have dropped to 2013 levels. These include: dysentery by 2.0, salmonella by 0.3, viral hepatitis by 10.1 and rubella by 3.9.

"**Non-Communicable Disease Prevention**" national program is modified by the Government Resolution #34, 2014 "Prevention and control second program on disease reason from unhealthy lifestyle" and is approved. Duration of this program is from 2014 to 2021 by two steps.

The main goal of this program is to accustom healthy living custom and habits for individual person, families, organizations and community, and by improving control, surveillance, management of most common non-communicable diseases to create an environment for decreasing disability, and premature mortality rate for non-preventable infectious diseases.

Program targeted to reduce tobacco consumption of the population from the current level by 4-5%, deaths from cancer by 1.4-2.5 and cardiovascular mortality by 0.4-2.2 per 10 000 population.

Indicator	Details				
Date and number of the Government Resolution which approved the programm	Resolution # 61 of 2012				
Duration	2012-2016				
Main objective	To reach Millennium Development Goals providing equal and accessible reproductive health care and service to women, men and adolescents, and supporting sustainable population growth by means of improving re- productive health				

NATIONAL REPRODUCTIVE HEALTH PROGRAMME

		Sources and	Changes			
	Indicators	quality indicators	Baseline indicator	2014	2016	2013
1. N	aternal health indicators:					
1.1	Maternal mortality ratio per 100.000 live births	HIS	45.5 (2010)	44.0	40.0	42.6
1.2	Perinatal mortality per 1000 births	HIS	16.9 (2010)	16.9	16.9	14.4
1.3	Proportion of pregnant women receiving antenatal check- ups at least six times during pregnancy	HIS	93.7(2010)	99.0	99.5	91.7
1.4	Percentage of institutional deliveries	HIS	99.0 (2010)	99.3	99.5	99.2
1.5	Average period of pregnancy for early antenatal care	Survey	2.9 (2008)	2.6	2.1	-
1.6	Percentage of infectious diseases in maternal mortality structure	Survey	23.3(2010)	20.0	18.0	-
1.7	Sites for providing reproductive health care with 10 es- sential drugs	Survey	76.0(2010)	85.0	90.0	-
1.8	Percentage of eligible pregnant women who received the services of maternity waiting homes	HIS	78.0(2010)	80.0	75.0	74.0
2. F	amily planning indicator:					
2.1	Modern contraceptive methods' usage rate	HIS	53.4 (2010)	54.0	55.0	55.0
2.2	Percent of woman with an unmet need for family planning	Survey	13.9(2008)	10.0	7.5	-
2.3	Percentage of clinics offering at least three modern meth- ods of contraception	Survey	93.5(2010)	94.0	95.0	-
3. Ir	dicators for preventing unsafe abortions:					
3.1	Abortion rate per 1000 live births	HIS	18.6(2010)	180	160	195.8
3.2	Abortion rate of women of reproductive age (1000 women)	HIS	14.8(2010)	12.0	10.0	18.4
3.3	Number of organisation providing pre and post abortion advice	Survey	72.2(2010)	90.0	100.0	-
4. Ir	dicators on STIs prevention and control:					
4.1	Percentage of 15-24 years olds used condoms at the last sexual intercourse	Survey	58.6(2007)	63	65	-
4.2	Percentage of 15-24 years olds who knew how STIs spread	Survey	24.5(2007)	45.0	48.0	-
4.3	Percentage of women screened for cervical cancer	Survey	to be determined	50.0	70.0	-
5. Indicators on sex education:						
5.1	Percentage of births of adolescent girls (15-19 years olds)	HIS	6.0(2010)	5.5	5.0	5.5
6. Ir	6. Indicators on violence prevention and care:					
6.1	Percentage of men and women exposed to domestic violence and sexual abuse	Survey	to be determined	to redu by	ice year year	-
6.2	Number of organisation providing services for victims of domestic violence and sexual abuse	HIS	4(2011)	5.0	7.0	-

NATIONAL COMMUNICABLE DISEASE CONTROL PROGRAMME

Indicators	Details
Date and number of the Government Resolution which approved the programme	Resolution № 108, 2011
Duration	2011-2015
Main objective	To strengthen implementation capacity on the "International health regulations" at national and local level and legal environment for the programme implementation

			Changes as planned (points)									
1		Indicators	Baseline indicator, 2010	Changes as planned in 2011	2011	2012	Chang- es as planned in 2012	2013	Chang- es as planned in 2013	2014	2015	
1	Number of teams to services during out	rained to provide emergency breaks	15	20	34	30	34	40	34	50	60	
2	Number of provided break areas within	d emergency services in out- 24-48 hours	40	55	88	70	88	75	85	80	85	
3	Laboratory confirm cases of infections	ation of suspected and specific	40	45	68.4	50	68.4	60	70	70	80	
4	Number of specialitition	sts trained in risk communica-	50	100	123	150	150	200	150	250	300	
5	Number of trainings provided for new of and influenza	s on emergency services to be utbreaks of infectious diseases	3	5	6	5	5	10	8	10	15	
6	Number of teams to during outbreaks	rained on risk communication	-	5	34	10	34	15	23	20	20	
7	Number of health c personal protection	organisations having means of a during outbreaks	10	20	28	30	30	40	35	60	80	
8	Number of health c ratory samples coll	organisation provided by labo- ection	10	20	20	30	30	40	37	60	80	
9	Number of accredit diseases tests)	ted laboratories (infectious	2	4	2	5	5	6	5	7	8	
10	Number of molecul	ar biology tests	1	2	4	3	3	4	9	5	6	
11	Number of laborato laboratory	ories in international reference	2	3	1	4	4	6	6	6	6	
12	Professionals cove	red by Hepatitis B vaccination	5	20	9	30	30	40	36	50	60	
13	Professionals cove	red by influenza vaccination	10	20	25	30	30	40	55	50	60	
14	Number of organisa sionals' exposure to	ation reporting on health profe- o infectious diseases	6	15	21	25	25	40	35	50	60	
15	Number of health of talon for blood and	organizations used to back blood products	-	20	21	40	40	60	51	80	100	
16	Surveys on surveill and treatment of in	ance, prevention, diagnostics fectious diseases	9	12	14	15	12	17	16	20	22	
17	Control on surveilla of infectious diseas	ance and emergency services ses	10	20	28	30	30	40	32	50	60	
	Neuropeiree, bie	Vaccines	-	-	-	-	0	1		-	1	
18	products tests	Bio products	-	1	-	1	1	1		1	1	
		Tests	-	1	-	1	1	1		1	1	
		Shigellosis	11.2	11.0	7.6	10.0	7.4	9.0	7.0	9.0	9.0	
		Salmonella infection	0.8	0.6	0.4	0.6	0.4	0.6	0.3	0.6	0.5	
19	19 Cases per 10 000 population (‰)	Hepatitis A	33.8	21.0	49.0	21.0	21.2	15.8	5.7	13.0	10.0	
		Measles	0.1	0.0	-	-	0.0	-	0.0	-	-	
		Rubella	5.9	5.0	0.1	4.5	0.8	4.0	0.1	3.5	3.0	
	Marshall to farme to do a	Mumps	7.9	7.5	3.7	7.0	32.6	7.0	18.7	6.5	6.0	
20	tion)	rculosis (per 100 000 popula-	2.5	2.3	2.2	2.1	2.1	1.9	2.0	1.7	1.5	
21	Detection of smear	postive tuberculosis cases	83.7	84	74.1	84.3	74.1	84.5	57.0	84.7	85.0	
22	Cured new cases of	of smear postive tuberculosis	83.4	83.8	83	82.7	82.7	84.4	80.1	84.7	85.0	
23	Tuberculosis patier	nts screened for HIV	35	43	90.6	51	90.6	59	60.4	67	/5	
24	24 Prevalence of pregnant women with syphilis		1.7	-	-	1.3	-	-	1.1	-	-	

Health Indicators, 2013

NATIONAL INJURIES AND VIOLENCE PREVENTION PROGRAMME

Indicators	Details
Date and number of the Government Resolu- tion which approved the programme	Resolution №279, 2009
Duration	I stage - 2010-2012, II stage - 2013-2016
Main objective	To reduce disability and mortality due to injuries

1	Indicators	2008	2009	2010	2011	2012	As planned in 2013
1	Death due to road traffic injuries /per 100 000 population/	18.7	15.8	17.8	19.7	20.9	19.9
2	Rate of child injury / per 10 000 population/	78.1	84.3	94.3	96.4	99.4	124.4
3	Burns /per 10 000 population /	22.7	23.5	26.9	30.2	29.2	35.1
4	Number of aimags with traumatology outpatient services	14	11	11	11	12	15
5	Number of aimags not having beds for trauma care and services	11	11	11	10	9	6
6	Number of aimags without traumatol- ogy specialists	5	4	3	3	2	3

"PREVENTION AND CONTROL SECOND PROGRAM ON DISEASE REASON FROM UNHEALTHY LIFESTYLE"

Indicators	Details
Date and number of the Government Reso- lution which approved the programme	Government Resolution #34, 2014
	2014-2021
Duration	First step: 2014-2017
	Second step: 2017-2021
Main objective	To accustom healthy living custom and habits for individual person, fami- lies, organizations and community, and by improving control, surveillance, management of most

1	Indicators	Sources	Base- line in-	Changes as planned		
			dicator, 2013	2017	2021	
I. Tł	ne indicators of primary risk factors of non-communicable diseases , i	elated to l	human beh	navior:		
1	Tobacco use in the population, by percent	*	27.1	27	21.7	
2	Children, aged 13-15, used cigarettes 1-2 times in the past 30 days, by perce	**	5.9	5.4	4.9	
3	Children, aged 16-17, used cigarettes 1-2 times in the past 30 days, by percent	**	17.5	16	14.5	
4	Victims of tobaco smoke in the workplace in the past 30 days, by per- cent	*	25.5	23.4	21.3	
5	Alcohol per person over the age of 15, by liters (moving alcohol)	****	9.8	8.8	7.9	
6	Overstaded alcohol users, by percent	*	10.3	10	9.6	
7	Students, aged 15-17, used excessive alcohol 1-2 times, by percent	**	23.1	22.3	21.6	
8	Average daily salt intake of the population aged 25-64 (gr/per day)	****	11.1	10	8.9	
9	Population, that can not be used fruits and vegetables 5 unit per day (400rp), by percent	*	96.4	88.4	80.3	
10	Physically inactive population, by percent	*	22.3	21.6	20.8	
П. Т	II. The indicators of secondary risk factors of non-communicable diseases , related to human behavior:					
1	Percentage of overweight and obese population (BMI ≥25кг/м2)	*	54.4	49.9	45.3	
2	Prevalence of arterial hypertension, by percent (high blood pressure≥140, law blood pressure≥90 and using of antihypertensive drugs)	*	27.5	25.2	22,9	
3	Percentage of the population of total cholesterol level is 5 mmol/l or more	*	61.9	56.7	51.9	
4	Percentage of the population of peripheral blood glucose 5.6-6.0 mmol/l	*	8.3	7.6	6.9	
5	Population, increasing the amount of glucose in the blood (6.1 mmol/l or more), and using glucose-lowering drugs, by percent	*	6.9	6.3	5.8	
III. 1	III. The indicators of screening and morbidity of non-communicable diseases, related to human behavior:					
1	Percentage of people screened for cervical cancer (30-60 year)	***	41.6	61	80.4	
2	Percentage of people screened for breast cancer (30-60 year)	***	33.1	55.4	77.8	
3	Percentage of people screened for arterial hypertension (40-64 year)	***	38.5	59	79.5	
4	Percentage of people screened for diabetes type 2 (40-64 year)	***	32.5	55	77.5	
Γ.1	The indicators of morbidity and mortality of common non-communical	ole diseas	es:			
1	Cancer mortality (per 10 000 population)	***	13.0	11.6	10.5	
2	Mortality causes by diseases of circulatory system (per 10000 popula- tion)	***	19.6	19.2	17.4	

Indicators	Details
Date and number of the Government Resolution which approved the programme	Resolution №245, 2005
Duration	2006-2015
	I stage - 2006-2010
	II stage - 2010-2015
Main objective	To decrease the factors adversely affecting the environment and create safe conditions of healthy life and work for the popula- tion, by improving the inter-sectoral coordination and coopera- tion and by facilitation of activities regarding the improvement of environmental health

ENVIRONMENTAL HEALTH NATIONAL PROGRAMME

1	Indicatords	2006	2007	2009	2010	2011	2012	2013
Т	I Water-born infectious diseases (per 10 000 pop)							
1	Typhoid and paratyphoid fevers	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Salmonella infections	0.0	0.7	0.5	0.5	0.4	0.4	0.3
3	Shigellosis	7.3	9.2	11.7	12.5	7.6	7.4	7.0
4	Acute hepatitis A	21.7	34.2	22.1	29.4	49.0	21.2	5.7
Ш	Upper respiratory tract infections /per 10 000 population/							
1	Acute epiglottitis and tracheitis	33.25	40.57	49.7	56.7	46.9	46.5	53.5
2	Asthma	14.46	15.8	20.1	19.8	19.1	20.0	18.9

MENTAL HEALTH SECOND NATIONAL PROGRAMME

Indicators	Details
Date and number of the Government Resolution which approved the programme	Resolution №303, 2009
	2010-2019
Duration	I stage - 2010-2014
	II stage - 2015-2019
Main objective	To reduce prevalence of mental and behavioral disorders through building a supportive environment to support mental health promo- tion, expand mental health services at primary level and community based health care

1	Indicators	2009	2010	2011	2012	2013	2014
	To increase quality and	access of	mental hea	alth service	es and care	•	
1	Number of beds for mental disorders (per 10 000 population)	2.2	2.2	2.2	2.2	2.1	Decrease by 10%
2	Number of bed for mental disorders at aimag, district hospitals (per 10 000 population)	0.6	0.6	0.6	0.6	0.6	Increase by 10 %
3	Number of family centers that operate in communities	12	12	14	14	14	14
4	Number of mental health doctors at aimag, district level (per 10 000 popula-tion)	0.1	0.1	0.43	0.4	0.4	0.25
5	Percentage of soums, family clinics' doctors who attended training on mental health care and services at primary level	25.0	32.0	32.0	25.0	25.0	60.0
6	Percentage of mental health education in Medical science and nursing schools training curriculum	5.0	5.5	5.5	5.5	2.7	10.0
7	Percentage of aimag, district, soum and family hospitals that are provided with medicines on mental health from the national list of essential drugs	86.0	41.0	45.0	41.0	20.0	95.0

ORAL HEALTH PROGRAMME

Indicators	Details
Date and number of the Government Resolution which approved the programme	Resolution №150, 2006
	2006-2015
Duration	I stage - 2006-2010
	II stage - 2011-2015
Main objective	To reduce prevalence of caries by improving monitoring and sur- veyllance of caries and its risk factors, by establishing health pro- motion environment to suppor healthy behavior, by increasing in- dividials' monitoring on their oral health, and by improving quality and access of community-based oral health services and care

		Indicators	2004	2010	2011	2015								
	Tooth decay prevalence and pace													
1		Children aged 5-6 years	80.1	79.0	89.3	78.0								
2	Tooth decay prevalence	Children aged 12 years	62.0	61.0	65.3	60.0								
3		General population	71.6	71.0	69.9	70.0								
4		Children aged 5-6 years	4.6	4.5	6.9	4.3								
5	Tooth decay pace	oth decay Children aged 12 years		1.9	2.3	1.8								
6		General population	3.1	3.0	69.9	2.8								
7	Percentage o years old with	f children in age groups 3 and 18 a complete set of teeth	67.5	70.0	69.9	72.5								

