

CENTRE FOR
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ICF Education and use in Mongolia

Report on training and workshops (12-17 November 2012)
January 2013

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**Faculty of Health Sciences
University of Sydney, 2013**

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SUMMARY

Context

Internationally there are trends toward increasing rates of noncommunicable disease and ageing, with a consequent focus on maintaining or improving day-to-day functioning, and minimising disability. The UN Convention on the Rights of Person with Disabilities emphasises that people with disabilities have the same rights as the rest of the population, to participate in all facets of social and economic life, and to access all services. The World Report on Disability (WHO and World Bank 2011) emphasised these rights and outlined a range of initiatives that nation states could take to improve health for and participation by people with disabilities.

The World Report on Disability emphasised the importance of using the International Classification of Functioning, Disability and Health (ICF) as the relevant international standard framework and classification to improve information and statistics, for better planning and monitoring of effective and equitable systems. Since its publication in 2001, the ICF is increasingly widely used, providing: a scientific basis for understanding and studying health and functioning; a common language across disciplines and sectors; and a structured classification to underpin information systems and inform statistical comparisons.

Purpose

To enhance knowledge about the ICF and its use, and to develop a plan for the operationalisation of the ICF in Mongolia

Activities

Terms of reference were for the consultant to:

1. Conduct training on the International Classification of Functioning Disability and Health (ICF)
2. Conduct training and workshops on the operationalisation of the ICF into the Mongolian context
3. In partnership with Mongolian representatives, develop a plan, and potential funding proposals, for the operationalisation of the ICF in Mongolia

Accordingly, this report is based on work in Mongolia comprising: delivery of training in ICF concepts, structures, coding and use to approximately 45 participants; meetings with key stakeholders; and workshops and planning sessions about practical approaches to make use of the ICF for the benefit of people in Mongolia.

Outcomes

Greater knowledge and use of ICF in Mongolia would have benefits for the health and functioning of all people in the country, and for the rights of people with disabilities. The use of the ICF's 'common language' about functioning will underpin improved structures, processes, effectiveness and efficiency of key policies and programs, and promote inter-related policies and data. The ICF complements the ICD (the WHO's classification of diseases, which has little relevance to describing functioning). The ICF includes 'activities and participation' as components of functioning, and recognises the influence of 'environmental factors' as barriers to or facilitators of functioning. This conceptual framework aligns with the recognition of the rights of people with disabilities to participate in all areas of life, and the responsibilities of societies to remove the barriers to participation by all people.

It is an excellent time to undertake measures to enhance knowledge and use of ICF in Mongolia. The Government Action Plan 2012-2016 has focused on people with disabilities; the Prime Minister is particularly committed to the education of children with disabilities. The new National Strategy on Developing Rehabilitation Care and Service has strategic directions which include introducing the ICF in rehabilitation care and service, and involving rehabilitation data in the national information network. Moreover, as evidenced by the rapid learning and active meetings during the training and planning week, there is a thirst for greater and more specific knowledge about ICF and its use to achieve practical benefits; education and information will therefore find a receptive audience.

Areas for action

Spreading knowledge from the core of approximately 35 people who completed the ICF training course is both feasible and economical. The participants in the course are enthusiastic about forming a Mongolian ICF Network to take this forward and have been supplied with teaching resources which will enable them to provide lectures and basic training to colleagues.

While education and information about how to use ICF are the priority for now, several specific programs were identified where ICF use could help re-frame policies, processes and data, in order to meet current challenges and needs: social insurance, health insurance, education, social care (children), and population statistics. The first steps are education and discussion, with policy makers and working committees, about the ICF and then work together to use ICF in the best way for their area of responsibility.

It is also important to encourage and work with professional committees and universities to ensure that ICF forms a framework for and significant component of professional training, in universities and for currently practising professionals – medical practitioners, rehabilitation physicians, teachers, allied health professionals and social workers.

The World Report on Disability highlighted the need for worldwide efforts to improve data on disability – both in population data and administrative data about the delivery of services. Efforts of the National Statistics Office and of health and welfare practitioners and administrators to use the ICF to improve data should be supported. The development of sample questionnaires and data items, based on international standards, would help create a valuable ICF Resource Base which would assist improved and consistent data across sectors.

To carry this program of development forward, and to plan for and assist with ICF education and implementation in Mongolia, a Mongolian Multi-sectoral ICF Working Group should be formed. This group should include members from several policy departments, sectors and professions; the structure and functions of the group are detailed in the full report.

Main recommendations

- A. To form and support a Multi-sectoral ICF Working Group to plan and promote ICF education and use. The purpose of the Group is to improve the health and functioning of people in Mongolia and promote efficient, informed and effective policies affecting them. To achieve this purpose, the Group would plan and carry out the program of work outlined in this summary and detailed in this report.

- B. To form and support a Mongolian ICF Network to acquire and build knowledge of the ICF and current applications in Mongolia and internationally, by:
 - communicating about ICF within their organisation and field of interest
 - offering and providing information and basic training on ICF
 - staying informed about ICF use in Mongolia and other countries.

