SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country:	Mongolia	Project Title:	Strengthening Health Security Program
Lending/Financing	Policy-Based Loan	Department/	East Asia Department/Mongolia Resident
Modality:		Division:	Mission; Public Management, Financial Sector, and Regional Cooperation Division; and Urban and Social Sectors Division

I. POVERTY AND SOCIAL ANALYSIS AND STRATEGY

Poverty targeting: general intervention

A. Links to the National Poverty Reduction and Inclusive Growth Strategy and Country Partnership Strategy

The program will strengthen the health sector's response to the COVID-19 pandemic and expedite medium-term reforms to strengthen the health system and enable Mongolia to be better prepared to respond to future health crises. The following four reform areas across two subprograms will be achieved through key policy actions: (i) health sector preparedness and response to COVID-19 pandemic strengthened, (ii) governance of health sector operations improved, (iii) sustainability and efficiency of health sector resources improved, and (iv) medium-term fiscal stability enhanced. These reform areas will support health sector reform through improvements in governance, efficiency, financial sustainability, and provision of quality services. The overall aim of the program is to increase the efficiency and governance of health sector resources, which will help contain health system costs and promote better management of health resources.

The program is aligned with the Mongolia Sustainable Development Vision 2030 and the State Policy on Health, 2017–2026, which aims to improve quality and access to health care services.^a The program is consistent with ADB's country partnership strategy for Mongolia, 2017–2020 and ADB's Strategy 2030 operational priority 1 (addressing remaining poverty and reducing inequalities), with the aim of enhancing human capital and achieving better health care for all.^b The program is also aligned with Strategy 2030 operational priorities 2 (accelerating progress in gender equality) and 6 (strengthening governance and institutional capacity), and is included in ADB's country operations business plan 2021 for Mongolia.^c

B. Results from the Poverty and Social Analysis during Project Preparatory Technical Assistance or Due Diligence

1. **Key poverty and social issues.** Mongolia's poverty headcount was 35%–36% from 1995 to 2008. The poverty rate declined steadily from 38.8% in 2010, to 27.4% in 2012, to 21.6% in 2014. Poverty then rose in 2016 to 29.6% before falling to 28.4% in 2018. Today, almost one in three Mongolians live in poverty and an additional 27.3% live within the poverty line, and 50% are at risk of falling into poverty because of negative shocks. Rural poverty (30.8%) is higher than urban (27.2%), though this gap has narrowed considerably in recent years. Despite this, poverty concentration is increasing in urban areas, with 63.5% of the poor living in urban areas (41.8% in Ulaanbaatar). Poverty is a major cause of ill health and is a barrier to accessing health services—the poor use health care 2.5 times less than the nonpoor. Ill health is also a contributing factor to poverty because of the high cost of health care, OPE, and loss of income because of illness. OPE accounts for 32% of the total health expenditure, and financial barriers to health care include high user fees, additional payments for drugs, and high cost of transportation. Also, a large proportion of household spending on health often goes to expensive, overprescribed, and nonessential medicines.

Mongolia's health system has been strained because of the COVID-19 pandemic. The government estimates that about 60% of the population is at risk of contracting the infection. Of these, about 26% people are at higher risk (i.e., frontline medical workers, emergency management staff, border police and military, state inspectors, and the elderly). Human resources for health, financing, service delivery, and access to essential medicines, are some of the fundamental areas that are affected by the pandemic. Primary health care service delivery and quality is weak, and there is an overreliance on less cost-effective tertiary care. As such, systemic health system issues can limit effective and efficient health system response. Since the COVID-19 pandemic will continue to significantly strain health system resources, it may also create challenges in providing care for existing chronic conditions such as noncommunicable diseases, cancers, and heart disease, among others, as resources are overstretched.

- 2. **Beneficiaries.** The program will support the government to increase its investments in health systems and health services. The program actions will also reduce the cost of medicines and improve their quality, which will provide direct benefits to the general population and reduce health care-related costs, especially to the poor, for whom medicines are expensive and often of substandard quality.
- 3. **Impact channels.** The program will have an impact on the overall health system costs because of the efficiency gains from the policy reforms. The program will also improve Mongolia's ability to contain the COVID-19 outbreak, prepare for future outbreaks, and provide adequate health care services for all during the pandemic.
- 4. Other social and poverty issues. The program is designed to improve the responsiveness, efficiency, and governance of health sector operations, which will not only support Mongolia during the COVID-19 pandemic but also

strengthen their health sector capacity in the medium-term, with broad health system strengthening reform actions. However, the program does not directly address any of the economic or income-related impacts of the COVID-19 pandemic. This includes challenges related to the country's need to develop a more diversified economy and promote sectors that are more job intensive for wide income generation. The program also does not directly address issues related to the access of primary, secondary, and tertiary health care services, nor does it address environmental health issues such as air pollution, although ADB has a comprehensive pipeline of operations to deal with such issues.

5. **Design features.** The program will have positive impacts on health system efficiency, governance, sustainability of resources, and responsiveness during health emergencies. It will also contribute to health system strengthening and enable the government to address the ongoing COVID-19 pandemic, urgently and comprehensively.

