Integrity in the Health Sector

Mongolia
Project Assessment

The DGTTF Lessons Learned Series

United Nations Development Programme

Integrity in the Health Sector

Mongolia

Project Assessment

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Abbreviations[1]

ADB	Asian Development Bank
DGTTF	Democratic Governance Thematic Trust Fund
HR	Human Resources
IAAC	Independent Authority Against Corruption
MDG	Millennium Development Goal
MoH	Ministry of Health
MOU	memorandum of understanding
NGO	non-governmental organization
NPO	National Programme Officer
SITE	Strengthening Integrity and Transparency Efforts in Mongolia
SSIA	State Specialized Inspection Agency
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organization

[1] The abbreviations and acronyms relate to those used in the main text, not those that are found only in the Annexes.

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Preface

The Millennium Declaration from the Millennium Summit in 2000 emphasizes the centrality of democratic governance for the achievement of the Millennium Development Goals (MDGs). World leaders agreed that improving the quality of democratic institutions and processes, and managing the changing roles of the state and civil society in an increasingly globalized world, should underpin national efforts to reduce poverty, sustain the environment, and promote human development.

The Democratic Governance Thematic Trust Fund (DGTTF) was created in 2001 to enable UNDP Country Offices to explore innovative and catalytic approaches to supporting democratic governance on the ground. The DGTTF Lessons Learned Series represents a collective effort to capture lessons learned and best practices in a systematic manner, to be shared with all stakeholders, to serve as an input to organizational learning, and to inform future UNDP policy and programming processes.

Executive summary

The DGTTF-funded pilot project 'Strengthening Ethics and Integrity for Good Governance in the Health Sector of Mongolia' was undertaken in the context of broader anti-corruption efforts and civil service reform in Mongolia. It also was a response to an initiative of the Ministry of Health (MoH), the first ministry in the national government to request support in introducing integrity and ethics to sectoral management. The project was meant to be implemented over two years from January 2006 through December 2007. However, significant delays in establishing the Project Unit and recruiting staff, as well as staff and structural changes in the MoH, reduced actual implementation to less than 1.5 years.

The project was strategically well-positioned and highly relevant, being a response to the MoH request for support in its efforts to establish transparency and accountability in health sector. It has proven to be highly innovative and catalytic, resulting in its replication at the State Specialized Inspection Agency (SSIA) in 2008 and the Independent Anti-Corruption Authority in 2009. This new project, 'Strengthening Integrity and Transparency Efforts in Mongolia' (SITE), will seek to replicate the integrity approaches piloted in the health sector in other sectors and will continue to work with the MoH as one of the partner agencies.

The accountability and transparency benchmarks developed for the health sector have attracted the interest of the central government. It has recently been reported that the central government has been collecting suggestions and comments from its ministries on issuance of a governmental resolution for using the health sector benchmarks across the entire public sector, thus ensuring even further sustainability of the project's efforts.

The Code of Ethics of Medical Professionals has been accepted as a set of guiding principles for professional conduct throughout the health sector of the country. The project has also managed to create synergies between other donor-supported projects in the health sector that have brought tangible changes in policies and management. One example is the introduction of an over two-fold increase of salaries for health sector employees and consequently, according to medical staff, less interest in receiving under-the-table payments.

High rotation and frequent changes in MoH and project management and staff have posed challenges that have successfully been overcome except for one final outcome: collecting and storing products produced by the project as manuals, CDs, brochures and materials in one place.

As the present assessment is being conducted 15 months after project closure, this report will examine outcomes, sustainability and implementation across the entire period, rather than limiting itself to the implementation phase.

Introduction

The DGTTF-funded pilot project 'Strengthening Ethics and Integrity for Good Governance in the Health Sector of Mongolia' was implemented in two phases over two years from January 2006 through December 2007 on USD 260,000, out of which USD 230,000 were disbursed from the DGTTF and USD 30,000 from UNDP country office TRAC funds.

