

Health Promotion in Mongolia (2004)

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Health delivery system

Primary Level

Bagh

* Feldshers/nurses

Family hospital

* Soum doctors

Soum hospita

6 intersoum hospital



□ Secondary Level

Aimag hospital

District health center

- * Hygiene and sanitation unit
- * Inspection and prevention of disease



□ Tertiary Level
State hospital

* Specialized health center



Financial Data:

- The Government expenditure - as 10.5 percent or 33.19 mln US\$ of total the Government expenditure (479.3 US\$) in 2002.
- Government expenditure - 64.1 percent (64.1 % vs 28.5 % from health insurance fund and 7.4% from user fee. (Health sector review 2003) of total expenditure on health (51.79 US\$) in 2002 Western pacific region databank, 2003 Revision
- Only 1 percent of the Government health expenditure allocated on public health programs (24% on third, 33% on second, 18% on soum and 5% on family hospital and 19% on others expenditures) in 2003 (MOH, Health sector, 2003).



What are the possibilities for reform?

Ensuring universal coverage on public health prevention programs and health promotion action



Who are the potential partners and allies?

Government, NGOs, MOH and other sectors, local administrative authorities, Academic institutions, Mass media, Private sector, community based organizations, families and individuals... Donor agencies (UN, WHO, International organizations, foreign governments and NGOs, and others)



What/who will be the potential barriers?

- One way intervention
- No strategic planning
- Media - product dominants
- Lack of financing
- Insufficient mobilization of resources
- Lack of capacity building
- No evidence based management
- Lack of supportive environment



How can these barriers be overcome?

- ❑ Create healthy settings towards integrated, preventive health care and improve partnerships to conduct health promotion action
- ❑ Mobilize local initiative and promote social marketing for healthy products
- ❑ Advocacy and social mobilization to invest in a healthy society and to create supportive environment
- ❑ Strengthen individual skill and community self development
- ❑ Generating revenue form health care policy based on reorientation of the health care service of the population



How can these barriers be overcome?

- Improving overall quality of service through conducting high standard of the quality assurance
- Ensuring universal coverage on health promotion action
- Ensuring access of health care for the poor especially in Mongolian remote areas
- Reducing health status inequalities raised from the health care services and access to health education information and promoting environment.
- Improving effectiveness of health care services with reoriented trends.