CHAPTER 11.MONGOLIAN INDICATORS, WESTERN PACIFIC DATABASE, WHO, 2013

	Indicators	Value							
	I Demographic and socio-economic statistics	Total	Ма	le	Fen	nale			
1	Land area (1 000 км²)	1 567.00					2013		
2	Population (in thousands)	2 930.3	1 50	4.5	1 42	2013			
3	Population distribution by age (%)								
	- 0–4 years	10.9	10	.4	11	.4	2013		
	- 5–14 years	16.5	15	.9	17	2013			
	- 60 and older	5.8	6.	5	5	2013			
	- 65 and older	3.8	4.	3	3	2013			
	- 80 and older	1.3	0.	9	1	.7	2013		
4	Population growth rate (%)	2.2		-			2013		
5	Urban population (%)	68.1	67	.0	69).2	2013		
6	Crude birth rate (per 1000 population)	27.5		-			2013		
7	Crude death rate (per 1000 population)	5.6	6.	9	4	.3	2013		
8	Total fertility rate	3.0		-			2013		
9	Adult literacy rate (%)	97.8	98	.0	97	7 .5	2000		
10	Per capita GDP at current market prices (US\$)	3335		-			2012		
11	Rate of growth of per capita GDP (%)	30.2		-		2012			
12	Registered deathts (%)								
	II Health facilities	Total	Put	olic	Priv	vate	Year		
1	Number of health posts and clinics	1665	64	6	10	19	2013		
2	Number of health centers	511	51	1			2013		
3	Number of district hospitals	12	1:	2		2013			
4	Number of provincial hospitals	16	1	6			2013		
5	Number of regionalized/ specialized/ teaching and resaerch	5	5	i		2013			
6	Number of hospital beds	19860	160	31	38	2013			
	III Health sevice accessibility and quality	Total	Put	olic	Priv	Year			
3	Average number of outpatient visits per person per year	5.7	5.	1	0	2013			
4	Case fatality rate for acute myocardial infarction (AMI)	2526	14	52	10	2013			
	IV Health service coverage	Total	Urb	an	Ru	ral	Year		
1	Contraceptive prevalance rate (%)	54.4	52	.2	58	3.6	2012		
2	Women in the reproductive age group using modern contraceptive methods (%)	50.2	46	.5	55	5.4	2012		
3	Unmet need for family planning (%)	22.3	24	.1	19	9.8	2012		
4	Antenatal care coverage (%)	87.8	86	.5	90	0.0	2013		
		Total	Male	Female	Urban	Rural	Year		
8	Neonates protected at birth against neonatal tetanus (%)								
9	Proportion of children 2-59 months with diarrhoea who received								
10	Proportion of children 6-59 months old who had re- ceived vitamin A								
11	Children aged <5 years with acute respiratory symp- toms	182743					2013		

	V Health status	Total	Male	Female	Year
1	Life expectancy at birth	69.11	65.42	75.01	2013
2	Mortality rate (per 100 000 population)	558.5	690.5	433.7	2013
		Total	Urban	Rural	Year
3	Proportion of women of reproductive age (14-59) with anaemia				
4	Persentage of pregnant women with anaemia	4.8			2013
5	Adolescent birth rate (per 1000 girls aged 15-19 years)	5.5	2.4	3.1	2013
6	Number of postpartum haemorrhage cases	1703	1442	261	2013
7	Number of postpartum haemorrhage deaths	3	2	1	2013
8	Number of eclampsia and pre-eclampsia cases	31813	31026	787	2013
9	Number of eclampsia and pre-eclampsia deaths	2	2		2013
10	Number of maternal deaths	34	30	4	2013
11	Maternal mortality ratio (per 100 000 live births)	42.6	41.8	50.0	2013
		Total	Male	Female	Year
12	Neonatal mortality rate (per 1000 live births)	9.7	10.6	8.6	2013
13	Infant mortality rate (per 1000 live births)	14.6	16.0	13.1	2013
14	Under-five mortality rate (per 1000 live births)	18.0	19.5	16.4	2013
15	Number of injury cases	167685	105943	61742	2013
16	Number of injury deaths	2788	2230	558	2013
17	Number of homicide and violence cases				
18	Number of homicide and violence deaths	271	214	57	2013
19	Number of road traffic injury cases				
20	Number of road traffic injury deaths	579	458	121	2013
21	Number of suicide cases				
22	Number of suicide deaths	465	397	68	2013
23	Suicide rate				
24	Prevelence of disability				
25	Malaria mortality rate (per 100 000 population)				
26	Malaria incidence rate (per 100 000 population)				
27	Number confirmed malaria cases by Plasmodium falciparum				
28	Number confirmed malaria cases by Plasmodium vivax				
29	Number of confirmed malaria cases	2	1	1	2013
30	Number of malaria deaths				
31	Cardiovascular disease mortality rate (per 100 000 population)	196.0	227.0	166.6	2013
32	Cancer mortality rate (per 100 000 population)	130.0	150.1	112.7	2013
33	Diabetes mor(per 100 000 population)	4.4	5.2	3.6	2013
34	Chronic respiratory disease mortality trate (per 100 000 population)	19.0	24.2	14.1	2013

Health Indicators, 2013

Center for Health Development

	VI Health workforce				
1	Number of physicians	8911	2018	6893	2013
	< 30 years	2560	687	1873	2013
	30-39	2152	444	1708	2013
	40-49	2157	444	1713	2013
	50-59	1666	313	1353	2013
	> = 60	376	130	246	2013
2	Number of nursing personnel	10150	320	9830	2013
	< 30 years	2804	200	2604	2013
	30-39	2509	57	2452	2013
	40-49	3113	43	3070	2013
	50-59	1693	25	1668	2013
	> = 60	31	0	31	2013
3	Number of midwifery personnel	814	22	792	2013
	< 30 vears	234	11	223	2013
	30-39	137	5	132	2013
	40-49	326	4	322	2013
	50-59	117	2	115	2013
	> = 60	0	0	0	2013
4	Number of dentist	731			2013
<u> </u>	< 30 years				2013
	30-39				2013
	40-49				2013
	50-59				2013
	> = 60				2013
5	Number of pharmacists	1596	253	1343	2013
Ŭ	< 30 years	549	106	443	2013
	30-39	421	59	362	2013
	40-49	287	40	247	2013
	50-59	287	34	253	2013
	> = 60	52	14	38	2013
	Number of environment and public health	02			2010
6	workers	577	98	479	2013
	< 30 years	206	46	160	2013
	30-39	159	32	127	2013
	40-49	124	10	114	2013
	50-59	81	6	75	2013
	> = 60	7	4	3	2013
7	Number of health management and support workers	844	300	544	2013
	< 30 years	72	26	46	2013
	30-39	179	65	114	2013
	40-49	299	102	197	2013
	50-59	253	86	167	2013
	> = 60	41	22	19	2013
8	Number of laboratory health workers	1011	66	945	2013
	< 30 years	257	31	226	2013
	30-39	228	13	215	2013
	40-49	367	13	354	2013
	50-59	150	9	141	2013
	> = 60	9	0	9	2013

9	Number of physiotherapists	657				2013	
	< 30 years					2013	
	30-39					2013	
	40-49					2013	
	50-59					2013	
	> = 60					2013	
10	Number of other health service providers	12505	41	64	834	2013	
	< 30 years	1873	54	41	133	2013	
	30-39	3534	10	88	244	2013	
	40-49	4553	14	10	314	2013	
	50-59	2483	10	89	139	4	2013
	> = 60	62	3	6	26	;	2013
11	Number of medical school graduates	3104	5	13	259	1	2013
12	Nursing graduates	569	8	4	48	5	2013
13	Midwifery graduates	216	1	5	20	1	2013
14	Dentistry graduates	139	2	4	11:	5	2013
15	Pharmacy graduates	175	1	8	15	2013	
-	VII Risk factors and behaviors	Total	Url	ban	Rur	Year	
	Population using improved drinking water sources					•	00.40
1	(%)	82.0	10	0.0	53.	2010	
2	Population using improved sanitation facilities (%)	51.0	64	1.0	29.	2010	
3	National standards on ambient air quality						
4	Incidence of low birthweight	3411	16	66	174	5	2013
5	Infants <24 months of age with breastfeeding initi- ated within one	93.4					2013
6	Children under 6 months of age who are exclusively breastfed (%)	65.7	62.5 69.9			69.9	
7	Infants aged 6-8 months receiving breastmilk and complementary						2011
		Total	Male	Female	Urban	Rural	Year
8	Children <5 who are underweight (%)	3.3	3.6	3	2.8	4	2010
9	Children <5 who are stunted (%)						
10	Children <5 who are wasted (%)						
11	Prevalence of heavy episodic drinking	10.3					
12	Prevalence of alcohol drinking among 15+ years						
13	Age standardized prevalence of current tobacco use (%)	27.1					
	13-15 years						
	> 15 years						
		Total	Male	Female	Urban	Rural	Year
12	Prevalence of raised blood presurre among per- sons aged 18+ years	27.3	31	1.5	7.7	7	2009
13	Mean population intake of salf (sodium chloride) per day in grams in adults aged 18+ years old						
14	Prevalence of insufficiently physically active among persons aged 18+ years						2009
15	Prevalence of raised blood glucose /diabetes among persons aged 18+ years	6.5	8	.9	4.1	2009	

	tality rate	per 1000 live births	15	22.7	23.9	20.7	20.5	30.3	14.6	10.7	21.9	19.2	14.6	21.2	13.4	19.4	19.4	21.2	11.4	14.5	20.0	17.7	28.8	23.5	19.7	16.3	18.0
	Under 5 mor	per 1000 under 5 children	41	4.9	6.3	4.8	3.4	7.0	3.6	3.1	4.5	4.4	2.9	4.2	4.2	4.4	4.2	4.0	2.0	1.8	4.3	4.5	6.9	5.3	4.4	4.6	4.5
	Infant mortalitv	rate per 1000 live births	13	18.4	17.4	18.1	17.6	25.2	14.6	8.2	15.2	13.1	10.1	17.9	11.3	14.7	16.8	15.5	7.8	13.7	17.0	14.3	23.1	18.0	15.7	13.6	14.6
	ation	"Popula- tion growth rate"	12	19.3	25.3	24.0	13.0	20.3	28.7	21.7	18.5	20.7	17.7	17.1	25.7	21.2	18.7	16.7	13.8	10.1	21.5	25.0	20.9	18.7	19.9	24.3	21.9
	1000 popul	Crude death rate	11	5.4	4.9	5.6	5.8	5.6	4.3	5.7	5.9	7.0	6.0	6.3	5.5	6.2	4.6	6.5	4.9	4.3	5.5	5.2	7.0	5.2	5.6	5.5	5.6
	Per 1	Crude birth rate	10	24.8	30.2	29.6	18.8	25.9	32.9	27.4	24.4	27.8	23.7	23.4	31.2	27.3	23.3	23.1	18.7	14.4	27.1	30.2	27.9	23.9	25.5	29.9	27.5
2	Average	visits per person per year	6	3.5	4.0	3.7	4.1	4.9	7.5	6.9	6.3	4.9	4.3	5.4	6.4	3.2	4.9	5.3	3.7	2.9	4.7	5.3	4.8	4.9	4.7	6.9	5.7
al UI S, ZI	Number of midlevel personnel per physician		ω	3.3	3.3	3.6	3.3	3.0	1.9	2.4	1.7	2.4	2.6	3.4	2.2	2.8	2.2	2.8	3.0	2.5	3.9	3.1	3.5	2.6	2.8	1.4	2.0
5	Number of per- sons per physi- cian		7	565.7	614.0	535.2	540.0	340.9	259.9	393.8	302.0	415.1	354.4	430.6	348.5	478.3	450.8	437.2	568.0	479.8	535.5	471.0	579.2	441.0	454.9	244.8	325.3
	Number of persons per hospital bed		9	150.1	133.7	150.3	137.0	118.9	116.4	173.0	169.2	141.4	126.1	95.8	171.7	158.9	227.7	165.8	165.7	203.7	150.5	135.9	176.4	155.5	152.7	138.9	146.0
0		All health workers	2J	137.3	124.1	151.9	141.4	203.5	175.2	131.5	157.0	142.4	185.3	182.8	137.5	126.4	110.2	151.2	116.7	141.6	146.0	136.4	125.3	147.5	141.1	172.2	155.5
	000 population	"Midlevel medical per- sonnels"	4	58.3	53.3	67.6	61.8	88.2	74.9	61.3	54.7	58.1	74.5	79.0	63.9	58.4	48.1	63.5	52.7	52.0	72.7	64.8	60.7	58.1	61.6	58.2	60.0
	Per 10.	Phyci- sians	m	17.7	16.3	18.7	18.5	29.3	38.5	25.4	33.1	24.1	28.2	23.2	28.7	20.9	22.2	22.9	17.6	20.8	18.7	21.2	17.3	22.7	22.0	40.9	30.7
		Hospital beds	2	66.6	74.8	66.5	73.0	84.1	85.9	57.8	59.1	70.7	79.3	104.3	58.3	62.9	43.9	60.3	60.4	49.1	66.4	73.6	56.7	64.3	65.5	72.0	68.5
		Popula- tion, 2013	-	85654	92454	78432	54522	53329	14801	98969	62537	71529	37364	64570	93947	101621	67149	53147	103191	85898	73972	78981	118679	67489	1558235	1372042	2930277
		Aimag and city	A	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
		2 Z		-	2	ო	4	2	9	~	œ	6	10	4	12	13	4	15	16	17	18	19	20	21	22	23	24

CHAPTER 12. MAIN HEALTH INDICATORS, /BY TABLES/

Center for Health Development



Crude Birth and Death Rates and Population Growth /2003-2013/

Infant and Under 5 Mortality Rates /2003-2013/



Deaths by Causes and Sex, 2013

		Total	м	ales	Females				
Main Causes ICD-10	"Abs. number"	per 10000 pop	"Abs. number"	per 10000 pop	"Abs. number"	per 10000 pop			
Diseases of the circulatory system	5682	19.60	3200	22.70	2482	16.66			
Neoplasms	3795	13.09	2117	15.02	1678	11.27			
Injuiry, poisoning and certain other conse- quences of external causes	2788	9.62	2230	15.82	558	3.75			
Diseases of the digestive system	1357	4.68	742	5.26	615	4.13			
Diseases of the respiratory system	551	1.90	341	2.42	210	1.41			
Certain conditions originating in the perinatal period	617	2.13	354	2.51	263	1.77			
Certain infectious and parasitic diseases	301	1.04	190	1.35	111	0.75			
Diseases of the nervous system and sense organs	288	0.99	169	1.20	119	0.80			
Diseases of the genito-urinary system	171	0.59	93	0.66	78	0.52			
"Congenital malformations, deformations and chromosomal abnormalities"	232	0.80	134	0.95	98	0.66			
Endocrine, nutritional and metabolic diseases	167	0.58	86	0.61	81	0.54			
"Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified"	102	0.35	29	0.21	73	0.49			
"Diseases of blood and blood forming organs and certain disorders involving the immune mechanisms"	19	0.07	6	0.04	13	0.09			
Diseases of the musculoskeletal system and connective tissue	48	0.17	20	0.14	28	0.19			
Mental and behavioural disorders	19	0.07	8	0.06	11	0.07			
Diseases of the skin and subcutaneous tissue	20	0.07	13	0.09	7	0.05			
Pregnancy, childbirth and the puerperium	34	0.12	-	-	34	0.23			
Diseases of the ear and mastoid process	1	0.00	1	0.01	0	0.00			
Total	16192	55.85	9733	69.05	6459	43.37			


