REPORT ON THE MAIN ACTIVITIES AND FINDINGS OF THE MISSION TO RURAL AREAS OF MONGOLIA

29 May -24 June 2013

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INTRODUCTION

Dates for 1st field trip: 29 May - 10 June 2013
Dates for 2nd field trip: 12-24 June 2013

Total travelled distance to rural areas: 8500 km
Covered rural areas during the mission: 9 aimag centers and 9 soums

Umnugobi: Dalanzadgad, Bulgan soum
Uvurkhangai: Arvaikheer city
Bayankhongor: Bayankhongor city
Gobi-Altai: Altai city, Thaishir and Bayan-Uul soums
Khovd: Darvi soum, Khovd city
Bayan-Ulgii: Tolbo soum, Ulgii

Uvs: Khyargas soum, Ulaangom
Zavkhan: Songino soum
Khuvsgul: Tsagaan-Uul soum, Murun city
Bulgan: Bulgan aimag center
Goal and activities

• Goal of the field trip:
  To identify a current status and needs of rural health system for determining further collaborations on health system strengthening in rural areas of Mongolia.

• Activities:
  – Meetings
  – Field visits
  – Experience sharing workshop in UG, Bkh, GA aimags
Meetings were held with the following local authorities and officials:

• Chairmen of civil representative assembly
• Aimag and soum governors/deputy governors
• Directors of aimag department of health
• Heads of regional center of diagnosis and treatment and aimag general hospitals
• Director of Gobi-Altai medical college
• Heads of family and soum health centers
• Officials of health and non-health sectors.
Field visits

Field visits were conducted at the following institutions:

- Regional centers of diagnosis and treatment
- Aimag general hospitals
- Gobi-Altai medical college
- Intersoum hospitals
- Family health centers
- Soum health centers
- Rehabilitation centers
- Soum schools
- Soum kindergarten
Building Blocks of Health Systems

System building blocks:

- Leadership / governance
- Health care financing
- Health workforce
- Medical products, technologies
- Information and research
- Service delivery

Goals/outcomes:

- Access
- Coverage
- Quality
- Safety

- Improved health (level and equity)
- Responsiveness
- Financial risk protection
- Improved efficiency
Key issues of health system in rural areas

• **Governance and leadership:**
  – Capacity of leadership
  – Anti-corruption

• **Health care financing:**
  - Health Insurance for students and migrants

• **Health workforce:**
  - Internship
  - Residency course
  - Short-term trainings/local fellowships
  - Voluntary programme
  - Accommodation for local and non-local health workers
  - Incentives
  - Staffing in intersoum hospital/soum health center
Key issues of health system in rural areas

- **Medical products and technologies** (including health facility infrastructure):
  - Renovation of medical equipment and technologies
  - Equipment technical specification
  - Designing in intersoum hospital, soum and family health center
  - Building design
  - Water, sanitation and hygiene and health care waste management

- **Information and research:**
  - E-Health
  - Telemedicine

- **Health Service Delivery:**
  - Public Health programmes on NCD and CD/STI/TB
  - Malnutrition cases such as rickets, protein caloric malnutrition and low weight in age
  - Mobile service delivery
  - Accident and Emergency care/Emergency room
  - Healthy city programme
  - Emergency operational center for natural disaster and outbreaks
  - Mining and health
Observations and recommendations regarding key issues

I. Governance and leadership

- Fellowship programmes for health managers in both in country and oversea were requested by local officials.
- Department of health of Bulgan aimag has informed that the organization was granted as ‘Organization without corruption’ by Prime Minister’s Office, Ministry of Justice, Independent Authority Against Corruption, USAID, Mercy Corps and The Asia Foundation in December 2012.

Recommendations

- For enhancing capacity of local leadership, local health managers should be more involved in oversea/local fellowship training programmes.

II. Health care finance

- Students and migrants have a lack of access to health insurance in rural areas.

Recommendations

- Social Health Insurance Law for students and migrants should be revised.
Observations and recommendations regarding key issues

III. Health workforce

• New graduates face with lack of experiences during their internship period for 2 years. Local health workers commented that internship could be divided into 2 steps as first year programme will be in aimag general hospital and 2nd year in soum health center.

• Due to a long residency course soum health centers and intersoum hospitals face with lack of health workers. Namely, there is now only one doctor working in Songino soum health center, Zakhan aimag as dealing administrative work, public health programme and clinical procedures. There is no replacement on health workforce in soums from other neighboring soums or aimag center. Moreover, local health workers commented to shorten duration of the residency course as well as to improve quality of the course.

