

Mongolia Health Security and Health System Brief

Overview of the needs identified¹

Mongolia's HS requires substantial support for its One Health, rapid response, health services, HRH, and cross border collaboration and it needs some support to improve its labs, surveillance, procurement & supply, health financing, and governance.

E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 78%/65%.²
The 2021 GHS Index Country Profile: 41.0 Index Score; 71/195 Rank.³

Laboratory systems

There are seven national referral labs under the National Center for Communicable Disease (NCCD); 38 labs perform PCR analysis. The specimen is transported from the primary level (family health centers) to the referral level (health centers, district, and provincial hospitals) for confirmation, but the lack of vehicles, other logistics, and warehousing of reagents and essential materials are hampering timely delivery. The limited decision-making and planning capacity of the workforce and supplies, particularly in rural areas, negatively affect efficiency. To assure the quality of testing, NCCD collaborates with international labs and sends them a sample for EQA (via WHO). All labs follow biosafety level 3 and the NCCD standards. All 7 national labs are accredited with MNS ISO 15189:2015 standard (NCCD, 2021) and follow national guidelines. There is a need to train lab staff, especially in rural areas, and improve supply of lab reagents and commodities.

Real time surveillance and reporting

The NCCD sets the surveillance guidelines and standards. The surveillance system is based on electronic records. The city and provincial health departments receive data from primary and referral healthcare facilities. The MoH's comprehensive COVID-19 Electronic Data collection systems tools

enable disaggregated reporting. COVID-19 data is collected and analyzed daily by the NCCD and reported to MoH and WHO on a weekly basis. Main gaps include lack of epidemiologists in the provinces and districts; lack of funding for the Mongolian Field Epidemiologists Training Program to train sufficient staff; lack of capacity of epidemiologists due to lack of postgraduate training program.

Data integration/One Health

The country has a One Health strategy. There is an agency dedicated to zoonotic diseases that functions across ministries, the National Center for Zoonotic Diseases (NCZD), which is in charge of early warning and response to zoonotic diseases and has branches in 15 provinces. The integrated zoonotic surveillance system follows a solid regulatory and reporting framework where the NCZD reports to the MoH (as NCCD for health). The NCZD is responsible for national-level control and for providing zoonotic disease guidance to other health and non-health partners (specialized inspection and environmental organizations). Electronic data collection tools H-info and tandalt.gov.mn are used.

Major challenge is that One Health coordination at the peripheral level is not well established due to inadequate regulation and policy; there is a need for capacity building on integrated surveillance between animal and human diseases.

Rapid response teams/ systems

The national COVID-19 pandemic response strategy of the State Emergency Committee (SEC) 2020 sets plans, structures, organization, and responsibilities of all preparedness and prevention actors. The SEC is the primary decision-maker for political and operational issues during a national emergency and is responsible for overall policy and strategic management. The Head of the Emergency Operations Center's Headquarters is responsible for daily operations.

¹ The majority of information in this brief is based on national assessments conducted between Jan and Oct 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/mongolia/>

All health organizations establish rapid response teams. Managers ensure the supply of necessary medical and other supplies including PPEs, arranging team duties and integrating with other medical services. A risk assessment tool and risk communication strategy are used for rapid response. Major gaps include the weak and incoherent integrated system for cross-sectoral information exchange, and the lack of transparency on public relations, integrated risk communication activities and inter-sectoral roles.

Health service delivery

Primary care is provided through a network of rural and urban family health centers (FHCs). They operate as private health entities contracted by the state to deliver primary health care. Secondary care is provided by province general hospitals in 21 provinces. Tertiary-level healthcare services are provided by 5 regional diagnostic and treatment centers, by state tertiary-level hospitals, and by special professional State centers. There are also few private clinics and hospitals. In total, the health sector counts 27,000 beds (800 hospital beds and 8.8 ICU beds per 100,000 population), out of which about 14,000 are for COVID-19 patients.