Main Causes of Death, by Sex, 2013



Five Leading Causes of Death 2003-2013

-Injury, poisoning and certain other consequences of external causes

Five Leading Causes of Death (by aimag), 2013

		per 10000 population									
1	Aimag, city	Diseases of the circulatory system	Neoplasms	Injury,poisoning and certain other conse- quences of external causes	Diseases of the digestive system	Diseases of the respiratory system					
1	Arkhangai	25.17	13.35	5.97	2.46	1.99					
2	Bayan-Ulgii	20.77	8.74	3.83	5.14	5.14					
3	Bayankhongor	23.55	10.75	7.81	5.12	2.94					
4	Bulgan	21.82	15.77	12.65	2.20	1.28					
5	Gobi-Altai	22.05	15.88	7.29	2.06	1.49					
6	Gobi-Sumber	15.80	6.87	9.62	0.69	3.44					
7	Darkhan-Uul	22.14	15.44	9.24	3.35	1.02					
8	Dornogobi	17.93	12.44	12.92	6.62	1.45					
9	Dornod	20.31	20.73	11.06	7.98	2.38					
10	Dundgobi	23.69	17.30	6.65	3.46	3.46					
11	Zavkhan	26.01	19.35	6.97	3.72	1.08					
12	Orkhon	20.02	10.28	10.17	5.78	0.32					
13	Uvurkhangai	30.03	9.03	7.85	5.59	2.45					
14	Umnugobi	14.34	7.39	8.75	7.55	1.66					
15	Sukhbaatar	20.98	18.72	6.62	6.05	1.89					
16	Selenge	19.64	10.74	7.35	6.09	0.97					
17	Tuv	16.79	10.31	5.56	2.89	0.69					
18	Uvs	20.97	17.59	6.09	2.57	2.57					
19	Khovd	18.18	13.60	5.34	4.20	1.78					
20	Khuvsgul	29.96	14.13	9.90	5.67	2.96					
21	Khentii	21.34	7.11	8.30	7.26	1.63					
22	Aimag average	22.03	12.96	7.99	4.82	1.98					
23	Ulaanbaatar	16.79	13.05	11.50	4.52	1.81					
24	Country average	19.60	13.00	9.62	4.68	1.90					

	0-1 a	age	under 5		
Diseases group according to ICD-10	"Abs. number"	%	"Abs. number"	%	
Certain conditions originating in the perinatal period	617	52.92	617	42.91	
Diseases of the respiratory system	183	15.69	227	15.79	
Congenital malformations, deformations and chromo- somal abnormalities	176	15.09	195	13.56	
Injuiry, poisoning and certain other consequences of external causes	80	6.86	209	14.53	
Diseases of the digestive system	32	2.74	42	2.92	
Diseases of the nervous system and sense organs	51	4.37	88	6.12	
Certain infectious and parasitic diseases	13	1.11	18	1.25	
Other	14	1.20	42	2.92	
Total	1166	100.0	1438	100.00	

Causes of Infant and Under 5 Deaths, 2013

Causes of Infant Mortality (2009-2013)

Causes	2009	2010	2011	2012	2013
Certain conditions originating in the perinatal period	52.5	51.1	49.8	54.8	52.9
Diseases of the respiratory system	19.2	21.6	20.7	17.8	15.7
Congenital malformations, deformations and chro- mosomal abnormalities	11.3	12.0	12.3	12.2	15.1
Injuiry, poisoning and certain other consequences of external causes	7.1	6.9	6.2	5.5	6.9
Diseases of the digestive system	4.4	2.3	4.3	2.1	2.7
Diseases of the nervous system and sense organs	3.3	3.4	4.3	4.3	4.4
Certain infectious and parasitic diseases	0.8	0.8	0.6	0.9	1.1

The Leading cause The Second Leading cause The Third Leading cause The Fourth leading cause The Fifth leading cause

Infant Mortality, 2013

Causes	Rate
Infant mortality rate per 1000 live births	14.6
Early neonatal mortality rate per 1000 live births	7.7
Post neonatal mortality rate per 1000 live births	2.0
Neonatal mortality rate per 1000 live births	9.7
Perinatal mortality rate per 1000 births	14.4

Infant Mortality 2009-2013



Infant Mortality, 2013

1	Aimag and city	"Perinatal mortality per 1000 births"	Still births per 1000 births	Neonatal mortality per 1000 live births	Early neonatal mortality per 1000 live births	Post neonatal mortality per 1000 live births
	A	1	2	3	4	5
1	Arkhangai	15.1	4.7	10.9	10.4	0.5
2	Bayan-Ulgii	22.8	17.8	8.3	5.1	3.3
3	Bayankhongor	15.8	8.1	8.6	7.8	0.9
4	Bulgan	12.6	4.9	8.8	7.8	1.0
5	Gobi-Altai	18.0	3.6	17.3	14.4	2.9
6	Gobi-Sumber	12.5	4.2	10.4	8.4	2.1
7	Darkhan-Uul	9.6	4.8	5.2	4.8	0.4
8	Dornogobi	15.2	5.9	10.6	9.3	1.3
9	Dornod	12.0	4.0	9.1	8.1	1.0
10	Dundgobi	8.9	4.5	5.6	4.5	1.1
11	Zavkhan	12.5	3.3	11.9	9.3	2.6
12	Orkhon	14.0	7.8	9.3	6.2	3.1
13	Uvurkhangai	12.9	6.4	8.3	6.5	1.8
14	Umnugobi	16.1	5.8	13.6	10.4	3.2
15	Sukhbaatar	10.6	4.1	13.9	6.5	7.4
16	Selenge	7.2	3.6	4.7	3.6	1.0
17	Tuv	16.0	5.6	12.1	10.5	1.6
18	Uvs	16.4	8.4	10.0	8.0	2.0
19	Khovd	16.7	9.6	8.9	7.2	1.7
20	Khuvsgul	17.1	9.0	11.2	8.2	3.0
21	Khentii	12.3	4.9	9.3	7.4	1.9
22	Aimag average	14.4	6.9	9.6	7.6	2.0
23	Ulaanbaatar	14.3	6.5	9.7	7.8	1.9
24	Country average	14.4	6.7	9.7	7.7	2.0

Registered Reportable Infectious Diseases, per 10000 population, (2009-2013)

Certain infectious and		P	er 10000 populat	ion	
parasitic diseases	2009	2010	2011	2012	2013
Typhoid and paratypoid fevers	0.0	0.0	0.0	0.0	0.0
Salmonella infections	0.5	0.5	0.4	0.4	0.3
Shigellosis	11.7	12.6	7.6	7.4	7.0
Tuberculosis	15.9	15.4	14.3	13.9	14.2
Plague	0.0	0.0	0.0	0.0	0.0
Anthrax	0.0	0.2	0.1	0.0	0.0
Brucellosis	1.1	1.5	1.4	1.6	1.3
Scarlet fever	0.1	0.1	0.2	0.3	1.0
Meningococcal infection	0.1	0.1	0.1	0.1	0.1
Varicella	6.2	4.6	11.1	10.1	16.6
Measles	0.0	0.0	0.0	0.0	0.0
Rubella	0.0	0.0	0.1	0.8	0.1
Viral hepatitis	25.8	33.3	52.8	24.7	9.0
Viral hepatitis A	22.1	29.7	49.0	21.2	5.7
Viral hepatitis B	2.8	2.7	2.7	2.3	2.2
Viral hepatitis C	0.5	0.5	0.5	0.6	0.4
Mumps	7.5	1.9	3.7	32.6	18.7
Mycoses	10.2	16.2	7.9	6.2	4.0
Syphilis	18.5	14.4	15.3	17.8	22.2
Gonococcal infection	23.9	21.0	18.6	19.2	17.2
Trichomoniasis	21.7	16.9	14.4	15.0	13.5



Incidence of Tuberculosis /2003-2013/

Incidence of Syphilis and Gonococcal Infections /2003-2013/



Prevalence, Incidence and Death Rates of Malignant Neoplasms, 2013

		Preva	Prevalence Incidence						Deaths						
"Malignant		ber	dod	Α	bs.num	ber	l p	oer 1000 opulatio)0 on	Ab	s.numl	ber	b. k	per 1000 opulatio)0 on
neoplasms"		Abs.num	per 10000	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
A	В	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Lip, oral cavity and pharynx	1	364	1.26	79	40	39	0.27	0.28	0.26	44	26	18	0.15	0.18	0.12
Oesophagus	2	747	2.58	329	182	147	1.16	1.29	0.99	275	153	122	0.95	1.09	0.82
Stomach	3	2058	7.10	756	485	271	2.66	3.44	1.82	571	373	198	1.97	2.65	1.33
Colon	4	390	1.35	135	61	74	0.48	0.43	0.50	79	38	41	0.27	0.27	0.28
Rectus and anus	5	199	0.69	46	20	26	0.16	0.14	0.17	42	15	27	0.14	0.11	0.18
Liver	6	4459	15.38	1967	1065	902	6.93	7.56	6.06	1578	877	701	5.44	6.22	4.71
Pancreas	7	214	0.74	118	56	62	0.42	0.40	0.42	97	42	55	0.33	0.30	0.37
Other in digestive organs	8	49	0.17	22	7	15	0.08	0.05	0.10	10	4	6	0.03	0.03	0.04
Larynx	9	129	0.44	25	20	5	0.09	0.14	0.03	21	19	2	0.07	0.13	0.01
Trachea	10	4	0.01	1	1	0	0.00	0.01	0.00	2	2	0	0.01	0.01	0.00
Lung	11	778	2.68	416	331	85	1.46	2.35	0.57	339	275	64	1.17	1.95	0.43
Other in the respiratory system	12	82	0.28	24	18	6	0.08	0.13	0.04	17	12	5	0.06	0.09	0.03
Bone and articular cartilage	13	230	0.79	36	20	16	0.13	0.14	0.11	26	17	9	0.09	0.12	0.06
Skin	14	246	0.85	48	15	33	0.17	0.11	0.22	18	6	12	0.06	0.04	0.08
Mesothelial and soft tissue	15	174	0.60	52	28	24	0.18	0.20	0.16	33	16	17	0.11	0.11	0.11
Breast	16	957	3.30	173	2	171	0.61	0.01	1.15	47	0	47	0.16	0.00	0.32
Cervix uteri	17	2835	9.78	442	0	442	1.56	0.00	2.97	150	0	150	0.52	0.00	1.01
Uterus	18	140	0.48	15	0	15	0.05	0.00	0.10	5	0	5	0.02	0.00	0.03
Ovary	19	380	1.31	69	0	69	0.24	0.00	0.46	41	0	41	0.14	0.00	0.28
Other female genital organs	20	122	0.42	20	0	20	0.07	0.00	0.13	13	0	13	0.04	0.00	0.09
Male genital organs	21	235	0.81	59	59	0	0.21	0.42	0.00	32	32	0	0.11	0.23	0.00
Cyst	22	120	0.41	35	24	11	0.12	0.17	0.07	21	13	8	0.07	0.09	0.05
Urology, nephrology	23	449	1.55	106	56	50	0.37	0.40	0.34	36	24	12	0.12	0.17	0.08
Other urinary organs	24	57	0.20	4	3	1	0.01	0.02	0.01	5	4	1	0.02	0.03	0.01
Ophtalmology	25	67	0.23	7	1	6	0.02	0.01	0.04	7	1	6	0.02	0.01	0.04
Brain	26	236	0.81	68	31	37	0.24	0.22	0.25	44	23	21	0.15	0.16	0.14
Luekaemia	27	155	0.53	61	30	31	0.21	0.21	0.21	33	19	14	0.11	0.13	0.09
Other	28	627	2.16	142	64	78	0.50	0.45	0.52	74	44	30	0.26	0.31	0.20
Total	29	16503	56.93	5255	2619	2636	16.00	16.53	17.70	3660	2035	1625	12.62	14.44	10.91

* Source: National Center for Cancer, 2013 report.

Prevalence,	Incidence	and De	aths of	Malignant
Ne	oplasms, 2	2013 (b	y aima	g)

		Prevalence				Incide	nce			Deaths					
	Aimag and	ber	dod	A	bs.numb	er	p p	er 1000 opulatio	0 on	At	os.numt	ber	p pc	er 1000 opulatio)0 on
1	city	Abs.num	per 10000	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
1	Arkhangai	409	47.9	159	91	68	18.6	21.6	15.7	119	77	42	13.93	18.3	9.7
2	Bayan-Ulgii	293	32.0	107	53	54	11.7	11.6	11.8	82	51	31	8.96	11.1	6.8
3	Bayankhongor	303	38.8	93	50	43	11.9	13.0	10.8	86	48	38	11.01	12.5	9.5
4	Bulgan	417	76.5	145	79	66	26.6	28.7	24.4	97	58	39	17.79	21.1	14.4
5	Gobi-Altai	390	72.9	130	70	60	24.3	26.8	21.9	90	62	28	16.82	23.7	10.2
6	Gobi-Sumber	75	51.5	26	11	15	17.9	15.2	20.4	10	4	6	6.87	5.5	8.2
7	Darkhan-Uul	686	69.7	221	112	109	22.4	23.4	21.6	156	87	69	15.85	18.2	13.6
8	Dornogobi	297	48.0	120	61	59	19.4	19.8	19.0	80	43	37	12.92	13.9	11.9
9	Dornod	534	74.8	197	103	94	27.6	28.9	26.3	159	91	68	22.27	25.5	19.0
10	Dundgobi	284	75.6	79	31	48	21.0	16.5	25.6	74	40	34	19.70	21.2	18.2
11	Zavkhan	454	70.3	156	91	65	24.2	28.2	20.1	127	78	49	19.66	24.1	15.2
12	Orkhon	523	56.0	146	69	77	15.6	15.2	16.0	94	52	42	10.07	11.5	8.7
13	Uvurkhangai	522	51.2	150	75	75	14.7	14.7	14.7	103	60	43	10.11	11.8	8.4
14	Umnugobi	330	49.8	73	43	30	11.0	13.0	9.0	48	28	20	7.24	8.5	6.0
15	Sukhbaatar	628	118.7	133	67	66	25.1	25.3	25.0	109	63	46	20.61	23.8	17.4
16	Selenge	357	34.5	178	90	88	17.2	17.4	17.0	126	70	56	12.19	13.5	10.8
17	Tuv	562	65.1	204	97	107	23.6	22.1	25.2	118	75	43	13.66	17.1	10.1
18	Uvs	459	62.1	177	101	76	24.0	27.4	20.6	132	69	63	17.86	18.7	17.0
19	Khovd	425	54.0	141	78	63	17.9	19.9	15.9	112	57	55	14.24	14.6	13.9
20	Khuvsgul	713	60.3	232	125	107	19.6	21.5	17.9	187	109	78	15.83	18.7	13.0
21	Khentii	409	60.6	137	72	65	20.3	21.4	19.2	102	56	46	15.12	16.6	13.6
22	Aimag average	9070	58.4	3004	1569	1435	19.3	20.3	18.4	2211	1278	933	14.23	16.6	11.9
23	Ulaanbaatar	7433	55.3	2251	1050	1201	16.7	16.5	17.0	1449	757	692	10.77	11.9	9.8
24	Country	16503	56.9	5255	2619	2636	18.1	18.6	17.7	3660	2035	1625	12.62	14.4	10.9

* Source: National Center for Cancer, 2013 report.

