



THE SECOND NATIONAL PROGRAM ON PREVENTION AND CONTROL OF DISEASES CAUSED BY UNHEALTHY LIFESTYLES

Ulaanbaatar, 2014



GOVERNMENT ORDER

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APPROVAL OF THE SECOND NATIONAL PROGRAM ON PREVENTION AND CONTROL OF DISEASES CAUSED BY UNHEALTHY LIFESTYLES

To achieve Government law article 30.1, Health Law article 7.1.3, implementation of the 66th Declaration (article 45) of the UN Assembly in 2011, the second objective of the Government Action Plan 2012-2016, the Government of Mongolia is declaring followings:

1. To approve the Second National Program on Prevention and Control of Diseases caused by Unhealthy Lifestyles by Annex 1 and Implementation Plan of the Program by Annex 2.
2. To implement the program, each minister should be responsible for the following actions: Mr. N. Batbayar, Minister of Economic Development should be responsible to raise funding from international organizations, donor support and internal resource mobilization by inclusion of annual action plan of economy and social development; Dr. N. Udval, Minister of Health, should be responsible to provide program coordination and information sharing and promote partnerships through participation of government and non-governmental organizations; for relevant ministries, government implementing agencies, province and city governing offices are required to support the program by local coordination, allocation of sufficient funding from local state budget and ensure outcome at the local level;
3. Proposed action for Mr. S. Erdene, Minister of Human Development and Social Protection and Dr. N. Udval, Minister of Health, should include: to allocate funding from the health insurance fund for early diagnosis and treatment on NCDs and their risk factors and ensure outcome of the implementation;

4. Dr. N. Udval should undertake the following actions: receive and consolidate the program implementation report from each relevant ministry, government implementing agencies, province and city governing offices within the first quarter, and consolidated report should be presented for the Government within the second quarter;
5. The Government encourages each individual, organizations and community to support a healthy life style to prevent NCDs including physical activity, healthy diet, regular checking body mass index, avoid the use of alcohol and tobacco and regular medical screenings;

Approved by:

N. ALTANKHUYAG

PRIME MINISTER

N. UDVAL

HEALTH MINISTER

Government Order No34, Annex 1 (2014)

THE SECOND NATIONAL PROGRAM ON PREVENTION AND CONTROL OF DISEASES CAUSED BY UNHEALTHY LIFESTYLES

1. Justification

The global burden of non communicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century which was noted by the 66th meeting of UN General Assembly in 2011. The meeting endorsed proposed actions on non communicable diseases risk factor reduction among member states.

The WHO estimates that through effective control and prevention from risk factors of non communicable diseases, premature death and disability can be reduced by 50 percent, cardiovascular diseases can be reduced by 80 percent, diabetes type 2 can be by 90 percent and cancer cases can be reduced by 30 percent.

Among Mongolians, 72 percent of deaths are caused by non communicable diseases. NCD death percentage under 70 was 69.2 for males and 54.7 for females in Mongolia; this makes Mongolia rank 7th as the country with highest prevalence of non-communicable diseases in the Western Pacific Region.

By health statistics, leading causes of death were as follow: one third of deaths by cardiovascular diseases, around 3500 deaths caused by cancer, one out of five were caused by injury, intoxication and other causes.

By 2005, 2009, 2013, three wave studies on prevalence of risk factors on non communicable diseases showed increasing tendency of risk factors which influenced of the increase of morbidity and mortality caused by non communicable diseases. Research finding of 2013 indicate that one out of four people lack physical activity, 54.4 percent of people are overweight and obese, 27.1 percent are smokers, 36.3 percent consume alcohol regularly, and 10.3 percent are excessive alcohol users. Per capita, alcohol product is estimated as 9.8 litre (per person aged over 15) which increases accessibility among the population and influences consumption. Daily fruits and vegetable consumption is 0.4 unit for fruits, 1.0 unit for vegetable which is lower than WHO recommended unit and daily salt consumption is estimated to be 11.1gr which is 2 times higher than the healthy recommendation.

