

Leaving

NO ONE BEHIND

WHO Mongolia

Leaving No One Behind workshops

*guidance for drafting subnational
plans for implementing the State
Policy on Health*

Progressive Universalism

*an approach that benefits the
poorest and more disadvantaged
subpopulations*

Voices from the Field

*feedback from the directors
of aimag departments of health
and district health centres*

Gender and Health

*Leaving no one behind
through attention to
gender in Mongolia*

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WHO Mongolia



Leaving No One Behind is published by the Office of the WHO Representative in Mongolia to inform the public about WHO work and projects in Mongolia.

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Contributors to this issue:

Anna Maalsen
Britta Baer
Ganbat Byambaa
Nomin Lkhagvasuren
Theadora Koller

Editors:

Marc Lerner
Tim Zafir

Layout design:

Black Magic design

Cover photo by:

WHO/Nomin Lkhagvasuren

Photographs:

WHO/Nomin Lkhagvasuren
WHO/Nyam-Ochir Baasanjav
WHO/Yoshi Shimizu

Contact WHO Mongolia at:

wpmngwr@who.int
lkhagvasuren@who.int.
+976-11-327870.

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ЭРҮҮЛ
МЭНДИЙН ЯАМ

TSGTSETSEG AYUSH
Doctor of Medicine, Professor,
Member of Cabinet, Minister for Health

The *State Policy on Health* (SPH) was endorsed by the Government on 18 January 2017 to facilitate the implementation of Mongolia's Sustainable Development Vision 2030 and the achievement of the Sustainable Development Goals (SDGs). The Leaving No One Behind principle incorporated into the SPH now needs to be integrated by local governments into their agendas and subplans. By doing so, health organizations can focus on key issues including the maternal mortality rate, the health of geriatric patients and improving health services for the populations living in remote areas. Delivering quality health care and preventive services to those in need will ensure we are leaving no one behind.

On behalf of health workers and health sector management in Mongolia, I would like to express my gratitude to the work of the World Health Organization (WHO). WHO staff, notably the WHO Representative in Mongolia, Dr Soe Nyunt U, helped organize capacity-building workshops for Ministry of Health officers, directors and health workers in nine districts and 21 provinces, bringing hands-on technical support for the development of subplans. The Ministry of Health will support local governments, helping them adapt the Leaving No One Behind principle through comprehensive steps involving budgets, human resources and the utilization of new technology.

The health sector faces urgent challenges and is in need of comprehensive solutions. Therefore, all health-care services need to be addressed extensively, taking into consideration financial, economic, technological and human resource issues that can improve preventive care and access to care. We are currently working on enhancing the efficiency of primary and secondary health-care centres, improving the services of family and som health centres, and providing effective, high-quality health care at a low cost to the public.

In Mongolia, 2017 has been declared the Year of Public Health. The promotion of public health, however, is not the sole responsibility of the health sector as many sectors contribute to better health outcomes. Thus, better health will require multisectoral collaboration and hard work. It is the shared responsibility of employers, civic organizations, the Government and the public to care the health of everyone.

I would like to congratulate the Office of the WHO Representative in Mongolia for publishing *Leaving No One Behind* as a way to inform readers about health sector policies and the joint work of the Ministry of Health and WHO.

I wish you success and many readers!



Dr SOE NYUNT U
WHO Representative in Mongolia



It is my great pleasure to introduce the *Leaving No One Behind*, an information and advocacy document published by the Office of the WHO Representative in Mongolia. The document celebrates this fundamental principle – that no one will be left behind – as Mongolia and its partners work to achieve the United Nations Sustainable Development Goals (SDGs), Mongolia's Sustainable Development Vision 2030 and the country's recently endorsed *State Policy on Health (SPH)*. This document examines how global, regional and national policies advance universal health coverage (UHC) in an effort to offer quality health care when needed, where needed and without causing financial hardship for patients and their families.

I am proud that WHO was the first United Nations agency in Mongolia to employ the No One Left Behind principle in efforts to support the development of the SPH. That principle also is guiding local governments and health departments as they implement the SPH. This work will be a major focus of *Leaving No One Behind*.

