Telemedicine support on Maternal and Newborn Health to Remote Provinces of Mongolia (2007-2016)

UN Public Service Award

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Those conditions make difficult to deliver quality specialist care and maintain qualified human resources in the countryside.
Telemedicine project has been started since 2007 - Nationwide network for Maternal and Newborn Care is fully functional.
Tele-consultation on fetal conditions
• **Project contributed:**
  – For better *access* to quality specialist services to vulnerable (distance)

• **Quality change in clinical medicine**
  – From *review* to more *advanced* scan
  – Questions became more focused *treatment options*
  – Prenatal diagnostics with *Interventional sonography.*
  – Advanced surgical skills - organ saving techniques.

• **Empowering rural physicians:**
  – Access to technologies
    • Computer literacy *(24% vs 76%)*
    • Increased Internet use and access to prof. information
**Quality changes:** 1. Local case management with compliance of newly introduced guidelines now 67.5% of the cases (baseline 47.8); 2. Agreement between experts and rural specialists increased to 84.5% compared to a baseline of 62.3% in 2011, indicating significant improvement in quality of care provided in provincial hospitals.
The project recognized by MOH as a great investment in saving lives in Mongolia

Maternal death (in 100,000 live birth)
Nine countries that had MMR of more than 100 in 1990 are now categorized as having “achieved MDG 5A” based on MMR reduction point-estimates indicating a reduction of at least 75% between 1990 and 2015: Bhutan, Cambodia, Cabo Verde, the Islamic Republic of Iran, the Lao People’s Democratic Republic, Maldives, Mongolia, Rwanda and Timor-Leste.
LESSONS LEARNT/RECOMMENDATIONS

• Imaging diagnostics – potential sites for telemedicine
  – Image quality:
    • More skills – Continuous training
    • High resolution machines – standardization of equipment is essential for quality
      
• In-service skills based training with close supervision – new training methodology, needs to be reflected in further trainings.

• Quality of procurement
  – High quality specification, 2 years maintenance (to ensure best value of money)
  – Use of detailed inspection standard protocol
LESSONS LEARNT

• Efficient utilization of network for timely and appropriate care – *CAN PREVENT EMERGENCY.*

• The utilization of TM very much dependent on individuals’ intention to accept technology, which determined
  – attitude of health care providers
  – perceived usefulness
  – how easy to use the technology – Therefore, software should be user friendly and easy to use.
CONCLUSION

• Telemedicine is an excellent recourse for providing quality clinical management to women at risk of poor pregnancy outcomes in geographically remote areas.

• However, "Telemedicine is not to replace the established health facilities, but to complement them”.

• The heart of project is a capacity development in local settings to support equitable access to quality MCH/ RH care.
Thank you for your attention!

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NATIONAL CENTER FOR MATERNAL AND CHILD HEALTH

Утас: 362633, 362205
Факс: 976-11-362633
E-mail: ehemut@moh.mn
Вэб сайт: www.ehemut.mn