• Due to a lack of specialized doctors, intersoum hospitals don’t function fully, namely in Bayan-Uul soum, Gobi-Altai, Tsagaan-Uul soum, Khuvsgul.
Observations and recommendations regarding key issues

Continuing ...,

### III. Health workforce

- Short-term trainings/local fellowship are required from local health workers including doctors, feldshers, midwife and nurses.
- Overseas voluntary programme is required from Khovd aimag to provide specialized training to their health workers on site.
- Local government programme is not implemented on accommodation related issues for local and non-local health workers in rural areas such as in Bayan-Uul soum, Gobi-Altai aimag, and others.
- Incentives are not provided for soum doctors who perform multiple job in their workplace.
- Gobi-Altai Medical College is main academic institution which provides five neighboring western provinces by health workforces.
Observations and recommendations regarding key issues

III. Health workforce

Recommendations

• Multisectoral meetings on issues related to internship programme and residency course could be held between MOH, HSUM, Medical Colleges, School of Health Technology, WHO, ADB and other partners.

• Exchange programme for health workforce between soum and aimag health facilities needs to be implemented. Internship, residency programme and staffing positions would be managed at the aimag level so that replacement will be solved.

• Overseas voluntary programme could be supported by international health partners (UN voluntary specialized, JICA nursing volunteer, KOICA health volunteer programmes).

• Issues related to accommodation for non-local health workers and loan programmes for local health workers should be raised at Prime Minister’s Office.
Observations and recommendations regarding key issues

IV. Medical products and technologies (including health facility infrastructure)

- Old medical equipment and technologies are still being used in aimag and soum health facilities. Namely, regional center of diagnosis and treatment of Khovd aimag and health center of Tsagaan-Uul soum, Khuvshul aimag currently use out dated autoclave.

- A number of aimags such as Bayankhongor, Bayan-Ulgii and Uvs aimags informed that diagnostic center is going to be established by government additional fund (2.2-3 billion MNT) in 2013.

- Issues related to equipment technical specification were raised. For instance: New autoclave for health care infectious waste disposal was provided in 2012 for Thaishir soum health center, Gobi-Altai. But it doesn’t function at all. Because the autoclave operates in capacity of 380 mV electricity which doesn’t match local electricity capacity.
Observations and recommendations regarding key issues

Continuing …,

**IV. Medical products and technologies (including health facility infrastructure):**

- Most of visited soum/family health centers and intersoum hospitals don’t have access to running water and internal improved sanitation facilities. Aimags, such as Bayankhongor, Gobi-Altai, Uvs, Bayan-Ulgii and Khuvsgul aimag requested to improve water, sanitation facilities in the soum health centers and intersoum hospitals.

- Local health authorities especially Khovd, Uvs, Bayan-Ulgii and Khuvsgul aimag highlighted that health care waste management is one of major health issues in both in aimag and soum level.

- Darvi soum, Khovd authorities expressed that soum health center needs to be expanded it’s function to intersoum hospital relating to expectation of operation start of ‘Khushuut’ fourth biggest coal mining. The health center used to be intersoum hospital and building design meets requirement of the intersoum hospital.
Observations and recommendations regarding key issues

IV. Medical products and technologies (including health facility infrastructure)

Recommendations

- Strong engineering division is needed at MOH as concerning below 3 units:
  - Unit for building design;
  - Unit for standardization of maintenance and procurement of medical equipment;
  - Unit for Equipping with ICT and Infrastructure.
- Rural health facilities/aimag general hospitals including mobile hospital should be equipped as much as with digital equipment and provided with E-Health in line with government investment on ICT infrastructure (eg. Fiber-optic cable at soum level).
- Soum and family health center/intersoum hospital’s building needs to be designed with improved water and sanitation facilities.
- Issues related to health care waste management improvement in soum health centers and intersoum hospitals could be raised under 5th ADB project.
Observations and recommendations regarding key issues

V. Information and research

- Khuvsgul aimag has informed that E-Health programme is applied in all health facilities in the province.
- Most of visited provinces such as Uvurkhangai, Bayankhongor, Bayan-Ulgii, Khovd, Khuvsgul aimags are involved in Luxemburg project on Telemedicine.

Recommendations

- Application of E-Health and Telemedicine should be expanded to international level. In terms of, health advises and trainings could be provided by national and oversea health facilities/universities.
- All aimag should put E-Health programme as one of the key components of health system strengthening as it is done in Khuvsgul aimag
Observations and recommendations regarding key issues

**VI. Health Service Delivery:**

- Life style, socio-economic factors and extreme weather related diseases such as hypertension, acute stroke and heart attack, stomach and liver cancer, road accident, acute respiratory diseases and genito-urinary diseases were listed as major health problems in all visited aimags.
- High cases of STI including syphilis were registered in Uvurkhangai aimag in 2012. Khuvsgul and Bulgan aimag informed that new cases of TB significantly have been increasing among students and urban poor. Especially multidrug resistant TB is becoming major problem.
- MCH indicators such as MMR, IMR and under 5 year mortality rates are highlighted in Uvurkhangai, Khovd, Bayan-Ulgii and Khuvsgul aimags.
- Most of aimags highlighted that cases of rickets, protein caloric malnutrition and low weight in age have been increasing among children who are belonged to student parents and who are raising in poor households.
Observations and recommendations regarding key issues

VI. Health Service Delivery:

• Uvurkhangai, Khovd and Uvs aimags requested to support mobile service delivery. However Uvs aimag has mobile ambulance, it is not functioned fully caused by high cost of transportation. Bulgan aimag has informed that “Ger Hospital” project is initiated in Bugat soum as pilot.