WHO headquarters, the WHO Regional Office for the Western Pacific and the Office of the WHO Representative in Mongolia have worked hand in hand in organizing

technical workshops on the No One Left Behind principle in health sector development planning and in designing the aimag and district subplans on SPH implementation. Since the beginning of 2017, the Office of the WHO Representative in Mongolia, known informally as the WHO country office, has continued to conduct these workshops. A handbook, *Leaving No One Behind in the Context of Subnational Health Systems Strengthening*, will be released in English and Mongolian later this year. It aims to deliver the No One Left Behind principle and its methodology to the entire health sector.

Mongolia has been pioneering the application of the No One Left Behind principle in health sector policy and planning, and we are quite sure that Mongolia's achievements will inspire other countries on their path to UHC and implementing the SDGs. Special mention must be given to Minister of Health Dr Tsogtsetseg Ayush, senior management in the Ministry of Health, and local government and health sector authorities for their remarkable leadership and support in applying the No One Left Behind principle. WHO is extremely grateful for the fruitful collaboration with the Ministry of Health since 2013 on the Subnational Health System Strengthening Programme.

A handwritten signature in black ink, which appears to be "S. Nyunt U".



Photo by WHO/Yoshi Shimizu

LEAVING NO ONE BEHIND

in Planning Local Health-Care Strategies

Home-based care: a doctor examines a nomadic woman in her home, Erdene soum, Tuv aimag

By **NOMIN LKHAGVASUREN**

Communications and
Health Promotion Officer
WHO Representative's Office in Mongolia

Mrs D. Norov, 60, an all-smiles herder woman and informal head of three young families, lives in the northern Mongolian countryside. She and her three children own a couple hundred head of livestock, barely enough to feed their families and support seven grandchildren, most of whom are in primary school. Living in fresh air and physically active, Mrs Norov said she had never been very ill – except for a problem she developed recently: hypertension.

“From time to time I was having high blood pressure, up until it climbed over 200 (systolic units, mm Hg) last spring,” said Mrs Norov. “So I had to travel to the centre to see a doctor. Unfortunately, there were no beds

in the hospital, and I had no other option than to pay 20 000 MNT (US\$ 9) for a day stay in a private hospital.”

Mrs Norov was not happy. In total she spent 200 000 MNT (US\$ 90) to stay at an inpatient ward in a private hospital. Half of the amount went for medications, depleting hard-earned cash from gathering pine nuts in the forest and selling livestock. She will soon run out of blood pressure medicine, but it is hard to come by the cash to renew her prescription, especially in the current economic downturn.

“This is an example of the importance of not leaving anyone behind,” said Theadora Koller, a WHO expert on health equity. “WHO supports universal health coverage as a goal of health system strengthening, so people in need of health services can get them without experiencing financial hardship.”

“In any country, one can find subpopulations of people who are left behind, being unable to get the health care they need due to issues with availability, accessibility (including affordability), acceptability and effective coverage with services,” added Koller.

Identifying such subpopulations was the most revealing exercise for more than 100 health officials and staff members from 21 aimag and nine Ulaanbaatar city district departments of health during a workshop on the Leaving No One Behind principle supported by Mongolia’s Ministry of Health and facilitated by WHO.

Health experts identify those “left behind” as internal migrants, people with disabilities, herders (especially those living in remote areas), border troops, artisanal miners, urban homeless, sexual minorities and other subpopulations.

“ The practical steps and methodology based on the Leaving No One Behind concept equipped us with hands-on tools that we can use immediately in drafting our strategies and plans of actions. ”

Dr Serchmaa Chimedtseren, former Director, Department of Health, Uvurkhangai aimag

“ The Leaving No One Behind workshops delivered by all three levels of WHO were timely in providing practical guidance to the Ministry of Health in drafting the long-term State Policy on Health and the five-year midterm aimag and district subplans on implementing the SPH. ”

Dr Tsogtsetseg Ayush, Mongolia's Minister of Health

THE CONCEPT

The Government of Mongolia fully supports the Leaving No One Behind principle, promoted by WHO as a means to introduce universal health coverage (UHC) and enable countries to work towards achievement of the Sustainable Development Goals (SDGs). In February 2016, Mongolia endorsed its own Sustainable Development Vision 2030 to accelerate progress towards the achievement of the SDGs.

“Without introducing the Leaving No One Behind concept into the national and local policies, reaching SDGs and Mongolia's Sustainable Development Vision 2030 will be impossible,” said Mrs Beate Trankmann, the United Nations Resident Coordinator in Mongolia, who attended the opening sessions of two workshops. “I'd like to thank WHO for introducing this concept in such a timely manner.”

