

Addressing the Burden of Cervical Cancer in Mongolia

Cervical cancer is one of the most common forms of cancer among women and, although treatable, causes a high burden of mortality and morbidity especially in developing countries. Mongolia currently has the highest cervical cancer incidence in Eastern Asia. Alarmingly, only 5% of cervical cancer cases are detected in stage 1, contributing to a five year survival rate of less than 35%. Based on current detection rates, incidence is estimated at 10-20/100,000 persons, but evidence from short-term intensified screening campaigns suggests that the rate may be 30-60 times higher. This indicates a large burden of undiagnosed and untreated disease and points to the need for greatly improved early detection and treatment of pre-cancerous lesions at the primary and secondary care levels, as well as renewed strategies for combating the human papillomavirus (HPV) which is the main cause of cervical cancer.

The Health Project in Mongolia

In October 2007, the Millennium Challenge Corporation signed a five-year Compact with the Government of Mongolia aimed at reducing poverty and promoting sustainable economic growth. The MCC Mongolia Health Project addresses the high and growing incidence of non-communicable diseases and injuries (NCDIs) to ensure that Mongolians become healthier and more productive in the marketplace.



In 2009, University Research Co., LLC (URC) was commissioned to assist the Health Project Implementing Unit in reducing rates of cervical cancer by developing an optimized strategy for introducing vaccination against HPV, increasing cervical cancer screening, and improving treatment outcomes in a realistic, cost-effective, and sustainable manner.

Recommendations for reducing the impact of cervical cancer in Mongolia

While the HPV vaccine has tremendous potential to reduce the burden of cervical cancer, introducing the vaccine at scale in middle income countries like Mongolia still presents significant financial and logistical challenges. Because the vaccine does not prevent all cervical cancer, a national cervical cancer strategy that incorporated HPV vaccine policy must be continue to incorporate cervical cancer screening and treatment efforts. Based on a collaborative assessment with stakeholders in Mongolia, URC recommends the following dual strategy to reduce cancer mortality and morbidity during the project period:

Increase and improve the quality of cervical cancer screening: In order to make the most impact in a resource limited setting, a move to emphasize visual inspection with acetic acid (VIA) screening as an alternative to the traditional Pap smear should be implemented. While cytology with the familiar Pap smear method has much traction within the health community in Mongolia, VIA is gaining recognition as a key method to prevent the most cancer in a population at the lowest cost to the health care system and women served. VIA has the benefit of an equal sensitivity rate to Pap smear at a much lower cost and, with adequate training in cryotherapy, abnormal VIA screens can be treated at the same visit. A Single Visit Approach using VIA screening linked to the immediate offer of cryotherapy is both programmatic- and cost-effective.

Introduce an HPV vaccine trial: The HPV vaccine has been shown to be effective in preventing up to 70% of cervical cancer cases, but logistical and financial challenges related to rolling out the vaccine are significant. Based on the available volume of cold storage, the ability to minimize wastage rates, the compatibility of the dose schedule with the school schedule, and the acceptability of a vaccine administered to school age children, URC assisted the MCA Implementing Unit and the Ministry of Health to design a vaccine program trial in partnership with the Gardasil® Access Program to reach approximately 14,000 school-based girls aged 10-14 with HPV vaccine.

Widespread high quality services to prevent, identify, and treat cervical cancer are greatly needed in Mongolia. The implementation of these recommendations during the remaining time in the MCC Compact should be used to develop robust data to lay out future screening and treatment strategies and support cross linkages with other health and development interventions.



