



MONGOLIAN NATIONAL AUDIT OFFICE

PERFORMANCE AUDIT REPORT

**SUSTAINABLE DEVELOPMENT GOAL IMPLEMENTATION AND RESULTS
IN HEALTH SECTOR POLICIES AND SYSTEMS**

AUDIT CODE: АНГ-2021/127-ШТА-НА

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Ulaanbaatar Mongolia
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МОНГОЛ УЛСЫН
ЕРӨНХИЙ АУДИТОРЫН
ТУШААЛ

2023 оны 05 сарын 03 өдөр

Дугаар А/45

Улаанбаатар хот

「Аудитын тайланг баталгаажуулах тухай」

Төрийн аудитын тухай хуулийн 9 дүгээр зүйлийн 9.1 дэх хэсэг, 20 дугаар зүйлийн 20.2 дахь хэсэг, 29 дүгээр зүйлийн 29.1.9 дэх заалт, 29.3 дахь хэсэгт заасныг тус тус үндэслэн ТУШААХ нь:

1. Аудитын дээд байгууллагуудын олон улсын байгууллагын Хөгжлийн санаачилга байгууллага (IDI)-ын нэгдсэн удирдамжаар “Эрүүл мэндийн бодлого, тогтолцоонд тогтвортой хөгжлийн зорилгын хэрэгжилт, үр дүн”-д хийсэн гүйцэтгэлийн аудитын тайланг хавсралтаар баталсугай.

2. Аудитын тайланг Аудитын дээд байгууллагуудын олон улсын байгууллагын Хөгжлийн санаачилга байгууллага, Эрүүл мэндийн яам, Эдийн засаг, хөгжлийн яаманд тус тус хүргүүлэхийг Аудитын нэгдсэн удирдлага, зохицуулалтын газар (Ц.Энхжавхлан)-т үүрэг болгосугай.

3. Аудитаар өгсөн зөвлөмжийг хэрэгжүүлэх арга хэмжээ авч, биелэлтийг 2023 оны 12 дугаар сарын 01-ний өдрийн дотор Үндэсний аудитын газарт ирүүлэхийг Монгол Улсын Шадар сайд бөгөөд Эдийн засаг, хөгжлийн сайд (Ч.Хүрэлбаатар), Эрүүл мэндийн сайд (С.Чинзориг)-д зөвлөсүгэй.

4. Аудитаар өгсөн зөвлөмжийн хэрэгжилтэд хяналт тавьж, үр дүнг тооцон тайлагнаж ажиллахыг Аудитын нэгдсэн удирдлага, зохицуулалтын газар (Ц.Энхжавхлан)-т үүрэг болгосугай.

5. Аудитын тайланг баталгаажуулснаас хойш 14 хоногт багтаан аудитын ажлын болон нотлох баримтыг архивын нэгж болгон Үндэсний аудитын газрын архивд хүлээлгэн өгөхийг Аудитын нэгдсэн удирдлага, зохицуулалтын газар (Ц.Энхжавхлан)-т даалгасугай.



Д.ЗАНДАНБАТ

May 05 2023

No A/45

Ulaanbaatar, Mongolia

Order of Auditor General of Mongolia

“About approving the audit report”

Based on Section 9.1 Article 9, Section 20.2 Article 20, Section 29.1.9 and Section 29.3 Article 29 of the Law on State Audit, ORDER:

1. Approve the performance audit report on "Sustainable development goal implementation and results in health sector policies and systems" that audited according to the guidelines of the IDI (INTOSAI Development Initiative).

2. Audit Management and Coordination Department (Enkhjavkhlan Ts.) should be tasked to submit the audit report to IDI, Ministry of Health and Ministry of Economy and Development.

3. Recommend to Minister of Economy and Development (Khurelbaatar Ch.), and Minister of Health (Chinzorig S.) that to implement the recommendations given by the audit and submit the implementation to the National Audit Office by December 1, 2023.

4. Audit Management and Coordination Department (EnkhjavkhlanTs.) should be tasked to monitor implementation of the recommendations given by the audit and review results of the recommendations.

5. Audit Management and Coordination Department (EnkhjavkhlanTs.) should be tasked to assign audit working paper and evidence to the National Audit Office archive as an archive unit within 14 days (about 2 weeks) since the audit report had been approved.

Signed by
Zandanbat Dorjsuren
Auditor General of Mongolia

Table of contents

List of abbreviations	2
List of table	2
List of model, figure and charts	2
Audit Basis	3
Audit Objectives	3
Audit Scope	3
Audit methodology	3
Criteria used in the audit	3
General information	5
Section 1. Incomplete legal and policy concepts for identifying vulnerable groups of citizens to improve the capacity to predict, prevent, and prepare for public health risks.....	5
The legal policy framework for implementing health promotion policies has been harmonized, but it has not yet been fully implemented in practice.	5
A legal framework for creating vertical and horizontal coordination is in place to support an integrated approach to improving the capacity to predict, prevent, and prepare for public health risks.	8
Section 2. The government does not have the necessary resources to strengthen the capacity of the health system to predict, prevent and prepare for public health risks	9
Funding of government projects at all levels is not aligned with the health system's capacity to predict, prevent, and prepare for public health risks.....	9
1. Financial resources	9
2. Human resources.....	11
The Ministry of Health has been granted only 1 right of access to the electronic program "HR.hdc.gov.mn" and it is possible to view limited or small amount of information.....	11
3. Investment.....	12
Section 3. The government regularly assesses risks, monitors and evaluates its own capacity to predict, prevent, and prepare for public health risks is not regular, and plans are not developed according to recommendations.....	15
There is a lack of citizen participation in planning and budgeting to strengthen the capacity to predict, prevent, and prepare for public health risks.....	15
Weak capacity for risk assessment related to health system capacity and monitoring of risk management implementation	21
AUDIT CONCLUSION.....	22
AUDIT RECOMMENDATION	23
COMMENTS FROM AUDITED ENTITIES	24

List of abbreviations

Abbreviations	Explanation
IAS	International Audit Standart
INTOSAI	The International Organization of Supreme Audit Institutions
LDC	Least developing countries
MNS	Mongolian National Standard
MNT	Mongolian Tugrug
NSC	National Statistic Committee
SDG	Sustainable Development Goal

List of table

Table	Name
Table 1	Objectives defined within the health promotion objectives
Table 2	Principles for development policy planning
Table 3	Timing of the approved budget and operational plan of the health sector
Table 4	List of leading professions needed in Mongolia
Table 5	The number of doctors who studied with the support of the Global Foundation in the basic training of "tuberculosis".
Table 6	Investments in the health sector in 2021
Table 7	A comparison of the Social Welfare Act and the Health Insurance Act
Table 8	Income from premiums for citizens whose health insurance premiums are covered by the state
Table 9	The number of citizens whose health insurance premiums are paid by the government
Table 10	Government measures for people with disabilities
Table 11	SDG health indicator assessment and trends

List of model, figure and charts

Model, figure and charts	Name
Model 1	List of Development Policy Documents of Mongolia
Model 2	Health policy documents
Figure 1	General case management system design
Figure 2	Health sector system of Mongolia
Figure 3	Budget approval schedule of Mongolia
Chart 1	The budget approved for 2015-2022 of the Health Sector of Mongolia
Chart 2	Tuberculosis incidence rate /per 100,000 population/
Chart 3	Death rate due to traffic accidents
Chart 4	Self assessment report as at 2018
Chart 5	Self assessment report as at 2018

Statement of audit objectives, scope, methodology and standards

Audit Basis

Within the framework of the mandate stipulated in Article 6, Clause 6.3.1 of the Law on State Audit, the audit was carried out based on the orders of the Auditor General of Mongolia No. A/28 and A/83 of 2021, respectively.

Audit Objectives

Based on lessons learned from recent public health situations, the purpose of the audit is to assess whether the government has been able to create a health system capable of predicting, preventing, and preparing for risks. It includes:

- (1) Whether legal, legal and policy concepts and organizational arrangements are in place to support and continue lessons learned on improving the capacity to predict, prevent and prepare for public health risks.
- (2) Whether the government has provided the necessary resources to strengthen the capacity of the health system to anticipate, prevent, and prepare for public health risks.
- (3) How the government regularly assesses risk and whether it monitors, evaluates, and reports on its capacity to predict, prevent, and prepare for public health risks.

Audit Scope

The audit included the results of the implementation of sustainable development goals for 2015-2021 in the Ministry of Health, Ministry of Labor and Social Security, National Statistics Committee, Ministry of Economy and Development, and other relevant organizations.

