High Tech Health Care Comes to Mongolia’s Countryside

New facilities, equipment, and knowledge mean better primary health care for more than 700,000 rural Mongolians.

Ulaanbaatar, Mongolia - One day in March 2015 Myagmar Javzmaa’s 10-year-old son, Azjargal, could not breathe. He was rushed to Arkhangai Province General Hospital in northern Mongolia. As Myagmar anxiously held Azjargal’s hand, nurses administered oxygen and emergency support. With his condition worsening, Myagmar was told Azjargal could not be transported to the National Center for Maternal and Child Health 520 kilometers away in Ulaanbaatar.

But there was another option. Taking advantage of new modern equipment and staff training, the provincial hospital established an internet-based telemedicine link to remotely connect Azjargal and a specialist.

Examining images of the child’s lungs and ordering further tests, the specialist was able to stabilize Azjargal. Once stabilized the trip to Ulaanbaatar was possible and Azjargal made a full recovery.

“Not only my son but other people I know have received quality care from this new hospital,” says Myagmar.

Arkhangai Province General Hospital is part of the Third Health Sector Development Project’s efforts to improve the health and quality of life of Mongolians. The project improved everything from primary health care and health insurance to building health facilities, upgrading infrastructure, and providing modern equipment and training for medical staff.

The Asian Development Bank funded the project and partnered with several government and medical stakeholders, including the ministries of health, finance, population development and social welfare, the Mongolian National University of Medical Sciences, and the Mongolian Association of Family Doctors.

Strengthening health care facilities

Mongolia’s health care system had been hobbled during an era of centralized and inefficient hospitals, poor quality care, and aging infrastructure. Two earlier ADB-supported health projects helped win considerable improvements.
Building on these projects, the Third Health Sector Development Project aimed to reduce disparities in access to health services between rural and urban areas by strengthening primary health care services for more than 700,000 people in five provinces and two districts of Ulaanbaatar. It also aimed to support health sector reforms nationwide.

Under the project, 10 new district health centers were built, another 10 renovated, and 37 wells were constructed for access to clean water. The project provided medical, laboratory, and waste management equipment to 90 district health centers with medical equipment distributed to 61 family health centers in 2011. Five general hospitals received medical, diagnostic, and networking equipment.

Amarjargal Narangerel is a statistician in the medical records department at the new Khotont district health center which was equipped with health information hardware and software under the project.

When she worked in the old facility all patient records were typed. “Today, we integrate health information by computer and send patients’ medical histories to the province’s central database via the internet,” she says. “It saves so much time.”

Growing confidence in modern facilities’ capacity to provide quality medical care in rural areas means local people no longer face expensive trips to larger centers. Narankhuu Dondog, a 33-year-old accountant who receives treatment at Khotont district health center, says before the project her family had to travel to the provincial capital to seek medical treatment.

“Now, it is much easier and cheaper to receive care near home,” she says.

Better education, better medicine

From family health centers on the frontlines of primary health care, up to district and general hospitals, a key to quality health services is to improve conditions and incomes for medical staff and create a continuing medical education program for doctors, nurses, and community based rural health workers.

The project provided training for doctors in areas such as cardiology; imaging diagnostics; and palliative, pediatric, and emergency care. Nurses, midwives, and rural health workers received training in physiotherapy, home nursing, and basic laboratory tests. In all, 5,542 health professionals, 76% of them women, were trained.

Health coverage for all

The project also helped develop a new health financing model for Mongolia and supported the preparation of the Health Insurance Law, adopted by Parliament in 2015. National health insurance coverage increased from 73% in 2007 to 98% in 2013 and the government now provides health coverage for vulnerable groups and free access to medical services for the poor.

The success of the project can be seen in improved outcomes in the country’s Millennium Development Goals. Maternal, infant, and under-5 mortality rates have all decreased, along with tuberculosis.

Ask Shilchin Degmid, an 87-year-old nomadic livestock herder in Arkhangai province, about how improved local medical treatment is helping people and saving lives, and he will tell you about his wife’s treatment at the Khashaat district health center.

“This year, my wife suddenly fell ill and needed urgent medical care,” says Shilchin, who moves with his herd up to five times a year. Providing outreach health services to nomadic herders is a big challenge in the Mongolian countryside where distances are vast and roads often poor.

“The hospital staff came very fast to provide treatment. Emergency services have greatly improved,” he says.

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