

MINISTRY OF HEALTH

NATIONAL CENTER FOR HEALTH DEVELOPMENT

# HEALTH INDICATORS

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## Preface

Health Statistics Department of the National Center for Health Development issues its yearbook with main health indicators essential for policy and decision-making. The indicators have been estimated based on routine health statistical reports and in accordance with international methodology.

The yearbook is published in both Mongolian and English since 2001, and it has increased its use by international partner agencies and consultants.

In 2006 the main health indicators have been estimated according to the different levels of health care for the last 3 years. Furthermore, the inclusion of the Millennium Development Goals; communicable and non communicable tendency in last 10 years, health economy indicators during in 2000-2004 and also national health program indicators has contributed to the novelty of the current publication.

It is clearly demonstrated in the publication that one of the main health indicators such as mortality of newborn and child under 5 years old has reached its lowest level in the last decade. Moreover, maternal mortality is being in the lowest level constantly in last three years.

We believe this publication would be a great assistance to health policy and decision-makers at all level as well as other information users in making sound evidence-based decisions, and we hope that readers will provide their comments and suggestions for the further improvement of the publication.

DIRECTOR OF NATIONAL CENTER  
FOR HEALTH DEVELOPMENT

Ts.SODNOMPIL

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### List of acronyms

AR	Arkhangai
BO	Bayan-Olgii
BKH	Bayankhongor
BU	Bulgan
GA	Gobi-Altai
GS	Gobisumber
DG	Dornogobi
DO	Dornod
DU	Dundgobi
ZA	Zavkhan
OR	Orkhon
UV	Uvurkhangai
UM	Umnugobi
SU	Sukhbaatar
SE	Selenge
TU	Tuv
UVS	Uvs
KHO	Khovd
KHU	Khuvsgul
KHE	Khentii
Aimag	Aimag average
UB	Ulaanbaatar
Country	Country average
NSO	National Statistics Office
MDG	Millennium Development Goals
STI	Sexually transmitted infection
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
DOTS	Directly observed treatment short-course
NTBP	National TB Sub-program
RH	Reproductive health
IMCI	Integrated Management of Childhood Illness

## CHAPTER 1. POPULATION OF MONGOLIA

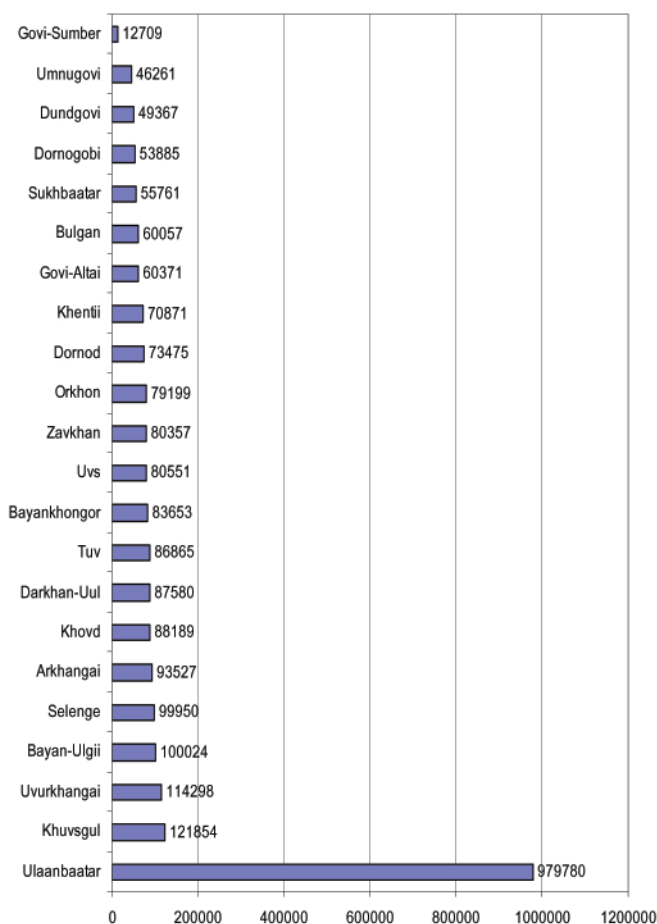
### 1.1. Population of Mongolia

Administratively, Mongolia is divided into aimags and the capital city. Aimags are further divided into soums and soums into bags. The capital city is divided into districts and districts into khorooos.

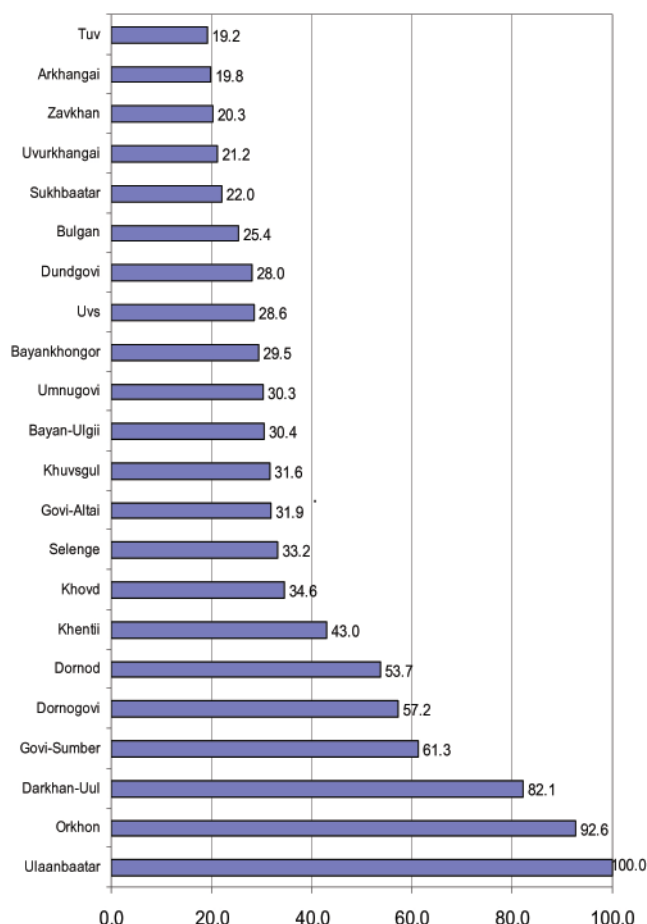
Presently, the country has 21 aimags, 340 soums, and 1664 bags. The capital city is Ulaanbaatar and it has 9 districts and 121 khorooos.

By the end of 2006, the population of Mongolia reached 2.594 million: an increase of about 32.4 thousand people or 1.2 percent, compared to 2005. Of the total population, 60.9 percent is living in cities, and the remaining 39.1 percent resides in rural areas. Moreover, 994.3 thousand or about 1 million people reside in Ulaanbaatar city. Male residents make up 48.8 percent of the total population, while females make up 51.2 percent. Around 28.6 percent of the population is under 15 years of age, 67.3 percent is between 15-64 years old, and 4.1 percent is 65 and over.

**Figure 1.1**  
Mid-year population, by aimags, 2006



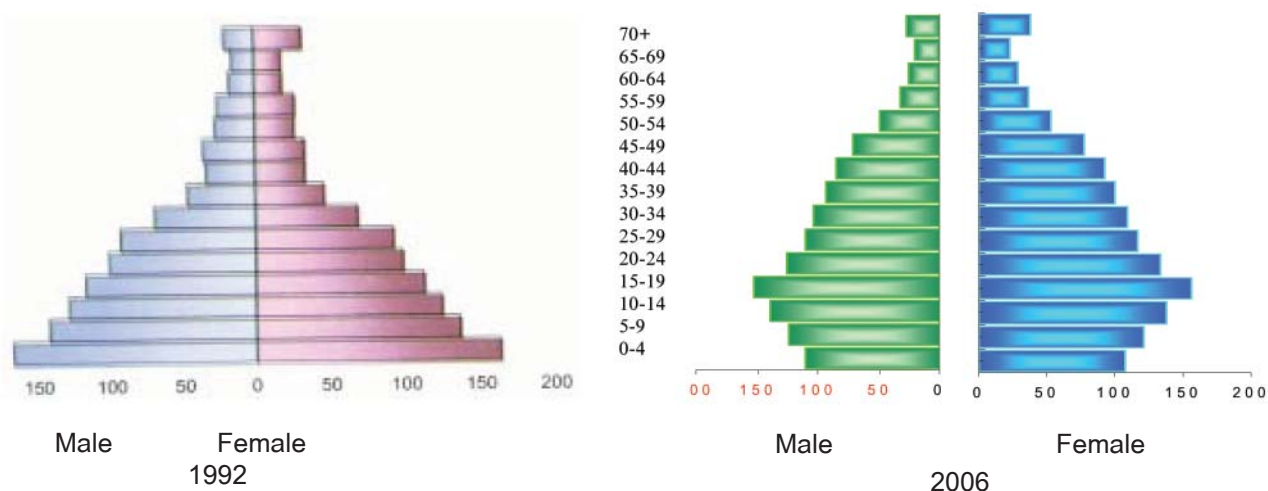
**Figure 1.2**  
Proportion of urban population, by aimags, 2006



### 1.2 Population Pyramid

Currently, young people constitute the largest cohort in Mongolia. A comparison of 1992 and 2006 population pyramids clearly demonstrates changes in the population structure due to a decline in the birth rate.

Figure 1.3 Population pyramid, 1992 and 2006



### 1.3 Selected Demographic indicators

Since 1990, Mongolia has been undergoing a demographic transition defined by a sharp reduction in fertility and death rates, and an increase in aging. For instance, the growth rate of the population has decreased from 2.7% in 1990 to 1.4% and 1.17% in 2000, and in 2003-2005 respectively. In 2006, the crude birth rate reached 1.23, which showed an increase in last 3 years.

The crude birth rate per 1000 of the population was reduced by half from 35.3 in 1990 to 18.0 in 2003, and has been stabilized since 2004. Meanwhile, the total fertility rate (TFR), interpreted as the number of children a woman would have by the end of her childbearing years, was 4.3 in 1990. The total fertility rate (TFR) experienced a two-fold decline during the period 2000-2003 before increasing again to 1.9 in 2004-2006.

Table 1.1. The demographic indicators by selected years

Indicators	1990	2000	2003	2004	2005	2006
<b>Total population (thousand)</b>	2149.2	2407.5	2504.0	2533.1	2562.3	2594.8
Urban population	54.6	57.2	58.5	59.1	60.2	60.9
Rural population	45.4	42.8	41.5	40.9	39.8	39.1
<b>Age group (percent)</b>						
0-15	41.5	33.7	32.6	32.6	32.6	28.6
15-64	54.4	62.8	63.9	63.9	63.9	67.3
65 and over	4.1	3.5	3.5	3.5	3.5	4.1
<b>Demographic rates</b>						
CBR	35.3	21.5	18.0	17.7	17.8	18.4
CDR	7.9	5.9	6.1	6.1	6.1	6.1
Growth Rate	2.7	1.5	1.2	1.16	1.17	1.23
TFR	4.3	2.2	2.0	1.9	1.9	1.9

As noted in 2006, 37 percent of the total population lives in Ulaanbaatar, the capital city, 22.7% in aimag centers, and the remaining 39% is found in rural areas (soums and/or bags). Due to increased urbanization, rapid socio-economic development, and continued rural- to- urban migration, 42.8% of the total population resided in the rural areas in 2000 and by 2006, this figure had decreased to 39 percent.

## CHAPTER 2. MILLENIUM DEVELOPMENT GOALS AND HEALTH

The Heads of states representing 191 nations adopted the Millennium Development Goals (MDGs) at the United Nations Millennium Summit in September 2000 and agreed on global developmental priorities ranging from poverty reduction to sustainable development. These goals are based on the resolutions of UN Summits, and have grown into a measure of progress.<sup>2</sup>

There are three MDGs and 6 objectives related to health, including reducing childhood mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases.

### Objective 6

**Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.**

**Table 2.1 Infant and under 5 mortality rates (per 1000 live births) by selected years**

Indicators	1990	2000	2003	2004	2005	2006	2015
<b>Infant mortality rate</b>							
Country average	63.4	31.2	23.5	22.8	20.8	19.8	-
UB city average	70.3	32.8	22.8	23.7	18.1	19.0	-
Aimag average	62.5	30.8	23.9	22.3	22.5	20.3	-
<b>Under 5 mortality rate</b>							
Country average	87.5	42.4	31.3	29.1	26.1	24.0	29.2
UB city average	99.9	42.4	29.1	28.9	21.7	21.8	-
Aimag average	94.4	42.5	32.6	29.2	28.9	25.6	-

In the last 15 years, infant and children under-five mortality has been persistently decreasing as it has shown in the official health statistics.

This steady decline in infant and under-five mortality during the last decade is attributed to the implementation of effective public health measures such as the Expanded Immunization Program, Integrated Management of Childhood illness, and the promotion of breast-feeding. There was a two-fold decrease in infant mortality rate between 1990 and 2000. In 2006, the rate was 19.8 per 1,000 live births.

### Objective 7

**Provide essential reproductive health services to all individuals of reproductive age, and reduce by three-quarters the maternal mortality ratio between 1990 and 2015.**

**Table 2.2. Maternal mortality ratio (per 100 000 live births) by selected years**

Indicators	1990	2000	2003	2004	2005	2006	2015
Country average	199.0	158.5	109.5	98.6	93.0	69.7	50.0
UB city average	126	171.1	138.0	79.8	73.3	71.8	-
Aimag average	230	153.4	93.7	109.6	105.7	68.2	-

When compared to regional and developed countries, maternal mortality ratio (MMR) in Mongolia for the period of 1990-2000 relatively high. However, MMR decreased to 109.5 in 2003 thereby reaching its lowest level in the last 10 years. The figure remained the same in 2004-2005, and reached 69.7 in 2006.



**Objective 8****Have halted by 2015, and begun to reverse, the spread of HIV/AIDS and STIs.**

Mongolia has a low prevalence of HIV/AIDS. The first HIV case was reported in 1992, and since then 25 cases have been reported in 1997, 2001, 2003, 2004, 2005 and 2006. Three of the reported cases died of AIDS. Although the prevalence of HIV/AIDS is low, there has been an increase in STIs in recent years. Mongolia is a country at high risk of epidemics due to its relatively young population (more than 50 percent of the population is aged below 23 years), high rates of population migration, and growing epidemics of HIV/AIDS in the neighbouring countries (China and Russia).

**Objective 9****Have halted by 2015 and begun to reverse, the spread of tuberculosis.**

Mongolia is one of five countries of the Western Pacific Region with high TB morbidity. TB prevalence increased from 79/100,000 in 1990 to 155-185/100,000 between 2003 and 2006. Within the framework of the National TB Program, DOTS (directly observed treatment short-course) was introduced in Mongolia in 1995, and has been implemented successfully since then. As a result, DOTS coverage increased to 80 percent in 2000.

**Table 2.3. Prevalence of tuberculosis (per 100 000 population) by selected years**

Year	1990	2000	2003	2004	2005	2006	2015
<b>Incidence of tuberculosis</b>							
Country average	79	125	155	176	175	185	40
UB city average	85	180	234	264	264	259	-
Aimag average	63	99	115	129	123	132	-
<b>Death rate of tuberculosis</b>							
Country average	4.8	3.2	3.0	3.8	4.0	2.9	-
UB city average	5.4	2.5	2.6	3.3	3.3	3.3	-
Aimag average	3.9	2.0	3	4.5	4.3	2.5	
<b>Proportion of TB cases detected and cured under DOTS</b>							
Country average	-	100/80	100/83.8	100/83	100/79	100/82.1	
UB city average	-	100/84	100/82	100/84	100/74	100/78.4	
Aimag average	-	100/81	100/85	100/87	100/84	100/87.1	

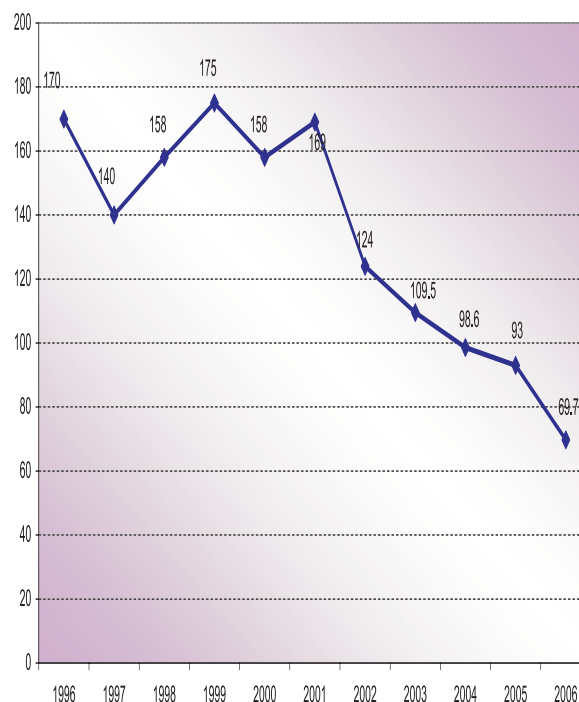
## CHAPTER 3. MATERNAL AND CHILD HEALTH

### 3.1 Maternal Health

Highlights of 2006:

- The issues of maternal and infant health care, services are still considered as a priority issues in the Master plan of health sector development for 2005-2015 of the Mongolian Government
- Order No. 190 of 2005 on “Maternal mortality reduction”, Order No. 192 of 2005 on “Approving the rules for structure and financing of Maternity rest homes”, Order No. 193 of 2005 on “Approving the criteria and evaluation methodology of Mother- friendly hospitals” have been implemented successfully.
- On March 7, 2007 the Government reviewed the implementation of 3<sup>rd</sup> National Program on Reproductive Health and approved its continuity for 5 years based on rationale to decrease maternal and infant mortality, half spread of HIV and etc.
- The First Mongolian Midwifery Conference was successfully organized with technical and financial support from the MOH, UNFPA, WHO, UNICEF, GTZ and participation of midwives and other medical professionals from all over Mongolia. It was held in Ulaanbaatar between 7 and 8 December 2006.
- Maternal Mortality Ratio per 100 000 live births, the main indicator of the Reproductive Health program and other national programs, has for the first time dropped to a two-digit number in 2004 and has reached 69.7 in 2006.

**Figure 3.1 Maternal mortality per 100,000 population /1996-2006/**



#### 3.1.1 Antenatal Care

The issues related with early detection of pregnancy, pre-natal care, identification of pregnant women with risk and complications, their transfer to next level of health care, delivery of healthy women, antenatal care, infant care, family planning, regular work of pre-delivery rooms for women are considered as a priority issues of the primary health care in soums and family clinics.

Antenatal care for pregnant women includes the following care and services:

- Early detection of pregnancy, and antenatal visits during a pregnancy (at least 6 times and/or more)
- General blood and STI testing of pregnant women and treatment
- Prevention of pregnancy and birth complications, their early detection followed by timely treatment;
- Provision of vitamins and mineral supplements to pregnant women;
- Improvement of maternity rest home services.

Early and regular antenatal care is essential for an early diagnosis and treatment of associated diseases, and the reduction of prenatal complications.

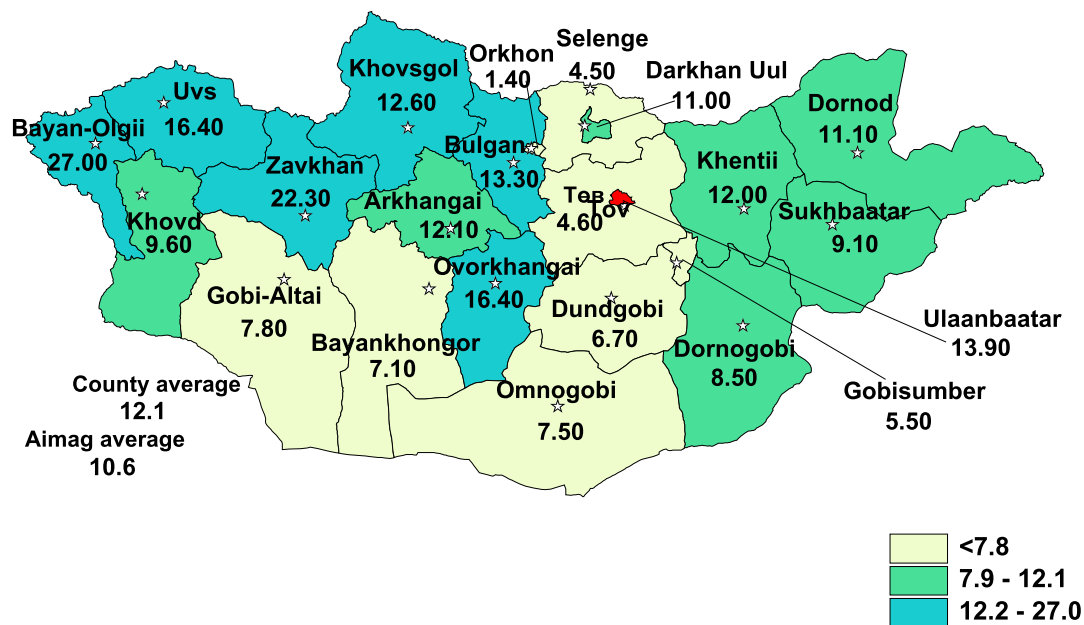
According to 2006 data 81.5% of total pregnant women had gone under antenatal care in first 3 months of their pregnancy, which showed an increase by 1.5 points in comparison with last year. Out of total women who gave birth in 2006 and attended antenatal care, 76.3% were in city, and 84.7% were in countryside, which showed an increase of tendency to attend antenatal care in rural areas.

On average, the percentage of antenatal and early antenatal care coverage in Ulaanbaatar city was lower than in the aimags.

Of all pregnant women receiving antenatal care, 83.0 percent have undergone general blood testing and, of these, 12.1 percent were anemic. This is a decrease of 1.7 percent compared to last year.

In the year of 2006, 60.9 percent of pregnant women were tested for syphilis, of which 2.24 percent tested positive. The detection rate was even higher in Dornod, Orkhon, Khovsgul Zavkhan aimags, and Ulaanbaatar city. Moreover, 53.3 percent of all pregnant women have had an X-ray examination, and 62 active tuberculosis cases were detected. Of the latter, 91.9 percent were from Ulaanbaatar city.

**Figure 3.2 Percent of pregnant anemic women, 2006**

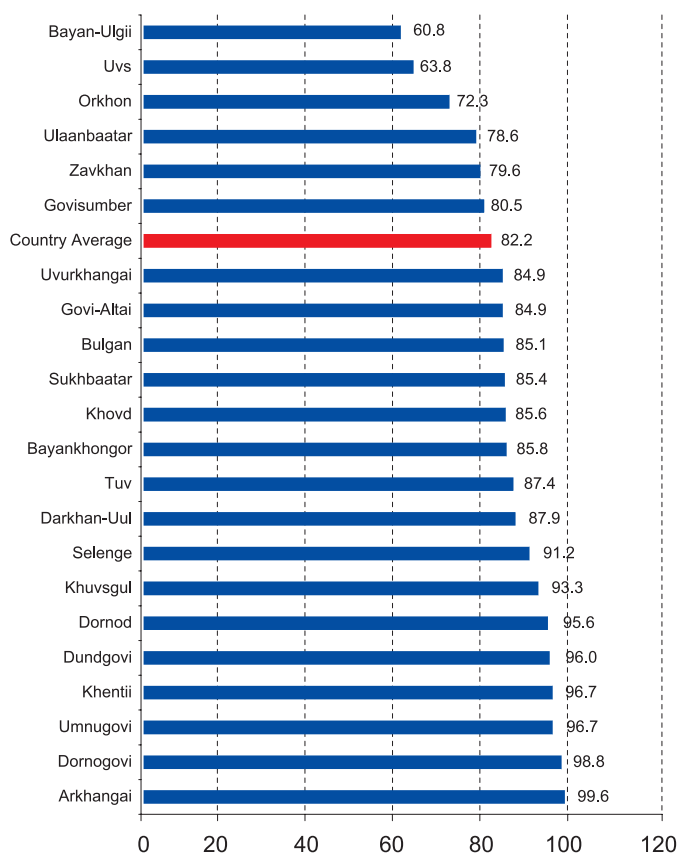


Main goal of the maternal rest room is to provide rest for pregnant women before the delivery and within 7 days after the delivery. In relation with issuing the order N 192 "Regulations on structure, activities and financing of the maternal rest room" of the Minister for Health in 2005, the rest rooms have been serving many women who come from rural areas or have nomadic lifestyle. The number of women who are receiving services of these rooms are increasing year by year.

As of 2006, 335 maternity rest homes were operating throughout the country. Of them, 312 were located in soum centers, 21 were in aimag centers, one in other locations, and one in Ulaanbaatar city. The average length of stay at maternity rest homes was 9.5 days.

Every single pregnant mother should receive early and regular antenatal care and antenatal visits (at least six times) during pregnancy. This indicator has been included in the minimum set of health indicators since 2003. By 2006, the percentage of pregnant women who visited antenatal clinic six times and over reached 82.2, by contrast, non-coverage was 0.3 percent.

### 3.3 Percent of women undergoing antenatal check-ups at least 6 times during last pregnancy, 2006



#### 3.1.2 Birth, delivery health care and service

In 2006, the number of women who gave birth totaled 47361. When compared to 2005, the birth rate increased in Arkhangai, Bulgan, Govi-Altai, Govisumber, Darkhan-Uul, Dornogovi, Dornod, Zavkhan, Orkhon, Uvurkhangai, Sukhbaatar, Tuv, Uvs, Khovd aimags, and Ulaanbaatar city, but in contrast, it decreased in the remaining aimags.

Out of total women, who gave birth in 2006, 43.5% were first deliveries and 87.6% of these births were attended either by private or government medical professionals.

More than one third of women (40.9 percent) gave birth in Ulaanbaatar city, 42.5 percent gave birth in aimag general hospitals, 18.1 percent in soum and inter-soum hospitals, and the remaining 0.5 percent were home deliveries.

When compared to 2005, there were 0.2 times fewer home deliveries in 2006, which illustrates an increase in births taking place in hospitals. There were 260 home deliveries, 61.5% were not attended by trained health personnel, 56.9% of these were in Ulaanbaatar. In recent years, the increased number of deliveries not attended by trained health personnel in Ulaanbaatar may be caused by rapid growth of internal migration as well as an incomplete registration system.

**Table 3.1 Number of births by type of health facility, 2006**

Aimags, city	Total number of births	Number of births in aimag hospitals	Number of births in soum hospitals	Number of home deliveries	Number of births at bagh feldsher posts	Number of births in private hospitals
Arkhangai	1556	819	732	5	0	0
Bayan-Olgii	2405	1299	1104	2	0	0
Bayankhongor	1455	1046	403	6	0	0
Bulgan	730	465	261	4	0	0
Gobi-Altai	1168	669	490	9	0	0
Gobisumber	260	258	0	4	0	0
Darkhan-Uul	1603	1493	96	14	0	0
Dornogobi	963	804	156	3	0	0
Dornod	1363	1265	91	7	0	0
Dundgobi	792	532	258	2	0	0
Zavkhan	1469	914	554	1	0	0
Orkhon	1446	1417	15	14	0	0
Uvurkhangai	2146	1500	609	7	8	22
Umnugobi	790	659	130	1	0	0
Sukhbaatar	870	726	137	5	0	0
Selenge	1199	876	320	3	0	0
Tuv	725	331	394	0	0	0
Uvs	1810	958	845	7	0	0
Khovd	1835	997	832	6	0	0
Khuvsgul	2229	1332	894	3	0	0
Khentii	1130	878	243	9	0	0
Aimags average	27944	19238	8564	112	8	22
Ulaanbaatar	19417	876	12	148	0	107
Country average	47361	20114	8576	260	8	129

5.6% of women, who gave birth were under the age of 20, 10.0% - 35 years old and above, and 84.4% between the age 20-34.

If in 1998, birth among adolescents girls were 5.7% (UB) and 12.9% (rural areas), in 2006 this percentage changed to 1.86 and 3.73 accordingly.

### 3.1.3 Postpartum health care service

Postpartum health care service embraces a wide range of activities, including counseling and services related to newborn care, breastfeeding and family planning.

According to 2006 health statistics, coverage of active surveillance in postnatal period (within 42 days after delivery) was 78.9 percent, which is an increase of 4.8 points compared to last year. Furthermore, the coverage of active surveillance in children-under-one was 98.8 percent and that for children-under-five was 91.8 percent.

**Table 3.2 Data on newborns by regions, 2006**

Regions	Number of newborns				Of all newborns,	
	Total	Male	Female	Sex ratio	percent with birthweight below 2500 g	percent of stillbirths
Western region	8623	4419	4204	105.1	3.55	3.21
Central region	9555	4886	4669	104.6	3.84	1.84
Khangai and Gobi region	6336	3216	3120	103.1	2.60	0.74
Eastern region	3363	1732	1631	106.2	3.24	0.65
Aimags total/average	27877	14253	13624	104.6	3.40	6.44
Ulaanbaatar	19499	10143	9356	108.4	5.01	2.85
Country total/average	47376	24396	22980	106.2	4.06	9.29

The fact that 45 percent of all reproductive age women are detected with physiological diseases, and number of pregnant woman detected with STIs, and number of children born with congenital syphilis have increased shows the necessity for improving the quality of antenatal care and services.

Nearly one third (34.2%) of all women who gave birth in 2006 have had pregnancy associated diseases. Out of these cases almost half (29.5%) had diseases of the genitourinary system, 19.7 percent disease of blood and blood forming organs and certain disorders involving the immune mechanisms, 11.0 percent had cardiovascular diseases.

Regrettably, this indicator has increased from 748 since year 2005 although. In 2006 the number of complications during pregnancy, birth and the postpartum period was each 748 per 1000 live births, out of total 35452 cases, 26.9 percent encompassed pregnancy related disorders, 38.2 percent delivery related complications, 1.9 percent postpartum complications, and 33.0 percent disorders unrelated to pregnancy and childbirth.

Complications during pregnancy consist of 76% pre eclampsia;

Complications during delivery early break off water 25.3% tiredness (primary) of delivery 26%

Postpartum complications late bluding 42.0%;

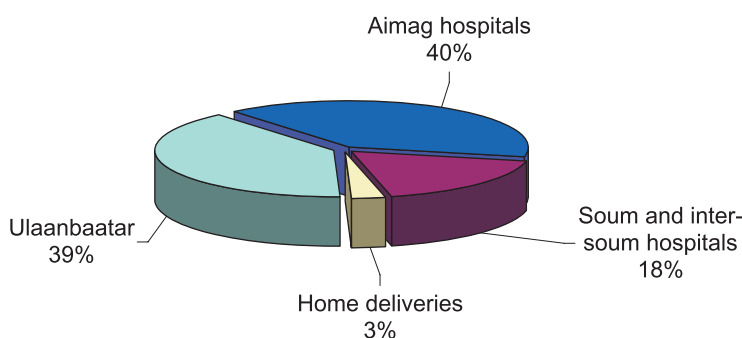
Nationwide, of 47,376 live newborns, 4.1 percent had a birth weight below 2,500 g. The still-birth rate per 1000 live births was 9.3 and 440 total cases. The stillbirth rate is even higher in the Western and Khangai regions. Interestingly, the share of male stillbirths was higher in the majority of regions. The sex ratio at birth was 106.2. There were 861 sets of twins and 27 triplets among the total live newborns.

### 3.1.4 Maternal Mortality

There are many intervention activities that have been implemented, that are positively influenced on reduction of maternal mortality, for instance developing and implementing clinical guidelines on improvement of RH services, transfer high risky mothers to tertiary care at early stages, improving knowledge, skills of medical professionals at bag, soum and family clinics, and provision of facilities and equipments. Yet, our maternal mortality rate is still higher in comparison with neighboring countries.

In 2006, there were 33 maternal mortality cases. Arkhangai, Bulgan, Uvurkhangai, Umnu-gobi, Dundgobi, Huvsgul, Tuv aimag didn't have any maternal mortality. Maternal mortality rate is 69.7 per 100000 live births and reduced by 23.3 points in comparison with last year. Bayanulgii, Gobi-Altai, Govi-Sumber, Dornogobi, Dornod, Sukhbaatar, Selenge, Khentii, Ulaanbaatar's maternal mortality rate is higher than aimag and country average level.

**Figure 3.4 Maternal mortality by levels of health care**



Out of 33 cases of maternal mortality 33.3% were due to pregnancy complications, 21.2% - birth complications, 15.2% - post delivery complications, and 30.3 % due to other health problems.

85.7 % of post delivery complications were related with bleeding within 4 hours.



Of 33 maternal death cases 27.3 percent were among those aged 35 years of age and over, 6.1 percent were under 20 years old and 66.6 percent among women aged 20-34. Particularly, maternal deaths occurring in the under-20 age group need to be paid special attention.

### **3.1.5 Abortion**

One of the challenges in the area of reproductive health in Mongolia is the persistent high level of induced abortion and at the same time, the incomplete reporting of aborted cases. A standard of integrated abortion care and services has been in place since 2005 and advanced techniques have also been introduced in adequate delivery of care and services.

In the meanwhile, health statistics for 2006 demonstrate the abortion ratio was 266 abortions per 1,000 live births and 16.3 abortions per 1,000 women of reproductive age. The abortion ratio per 1,000 live births in Darkhan-Uul, Dornogobi, Dornod, Orkhon, Khentii and Ulaanbaatar city is greater than the national average.

Abortion in later pregnancy was 3.7 %, which in comparison with last year dropped by 1.3 points.

By age group, 5.9 percent of total abortions were among women aged under 20 years old, 70.6 percent among those aged between 20-34 years, and 23.6 percent among women aged 35 and over.

In comparison with last year, the abortion rate decreased among women under the age 20 and over the age 35, in all other age groups it has increased.

Almost half (46.0%) of all women who have undergone induced abortions have experienced abortions first time and 16% of them are students.

### **3.1.6 Contraception**

Increased knowledge and usage of contraceptives in Mongolia has been allowing opportunities for exerting control over birth spacing and the number of children a woman or couple would like to have, and contributes to the reduction of illegal abortions.

In modern methods of pregnancy prevention it is included condoms (female and male), IUD, norplant, pills, diaphragm, servical cap, substance to destroy spermatozooids, and sterilization (male, female).

According to the official health statistics, the rate increased from 41.9 percent in 2001 to 50.7 percent in 2006, which is an indication of improvements in quality and accessibility of reproductive health care and services in Mongolia.

Among 1000 women of reproductive age 503 use some type of pregnancy prevention method. The most commonly used include IUD (34.0%), condom (26.3%) and pills (22.5%).

### 3.1.7 Child and Adolescent morbidity and mortality

The State Policy on Population Development holds that by 2015 infant mortality will be reduced by one third compared to 2000. Infant and under-five mortality rates, which are considered to be verifiable indicators of the effectiveness of actions in improving health status of the population, followed a trend towards consistent decline in the last 10-15 years in Mongolia.

In 2006, infant and under-five mortality rates per 1,000 live births were 19.8 and 24.0, respectively. The rates each decreased 1 point since 2005. Although the stillbirth rate decreased by 1.4 compared to the preceding five years average, perinatal and infant mortality rates still remain high.

**Table 3.3 Infant and under-five mortality by cause and place of residence, 2006**

	Infant		1-4 year-olds	
	Urban	Rural	Urban	Rural
Diseases of the respiratory system	3.52	13.7	4.45	24.7
Diseases of the digestive system	1.38	2.98	2.97	5.94
Perinatal pathologies	22.5	28.5	0.0	0.0
Congenital malformations	7.3	4.9	1.48	5.44
Injuries and poisoning	0.6	5.54	13.8	20.8

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

Perinatal pathologies (51.0%), diseases of the respiratory system (17.2%) and congenital malformations (12.3%) were the leading three causes of infant mortality.

By residence, the leading cause of infant mortality was perinatal pathologies in both urban and rural areas. The leading cause of mortality in children aged 1 to 4 was respiratory pathologies in both urban and rural areas.



**Table 3.4 Infant and under-five morbidity by cause and place of residency, 2006**

	0-1 year-olds		1-4 year-olds	
	Urban	Rural	Urban	Rural
Diseases of the respiratory system	19.7	40.7	18.6	40.7
Diseases of the digestive system	6.19	9.57	5.67	8.97
Perinatal pathologies	4.39	0.8	0	0
Injuries and poisoning	1.26	0.54	4.26	1.33
Infectious and parasitic diseases	0.65	0.37	2.38	2.63
Diseases of the skin and subcutaneous tissue	1.37	2.15	1.58	2.91
Diseases of the ear and mastoid process	0.7	3.77	0.62	1.94

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

Adolescent morbidity is mainly due to diseases of respiratory, digestive and genitourinary systems, injuries and poisoning.

**Table 3.5 Five leading morbidity causes of children and adolescents by age group, 2006**

	1-4 year-olds	5-9 year-olds	10-14 year-olds	15-19 year-olds
Diseases of the respiratory system	2807.2	881.5	774.2	581.3
Diseases of the digestive system	692.1	566.4	569.2	577.8
Infectious and parasitic diseases	237.4	226.4	131.1	152.2
Injuries and poisoning	264.7	206.6	252.3	338.3
Diseases of the genitourinary system	108.0	137.7	236.8	426.0
Diseases of the skin and subcutaneous tissue	212.8	180.7	215.0	279.2

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

## CHAPTER 4. MEDICAL SERVICES

The health care system in Mongolia is characterized by three levels of care and services and its prevailing principle is to deliver equitable, accessible and quality health care and services for every person.

- Primary care and services are mainly placed in family practice facilities in UB city, and in soum and inter-soum hospitals in aimags
- Secondary care and services take place in district general hospitals in UB city, and aimag general hospitals in aimags
- Tertiary care and services are placed in major hospitals and specialized professional centers in UB city

By 2006, 15 specialized hospitals, 3 regional diagnostic and treatment centers, 18 aimags general hospitals, 9 district general hospitals, 4 rural general hospitals, 34 inter-soum hospitals, 288 soum hospitals, 224 family practices and 780 private clinics have been delivering health care services to the Mongolian population.

**Table 4.1 Health facilities by the level of care**

Aimags	Number of soums and districts	Bagh feldsher posts with hospital beds	Soum and inter-soum hospitals	Aimag, district general hospitals/ rural general hospitals	FGPs	Private hospitals	Private clinics
Arkhangai	19	0/1	16/2	1	4	5	2
Bayan-Olgii	14	0/1	10/3	1	5	2	2
Bayankhongor	20	0/0	17/3	1	6	6	11
Bulgan	16	5/0	14/2	1	3	6	1
Gobi-Altai	18	2/2	14/3	1	4	2	5
Gobisumber	3	0/0	2/0	1	1	0	0
Darkhan-Uul	4	0/0	3/0	1	7	13	21
Dornogobi	14	0/0	13/1	1	3	3	12
Dornod	14	0/0	10/3	1	6	1	6
Dundgobi	15	0/0	14/1	1	3	2	4
Zavkhan	24	0/0	19/3	1/1	7	3	4
Orkhon	2	0/0	1/0	1	14	8	31
Uvurkhangai	19	0/2	16/1	1/1	6	4	11
Umnugobi	15	0/0	13/1	1	3	1	2
Sukhbaatar	13	0/0	11/1	1	3	3	2
Selenge	17	0/0	19/1	1/1	12	6	6
Tuv	27	0/0	26/0	1	4	3	3
Uvs	19	1/2	17/1	1	4	2	2
Khovd	17	0/0	14/2	1	6	4	9
Khuvsgul	24	2/0	19/4	1	5	8	3
Khentii	17	2/2	15/2	1/1	3	2	8
Ulaanbaatar	9	0/0	5/0	9	115	84	467
<b>Total</b>	<b>340/9</b>	<b>12/10</b>	<b>288/34</b>	<b>30/4</b>	<b>224</b>	<b>168</b>	<b>612</b>

Source: Soum data is provided by NSO.