Audit methodology

The audit was approved by the Standards Committee of INTOSAI in accordance with IAS 100, 300, 400, 3000, 4000, Mongolian State Auditing Standard MNS 6817:2020 "State Auditing and Principles", MNS 6817-5:2020 "Performance Audit principles", MNS 6817-6:2020 "Principles of Compliance Audit", "Procedures for Auditing by the State Audit Organization", audit instructions and methods were performed using the methodology.

In the course of the audit, conduct interviews with relevant officials, take inquiries and surveys, check documents, review news and reports, compare, consolidate, and analyze statistics, implement procedures and collect evidence in accordance with the audit program and methodology. results, conclusions and recommendations were developed.

Criteria used in the audit

Based on the collected data, information, and research materials, the following laws, legal acts, and policy documents were used as sources of audit criteria. It includes:

- State Audit Law
- Health Act
- Law on Special Government Funds
- Health and social security laws
- Mongolia's "Vision-2050" long-term development policy of Mongolia approved by Resolution No. 52 of May 13, 2020 of the State Great Khural
- "International Health Regulations, 2005" approved by the 58th session of the World Health Assembly
- Concept of National Security of Mongolia /3.4.1/

- "Sustainable Development Concept 2030 Policy Document" approved by Resolution No. 19, dated February 5, 2016, of the State Great Khural /This resolution was considered invalid by Resolution No. 52, dated May 13, 2020, of the State Great Khural/
- "Five-year main directions for the development of Mongolia in 2021-2025" approved by Resolution No. 23 of August 28, 2020.
- Development plan of Mongolia /yearly/
- State investment program
- Action Program of the Government of Mongolia /annually/
- National Voluntary Report of Mongolia on the implementation of the SDGs issued by the United Nations
- SDG implementation statistics and related documents developed by NSC
- Other relevant laws and legal acts.

General information

At the 70th session of the United Nations General Assembly held in September 2015, 17 goals, 169 targets, and 244 indicators of global sustainable development were approved for 15 years from 2016 to 2030, and the world began to implement them on January 1, 2016. In March 2017, the 48th session of the United Nations Statistical Commission defined 244 criteria for evaluating the implementation of the SDGs.



In 3 of the 17 global sustainable development goals, health promotion goals were defined, 13 goals were proposed, and 27 criteria were issued. These objectives are presented in a table.

Table 1. Objectives defined in the health promotion objectives

Objectives
3.1. Reduce the maternal mortality rate to below 70 per 100,000 live births by 2030
3.2. Eliminate preventable infant and under-5 mortality by 2030.
3.3. By 2030, stop the spread of AIDS, tuberculosis, malaria, hepatitis, water-borne diseases and other infectious diseases.
Objective 3.4. By 2030, reduce premature deaths from infectious diseases by one-third through the prevention and treatment of infectious diseases.
3.5. Improving the prevention and treatment of drug abuse, including drug abuse and alcohol abuse
3.6. By 2020, halve the number of people killed and injured in traffic accidents.
3.7. By 2030, provide sexual and reproductive health care to everyone to include family planning, information and awareness, and reproductive health issues in national policies and programs.
3.8. Health services for everyone, including financial risk protection, essential quality health care, and access to safe, effective, quality, and affordable essential medicines and vaccines.
3.9. By 2030, significantly reduce the number of people who die or get sick from hazardous chemicals, air, water and soil pollution and infections.
3.a Improve the implementation of the World Health Organization's Framework Convention on Tobacco Control, as appropriate
3.b Support the research and development of drugs and vaccines for infectious and non-communicable diseases that primarily affect developing countries, and with regard to the flexibility to protect public health, in accordance with the Agreement on Trade-Related Intellectual Property Issues and the Doha Declaration on Public Health, affordable essential drugs and vaccines improve supply and ensure access to medicines for everyone
3.c Significantly increase health financing in developing countries, especially LDCs and small island developing countries, and improve the recruitment, development, training, and sustainability of health personnel.
3.d Strengthen the capacity of all countries, especially developing countries, for early warning, risk reduction, risk reduction and management of international and national health risks

Section 1. Incomplete legal and policy concepts for identifying vulnerable groups of citizens to improve the capacity to predict, prevent, and prepare for public health risks

The legal policy framework for implementing health promotion policies has been harmonized, but it has not yet been fully implemented in practice.

1.1. Ensuring the stability and continuity of Mongolia's development policy and planning, determining the principles to be followed in development policy and planning at the national level, developing development policy, planning, effective implementation, monitoring, evaluation, and reporting, forming an integrated and optimal system, policy and planning "Development policy, planning, and its management" with the purpose of determining the rights and obligations of the participants in the relationship, ensuring the appropriate partnership of the participants in development policy and planning, regulating the relationship related to the regulation of the types and forms of policy and planning documents, and strengthening the development policy, planning,

and its management and organization The law was approved by the Parliament in 2015 and revised in 2020.

1.2. Development policies implemented in Mongolia are classified as long-term, medium-term, and short-term.

Model 1. Classification of development policy documents of Mongolia



1.3. All medium and short-term development policy and planning documents are included in the law to be consistent with Mongolia's long-term development policy, Vision 2050.

1.4. The law on development policy, planning and its management stipulates that a total of 17 principles should be followed in policy and planning.

Table 2. Principles for development policy planning

1. Be consistent with the fundamental interests of the nation;	10. Criteria should be consistent with the purpose;
2. Compliance with global development trends;	11. Planning should be result-oriented;
3. To be integrated, comprehensive and interconnected;	12. Ensuring balance between top-down and bottom-up planning;
4. To be stable, continuous and continuous;	13. Ensuring the participation of all parties;
5. Be be balanced;	14. Ensuring appropriate public-private partnerships;
6. Be based on resources and sources;	15. Principle of responsibility of participants.
7. Being transparent and open;	16. Principles of unified reporting;
8. Be based on research and analysis;	17. Principles of budgeting based on planning.
9. Goals and objectives should be measurable;	

1.5. When developing development policy and planning, according to the obligations assumed by international agreements and conventions, the law prescribes that the goals and trends of global development should be reflected in the development policy and planning documents in accordance with national characteristics.

1.6. On May 20 2022, the Government of Mongolia and the United Nations signed a cooperation agreement. Within the framework of drawing up this cooperation agreement, the results of the previously implemented measures were evaluated and the framework of sustainable development cooperation for 2023-2027 was defined. Recognizing that the principle of "leaving no one behind" is the main way to implement this framework of cooperation, the Government of Mongolia and the United Nations jointly agreed on three priority areas of vision and strategy and four results to quickly get rid of the consequences and negative effects of the COVID-19 pandemic. the target is defined. This vision will be defined in consultation with stakeholders and closely aligned with the national development priorities and SDGs contained in the "Vision-2050" policy document.

1.7. Analysing the UN Sustainable Development Goal 3 with Vision 2050 and the long-term policy document, 11 goals and measures have been fully covered, 1 measure has been implemented, and 1 measure has been included in its content.

The 3d goal of the United Nations SDGs depends on the goal 2.2 of the Vision-2050 "to develop a healthy, active lifestyle and to develop a quality, accessible and effective health care system".

1.8. While comparing the criteria of the United Nations SDGs with the criteria of Mongolia's long-term policy document "Vision 2050", five criteria are consistent, and other criteria are determined by generalized quality indicators.

1.9. The following policy documents are being followed in the health sector.

Model 2. Health policy documents

Mongolia's long-term development policy document	Medium-term development policy document	Short term development policy document
<p>Vision 2050</p> 	<ul style="list-style-type: none"> - Human development target program (under development) - 5-year main directions for the development of Mongolia - The government's 2020-2024 action program - Strategic plan for the health sector (under development) 	<ul style="list-style-type: none"> - A 10-trillion comprehensive plan to protect health and restore the economy - Projects and measures of the health sector included in the annual development plan of Mongolia

1.10. The human development target program and the health sector strategic plan are in the development stage, and the mid-term policy document has not been approved.

1.11. Medium and short-term policy documents are being developed in accordance with the common procedure for developing development policy and planning documents. It is desirable to improve the procedure and make it conform to good international standards. For example,

- In order to develop the policy document, identifying the stakeholders and their assessment of the organization's activities and future expectations
- Risk management assessment and risk mitigation plan for the implementation of the policy document
- Methodology for detailed calculation of human, financial and other resources for policy implementation
- Strategy on how to ensure citizen participation in policy implementation

- The framework (scheme) representing the policy implementer's inputs, outputs, effects, policy implementation, and the methodology for evaluating performance measures

1.12. By elaborating the common procedures for developing development policies and planning documents based on clear and good examples, conditions will be created for more effective implementation of the policy.

A legal framework for creating vertical and horizontal coordination is in place to support an integrated approach to improving the capacity to predict, prevent, and prepare for public health risks.