C. Poverty Impact Analysis for Policy-Based Lending

- 1. **Impact channels of the policy reforms.** The program will increase efficiency, sustainability, and governance of health sector operations, which should reduce health care costs for patients and providers and bring down the overall health system costs. The program will also improve the quality of medicines, which will enhance the efficacy and safety of pharmaceuticals.
- 2. **Impacts of policy reforms on vulnerable groups.** The program has specific actions that include gender-sensitive activities to understand the impact of the policies on women.
- 3. **Systemic changes expected from policy reforms.** The program will improve access and affordability of health services, which is key in reducing household impoverishment resulting from health expenditure. It will also help the government to sustain rapid and effective action to contain the COVID-19 pandemic and safeguard the health of the population. The measures under the program will support Mongolia to address health sector constraints, especially as the pandemic continues, and to meet its commitments under the Sustainable Development Goals and Mongolia's Sustainable Development Vision 2030 (footnote a).

II. PARTICIPATION AND EMPOWERING THE POOR

- 1. **Participatory approaches and project activities.** The main stakeholders of the program will be government agencies and development partners, who were consulted during program preparation to harmonize ADB's assistance with other support being provided by other development partners.
- 2. **Civil society organizations.** The program may engage with civil society organizations during implementation for consultations or to obtain information or data.
- 3. The following forms of civil society organization participation are envisaged during project implementation, rated as high (H), medium (M), low (L), or not applicable (NA):

 | Information gathering and sharing (L) | Consultation (L) | Collaboration | Partnership

4. **Participation plan.** Since this is an urgent program, no participation plan has been developed.
☐ Yes. ☐ No.

III. GENDER AND DEVELOPMENT

Gender mainstreaming category: effective gender mainstreaming

- **A. Key issues.** In Mongolia, women are more likely to use and provide health care services. However, males have a lower life expectancy and higher mortality rates than females. Women have reproductive health issues and suffer from concerns such as intimate partner violence that put them at risk. Evidence suggests that the COVID-19 pandemic has exacerbated domestic violence, which increased by 61.6% in Q1 2020 compared with the same period in 2019. Women also constitute 45.1% of taxpayers who are considered vulnerable by Mongolia's tax regime; 278,648 women are covered by compulsory social insurance schemes, while 84,056 are covered through voluntary schemes.
- **B. Key actions.** The program will support health sector reforms, which will increase health care quality and access to services for women. Key gender indicators in the program DMF require that (i) gender considerations are incorporated in the National Disaster Response Plan to the COVID-19 pandemic, (ii) training modules for hospital managers and staff include gender-responsive budgeting and a gender analysis, and (iii) a gender analysis is conducted to determine health care service recipients of the national Health Insurance Fund and the state budget. A gender consultant will also be engaged to support the Ministry of Health to oversee the implementation of the gender action plan prepared for the program and gender-related targets in the DMF and policy matrix.

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	IV.	ADDRESSING SOCIAL	SAFEGUARD ISS	UES	
☐ Gender action plan	☐ Other	actions or measures	☐ No action or	measur	е

A. Involuntary Resettlement	Saleguaru Calegory.	А ЦБ		
1. Key impacts. The program will not involve any	physical works, will not ent	ail any invol	untary land acqu	isition, and
will not result in any physical or economic displacer	ment.			
2 Strategy to address the impacts. Not applicable	lo.			

Strategy to address the impacts. Not applicable.

Plan or other Action	s.
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Resettlement plan	Combined resettlement and indigenous peoples plan

Resettlement framework	Combined resettlement framework and indigenous peoples
☐ Environmental and social management	planning framework
system arrangement	Social impact matrix
No action	
	afeguard Category: A B C FI
	specific ethnic groups. The reform actions will benefit Mongolians
regardless of ethnicity. Is broad community support triggered? Yes	⊠ No
2. Strategy to address the impacts. Not applicable.	
3. Plan or other actions.	
Indigenous peoples plan	☐ Combined resettlement plan and indigenous
Indigenous peoples planning framework	peoples plan
Environmental and social management system	Combined resettlement framework and indigenous
arrangement	peoples planning framework
Social impact matrix	☐ Indigenous peoples plan elements integrated in
□ Social impact matrix □ No action	project with a summary
	NG OTHER SOCIAL RISKS
A. Risks in the Labor Market	HO OTTER GOOIAL MORO
	's ar acetar's labor market indicated as high (LI) madium (M)
and low or not significant (L).	's or sector's labor market, indicated as high (H), medium (M),
□ unemployment (L) □ underemployment □ retre	onehment. 🗖 care labor standards
	licy action under reform area 2 to establish a dedicated national
pharmaceutical regulatory authority, which will likely p	provide employment to individuals once established
1 32 31	orievide employment to marviadale ende established.
B. Affordability	violate employment to individuals effect established.
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ADB = Asian Development Bank, COVID-19 = coronavirus disease, DMF = design and monitoring framework, OPE = out-of-pocket expenditure, Q = quarter, TA = technical assistance.

- ^a State Great Khural. 2016. *Mongolia Sustainable Development Vision 2030*. Ulaanbaatar; and Government of Mongolia. 2016. *State Policy on Health, 2017–2026*. Ulaanbaatar.
- b ADB. 2017. <u>Country Partnership Strategy: Mongolia, 2017–2020—Sustaining Inclusive Growth in a Period of Economic Difficulty.</u> Manila; and ADB. 2019. <u>Strategy 2030 Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities. 2019–2024.</u> Manila.
- c ADB. 2019. <u>Strategy 2030 Operational Plan for Priority 2: Accelerating Progress in Gender Equality, 2019–2024</u>. Manila; ADB. 2019. <u>Strategy 2030 Operational Plan for Priority 6: Strengthening Governance and Institutional Capacity, 2019–2024</u>. Manila; and ADB. 2020. <u>Country Operations Business Plan: Mongolia, 2021</u>. Manila.

Source: ADB.