This project aimed at supporting the ongoing initiatives of the MoH to improve: ethics and integrity in the health sector; assess the current situation: initiate dialogue; promote discussion; and propose ways to implement sustainable change within institutions.

The project's expected outcomes were:

- To increase transparency and accountability of the MoH and selected health organizations by identifying current constraints and bottleneck areas and developing mechanisms to address them
- To promote ethics and integrity of staff through open discussions, training, a code of conduct and handling complaints

The project aimed to:

- Develop new benchmarks for transparency and accountability requirements;
- Review and suggest amendments to government regulations and procedures used in the health sector to ensure that procurement, financial management processes and human resources practices are fair and just; and
- Strengthen the mandate, rules and procedures of the Ethics Committee of Medical Professionals.

The project included the following activities:

- Development of transparency and accountability benchmarks in the civil service
- Review of existing laws, regulations and procedures in the health sector to ensure efficient and transparent procurement, financial management processes and human resources practices with suggestions for amendments
- Development of a General Code of Ethics of Medical Professionals
- Development of a Code of Ethics of Medical Professionals by medical institutions based on the General Code of Ethics of Medical Professionals
- Development, publication and dissemination of training manuals related to ethics of civil servants, managers and medical professionals
- Organization of trainings on professional, civil service and public management ethics
- Development and publication of a manual for trainers and organization of training of trainers on health sector ethics
- Training on ethics in all 21 provinces of Mongolia
- Organization of a study tour to Singapore to examine the health sector ethics system
- Publication and dissemination of a compilation of all health sector-related laws for the general public, entitled 'Citizen and Health'
- Organization of an inter-sectoral conference on experience sharing
- Review and revision of Ethics Committee rules and regulations
- Establishment of ethics sub-committees in every health organization

- Launch of an E-licensing Centre responsible for conducting examinations and issuing licenses for medical professionals (www.med-license.mn)
- Development and launch of Drugs Registration, an online database accessible by pharmaceutical companies and the public (http://MoH.mn/MoH db/drug.nsf)
- Upgrade of the MoH Ethics Committee website (http://www.MoH.mn/newethics/)
- Disbursement of small grants to 24 health organizations
- The launch of an annual reward and sector–wide acknowledgement of professional organization with best ethics
- Corruption and transparency perception baseline study of the health sector
- Study on salaries, remunerations and norms in the medical profession that led to a revision of salaries in the health and education sectors
- Assessment of application of benchmarks on accountability and transparency in health sector (Nov 2007 – Jan 2008)
- Development and dissemination of electronic versions of training manuals, laws, regulations, the Code of Ethics and all documentation collected and developed under this project
- Development and publication of media products informing general public of ethics in health sector; popularization of the E- licensing centre

Political economy

This pilot project was implemented in the health sector and aimed to strengthen democratic governance though greater openness, accountability, transparency and the introduction of a code of professional ethics. These objectives have largely been achieved over a two-year implementation period.

Public sector corruption has long been identified by all stakeholders, including the public, government and donors, as the leading impediment to democratic governance and 'the main obstacle to achieving sustainable pro-poor development in support of the MDGs'.[2] The first effort to tackle corruption in Mongolia was made in 1993, when the Parliament established a Sub-Committee on Anti-Corruption, whose work led to adoption of the Anti-Corruption Law in 1996. This was the first legal document in the country aimed at regulating prevention and investigation of corrupt practices. In 1999 a Parliamentary Anti-Corruption Working Group was established to develop a National Programme for Combating Corruption, approved in 2002. Mongolia joined the Anti-Corruption Action Plan for Asia and the Pacific in 2001 and ratified the United Nations Convention against Corruption in October 2005. A new Anti-Corruption Law was passed in July 2006 and the Independent Authority Against Corruption (IAAC) was established in early 2007.

Despite all those efforts, numerous studies have revealed that public perception of corruption in the public sector has been worsening and trust in government declining. Accountability within the public sector has been weak, raising public suspicions of corruption.