1.13. Mongolian Health Law, Law on Disaster Prevention, Law on Toxic and Hazardous Chemicals, Law on Prevention of Human Immunodeficiency Virus Infection and Acquired Immune Deficiency, 2020 of the Minister of Health on Registration, Reporting and Response of Cases Related to Health Care Procedures for action provide organizational arrangements for creating vertical and horizontal coordination to support integrated approaches to improve the capacity to predict, prevent, and prepare for public health risks.

1.14. By order No. A/508 of 2017 of the Minister of Health, the procedure for rapid information exchange, the procedure for the operation of the case management system, and the general procedure for the operation of the emergency management unit were approved. In this way, in order to implement the International Health Regulations (2005), the Emergency Management Unit will be established to quickly manage public health emergency preparedness and response measures, provide accurate and factual information to decision makers, and coordinate sectoral and inter-sectoral activities. A common working procedure has been developed.

1.15. When the emergency risk assessment is declared to be very high, the regulations state that the state emergency health service and emergency management team will be activated and the incident management system will be activated.

1.16. The case management system has also adopted a model structure to work depending on the situation. It includes:

- Response Coordinator
- Response Manager
- Planning and Epidemiological Team
- Rapid Response Team
- Risk communication team
- Finance and resources team

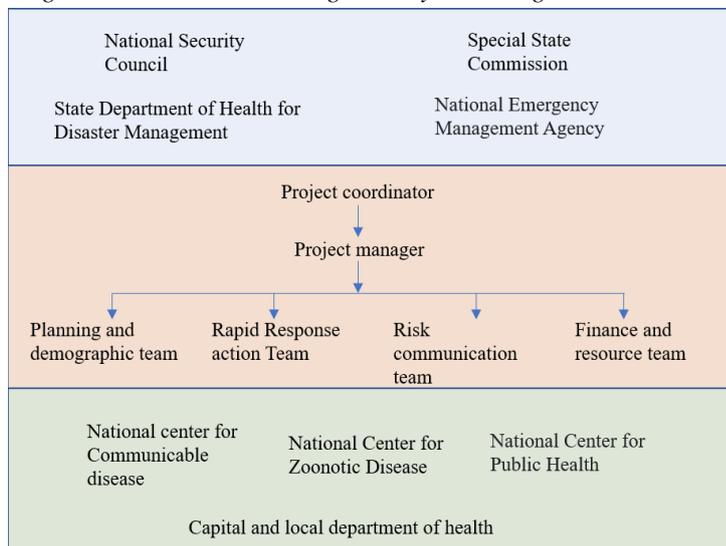
1.17. A legal framework for creating vertical and horizontal coordination has been created to support integrated approaches to improve the capacity to predict, prevent, and prepare for public health risks.

It is insufficient to meet the needs of identified vulnerable groups related to improving the capacity of the health system to predict, prevent, and prepare for public health risks.

1.18. Special provisions for identifying and addressing the needs of vulnerable groups in legal, legal and policy systems regarding the improvement of the capacity of the health system to predict, prevent and prepare for public health risks are not detailed in the Law on Health and other laws.

1.19. On the other hand, the MNS ISO 22395:2020 Mongolian standard, Guidelines for Security, Resilience, Community Stability, and Support for Vulnerable People in Emergency Situations, has been approved.

Figure 1 General case management system design



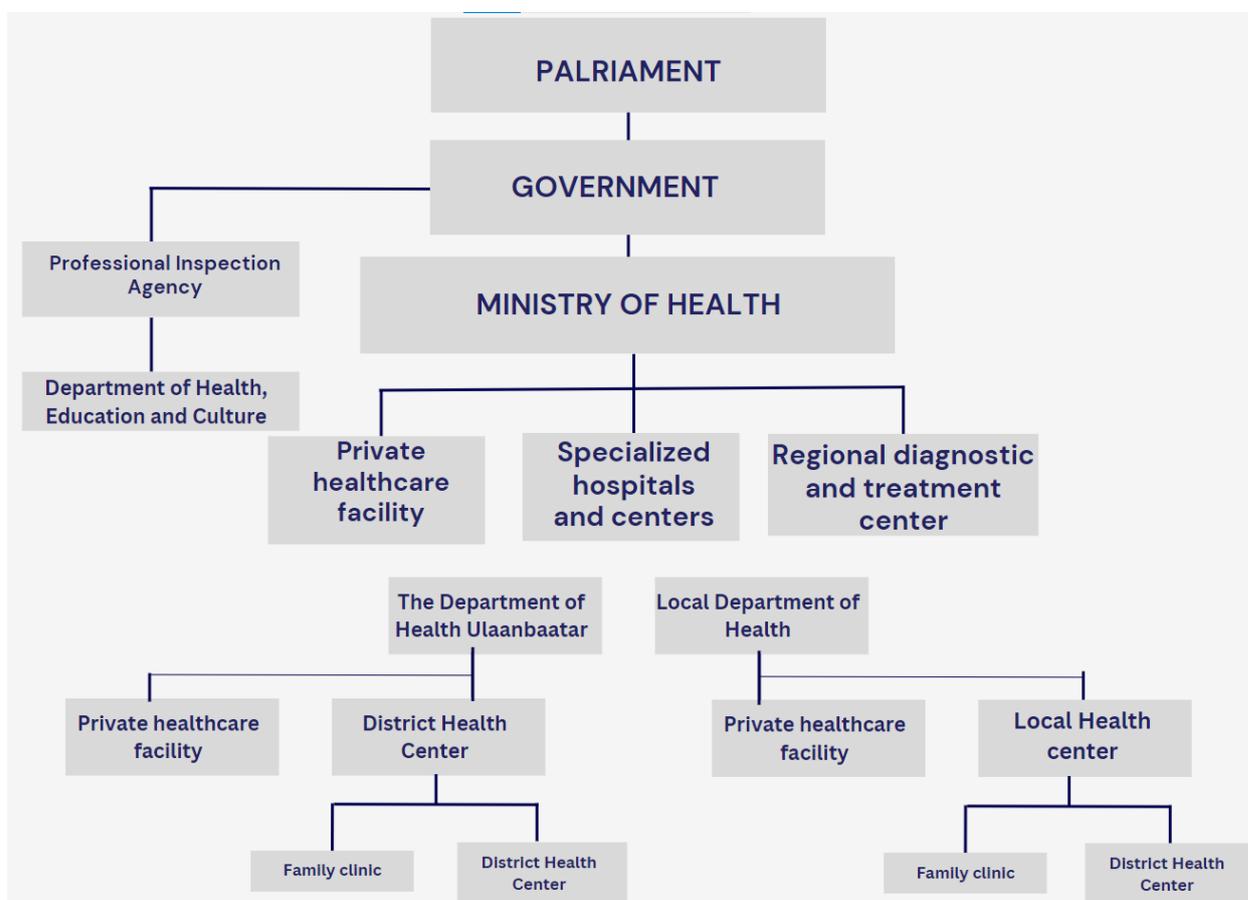
1.20. The Law on Health does not provide clear provisions on the rights and duties of predicting, preventing and preparing for public health risks of vulnerable groups related to health capacity building.

1.21. Country key stakeholders (public, private sector, academic institutions, health-related sectors, etc.) to strengthen health systems, define health security strategies and policies, and plan activities to effectively achieve SDG 3.d goals. There is no policy document on involving

Section 2. The government does not have the necessary resources to strengthen the capacity of the health system to predict, prevent and prepare for public health risks
 Funding of government projects at all levels is not aligned with the health system's capacity to predict, prevent, and prepare for public health risks.

2.1 The organization of health care delivery system in Mongolia is shown in the following figure.

Figure 2. Healthcare system of Mongolia



2.2 In order to assess how Mongolia's health system is planning and financing its capacity to implement the SDGs, the following 3 key resources were considered.

1. Financial resources

2.3 Article 8, Clause 8.4 of the Budget Law approved by the National Assembly on December 23, 2011 states, "The current year's state budget, Future Heritage Fund budget, Social Insurance Fund budget, and Health Insurance Fund budget shall be prepared and approved according to the following schedule." stated that.

2.4 Article 5.1 of the Budget Law of Mongolia states that "The budget shall be aimed at implementing the annual development plan of the State, Province, capital, and city, and the following principles shall be followed when planning, approving, implementing, and reporting the budget." It includes as following:

- ensure budget stability;
- ensure completeness and accuracy of the budget;
- implement proper financial and budget management;
- ensuring transparency;
- to be responsible.

