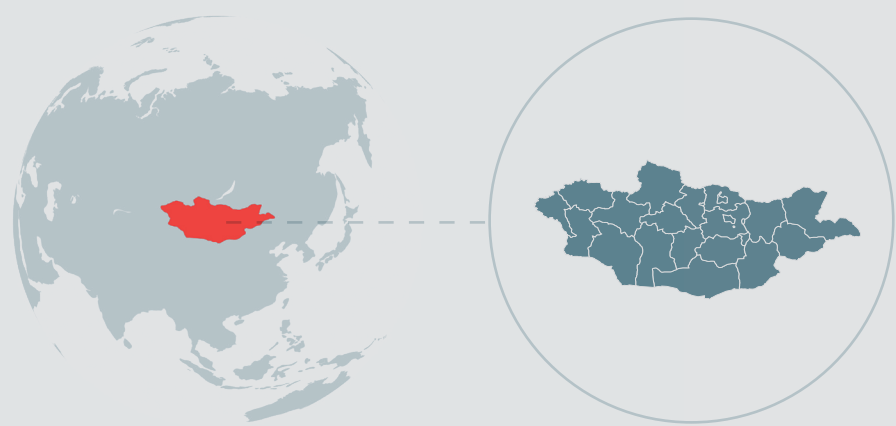




EVOLUTION OF UHC IN
MONGOLIA

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



GENERAL INFORMATION

Mongolia is a landlocked country bordered by Russia to the north and China to the south, east and west. By the end of 2017, it had a population of 3,1 million spread over an area of 1 566 460 km2 giving a population density considered the smallest in the World. One-third of the population

lives in the capital Ulaanbaatar City (67.6%) and 32.4% live in rural areas. The life expectance at birth is 69.89 years and is accompanied by unstable fertility and declining mortality rates. The leading causes of mortality are non-communicable diseases (cardiovascular diseases, neoplasms) and external causes.

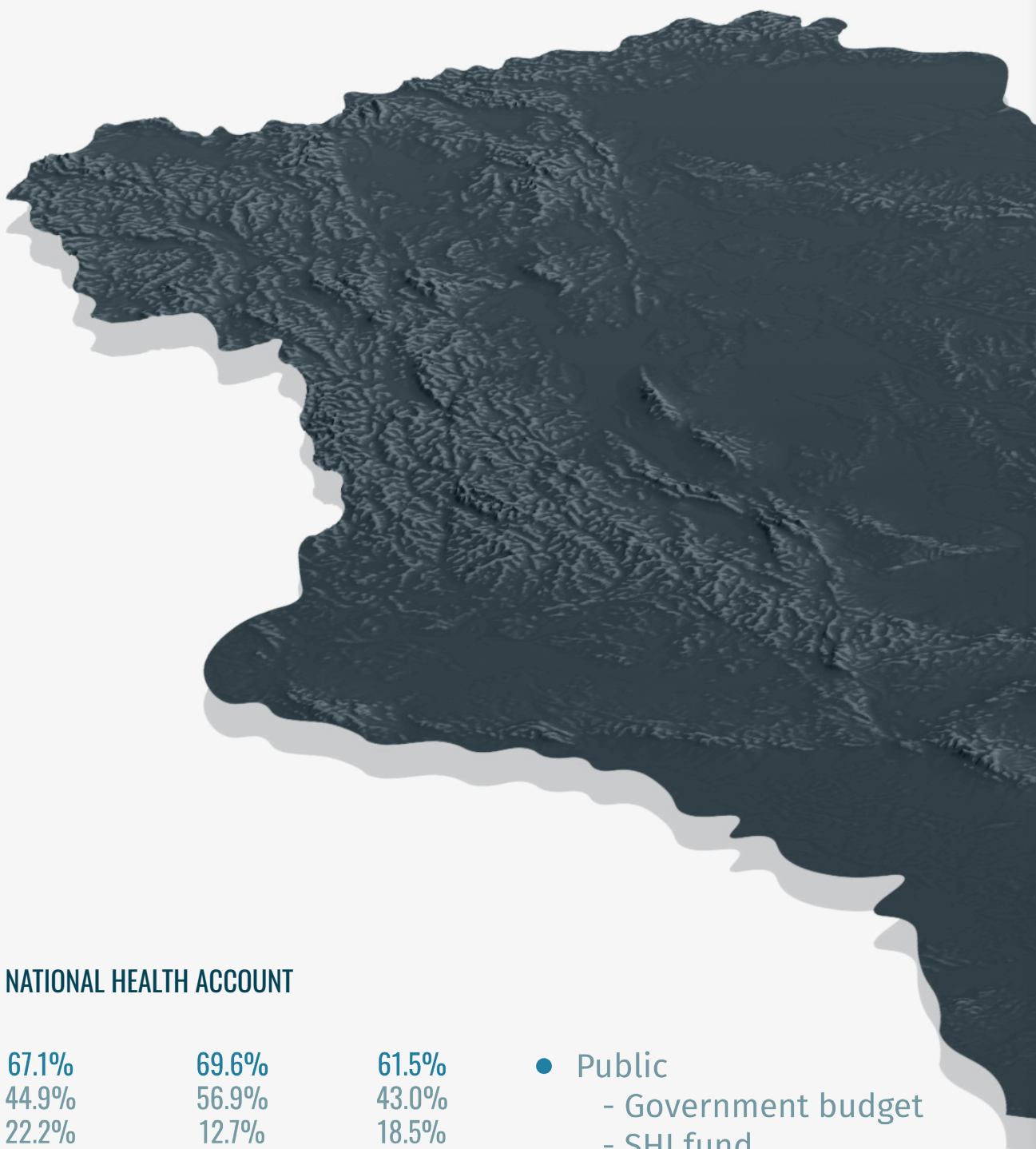
Mongolia’s health system is financed using general Government tax revenue, payments from

Social Health Insurance (SHI) and out-of-pocket payments (OOP) from healthcare users.