A number of surveys have confirmed the perception of the health sector as corrupt. Regular surveys conducted by the Asia Foundation have found that health care providers are consistently ranked among the top three professions amenable to bribes (Mongolia Corruption Benchmarking Survey, September 2008). Although efforts have been made towards transparency and accountability in the civil service at large, the general practical impact seems to have been insignificant, according to numerous surveys, assessments and evaluations conducted by national and international organizations.[3]

The demonstration of political will on the part of MoH to strengthen integrity and ethics in the health sector and to partner with UNDP on developing a project on good governance has therefore been a pioneering initiative within the public sector. MoH began its initiative for greater transparency and ethics in 2004-2005, and received DGTTF support in 2006 that greatly catalyzed progress. MoH officials have acknowledged that despite modest funding, project outcomes have been significant.

[2] UNDP, Institutional Arrangements to Combat Corruption, 2005.

[3] These include the following: Assessment of Corruption in Mongolia, Final Report, USAID, (2005), Mongolia Corruption Benchmarking Survey, TAF, September 2008, Government of Mongolia and UNDP, Public Perception and Attitude Surveys in Mongolia – 1999 and 2002 and Comparison of 1999 and 2002 Mongolian Public Perception Anti-corruption Surveys (2002), Transparency International "Perceptions of Corruption" survey (2006), Present State of Corruption and Integrity in Health Sector, MoH, UNDP, Mongolian National University (2007).

Effectiveness

The project was both innovative and catalytic.

Since implementation, ethics, particularly of medical professionals within the health sector, has become a buzzword, in contrast to earlier days when, according to MoH officials, it was "rarely mentioned and given little attention". As a quality manager of the Second General Hospital in the capital, Ulaanbaatar, put it: "Medical ethics became a fashion throughout the sector thanks to the project."

A Code of Ethics of Medical Professionals was developed. This does not mean that professional ethics did not exist in the Mongolian health sector before. Doctor's ethics have been based on the Hippocratic Oath since the time of development of modern medical services in the country and were officially introduced in 1969. However, in the new realities of a human-rights-based system of democratic governance, the project has greatly advanced dialogue on renewal and development of health sector ethics and integrity – not only within the framework of professional practices and individual values of medical practitioners, but also in terms of accountability, transparency, and integrity at sectoral and organizational levels.

Although the project achieved its stated objectives, outcomes were of uneven quality largely because of their innovative and challenging approach to issues of democratic accountability, financial and operational transparency, civil service integrity, participatory decision-making and implementation, open reporting, and human-rights based service delivery. The findings below highlight the objectives achieved and the level and quality of implementation.

Establishment and incorporation of transparency and accountability benchmarks

Health-sector regulations and procedures were reviewed to identify constraints and bottlenecks to transparency and accountability and develop mechanisms to address them. Benchmarks were set at sectoral, organizational and individual levels to ensure fair, open procurement and transparent, accountable financial management processes and human resources practices.

Decree No. 177 of the Minister of Health (implementing provision 6 of the Anti-Corruption Law) adopted benchmarks on transparency, integrity and accountability in human resources, procurement and financial management and stipulated their implementation from 22 June 2007. The benchmarks for financial management transparency on the sectoral level called for defining finance policy, revising implementation mechanisms and publicly reporting budget expenditures. Those on the organizational level stipulated public access to information on payments and tariffs for paid services, transparency in the financial accounting of MoH, the Ministry of Finances and the State Social Insurance General Department in finance-related dealings with health care organizations, and conducting dealings with the private sector openly, transparently and strictly in accordance with adopted rules and regulations. At the individual level, benchmarks called for establishing a code of ethical conduct, collecting service fees according to established rules, and reporting these benchmarks was a significant step toward transparency and accountability throughout the health sector.

However, the adoption of benchmarks on paper did not automatically lead to implementation. An independent project-supported assessment published in 2008 revealed persistent deficiencies in health sector accountability and transparency on financial management, budget-based procurement, and participatory decision-making on financial allocations at sectoral, ministerial and organizational levels. Moreover, the assessment revealed that top sector managers sincerely believed that there was no need for open procedures or reporting.