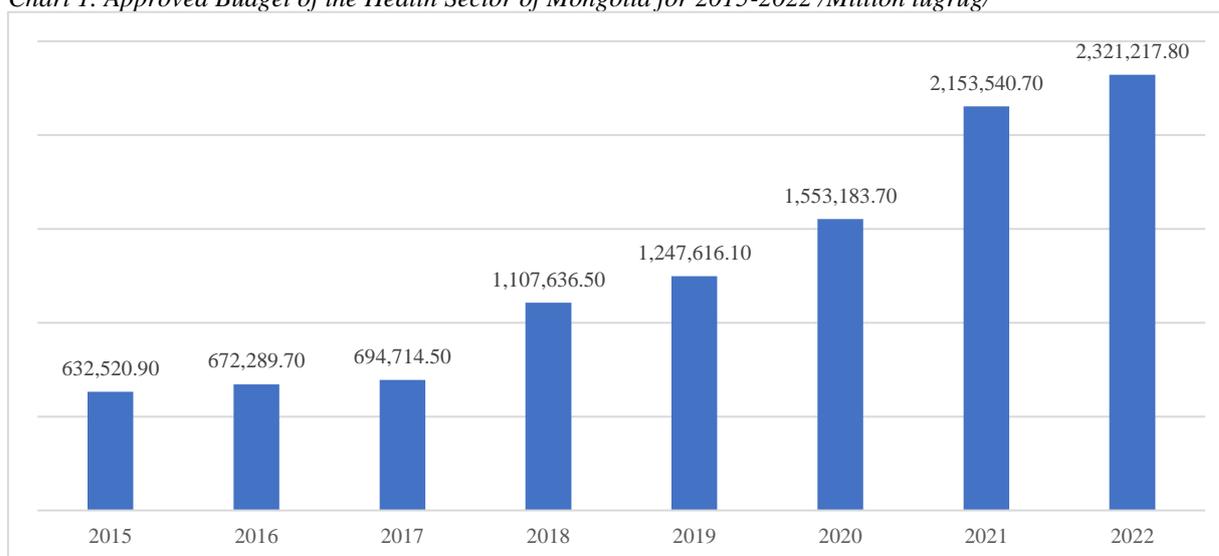
2.5 The timetable for drafting and approving the draft budget of Mongolia is shown as follows.
Figure 3 Mongolian budget approval schedule



2.6 It takes 110 calendar days from the beginning of preparation of the budget of Mongolia to its approval, and in addition to ensuring the smooth participation of budget managers at all levels, the state audit organization audits the next year's budget draft and submits it to the State Parliament before October 15.

2.7 The following graph shows the approved budget for 2015-2021 for the institutions under the Ministry of Health of Mongolia.

Chart 1. Approved Budget of the Health Sector of Mongolia for 2015-2022 /Million tugrug/



2.8 The State Great Khural of Mongolia approved the budget for the health sector in 2015 in the amount of 632.5 billion MNT, and in 2021, it has increased to 2,321.2 billion MNT or 3.6 times.

2.9 According to the performance of the 2021 budget of the Ministry of Health Affairs /Attachment No. 3/, current expenses exceeded MNT 68.1 million. Among them, the cost of medicines and medical equipment was exceeded by MNT 3.0 million, the cost of furniture and regular repairs by MNT 58.3 million, and the fees for work performed by others by MNT 6.8 million.

Table 3. Timing of the approved budget and operational plan of the health sector

№	Year of	Date of budget approval	Date of approval of action plan
1	2016	2015.11.13	2015.12.30
2	2017	2016.11.10	2016.12.30

3	2018	2017.11.14	2017.12.30
4	2019	2018.11.02	2018.12.30
5	2020	2019.11.13	2019.12.30
6	2021	2020.11.13	2021.11.01 /updated/

Source: Budget Laws of Mongolia and Action Plans of the Ministry of Health

2.10 Judging from the table above, after the approval of the Budget Law of Mongolia by the Great Khural of Mongolia, the Ministry of Finance has approved the action plan and reflected the measures to be implemented.

2.11 The Great Khural of Mongolia approves the budget for the health sector at an appropriate level, but the Budget Law and its time limits limit the development and approval of the budget for the health sector based on the program.

2. Human resources

The Ministry of Health has been granted only 1 right of access to the electronic program "HR.hdc.gov.mn" and it is possible to view limited or small amount of information.

2.12 The implementation of the "State health policy (until 2026)" approved by the Government's Resolution No. 24 dated January 18, 2017 has started. 1 of the 7 directions of the policy is "2.3.3 human resources" and 8 goals were proposed in the field of human resources. According to Government Resolution No. 314 dated October 13, 2021, "Regarding Revocation of Resolutions", a total of 62 policies and national programs were revoked, one of which was "State Health Policy".

2.13 Currently, the Ministry of Health is developing a strategic plan for the health sector, which includes human resources.

2.14 From March 2022, the Center for Health Development has introduced and used the "Common Registration Fund of Health Workers" hr.hdc.gov.mn program, and the experts in charge of human resources in the health sector of the Ministry of Health have no access rights, and the necessary information can be sent in writing. communicating.

2.15 The above situation will make it difficult to quickly solve problems, analyze and make decisions within the framework of the movement of human resources, needs, and future policy-making activities in the health sector.

2.16 The number of health care workers will reach 57.8 thousand in 2021, and the number of people per doctor has decreased from 361 in 2000, 371 in 2005, and 363 in 2010 to 253 in 2021, a decrease of 110 from 2010. The number of people per nurse decreased from 318 in 2005, 313 in 2010, and 284 in 2011 to 244 in 2021, a decrease of 40.

2.17 A total of 13,000 doctors and 13,500 nurses will be registered nationwide in 2021, and the doctor-nurse ratio is 1.04, or 104 nurses per 100 doctors. Since 2010, the number of nurses per doctor has decreased due to the increase in the number of doctors. There are 1.04 nurses per doctor, which is twice less than the international standard.

2.18 According to Appendix No. 2 of Government Resolution No. 70 of 2020, the following 3 professions from the health sector are included in the "List of Priority Areas Needed in Mongolia".

Table 4. List of priority professions needed in Mongolia

№	Diversified category	№	Name of Profession	Education level
				Bachelors
13.	091 Health	35.	Nursing	BSc
		36.	Bio-medicine	BSc
		37.	Public health	BSc
Total				35

A good example:

In 2018, there was a shortage of 59 doctors out of 144 tuberculosis doctors in Mongolia. Tuberculosis treatment results were low in the units operating due to lack of human resources.

Therefore, starting from 2018, the funding of the necessary training costs for the training of doctors with the main specialization in tuberculosis research was first approved by the order of the Minister of Health and implemented every year.

Table 5. The number of doctors who studied with the support of the Global Foundation in the basic training of "tuberculosis"

Year	Number of doctors enrolled	Number of doctors graduated
2018	16	-
2019	12	16
2020	22	12
2021	15	22
2022	At present, no admission order has been issued	14
Total	65	64

2.19 A family health center is a registered private health care organization on a voluntary basis with the primary function of providing health care services to the population of cities and towns under contract.

2.20 According to the standards approved in 2017 for the structure and operation of family health centers, there is one family doctor and nurse for every 1,800-2,000 people. The national average number of people per family health center physician will be 2,913 in 2021, a decrease of 500 from 2011, but 45.7 percent higher than the 2017 standard.

3. Investment

2.21 The table below shows that the Great Khural of Mongolia approved the investment budget for the health sector on November 13, 2020 in the amount of 81.5 billion MNT.

Table 6. Investments in the health sector in 2021 /Thousand tugrug/

№	Investment category	Budget proposal	Approved budget	Adjusted budget
1	Building	195,180,500.0	59,938,076.3	56,438,076.3
2	Overhaul	69,289,800.0	8,933,300.0	8,933,300.0
3	Equipment	144,819,000.0	12,663,300.0	122,663,300.0
Total		409,289,300.0	81,534,676.3	188,034,676.3

2.22 The following violations related to the budgeting of investments in the health sector were revealed.

2.23 In the 2021 budget proposal, the Ministry of Health submitted a list of 109 buildings and structures to the Ministry of Finance on August 14, 2020 with letter number b/3435.

2.24 Out of all, 34 proposed projects and 75 new projects have submitted but only 7 projects were included in the 2021 budget law. Moreover, 14 projects with a budget of 23,000.0 million MNT were approved without the industry's suggestion. This is inconsistent with Article 14.2.4 of the Budget Law, which stipulates that "the investment measures to be implemented within the budget year and in the medium term within the framework of the issues under his responsibility shall be developed in coordination with all types of funding sources within the limits of the annual budget."

2.25 Also, the task of designing the construction of 14 building projects, which was approved without the opinion of the industry, was not fully developed based on local needs, engineering geological findings, other relevant technical conditions, land permits, etc. 2.1.2.1 of "Procedures

for planning, financing, monitoring, and reporting of implementation projects and measures" does not comply with what is stated to analyze, rank, and evaluate project proposals according to the criteria specified in the methodology.

