

Legislation and policy changes for Tuberculosis Surveillance in Mongolia: A qualitative analysis

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Objective

In order to track progress towards TB goals, we investigated the legal framework for disease surveillance, specifically policy changes for TB surveillance in Mongolia during the MDGs and the SDGs era.

Introduction

Mongolia is one of countries in the WHO Western Pacific Region with a high TB burden. The National Stop TB Strategy 2010-2015 implemented and developed strong surveillance and response system in the country. However, new TB incidence and deaths have not decreased significantly. Political commitment is critical for effective TB surveillance and that commitment can be demonstrated by a country's legal framework, which governs the practice of prevention and control. Therefore, this study is aimed at investigating the legal underpinnings for disease surveillance to help identify what policy changes have occurred in Tuberculosis surveillance.

Methods

We conducted a literature review that included government strategy, programme guidelines and procedures, to examine the overall disease surveillance system in Mongolia, and used a framework analysis to investigate operation of the TB surveillance system (CDC 2001 guideline). First, nine of core functions and six of support functions for the TB surveillance system were placed on the Y axis, and the national TB strategies, programme, guidelines and procedures were placed on the X axis. Next, the strategies, programme, guidelines and procedures were unpacked and allocated to cells based on whether they were consistent with the essential functions of the surveillance system. These data points were then used to develop a matrix to enable understanding of correspondence and changes between the legal documents during MDGs to SDGs.

Results

Result 1. Mongolia has an Emerging Disease Surveillance and Response unit and A National Centre for Communicable Disease responsible for implementing the International Health Regulations in the country. The legal framework for the surveillance system was updated regularly and overall, 11 legal instruments were identified.

Result 2. However, currently there is no specific national TB strategy since 2015. Recently, National Programme of Prevention and Control on Communicable disease 2017-2020 and Guidelines for TB Care 2017 were approved. The result of framework analysis shows that during MDGs era, the legal documents had weaknesses that were related to "feedback" from the core and "training and resources" from the support functions. On other hand, the weaknesses of the legal documents for SDGs were related to "outbreak preparedness and response" from the core and "training and supervision" from the support functions.

Conclusions

There is an urgency to update the legal framework to enable a comprehensive strategy specifically for TB surveillance nationwide. Also, additional studies should be done continuously and should incorporate other parts of the assessment, including co-ordination, laboratories, to help determine the factors that influence the overall structure of Tuberculosis surveillance in the country. Legal instruments for disease surveillance in Mongolia.



Number	Focus	Legal Instrument	Type of document	Year of document	Purpose
1	CD	Strengthening prevention and control of hospital acquired infections	Ministerial order #336	1997	First complete legal document to control and reduce hospital acquired infection in Mongolia
2	CD	National Programme for Communicable Diseases	Government resolution #129	2002	Mid-term directions for hospital acquired infection prevention and control with establishment of sentinel surveillance system with improved laboratory-based monitoring.
3	CD	National programme on prevention and control for Communicable Diseases (2017-2021)	Government resolution #11	2017 (Updated version of 2002)	Reduce the spread of infectious diseases by strengthening the capacity of multi- sectors to strengthen surveillance, prevention and mitigation of epidemics, and to provide flexible, quality, accessible and prompt response to infectious diseases.
4	CD	Strengthening prevention and control of hospital acquired infections	Ministerial order #85	2008	Ministry of Health replaced the previous infection control guidelines with intention of moving closer towards international standards
5	CD	Emerging Diseases and Public Health Emergencies (2012-2016)	Ministerial order #	2012	Aim is designed to strengthen preparedness planning, prevention, early detection and rapid response to emerging diseases and other public health emergencies
6	NCD	National Programme for Non-Communicable Diseases	Government resolution #	2005	Strengthen NCD prevention, screening and risk management by population-based prevention systems and participation and cooperation of organizations, communities, the international community
7	NCD	National Programme for Non-Communicable Diseases	Government resolution #	2013 (Updated version of 2005)	Strengthen NCD prevention, screening and risk management by population-based prevention systems and participation and cooperation of organizations, communities, the international community,
8	NCD	National Programme for Non-Communicable Diseases	Government resolution #289	2017 (Updated version of 2013)	Strengthen NCD prevention, screening and risk management by population-based prevention systems and participation and cooperation of organizations, communities, the international community,
9	NCD	Cancer registration and surveillance	Ministerial order #431	2014	National programme for cancer prevention, control, and intervention through gathering analyzing, sharing, informing about new incidence or deaths of cancer
10	General	State Policy on Public Health	Parliament Statement #81	2001	The state policy on public health is to protect and promote the health of the population by ensuring the harmony of nature, human beings and society, to create favorable conditions for living and working in healthy and safe environment.
11	General	Health Law	Law	2011	The purpose of this law is to define the state