A 2007 audit by the National Audit Office on heath sector expenditures and performance, published on December 2008, exposed serious problems of spending, illegality and mismanagement. Yet the response of senior MoH management to these findings was neither open to the public nor transparently reported within MoH.

Although implementation of financial management and procurement benchmarks left much to be desired, the assessment showed increased awareness of all stakeholders about these issues and the need to improve accountability and transparency of human resources policies and practices. However, there remained room for improvement on workplace safety and eliminating nepotism in hiring.

Transparency and accountability benchmarks to be introduced throughout the public sector

The IAAC has modified the benchmarks to apply to all public sectors, with additional benchmarks for pubic reporting and accounting. A forthcoming governmental resolution will seek to enforce transparency and accountability benchmarks in every sector of public service. All ministries have been invited to submit suggestions and amendments on the initiative, and MoH has been recognized as breaking new ground in anti-corruption.

The new IAAC-authored benchmarks on public reporting and accounting aim to increase public participation in the accountability, transparency and integrity initiative.

Salary scheme change and introduction of work incentives

MoH was able to create synergies among its HR strategic policies, this project, and a WHO-supported project on HR development. As a result, the project funded a comprehensive assessment of salary schemes in the health sector, which led to the separation of salary schemes for heath and education sector employees from those of all civil servant employees, an update of health professionals' workload standards from 1986, and an update of labour norms for health professionals. The assessment has shown that there is a great deal of unaccounted and unpaid work in the health sector, which compromises the quality and integrity of health services. Tellingly, all health sector employees interviewed for this assessment expressed satisfaction with the pay raises (100% to 150%) that followed the assessment, and asserted that fair remuneration for their work had directly improved the integrity of the health sector.

The assessment findings and recommendations were discussed by the Prime Minister and sectoral ministers of Mongolia, representatives of international organizations and health professionals. The MoH organized a high-level meeting on human resources issues in health care system and signed an MOU establishing an Inter-Sectoral Coordinating Committee on Health Sector Human Resources consisting of governmental ministries, donors and partner agencies, including UNDP.

The Coordinating Committee supported the initiatives of the Mongolian government in HR. Its first activity in the health sector was the establishment of a remuneration system to motivate city-based, high-level medical doctors to work for six months in aimag centres that suffer from a lack of specialists. The system received financial support from ADB (in the amount of 70 million MNT). A remuneration of 1 million MNT (USD 645) is given on top of a doctor's salary, which is around 350,000 MNT. Under this scheme, doctors from the best capital-based hospitals and scientific centres not only treat people and conduct disease prevention work during their countryside residence, but also train their rural colleagues. Nine doctors joined the programme in November 2008, and were due back to the capital on May 2009.

In addition to changes in salary schemes for health sector employees, the project has encouraged a system of incentives for ethical behaviour and service quality. MoH has introduced an annual award for the most ethical health care organizations in Mongolia. A few hospitals received such an award in 2008. The organizations themselves have also initiated bonuses on salaries (for example 10%) to promote ethical behaviour, as well as other incentives, which reward the most ethical employees.

For example, in the Second General Hospital, one of the largest 16 hospitals in the capital, patients are encouraged to make use of a board of gratitude for employees set up at the hospital entrance. Patients can express their thanks by purchasing 500 MNT heart-shaped paper cards on which to write the name of the employee whom they wish to thank and post the card on the board. The 'hearts' are collected once a quarter and employees with the most gratitude postings are awarded a cash prize from the collected contributions, as well as publicly recognized on the board.

Renewal of Ethics Committee and establishment of sub-committees

However, gratitude postings are not the only incentive to improve service delivery. Health organizations participating in the project also placed complaints boxes next to hospital entrances or inpatient wards. In the Second General Hospital for example, the complaints box is placed below the gratitude board. Complaints are regularly collected by organizations' quality managers. Those related to ethics are transferred to organization's sub-committee on ethics, established in all project–selected hospitals in 2006.

