

Mongolia

Onom Foundation*

NGO – organisation working for improvements in Mongolian healthcare

Ulaanbaatar, Mongolia

<http://eleg.mn/>

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Mongolia reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **88.0%** of items.

Survey points marked "accurate":
1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.3, 3.4, 3.5,
4.1, 4.2, 4.3, 4.4, 4.5, 4.7, 4.9, 4.10,
5.1, 5.2, 5.3, 5.4 and 5.5.

✗ The respondent took no position on the government information for **12.0%** of items.

Survey points marked "take no position":
3.2, 4.6 and 4.8.

Survey comments from the Onom Foundation:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

1.1 There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, health-care transmission prevention and coinfection with HIV.

1.2 There is a designated governmental unit/ department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: Hepatitis Surveillance Unit, National Center for Communicable Diseases. It has five staff members. There are 84 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

2.1 The government held events for World Hepatitis Day 2012. It has funded other viral hepatitis public awareness campaigns since January 2011.

2.2 The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

3.1 There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B and C. There is a national surveillance system for the following types of chronic hepatitis: B, C and D.

Civil society respondent comments (2014)

It all exists on paper but not a lot of actions are happening. Hepatitis B vaccination is the one part being done quite well. Other points do not have enough funding or not real orchestrated efforts that we can see.

I am not sure about the 84 full-time equivalent staff members; we do not see a whole lot of work being done.

On World Hepatitis Day there usually is a paragraph of news in a few news outlets. Other than that, I have not seen an active public awareness campaign. We are working to this end using SMS, traditional media such as radio, TV and newspaper, social media and website.

I hope that we can change this and work with the Government. Currently, there are talks going on.

This is true. But the surveillance system is rudimentary; it is more of a registry system. It registers newly detected cases only within the government hospital system as a number. There is no follow-up or actual registry of patients.

* World Hepatitis Alliance member.

Mongolia

Onom Foundation continued

✓ To our knowledge, this information is accurate.

Information reported by government (2012–2013)

3.5 Information was not provided regarding whether or not there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

4.3 Nationally, 96.2% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 98.8% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education).

5.5 The following drug for treating hepatitis B is included on the national essential medicines list or is subsidised by the government: lamivudine. The following drug for treating hepatitis C is included on the national essential medicines list or is subsidised by the government: ribavirin.

Civil society respondent comments (2014)

We recently carried out a serosurvey from four aimags and capital city Ulaanbaatar (n=1162). This study was carried out 10 years after the last serosurvey.

There is no evaluation of the efficacy and whether there is a need for booster vaccination.

We believe that this national guideline needs to be revised, as there is no inclusion of hepatitis C treatment advances.

Formerly, 80% of the cost was subsidised. Since last year 66% is being subsidised.

Statement from the Onom Foundation regarding key hepatitis policy issues in Mongolia:

There is an existing treatment guideline for both hepatitis C virus (HCV) and hepatitis B virus (HBV) that was approved by the Ministry of Health. The guideline recommends 48 weeks monotherapy peginterferon or peginterferon with ribavirin combination therapy for HCV patients after liver biopsy. HBV treatment recommendation is that if HBeAg positive, interferon for 16 weeks, peginterferon for two to 48 weeks, and lamivudine/ adefovir/entecavir/tenofovir for a year, and following seroconversion of HbeAg, at least another 6 months.

However, the guideline is not widely distributed and doctors are generally not aware of its existence. In addition, patients also complain often to our experts that they get different treatment recommendations from every doctor they visit, illustrating the fact that this treatment guideline is not well followed by the doctors. The situation is worsened by the self-medication of patients and

treatment by traditional medicine as well as alternative doctors.

When we convened over 80 leading hepatologists during the National Conference on Viral Hepatitis that we organised on March 26, 2014, there was a discussion on updating the treatment guideline, training of doctors, and its enforcement within the health care system. Because of rapid advances in treatment options for viral hepatitis, we recognise the need for updated treatment guidelines incorporating elements from the latest versions such as the Hepatitis C Guideline issued by the World Health Organization on April 9, 2014. More importantly, we would like to highlight the urgent need for a proper training scheme for doctors and hepatologists.

To make the situation even worse, the cost of the interferon and ribavirin treatment regimen is very expensive in Mongolia. From the current market prices for these drugs, it is calculated that a 12-month treatment regimen of interferon and ribavirin will cost US\$10,000 to US\$18,300 in direct drug expenses,

not including costs for medical tests and doctors. In fact, it is common for people who receive such treatment regimen for HCV to incur out-of-pocket costs of more than US\$20,000.

For hepatitis B, it does not help to have oral antivirals that are several times more expensive in Mongolia, as people with HBV will require long-term suppressive therapy. Although 66.7% subsidies exist for lamivudine and heparvir paid by the Health Insurance Fund, out-of-pocket expenses for hepatitis B control run into the thousands of dollars.

These figures contrast starkly with the reality that Mongolia is a low-income country. According to the National Statistical Office, annual income for an average Mongolian was around US\$4,300 in 2013. In turn, it means that receiving a viral hepatitis treatment will require approximately five years of income for an average Mongolian. In addition, it is reported that nearly 30% of the Mongolian population is living below the poverty line of US\$ 2 per day. Because of these brutal realities, odds are really stacked

against Mongolians and it is no surprise that Mongolia has the highest mortality rate of liver cancer in the world.

The Problem:

- No formal screening
- No strong specific training scheme for healthcare workers
- No financial solution yet

The Solution:

- Currently, we are proposing to carry out national screening of viral hepatitis and create a national viral hepatitis database. We are looking to implement this in cooperation with other stakeholders and with support from the Ministry of Health.
- Comprehensive training is crucially important for the long-term success

of eradication of viral hepatitis in Mongolia that we at Onom Foundation propose to implement within the Viral Hepatitis Eradication Program in Mongolia.

- We believe that the financial difficulties of getting the treatment can only be overcome with cooperation between pharmaceutical companies, the government, the national Health Insurance Fund and civil society.