THE WORKSHOPS

Three Leaving No One Behind workshops, each three days, took place in September and November 2016 and were co-organized by Mongolia's Ministry of Health, the Ulaanbaatar City Department of Health and the Arkhangai aimag Department of Health. Specialists from all three levels of WHO – headquarters, the Regional Office for the Western Pacific and the country office – led the training, which was geared to help local governments and departments of health reflect



During training, the groups drafted aimag and district health sector strategies and plans of actions. Tsenkher soum, Arkhangai aimag, September 2016

the Leaving No One Behind principle in their five-year health strategies or subplans, most of which are to be adopted by mid-2017.

At the opening ceremony of the first workshop held in Tsenkher soum of Arkhangai aimag last September, Minister of Health Dr Tsogtsetseg Ayush noted that the training proved to be very timely as practical guidance to the Ministry of Health in drafting the long-term *State Policy on Health* and local governments in developing their five-year midterm subplans on implementation of the policy.

The workshops consisted of lectures and practical exercises in which participants identified social determinants of health and looked at changes needed in local health systems, structures and functioning, financial and human resources, and information systems to aid the goal of leaving no one behind in health services delivery. For example, integrated early screening using

mobile health technologies, which is supported by the Ministry of Health and WHO, was identified as a perfect way to reach out with preventive care and early diagnostics to people like Mrs Norov who live in remote areas far from health service delivery points or urban migrants who cannot afford to pay for health check-ups.

“The practical sessions helped us to draw our actual local health sector plans, leading us to formulate additional policies and actions to reach out to those who are left behind,” said Dr Ch. Bayarjargal, the former Director of Umnugobi aimag's Department of Health. For example, in all three workshops Mongolian men – rather than women – were identified as more prone to speedy driving and more reckless with their own health, leading to chronic health problems. As a result, special health promotion programmes targeting men were identified as a high priority.



At the second training workshop, conducted for heads and specialists of nine district health centres of the capital Ulaanbaatar and health departments of three Gobi aimags. Ulaanbaatar, November, 2016

RETHINKING HEALTH-CARE DELIVERY

Workshop participants played out the behaviours of various people and groups in the community in an effort to better understand traditional beliefs, social expectations and gender norms that may prevent people from receiving timely and proper health care. Understanding the social determinants of health and gender norms of left-behind subpopulations can help health professionals find culturally sensitive approaches and informed policies that make the health care approachable, affordable and acceptable to these groups. Solutions were considered from both the supply and demand perspectives. Thus, rethinking of health-care financing and human resources policies were encouraged as possible areas of reform to make sure that no one is left behind when and where health-care services are needed.

“You, the heads and the managers of local health departments, are very powerful people,” said Dr Soe Nyunt U, WHO Representative in Mongolia. “Do not underestimate your power and do not wait for directions from the ‘above’. You can solve a wealth of issues on the ground in your native provinces and districts by bringing people quality and affordable health services.”