Sources

This report reflects the views of the consultant, based on information and expert advice received in Mongolia before, during and after the week 12-17 November 2012, on her professional and international experience, and on references listed in this report.

Acknowledgments

The consultant wishes to acknowledge the many contributions made by the participants at the training and workshops, and in particular the key organising and assistance roles of: Dr Tsogzolmaa Bayandorj of WHO office, Mongolia; Dr Narantua Bayamagnai and Nyamsuvd of National Rehabilitation and Development Centre; Dr Ragchaa Oyunkhand and Dr Nyamjav Zandi of the National Gerontology Centre.

PART 1: INTRODUCTION AND OVERVIEW OF ACTIVITIES 12-17 NOVEMBER

INTRODUCTION

Broad context

Internationally there are trends toward increasing rates of noncommunicable disease and ageing, with a consequent focus in health systems on maintaining or improving day-to-day functioning, and minimising disability from whatever cause. Moreover the UN Convention on the Rights of Person with Disabilities emphasises that people with disabilities have the same rights as the rest of the population, and outlines responsibilities of states to enable their participation in all facets of social and economic life, and their access to all services. The World Report on Disability (WHO and World Bank 2011) similarly emphasised these rights and outlined a range of initiatives that nation states could take to improve health for and participation by people with disabilities.

Improved information and statistics underpin the planning and monitoring of effective and equitable systems, and the World Report on Disability emphasised the importance of using the International Classification of Functioning, Disability and Health (ICF) as the relevant international standard framework and classification. Since its publication in 2001, the ICF is increasingly widely used, providing: a scientific basis for understanding and studying health and functioning; a common language across disciplines and sectors; and a structured classification to underpin information systems and inform statistical comparisons.

These international developments are reflected in Mongolia. The population of Mongolia is some 2.7 million people, of whom an estimated 108,100 had a disability in 2010. The UN Convention on the Rights of Person with Disabilities was signed and ratified by Mongolia in 2009.

The new government, led by the Democratic Party (with the theme ‘innovation and renovation’), was recently elected for a four-year term. The Government Action Plan 2012-2016 has focused on people with disabilities; the Prime Minister is particularly committed to the education of children with disabilities.

Terms of reference

1. Conduct training on the International Classification of Functioning Disability and Health (ICF)
2. Conduct training and workshops on the operationalisation of the ICF into the Mongolian context

3. In partnership with Mongolian representatives, develop a plan, and potential funding proposals, for the operationalisation of the ICF in Mongolia

The ICF

The International Classification of Functioning, Disability and Health (ICF) is a framework for describing and organising information on functioning and disability. It provides a standard language and a conceptual basis for the definition and measurement of health and disability. The ICF was approved for use by the World Health Assembly in 2001, after extensive testing across the world involving people with disabilities and people from a range of relevant disciplines.

The ICF integrates the major models of disability. It recognises the role of environmental factors in the creation of disability, as well as the relevance of associated health conditions and their effects.

In the ICF, functioning and disability are multi-dimensional concepts, relating to:

- the **body functions and structures** of people, and impairments thereof (functioning at the level of the body);
- the **activities** of people (functioning at the level of the individual) and the activity limitations they experience;
- the **participation** or involvement of people in all areas of life, and the participation restrictions they experience (functioning of a person as a member of society); *and*
- the **environmental factors** which affect these experiences (and whether these factors are facilitators or barriers).

The ICF conceptualises a person's level of functioning as a dynamic interaction between her or his health conditions, environmental factors, and personal factors. It is a biopsychosocial model of disability, based on an integration of the social and medical models of disability.

As illustrated in Figure 1, disability is multidimensional and interactive. All components of disability are important and any one may interact with another. Environmental factors must be taken into consideration as they affect everything and may need to be changed.

ICF: Interaction of Concepts

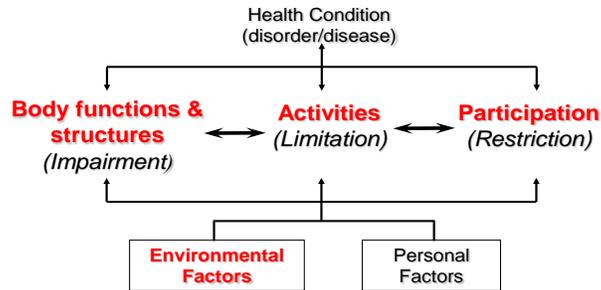


Figure 1: Interactions between the components of ICF (WHO 2001:18)

Outline of report

This report is presented in two parts:

- Part 1: Introduction and report on activities
- Part 2: Proposed plan for ICF education and implementation

The recommendations in Part 2 focus on implications that directly concern ICF. While there were comments about matters relevant to disability policy more broadly – for instance shortages of various trained professionals in several sectors – these comments are noted but there are no related recommendations.

