# SCALING UP TOWARDS UNIVERSAL ACCESS TO HIV/AIDS PREVENTION, TREATMENT, CARE AND SUPPORT

## Country report

## Mongolia

## February 2006

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**Overview of the HIV epidemic in Mongolia**

Mongolia is a country in North East Asia with a population of 2.5 million. Since 1992 there were 16 cases of HIV/AIDS reported. As of December 2005 the number of HIV/AIDS cases is estimated to be less than 500 cases (WHO/UNAIDS Global Report). Eleven of the 16 reported cases were diagnosed within 2005, while the remaining 5 cases were diagnosed over a period of 12 years.

At the end of 2005, many indications point that Mongolia is at the brink of an HIV epidemic with an imminent risk to the widespread dissemination of HIV to the general population through sexual transmission.

Despite the low prevalence of reported HIV/AIDS cases there are increasing risk factors that are of concern, in particular:

1. High prevalence of STI among the general population and the high risk groups.

The STI rates among the general population have been constantly increasing during the last decade and STIs have become the first leading group of reportable communicable diseases in the country. The National Health Indicators for 2005 showed that the number of reported cases of STIs (gonorrhea, syphilis and trichomoniasis) in Mongolia has risen, compared to the previous year. In 2005 it comprised 50% of all communicable diseases (Health Statistics Department, MOH, 2005).

HIV trends are estimated through the national second generation sentinel surveillance among selected populations (young people, pregnant women, blood donors, sex workers, mobile population and MSM). The national HIV/AIDS sentinel surveillance system is in operation since 2002. This system is the principal source of information in Mongolia concerning HIV prevalence data and currently the following two indicators are collected through this system:
1. HIV and STI prevalence among the above population groups, and
2. Behavioral surveillance study

According to data from the sentinel surveillance conducted in 2005, the prevalence of syphilis among pregnant women found to be as high as 2.6%, blood donors 2.6%, the male mobile population 3.2%, sex workers 17.4% and male STI clients 7.3%.

Young people 10-24 years of age account for more than half of the population. A recent "Knowledge, Attitudes and Practices on STIs /HIV/AIDS Among Young People in Mongolia, 2005" survey conducted by the Mongolian Public Health Professionals' Association revealed that young people have very limited knowledge regarding risks of transmission of HIV/AIDS; percentage of young men and women who both correctly identify the ways of preventing the sexual transmission of HIV and who reject the major misconceptions about HIV transmission (using the description of an UNGASS indicator) is only 3.5%, which is far less than the UNGASS target level of 90% by 2005. However, correct answers to each separate question of this indicator are as high 90% for condom use as a mean of protection from HIV infection.

STIs are constantly increasing among young people, and this age group accounts for more than 50% of all STI cases in the country (Health Statistics Department, MOH, 2005).

The future HIV tragedy is signaled by a noticeable increase of factors underlying and facilitating the spread of HIV. The first and the most evident factor isthe abovementioned increasing trend in the rate of STIs.

There are few factors contributing to the current STI situation in Mongolia:

1. Poor diagnosis and treatment
2. STI drugs are not covered by the national health insurance
3. Public health system fails to ensure quality and client friendly STI services
4. Lack of respect for client's confidentiality
5. Insufficient coordination/communication between health service providers, especially at provincial and sub-provincial levels
6. Lack of testing equipment, trained health/lab staff, and VCT services negatively impacts on the overall HIV/AIDS/STI situation as well.

2. Growing STI rates in the population have been related to increased high risk behaviors, such as multiple sex partners, unprotected hetero- and homosexual practices, drug and alcohol use.

- According to the 2004 second generation sentinel surveillance data, 22.3% of mobile men and 21.3% of male students had multiple sex partners in the last twelve months.

In Ulaanbaatar city alone, only 500 out of the estimated number of more than 3000 men having sex with men (MSM) were reached by outreach workers. It is obvious that more targeted interventions are needed for MSM, especially given that 8 of 11 reported male HIV cases in Mongolia are MSM.

- Number of sex workers (estimated number of commercialized sex workers is more than 4,000 in Ulaanbaatar city) is increasing with more younger entrants into the sex business in the capital city, other large cities and border areas.

- Condom use rates among the general population and vulnerable groups are very low. The data from the abovementioned KAP survey of 2005 showed that the condom use rate among 15-24 year old men and women was 16.2%. The series of studies performed by the National Center for Communicable Diseases showed that condom use rate among sex workers was as low as 7% in Ulaanbaatar city.