Main 5 Causes of the Outpatient Morbidity, 2013

	per 10000 population									
Aimag and city	Diseases of the respiratory system	Diseases of the digestive system	Diseases of the genito-urinary system	Diseases of the circulatory system	Injuiry, poisoning and certain other consequences of external causes					
Arkhangai	1213.26	1203.78	994.44	1230.94	205.23					
Bayan-Ulgii	729.54	708.00	833.82	728.45	122.32					
Bayankhongor	1235.36	1773.63	1444.09	1289.37	278.48					
Bulgan	1049.23	1041.90	1076.19	945.81	190.15					
Gobi-Altai	1212.39	1316.10	1061.78	896.40	311.13					
Gobi-Sumber	1953.35	872.58	621.11	730.36	576.45					
Darkhan-Uul	1317.51	1206.48	976.50	1105.51	571.09					
Dornogobi	1207.54	988.86	938.96	800.23	468.67					
Dornod	1597.01	1884.26	657.54	520.15	349.43					
Dundgobi	913.00	1228.16	815.58	1074.30	141.34					
Zavkhan	966.33	604.23	809.04	756.25	148.15					
Orkhon	812.31	553.39	486.25	533.26	271.45					
Uvurkhangai	953.43	1342.21	1105.86	1140.02	320.07					
Umnugobi	1788.08	1426.33	752.93	878.50	396.31					
Sukhbaatar	960.74	1072.47	665.07	649.00	274.12					
Selenge	1066.49	543.89	770.94	764.75	257.14					
Tuv	1094.51	1385.74	858.29	1215.98	246.76					
Uvs	1646.05	1194.89	1231.43	1051.72	203.25					
Khovd	1162.80	941.73	748.50	885.04	125.73					
Khuvsgul	1007.85	716.13	697.51	916.53	205.40					
Khentii	1471.16	1094.88	728.39	878.81	304.25					
Aimag average	1165.55	1082.60	875.94	916.99	274.97					
Ulaanbaatar	1540.29	1026.98	654.14	768.49	928.99					
Country average	1339.42	1056.79	773.03	848.09	578.42					

		0	utpatient mo	rbidity	h	npatient morl	bidity
1	ICD-10	Inci- dence	Per 10000 popula- tion	Percentage	Inci- dence	Per 10000 popula- tion	Percentage
1	Diseases of the respiratory system	388300	1339.42	18.9	102147	352.35	13.9
2	Diseases of the digestive system	306365	1056.79	14.9	96252	332.02	13.1
3	Diseases of the genito-urinary system	224101	773.03	10.9	87519	301.89	11.9
4	Diseases of the circulatory system	245862	848.09	12.0	111814	385.70	15.2
5	Injuiry, poisoning and certain other con- sequences of external causes	167685	578.42	8.2	31169	107.52	4.2
6	Certain infectious and parasitic diseases	38921	134.26	1.9	19743	68.10	2.7
7	Diseases of the nervous system and sense organs	127275	439.03	6.2	50527	174.29	6.9
8	Diseases of the musculoskeletal system and connective tissue	69819	240.84	3.4	30790	106.21	4.2
9	Pregnancy, childbirth and the puerperium	124644	429.95	6.1	120961	417.25	16.5
10	Other	362934	1251.92	17.7	82570	284.82	11.3
11	Total	2055906	7091.7	100.0	733492	2530.15	100.0

Outpatient and Inpatient Morbidity, 2013

Five Leading Causes of Morbidity (per 10 000 population), 2003-2013



Antenatal Health Care Coverage, 2013

		٩	NC coverag	le	U L		-0 -	es
1	Aimag and city	Early ANC coverage	Per 4-6 mounts ANC coverage	Late ANC coverage	Percentage of pregnan women who attented to A 6 and more times	Percentage of pregnan women with aneamia	Percentage of teenage pr nancy	Percentage of pregnanci above 35 age
	A	2		3	4	5	6	7
1	Arkhangai	92.9	6.6	0.4	99.4	6.7	3.9	9.3
2	Bayan-Ulgii	88.7	10.5	0.9	89.5	20.5	1.1	15.3
3	Bayankhongor	87.0	12.6	0.5	99.3	3.9	6.7	10.5
4	Bulgan	93.5	5.8	0.6	78.3	3.3	4.8	14.3
5	Gobi-Altai	90.4	9.1	0.5	58.3	1.3	3.8	12.4
6	Gobi-Sumber	89.5	8.8	1.8	96.4	2.2	9.9	13.0
7	Darkhan-Uul	89.6	9.5	0.9	76.8	13.3	5.8	14.2
8	Dornogobi	86.5	12.9	0.5	99.9	3.1	8.1	13.0
9	Dornod	86.6	13.1	0.3	81.9	14.9	6.2	12.6
10	Dundgobi	87.6	12.3	0.1	99.9	0.9	8.0	15.0
11	Zavkhan	93.4	6.4	0.2	96.5	4.4	2.9	11.2
12	Orkhon	92.6	6.8	0.6	99.8	8.9	4.2	11.8
13	Uvurkhangai	86.5	12.7	0.8	76.9	7.7	7.2	12.3
14	Umnugobi	89.2	10.2	0.6	88.1	3.7	6.0	10.7
15	Sukhbaatar	87.1	12.5	0.5	100.0	6.0	6.4	10.7
16	Selenge	84.1	15.6	0.3	100.0	3.2	6.5	17.6
17	Tuv	86.9	12.0	1.1	75.7	2.7	5.1	13.6
18	Uvs	93.6	5.8	0.6	62.7	5.4	2.4	13.8
19	Khovd	94.0	5.7	0.3	67.6	5.7	2.9	13.3
20	Khuvsgul	85.7	13.8	0.5	57.4	5.7	4.6	11.2
21	Khentii	89.6	9.8	0.6	99.5	2.1	8.0	16.8
22	Aimag average	89.2	10.3	0.6	84.2	6.6	5.2	13.0
23	Ulaanbaatar	86.4	12.5	1.1	87.8	3.2	5.0	14.2
24	Country average	87.8	11.4	0.8	86.0	4.8	5.1	13.6



Antenatal Care Coverage, /2003-2013/

Complications of Pregnancy, Delivery and Puerperium, 2013



Maternal Mortality Rate /per 100 000 Live Births/, 2013

			per 10000	0 live births			
-	Aimag and city	Total	Regional Treatment and Diagnos-	Aimag and city general	Soum hospital	ŗ	r
			tic centers /	hospital		Khentii	
	A	-	2	m	4		0.0
-	Arkhangai	0.0	0.0	0.0	0.0		<u> </u>
2	Bayan-Ulgii	144.8	0.0	141.5	155.8		
ო	Bayankhongor	0.0	0.0	0.0	0.0	Suknbaatar	
4	Bulgan	0.0	0.0	0.0	0.0		
ъ	Gobi-Altai	0.0	0.0	0.0	0.0	Orkhon	0.0
ဖ	Gobi-Sumber	0.0	0.0	0.0	0.0		
2	Darkhan-Uul	37.1	0.0	37.8	0.0		
ω	Dornogobi	66.3	0.0	81.0	0.0	Gobi-Sumber	
თ	Dornod	0.0	0.0	0.0	0.0	Gobi-Altai	<u>.</u>
10	Dundgobi	0.0	0.0	0.0	0.0	Bulgan	
÷	Zavkhan	66.1	0.0	0.0	165.6	Bayankhongor	<u>.</u>
4	Orkhon	0.0	0.0	0.0	0.0	Arkhangai	<u>.</u>
13	Uvurkhangai	35.9	35.9	0.0	0.0	Aimag average	
4 4	Umnugobi	0.0	0.0	0.0	0.0	Uvurkhangai	
15	Sukhbaatar	0.0	0.0	0.0	0.0	Darkhan-Uul	
16	Selenge	0.0	0.0	0.0	0.0	Country average	
17	Tuv	0.0	0.0	0.0	0.0	Ulaanbaatar	
18	Uvs	0.0	0.0	0.0	0.0	Zavkhan	
19	Khovd	84.3	42.2	0.0	193.1	Dornogobi	
20	Khuvsgul	91.0	0.0	83.6	110.7	Khovd	
21	Khentii	0.0	0.0	0.0	0.0	Khuvsgul	
22	Aimag average	32.8	20.3	32.2	50.0	Bayan-Ulgii	
23	Ulaanbaatar	52.3	0.0	0.0	0	Ö	0.0
24	Country average	42.6	20.3	32.2	50.0)	2

200.0

150.0

100.0

50.0

144.8

91.0

84.3

66.3 66.1 52.3

42.6

37.1

32.8 35.9

0.0



Maternal Mortality by Causes, 2013

Maternal Mortality Rate, per 100 000 Live Births /2003-2013/



Contraceptive Prevalence Rate /CPR/, 2013

		ese so			Out of	fthem		
1	Aimag, city	"Percent of women in the RAG using contraceptive	Pills	Injectables	Norplant	Condom	DI	Sterilization
	A	1	2	3	4	5	6	7
1	Arkhangai	74.1	15.3	8.2	0.3	54.7	19.1	1.4
2	Bayan-Ulgii	50.4	16.3	22.3	0.6	22.1	35.3	0.8
3	Bayankhongor	62.2	13.0	9.6	0.5	8.1	61.1	4.6
4	Bulgan	40.4	24.6	10.2	0.1	15.9	39.9	2.3
5	Gobi-Altai	53.1	18.8	15.8	2.0	15.7	42.5	1.2
6	Gobi-Sumber	48.5	31.8	15.5	0.6	33.3	5.8	6.2
7	Darkhan-Uul	62.0	27.5	14.3	0.0	25.5	22.3	0.3
8	Dornogobi	61.7	27.0	10.9	0.6	37.8	19.0	1.2
9	Dornod	60.3	20.0	21.4	0.7	11.5	38.9	3.9
10	Dundgobi	51.6	23.8	15.7	0.2	32.5	25.8	0.6
11	Zavkhan	49.8	17.6	14.9	0.8	17.1	39.1	1.9
12	Orkhon	63.5	29.0	9.2	0.3	33.8	26.2	1.4
13	Uvurkhangai	59.8	20.3	16.6	0.5	12.3	43.1	3.3
14	Umnugobi	51.1	27.4	16.8	0.1	26.5	22.6	5.8
15	Sukhbaatar	61.0	12.5	15.1	0.1	5.9	58.7	7.6
16	Selenge	61.1	22.3	14.7	0.2	39.2	20.4	2.0
17	Tuv	46.2	22.3	20.6	0.4	23.1	33.4	0.1
18	Uvs	44.4	25.1	23.1	0.3	19.9	19.2	2.4
19	Khovd	40.7	26.7	22.4	0.0	24.2	22.2	2.3
20	Khuvsgul	59.3	15.7	17.0	0.0	13.3	48.5	2.4
21	Khentii	44.3	31.2	14.4	0.0	15.9	30.5	3.1
22	Aimag average	55.8	21.3	15.2	0.4	23.9	33.3	2.4
23	Ulaanbaatar	54.4	28.1	6.9	0.2	42.3	16.3	0.2
24	Country average	55.2	24.4	11.4	0.3	32.4	25.5	1.4



Abortion /2003-2013/

Contraceptive Methods, 2013



Abortion, 2013

		Abort	ion		Ab	ortion by a	age		Late	abortion
1	Aimag, city	"Per 1000	UD == 4000		Under	20 age	avobe	35 age	Abs.	
		women aged 15-49"	"Per 1000 live births"	Total	Abs. num- ber	%	Abs. num- ber	%	num- ber	%
	A	1	2	3	4	5	6	7	8	9
1	Arkhangai	3.8	47.8	101	6	5.9	27	26.7	21	9.9
2	Bayan-Ulgii	17.0	152.1	420	3	0.7	156	37.1	0	0.0
3	Bayankhongor	6.6	67.4	156	17	10.9	38	24.4	1	0.4
4	Bulgan	2.6	42.0	43	3	7.0	9	20.9	0	0.0
5	Gobi-Altai	6.2	72.8	101	17	16.8	34	33.7	8	5.8
6	Gobi-Sumber	15.3	144.1	69	0	0.0	21	30.4	0	0.0
7	Darkhan-Uul	2.3	24.1	65	8	12.3	18	27.7	0	0.0
8	Dornogobi	20.1	235.9	356	26	7.3	74	20.8	0	0.0
9	Dornod	9.8	104.8	208	10	4.8	45	21.6	20	10.1
10	Dundgobi	4.3	58.4	52	6	11.5	14	26.9	0	0.0
11	Zavkhan	3.5	45.0	68	2	2.9	25	36.8	2	1.3
12	Orkhon	54.5	513.6	1495	95	6.4	355	23.7	12	4.1
13	Uvurkhangai	28.0	320.5	892	68	7.6	258	28.9	15	5.4
14	Umnugobi	19.9	216.3	334	25	7.5	78	23.4	15	9.7
15	Sukhbaatar	3.3	43.3	53	19	35.8	9	17.0	0	0.0
16	Selenge	5.7	88.4	171	16	9.4	51	29.8	8	4.1
17	Tuv	3.3	62.9	78	3	3.8	19	24.4	7	5.6
18	Uvs	10.2	103.6	207	9	4.3	84	40.6	17	8.5
19	Khovd	5.4	51.0	121	5	4.1	42	34.7	2	0.8
20	Khuvsgul	1.0	11.2	37	23	62.2	7	18.9	3	0.9
21	Khentii	11.4	133.7	216	38	17.6	51	23.6	19	11.8
22	Aimag average	11.6	132.4	5243	399	7.6	1415	27.0	150	3.8
23	Ulaanbaatar	26.4	258.4	10385	563	5.4	2408	23.2	341	8.5
24	Country average	18.5	195.9	15628	962	6.2	3823	24.5	491	6.2