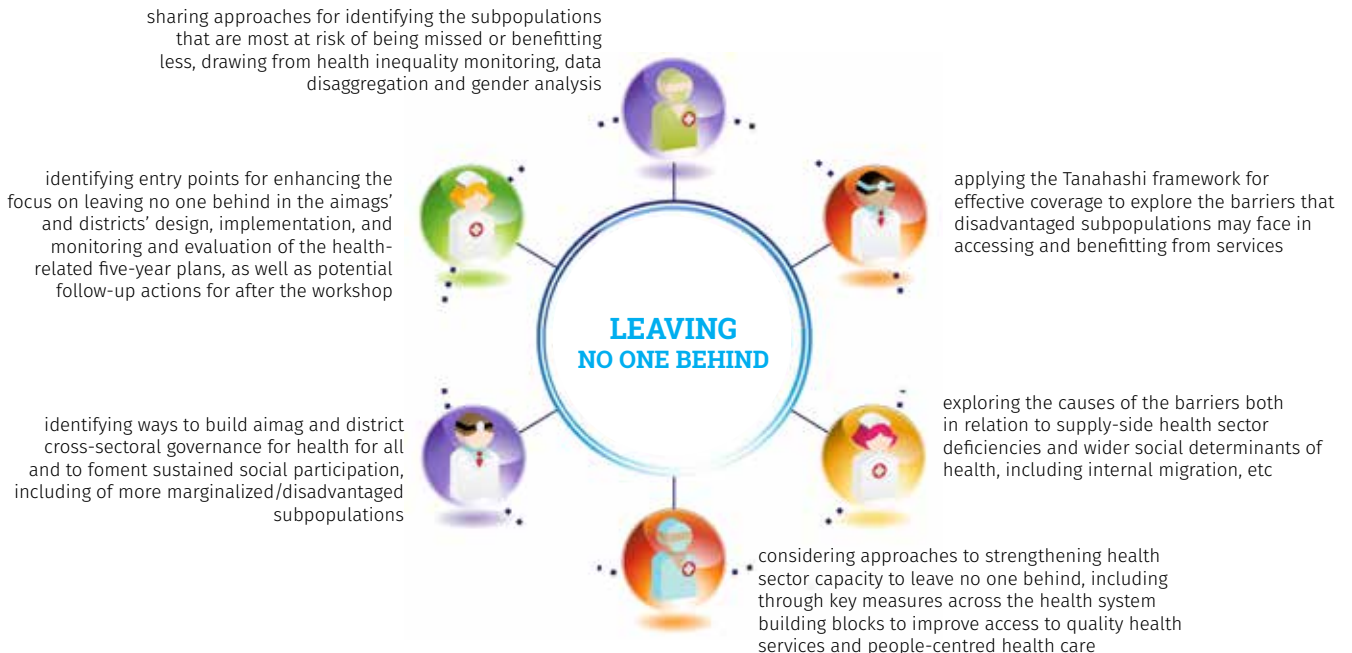
MAINSTREAMING THE CONCEPT

A handbook providing guidance on incorporating the Leaving No One Behind principle in the formulation of subnational health sector plans will be published soon. “It will be an invaluable tool for Mongolians and for the international community, which is vastly interested in Mongolia’s subnational health system strengthening,” said Dr Soe. Since 2013, subnational health system strengthening has been a flagship programme of WHO in Mongolia.

In January 2017, the *State Policy on Health (SPH)* for 2017–2026 was endorsed by the Mongolian government, creating a framework for mainstreaming the Leaving No One Behind principle in health-care provision. In support of this initiative, the WHO county office offered a series of subnational workshops to support inclusion of a strong focus on the Leaving No One Behind principle in 2016–2020 subplans on SPH implementation.

Embedding the Leaving No One Behind principle in health sector policies and plans should help ensure that Mrs Norov and others like her will not need to choose between seeking needed health care or feeding her grandchildren.

The Leaving No One Behind workshops aimed at:



VOICES

from the Field



The Office of the WHO Representative in Mongolia spoke to directors of local departments of health who attended workshops on Leaving No One Behind about progress on their five-year subprogrammes on implementation of the State Policy on Health and their plans for the future. The feedback was very encouraging.

Photo by WHO/Yoshi Shimizu



Dr SOE NYUNT U
WHO Representative in Mongolia

WHO complements the Government of Mongolia and the Ministry of Health for their commitment and leadership in incorporating the

Leaving No One Behind principle in the *State Policy on Health* (SPH) and devoting support to local governments in adopting the principle in the aimag and district subplans for SPH implementation. WHO also commends the commitment of local governments that have shown full support to their departments of health in applying the Leaving No One Behind principle in developing their five-year subplans on SPH implementation and in committing local funds to advance universal health coverage in their respective aimags and districts. In support of these developments, WHO and the Ministry

of Health offered a series of regional follow-up workshops on the Leaving No One Behind principle so that by May all aimag and district subplans for SPH implementation reflect this principle. These exciting developments deserve to be showcased, together with Chile and Norway, at the World Health Assembly this year and at the Health Assembly's side-event on subnational health systems strengthening. WHO will continue supporting the Ministry of Health and local departments of health in implementing their subplans to ensure no one is left behind.



V. NARANTUYA

Director, Department of Health, Bayankhongor aimag

We received a request from the Governor of the province to begin work on Leaving No One Behind. A conference on strengthening multisectoral collaboration to effectively implement action plans took place. Current challenges faced by the health sector and ways to address these were discussed during the conference. The Governor participated and promised to work together on addressing these issues. The Citizens' Representative Khural met on 2 December and endorsed an initial MNT 50 million to address current challenges in the health sector. Advancing of universal health education is included as an action sub-plan under the Governor's Action Plan. In this action sub-plan, we've focused on preschool and adolescent health education. By beginning health education from preschool, we can instill a habit for leading a healthy lifestyle from a young age and impact parents and guardians. An action sub-plan on strengthening the health-care workforce has been included to improve human resources policy in the health sector. We have advised soum governors to allocate budget to accommodate mobile health technology in their respective soums.



