

Assessment of Hospital Hygiene in Mongolia

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Mongolia

Second biggest landlocked country in the world.

Population 2.7 million, half of them in capital Ulaanbaatar.

Many nomads still in countryside.

Extreme continental climate, mean temperature -35°C - +30°C.

Very rich in natural resources (coal, copper, uranium, oil, silver, rare earths).

One third of population is under 30 years old.

Health system in Mongolia

One health insurance for all Mongolians, many private hospitals.

Only 4.3 % of GDP are spent for health care system. (US: 15.4 %, Germany: 10.4 %, Sweden: 9.1 %. Russia: 5.4 %)

High interest in modern medicine, but bad structural conditions.

Many Mongolians go abroad for medical treatment (Korea, China, Russia, Japan, Europe, USA).

Mean life expectancy: 67 years.

MeshHp project

Initiated by German Embassy in Ulaanbaatar in 2009.

Hygiene experts from Germany: Hospital Hygiene (University Clinics Essen) and Fire Brigade Essen.

Pilot units in Ulaanbaatar: National Central Hospital (University Clinics), Chingeltei District Hospital (secondary care hospital), UB Emergency Service 103 (emergency service for whole Ulaanbaatar).

5 visits of German hygiene experts in Ulaanbaatar since 2010. 2 visits of Mongolian hygiene staff in Essen, Germany, in 2011.

MeshHp: Mongolian emergency service hospital Hygiene project. Own website: www.meshhp.mn

Part of cooperation treaty of both ministries of health.





Infectious problems in Mongolia

4,000 new cases of tuberculosis in 2010.

17,000 new cases of sexually transmitted diseases in 2010, increasing.

Many cases of enteritis. Few HIV cases. Also tularemia, Q fever, brucellosis, plague.

Rather bad reporting by ministry: e.g. hepatitis A, B, C together in one number.

Infectious problems in Mongolia

Main problem hepatitis B and C:

20 – 30 % of Mongolians are virus carriers.

Primary liver cancer is most common cancer in both sex. Additionally high alcohol consumption.

Very few adults vaccinated, even not in healthcare system.

Presumed reasons for high hepatitis prevalence:

Blood products are not consequently tested.

Use of one glas syringe for all family members in former decades.

Insufficient reprocessing of medical devices.

Many iv applications of drugs in hospitals without real indications.





Hygiene in hospitals in Mongolia

No socomial infections 0.01 - 0.05 % according to official data. 5.4 % according to an Australian prevalence study.

Frequent use of antibiotics in hospitals – for every operation?

No antibiotic resistant statistics available.

Antibiotics can be freely bought in supermarkets.

Mongolia is part in WHO program "Clean care is safer care". WHO posters are everywhere – but no alcoholic handrub available.

Reprocessing of medical devices only done manually, no control of autoclaves, very old instruments containers.

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First results of MeshHp project

Hospital own production of alcoholic handrub and distribution over all wards.

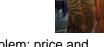
Start of hepatitis B vaccination campaign in pilot hospitals in order to vaccinate all staff.

Training of hygiene staff (train the trainers) and other staff in hygiene issues.



Next aims of MeshHp project

Improve reprocessing of medical devices.



Get more reprocessing by machines – problem: price and maintenance.

Train hygiene staff of other hospitals.

Traineeship for some hygiene staff in Essen, Germany.

Test water quality.

Make one day prevalence study of nosocomial infections once a vear.

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Hygiene in UB Emergency Unit

Make hygiene plan.

Training of drivers.

Upcoming: training of nurses – and doctors.

Training in Essen, Germany.