Overview of Activities 12-17 November

The week's activities were in three main categories:

- **Training:** Intensive, classroom-style training on ICF took place on Monday, Tuesday and Thursday morning. Participants demonstrated a strong interest in and growing understanding of the ICF: its framework and main concepts; its qualities as a classification; its use in organising complex information into a standard framework and structure; how to code with the ICF; the relationship of the ICF to rights philosophy; its value in service design; its value in information and statistics.
- **Meetings:** Presentations to and discussions with key stakeholders occurred on Wednesday, Thursday afternoon and Friday morning. These discussions provided the opportunity for the consultant to learn more about key policy areas and for key people other than participants to hear about the ICF, its value and potential applications in Mongolia
- **Workshops:** As envisaged by the terms of reference, the last days focused on ways to carry the work of the week forward, and to operationalise the ICF in Mongolia. On Thursday, course participants worked in small discussion groups on 4 selected areas for potential ICF use: social insurance, health insurance, education, social care for children. These groups made suggestions about education on and applications of the ICF. [A fifth area – population statistics – was the subject of out-of-session discussion and is reported very briefly.]
On Friday afternoon and Saturday morning a working group (comprising a selected group of some 13 participants) developed these ideas further including, on Saturday morning, commenting on the recommendations being considered by the consultant.

An overview of the day-by-day program is as follows:

Monday	Introductions and ICF overview: ICF development, principles, relationship to UN Convention on Rights of Persons with Disabilities, ICF structure and elements
Tuesday	ICF in more depth: ICF options; coding with ICF; ICF applications worldwide
Wednesday	Meeting with wheelchair association; meeting with social insurance committee member; visit to special school <i>Note: This day was a (new) public holiday</i>
Thursday	Finalising training and starting workshops: ICF applications and overview of resources provided (see <u>Annex 1</u>);

Small group workshops in agreed areas of potential application; meetings with the Department of Education and senior committee in Ministry of Health

- Friday High level multi-sectoral meeting (see [Annex 2](#)); Working group meeting to build on and refine reports from small groups.
- Saturday Working group discusses possible recommendations outlined by consultant

Participants in the week's activities numbered some 45 people, with some variation during the week of participants. Included were people from: the Department of Population Development and Social Welfare (responsible for instance for family and ageing development; children and youth development; disability development); Ministry of Health; Ministry of Education and Science; professional committees, disabled people's organisations (DPOs); National Statistics Office. Professionals included people working in: rehabilitation, child health, special education, social welfare department, national blindness association; wheelchair users association, hospital, social work, AIFO (CBR), social insurance,

PART 2: PROPOSED PLAN FOR ICF EDUCATION AND IMPLEMENTATION IN MONGOLIA

It was considered that moving forward on ICF implementation will require more education in the country, and that the trainees of the week can form a core of people (a **Mongolian ICF Network**) to carry this forward. This education should be provided in the recognition that there are sectors where ICF use would be an advantage to Mongolian people, systems and related information and data.

Carrying forward the more strategic work planned, in a coordinated way, should be the responsibility of a Mongolian **Multi-sectoral ICF Working Group**. This Group would plan and carry out the work outlined in the following sections, working in the time frame of 3-4 years to align with the time frame of the current government.

More detail and recommendations are contained in the following sections of Part 2:

1. ICF knowledge building: Mongolian ICF network
2. Multi-sectoral ICF Working Group: Planning education and related activities
3. Social insurance
4. Health insurance
5. Education
6. Social care: children
7. Population statistics

1. ICF knowledge building: Mongolian ICF Network

It is an excellent time to undertake measures to enhance knowledge and use of ICF in Mongolia. The Government Action Plan for 2012-2016 focuses on disability as priority area including education of children with disabilities. Moreover, as evidenced by the rapid learning and active meetings of the training and planning week, there is a thirst for greater and more specific knowledge about ICF and its use to achieve practical benefits. Therefore it is considered there will be a receptive audience for education and information.

Spreading knowledge from the core of approximately 35-40 people who completed the ICF training course is both feasible and economical. The participants in the course are enthusiastic about forming a **Mongolian ICF Network** to take this forward and have been supplied with resources which will enable them to provide lectures and basic training to colleagues (see [Annex 1](#)). They have also been made aware of ICF applications around

the world and resources such as the posters presented at annual meetings of the WHO Family of International Classifications (WHO-FC Network).

The formation of this Network will enable its key coordinators to be kept in touch with international networks and developments, thus to spread this information through the Network and into the wider community. The Network will be multi-sectoral and with representatives of different professions and policy departments, disabled people's organisations (DPOs) and NGOs. This diversity of perspective and diversity of voice will ensure that many relevant sectors become literate in ICF and thus better able to speak the 'common language' about functioning as envisaged by ICF.

The ICF's inclusion of the concept of participation and the role of environment will promote the achievement of rights which are recognised under the UN Convention (ratified by Mongolia in 2009).

Recommendation 1.1: That a **Mongolian ICF Network** be established and supported to build knowledge of the ICF and its current applications in Mongolia and internationally.