TS. OTGONBAYAR

Director, Department of Health, Uvs aimag

We introduced the Leaving No One Behind principle to the aimag Citizens' Representative Khural and the Governor's Administration. They have agreed to incorporate the principle into the midterm strategy of the Governor's 2016–2020 Action Plan. We will work closely with the self-governing bodies and the primary-level organizations of the aimag to develop our next midterm strategy in alliance with the Leaving No One Behind principle. If we can successfully develop the strategy, we will be able to include many subprogrammes such as "Healthy Liver-Uvs", "e-Health", etc. First, we are focusing on child mortality, cancer and sexually transmitted infections in our strategy as these are high in Uvs aimag. Second, we will evaluate our current status and develop a statistical analysis to determine our base results for the next four years. The programme will be developed in eight categories and we'll determine which categories need more attention. In order for the programme to be implemented, we'll require financial assistance. We hope that we will receive support from the Governor's Office, local Citizens' Representative Khural and international organizations.



S. TUYA

Director, Department of Health, Gobi-Altai aimag

Our provincial Governor's five-year Action Plan for 2016–2020 has recently been approved. We have successfully made an effort to include prevention and early screening activities in the action plan. There is an ongoing discussion on including the Leaving No One Behind strategy as a subcategory in that action plan and getting approval in 2017. We call it a Subnational Plan on Implementing the State Policy on Health.

In addition, MNT 120 million is allocated from the local development fund for the next four years for the purchase and distribution of mobile equipment to each soum of our province. It will enable mobile health screening in subprovinces.

On 9 December we organized a planning meeting with soum health centre directors, school directors and soum governors, all together 70 people, to discuss the specifics of delivering services based on the Leaving No One Behind strategy.



MUNKH-OD TSERENDEJID

*Director, Department of Health,
Gobisumber aimag*

After the Leaving No One Behind workshop conducted by WHO in November 2016, our aimag is working to incorporate the Leaving No One Behind principle into our Subnational Health System Strengthening Strategy 2017–2020. We organized several meetings with representatives from 12 subgroups in our local population to discuss on current health and social challenges faced by residents, and ways we can resolve these issues. Based on these discussions, we have integrated their views and ideas into our situational analysis and work plan. The initial draft of our midterm strategy has been developed and presented to the aimag Governor. The local government has expressed its interest to support the implementation of the midterm strategy.



BAYARKHUU LEGTSEG

*Director, District Health Centre,
Sukhbaatar District, Ulaanbaatar city*

We have a high number of migrant people due to the centralization of many universities in our district. Although college students are eligible to receive health-care services according to their residential address, many of them are considered aliens because they didn't have their documents transferred to their current address. They especially don't know where to go regarding reproductive health services. The reason we have increasing numbers of sexually transmitted infections in our district compared to other districts is due to the high numbers of youths of reproductive age. Some of the main issues that are left behind in our district are unwanted and unmonitored pregnancies, stillbirths, illegal abortions and health complications among university students. We are focusing on reducing the prevalence of these issues. In order to leave no one behind from receiving the health-care services they need, we are working closely with the Governor's Office, directors of family health centres and World Vision. Capacity-building training has been organized with the Governor and the Governor's Office in collaboration with our specialists and WHO. The Leaving No One Behind principle has been integrated into the Governor's Action Plan 2016-2020, and we are working on developing our district's Subplan on Implementing the State Policy on Health. The budget for implementation is under discussion to be locally financed, but it is difficult with current financial situation. We will be working closely with universities and student associations in promoting preventive services.



