

# Mongolia

Population (in millions) (2011)	<b>2.8</b>
Country classification (2012)	<b>Lower-middle-income</b>
Gross national income per capita (PPP int \$) (2011)	<b>\$4290</b>
Total health expenditure as % of GDP (2010)	<b>5.44%</b>
Per capita total health expenditure (PPP int \$) (2010)	<b>\$217.53</b>
Per capita government health expenditure (PPP int \$) (2010)	<b>\$119.84</b>
Life expectancy at birth (in years) (2009)	<b>69</b>
Human Development Index (2011)	<b>0.653</b>
Median age (in years) (2010)	<b>25</b>
Total fertility rate per woman (2010)	<b>2.5</b>

The Government of Mongolia reports as follows.

## National coordination

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, prevention of transmission in health-care settings and coinfection with HIV.

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.

The government does not have a viral hepatitis prevention and control programme that includes activities targeting specific populations.

## Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

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

## Evidence-based policy and data for action

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

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 1.1% is reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

The government publishes hepatitis disease reports monthly.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

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

## Prevention of transmission

There is a national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B by 2012.

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.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. However, health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

According to official government estimates, 68% of injections administered annually in health-care settings are unnecessary.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

## Screening, care and treatment

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

There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for hepatitis B and hepatitis C do not register by name. Hepatitis B and hepatitis C tests are not free of charge and are not compulsory for members of any specific group.

Publicly funded treatment is not available for hepatitis B or hepatitis C, but hospitalization for acute hepatitis is free of charge.

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

The Government of Mongolia welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).