## 4.1 Primary Level Medical Services

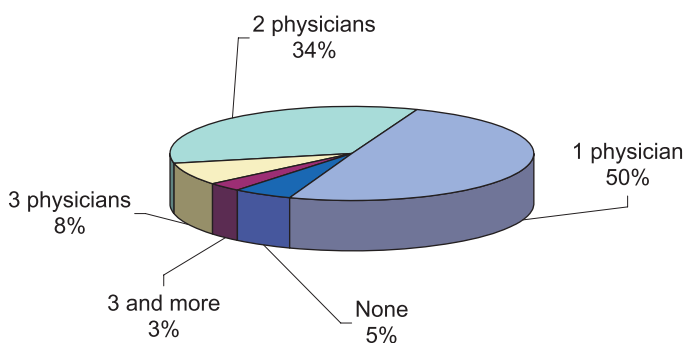
### 4.1.1 FGP Services

Within the framework of the Health Sector Development Program, FGPs have been established in Ulaanbaatar city and aimag centers. As of 2006, there were 224 FGPs, of which 115 provided services to 994.300 residents of Ulaanbaatar and 109 served 585.400 residents of 21 aimag centers. There was a total of 2039 health professionals working in FGPs, including 730 physicians, 731 nurses and other health workers.

### 4.1.2 Soum and Inter-soum Hospital Services

According to the structural and operational standards of soum hospitals approved in 2001, soum hospitals are divided into three categories depending on the size of their catchment population. The first category includes soum hospitals which deliver health care and services for 4500 residents and have at least seven physicians. The second category includes those hospitals which cover between 3001-4500 people and have a minimum of three physicians. Finally, the third category includes soum hospitals which deliver health care and services to a population of up to 3000 people with one physician.

Supply of physicians in soum hospitals, by 2006



By 2006:

- One physician is in 288 soum hospitals or 50% of the total 143 soums
- Two physicians are in 99 or 34% of the total soum hospitals
- Three physicians are in 22 or 8% of the total soum hospitals
- More than three physicians are in 9 or 3% of the total soum hospitals
- 15 soums or 5% of the total have no doctors

By 2006, soum and inter-soum hospitals accounted for 23.2 percent of the total number of hospital beds. This represents a decrease of 313 beds or 7 percent compared to 2004. Despite actions being implemented aimed at bringing down the number of soum hospital beds, the number of in-patients of soum hospitals was 153.5 thousand in 2005. This figure went down to 146.3 thousand, a decrease of 7.2 thousand in 2006.

Furthermore, the average length of stay in soum hospitals was 8.4 days in 2004 and decreased to 8.1 days in 2006. Meanwhile the average number of clients examined in soum hospitals has increased to 2.7.

**Table 4.2. Quality and accessibility indicators of health care and services in soum and inter-soum hospitals**

Indicators	Years			Average for the last 3 years
	2004	2005	2006	
Number of hospital beds	4579	4417	4266	4420.7
Number of physicians	569	570	598	579
Number of nurses	1591	1590	1606	1595.7
Average length of stay	8.4	8.3	8.1	8.3
Number of in-patients	152022	153583	146,305	150636.7
Number of out-patients	2582133	2631950	2747427	2653836.7
Number of visits per person per year	2.5	2.4	2.7	2.5
Percentage of en early antenatal care coverage	-	83.5	85.6	84.6
Maternal Mortality Ratio	175	66.6	70.2	103.9
Infant Mortality Rate	29.2	32.0	24.2	28.4

The percentage of early antenatal care coverage at soum and inter-soum hospitals was 85.6 in 2006.

Eighteen percent of maternal deaths occurred in soum and inter-soum hospitals and 3 percent at home in 2006. It shows a reduction by 22 and 4 percent accordingly since 2004.

Infant mortality per 1000 live births has increased to between 29 and 32 for the period of 2004-2005. In 2006 it decreased to 24.2%.

#### 4.2. Secondary Level Medical Services

By 2006, there was a total of 4638 health personnel, including 892 physicians, 1650 nurses and 2325 mid-level health staff working in the general hospitals of 18 aimags.

The number of beds in aimag general hospitals has gone down to 3704 over the last three years and was followed by a decrease of 229 beds or six percent compared in 2004.

Aimag general hospitals account for one fifth of the total hospital beds and 48 percent of in-patients admitted in rural hospitals.

**Table 4.3. Quality and accessibility indicators of health care and services in aimag general hospitals**

Indicators	Years			Average for the last 3 years
	2004	2005	2006	
Number of hospital beds	3933	3811	3704	3816
Average length of stay	9.6	9.3	8.9	9.3
Percentage of death occurred within 24 hours	25.9	34.6	28.0	29.5
Number of in-patients	112963	114207	120597	115922.3
Number of out-patients	1614236	1562485	1631722	1602814.3
Maternal Mortality Ratio (per 100000 live births)	77.3	139.0	81.3	99.2
Infant Mortality Rate (per 1000 live births)	17.4	16.3	18.5	17.4
Percentage of an early antenatal care coverage	-	82.3	83.5	82.9
Number of in-patients referred from lower level of care	28.1	27.2	31.2	28.8

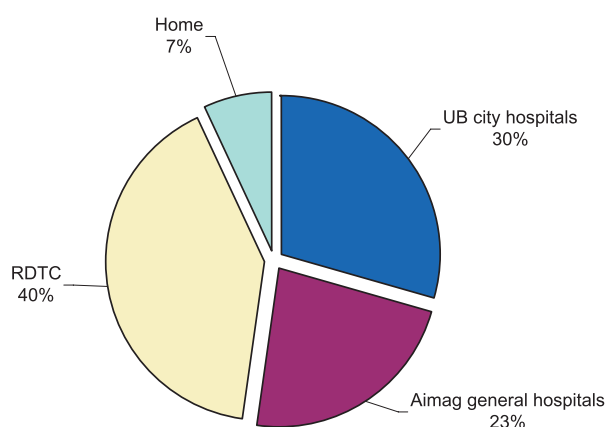
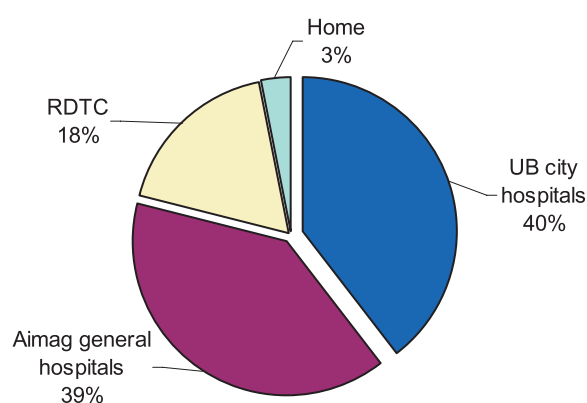
The average length of stay in aimag general hospitals was 9.6 in 2004, however, this figure has since gone down to 8.9 in 2006. The percentage of deaths occurring within 24 hours in hospitals was 25.9 and has increased to 28.0 or by 2.1 percent.

For the last three years, 28.8% of in-patients treated in aimag general hospitals were referred from soum and inter-soum hospitals.

The MMR at aimag level has been at the same level in last three year and accounted 17.4.

The maternal mortality ratio per 100 000 live births has been consistently decreasing for the last three years at the national level, however the MMR at aimag general hospitals has increased up to 139 in 2005, and in 2006 it decreased to 81.3%

Nationwide, 23 percent of maternal deaths in 2004 occurred in aimag general hospitals, unfortunately, this increased to 39 percent in 2006, unlike the reduction of MMR that occurred in UB city.

**MMR, by location, 2004****MMR, by location, 2006**

### 4.3. Tertiary level medical services

Two of three regional diagnostic and treatment centers (RDTC) effectively functioning at the national level are situated in Dornod and Uvurkhangai, Khovd aimags.

**Table 4.4. Quality and accessibility indicators of health care and services in RDTCs**

Indicators	Years			Average for the last 3 years
	2004	2005	2006	
Number of hospital beds	791	797	778	788.7
Average length of stay	10.2	9.8	9.5	9.8
Percentage of death occurred within 24 hours	25.3	21.8	30.2	25.7
Number of in-patients	24889	25147	25862	25299.3
Number of out-patients	333372	338113	346468	339317.7
Maternal Mortality Ratio (per 100000 live births)	0.0	92.3	28	40.1
Infant Mortality Rate (per 1000 live births)	19.6	22.0	20.5	20.7
Percentage of an early antenatal care coverage	-	80.2	80.1	80.2
Number of in-patients referred from lower level of care	34.6	33.8	35.3	34.6

By 2006, a total of 1070 health personnel, including 195 physicians, 359 nurses, and 522 mid-level medical staff were working in three regional diagnostic and treatment centers (RDTC). The number of hospital beds in RDTCs decreased from 791 to 778 over the last three years.

There were 24.8 thousand in-patients admitted to RDTCs in 2004 and 25.8 thousand, or an increase of 1 thousand patients, in 2006.

On average, 8000 patients have been treated annually at each RDTCs referred from soum, inter-soum hospitals and regional aimags which account for 34 percent of the total in-patients.

Likewise, on average 1500 in-patients were treated annually in 2006 year each aimag general hospital referred from a lower level of care, whereas on average, 2600 in-patients, or about 1000 more in-patients, were treated in the average RDTC.

The average length of stay at RDTCs was 9.8 days for the last three years. Moreover, the percentage of total deaths occurring in hospitals. Within 24 hours of admission was 21.8 in 2005 and increased to 30.2 in 2006.

Infant mortality rate per 1000 live births increased from 19.6 to 20.5 for the period of 2004-2006. Regarding maternal mortality ratio, there were no maternal death cases in 2004 at RDTCs and only one case of maternal death in 2006.

Major hospitals and specialized professional centers in UB city deliver tertiary health care and services.

**Table 4.5. Quality and accessibility indicators of health care and services in tertiary level hospitals in UB city**

Indicators	Years			Average for the last 3 years
	2004	2005	2006	
Number of hospital beds	4180	3959	3970	4036.3
Number of physicians	1133	1157	1147	1145.7
Number of nurses	1666	1638	1673	1659.0
Average length of stay	12.2	11.4	10.9	11.5
Percentage of death occurred within 24 hours	22.2	24.7	20.8	22.8
Number of in-patients	110394	114637	122178	115736.3
Number of out-patients	1061867	1085197	1156035	1101033.0
Number of in-patients referred from lower level of care (from rural areas)	25722	27622	30075	27806.3

By 2006, a total of 5238 health professionals, including 1147 physicians, 1673 nurses, and 2218 mid-level staff were employed in 15 tertiary level hospitals and specialized professional centers.

One fifth of all hospital beds as well as one fifth, or 20 percent, of in-patients were accounted for by tertiary level hospitals in UB city. Annually, on average, 25 percent of approximately 1150 thousand in-patients are referred to these hospitals from rural areas. Compared to 2005, in 2006 the total number of in-patients (11784) and in-patients (4353) from rural areas have increased by 9.3 and 6 percent, respectively.

The average length of stay in tertiary level hospitals was 12.2 in 2005, while it has slightly decreased to 10.9 in 2006 - a decrease of only 1.3 days. Furthermore, the percentage of total in-hospital deaths occurring in less than 24 hours after admission fell to 22.2 in 2004. It decreased further to 20.8 in 2006. The average over the last three years is 22.8 percent.

**Table 4.6. Some indicators related to tertiary level hospitals**

Hospitals	Number of Outpatient visits	Number of Hospital admissions	Average length of Hospital stay	Hospital death within 24 hours
I General Hospital	133786	19453	9.5	25.1
II General Hospital	93654	6857	9.5	36.4
III General Hospital	73434	13681	9.3	19.9
State Research Center for Maternal and Child Health	152322	28444	6.9	16.0
National Cancer Center	62284	5195	11.6	3.6
National Research Center for Communicable Diseases	176538	11150	15.8	10.0
Traumatology and Orthopedics Hospital	61801	10826	14.5	41.3
Dermatology Center	71218	5285	10.8	0.0
Mental Hospital	0	5962	28.3	14.3
Hospital for Infants	0	202	12.5	0.0
National Center for Traditional Medicine, Science and Technology	30523	4112	9.2	0.0
Mental and Narcology Center	75293	0	0.0	0.0
Pathology and Forensic medicine	11588	0	0.0	0.0

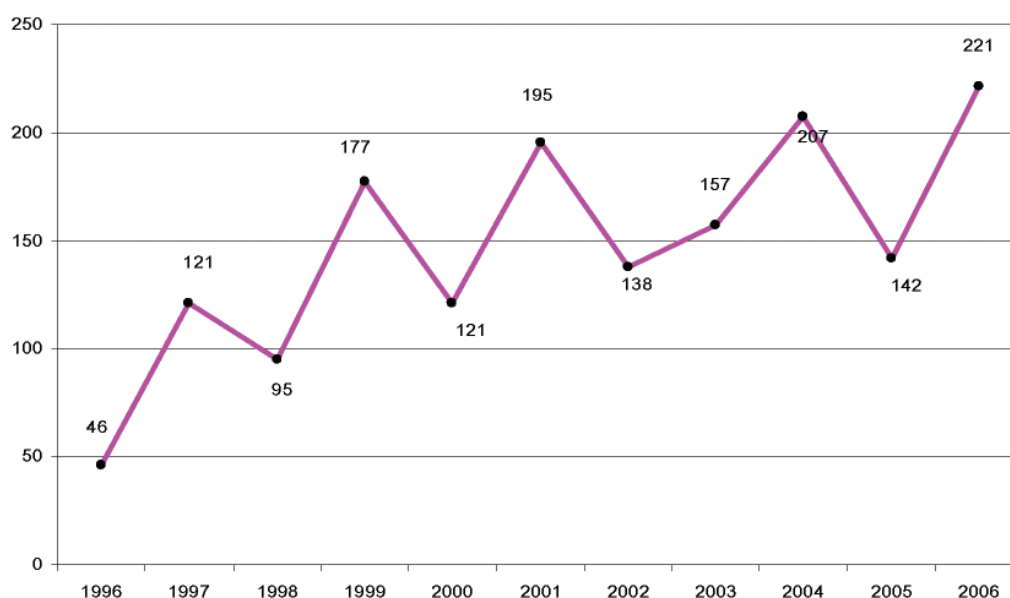
#### 4.4 State Registration of Drug

The State Drug Policy of Mongolia holds that “requirements for treatment activity, safety and quality assurance of drugs will be enhanced through the rationalization of the state drug registration system”.

The state registration of drugs is essential for creating a favorable environment to ensure the safety and quality of drugs, eradicating counterfeit drugs, and fostering the rational use of drugs.

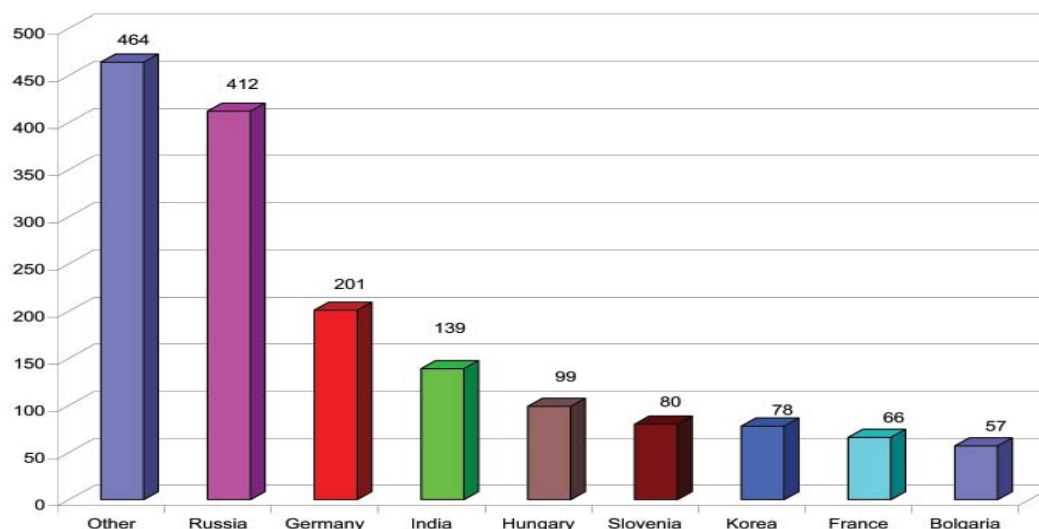
As of 2006, there were 1596 types of drugs and 44 types of raw materials related to drug production registered with the state. Of the former, 2.4 percent were domestically manufactured drugs and 97.6 percent were imported drugs. In comparison with 2005, the state registered drugs in 2006 increased by 35.7%.

**Figure 4.4.1. Registered drugs, (1996-2006)**



In the state registration of drugs there were 1596 types of drugs manufactured in 33 countries. Of them, 412 (26%) were manufactured in Russia, 201 (13%) - in Germany, 139 (9%) - in India, 99 (6%) - in Hungary, 80 (5%) - in Slovenia, 66 (4%) - in France, 78 (5%) - in Korea, 57 (4%) - in Bulgaria, and 464 (28%) in other countries (Figure 4.4.2).

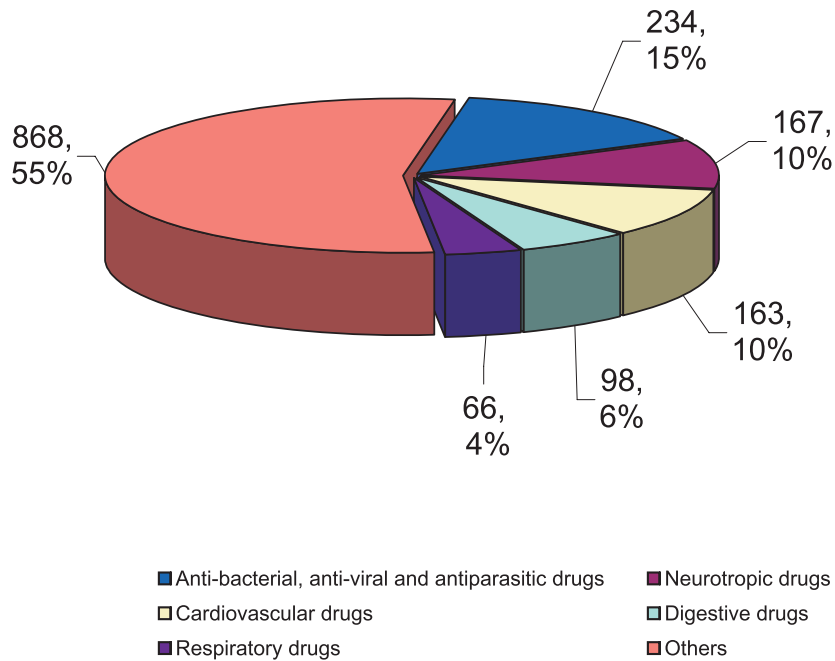
**Figure 4.4.2. Registered drugs, (by countries)**





According to the pharmacological classification criteria, 199 (14%) of registered drugs were anti-bacterial, anti-viral and anti-parasitic drugs, 121 (9%) - neurotropic drugs, 121 (9%) - cardiovascular drugs, 88 (6%) - digestive drugs, 47 (3%) - respiratory drugs, and 800 (59%) other types. (Figure 4.4.3).

**Figure 3. Registered drugs (pharmacological classification)**



## CHAPTER 5.

### COMMUNICABLE DISEASES

In 2006, a total of 36221 cases of 27 different communicable diseases were reported in Mongolia, which was more than in 2005 by 12.4 per 10,000 population or 3889 cases. However, this was less than the average of the last five years by 24.7 per 10,000 population or 3321 cases.

In 2006, the incidence of communicable diseases in Dornod, Dornogobi, Uvurkhangai aimags and Ulaanbaatar city were higher compared to the national average. More than half (50.1%) of all cases were reported in Ulaanbaatar.

Among new incidence of communicable diseases, there were plague, measles, tick-borne rickettsioses.

The incidence of mumps 3887, rubella 1223, TB 373, syphilis 630, varicella 299, erysipelas 61, shigellosis 387, other bacterial foodborne intoxications 24, measles 22, tick-borne rickettsioses 17, viral hepatitis A 323 and B, other salmonella 13 infections increased in 2006 compared to the previous year.

There was a decrease in the incidence of gonococcal infection 1834, trichomonialis 1324, brucellosis 292, diarrhoea infection 24, scarlet fever 17, meningococcal infection 15, lime diseases 15, typhoid fevers 11, anthrax 1, HIV/AIDS 3, bacterial sepsis 3 of newborn. There were no cases of poliomyelitis, diphtheria, whooping cough, SARS and rabies.

#### 5.1 Intestinal Infections

There were 7,782 cases of 6 different intestinal infections (namely, viral hepatitis A, typhoid fever, dysentery, salmonellosis, food poisoning and infectious diarrhoea) reported in 2006. These infections accounted for 21.5 percent of all communicable diseases.

Among intestinal infections; - 71.6% viral hepatitis A, 24.0% shigellosis, 2.3% foodborne infections, 1.8% salmonella, 0.2% diarrhoea infection, 0.04% typhoid fevers are taking place. With viral hepatitis A and shigellosis leading the list.

#### Viral Hepatitis

A total of 6695 cases of viral hepatitis were reported which comprised 18.5 percent of communicable diseases. Viral hepatitis A accounted for 71.6 percent of all intestinal infectious diseases. There was an increase of viral hepatitis B by 0.3 percent since year 2005, viral hepatitis decreased by 0.1 percent.

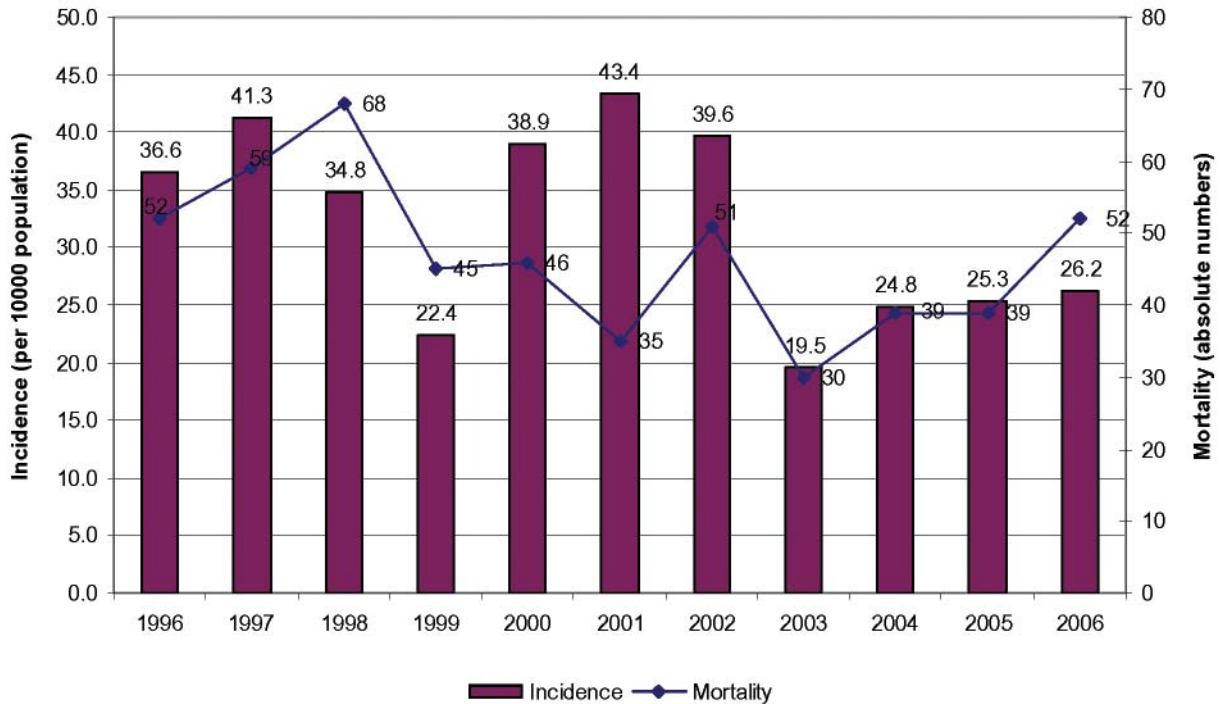
Compared to 2006, the incidence of viral hepatitis increased in Arkhangai, Bayankhongor, Gobi-Altai, Gobi-Sumber, Darkhan-Uul, Dundgobi, Zabkhan, Uvurkhangai, Umnugovi, Sukhbaatar, Selenge, and Khovd aimags and UB city. The incidence of viral hepatitis was higher than the country average (26.0 per 10.000 population) in Dundgobi, Uvurkhangai, Dornogovi, Orkhon, Ubs, Selenge, Gobi-Altai, Bayankhongor, and Darkhan-uul aimags.

Total cases of Viral hepatitis in 2006 occurred the most among age group 2 to 29 years old (93.0%) with 29.7% in age group 5-9; 58.8% in 5-19 years old.

- 35.4% of viral hepatitis A occurred in 5-9 year olds.

- 35.0% of viral hepatitis B occurred in the 15-19 year age group. Most cases were reported in the 15-19 age group.

- 21.1% of Viral hepatitis C occurred in 25-29 years old

**Figure 5.1 Viral hepatitis incidence and mortality trend, 1996-2006**

## Dysentery

Dysentery constituted 5.2 percent of all reported communicable diseases and 24.0 percent of intestinal infections which was an increase by 38 cases compared to the previous year. The majority (67.1%) of reported cases were in Ulaanbaatar and the incidence rates of the disease in Dornogobi (17.3), Khentii (12.9), Sukhbaatar (9.1) and Umnugovi (7.5) aimags as well as Ulaanbaatar (13.2) were higher than the country average (7.3 %). Compared to the previous year, the incidence of the disease increased by 0.2-7.3 percent in Dornogovi, Sukhbaatar, Khentii, Orkhon, Umnugovi, Zavkhan, Gobi-Altai, Tuv, Selenge, Bulgan, Dundgovi, Arkhangai, Bayan-ulgii and Khovd aimags.

In 2006, the incidence of dysentery increased in 14 aimags and compared to the last 5 years.

The following aimags had incidence rates (0.1-3.4 percent) or higher than the national average: Bayan-ulgii, Gobi-Altai, Darkhan-Uul, Dornogovi, Zavkhan, Orkhon, Sukhbaatar, Khentii aimags. According to age group, 61.8% of all cases were children under the age 9,

## Typhoid Fever

A total of 3 cases of typhoid fever were reported and there were no deaths due to typhoid fever. Of the cases, 1 was reported in Umnugovi, 1 case in Khovsgul, and 1 case in Ulaanbaatar. Typhoid fever constituted 0.008 percent of communicable diseases and compared to 2005, the number of cases lower of the disease decreased by 11.

## Other bacterial foodborne intoxications

A total of 176 cases of other bacterial foodborne intoxications were reported and there were no deaths due to bacterial foodborne intoxications. Of the cases, 4 was reported in Orkhon, 4 cases in Khovsgul, 6 cases in Dundgovi, 61 case in Umnugovi and 101 case in Ulaanbaatar.

Other bacterial foodborne intoxications compared to 2005, the number of the disease decreased by 24 cases (0.7 per 10 000 population).

### **Diarrhoea infection**

A total of 17 cases of diarrhoea infection were reported and there were no deaths due to of the cases, 1 case in Khuvsgul, 3 case in Bayankhongor, 3 case in Uvs and 10 case in Orkhon. (0.1 per 10 000 pop). Diarrhoea infection compared to 2005, the by 24 cases number of disease decreased.

## **5.2 Respiratory Infections**

As of 2006, 12636 cases of 8 different respiratory diseases were reported, which accounted for 34.9 percent of the all infectious diseases. TB accounted for 37.8 percent, mumps for 40.1 percent, varicella for 11.2 percent, and rubella 9.7 percent.

### **Tuberculosis**

In 2006 notified 4775 new tuberculosis cases and accounted for 13.2% among all infectious diseases. 2670 new cases (56.0%) notified in the capital city Ulaanbaatar.

The incidence rate of TB increased by 373 new cases (8.5%) compared with new cases in 2005.

2129 new smear positive pulmonary tuberculosis cases notified in the 2006 and increased by 261 cases compared with in 2005.

59.8% pulmonary tuberculosis, 40.2% extra pulmonary cases and childhood tuberculosis were 12.2% out of all notified new cases.

Pulmonary new smear positive tuberculosis 44.6% among all notified new cases and 74.6% among all notified pulmonary new cases.

70.4% of all new cases patients with 16-44 years old, male 53.3%, female 46.7%, sex ratio was 1.1:1.0

3.9% were migrants from rural area and 2.2% were homeless out of new notified cases in Ulaabaantar city.

In 2006 case detection rate was 76.8% and cure rate 82.1%. Detection rate increased by 7.0% and cure rate increased by 3.1% as compared with 2005.

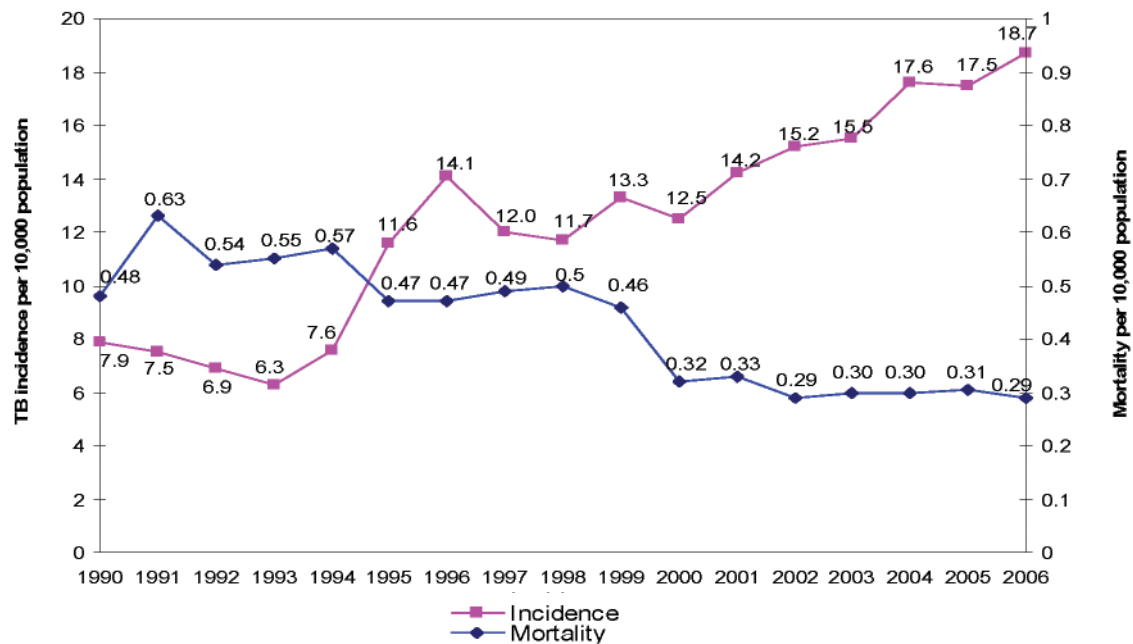
### **Meningococcal Infection**

As of 2006, a total of 65 cases were reported in 16 aimags and Ulaanbaatar. Meningococcal infection incidence was 0.3 per 10000 population and comprised 0.2 percent of all reported communicable diseases, which was 10 cases less than in the previous year and 0.2% less than the average of the last 5 years. Compared to 2005, the incidence of meningococcal infections increased in Bulgan (0.8), Gobi-Altai (0.3), and Umnugovi (0.4) aimags.

The incidence rates (per 10 000 population) in Bayankhongor (0.4), Bulgan (1.1), Dornod(1.8), Umnugovi (0.4), and Khuvsgul(0.6) aimags were higher than the country average (0.3). 67.7 percent of all cases were reported in Bulgan, Dornod, and Khubsgul aimags and Ulaanbaatar city.

The mortality rate of meningococcal infection ranked third place and comprised 4 percent of the all infectious disease deaths. A total of 6 cases of death due to meningococcal infection were reported in Gobi-Altai(2), Dornod (2), Arkhangai (1) aimags and Ulaanbaatar city(1). Meningococcal infection cases occurred in individuals aged up to 44 years old and 86 percent of cases were in children under-4 years.

Figure 5.2 TB incidence and mortality trend (1990-2006)



### Mumps

There was a total of 5073 cases of the mumps (19.7 per 10000 population) reported in 20 aimags and Ulaanbaatar. Compared to the previous year, the incidence of mumps increased by 3387 cases and 13.0 per 10 000 population.

The incidence of the mumps increased in Bulgan (27.5), Dornod (23.1), Dundgovi (20.8), and Uvurkhangai (55.5) aimags and in Ulaanbaatar (30.3). The incidence of the mumps increase in January, reaching the peak in June and declining.

The majority of mumps cases (64.1%) were children aged 3-14 years in July, and increasing again in November.

### Varicella

There was a total of 1420 cases of varicella (5.5 per 10,000 population) reported in the same year, which was more than in the previous year by 1.0 per 10,000 population or 299 cases. Varicella occurred in individuals aged up to 55 years old and 78.5 percent of cases were in the 3-19 years age group. Incidence of Varicella increased in Arkhangai (3), Bayankhongor (2.5), Bulgan (2), Darkhan-Uul (2), Dornod (6.6), Khuvsgul (4.6), Ulaanbaatar city (0.8).

### Scarlet fever

In 2006, a total of 46 cases (0.2 per 10000 population) were reported in Arkhangai (3), Uvurkhangai (1), Khovd (2), and Ulaanbaatar (40), which was lower than, in the previous year by 17 cases or 0.1 percent.

### Rubella

In 2006, 1229 cases of rubella (4.8 per 10000 population) were reported in Bulgan (3), Darkhan-Uul (75), Dornogovi (54), Dornod(926), Orkhon(4), Sukhbaatar (89), Tuv (21), Khuvsgul (5) and Ulaanbaatar (52). If divided by age group out of 926 cases of Rubella that occurred in Dornod aimag, in 2006, 337.7 were amongst 0-4 years old, 628.9 - 5-9 years old, 266.2 - 10-14 years old, 63.1 - 15-19 years old, 9.4 - 30-34 years old.

86.6% of all soums in Dornod incidences of Rubella, with 8 and 9 th bags of aimag center. In 2006, there was an increase by 50 cases in Ulaanbaatar. With 52 cases per 10 000 population in comparison with previous year. 3.0% of all Rubella cases in Ulaanbaatar occurred among children 1-4 years old, 1.9% - 5-9 year old, 1.4% - 10-14 years old, 0.28% - 15-19, 0.29% - among 20-24 years old.

### 5.3 Sexually Transmitted Infections

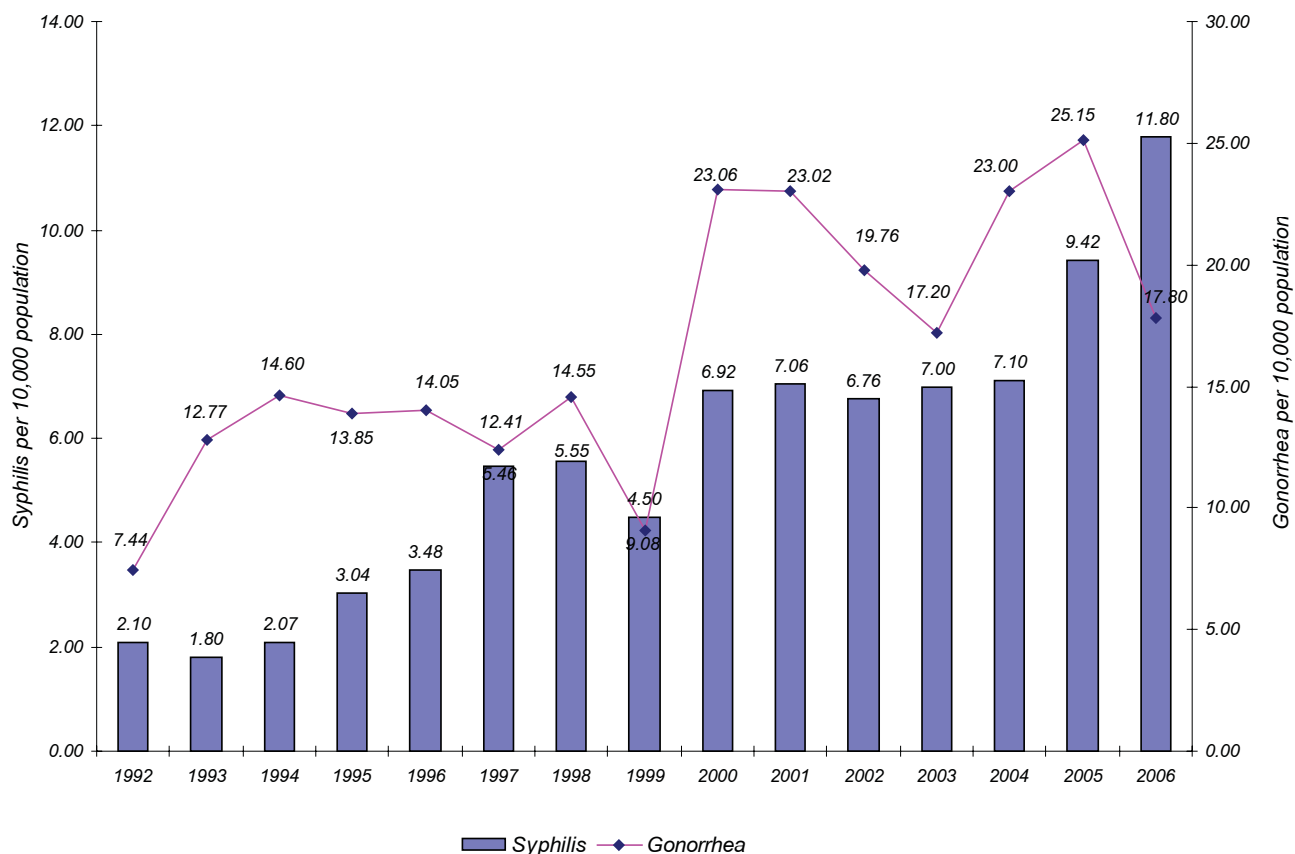
A total of 12787 cases of 3 different sexually transmitted infections (STIs) were reported and comprised 35.3 percent of all reported communicable diseases, which was lower than in the previous year by 2528 cases. Trichomoniasis, gonorrhea and syphilis accounted for 40.9, 35.5, and 23.6 percent of all reported STIs, respectively. The incidence rates of trichomoniasis and gonorrhea decreased by 20.3 and 17.6 per 10000 population respectively and syphilis increased by 11.7 per 10000 population.

In 2006, a total of 51 cases of congenital syphilis were reported in Mongolia, of them 32 cases (62.7%) were reported in urban areas and 19 cases (37,3%) in soums and bags. As of 2006, a total of 9 cases of HIV have been reported in Ulaanbaatar among the age group of 26-40 years old.

In 2006, out of 57732 health screening conducted among pregnant women, 739 (1.3%) were with syphilis; 364 (0.6%) were with gonorrhea; 1050 (1.8%) were with trichomoniasis.

There are several STI s that are not registered in official data base, including, herpes 347 cases, condidosis 2257, chlamydia 59, and other 248.

**Figure 5.3 Incidence trend of common STIs (1992-2006)**



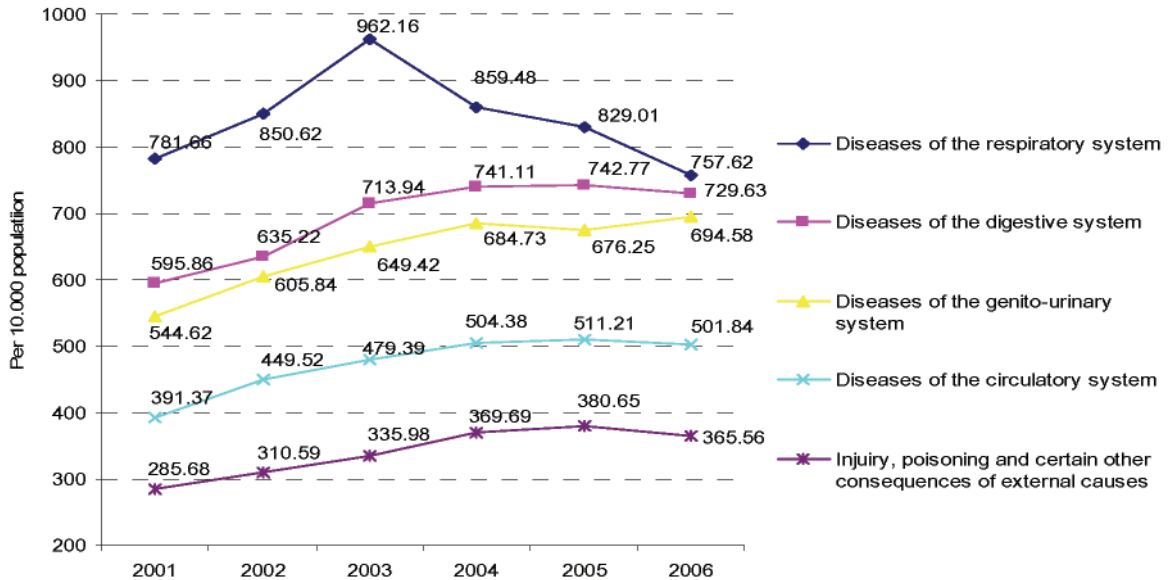


## CHAPTER 6.

## NON-COMMUNICABLE DISEASES

## 6.1 Outpatient Morbidity

Due to transitions in surveillance, changes have taken place with regard to population morbidity and mortality rates since 1990. Consequently, circulatory system diseases, now called “life style and behaviourally dependent diseases”, cancer, and injuries causing morbidity have become the leading causes of morbidity and mortality.