2.26 XIX.3.30 Equipment of the Health Minister's batch project with a budget of 110,000 million MNT, as of December 31, 2021, 24,055.9 million MNT which is 21.8 percent of 20 contracts were completed. This is MNT 110,000.0 million of the Health Minister's batch, which was approved on 07/07/2021 with an additional clarification. It is due to the difficulty in supplying the device.

2.27 Judging from the above, it is necessary to budget the investment in the health sector based on actual needs, and to develop the design tasks based on local needs and engineering geological conclusions.

The government's plans and budgets are spending a lot of money on vulnerable groups

2.28 The definition of "social welfare" of the Law on Social Welfare (2012) was followed to define a citizen of a vulnerable group. According to Article 3 of the law, "Social welfare" refers to the minimum needs of citizens with health impairments, lack of family care and support, who cannot live normally independently or without the help of others, and citizens with special needs, as well as family members who need social welfare support and assistance. means providing pensions and allowances and providing special services by the state for the purpose of providing ".

2.29 The following table shows the beneficiaries of support and their definitions in Article 3 of the Law on Social Welfare compared with the relevant provisions of the Law on Health Insurance.

Table 7 Comparison of the Social Welfare Act and the Health Insurance Act

Social Welfare Act			Health Insurance Act	
Clause	Beneficiary	Description	Clause	Social group
3.1.2	A family member-citizen in need of social welfare support and assistance	A citizen selected from a household whose standard of living is below the poverty line and entered into the unified household data base according to the methodology jointly approved by the NSC and the central government administration organization	6.1.7 8.2.3	a family member-citizen in need of social welfare support and assistance
3.1.3	A child in a difficult situation	Depending on the situation, a child who is psychologically or physically victimized by growing up as an orphan, living in extreme poverty, neglect, prostitution, or experiencing violence	6.1.5 8.2.3	Children aged 0-18 years
3.1.4	Elderly	A citizen of Mongolia, a man over 60 years old and a woman over 55 years old	6.1.6 8.2.3	Citizens who have no fixed cash income other than pension
3.1.5	Disabled citizen	A person whose ability to participate in social life like others is completely restricted for more than 12 months due to a physical, mental, emotional or sensory defect	6.1.7 8.2.3	a family member-citizen in need of social welfare support and assistance
3.1.6	A citizen who needs constant care	A person who is unable to perform daily activities independently or without the help of others, or who has an intellectual disability or a severe mental disorder	6.1.7 8.2.3	a family member-citizen in need of social welfare support and assistance
3.1.7	A complete orphan	A child under the age of 18 whose parents have not been identified, or both of whom are dead, missing, or who lack legal capacity, and whose parental rights	6.1.5 8.2.3	Children aged 0-18 years

		have been limited or revoked by a court decision (while the decision is in force), as well as those who are living with their mother due to unknown fatherhood A child whose mother died while still living, and whose mother/father he/she took care of is dead		
3.1.8	Single mother and father	It means a single mother/father whose birth or adopted child has not been determined by the court, or whose child is married, and one of the husband or wife has died or disappeared, or has no legal capacity, or whose right to be a father or mother has been restricted by a court decision (during the validity period of the decision) person	6.1.7 8.2.3	A mother/father raising a child up to the age of two (or three in case of twins)

2.30 According to the Law on Health Insurance of the Government of Mongolia, the government is responsible for the payment of health insurance for the following population groups. It includes:

- Children aged 0-18 years
- a citizen who has no regular cash income other than pension
- family member-citizen in need of social welfare support and assistance
- a mother/father who is raising a child until the age of two/three in case of twins

2.31 The Health Insurance and Social Welfare Laws provide for the welfare of the vulnerable population and social insurance premiums to be paid by the government.

Table 8. Contribution income of citizens whose health insurance premiums are covered by the state /Million tugrug/

2018		2019		2020		2021	
Budget	Performance	Budget	Performance	Budget	Performance	Budget	Performance
67,723.8	67,468.4	83,885.0	83,804.1	84,128.5	84,015.6	84,128.5	83,956.3

2.32 In 2018, the income of the citizens whose health insurance premiums are covered by the government was budgeted at 67.7 billion MNT and generated an income of 67.5 billion MNT. In 2021, it was budgeted at 84.1 billion MNT and generated an income of 83.9 billion MNT, an increase of 16.2 billion MNT.

Table 9 Number of citizens whose health insurance premiums are paid by the government

Total		Thousand people			
		2018	2019	2020	2021
		1,755.5	1,966.5	2,067.5	2,289.4
1	Children up to 16 years of age (18 if attending secondary school)	1,104.9	1,194.7	1,034.5	1,186.57
2	A citizen who has no cash income other than pension	260.9	441.8	494.8	581.62
3	A mother/father raising a child up to the age of 2 (3 in case of twins).	53.1	54.5	138.2	81.82
4	A member of a low-income household	336.6	275.6	399.9	439.4

2.33 According to the Health Insurance Law of the Government of Mongolia, in 2018, 1,755,500 people were responsible for health insurance, and in 2021, it increased by 533,900 people to 2,289,400 people.

2.34 The following table shows a selection of measures aimed at vulnerable people with disabilities from the 2015-2021 action plan of the Ministry of Health.

Table 10 State measures for people with disabilities

№	Year	Chapter	Clause	Items
1	2015	III	1	Organizing a campaign to support the health of people with disabilities
2	2016	I	1	Creation of a special nursing home for disabled people with mental illness, mental retardation, and severe mental illness
3	2016	II	92	Creating a friendly environment for the elderly and people with disabilities in all levels of health care facilities
4	2018	III	163	Creating the external and internal environment of the hospital for people with disabilities to receive health care and services without obstacles
5	2019	III	212	Creating the external and internal environment of the hospital for people with disabilities to receive health care and services without obstacles
6	2019	III	214	Establishing central and branch commissions with the functions of detecting and identifying children's disabilities and abilities, implementing comprehensive child development programs, and regularizing activities
7	2020	III	142	Applying the International Classification of Health and Functioning (ICF) to health care and services for people with disabilities
8	2020	III	143	Adopt and implement a national program to support the rights, participation and development of people with disabilities
9	2020	III	144	Creation of a unified database of electronic information about people with disabilities
10	2020	III	145	Establishing central and branch commissions with the functions of detecting and identifying children's disabilities and abilities, implementing comprehensive child development programs, and regularizing activities
11	2021	III	156	Monitoring and evaluation of the rules and regulations in the health sector regarding the sexual and reproductive health of women with disabilities.

Source: Ministry of Health action plan

2.35 The government is responsible for paying the premiums of the vulnerable groups and meeting the needs of the vulnerable groups at an appropriate level by implementing certain goals in the action plan of the Ministry of Health.

Section 3. The government regularly assesses risks, monitors and evaluates its own capacity to predict, prevent, and prepare for public health risks is not regular, and plans are not developed according to recommendations.

There is a lack of citizen participation in planning and budgeting to strengthen the capacity to predict, prevent, and prepare for public health risks

3.1. The Ministry of Finance, the National Audit Office, the Government, and the Parliament have an appropriate level of participation in the drafting of the health sector budget.

3.2. However, due to the fact that the Ministry of Health has not developed and implemented stakeholder engagement strategies and citizen engagement strategies, NGOs and public opinions have not been reflected in the budget and planning.

3.3. Also, the "Procedures for planning, developing, approving, implementing, and reporting the performance of the budget of the health sector" approved by the order of the Ministry of Health, do not include the inclusion of customer parties.

3.4. 4.2.3 of Chapter 4 of the Law on Health states that "health policies and measures shall be implemented by governmental and non-governmental organizations, local administrative and local self-governing organizations, enterprises, organizations, communities, families, and citizens." It creates a risk that it will not be possible to fully implement it.

3.5. The United Nations and the World Bank have calculated the evaluation index that evaluates the implementation of the Sustainable Development Goals of the member countries. According to the 2021 index of the implementation of the Sustainable Development Goals, the performance scores of 165 countries out of 193 UN member countries have been calculated and reported.

