

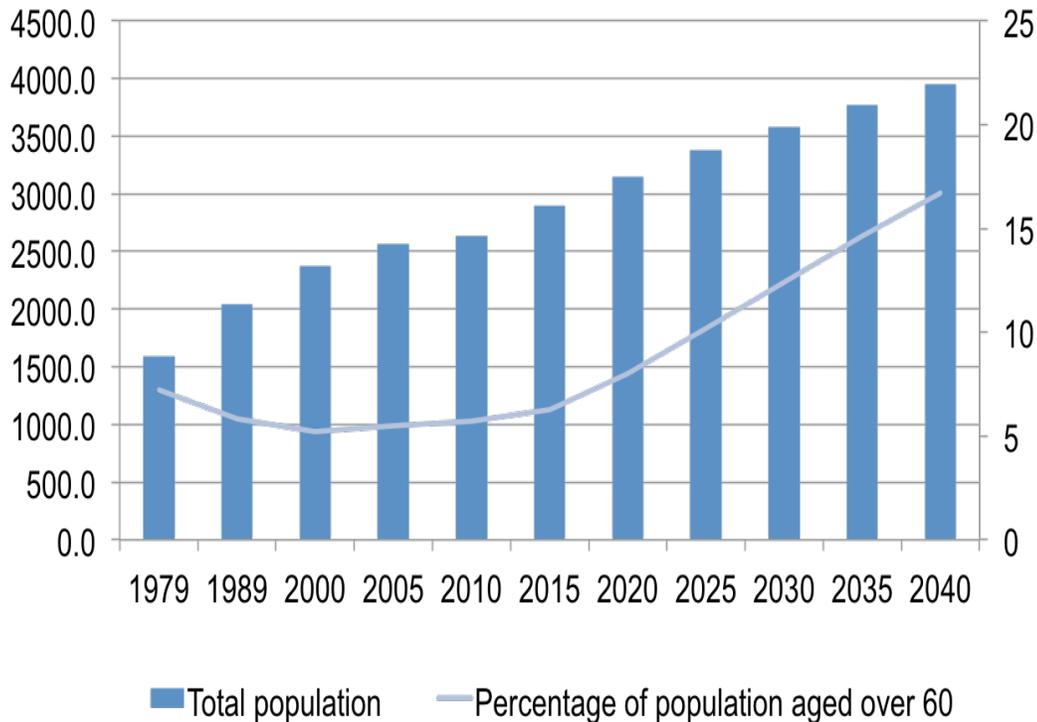


Experience of Implementation
Community Based Long term Care system and services
in
MONGOLIA

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Overview and needs

Number and percentage of population aged 60 and above



The proportion of older people in the population is growing particularly rapidly from 10% in 2020 to an expected 16.7% in 2040 and 20% in 2050.

Government aware of and prepared to address the greater care service and complex care need related to the aging population.

ADB has started to support for Mongolia since 2016 on Long term care. Under TA:

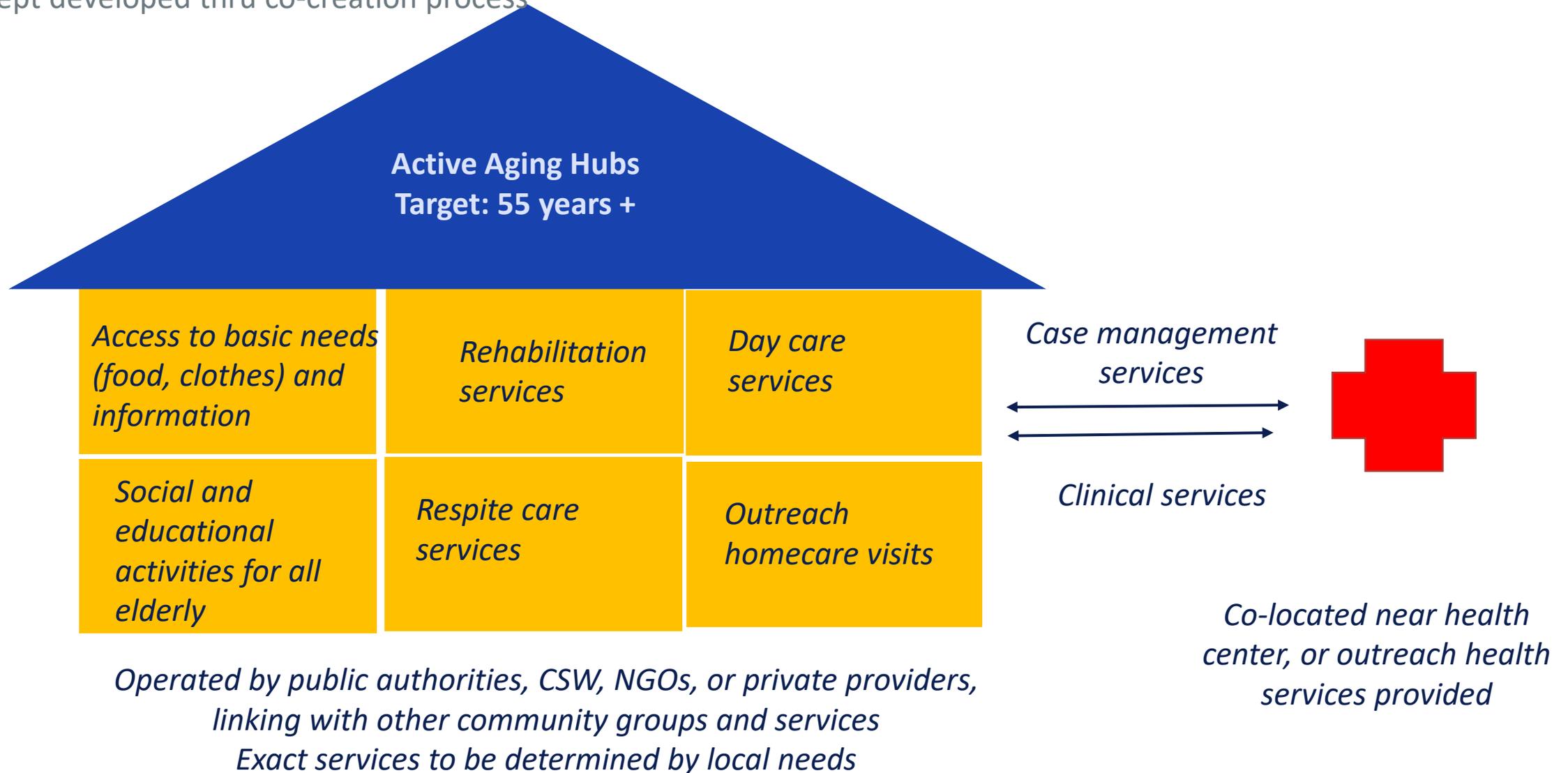
- The Ministry of Labor and Social Protection established multi-sectoral, multi stakeholder technical working group on LTC;
- Developed a national LTC strategy and action plan;
- Implemented pilot projects.

