



ADB Health Projects in Mongolia

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ADB in Health Sector

Since 1993 ADB has been one of the largest multilateral development partner helping the government reform its health sector

To date, ADB assistance to Mongolia's health sector totals \$134 million consisting of:

- five loans of \$84.9 million,
- seven grants of \$37.0 million, and
- 17 technical assistance (TA) projects of \$12.0 million.



Current Portfolio

Ongoing projects:

1. Fourth HSDP, grant and loan, \$45.15 million
2. Fifth HSDP, loan, \$38.4 million
3. TA Improving Access to Affordable Medicines in Public Hospitals, \$1.0 million
4. TA Strengthening Hospital Autonomy, \$1.1 million
5. TA Developing the Health Sector Master Plan, \$1.0 million
6. TA Improving Screening Program for Viral Hepatitis, \$0.8 million
7. PPTA \$1.0 million

Processing:

1. Sixth HSDP, MFF, \$160.0 million
2. TA Improving Health Care Financing for Universal Health Coverage, \$1.0 million
3. Additional Financing for FHSDP, \$8.0 million



Primary Health Care

ADB's health assistance to Mongolia aimed at developing PHC and an effective referral system.

- A key achievement included developing family group practice (FGP) as a means of cultivating a PHC-based health system. Development of the PHC system prioritized prevention, outreach, and home services.
- Helped the government to restructure *soum* hospitals into *soum* health centers (SHCs) in rural areas and develop the family health centers (FHCs) in urban areas.
- Supported institutional and financial reforms, including referral systems and gate-keeping, service packages, operational standards and incentive packages for staff.
- Provided financial and technical support in developing and upgrading clinical guidelines and pathways, advocacy and public information, and post-graduate and in-service training—extensive training that involved 89% of PHC-level professionals.



Primary Health Care and PPP

Supported the government to develop and continuously improve private public partnership (PPP) legal and regulatory frameworks, and pilot and expand the PHC system's PPP modality.

- These arrangements enabled FGPs to provide services in private FHCs and be paid from the national budget using performance-based contracts.
- Following ADB's pilot project in 1999, the government established 238 FHCs nationwide and in Ulaanbaatar. ADB invested in 110 new facilities for SHCs/FHCs, upgraded another 109 SHCs/FHCs, and equipped 492 FHCs/SHCs with essential medical and non-medical equipment.



Health Financing and Insurance

In 1994, Mongolia implemented a compulsory national health insurance scheme that aimed at rationalizing healthcare services, increasing non-tax financing, and increasing financial protection of people.

- In 1995, ADB's first health TA helped the government build national capacity for improving the policy framework and implementation of the health insurance scheme.
- The subsequent TA projects continued to refine important aspects of the health insurance system, including its governance, provider payment mechanisms, purchasing and contracting capacity, and management and organizational development.
- In addition to the existing line item budgets, new payment methods such as a capitation for PHC, and case-based payments using a DRG for hospital services were introduced.



Hospital rationalization

ADB helped the government in establishing the hospital licensing and accreditation system, rationalizing hospital services, and improving hospital management and governance.

- Supported developing a comprehensive referral system by upgrading 12 provincial (*aimag*) general hospitals and constructing a multi-functional district hospital in Ulaanbaatar.
- Helped the government introduce public hospital autonomy, improve regulation of private hospitals, and develop and implement a hospital development policy and strategic plan (including legal, regulatory, and institutional reforms; capacity building needs; and potential financing resources).



Drug Safety and Access

To increase access to safer drugs nationwide, ADB helped the government update the national medicines policy and strengthen its pharmaceutical regulatory functions.

- Upgraded the National Drug Control Laboratory to international standards (including the provision of equipment, processes, capacity building, and information technology services), upgraded the national pharmaceutical standards of good manufacturing processes, and helped national manufacturers to meet these standards.
- Helped the government rationalize procurement of pharmaceuticals. National system for pooled procurement of essential medicines (using FA and e-shopping module) was piloted and introduced which led to decrease cost of medicines.



Health Information Technology

ADB also supported the government's efforts to develop and introduce information and communication technology systems that supported health statistics and reporting, medical consultations, and referral mechanisms.

- Health-Info software that allowed collection and processing of national health data to produce statistical reports.
- Establishing a telemedicine (tele-consultation) network connecting the Ulaanbaatar city tertiary hospitals with all 22 *aimag* (province) general hospitals.



Health Human Resource

Human resources development was among the key priorities of ADB assistance in Mongolia and focused on

- Incentive systems for HCW in rural PHC
- Upgrading the under- and post-graduate and residency training programs
- Capacity building of the national healthcare training institutions.



Ensuring Patients' Safety

To ensure hospital worker and patient safety

- Upgraded the National Blood Transfusion Center to meet international standards
- Improved blood safety in *aimag* general hospitals by establishing 26 blood banks nationwide
- Upgraded microbiology laboratories and active surveillance systems in 19 hospitals
- Upgraded hospital sterilization services in 19 hospitals to improve prevention of hospital acquired infections.



Strategic Planning

ADB supporting the government to develop the Health Sector Master Plan 2019-2027.

- The development process will (i) assess the previous HSSMP to identify the achievements and lessons learned; (ii) assess the major health sector reforms undertaken since 1990s; (iii) review situational analysis documents to define the core strategic areas and build on State Policy on Health priorities and SDV 2030 objectives and targets; (iv) develop strategies in core priority areas; and (v) draft a master plan and its supporting documents, including a midterm expenditure framework and financial and investment plans.



Thank you.