In that same year the structure, rules and procedures of the MoH Ethics Committee were revised. Reportedly, most of the complaints addressed to the Ethics Committee are initially

sent to the SSIA for confirmation that an issue relates to ethics only. However, the SSIA Health Inspectorate has criticized this procedure, citing an already heavy burden of unplanned investigations.

The number of ethics–related complaints sent directly to the SSIA has notably increased in recent years. However, the number of complaints sent to the MoH Ethics Committee has remained stable (13% of all complaints per year). A similar situation is observed for sub-committees working at health care organizations. This may indicate that the public is unaware of the MoH Ethics Committees and Sub-Committees in health care centres and hospitals, but well aware of the SSIA.

Although the project helped establishing the MoH Ethics Committee website (http://www.MoH.mn/newethics/), there seems to have been little advocacy or outreach. Only a limited number of Mongolians use online information services, and as of this writing the website remains inactive.

Small grants and ethics training

Overall under this project, sector-wide dialogue on ethics was launched and a number of manuals, brochures and CDs were published. Best-practice sharing meetings were organized for the 24 small grant recipient organizations that included city and countryside hospitals, health department and NGOs. Two information kits on best practices of small grant recipients were developed and published.

With the small grants, recipient organizations created more patient-friendly environments, for example by establishing reception desks (with smiling employees), hanging signposts on the walls of the hospital, setting up information boards for patients displaying the tariffs for medical services, arranging seating facilities and waiting rooms. Cabinets also posted condensed information on doctors' qualifications and working hours. Several hospitals also set up information boards displaying the order of patients waiting to be taken in.

Aside from developing the Code of Ethics of Medical Professionals and an accompanying manual, the project produced training manuals on ethics for civil servants and managers. Ethics trainings were conducted in 21 provinces, and 56 people were trained as trainers in a workshop funded by ADB. The project also produced an information kit for the Ethics Committee of Medical Professionals and Subcommittee members, a patient kit, and 'Citizen and Health', a user-friendly compilation of relevant health sector laws and regulations.

The manual on civil servants' ethics was requested by the Secretariat of the President of Mongolia for possible replication in that office.

Additionally, inter-sectoral experience-sharing meetings were organized for representatives of the Civil Service Committee, HR and Public Administration Departments of different ministries.

Despite project efforts to balance its focus, ethics of health care professionals seems to have been prioritized over civil servants' ethics.

Medical ethics curriculum

Medical ethics were introduced into the medical university curriculum, increasing the number of lecturing hours to 20, and included in the undergraduate curriculum of medical universities in three provinces. Some 120 professors were trained to teach classes on ethics and integrity to medical students. 'Ethics in Medicine', a workbook for medical students, was developed.

Establishment of e-licensing centre

The project established an e-licensing centre for medical professionals and medical organizations to register with the National Centre for Health Development, which recently received the status of an agency. Testing and licensing of medical professionals and organizations used to be done half by code-reader and half manually, raising questions as to accuracy. Centre employees had to make costly trips to test medical professionals working in the countryside.

The e-licensing centre offers a cost-effective, accessible alternative. The centre was established in 2006 with the donation of 11 computers in a furnished office, and a commercial company was hired to develop software.

Despite a high-profile launch and its designation as a major project achievement, this much-praised centre has never been functional. Software malfunctions have never been addressed, requiring staff to continue the old procedures.

This year, the centre secured funds from the Ministerial budget to develop new software, to be launched this spring. As of this writing the website, remains inactive.

Drugs and medications online database

Another electronic innovation was an online database for registering and licensing imported drugs. The database was housed in the Pharmaceuticals Department of MoH, at an initial cost of USD 5,000. A year after its installation, WHO provided an additional grant of USD 4,000 to upgrade its performance and relevance. This software is still working well although the programme requires regular upgrades and improvements.

