

NATIONAL STRATEGY TO RESPOND HIV/AIDS IN MONGOLIA

One. Background

- 1.1. Ensuring the partnership between organizations of all levels to create a public support and increase the availability of various types of friendly services needed for developing life skills which could help to reduce the probability of getting HIV infection for adolescents, youth and people with high risk behavior.
- 1.2. Close collaboration and active participation of the Government, communities and individuals in activities aimed in the common direction to prevent and respond HIV/AIDS epidemic with clear realization of their goals and responsibilities, and gained knowledge, attitude and practice as key tools in protection from multiple impacts of the pandemic.
- 1.3. Perfecting national policies, strategies, programs and other interventions, and correlating them with major International human rights related agreements, laws and regulations, the Declaration of Commitment on HIV/AIDS of the UN General Assembly Special Session on HIV/AIDS, UNAIDS program and concepts of other global initiatives.

Two. Strengthening legal coordination and professional management

- 2.1. Taking actions to review and amend the Law of Mongolia on AIDS prevention.
- 2.2. Including national policies for prevention and control of STI, the important component of prevention and control of HIV/AIDS epidemic, into the law on "Infectious Disease Control"
- 2.3. Taking actions to include into packages of newly drafted "Law on Education" the concepts based on the importance of building correct knowledge, practice and attitude among the population from early childhood in effective prevention and control of STI/HIV/AIDS.
- 2.4. The Public Health National Committee will coordinate and monitor the implementation of the Law on AIDS Prevention, National Strategy to Re-

spond AIDS, subprograms on HIV/AIDS/STI Prevention (for the period of 2002 - 2010) of the National Program for Infectious Disease Control, projects on HIV/AIDS and TB of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

- 2.5. Taking actions to include relevant articles into national policies and legal documents related to children, adolescents, youth and women's issues considering their utmost vulnerability to HIV/AIDS/STI and its consequences.
- 2.6. Creating legal environment prohibiting discrimination and violation of basic rights of people living with HIV/AIDS/STI, protecting them from additional harm by putting the public's right for information above their rights.
- 2.7. Creating effective partnership between sectors and participating organizations, through annual nationwide consensus meetings, methodology trainings and workshops on how to reach the goals and objectives stated in legal and policy documents on HIV/AIDS/STI mentioned in the previous paragraph.
- 2.8. Develop clear definitions of roles and responsibilities of government agencies, NGOs, private enterprises, and other organizations from all sectors in implementation of local subprograms to respond AIDS/STI (for the period of 2002 - 2010) and improve their partnership by strengthening their capacity through trainings on program management and implementation.
- 2.9. Create positions of public health officers at capital city, aimag, soum and family clinic levels with responsibilities including coordination of goals, objectives, activities, implementation, monitoring, evaluation, reporting and funding of the national HIV/AIDS/STI prevention program and projects with other public health programs and projects.
- 2.10 Customs tax exemption of imported standard quality condoms, condom vending machines, other drugs and other health supplies.
- 2.11. Develop and implement comprehensive policy dealing with social and economic problems directly or indirectly contributing into the spread of HIV/AIDS/STI, such as poverty, unemployment, school drop outs, alcoholism, violation of human rights and confidentiality, drug use, prostitution and etc.
- 2.12. Establish close collaboration at all levels - with policymakers, professionals and NGOs - of two neighboring countries and countries successfully controlling spread of HIV/AIDS/STI.

**Three. Introducing HIV/AIDS/STI sentinel surveillance,
strengthening diagnostic and treatment capacity,
and creating client friendly environment.**