Mongolia is one of the countries with the highest prevalence of hypertension among other regional countries. The "high blood pressure" prevalence is 27.5 percent and it is higher among males.

High blood glucose prevalence is 8.3 percent (hidden diabetes) and 6.9 percent of people use drugs to reduce blood glucose.

Deaths caused by cancer constitute 22 percent among the general population. In 2012 among diagnosed cancers, 37.7 percent were liver cancer cases, which is the most prevalent type of cancer.

Through the implementation of the first National Program on Non-Communicable Disease Prevention approved by Government order 246 (2005), positive attitude changes were observed regarding to alcohol, tobacco, physical activity and healthy diet among general population. For example, two thirds of people know what a healthy body mass index should be; cardiovascular disease prevention knowledge increased as 55.3 percent, diabetes prevention knowledge increased to 78.2 percent. But without supportive healthy environment the prevalence of unhealthy behaviors and habits is still high. To reduce high prevalence of non communicable diseases (70 percent among general population) and its socio-economic consequences, there is a need to improve individuals' health seeking behaviors, increase multi-sectoral collaboration, improve local capacity to implement evidence based interventions and local public health structure and function.

To achieve the above mentioned needs, the "Second National Program on Prevention and Control of Diseases Caused by Unhealthy Lifestyles" was developed.

2. Goal, objectives, principles, Financial resource and term

2.1. Goal

To create a supportive environment for the reduction of preventable non-communicable diseases and to reduce the burden of morbidity, mortality, and disability caused by these diseases through the improvement of non-communicable disease control, surveillance and management to promote healthy behaviours of individuals, family and organizational settings.

2.2. Objectives

Objective 1. To reduce prevalence of common risk factors (alcohol, tobacco, unhealthy diet and physical activity) through active participation of individuals, family and organizations and collaborative and integrated multi-sectoral action;

Objective 2. To strengthen national, local and multi-sectoral level capacity of surveillance, research and open information system for the prevention and control of non communicable diseases and improve evidence based interventions;

Objective 3. To contribute to the reduction of prevalence of non communicable diseases through improvement of early screening, prevention, treatment, diagnostic technology and essential drug and medical supply;

Objective 4. To strengthen and guide national special referral centers services on non communicable diseases and improve integral management of non communicable diseases;

2.3. The program relies on the following principles and approaches:

2.3.1. Multisectoral action: it should be recognized that effective non communicable disease prevention and control require leadership, coordinated multi-stakeholder engagement and action to create a supportive environment to change unhealthy behaviours among general population;

2.3.2. Through improvement of capacity, partnership, information access and utilization on reduction of common risk factors of non communicable diseases;

2.3.3. Provision of participation by individual, families, community, government and non governmental organization, all types of business entities, and organizations;

2.3.4. Opportunities to prevent and control noncommunicable diseases occur at multiple stages of life; evidence based policy and interventions in individual, social sectors, national and local level.

2.3.5. It should be coherent with endorsement of the UN high level meeting on non communicable diseases, WHO Strategy on Non communicable diseases, and other public health programs to increase outcome of the program;

2.4. Program term and financial resources

2.4.1. Program will be implemented by two phase until 2021

2.4.2. The program financial resources will be supplied by the following sources:

- The activities regarding non communicable diseases' control, surveillance and research will be supported by the Health Promotion Foundation, Foundation against Alcoholism, Foundation on Science and Technology and other supporting foundations;
- Local state budget and health insurance fund will support early screening of non communicable diseases;
- State budget will support early screening, diagnosis, treatment and supply equipment expenses for non communicable diseases' management.
- Other type of support by international organization, donor country, local and international government and non governmental organizations, business entities and individuals;