Major gaps are that Hospitals Quality Care Committees remain inactive; community-based care is poorly developed and supported; surge of COVID-19 infection cannot be adequately addressed by sufficient specialized beds.

Human resources for health

There is no health workforce strategy in place to identify fields with insufficient workforce, neither do strategies exist to address these shortcomings. There is a shortage of healthcare workers, particularly nurses. There is no information available about the number of infectious disease specialists in remote areas. In 2009 the Ministry of Health established the Mongolian Field Epidemiology Training Program (M-FETP) with support from WHO. The one-year program ensures that the country meets basic requirements of minimum core

capacities for communicable disease surveillance and adheres to the IHR.

Cross-border coordination mechanisms

The NCCD and NZCD and respective surveillance teams carry out surveillance on COVID-19 in cross-border areas. A health screening questionnaire is filled out by every person entering the border including a surveillance questionnaire on COVID-19. Awareness-raising activities are regularly conducted at border areas under the guidance and support of the National Public health center. Different Ministries have responsibilities at the borders and Points of Entry for various public health relevant aspects for humans, livestock as well as for inspection of goods, etc. Mongolia borders Russia and China. There is no official agreement or regulation for cross border cooperation in terms of COVID-19 prevention and control.

The following aspects need to be improved: human resource capacity; health care facility infrastructure; equipment and diagnostic capacity especially for communicable diseases.

Procurement and supply chain

The MoH organizes procurement of diagnostic reagents and drugs. These items are stored at the NCZD and the NCCD. In 2020, the Medicine and Medical Devices Regulatory and Coordination Agency was established to regulate and coordinate medicine and medical devices under one management structure, using one quality control system and one single information system. The government procurement uses an e-procurement web portal, which contains all the e-procurement tender announcements and e-tender documents and tools.

Major gaps include: poor management and efficiency of procurement; procurement and supply chain processes not meeting international standards; outdated Logistics Management Information System.

Health financing

The government health expenditure (GHE) as a percentage of GDP was 3.8%, and out-of-pocket expenditure 32.4% according to WB 2018 data. The cost required for COVID-19 response is funded by the Health Insurance Fund (HIF), while the government pays the salary and equipment supply cost. Strategic purchasing in all public hospitals is being rolled out. The primary level services are funded by the state budget and home care is provided by HIF.

The Government of Mongolia has amended its annual budget and provided additional monetary incentives to each citizen during the Covid-19 pandemic, increased monthly incentives for every child, increased incentives for disabled people, and paid households' electricity, garbage, and water expenditures till January 2022.

Governance

The MoH is the main regulatory body as indicated in the Law on Health. Other institutions such as the Center for Health Development, General Agency for Social Insurance, Ministry of Finance, and local governments have decision-making powers in terms of administration, regulation, and budget. Following the resignation of the Prime Minister of Mongolia in January 2021, the entire government ministers resigned, and new ministers were appointed. This resulted in changing the leadership and structure of COVID-19 response teams, which made a negative impact on the overall response strategy of the country.

Regional health cooperation

Priority areas⁴

- Improving the capacity of both cross-border points especially for land transportation across border areas.

- Develop official agreement or regulation for cross-border cooperation in terms of COVID-19 prevention/control.
- Conduct human resource supply and demand analysis for selected cadres, including mapping of existing human.

Active regional initiatives

- CAREC sanitary and phytosanitary standards modernization project.
- Mongolia is part of the FAO/UN "The Country Programming Framework (CPF) 2020-2021".

Policy documents with regional cooperations

- The Law on Health (2016)
- The law on Medicines and Medical Devices (2010)
- The Law on COVID (2020)
- Mongolian Sustainable development vision for 2030 (2016)
- Mongolian State Policy on Health (2017)
- Mongolian Foreign Policy Concept.

National institutes responsible for or involved in regional cooperation

- Parliament of Mongolia
- Government of Mongolia (Ministries: Ministry of Health, Ministry of Foreign Affairs, Ministry of Finance)
- Provincial and City Governments.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.