- There is evidence of increase in recreational drug use among young people and intravenous drug use. There is only one NGO, which focuses on reaching the injecting drug users. The scope of its work is limited to provision of counseling without any testing and treatment. Widespread excessive alcohol use among youth and the adult population causes increased high risk behavior, which in turn leads to increased vulnerability to HIV infection.

3. Other facilitating factors - such as increased mobility, widespread poverty, restricted access to prevention and care services for vulnerable populations.

The risk of HIV/AIDS infection among migrant workers, mobile traders and truck drivers is very high. Around 1 million of people (cumulative number) from these groups cross the national borders annually (National Statistics Office, 2005) through 26 border ports to China and Russia, the two neighboring countries with growing HIV/AIDS epidemics, and to other countries in the region and the world.

There are no HIV/AIDS prevention policies and programs in the workplaces, including workplaces that are especially vulnerable to HIV/AIDS, such as mining, construction, transportation, and uniformed services. Most of military recruits, mining and construction workers have limited opportunities to be exposed to HIV/AIDS/STI prevention programs and thus remain vulnerable to high risk sexual behaviors.

Number of out-of-school children remains very high. Some 12,000 children annually drop out of school, which is 2% of all school children. Most of these children are unable to receive health education, information and services in spite of the activities of informal education centers established in provinces mainly due to limited funding. Existing informal education is provided to out-of-school children sporadically by some national and international NGOs. Almost half (47.9%) of children below 15 years of age (419,166) live in unemployed, vulnerable, poor and very poor families (Source: UNICEF, Children and Women in Mongolia: Situation Analysis Report, 2003).

The number of street children ranges from 300 to 4000. Those groups of children are vulnerable to sexual abuse, including commercial sex exploitation. Also, there are anecdotal evidences of young women and girls being trafficked to other countries for the purpose of coerced prostitution. In addition, there is growing trend towards sex tourism, where in many cases children fall victims of pedophilia. Therefore, the vulnerability and risk factors for children being victims of sexual abuse is a potential threat that cannot be ignored.

**National response**

The Law of Mongolia on HIV/AIDS Prevention was passed in 1992. The original law had some conflicts with the international and national laws and regulations on protection of human rights of people living with HIV/AIDS (PLWHA). The law was revised and approved by the Parliament in 2004 with a focus on protection of human rights and confidentiality. It obligates organizations and individuals to fight against stigma and discrimination, and spells out the rights and responsibilities of all people concerned, including PLWHA.

The National AIDS Program (NAP) covers the period from 2003 to 2010. It aims at limiting the spread of HIV infection through the reduction of STIs, improved health education and targeted interventions for the vulnerable populations. In addition, specific objectives include strengthening of HIV/AIDS/STI surveillance system and provision of customer-friendly HIV/AIDS/STI prevention and care services for young people and the general population. A comprehensive National HIV/AIDS/STI Strategy was developed and approved by the NPHC in 2003 to facilitate the fulfillment of the MDGs, Declaration of UNGASS and implementation of the NAP.

The national AIDS authority known as the National Public Health Committee (NPHC) was established in 2002 by the Government resolution on the basis of the existed National AIDS Committee and it provides strategic direction and coordination on the implementation of the NAP. The committee is chaired by the Prime Minister and it comprises of representatives from various sectors, including health, education, social welfare and labor, transportation, military, academia and NGOs. However, the NPHC has many obligations besides HIV/AIDS, and, therefore, is not able to be fully engaged in coordinating the national efforts to prevent HIV/AIDS epidemic.

The national seminars on HIV/AIDS are being held almost every year. All related stakeholders, including civil society take part in the seminars. Varieties of issues are covered during the seminars, including updated information on global, regional, country situation, best practices and achievements within and outside country, main obstacles and recommendations on how to overcome those obstacles. The National HIV/AIDS Strategy was developed based on discussions taken place during the first national seminar in 2003.

Recognizing that effective and functioning logistics systems determine the success or failure of any health programme, the Government of Mongolia has established the current supply chain, the Logistics Management Information System (LMIS), in 2002. The guidelines of the LMIS provide an overview of the various components and objectives of the logistics system, inventory control, techniques for assessing supply status, methods of calculating re-supply quantities, warehousing, quality assurance and logistics evaluation guidelines. Most importantly, the guidelines explain the ordering, receiving, and distributing mechanisms of the RH logistics system in Mongolia.

Due to the current economic situation of the country the government budget is not sufficient to cover the costs of HIV/AIDS/STI services. In addition, central and local

governments still do not fully understand the vulnerability of Mongolia to HIV/AIDS epidemic and are not allocating additional resources for preventive activities.