Main functions:

- communicate about ICF within their organisation, community and field of interest
- offer and provide information and basic training on ICF
- stay informed about ICF use in Mongolia and other countries.

Proposed first steps:

1. Participants at November course agree to form Mongolian ICF Network; 2-3 key coordinators agreed
2. All Network members to be provided immediately with:
 - a. Copy of ICF in Mongolian language (PDF, Word, hard copy as required)
 - b. Course materials: PDF copy of slides; other materials e.g. 'useful links'
 - c. PowerPoint slide sets for translation and use in basic training
3. WHO consultant arranges for Network coordinators to be placed on key distribution lists so that Network coordinators can keep Network members informed about international developments such as release of the ICF User Guide, WHO-FIC Network annual meeting in Beijing in October 2013.
4. Network coordinators translate slides and prepare accompanying notes based on November lectures and Mongolian ICF. Network coordinators finalise slides (after possible comment by members and WHO consultant), and distribute to Network members for use (giving priority to slide set 1b).

5. Network members make an early start by presenting the 'brief overview' (slide set 1b) to colleagues in November-December.
6. Plan further presentations as opportunities offer and in line with priorities agreed with Multi-sectoral ICF Working Group (see following section 2, Part 2)

2. Multi-sectoral ICF working group (MIWG)

In the course of the week's meetings it became apparent that some strategic planning of ICF education was needed, because of its implications for and possible use in a number of sectors. The following sections (3 to 7, Part 2) detail discussions and recommendations in the areas of: social insurance, health insurance, education, social care for children, and information and statistics. These multi-sectoral implications are not surprising. Functioning and disability are multidimensional and relate to health, education, work, and all areas of life.

Greater knowledge and use of ICF in Mongolia would have benefits for the health and functioning of all people in the country, for the rights of people with disabilities, and for the structures, processes, effectiveness and efficiency of some key policies and programs. The understanding of decision makers will be a key ingredient for success of this education.

The World Report on Disability highlighted the need for worldwide efforts to improve data on disability – both in population data and administrative data about the delivery of services. The collaborative development of sample questionnaires and data items, based on international standards, would create a valuable resource which would promote improved and more consistent data across sectors.

These developments require multi-sectoral collaboration. In order to undertake coordinated action on ICF education relevant to these multidimensional and multi-sectoral needs, a Multi-sectoral ICF Working Group (MIWG) is proposed.

Recommendation 2.1: That a Multi-sectoral ICF Working Group (MIWG) be established and supported to plan and promote ICF education and use so as to improve the health and functioning of people in Mongolia, and promote efficient, informed and effective policies affecting them.

Membership and reporting:

Membership should include various stakeholders representing government and non-government organizations (Ministry of Health, Ministry of Population Development, Welfare and Social Protection, Ministry of Education and Science, Ministry of Labour, National

Statistics Office); aimag representatives (provinces); professional bodies; NGOs and disabled people's organisations such as the Mongolian Association of Blindness and National Association of Wheelchair Users; doctors; and the ICF Network. It is proposed to have half of the members from representatives of NGOs working on disability; overall the membership should be representative of various stakeholders.

A committee of this composition worked very effectively in Australia during the 1990s (when ICF was being developed) and until 2006-07 in the early years of ICF implementation. For instance the committee advised on the creation of national standard data items for inclusion in the health and community services sectors. This committee advised the Australian Collaborating Centre for WHO-FIC (the Australian Institute of Health and Welfare).

It was proposed by the proposed ICF Network that the group should relate its activities to the PM's working group on disabled people and report to the Government of Mongolia through this PM's working group.

Functions of the MIWG:

The MIWG would:

- a) further develop and carry out the plan set out in this report
- b) finalise a single Mongolian version of ICF and explain its use alongside the ICD 10.
- c) support the Mongolian ICF Network and advise on its priorities for ICF basic training
- d) communicate with professional bodies and professional meetings about ICF education and use
- e) encourage inclusion of ICF in university courses e.g. at the Health Sciences University and National Technical University.
- f) encourage inclusion of ICF education as a component in professional education for practicing professionals including rehabilitation physicians, teachers, allied health professionals and social workers, in particular those practising in the sectors included in the current plan
- g) arrange and support the development of an ICF Resource Base including sample questionnaires and data items of relevance to Mongolia, based on the ICF, and relevant to the sectors included in this plan; an outline of the steps needed is included in [Annex 3](#) and an example framework in [Annex 4](#)
- h) promote international study tours and attendance at relevant international meetings to investigate useful practice in other countries.

- i) Provide further training to selected Mongolian staff at the WHO-FIC Network annual meeting in Beijing and explore funding possibilities to bring together selected international experts with Mongolian participants in Beijing.
- j) Collaborate with relevant policy departments (Ministry of Health and Ministry of Labour) on an approach to possible funders (e.g. ILO) to fund the development of the ICF Resource Base including sample questionnaires and data items.
- k) Manage funding for the work plan including exploring funding sources.

The following table could guide the MIWG in costing the specific proposals they decide to pursue.