As of 2006, the rates of diseases of the genito-urinary, circulatory, and digestive systems were 694.58, 501.84 and 729.63 per 10000 population respectively. This is a two-fold increase compared to 1996 and a 35-50 percent increase compared to 2000.

The above-mentioned diseases have been persistently increasing for the last 5 years.

The following were the leading causes of population morbidity in 2006:

- Diseases of the respiratory system - 757.62 per 10,000
- Diseases of the digestive system - 729.63 per 10,000
- Diseases of the genitourinary system - 694.58 per 10,000
- Diseases of the circulatory system - 501.84 per 10,000
- Injuries and poisoning - 365.56 per 10,000

When the incidence of the five leading causes of population morbidity was stratified by the place of residence (urban vs. rural), the overall morbidity was higher in urban settings. However, the incidence rates of four of the leading causes of morbidity (except injuries) were higher in rural areas. For instance, the incidence of diseases of the digestive system was 710.21 per 10,000 in the urban population and 741.69 per 10,000 in the rural population. The respective rates for diseases of the genitourinary system were 552.21 and 783.03. Similarly, the incidence rates of diseases of the circulatory system in urban and rural areas were 463.23 and 525.82, respectively.

The incidence rates of the 3 leading causes of morbidity by region are as follows: Western Region - diseases of the respiratory system (837.37), genitourinary system (900.58) and digestive system (744.28); Khangai-gobi Region - diseases of the genitourinary system (810.02), diseases of the respiratory system (733.39), and digestive system (701.32); Central and Eastern Regions respectively - diseases of the respiratory system (1049.36 and 912.92), diseases of the digestive system (952.02 and 729.53) and diseases of the genito-urinary system (801.72 and 552.52)

**Table 6.1 Five leading causes of the outpatient morbidity, 2006**

Regions	All causes	Diseases of the respiratory system	Diseases of the digestive system	Diseases of the genitourinary system	Diseases of the circulatory system	Injuries and poisoning
<b>Setting</b>						
Urban	4741.23	609.18	710.21	552.21	463.23	703.42
Rural	4390.53	849.83	741.69	783.03	525.82	155.66
<b>Region</b>						
Western region	4425.74	837.36	744.28	900.58	530.80	98.22
Khangai-Gobi region	4213.01	733.39	701.32	810.02	559.56	151.03
Central region	5076.49	1049.36	952.02	801.72	606.83	207.24
Eastern region	4280.04	912.92	729.53	552.25	377.62	182.08
<b>Total</b>	<b>4524.91</b>	<b>757.62</b>	<b>729.63</b>	<b>694.58</b>	<b>501.84</b>	<b>365.56</b>

Source: NSO, by region, aimags and the Capital

Western region aimags: Bayan-Ulgii, Gobi-Altai, Zabkhan, Ubs, Khovd

Khangai-Gobi region aimags: Arkhangai, Bayankhongor, Bulgan, Uburkhangai, Khubsgul, Orkhon

Central region aimags: Dornogobi, Dundgobi, Umnugobi, Selenge, Tuv, Dundgobi, Gobi-sumber

Eastern region aimags: Dornod, Sukhbaatar, Khentii

Compared to other regions, the incidence 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 central regions, rates of diseases of the circulatory system were highest in the central and Khangai-Gobi regions, and rates of injuries and poisonings were highest in the central and eastern regions.

## 6.2 Inpatient Morbidity

As of 2006, the following were the five leading causes of inpatient morbidity:

- Diseases of the genitourinary system - 360.07 per 10,000 population
- Diseases of the digestive system - 341.42 per 10,000 population
- Diseases of the circulatory system - 308.81 per 10,000 population
- Diseases of the respiratory system - 304.38 per 10,000 population
- Diseases of the nervous system - 147.41 per 10,000 population

There were differences in the leading causes of hospital admissions between urban and rural settings. For instance, the predominant causes of hospitalization in soum and aimag hospitals were diseases of the genitourinary and respiratory systems. In contrast, the residents of Ulaanbaatar were mainly admitted because of diseases of the digestive and circulatory systems.

As of 2006, the 5 leading causes of hospitalization were as follows:

of hospitalized patients with diseases of the genitourinary system, 69.7 percent had nephritis; 38.6 percent of patients with diseases of the respiratory system suffered from pneumonia; 24.9 percent of those with diseases of the digestive system had liver problems; and 32.6 percent of patients with diseases of the circulatory system suffered from hypertension.



Nephritis accounted for 56.7 percent of diseases of the genitourinary system in 2000. This percentage increased to 63.1 in 2003 and 69.7 (or an increase of 13 percent) in 2006 compared to 2000.

Pneumonia accounted for 46.7 percent of diseases of the respiratory system in 2000. This percentage went down to 42.6 in 2003 and 38.6 in 2006, a decrease of 8.1 percent compared to 2000.

In 2000, liver problems and cholecystitis accounted for 18.9 and 14.6 percent of diseases of the digestive system, respectively. These figures increased to 24.9 and 15.3 percent in 2006. Meanwhile, appendicitis accounted for 26.5 percent of diseases of the digestive system in 2000. This percentage decreased to 22.6 in 2003 and to 19.4 in 2006.

Ischemic heart diseases accounted for 19.2 percent of diseases of the circulatory system in 2000, 19.2 percent in 2003 and 26.3 percent in 2006, a 7 percent increase compared to 2000.

**Table 6.2 Inpatient morbidity per 10,000 population**

Disease classification	Soum population morbidity	Aimag population morbidity	UB population morbidity	Total
Diseases of the genitourinary system	341.25	406.67	298.67	365.68
Diseases of the respiratory system	275.25	317.03	296.19	309.12
Diseases of the digestive system	183.53	309.08	408.29	346.74
Diseases of the circulatory system	232.2	291.86	349.19	313.62
Diseases of the nervous system	61.86	129.28	183.1	149.71
Injuries and poisoning	34.64	72.54	151.09	102.36
Infectious and parasitic diseases	24.68	84.28	134.84	103.47
Diseases of the musculoskeletal system and connective tissue	50.9	71.88	110.92	86.7
Diseases of the skin and subcutaneous tissue	45.82	74.72	68.4	72.32
Mental and behavioural disorders	10.81	40.78	88.29	58.81
Neoplasms	9.01	21.13	76.47	42.13
Diseases of the eye and adnexa	2.44	13.34	51.0	27.64
Endocrine, nutritional and metabolic diseases	9.55	15.18	29.7	20.69
Diseases of the ear and mastoid process	12.17	19.25	17.7	18.66
Other	52.36	281.19	398.2	325.6
All causes	1346.49	2148.21	2662.03	2343.24

**Table 6.2.2. Inpatient Morbidity per 10 000 population, 2006**

Diseases classification	Leading cause	Percent of total						
		2000	2001	2002	2003	2004	2005	2006
Diseases of the genitourinary system	Pyelonephritis (N10-N16)	56.70	55.76	59.03	63.14	65.41	69.06	69.70
Diseases of the respiratory system	Pneumonia (J12-J18)	46.75	42.69	41.01	42.67	43.24	39.83	38.60
Diseases of the digestive system	Liver diseases (K70.K73.K74.K71-K73.K75-K77)	18.90	19.30	21.52	21.82	23.73	25.66	24.90
	Appendicitis (K35-K38)	26.57	24.33	22.22	22.66	21.43	20.22	19.40
	Diseases of gallbladder (K80-K81)	14.64	14.50	14.92	16.45	15.84	15.57	15.30
Diseases of the circulatory system	Hypertensive diseases (I10.I11-I15)	34.66	34.66	34.44	32.64	32.3	31.30	32.60
	Ishemic heart diseases (I20.I23-I25)	19.19	20.29	20.91	23.46	25.73	26.28	26.30
Diseases of the nervous system	Disorders of neural radices and plexuses ( G50-59)	18.09	19.21	19.71	20.92	20.5	23.40	21.70
	Epilepsy (G40-G41)	11.69	10.78	11.35	12.63	12.99	12.35	12.50

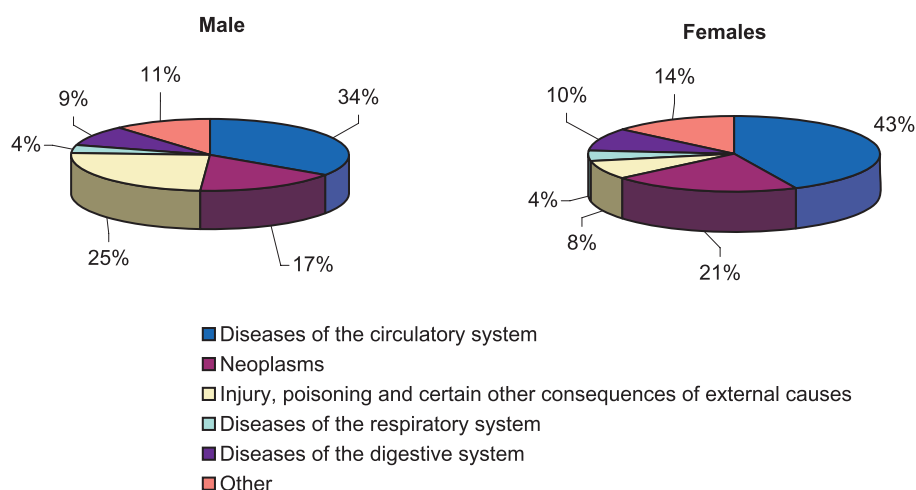
### 6.3 Population Mortality

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

The following were the leading causes of population mortality in 2006:

- Diseases of the circulatory system - 38.4 per 10,000 population
- Neoplasms - 18.50 per 10,000 population
- Injuries and poisoning - 18.4 per 10,000 population
- Diseases of the digestive system - 5.67 per 10,000 population
- Diseases of the respiratory system - 2.37 per 10,000 population

**Picture 6.3.1 Leading causes of the mortality by sex, 2006**

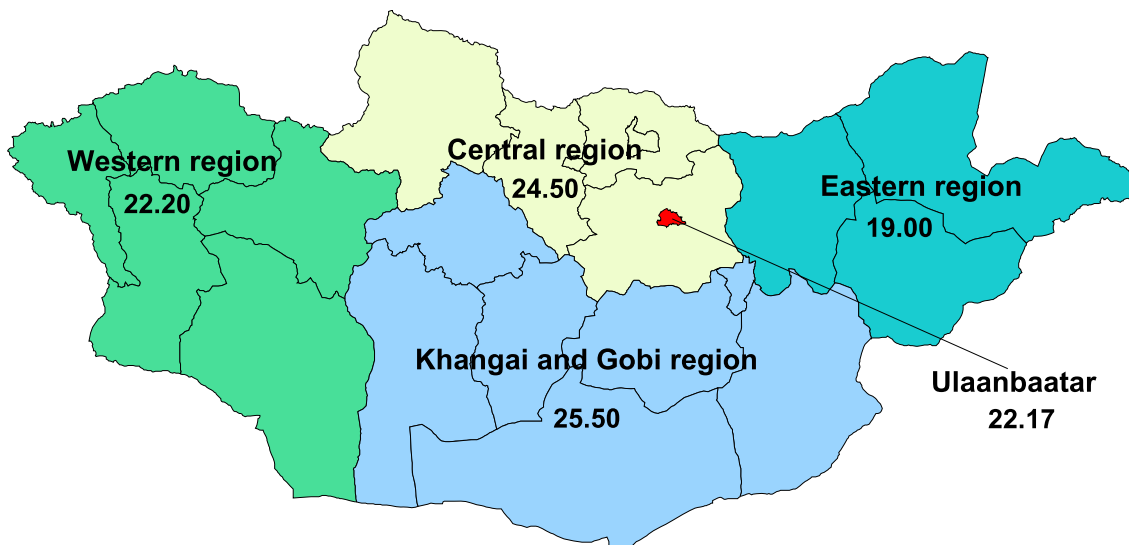


In 2006, main cause of the mortality included diseases of the circulatory system 38.4%, Neoplasms 18.5%, Injury, poisoning and certain other consequences of external causes 18.4%. In other words, 5500-6000 people or one in three and 2800-3000 people or one in five die annually because of circulatory diseases, and cancer, trauma, poisoning or other external factors respectively.

Gender-specific mortality rates were 75.15 per 10,000 in males and 46.31 per 100,000 in females. Every year between 5500 and 6000 deaths, or every three deaths, occur due to diseases of the circulatory system. This category of diseases remains the leading cause of population mortality.

In 2006 the cardiovascular disease-related mortality rate was 22.88 per 10 000 population, or 25.94 per 10000 males and 19.97 per 10000 females. The incidence rate of diseases of the circulatory system as well as the related mortality rates were highest in the central and Khangai-gobi regions. Neoplasms remain the second leading cause of population mortality in the last 10 years.

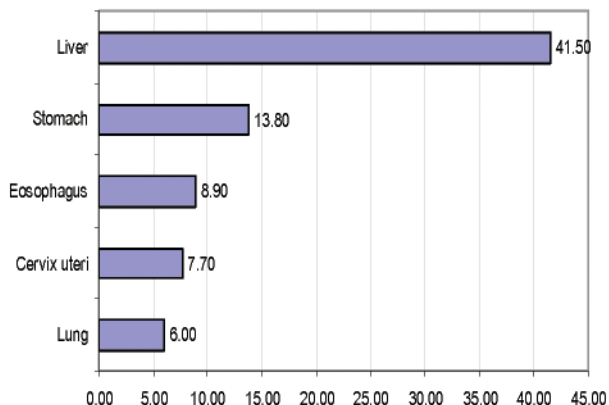
**Figure 6.2 Mortality due to diseases of the circulatory system /by regions/, 2006**



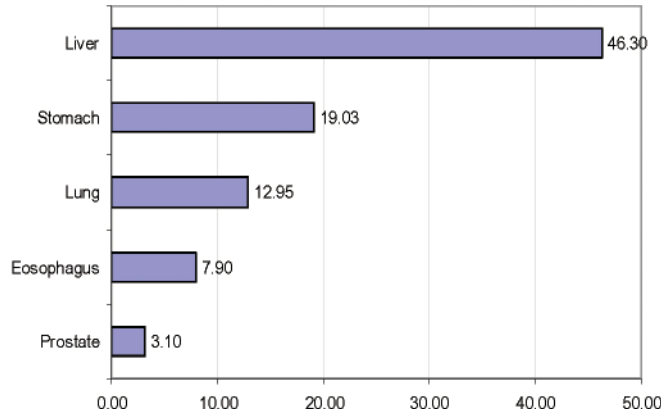
As of 2006, gender-specific mortality rates were 12.49 per 10,000 males and 9.64 per 10,000 females. The leading types of cancer in males in Mongolia are, in order of importance: liver, stomach, lung, esophagus, and prostate. The leading types of cancer in females are liver, cervical, uterine, stomach, esophagus and lung.

In 2006, the overwhelming majority (78.3%) of new cancer cases were diagnosed in late stages (III and IV) of the disease, and 69.7 percent of cancer cases survived for less than a year after the diagnosis.

**Figure 6.4. Leading causes of female cancer mortality, by percentage**

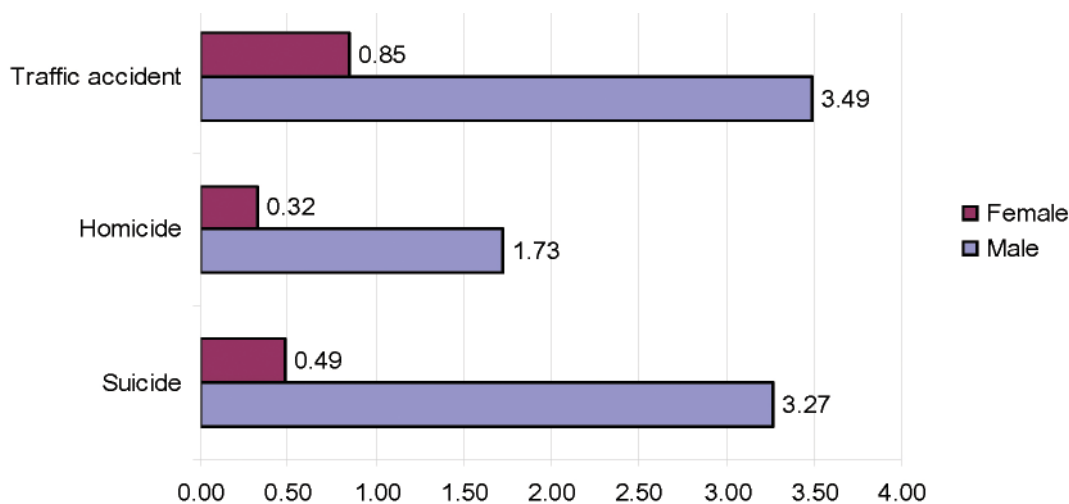


**Figure 6.5. Leading causes of male cancer mortality, by percentage**



Mortality due to injuries and poisoning has increased sharply within the last few years. It was ranked as the fifth leading cause of population mortality in 1990, moved up to fourth place in 1994 and has been ranked third since 2000.

**Figure 6.6. Consist of Mortality due to injuries and poisoning, per 10 000, in 2006**



The mortality rate per 10 000 population was 6.0 in 1995, 7.6 per 10000 population in 2000, and it reached 10.95 in 2006 - 1.5 times higher than in 2000.

Mortality due to traffic accidents, suicide and homicide accounted for 16.9, 15.7 and 11.6 percent of injury mortality, respectively. Other types of injuries comprised 55.7 percent of mortality due to injuries.

In comparison with women, in 10 000 people suicide rate is higher for men by 7times, homicide rate by 5 times, traffic accidents rate by 4 times.

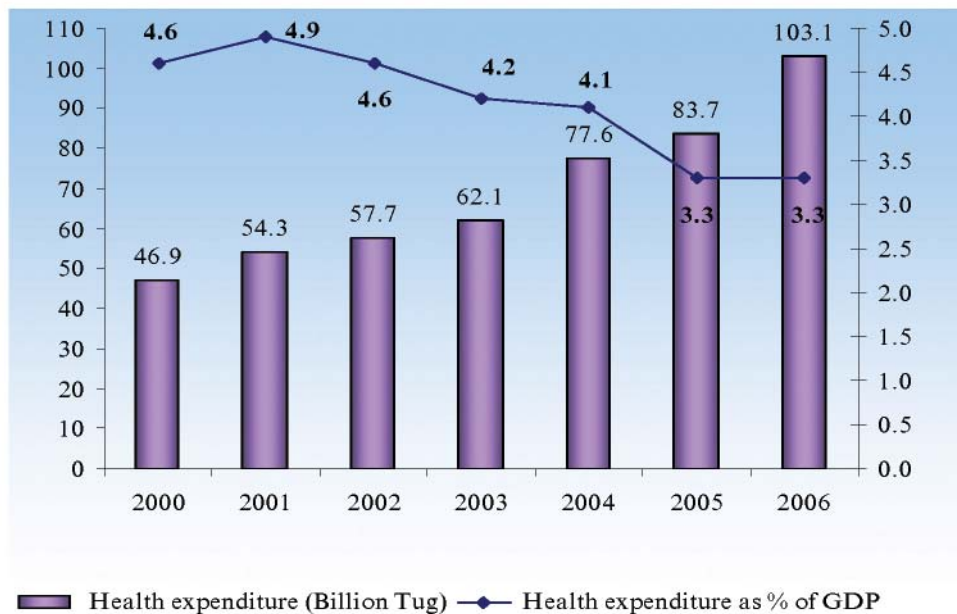
## CHAPTER 7. HEALTH FINANCING INDICATORS

### 7.1 Main health financing indicators:

Health economics and finance indicators were calculated from 2000 to 2006. Total health expenditure (THE) refers to the budget of main responsibility of the Minister of health based on the actual budget between 2000-2005 and the planned budget in 2006, whereas Health Insurance Fund indicators include information on actual expenditures during the period of 2000-2006.

Due to an increase in GDP, funding to the health sector has been rising year by year. For instance, total health expenditure was 46.9 bln Tug in 2000 and increased by 1.7 times to 83.7 bln Tug in 2005. In 2006, anticipated expenditures were 23% more than the previous year's actual expenditures (Table 7.1.1).

**Figure 7.1.1 Health expenditure as percent of GDP**



Source: Ministry of Health, National Statistical Department in 2007

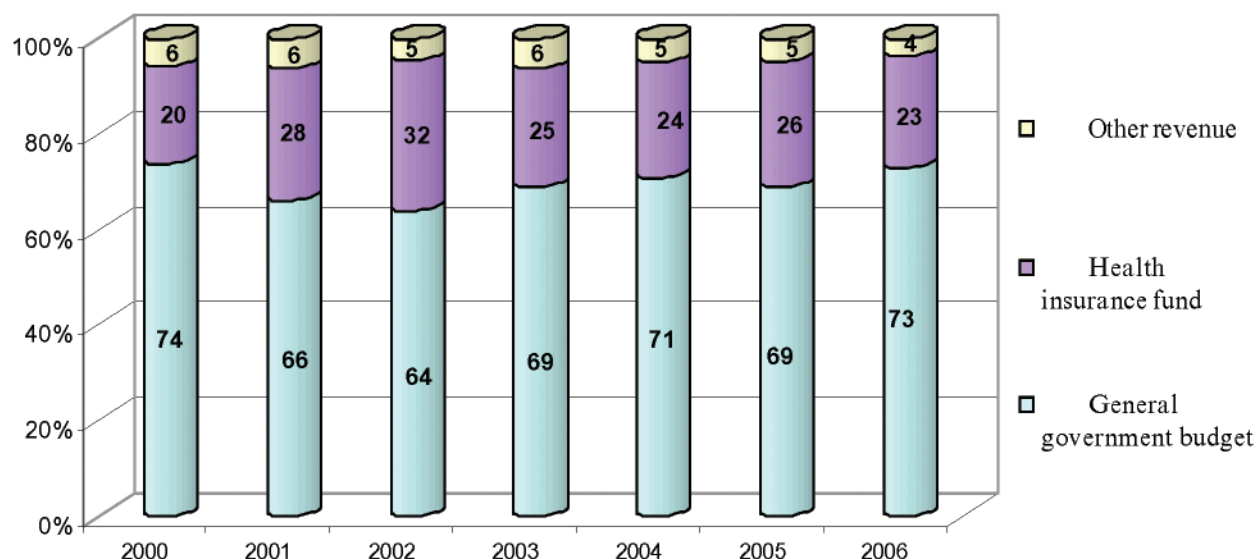
As seen in figure 7.1.1, despite the fact that health expenditure is increasing, health expenditure at a percentage of GDP has declined significantly from its peak of 4.9% in 2001, to 3.3% in 2005, and is expected to reach 3.3% in 2006.

As a result of increased funding to the health sector, per capita annual spending was 32.7 thousand Tug in 2005. This is 1.3 times more than per capita spending in 2003 and 1.7 times more than in 2000. As for the planned budget in 2006, per capita expenditure is expected to be 40 thousand Tug which is an increase of 7.3 thousand Tug per person compared to 2005.

The amount of financing for the health sector is planned to increase by approximately 5-8 percent each year taking the inflation rate into consideration as well as needs. It increased 16 percent in 2001, 25 percent in 2005 and is expected to increase 23 percent in 2006 based on the actual budgets of previous years.

According to the Mongolian government decree #147, in 2006 the base salary scales of public workers will start to be improved. This is the result of an increase to the salary fund for health workers of 41 percent, or 10 bln compared with 2006. This change is also related to the increase in the total budget by 30 percent, or 17.4 Tug, between 2005 and 2006.

**Figure 7.1.2 Health expenditure by source of financing (percent)**



Source: Finance and Economic Department, MOH 2007

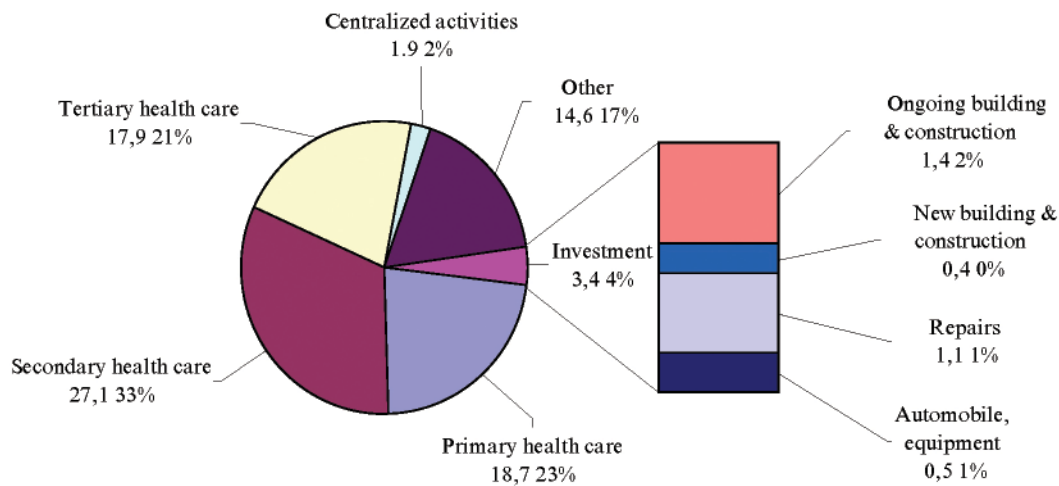
The government's General Budget is the main financial source for health expenditures, followed by the Health Insurance Fund. The final and least important financial source is other revenues such as fee-for-service payments and non-core activities.

In 2005, 69.0 percent of total health spending was derived from the General government budget, 26.2 percent from HIF, and 4.8 percent from core and non-core activities. Approximate line item expenditures in 2005 were as follows: 30 percent was allocated for salaries; 14 percent for medicines and drugs; 13 percent for utility costs; 4 percent each for transportation and food expenses; and 4 percent for capital expenses or investment.

## 7.2. Health expenditures by function

In Mongolia, nearly 70-80 percent of total health spending is devoted to health care delivery. In 2005, 77 percent of health financing, or 63.8 bln Tug, was allocated to curative care, 2 percent (1.9 bln) to centralized health care activities, 4 percent (3.4 bln) to investment and repairs/buildings/equipment, and the remaining 17 percent (14.6 bln) to other expenditures.

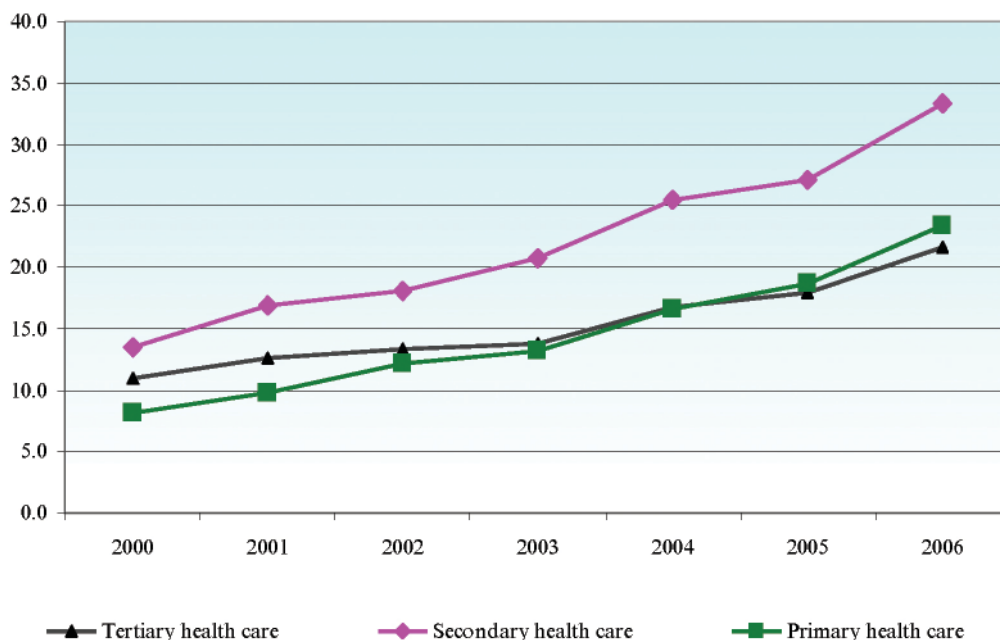
<sup>1</sup>2005 data not published yet

**Figure 7.1.3 Health expenditures by function (2005)**

Source: Finance and Economic Department, MOH 2007

### Expenditures by level of care

In 2005, health care financing for primary health care was 29.4 percent of the total, or 18.7 bln Tug, 42.5 percent went to secondary health care (27.1 bln Tug), and 28.1 percent went to tertiary level care (17.9 bln Tug) (Table 7.1.3)

**Figure 7.1.4 Expenditure by health care level (bln Tug)**

Source: Finance and Economic Department, MOH 2007

Figure 7.1.4 shows that THE by health care level has been increasing annually. Considering 2000 as the base year, health care financing for primary health care increased 1.6 times in 2003 and 2.8 times in 2005, financing for secondary health care increased 1.5 times in 2003 and 2.5 times 2005, and financing for tertiary level care increased 1.3 and 2 times respectively.



Financing for secondary health care is more than for other levels of health care and it has increased consistently. During the period of 2000-2003, allocation of health expenditure funds was directed more towards tertiary health care than to primary health care. In accordance with the political decision to increase financing for primary health care facilities such as FGPs, soum and inter-soum hospitals, the amount of money allocated to primary health care facilities has exceeded - and has been gradually increasing - that allocated to tertiary level facilities since 2004.

### Centralized activities and investment

In 2005, 18.7 bln Tug was spent on health sector centralized activities, including centralized health care activities and centralized sports activities. Of this 12.7 bln Tug, or 67.9 percent, was spent on centralized health care activities and the rest, 6 bln Tug or 32.1 percent, was spent on centralized sports activities.

In 2005, spending on investment was 3.4 bln Tug which was about 4 percent of THE. These funds were used for 7 new buildings (0.4 bln), the ongoing construction of 4 buildings (1.4 bln), repairs for 32 health care facilities (1.1 bln), and for vehicles and equipment (0.5 bln Tug)

**Table 7.1.1 Investments of the Health sector, 2005-2007 (million tugriks)**

Investment	2005 year		2006 year		2007 year	
	number	mln.tug	number	mln.tug	number	mln.tug
Continuing building	4	1408.8	8.0	2350.0	11.0	2746.6
New building	7	390.0	7.0	560.0	29.0	3856.9
Number of repaired organization	32	1088.1	35.0	750.0	97.0	1756.5
Innovation of automobile, equipments	-	545.6	0.0	2800.0	-	2486.1
<b>Total</b>		<b>3432.5</b>		<b>6460.0</b>		<b>10846.1</b>

Source: Finance and Economic Department, MOH 2007

Expenditure on investment in the health sector was relatively stable at about 3.5 bln Tug during the period of 2003-2005. According to the planned budget, 6.5 bln Tug were to be allocated to health sector investments in 2006, which is 1.9 times the actual expenditures of 2005. In 2007, 10.8 bln Tug will be allocated to health sector investments – 3.1 times the actual expenditures of 2005.

### 7.3 Health Insurance

One of the most important parts of health financing policy is to spend the health insurance funds effectively. These funds finance almost 30 percent of total health expenditures. The main reforms of the health sector in 2006 have been amendments to the Health Law<sup>1</sup> and to the Citizen's Health Insurance Law<sup>2</sup>.

<sup>1</sup> 19 Jan 2006

<sup>2</sup> 20 Jun 2006

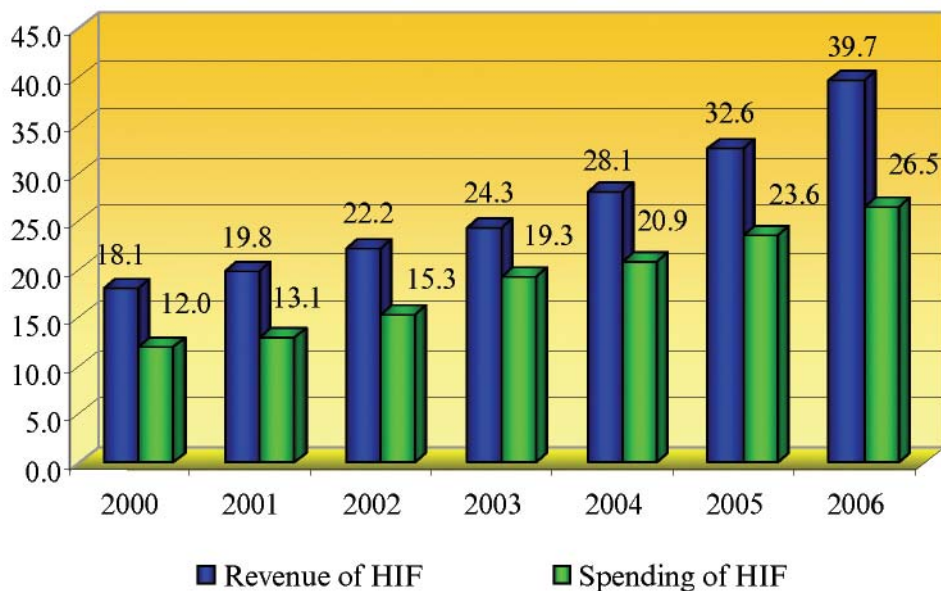


These amendments have basically transformed the health sector's financial policy and classified the financial resources based on type of health care service. In other words, whether the service is funded for by funds from the state budget or from the health insurance fund depends on what type of service is being provided. The Ministry of Health is has developed related procedures and is working on their implementation. For instance, the state budget finances some parts of the health essentials packages<sup>3</sup> while the health insurance fund finances diseases such as Internal system, Nervous system and sense organs, Eye and adnexa, Ear and mastoid process, Musculoskeletal system and connective tissue, Non emergency trauma and surgery.

### Health insurance fund revenue and spending

The health insurance fund is an independent fund and is one of the 5 social Funds. It provides the payment for insured health care services to insured people, as well as partial coverage for their medications, and operational expenses of the insurance organization and other activities as stated in the law. (Table 7.2.1).

**Figure 7.2.1 Revenue and spending<sup>4</sup> of HIF (bln.tug )**



Source: Health Insurance department, SSIGO 2007

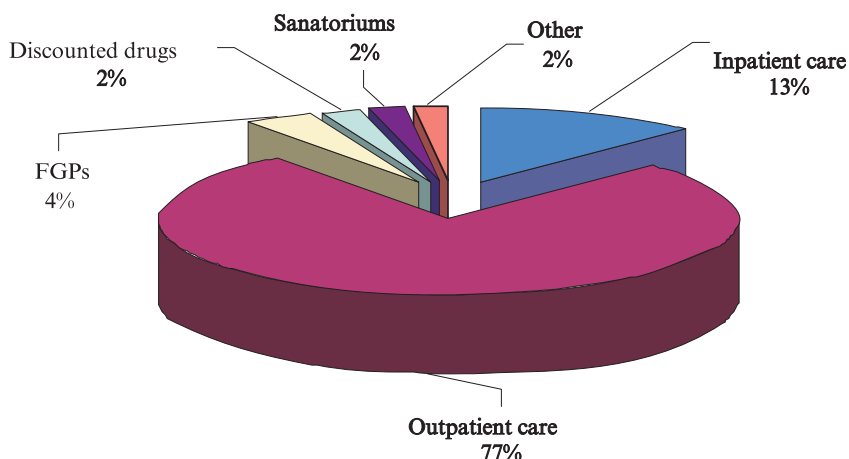
Figure 7.2.1 shows that income and spending of HIF is increasing year by year. In 2006, spending by HIF was 26.5 billion Tug and increased 2.2 times in comparison to 2000 and 1.4 times in comparison to 2003. The revenue of HIF was 39.7 billion Tug in 2006. This amount increased 2.2 times since 2000 and 1.6 times since 2003

Income of the insurance fund consists of the health insurance premiums paid by insured individuals, health insurance premiums paid by employers, insurance premiums provided by the state centralized budget for the citizens whose premiums are paid by the state, and other sources. The main reason for the increase in income of 7.1 bln tug in 2006 compared to the previous year was the rise in income insurance premiums paid by employers and is related to increase in salaries. (HID, SSIGO)

<sup>3</sup>Types of health services stated in 28<sup>1</sup>, Health Law

<sup>4</sup>Does not include operational expenses of HIF

**Figure 7.2.2 Spending of Health Insurance Fund by function, 2006**

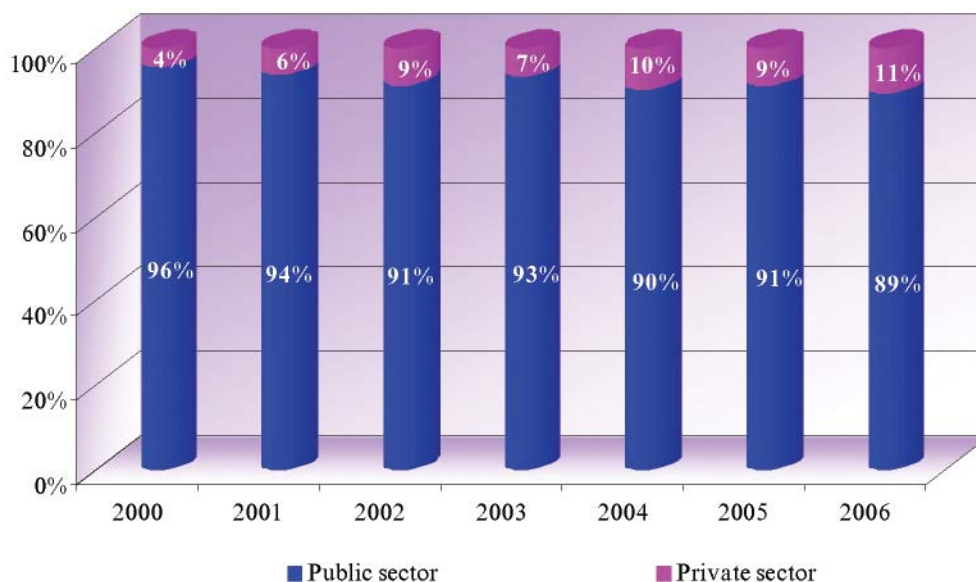


Source: Health Insurance department, SSIGO 2007

Spending of HIF by type of health care delivery in 2006 was as follows: the majority (20.5 bln Tug or 77 percent) went to outpatient care; the remainder (3.3 bln Tug or 13 percent) went to inpatient care.

Insurance coverage is relatively different from year to year. In 2000 it reached a peak at 87.6 percent population coverage, in 2006 it hit a low point of 74 percent. The trend has especially been on a decline in urban areas. In 2006 insurance coverage was 70.2 percent in rural areas, which is a decrease of 7.7 percent compared to 2005, when there was 77.9 percent coverage. In contrast, urban coverage increased by 6 percent in 2006 when it reached 80 percent.

**Figure 7.2.3 Spending of Health Insurance Fund by sector (percent)**



Source: Health Insurance department, SSIGO 2007

Figure 7.2.3 shows that despite the fact that health insurance funds are allocated mostly to the public sector, allocation to the private sector has been slightly increasing each year. Actual spending on the private sector in 2006 was 2.4 bln Tug which was more than 4.4 times the amount of spending in 2000 and 1.9 times the amount of spending in 2003.