3. Objectives, Proposed Actions, and Expected Outcomes

3.1. Activities and Expected Outcomes under Objective 1

3.1.1. Activities to prevent and control of non communicable diseases should be coherent with strategies and actions on social development and poverty reduction;

3.1.2. Establish or strengthen, as appropriate, national and sub national mechanisms, initiatives, or sub-council to provide overall coordination, supervision, integration and coherence of the national actions to engage and mobilize efforts of the multiple sectors;

3.1.3. To create supportive environment in the national, sub national and organizational level and support implementation of following actions:

3.1.3.1. Implement tax policies to support reduction of consumption of unhealthy diet (soft drinks, fast food, food product with high sugar, fat, salt), food products, alcohol, tobacco and support for production and services of healthy food items and physical activity;

3.1.3.2. Expansion of awareness raising activities and information education communication and promotion of fruits, vegetable consumption and physical activity, weight control, prevention of non communicable disease risk factors among community, and policy makers;

3.1.3.3. Support, develop and promote healthy (low fat, sugar and salt) food production, sales and services;

3.1.3.4. Bans on direct and indirect advertising, promotion and sponsorship through cultural and sport event, competition by industries which produce unhealthy food product, alcohol and tobacco;

3.1.3.5. Improve enforcement of law implementation regarding to unhealthy food, alcohol and tobacco sell, service and marketing by law enforcement organization and communities;

3.1.3.6. Increase number of people who are physically activity by creating supportive, healthy and safe environment with appropriate road, sidewalk, illumination through supportive urban planning and engineering;

3.1.4. Create health promoting workplace and school environment by participatory approach to control and reduce common risk factors of NCD;

Expected Outcome: established national, sub national, organization mechanisms or sub-council to provide overall coordination, supervision, integration and coherence of the national actions to engage and mobilize efforts of the multiple sectors which can contribute to a decreased prevalence of common risk factors of NCD;

3.2. Activities and Expected Outcomes under Objective 2

3.2.1. Strengthen and improve utilization of the NCD surveillance system based on regular surveillance and health statistics and information to align with international standards and requirements;

3.2.2. Create open and productive information access mechanism among all sectors through 3-4 year regular surveillance and research on common risk factors of non communicable disease to contribute evidence based policy and strategy;

3.2.3. Establish national database based on NCD risk factors, morbidity, mortality indicators, socio-economic determinant factors which will be developed according to international accepted indicators;

3.2.4. Improve NCD surveillance and diagnostic quality and quantity through introduction of ICD-10 at four-digit level; strengthen population base cancer registry, early screening and recall system;

3.2.5. Submission of regular evidence based information about implementation progress of Political Declaration of the High-level meeting of the General Assembly on the Prevention and Control of NCDs;

Expected outcome: established and improved utilization of NCD surveillance on common risk factors, morbidity, mortality, socio-economic determinant indicators;

3.3. Activities and Expected Outcomes under Objective 3

3.3.1. Increase required equipment and facilities to provide and promote regular testing, screening and health seeking behavior for blood pressure, blood cholesterol, blood glucose and weight control;

3.3.2. Conduct intervention (with regular monitoring and evaluation) for high risk population group on blood hypertension, diabetes type 2 based on risk evaluation screening result;

3.3.3. Increase community participation including family members and colleagues in prevention interventions to reduce risk factors of NCD and its complication;

3.3.4. Improve service quality and accessibility through introduction of WHO recommended package of essential NCD (PEN) interventions for primary health care settings;

3.3.5. Conduct regular monitoring evaluation and technical support for early screening process of hypertension, diabetes type 2, breast, cervical and liver cancer prevention and improve quality and accessibility of early screening;

3.3.6. Increase and improve local resource and capacity of human resource

and organization and facilities to provide NCD palliative care and rehabilitation service;

Expected outcome: Improved primary, secondary health care on NCD prevention and control based on evidence and community participation;

