Infection Prevention and Control in Mongolian Hospitals
A component of the ADB funded: Fifth Health Sector Development Project
2014 - 2018

Country Context

Mongolia is one of the most sparsely populated countries in the world, with less than 3 million people. However, such a low population density in a geographically large nation, combined with severe shortages in the provision of social services, has hampered health service delivery. The accessibility and quality of hospital services is very poor, and the country lacks capacity to reform. The safety of patients and health workers is compromised by lapses in hospital hygiene, blood transfusion practices, and medical waste management in both public and private sectors. The prevalence of Hepatitis B and C among healthcare workers in Mongolia is amongst the highest in the world at 28.4% and 20.8% respectively (compared to a prevalence of 10.0% and 10.7% in the general population) (WHO, 2013).

Blood Safety

- Nationwide assessment of blood services revealed:
  - Facilities are outdated and lack in quality processes.
  - Knowledge gap regarding the basics and principles of blood collection, processing, testing, storage, and distribution
- To address these issues, CSHI has been involved in:
  - The planning and acquisition of equipment for a new National Centre for Transfusion Medicine
  - Training to strengthen quality management systems
  - Developing Quality Manuals, and establishing quality processes and networks
- Improving the rational use of blood and blood products along with processes to increase donations

Biomedical Waste Management

- Systems for the disposal of both biomedical and hazardous wastes are poorly controlled, and often medical waste is discarded directly into landfills without any treatment.
- Few controls within hospitals to ensure healthcare workers safety (improper disposal of wastes including sharps).
- CSHI is developing a central medical waste management system

Central Sterile Service Department

- Current situation shows many breaches of sterilization due to poor infrastructure, equipment and knowledge of protocols
- Recommendations made by CSHI for new CSSDs, including new equipment, in all project hospitals, and training on reprocessing surgical equipment will ensue.

Project Approach

CSHI brings a team of experienced international consultants together, who, along with their Mongolian counterparts, provide technical expertise, collect and review pertinent data and information, develop procedures, guidelines and policies, and carry out capacity building activities to meet project objectives of improving blood safety, medical waste management, and infection prevention and control in over 20 hospitals.

Mongolia is building new facilities, and refurbishing existing ones, for the delivery of health services, while the CSHI team is assisting with equipment planning to meet international standards. By introducing new practices, and improving the knowledge and skills of health care workers, CSHI is investing in best-practices that will continue beyond the lifespan of this project.

Infection Prevention & Control

- Baseline assessments have shown a severe lack of understanding of IPC concepts. Specifically:
  - Personal Protective Equipment (PPE) is lacking.
  - Proper hand hygiene is not routinely practiced.
  - Microbiology laboratory services are completely lacking in most hospitals, so there is no basis for an IPC program.
  - Hospital acquired infections (HAIs) traditionally seen as a fault by the medical teams so there is fear to report them.
- Next steps taken by CSHI to improve IPC in health facilities:
  - Determine the extent of antibiotic resistance in the country.
  - Enhance microbiology laboratories and establish an antimicrobial stewardship program in all hospitals.
  - Train on the principles of IPC and HAI surveillance.

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