

## Mission Report, Mongolia 10-13 September 2012

**Report by Dorjsuren Bayarsaikhan (WHO)**, who participated in three events, which took place from 10-13 September 2013:

- International conference on “Mongolian citizen`s health insurance: 20 years of development and lessons”,
- High level policy meeting on strengthening of health insurance in Mongolia and
- Informal (P4H) development partner meeting.

**1. International conference on “Mongolian citizen`s health insurance: 20 years of development and lessons”.** Mr S.Erdene, Member of Parliament of Mongolia and Minister of Population Development, Social Protection, Dr N.Udval, the Minister of Health and Mrs Bayanselenge, Member of Parliament and the Chair-person of the Parliament Standing Committee on Culture, Education and Health Affairs opened the international conference. Opening remarks were made by Mr Ulrich Geringer, First Secretary, Development Cooperation Embassy of the Federal Republic of Germany, Dr Soe Nyunt-U, WHO representative to Mongolia. Other speakers included experts from Lithuania, Moldova, Philippines, and Viet Nam and from international organizations such as ADB, GIZ, WB and WHO.

Limited coverage of benefits, poor management of funds, low support value and financial risk protection were discussed as main concerns. As a result, health insurance currently covers only 16% of total health expenditure despite its high population coverage which is above 90% of the population in Mongolia. Out-of-pocket payment now exceeds 40% of total health expenditure. The strategic directions based on the recently launched National Health Insurance Strategy and related international experiences were shared during the conference. A single-payer system and governance, roles, responsibility and accountability of the Medical Insurance Company in Moldova, quality management in social health insurance in Lithuania, reforms on improving benefits, management and information systems in the Philippines, and strategies to increase population coverage and revenue generation for the social health insurance in Viet Nam were relevant to Mongolia.

2. On 13 September 2013, the both ministries organized a **high level policy meeting on strengthening of health insurance in Mongolia**. The policy meeting was opened by Mrs Bayanselenge, the Chair-person of the Mongolian Parliament on Culture, Education and Health Affairs. Several Members and representatives of the Parliament and the Government Office have attended the meeting together with decision and policy makers from key Ministries as well as various professional associations such as hospital, family group physicians, employees and employers. During the policy meeting, the GIZ officially announced their decision to extend the ongoing technical support for another 2 years. The ADB also announced to use Japanese grant aid for \$1.2 million to support health insurance capacity building in Mongolia.

3. During the mission, the writer also participated in informal meetings on WHO work in Mongolia and with other **P4H members**, presented by representatives of ADB, GIZ and WHO (WB sent their apologies).

#### 4. Conclusion and recommendations

The conference and policy meeting took place following the approval of the health insurance development strategy for 2013-2022 by the government in August, 2013. The strategy was the result of several years of work and efforts and therefore, it is widely recognized. The conference and meeting were timely to discuss the key strategic directions to implement the strategy with involvement of national and international partners. The writer thinks that the current administrative and management capacity of health insurance needs to be further strengthened to implement the strategy.

General recommendations:

- WHO to lead the work to discuss and translate the universal coverage concept in the context of Mongolia and define the role of health insurance in line with its development strategy.
- WHO to initiate discussions, actions and provide technical support in developing policy options to move towards a national single payer system by examining and clarifying the existing and new benefit entitlements, revenue mobilization, transfer, pooling, strategic purchasing, service quality, provision, financial risk protection and contracting as necessary.
- WHO to explore the value of bringing an international expert for 6-12 months to support the management and administration of social health insurance in Mongolia. Also to examine the opportunity to establish a technical network among the countries presented in Mongolia to share their experiences and learn from each other regularly.

Specific recommendations:

The following recommendations refer to some issues raised during the policy meeting:

- Smart card:** This initiative must be examined relative to the main objective and mission of the health insurance administration. Introducing a member card should not be an objective itself. It must contribute to one or several objectives to improve the health insurance administration and solve concrete problems and issues associated with coverage, revenue collection, pooling and provision of quality health service benefits.
- Preventive care:** Health insurance would gain by expanding its benefits primarily to personal preventive health care services, since this is a single national scheme. Population based preventive health services can be still under the responsibility of the government.
- High cost treatment:** Health insurance should protect individuals from financial risks associated with illness. In principle, the benefit package should include the priority health problems to the maximum affordable level in terms of cost and content. The cost above the limit or the service outside the benefit can be addressed by private health insurance. But, prevention and promotion must be the strategic priority to reduce future cost burden on all funding mechanisms.
- Good governance:** My advice is to aim to adopt international quality standards for health insurance administration, for examples as observed in the Lithuania experience. Consumer satisfaction could be one of the criteria for good governance of health insurance in Mongolia.