Item of proposed work	Cost components	Cost (Trugrug, \$) <i>To be quantified by MIWG when components decided</i>	Possible sources
Secretariat and research support (a) to (k)	0.5 EFT Stationery, equipment		Mining company operating in Mongolia
ICF Network (c)	Travel costs Stationery, equipment		
ICF Resource Base (g) and Recommendations 4.1, 5.1, 6.1	Research assistant 0.5 EFT		ILO WHO Mining company operating in Mongolia
Attendance of approx. 6 people at 2013 WHO-FIC meeting in Beijing and special seminar with experts	6 air fares Accommodation and registration Possible costs for experts?		Mining company operating in Mongolia
International study tours (h)	<i>The goal would be that this would be zero cost to Mongolia</i>		ALA (for Australia) Other sources for other countries

3 Social insurance

Current situation:

- Social insurance provides a pension for people with a disability previously employed; social security insurance is for people not previously employed. This entitlement is enshrined in law.
- Key criteria are embodied in a list of ICD based conditions, with fixed percentage ranges against each, intended to indicate the level of disability and work ability.
- Eligibility and payment rates are determined by a Medical Professional Committee and a Medical and Labour Accreditation Central Committee consisting of 13 members (sub-committees exist in 9 districts of Ulaanbaatar and 21 aimags of Mongolia). They decide which % within the set range is to be awarded; if it is under 40% no pension is awarded, 50-70% is awarded a part pension; over 70% rating results in a full pension.
- The list of conditions is being revised; it is a good time to consider the inclusion of functioning indicators using the ICF.

Reported challenges:

- Percentages based solely on the ICD are insensitive to functioning variation within one health condition. For instance, one person at the meetings, with paraplegia, has many employment-related capacities, but was judged 90% disabled by the formulae.
- Many people with disabilities would rather exercise their right to work rather than their right to a pension. They would like to see more recognition of what people with disabilities can do, and more effort put into equipping people to work and to participate in society. Attention to the broader environment would also enable this participation e.g. accessible roads and buildings.
- There is pressure on funding (\$57m pa paid from social insurance; \$28m from social security in 2011). There is some policy concern that increasing the number of ICD codes would increase the number of people eligible and hence the funding required.
- A balance needs to be struck between enabling and encouraging people to get jobs and recognising their abilities vs. ensuring that their right to financial support is recognised when they cannot work. It was noted that these problems of balance occur in many countries.

Discussion of possible ways forward:

- It is important to base assessment of working ability on ICF, so as to make assessment more aligned to needs of the person (diagnosis alone is not enough)
- It would be of value if decision makers understood the ICF; according to participants, it is more 'organised and precise' as a tool to describe functioning and disability.
- Groups must prepare to conduct training
- There was interest in the Australian pension program which uses medical diagnosis (ICD and impairment) as a first step or 'gateway' to eligibility. The second step is when pension entitlement is decided and employment possibilities are discussed. This 'job capacity' assessment is carried out by allied health professionals.
- It was recognised that a balanced approach is needed (see above discussion re people's rights and responsibilities, and the government budget) and also because of the laws and systems involved.
- Assessment by allied health professionals is difficult to contemplate in Mongolia as they are in short supply. In their absence, assessment may be done by medical personnel including rehabilitation professionals.
- It was considered that moving towards consideration of functioning and use of the ICF is inevitable. This change is because of the increasing adoption worldwide of ICF concepts of functioning and disability; and because of the need to have better management and financial data. With careful planning and implementation there can be a 'win-win' for people with disabilities and government.

Recommendations:

3.1 That the MIWG:

- a. Through relevant members, undertake specific initiatives to inform and educate the current assessment committees about the ICF [the Medical Professional Committee and the Medical and Labour Accreditation Central Committee, consisting of 13 members (sub-committees exist in 9 districts of Ulaanbaatar and 21 aimags of Mongolia)]. Following such education the possibility of a 'demonstration' project could be arranged, to explore assessment of job capacity based on ICF and produce recommendations about environmental change to enable people to work. Such a demonstration project should be done in collaboration between Committee members, the ICF Network, other professionals and DPOs.
- b. As part of its general plan for ICF education, for both undergraduate and for currently practicing professionals, plan for and meet the needs of this sector (e.g. rehabilitation physicians, allied health and social workers).

3.2 That the relevant policy department (Population Development and Social Welfare) research systems in other countries to investigate models for using functioning information in the assessment process (a useful report of OECD is included in the reference list and some relevant WHO-FIC posters were included in resources to participants - see Annex 1).