UNURJARGAL TSENDDOO

*Director, Department of Health,
Umnugobi aimag*

Since 2017 Umnugobi aimag has developed an extensive health sector plan reflecting the Leaving No One Behind principle. Together with other sectors we have defined the subpopulations left behind in our aimag. We've organized meetings with representatives of those subpopulations, for example, poor people and people with disabilities, and we defined their needs and conducted situational analyses. The results of the study have been processed and are coming out now. As the issue of maternal and child health is very important, in 2017 we are developing a programme on supporting maternal and child health in our aimag. We were able to deliver health screening services to the most remotely located residents of four soums using mobile technologies thanks to WHO-supported project, Introduction of Mobile Health Technologies at the Primary Health Care and Community Levels in Mongolia. We are interested in expanding this project further to all 14 soums as mobile health technologies help us ensure that no one is left behind. We are going to organize activities directed at cancer prevention and detecting people with hepatitis B and C virus, especially those who are over 40 and who need to follow up with necessary vaccinations or treatment. The Governor is very supportive of the Leaving No One Behind principle and promised to allocate MNT 800 million from the local budget for expanding early health screenings and diagnosis and reaching to those who were left behind.



THE IMPORTANCE OF EFFECTIVE PLANNING TO MAKE HEALTH SERVICES ACCESSIBLE TO THE PUBLIC

By **GANBAT BYAMBAA**

WHO National Consultant in Mongolia

Since late 2016 the World Health Organization has been supporting the Leaving No One Behind principle by focusing on concentrated planning by local governments, specifically five-year subnational health sector planning. WHO conducted a series of training workshops and advocacy programmes and provided other technical assistance to support the effort.

Although many policy documents and programmes have been developed in Mongolia's health sector, their implementation has been challenging and problematic due not only to the lack of transparency and resilience of the health-care system but also to the rapidly changing environment of the health-care industry.

A planning process is one of the important drivers in the successful implementation of policy. A participatory approach with multisectoral and multidisciplinary collaboration in health planning is a key tool to provide efficiency and effectiveness of not only one health system, but of the entire public service. Thus, WHO advocates that local governors establish working

groups or planning teams with the help of agencies to implement changes related to education, law enforcement, social welfare and labour, youth and family affairs, civil registration, and social insurance. This will help provide an integrated and human-centred public health service. In addition, a member of such a working group (or local staff member) should be knowledgeable about how to develop planning from the expectations of consumers rather than from the provider's perspective – resulting in a more holistic approach as opposed to a biomedical one. According to some health managers' experiences, there is a severe lack of consultation in local health planning among various agencies and institutions of the local government. There is a need for an effective and sustainable mechanism such as a system of consultation and consensus between different agencies and representatives in a community for continuous health policy planning at a local government level. Clearly demonstrating this mechanism is more important than ever in health planning in Mongolia.

However, it is important that the chain of planning goes not only from top to bottom, but also the other way around in order to meet community needs and benefit the public. A five-year plan should

address the barriers and problems local people face in accessing health services and should use different tools for solving the problem. These include multisectoral and multidisciplinary collaboration; the Tanahashi framework for measuring the coverage of health services; quantitative and qualitative studies, including basic social and health statistics; and focus groups with frontline managers, civil servants and family practitioners. The latter is of vital importance as it is these practitioners who are working with the most-vulnerable people living at the bagh/khoroo areas. Through WHO's training programmes and support of the Leaving No One Behind principle, all of the above-mentioned issues have been addressed, resulting in new approaches and methods introduced to all health managers and relevant stakeholders of 21 provinces and nine districts of Ulaanbaatar city.

WHO has also paid attention to comprehensive health policy and planning in Mongolia and subsequently organized training on universal health coverage, the Sustainable Development Goals, Subnational Health System Strengthening and the Leaving No One Behind concept, and also advocated for the use of strategic health documents in the planning process.

PROGRESSIVE UNIVERSALISM IN MONGOLIA – ENSURING THAT NO ONE IS LEFT BEHIND



By **THEADORA KOLLER**

Technical Officer, Health equity, Gender, Equity and Human Rights, WHO headquarters

“ Health systems strengthening is essential to achieve UHC and should be carried out in a way that promotes the concept of progressive universalism. ”

The State Great Hural of Mongolia resolution of February 2016 approving Mongolia's Sustainable Development Vision 2030 called for – among other aims – improving the living environment of the Mongolian people to lead healthy and long lives and increasing life expectancy at birth to 78 years. It set forth ambitious objectives towards this end, with targets identified for each of the five-year periods ending in 2020, 2025 and 2030.