TA overview

- Overall purpose is improve the capacity to develop and scale up community-based care systems and services for older persons in Mongolia
- Three main components of the project:
 - **Output 1:** Three active aging hubs providing **integrated** active aging and care and support programs operationalized
 - **Output 2:** Increased capacity to provide integrated and coordinated care (case management)
 - **Output 3:** Capacity built on community care model
- Pilot designed to develop three active AAHs with 3 different types of service providers, in 3 different types of community
 - at Ulaanbaatar – **Residential care center for PWDs and older persons /NGO/**
 - at aimag or provincial – **Elderly Development Center /GO/**
 - at soum or sub-province – **Soum General Hospital**

Developing Innovative Community-Based Long-Term Care Systems and Services in Mongolia

The community-based care model design will focus on 'care management, and development of three active aging hubs'
Concept developed thru co-creation process



TA achievements

- **Holistic understanding** of healthy aging and care and support
- **Clear role and responsibility** of AAHs
- **Using new tools** – active and passive case finding, risk screening, assessment, care planning and clinical protocols usage
- **Multi disciplinary team approach** – family doctors, social workers, social welfare specialists and volunteers
- **Coordination across service providers** including community resource;
- **Service expansion** – information and referral, case management, care and support including outreach, active ageing activities
- **Capacity building** – lessons from trainings and workshops being implemented

Collaboration/Community Involvement

- **Support in coordination** - National and Local Steering committee
 - at national level: MLSP, MOH, MoF, relevant agencies NGOs such as Elderly associations.
 - at provincial level: Local governor, doctors, social workers, elderly association and community representative
- **Coordination across service providers** including community resource
- **Learning** from good practices between 3 sites

Community Care Outreaching Network



- Family doctors, case managers and social workers jointly conduct a comprehensive needs assessment and develop care plan
- Advantage of working as a network – no overlapping and omissions.
- New tools – screening and assessment tools, clinical protocols
- Local Steering Committee (LSC) collaboration and understanding of role of AAHs into LTC service has been increasing
- LSC's understanding of funding limitation of on home care and outreach service

MANDAL SOUM HOSPITAL ACTIVE AGEING HUB

ORGANISATIONS INVOLVED IN INFORMATION AND REFERRAL SERVICE

Private entities
/food shops,
construction
material
shop

Governor
Office

Social
Welfare
Agency

Elderly
Associa-
-tion

Dance
club

Table
tennis
club

Co-
workers,
neighbours
friends

Hand
made
sewing
NGO

Public
Library

Sport
Palace

Pharm
acies

Medical/
Nurse
College

Gaps and challenges

1. Demand outstrips supply (sufficient of staff, money etc)
2. Still relatively new: tools etc only being implemented from this year - staff and organizations still needs further experience, and building up trust for collaboration takes time
3. Environment and other programs needed: AT, home modifications, transport etc
4. Systems: standardization fo service package, financing of service

POLICY FRAMEWORK

“VISION - 2050” - approved in 2020 LONG TERM DEVELOPMENT POLICY OF MONGOLA

- To establish **development centers** to provide **Long-term care** for elderly.
- To establish **complex and integrated LTC system** for elderly and disabled population

“GOVERNMENT ACTION PLAN 2024-2028” – approved in August 2024

- To develop active aging development centers to provide development and care service
- To develop (optional) care service by building up private sector and non-governmental organisations

“LAW ON ELDERLY” - revised in June, 2024

Article

- 4.1.7. “**Comprehensive assessment of the Elderly**” includes a complex tool to assess physical, cognitive, emotional, functional skills and social challenges;
- 4.1.8. “**Comprehensive Care and Services for the Elderly**” identifies and priorities the needs of the elderly and provide care service according to the development plan;
- 4.1.9. “**Elderly Care Optional Services**” based on care needs. Service type includes residential care, home care, day care, temporary and permanent care through **non-governmental organizations, civil ed organizations, private entities and citizens.**



Thank you