Maternal Care During Delivery or Childbirth (by Aimag), 2013

			0	Delivery by	y percent			ped			÷ð
1	Aimag and city	Aimag and city hospital	Private hospital	Rural general hos- pital	Soum hospital	Physician's post	At home	Deliveries by nontrair personnel	Percent of deliveries under 20 age	Percent of deliveries avobe 35 age	Percent of newborn in fants weighing at belo 2500 g. at birth
	A	1	2	3	4	5	6	7	8	9	10
1	Arkhangai	71.8	0.0	0.0	28.0	0.0	0.1	0.0	6.1	9.5	4.7
2	Bayan-Ulgii	76.4	0.0	0.0	23.5	0.0	0.2	0.0	1.1	12.2	6.6
3	Bayankhongor	83.9	0.0	0.0	15.7	0.0	0.4	0.0	7.7	10.5	5.0
4	Bulgan	74.7	0.0	0.0	24.7	0.0	0.6	0.0	5.8	14.2	3.2
5	Gobi-Altai	86.8	0.0	0.0	12.5	0.3	0.4	0.0	4.6	10.8	4.5
6	Gobi-Sumber	99.8	0.0	0.0	0.0	0.0	0.2	0.2	7.7	13.8	1.7
7	Darkhan-Uul	97.7	0.0	0.0	2.0	0.0	0.3	0.2	5.6	14.1	2.9
8	Dornogobi	81.6	0.0	15.6	2.5	0.0	0.3	0.2	8.1	11.5	3.7
9	Dornod	0.0	0.0	0.0	4.3	0.0	0.4	0.0	5.1	14.0	3.2
10	Dundgobi	80.3	0.0	0.0	19.3	0.0	0.3	0.2	8.5	10.2	2.6
11	Zavkhan	60.0	0.0	24.9	15.0	0.0	0.1	0.0	3.9	13.5	2.8
12	Orkhon	0.0	0.0	0.0	0.2	0.0	0.2	0.0	6.1	13.4	3.6
13	Uvurkhangai	0.0	1.3	10.3	20.4	0.1	0.2	0.0	8.0	11.2	2.8
14	Umnugobi	0.0	0.0	0.0	16.3	0.0	0.4	0.2	9.0	7.9	5.8
15	Sukhbaatar	91.9	0.0	0.0	7.7	0.0	0.3	0.0	5.3	10.4	3.1
16	Selenge	52.9	0.0	34.4	12.5	0.0	0.2	0.0	7.0	12.1	2.9
17	Tuv	70.5	0.0	0.0	29.3	0.0	0.2	0.0	6.3	11.6	4.1
18	Uvs	74.3	0.0	0.0	24.8	0.0	0.9	0.4	3.1	12.8	3.8
19	Khovd	0.0	0.0	8.9	13.0	0.0	0.1	0.0	3.1	15.6	4.0
20	Khuvsgul	72.4	0.0	0.0	27.6	0.0	0.1	0.1	6.9	12.4	4.4
21	Khentii	76.8	0.0	10.6	12.2	0.1	0.4	0.1	7.9	12.2	2.5
22	Aimag average	54.7	0.1	4.9	15.3	0.0	0.3	0.1	5.8	12.2	3.9
23	Ulaanbaatar	4.5	3.9	0.0	0.0	0.0	0.4	0.2	5.1	14.5	4.7
24	Country average	29.4	2.0	2.4	7.6	0.0	0.4	0.1	5.5	13.4	4.3

Immunization Coverage for Infants, 2013

				Covered percentag	e	
1	Aimag and city	BCG	Poliomyelitis	POL 3	Hepatitis B	Penta vaccine
1	Arkhangai	98.9	98.6	100.0	98.9	98.6
2	Bayan-Ulgii	98.7	98.5	98.6	98.7	98.5
3	Bayankhongor	98.7	100.0	98.8	99.3	100.0
4	Bulgan	98.9	99.7	100.0	98.9	99.7
5	Gobi-Altai	100.0	98.8	98.5	100.0	98.8
6	Gobi-Sumber	98.7	100.0	100.0	98.7	100.0
7	Darkhan-Uul	99.1	99.3	99.4	99.1	99.3
8	Dornogobi	94.0	99.9	99.5	94.0	99.9
9	Dornod	98.5	99.8	100.0	98.5	99.8
10	Dundgobi	100.0	99.9	100.0	100.0	99.9
11	Zavkhan	98.9	97.6	96.8	99.1	97.6
12	Orkhon	99.7	99.0	98.7	100.0	99.0
13	Uvurkhangai	98.8	99.9	98.1	98.8	99.9
14	Umnugobi	98.4	99.4	99.7	98.4	99.4
15	Sukhbaatar	98.8	99.1	98.4	98.8	99.1
16	Selenge	99.2	99.8	99.5	99.0	99.8
17	Tuv	98.1	99.3	98.5	98.1	99.3
18	Uvs	98.7	99.5	98.9	98.7	99.5
19	Khovd	99.5	100.0	99.9	99.5	100.0
20	Khuvsgul	98.7	99.8	99.4	99.1	99.8
21	Khentii	98.9	100.0	100.0	98.9	100.0
22	Aimag average	98.8	99.4	99.1	98.9	99.4
23	Ulaanbaatar	99.5	95.7	93.5	99.4	95.7
24	Country average	99.1	97.6	96.7	99.1	97.6

Total midlevel hea specilists Diplom From it; senior nur Midwife Other feldshers Carat technician Other midlevel per Midlevel pharmaci Other workers Other workers Dental technician Midlevel pharmaci Other workers
Total midlevel hea specilists Diplom Bakalavr Midwife Dental technician Chher feldshers Z-ray technician Midlevel pharmaci Other midlevel per nels Other workers nels
Total midlevel hea specilists Diplom Bakalavr Midwife Dental technician Chher feldshers Cher feldshers Midlevel pharmaci Midlevel pharmaci Other midlevel per nels Other workers
Total midlevel hea specilists Diplom Bakalavr Midwife Other feldshers Other feldshers Dental technician X-ray technician X-ray technician Midlevel pharmaci Midlevel per Nels Midlevel per Nels
Total midlevel hea specilists Diplom Bakalavr Midwife Dantal technician Dental technician
Total midlevel hea specilists Diplom Bakalavr Midwife Bags feldshers Other feldshers Other feldshers Dental technician Diploratory technician
Total midlevel hea specilists Diplom Bakalavr Midwife Other feldshers Other feldshers Dental technician
Total midlevel hea specilists Bakalavr Midwife Bags feldshers Other feldshers Dental technician
Total midlevel hea specilists Bakalavr From it; senior nur Midwife Bags feldshers Other feldshers
Total midlevel hea specilists Bakalavr From it; senior nur Midwife Bags feldshers
Total midlevel haa specilists Bakalavr From it; senior nur Midwife
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	Total	35	17.7	16.3	18.7	18.5	29.3	38.5	25.4	33.1	24.1	28.2	23.2	28.7	20.9	22.2	22.9	17.6	20.8	18.7	21.2	17.3	22.7	22.0	40.9	30.7
	Other	34	0.0	0.0	0.3	0.0	0.2	4.1	0.3	1.1	0.0	1.1	0.0	1.5	0.3	0.0	0.6	0.1	0.0	0.3	0.0	1.2	0.1	0.4	1.2	0.8
	Not specialized	33	4.2	1.9	1.9	0.0	10.1	6.9	1.9	6.3	8.1	4.0	8.7	2.5	1.9	6.9	5.7	4.3	7.5	4.5	5.3	3.6	5.6	4.5	2.1	3.4
	Family doctor	32	0.8	1.7	7.4	7.7	0.0	7.6	4.7	6.3	1.4	4.8	0.3	5.0	6.4	1.7	0.4	2.0	0.2	1.5	1.3	0.8	0.3	2.8	3.9	3.3
tsi	Occupational therapi	31	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
S	Extremely contagious diseases	30	0.2	0.3	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.3	0.0	0.1	0.3	0.0	0.2	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.1
	tsigoloimbiq3	29	0.2	0.2	0.0	0.2	0.4	0.7	0.3	0.2	0.3	0.3	0.2	0.3	0.1	0.2	0.2	0.0	0.0	0.3	0.1	0.0	0.1	0.2	0.8	0.4
	Venerologist	28	0.1	0.0	0.1	0.2	0.2	0.0	0.2	0.3	0.3	0.3	0.0	0.1	0.1	0.2	0.2	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.3
	tsinsigγH	27	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.5	0.0	0.5	0.0	0.0	0.0	0.2	0.0	0.0	0.5	0.0	0.0	0.1	0.0	0.1	0.3	0.2
	Dietologist	26	0.1	0.1	0.0	0.0	0.2	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.0
	Urologist	25	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1
	Nephrologist	24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1
	Pathogenist	23	0.4	0.1	0.3	0.2	0.2	0.7	0.2	0.2	0.1	0.5	0.3	0.2	0.1	0.2	0.2	0.2	0.0	0.1	0.4	0.1	0.1	0.2	0.5	0.3
	Doctor Iaboratory	22	0.4	0.2	0.5	0.6	0.6	0.7	0.6	0.8	0.4	0.8	0.6	£.	0.5	0.5	0.4	0.6	0.3	0.7	0.4	0.3	0.7	0.5	1.8	÷
	χ-ray diagnostic	21	0.4	0.2	0.3	0.4	<u>+</u> -	0.7	0.5	0.8	<u>.</u>	0.8	9.0	0.9	0.6	0.8	0.8	0.2	0.3	0.4	0.3	0.3	0.4	0.5	2.0	1.2
	Tuberculosis	30	0.2	0.2	0.3	0.4	0.4	0.7	0.5	0.3	0.4	0.3	0.2	0.2	0.2	0.5	0.4	0.3	0.6	0.1	0.3	0.2	0.4	0.3	0.4	0.4
	Infectionist	19	0.1	0.2	0.3	0.4	0.6	0.7	0.6	0.5	0.4	0.5	0.8	0.3	0.3	0.6	0.4	0.2	0.3	0.3	0.4	0.3	0.6	0.4	9.0	0.5
	Dermatologist	18	0.0	0.2	0.0	0.2	0.2	0.7	0.3	0.2	0.0	0.0	0.2	0.4	0.1	0.0	0.4	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.5	0.3
	Plactic surgeon	17	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.1	0.3	0.2	0.0	0.1	0.0	0.2	0.2	0.1	0.1	0.1	0.1	0.0	0.1	0.2	0.1
	Physiotherapist	16	0.1	0.0	0.0	0.0	0.2	0.7	0.1	0.6	0.1	0.5	0.0	0.4	0.1	0.0	0.2	0.0	0.3	0.1	0.1	0.2	0.0	0.2	0.8	0.4
	Phthisisiotrisist	15	0.2	0.2	0.3	0.0	0.2	0.0	0.2	0.6	0.0	0.0	0.2	0.2	0.2	0.0	0.2	0.1	0.0	0.1	0.1	0.2	0.0	0.2	0.3	0.2
	Traditional medicine doctor	4	0.5	0.4	0.8	0.4	1.3	0.7	1.4	0.8	0.6	0.5	0.6	1.5	1.9	0.6	0.6	1.0	1.5	0.8	0.9	1.4	1.2	1.0	2.3	1.6
	Stomatologist	13	0.1	0.1	6.0	0.0	9.0	0.0	0.1	0.0	0.1	0.3	9.0	0.4	0.2	0.0	0.4	0.0	0.2	0.3	0.3	0.2	0.1	0.2	0.3	0.2
	Dentist	12	0.9	1.3	0.9	0.9	1.7	4.1	2.9	1.5	4.1	1.1	0.5	2.4	0.9	2.0	0.9	1.1	0.6	1.4	1.0	0.6	0.7	1.2	4.0	2.5
	Psychiatrist and neu- rologist	£	0.1	0.2	0.3	0.4	0.2	0.0	0.7	0.3	6.0	0.3	0.2	0.3	0.1	0.2	0.4	0.1	0.1	0.3	6.0	0.2	0.1	0.3	0.7	0.4
	Neurologist	10	0.5	0.3	0.4	0.9	0.7	0.7	0.6	1.0	0.4	0.5	1:2	0.5	0.3	0.3	0.8	0.4	0.7	0.3	0.6	0.5	0.7	0.6	4.1	0.9
	12000000000000000000000000000000000000	ი	0.2	0.2	0.3	0.2	0.6	0.7	0.4	0.3	0.4	0.3	0.2	0.5	0.2	0.5	0.4	0.1	0.3	0.3	0.3	0.3	0.1	0.3	0.8	0.5
;	- Otorinolaryngologist	œ	0.1	1 0.2	1.0.1	0.0	1 0.2	0.0	3 0.5	5 0.5	1 0.4	3 0.3	3 0.5	2 0.5	1 0.3	2 0.2	2 0.4	1 0.3	1 0.2	1 0.3	3 0.5	2 0.2	1 0.3	2 0.3	3 0.7	0.5
	Oncologist	7	0.0	1 0.1	1 0.1	2 0.2	4 0.4	0.0	5 0.3	5 0.5	4 0.4	3 0.3	0 0.3	6.0	2 0.1	2 0.2	4 0.2	1 0.1	3 0.1	1 0.1	3 0.3	2 0.2	5 0.4	3 0.2	0.0	5 0.3
	Traumatologist	9	4 0.1	5 0.	4 0.	6 0.5	7 0.4	4 0.1	5 0.	5 0.	0.0	8 0.	5 0.1	0.0	5 0.1	6 0.5	6 0.4	5 0.	3 0.	4 0.	4 0.	3 0.	7 0.4	5 0.	6 1.1	0.0
	Anaestesiolorist	22 22	1 0.	1 0.:	э. О	7 0.1	7 0.	4	1 0.	3 0.	7 1.	1 0.	9 0.:	7 1.	7 0.:	8 0.1	6 0.1	7 0.:	6 0.	,0 6	4 0.	5 0.	9 0.	9 0.	1.1	4 1.
	fologist	м И	9 1.	0.1.	.0 .0	1.	<u>۲</u>	<u>۲</u>	.1	4.	4	۲. ۲.	.0 .0	.0 .0	.7 0.	7 0.	3 0.	0	.0 .0	.0	.0	4	.0	7 0.	.1 2.	4.
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	Aimag and city	ш	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
	-	∢		2	б	4	5	9	~	ω	თ	10	1	12	13	4	15	16	17	18	19	20	21	22	23	24