3.4. Activities and Expected Outcomes under Objective 4

3.4.1. Build capacity of departments and units on cardiology, diabetes, stroke in specialized centers and hospitals to provide technical supervision and counseling at the national level;

3.4.2. Improve and upgrade of quality of diagnostic, treatment, registration and surveillance on hypertension, diabetes type 2, chronic respiratory diseases;

3.4.3. Strengthen and upgrade of cancer registration, information and recall system to meet international requirement and level;

3.4.5. Improve quality and capacity of diagnosis, treatment of NCD in specialized referral centers and hospitals;

3.4.6. Provide regular capacity building training and utilize distance learning technology for health professionals on NCD prevention and control;

Expected outcome: improved quality, technology, accessibility of NCD diagnostic and treatment services, registration, information, and early screening;

4. Responsibility and participation of individuals, business entities, all level of government and non governmental organizations to implement the program;

4.1. Proposed Action for Government Organization on Public Health:

4.1.1. Conduct required intervention based on evaluation and survey to determine NCD social determinant factors to access primary health care among children, adolescents, suburb and remote district vulnerable population;

4.1.2. Organize evidence based advocacy and information sharing among other relevant sectors to make required changes in policy and strategy through conducted surveillance and research on NCD risk factors prevalence, risk behaviors and relevant determinant factors;

4.1.3. Establish and upgrade national level health database including NCD morbidity, mortality, common risk factors indicators which will meet international accepted requirement;

4.1.4. Jointly with relevant organizations, develop awareness raising manuals and toolkit and conduct awareness raising through informal and distance learning program to promote healthy diet, physical activity, alcohol and tobacco prevention and health seeking behavior;

4.1.5. Build capacity of human resources on NCD prevention, control, diagnosis and treatment;

4.1.6. Update and improve the existing NCD diagnostic, treatment, clinical and diet treatment guidelines and standards;

4.1.7. Develop treatment and training curriculum and organize awareness raising intervention on hypertension, blood cholesterol, glucose level, weight control, abstain and quit alcohol and tobacco for high risk population;

4.1.8. Increase resource and supply of equipment and facilities for self diagnose and control of blood cholesterol, glucose, hypertension and weight among communities;

4.2. Proposed Action for Government Organization on Education and Science:

4.2.1. Improve health curriculum in secondary schools covering healthy diet, physical activity and the health risks of using alcohol and tobacco;

4.2.2. Promote healthy, nutritious food in kindergarten and secondary schools (lunch in schools) to meet safe, hygienic and health food requirement appropriate for age specific food calorie and nutrition intake;

4.2.3. Ban the advertisements that promote and sell unhealthy, unsafe food products in (school cafeteria and canteen) or out of school area in school, college and universities; create "Green areas" in schools;

4.2.4. Implement specific physical activity promoting program and guideline to reduce overweight and obesity in schools, vocational school, college and universities; progress of the program should be linked with physical activity teacher work evaluation;

4.2.5. Improve accessibility, supply of sport facilities, equipment in schools, universities and create supportive environment to promote physical activity through extra class sport club and activities with individual child and youth age specific needs and interest;

4.2.6. Improve curriculum on non communicable disease risk factors prevention of colleges and universities which train teachers and specialist on medicine, nursing and physical activity;

4.3. Proposed Action for Government Organization on Culture, Sport and Tourism:

4.3.1. Develop physical activity guideline and standard appropriate for individual age, specialty characteristics and encourage ministries and each local organization participation through promotion of supportive workplace environment on physical activity;

4.3.2. Organize countrywide activities to measure body fitness indicators, overweight, waist and support and encourage workplaces and colleagues who promote physical activity;

4.3.3. Increase number of facilities on physical activity including safe and appropriate sidewalk for pedestrians, and bicycle; to develop standard of sport hall, place and service facilities; define needs of appropriate human resources and provide support for the implementation of the physical activity promotion;