4. Health insurance

Current situation:

- Funding to hospitals is provided according to Diagnostic Related Groups based on ICD categories
- There is a limit of 10 days in hospital for any condition.
- Rehabilitation funding is not related to beds for tertiary level of care; it is mainly related to private hospitals and sanatorium and is limited to (80,000 MNT) \$80 (authorisation is given by Minister's Order from the Ministry of Health).
- The National Rehabilitation and Development Centre is now located in the Ministry for Population Development and Social Welfare.
- There is a new National Strategy on Developing Rehabilitation Care and Service (2011) and other national strategies such as one on deafness

Reported challenges:

- The funding formula operates to provide more funding when larger numbers of ICD codes are nominated (i.e. a possibly perverse incentive, and a method vulnerable to gaming)
- While rehabilitation physicians can diagnose a child after birth, intervention may not be possible, to ameliorate the condition and to improve the prognosis of the child's future functioning. If government does not meet the costs, often the parents cannot, and children are 'left as they are'. Then the person may become a cost to the school system and ultimately the beneficiary of a pension from inability to work.
- Medical care is thus 'often not complete'.
- Perhaps because of these funding problems, rehabilitation medicine is not at present of high status.
- There are not enough trained people in the rehabilitation field and the numbers are not increasing fast enough
- Community-based rehabilitation (CBR) is established in the country, and is operating each province of the country (supported by AIFO and the Japanese government). Launched by the Ministry of Health, it is now implemented by the

Department of Population Development and Social Welfare. It was not clear how CBR articulates with hospital based rehabilitation services.

- A recent rehabilitation forum heard a presentation on ICF and they appreciated it and wanted to know more. Physicians during meetings in the November week indicated their interest in including ICF concepts in their own clinical records
- The University of Health Sciences plans to institute training of physiotherapists and occupational therapists but these people will not be available to the workforce from some time. It is important that they learn about ICF
- There is a need to improve collaboration among structures, organisations, and institutions working on disability if ICF is to be implemented in Mongolia.

Discussion of possible ways forward:

- Early diagnosis and management is important
- It was noted with interest that in a number of countries hospital funding is based on Diagnostic Related Groups which bring in not only disease (ICD) but patterns of treatment/interventions for the specified condition. Internationally it is recognised as important to bring in indications of patients' functioning (using ICF) to improve the accuracy of funding for rehabilitation (Hopfe et al 2011 – see reference list)
- With trends to more chronic diseases, management and maximisation of people's functioning is a key to reduced social costs and increased productivity.
- Training on the ICF for medical practitioners is needed – both as undergraduates and as practising professionals. The use of ICF in curriculum frameworks is effective in improving practice and patient outcomes (Snyman et al 2012 – see reference list).
- The group considered there was a need to include rehabilitation in health insurance. They noted that, in order to enable funding of rehabilitation, there was a need to change laws, structures and systems.
- Improving information to enable informed interventions was a key theme running through this area, as well as the areas of education and social care for children.
- The ICF was strongly appreciated as the framework and classification relevant not only to inform health intervention but also education and social welfare. This understanding of the multidimensional nature of functioning and disability is common to many countries now
- This understanding points to the possibility, indeed the necessity, of intersectoral collaboration. Information would be a useful starting point for such collaboration.
- The development of ICF-based sample questionnaires and data items, based on international standards would create a valuable resource which would assist in creating improved and more consistent data across sectors. Such work would

- include collaborative design: agreeing with ‘stakeholders’ (all people and organisations affected) the purposes, method of use and design; Steps in Annex 3 and examples on Annex 4
- require consideration of: user requirements and ethical consideration for data collection.
- will depend on strong support from Multi-sectoral Working Group (MIWG), and the ICF Network (e.g. to educate about the ICF)

Recommendations:

4.1 That the MIWG:

- a. Support the development of an ICF Resource Base (including sample questionnaires and data items) relevant to at least the sectors represented in its membership (steps are outlined in Annex 3). These could be constructed to indicate a ‘minimum data set’ with basic information on the health condition (ICD codes) and functioning (ICF codes/categories) [example frameworks were discussed during the week and are at Annex 4.]
- b. As part of its general plan for ICF education, for both undergraduate and for professionals now practicing, plan for and meet the ICF education needs of this sector (e.g. rehabilitation physicians, other physicians and allied health workers). Liaison with universities will be important way of encouraging use of the ICF in curricula.

4.2 That the MIWG and the Ministry of Health arrange to review trends in the development of funding methods for rehabilitation, and the potential benefits of change. The review could indicate best practice in this field and the relationship of funding to models of care optimisation, and possible benefits to people and the economy.

Note: Experts at the University of Sydney are willing to write a brief paper on trends in rehabilitation funding and possible directions for Mongolia, to start this process, if agreed to be useful.

5 Education

Current situation:

- Special education and inclusive education are both included in current policy
- Education for people with disabilities is included in the new government’s agenda, and the new PM is supportive of special education.

- There are projects implemented to improve professional education and capacities of children with disabilities; it is considered these efforts need to be scaled up by the Government to enhance into the multisectoral initiatives.
- Health Sciences University of Mongolia will be training occupational therapists (OT)s and physiotherapists (PTs) but it will be some time before they are working.

