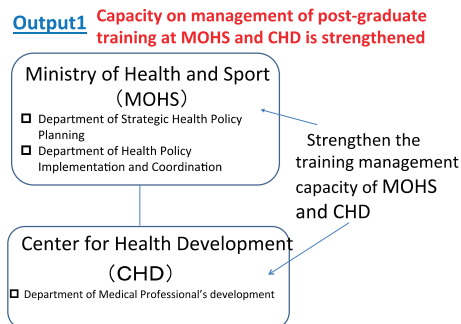
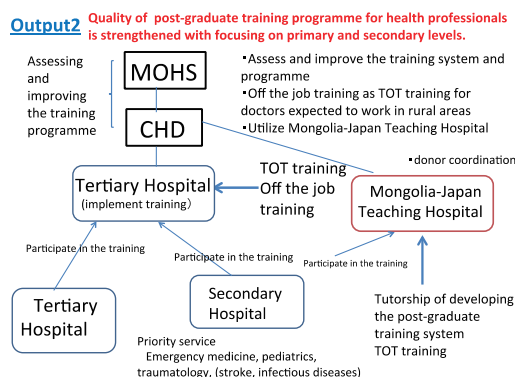


## Activities

As for the output 1, assessing CHD's management for post-graduate training and identifying the challenges of the training management, developing and implementing an action plan to improve CHD's management capacity, strengthening monitoring mechanism for post-graduate training management.

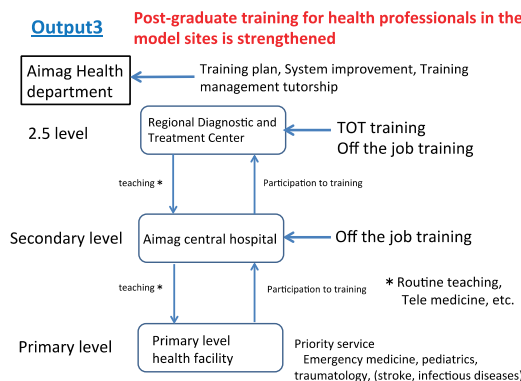


As to the output 2, assessing and improving the post-graduate training system and program, implementing TOT training for capacity development of trainers, and developing training modules.



- Revising the residency-training program (3<sup>rd</sup> and 4<sup>th</sup> year after graduation): Emergency medicine, traumatology, infectious diseases, and related subjects to emergency medicine.

With regard to the output 3, setting model sites in aimag and strengthening training system, conducting off-the-job training on selected subjects of high priority including emergency medicine and pediatrics, establishing a guidance system from upper level to lower level.



# The Project for Strengthening Post-graduate Training for Health Professionals in Primary and Secondary Level Health Facilities

Project period: From May 2015, for 5 years



The State Central First Hospital



Intern in the primary level health facility in rural area (1-2 years after graduation)



Primary level health facility in rural area

JICA Mongolia Office

7F, Bodi Tower, Great Chinggis Khan Square5,  
Ulaanbaatar, Mongolia, TEL: 976-11-312393, 311329

Project office

C/O: Center for Health Development, 3F, Room 306,  
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Ulaanbaatar, Mongolia, TEL: 976-70110894

Ulaanbaatar 2015

# The Project for Strengthening Post-graduate Training for Health Professionals in Primary and Secondary Level Health Facilities

Project period: From May 2015, for 5 years

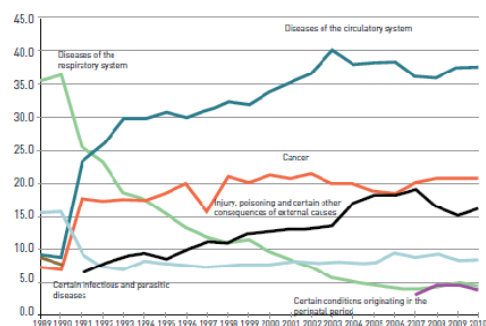
Mongolia is a republic, which is located in the northern part of East Asia, with the territory of 1,561,400 km<sup>2</sup> (fourfold of that of Japan), with the population of 3 million (the most sparsely populated country in the world) and is consisted of 21 provinces (aimag) and the capital Ulaanbaatar.

Although the main industry of Mongolia had traditionally been based on herding, the development of extensive mineral deposits of copper, coal and rare metals has recently emerged as a driver of industrial production.

Mongolia saw its own democratic revolution in 1990 and became a country of democracy and market economy. Although Mongolia suffered from economic stagnation during 10 years after the revolution, it has experienced rapid economic growth over recent period.

