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COVID-19 Epidemiological overview, 2020-2022

31 Mar 2022

Cases

920,241 (2378.1 per 10,000)

Deaths

2,098 (4.34 per 10,000)
Legal Environment: Preparedness and response

Legal environment was amended time to time

Previous national disaster preparedness and response legislation

Experience in combating marmot pandemic, SARS and H1M1 influenza

  • Amended and extended six times by the end of December, 2022.

Maintained preparedness level according to IHR at national and international level

Legal and regulatory challenges
  • Little experience with real life situations
  • Poor coordination
  • Unclear role delineation across key players

Deputy Prime Minister heads the SEC
Governors led the subnational level EC
MoH leads the Health Service Operational Emergency Headquarter

NCCD is a communicable disease control facility

Challenges:
poor coordination and inconsistency of decisions of national and local level bodies (SEC and Ulaanbaatar city EC).

overly centralized decision making structure - diminished the roles and leadership of the Ministry of Health

high reliance and concentration of response activities to a single institution (NCCD) proved to be costly for the health system and led to poor preparedness and readiness by other healthcare facilities when the pandemic hit nationwide.
Covid-19 response: Challenges faced with implementation of some key public health measures

A. **Lockdown**
- after the first imported case detected (Nov 2020)
- There were 4 lockdowns nationwide
- the lockdowns were declared with definite purposes nationwide.
- Both partial and nationwide lockdowns

B. one of the countries with tightest restrictions implemented
   [https://covidtracker.bsg.ox.ac.uk/stringency-m](https://covidtracker.bsg.ox.ac.uk/stringency-m)

C. (41.18%) of interview participants
   - poorly communicated to the lowest level of public service providers
   - sudden bursts of people’s movements after release

D. human rights violations reported by NHRC
   - operational management challenges during lockdown

E. **Contact tracing** by multisectoral teams, use of ICT
   - difficulty locating contacts and residential address,
   - reluctance to share information due to fear of quarantine
   - communication with PWD.

F. **Isolations** at hospital and home
   - challenges in triage, admission and home monitoring process
Health system response: Service delivery

- PHC providers – testing, monitoring and management of asymptomatic, mild and moderate cases of COVID-19.
- Private sector involvement – testing, case management- counting for about 13% of the total COVID-19 beds.
- Private pharma companies- Supply of medicine, medical equipment and PPEs
- Expansion of ICU capacity. General medicine wards were organized into COVID-19 wards.
- In the beginning of the pandemic, only the Virology laboratory of NCCD was conducting PCR testing for COVID-19 in January of 2020
- Service delivery modalities were shifted to telemedicine and online services across providers and to patients.
Health system response: Service delivery challenges

- Unclarity of PHC roles – beginning of the pandemic
- Delayed involvement of PHC providers
- COVID-19 care has been largely concentrated - designated tertiary care public institutions.
- Over concentration of response activities to a single institution (NCCD)
- Policy for private hospital engagement remained unclear and neglected until much later.
- Concerns over unclarity of referral system

### HIF payment rates

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<tbody>
<tr>
<td>5.000 MNT per shot</td>
<td>50.000 MNT per case</td>
<td>5.000 MNT</td>
<td>2.160.000-7.465.000 MNT per case</td>
<td>780.000-980.000 MNT per case</td>
<td>160 000 MNT per case</td>
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Source: HIF, 2022
Access to health services during Covid-19 Pandemics, by location

- Disruptions, limitation and closures in provision of the medical services in urban and rural areas essential cares.
- Service providers and patients both felt the dissatisfaction in continuity of the essential services due to difficulties in booking appointment, getting tested and examined by doctor.
- As result, maternal mortality rates doubled in the first half of 2021.
Health system response: Human resource

Additional health personnel mobilized for Covid-19 response
- Resident doctors -1489
- Retired medical personnel
- Graduate students

- Incentives and supports to HWs: wage increase, compensations and one-time support and 2021 budget amendment 45.6 billion MNT;
- Remuneration to resident medical doctors increased: 2021 budget amendment 3.7 billion MNT

Depression and burnout due to:
- personal-related (41.3%)
- client-related (29.3%)
- work-related (25.5%).
- females more likely physically exhausted than men (P <0.05).