Reported challenges

- Students with disabilities have deep concerns about their future, in terms of their transition from school to higher education and from education to work.
- There is good special education in the country but it does not reach all relevant children, nor all provinces
- The policy is to make education inclusive but this requires changes in teacher training and attitudes
- Attitudes are a major environmental problem for inclusive education (even when the policy is there); also physical access for children in wheelchairs needs improvement. These were two of several environmental factors represented in the ICF and seen as policy-relevant.
- The number of special teachers is inadequate; general teachers are not skilled in dealing with disabilities, especially if there is a child with multiple problems or a mix of disabilities in the classroom.
- Trained speech therapists are in short supply (and people trained 20 or more years ago in Russia are now ageing so the situation may get worse)

Discussion of possible ways forward:

- There is a need to identify children with disabilities. There is no special centre for diagnosis; a special centre could help identify environmental factors that could be changed to promote the children's participation.
- More specialist support staff are needed, and more training of teachers (general and special)
- There is a need for ICF training for professionals e.g. social workers, teachers and school doctors, to make them more aware of what they can do.
- These initiatives will contribute to the achieving the policy on inclusive education and will improve opportunities for students with disabilities.

Recommendations:

5.1 That the MIWG (similarly to Recommendation 4.1):

- a. support the development of an ICF Resource Base (including sample questionnaires and data items) relevant to at least the sectors represented in its membership (*more detail is included in recommendation 4.1 which has multi-sectoral application*).
- b. As part of its general plan for ICF education, for both undergraduate and for currently practicing professionals, plan for and meet the ICF education needs of the education sector (e.g. e.g. social workers, teachers and school doctors).

6 Social care: children

Current situation:

- Social care for children is a responsibility of the Department of Population Development and Social Welfare (i.e. as for social insurance)
- Hospital committees decide who is disabled; families can then obtain a monthly benefit from the social welfare office, as long as one of the parents is not working and is hence available to provide the necessary care, and is under the age of the age pension (55 for women, 60 for men).

Reported challenges:

- There is a need to assess children from different angles so that services can be organised
- Generally, there is not enough long term care and rehabilitation care.
- Information about disabled children is needed, as a beginning, so that other measures can be taken to improve functioning

Discussion of possible ways forward:

- The importance of early diagnosis was noted, and the difficulty of detecting intellectual disability in the early years (training for this is needed)
- ICF based data would enable measures to be taken to improve functioning and participation
- Assessment should not be made complex (initially at least).

Recommendations:

6.1 That the MIWG, similarly to Recommendations 4.1 and 5.1,

- a. Support the development of ICF Resource Base (including sample questionnaires and data items) relevant to at least the sectors represented in its membership (*more detail is included in recommendation 4.1 which has multi-sectoral application*).
- b. As part of its general plan for ICF education, for both undergraduate and for currently practicing professionals, plan for and meet the ICF education needs of the social care sector (e.g. e.g. physicians, social workers).

7 Population statistics

There was limited general discussion of this topic although all participants recognised that population data are essential for planning. The use of a common framework across population, clinical and administrative data enables comparisons of data to be made; for instance cross-sector analysis and comparing supply and demand.

Brief out-of-session discussions resulted in the following findings and suggestions:

- According to the population census in 2011 there were 108,071 people with disabilities. The data are based on questions such as ‘do you have a disability? what type?’
- A trial of Washington Group census questions (short set) appeared successful. However a trial of the Washington Group extended set (questions for surveys) provided problems
- It is suggested that NSO development focus on the Washington Group short set, but consider expanding the questions (in similar format) to cover all 9 Activities and Participation domains of the ICF. Tests of these newer questions would be required.
- In December, subsequent to the work in Mongolia, WHO and the World Bank have announced that they are working on a Model Disability Survey questionnaire and this work should be followed http://who.int/disabilities/media/news/2012/06_12/en/
- The importance of liaison with policy people was noted, so that statisticians can understand the nature of information needed – and relate these to international standards such as the ICF.
- NSO membership of the MIWG will be an important way to promote this direction and interaction

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Annex 1: Resources provided for use during and after the November 2012 course

1. PowerPoint slide set, based on course materials, for use by Mongolian ICF Network, to educate a range of audiences:
 - 1a. Very brief overview and need for ICF
 - 1b. Brief overview and need for ICF
 2. Overview and history of ICF
 3. Structure and elements of the ICF
 4. Options in the ICF
 - 5 Coding exercises
2. A folder of WHO-FIC posters from recent meetings, relating to ICF applications, by world experts
3. A document of links to on line resources:

WHO Family of International Classifications – WHO-FIC <http://www.who.int/classifications/en/>

2012 meeting and **posters** <http://apps.who.int/classifications/network/meeting2012/en/>

Past network meetings: <http://apps.who.int/classifications/network/meetings/en/index.html>

For 2011 **posters**: <http://apps.who.int/classifications/network/meeting2011/en/index.html>

ICF browser <http://apps.who.int/classifications/icfbrowser/>

ICF eLearning tool <http://icf.ideaday.de/>

Note that some slides in Mongolian course are based on this tool

ICF in other languages <http://www.who.int/classifications/icf/en/>

World Report on Disability (explore this link for material in various languages including English, Russian, Chinese languages) http://www.who.int/disabilities/world_report/2011/en/

