

## FINAL EVALUATION

**MON/006**

Consolidating the Cardiovascular Services  
and the National Cardiovascular Centre,  
in Mongolia

### PROJECT SUMMARY DATA

Country	Mongolia
Long project title	Consolidating the Cardiovascular Services and the National Cardiac ( <i>Cardiovascular</i> ) Centre, in Mongolia
Short project title	
LuxDev Code	MON/006
Version of the Report	December 2019

### RATING OF THE PROJECT BY THE EVALUATION MISSION

Global rating (Effectiveness)	<b>1</b> On a scale of 1 (excellent results, significantly better than expected) to 6 (the project was unsuccessful, or the situation has deteriorated on balance)
Rating using other evaluation criteria	Relevance: <b>1</b> Efficiency: <b>2</b> Sustainability: <b>3</b>

## EXECUTIVE SUMMARY

Since 2001, the Luxembourg Government is supporting the Mongolian Government to cope with the large burden of Cardio Vascular Diseases. The project focus was on strengthening referral (cardiology / cardio-vascular) services, both at provincial and central levels, to adequately treat referred patients, and to reduce undue and costly medical referrals. There have been several distinct project phases, and the “coverage” of action was gradually expanded. After MON/002 (started in 2001), the MON/003 (started in 2007) continued to support case management and prevention of Cardio Vascular Diseases. The third (MON/005) project started in 2012, with a nation-wide coverage, i.e. all provincial cardiology services were included. Also, cardiac surgery was introduced as a “new” topic, and a system of telemedicine expanded, to ensure technical support by cardiologists at tertiary level (i.e. Shastin Hospital) to cardiology teams working in the provinces.

The current project MON/006 (2017 - 2020) is focusing on consolidating the gains made so far. Visiting surgical teams continue to build surgical capacity at Shastin hospital, the capacity of provincial cardiology teams is further strengthened through multiple actions, the telemedicine system is being strengthened and reformed, and the project played an important role in the establishment of a national prevention strategy for Cardio Vascular Diseases.

The project is managed through three agreements/contracts: (i) Implementation agreement between LuxDev and with the “*Institut National de Chirurgie Cardiaque et de Cardiologie Interventionnelle* of Luxembourg”; the institute organizes regular surgical missions to coach national cardio surgeons; (ii) Delegated Agreement for Funds and Implementation, between LuxDev and Shastin Hospital, to implement the project in Mongolia; and, (iii) a direct contract between LuxDev and IDOM architects, to design the new National Cardio-Vascular Centre. The budget for MON/006 is EUR 4.5 m.

From 14 to 25 October 2019, a *hera* team of three independent health experts evaluated the MON/006 project. Team members included: public health expert, cardio surgeon, and a pharmacist / national resource person. Prior to the field mission, on 10 October, the team was briefed by LuxDev. On November 25 2019, the public health expert and the cardio surgeon presented the findings to representatives of the Luxembourg Ministry of Foreign and European Affairs and of LuxDev, during a debriefing session.

The purpose of the evaluation was to evaluate the MON/006 project (2017-to date), considering the DAC evaluation criteria, and the intervention logic designed for this project. Also, the team was asked to provide general considerations for a possible prolongation of the Luxembourg support to the Mongolian Government regarding the management of Cardio Vascular Diseases in the country.

As to the intervention logic, the specific objective of the project is: “To improve the health service provision in the area of Cardio Vascular Diseases at National Cardiac Centre and nation-wide”. To achieve this specific objective, four expected results were formulated, each with selected key indicators for follow-up:

- The nation-wide telemedicine network is consolidated;
- Cardiac surgery at the National Cardiac Centre is maintained and further improved;
- Cardiovascular services strengthened and consolidated at all levels of healthcare provision;
- The National Cardiac Centre is strengthened and institutionalised.

The evaluation team adopted a participative approach, to ensure that the project implementation team and the direct beneficiaries (i.e. Shastin Hospital medical/technical and management staff; cardiologists in the Provinces and Districts) were adequately involved in the formulation of observations and recommendations. Also, the evaluation team visited one Province (“Aimag” of Arkhangai), to meet the provincial public health directorate, cardiology services at the General Hospital, and basic cardiology at the level of “soum” clinic and family health clinic. Several focus group meetings were organized, including with: Mongolian Society of Cardiologists; group of provincial cardiologists from 3 Provinces; group of cardiologists from 7 Districts in Ulaanbaata. There was an intensive, reiterative dialogue between the evaluation team and the project implementation team.