Health Facilities, /2009-2013/

Physicians, by Specialities, per 10000 population /2003-2013/



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Tot	24	7.3	7.5	7.2	7.8	7.8	7.6	7.7	7.1	7.9	7.5	8.2	7.9	7.5	6.8	8.6	8.1	8.	6.9	7.6	6.6	7.4	7.5	7.8	7.7
Other	23	8.7	2.6	7.1	0.0	0.0	0.0	0.0	7.1	0.0	0.0	0.0	8.5	0.0	0.0	0.0	0.0	1.0	0.0	9.4	0.0	7.5	5.2	10.1	7.7
bəzilsi əq anU	22	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.6	8.4	7.8	0.0	0.0	0.0	0.0	8.0	6.6	0.0	10.9	11.3	11.0
λεηειοίοσλ	21	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
enicibem Isnoitibs1T	20	40.8	0.0	9.1	8.2	8.9	0.0	8.5	10.6	0.0	0.0	8.9	9.3	9.1	8.2	9.3	9.4	9.3	9.7	8.4	8.2	7.6	8.8	8.7	8.8
Ουςοίοgy	19	2.6	6.4	6.0	7.9	7.2	0.0	8.8	0.0	7.3	0.0	0.0	0.0	6.9	0.0	7.6	8.8	8.4	6.3	0.0	0.0	8.9	7.4	7.9	7.8
Stomatolgy	18	3.4	7.0	6.3	6.0	6.1	0.0	6.8	0.0	0.0	0.9	0.0	0.0	6.7	0.0	6.5	0.0	7.7	6.9	7.9	0.0	0.0	6.2	5.6	5.8
Dental	17	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ΟίοΙαιγησοίοσλ	16	8.3	8.5	6.4	8.1	7.8	0.0	7.3	0.0	7.8	7.6	8.3	6.2	7.4	0.0	8.7	7.4	8.1	3.5	7.1	0.0	7.7	7.2	6.1	6.4
Qphtalmology	15	8.7	8.3	8.9	8.1	8.2	0.0	5.1	0.0	9.1	7.8	7.6	0.0	7.4	0.0	9.4	9.6	8.9	7.7	7.3	0.0	8.2	8.1	5.1	5.8
Reanimation	14	0.0	4.0	0.3	5.5	13.8	3.1	7.9	0.0	1.9	2.1	5.9	18.6	6.1	3.3	0.0	0.0	8.1	5.9	8.4	3.1	3.6	6.5	9.3	8.7
Π εοίο <u>α</u> <u>γ</u> ,	13	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.4	7.4
<u></u> γεbμιοιο <u></u> βλ	12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.9	9.9
Traumatology	11	0.0	7.6	7.6	0.0	9.4	0.0	10.2	0.0	0.0	7.1	7.7	8.3	9.0	0.0	8.8	0.0	8.8	0.0	8.3	0.0	0.0	8.7	11.0	10.4
Рѕусһіаtгу аnd nar- соlоgy	10	9.9	9.4	11.6	9.6	9.7	0.0	10.6	9.0	10.9	8.8	9.8	9.0	10.1	6.7	10.0	9.0	0.0	10.9	11.3	8.7	0.0	9.8	28.7	20.3
Neurology	6	8.6	9.1	8.7	8.6	9.2	8.2	8.7	8.3	10.3	8.8	9.4	9.8	9.6	8.4	9.3	8.9	9.9	9.8	9.4	8.5	9.2	9.0	8.6	8.8
zizoluɔrəduT	8	27.3	35.0	43.6	32.5	47.3	0.0	39.0	42.8	39.3	25.4	31.6	21.3	31.9	27.6	43.4	33.7	33.9	17.2	23.5	26.3	23.8	31.6	30.8	31.2
Dermatology	7	0.0	7.5	7.8	9.4	9.7	7.4	9.0	0.0	10.2	7.7	9.7	0.0	8.5	8.1	8.6	8.5	8.6	10.5	11.3	8.1	9.2	9.1	9.9	9.6
Infectious diseases	9	9.8	8.4	9.3	11.4	8.2	10.8	9.8	11.3	9.8	10.2	8.9	11.4	11.4	10.8	10.0	14.2	11.8	9.9	10.4	3.7	10.3	9.4	9.7	9.5
Peadiatrics	5	7.0	6.7	6.4	7.2	7.6	6.5	6.4	6.4	6.7	6.5	7.2	6.4	7.0	5.9	7.7	7.2	6.7	6.8	6.8	7.1	6.6	6.8	6.3	6.6
Gyneacology	4	7.8	5.5	6.6	8.2	6.5	6.3	7.0	2.9	5.7	5.8	8.6	7.0	8.3	3.9	9.3	7.3	5.8	7.2	8.1	6.3	7.5	6.7	6.8	6.8
Obstetrics	с	4.8	5.1	4.8	4.2	3.6	5.2	3.9	4.4	3.8	5.0	5.1	5.3	3.5	3.5	3.9	5.1	5.0	4.0	4.1	2.2	4.7	4.3	3.6	3.9
Տուցeւy	2	6.2	7.0	5.7	6.2	5.7	8.8	5.1	5.6	6.7	6.1	6.1	5.1	6.2	5.9	6.4	6.1	6.9	6.0	7.5	5.2	6.1	6.1	7.1	6.6
Internal medicine	-	7.8	8.9	7.9	8.7	8.5	8.9	8.5	8.3	8.2	8.4	8.9	8.3	8.2	8.8	9.0	8.6	8.3	8.0	8.0	7.7	8.1	8.3	8.2	8.3
Aimag and city	В	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
	۷	~	2	с	4	ъ	9	2	∞	ი	10	1	12	13	4	15	16	17	18	19	20	21	22	23	24

Utilizati	on of H	lospita	al Bed	ls. 2013
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			Tota	al		Aimag,	city gen	eral hos	pitals	Rura	al gener	al hosp	itals
	Aimag and city	Utilization of bed fund	Percentage of bed fund	Average length of stay	Number of patients per bed per year	Utilization of bed fund	Percentage of bed fund	Average length of stay	Number of patients per bed per year	Utilization of bed fund	Percentage of bed fund	Average length of stay	Number of patients per bed per year
А	В	1	2	3	4	5	6	7	8	9	10	11	12
1	Arkhangai	266.9	80.9	7.3	36.4	312.9	94.8	7.7	40.7	223.2	67.6	6.7	33.5
2	Bayan-Ulgii	275.9	83.6	7.5	37.0	309.3	93.7	7.0	43.9	274.5	83.2	7.1	38.6
3	Bayankhongor	275.0	83.3	7.2	38.0	294.3	89.2	7.1	41.7	229.9	69.7	7.3	31.7
4	Bulgan	249.6	75.6	7.8	31.9	273.1	82.8	7.9	34.4	225.8	68.4	7.7	29.4
5	Gobi-Altai	251.8	76.3	7.8	32.5	266.4	80.7	7.9	33.9	235.5	71.4	7.7	30.5
6	Gobi-Sumber	272.1	82.4	7.6	35.6	284.4	86.2	7.6	37.5	222.7	67.5	8.0	27.9
7	Darkhan-Uul	330.5	100.2	7.7	42.8	331.4	100.4	7.6	43.7	318.5	96.5	7.6	41.7
8	Dornogobi	250.6	75.9	7.1	35.2	278.1	84.3	6.7	41.5	242.1	73.4	7.2	33.6
9	Dornod	270.6	82.0	7.9	34.1	288.5	87.4	8.1	35.6	247.8	75.1	7.2	34.4
10	Dundgobi	258.9	78.5	7.5	34.6	287.8	87.2	7.3	39.4	219.6	66.6	7.7	28.5
11	Zavkhan	211.0	63.9	8.2	25.7	187.9	56.9	8.0	23.4	215.9	65.4	8.0	26.9
12	Orkhon	280.8	85.1	7.9	35.6	286.0	86.7	7.6	37.5	301.0	91.2	7.8	38.7
13	Uvurkhangai	259.9	78.8	7.5	34.6	278.1	84.3	7.4	37.7	236.4	71.6	7.3	32.3
14	Umnugobi	249.5	75.6	6.8	36.9	320.1	97.0	6.5	49.5	247.5	75.0	7.0	35.2
15	Sukhbaatar	329.8	99.9	8.6	38.5	383.6	116.2	8.7	44.3	268.7	81.4	8.3	32.5
16	Selenge	262.6	79.6	8.1	32.5	288.5	87.4	8.6	33.6	251.7	76.3	7.8	32.4
17	Tuv	287.9	87.3	8.1	35.6	359.7	109.0	8.5	42.2	280.4	85.0	7.6	36.7
18	Uvs	275.5	83.5	6.9	40.0	278.5	84.4	6.7	41.7	314.2	95.2	7.1	44.5
19	Khovd	304.4	92.2	7.6	39.8	354.9	107.5	7.9	45.1	254.8	77.2	7.0	36.2
20	Khuvsgul	263.5	79.8	6.6	39.9	272.7	82.6	6.1	44.7	233.4	70.7	6.5	35.8
21	Khentii	271.1	82.2	7.4	36.6	272.5	82.6	7.7	35.5	260.1	78.8	7.1	36.4
22	Aimag average	270.7	82.0	7.5	35.9	294.4	89.2	7.5	39.3	248.0	75.2	7.3	33.9
23	Ulaanbaatar	298.8	90.5	7.8	38.5	0.0	0.0	0.0	0.0	289.1	87.6	7.2	40.0
24	Country average	284.4	86.2	7.7	37.1	303.5	92.0	7.4	41.1	248.8	75.4	7.3	34.0

Health Indicators, 2013

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Total	24	66.6	74.8	66.5	73.0	84.1	85.9	57.8	59.1	70.7	79.3	104.3	58.3	62.9	43.9	60.3	60.4	49.1	66.4	73.6	56.7	64.3	65.5	72.0	68.5
Other	23	0.2	0.0	2.8	0.0	0.0	4.1	0.0	3.1	0.0	0.8	0.0	<u>+</u> .	0.0	2.9	0.0	2.5	0.1	2.7	4.3	0.0	0.9	1:1	1.3	1.2
bəzilsicəqanU	22	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	2.7	0.2	0.3	0.0	0.0	0.0	0.0	0.6	0.3	0.1	0.3	0.1	0.2
Venerology	21	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Traditional medicine	20	1.3	1.4	0.8	5.1	3.7	0.0	6.4	2.4	2.1	2.7	4.3	2.4	2.3	0.6	1.9	1.4	4.1	1.1	2.4	1.6	5.3	2.6	3.1	2.8
Ουςοίοgy	19	0.2	0.5	0.3	0.4	0.4	1.4	0.2	0.0	0.7	0.5	0.0	0.0	0.3	0.0	0.2	0.2	0.2	0.5	0.0	0.0	0.4	0.3	0.9	0.5
Stamatology	18	0.2	1.3	0.3	0.2	0.4	0.0	0.2	0.0	0.0	0.3	0.3	0.0	0.5	0.0	0.2	0.2	0.1	0.1	0.3	0.0	0.0	0.2	0.3	0.3
Dental	17	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ΟίοΙαιγηθοίοgy	16	0.2	1.0	0.3	0.4	0.4	1.4	1.4	0.0	0.7	0.8	0.2	1.3	0.7	0.2	0.2	0.5	0.1	0.3	0.9	0.0	1.3	0.6	1.2	0.9
Qphtalmology	15	0.2	<u>+</u> .	1.5	0.2	0.2	0.0	0.7	0.0	1.8	0.5	0.3	0.0	0.5	0.2	0.2	0.2	0.1	2.7	0.3	0.0	0.6	0.6	1.2	0.8
noitsmins9A	14	0.0	0.9	1.2	0.4	0.6	1.4	0.8	1.0	0.7	1.3	0.5	0.9	0.4	0.5	0.0	0.0	0.5	0.5	0.5	0.3	0.3	0.5	1.4	0.9
ΠιοΙο <u></u> βλ	13	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.2
<u> </u> γεbμιοιο <u></u> βλ	12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	0.7
Traumatology	7	0.0	<u>+</u> .	1.3	0.0	1.5	4.1	3.3	0.0	1.7	1.3	1.2	3.7	4. 4	0.0	1.5	0.0	0.6	0.5	0.8	0.0	0.6	1:1	3.7	2.3
Psychiatry and narcology	10	0.7	1.0	1.2	0.4	0.4	0.0	2.0	0.6	1.7	0.3	1.2	3.7	0.9	0.3	1.5	1.0	0.0	0.7	1.5	0.8	0.6	1:1	3.4	2.1
Νειτοίοgy	ი	3.0	4.4	5.1	4.4	4.3	4.8	4.9	7.8	6.0	2.1	11.8	5.8	1.2	3.6	4.3	2.7	4.4	1.6	3.9	1.8	3.0	4.2	4.5	4.3
zisoluored	ω	1.2	0.8	0.8	1.3	1.5	0.0	3.0	1.6	4.9	0.8	1.5	2.1	1.5	0.3	1.7	2.9	1.2	1.2	1.0	0.7	2.5	1.6	2.1	1.8
Dermatology	7	0.0	1.3	1.9	0.9	1.5	3.4	1.9	0.0	1.4	0.8	1.1	0.0	0.7	0.5	2.3	0.4	0.7	1.4	1.7	0.8	0.6	1.0	1.5	1.2
suoitəəfnl	9	4.6	2.1	4.5	7.0	8.4	10.3	3.0	5.2	4.1	7.5	7.3	3.2	6.2	3.0	4.7	4.5	4.6	3.8	3.4	3.6	5.6	4.6	2.7	3.7
Peadiatrics	£	11.7	10.5	10.0	13.8	14.8	13.7	7.4	9.7	11.6	15.2	15.5	5.8	10.1	9.7	9.8	11.2	9.1	11.6	13.2	11.8	12.2	10.9	6.3	8.8
Gyneacology	4	4.2	2.1	4.5	3.9	3.7	6.2	3.1	1.8	1.8	2.1	3.9	2.1	2.8	2.7	2.5	5.1	1.5	3.5	5.0	2.5	1.9	3.1	3.0	3.0
Obstetrics	ო	8.5	8.0	7.7	7.7	8.2	8.2	4.0	5.8	5.5	9.8	12.5	4.1	7.7	4.1	5.9	5.4	5.3	8.0	7.6	6.1	7.1	6.8	4.4	5.7
Surgery	2	4.8	6.3	4.2	3.9	6.5	4.8	3.1	6.1	4.3	4.0	8.7	3.2	4.4	4.1	2.3	3.2	1:2	3.9	4.4	3.9	4.9	4.3	4.8	4.5
Internal medicine	-	25.4	31.0	18.2	23.3	27.7	22.0	12.2	14.1	21.7	28.5	33.0	16.2	21.3	11.2	21.2	19.0	15.3	22.2	21.7	22.3	16.3	20.7	24.1	22.3
Aimag and city	ш	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
	∢	~	2	ო	4	ъ	9	7	ω	6	10	£	42	13	4	15	16	17	18	19	20	21	22	23	24

Total	27	50	48	70	54	35	18	124	67	47	43	53	122	85	80	47	98	63	52	56	113	66	1391	1361	2752
Other organizations	26	0	0	0	0	0	2	0	0	0	-	0	0	0	Ŋ	0	-	0	0	0	0	0	11	0	1
Drug stores	25	42	ი	15	25	з	7	54	15	1	ω	11	39	33	30	£	46	10	12	12	35	18	416	373	789
Drug manufactures	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	42	42
Drug supply companies	23	-	ო	з	5	-	0	0	e	-	5	0	9	4	ო	-	-	0	5	4	9	3	49	79	128
Rot spa	22	2	2	-	0	0	0	0	e	0	0	-	-	4	0	0	0	ი	0	0	-	2	26	45	4
səgəlloo bns səitisrəvinu laoibəM	21	0	0	0	0	-	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	3	-	4
Emergency center	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
Blood center	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
Extremely contagious disease center	18	~	-	-	0	-	0	0	0	0	-	-	0	-	-	0	-	0	-	~	-	-	13	2	15
District health unit	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
sinemineqeb dilsed bemiA	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	٦	-	-	-	-	-	21	-	22
Health research institutions	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
Ministry of health, government imple- menting agency	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Private hospitals for outpatients	13	2	ω	16	e	з	ю	46	18	14	ი	5	49	13	4	13	6	10	5	10	31	11	292	530	822
Private hospitals with beds	12	9	4	9	4	2	0	13	7	0	7	5	÷	4	ß	ო	9	2	с	5	ω	з	96	101	197
Other hospitals	1	0	-	0	0	0	-	0	4	-	-	-	-	-	ო	2	2	0	2	0	0	-	21	6	31
Maternity hospitals	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	ო	e
Specialized Centers and Hospitals	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	16
Regional Treatment and Diagnostic centers	ø	0	0	0	0	0	0	0	0	-	0	0	-	-	-	0	0	0	0	-	0	0	5	0	5
slstiqsod Isteneg gsmiA	7	-	-	-	-	-	-	-	-	0	-	-	0	0	0	-	-	-	-	0	-	-	16	4	20
Rural general hospitals	9	0	0	0	0	0	0	0	-	0	0	-	0	-	0	0	-	0	0	-	0	-	9	0	9
District hospitals	ъ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	∞	œ
Intersoum hospitals	4	2	ო	ю	7	З	0	0	-	ო	0	ю	0	-	ო	-	-	0	с	-	5	2	39	0	39
Soum health center	ო	17	თ	16	13	14	2	e	12	10	13	19	-	16	£	£	14	26	15	4	18	17	271	0	271
slatiqson əgaliv	2	0	2	-	-	2	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	2	14	ъ	19
Family hospitals	~	Q	4	9	2	ю	-	5	2	ю	2	4	12	Ŋ	ო	ო	8	2	4	9	9	ю	92	136	228
-	ш	~	2	ю	4	5	9	7	ω	6	10	11	12	13	4	15	16	17	18	19	20	21	22	23	24
Aimag/city	A	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average