Mongolia's Sustainable Development Vision 2030 is aligned with *Universal Health Coverage: Moving towards Better Health* – an action framework

endorsed by Member States in the Western Pacific Region in 2016 that provides guidance to accelerate progress towards universal health coverage (UHC) and the achievement of some of the Sustainable Development Goals (SDGs).

Like the global SDGs, Mongolia's Sustainable Development Vision 2030 goals are indivisible and mutually reinforcing, and they are underpinned by the Leaving No One Behind principle. The poorest and most marginalized and disadvantaged people will be the most challenging to reach in efforts towards realizing the vision, and it is important that a markedly scaled-up focus on leaving no one behind is evident at the commencement of the 15-year countdown to the 2030 goal. Such a focus is in keeping with the concept of progressive universalism, which means that more disadvantaged subpopulations benefit at least as much as more advantaged subpopulations in reforms towards UHC.

UHC means all people should receive the health services they need, including health initiatives designed to promote better health (such as anti-tobacco policies), to prevent

illnesses (such as vaccinations and annual screenings for early detection of communicable and noncommunicable diseases, early diagnosis and treatment), and to provide treatment, rehabilitation and palliative care (such as end-of-life care) of sufficient quality to be effective, while at the same time ensuring that the use of these services does not expose the user to financial hardship (WHO, 2015). UHC is firmly based on the WHO Constitution that declares health a fundamental human right and on the Health for All agenda set by the Alma-Ata Declaration of 1978.

Progressive universalism supports the premise that health system strengthening should be carried out with a view towards building a sustainable universal system, with targeting used as a means to serve those who otherwise would fall through the cracks, and that those with greater needs should receive services proportionate with their needs (CSDH, 2008). From a gender perspective, it means that the health system must account for the different needs of women and men, while also taking into account gender norms, roles and relations that may influence health.

“ The key concept to consider in the leaving no one behind is the idea of progressive universalism. This means that in reforms toward UHC the poorest and more disadvantaged populations are benefitting at least as much as the more advantaged and affluent subpopulations. ”

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LEAVING NO ONE BEHIND THROUGH ATTENTION TO GENDER IN MONGOLIA

By **BRITTA BAER**

Technical Officer on Gender, Equity, Human Rights and Ageing, Division of Health Systems, WHO Regional Office for the Western Pacific

The Leaving No One Behind principle is at the core of the Sustainable Development Goals (SDGs) and universal health coverage (UHC) (1). Health programmes are increasingly recognizing that a one-size-fits-all approach does not work and are aiming to meet the different needs and preferences of women

and men and girls and boys from diverse population groups (2). A key dimension of this effort is the extent to which gender impacts and interacts with other social stratifiers, such as income, education and urban or rural residence.

Evidence points to notable differences in health between men and women and boys and girls in Mongolia. These differences go beyond reproductive health. For example, in 2015, life expectancy was 65 years for men and 73 years for women in Mongolia (3). Mortality from infectious and parasitic diseases, especially tuberculosis,

and injuries, is higher for men than women (4). In 2011, smoking rates were 48% for men and only 6% for women (5). While raised blood pressure was more likely among men in Mongolia in 2008, women were more likely to be obese (5). Biological differences between men and women are not enough to explain these and other observed differences in health status and disease patterns. Gender is an important determinant of health in Mongolia.

Gender refers to the socially constructed norms, roles, behaviours and activities that a particular





Photo by WHO/Yoshi Shimizu

society considers appropriate for men and women. Unlike men and women's biological characteristics (sex), their gender characteristics are dynamic and vary across cultures and generations (6). Gender can lead to differences (7) in:

- **Exposure to disease and injury lead to differential exposures:**

For example, more men than women die of road traffic crashes in Mongolia (4). Gender norms that associate masculinity with risk-taking and a disregard for pain are important factors in explaining risky behaviours. Men also tend to spend more time in vehicles than women. Women's health risks are different but also determined by gender norms. For example, women may be expected to be shy, unassertive and submissive in sexual matters, which can reduce their ability to negotiate safe sex.

- **Household-level investment in nutrition, care and education:**

Attendance at secondary school is slightly higher for girls than boys, and for urban children compared to rural children (8). Boys are

more likely to drop out of school, especially in rural communities, to take on productive tasks as herders or farmers (8).