The database has significantly reduced the number of unregistered drugs on the market. It has also accelerated the permissions and registration process. The Pharmaceuticals Department estimates that about 10% to 13% of drugs on the market are counterfeit. Posting pictures of medications on the online database would help the public and health professionals to easily recognize permitted and authentic drugs.

The website (http://MoH.mn/MoH db/drug.nsf) needs to be better publicized; so far there has been no media outreach. Although the site does not contain a list of counterfeit drugs, a link to the Ministerial website contains a page on counterfeit drugs and information on what drugs have been removed from the market. MoH is planning to include usage instructions on each registered drug.

Internal and external difficulties

The project was implemented under a degree of organisational instability. It witnessed the change of four ministers and three vice-ministers, three heads of ethical committees, three project officers, and HR changes in virtually all but the Public Administration Department of MoH, which helmed the project and ensured its implementation despite unstable conditions. UNDP had initially placed the project with the National Centre for Health Development, but procedural changes and delays meant that actual implementation started only in September 2006. This means that a year-long project plan was largely completed in three months.

During this time, the National Programme Officers (NPOs) assigned to the project kept changing, and the number of project employees (initially one NPO, two consultants and an assistant) shrank until only the assistant was left. As a result of these shifts in leadership some project documentation and products were not archived and stored at MoH (for example, MoH no longer has a copy of the Civil Servant's Ethics Code manual).

Despite these circumstances the project managed to achieve success, largely thanks to dedicated leadership and the commitment of the project team and its partners within and outside MoH, particularly health care providers.

Sustainability

The project has led to the adoption of accountability and transparency benchmarks and Codes of Ethics in health organizations, securing a solid foundation for enforcing accountability and ensuring integrity in health sector.

The year 2009 was recently declared the Year of Ethics in the health sector. MoH commitment has been reflected in ministerial decrees on accountability benchmarks and Code of Ethics. The transparency and accountability benchmarks established for the health sector have resonated throughout the entire public sector. The government's keen interest in replicating these transparency and accountability benchmarks for the entire public sector demonstrates the catalytic nature of this project and its contribution to enhancing democratic governance in Mongolia.

The Code of Ethics of Medical Professionals was adopted by the Health Minister's Decree and is to be followed by every organization in the sector. Numerous manuals on ethics were produced and trainers trained. Ethics was introduced into the universities' curriculum as one of the main subjects. With the commitment of the National Centre for Health Development, funding has been secured to operationalize the e-licensing centre.

MoH successes on the project also prompted the implementation of a similar project at the State Specialized Inspection Agency in 2008. MoH will be a recipient of partial UNDP funding channelled through the IAAC for replication of best practices accumulated by this project. This alliance will promote and sustain the good practices and procedures cultivated by the project.

The project significantly enhanced democratic governance by prompting the adoption of accountability benchmarks and codes of ethics in the health sector. Organizational and individual capacities in project implementation have been strengthened. However greater capacity and public oversight is needed to build on these gains.

Relevance and strategic positioning

The project responded to a ministerial need with clear objectives. MoH was the first governmental ministry in Mongolia to demonstrate commitment to strengthening integrity and ethics in the public sector, and requested support for its initiatives. DGTTF support has enabled the country office to position itself strategically in this democratic governance area. Along with MoH and the WHO, the project anchored successful synergies and partnerships developed with other UN agencies and ADB around democratic governance. One strong example is the establishment of the Inter-Sectoral Coordinating Committee on Health Sector Human Resources.

Efficiency

Despite a delay of at least six months and several staffing setbacks, the project managed to implement all of its goals and objectives. The steady leadership of the Public Administration Department of MoH, together with regular UNDP monitoring, stabilized operations. In addition, a set of high-quality manuals have been developed on ethics among health professionals, the civil service and management.