CBR Guidelines (available in several languages)
<http://www.who.int/disabilities/cbr/guidelines/en/index.html>

UN Convention on the Rights of Persons with Disabilities – available in various languages
<http://www.un.org/disabilities/default.asp?id=150>

UNESCAP Training manual on disability statistics
<http://www.unescap.org/stat/disability/manual/index.asp>

Annex 2: Attendees at high level meeting Friday 16 November

	Name	Organisation
1	Ariunaa	Member of Professional committee of neurology
2	Chimedragchaа	Member of Professional committee of traditional medicine
3	Tsogzolmaa	Specialist of WHO office in Mongolia
4	Oyunhand	Head of Professional committee of rehabilitation and older persons
5	Zandi	Rehabilitation doctor of National Gerontology Centre
6	Narantuya	Specialist of Ministry of Health
7	Uranchimeg	Professional committee of eye
8	Grace Lee	Attendant at WHO office in Mongolia
9	Byamba-Olzii	Social insurance accrediting doctor, Khan-Uul district
10	Lhagvadorj	Medical labor accrediting central commission, General social insurance office
11	Tsogzolmaa	Expert at National statistical committee
12	Sarantuya	Specialist of Ministry of Education
13	Lyanhua	Specialist of Ministry of Education
14	Ganbileg	Head of Department of Ministry of Population Development and Social welfare

Annex 3: Steps to applying the ICF

Note: This text is adapted from collaborative work the consultant is involved in, with the WHO-FIC Network.

There are many ways to outline the main steps in applying the ICF. Here the process is outlined in terms of some basic questions that must be answered.

Why: Define the purpose of what is being undertaken: for instance, to estimate the need for services, or to evaluate outcomes from interventions.

What: Identify what information is needed, relevant to the aim and purpose. Specify information items relating to functioning and disability, and relate them to the ICF components, domains and categories – including the Environmental Factors. Consider all components for inclusion; use all chapters (domains) of Activities and Participation for diverse populations.

How: What methods will be used?

- Methods could include standard survey, data system design, research or measurement methods, but there may be additional considerations relevant to functioning.
- Design analyses and check that planned analyses will answer the key questions and meet the main aims
- Check whether there is existing information available or whether new information must be sought. If using existing information, plan to map or recode the information to the ICF.
- If new information is needed, identify sources and how to obtain it; this involves consideration of sampling, question design and other standard questions.
- Check whether your planned collection may serve more than just your own purposes i.e. whether there are opportunities to combine resources or collaborate across projects or sectors.
- What measurement tools will be used? How do these relate to the ICF? Mapping or linking may be required to answer this question and to enable pre-existing data to be used in ICF-compatible analyses.
- Are the methods ethical? Both the UN Convention and the ICF itself, as well as many current research procedures, require involvement of the person concerned in design of research and data systems, and in the process of measurement or assessment (see Annex 6 of ICF).

Where and when: In what settings will the information be obtained or the measurements made? When should they be made? At what time will assessment be of most benefit to the person concerned? What repeat measurements will best inform outcomes measurement?

Who: Whose perspectives must inform what is recorded? How does the involvement of different people relate to the validity of the data being recorded and its relationship to the aim? Many professionals and family members may have views on a person's functioning and disability, but the ICF recommends that the involvement of the person is important for validity as well as for ethical reasons.

Annex 4: Frameworks for data collection

These simple frameworks could be used as basic data collection tools or records to describe a person's functioning. They could be further expanded e.g. in terms of the level of the ICF classification used (in the 1st and 4th columns), and by adding a column for 'health condition' (requiring ICD codes). They could also be used in electronic recording devices.

Activities & Participation* domain	Difficulty <i>[Use ICF generic qualifier]</i>	Assistance**: frequency of need 1. Never 2. Sometimes 3. always (or unable to do)	Need for environmental change 1. Products and technology 2. Natural environment and human-made changes to environment 3. Support and relationships 4. Attitudes 5. Services, systems and policies
Learning and applying knowledge			
General tasks and demands			
Communication			
Mobility			
Self care			
Domestic life			
Interpersonal interactions and relationships			
Major life areas			
Community, social and civic life			

*It is advised that 'performance' is recorded in the first instance (see course material on ICF options)

**See Anderson and Madden paper in references

Body function domain	Impairment <i>[Use ICF generic qualifier]</i>	Need for medical intervention [Insert text description, noting that ICHI could be used when available]	Need for other environmental change <ol style="list-style-type: none"> 1. Products and technology 2. Natural environment and human-made changes to environment 3. Support and relationships 4. Attitudes 5. Services, systems and policies
Mental functions			
Sensory functions and pain			
Voice and speech functions			
Functions of the cardiovascular, haematological, immunological and respiratory systems			
Functions of the digestive, metabolic, endocrine systems			
Genitourinary and reproductive functions			
Neuromusculoskeletal and movement-related functions			
Functions of the skin and related structures			