- **Access to and use of health services:** For example, because women in Mongolia are often responsible for both productive as well as reproductive tasks including raising children, doing domestic chores, feeding household members and animals, and sewing, among many other tasks, they might be especially constrained for time compared to men. This time poverty can delay or prevent health-care seeking. Compared to men, women and girls tend to spend more time on unpaid work (8), which may limit their access to social security.
- **The social impact of ill-health:** For example, silence and stigma continue to surround intimate partner and sexual violence in many countries. Similarly, women and girls in households usually are responsible for caring for sick or frail family members, in addition to their other activities.

More broadly, gender inequality plays out in some structural disadvantages for women. For example, women are underrepresented in political decision-making in Mongolia. In 2016, only 17.1% of seats in the State Great Khural were held by women (9).

Given the influence of gender on health, efforts to improve health need to include appropriate attention to gender. Gender analysis can be used to assess an existing health issue, a health project, programme or policy, health research, or health service delivery (7). Integrating gender can strengthen programme planning and implementation, reducing delays, improving diagnoses and improving access to services, as well as adherence and treatment outcomes for women and men and girls and boys from diverse population groups. The SDGs and UHC challenge all of us to work towards inclusive societies that leave no one behind (1, 2). Attention to the different needs and preferences of women and men and girls and boys from diverse population groups is at the heart of this effort.

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By ANNA MAALSEN

Technical Officer, Division of Health Systems, WHO Regional Office for the Western Pacific

Mongolia has achieved high coverage of social health insurance, with nearly the entire population covered, regardless of their socioeconomic characteristics. Primary health-care services – the cornerstone underpinning population health outcomes and a core component of sustainable health systems – are more easily accessible since they are available free of charge and funded through the Government's budget. Nevertheless, out-of-pocket-payments at the time of service use remain high, comprising 41% of total health expenditure in 2011.

Costs are among the largest barriers to accessing needed health services and achieving universal health coverage (UHC). In the Asia Pacific region, an estimated 105 million people incur health-care costs that are so high relative to their incomes that they result in financial catastrophe, and more than 70 million are impoverished as a result of those costs. In 2009, nearly 4% of households in Mongolia experienced catastrophic health expenditures, spending more than 40% of their household subsistence income on health care. High out-of-pocket payments reduce equity, access and use of health services. Studies in Mongolia have found that people from poor and low-income households have less access to specialized health-care services at higher referral levels, largely as a result of financial barriers, including both direct costs,

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such as copayments and medicines, and indirect costs such as transport and meals. Apart from the risk of catastrophic health expenditures, high out-of-pocket payments also mean that people from poorer households needing services are less likely to use them.

Given the high coverage of social health insurance and free primary health care, where do people incur out-of-pocket payments and what are the challenges to achieving UHC?

First, primary health care should play an important gatekeeping role in any health system. In Mongolia, however, the gatekeeping practice is weak and the health system has difficulties in controlling self-referrals to higher-level facilities such as hospitals. People from richer households tend to bypass the primary care level, going straight to secondary or tertiary hospitals.

Second, social health insurance does not cover all inpatient services in hospitals, and the insured person has to pay 10–15% in copayments to obtain services. In addition, 40% of inpatients pay for the drugs and injections they need during admission. According to the 2009 Household Income Expenditure Survey, medications bought from private pharmacies comprise up to 71% of household out-of-pocket payments.

Together, these factors lead to higher out-of-pocket payments for households. What can be done to reduce out-of-pocket payments and improve the use of primary health services?

First, surpluses in the social health insurance fund indicate there are missed opportunities to expand the insurance benefits package, improve quality or increase support for essential medicines. This includes extending coverage to higher-cost diagnostic and treatment services, introducing new technologies in primary care to reduce the need for referrals to higher levels for diagnosis, and reducing the copayments at secondary and tertiary hospitals.

Second, strengthening primary health care would strengthen gatekeeping and improve the effectiveness of the referral system. It would also reduce the risk of households incurring catastrophic out-of-pocket payments for health care and improve the efficiency of the health system.

UHC can be achieved in Mongolia. Since high population coverage of health insurance has already been achieved, future policy reform efforts should aim to reduce direct costs by increasing the proportion of services covered by health insurance and to increase the number of services covered. Both require increased Government investment in health. Finally, there remains a percentage of the population that is still not covered by health insurance or lacks access to primary health care, particularly those who are unregistered migrants or from otherwise disadvantaged groups. Reaching these vulnerable groups is an important part of the Leaving No One Behind principle.

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