The popularity of ethics trainings suggests a strong need within the health sector. Moreover, the Secretariat of the President of Mongolia has expressed interest in the manual on civil service ethics. Although a multi-stakeholder Coordination Committee was established to oversee the project, it lacked an active Coordination Committee and was ineffective. Regular UNDP monitoring of project activities was therefore useful for measuring achievements, defining further improvements and taking actions when needed. Staff turnover remained high, and only the Project Assistant stayed through project closure.

Codification of lessons learned, tools and instruments

The project started with its own study on perception of corruption in the health sector, and then focused on the ethics of health professionals. The benchmarks on accountability and transparency at the sectoral, organizational and individual levels, in conjunction with the sector–wide code of ethics, adopted by Ministerial decrees, have inspired possible replications for civil servants elsewhere in the public sector.

Small grant recipient organizations used various creative methods to train health care professionals on ethics and the code of conduct. For example, in the central hospital of Uvurkhangai aimag, trainers used skits to demonstrate unethical behaviour, featuring rude attitudes, service delays, sparse public information and administrative inefficiency. The performances prompted the hospital to improve service and aspire to higher standards of service.

One of the specific lessons learned was the advantage of conducting trainings at the local level. The training in Uvurkhangai aimag hospital involved medical personnel from the aimag hospital and its soums' (smaller territorial and administrative divisions) hospitals. Participants felt comfortable among colleagues who work in similar conditions and face similar problems. This allowed them to be open and encouraged their active participation. Conducting trainings at the local level also reduces costs and enables broader local participation.

Despite high staff turnover the project managed to produce good quality outcomes due to its innovative and catalytic nature, relevance and timeliness as well as the commitment of MoH and the project team. The public service reform of 2008 that prohibits civil servants from being political party members is hoped to bring long-lasting change and help develop a more stable civil service independent of political party appointments, avoiding volatility and frequent staff rotations in government ministries and agencies.

Public participation and awareness-raising were a weak point of the project, despite the breadth of project ambitions in reaching health professionals and creating sector-wide discussions on ethics and implementation of transparency and accountability initiatives. Media outreach efforts were not strategic.

The addition of 20 hours of medical ethics classes into health science curricula universities and colleges in three provinces was a result of successful negotiations with the academic community.

The successful synergy between other ministries and donors has led to significant changes in the salary schemes of health care professionals and progressive developments in health sector HR policies and practices.

See Annex I for tools and instruments used in the Project.

Annex I – Project tools and instruments

Tools and instruments available in English

Decree 177 of the Minister of Health on Establishment and Implementation of Transparency and Accountability benchmarks in Health Sector, 2007

Decree No. 135 of 4 May 2006 of Minister of Health on Approval of the Code of Ethics for Medical Staff, the Charter of Ethics committee

Code of Ethics of Medical Staff, Annex 1 of the Decree 135 of 4 May 2006 of Minister for Health

Statute of Ethics Committee of Medical Staff, Annex 2 of the Decree 135 of 4 May 2006 of Minister for Health

Statute for Branch Committees of Ethics, Annex 3 of the Resolution 135 of 4 May 2006 of Minister for Health

Permission on surgical procedure, Annex 4 of the Resolution 135 of 4 May 2006 of Minister for Health

Permission for the service that may risk the health and life of the client, (be attached to record of disease/ health policy), Annex 5 of the Resolution 135 of 4 May 2006 of Minister for Health

Permission on leaving the hospital by his own initiative (to be attached to the record of disease), Annex 6 of the Resolution 135 of 4 May 2006 of Minister for Health

Ministry of Health of Mongolia, Brochure, 2007

Ministry of Health of Mongolia, Promotional CD of Ministry of Health, 2007

Tools and Instruments available in Mongolian

Laws, resolutions and decrees

Anti-Corruption Law

Public Service and Financial Management Law

Law on Health Care

Health Sector Master Plan 2006-2015

HR Development Policy in Health Sector 2004-1013, Decree 277 of Minister of Health. 2003

Decree 177 of the Minister of Health on Establishment and Implementation of Transparency and Accountability benchmarks in Health Sector, 2007,