- delays in wage payment, underpayments, and
- lack of regulation for private sector workers

Opinions About Overtime Payment, Monetary Support Provision

- payment quantity was not 3 times as policy 31.25
- payment provided later 18.75
- received overtime payment 18.75
- one time monetary support provided 12.5
- overtime payment calculated incorrect 12.5
- payment not provided for private HCWs 6.25
Health system response: Financing

- Substantive increase in the health budget (2020 and 2021)

General Government Budget Allocation to Health Sector in Response To COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Source</th>
<th>2020 billion MNT</th>
<th>2021 amended budget billion MNT</th>
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<tbody>
<tr>
<td>State budget amendment</td>
<td>103.4</td>
<td>249.0</td>
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<tr>
<td>Government reserve fund</td>
<td>12.2</td>
<td>92.0</td>
</tr>
<tr>
<td>HI fund</td>
<td></td>
<td>493.0</td>
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<tr>
<td>Total</td>
<td><strong>115.6</strong></td>
<td><strong>834.0</strong></td>
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As share of Government health expenditure: 9.3% 45.8%

Source: MOH, 2021

- Capacity of the healthcare facilities were improved and upgraded, increased supply of medicines and hospital necessities
  - Equipment & infrastructure 110 billion MNT
  - Medicine & diagnostics 61.9 billion MNT
  - Research on the vaccination impact 2.4 billion MNT
  - IEC 6.6 billion MNT

However, interview participants expressed concerns regarding the accountability for public funds mobilized for COVID-19
- reporting and transparency of donations and assistance by the individuals and private entities and international multilateral organizations has not been adequately managed.
Vaccination- 21 February 2021: Workers of medical, emergency, special service, policy and public service sectors, elderly, chronic disease patients, PWD, vulnerable person

Various intensive IEC activities have been organized

Vaccination sites were organized at close proximity to the population

Incentive mechanisms – to both provider (5000MNT) and clients (50000MNT/17,5$) full doses-doubled coverage rate

Vaccine acceptance has been high and hesitancy has been low among the population.

### Covid-19 Vaccination

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<tr>
<th>Vaccination As of Mar 31, 2022</th>
<th>1st dose (%)</th>
<th>2nd dose (%)</th>
<th>3rd Booster dose (%)</th>
<th>4th Booster dose (%)</th>
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<tr>
<td>Target population (above 12)</td>
<td>96.4%</td>
<td>92.2%</td>
<td></td>
<td>53.0%</td>
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<tr>
<td>Total population</td>
<td>69.8%</td>
<td>66.8%</td>
<td>31.7%</td>
<td>3.5%</td>
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Innovative actions: use of ICTs

Integration of 555 kinds of public services, including Covid 19 testing, vaccination services through e-mongolia digital platform (www.e-mongolia.mn).

Source: www.cita.gov.mn

QR.119.mn digital registry of citizen entry-exit data using QR code scanning through E-barimt/VAT registration application.

Source: UB city Government office

In the education sector, schools and educational facilities have transferred into digital system

Since March 2021
- eruul.gerege.mn
- tandalt.mn
- H-info
- E-Health

KHUR system

Dashboard for SEC and MOH

E-Mongolia app for the people

Source: MEDS, 2021

5836 times tele lesson
2775 hours online lesson
50 online content
30 audio content
104 interactive lesson
### COVID-19 Specific Legal Framework
- “Law to Prevent, Control, and Reduce Impact of the COVID-19 Pandemic”, Regular update of the legal environment
- NCCD’s centralized role in clinical care and patient isolation.
- Increased funding for the healthcare system to enhance infrastructure and operations
- Clear HIF payment to incentivize providers and control out of pocket payment
- Increased involvement of private sector

### Health System Response
- Early build-up of sufficient stocks of vaccines and
- Efficient nationwide vaccination with initial and booster shots

### Vaccination
- Internet and Information technology application made the response and mitigation activities easier, faster and real time controlling.
- Integration and coordination of existing and new ICT solutions

### Enhanced Use of ICT Application

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**Some key highlights from Mongolia experience**
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<th>LESSONS</th>
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<tr>
<td><strong>Organizational management and accountability</strong></td>
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<td>• Clarity, coherency and coordination of roles and responsibilities of different stakeholders for PHE</td>
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<td>• Improvement of planning for PHE measures, including population movement regulation etc</td>
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<td>• Fund management transparency and accountability</td>
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<td><strong>Maintaining of essential health service provision</strong></td>
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<td>• Better planning and preparedness of health care institutions (PHC and referral system)</td>
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<td>• Better information and communication to the public</td>
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<td><strong>Improve capacity of healthcare facilities and human resources for PHE</strong></td>
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<td>• Health system physical capacity should be strengthened to ensure timely, efficient and effective PHE response (Laboratory, ICU, oxygen stations etc)</td>
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<td>• Continuous capacity building activities for PHE preparedness and response, across all levels of the health system</td>
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<td><strong>Risk communication capacity improvement</strong></td>
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<tr>
<td>• Information content adjustment</td>
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<td>• Mismanagement of personal private information</td>
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