4.3.4. Create supportive environment for organizing sport competition and show which meet the needs and interest of students from vocational school, colleges and universities;

4.3.5. Implement specific physical activity promoting program and guideline to reduce overweight and obesity among school children and students; progress of the program should be linked with school authorities and physical activity teacher work evaluation;

4.4. Proposed Action for Government Organization on Food and Industry:

4.4.1. Create legal supportive environment for production of healthy food product and increase of healthy food product types through promotion and marketing sponsorship;

4.4.2. To control and monitor storage technology of seeds, flour, flour product, potato, vegetables, dairy product and other food items to prevent fungus contamination which produce aflatoxin.

4.4.3. Support and promote a healthy diet (low salt, sugar and fat, fruits and vegetables) program and policy and monitor the implementation effectively;

4.4.4. Support and promote healthy, safe and organic food production and supply;

4.4.5. Create a supportive environment for production, importing and service of healthy food product and support individuals, community and organizations actions on this;

4.4.6. Create conditions and regulations for safe and appropriate transportation of food product and items;

4.5. Proposed Action for Government Organization on Human Development and Social Protection:

4.5.1. Create legal supportive environment to increase funding for NCD early screening from health insurance fund;

4.5.2. Implement coherent government human development policy with consideration of health impact and risk reduction among poor, vulnerable, and youth population;

4.5.3. Provide support physical activity promotion for disabled and elderly population through the custody fund;

4.5.4. Support social care and rehabilitation center for people addicted to alcohol;

4.6. Proposed Action for Government Organization on Labor:

4.6.1. Encourage employee annual medical examination including hypertension, diabetes type 2, cervical and breast cancer, liver cancer based on three lateral agreement in each organization;

4.6.2. Promote and support workplace health promotion program including alcohol, tobacco prevention, healthy diet and physical activity and prevention of early disability caused by labor condition (including alcohol and tobacco quit program, encourage abstainers; establish clubs on sports; serving healthy catering);

4.6.3. Support and promote organizations and workplaces which support individual employee healthy behaviours and health seeking behaviors to control their NCD risk factors;

4.7. Proposed Action for Government Organization on Economics:

4.7.1. Integrate NCD prevention and control actions in the national policy and strategies on economic, social development and poverty reduction;

4.7.2. Plan and develop a national action plan and program by encouraging active participation of relevant ministries and local organizations under Political Declaration on NCD control and prevention by High level of 66th meeting of UN General Assembly held in 2011;

4.8. Proposed Action for Government organization on Finance:

4.8.1. Allocate funding for annual NCD control and prevention actions from state budget;

4.8.2. Develop, implement and follow tax policies to support healthy food production and service, reduce unhealthy and unsafe food consumption, support physical activity; follow policy for constant growth of excise tax on alcohol and tobacco;

4.9. Proposed Action for Government organizations on Foreign Relations:

4.9.1. Integrate and promote NCD control prevention through encouragement of international partner and donor organizations participation and partnership;

4.10. Proposed Action for Government law organizations:

4.10.1. Provide technical support to create legal supportive environment on NCD prevention and control and support implementation of UN and WHO endorsement, strategy and action plans on NCD;

4.11. Proposed Action for Government Organization on Defense:

4.11.1. Create supportive environment on NCD prevention and control among army recruits and employees with promotion of healthy lifestyle and physical activity;

4.11.2. Advocate and promote physical fitness test of youth among relevant organizations on education and local province and municipal governing office authorities;

4.12. Proposed Action for Government Organization on Road and Transportation:

4.12.1. Promote and support alcohol and tobacco free transportation environment and support advertisement of healthy diet and physical activity promotion through transportation services;

4.12.2. Take action to ensure safe and appropriate transportation of food product and supply;

4.13. Proposed Action for Government Organization on Inspection and Control:

4.13.1. Enforce the law and standard regarding to NCD prevention and provide appropriate intervention and measure and advice for business entities and individuals;