Pathologic Anatomy Difference in Diagnosis, 2013

Percentage of difference in aisongsib nism	വ	13.2	0.0	8.2	0.0	3.1	20.0	2.7	5.6	0.0	17.6	0.0	6.3	3.1	7.7	0.0	4.5	12.1	7.9	5.0	3.3	9.4	5.8	5.5	5.6
Percentage of difference in main diagnosis	4	7	1	4		-	2	2	2		З		5	2	ю		1	4	ю	2	2	ю	47	93	140
No.of difference sizongsib nism ni	ę	86.9	1.0	65.3	46.7	72.7	83.3	86.0	94.7	67.8	60.7	29.8	86.8	65.3	92.9	70.0	66.7	89.2	90.5	51.3	55.6	76.2	65.5	85.4	77.8
Percentage of autopsies	2	53	1	49	7	32	10	74	36	82	17	14	79	64	39	28	22	33	38	40	60	32	810	1699	2509
sdîsəb îo.oN	-	61	66	75	15	44	12	86	38	121	28	47	91	98	42	40	33	37	42	78	108	42	1237	1989	3226
Aimag and city	в	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
-	٩	-	2	ю	4	ъ	9	7	ø	ი	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

Post Operational Complications and Deaths, 2013

Percentage of deaths	m	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.4	0.0	0.3	0.1	0.4	0.2	0.1	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.3	ç ç
Percentage of com- plications	2	0.4	0.4	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.5	0.3	0.4	0.2	0.5	0.1	0.0	0.2	0.3	0.0	0.4	0.2	0.2	0.3	0.3
Number of sur- gery	4	1273	1644	1452	790	1224	330	2854	1242	2080	602	1037	3832	2735	1278	797	1160	809	1389	1667	1718	066	30903	67623	98526
Aimag and city	в	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
÷	∢	-	2	ю	4	5	9	7	ω	б	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24