Annex: Benchmarks on transparency and accountability of health sector organizations, UB 2007

Strategy in Development of HR Needs in Health Sector, 2007

Decree No. 135 of 4 May 2006 of Minister of Health on Approval of the Code of Ethics for Medical Staff, the Charter of Ethics committee

Code of Ethics of Medical Staff, Annex 1 of the Decree 135 of 4 May 2006 of Minister for Health

Statute of Ethics Committee of Medical Staff, Annex 2 of the Decree 135 of 4 May 2006 of Minister for Health

Statute for Branch Committees of Ethics, Annex 3 of the Resolution 135 of 4 May 2006 of Minister for Health

Permission on surgical procedure, Annex 4 of the Resolution 135 of 4 May 2006 of Minister for Health

Permission for the service that may risk the health and life of the client, (be attached to record of disease/ health policy), Annex 5 of the Resolution 135 of 4 May 2006 of Minister for Health

Permission on leaving the hospital by his own initiative (to be attached to the record of disease), Annex 6 of the Resolution 135 of 4 May 2006 of Minister for Health

Regulation on Control, Monitoring and Evaluation in Health Sector, Appendix 1 of the Resolution of Minister of Health, 2009

Rules and regulations on paid services in health sector, Decree 398 of the Minister of Health, 2007

List and regulations of additional services to be rendered in health sector, joint Decree 370/327 of Minister of Health and Minister of Finances, 2007

Evaluation Benchmarks of Special Activities of Specialized Professional Centres, Appendix 3 of the Decree of Minister of health of 2009

Package of Evaluation Benchmarks on Performance of Health Organizations, Appendix 2 of the Decree of Minister of Health, 2009

Evaluation Benchmarks on Performance of Governments' Implementation Agencies on Physical culture and sport and Health Department, Appendix 4 of the Decree of Minister of Health, 2009

Training manuals, kits, information brochures, and CDs

Training Manual on Ethics of Medical Professionals – Compilation of Articles and Lectures, 2006

Decree of Minister of Health, Study of Development of Issuance of Ministerial Decrees, and Methods of Improving the Legal Environment in the Health Sector Assessment, 2006

Package of Requirements for Medical Residence, 2006

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Annex II – List of persons interviewed

Davaasuren Baasankhuu, Program officer, The Asia Foundation

N. Bayarmaa, Human Resources Manager, 2nd General Hospital of Mongolia

B. Bayart, Director, Division of Administrative Management, Ministry of Health

Enkhbat Buyanmandakh, Director, Ulaanbaatar Khan-Uul, District Health Complex

Sukhgerel Dugersuren, National Consultant

S. Enkhbold, Deputy Director, Information and M&E Department, Ministry of Health

Khorloo Enkhjargal, National Programme Officer, UNFPA

Luo Dapeng, Representative ai, World Health Organization Mongolia

Demchigsuren Ganchimeg, Senior Officer - Health, Labor and Social Welfare, Physical fitness and Sports, Cabinet Office, Government of Mongolia

G. Ganchimeg, Head of department of licensing for medical specialists, National Center for Health Development

William S.Infante, Representative, The Asia Foundation

B. Khongorzul, Officer, Information and M&E Department, Ministry of Health

Ch. Munkhdelger, Head, Pharmaceuticals and Medical Devices Department, Ministry of Health

D. Otgonchimeg, Quality Manager, 2nd General Hospital of Mongolia

Puntsag Otgonjargal, Officer in charge of policy coordinating of medical equipment, Ministry of Health

Dulamsuren Oyunkhorol, Chair of Standing Committee on Social Policy, Education, Culture and Science, State Great Hural (Parliament)

Tserenbaljid Samballhundev, General manager Director - Office of the Government service Council, Government Service Council of Mongolia

Ts. Sodnompil, Director, National Center for Health Development

Erdenetuya Sukhee, Ministry of Health

Purevjav Tsetsgee, Officer, Pharmaceuticals and Medical Devices Department, Ministry of Health

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