Mongolia is not recognized as a priority country by international funding agencies because of low HIV/AIDS prevalence, thus the country receives limited external funding.

| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|---|---|---|---|---|---|---|
| Domestic | 148,000 | 148,000 | 150,000 | 150,000 | 152,000 | 152,000 |
| External | 1,960,352 | 2,807,084 | 1,351,315 | 844,008 | 751,218 | 741,640 |
| Global Fund, Round 2 | 611,352 | 551,636 | 537,988 | 0 | 0 | 0 |
| Global Fund, Round 5 | 0 | 1,085,448 | 813,327 | 844,008 | 751,218 | 741,640 |
| UN agencies (WHO, UNICEF, UNFPA) | 527,000 | 520,000 | | | | |
| UNAIDS (PAF) | 75,000 | | | | | |
| Alliance | 97,000 | 0 | 0 | 0 | 0 | 0 |
| GTZ | 650,000 | 650,000 | 0 | 0 | 0 | 0 |
| Total resources available | 2,108,352 | 2,955,084 | 1,501,315 | 994,008 | 903,218 | 893,640 |
| Total need | 5,000,000 | 5,100,000 | 5,200,000 | 5,300,000 | 5,400,000 | 5,500,000 |
| Total unmet need | 2,891,648 | 2,144,916 | 3,698,685 | 4,305,992 | 4,496,782 | 4,606,360 |

As can be seen from the above table the main funding source for the NAP is the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. To support the implementation of national policies and strategies the Government of Mongolia has successfully applied for funding of Round Two and Five Calls for Project Proposals. The Second Round project started in July of 2003 with a total funding of 3 million US dollars. The Fifth Round project will start in 2006 with a total budget of 4.2 million US dollars.

Objectives of the Round Two project include:

- To improve knowledge of general population, adolescent, youth and most-at-risk populations on HIV/AIDS/STI through formal and informal education, peer educations and mass media campaigns.
- To promote condom use among the general population and sex workers.
- To improve HIV/AIDS/STI services
- To ensure blood safety at all levels

Objectives of the Round Five project include:

- To reduce HIV transmission among vulnerable populations in Mongolia through reduction of high risk behaviors by scaling up existing targeted prevention interventions
- To establish and scale up prevention programs at workplaces vulnerable to HIV/AIDS/STI (mining, construction, transportation, trade, entertainment companies and uniformed services).
- To strengthen the health system for improved prevention, care and support programs regarding HIV/AIDS/STI, including the link between HIV &TB.
- To scale up HIV/AIDS advocacy, human rights protection & de-stigmatization.

**Obstacles**

While undoubtedly some significant progress was made in the national response to HIV/AIDS, much of planned action has resulted in few outcomes with a limited impact on behavior change among young people and high-risk groups. Some of the following major factors have contributed to the relatively slow response to HIV/AIDS epidemic in Mongolia:

*in the area of advocacy, public policy and legal framework*

- Although the epidemic in the country has been officially recognized as a national priority issue, there is still insufficient political commitment and leadership at all levels, especially at provincial and local levels.

- The National Public Health Committee, which is the national AIDS authority, has many other obligations besides HIV/AIDS prevention, care and support, therefore it is not able to be fully involved in the implementation of the National AIDS Program.

- The legal environment still needs improvement, as taking preventive measures and outreach activities targeting high risk populations, such as female sex workers, may conflict with some parts of the Law of Mongolia on Prostitution and Pornography and the Criminal Law.

*in the area of strategic planning*

- one of the major gaps of the National HIV/AIDS Strategy is that it is not – "multisector-friendly" meaning that it does not provide clear guidance and information for the non-health sectors on their involvement and contribution to the national efforts to fight the HIV/AIDS epidemic. Many partners feel that the comprehensive and inter-linked approach promoting equal participation of all major sectors should be established;
- the strategy is lacking of clear targets and indicators for measuring progress
- there is no strategic planning for the targeted actions aimed at specific high-risk populations, such as MSM, IDUs, young people and children in general and those in especially difficult circumstances using new and comprehensive behavior change communication methods;
- the planning process is not fully evidence driven in spite of a number of studies and surveys conducted in the country;
- community participation in the planning process is not sufficient.