## Appendix

**Table 7.1.1 The main indicators of health financing (mln.tug)**

Indicator	2000	2001	2002	2003	2004	2005	2006
Health expenditure as % of GDP	4.6%	4.9%	4.6%	4.2%	4.1%	3.3%	3.3%
Total health expenditure (mln.tug)	46,860.6	54,281.1	57,662.2	62,067.2	77,571.3	83,725.9	103,138.0
Health expenditure per capita (tug)	19,693.3	22,223.6	23,294.1	24,787.0	30,622.8	32,674.8	40,029.1
<b>Financing resources:</b>							
General government expenditure	34,578.9	35,891.1	36,892.8	42,786.3	54,908.7	57,825.1	75,284.6
Health Insurance Fund	9,553.3	14,970.3	18,173.0	15,474.6	8,798.2	21,897.4	23,999.7
Other	2,728.4	3,419.7	2,596.4	3,806.3	3,864.4	4,003.4	3,853.7

**Table 7.1.2 Some expenses, by line items (mln.tug)**

line items	2000	2001	2002	2003	2004	2005	2006
Total health expenditure (mln.tug)	46,860.6	54,281.1	57,662.2	62,067.2	77,571.3	83,725.9	103,138.0
From this: Salary and wages	13,966.9	15,024.5	17,725.3	17,194.4	22,292.3	24,194.6	34,228.0
Drugs	7,960.4	9,538.2	9,379.7	9,504.0	11,235.9	11,881.4	11,984.7
Food expenses	2,299.8	2,658.8	3,096.6	2,648.8	3,160.6	3,317.7	3,370.7
Utility expenses /heating, water supply, electricity/	7,557.3	8,733.2	9,394.6	8,747.3	9,389.9	10,783.8	13,403.9
Fuel and transportation expenses	1,836.4	1,956.6	1,972.6	1,959.7	2,534.3	3,265.8	3,612.8
Capital expenses	1,399.5	1,162.9	1,929.6	3,168.2	3,576.1	3,432.5	6,460.0

**Table 7.1.3 Health financing by level of care (mln.tug)**

Expenditures by level of care	2000	2001	2002	2003	2004	2005	2006
Tertiary health care	10,920.0	12,519.1	13,402.4	13,835.7	16,739.3	17,926.9	21,684.0
Secondary health care	13,498.0	16,890.8	18,045.4	20,755.4	25,525.1	27,111.5	33,286.4
Primary health care	8,222.2	9,774.2	12,198.8	13,198.4	16,599.7	18,732.3	23,412.8
Other	14,220.4	15,097.0	14,015.6	14,277.7	18,707.2	19,955.2	24,754.8
<b>Total</b>	<b>46,860.6</b>	<b>54,281.1</b>	<b>57,662.2</b>	<b>62,067.2</b>	<b>77,571.3</b>	<b>83,725.9</b>	<b>103,138.0</b>

**Table 7.2.1 Health insurance Fund's indicators (mln.tug)**

Spending of HIF	2000	2001	2002	2003	2004	2005	2006
Revenue of HIF	18111.2	19,802.6	22,188.3	24,312.5	28,124.6	32,574.2	39,660.0
Spending of HIF: From it	12024.1	13,057.6	15,320.1	19,264.9	20,901.4	23,581.3	26,528.1
<b>By functions</b>							
Outpatient care	191.7	416.0	607.4	1,097.5	1,115.2	1,766.4	3,339.9
Inpatient care	11,352.7	12,010.7	13,997.6	15,227.5	16,792.6	18,794.0	20,528.5
FGPs	-	-	-	1,608.8	1,828.7	1,987.1	1,045.3
Discounted drugs	250.6	378.7	424.5	381.8	526.9	571.1	564.5
Sanatoriums	229.1	252.2	290.6	342.8	389.1	462.7	558.5
Others	-	-	-	606.5	248.9	-	491.4
<b>By sector</b>							
Public sector	11,484.5	12,251.3	14,003.7	17,981.7	18,889.6	21,427.3	24,145.4
Private sector	539.6	806.3	1,316.4	1,283.2	2,011.8	2,154.0	2,382.7
<u>Average insurance coverage (percent)</u>	87.6%	81.2%	77.7%	83.0%	85.9%	76.5%	74.0%

## CHAPTER 8. NATIONAL HEALTH PROGRAM INDICATORS

### NATIONAL REPRODUCTIVE HEALTH CONTROL PROGRAM

Indicator	Details
Approved by the Government Resolution	Resolution # 288 of 2001
Duration	2002-2006
Main objective	To promote sustainable growth and health of the population by improving the reproductive health of the population

No	Indicators	2000	2005	2006	Target for 2006
1	Maternal mortality ratio per 100.000 live births	158	93.0	69.7	110.0
2	Early antenatal care (percent)	56.4	80.0	81.5	70.0
3	Proportion of pregnant women receiving antenatal check-ups at least six times during pregnancy		83.7	82.2	75.0
4	Pregnant women served by maternity rest homes (percent)	49.0	(8067)*	(8633)*	65.0
5	Anemic pregnant women (percent)	40.0	13.8	12.1	25.0
6	Percent of women receiving active check-up within 42 days after the delivery		74.1	78.9	60.0
7	Syphilis incidence per 10.000 pregnant women	61.0	91.8	136.5	less than 45
8	Infant mortality per 1000 live births	31.2	20.77	19.8	27.0
9	Contraceptive prevalence rate	33.4	49.32	50.7	45.0
10	Abortion per 1000 live births	230	200.6	256.1	less than 200
11	Deliveries in 15-19 year-old adolescent girls as percent of all deliveries	9.0	6.0	5.6	8.0
12	Percent of secondary school teachers trained to teach RH/sexual education classes in secondary schools				80.0
13	Number of organizations with RH leadership capacity			6.0	6
14	Resources allocated to RH counseling and services				

## NATIONAL COMMUNICABLE DISEASE CONTROL PROGRAM

Indicator	Details
Approved by the Government Resolution	Resolution # 129 of 2002
Duration	2002-2010
Main objective	To reduce communicable disease morbidity and mortality through effective mobilization of social resources.

№	Indicators	2004	2005	2006
<b>1. Immunization coverage (percent)</b>				
	BCG	97.7	98.0	98.2
	Hepatitis B	98.2	97.9	98.5
	DPT	98.9	98.8	99.0
	Measles	98.8	97.9	98.9
	Poliomyelitis	99.0	98.6	98.3
<b>2. Incidence of vaccine-preventable diseases per 10,000 population:</b>				
	Generalized TB in 0-15 year-old children	0.12	0.1	0.1
	Hepatitis B	3.1	3.4	3.7
	Diphtheria	0.0	0.0	0.0
	Pertussis	0.0	0.0	0.0
	Tetanus	0.0	0.0	0.0
	Measles	0.0	0.0	0.1
	Poliomyelitis	0.0	0.0	0.0
<b>3. Laboratory confirmation of lung TB (percent)</b>		69.6	69.8	76.8
<b>4. Cure rate of new smear-positive cases</b>		83.8	79.0	82.1
<b>5. Incidence of intestinal infections per 10,000 population</b>				
	Typhoid fever	0.1	0.1	0.0
	Dysentery	8.9	7.3	7.3
	Hepatitis B	21	21.1	21.7
	Salmonellosis	0.8	0.5	0.5
<b>6. Incidence of brucellosis per 10,000 population</b>		2.5	3.3	2.1
<b>7. Number of cases of bubonic plague</b>		3.0	0.0	1.0
<b>8. Incidence of STIs per 10,000 population</b>				
	Syphilis	7.1	9.5	11.7
	Gonorrhoea	23	25.3	17.6
	Trichomoniasis	24.8	26.0	20.3
<b>9. Number of cases of congenital syphilis</b>		27.0	36	51

### NATIONAL INJURY PREVENTION PROGRAM

Indicator	Details
Approved by the Government Resolution	Resolution # 156 of 2002
Duration	2002-2008
Main objective	To reduce disability and mortality due to injuries

№	Indicators	2002	2005	2006	Target for 2008
1	Incidence of injuries per 10,000 population	274.55	380.65	365.56	205.9
2	Hospital admissions due to injuries (per 10,000 population)	86.22	100.72	100.79	73.3
3	Injury mortality per 10,000 population	76.6	110.8	109.5	57.0

## NATIONAL IDD CONTROL PROGRAM

Indicator	Details
Approved by the Government Resolution	Resolution # 84 of 2002
Duration	2002-2006
Main objective	To reduce IDD prevalence in the population through supporting iodized salt production and supply, and increasing household consumption of iodized salt

No	Indicators	2002	2004*	2006*	Target for 2006
1	Goiter prevalence in 7-11 year-olds*	21.40%	13.80%		Improved from the baseline of 10.0%
2	Percent of population with iodine content less than 100 ng/L in urine*	62.5	62		Improved from the baseline of <50%
3	Percent of infants with TSH levels more than 5 IU/ml in blood*	10.80%	7.10%		Improved from the baseline of 5%
4	IQ of 7-11 year-olds*	82.50%	96.50%		
5	Domestic production of iodized salt	63.8тн	458 tons		
6	Iodized salt supply as percent of all alimentary salt supply	57%	68.80%		100%
7	Number of salt mines salt purification and iodization technology	0	6	7	4
8	Number of manufacturers of purified alimentary salt	0	1		1
9	Proportion of households consuming iodized salt	46%	76	84.5%	95%
10	Nmber of regional IDD monitoring laboratories	1	2	2	2
11	Number of manufacturers with newly established internal monitoring laboratories	1	6		4
12	Number of border ports with laboratories for rapid testing of iodized salt	2	4		
13	Percent of population with correct knowledge on IDD and iodized salt	94%	98.10%	96.0%	99%

\* 2004 National Nutrition Survey



### NATIONAL MENTAL HEALTH PROGRAM

Indicator	Details
Approved by the Government Resolution	Resolution # 59 of 2002
Duration	2002-2007
Main objective	To reduce the prevalence of mental health and behavioral disorders by upgrading mental health services in the country to conform to new trends in mental health.

№	Indicators	2000	2004	2006	Target for 2007
1	Mental and behavioral disorders (per 10,000 population)	77.43	113.8	113.8	70
2	Existence of integrated mental health database	Non-existent	established	established	Will be established
3	Clients receiving primary mental health services as percent of clients of soum hospitals and FGPs	0.13%	0.40%	0.7%	10%
4	Number of schools with mental health program	0	205	205	At least 90 a year
5	Number of enterprises with more than 50 staff, which implement mental health sub-programs or projects	0	597	597	At least 40 a year
6	Ratio of the number of hospital admissions due to mental and behavioral disorders to total morbidity	1.7%	2.3	1.3%	1.5%
7	Average length of stay of mental hospital patients	27.5	21.5	28.2	23.0
8	Percent of FGPs and soum hospitals providing primary mental health services	*	65%	70%	Сум, өрхийн эмнэлэг 100 хувь
9	Percent of soum and family doctors and health workers trained in primary mental health services	30%	*	67%	70%
10	Suicide rate pr 100,000 population	17	17.5	17.6	12

## NATIONAL PROGRAM ON DEVELOPMENT OF SPA RESORTS

Indicator	Details
Approved by the Government Resolution	Resolution # 251 of 2002
Duration	2003-2010
Main objective	To promote population health status through rational use of natural treatment factors and expansion of spa resort services

No	Indicators	2004	2005	2006	Target
1	Number of national and regional spa resorts	9	9	10	11
2	Proportion of spa resorts with hygienic passports	6.70%	10.00%	10.00%	100%
3	Proportion of accredited national spa resorts	9	9	16	100%
4	Proportion of spa resorts with hygienic demarcation	20%	20%	35%	100%
5	Number of spa resorts where environmental impact assessment has been performed	3	3	8	11
6	Evaluation of the treatment quality of spa resorts	-	developed	developed	Evaluation criteria will be developed and endorsed
7	Assessment of short and long-term outcomes of spa treatment for common diseases	Baseline study conducted		Survey being from 2005	
8	Development and approval of the standard on spa resort structure and performance, and treatment and services	Approved	Approved	Approved	
9	Number of accredited sanatoria	7	7	12	11
10	Number of spa resorts assessed for exploitation	5	5	5	8
11	Revision of the drinking mineral water standard	Standard was revised and approved	Standard was revised and approved	Standard was revised and approved	Will be revised
12	Number of new scientific studies on spa resorts	6	4	6	Number of scientific studies will increase

### NATIONAL PROGRAM ON DEVELOPMENT OF SOUM HOSPITALS

Indicator	Details
Approved by the Government Resolution	Resolution # 89 of 2002
Duration	2002-2008
Main objective	To strengthen material and human resources of soum hospitals, and to eliminate the discrepancy in health service quality and availability between urban and rural settings

№	Indicators	2004	2005	2006	Target for 2008
1	Proportion of hospitals meeting the requirements of the standard on soum hospital structure and performance	30.00%	31%	40%	80%
2	Proportion of soum hospitals with purpose-built premises	*	36%	70%	70%
3	Proportion of soum hospitals provided with necessary equipment	25.10%	37%	37%	70%
4	Ambulance park renovation (percent)	41.60%	48%	78%	At least 50%
5	Proportion of soums with drug revolving funds	68%	88%	70%	97%
6	Proportion of soums with physician	100%	96%	95%	100%
7	Proportion of soum doctors trained on soum hospital structure and performance standard	*	31%	75%	90%
8	Proportion of soum doctors trained on primary health care standard	*	52%	70%	90%
9	Proportion of soum doctors receiving professional upgrading training	*		60%	95%
10	Maternal mortality per 100,000 live births (soum average)	174	93%	70%	130
11	Percent of home deliveries	0.80%	0.7%	0.5%	0.50%
12	Infant mortality per 1,000 live births (soum average)	*		20.8%	27.5
13	Mortality of 1-5 year-olds per 1,000 live births (soum average)	*		26.6%	35

## NATIONAL PROGRAM TO IMPROVE HEALTH TECHNOLOGY

Indicator	Details
Approved by the Government Resolution	Resolution # 264 of 2002
Duration	2003-2008
Main objective	To improve the quality of health services to meet international standards through selective introduction of cost-effective and readily available health promotion, protection, diagnosis, treatment, rehabilitation and information technology

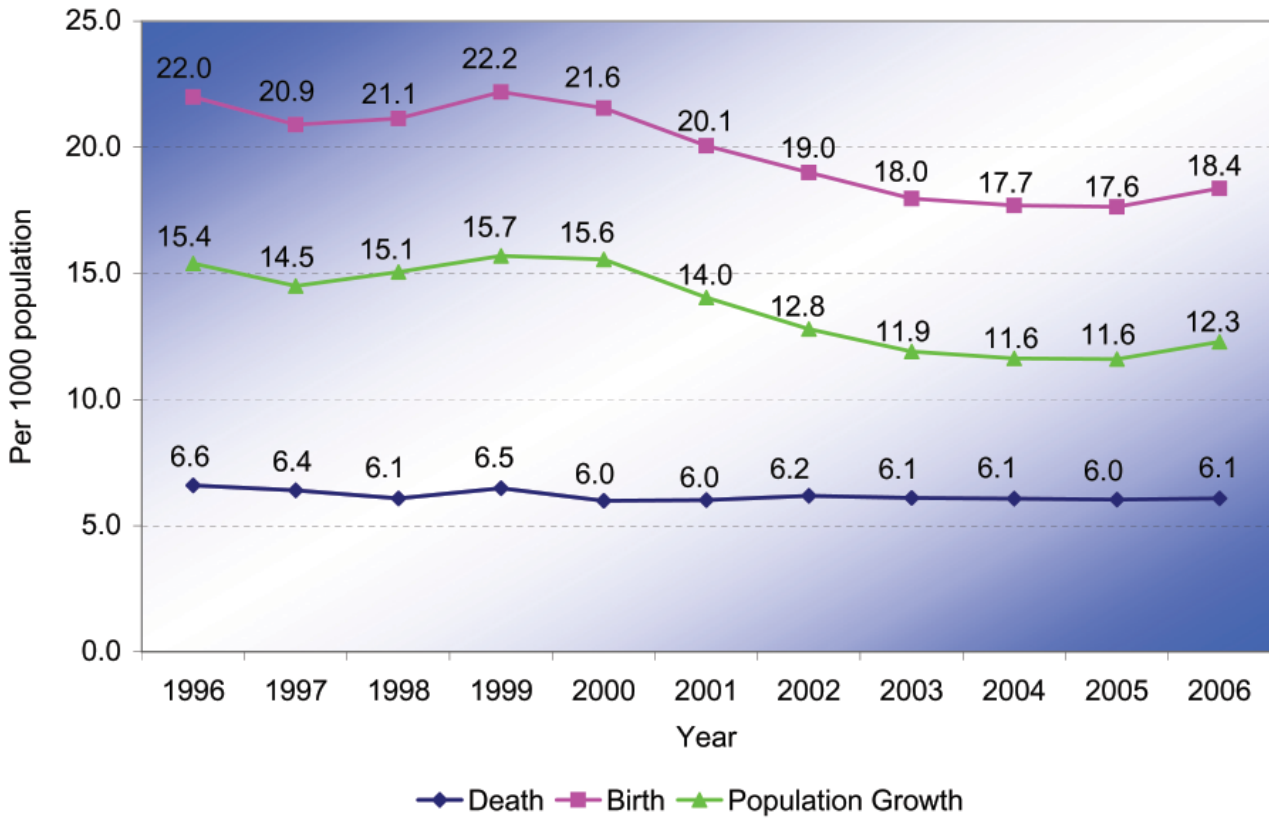
No	Indicators	2001	2005	2006	Target for 2008
1	Investments in medical equipment		3.6	9.62	10%
	Expenses on medical equipment maintenance		0.5	0.65	3
2	Number of health organizations with LAN	0	6	45	25
3	Number of aimags with distance education, counseling and diagnostic services	0	5	9	10
4	Number of hospitals with EMR	0	1	0	5
5	Proportion of cancer patients diagnosed at stage I	14%	15	18.8	65%
	Liver cancer			10.0	
	Lung cancer		7	8.7	
	Breast cancer		17.8	24.7	
	Stomach cancer		12.4	14.2	
	Cervical cancer		38.6	48.1	
6	Hospital mortality	30.9	23.9	23.8	27
7	Mortality within 24 hours of hospital admission	20.2	21.8	22.9	16
8	Post-surgical complications	0.39	0.33	0.34	0.25
9	Post-surgical mortality	0.56	0.29	0.32	0.4

## CHAPTER 9. MAIN HEALTH INDICATORS FOR 2006

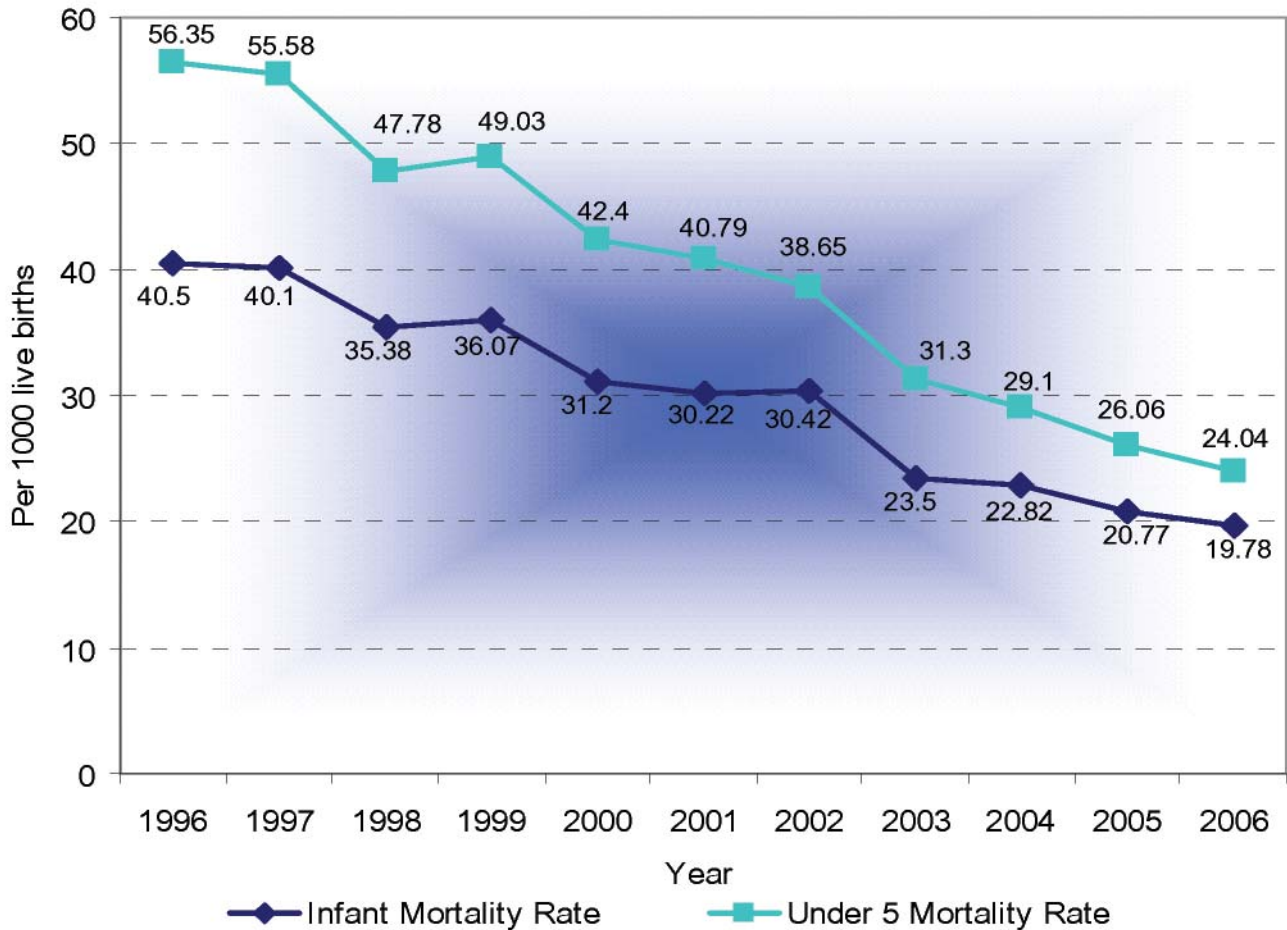
## Main Health Indicators, 2006

№	Aimags and city	Population, 2006	Per 10,000 population				Number of persons per hospital bed	Number of persons per physician	Number of midlevel personnel per physician	Average outpatient visits per person per year	Per 1000 population			Under 5 mortality rate		
			Hospital beds	Physicians	Midlevel personnel	All health workers					Crude birth rate	Crude death rate	Population growth rate	Infant mortality rate per 1000 live births	per 1000 under 5 children	per 1000 live births
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Arkhangai	93219	65.97	13.90	47.47	99.65	151.58	719.44	3.42	4.51	16.64	5.24	11.40	16.79	4.17	21.95
2	Bayan-Ulgii	100039	56.09	14.10	45.29	94.18	178.30	709.39	3.21	4.22	24.04	4.76	19.29	17.39	5.15	24.60
3	Bayankhongor	83729	65.15	12.07	52.84	114.28	153.49	828.25	4.38	4.37	17.39	5.98	11.42	30.14	7.92	38.36
4	Bulgan	60256	57.94	17.65	59.44	119.89	172.58	566.58	3.37	3.41	12.16	5.11	7.04	16.42	3.70	21.89
5	Gobi-Altai	60309	77.69	17.56	74.37	147.59	128.72	569.53	4.24	4.85	19.35	5.78	13.57	20.62	5.36	25.77
6	Gobi-Sumber	13192	96.78	30.69	71.60	148.71	103.33	325.88	2.33	8.25	20.61	6.77	13.85	23.08	6.20	23.08
7	Darkhan-Uul	87480	58.80	25.23	64.17	130.85	170.06	396.29	2.54	6.42	18.30	6.91	11.40	13.63	4.40	17.35
8	Dornogobi	54485	73.49	28.58	56.05	137.33	136.07	349.90	1.96	5.76	17.87	6.35	11.52	26.12	5.96	30.30
9	Dornod	73527	66.15	17.83	55.80	120.04	151.18	560.87	3.13	5.17	18.55	6.57	11.98	21.14	5.87	26.97
10	Dundgobi	49133	70.90	16.00	55.91	118.90	141.05	624.90	3.49	4.53	16.04	4.82	11.22	15.17	3.66	18.96
11	Zavkhan	80589	85.37	13.07	59.61	119.84	117.14	765.31	4.56	5.07	18.28	5.15	13.13	21.15	5.23	24.56
12	Orkhon	79399	52.15	29.92	59.98	122.98	191.76	334.17	2.00	7.91	18.26	6.49	11.77	18.01	5.23	22.16
13	Uvurkhangai	114831	53.02	15.14	44.97	95.63	188.61	660.68	2.97	3.56	18.78	5.42	13.36	23.22	5.71	26.47
14	Umnugobi	46439	64.42	19.24	53.83	107.87	155.24	519.79	2.80	5.36	17.08	5.77	11.31	27.71	5.81	30.23
15	Sukhbaatar	55517	60.80	17.58	55.42	119.44	164.49	568.99	3.15	4.08	15.57	5.94	9.63	19.63	4.74	24.25
16	Selenge	100066	62.93	17.81	52.63	106.75	158.90	561.52	2.96	4.37	12.00	5.39	6.60	15.01	4.00	24.19
17	Tuv	86384	59.05	14.62	52.03	106.94	169.33	684.01	3.56	3.30	8.35	4.19	4.16	12.48	1.72	16.64
18	Uvs	80466	73.62	15.77	57.23	111.61	135.84	634.26	3.63	4.82	22.47	5.96	16.51	21.57	5.66	26.55
19	Khovd	88431	64.52	14.51	50.69	102.62	154.99	688.97	3.49	4.14	20.81	5.16	15.65	16.42	4.38	21.89
20	Khuvsgul	122031	59.83	13.21	50.72	97.41	167.15	756.86	3.84	4.58	18.29	6.86	11.43	27.05	7.20	35.17
21	Khentii	70992	66.46	17.78	56.30	129.81	150.47	562.47	3.17	3.65	15.94	5.35	10.60	20.44	4.52	24.00
22	Aimags average	1600514	64.15	17.24	54.51	113.13	155.89	579.91	3.16	4.69	17.48	5.68	11.80	20.30	5.12	25.58
23	Ulaanbaatar	994278	82.55	44.11	63.02	164.67	121.14	226.70	1.43	7.73	19.82	6.73	13.09	19.03	5.52	21.85
24	Country average	2594792	71.14	27.45	57.74	132.71	140.57	364.26	2.10	5.84	18.37	6.08	12.29	19.78	5.26	24.04

### Crude Birth and Death Rates and Population Growth (1996-2006)



### Infant and Under 5 Mortality Rates (1996-2006)

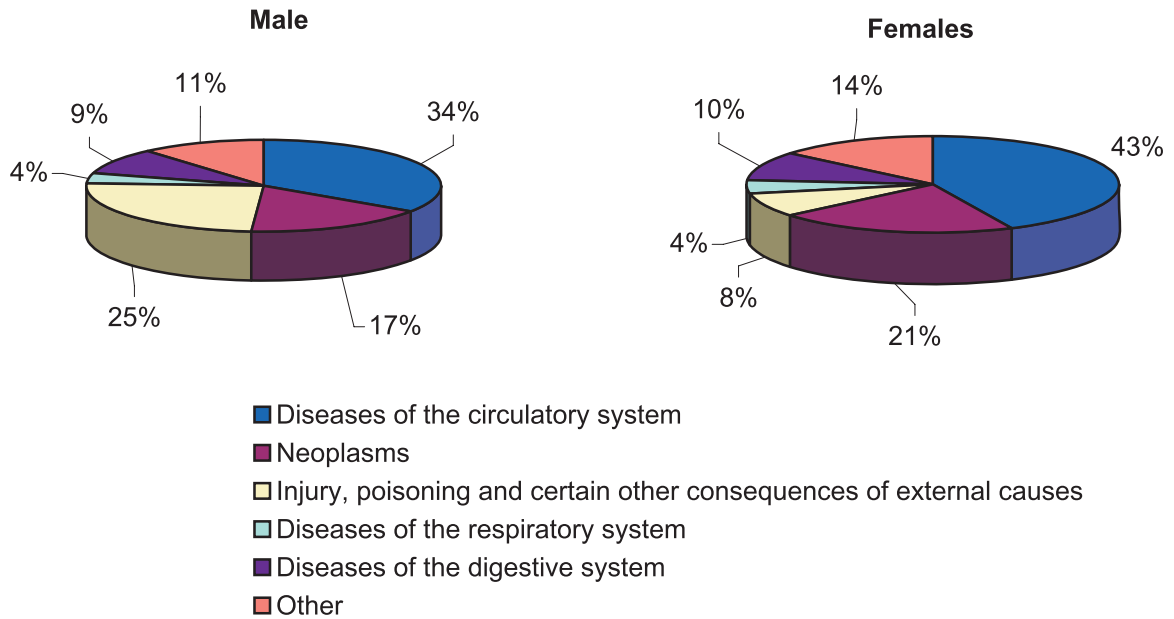


## Deaths by Causes and Sex, 2006

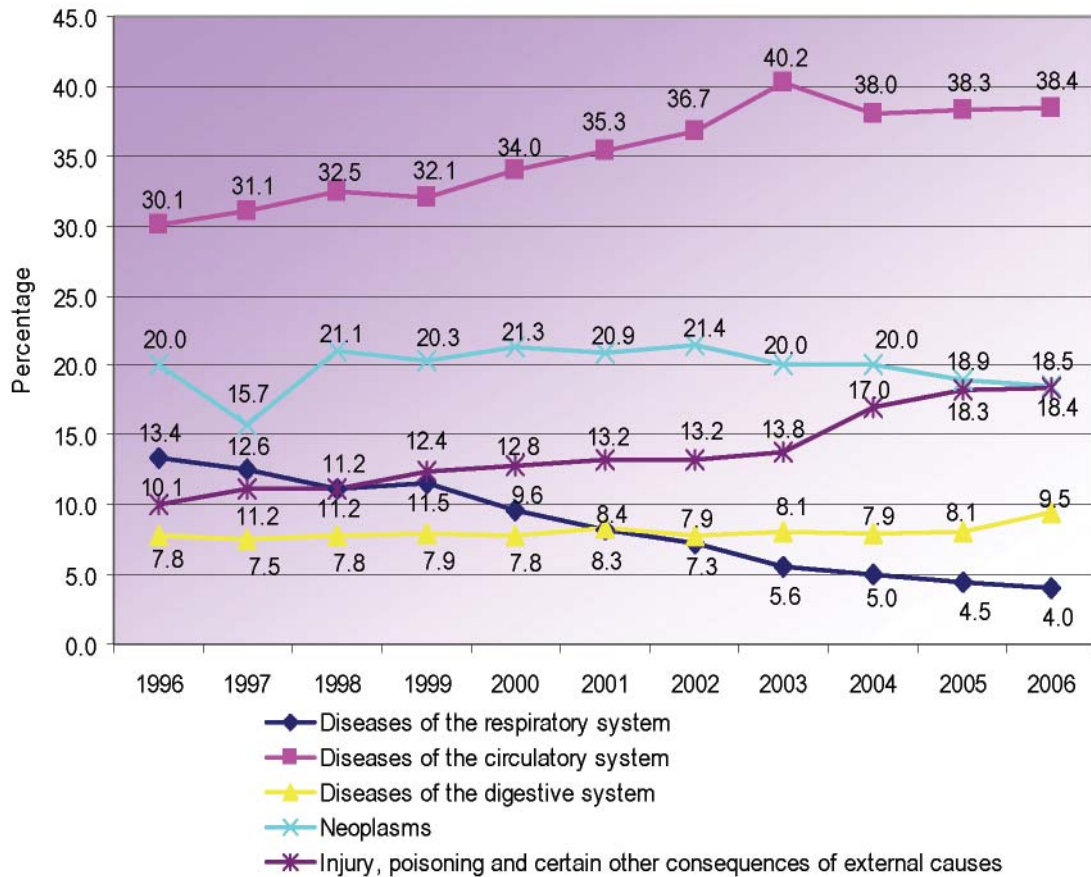
Main Causes ICD-10	Total		Males		Females	
	Abs. number	per 10000 pop	Abs. number	per 10000 pop	Abs. number	per 10000 pop
Diseases of the circulatory system	5937	22.88	3282	25.94	2655	19.97
Neoplasms	2861	11.03	1580	12.49	1281	9.64
Injury, poisoning and certain other consequences of external causes	2842	10.95	2345	18.53	497	3.74
Diseases of the digestive system	1472	5.67	860	6.80	612	4.60
Diseases of the respiratory system	615	2.37	353	2.79	262	1.97
Certain infectious and parasitic diseases	418	1.61	278	2.20	140	1.05
Certain conditions originating in the perinatal period	478	1.84	281	2.22	197	1.48
Diseases of the genito-urinary system	328	1.26	173	1.37	155	1.17
Diseases of the nervous system and sense organs	244	0.94	145	1.15	99	0.74
Congenital malformations, deformations and chromosomal abnormalities	161	0.62	87	0.69	74	0.56
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	104	0.40	35	0.28	69	0.52
Endocrine, nutritional and metabolic diseases	100	0.39	51	0.40	49	0.37
Mental and behavioural disorders	32	0.12	11	0.09	21	0.16
Pregnancy, childbirth and the puerperium	20	0.08	-	-	20	0.15
Diseases of blood and blood forming organs and certain disorders involving the immune mechanisms	19	0.07	10	0.08	9	0.07
Diseases of the musculoskeletal system and connective tissue	27	0.10	12	0.09	15	0.11
Diseases of the eye and adnexa	2	0.01	1	0.01	1	0.01
Diseases of the skin and subcutaneous tissue	5	0.02	4	0.03	1	0.01
<b>Total</b>	<b>15665</b>	<b>60.37</b>	<b>9508</b>	<b>75.15</b>	<b>6157</b>	<b>46.31</b>



### Main Causes of Death, by Sex, 2006



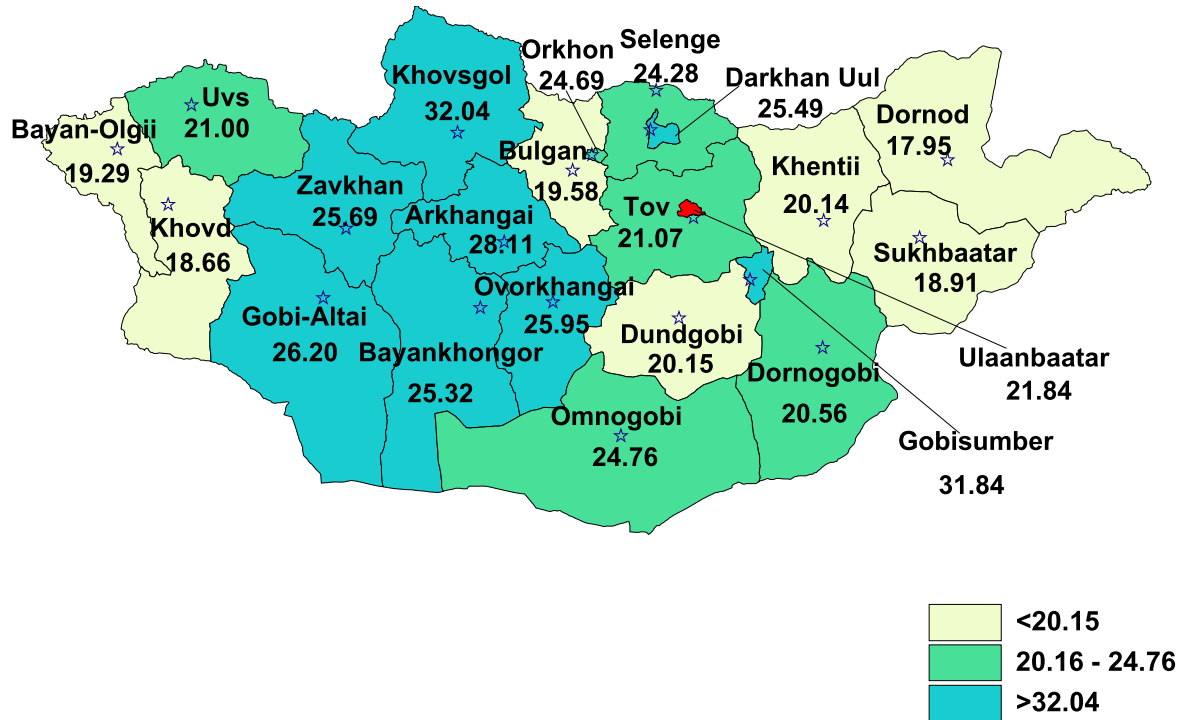
### Five Leading Causes of Death, 1996-2006



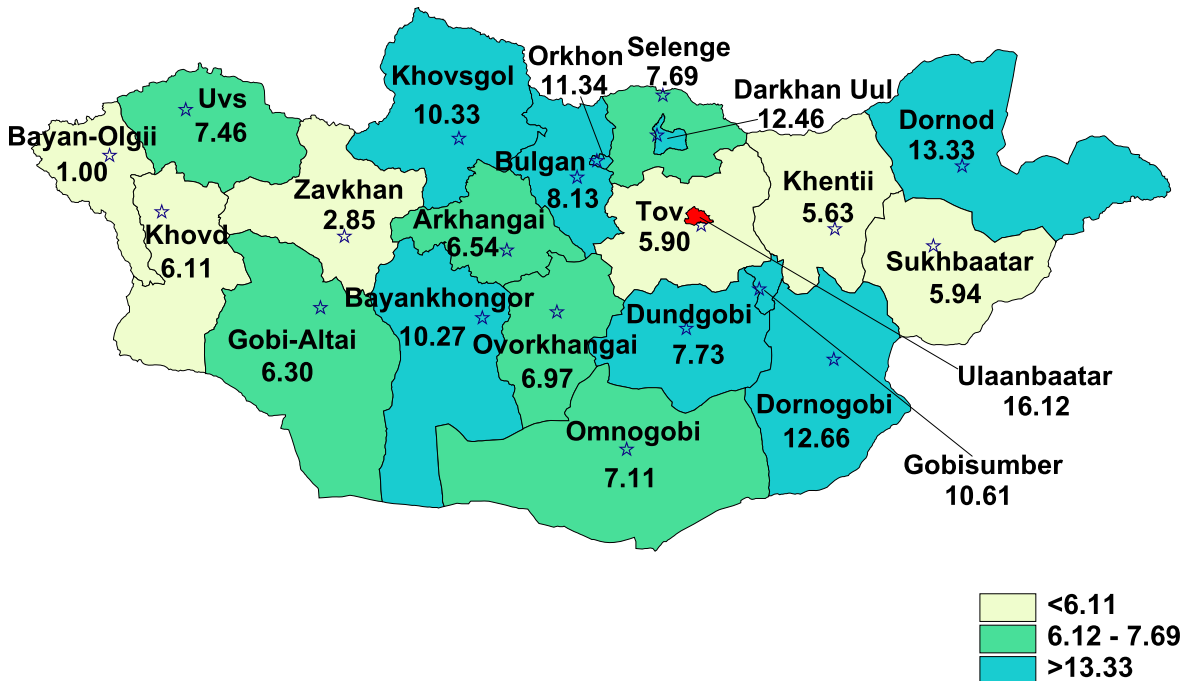
## Five Leading Causes of Death (by aimag), 2006