4.13.2. Improve the inspection and control for imported products in borders and retailing points; ensure appropriate laboratory inspection and control on food, alcohol and tobacco production to meet international quality and hygiene requirement;

4.13.3. Provide control on implementation of NCD diagnosis and treatment clinical guideline and standards;

4.13.4. Provide inspection and control for food security in supply, cafeteria and canteen food preparation and production process in pre-school, school, university and colleges;

4.14. Proposed Action for Government Organization on Standardization and Measurement:

4.14.1. Develop and ensure implementation of standards on food products with low sugar, salt and fat;

4.14.2. Develop and support the relevant standard and regulation on alcohol and tobacco to follow the WHO Framework Convention on Tobacco Control;

4.14.3. Develop standard on sport hall and facilities; to define required sport facilities and human resources per 1000 population and develop appropriate standard to support physical activity among community;

4.14.4. Develop and ensure implementation of healthy and safe food product;

4.15. Proposed Actions for Governors in Municipal, Province, District and Soum Level:

4.15.1. Develop sub-program on NCD prevention and control with indicators, implement, and monitor the progress of the program; allocate and support of required funding for the program implementation based on local NCD risk factor prevalence;

4.15.2. Conduct early screening of NCD risk factors, organize monitoring activities and strengthen the capacity and leadership of local public health center;

4.15.3. Support and encourage healthy workplace initiatives at the local level and disseminate best practices;

4.15.4. Allocate funding for annual budget of local health centers for free treatment (required medicine) on cancer and diabetes;

4.16. Proposed Action for Employers:

4.16.1 Support healthy workplace programs (including promotion of healthy diet, regular monitoring of body mass index, waistline, physical activity, early NCD screening, creating tobacco and alcohol free workplace environment) through labor contract and internal workplace regulation and rules with individual employee special encouragement scheme (including salary bonus and provision of special vacation);

4.16.2. Support and encourage employees to quit alcohol and tobacco through of the development of a supportive healthy workplace environment that encourages a healthy diet and physical activity;

4.16.3. Allocate 3-5 percent of the total budget of each organization to be spent in employees' health, physical activity and sport promotion activities;

4.17. Proposed Action for Food Industry, Market and All Type of Food Serving Places:

4.17.1. Support and provide serving and production of healthy food products free of salt, sugar and fat; encourage the reduction of alcohol and tobacco consumption and increase fruit and vegetable consumption .

4.17.2. Promote and support correct and understandable food labeling on food product nutrition;

4.18. Proposed Action and Participation for Civil Society Organizations, Community and Individuals:

4.18.1. Follow a healthy lifestyle free of alcohol and tobacco consumption and encourage a healthy diet and physical activity;

4.18.2. Learn about weight control, waistline, blood pressure, blood sugar and fat; and implement counseling guidelines provided by relevant professional health organizations; get regular early screening and testing by specialized health professionals;

4.18.3. Avoid the consumption soft drinks and food with high salt and sugar content; inform relevant organizations about the marketing and advertisement of these unhealthy foods;

5. Program Administration and Coordination

5.1. The program administration and coordination on partnership and participation by all social sectors, organizations and international organizations should be provided by Public Health Sub-Council led by Minister of Health; daily program coordination should be provided by a technical working group from relevant government organization on health;

5.2. The information, implementation coordination and control of the program should be provided by National Center of Public Health, Health Development Center, National Center on Cancer, and Specialized Centers and Hospitals on diabetes, cardiovascular diseases and stroke;

5.3. At the province and district health center level, NCD a prevention and surveillance unit should be established and support implementation of the program in local level;

5.4. The province and municipal level health council should responsible to support local level inter-sectoral collaboration and consolidate each sector NCD program report and should send the report to the relevant government health organization by the first quarter of each year.

5.5. The relevant government health organization should be responsible to consolidate the report from national and local level implementation progress of the program and send the report to the Government by the first quarter of each year.