Framework analysis for TB surveillance

Surveillance system functions (CDC 2001)	Indicator of the government documents	MDG era (2000-2015)		Reflection of the functions for MDGs	SDG era (2015-2030)		Reflection of functions for SDGs
		National Programme for combating Communicable disease (2002-2010)	National Strategy on TB (2010-2015)		National Programme of Prevention and Control on Communicable disease (2017-2020)	Guideline for TB care / Minister order A/306 (2017))	
I.Core functions				Criteria results			Criteria results
1.Case detection	Purpose	To reduce the prevalence and mortality of tuberculosis by 2010 by introducing a direct short-term treatment at all levels of health services	Eliminate TB in Mongolia defined as an incidence rate of fewer than 1 case per 1,000,000 population	yes	Combat the spread of communicable disease prevention and response, to strengthen inter-sectoral cooperation and cooperation, and to establish a healthy behavior for infectious diseases.	1.Management and organization of tuberculosis care 2.Detection, diagnosis and treatment for drug sensitive TB 3.Detection, diagnosis and treatment for drug resistant TB 4.Detection, diagnosis and treatment for co-infection of TB and HIV 5.Routine detection and control of TB contacts 6.Guidelines for TB control and prevention 7.Management guideline for supply of essential products for TB care 8.Procedures for registration and reporting of tuberculosis	yes
2.Case confirmation				yes			yes
3.Case registration				yes			yes
4.Case reporting				yes			yes



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5.Data management	Goal	To increase the level of verification of diagnosis of pulmonary TB up to 75 percent; To increase level of recovery for pulmonary TB incidence up to 90 percent	By 2015, reduce TB prevalence to 154 per 100,000 By 2015, reduce TB mortality to 15 per 100,000	yes	By 2020, reduce TB prevalence to 158.9 per 100,000 By 2020, reduce TB mortality to 6.5 per 100,000	yes
6.Data analysis				yes		yes
7.Outbreak preparedness				yes		no
8.Outbreak response				yes		no
9.Feedback				no		yes
II.Support functions						
1.Guidelines	Objectives	Sub-program on Tuberculosis Control and Prevention	1.Strengthen human resources, organization, and management of the Mongolia TB programme 2.Early detection and improve quality of DOTS services. 3.Early detection and timely, appropriate treatment of multidrug resistant TB (MDR-TB). 4.Overcome stigma and discrimination 5.Ensure equitable access to quality TB services for all people	yes	1.Stabilize active screening of tuberculosis in the community; 2.Introduce new techniques and technologies for TB diagnosis and treatment; 3.Provide diagnosis and treatment of tuberculosis with continuous medicines, reagents and test kits; 4.Increase the capacity of doctors, specialists, and human resources to provide health care services in	yes
2.Laboratory capacity				yes		yes



3.Supervision	Strategies and activities		<p>1.1 Advocacy to improve political commitment and development of supportive policy environment, 1.2 Strengthening information, monitoring and evaluation system, 1.3 Strengthening human capacity,</p>	yes	<p>tuberculosis, and create conditions for them to maintain their employment; 5.Strengthen TB surveillance system and expand research and research. 6.Organize advocacy work for policy makers and decision makers at the national and local levels to reduce tuberculosis;Involve governmental and non-governmental organizations in social and psychological support for clients; 7.Increase access to TB services through expanding community-based activities; Improving the prevention and control of infectious diseases of the health organization and creating a client-friendly environment; 8.Collaborate with the media to intensify the activities of providing health education to citizens and strengthening the right knowledge and attitudes.</p>	no
4.Training		<p>2.1 Early detection and treatment through strengthening laboratory services and other means 2.2 Support patients through treatment 2.3 Strengthening TB drug management 2.4 Engagement of non-NTP providers in TB control (Public-Private Mix DOTS) 2.5 Improving coordination of TB/HIV collaborative activities 3.1 Expand programmatic management of MDR-TB 4.1 Behavior change communication 5.1 Improve access to DOTS in peripheral areas 5.2 Expansion of services for vulnerable populations</p>	no		no	
5.Resources		no		yes		