№	Aimag, city	per 10000 population				
		Diseases of the circulatory system	Neoplasms	Injury, poisoning and certain other consequences of external causes	Diseases of the digestive system	Diseases of the respiratory system
1	Arkhangai	28.11	9.87	6.54	2.36	1.29
2	Bayan-Ulgii	19.29	6.20	1.00	8.40	6.60
3	Bayankhongor	25.32	8.84	10.27	4.18	2.75
4	Bulgan	19.58	17.43	8.13	2.32	1.16
5	Gobi-Altai	26.20	12.93	6.30	4.48	1.82
6	Gobi-Sumber	31.84	9.85	10.61	6.82	0.76
7	Darkhan-Uul	25.49	18.18	12.46	4.69	2.06
8	Dornogobi	20.56	11.01	12.66	6.97	0.92
9	Dornod	17.95	18.77	13.33	4.22	3.26
10	Dundgobi	20.15	11.40	7.73	2.04	1.83
11	Zavkhan	25.69	6.45	2.85	6.95	2.61
12	Orkhon	24.69	14.86	11.34	4.79	1.51
13	Uvurkhangai	25.95	6.10	6.97	4.35	3.92
14	Umnugobi	24.76	8.83	7.11	6.46	1.51
15	Sukhbaatar	18.91	17.47	5.94	7.21	3.24
16	Selenge	24.28	9.79	7.69	4.30	2.20
17	Tuv	21.07	8.45	5.90	3.13	0.69
18	Uvs	21.00	17.40	7.46	2.98	3.36
19	Khovd	18.66	11.08	6.11	4.64	4.86
20	Khuvsgul	32.04	13.69	10.33	3.69	2.70
21	Khentii	20.14	5.35	5.63	12.54	3.80
<b>22</b>	<b>Aimag average</b>	<b>23.52</b>	<b>11.43</b>	<b>7.74</b>	<b>4.96</b>	<b>2.73</b>
23	Ulaanbaatar	21.84	10.38	16.12	6.82	1.79
<b>24</b>	<b>Country average</b>	<b>22.88</b>	<b>11.03</b>	<b>10.95</b>	<b>5.67</b>	<b>2.37</b>

### Deaths of the Circulatory System per 10000 population, 2006



### Death Injury-Poisoning and Certain other Consequences of External Causes per 10000 population, 2006



## Causes of Infant and Under 5 Deaths, 2006

Diseases group according to ICD-10	0-1 age		under 5	
	Abs. number	%	Abs. number	%
Certain conditions originating in the perinatal period	478	51.0	478	42.0
Diseases of the respiratory system	161	17.2	220	19.3
Diseases of the digestive system	43	4.6	50	4.4
Congenital malformations, deformations and chromosomal abnormalities	115	12.3	129	11.3
Injury, poisoning and certain other consequences of external causes	59	6.3	131	11.5
Diseases of the nervous system and sense organs	52	5.5	69	6.1
Certain infectious and parasitic diseases	23	2.5	31	2.7
Other	6	0.6	31	2.7
<b>Total</b>	<b>937</b>	<b>100.0</b>	<b>1139</b>	<b>100.0</b>

## Causes of Infant Mortality (2000-2006)

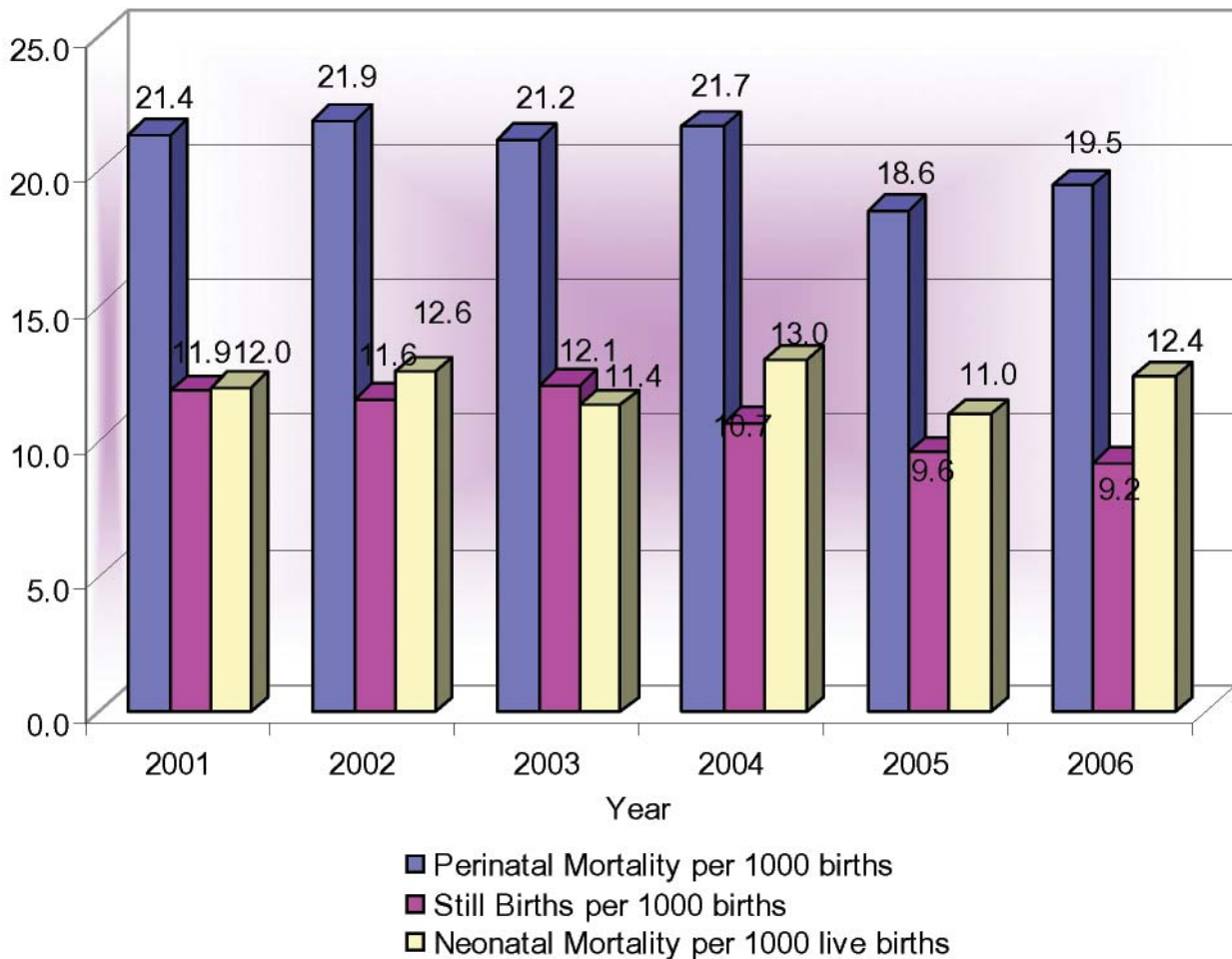
Causes	2001	2002	2003	2004	2005	2006
Certain conditions originating in the perinatal period	34.0	34.0	39.3	46.5	48.2	51
Diseases of the respiratory system	32.0	34.0	29.7	27.1	26.2	17.2
Congenital malformations, deformations and chromosomal abnormalities	4.7	7.1	7.9	8.9	9.7	12.3
Injury, poisoning and certain other consequences of external causes	3.4	3.1	4.3	5	5.8	6.3
Diseases of the digestive system	12.7	12.4	9.8	5.9	5.2	4.6
Diseases of the nervous system and sense organs	3.5	3.1	3.6	2.3	2.3	5.5
Certain infectious and parasitic diseases	3.1	4	2.7	1.8	1.5	2.5

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

## Infant Mortality, 2006

Causes	Rate
Infant mortality rate per 1000 live births	19.78
Early neonatal mortality rate per 1000 live births	10.4
Post neonatal mortality rate per 1000 live births	2.0
Neonatal mortality rate per 1000 live births	12.40
Still births rate per 1000 births	9.2
Perinatal mortality rate per 1000 births	19.50

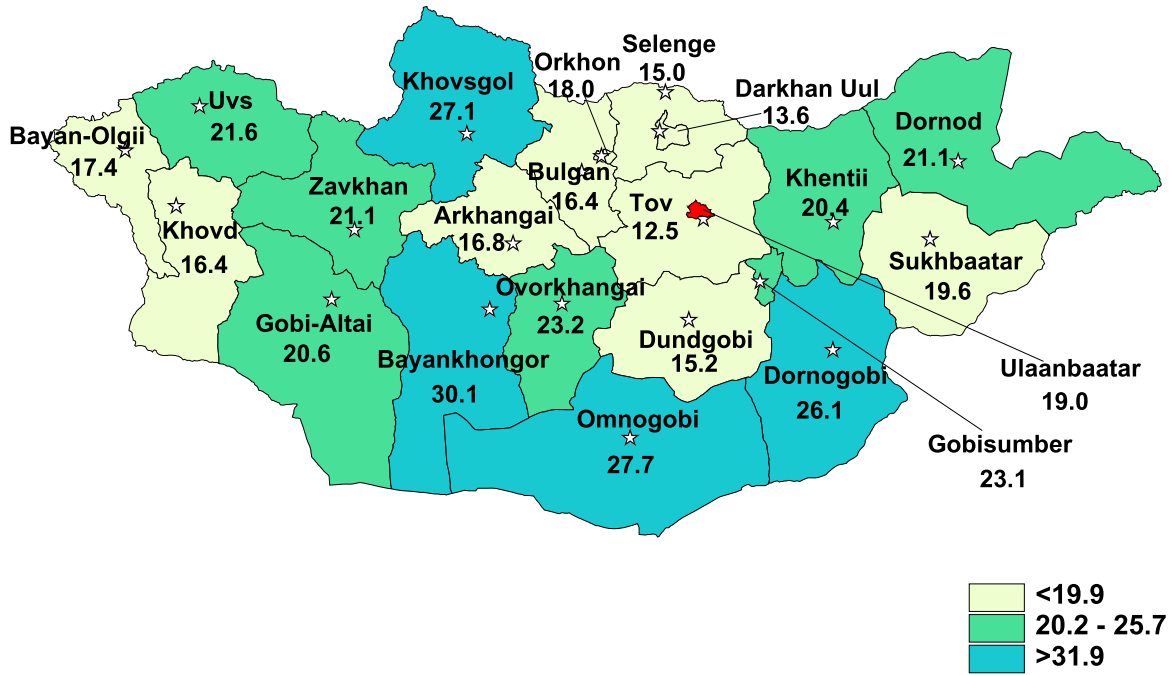
## Infant Mortality, 2001-2006



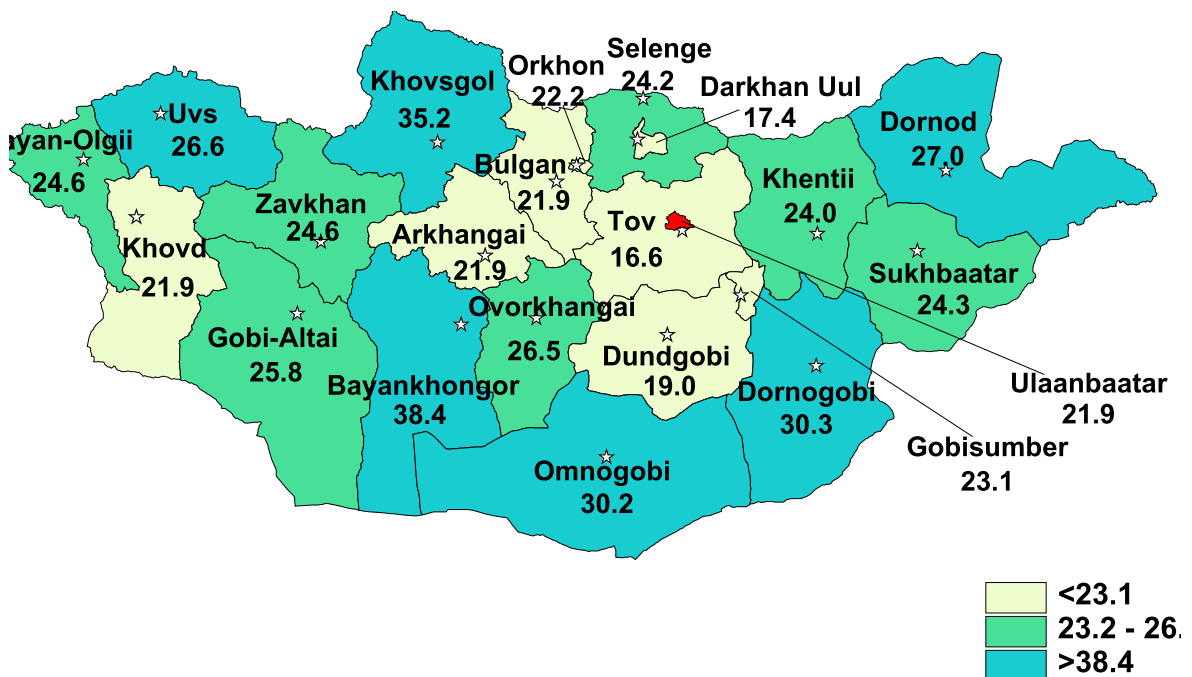
## Infant Mortality, 2006

№	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	16.6	9.6	9.0	7.1	1.9
2	Bayan-Ulgii	35.0	28.4	9.8	6.8	3.0
3	Bayankhongor	25.1	9.5	15.8	15.8	0.0
4	Bulgan	13.6	6.8	9.6	6.8	2.7
5	Gobi-Altai	22.0	14.4	12.0	7.7	4.3
6	Gobi-Sumber	19.1	7.6	11.5	11.5	0.0
7	Darkhan-Uul	6.8	1.9	6.2	5.0	1.2
8	Dornogobi	23.8	8.3	20.9	15.7	5.2
9	Dornod	19.6	5.8	13.8	13.8	0.0
10	Dundgobi	11.3	5.0	7.6	6.3	1.3
11	Zavkhan	23.6	11.5	13.6	12.3	1.4
12	Orkhon	17.9	8.2	13.2	9.7	3.5
13	Uvurkhangai	16.1	6.9	11.6	9.3	2.3
14	Umnugobi	12.6	2.5	15.1	10.1	5.0
15	Sukhbaatar	21.7	11.4	12.7	10.4	2.3
16	Selenge	14.1	6.6	7.5	7.5	0.0
17	Tuv	17.8	11.0	6.9	6.9	0.0
18	Uvs	22.4	13.1	11.1	9.4	1.7
19	Khovd	21.1	13.5	7.7	7.7	0.0
20	Khuvsgul	20.1	11.6	13.1	8.6	4.5
21	Khentii	17.6	11.4	7.1	6.2	0.9
<b>22</b>	<b>Aimag average</b>	<b>19.8</b>	<b>10.8</b>	<b>11.2</b>	<b>9.1</b>	<b>2.0</b>
23	Ulaanbaatar	19.0	6.9	14.2	12.3	1.9
<b>24</b>	<b>Country average</b>	<b>19.5</b>	<b>9.2</b>	<b>12.4</b>	<b>10.4</b>	<b>2.0</b>

### Infant Mortality Rate (per 1000 Live Births), 2006



### Under 5 Mortality Rate (per 1000 live Births), 2006

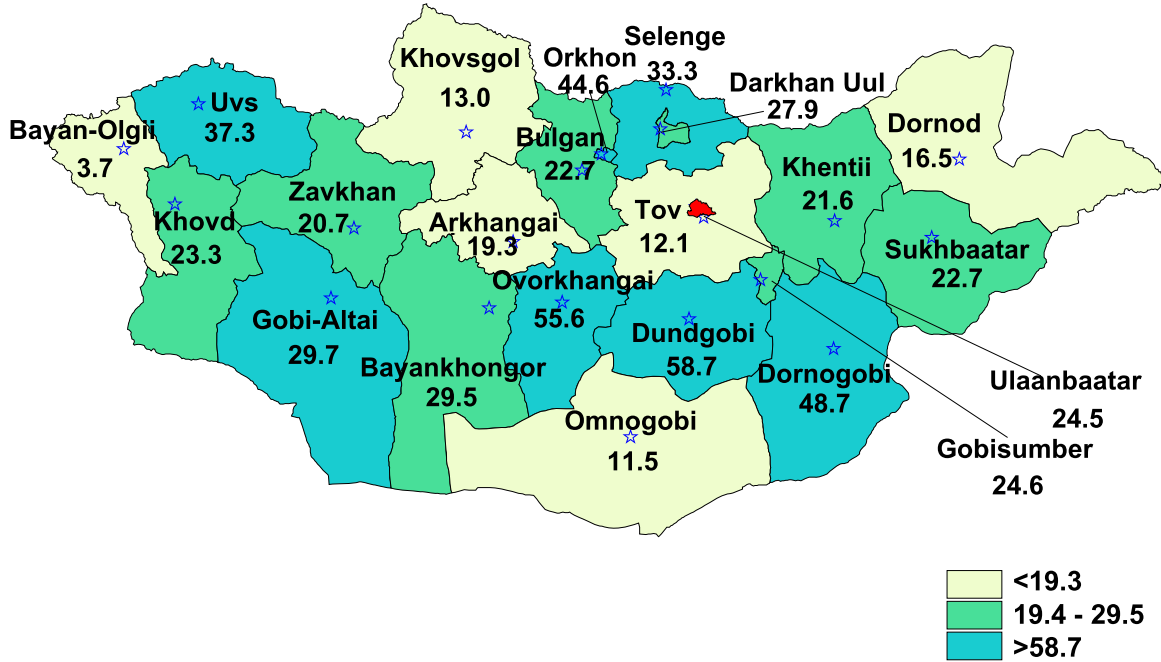




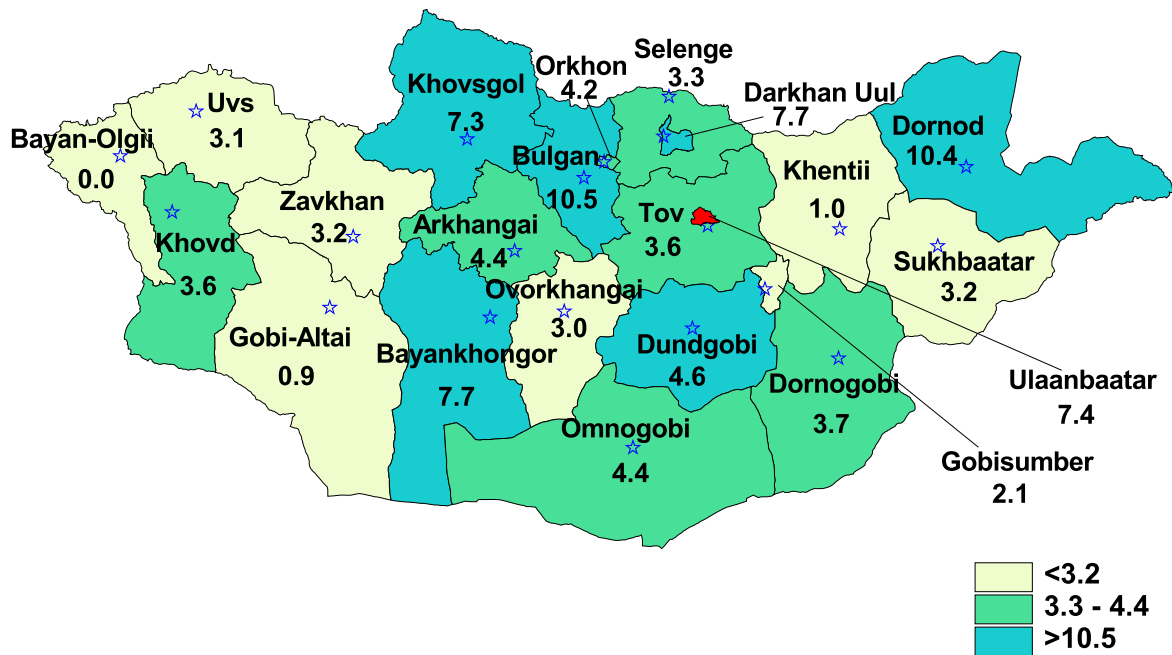
## Registered Reportable Infectious Diseases, per 10000 population (2000-2006)

Certain infectious and parasitic diseases	Per 10000 population						
	2000	2001	2002	2003	2004	2005	2006
Typhoid and paratyphoid fevers	0.11	0.07	0.09	0.03	0.06	0.06	0.01
Salmonella infections	1.19	1.24	1.05	0.77	0.79	0.51	0.55
Shigellosis	6.96	9.47	8.96	8.25	8.79	7.24	7.32
Tuberculosis	12.56	14.16	15.03	15.51	17.44	17.38	18.69
Plague	0.04	0.03	0.02	0.05	0.01	0.00	0.00
Anthrax	0.03	0.02	0.07	0	0.12	0.09	0.07
Brucellosis	4.17	2.84	2.65	3.09	2.52	3.30	2.13
Scarlet fever	0.40	0.30	0.18	0.11	0.22	0.25	0.18
Meningococcal infection	0.94	0.58	0.86	0.49	0.28	0.32	0.25
Varicella	2.39	3.55	4.99	6.02	5.09	4.42	5.56
Measles	3.89	44.28	4.90	0.07	0.00	0.00	0.09
Rubella	6.51	7.75	0.60	0.05	0.14	0.02	4.81
Viral hepatitis	38.81	43.29	39.30	19.79	24.47	25.15	26.20
Viral hepatitis A	34.68	39.15	36.19	16.28	20.79	21.02	21.82
Viral hepatitis B	3.49	3.44	2.68	2.96	3.10	3.42	3.70
Viral hepatitis C	0.40	0.46	0.39	0.52	0.56	0.65	0.63
Mumps	3.67	11.59	6.75	1.85	1.66	6.65	19.86
Mycoses	4.43	3.23	2.58	4.08	4.30	*	4.24
Scabies	2.23	1.62	1.39	1.16	1.91	*	*
Syphilis	6.92	7.10	6.76	6.97	7.05	9.42	11.81
Gonococcal infection	23.06	23.16	19.76	17.22	22.71	25.15	17.76
Trichomoniasis	35.42	38.95	36.24	23.85	24.54	25.88	20.48

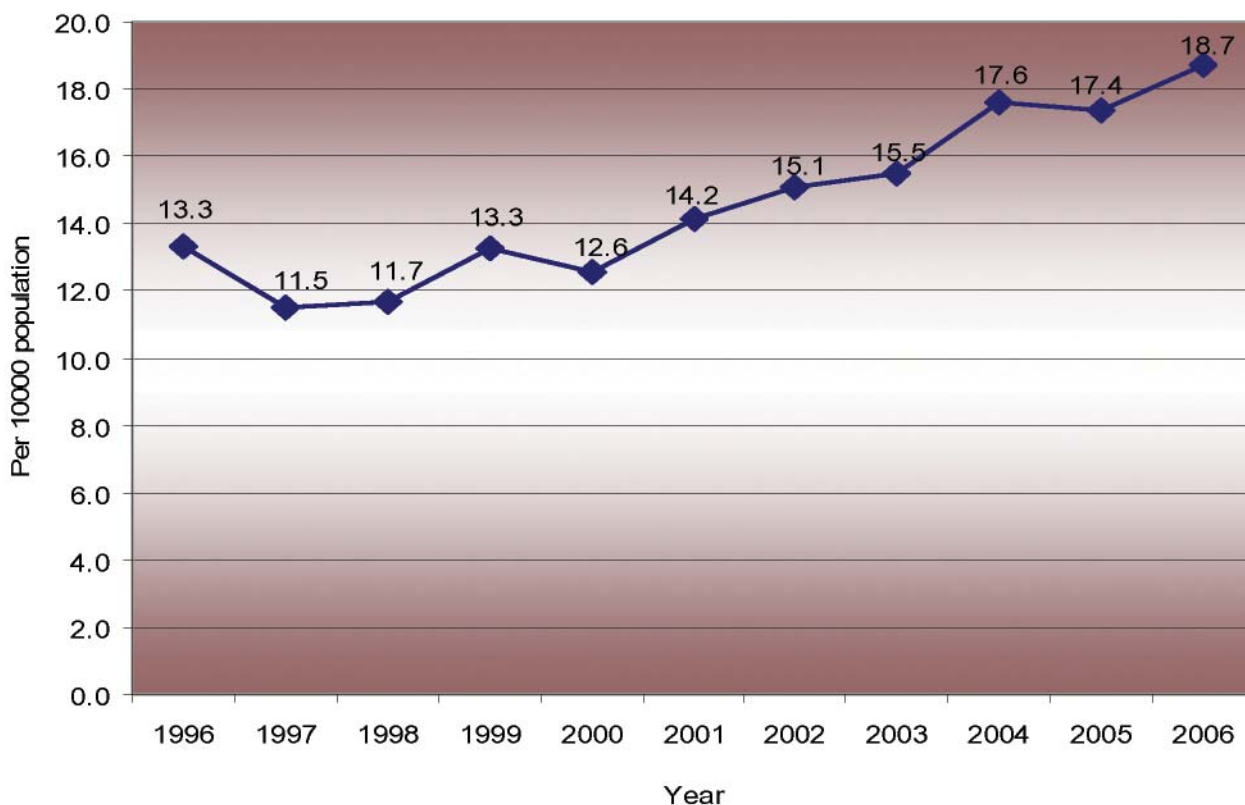
### Incidence of Viral Hepatitis, per 10000 population, 2006



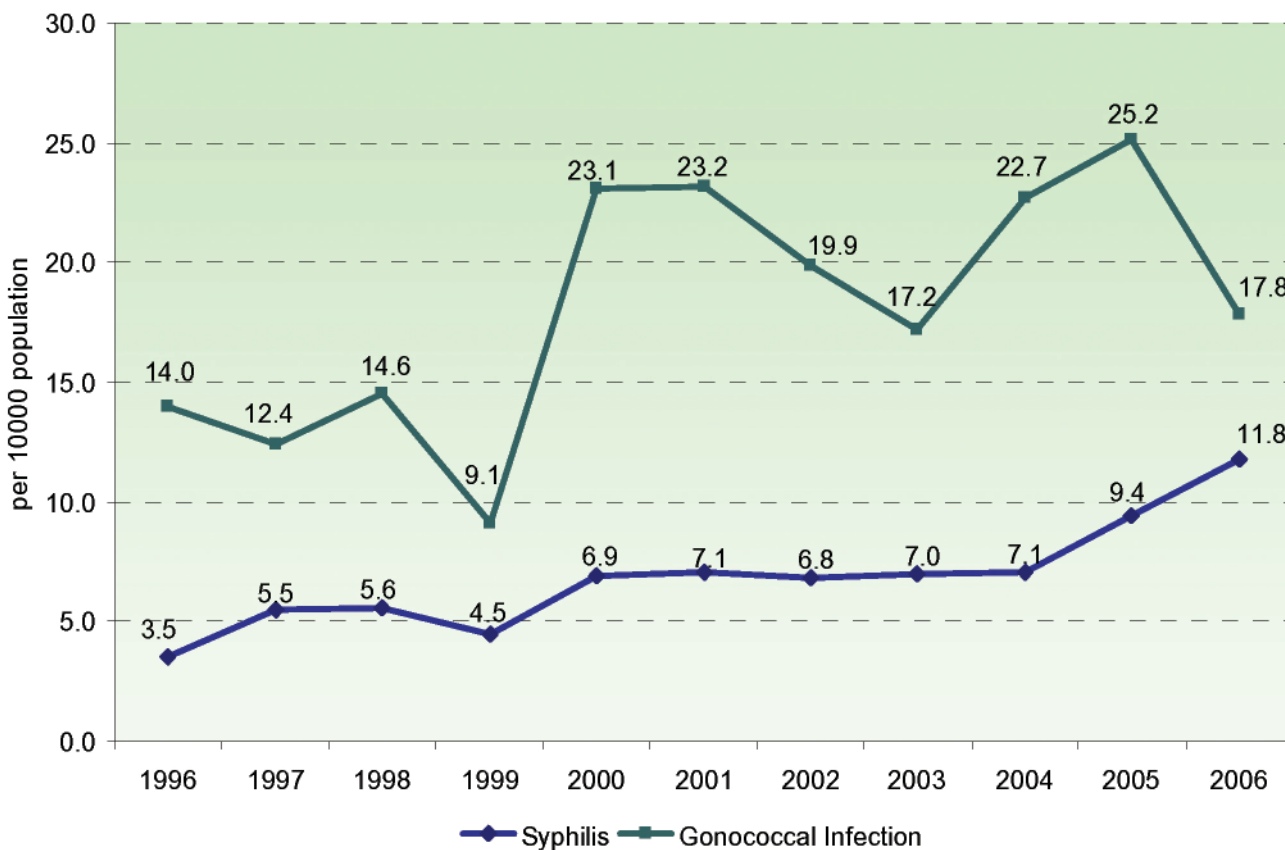
### Incidence of Varicella, per 10000 population, 2006



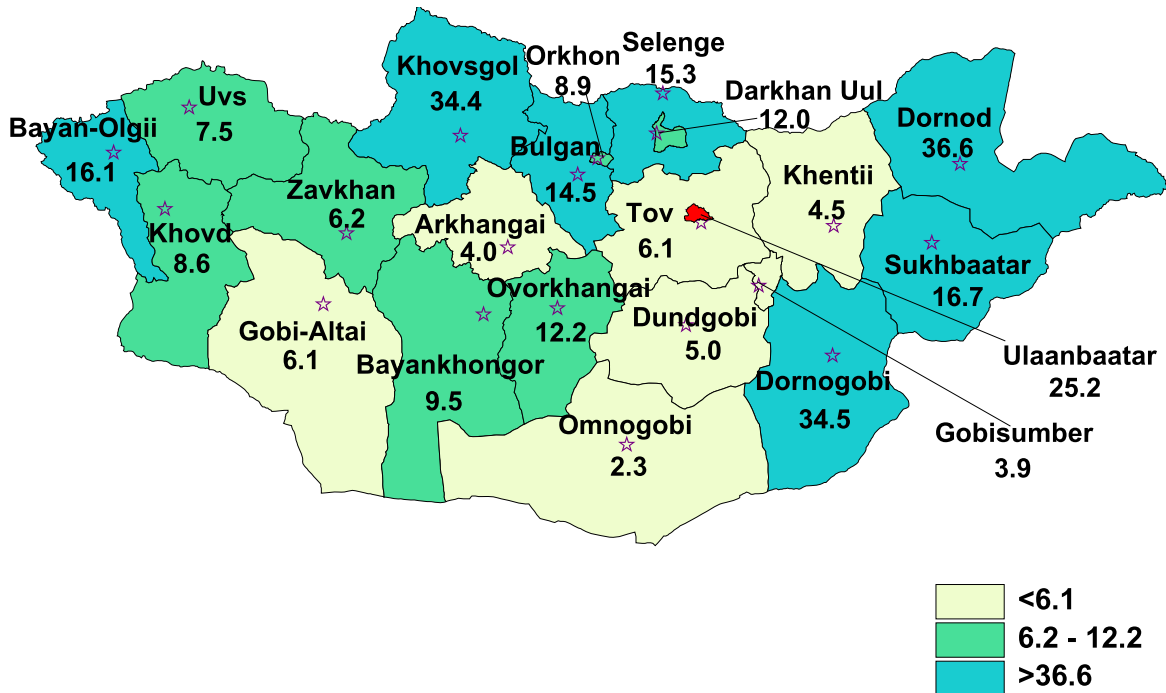
### Incidence of Tuberculosis (1996-2006)



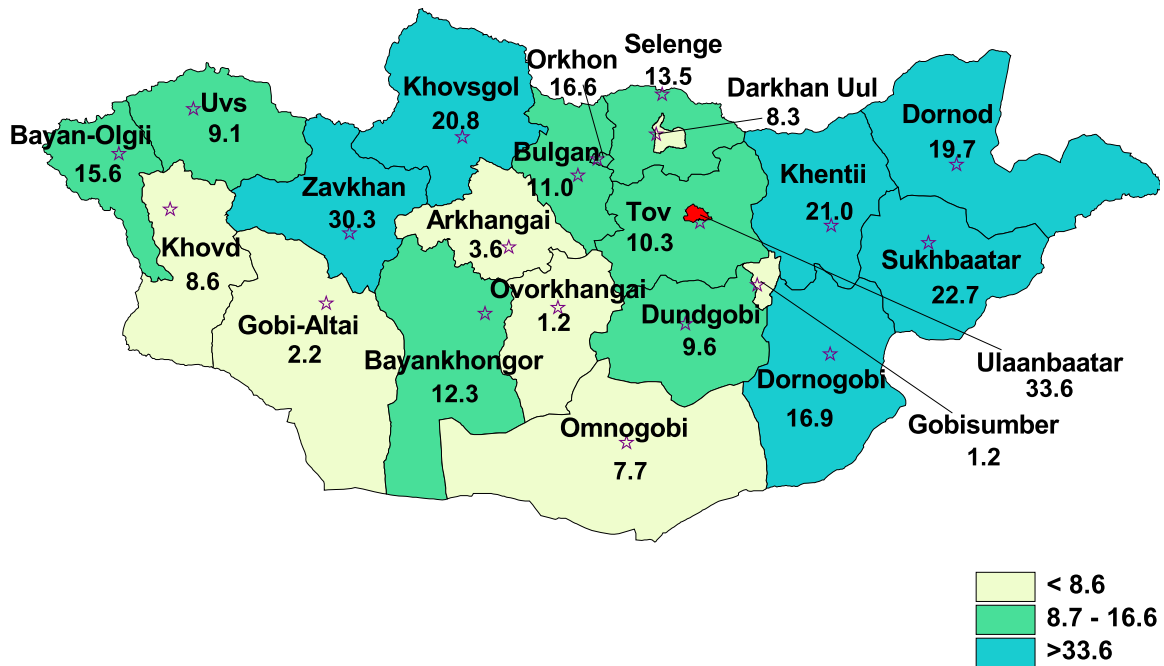
### Incidence of Syphilis and Gonococcal Infections (1996-2006)



### Incidence of Gonococcal infection, per 10000 population, 2006



### Incidence of Trichomoniasis, per 10000 population, 2006

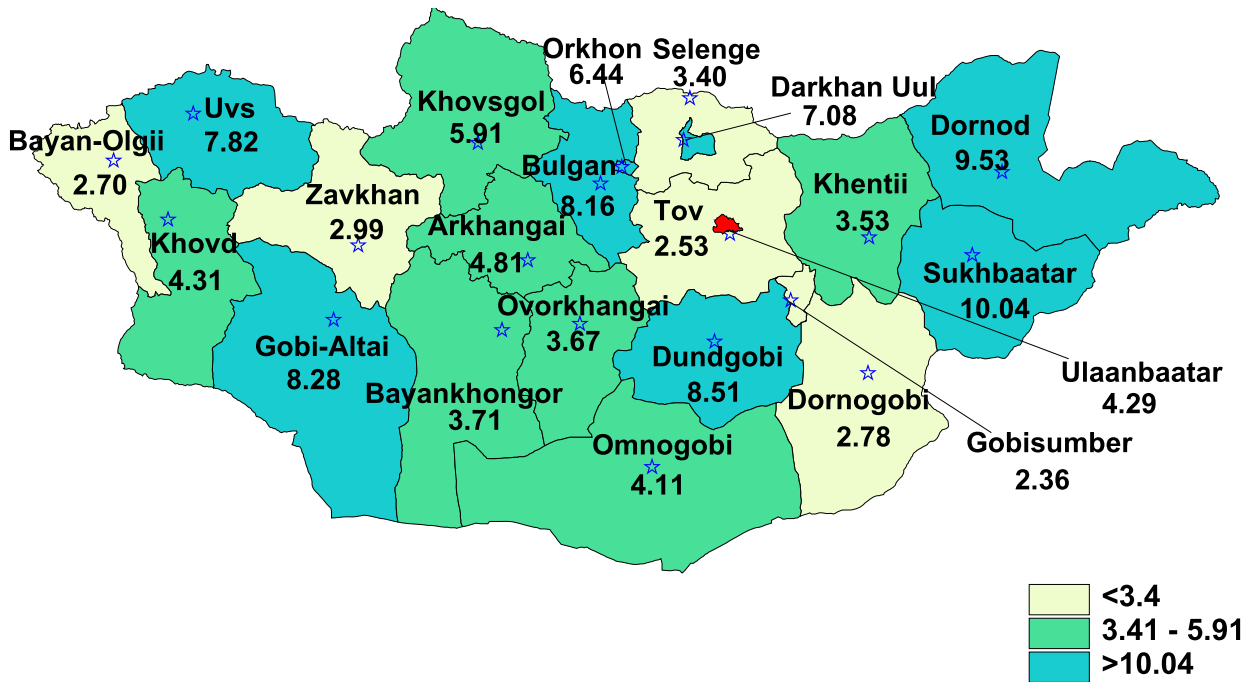


## Prevalence, Incidence and Death Rates of Malignant Neoplasms, 2006

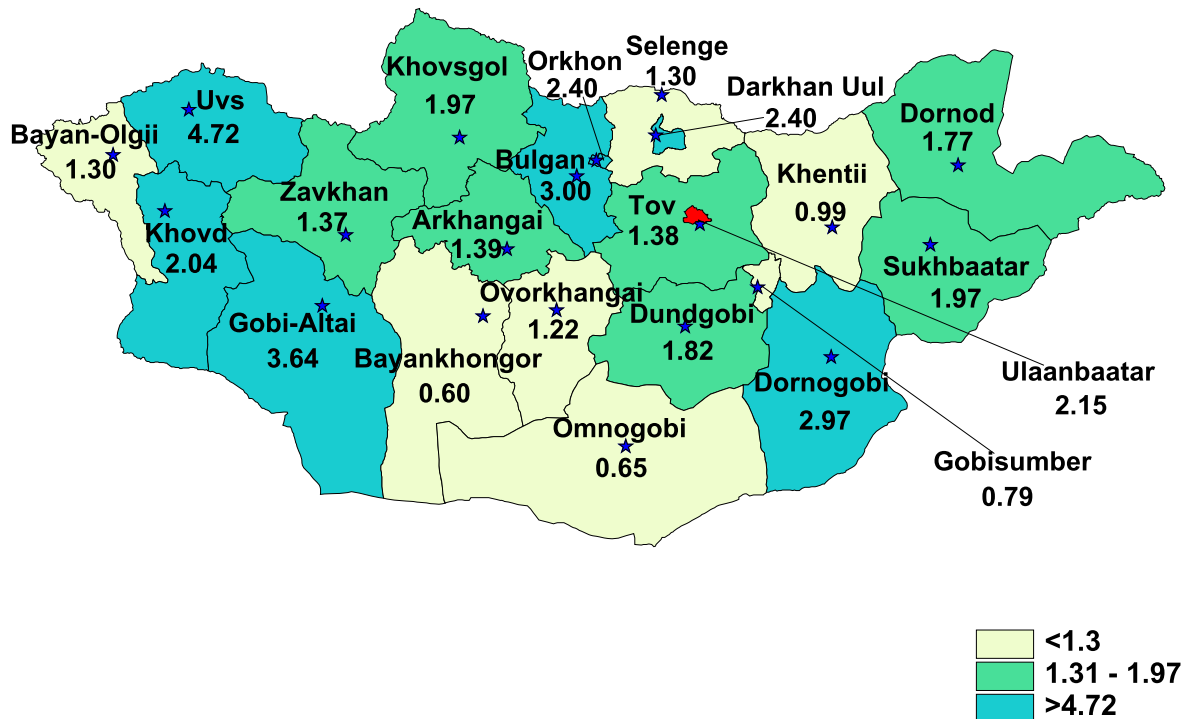
Malignant neoplasms		Prevalence		Incidence						Deaths					
		Abs.number	per 10000 pop	Abs.number			per 10000 population			Abs.number			per 10000 population		
				Total	Males	Femals	Total	Males	Femals	Total	Males	Femals	Total	Males	Femals
A	B	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Lip, oral cavity and pharynx	1	221	0.86	46	23	23	0.18	0.09	0.09	26	13	13	0.10	0.05	0.05
Oesophagus	2	600	2.33	291	151	140	1.13	0.59	0.54	242	130	112	0.94	0.50	0.43
Stomach	3	1165	4.52	512	331	181	1.99	1.28	0.70	486	313	173	1.88	1.21	0.67
Colon	4	147	0.57	49	23	26	0.19	0.09	0.10	38	14	24	0.15	0.05	0.09
Rectus and anus	5	107	0.41	32	16	16	0.12	0.06	0.06	24	9	15	0.09	0.03	0.06
Liver	6	2540	9.85	1260	746	514	4.89	2.89	1.99	1282	762	520	4.97	2.96	2.02
Pancreas	7	130	0.50	62	38	24	0.24	0.15	0.09	61	36	25	0.24	0.14	0.10
Other in digestive organs	8	54	0.21	25	9	16	0.10	0.03	0.06	9	4	5	0.03	0.02	0.02
Larynx	9	101	0.39	22	18	4	0.09	0.07	0.02	13	10	3	0.05	0.04	0.01
Trachea	10	6	0.02	2	1	1	0.01	0.00	0.00	1	0	1	0.00	0.00	0.00
Lung	11	597	2.32	276	213	63	1.07	0.83	0.24	288	213	75	1.12	0.83	0.29
Other in the respiratory system	12	71	0.28	16	11	5	0.06	0.04	0.02	13	9	4	0.05	0.03	0.02
Bone and articular cartilage	13	194	0.75	57	32	25	0.22	0.12	0.10	33	14	19	0.13	0.05	0.07
Skin	14	140	0.54	33	8	25	0.13	0.03	0.10	9	0	9	0.03	0.00	0.03
Mesothelial and soft tissue	15	162	0.63	35	21	14	0.14	0.08	0.05	29	14	15	0.11	0.05	0.06
Breast	16	474	1.84	89	1	88	0.35	0.00	0.34	29	0	29	0.11	0.00	0.11
Cervix uteri	17	1522	5.90	318	0	318	1.23	0.00	1.23	96	0	96	0.37	0.00	0.37
Uterus	18	77	0.30	6	0	6	0.02	0.00	0.02	9	0	9	0.03	0.00	0.03
Ovary	19	190	0.74	49	0	49	0.19	0.00	0.19	25	0	25	0.10	0.00	0.10
Other female genital organs	20	78	0.30	9	0	9	0.03	0.00	0.03	6	0	6	0.02	0.00	0.02
Male genital organs	21	123	0.48	18	18	0	0.07	0.07	0.00	19	19	0	0.07	0.07	0.00
Cyst	22	71	0.28	17	11	6	0.07	0.04	0.02	19	14	5	0.07	0.05	0.02
Urology, nephrology	23	86	0.33	57	22	35	0.22	0.09	0.14	17	10	7	0.07	0.04	0.03
Other urinary organs	24	148	0.57	9	8	1	0.03	0.03	0.00	10	8	2	0.04	0.03	0.01
Ophthalmology	25	37	0.14	5	4	1	0.02	0.02	0.00	2	2	0	0.01	0.01	0.00
Brain	26	95	0.37	36	21	15	0.14	0.08	0.06	34	16	18	0.13	0.06	0.07
Luekaemia	27	75	0.29	39	12	27	0.15	0.05	0.10	34	13	21	0.13	0.05	0.08
Other	28	361	1.40	101	45	56	0.39	0.17	0.22	45	22	23	0.17	0.09	0.09
<b>Total</b>	<b>29</b>	<b>9572</b>	<b>37.12</b>	<b>3471</b>	<b>1783</b>	<b>1688</b>	<b>13.46</b>	<b>6.91</b>	<b>6.55</b>	<b>2899</b>	<b>1645</b>	<b>1254</b>	<b>11.24</b>	<b>6.38</b>	<b>4.86</b>

\* Source: National Center for Cancer, 2006 report.

