First visit to Ulaanbaatar in June 2010.
30 visits to Mongolia since then,
20 visits to Germany, around 100 Mongolians.

3 years financing by German Ministry of Health.
Now sponsoring by different companies.
MeshHp e.V. - recognised as charitable.
Main problems:

Hepatitis carriers – up to 20%.
Tuberculosis high numbers.
Sexually transmitted diseases increasing.

Low budgets in public hospitals.
Low knowledge.
Always changing of responsible persons.
Corruption.

Main purpose training and knowledge, no equipment.
Teaching after training often virtually only.
Bad education of doctors.
Hand hygiene


Hepatitis

15 – 20 % hepatitis carriers in population. Liver cancer number one cancer.

Since 1991 vaccination of children against hepatitis B.

Since 2012 vaccination of HCWs against hepatitis B. Only 2 shots instead of 3 – vaccine is very cheap! Now changing to 3 shots. No antibody control.
Hepatitis C therapy

Hepatitis C therapy is possible since two years. 60,000 € in Germany, 1,000 € in Mongolia.

No state policy. Single persons are treated and cured now, mostly paying on their own.

Hepatitis carriers in staff

10 - 40 %!

Our proposal – take the German model:
Virus concentration control
Decide in a commission according to risk by job
$10^3$-$10^4$ genome equivalents/ml as cutting point

Risky workplaces: surgical work in
- gynecology,
- heart and lung surgery,
- (abdominal surgery),
- oral and maxillofacial surgery.

Risky work:
- operations with narrow operation field,
- Poorly visualised operation field,
- long operations,
- fingers near to sharp and spiky instruments,
- digital palpation of a needle tip in a body cavity,
- dental operations,
- closing of sterniotomy.
Ongoing problem: Microbiologic labs

No standard methods, no statistics, no quality control

Very old equipment

But also: Very modern equipment in many hospitals
  – not enough budget for chemicals.

Ongoing problem: Antibiotic policy

Antibiotics are not allowed to buy without prescription - but you can buy them everywhere. 20 % are fake products from Russia or China. Antibiotics given in hospitals in 90 % without resistance testing.

Result in Mongolia: 40 – 70 % ESBL in Gram negative bacteria (Prof. Pfeffer, Düsseldorf) Germany: < 10 %
Ongoing problem: CSSD


Improvements
Ongoing problem: Endoscope reprocessing

Only manual cleaning and disinfection (if at all) or half automatic washer-disinfectors. Questionable disinfectants used too long and in too low concentrations – sometimes up to 2 weeks! Tenders every year – yearly change of products.

Improvements:
More disinfectants, eg from Germany. Changing disinfectants more often.

Hygiene symposium every year since 2012
Improvements in Emergency Medical Center

Cooperation of cities and universities
Thank you for your attention!