6. Monitoring and Evaluation, Indicators and Outcome

6.1. The first phase of the program implementation will be from 2014 to 2017 and the second phase will be from 2018 to 2021. The program mid-term evaluation should be conducted in 2017. An evaluation at the national level should be conducted by relevant government organizations and the health and local level evaluation should be conducted by province and municipal governing offices.

6.2. The program implementation should be evaluated based on following indicators:

6.2. The program implementation should be evaluated based on following indicators:

№	Indicator	Source	Baseline by 2013	Target	
				2017	2021
I. Indicators of Primary Risk Factors of NCD related to Behavior					
1.	Tobacco consumption, by percent	*	27.1	27.0	21.7
2.	During last 30 days, smoked 1-2 times, consumption among youth aged 13-15	**	5.9	5.4	4.9
3.	During last 30 days, smoked 1-2 times, consumption among youth aged 16-17, by percent	**	17.5	16.0	14.5
4.	During last 30 days, exposed for the second hand smoking in the workplaces, by percent	*	25.5	23.4	21.3
5.	Registered alcohol product per person among people aged over 15, by litre (as vodka)	*****	9.8	8.8	7.9
6.	Percentage of excessive alcohol users	*	10.3	10.0	9.6
7.	Percentage of student aged 15-17 who used alcohol excessively 1-2 times	**	23.1	22.3	21.6
8.	Daily average salt consumption among population aged 25-64 (gr/day)	****	11.1	10.0	8.9
9.	Percentage of people who could not use fruit and vegetable per day 5 unit (400gr)	*	96.4	88.4	80.3
10.	Percentage of population who physically inactive	*	22.3	21.6	20.8
II. Indicators of the Secondary Risk Factors on NCD related to Behavior					
1.	Percentage of people who overweight and obese (BMI \geq 25kg/m ²)	*	54.4	49.9	45.3
2.	Prevalence of hypertension (systolic \geq 140, diastolic \geq 90; blood pressure medication usage) by percent	*	27.5	25.2	22,9
3.	High blood cholesterol prevalence (over 5 mmol/litre) (percent)	*	61.9	56.7	51.9
4.	High blood glucose prevalence (5.6-6.0 mmol/litre)	*	8.3	7.6	6.9

5.	People whose blood glucose level increased (over 6.1mmol/litre) and use glucose reduction medication, by percent	*	6.9	6.3	5.8
III. Indicators of Early Screening and Morbidity of NCDs related to Behavior					
1.	Coverage of cervical cancer screening, by percent (people aged 30-60)	***	41.6	61.0	80.4
2.	Coverage of breast cancer screening, by percent (people aged 30-60)	***	33.1	55.4	77.8
3.	Coverage of screening on blood pressure, by percent (people aged 40-64)	***	38.5	59.0	79.5
4.	Coverage of diabetes screening, by percent (people aged 40-64)	***	32.5	55.0	77.5
IV. Indicators for Morbidity and Mortality on NCDs					
1.	Mortality caused by cancer (per 10 000 population)	***	12.6	11.6	10.5
2.	Mortality caused by cardiovascular diseases (per 10000 population)	***	20.9	19.2	17.4

Explanation:

- (*) Prevalence of Risk Factors of Non-communicable Diseases and Injury, STEPS survey, 2013
- (**) Global School Survey, Health Behavior among Secondary School Children, 2013
- (***) Health Indicator, 2012
- (****) Salt Consumption Survey, 2012
- (*****) National Statistics Resource Book, 2012
- -Vegetable consumption unit:
 - a) 1 cup raw vegetables
 - б) 1/2 cup cooked vegetables
- -Excessive alcohol usage among students was estimated by using following symptoms (staggering when walking, not being able to speak correctly, and vomiting are signs of being really drunk)
- -WHO recommends to do at least 30 minutes daily physical activity during over 5 days of week.