The Health Sector Development Programs have been implemented with assistance of the Asian Development Bank for the last 25 years focusing on primary care services, financial sustainability, universal access, and development of health resources and infrastructure.



NATIONAL UHC
DYNAMICS CARD
www.p4h.world
towards
SDG 3.8.2



NATIONAL HEALTH ACCOUNT

67.1%	69.6%	61.5%	● Public - Government budget - SHI fund
44.9%	56.9%	43.0%	
22.2%	12.7%	18.5%	
23.3%	22.8%	35.4%	● Private - Private insurance - Private company - OOP
0.0%	0.0%	0.3%	
1.2%	0.8%	0.7%	
22.1%	21.9%	34.4%	● Donor
9.6%	7.7%	3.1%	
2003	2007	2014	

BENEFIT PACKAGES BY SOURCE OF FUNDING

State budget	HIF	Out of pocket (patient)
<ul style="list-style-type: none">Labor/Maternity careInfectious diseases including TBMental health careCancerIntensive careEmergency carePrimary health carePublic health careHealth care at natural fociImmunization/Vaccination	<ul style="list-style-type: none">Inpatient care not funded by the state budgetAmbulatory servicesDiagnostic and testing servicesDiscounts on drugs prescribed by family, soum and bagh doctorsSelected high cost items, medical goods	<ul style="list-style-type: none">Selected diagnostic and testing servicesAddendum services Luxury service, cosmetic surgery...



“Public subsidies worked for equity, access and insurance coverage among the population. Further evidence-based reform is the key to improve health system financing, service quality, efficiency and financial protection. More allocations are needed for disease prevention, health promotion and essential health services at primary level.”

Dr. D. Bayarsaikhan
Member of the Social Media Group for Health Policy Reform in Mongolia

1990 - 1998

EARLY TRANSITION

1990

Mongolia embarked on political and economic transition from a centrally planned economy to market oriented system in 1990.

Political and economic reforms aimed at market economic relations brought up the introduction of user fees in the health sector.

1993

Introduction of the Health Insurance Act

The Health Insurance Law introduced a social health insurance scheme within the health care financing reform in order provide additional financing sources and protect financial risks of vulnerable population.

Social Health Insurance was introduced as part the health care financing reform in order mobilize additional financial sources and provide financial protection for the low income and vulnerable population groups.

Socioeconomic vulnerability and the resource gap situation brought up the introduction of user fees in the health sector.

1995

Increased emphasis on sustaining primary health care and disease prevention programs.

1998

The New Health Act revitalized certain types of free health care services for the population as provided in the New Constitution.

1998 - 2003

MID TRANSITION

1998-2002

Health Act of 1998: “Certain types of health care and services shall be provided to the citizens by the state free of charge, as provided in the Constitution.”

The New Health Act revitalized certain types of free health care services for the population as provided in the New Constitution.

1999-2002

Burkina Faso is committed to achieving SDGs by 2030.

2002

Adoption of the State Policy on Public Health

A key policy document of the health system in improving health status and quality of life of the population. It contributes to the implementation of national programs on health priority areas.

National Health Accounts (NHA) were introduced to create a reliable and detailed database for the development of strategies and policies in the area of health care financing. Until now, the NHA institutionalization has not fully been set up in place.

2003

Implementation of the Public Sector Management and Finance Law (PSMFL)

It promotes decentralization in the state organizations and output-based budgeting.

2005 - 2018

LATE TRANSITION

2005-2015

MOH’s Health Sector Strategic Master Plan:

Sector-wide approach to improving health service delivery and ensures responsive and equitable, pro-poor, client-centered and quality services.

Health service packages were defined.

2010

Approval of the National health care financing strategy that strategically proposed a single purchaser to further strengthen the social health insurance system. The action plan for the implementation of the strategy was approved by the MOF, MOH and MOHDSW.

2017

The State Health Policy was approved

The essential package includes health promotion, disease prevention and curative care, and is delivered for free, by primary and community level services. The complementary package includes inpatient and outpatient services at secondary and tertiary levels, including emergency services, and medical services for acute and chronic cases.

2018

In order to increase FHC health service coverage, access and utilization, especially for mothers and children, the poor and other vulnerable groups, some health services are financed from HI fund at primary health care level starting from 2018 in addition to capitation payment.

2019

REGULATION OF HEALTH CARE POLICY

Three laws regulate health care financing:

1. Law on Health: regulates health sector budget funding including service package, payment amount, quality indicators, financing and control mechanisms
2. Medical service law: regulates payment methods of medical services and user fees
3. Health insurance law: defines health insurance benefit package and funding arrangements from Health insurance fund.

Although there are 2 revenue pools as budget and health insurance fund, the health insurance fund is an integral part of the central government budget. These 2 pools are integrated at the Treasury account of the MoF. The services are divided between state budget funding and health insurance funding by Health, Medical service and Health insurance laws.

Currently, four different payment methods are used by health care purchasers: economic classification, case based payment, capitation payment and fee-for-service. The mix of payment systems received by an individual provider varies widely, even within one provider category.

23%

An average of 23% of essential medicine (MEG) have experienced drug shortages.

The supply chain remained fragile.