Table 11 SDG Health Indicator Ratings and Trends

SDG3 – Good Health and Well-Being			
Maternal mortality rate (per 100,000 live births)	45	2017	● ↑
Neonatal mortality rate (per 1,000 live births)	7.9	2020	● ↑
Mortality rate, under-5 (per 1,000 live births)	15.4	2020	● ↑
Incidence of tuberculosis (per 100,000 population)	437.0	2020	● ↓
New HIV infections (per 1,000 uninfected population)	0.0	2020	● ↑
Age-standardized death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30–70 years (%)	35.0	2019	● →
Age-standardized death rate attributable to household air pollution and ambient air pollution (per 100,000 population)	156	2016	● ●
Traffic deaths (per 100,000 population)	21.0	2019	● ↓
Life expectancy at birth (years)	68.1	2019	● →
Adolescent fertility rate (births per 1,000 females aged 15 to 19)	30.5	2019	● →
Births attended by skilled health personnel (%)	99.3	2018	● ↑
Surviving infants who received 2 WHO-recommended vaccines (%)	96	2020	● ↑
Universal health coverage (UHC) index of service coverage (worst 0–100 best)	63	2019	● →
Subjective well-being (average ladder score, worst 0–10 best)	5.7	2021	● ↑

Trends described as following

Dashboards: ● SDG achieved ● Challenges remain ● Significant challenges remain
● Major challenges remain ● Information unavailable

Trends: ↑ On track or maintaining SDG achievement ↗ Moderately improving → Stagnating
↓ Decreasing ● Trend information unavailable

3.6. Mongolia has been ranked 106th out of 165 reported countries with a SDG performance index of 63.8 points. The average indicator of the Western Pacific region is 65.7, and our country is 1.8 points below the regional average. The performance index categorizes each target of the SDGs as successful, moderately improving, stagnant, declining, and lacking information is rated.

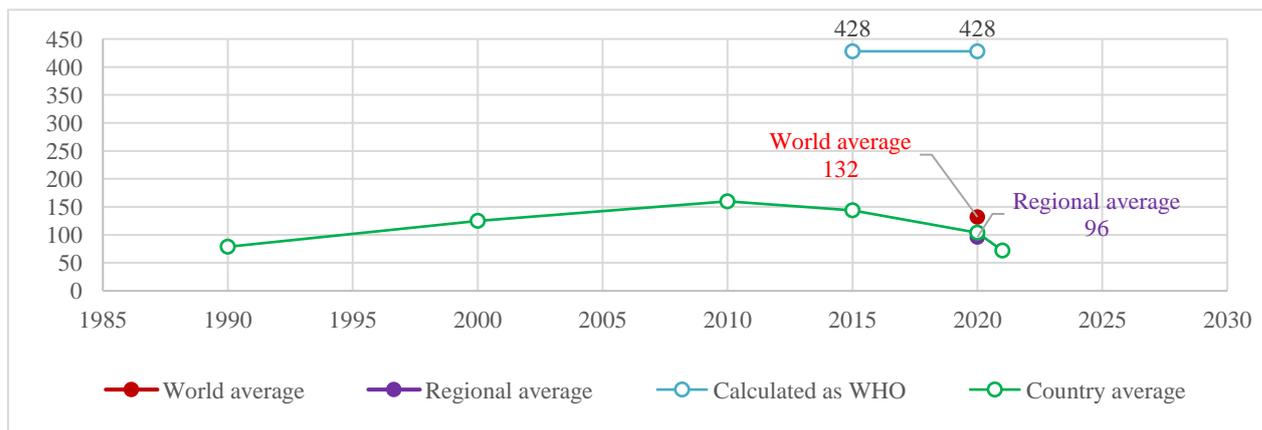
3.7. Regarding the implementation of Mongolia's SDGs, the following are the areas that will receive special attention in the future.

3.8. The level of tuberculosis among the population of Mongolia is the 4th highest prevalence among the countries of the Western Pacific region.

3.9. According to WHO estimates¹, the tuberculosis incidence rate per 100,000 population is 428, which is 296 higher than the global average (132) and 332 higher than the regional average (96).

¹ Source World Health Statistics 2021: Annex 2

Chart 2: Tuberculosis incidence rate /per 100,000 population/



3.10. According to health statistics, the tuberculosis incidence rate per 100,000 population in 2021 will be 72, which is a decrease of 51.3 from the average of the last 10 years and 31.3 from the previous year. /Appendix No. 1/

Probability of dying from cardiovascular disease, cancer, diabetes, and chronic respiratory disease between the ages of 30 and 70

3.11. Although the risk of early death due to the 4 main causes of non-communicable diseases - cardiovascular, cancer, diabetes and chronic respiratory diseases - is decreasing, according to current projections, Mongolia will reduce premature death due to non-communicable diseases by one-third by 2030, according to SDG 3.4. It appears that the target will not be reached. The non-communicable disease targets of 2025 are not being met because the consumption of tobacco and alcohol is not steadily decreasing.

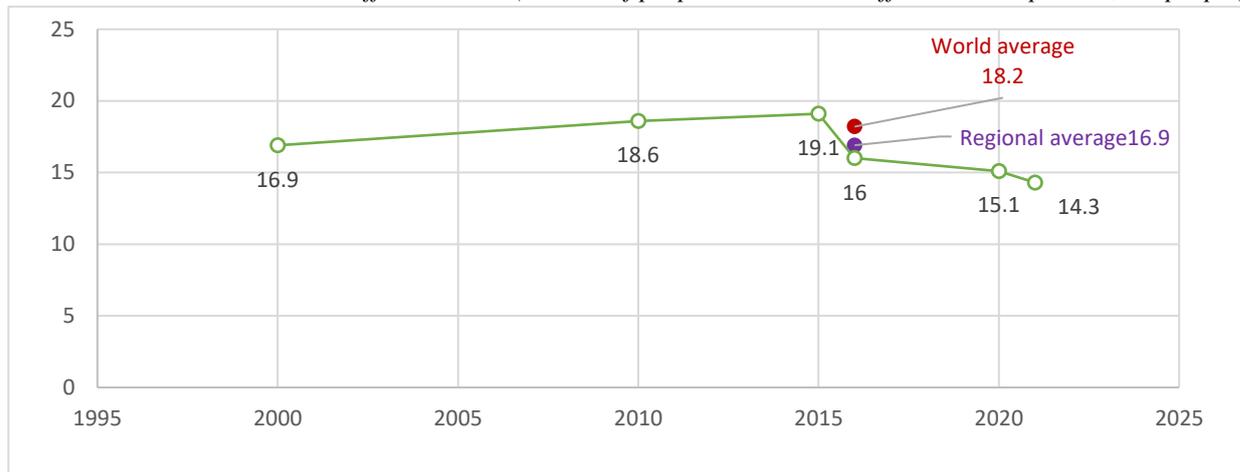
3.12. According to WHO estimates, the probability of dying from four major non-communicable diseases among the Mongolian population aged 30-70 is 30.2, which is 11.9% higher than the global average (18.3) and 14% higher than the regional average (16.2).

3.13. According to health statistics, in 2021, 6,230 cases of death due to cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases were recorded in the age group of 30-70 years, accounting for 31.3 percent of all deaths. The death rate from these causes is relatively higher among men aged 30-70 than among women, and is 31.8 per 10,000 people of that age in 2021. /Appendix No. 2/

3.14. Mongolia has the 9th highest prevalence of road traffic accident deaths among Western Pacific countries, and the road traffic accident death rate per 100,000 population is lower than the average for many regions of the world.

3.15. In 2021, the death rate due to traffic accidents per 100,000 population will be 14.3, which is 0.4 less than the average of the last 10 years and 0.1 less than the previous year.

Chart No. 3 Death rate due to traffic accidents (number of people who died in traffic accidents per 100,000 people)



3.16. In terms of gender, men are 2.3 times more likely to die than women, pedestrians are 1.5 times more likely to die, and motorcyclists are 13 times more likely to die.

3.17. If we show the number of deaths due to traffic accidents in 2021 by age category, children under 15 years old account for 14.0 percent, 15-29 years old account for 19.6 percent, 30-39 years old account for 20.6 percent, and 40-49 years old account for 24.3 percent, which is a high indicator among age groups.

The government has not adopted a strategy to address the deficiencies identified during the assessment of the health system's capacity to predict, prevent, and prepare for public health risks.

3.18. Prevention of public health risks and monitoring and reporting related to the rules of the IOM are reported in the following two ways.

- Working and reporting to an international external inspection team
- Annually review and self-assess the implementation of the IOM Rules

3.19. In 2017, a joint team of WHO and international experts evaluated 19 technical issues with 47 indicators in the implementation of the Global Health Regulations and identified trends for further improvement. In total, 8 indicators of 5 problems were evaluated as good, and 39 indicators of 16 problems were evaluated as yellow or medium.