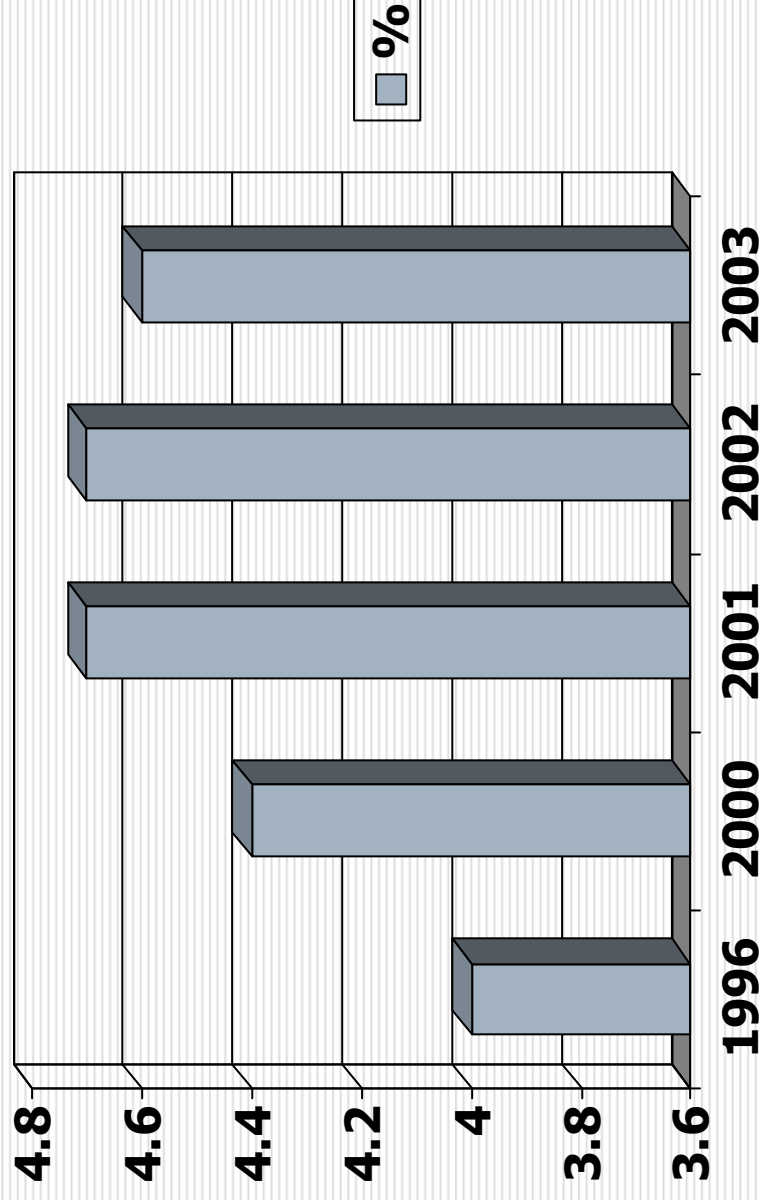


Financial Data

- Annual budget for public health and health promotion presents 1 percent (MOH, Health sector 2003) or USD 0.3 mln of the Government health expenditure of USD 33.19 mln. (Western pacific region databank, 2003 Revision)
- Total Health expenditure - 4.7 % of GDP in 2002.
- Public health program was 0.06% of total Government budget expenditure (479.3 US\$) in 2002.



Trends in change of percentage of GDP expenditure on Health sector



Other sources

- External assistance in health sector -6,329 mln US\$ for health sector (7.4 % for population health education , 7.4 % for adolescent health in capital city ; 25 % for community health in aimags, 14.9% for sanitation and food safety in city and 10.7 in aimags; 21.43 for RH in city , 10.7 in aimag ; 14.29% for nutrition in city, 10.7% in aimag ; 21.43% for maternal and child health in city, 14.3 % in aimags and 14.29% for capacity building in city and 21.4 in aimags)



Local government / state / district budgets

- Amount provided 30.6 % of the General Government budget at local level:
- (Local expenditure 164 330.9 MNT of General Government 536 549.3 MNT)
- From: NSO, Statistical year book, 2002)
- In health: 24% for specialized center, 33% for aimag/district level, 18% for soum, 5% family group, 19 % for others and 1% for public health interventions (MOH, Health sector, 2003)



Tobacco taxes

- Yearly national revenue:
 - In last 6 years annually 3.8 billion MNT contributed to Government revenue from tobacco imports as equally 0.8% of Government total revenue or 1% of total taxes revenue.
- Local revenues from tobacco taxes-0
- Existing laws/policies on using or dedicating sin taxes such as tobacco, alcohol and gambling for specific programmes:
- Law on fighting with tobacco hazards (1993)
- Tobacco control law of Mongolia just now is completing by MOH to submit for Parliament



Tobacco tax

□ Existing prohibitions on earmarking of taxes:

1995 - 24%

1997 - 4%



**Mongolia has one of the
lowest taxes on tobacco in
the world, and
consequently tobacco is
sold very cheaply.**



The 'champions' in each category and describe their programmes and activities:

- Academe: PHS in Health Science University (Health Promotion session of 2 credit)
- Professional groups: HPD in DMS (National Program on Public Health Education and other program and projects related with health education and health promotion)
- NGOs: NAF(AIDS), Focus (ARH), ADRA (Tobacco Free initiative)



Sectors that would support/oppose tobacco taxes for health promotion

- Academe (PHS, PHI)
- Professional groups
- Education sector (Education Institute)
- Insurance groups (Insurance fund)
- Media (MRTV, TV9, Radio)
- Consumer groups
- Parliamentarians
- Lobby groups
- Tobacco and Alcohol companies
- Ministry of Finance & Economy, Ministry of Health and other agencies



How can support groups be encouraged to participate actively in policy debates?