### Incidence of liver cancer , per 10000 population



### Incidence of Stomach cancer , per 10000 population



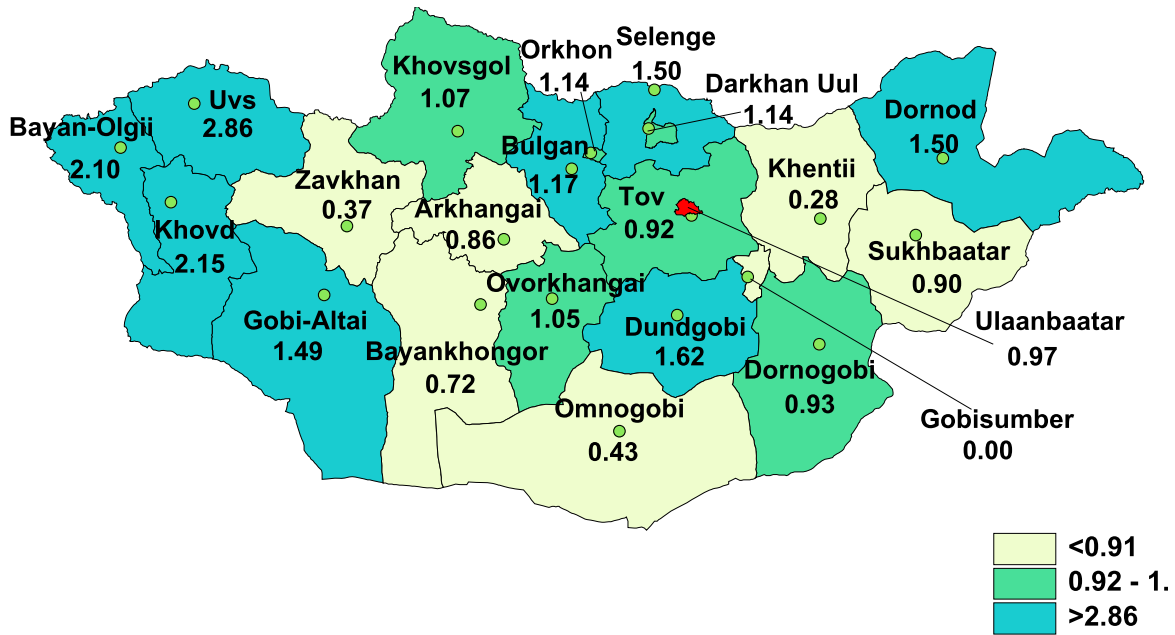
## Prevalence, Incidence and Deaths of Malignant Neoplasms, 2006( by aimag)

№	Aimag and city	Prevalence		Incidence						Deaths					
		Abs.number	per 10000 pop	Abs.number			per 10000 population			Abs.number			per 10000 population		
				Total	Males	Femals	Total	Males	Femals	Total	Males	Femals	Total	Males	Femals
1	Arkhangai	306	32.8	91	43	48	9.76	9.31	10.21	95	54	41	10.19	11.69	8.72
2	Bayan-Ulgii	200	20.0	96	52	44	9.60	10.50	8.71	62	42	20	6.20	8.48	3.96
3	Bayankhongor	252	30.1	90	48	42	10.75	11.60	9.92	73	44	29	8.72	10.63	6.85
4	Bulgan	274	45.5	119	56	63	19.75	18.86	20.61	113	61	52	18.75	20.54	17.01
5	Gobi-Altai	227	37.6	112	63	49	18.57	21.48	15.82	79	42	37	13.10	14.32	11.94
6	Gobi-Sumber	30	22.7	13	4	9	9.85	6.11	13.54	13	5	8	9.85	7.64	12.03
7	Darkhan-Uul	476	54.4	165	88	77	18.86	21.00	16.90	143	86	57	16.35	20.52	12.51
8	Dornogobi	189	34.7	65	35	30	11.93	13.22	10.71	59	35	24	10.83	13.22	8.57
9	Dornod	399	54.3	154	70	84	20.94	19.54	22.28	138	78	60	18.77	21.77	15.92
10	Dundgobi	185	37.7	87	45	42	17.71	18.55	16.88	57	34	23	11.60	14.02	9.24
11	Zavkhan	166	20.6	57	29	28	7.07	7.39	6.77	55	35	20	6.82	8.92	4.84
12	Orkhon	369	46.5	139	74	65	17.51	19.70	15.54	113	64	49	14.23	17.04	11.71
13	Uvurkhangai	416	36.2	125	54	71	10.89	9.53	12.21	97	50	47	8.45	8.82	8.08
14	Umnugobi	129	27.8	36	25	11	7.75	10.99	4.64	41	27	14	8.83	11.87	5.91
15	Sukhbaatar	315	56.7	109	73	36	19.63	26.23	13.00	119	64	55	21.43	23.00	19.86
16	Selenge	164	16.4	121	61	60	12.09	12.39	11.81	99	64	35	9.89	13.00	6.89
17	Tuv	268	31.0	92	42	50	10.65	9.78	11.51	84	47	37	9.72	10.95	8.52
18	Uvs	324	40.3	159	101	58	19.76	25.32	14.29	143	89	54	17.77	22.31	13.31
19	Khovd	258	29.2	116	64	52	13.12	14.81	11.50	99	52	47	11.20	12.03	10.40
20	Khuvsgul	362	29.7	181	97	84	14.83	16.19	13.52	165	99	66	13.52	16.53	10.62
21	Khentii	267	37.6	57	36	21	8.03	10.37	5.79	40	29	11	5.63	8.35	3.03
22	<b>Aimag average</b>	<b>5576</b>	<b>34.8</b>	<b>2184</b>	<b>1160</b>	<b>1024</b>	<b>13.65</b>	<b>14.78</b>	<b>12.56</b>	<b>1887</b>	<b>1101</b>	<b>786</b>	<b>11.79</b>	<b>14.02</b>	<b>9.64</b>
23	Ulaanbaatar	3996	40.2	1287	623	664	12.94	12.97	12.92	1012	544	468	10.18	11.33	9.10
24	<b>Country average</b>	<b>9572</b>	<b>36.9</b>	<b>3471</b>	<b>1783</b>	<b>1688</b>	<b>13.38</b>	<b>14.09</b>	<b>12.70</b>	<b>2899</b>	<b>1645</b>	<b>1254</b>	<b>11.17</b>	<b>13.00</b>	<b>9.43</b>

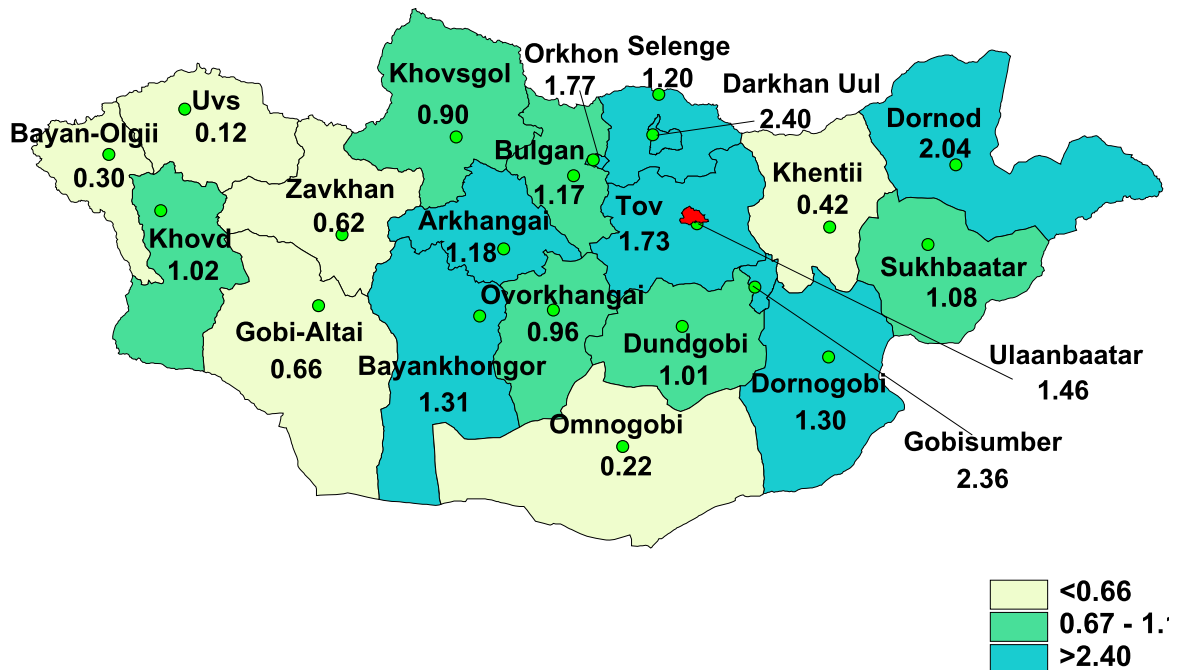
\* Source: National Center for Cancer, 2006 report



### Incidence of Oesophagus Cancer, per 10000 population, 2006



### Incidence of Cervix Uteri Cancer, per 10000 population, 2006



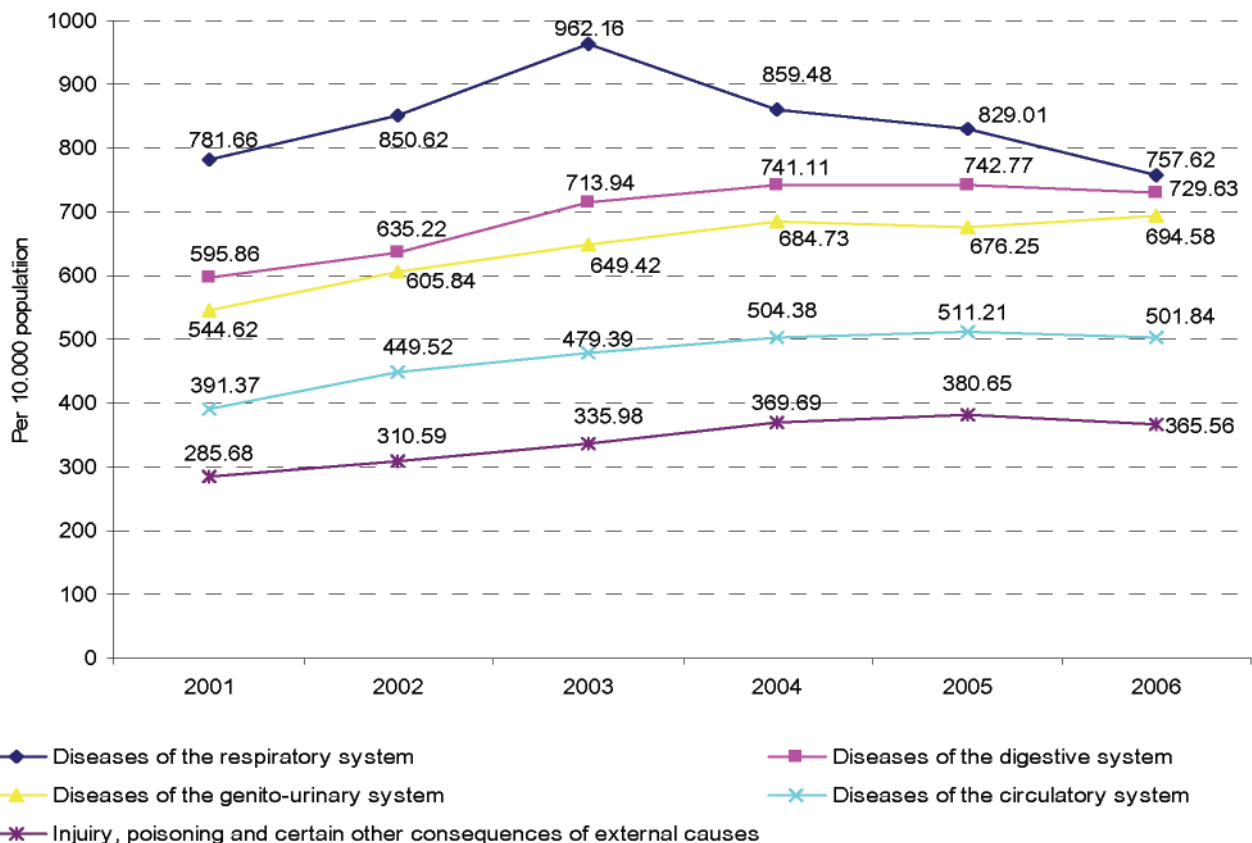
## Main 5 Causes of the Outpatient Morbidity, 2006

Aimags and city	per 10000 population				
	Diseases of the respiratory system	Diseases of the digestive system	Diseases of the genito-urinary system	Diseases of the circulatory system	Injury, poisoning and certain other consequences of external causes
Arkhangai	886.73	801.98	1122.20	720.24	111.57
Bayan-Ulgii	878.96	506.50	651.35	383.85	48.88
Bayankhongor	641.83	642.79	853.95	585.46	155.74
Bulgan	723.91	593.14	771.54	548.99	123.64
Gobi-Altai	919.43	1288.86	993.88	829.06	143.59
Gobi-Sumber	1585.79	1855.64	1109.75	964.21	196.33
Darkhan-Uul	1219.14	1223.25	882.60	765.32	321.10
Dornogobi	1129.85	942.28	927.78	564.74	228.87
Dornod	1003.98	786.24	447.45	326.14	201.56
Dundgobi	571.51	597.36	750.82	448.17	134.74
Zavkhan	634.45	598.84	815.62	403.65	108.58
Orkhon	752.02	611.47	631.24	428.85	251.26
Uvurkhangai	753.89	1048.32	640.59	541.23	154.57
Umnugobi	1213.42	1013.59	570.00	573.66	246.56
Sukhbaatar	646.47	722.84	617.83	372.32	151.12
Selenge	966.06	699.44	774.59	549.84	195.27
Tuv	659.73	332.58	596.52	381.90	127.80
Uvs	1038.58	827.80	1382.32	517.36	82.15
Khovd	715.36	499.37	659.72	520.07	107.88
Khuvsgul	641.97	510.20	840.61	532.57	109.40
Khentii	1088.29	679.51	591.48	434.42	193.54
<b>Aimag average</b>	<b>849.83</b>	<b>741.69</b>	<b>783.03</b>	<b>525.82</b>	<b>155.66</b>
Ulaanbaatar	609.18	710.21	552.21	463.23	703.42
<b>Country average</b>	<b>757.62</b>	<b>729.63</b>	<b>694.58</b>	<b>501.84</b>	<b>365.56</b>

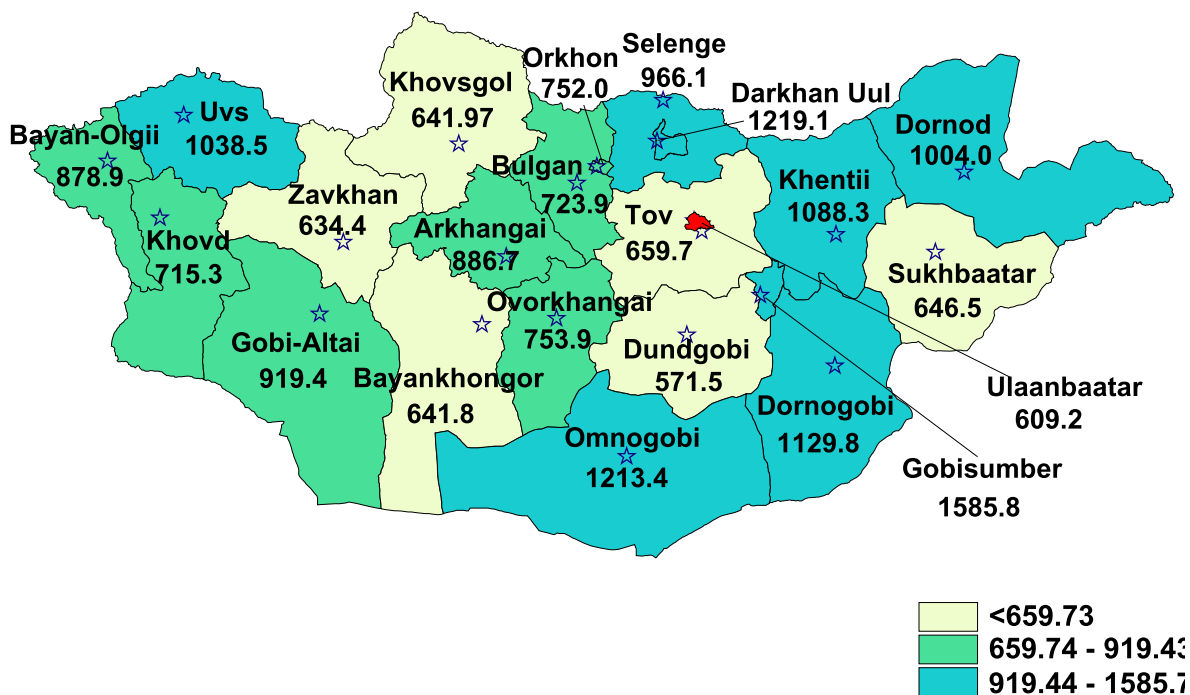
## Outpatient and Inpatient Morbidity, 2006

№	ICD-10	Outpatient morbidity			Inpatient morbidity		
		Incidence	Per 10000 population	Percentage	Incidence	Per 10000 population	Percentage
1	Diseases of the respiratory system	196586	757.62	16.7	78981	304.38	13.2
2	Diseases of the digestive system	189324	729.63	16.1	88592	341.42	14.8
3	Diseases of the genito-urinary system	180230	694.58	15.4	93431	360.07	15.6
4	Diseases of the circulatory system	130216	501.84	11.1	80130	308.81	13.4
5	Injury, poisoning and certain other consequences of external causes	94854	365.56	8.1	26152	100.79	4.4
6	Certain infectious and parasitic diseases	38647	148.94	3.3	26437	101.88	4.4
7	Diseases of the nervous system and sense organs	60514	233.21	5.2	38251	147.41	6.4
8	Diseases of the musculoskeletal system and connective tissue	32851	126.60	2.8	22152	85.37	3.7
9	Pregnancy, childbirth and the puerperium	76663	295.45	6.5	74899	288.65	12.5
10	Other	174235	671.48	14.8	69676	268.52	11.6
11	<b>Total</b>	<b>1174120</b>	<b>4524.91</b>	<b>100.0</b>	<b>598701</b>	<b>2307.32</b>	<b>100.0</b>

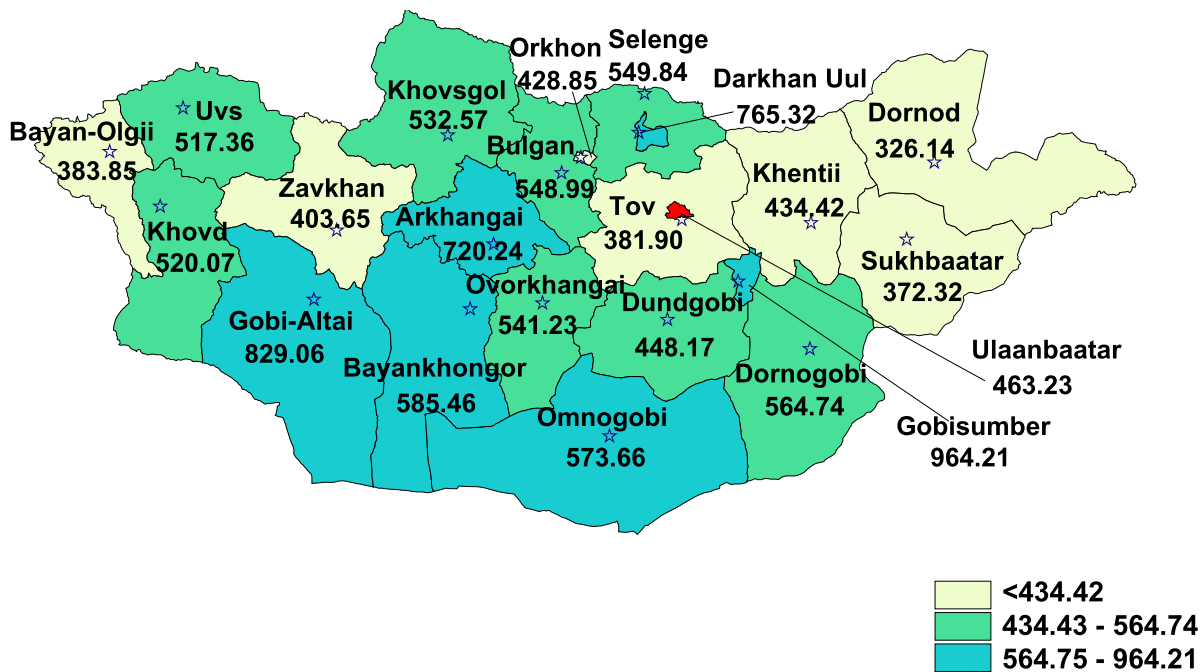
### Main 5 Causes of Morbidity (per 10000 population), 2001-2006



### Diseases of the Respiratory System, per 10000 population, 2006



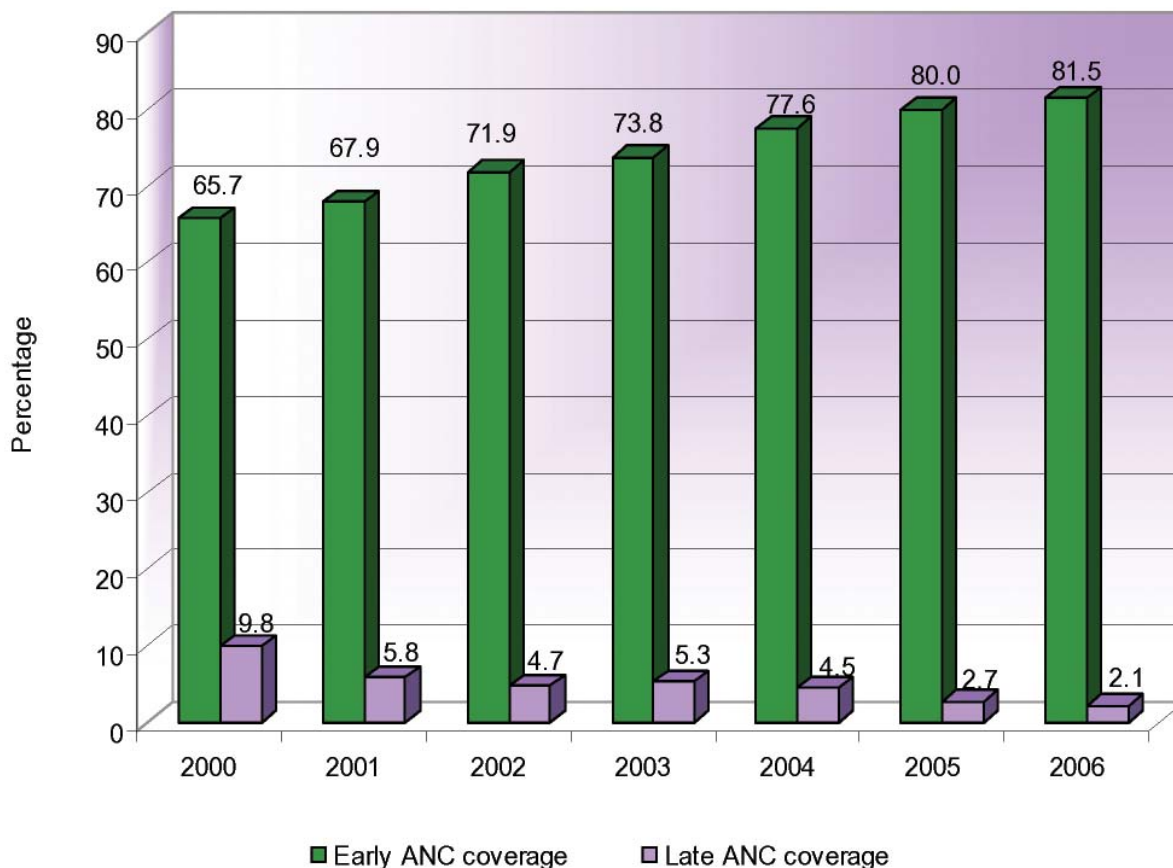
### Diseases of the Circulatory System, per 10000 population, 2006



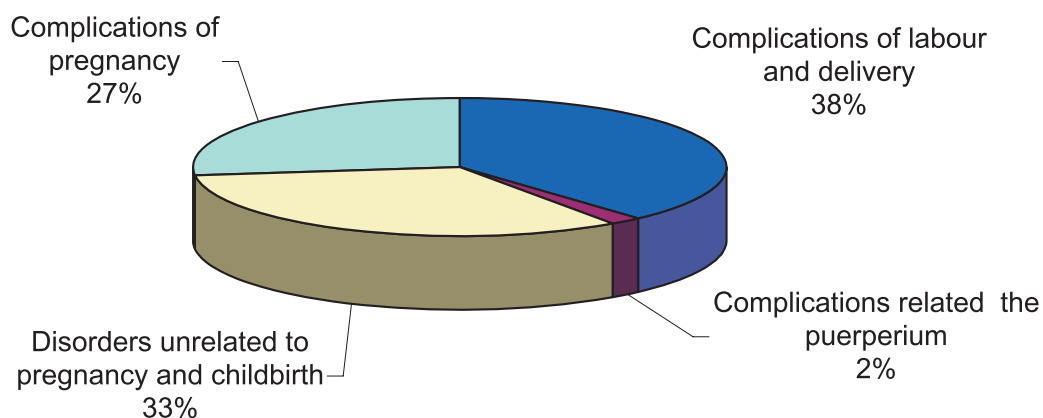
## Antenatal Health Care Coverage, 2006

№	Aimag and city	ANC coverage			Percentage of pregnant women who attended to ANC 6 and more times	Percentage of pregnant women with anaemia	Percentage of teenage pregnancy	Percentage of pregnancies above 35 age
		Total	Early ANC coverage	Late ANC coverage				
	A	1	2	3	4	5	6	7
1	Arkhangai	100.0	94.1	0.5	99.6	12.1	5.3	5.0
2	Bayan-Ulgii	100.0	72.0	5.5	60.8	27.0	1.1	15.8
3	Bayankhongor	100.0	87.6	1.0	85.8	7.1	6.7	6.5
4	Bulgan	100.0	87.1	0.8	85.1	13.3	4.9	8.1
5	Gobi-Altai	100.0	82.4	2.0	84.9	7.8	4.4	6.0
6	Gobi-Sumber	100.0	77.5	0.4	80.5	5.5	10.8	10.4
7	Darkhan-Uul	100.0	83.6	1.1	87.9	11.0	5.9	8.8
8	Dornogobi	100.0	88.5	0.7	98.8	8.5	8.3	9.1
9	Dornod	100.0	75.5	2.2	95.6	11.1	7.1	6.5
10	Dundgobi	100.0	92.0	0.2	96.0	6.7	8.8	4.7
11	Zavkhan	100.0	95.3	0.2	79.6	22.3	3.2	4.4
12	Orkhon	100.0	89.6	1.0	72.3	1.4	5.0	9.0
13	Uvurkhangai	100.0	82.4	1.1	84.9	16.4	9.3	10.7
14	Umnugobi	100.0	82.8	1.1	96.7	7.5	7.9	9.2
15	Sukhbaatar	100.0	75.6	1.6	85.4	9.1	6.3	5.0
16	Selenge	100.0	83.9	0.8	91.2	4.5	6.2	7.9
17	Tuv	100.0	90.9	0.5	87.4	4.6	2.4	8.1
18	Uvs	100.0	83.6	2.0	63.8	16.4	2.5	11.2
19	Khovd	100.0	91.3	0.9	85.6	9.6	1.6	9.4
20	Khuvsgul	100.0	83.6	1.0	93.3	12.6	6.6	7.2
21	Khentii	100.0	82.1	2.6	96.7	12.0	6.9	8.4
<b>22</b>	<b>Aimag average</b>	<b>100.0</b>	<b>84.7</b>	<b>1.5</b>	<b>84.7</b>	<b>10.6</b>	<b>5.3</b>	<b>8.5</b>
23	Ulaanbaatar	100.0	76.3	3.2	78.6	13.9	4.9	8.6
<b>24</b>	<b>Country average</b>	<b>100.0</b>	<b>81.5</b>	<b>2.1</b>	<b>82.2</b>	<b>12.1</b>	<b>5.2</b>	<b>8.5</b>

### Antenatal Care Coverage ,(2000-2006)

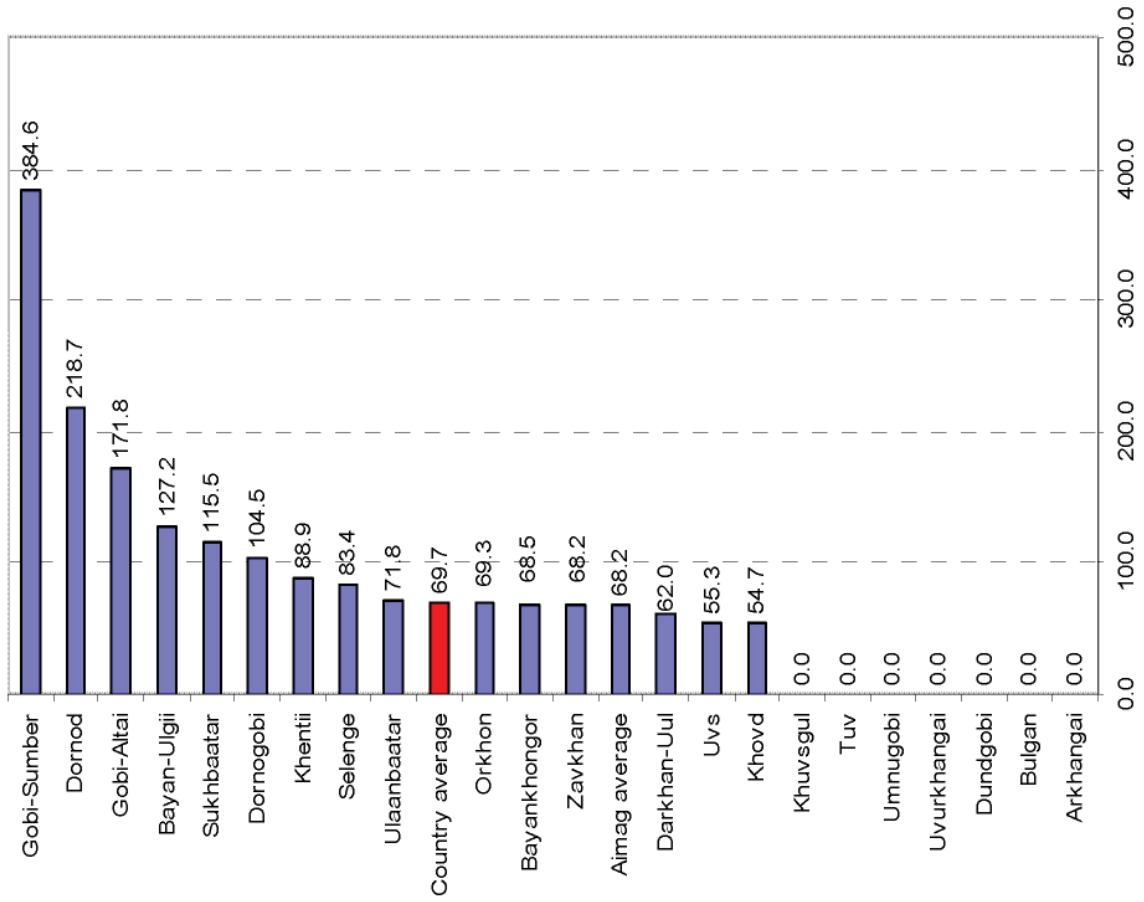


### Complications of Pregnancy, Delivery and Puerperium, 2006

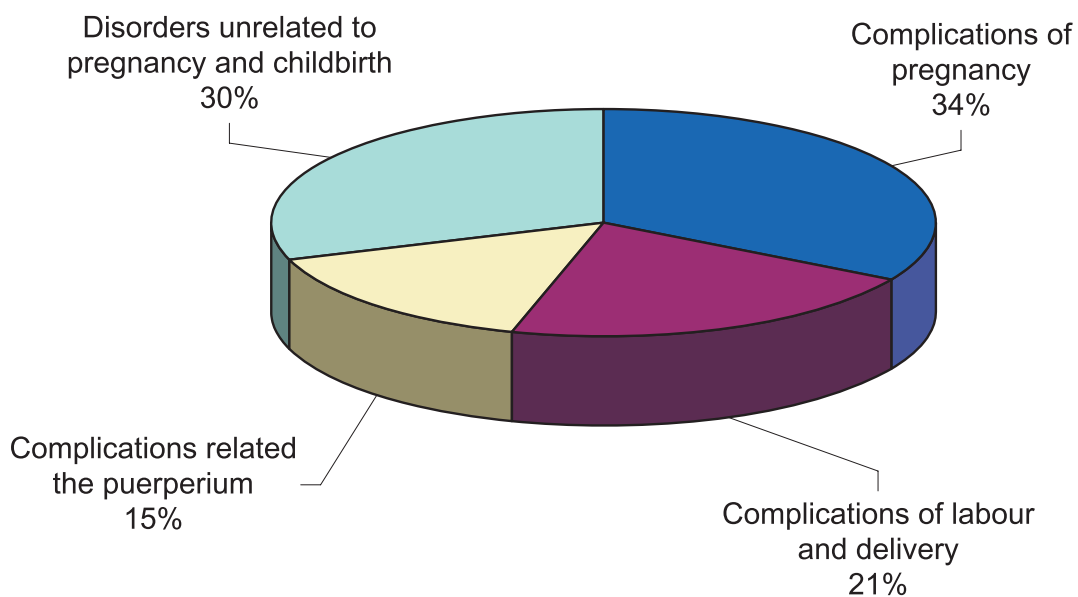


## Maternal Mortality Ratio /per 100000 Live Births/, 2006

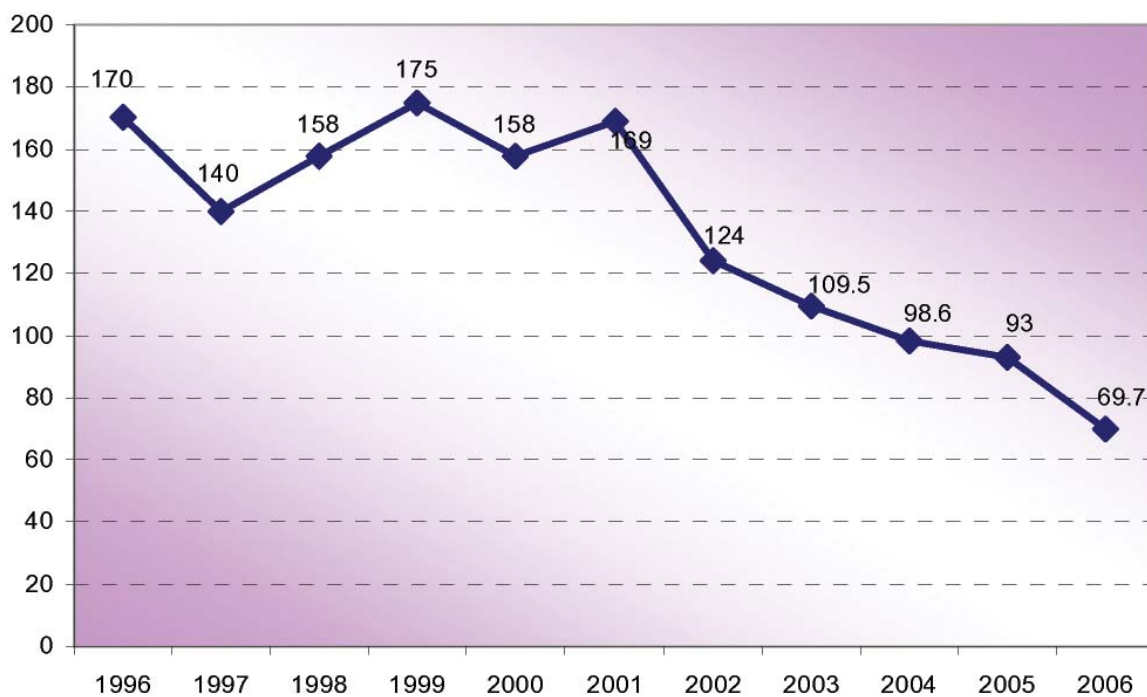
№	Aimags and city	per 100000 live births		
		Total	Aimags and city general hospital	Soum hospital
	A	1	2	3
1	Arkhangai	0.0	0.0	0.0
2	Bayan-Ulgii	127.2	156.9	92.3
3	Bayankhongor	68.5	0.0	249.4
4	Bulgan	0.0	0.0	0.0
5	Gobi-Altai	171.8	147.9	204.9
6	Gobi-Sumber	384.6	384.6	0.0
7	Darkhan-Uul	62.0	65.9	0.0
8	Dornogobi	104.5	125.0	0.0
9	Dornod	218.7	78.1	2,197.8
10	Dundgobi	0.0	0.0	0.0
11	Zavkhan	68.2	152.7	0.0
12	Orkhon	69.3	70.0	0.0
13	Uvurkhangai	0.0	0.0	0.0
14	Umnugobi	0.0	0.0	0.0
15	Sukhbaatar	115.5	136.2	0.0
16	Selenge	83.4	186.6	0.0
17	Tuv	0.0	0.0	0.0
18	Uvs	55.3	104.0	0.0
19	Khovd	54.7	0.0	120.8
20	Khuvsgul	0.0	0.0	0.0
21	Khentii	88.9	141.0	0.0
22	<b>Aimags average</b>	<b>68.2</b>	<b>71.0</b>	<b>62.8</b>
23	Ulaanbaatar	71.8	0.0	0.0
24	<b>Country average</b>	<b>69.7</b>	<b>147.4</b>	<b>20.6</b>