The main achievements of the project were to make significant progress in the following technical areas: (i) prevention of Cardio Vascular Diseases; (ii) capacity strengthening; (iii) cardio surgery, interventional cardiology, and electro-physiology; and, (iv) cardiology at Provincial and District levels. The project - and, the Shastin Hospital through the project - played a pivotal role in the (participative) formulation of a national strategy on the prevention of Cardio Vascular Diseases. External surgical teams from Luxembourg (*Institut national de chirurgie cardiaque et de cardiologie interventionnelle*) and from Asian partners played a key role in capacity strengthening in the area of cardio surgery and interventional cardiology. The project invested in capacity strengthening, at all levels of the health care pyramid, with many different actions. The quality and use of cardiology services at Provincial and District level are constantly improving. Telemedicine has become an important tool to ensure adequate support of peripheral general practitioners and cardiologists by specialists in Ulaanbaatar. These converging actions contribute to better health for all, in Mongolia.

The assessment of the Logical Framework revealed that the indicators (for the objectives and expected results) were well chosen, and that the targets for most of these were already met. Given the uncertainty about the implementation of a hospital autonomy plan, the strategic plan for the National Cardiac Centre is still to be developed (indicator 11).

As to the DAC evaluation criteria, the evaluation team is convinced that the relevancy of this project is high. In Mongolia, the occurrence of Cardio Vascular Diseases is very high, and the project approach of supporting basic and advanced cardiology and cardio surgery is most appropriate. As the Logical Framework analysis showed, the project is also highly effective. Contributing factors for this high effectiveness are the long-term strategy of step-by-step progression and expansion, and a very strong project management team. The evaluation team also concluded that many results are achieved with a relatively modest budget. Furthermore, improving the referral system in the country ensures a more cost-efficient use of domestic and external resources. Therefore, the project is efficient in many ways. Various project activities are not sustainable *persé*. For example, it is unlikely that the Government of Mongolia can easily absorb all costs of the various capacity strengthening activities and national conferences and seminars.

Given that the Government of Luxembourg considers financing a next phase after MON/006, it is important that the formulation of such a project phase be done around mid-2020. This evaluation identified several important issues to be addressed during such a formulation process. These include, *inter alia*: clear exit strategy with measurable targets on institutional and financial sustainability; clear views on capacity strengthening, including strengthening cardio surgical services; clarity on the financing of the national Cardio Vascular Diseases prevention strategy; clarity on strengthening the primary level of care, in collaboration with other development partners.

The evaluation team formulated the following recommendations:

- The formulation of a next phase should be done by mid-2020. By then, there must be clarity about the status of hospital autonomy of Shastin Hospital. Also, there must be clarity about the financing of the new National Cardiac Centre building;
- During the formulation of the next project phase, strong attention must be given to the formulation of the exit strategy. The formulation must provide a clear overview of the costs of key interventions, and of their (co)financing. There must be a clear target for co-financing by the Government;
- In line with this general recommendation, it is important to continue with key activities to build capacity. A clear view must be developed on the financing and organization of these activities, to ensure their sustainability;
- The acquisition of funds for the expansion of the telemedicine system at the primary care level should be secured and clarified;
- The current and future sources of financing of the national Cardio Vascular Diseases prevention strategy must be duly assessed and discussed with key stakeholders, to ensure that sufficient domestic and external resources remain available to implement key prevention activities at the short and longer term;
- During the current and next phase, the external (surgical) missions should continue. Especially during the next phase, clear goals must be defined for the external missions;
- Data management at the cardiology / cardio-surgery departments of Shastin Hospital needs improvement. Cardio-surgeons should complete detailed surgical reports on interventions; the Statistics Department should ensure that all surgical interventions are properly recorded;

- The current and/or future project may want to facilitate the organization of a Health Facility Assessment/survey among primary level health facilities, to assess the status of support to basic cardiology (e.g. availability of equipment; status of personnel trained in basic cardiology);
- In the future neonatal cardio-surgery should be further developed in the Mother and Child Hospital, and not in Shastin/ National Cardiac Centre;
- The current project management model (separate contracts for local project management; external *Institut national de chirurgie cardiaque et de cardiologie interventionnelle* missions; large procurement done by LuxDev) is effective and efficient and should be sustained during a next project phase;
- In collaboration with the national health insurance, the project might want to develop a feasible strategy to ensure financial accessibility for cardiology and cardio-surgery for the very poor.