

SCI Seminar, Ulaan Baatar, Mongolia 3rd-5th of October 2017
A collaboration between ISCoS, WHO and Ministry of Health
Mongolia

Recommendations regarding the future of SCI in Mongolia

WHO and Ministry of Health have in 2012 highlighted that service delivery areas that need strengthening include rehabilitation and long-term care for the elderly and disabled¹.

Discussions with representatives from Ministry of Health, WHO and ISCoS during the seminar indicate that there is a strong desire to implement a structured programme that will facilitate the strengthening of the rehabilitation sector in Mongolia.

A programme to increase the quality and coverage of SCI – rehabilitation services will increase access to appropriate and accessible services, reduce levels of morbidity and mortality and improve quality of life for people living with SCI.

A National Model SCI development programme can become a bench mark and inform the design and establishment of services for people with other disabling conditions in Mongolia.

A number of recommendations are proposed below. We would welcome your feedback on these and the opportunity to discuss further and agree possible next steps.

Suggestions		Benefits
<i>Short-term</i>		
1	<p>Formally organise mentorship via ISCoS or ASCoN</p> <p>Some examples below where mentorship has proved effective:</p> <ul style="list-style-type: none"> Stanley Ducharme (Professor of Urology and Rehabilitation Medicine and Clinical Psychologist from USA) - has been mentoring psychologists and peer counsellors worldwide for many years through email/skype and then following up with face to face on job training Peter Wing and Claire Weeks (orthopedic spine surgeon and specialist rehabilitation physician from Canada) have been providing mentorship to young doctors in Nepal 	<ol style="list-style-type: none"> Increase clinical support to the health care staff who are managing people with SCI Re-affirm learning from seminar

2	Identify 10-15 key people who attended the seminar as well as WHO and MoH, ISCoS and other organisations to be the Mongolia SCI Steering group .	<ol style="list-style-type: none"> 1. Key persons to train others 2. Be the local expert group who will be the focal point for health care staff to contact with queries regarding people with SCI 3. Steering group to support and guide the future strategy for SCI management in Mongolia 4. Plan activities for the World SCI Day (5th of September)
3	WHO to give the International Perspectives on Spinal Cord Injury (IPSCI) report to the political authorities in Mongolia	<ol style="list-style-type: none"> 1. Increase awareness and understanding of the current evidence and information available on SCI, in particular the epidemiology, services, interventions and policies that are relevant, together with the lived experience of people with SCI across the life course and throughout the world. 2. Increase awareness of the international recommendations for actions based on this evidence that are consistent with the aspirations for inclusion and participation as expressed in the United Nations Convention on the Rights of Persons with Disabilities (CRPD)
4	Epidemiological data on SCI in Mongolia	<ol style="list-style-type: none"> 1. Increase awareness of the current situation of SCI in Mongolia 2. Support specific policies on SCI and planning for a specialised SCI Unit
5	SCI elearn: <ol style="list-style-type: none"> 1. Upload to website (http://www.elearnsoci.org/) the two modules, which are already translated: 1) Overview of the whole team and 2) Physiotherapy 2. Translation of the rest of the modules, starting with the nursing module 	<ol style="list-style-type: none"> 1. Increases accessibility to the elearning modules 2. Makes the modules interactive, which will improve learning outcome
6	Prepare for celebrating 2018 SCI awareness day	<ol style="list-style-type: none"> 1. Increase national awareness of SCI

7	Funding for key health care staff to go on placement to specialised SCI Units in the Region	1. Increase knowledge and skills regarding SCI management and the set-up of an SCI Unit
8	<p>Collaborating with other development partners:</p> <p>Working closely and coordinating ISCoS inputs with other development partners, who are working in SCI and rehabilitation in Mongolia, such as the group from National Rehabilitation Hospital in South Korea (under Dr. Boram).</p>	<p>1. Increase strength of input through greater network of collaboration</p> <p>2. Avoid duplication of efforts</p>
9	<p>A needs self-assessment from the clinicians in Mongolia, in order to identify current needs.</p> <p>A list of topics to be provided to support their self-assessment of current needs in terms of training.</p>	1. Increase awareness of health care professionals current self-assessed needs for further training on SCI and tailor future training to meet these needs
Mid-term		
10	<p>Future SCI learning:</p> <p>After the initial seminar with a focus on the theory and basic practical management a follow-up seminar and workshops could include:</p> <ol style="list-style-type: none"> 1. Increased interaction with mixed learning methods: Questions and Answer Sessions, practicals, group work and presentations, Pre & Post Testing 2. Other health care staff not present at first seminar: ambulance and emergency services to increase knowledge and skills of safe handling <p>Other professionals such as CBR Workers to increase knowledge and skills of screening for secondary complications and when to refer.</p>	1. Further increase the SCI specialism in Mongolia
11	Strategy for increasing access to assistive devices (upper limb and lower limb) in the main hospitals who receive people with SCI	<ol style="list-style-type: none"> 1. Reduce contractures following SCI 2. Increase function; use of upper limbs and lower limbs in activities of daily living
12	The identification of a hospital with specific designated beds (20-30) allocated to people with SCI.	<ol style="list-style-type: none"> 1. The department would become the national "centre" for admission of people with SCI 2. Gather all specialist skills and resources in one department 3. A resource focal point for health care staff from other hospitals/ community to contact with all questions

		regarding managing of people with SCI
<i>Long-term</i>		
13	A specialised SCI Unit.	As above and further developing the SCI specialism within Mongolia

References

1. WHO and Ministry of Health, Health Service Delivery Profile, Mongolia, 2012
http://www.wpro.who.int/health_services/service_delivery_profile_mongolia.pdf