### Maternal Mortality by Causes,2006



### Maternal Mortality Rate, per 100000 Live Births /1996-2006/

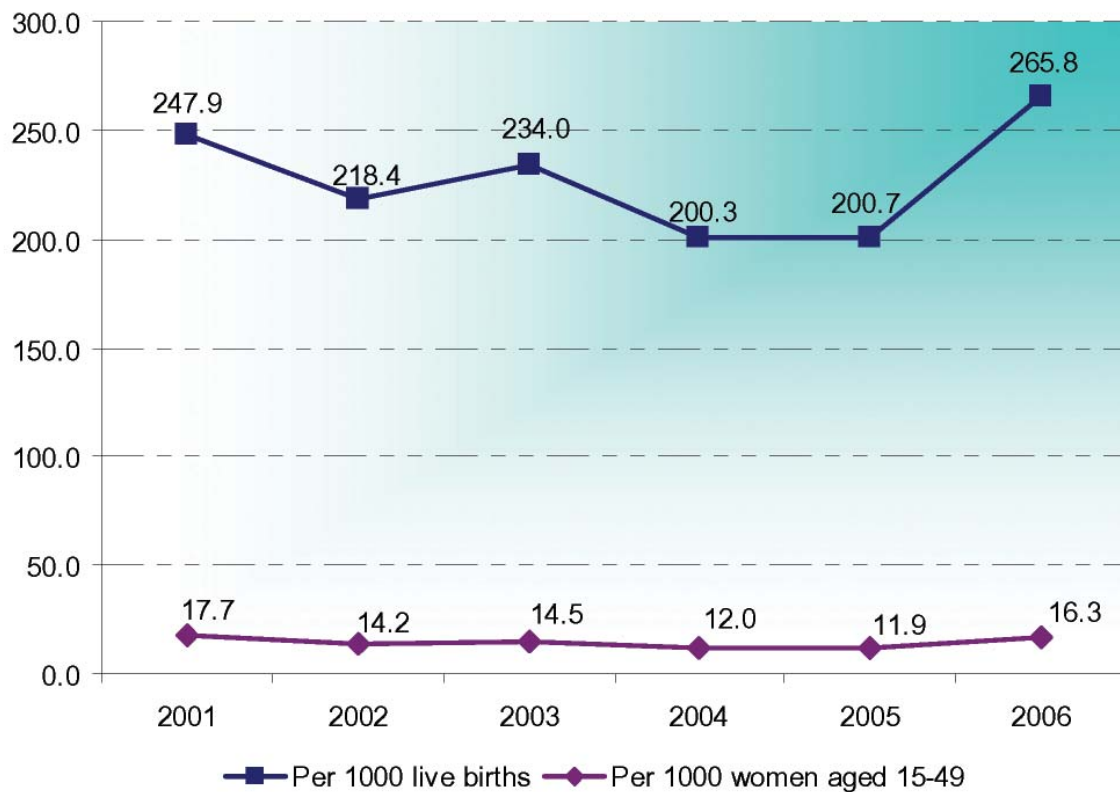




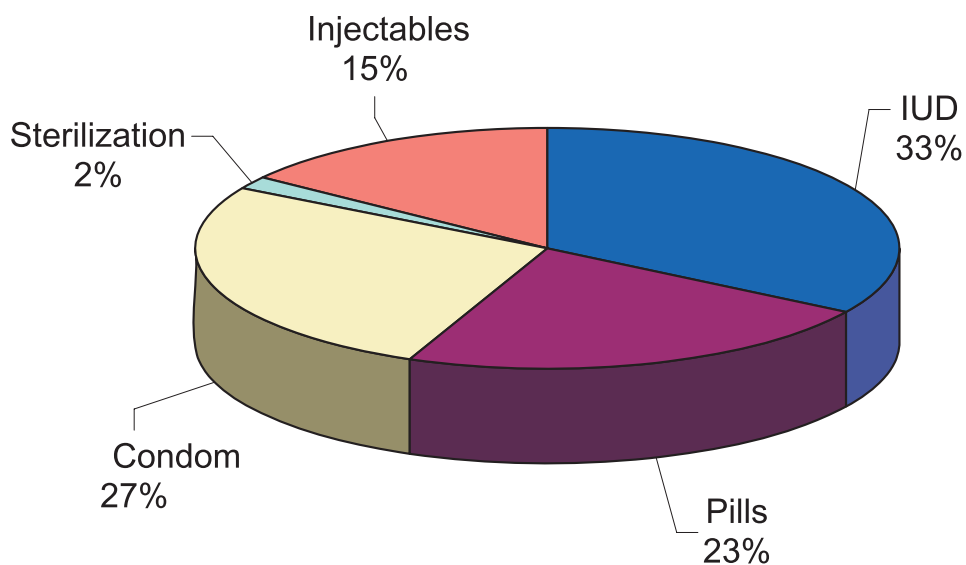
## Contraceptive Prevalence Rate /CPR/, 2006

№	Aimag, city	Percent of women in the RAG using contraceptives	out of them					
			Pills	Injectables	Norplant	Condom	IUD	Sterilization
	A	1	2	3	4	5	6	7
1	Arkhangai	73.82	20.66	16.72	0.08	25.62	35.08	1.83
2	Bayan-Ulgii	40.76	16.74	24.90	0.00	20.77	37.24	0.36
3	Bayankhongor	60.70	10.11	10.15	0.55	13.40	61.53	4.25
4	Bulgan	49.47	23.09	12.63	0.00	28.44	35.43	0.41
5	Gobi-Altai	50.78	20.25	13.39	0.00	20.39	45.68	0.29
6	Gobi-Sumber	57.86	44.80	26.29	0.17	21.09	7.03	0.61
7	Darkhan-Uul	50.49	25.98	16.98	0.15	32.25	23.91	0.73
8	Dornogobi	63.84	30.64	15.34	0.14	29.75	22.83	1.31
9	Dornod	58.98	13.04	26.07	0.24	14.81	42.03	3.81
10	Dundgobi	53.99	30.40	15.24	0.06	26.13	27.65	0.52
11	Zavkhan	73.05	19.13	17.23	0.05	22.78	40.21	0.61
12	Orkhon	51.78	25.14	13.20	0.23	26.45	30.86	4.13
13	Uvurkhangai	58.88	17.12	18.46	0.04	24.53	37.68	2.17
14	Umnugobi	46.68	28.38	23.54	0.25	16.64	25.50	5.70
15	Sukhbaatar	58.65	9.30	21.22	0.10	5.83	56.64	6.91
16	Selenge	54.35	25.80	20.57	0.30	29.18	22.55	1.60
17	Tuv	36.52	21.03	21.89	0.27	17.09	39.26	0.47
18	Uvs	38.99	19.39	35.47	0.15	19.54	25.05	0.39
19	Khovd	46.99	27.55	22.66	0.57	23.07	24.19	1.96
20	Khuvsgul	56.03	12.89	22.17	0.00	25.20	39.30	0.43
21	Khentii	49.64	25.07	14.96	0.00	21.05	35.85	3.07
<b>22</b>	<b>Aimag average</b>	<b>53.84</b>	<b>20.62</b>	<b>18.94</b>	<b>0.16</b>	<b>22.74</b>	<b>35.60</b>	<b>1.95</b>
23	Ulaanbaatar	46.00	25.94	7.52	0.12	34.17	31.13	1.12
<b>24</b>	<b>Country average</b>	<b>50.77</b>	<b>22.51</b>	<b>14.88</b>	<b>0.15</b>	<b>26.80</b>	<b>34.01</b>	<b>1.65</b>

### Abortion /2001-2006/



### Contraceptive Methods, 2006



## Abortion, 2006

№	Aimag, city	Abortion		Abortion by age					Late abortion	
		Per 1000 women aged 15-49	Per 1000 live births	Total	Under 20 age		above 35 age		Abs. number	%
					Abs. number	%	Abs. number	%		
	A	1	2	3	4	5	6	7	8	9
1	Arkhangai	4.42	73.60	114	4	3.5	30	26.3	4	3.51
2	Bayan-Ulgii	1.33	14.42	34	1	2.9	5	14.7	0	0.00
3	Bayankhongor	15.28	251.37	367	31	8.4	93	25.3	5	1.36
4	Bulgan	2.69	62.93	46	6	13.0	8	17.4	12	26.09
5	Gobi-Altai	5.20	85.91	100	5	5.0	26	26.0	19	19.00
6	Gobi-Sumber	5.31	80.77	21	4	19.0	6	28.6	1	4.76
7	Darkhan-Uul	34.69	617.72	997	46	4.6	336	33.7	4	0.40
8	Dornogobi	21.01	355.28	340	14	4.1	51	15.0	0	0.00
9	Dornod	18.69	313.41	430	43	10.0	88	20.5	20	4.65
10	Dundgobi	5.25	97.35	77	12	15.6	19	24.7	5	6.49
11	Zavkhan	4.09	66.17	97	6	6.2	30	30.9	8	8.25
12	Orkhon	23.74	450.14	650	36	5.5	239	36.8	5	0.77
13	Uvurkhangai	12.69	187.18	403	30	7.4	95	23.6	24	5.96
14	Umnugobi	14.02	243.07	193	24	12.4	49	25.4	12	6.22
15	Sukhbaatar	3.86	68.13	59	5	8.5	12	20.3	0	0.00
16	Selenge	7.56	175.15	210	7	3.3	66	31.4	1	0.48
17	Tuv	3.22	117.89	85	2	2.4	31	36.5	0	0.00
18	Uvs	11.66	139.93	253	2	0.8	112	44.3	11	4.35
19	Khovd	2.39	34.48	63	0	0.0	14	22.2	2	3.17
20	Khuvsgul	4.99	82.51	183	14	7.7	53	29.0	20	10.93
21	Khentii	32.16	559.11	629	37	5.9	154	24.5	16	2.54
22	<b>Aimag average</b>	<b>11.42</b>	<b>191.95</b>	<b>5351</b>	<b>329</b>	<b>6.1</b>	<b>1517</b>	<b>28.3</b>	<b>169</b>	<b>3.16</b>
23	Ulaanbaatar	23.95	371.45	7243	408	5.6	1452	20.0	293	4.05
24	<b>Country average</b>	<b>16.33</b>	<b>265.83</b>	<b>12594</b>	<b>737</b>	<b>5.9</b>	<b>2969</b>	<b>23.6</b>	<b>462</b>	<b>3.67</b>

## Maternal Care During Delivery or Childbirth (by Aimag), 2006

№	Aimag and city	Delivery by percent						Deliveries by nontrained personnel	Percent of deliveries under 20 age	Percent of deliveries avobe 35 age	Percent of newborn infants weighing at least 2500 g. at birth
		Aimag and city hospital	Private hospital	Rural general hospital	Soum hospital	Feldsher post	At home				
	A	1	2	3	4	5	6	7	8	9	10
1	Arkhangai	52.6	0.0	0.0	47.0	0.0	0.3	0.1	6.0	7.9	3.8
2	Bayan-Ulgii	54.0	0.0	0.0	45.9	0.0	0.1	0.0	1.0	12.1	2.3
3	Bayankhongor	71.9	0.0	0.0	27.7	0.0	0.4	0.1	9.1	6.8	5.6
4	Bulgan	63.7	0.0	0.0	35.8	0.0	0.5	0.0	3.7	10.0	3.0
5	Gobi-Altai	57.3	0.0	0.0	42.0	0.0	0.8	0.5	4.1	8.5	4.3
6	Gobi-Sumber	98.5	0.0	0.0	0.0	0.0	1.5	0.4	8.8	14.1	2.7
7	Darkhan-Uul	93.1	0.0	0.0	6.0	0.0	0.9	0.8	5.7	9.2	1.8
8	Dornogobi	83.5	0.0	0.0	16.2	0.0	0.3	0.2	10.0	9.4	3.4
9	Dornod	92.8	0.0	0.0	6.7	0.0	0.5	0.0	8.1	10.1	3.4
10	Dundgobi	67.2	0.0	0.0	32.6	0.0	0.3	0.0	10.6	6.2	3.0
11	Zavkhan	44.8	0.0	17.4	37.7	0.0	0.1	0.1	3.7	8.6	3.2
12	Orkhon	98.0	0.0	0.0	1.0	0.0	1.0	0.9	5.0	11.6	3.2
13	Uvurkhangai	59.0	1.0	10.9	28.4	0.4	0.3	0.0	9.7	8.4	4.2
14	Umnugobi	83.4	0.0	0.0	16.5	0.0	0.1	0.0	8.0	8.6	3.2
15	Sukhbaatar	83.6	0.0	0.0	15.8	0.0	0.6	0.0	7.4	4.3	3.0
16	Selenge	44.7	0.0	28.4	26.7	0.0	0.3	0.3	7.8	9.2	2.3
17	Tuv	45.7	0.0	0.0	54.3	0.0	0.0	0.0	7.0	9.9	2.8
18	Uvs	52.9	0.0	0.0	46.7	0.0	0.4	0.0	2.5	12.1	6.0
19	Khovd	54.3	0.0	0.0	45.3	0.0	0.3	0.3	2.1	10.4	2.5
20	Khuvsgul	59.8	0.0	0.0	40.1	0.0	0.1	0.0	8.7	7.0	3.1
21	Khentii	61.9	0.0	15.8	21.5	0.0	0.8	0.0	8.1	9.7	3.3
<b>22</b>	<b>Aimag average</b>	<b>65.2</b>	<b>0.1</b>	<b>3.6</b>	<b>30.6</b>	<b>0.0</b>	<b>0.4</b>	<b>0.2</b>	<b>6.1</b>	<b>9.3</b>	<b>3.4</b>
23	Ulaanbaatar	98.6	0.6	0.0	0.1	0.0	0.8	0.6	4.9	11.1	5.0
<b>24</b>	<b>Country average</b>	<b>78.9</b>	<b>0.3</b>	<b>2.1</b>	<b>18.1</b>	<b>0.0</b>	<b>0.5</b>	<b>0.3</b>	<b>5.6</b>	<b>10.0</b>	<b>4.1</b>

## Immunization Coverage for Infants, 2006

	Aimags and city	Covered percentage					
		BCG	Poliomyelitis	Diphtheria/ Tetanus/ Whooping cough	Measles	Hepatitis B	Penta vaccine
1	Arkhangai	98.3	97.2	97.9	98.4	98.4	100.0
2	Bayan-Ulgii	100.0	99.5	99.5	98.7	98.7	100.0
3	Bayankhongor	98.0	99.4	99.7	98.5	97.7	100.0
4	Bulgan	99.2	98.5	93.2	96.6	97.0	97.9
5	Gobi-Altai	98.0	95.9	97.2	97.2	96.5	96.5
6	Gobi-Sumber	98.5	99.6	98.0	100.0	100.0	99.6
7	Darkhan-Uul	98.9	97.5	99.2	98.8	98.6	100.0
8	Dornogobi	99.8	99.3	100.0	97.0	100.0	99.2
9	Dornod	97.9	99.7	100.0	99.9	100.0	99.3
10	Dundgobi	100.0	97.9	97.9	97.5	97.5	98.4
11	Zavkhan	98.2	99.0	99.4	99.5	99.5	100.0
12	Orkhon	98.3	98.7	97.7	98.9	98.5	99.1
13	Uvurkhangai	98.9	98.8	99.3	98.6	98.7	95.7
14	Umnugobi	99.2	97.3	98.8	95.6	96.3	97.2
15	Sukhbaatar	99.9	98.6	100.0	99.9	100.0	98.8
16	Selenge	99.9	98.9	98.1	99.4	99.6	41.7
17	Tuv	96.6	98.9	100.0	98.2	97.7	98.6
18	Uvs	99.3	99.5	100.0	99.5	99.6	99.7
19	Khovd	99.9	98.9	99.7	99.6	99.0	100.0
20	Khuvsgul	99.8	99.2	99.3	99.5	99.7	100.0
21	Khentii	97.4	98.2	98.2	99.1	98.3	99.2
<b>22</b>	<b>Aimags average</b>	<b>98.9</b>	<b>98.8</b>	<b>99.3</b>	<b>98.6</b>	<b>98.7</b>	<b>95.7</b>
23	Ulaanbaatar	97.2	97.8	100.0	99.4	93.8	98.0
<b>24</b>	<b>Country average</b>	<b>98.2</b>	<b>98.3</b>	<b>99.0</b>	<b>98.9</b>	<b>98.5</b>	<b>98.2</b>

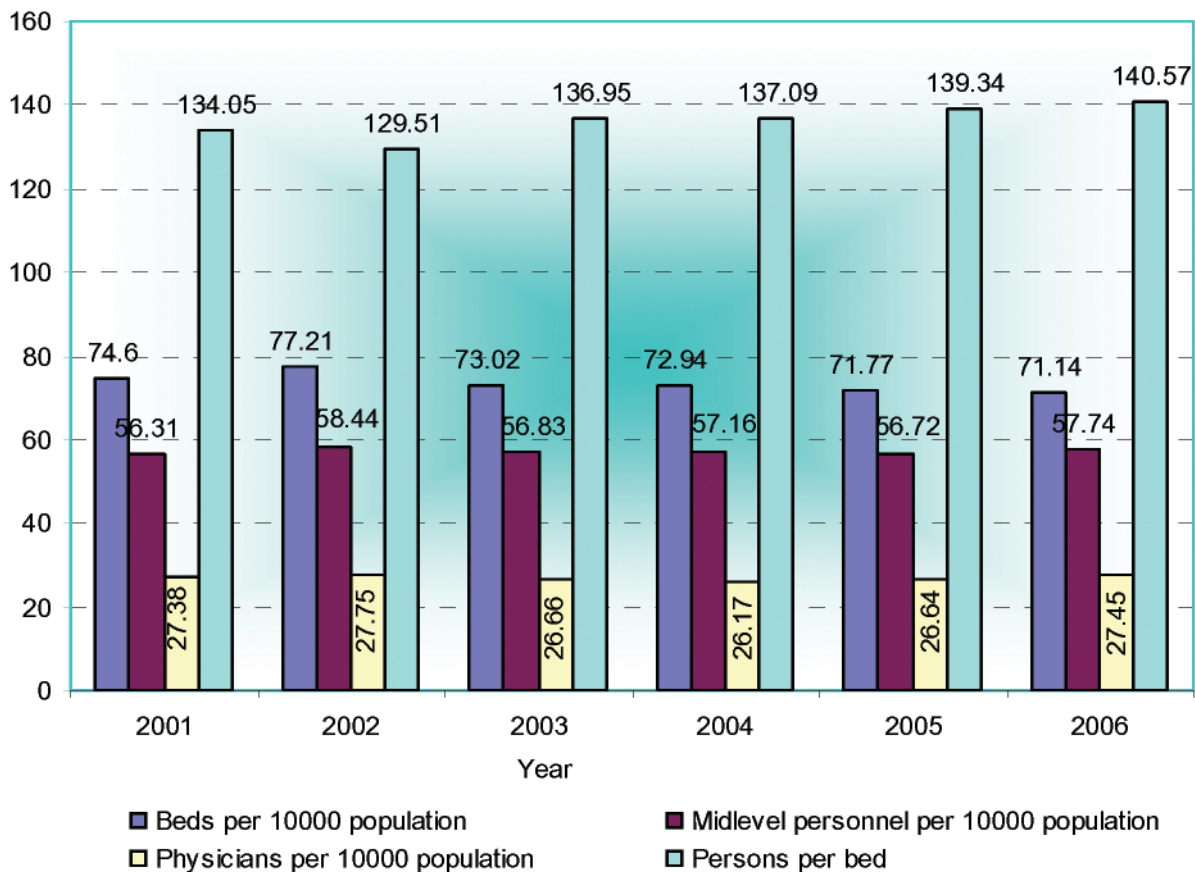
## Health Humanforce

Health care providers	No	Total physicians	From: female	Pharmacists	Other highlevel personnels	Bags feldshers	Other feldshers	Dental technician	Laboratory technician	X-ray technician	Midlevel pharmacist	Nurse		Midwife	Sterilisation assistant	Other midlevel personnels	Midlevel personnels(total)	Nurse assistant	Other workers	All workers	Female
												Diplom	Bakalabar								
A	5	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Subtotal-1	1	1336	1155	5	121	957	548	3	87	8	121	2235	155	367	23	77	4581	1162	2279	9484	7383
Feldsher's posts with beds	2	0	0	0	0	12	0	0	0	0	0	18	0	2	0	0	32	14	17	63	40
Physician's post with beds	3	8	7	0	1	3	8	0	0	0	2	35	0	8	0	0	56	19	30	114	90
Family hospitals	4	730	699	0	31	17	69	0	0	0	0	690	41	9	0	5	831	161	286	2039	1766
Soum hospitals	5	471	368	3	75	793	408	2	65	4	108	1277	103	297	13	66	3136	829	1662	6176	4695
Intersoum hospitals	6	127	81	2	14	132	63	1	22	4	11	215	11	51	10	6	526	139	284	1092	792
Subtotal-2	7	1624	1303	33	139	10	331	3	280	68	57	2130	262	131	86	92	3450	1033	1014	7295	6346
District hospitals	8	673	601	13	52	0	106	1	79	23	19	557	83	13	31	44	956	270	343	2307	2018
Rural general hospitals	9	59	43	2	6	9	19	1	8	3	3	98	4	17	6	1	169	65	49	350	302
Aimag general hospitals	10	892	659	18	81	1	206	1	193	42	35	1475	175	101	49	47	2325	698	622	4638	4026
Subtotal-3	11	1342	985	47	247	0	139	11	195	57	53	1658	374	65	87	101	2740	946	988	6308	5360
Regional Treatment and Diagnostic centers	12	195	146	3	18	0	56	2	37	10	10	324	35	18	12	18	522	113	219	1070	927
Specialized Centers and Hospitals	13	1147	839	44	229	0	83	9	158	47	43	1334	339	47	75	83	2218	833	769	5238	4433
Maternity hospitals	14	92	76	3	10	0	7	0	6	0	5	92	11	42	10	4	177	37	120	439	394
Other hospitals	15	337	258	12	44	4	69	2	46	9	16	369	62	1	18	22	618	235	165	1421	1231
Private hospitals with beds	16	476	343	10	68	0	57	3	22	2	12	417	58	9	7	41	628	225	285	1691	1398
Private hospitals for outpatients	17	849	692	14	62	0	33	132	43	7	4	244	69	12	50	33	627	145	97	1794	1527
Medical universities and colleges	18	378	239	25	181	0	6	2	2	2	1	2	29	0	0	21	65	43	98	789	534
Hot spring	19	68	52	1	35	0	33	0	1	1	2	71	3	0	1	8	120	55	225	504	369
Drug supply companies	20	3	1	72	30	0	0	0	2	0	144	0	0	0	12	13	171	35	86	397	291
Drug manufactures	21	0	0	16	4	0	0	0	0	0	16	3	9	0	0	4	32	7	29	88	61
Revolving drug founds	22	0	0	6	0	0	0	0	0	0	195	0	0	0	0	0	195	8	23	232	218
Drug stores	23	0	0	519	41	0	0	0	0	0	991	0	0	0	2	36	1029	151	196	1936	1795
Other organizations	24	181	152	3	14	0	56	2	7	1	1	39	4	10	4	12	136	21	200	555	406
<b>Total</b>	<b>25</b>	<b>7079</b>	<b>5571</b>	<b>793</b>	<b>1202</b>	<b>971</b>	<b>1386</b>	<b>158</b>	<b>744</b>	<b>156</b>	<b>1620</b>	<b>7304</b>	<b>1055</b>	<b>646</b>	<b>334</b>	<b>516</b>	<b>14890</b>	<b>4161</b>	<b>6088</b>	<b>34221</b>	<b>28192</b>

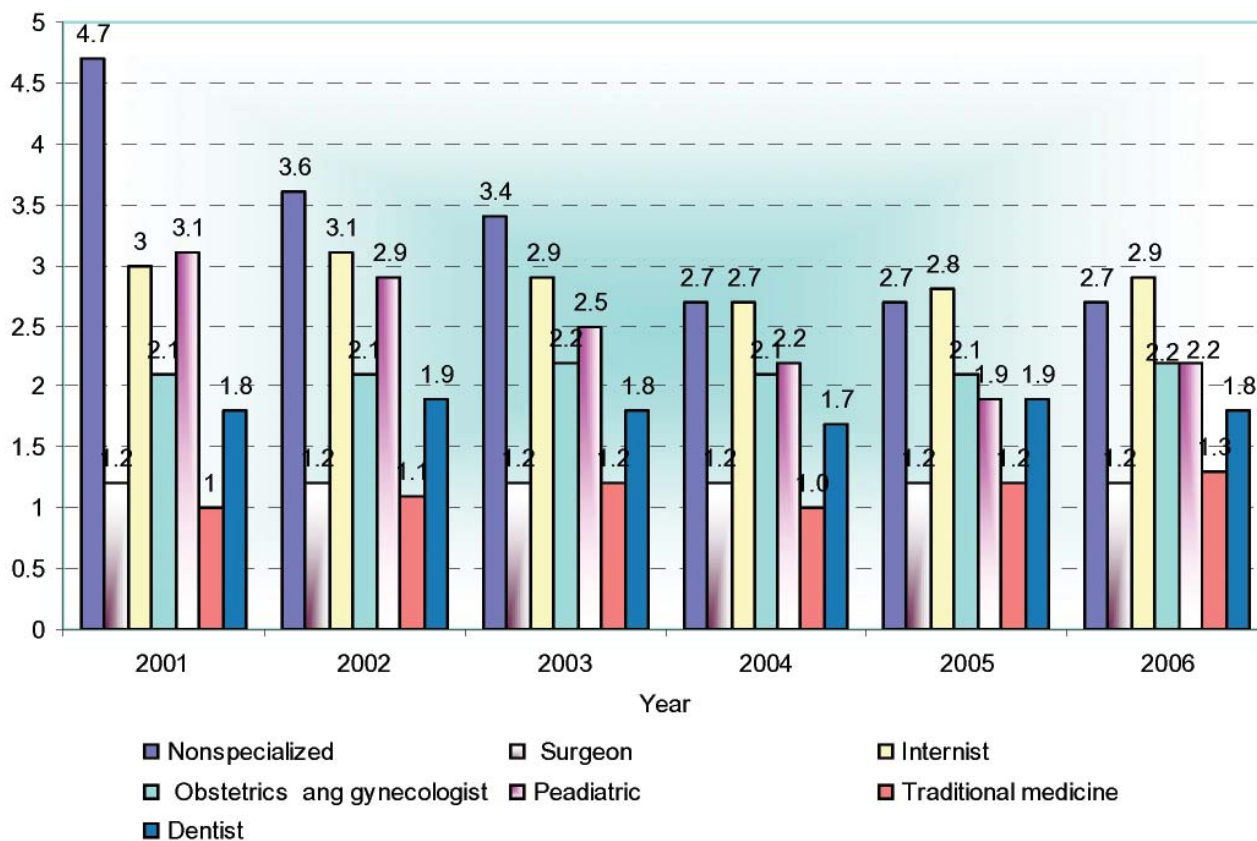
## Physicians, by Specialities, per 10000 population, 2006

№	Aimag and city	Specialities																																Total	
		Health Manager	Statistician	Internist	Surgeon	Traumatologist	Nephrologist	Urologist	Oncologist	Anesthesiologist	Ophthalmologist	Otolaryngologist	Neurologist	Psychiatry and neurologist	X-ray diagnostic	Physiotherapist	Dietologist	Hygiene	Venerologist	Infectiologist	Epidemiologist	Extremely contagious diseases	Obstetrics and gynecologist	Pediatric	Traditional medicine	Dentist	Stamalogist	Pathoanatomist	Specialist laboratory	Dermatologist and venerologist	Phthisiologist	Family doctor	Nonspecialized		Specialist of public health
A	B	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
1	Arkhangai	0.3	0.1	2.1	0.9	0.1	0.0	0.0	0.1	0.3	0.1	0.2	0.2	0.1	0.1	0.2	0.0	0.1	0.1	0.2	0.1	0.0	1.7	2.4	0.4	0.4	0.2	0.1	0.4	0.1	0.2	0.6	1.2	0.0	13.9
2	Bayan-Ulgii	0.2	0.2	1.4	0.8	0.1	0.0	0.0	0.0	0.3	0.1	0.2	0.4	0.1	0.0	0.0	0.0	0.2	0.0	0.2	0.2	0.2	1.2	1.2	0.4	0.5	0.5	0.0	0.1	0.2	0.1	2.4	2.9	0.0	14.1
3	Bayankhongor	0.7	0.1	1.0	0.6	0.1	0.0	0.0	0.1	0.4	0.2	0.1	0.2	0.2	0.4	0.1	0.0	0.1	0.1	0.2	0.1	0.1	1.3	1.7	0.2	0.5	0.1	0.1	0.2	0.0	1.6	1.1	0.0	12.1	
4	Bulgan	0.5	0.2	4.5	1.2	0.0	0.0	0.0	0.2	0.3	0.2	0.2	0.5	0.3	0.0	0.0	0.2	0.5	0.3	0.0	0.3	0.0	1.3	2.7	0.8	0.7	0.0	0.2	0.3	0.2	1.5	0.5	0.0	17.6	
5	Gobi-Altai	1.0	0.2	1.0	1.5	0.2	0.0	0.0	0.0	0.3	0.3	0.2	0.5	0.0	0.2	0.2	0.0	0.5	0.0	0.5	0.2	0.3	2.5	2.5	0.7	1.0	0.0	0.3	0.3	0.2	0.0	2.8	0.0	17.6	
6	Gobi-Sumber	1.6	0.8	3.9	1.6	0.0	0.0	0.0	0.0	0.8	0.8	0.8	0.8	0.0	0.8	0.0	0.0	0.0	0.0	0.8	0.8	0.0	2.4	3.1	0.8	0.8	0.0	0.8	0.0	0.8	2.4	5.5	0.8	30.7	
7	Darkhan-Uul	0.5	0.2	2.4	1.0	0.5	0.0	0.0	0.1	0.6	0.3	0.5	0.7	0.6	0.3	0.3	0.1	0.1	0.2	0.6	0.2	0.0	1.9	1.5	1.4	1.8	0.1	0.6	0.7	0.2	4.8	1.8	0.3	25.2	
8	Dornogobi	1.3	0.4	2.0	1.5	0.4	0.0	0.0	0.2	0.7	0.2	0.7	0.6	0.4	0.6	0.6	0.0	0.2	0.6	0.4	0.2	0.0	2.2	2.2	1.3	1.5	0.0	0.2	0.7	0.2	3.5	5.6	0.0	28.6	
9	Dornod	1.0	0.3	1.2	1.1	0.0	0.0	0.0	0.1	0.5	0.3	0.3	0.1	0.5	0.5	0.3	0.0	0.1	0.4	0.4	0.1	0.0	1.0	1.9	0.3	0.8	0.0	0.1	0.1	0.4	1.6	3.7	0.0	17.8	
10	Dundgobi	0.8	0.2	2.2	0.6	0.2	0.0	0.0	0.4	0.6	0.2	0.4	0.2	0.4	0.4	0.4	0.0	0.0	0.2	0.4	0.2	0.0	1.6	2.6	0.4	0.4	0.4	0.2	0.4	0.2	1.2	0.6	0.0	16.0	
11	Zavkhan	0.6	0.4	0.9	0.5	0.1	0.0	0.0	0.1	0.4	0.1	0.2	0.5	0.1	0.5	0.0	0.0	0.0	0.0	0.5	0.4	0.0	1.6	1.2	0.6	0.4	0.2	0.1	0.2	0.2	0.9	2.0	0.0	13.1	
12	Orkhon	0.9	0.4	3.8	0.6	0.5	0.3	0.0	0.1	0.5	0.6	0.5	0.5	0.4	1.0	1.4	0.1	0.8	0.3	0.4	0.4	0.0	2.3	1.4	0.8	1.5	0.0	0.3	0.9	0.4	6.2	2.5	0.0	29.9	
13	Uvurkhangai	0.8	0.2	1.4	0.8	0.2	0.0	0.0	0.1	0.4	0.1	0.3	0.4	0.1	0.3	0.2	0.0	0.4	0.1	0.3	0.0	0.0	1.4	1.6	0.7	0.8	0.3	0.1	0.4	0.3	1.0	2.4	0.0	15.1	
14	Umnugobi	1.1	0.4	1.1	1.1	0.0	0.0	0.0	0.2	0.4	0.4	0.2	0.9	0.0	0.2	0.0	0.0	0.0	0.2	0.2	0.4	0.4	1.1	1.7	0.0	0.9	0.0	0.2	0.4	0.0	1.9	5.2	0.2	19.2	
15	Sukhbaatar	0.7	0.4	2.3	0.5	0.2	0.0	0.0	0.2	0.5	0.2	0.4	0.7	0.4	0.2	0.2	0.0	0.0	0.2	0.4	0.2	0.4	1.8	2.7	0.4	0.4	0.2	0.2	0.5	0.4	1.3	1.6	0.0	17.6	
16	Selenge	0.5	0.1	2.2	0.7	0.1	0.0	0.0	0.1	0.3	0.1	0.4	0.4	0.1	0.4	0.0	0.0	0.8	0.1	0.4	0.0	0.0	1.3	2.0	0.6	1.1	0.0	0.3	0.4	0.2	2.1	2.4	0.1	17.8	
17	Tuv	0.2	0.1	1.0	0.3	0.2	0.0	0.0	0.0	0.3	0.2	0.1	0.5	0.1	0.1	0.1	0.0	0.9	0.2	0.2	0.1	0.0	1.2	2.2	0.7	0.6	0.0	0.2	0.3	0.1	0.9	3.1	0.1	14.6	
18	Uvs	0.7	0.2	1.9	0.9	0.0	0.1	0.0	0.1	0.5	0.2	0.2	0.2	0.4	0.4	0.1	0.0	0.4	0.1	0.2	0.4	0.0	1.6	1.9	0.1	0.5	0.1	0.2	0.5	1.1	2.1	2.1	0.0	15.8	
19	Khovd	0.8	0.1	2.5	0.6	0.1	0.0	0.1	0.2	0.2	0.3	0.1	0.5	0.3	0.5	0.1	0.0	0.0	0.1	0.2	0.1	0.0	1.4	1.0	0.2	0.6	0.0	0.2	0.3	0.1	1.9	1.6	0.0	14.5	
20	Khuvsgul	0.5	0.2	1.2	0.9	0.0	0.0	0.0	0.1	0.3	0.2	0.2	0.3	0.2	0.2	0.3	0.0	0.7	0.2	0.3	0.1	0.0	1.0	2.0	0.3	0.4	0.1	0.2	0.3	1.4	1.2	0.0	13.2		
21	Khentii	0.3	0.1	1.4	1.0	0.1	0.0	0.0	0.3	0.8	0.3	0.3	0.4	0.3	0.3	0.0	0.0	0.6	0.1	0.6	0.3	0.1	1.4	1.1	1.1	0.6	0.0	0.1	0.0	1.3	4.2	0.1	17.8		
22	<b>Aimag average</b>	<b>0.6</b>	<b>0.2</b>	<b>1.9</b>	<b>0.8</b>	<b>0.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.1</b>	<b>0.4</b>	<b>0.2</b>	<b>0.3</b>	<b>0.4</b>	<b>0.2</b>	<b>0.3</b>	<b>0.2</b>	<b>0.0</b>	<b>0.4</b>	<b>0.2</b>	<b>0.3</b>	<b>0.2</b>	<b>1.5</b>	<b>1.8</b>	<b>0.6</b>	<b>0.8</b>	<b>0.1</b>	<b>0.2</b>	<b>0.4</b>	<b>0.2</b>	<b>1.9</b>	<b>2.3</b>	<b>0.1</b>	<b>17.2</b>		
23	Ulaanbaatar	2.2	0.5	4.6	1.9	0.7	0.3	0.2	0.3	1.6	0.7	0.8	1.4	0.9	1.7	0.8	0.1	0.9	0.5	0.7	0.9	3.3	2.8	2.4	3.5	0.3	0.4	1.8	0.7	3.4	3.3	0.2	44.1		
24	<b>Country average</b>	<b>1.2</b>	<b>0.3</b>	<b>2.9</b>	<b>1.2</b>	<b>0.4</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>0.9</b>	<b>0.4</b>	<b>0.5</b>	<b>0.8</b>	<b>0.5</b>	<b>0.8</b>	<b>0.4</b>	<b>0.0</b>	<b>0.6</b>	<b>0.3</b>	<b>0.5</b>	<b>0.4</b>	<b>0.1</b>	<b>2.2</b>	<b>2.2</b>	<b>1.3</b>	<b>1.8</b>	<b>0.2</b>	<b>0.9</b>	<b>0.4</b>	<b>2.4</b>	<b>2.7</b>	<b>0.1</b>	<b>27.5</b>		