As an example of some of the areas where progress has been made,

- National surveillance and response systems have been greatly improved through periodic review of systems through post-operational audits and commitment to corrections and corrections as necessary.
- Graduates of the Mongolian Field Epidemiology Training Program (MFTP) are now an important part of the national surveillance and response system. The program is fully financed by Mongolia. Participants from the non-health sector are also involved, with alumni serving as research mentors and actively involved in the publication and sharing of research findings. This is an example of good practice in sustainable workforce development.
- Sectors cooperate well during public health emergency measures, a national intersectoral health coordination committee at the state, province, and sumad levels, and a multi-sector joint rapid response team (RTT) have been established in all provinces. This cooperation is regulated by the procedure of "intersectoral information exchange, taking prompt

measures in case of potential disasters and public health emergencies" submitted for approval by the Deputy Prime Minister, making the project more effective.

- New emergency response centers with regulatory, administrative and oversight coordination in health and other sectors have created a powerful platform for improving public health emergency preparedness. This includes mechanisms for coordinating and sharing information during outbreaks and public health emergencies.

The evaluation identified several areas for improvement. It includes as following:

- Coordination between human and animal health sectors exists, but is not fully functional or regularly coordinated with other sectors. In particular, there is insufficient coordination between all sectors of the antimicrobial resistance (AMR) detection program in the veterinary and food sectors.
- Some public health functions, e.g. maintenance and maintenance of essential medicines and other supplies are duplicated in various government units.
- Public health human resources are insufficient to address all threats to health security, and technical, managerial and leadership capacity needs to be strengthened. Qualified human resources are needed at all levels of human and veterinary medicine.
- Inadequate funding for health security activities at the level of basic capacity to meet international health regulations, for example, expanding the scope of Mongolia's field epidemiology training program to address not only communication risks, but also national capacity to address large-scale outbreaks and other public health emergencies degree is not enough.

3.20. Based on the observations, the cross-sectional expert team made recommendations for further implementation as following.

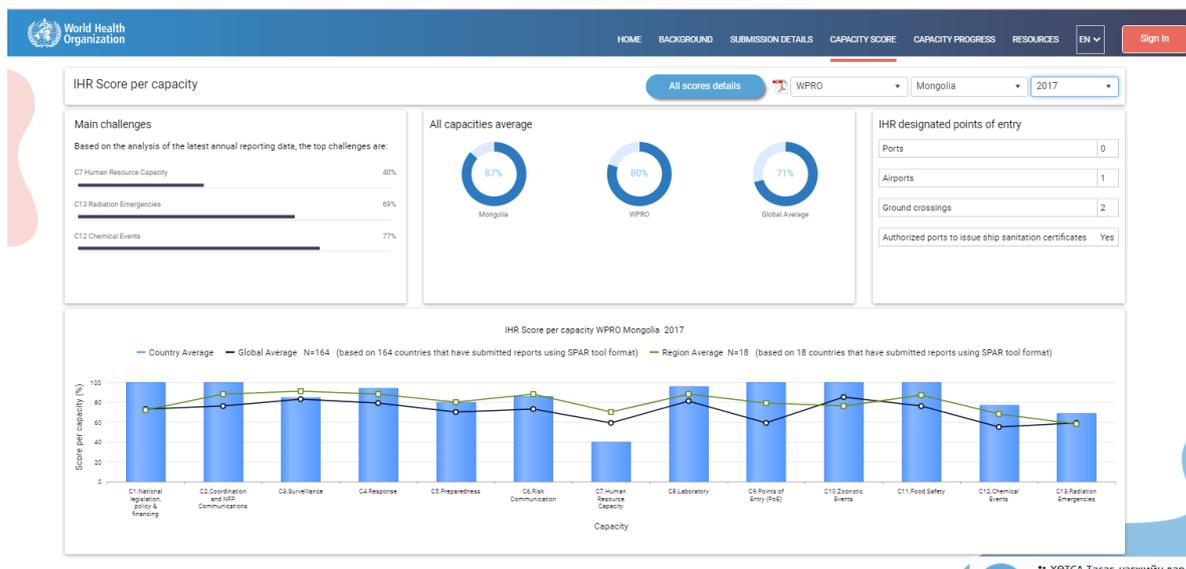
- Recommendations of the Joint External Evaluation Team under the Asia-Pacific Strategy for Emerging Infectious Diseases and Public Health Emergencies (APSED III) on the revision, implementation and monitoring of national plans for emerging infectious diseases and public health emergencies taking into account the priority measures taken;
- Increase and secure access to sustainable financing for the implementation of the National Plan for Emerging Infectious Diseases and Public Health Emergencies, and strengthen mechanisms to combat infectious diseases. Timely funding of public health emergencies;
- Formation and provision of public health personnel with technical, management, leadership and skills in the national action plan for the development of human resources in line with the government's health policy;
- Improve organizational policies, plans, procedures, and coordination to improve multidisciplinary communication, coordination, and cooperation for preparedness and response to all types of public health emergencies, and to reduce duplication. This includes finalizing, putting into operation, and monitoring procedures for inter-sectoral information exchange, rapid response to potential disasters, and public health emergencies.

3.21. It is evaluated by IHR (International health regulation) points, and the Mongolian National Central Hospital for Infectious Diseases is the coordinating organization of Mongolia.

3.22. The Ministry of Health and the National Center for Infectious Diseases conduct self-assessment of public health risk prevention and control related to the International Health Council.

Due to the Covid-19 pandemic, the assessment has become more comprehensive and covers many issues. For example, in 2018, it was evaluated on 13 indicators, but in 2021, it has increased to 37 issues of 15 indicators.

Chart 4 Self assessment report 2018



Source: World bank

Chart 5 Self assessment report 2021



Source: World Bank

3.23. According to the self-evaluation results of 2021, out of 37 questions out of 15 indicators, 7 questions out of 5 indicators were evaluated as insufficient or 60 points. These include laboratory biosecurity, implementation of biosecurity procedures, healthcare-associated infection surveillance, public health responses at border points of entry, risk-based international travel-related interventions, and chemical detection and alerting. resources, and the assessment of resources and capabilities in the event of a radiological hazard emergency is insufficiently assessed.

3.24. It was explained that according to the assessment made by WHO, the plan is not reported and the implementation of the plan is not reported, and it is reported in the next year's assessment by improving the work of the sector that received an insufficient score.

3.25. According to Order No. 08 of the Chairman of the Standing Council for the Prevention of Earthquake Disasters dated November 2, 2017, "Procedures for the rapid organization of interdepartmental information exchange and response measures during potential disasters and public health emergencies", "Risk assessment methodology"- are being approved and implemented respectively, and work is currently underway to update and improve the procedure.

Weak capacity for risk assessment related to health system capacity and monitoring of risk management implementation

3.26. The Inspection, Evaluation and Internal Audit Department of the Ministry of Health regularly monitors and analyzes the implementation of policy documents and makes appropriate recommendations. In 2015-2022, a total of 33 inspections, analyzes and evaluations were conducted on the implementation of long, medium and short-term documents. These reports reflect the health issues of vulnerable groups relevant to the issue being investigated.

- Monitoring and evaluation report on the implementation of the rules and regulations in the health sector regarding the sexual and reproductive health of women with disabilities, 2022
- Evaluation Report on the Implementation of Laws and Decisions Supporting Breastfeeding, 2022
- Results of the monitoring and evaluation of the implementation of the "State Health Policy", 2021;
- Mid-term monitoring and evaluation report on the implementation of the "Population Nutrition" national program, 2020;
- "Vision-2050" Mongolia long-term development policy implementation report, 2021

3.27. Risk assessment is carried out in the financial activities of the health sector, but risk assessment in the health system and determination of the special needs of vulnerable groups of people is insufficiently implemented.

3.28. Relevant stakeholders of the health sector and government administration are involved in monitoring, supervision, evaluation and reporting, but there has been no monitoring and analysis involving citizens and civil society organizations.

3.29. Citizens have been operating electronic and communication lines for receiving complaints from the public, taking countermeasures, and delivering responses to citizens on a regular basis.

AUDIT CONCLUSION

Based on the results of the audit, the following conclusions have been made.

The general procedure for developing development policy and planning documents is not based on good international standards, and because it is too general, medium and short-term policy documents have not been developed with quality. The legal policy framework for implementing the health promotion policy has been harmonized, but it has not been fully implemented in reality

Mongolia's long-term policy document, Vision 2050, does not match the 27 criteria for the implementation of 13 goals approved by the United Nations as part of the Sustainable Development Goals "Promoting Health".

In order to effectively achieve SDG 3.d goals approved by the United Nations, stakeholders such as the public, private sector, academic institutions, and health-related sectors are involved in health system strengthening, health security strategies and policies, and planning activities. There is no policy document on involvement.

In accordance with the budget law, when submitting proposals to the budget draft, the draft action plan for the implementation of the goals set out in the policy document is not prepared and the measures to be implemented are not planned in detail, so the budget and the action plan are not coordinated. Due to this, the risk of non-implementation of the goals and objectives of the development policy is increasing.

