

# A RAPID ASSESSMENT AND RESPONSE TO HIV AND DRUG USE IN MONGOLIA

Bradley Mathers, Alex Wodak, Anthony Shakeshaft, Effat  
Merghati Khoei & Kate Dolan

Technical Report no. 300

Funded by the World Health Organization Western Pacific  
Regional Office

ISBN: 978 0 7334 2744 2

**©NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE,  
UNIVERSITY OF NEW SOUTH WALES, SYDNEY, 2009**

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

## Table of Contents

Acknowledgements.....	5
Abbreviations .....	6
Glossary of local terms.....	6
EXECUTIVE SUMMARY .....	7
BACKGROUND OF THIS ASSESSMENT .....	9
COUNTRY BACKGROUND .....	11
METHODOLOGY .....	14
FINDINGS.....	18
Current national policy and strategies.....	18
HIV/AIDS in Mongolia .....	19
Drug use in Mongolia.....	23
Other infectious diseases.....	34
At-risk groups for HIV/AIDS and drug use .....	35
Drug use and HIV in neighbouring regions .....	39
DISCUSSION: .....	41
Probable sources of HIV spread in Mongolia in the next decade .....	41
Is injecting drug use likely to increase in Mongolia in the foreseeable future? ....	43
RECOMMENDATIONS:.....	45
References.....	50
Appendix I: Timetable of meetings, site visits and activities .....	52
Appendix II: Advisory Group, invited members .....	56
Appendix III: Questionnaire, English Language Version.....	58

## Acknowledgements

The international rapid assessment and response team from Australia was assisted in its research activities by: Dr Bavuu Enkhjin and Dr Khun Tsevegmiidin of the Ministry of Health; Dr Narantuya J. and Dr R. Jargalmaa from the World Health Organisation Country Office in Mongolia; Dr Elena Kazantseva and Dr Davaasuren Oyunsuren from the Centre of Mental Health and Narcology in Ulaanbaatar; Ms Pujeasuren Losol and Ms Buyanjargal, students from the Ulaanbaatar School of Public Health; Delgermaa Enkhdalai from the Association to Protect the Population from Drugs and Opium and WHO volunteer Ms Natasha Pulaski.

The RAR team would also like to thank the following for generously providing information, assistance and support during this RAR: Gundalai Lamjav, Member of the State Great Hural, Minister of Health; Tsatsral Enkhbold and Buyandelger Ulziisaikhan from the Ministry of Health; Dr Stephen Thake and Dr Jane Thake from SOS Medica Mongolia; Kati Haworth, Julie Hodge, Carla Santos and Heli Wolk from the National Drug and Alcohol Research Centre, University of New South Wales; Emily Cachia from Macquarie University, Australia; the staff and representatives of all the organisations and key informants interviewed during the course of the RAR; all those who participated in the RAR Advisory Group; all those who participated in focus groups and those people who use drugs and were interviewed by the RAR team.

## Abbreviations

100% CUP	One hundred percent condom use program
AIDS	Acquired immuno-deficiency syndrome
APPADO	Association for Protection of Population Against Drugs & Opium
ARVT	Anti-retroviral therapy
BBV	Blood borne virus
CBO	Community based organisation
CMHN	Centre of Mental Health and Narcology
CNMP	Chronic non-malignant pain
CSW	Commercial sex work/worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoM	Government of Mongolia
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immuno-deficiency virus
HPV	Human papilloma virus
IDU	Injecting drug user
INCB	International Narcotics Control Board
MMT	Methadone maintenance treatment
MSIM	Marie Stopes International Mongolia
MSM	Men who have sex with men
NA	Narcotics Anonymous
NAF	National AIDS Foundation
NCCD	National Centre for Communicable Diseases
NDARC	National Drug and Alcohol Research Centre (Australia)
NGO	Non-government organisation
NSAID	Non-steroidal anti-inflammatory drug
PIRT	Program of International Research and Training
PLWHA	People living with HIV/AIDS
RAR	Rapid assessment and response
SGS	Second Generation Surveillance (of HIV/AIDS)
SPSS	Statistical Package for Social Sciences
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme for AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSW	University of New South Wales
VCT	Voluntary counselling and testing
WHO	World Health Organisation

## Glossary of local terms

Aimag	Province
Bagh	Sub-division of a Soum
Soum	Sub-division of an Aimag
State Great Hural	The Mongolian Parliament

## EXECUTIVE SUMMARY

In September 2006 a Rapid Assessment and Response (RAR) addressing drug use and HIV/AIDS in Mongolia commissioned by the World Health Organisation Regional Office for the Western Pacific was conducted by a team from the Program of International Research and Training (PIRT) of the Australian National Drug and Alcohol Research Centre (NDARC). WHO RAR Guidelines were followed. Four members of PIRT spent a total of 59 person-days in country conducting research activities and writing this report.