- ❑ Education (knowledge and skills) through training
- ❑ Awareness raising of the health issues using by communication tools
- ❑ Legislation / policies/ To set up environment
- ❑ Advocacy and lobbying for decision makers
- ❑ Mediation with competing interests
- ❑ Data collection analyses to conduct evidence based management and use to develop messages
- ❑ Evaluation and monitoring at each stages
- ❑ Community development (empowerment)



Technical data

- Government has focused on:
 - priorities of public health, and sequentially implemented the following national programs:
 - Health Education of the Population (1998-2005), RH (2002-2006),
 - Social Welfare for the Elderly (1999-2004),
 - Oral Health (2000-2005),
 - Mental health (2002-2007),
 - Prevention of accidents and injuries (2002-2008),
 - Policy to be pursued by the State on Public Health (2001),
 - Government Resolution on Strengthening of Information Education Communication activities to enhance healthy lifestyles and behaviors (# 224.2001).



Models for health promotion in the country

□ Site experiences in:

- Healthy cities: 2 (UB and Darkhan)
- Health promoting schools (4)
- Healthy workplaces(4 soums)



Burden of disease / morbidity / mortality from tobacco use

- Studies of BOD on mortality/morbidity rate data show the followings (per 10,000 population):
 - Cancers: 12.16/35.14
 - Disease of circulatory system: 24.40/479.39
 - Ischaemic heart disease: 4.6 per 10,000 in mortality rate and
 - 21.7% of Disease of Circulatory System in morbidity rate.
 - Chronic obstructive pulmonary disease: 0.3 per 10,000 in mortality rate.



Structure and function of health promotion in the MOH

- The Health Promotion department was established in the January 1st, 2001.

Vision: to develop activities to support public health education to ensure governmental and non-governmental organizations with high educated professional staff, to provide population by information about health, conduct researches on changing behavior, improve methods or realization IEC program.



Mission: to promote health development through improved health education of the population, and disseminate correct, appropriate information about health of population using by mass-media in health information and communication



Staffing pattern / positions of the health promotion unit in the MOH:

- The Health Promotion Department consists of 10 staff.
- Head of HPD
- Officer in charge of public health education program
- Officer in charge of mental health and behavior and addiction problem
- Officer in charge of RH-IEC
- Officer in charge of vulnerable people



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- Officer in charge of school education
 - Officer in charge of communicable diseases
 - Officer in charge of NCD
 - Officer in charge of occupational health and safety environmental
 - Officer in charge of social marketing



Organizations involved in human resource development for health promotion:

- **Each aimag (district)** has professionals in charge of public health at Governors administration
- **Each health organization** of the secondary and tertiary levels has a IEC method list
- There is the **doctors and feldshers** have a responsible as a public health provider and health promoters in the each health organization of the primary level (soum hospital, family hospital and bagh health unit)



Local/state plans and programmes

- Each Health Organization of the national and local level conducted public health programs/plans using by health promotion actions and annually reported to MOH
- Relationship with national government plans and programmes
- MOH analyzed and complete integrative report and discussed it by National Committee on Public Health at the Government (The Committee Led by Prime Minister)



Examples of own initiatives of local/state governments

- **Bayan Gol soum of the Uvurkhangai aimag-** health Promoting soum: Annually screening for all residents, regularly waste disposal action, IEC campaign, everyday community exercise at lunchtime
- **School No 33 of the Capital city Ulaanbaatar:** Set up safety environment to prevent road accident, Hot mail box like hot line between teacher-parents, teacher-teacher and teacher-student and Behavioral club based on practice of Oklahoma, USA
- **Clinical Hospital No 3, Ulaanbaatar:** Set up friendly health care service and fitness program to develop health workers



Mid term expenditure framework 2005-2008 (USD mln)

Types of expenditure	2004	2005	2006	2007	2008
Primary health care service	17.29	20.10	24.18	27.18	29.50
Specialized health care service	37.16	38.58	40.27	41.64	43.03
Management expenditure					
Investment	2.26	3.06	3.26	4.36	4.51
Health insurance covered by Government	3.13	5.45	4.36	4.43	3.50
Sporting and fitness	4.11	6.69	6.65	6.61	6.57
Sector expenditure	2.60	2.70	2.82	2.91	3.01
Per capita (USD)	66.55	76.58	81.55	87.19	90.19
	26.3	29.9	31.4	33.1	33.8



POSITIVE DEVELOPMENTS IN 2004

- Greater public awareness
- Growing number of NGO's involved in HP
- Mongolia became a member of Tobacco control convention
- Establishment of a government's new council on Anti-alcohol fund in May 2004



Thank You

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