



Mongolian Family Welfare Association

Submission to the 34th Session of the Universal Periodic Review

The Mongolian Family Welfare Association (MFWA) is a voluntary, non-governmental, non-profit, non-religious and non-political organization working on sexual and reproductive health and rights-related information, education and services, established in 1994. The organization delivers services through its 15 branches, including 1 permanent clinic, 6 associated clinics, 10 mobile facilities and a network of 43 community-based distributors/community-based services (CBDs/CBSs) and hundreds of volunteers.

MFWA works closely with both governmental and non-governmental agencies to secure good quality sexual and reproductive health (SRH) provision for the Mongolian people. The organization runs clinics and education and counselling facilities, in pursuit of its ultimate objective: universal access to sexual health services, and universal recognition that exercising informed control over sexual and reproductive health is a fundamental human right.

MFWA was established in 1994 and became an associate member of the International Planned Parenthood Federation (IPPF) in 1996. It became a full member association for being in full compliance with constitutional governance, program and management provisions contained in the standards and responsibilities of IPPF membership in 2005, and was re-accredited in 2010 and 2019. MFWA became the first non-governmental organization in Mongolia granted with special consultative status by Economic and Social Council (ECOSOC) at its Coordination and management meeting dated 8 April 2015 in New York, USA.

Background

1. Although in previous cycles of the Universal Periodic Review, Mongolia has received recommendations on gender equality, violence against women and criminalizing domestic violence, they have never received recommendations on access to sexual and reproductive health services, including family planning, which are necessary for women, adolescents and girls to exercise their reproductive rights, and control their lives and futures. The only recommendation received relating to reproductive rights, which was supported by the government, referred specifically to women and girls with disabilities:

Consider giving special attention to the rights of women and girls with disabilities, including their reproductive rights, the right to be free from violence, to work, to receive education and to participate in decision-making (Thailand)

2. Therefore, this submission will focus on the current situation of universal access to sexual and reproductive health services and family planning in Mongolia, as agreed in the Sustainable Development Goals, in particular target 3.7, as well as the challenges women face in accessing these critical services, and recommendations on how to improve the situation in order to respect, protect and fulfill women's reproductive rights.

Current situation of the family planning usage in Mongolia

3. 27.2 percent of Mongolia's total population is women of reproductive age (15-49).¹ As of 2015, approximately 600 health organizations provide reproductive health assistance and services in Mongolia and technically all of them² provide family Planning services as well. These organizations are divided into three basic stages:
 - Primary health center: family health center, district, inter-district and village hospital, non-governmental organization
 - Secondary level hospital: Reproductive health cabinet of district health center, provincial general hospital, maternity hospital, provincial hospital and provincial general hospital
 - Third level hospital: National Maternal and Child Health Center, Regional Diagnostic and Treatment Centers
4. However, family planning services are not accessible. According to the Social Indicator Survey and other surveys, unmet need for family planning increased from 4.6 to 16.0 per cent in 2003-2013, and, as increased to 22.6% in 2018.³ The use of contraceptives is decreasing among women of reproductive age (15-49 yrs). 69.0 percent of women of reproductive age had used contraceptive methods in 2003, falling to 55.2 percent in 2008, and further declined to 54.6 percent in 2013.⁴ According to the Social indicator survey 2018, only 48.1% of women aged 15-49 years currently married or in union are using (or whose partner is using) contraceptive method, which means that still 51.9 of them do not use any method.
5. In terms of use of modern methods of contraception, the numbers are not much better. In 2016, the use of modern methods of contraception among married women and women with sexual partners was only 48.1% and unmet need for family planning was 16%. A total of 415,000 women used modern methods of family planning and 64,000 used long-term contraceptive methods.⁵ Once again, the numbers are quite alarming

¹ Mongolian National Statistics office, www.1212.mn

² Study on Access to Contraceptives and necessary obstetrics medicine in Mongolia, 2015, page 7

³ Social indicator survey 2013,2018, NSO, UNFPA, UNICEF Mongolia

⁴ "maternal and child health RH national program "-2017-2021, page 7

⁵ Fact sheet on RH and family planning financing and policy, MoH, UNFPA , 2018

as 51.9 percent of women aged 15-49 didn't have access to modern types of contraceptives or did not use any type of contraceptives.

6. Another important conclusion that needs to be highlighted are that the unmet need for family planning varies considerably among age groups and it is significantly higher among urban populations. Unmet needs are consistently high among adolescents aged 15-19.⁶ Adolescent fertility rate (births per 1000 women ages 15-19) has increased from 38 to 43 in 2010-2018. Unmet need for family planning among girls aged 15-19 is 31.4 percent as stated in the Social indicator survey 2018. The influencing factors were misconceptions and misunderstanding of contraceptives, lack of information, lack of communication skills with husbands/partners, lack of awareness, negative attitude and influence of friends among women who had abortions.⁷
7. Furthermore, adding to the list of factors that led to the current situation in Mongolia in terms of universal access to sexual and reproductive health and rights are the lack of confidentiality, lack of human resources, work overload, and contraceptive shortages affect the poor quality of family planning services, which in turn reduces the interest of clients to access family planning services. Secondary and tertiary care physicians do not have the right to write prescription contraceptives for discounted health insurance funds, limiting access to family planning services.⁸ If a client wants to get a contraceptive at a discounted price, the obstetrician may need to send her back to the Family Health Center, which makes it difficult for the client.⁹