### Health Facilities, 2001-2006



### Physicians, by Specialities, per 10000 population /2001-2006/





## Average Length of Stay in Hospital , by bed Specialities -Total, 2006

№	Aimags and city	Average Length of Stay in Hospital , by bed Specialities -Total, 2006																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
		Internal medicine	Surgery	Obstetrics	Gynaecology	Pediatrics	Infectious	Dermatology	Tuberculosis	Neurology	Psychiatry and narcology	Traumatology	Nephrology	Urology,	Reanimation	Ophthalmology	Otolaryngology	Dental	Stomatologist	Oncology	Traditional medicine	Venerology	Unspecialized	Other	Total
A	B																								
1	Arkhangai	8.2	6.7	5.4	8.4	7.7	10.7	0.0	17.6	9.1	12.1	0.0	0.0	0.0	0.0	0.0	8.9	8.1	0.0	9.7	9.1	0.0	0.0	0.0	8.1
2	Bayan-Ulgii	8.6	7.4	5.6	9.2	8.0	11.2	9.0	37.1	7.9	18.5	11.2	0.0	0.0	3.1	8.3	9.1	0.0	8.3	10.9	10.9	0.0	0.0	0.0	8.3
3	Bayankhongor	9.0	6.1	5.2	6.7	7.5	13.3	9.6	58.0	9.9	9.9	12.0	0.0	0.0	4.7	10.5	9.1	0.0	6.6	10.2	11.1	0.0	0.0	0.0	8.5
4	Bulgan	9.2	7.1	5.3	9.6	8.5	13.5	10.0	34.8	10.1	10.1	0.0	0.0	0.0	7.6	7.0	7.4	7.3	0.0	0.0	9.3	0.0	0.0	0.0	9.1
5	Gobi-Altai	8.7	5.1	6.5	4.8	8.0	10.3	11.8	46.8	10.9	13.2	9.6	0.0	0.0	9.8	9.3	8.5	0.0	7.4	9.9	10.6	0.0	0.0	0.0	8.2
6	Gobi-Sumber	9.9	10.2	3.8	8.0	8.3	12.9	0.0	0.0	9.1	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	9.3
7	Darkhan-Uul	9.3	7.2	4.2	7.9	7.1	11.8	9.8	35.5	10.8	14.9	11.8	0.0	0.0	9.9	12.9	8.3	0.0	6.7	8.5	9.5	0.0	0.0	0.0	9.2
8	Dornogobi	9.7	6.5	4.4	3.1	7.0	14.1	0.0	35.4	9.8	10.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	0.0	9.1	8.6
9	Dornod	9.0	8.6	5.6	7.5	7.0	15.9	11.1	43.9	11.0	12.3	0.0	0.0	0.0	9.3	10.8	6.4	0.0	0.0	0.0	10.6	0.0	0.0	8.8	9.3
10	Dundgobi	9.7	6.3	5.4	7.4	8.1	13.8	9.3	30.7	12.5	9.8	7.2	0.0	0.0	14.0	9.9	6.5	0.0	2.2	10.8	9.1	0.0	0.0	0.0	8.9
11	Zavkhan	9.0	8.3	7.2	8.1	8.0	10.6	9.7	41.6	8.1	10.0	10.5	0.0	0.0	0.0	9.2	6.4	8.9	0.0	11.6	9.6	0.0	0.0	0.0	8.7
12	Orkhon	9.4	6.3	5.3	7.0	7.8	12.7	0.0	30.6	10.6	12.2	11.4	0.0	0.0	13.0	0.0	6.5	0.0	0.0	0.0	8.7	0.0	0.0	0.0	9.0
13	Uvurkhangaigai	9.0	7.1	3.9	6.9	8.1	11.8	9.9	39.1	11.5	11.7	10.6	0.0	0.0	15.2	7.2	7.6	0.0	8.2	8.6	16.1	0.0	8.3	0.0	8.6
14	Umnugobi	8.4	6.9	3.1	4.5	6.6	9.9	10.3	25.4	9.8	7.6	0.0	0.0	0.0	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.2	8.0	7.3
15	Sukhbaatar	9.6	7.2	4.3	10.0	8.8	14.3	8.4	50.4	10.3	10.5	9.8	0.0	0.0	9.7	7.7	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.5
16	Selenge	9.1	7.4	5.6	8.8	8.8	15.8	11.2	47.0	10.4	10.7	0.0	0.0	0.0	0.0	8.6	9.3	0.0	9.6	9.2	10.1	0.0	0.0	0.0	9.3
17	Tuv	9.2	7.4	4.5	6.6	8.1	10.2	9.2	38.9	8.4	0.0	8.4	0.0	0.0	14.9	7.7	7.1	0.0	8.4	0.0	17.4	0.0	0.0	6.1	8.9
18	Uvs	9.3	7.4	5.2	7.5	8.3	10.8	10.3	20.9	10.9	13.0	0.0	0.0	0.0	7.1	8.8	5.9	7.7	0.0	24.8	0.0	0.0	0.0	3.5	8.7
19	Khovd	8.6	8.6	4.6	9.6	7.4	11.3	10.8	30.6	9.5	15.5	0.0	0.0	0.0	24.3	8.7	7.4	0.0	7.8	0.0	4.6	0.0	0.0	0.0	8.5
20	Khuvsgul	8.4	6.0	2.7	6.8	7.7	10.6	9.8	23.9	10.5	10.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.4	0.0	0.0	0.0	7.8
21	Khentii	8.9	6.8	4.8	8.8	7.4	13.9	10.9	31.4	8.8	0.0	0.0	0.0	0.0	0.0	9.0	8.8	0.0	0.0	10.3	0.0	0.0	0.0	9.2	8.6
22	<b>Aimags average</b>	<b>9.0</b>	<b>7.0</b>	<b>4.9</b>	<b>7.5</b>	<b>7.8</b>	<b>12.4</b>	<b>10.0</b>	<b>34.6</b>	<b>9.7</b>	<b>12.4</b>	<b>10.9</b>	<b>0.0</b>	<b>0.0</b>	<b>8.3</b>	<b>9.5</b>	<b>8.1</b>	<b>7.9</b>	<b>8.8</b>	<b>11.6</b>	<b>9.2</b>	<b>0.0</b>	<b>8.3</b>	<b>11.3</b>	<b>8.6</b>
23	Ulaanbaatar	9.3	8.6	4.6	7.8	7.3	11.7	10.6	35.3	9.9	24.4	13.1	11.4	8.9	16.6	6.3	7.1	10.5	7.6	10.3	9.2	8.9	0.0	7.5	9.5
24	<b>Country average</b>	<b>9.1</b>	<b>7.8</b>	<b>4.8</b>	<b>7.6</b>	<b>7.7</b>	<b>12.1</b>	<b>10.3</b>	<b>35.0</b>	<b>9.8</b>	<b>19.7</b>	<b>12.6</b>	<b>11.4</b>	<b>8.9</b>	<b>13.4</b>	<b>7.2</b>	<b>7.5</b>	<b>8.4</b>	<b>8.0</b>	<b>10.6</b>	<b>9.2</b>	<b>8.9</b>	<b>8.3</b>	<b>9.8</b>	<b>9.0</b>

## Utilization of Hospital Beds, 2006

№	Aimag and city	Total				Aimag, city general hospitals				Soum hospitals			
		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
A	Б	1	2	3	4	5	6	7	8	9	10	11	12
1	Arkhangai	289.10	79.20	8.05	35.89	328.36	89.96	8.79	37.34	245.65	67.30	7.12	34.52
2	Bayan-Ulgii	322.58	88.38	8.34	38.67	303.79	83.23	7.95	38.24	332.00	90.96	8.44	39.34
3	Bayankhongor	306.63	84.01	8.50	36.07	294.11	80.58	8.53	34.50	316.56	86.73	8.31	38.11
4	Bulgan	321.35	88.04	9.08	35.40	309.35	84.75	9.45	32.74	331.11	90.71	8.73	37.93
5	Gobi-Altai	265.65	72.78	8.18	32.49	229.38	62.84	9.20	24.93	296.09	81.12	7.79	38.00
6	Gobi-Sumber	324.03	88.78	9.34	34.71	290.83	79.68	9.16	31.74	333.60	91.40	8.41	39.65
7	Darkhan-Uul	322.10	88.25	9.20	35.02	333.29	91.31	9.28	35.92	317.91	87.10	8.26	38.47
8	Dornogobi	275.89	75.59	8.58	32.15	258.74	70.89	7.78	33.25	266.53	73.02	8.61	30.97
9	Dornod	299.37	82.02	9.31	32.17	302.68	82.93	10.14	29.85	306.76	84.04	7.70	39.84
10	Dundgobi	259.45	71.08	8.85	29.30	266.76	73.08	8.94	29.85	248.45	68.07	8.66	28.68
11	Zavkhan	220.14	60.31	8.70	25.32	247.54	67.82	9.05	27.34	211.48	57.94	8.49	24.92
12	Orkhon	295.28	80.90	8.96	32.97	299.40	82.03	9.14	32.77	312.57	85.64	9.41	33.21
13	Uvurkhangai	283.17	77.58	8.61	32.87	306.09	83.86	8.90	34.39	261.82	71.73	7.88	33.21
14	Umnugobi	232.51	63.70	7.33	31.71	235.82	64.61	7.37	31.99	226.33	62.01	7.11	31.84
15	Sukhbaatar	325.62	89.21	9.53	34.17	334.82	91.73	9.94	33.70	313.70	85.95	9.32	33.64
16	Selenge	316.73	86.78	9.29	34.08	352.46	96.57	10.27	34.31	310.82	85.16	8.55	36.37
17	Tuv	260.58	71.39	8.88	29.35	223.10	61.12	9.27	24.07	313.47	85.88	8.63	36.34
18	Uvs	287.08	78.65	8.66	33.15	276.09	75.64	8.78	31.46	299.31	82.00	8.66	34.57
19	Khovd	311.93	85.46	8.45	36.91	337.32	92.42	9.21	36.64	287.40	78.74	7.64	37.62
20	Khuvsgul	269.35	73.79	7.77	34.69	306.90	84.08	8.16	37.60	232.09	63.59	7.42	31.29
21	Khentii	279.50	76.57	8.63	32.39	289.36	79.28	9.46	30.59	258.81	70.91	8.03	32.22
<b>22</b>	<b>Aimag average</b>	<b>287.35</b>	<b>78.73</b>	<b>8.63</b>	<b>33.31</b>	<b>294.15</b>	<b>80.59</b>	<b>9.00</b>	<b>32.68</b>	<b>277.53</b>	<b>76.04</b>	<b>8.15</b>	<b>34.07</b>
23	Ulaanbaatar	305.01	83.56	9.48	32.16	0.00	0.00	0.00	0.00	304.29	83.37	8.49	35.82
<b>24</b>	<b>Country average</b>	<b>295.13</b>	<b>80.86</b>	<b>9.00</b>	<b>32.80</b>	<b>294.15</b>	<b>80.59</b>	<b>9.00</b>	<b>32.68</b>	<b>277.94</b>	<b>76.15</b>	<b>8.15</b>	<b>34.10</b>

## Number of Hospital Beds, by Specialities, per 10000 population, 2006

No	Aimag and city	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
		Internal medicine	Surgery	Obstetrics	Gynaecology	Pediatrics	Infectious	Dermatology	Tuberculosis	Neurology	Psychiatry and narcology	Traumatology	Nephrology	Urology	Reanimation	Ophthalmology	Otolaryngology	Dental	Stamatology	Oncology	Traditional medicine	Venerology	Unspecialized	Other	Total	
A	B																									
1	Arkhangai	18.50	3.96	6.84	3.85	12.83	4.06	0.00	1.92	11.33	0.86	0.00	0.00	0.00	0.00	0.21	0.21	0.21	0.00	0.21	0.75	0.00	0.00	0.21	0.21	65.97
2	Bayan-Ulgii	20.30	3.80	6.90	1.70	10.20	1.50	1.20	0.70	1.40	1.00	1.10	0.00	0.00	0.80	0.70	1.20	0.00	1.20	0.40	2.00	0.00	0.00	0.00	0.00	56.09
3	Bayankhongor	21.52	4.06	9.32	5.02	9.32	4.42	1.79	0.60	2.99	1.20	0.72	0.00	0.00	0.84	1.43	0.36	0.00	0.24	0.24	1.08	0.00	0.00	0.00	0.00	65.15
4	Bulgan	19.15	4.16	5.49	2.50	10.49	4.66	2.16	1.17	2.83	0.67	0.00	0.00	0.00	0.33	0.33	0.33	0.17	0.00	0.00	3.50	0.00	0.00	0.00	0.00	57.94
5	Gobi-Altai	27.50	6.13	8.12	3.81	13.42	6.79	0.99	2.48	4.47	0.33	1.33	0.00	0.00	0.33	0.33	0.66	0.00	0.33	0.33	0.33	0.00	0.00	0.00	0.00	77.69
6	Gobi-Sumber	32.26	11.80	5.51	9.44	20.46	13.38	0.00	0.00	3.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96.78
7	Darkhan-Uul	11.87	3.31	4.45	5.48	7.76	3.43	1.37	3.43	4.45	3.77	3.08	0.00	0.00	0.91	0.34	1.14	0.00	0.23	0.23	3.54	0.00	0.00	0.00	0.00	58.80
8	Demogobi	23.01	5.94	6.87	1.86	13.92	5.75	0.00	1.86	4.64	0.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.64	0.00	0.00	4.08	0.00	73.49
9	Domod	18.10	6.26	5.31	1.91	12.25	3.54	1.36	4.76	2.99	3.27	0.00	0.00	0.00	0.41	1.77	0.68	0.00	0.00	0.00	2.04	0.00	0.00	1.50	0.00	66.15
10	Dundgobi	25.52	4.46	8.51	2.84	13.98	6.89	1.01	1.01	0.81	1.01	0.61	0.00	0.00	0.61	0.41	0.61	0.00	0.41	0.20	2.03	0.00	0.00	0.00	0.00	70.90
11	Zavkhan	31.73	8.34	9.58	6.10	15.18	4.85	1.24	0.87	3.11	0.62	0.62	0.00	0.00	0.00	0.12	0.12	0.12	0.00	0.62	1.87	0.00	0.00	0.25	0.00	85.37
12	Orkhon	16.29	4.04	4.92	2.15	3.66	5.68	0.00	2.53	2.53	2.53	3.16	0.00	0.00	0.76	0.00	1.01	0.00	0.00	0.00	2.90	0.00	0.00	0.00	0.00	52.15
13	Uvurkhangai	18.55	4.02	5.86	2.36	9.01	3.94	0.87	1.31	1.05	0.79	1.31	0.00	0.00	0.35	0.26	0.79	0.00	0.26	0.09	2.01	0.00	0.17	0.00	0.00	53.02
14	Umnugobi	22.27	4.11	8.21	3.03	12.97	2.16	1.08	0.65	3.67	0.65	0.00	0.00	0.00	0.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.65	4.11	0.00	64.42
15	Sukhbaatar	23.13	2.87	6.28	2.33	9.68	4.84	1.79	2.69	3.41	1.97	1.08	0.00	0.00	0.36	0.18	0.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.80
16	Selenge	20.11	3.50	5.70	6.80	13.01	4.40	0.40	3.00	1.90	1.00	0.00	0.00	0.00	0.00	0.20	1.80	0.00	0.20	0.10	0.80	0.00	0.00	0.00	0.00	62.93
17	Tuv	16.69	1.73	5.41	3.11	12.09	5.30	1.38	2.07	4.60	0.00	0.35	0.00	0.00	0.46	0.12	0.12	0.12	0.00	0.00	4.37	0.00	0.00	1.15	0.00	59.05
18	Uvs	27.93	4.47	9.19	3.85	14.90	3.72	1.24	1.49	1.86	1.24	0.00	0.00	0.00	0.37	0.99	0.37	0.25	0.00	0.37	1.24	0.00	0.00	0.12	0.00	73.62
19	Khovd	20.30	4.20	7.48	2.83	12.81	3.52	1.70	1.13	3.18	1.13	0.00	0.00	0.00	0.45	0.23	0.91	0.00	0.23	0.00	2.27	0.00	0.00	2.15	0.00	64.52
20	Khuvsugul	23.63	4.76	6.57	3.12	12.64	3.77	0.82	0.82	1.64	0.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.23	0.00	0.00	0.00	0.00	59.83
21	Khentii	18.20	5.22	6.63	1.98	13.12	6.21	1.83	3.25	3.81	0.00	0.00	0.00	0.00	0.00	0.56	1.41	0.00	0.00	0.56	0.00	0.00	0.00	3.67	0.00	66.46
22	<b>Aimag average</b>	<b>21.02</b>	<b>4.46</b>	<b>6.78</b>	<b>3.47</b>	<b>11.60</b>	<b>4.40</b>	<b>1.08</b>	<b>1.85</b>	<b>3.29</b>	<b>1.18</b>	<b>0.68</b>	<b>0.00</b>	<b>0.00</b>	<b>0.38</b>	<b>0.41</b>	<b>0.63</b>	<b>0.04</b>	<b>0.17</b>	<b>0.17</b>	<b>1.83</b>	<b>0.00</b>	<b>0.03</b>	<b>0.70</b>	<b>0.00</b>	<b>64.15</b>
23	Ulaanbaatar	23.20	6.81	5.18	3.55	5.60	3.62	2.05	2.79	5.01	5.10	4.93	1.59	0.66	1.42	1.20	1.16	0.02	0.38	1.12	6.53	0.05	0.00	0.55	0.00	82.55
24	<b>Country average</b>	<b>21.85</b>	<b>5.35</b>	<b>6.17</b>	<b>3.50</b>	<b>9.32</b>	<b>4.11</b>	<b>1.45</b>	<b>2.20</b>	<b>3.94</b>	<b>2.67</b>	<b>2.30</b>	<b>0.60</b>	<b>0.25</b>	<b>0.77</b>	<b>0.71</b>	<b>0.83</b>	<b>0.03</b>	<b>0.25</b>	<b>0.53</b>	<b>3.61</b>	<b>0.02</b>	<b>0.02</b>	<b>0.64</b>	<b>0.00</b>	<b>71.14</b>

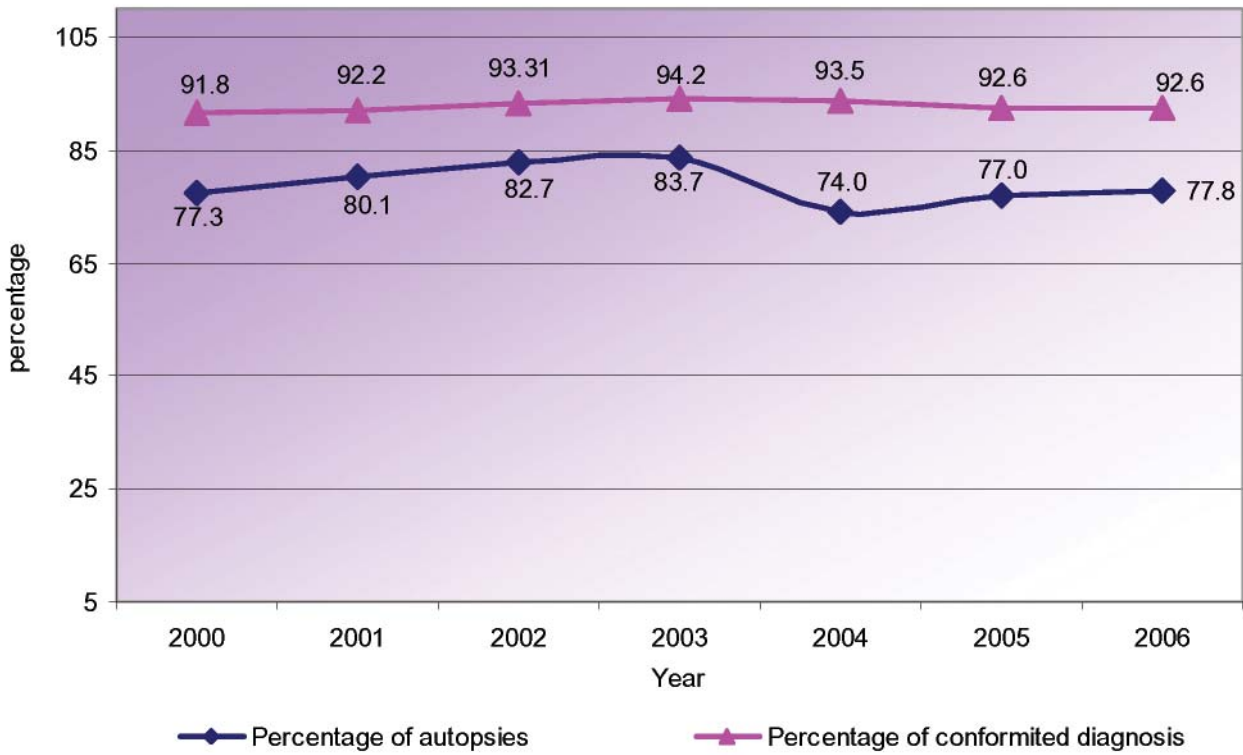
## Pathologic Anatomy Difference in Diagnosis, 2006

№	Aimags and city	No. of deaths			Percentage of autopsies			Percentage of difference in main diagnosis		
		1	2	3	1	2	3	1	2	3
A	B									
1	Arkhangai	43	80.8	0.0						
2	Bayan-Ulgii	62	9.2	0.0						
3	Bayankhongor	77	42.3	0.0						
4	Bulgan	22	59.0	0.0						
5	Gobi-Altai	46	58.7	11.1						
6	Gobi-Sumber	22	45.4	8.3						
7	Darkhan-Uul	94	69.8	4.5						
8	Dornogobi	34	97.6	10.0						
9	Dornod	66	91.6	5.3						
10	Dundgobi	21	41.6	0.0						
11	Zavkhan	34	30.2	0.0						
12	Orkhon	110	64.8	2.5						
13	Uvurkhangai	78	76.2	0.0						
14	Umnugobi	34	68.6	0.0						
15	Sukhbaatar	32	52.3	10.5						
16	Selenge	37	75.6	3.6						
17	Tuv	25	81.5	13.6						
18	Uvs	48	100.0	2.0						
19	Khovd	59	33.3	0.0						
20	Khuvsgul	81	71.6	3.4						
21	Khentii	31	76.9	36.3						
<b>22</b>	<b>Aimag average</b>	<b>1056</b>	<b>70.1</b>	<b>4.7</b>						
23	Ulaanbaatar	1543	83.0	9.2						
<b>24</b>	<b>Country average</b>	<b>2599</b>	<b>77.8</b>	<b>7.4</b>						

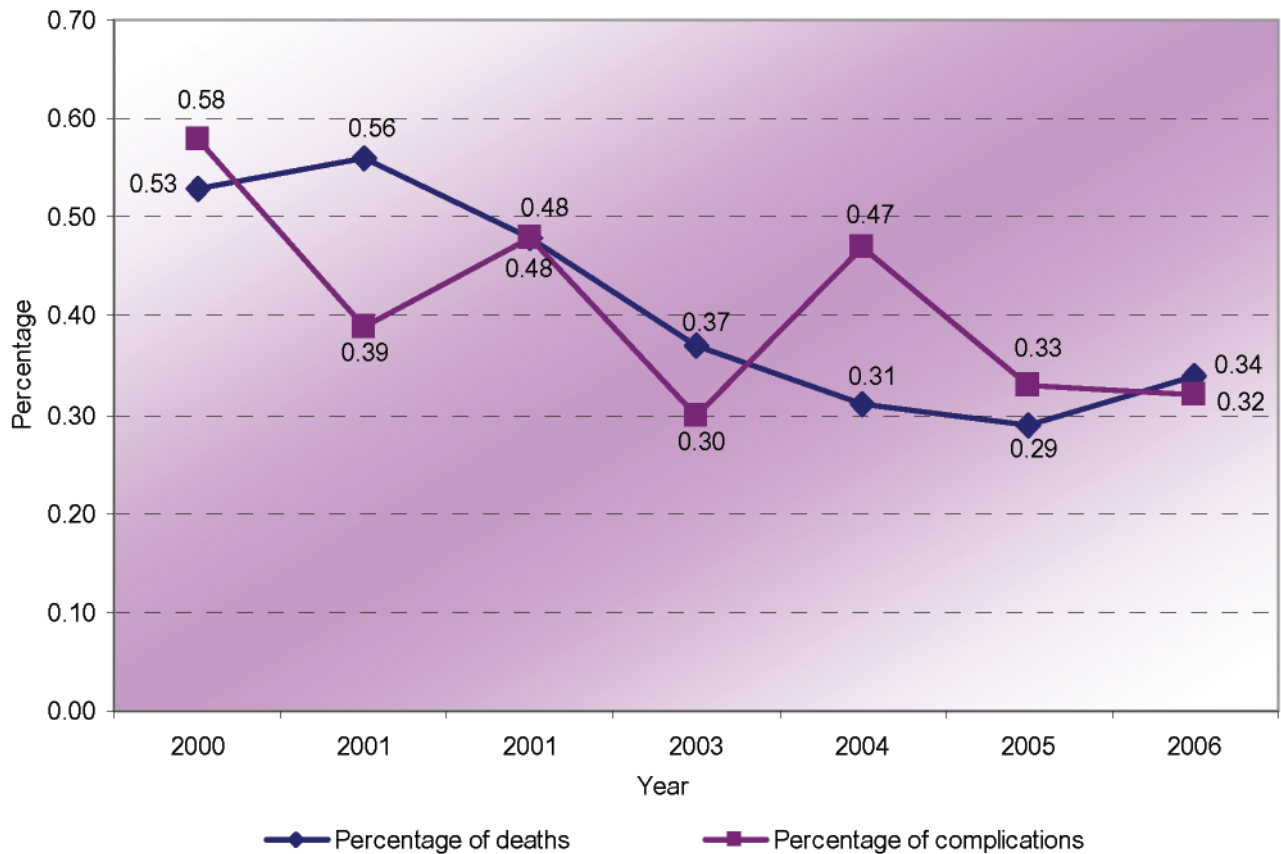
## Post Operational Complications and Deaths, 2006

№	Aimags and city	Number of operations			Percentage of complications			Percentage of deaths		
		1	2	3	1	2	3	1	2	3
A	B									
1	Arkhangai	1468	0.00	0.00						
2	Bayan-Ulgii	1619	0.31	0.25						
3	Bayankhongor	1272	0.00	0.16						
4	Bulgan	666	0.90	0.15						
5	Gobi-Altai	1522	0.26	0.26						
6	Gobi-Sumber	179	0.00	0.00						
7	Darkhan-Uul	1983	0.25	0.05						
8	Dornogobi	986	0.41	0.71						
9	Dornod	1692	0.35	0.24						
10	Dundgobi	749	0.00	0.00						
11	Zavkhan	1097	0.18	0.00						
12	Orkhon	2407	0.33	0.00						
13	Uvurkhangai	1706	0.59	0.53						
14	Umnugobi	743	0.00	0.00						
15	Sukhbaatar	565	0.00	0.00						
16	Selenge	922	0.22	0.00						
17	Tuv	479	0.00	0.00						
18	Uvs	1121	0.00	0.00						
19	Khovd	1421	0.42	0.07						
20	Khuvsgul	1384	0.43	0.00						
21	Khentii	944	0.32	0.11						
<b>22</b>	<b>Aimag average</b>	<b>24925</b>	<b>0.27</b>	<b>0.14</b>						
23	Ulaanbaatar	42557	0.38	0.42						
<b>24</b>	<b>Country average</b>	<b>67482</b>	<b>0.34</b>	<b>0.32</b>						

### Pathologic Anatomy, Conformed Diagnosis Percentage, 2000-2006



### Indicators of Surgery Operations, /2000-2006/



## Inpatient Morbidity per 10000 population, 2006

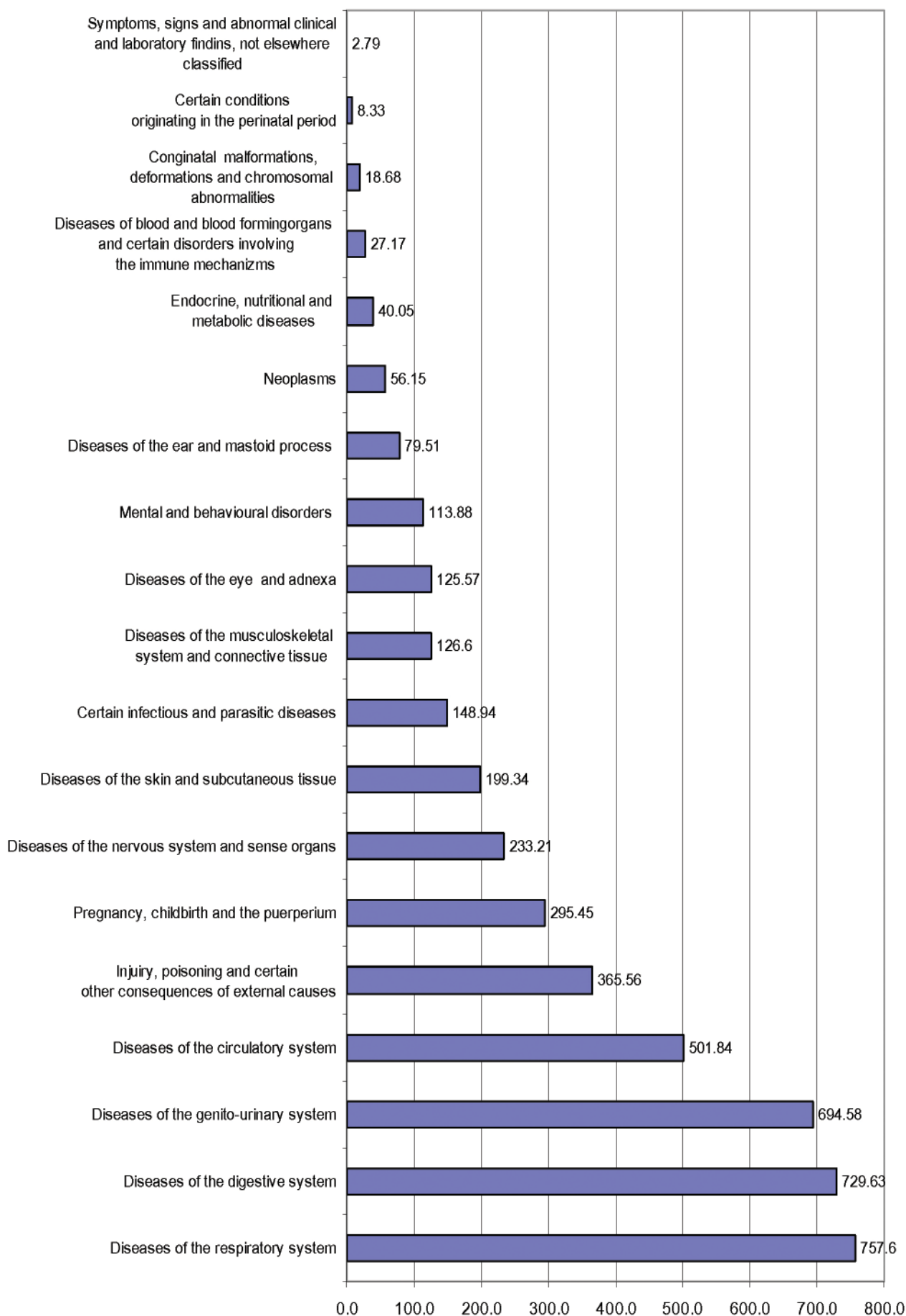
№	Aimags and city	Total	Diseases of blood and blood forming organs and certain disorders involving the immune mechanisms																		Injury, poisoning and certain other consequences of external causes
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1	Arkhangai	2,370.22	84.00	17.38	10.62	10.73	26.71	155.44	7.19	22.21	379.64	260.14	352.61	34.11	45.70	635.17	249.95	0.32	3.11	1.29	73.91
2	Bayan-Ulgii	2,168.35	25.79	17.99	36.89	17.39	34.79	95.66	18.69	16.39	226.21	478.51	319.28	54.48	97.66	364.76	309.28	0.00	10.70	5.80	38.09
3	Bayankhongor	2,330.14	56.85	26.16	14.57	36.19	45.03	117.28	46.58	19.71	317.33	233.01	345.88	106.18	87.07	455.64	319.12	2.15	13.97	0.48	86.95
4	Bulgan	2,041.29	74.35	23.73	7.30	13.77	36.18	171.60	12.28	13.94	301.05	278.31	289.60	84.14	61.24	400.29	197.32	1.83	3.49	2.16	68.71
5	Gobi-Altai	2,508.41	56.71	28.69	17.74	16.75	37.14	133.15	5.14	18.07	396.62	296.64	548.67	108.11	49.58	405.58	302.77	2.49	9.78	0.00	74.78
6	Gobi-Sumber	3,230.70	243.33	9.85	0.00	8.34	44.72	126.59	5.31	29.56	542.75	645.08	391.14	109.16	90.20	601.87	327.47	0.00	0.00	0.00	55.34
7	Darkhan-Uul	2,056.93	142.43	21.72	7.43	12.46	103.22	123.11	9.14	14.63	255.26	319.96	260.40	56.58	48.01	303.96	254.12	1.71	1.71	1.60	119.46
8	Dornogobi	2,326.14	107.00	10.83	7.16	14.32	36.16	228.69	5.14	8.26	288.15	318.62	358.45	63.32	114.16	365.42	293.84	4.22	5.14	0.73	96.54
9	Dornod	2,121.40	113.97	29.78	10.88	11.29	119.41	82.96	48.28	13.33	219.24	346.81	293.91	81.87	79.70	265.48	286.02	3.94	5.98	0.00	108.53
10	Dundgobi	2,081.29	88.13	9.16	14.04	14.45	39.48	69.00	8.55	12.01	294.71	299.80	323.20	64.72	82.63	429.85	247.90	0.41	5.70	0.00	77.54
11	Zavkhan	2,155.01	59.56	22.34	15.88	17.37	15.88	107.96	6.82	13.40	275.10	267.65	335.65	81.40	58.57	524.76	276.22	2.85	8.31	5.46	59.81
12	Orkhon	1,703.30	126.20	25.44	7.05	15.87	42.19	62.60	1.76	13.22	216.63	177.21	258.82	39.42	64.11	272.80	260.08	9.57	9.45	0.00	100.88
13	Uvurkhangai	1,718.96	85.26	24.30	11.06	15.33	23.25	75.07	5.83	22.73	257.94	250.02	249.76	66.71	54.17	262.91	232.08	2.96	5.66	0.17	73.76
14	Umnugobi	2,025.02	40.70	11.20	16.15	15.72	31.87	145.14	16.15	12.06	297.81	327.53	322.57	93.89	65.25	262.93	282.95	0.00	2.80	0.00	80.32
15	Sukhbaatar	2,082.25	104.83	27.02	5.94	14.59	86.28	188.23	10.81	25.22	228.94	320.26	318.10	110.06	51.16	344.76	178.14	2.34	2.16	0.00	63.40
16	Selenge	2,139.39	81.15	12.69	9.69	9.09	27.18	151.50	6.60	32.58	321.09	390.04	274.52	65.46	47.77	462.19	184.48	0.60	2.70	1.40	58.66
17	Tuv	1,738.28	68.53	11.00	6.14	8.57	7.41	156.05	1.74	13.08	261.51	304.22	194.60	77.79	83.00	350.30	144.82	1.39	2.43	0.00	45.73
18	Uvs	2,434.69	93.33	29.83	15.41	15.16	30.82	125.02	31.69	18.52	272.29	297.14	294.53	82.40	66.61	677.30	329.46	0.12	6.96	0.00	48.09
19	Khovd	2,367.95	64.91	32.34	15.94	19.68	29.40	156.96	12.67	32.34	335.74	381.20	310.07	104.26	116.59	374.53	304.08	0.23	9.27	0.00	67.74
20	Khuvsgul	2,074.72	62.12	15.49	21.80	12.54	39.25	136.28	2.87	8.44	335.65	274.19	283.78	57.94	63.02	465.13	253.79	0.25	3.20	0.00	39.01
21	Khentii	2,139.82	128.61	20.57	10.85	11.83	19.30	135.37	14.09	43.10	245.24	400.75	306.23	88.46	101.56	292.57	217.49	0.00	3.24	0.00	100.57
22	<b>Aimag average</b>	<b>2,127.67</b>	<b>83.47</b>	<b>20.92</b>	<b>13.56</b>	<b>15.04</b>	<b>40.39</b>	<b>128.05</b>	<b>13.21</b>	<b>19.06</b>	<b>289.07</b>	<b>314.00</b>	<b>306.13</b>	<b>74.00</b>	<b>71.20</b>	<b>402.78</b>	<b>256.32</b>	<b>1.79</b>	<b>5.80</b>	<b>1.03</b>	<b>71.85</b>
23	Ulaanbaatar	2,596.50	131.52	74.59	11.42	28.97	86.11	178.59	49.74	17.27	340.59	288.90	386.24	66.71	108.19	291.32	340.69	12.60	21.82	1.85	147.37
24	<b>Country average</b>	<b>2,307.32</b>	<b>101.88</b>	<b>41.49</b>	<b>12.74</b>	<b>20.38</b>	<b>57.91</b>	<b>147.41</b>	<b>27.21</b>	<b>18.38</b>	<b>308.81</b>	<b>304.38</b>	<b>341.42</b>	<b>71.21</b>	<b>85.37</b>	<b>360.07</b>	<b>288.65</b>	<b>5.93</b>	<b>11.94</b>	<b>1.35</b>	<b>100.79</b>



## Outpatient Morbidity (per 1000 population), 2006

№	Aimags and city	Total																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A		4844.72	65.33	25.21	26.60	26.50	79.49	281.70	99.01	122.29	720.24	886.73	801.98	126.37	76.38	1,122.20	267.54	0.43	3.54	1.61	111.57
1	Arkhangai	3490.94	40.38	14.19	78.47	28.39	50.68	140.25	30.69	39.28	383.85	878.96	506.50	104.16	154.94	651.35	321.67	0.00	12.20	6.10	48.88
2	Bayan-Ulgii	4250.5	102.00	12.54	29.50	59.00	141.65	166.97	102.95	50.52	585.46	641.83	642.79	226.33	127.32	853.95	329.40	2.63	18.99	0.96	155.74
3	Bayankhongor	3895.71	106.38	18.75	11.95	32.20	38.00	259.56	73.19	61.07	548.99	723.91	593.14	190.69	105.38	771.54	225.87	2.16	7.14	2.16	123.64
4	Bulgan	5820.86	77.60	31.50	46.10	33.83	104.46	302.11	180.40	125.35	829.06	1,288.86	280.72	97.83	97.83	993.88	343.56	2.98	19.57	0.00	143.59
5	Gobi-Altai	7836.45	185.72	8.34	0.00	21.98	95.51	365.37	451.78	328.22	984.21	1,585.79	1,855.64	199.36	139.48	1,109.75	328.98	0.00	0.00	0.00	196.33
6	Gobi-Sumber	6397.23	131.57	61.16	45.27	35.78	231.82	239.60	361.57	142.09	785.32	1,219.14	1,223.25	341.56	121.40	882.60	256.17	3.77	6.52	7.54	321.10
7	Darkhan-Uul	5454.35	167.94	21.47	17.44	48.09	81.12	398.09	55.06	74.70	564.74	1,129.85	942.28	254.20	225.57	927.78	300.27	6.06	10.09	0.73	228.87
8	Dornogobi	4897.38	335.66	18.50	30.46	52.77	384.76	183.74	136.14	177.08	326.14	1,003.98	786.24	367.76	135.19	447.45	289.83	3.94	11.97	4.22	201.56
9	Dornod	3509.05	109.91	14.45	21.57	26.66	54.14	101.56	86.91	63.09	448.17	571.51	597.36	142.67	124.36	750.82	252.58	0.41	7.12	1.02	134.74
10	Dundgobi	3514.13	75.82	14.15	29.28	28.42	34.99	145.18	60.31	59.07	403.65	634.45	598.84	120.24	87.23	815.62	278.82	2.85	11.17	5.46	108.58
11	Zavkhan	3957.86	165.49	17.88	20.28	32.87	85.01	114.61	105.29	48.49	428.85	752.02	611.47	243.58	159.95	631.24	261.97	10.08	17.51	0.00	251.26
12	Orkhon	4542.76	141.08	17.33	23.25	29.00	57.21	254.98	128.10	118.43	541.23	753.89	1,048.32	267.09	111.64	640.59	236.78	3.57	14.98	0.70	154.57
13	Uvurkhangai	4975.34	60.29	8.83	38.11	33.38	41.99	264.00	112.19	110.68	573.66	1,213.42	1,013.59	261.42	132.00	570.00	291.13	0.00	4.09	0.00	246.56
14	Umnugobi	3769.3	127.53	27.38	20.35	32.24	124.65	267.85	68.27	99.61	372.32	646.47	722.84	196.88	86.28	617.83	199.94	3.60	4.14	0.00	151.12
15	Sukhbaatar	4269.18	111.93	13.19	17.69	17.29	40.97	209.66	125.32	120.32	549.84	966.06	699.44	153.40	80.05	774.59	186.88	0.70	3.00	3.60	195.27
16	Selenge	3093.86	108.93	12.27	8.57	13.43	35.31	232.80	71.77	30.10	381.90	659.73	332.58	221.11	109.16	596.52	144.82	1.50	4.75	0.81	127.80
17	Tuv	5397.68	80.53	31.19	64.00	38.65	108.37	252.90	92.09	155.35	517.36	1,038.58	827.80	221.34	148.88	1,382.32	337.91	0.75	12.55	4.97	82.15
18	Uvs	3905.08	78.37	18.32	30.53	32.34	99.74	234.65	77.24	66.61	520.07	715.36	499.37	258.62	177.99	659.72	315.95	0.23	12.10	0.00	107.88
19	Khovd	3786.5	123.82	15.98	36.96	21.88	49.25	197.33	201.59	47.86	532.57	641.97	510.20	86.86	105.55	840.61	259.20	0.25	5.24	0.00	109.40
20	Khuvsdul	4173.43	104.10	4.93	18.88	21.55	37.47	192.13	69.59	129.03	434.42	1,088.29	679.51	205.23	172.27	591.48	226.50	0.00	4.51	0.00	193.54
21	Khentii	4391.5	115.46	19.89	31.40	31.30	92.60	219.44	119.04	92.88	525.82	849.83	741.69	208.09	125.00	783.03	265.53	2.18	9.55	2.11	155.66
22	Aimag average	4741.23	202.83	114.51	20.36	54.15	148.14	255.38	136.09	57.99	463.23	609.18	710.21	185.25	129.18	552.21	343.61	18.22	33.39	3.88	703.42
23	Ulaanbaatar	4525.9	148.94	56.15	27.17	40.05	113.88	233.21	125.57	79.51	501.84	757.62	729.63	199.34	126.60	694.58	295.45	8.33	18.68	2.79	365.56
24	Country average																				

## Outpatient Morbidity per 10000 population, 2006





## Inpatient Morbidity per 10000 population, 2006