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Mitigating the Impact of Cardiovascular Disease among Mongolians

Mongolia's population of more than 2.5 million is experiencing a health transition characterized by a reduction in maternal and child mortality and deaths from infectious disease, as well as a large increase strokes, heart attacks, and congestive heart failure, which in 2008 accounted for 36% of all deaths in Mongolia. A growing proportion of the mortality from cardiovascular diseases (CVD) occurs among women. A significant portion of the increase in CVD mortality and morbidity can be attributed to changes in lifestyle related risk factors including increasing overweight/obesity, smoking, high blood pressure, high salt content in the diet and lack of exercise as the population shifts from nomadic to sedentary lifestyles and toward the consumption of cheaper, prepackaged and nutritionally poor foods. Currently, over half of the adult population in Mongolia is overweight and 43% of men report smoking or using tobacco at least once daily. Alcoholism is also a growing concern in the country.

The Health Project in Mongolia

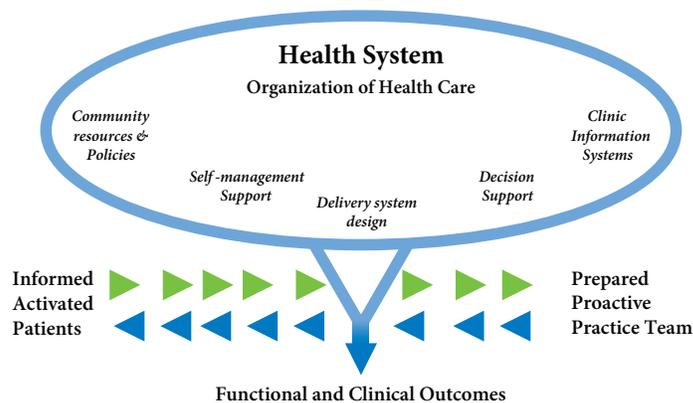
The Millennium Challenge Corporation Mongolia Health Project has worked since 2007 to address the high and growing incidence of non-communicable diseases and injuries (NCDIs). In 2009 University Research Co., LLC (URC) was commissioned to assist in designing an expansion of the current program to increase population coverage of improved CVD services and messages in order to reduce morbidity and mortality from heart attack and stroke. URC worked with the MCA Implementing Unit and the Ministry of Health to analyze the health sector capacity to improve CVD services and establish a realistic and cost-effective expansion plan.

Recommendations for expanding coverage of quality CVD services

The current approach to reducing CVD does not adequately link primary prevention (prevention or screening of risk factors) and secondary prevention (prevention of recurrent events by treating risk factors, e.g., hypertension). An expanded, patient centered approach requires an increased emphasis on each of these components, as well as improving tertiary services (adequate care in case of an event), as integral elements of a modern, high functioning CVD care system.

Expanding primary and secondary prevention: Due to the high prevalence of risk factors and the increasing mortality rates from CVD

The Chronic Care Model – Patient Centered Approach



Ed Wagner

in Mongolia, it is critical that a primary prevention program begin quickly. Prevention and control of hypertension, smoking, and diabetes through a combination of sequential mass media messages, advocacy for the adoption of new national policies on diet and smoking, and physician education should be emphasized. Targeted education campaigns and improved screening at the primary care level should also facilitate an increase in the number of patients, especially women, accessing secondary prevention services.

Improving the quality of tertiary services: Currently tertiary prevention services are limited in Mongolia due to the lack of reliable equipment and training. Based on a cost-effectiveness assessment taking into account existing infrastructure and burden of disease, URC worked with the MOH and the MCA Implementing Unit to establish a minimum package of capacity building, equipment, material needs to outfit a critical number of stroke and cardiac care units, as well as recommendations for the development of a stroke/heart attack registry to collect accurate data on the incidence of these diseases. Although cost-effectiveness for tertiary level care for stroke and CVD events is highly subjective, the project was able to develop several scenarios for cost outlays and corresponding treatment options contributing to a high-functioning standard cardiac care system.

The expanded program, emphasizing integrated primary, secondary, and tertiary prevention components, has the potential to reduce mortality and morbidity from CVD in Mongolia. As primary and secondary prevention programs for CVD can be extremely cost-effective, these elements should be expanded nationwide following an initial pilot phase to test the training and interventions recommended.



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