- 3.1. Introduction of HIV/AIDS/STI sentinel surveillance system.
 - 3.1.1. Conduct qualitative and quantitative studies of behavior types, life styles, professional backgrounds and health conditions that may contribute to the vulnerability of the population to HIV/AIDS/STI, prior to the sentinel surveillance and ensure voluntary participation of people in the surveillance activities.
 - 3.1.2. The decision about the number of participants, date of the next surveillance and types of data to be collected should be made in accordance with the current situation in each areas of surveillance study.
- 3.2. Improving the diagnostic and treatment capacity.
 - 3.2.1. Develop diagnostic, treatment and reporting standards for all private and state health facilities at all levels. Establish mechanisms for registration and reporting of HIV/AIDS cases.
 - 3.2.2. Introduction of relevant laboratory testing methodology for STI and HIV diagnosis at all levels of health care system.
 - 3.2.3. Introduction of new technologies and drugs for STI diagnosis and treatment at the same time with strengthened information, education and communication (IEC) activities to change high risk behavior among clients, teach them ways to avoid new infections and practice safe sex.
 - 3.2.4. Integration of STI/HIV/AIDS diagnosis, treatment and counseling skills into the curriculum of undergraduate and postgraduate programs of the medical schools and colleges.
- 3.3. Creating user friendly environment
 - 3.3.1. All health workers must set their goals to be sensitive and responsive to hopes and desires of patients and customers of STI/HIV/AIDS clinics, and provide such services everyday of their work.
 - 3.3.2. Health facilities should be in a proper location, provide comfortable and fast service in warm, clean and lighted atmosphere, use safe and/or single-use equipment, modern technologies, and new drugs.
 - 3.3.3. Health care workers should be friendly, fast, respectful and honest with clients, professionally competent, use good communication skills, non-discriminating, and strictly maintaining the confidentiality of all costumers.

- 3.3.4. Costumers should be able to choose the doctor and time of service, and to have a privacy during the service. The health care worker must give easy to follow and realistic recommendations.
- 3.3.5. Make it possible for people from vulnerable and high risk groups to able to get services from NGOs of their choice with services meeting their special needs.
- 3.3.6. Information about safe sex methods and devices must be made available and usable.

**Four. Promoting low risk behavior and
HIV/AIDS/STI prevention practices
among the population.**

Behavior change activities with considerations taken for each age group, employment status, educational level, and behavioral pattern of the population should be implemented in the following main directions:

- 4.1. Basic health education curriculum in schools must include HIV/AIDS/STI.
 - 4.1.1. Formal and non-formal classroom training programs on basic health education including sex education and HIV/AIDS/STI prevention information for students at different levels - middle school, high school and college.
 - 4.1.2. Prepare trainers of formal and non-formal health education programs through the national educational system and providing training manuals and hand-outs, and include into training curricula and learning performance evaluation framework of educational system.
 - 4.1.3. A variety of non-formal education programs should be conducted, such as peer education programs, parents' education programs, vocational training courses and outreach education programs for people from vulnerable groups, through non-formal education centers, NGOs and vocational training centers.
- 4.2. Mass media health promotion
 - 4.2.1. Information for public should be simple, easy to understand, accurate and available.
 - 4.2.2. Information, communication activities (through TV, Radio) for certain target audiences should be aired on carefully chosen time.
 - 4.2.3. Systematically provide training courses for media staff and journalists, constant supply of accurate information and organization of different types of campaigns through mass media.

4.2.4. Information through mass media should be accurate, maintaining and respecting confidentiality and rights of those directly or indirectly affected by HIV/AIDS.

4.3. Training for youth and target groups

4.3.1. Establishment of non-formal education centers at the soum, bag and district levels to provide youth with information they need.

4.3.2. The outreach activities and information must be provided to selected target groups, such as:

- Commercial sex workers and their clients
- Mobile traders and businessmen
- Recreational drug users
- Street children and homeless people
- Inmates of correctional facilities
- Men having sex with men

Following methods should be utilized to provide information to target groups:

- Peer education
- Creating appropriate environment for voluntary (anonymous) counseling and testing
- Extension of 100% condom use program and combining it with effective IEC interventions

4.4. Information, education and communication activities for work places and the business sector.

4.4.1. Selection of priority sectors (entertainment establishments (such as bars, hotels, and discotheques), transportation, mines, market places and etc.) to conduct work place training.

4.4.2. Creating appropriate legal environment.

4.4.3. Involve Trade Unions and other NGOs, train their volunteers.

4.4.4. Advocacy activities among managers and owners of related organizations, and getting their support.

4.4.5. Support NGOs working on HIV/AIDS/STI prevention and IEC, strengthen their capacities and create positive atmosphere for their partnership with Government organizations.