Pathologic Anatomy, Confirmed Diagnosis Percentage, /2006-2013/

Indicators of Surgery Operations, /2009-2013/



ssə:	Diseases of the ear and mastoid proc	22	16.16	13.88	8.32	10.45	16.44	10.31	19.91	4.20	9.24	14.91	8.82	15.31	10.89	3.77	10.21	23.61	7.30	9.20	26.19	10.32	16.60	13.12	16.16	14.53
	Diseases of the eye and adnexa	21	8.66	22.52	54.13	4.58	8.60	2.06	11.78	4.04	56.58	21.03	3.10	3.96	10.80	7.39	6.62	4.84	3.24	41.81	24.79	4.32	5.34	14.94	47.19	29.90
	Diseases of the nervous system and sense organs	20	182.52	216.43	228.18	225.18	216.77	123.67	113.37	199.61	77.59	173.02	341.67	72.60	79.80	154.99	241.23	125.09	156.56	175.78	203.78	148.52	166.28	166.49	183.30	174.29
	Mental and behavioural disorders	19	28.92	31.92	16.64	18.52	22.80	7.56	98.03	9.04	81.93	19.16	6.66	87.81	16.78	34.41	39.89	28.35	3.59	29.91	35.85	41.38	13.93	35.16	62.17	47.70
out of them	sətədent diabetes milletus	18	5.62	7.65	6.53	13.20	17.19	20.61	23.06	11.95	9.66	13.31	12.23	21.95	6.28	10.72	9.26	17.32	12.04	13.13	10.93	7.70	6.22	11.91	22.97	17.04
	Endocrine, nutritional and metabolic diseases	17	24.35	28.20	35.45	35.02	34.57	26.80	30.98	19.70	23.67	29.01	25.23	31.91	20.22	20.22	23.25	23.51	18.64	24.76	34.20	27.34	18.97	26.35	36.23	30.93
եր Երև	Diseases of the blood and blood forn organs and certain disorders involvir the immune mechanism	16	5.97	35.42	7.81	3.12	9.90	6.18	6.09	5.98	7.28	8.78	11.92	6.42	9.82	7.70	8.13	4.93	3.24	10.83	10.68	16.08	7.11	9.71	11.29	10.44
	tseard to msalqoan tnangilaM	15	0.12	2.19	0.38	0.37	0.37	1.37	1.32	0.00	3.64	0.80	0.15	0.32	0.20	0.30	0.19	0.10	0.23	0.95	1.91	0.42	0.44	0.73	7.53	3.89
	Malignant neoplasm of cervix uteri	14	0.82	0.11	1.41	2.38	1.68	0.00	3.15	0.97	3.08	0.80	1.55	0.96	0.69	1.06	1.32	1.16	1.27	0.68	1.14	2.79	1.93	1.45	3.82	2.55
them	gnul îo masiqoen însngilsM	13	1.17	0.66	2.94	1.10	1.87	4.12	1.52	0.97	4.76	1.33	4.18	1.61	1.18	0.60	1.70	1.45	1.62	0.95	3.18	2.88	3.11	1.96	3.51	2.68
out of	Malignant neoplasm of stomach	12	3.28	4.48	2.56	2.38	6.35	2.06	3.66	0.48	5.46	2.40	4.95	3.43	3.34	1.81	4.16	1.84	3.24	8.39	7.12	3.30	1.63	3.69	12.33	7.70
	-shqosəo to masıya of oesopha- gus	7	0.70	6.34	1.02	1.28	2.80	0.00	1.52	0.65	1.40	1.06	1.86	0.64	0.49	0.15	2.08	1.06	0.12	3.25	1.40	1.61	0.59	1.49	2.36	1.89
	ner of liver	10	8.90	5.03	7.04	15.22	12.15	6.18	6.70	2.10	12.18	13.58	15.17	12.64	10.01	3.62	12.10	6.29	9.38	11.10	8.90	4.99	12.60	9.00	11.51	10.17
	smssiqoəN	6	20.61	38.37	28.41	28.42	46.53	26.11	29.05	11.47	52.10	29.01	37.46	37.58	36.12	13.28	39.51	20.90	24.66	40.06	45.64	27.67	28.90	31.49	92.25	59.68
	Trichomoniasis	8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	00.0	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00
	Gonococal infection	7	00.0	0.00	0.00	00.0	0.00	0.00	0.00	0.00	00.0	00.0	0.15	0.11	0.20	00.0	00.0	1.16	00.0	0.81	00.0	00.0	0.00	0.14	00.0	0.08
them	Congenital syphilis	9	0.47	0.00	0.77	0.37	0.00	0.00	0.10	0.00	0.42	0.00	0.00	1.07	0.10	0.00	0.00	0.48	0.00	0.00	0.13	0.00	0.00	0.21	0.02	0.12
out of	Brucellosis	5	25.87	2.30	14.46	15.77	37.19	51.53	18.39	20.19	84.17	15.17	34.52	21.20	10.40	3.77	59.74	5.42	18.06	31.53	10.81	32.92	52.61	24.59	7.61	16.71
	Viral hepatitis	4	17.44	11.59	5.25	8.80	5.42	37.79	26.92	8.40	8.68	7.45	6.81	13.92	16.78	16.90	15.31	18.57	9.26	14.48	8.90	5.67	14.97	12.81	10.62	11.79
	Tuberculosis	ო	13.81	4.48	6.91	9.54	5.61	22.67	26.51	10.98	27.59	6.12	4.33	15.85	5.79	2.87	20.42	22.06	18.99	18.81	10.55	10.49	30.08	14.03	17.58	15.67
Səsi	Certain infectious and parasitic disea	2	71.07	37.60	41.59	46.94	73.63	144.29	90.92	52.33	166.80	35.40	84.84	71.53	56.83	34.41	119.10	54.95	55.35	72.53	54.54	59.66	120.04	69.87	66.06	68.10
	Total	-	2,410.60	2,775.07	2,512.96	2,316.49	2,713.12	3,050.60	2,464.98	2,074.14	2,400.49	2,736.07	2,668.94	2,070.81	2,161.96	1,620.71	2,306.20	1,959.72	1,746.80	2,654.74	2,921.43	2,246.57	2,341.22	2,339.64	2,750.23	2,530.15
	Aimag and city	A	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
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noriry, poisoning and certain other con- sequences of external causes	48	81.95	59.79	87.79	61.06	105.39	108.56	111.23	100.78	105.46	81.72	59.45	119.29	85.59	81.04	109.84	50.50	34.51	84.03	91.02	60.00	94.70	82.11	136.86	107.52
Symptoms, signs and abnormal clinical and laboratory findins, not elsewhere classified	47	00.00	00.00	00.00	00.00	0.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.0	00.00	00.00	00.00	0.00	3.37	1.56
Conginatal malformations, deformations and chromosomal abnormalities	46	4.21	13.99	7.55	2.75	5.79	1.37	3.76	3.23	3.92	8.78	3.56	6.32	7.07	1.81	7.18	1.06	2.66	5.28	8.14	6.43	4.45	5.38	23.42	13.75
Certain conditions originating in the perinatal period	45	3.28	0.22	20.73	5.50	21.30	7.56	7.52	13.73	0.56	0.00	22.45	30.30	21.79	0.45	5.48	0.58	3.13	4.74	12.59	6.09	2.52	9.32	18.59	13.62
Pregnancy, childbirth and the puerperium	44	394.31	465.33	450.22	259.47	409.24	511.87	388.85	383.24	394.53	366.53	337.18	397.80	356.78	381.67	306.07	278.33	221.40	408.54	427.77	370.17	307.95	368.03	474.11	417.25
Acute and chronic pyelonephritis	43	320.44	290.00	216.67	259.10	260.12	250.09	210.38	149.55	215.12	300.78	382.38	167.90	230.46	76.06	197.56	225.60	197.78	365.23	215.73	254.65	148.49	233.58	150.58	195.07
Acute and chronic renal failure	42	0.23	7.98	5.25	1.10	0.00	0.69	1.12	0.81	0.28	1.33	3.10	0.75	4.71	1.66	1.13	2.23	0.46	0.27	2.16	1.69	0.00	1.96	5.67	3.68
Diseases of the genito-urinary system	41	443.02	441.61	328.90	370.40	404.94	333.92	322.01	199.61	274.50	397.14	481.93	228.08	348.63	141.11	258.05	367.91	255.91	447.24	313.11	299.16	233.56	327.63	272.15	301.89
Diseases of the musculoskeletal system and connective tissue	40	46.83	130.95	81.39	81.23	75.12	102.37	98.23	166.18	97.20	143.21	121.99	104.30	60.17	70.03	101.52	56.50	83.49	69.69	201.49	42.74	192.21	96.78	117.10	106.21
Diseases of the skin and subcutaneous tissue	39	26.11	47.88	106.22	49.88	98.67	104.44	75.37	48.29	78.15	56.16	67.96	27.31	58.89	31.99	104.92	28.73	38.44	72.80	85.17	50.61	44.46	58.23	67.88	62.71
Alcoholic liver disease	38	0.00	1.09	00.0	0.37	0.19	00.0	0.91	0.48	0.14	00.0	0.31	0.43	0.49	1.21	0.76	0.10	0.35	0.27	0.25	0.25	0.30	0.40	4.27	2.20
Girrhosis of liver	37	28.80	14.76	19.32	18.15	33.45	30.23	35.96	18.41	28.57	41.26	17.96	38.87	16.19	17.36	21.74	17.61	24.78	22.60	24.28	21.58	24.30	23.99	46.90	34.62
Chronic hepatitis, elsewhere clas-	36	0.00	13.12	15.61	10.45	18.31	00.0	0.00	44.74	28.29	55.37	5.57	28.91	11.48	19.77	45.18	0.29	26.05	28.42	3.18	21.58	27.27	17.88	48.72	32.19
Gastric ulcer	35	11.82	23.06	9.73	5.32	11.40	17.18	10.36	4.85	10.78	5.06	20.59	6.21	8.15	6.04	7.56	7.64	6.25	4.87	11.19	9.82	5.78	9.63	15.34	12.28
mətəyə əvitəədib ərlt to səssəsid	34	301.12	379.64	277.07	262.58	461.19	404.00	247.55	242.25	317.36	394.48	302.35	268.23	275.41	216.57	263.91	191.45	174.62	340.33	369.42	282.58	297.28	287.86	383.03	332.02
Chronic obstructive pulmonary disease	33	7.14	44.16	20.60	11.55	19.62	61.84	5.99	21.16	28.29	26.09	9.91	25.16	21.20	15.39	27.22	17.12	21.42	14.34	13.48	9.56	27.71	19.36	36.63	27.37
smritzA	32	7.49	7.76	11.39	14.30	14.58	8.24	9.65	11.95	14.15	22.63	13.62	7.50	9.82	6.19	14.37	14.70	11.46	14.48	13.22	10.92	10.97	11.50	10.11	10.86
Acute upper respiratory infections گ	31	12.18	8.64	7.93	15.59	44.29	15.80	25.29	14.86	7.56	5.59	9.29	6.42	8.64	10.72	32.52	62.11	18.30	10.15	28.48	7.19	12.45	17.54	13.05	15.46
sinomuanq	30	153.14	109.53	162.53	203.17	94.18	382.70	228.36	242.90	133.33	277.36	128.03	58.47	159.49	92.21	189.62	169.69	165.13	256.16	314.76	261.00	204.81	180.97	140.99	162.42
ezuənjuı	29	14.63	70.18	1.54	4.58	43.35	74.20	3.66	3.39	3.08	29.81	1.39	0.32	2.55	14.04	2.65	38.41	13.09	0.00	0.00	7.87	29.64	14.69	1.20	8.43
Diseases of the respiratory system	28	299.01	378.21	318.02	353.53	284.22	701.50	372.60	358.53	346.07	461.29	286.09	245.96	296.22	208.87	313.63	376.52	314.85	386.48	521.59	364.67	461.19	349.17	356.03	352.35
Cerebrovascular diseases	27	22.60	14.76	9.98	16.69	12.71	13.74	31.08	11.31	11.48	9.58	21.83	16.17	13.84	8.60	9.45	13.06	14.24	9.88	16.78	10.32	16.01	14.88	14.40	14.66
sessest diseases	26	119.65	44.49	73.07	151.28	130.62	151.16	96.60	84.79	106.86	134.42	178.65	110.08	95.50	55.39	57.66	97.71	106.42	142.09	125.85	181.36	80.92	109.23	104.63	107.09
Sesses diseases	25	204.06	271.75	180.32	168.70	145.20	129.17	112.15	54.26	98.60	140.81	150.48	119.50	169.01	70.18	139.90	108.84	100.86	102.98	145.05	170.61	136.19	141.86	148.26	144.83
Acute theumatic fever and chronic theumatic fiseases	24	48.24	18.15	42.62	41.81	50.27	40.54	36.77	20.35	25.21	78.26	24.31	15.74	58.69	29.88	37.81	39.57	31.96	110.96	60.77	23.70	23.42	39.58	22.00	31.42
Diseases of the circulatory system	23	452.50	433.09	414.52	497.85	418.02	428.05	437.72	251.94	307.55	496.43	466.29	316.10	410.17	210.98	347.66	321.96	345.19	430.73	455.48	428.82	325.74	387.99	383.05	385.70
Aimag and city	A	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
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		Cerebrovascular diseases	27	31.1	17.6	15.1	18.9	17.8	17.9	33.6	16.0	12.5	14.4	24.8	16.6	17.0	12.1	9.8	15.8	16.3	11.0	20.8	11.8	23.4	18.1	16.7	17.5
	hem	Ischaemic heart diseases	26	326.9	57.3	197.3	263.1	239.6	228.8	145.0	193.5	144.7	224.9	273.4	157.2	197.1	169.3	97.5	184.1	293.5	252.9	228.6	367.2	158.1	211.1	190.2	201.4
	out of t	Hypertensive diseases	25	603.9	517.5	660.1	439.2	420.3	293.4	532.7	376.5	205.9	465.0	301.9	265.1	507.7	452.8	342.6	363.2	509.2	475.2	359.6	385.9	518.2	436.8	314.3	380.0
		Acute rheumatic fever and chronic rheumatic heart diseases	24	157.2	25.1	156.6	76.5	90.06	55.0	94.9	72.4	59.5	169.6	41.3	27.7	222.0	118.6	55.2	101.4	157.3	212.9	134.6	64.5	67.7	105.2	53.6	81.3
		Diseases of the circulatory system	23	1230.9	728.4	1289.4	945.8	896.4	730.4	1105.5	800.2	520.2	1074.3	756.3	533.3	1140.0	878.5	649.0	764.8	1216.0	1051.7	885.0	916.5	878.8	917.0	768.5	848.1
		Diseases of the ear and mastoid process	22	147.0	48.4	327.6 1	76.6	141.5	83.8	239.6	72.4	297.5	109.9	28.5	75.7	191.4	302.4	103.0	150.2	87.5	161.0 1	175.8	149.5	65.1	150.4	104.0	128.9
		Diseases of the eye and adnexa	21	114.1	74.1	520.5	376.6	150.6	148.4	574.5	81.9	179.4	180.5	20.4	143.0	311.0	353.5	115.3	131.2	439.8	136.4	230.3	346.6	140.9	241.5	288.8	263.4
13		Diseases of the nervous system and sense organs	20	448.6	315.7	701.7	381.8	583.0	182.1	263.8	382.9	201.8	335.1	415.0	135.6	371.4	399.8	442.6	315.5	605.3	365.2	392.8	469.1	334.6	387.0	499.1	439.0
, 20		Mental and behavioural disorders	19	161.3	52.5	134.2	20.7	72.3	26.8	193.0	44.9	190.5	65.5	46.9	110.7	43.6	77.0	101.5	40.4	28.6	83.4	37.2	113.4	52.3	85.8	123.2	103.1
tion)	out of	sutillem setedsib trebreqeb-niluzri	18	46.4	10.7	23.3	28.2	28.8	41.2	88.8	41.8	45.0	57.0	19.7	30.7	23.8	45.3	23.6	53.8	48.6	29.0	25.4	20.4	15.6	35.6	84.5	58.3
ulat	Ses	Endocrine, nutritional and metabolic disea	17	153.5	44.7	112.0	70.4	61.1	54.3	115.3	65.6	87.4	105.4	44.1	54.4	104.7	80.3	62.6	69.8	105.3	75.2	81.9	63.3	33.8	80.3	162.0	118.2
dod	es	Diseases of blood and blood formingorgan and certain disorders involving the immer anschanisms	16	46.7	57.3	19.7	6.6	23.9	6.2	26.1	17.9	36.6	14.4	24.5	12.7	39.3	34.0	23.1	8.9	9.3	50.2	18.6	26.7	11.3	26.0	23.0	24.6
000		tssərd to masquan trangilaM	15	0.2	0.9	0.0	0.7	0.2	0.0	1.3	0.5	0.3	0.5	0.2	0.4	1.3	0.0	0.0	0.1	1.2	0.1	0.4	0.2	0.3	0.5	23.1	11.0
10		ntervix uteri of cervix uteri	4	0.2	0.3	0.0	1.5	1.3	0.7	5.3	1.9	0.1	1.9	1.5	0.4	4.0	0.9	0.6	0.4	3.9	0.7	0.3	1.4	0.1	1.4	25.9	12.8
oer	of them	gnul îo masiqoən insngilsM	13	1.5	1.1	0.1	1.7	1.1	2.1	0.9	2.1	0.6	1.1	2.9	0.7	2.8	0.9	1.3	1.0	3.2	1.6	0.9	1.4	0.1	1.4	13.5	7.0
×	outo	Aalignant neoplasm of stomach	12	2.0	1.5	0.0	2.8	3.6	1.4	5.1	2.3	0.3	0.8	3.7	1.1	5.1	1.5	1.1	1.1	5.6	3.4	3.2	2.9	0.0	2.5	34.0	17.1
dit		supshqoseo to masiqoen trangilsM	÷	0.6	3.0	0.3	0.4	3.0	0.7	0.4	0.6	0.1	0.8	1.7	0.3	1.2	0.5	1.3	0.6	1.0	4.1	1.8	1.7	0.0	1.2	8.9	4.7
iq		Malignant neoplasm of liver	9	7.5	2.4	3.1	9.2	11.0	2.7	4.5	6.5	6.6	8.0	10.7	5.6	18.9	7.1	9.5	3.9	15.2	7.8	6.6	7.1	1.8	7.5	57.6	30.8
ž		smaalqoəN	თ	14.3	14.6	15.6	21.1	33.6	11.0	49.7	23.7	57.6	17.8	30.8	13.0	101.0	32.6	35.4	10.5	58.4	25.0	24.7	21.2	7.3	31.2	294.1	153.2
ent		Trichomoniasis	œ	10.7	1.5	30.6	14.3	0.2	7.6	4.6	29.6	51.8	27.4	5.3	7.8	0.8	4.8	21.2	11.1	5.0	4.5	19.3	9.6	16.3	12.6	13.6	13.1
atie		Gonococal infection	2	2.3	18.6	32.6	8.4	15.1	15.1	7.0	39.6	122.7	9.8	14.4	1.9	1.9	3.6	37.2	20.2	4.5	13.5	15.1	27.1	10.7	19.5	13.5	16.7
nt	f them	Congenital syphilis	ဖ	13.0	3.7	27.0	13.0	15.7	43.3	18.5	18.6	73.0	16.0	10.1	17.3	13.8	10.9	38.8	15.0	12.7	13.1	9.9	29.7	15.6	19.3	24.2	21.5
0	out o	Brucellosis	ى س	0.5	0.1	2.6	0.9	0.2	0.0	0.8	0.0	18.8	1.3	0.5	1. 4	0.4	0.3	1.3	0.4	10.8	1.8	0.6	0.8	5.3	2.4	0.1	1.3
		Viral hepatitis	4	15.8	5.5	3.6	7.5	3.4	7.6	12.6	7.3	6.4	5.9	5.4	7.9	12.0	14.9	8.3	14.1	6.6	10.0	6.0	4.8	8.2	8.6	9.3	8.9
		Tuberculosis	e	7.8	3.3	6.5	7.7	3.9	13.7	23.4	12.0	21.1	5.9	6.2	10.8	7.6	2.9	16.4	22.3	12.4	8.9	5.3	12.2	12.7	11.0	17.9	14.2
		Certain infectious and parasitic diseases	7	87.6	50.1	137.3	110.9	52.7	135.4	92.4	168.4	435.6	96.6	125.6	82.0	120.2	74.4	189.4	87.1	85.7	67.7	104.6	176.9	140.9	122.9	147.4	134.3
		Total	-	6722.2	4594.0	9389.0	5888.1	6865.1	6396.6	7787.0	6374.9	7430.7	5974.4	4686.1	4180.8	7152.3	7597.4	5561.6	4874.9	6968.1	7223.3	5966.4	5866.9	6199.3	6349.0	7949.9	7091.8
		Aimag and city	A	1 Arkhangai	2 Bayan-Ulgii	3 Bayankhongor	4 Bulgan	5 Gobi-Altai	6 Gobi-Sumber	7 Darkhan-Uul	8 Dornogobi	9 Dornod	10 Dundgobi	11 Zavkhan	12 Orkhon	13 Uvurkhangai	14 Umnugobi	15 Sukhbaatar	16 Selenge	17 Tuv	18 Uvs	19 Khovd	20 Khuvsgul	21 Khentii	22 Aimag average	23 Ulaanbaatar	24 Country average
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	Injuiry, poisoning and certain other conse- quences of external causes	48	205.23	122.32	278.48	190.15	311.13	576.45	571.09	468.67	349.43	141.34	148.15	271.45	320.07	396.31	274.12	257.14	246.76	203.25	125.73	205.40	304.25	274.97	928.99	578.42
	Symptoms, signs and abnormal clinical and Iaboratory findins, not elsewhere classified	47	1.29	0.11	00.0	0.18	00.0	00.00	00.00	00.0	7.14	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	6.90	1.27	00.0	00.00	0.80	5.91	3.17
	Conginatal malformations, deformations and chromosomal abnormalities	46	12.06	26.56	42.49	11.19	10.28	1.37	6.40	7.59	8.54	17.04	4.95	11.89	39.06	6.94	20.61	1.45	19.22	7.58	14.36	29.62	7.56	15.95	39.59	26.92
	Certain conditions originating in the perinatian period tail period	45	4.45	0.22	21.37	5.50	21.68	7.56	7.72	18.57	0.98	0.00	24.15	31.59	27.78	5.89	6.43	0.58	3.36	5.01	13.48	6.18	6.82	10.72	23.70	16.74
	Pregnancy, childbirth and the puerperium	44	413.04	470.58	459.18	267.17	466.98	513.24	389.16	394.22	399.99	368.13	343.22	404.01	365.22	397.97	308.53	282.78	221.40	419.50	433.36	502.87	313.88	386.24	480.45	429.95
them	Acute and chronic pyelonephritis	43	701.87	570.82	742.78	582.19	612.74	447.28	512.28	478.04	400.83	590.39	639.68	366.11	619.43	417.14	445.59	549.98	530.35	895.42	462.35	449.13	408.73	545.56	279.60	422.16
out of	Acute and chronic renal failure	42	0.47	9.95	9.98	1.65	0.00	0.69	1.73	1.13	0.84	5.86	4.03	0.86	13.64	1.66	2.27	2.71	1.85	0.54	2.29	2.20	0.00	3.37	10.28	6.57
	Diseases of the genito-urinary system	41	994.44	833.82	1444.09	1076.19	1061.78	621.11	976.50	938.96	657.54	815.58	809.04	486.25	1105.86	752.93	665.07	770.94	858.29	1231.43	748.50	697.51	728.39	875.94	654.14	773.03
F	Diseases of the musculoskeletal system and connective tissue	40	115.09	224.63	333.89	145.41	162.20	203.37	211.80	356.43	228.42	319.15	165.03	170.26	169.01	321.91	218.54	199.87	233.91	181.60	372.85	137.69	378.20	224.81	259.36	240.84
	Diseases of the skin and subcutaneous Disease	39	155.36	92.37	542.49	90.58	287.40	269.33	440.36	336.08	291.03	172.48	128.96	279.37	407.03	268.63	313.25	173.27	269.11	311.24	201.36	280.29	229.11	269.38	580.26	413.62
	Alcoholic liver disease	38	0.59	1.75	0.00	0.55	0.37	2.06	2.64	1.62	0.28	0.27	1.08	1.93	0.69	2.26	1.51	0.87	1.16	0.41	0.51	0.59	1.33	1.06	4.80	2.80
them	Cirrhosis of liver	37	62.99	20.22	46.33	28.06	48.02	32.98	49.37	33.27	37.81	60.42	23.22	53.75	39.06	36.37	36.49	24.77	52.34	34.78	35.34	38.84	36.90	39.69	84.32	60.40
out of	Chronic hepatitis, elsewhere classified	36	0.12	16.18	35.07	31.17	29.52	0.00	0.00	81.88	40.34	74.00	8.82	40.80	73.12	93.57	90.55	0.29	60.21	58.59	6.48	30.97	48.46	37.36	68.09	51.62
	Gastric ulcer	35	29.03	41.43	51.45	10.64	28.22	37.10	15.14	10.34	14.43	15.70	39.01	11.46	19.24	25.20	10.78	13.25	20.96	9.61	15.89	22.09	16.45	21.44	37.04	28.68
	mətəvə əvitsəgib ərt to səssəsiD	34	1203.78	708.00	1773.63	1041.90	1316.10	872.58	1206.48	988.86	1884.26	1228.16	604.23	553.39	1342.21	1426.33	1072.47	543.89	1385.74	1194.89	941.73	716.13	1094.88	1082.60	1026.98	1056.79
	Chronic obstructive pulmonary disease	33	21.89	66.24	31.99	41.99	33.26	97.56	36.98	69.93	64.56	67.61	13.47	87.81	72.53	64.59	33.84	37.05	77.12	27.33	36.36	23.44	55.57	48.56	116.67	80.16
	smitzA	32	11.71	10.60	25.60	26.22	24.29	21.30	18.49	27.94	17.93	35.93	21.05	13.49	16.00	20.52	24.95	21.38	23.16	29.91	24.03	18.53	23.86	20.74	16.95	18.98
t of them	Acute upper respiratory infections	31	31.84	11.26	38.65	49.14	112.12	18.55	54.24	50.87	22.55	15.70	28.64	14.67	23.75	21.73	232.34	110.87	53.50	78.89	118.48	23.10	42.98	53.18	53.93	53.53
ē	sinomuan9	30	264.71	161.45	263.76	288.07	151.36	514.62	306.37	345.45	216.38	331.66	172.77	96.69	236.64	183.82	297.94	235.18	247.34	426.13	439.47	389.13	313.59	270.19	235.61	254.15
	ezuənijuj	29	247.03	228.13	67.70	15.77	425.87	1037.48	351.88	215.28	378.14	130.43	3.41	159.55	143.79	612.28	36.49	257.82	167.56	96.21	19.20	98.00	357.60	208.25	208.57	208.40
	Diseases of the respiratory system	28	1213.26	729.54	1235.36	1049.23	1212.39	1953.35	1317.51	1207.54	1597.01	913.00	966.33	812.31	953.43	1788.08	960.74	1066.49	1094.51	1646.05	1162.80	1007.85	1471.16	1165.55	1540.29	1339.42
	Aimag and city	A	Arkhangai	Bayan-Ulgii	Bayankhongor	Bulgan	Gobi-Altai	Gobi-Sumber	Darkhan-Uul	Dornogobi	Dornod	Dundgobi	Zavkhan	Orkhon	Uvurkhangai	Umnugobi	Sukhbaatar	Selenge	Tuv	Uvs	Khovd	Khuvsgul	Khentii	Aimag average	Ulaanbaatar	Country average
	-		-	2	e	4	ß	9	7	00	თ	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

#### Outpatient Morbidity per 10000 population, 2013





#### Inpatient Morbidity per 10000 population, 2013



HUMAN RESOURCES INDICATORS








LEADING CAUSES OF THE MORBIDITY, PER 10 000 POPULATION

10











NOTE


NO.	ΤE
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