As exemplified by the drops in the infant mortality rate from 76 per 1,000 in 1990 to 31 and the maternal mortality rate from 120 per 100,000 to 63 (2011, UNICEF), the fundamental health indices have improved for Mongolia overall. Medical equipment in health facilities has improved as well. However, large regional disparities remain, and improving health care services, particularly in outlying aimag, is a priority for the health sector. It can be inferred from the fact that the infant mortality rate in rural areas is twice as high as that in urban areas (urban areas: 24, rural areas: 48), and the under 5 mortality rate is 28 per 1,000 in urban areas, whereas 62 in rural areas (MICS Summary Report, 2010). In addition, although the number of doctor is relatively high (263 per 100,000 populations) compared to the world average (170 per 100,000 populations), the physicians are concentrated in Ulaanbaatar city.

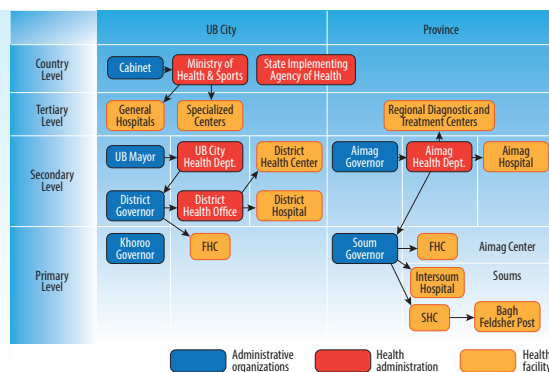
Transition of primary cause of death in Mongolia (%)



Health care indicators

	Mongolia 1990	Mongolia 2011	Japan 2011	World average 2011
Infant mortality rate (per 1,000 births)	76	16.3	2	35
Under 5 mortality rate (per 1,000 births)	107	20.0	3.4	51
Maternal mortality rate (per 100,000)	120	63	3.8	210
Average life expectancy	60.3	69.1 (2013)	84.2 (2013)	71 (2013)
The number of doctors (per 100,000)		263	237	170

Health Administration system of Mongolia



The Government of Mongolia has addressed the issue of regional disparities in health sector, especially the shortage of medical human resources in rural areas. From 2008, the Government of Mongolia started to give temporary permit to new medical school graduates and to require working in primary level health facilities in rural areas such as Family Health Center (FHC) or Sum Health Center (SHC) for two years.

However, the low level of medical skills due to a lack of practical clinical training has become a problem because newly licensed physicians are posted without any practical clinical training to the outlying medical facilities where the number of physicians is insufficient. Official practice of clinical training starts from the 3<sup>rd</sup> year after graduation. Nevertheless, the actual conditions are lacking an integrated training program, lacking sufficient places to conduct residential training outside of Ulaanbaatar as the tertiary health facilities are located only in Ulaanbaatar. Moreover, the number of patients with non-infectious diseases are on the increase, as exemplified as diabetes, high-blood pressure, cancer, cardiac disease, traffic accident, and trauma. Therefore, it is vital to take measures against these non-infectious diseases.

The Government of Mongolia has responded with measures such as promoting the placement of medical personnel in outlying aimag under the Health Sector Human Resource Policy (2010-2014). This policy has obtained certain results. From 2013, the Ministry of Health and Sports (MOHS) has focused on improving the quality of medical services in rural areas and residential training. In proportion to this policy, related rules, regulations and laws have been modified. In recent years, technical improvements of medical staff in rural areas have been a prime task for Mongolia. With a goal of improvement of primary and secondary level healthcare service quality in rural areas, the Government of Mongolia submitted a formal proposal of technical assistance for strengthening post-graduate training for health professionals in primary and secondary level health facilities to the Government of Japan.

As requested by the Government of Mongolia, this project intends to strengthen the post-graduate training for health professionals through improving post-graduate training system and program for health professionals, developing the capacity of trainers, strengthening the management ability of the training, developing the training package, and strengthening the training ability at regional and provincial core medical facilities. The project is based on the Health Sector Human Resource Policy and Quality Improvement of Post-Graduate Training Policy. Thereby, the project aims to improve the quality of healthcare services in primary and secondary level health facilities. The main targets of the project are physicians, and the main counterparts of this project are the MOHS (Ministry of Health and Sport) and Center for Health Development. The project places emphasis on emergency medicine and its related subjects. In addition, health departments and regional diagnostic treatment centers (RDTCC) in model aimag and training hospitals in Ulaanbaatar city are also important implementing agencies for the project. Besides, this project intends to have synergistic effect by cooperating with the grant aid project, the Project for Construction of Mongolia-Japan Teaching Hospital (2015-2018).

## Goal

Overall Goal:

Quality of health services in primary and secondary level facilities is improved.

## Project purpose

Post-graduate Training for health Professionals in Primary and Secondary Level Health Facilities is strengthened.

## Outputs

1. Capacity on management of post-graduate training at Ministry of Health and Sports and Center for Health Development is strengthened.
2. Quality of post-graduate training program for health professionals is strengthened with focusing on primary and secondary levels.
3. Post-graduate training system for health professionals in the model sites is strengthened.