Financing and expenditure of contraceptives

8. The UN Population Fund (UNFPA) has played an important role in the supply of contraceptive in Mongolia. In 2008, they began supporting "Non-stop supply of reproductive health medicines" projects, but funding was stopped in 2014 and the Government of Mongolia started to provide them for free.¹⁰
9. Since 2009, the Government of Mongolia has approved the "National Strategy for the Security and Sustainability of Reproductive Health Medicines" to fund some of the costs of contraceptive supplies for the period 2009-2013 to 85-163 million MNT and 210 million MNT for 2014. However, it has fallen from 2015-2018 to 150 million.¹¹
10. The state budget for contraception is only 0.02% -0.05% of total government health expenditure. The vast majority of health budget expenditures are spent on inpatient care services and the cost of medicine is the highest share of total health expenditure. The Ministry of Health and Sports has a policy of distributing free contraceptives to key

⁶ Situational analysis on family planning services, MoH, UNFPA, 2016

⁷ Qualitative study on family planning, MoH and UNFPA, 2016, page 38

⁸ Situational analysis on family planning services, MoH, UNFPA, 2016 page 29

⁹ Situational analysis on family planning services, MoH, UNFPA, 2016 page 16

¹⁰ Family planning guidelines, Minister of Health resolution 2012/63

¹¹ Situational analysis on family planning services, MoH, UNFPA, 2016 page 20

populations¹² through a public health agency and is aiming to fully finance family planning medicines and tools by 2016.¹³

11. Since 2013, some of the hormone contraceptive methods have been included in the list of essential drugs and 57-83% of the health insurance payments are provided, but the numbers are also limited. Other important contraceptives are not covered, such as injectables, IUDs and implants.¹⁴
12. The Mongolian government announced their intention to reduce maternal and child mortality through implementation of Maternal and Child Health and Reproductive Health national program in the 2016-2020 Action Plan of the Government of Mongolia.¹⁵ The National Maternal and Reproductive Health Program (2017-2021) aims to reduce unwanted pregnancies and abortions by increasing access to family planning services. For this purpose, they aim to increase the proportion of women of reproductive age using modern methods of contraception from 48,2% in 2014 to 60% by 2020. The amount of funds spent on contraceptive was 150 million MNT in 2016, and the plan aims to increase it to 400 million MNT in 2020, and to increase met need for family planning for women aged 15-49 years from 70% (as of 2014) and to 80% in 2020 and prevent contraception. It also aims to increase the percentage of primary health organizations that provide at least 5 types of contraceptives to 50% by 2020, from 30.4% in 2015. However, there are no documents, programs or policy documents that outlines the level of contraceptive usage among women of reproductive age (15-49) from 2020-2030, in order to ensure that the these policy objectives or the Agenda 2030 commitments are achieved.

Challenges

13. The situational analysis of Family Planning services in Mongolia shows that Mongolia has established a well-developed health and well-being of mother and child policy, but family planning is left behind. Although the government has expressed a desire to address this issue through its National Maternal and Reproductive Health Program, there is insufficient funding and implementation of this policy.
14. In all three health care settings, family planning is not widely available or openly advertised, and quality of care is inadequate.¹⁶ Even if a woman assumes that she will have 3 children, it is clear that there is a need to prevent from pregnancy and use contraception for 30 to 35 years of her lifetime. Throughout this time, the contraceptive method can be a physical, emotional and economic burden, and it is important to understand that it is one of the basic life needs.
15. The major source of financing for family planning medicines in the private sector is the cost of paying for family planning services. Unless she gets free contraceptive from public hospitals, the client is required to purchase family planning commodities from social

¹² Family planning guidelines, Minister of Health resolution 2012/63

¹³ Situational analysis on family planning services, MoH, UNFPA, 2016 page 20

¹⁴ Situational analysis on family planning services, MoH, UNFPA, 2016 page 21

¹⁵ Action Plan of the Government of Mongolia, 2016-2020 page 14

¹⁶ Study on Access to Contraceptives and necessary obstetrics medicine in Mongolia, 2015, foreword

marketing programs, from private pharmacies, and private hospitals. In the context of the provision of contraceptives within the framework of social insurance, the legal environment and support is needed, including the participation of private hospitals and non-governmental organizations through the insurance system. It is important to increase involvement of non-governmental organizations in the private sector that promotes family planning in order to ensure all people, including the poor and most marginalized, have access to affordable, quality contraceptives.

16. Additionally, some populations are left behind even further. According to the 2013 social indicators survey, the use of contraceptive methods was classified by the age and gender distribution of urban and rural education and income levels, but contraceptives usage and data was not available for women with disabilities.
17. As mentioned above, adolescent fertility rate has increased by 5% in 8 years and 31.4% of girls from 15-19 still don't have access to any type of family planning as stated in the Social indicator survey 2018.

Recommendations

18. The need for family planning is the key to sustainable development of Mongolia as a percentage of reproductive age (15-49) women using modern contraceptive methods, thus MFWA suggests the following recommendations for the 3rd Cycle of the Universal Periodic of Mongolia:
 - Conduct a nationwide survey on the existing contraceptive methods, and demand for each product, as well as the modern contraceptives offered in the market by the health insurance in order to inform and develop a comprehensive policy that ensures the provision of comprehensive family planning services and commodities beyond 2020.
 - Introduce injections and implants and IUDs into social health insurance, increase access to all secondary and tertiary health care facilities and permit all obstetrics and gynecologists the right to write prescription contraceptives at discounted price from social insurance.
 - Develop and implement a nationwide education campaign to sensitize the population, including young women, on the use of different methods of family planning