*in the area of sustainable financing*

- The current economic situation of the country does not allow the government to provide sufficient funds for its social services, including health. In addition, central and local level politicians still lack knowledge, awareness and understanding concerning the devastating effects that HIV/AIDS can cause to their population and to the development;

- Mongolia is not recognized by multilateral and bilateral funding agencies as a priority country because of current low rates of HIV/AIDS, thus the country receives limited external funding and technical support.

*in the area of human resources*

- Excessive work load of HIV/AIDS and STI personnel at all levels negatively influences the quality of their services. They have no time to provide quality pre- and post-test counseling, contact tracing, and health education.
- Human resource management is poor due to inadequate funding: health workers' salary is low, there is a high turnover rate in provincial hospitals.
- Limited and sporadic post-graduate and in-service training for health workers in HIV/AIDS/STI clinical management, counseling, care and support. This is not allowing the health services providers to improve their capacity in managing HIV/AIDS and STI cases.

*in the area of organization and systems*

- Insufficient involvement of the Information, Monitoring and Evaluation Department (IMED) of Ministry of Health in the implementation of the National AIDS Program. Due to limited human and financial resources the department has not yet developed a harmonized (with M&E plans of other stakeholders) monitoring and evaluation plan for HIV/AIDS activities.

- Weak supply chain: frequent stock-outs and expiry of test kits, reagents, STI drugs and condoms, delayed supply and delivery to provinces and sub-provinces, lack of forecasting of drugs and test kits, and other problems reveal that there is still a need for further improvement of the LMIS.

*in the area of infrastructure*

- Obsolete and inefficient information system causes errors in reporting of cases, and makes monitoring of the trend of STIs and HIV/AIDS difficult. Official STI data is collected through the routine health statistics. The reliability of health statistics remains to be an issue mainly due to the number of underreported STI cases. STI cases may not be reported because, *firstly*, many people seek help at private STI clinics where their confidentiality is guaranteed, but the private practitioners underreport their STI cases to local health authorities, *secondly*, sub-provincial health facilities do not provide accurate reports of STIs to their provincial health authorities due to confusing STI data collection forms.

- Weak capacity of HIV/AIDS and STI services and laboratories at district and provincial levels due to limited funding, limited facilities, outdated equipment and lack of test kits. There are no laboratories with HIV and STI testing capacity at sub-provincial levels. This also leads to another problem of centralization of cervices at the National Center for Communicable Diseases creating the latter's unbearable overload.

- There is limited number of VCT sites throughout the country. Lack of policy and regulatory environment for establishment of VCT services delays the development and implementation of the national VCT program in Mongolia.

*in the area of partnerships*

- In spite of all the efforts of the national government and major stakeholders, there is still a weak coordination and collaboration between the key role players, including national and international NGOs, government agencies and multilateral, bilateral agencies mainly due to insufficient exchange of information.

- The "Three Ones" principle has not been adopted in the country. There are no common and standardized indicators to track the progress of the programs and projects implemented by different agencies. There is no single coordinating body, and no joint action plan.

**Country targets for 2010**

As the outcome of the national consultation meeting on scaling up towards universal access, the following targets for the three key indicators were agreed to be achieved by the end of 2010:

| ***Indicator*** | ***Latest Estimates*** | | ***Targets 2010*** |
|---|---|---|---|
| | Figure | Year | Figure |
| 1. Sero-prevalence among pregnant women attending ANC clinics | <0.1% | 2005 | <0.1% |
| 2. Sero-prevalence among young people 15-24 yrs of age | <0.1% | 2005 | <0.1% |
| 3. AIDS related deaths (UNAIDS global report, 2004) | <200 | 2003 | <200 |

These targets can be achieved through fulfillment of several objectives and outcomes, such as:

- A stronger commitment of central and provincial high level politicians is needed in order to ensure full involvement of non-health sectors and sustainable financing of the National AIDS Program. It can be achieved through re-establishment of the National AIDS Committee chaired by the Prime Minister of Mongolia.

- A multisectoral task force is needed under the National AIDS Committee in order to enable a comprehensive and evidence-based multisectoral planning with full involvement of all stakeholders, both national and international.

- Introducing "Three Ones" principle is a priority issue considering the scarcity of financial and human resources available for the NAP.

- A resource mobilization mechanism needs to be established to assure sustainable domestic and external financing of the NAP. The existing Logistics Management Information System (LMIS) should be further strengthened and expanded to cover all supply and logistics for the NAP.

- A human resource management mechanism for the NAP is required in order to adequately plan and manage the personnel policy of the program at all levels.

- The HIV and STI laboratory capacity must be improved at all levels, and in provinces in particular. A nationwide information system for reporting and tracking of the HIV/AIDS and STI cases should be established using the existing infrastructure in order to improve the current case reporting and health statistics.

