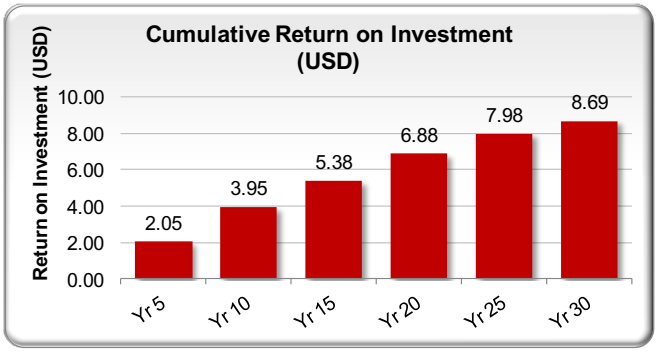
MONGOLIA

SITUATION Although Mongolia has a relatively small population of 3 million residents, it has one of the highest liver cancer mortality rates in the world – six times higher than the global average. Many of those diagnosed have hepatitis C (HCV), making it also one of the countries with the highest rates of hepatitis disease burden. Mongolia is a challenging environment partially because its population is not concentrated in urban areas, with many of those infected live in remote, rural regions without easy access to screening or treatment.

In 2013, an estimated 200,000 Mongolians were infected with HCV – nearly 7 percent of the population. Mongolia's National Strategy on Viral Hepatitis Control helped reduced the rate of viral hepatitis to 10 cases per 10,000 before its 2015 goal and the government is now expanding screening and prevention services

OUR WORK AND RESULTS The Center for Disease Analysis Foundation (CDAF) and its Polaris Observatory team worked with the World Health Organization's Regional Office for the Western Pacific (WPRO) to first design an economic analysis and understand the disease burden. Mongolia proved to be a good example of direct and indirect costs associated with HCV. Our economic analysis showed that looking at just the direct health care costs for treatment might not appear to be cost-effective, but after taking into account expenses associated with disability and lost work productivity among the infected population, treatment is potentially cost saving in the long term. This is in part because over time, overall anti-viral therapy costs are expected to go down. While CDAF's work was to initially conduct an economic analysis, it quickly expanded to helping the Mongolian government develop affordable treatment options and screening strategies.

Around the time of our economic analysis, Mongolia allocated US$9 million to the country's health insurance in order to subsidize medicine and an additional US$90 million for screenings until 2020. One successful innovation in paying for treatment that CDAF worked with partners to develop – which included WPRO, the president of the Mongolian Association on Study of Liver Diseases (MASLD), Dr. Oidov Baatarkhuu, a physician professor and a group of other researchers – was the copayment method based on income level. The Mongolian government subsidized part of drug treatment and as prices declined, treatment became even less expensive for patients. CDAF also worked with the WPRO to develop a national screening program in urban and rural areas after reaching the conclusion that, even if the prevalence of HCV goes down in the next decade, there will still be more cases and deaths unless there is an increase in screening and diagnosis.



LOOKING AHEAD Today, every Mongolian citizen between the ages of 40-65 receives screening for viral hepatitis as part of the national insurance program, covering 65 percent of the infected population. Hepatitis is a disease that takes time to progress and older populations with more advanced stages are often the first to receive treatment, helping to ease disease burden in the near term. As this burden continues to lift, it is time to begin treating younger populations and move toward elimination. The goal in 2018 is to screen every person in the country over the age of 18. Increased screening and a treatment strategy to reduce mortality and prevalence of HCV infections in Mongolia over 10 years will reduce the total prevalence by 90 percent and liver related deaths by 85 percent, meeting World Health Organization targets, and saving thousands of lives.

TAKEAWAYS Mongolia demonstrated that treating HCV is cost-saving if indirect costs are taken into consideration. It also showed that screening and treatment can be feasible almost anywhere. Even with a population spread throughout some of the most remote areas in the world, more Mongolians are receiving screenings and treatment. The country is expanding diagnostic and treatment efforts to more venues and is on track towards eliminating HCV.