Mongolia acknowledges the need to discuss both topics as they affect the in all its aspects. For decades populations, have had to face the worst types of illnesses and diseases. Unfortunately, this battle does not stop here. However, there is an greater issue at hand. Mongolia believes that Global Pharmaceutical Development and Universal Access to medication should be discussed first today, as it’s relevant to all the countries and outcome greatly affects all the members of this committee.

1. **Global Pharmaceutical Development and Universal Access to Medication**

Access to medication should be a right and not a privilege. The Mongolian government has implemented, in collaboration with the WHO, the: The National Medicines Policy of Mongolia (NMPM)1. A policy on primary health care that emphasises the use of essential medicines and to strengthen the local drug system to gain independence from the donors from abroad, as well as encourages the use of lower-priced, but still good quality medication. In 2010, the Mongolian governemt implemented yet another policy; The National Drug Policy, is a policy in which the government supplies the public health sector with inexpensive and quality medication2. The international committee could reinforce this policy by adopting a similar one in their countries as well, to regulate and make medication accessible to the whole population. This policy has helped the medical sector of Mongolia; ever since its implementation, Mongolia, in 2014, counts 1283 pharmacies countrywide versus 80 in 1990. Mongolia has very good trading relation with its bordering countries notably with Russia. In the words of President Tsakhiagiin Elbegdorj himself: “In the Great Mongol Empire, Mongols governed by a written law called the 'Ih Zasag,' which is translated as 'the Great Order.' It was an era when the Mongols strove to establish a new world order, thus, justice, peace and cooperation in their relations with other states and peoples.” Mongolia wants to strengthen the relationships whit its surrounding countries and form new alliances, as it is an ancient Mongolian value that still upholds today.

1. **Non-communicable diseases**

An important issue in low- and middle-income countries are the ramping numbers of people attained by non-communicable diseases. Mongolia is directly affected when NCDs are in question being that in, 78.6%3 of the total deaths, in 2012 were caused by such diseases. The health system in Mongolia is not able procure long-term and consistent care to patients due to a lack of resources, nevertheless, the Mongolian health system has widely addressed the matter of NCDs in the country by establishing policies that comply with the objectives determined in the 2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs4. These policies encourage the surveillance and monitoring of the population, although these are ideal to confront this crucial situation, the execution of these are currently being *worked on*. The best way to address this matter would be to find an effective prevention method and eventually to find a cure or a way reduce the effects of the NCDs. Mongolia faces many set-backs in this fight against NCDs, one major one would be the lack of funds. With only 3% of the public spending of the GDP consecrated to health in the nation3, Mongolia’s health domain is clearly underfunded. Mongolia is part of the low-middle income countries and most of the funding allocated to healthcare and more specifically to NCDs are donations from international organisations, such as The World Bank and several NGOs, along with a few high-income countries. In addition to opening new horizons in trade of natural resources, Mongolia would encourage the strengthening and creation of relationships with new High-income countries, as their financial support is greatly needed during this time of crisis.

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