The HIV epidemic is still at a very early stage in Mongolia. However, Mongolia faces the threat of a future HIV epidemic and its potentially serious health, social and economic costs and risks to national security. Few HIV infections have been reported to date but the number of HIV infections is likely to far exceed the number of reported infections.

Currently there is little injecting of illicit drugs in Mongolia and to date there have been no reported cases of HIV transmission occurring through injecting drug use. At present sexual transmission of HIV between clients and commercial sex workers (CSWs) and also among and from men who have sex with men (MSM) appear to be the most likely pathways that could result in HIV then spreading extensively to the general population during the next decade.

Less critical risk groups and practices at the moment include: (i) heterosexual men and women, including especially mobile populations and migrant mining communities; (ii) medical injecting and skin penetration including in both the formal and informal (traditional) health care sectors and mainly involving patients prescribed morphine who inject themselves intra-venously frequently and for many years; and (iii) illicit injecting drug users. Street children (especially girls who may be at risk of becoming engaged in CSW) are also at risk. The high prevalence of hepatitis C, 16%-24% by some estimates, suggests that there is considerable use of used injecting and other skin penetration equipment in the health care and para-medical systems.

Two of the five countries (China, Russia) in the world with the most rapidly increasing HIV epidemics are Mongolia's neighbours. This is of great concern. Unlike almost all other countries in Europe and Asia, there is little evidence so far of injecting drug use that has diffused through almost every other country in South East, South and East Asia in recent decades. Mongolia's isolation, accentuated by the harsh seasonal factors, sparse population, and current limited road, rail and air travel may have protected the country from the spread of injecting drug use till now. However, the high proportion of young people, high levels of youth unemployment, improving communications infrastructure and newly emerging pockets of affluence may herald rapidly increasing illicit drug use, including injecting drug use.

In a number of countries, HIV has spread rapidly among and from injecting drug users in community and prison settings. In some of these countries, initial HIV spread among injecting drug users has precipitated generalised epidemics. Mongolia is currently ill-prepared for this possibility.

The Government of Mongolia appears to be well aware of the potential seriousness of the threat of HIV and has a high level commitment to keeping HIV under control. This

report recommends that the Government of Mongolia adopt a comprehensive approach to the threat of HIV/AIDS including:

- Raising and maintaining high levels of awareness among the community of the risks of HIV;
- Achieving improved results from the 100% condom utilisation programme in the commercial sex industry by implementing this programme throughout the country as rapidly as possible;
- Strengthening STI policy and practice as a matter of urgency so that STIs in Mongolia are brought under control as soon as possible;
- Promoting condom use in the general community;
- Encouraging increased use of voluntary counselling and testing, especially among target groups including MSM, CSWs and emerging IDU populations;
- Protecting the human rights and reducing the stigma experienced by target populations to facilitate more accessible and better services for these groups and reduce their engagement in HIV risk behaviours;
- Reducing the re-use of un-sterile injecting equipment in the formal and informal health care systems;
- Increasing the provision of non-judgemental, evidence based drug education in schools and in the community;
- Increasing the capacity, expanding the range of options, and improving the quality of drug treatment by basing treatment on evidence and increasing funding;

Many of the recommendations will benefit not only HIV prevention but will also assist in controlling STIs and reduce drug use.

It is critical for Mongolia that the current low prevalence of HIV in the country is maintained as long as possible and that epidemic spread is averted. Early and vigorous action will avoid an HIV epidemic in Mongolia. As in other countries that have managed the HIV epidemic well, this will require strong political leadership and effective collaboration between health and justice ministries. The cost of action may seem rather high now but this will not compare with the much higher future cost of inaction.