- Awareness raising communication and outreach activities for the general population and youth, and targeted interventions, such as VCT for high-risk populations at provincial and district levels, needs to be further strengthened and scaled up.

**Actions required at the national level to overcome country's obstacles**

The following actions are required at the national level to overcome the obstacles identified:

- The National AIDS Committee chaired by the Prime Minister of Mongolia should be re-established with a Multisectoral Task Group at the operational level under it.

- Revisit/complement the National HIV/AIDS strategy to clearly spell out what support and participation is required from partner agencies in non-health sectors to ensure comprehensive and interlinked approach to HIV/AIDS prevention. Developing mid and long-term National AIDS Strategic Plans for the years 2006 -2010 and beyond.

- Adopting and implementing the "Three Ones". Key stakeholders should agree on establishment of one Authority, one M&E system, and one National Plan of Actions.

- Revision of laws and regulations related to prevention of HIV/AIDS and protection of human rights of PLWHA

- Advocacy for decision makers and mid-level managers, especially of non-health sectors and in rural areas, is needed to continue raising awareness and mobilizing support for scaling up HIV/AIDS prevention at all levels. Advocacy at international level is also needed for greater external support of the National AIDS Program.

- Develop and implement a National Resource Mobilization Plan, and establish a fund pooling mechanism for preventive interventions and procurement of health products for better utilization of existing limited resources of key stakeholders.

- Develop and implement a Human Resource Management Plan as part of the National Strategy to Prevent HIV/AIDS and Control STIs

- Improve existing mechanisms to ensure quality pre-service training and uninterruptible in-service training of clinical and program staff. The training should focus on clinical management of HIV/AIDS/STI, blood safety assurance, universal precautions, and preparedness for PMTCT.

- Establishment of a National AIDS Program information system in order to provide accurate information necessary for policy formulation and strategic decision-making on HIV/AIDS/STI prevention, care, treatment and supply of health products. The existing LMIS should be re-designed with more focus on HIV/AIDS and STI drugs and commodities in order to improve national capacity to forecast the country needs of condoms and essential STI/HIV/AIDS commodities.

- Develop national strategy to ensure sustainable supply and intensify advocacy efforts to implement the strategy.

- Establish VCT services for high risk populations (SWs, MSM, street children) based on the existing structures in every province and district of Mongolia, to provide quality

counseling and testing along with outreach interventions among these high risk groups of the population.

- Strengthen diagnostic capacity of laboratories at provincial, sub-provincial and district levels in order to increase the coverage of prevention, care and treatment services.

- Efforts should be made to reform and strengthen STI control programs in order to ensure effectiveness in the reduction of high STI prevalence in the country by intensifying linkages between sexual and reproductive health (SRH) and HIV/AIDS to enhance programme effectiveness and efficiency.

- Strengthen cooperation between government and non-government organizations, so as to foster more enhanced interventions and to promote support for local NGOs in order to reach the vulnerable groups.

- Awareness raising activities on HIV/AIDS prevention among the general population, and especially among children and young people will lay the firm foundations for breaking the cycle of ignorance and high risk behaviors. It should be done through expanded condom promotion, behavior change and life-skills based formal and informal education among children and young people and children. Also, global and nationwide campaigns on HIV/AIDS prevention should be further promoted to increase understanding of vulnerability of children, adolescents and young people, and foster their active participation in HIV/AIDS prevention activities.

**Actions required at regional and global levels to overcome country's obstacles**

More commitment is needed from the international community on the prevention of HIV/AIDS epidemic in low prevalence countries, such as Mongolia, in order to avoid the devastating effects of the epidemics on these countries. It is especially crucial for the low-income countries, where national economy is too weak to support their NAP. In this case more funding and technical assistance for prevention of HIV/AIDS is required from the multilateral and bilateral agencies. In case of Mongolia, effective and well funded prevention efforts taken now will result in continued low prevalence and will save funds that would otherwise be spent on treatment, care, support and mitigation of other destructive effects of the rapidly approaching full scale epidemics of HIV/AIDS. If the current situation continues the way it is, Mongolia is very likely to repeat the same tragic mistakes of countries in the region and the world that already have wide spread HIV/AIDS epidemics.

Many countries in the region are implementing similar programs aimed at prevention, treatment and care of HIV/AIDS and STI, such as the 100% Condom Use Program. It is important to join the efforts of similar programs run at both sides of borders in order to ensure full coverage of these interventions.