• Accident and Emergency room doesn’t function satisfactorily in most of visited aimags such as in Uvurkhangai, Bayankhongor, Khovd, Khuvsgul and Bulgan aimags.

• Healthy city programme activities such as campaign to plant trees already have being initiated in Gobi-Altai, Khovd, Uvs, Bayan-Ulgii and Khuvsgul aimags. For instance; Uvs aimag is implementing a campaign that each household to plant 12 sea buckthorn tree.

• Umnugobi aimag is one of provinces which is affected by mining boom.

• Experiences of UNTFHS/WHO project are already being disseminated into non-project soums within project aimags. Namely, Umnugobi, Uvs aimags are implementing local funded project on HCWM improvement in other non-project soums.
Observations and Recommendations regarding key issues

**VI. Health service delivery**

**Recommendations**

- NCD control and prevention programme should be strengthened in all visited aimags. Local health representatives will be invited at the Experiences sharing workshop of Stroke and Heart Attack Project which will be held by September 2013. Local fellowship programmes would be organized in newly established units of Acute Stroke and Heart Attack, Shastin hospital by next year.

- Planning and implementation of STI and TB programme needs to be prioritized especially in Uvurkhangai, Khuvsgul and Bulgan aimags, but also at the Global Funded National Communicable Diseases Control Programme.

- MCH programme should be strengthened on reduction of MMR, IMR and under 5 years mortality in aimags especially in Uvurkhangai, Khovd, Bayan-Ulgii and Khuvsgul aimags.

- Health Programme needs to be addressed on reduction malnutrition cases such as rickets, protein caloric malnutrition and low weight among children.
Observations and Recommendations regarding key issues

Continuing …,

**VI. Health service delivery**

**Recommendations**

- ‘Ger Hospital’ as suggested and implementing in Bulgan as one of mobile health services provision has a number of advantages including cost-effective and convenient for herder’s family.
- Regional Emergency operation center could be established in Uvurkhangai aimag for Central region and Khovd aimag for Western region.
- Healthy City programme should be expanded to Dalanzadgad, Altai, Khovd, Ulaangom, Murun City. Healthy Soum programme could be initiated in Tolbo soum, Bayan-Ulgii and Khatgal soum, Khuvsgul. Study tour to Darkhan city will be organized by end of August/September 2013. Uvs aimag’s experience on planting sea buckthorn tree could be disseminated to other aimags.
- International health regulation and poliovirus programme needs to be strengthened in aimags which have points of entry in Gobi-Altai, Khovd, Uvs, Bayan-Ulgii, Khuvsgul etc.
Observations and Recommendations regarding key issues

Continuing …,

VI. Health service delivery

Recommendations

• Technical assistant on implementation of national policy for Mining and Health and local capacity building should be provided to Umnugobi.

• UNTFHS/WHO project experiences should be disseminated cross aimags.

• Local health representatives will be invited in technical consultative meeting on local health system strengthening which will be held by end of August/September 2013.

• Annual Experience Sharing workshop for innovative health projects, activities, strategies could be implemented as starting in 2014.
Suggested proposals

• UN Joint programme assessment (WHO, UNICEF, UNFPA) on needs of newly established departments of obstetrician and genecology, and WHO assessment on injury department in Uvurkhangai.

• Joint assessment on investment plan in Uvurkhangai.

• Survey on status of student’s health, injury and emergency care in Bayankhongor, Bayan-Ulgii, Khuvsgul, Bulgan.

• Joint proposal (WHO, FAO, UNDP) on ‘One ger, One tree, One Year’ with supporting to plant sea buckthorn tree under Healthy Settings (City, Soum) programmes in Altai, Khovd, Ulgii, Tolbo soum, Ulaangom, Murun and Khatgal village.
Suggested proposals

• UN Joint Proposal on overseas programme in Khovd.
• Joint proposal /Uvs, WHO/ on equipment provision for Mobile Bus/Ambulance in Uvs.
• Proposal on provision of equipment in Khyargas soum health center, Uvs.
• Technical assistant on implementation of National Policy of Mining and Health and local capacity building in Umnugobi.
• Joint proposal (Bulgan, WHO) on implementation of “Ger Hospital”.

THANK YOU FOR YOUR ATTENTION