Although there are good examples of human resources that have been implemented in the field of human resources, such as the training of doctors with basic expertise in tuberculosis, 3 professions that are in short supply in the health sector are included in the "List of Priority Professions Needed in Mongolia", the Ministry of Health has 1 right to access the human resources program and limited or small amount of information. the ratio of doctors and nurses is 2 times lower than the international standard, and the number of doctors per family health center is 45.7 percent higher than the standard.

The overall indicator of public health care services is above the world average, but some detailed indicators are insufficient due to the lack of plans and strategies for implementation based on the evaluation and recommendations of the Health Program approved by the World Health Organization.

AUDIT RECOMMENDATION

To Ministry of Economic and Development

To revise the common procedure for developing development policy and planning documents in accordance with good international standards

Re-examine the indicators for the implementation of objective 2.2 of the Human Development section of the long-term policy document "Vision 2050" and make changes in line with the indicators of SDG 3 approved by the United Nations

To Ministry of Health

Establish and implement measures to address the capacity requirements set out in Annex 1 of the WHO International Health Regulations (2005) in a medium-term policy document

Development of an implementation plan based on the evaluation and recommendations of the Health Program approved by the World Health Organization for public health care indicators that are below the global and regional averages

In accordance with the budget law, when submitting proposals to the budget draft, prepare a draft action plan for the implementation of the goals set out in the policy document, define the measures to be implemented in detail, and practice coordinating the budget and action plan.

Increase the capacity of human resources involved in long and medium-term development policy and annual plan planning, their implementation, and evaluation of results.

Comments from audited entities

1. Ministry of Economy and Development:



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АУДИТЫН НЭГДСЭН УДИРДЛАГА,
ЗОХИЦУУЛАЛТЫН ГАЗРЫН
ЗАХИРАЛ Ц.ЭНХЖАВХЛАН ТАНАА

2023.04.27 № 03/681
танай _____-ны № _____-т

Санал хүргүүлэх тухай

Танаас 2023 оны 06/757 дугаартай албан бичгээр ирүүлсэн “Эрүүл мэндийн салбарын бодлого, тогтолцоонд тогтвортой хөгжлийн зорилтын хэрэгжилт, үр дүн” сэдэвт аудитын тайлангийн төсөлтэй танилцаад дараах саналыг хүргүүлж байна.

1. Монгол Улсын Засгийн газрын 2022 оны 470 дугаар тогтоолоор “Хөгжлийн бодлогын баримт бичиг боловсруулах журам” шинэчлэгдэж, хөгжлийн бодлогын баримт бичиг тус бүрийг түүний онцлогт нийцсэн аргачлалаар боловсруулах нөхцөлийг бүрдүүлсэн. Үүний дагуу Эдийн засаг, хөгжлийн сайдын 2022 оны А/167 дугаар тушаалаар “Улсын хөгжлийн жилийн төлөвлөгөө боловсруулах аргачлал”-ыг олон улсын сайн жишиг болох үр дүнд суурилсан арга зүйд тулгуурлан боловсруулж баталсан тул Аудитын зөвлөмж хэсгийн “Хөгжлийн бодлого төлөвлөлтийн баримт бичиг боловсруулах нийтлэг журмыг олон улсын сайн жишигт нийцүүлэн шинэчлэн боловсруулах,” гэснийг хасах.

2. Эдийн засаг, хөгжлийн яамнаас “Алсын Хараа-2050”-ын Монгол Улсын урт хугацааны хөгжлийн бодлогыг хэрэгжүүлэхэд чиглэсэн Хөгжлийн зорилтот хөтөлбөрүүдийг Тогтвортой хөгжлийн зорилгын үндэсний шалгуур үзүүлэлтүүдтэй уялдуулан боловсруулж, Улсын Их Хурлын 2023 оны хаврын ээлжит чуулганы хуралдаанд өргөн мэдүүлэхээр ажиллаж байгаа болно.



ТӨРИЙН НАРИЙН БИЧГИЙН ДАРГЫН
АЛБАН ҮҮРГИЙГ ТҮР ОРЛОН
ГҮЙЦЭТГЭГЧ  Б.ДАШПҮРЭВ

230724

2. Ministry Health:



МОНГОЛ УЛСЫН
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2023.04.27 № 4/1919
танай 2023.04.11-ны № 06/756-Т

ҮНДЭСНИЙ АУДИТЫН ГАЗРЫН
АУДИТЫН НЭГДСЭН УДИРДЛАГА,
ЗОХИЦУУЛАЛТЫН ГАЗРЫН
ЗАХИРАЛ, ТЭРГҮҮЛЭХ АУДИТОР
Ц.ЭНХЖАВХЛАН ТАНАА

Хариу хүргүүлэх тухай

Үндэсний аудитын газрын Аудитын нэгдсэн удирдлага, зохицуулалтын газрын захирлын 06/756 албан тоотоор ирүүлсэн “Эрүүл мэндийн салбарын бодлого, тогтолцоонд тогтвортой хөгжлийн зорилгын хэрэгжилт, үр дүн” сэдэвт гүйцэтгэлийн аудитын тайлантай танилцаж, дараах саналыг хүргүүлж байна. Үүнд:

- Эрүүл мэндийн сайдын 2022 оны 12 дугаар сарын 15-ны өдрийн А/609 дүгээр тушаалаар “Эрүүл мэндийн салбарын 2022-2025 оны стратеги төлөвлөгөө” батлагдсан тул холбогдох хэсгүүдэд өөрчлөлтийг хийх;
- “Эрүүл мэндийн салбарын хүний нөөцийн ур чадвар, нийгмийн хамгааллыг сайжруулж, сувилагч мэргэжилтэнг жил бүр заасан нийт 1000-аас доошгүйг бэлтгэсэн байна” гэж дээрх стратеги төлөвлөгөөний Зорилт 8-д тусгасан тул тайланд нэмж оруулах;
- Эрүүл мэндийн тухай хуулийн 13 дугаар зүйлийн 13.5 дахь хэсэгт “Эмнэлгийн тусламж, үйлчилгээ нь анхан болон лавлагаа шатлалтай байна” гэж заасан тул Монгол Улсын эрүүл мэндийн салбарын тогтолцооны зураглалыг хуулийн дагуу болгон өөрчлөх;
- Тайлангийн 3.28-д эрүүл мэндийн байгууллага, тусламж үйлчилгээний эрсдэлийн үнэлгээ хийх гэж оруулах;
- Эрүүл мэндийн хөгжлийн төвийн “Эрүүл мэндийн ажилтны нэгдсэн бүртгэлийн сан” hr.hde.gov.mn цахим системд нэвтрэх хэрэглэгчийн зөвхөн 1 эрхийг Эрүүл мэндийн яаманд олгосон бөгөөд хязгаарлагдмал буюу цөөн тооны мэдээллийг харах нөхцөл байдалтай байна.

Мөн тайланд дурдсан 2021 оны төсвийн гүйцэтгэлээр хэтрэлттэй гарсан урсгал зардлын хувьд дараах шалтгаанаас үүдэлтэй байна. Үүнд:

1. Эм, бэлдмэл эмнэлгийн хэрэгслийн зардлын хувьд Коронавируст халдварын цар тахлын нөхцөл байдлаас шалтгаалж олон улсын хил хаалттай, ОХУ, Украины дайны нөлөөний улмаас импортоор орж ирэх эм, эмнэлгийн хэрэгслийн нэр төрөл, нийлүүлэлт багассантай холбоотойгоор илүү өндөр үнээр худалдан авалт хийх нөхцөл үүссэн.

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2. Урсгал засварын зардлын хувьд Коронавируст халдварын цар тахлын нөхцөл байдалд эрүүл мэндийн байгууллага, эмч ажилчид хэвийн хүчин чадлаас давсан ажлын ачаалал үүрч ажилласан. Үүнтэй холбоотойгоор 2020-2022 онуудад урсгал засвар хийх ажил хойшлогдсон. Мөн ариутгал халдваргүйтгэлийн ажил ихээр хийгдэж, багаж техник хэрэгслийг уртгасан цагаар хэвийн хүчин чадлаас илүү ажиллуулсантай холбоотойгоор эвдрэл гэмтэл ихээр гарч урсгал засвар, багаж техникийн зардал, бусдаар гүйцэтгүүлэх зардал хэтэрсэн.

БОДЛОГО ТӨЛӨВЛӨЛТИЙН ГАЗРЫН
ДАРГЫН АЛБАН ҮҮРГИЙГ ТҮР
ОРЛОН ГҮЙЦЭТГЭГЧ,
СТРАТЕГИ УДИРДЛАГЫН
ХЭЛТСИЙН ДАРГА



П.ОЮУНЦЭЦЭГ