

Vision Statement (WHO & UNICEF). The Mongolia Immunization MYP describes goals and objectives, national priorities, activities by health sector key area (2006 – 2011), detailed costing of program components and finally, outlines strategies for planning and financial sustainability implementation.

### **1.5. The Strategic Direction of the Plan – Maintaining Coverage and Improving Quality**

Over recent years, it has been demonstrated through disease incidence rates and reported coverage that the vast majority of children are being reached by the program. But there are external environment challenges to program success, which include social and economic transition and increased internal migration. The strategic direction of the plan is therefore to maintain immunization coverage, while at the same time investing in quality improvement of immunization systems (surveillance, cold chain, waste management, safety injection) and in immunization service delivery support (supervision, training, new vaccine introduction).

### **1.6. Implementation of the Multi Year Plan in Mongolia**

In 2005 as part of phase 1 of support to Mongolia by GAVI, Mongolia has commenced a phased introduction of a combined vaccine that protects children against 5 preventable diseases (diphtheria, tetanus, pertussis, hepatitis B and haemophilus B influenzae). It is expected that as part of GAVI phase 2, Mongolia will also be able to apply for immunization services and health systems support funds. It is now a requirement of GAVI that, in order to access ongoing support, that a costed multi year plan is developed (and which includes financial sustainability strategies).

It is recommended that, in order to ensure effective implementation of this MYP, that the plan is linked to the development of an annual operational plan of the National Immunization Program. The Plan also proposes to conduct annual reviews of the national program plan with participation of Aimag EPI managers, to ensure that the MYP is linked to sub national planning needs and processes. The plan will be jointly monitored and annually reviewed by the key implementing national and international agencies through a Country Technical Advisory Group.

## **2. OVERALL GOAL OF THE NATIONAL IMMUNIZATION PROGRAM**

Our goal is to ensure high quality and maintain high coverage of immunization, in order to reduce child mortality and improve child health by controlling or eliminating all vaccine preventable diseases targeted by the National Immunization Program of National Center for Communicable Diseases, Ministry of Health of Mongolia

### **3. NATIONAL PRIORITIES IMMUNIZATION 2006 - 2010**

- 1. Maintain high immunization coverage and Poliomyelitis and Neonatal –free status.*
- 2. Reach mobile populations through SNIDs, IEC registration, monitoring and supportive supervision and training.*
- 3. Expansion of introduction of penta-valent vaccine in to nation wide.*
- 4. Eliminate measles through maintain high coverage, SLA in high risk areas, sensitive epidemiological and laboratory surveillance.*
- 5. Reduce HBaAg prevalence through timely delivery birth dose, regular monitoring/ sero-survey/ and supportive supervision/ training/ and adequate cold chain, vaccine transportation and ICC.*
- 6. Develop and implement national cold chain replacement and wastage reduction plan.*
- 7. Mobilize national and international resources through increased government investments, improved management of Vaccination fund and maintaining partnership with bi-lateral and international organizations.*
- 8. Introduce combined vaccines based on epidemiological data and cost effectiveness analysis.*

### **4. KEY AREAS OF WORK HEALTH MASTER PLAN**

- 1. Health services delivery*
- 2. Behavioral change and Communication*
- 3. Quality of care*
- 4. Human resource development*
- 5. Health financing*
- 6. Institutional development and management*

## 5. REVIEW ACHIEVEMENTS IN 2002-2004

### 5.1. Routine Immunization coverage

Component	Suggestion indicator	National		
		2002	2003	2004
BCG	BCG coverage	98	98	98
	% of province with 80% coverage	100	100	100
DPT3	DPT3 Coverage	98	97	98
	% of province with 80% coverage	100	100	100
OPV	% of provinces with drop out rate DPT1-DPT3 > 10	0	0	0
	OPV3 coverage	98	97	99
	% of province with 80% coverage	100	100	100
	% of provinces with drop out rate OPV1-OPV3 > 10	0	0	0
Measles	Measles coverage	98	97	98
	% of province with 80% coverage	100	100	100
Hep B	Hep B coverage	98	97	98
	% of province with 80% coverage	100	100	100

### 5.2. Diseases surveillance

Component	Incidence rate	National		
		2002	2003	2004
Generalized tuberculosis in children 0-15 age	Incidence per 10,000	6.84	6.90	10.10
Hepatitis B	Incidence per 10,000	2.68	2.96	3.16
Diphtheria	Incidence per 10,000	0.02	0.001	0
Pertussis	Incidence per 10,000	0.01	0.004	0
Measles	Incidence per 10,000	4.90	0.07	0
Polymyelitis	Incidence per 10,000	0	0	0
Mumps	Incidence per 10,000	6.75	1.85	1.66
Rubella	Incidence per 10,000	0.60	0.05	0.14

### 5.3. New vaccine introduction

Component	Suggestion indicator	National		
		2002	2003	2004
Hep B birth dose Vaccine	Hep B Coverage	98.1	98.5	97.5

### 5.4. Vaccine management and injection safety

Component	Suggestion indicator	National		
		2002	2003	2004
Cold chain Logistics	Percentage of Soum with adequate number of functional cold chain equipment	90.0	-	-
Immunization safety	Percentage of Soum have been supplied with adequate (equal or more) number of AD syringes for all routine immunizations	N/A	N/A	N/A
	Was there a stock-out at national level during last year?	-	-	-
	If yes, specify duration in months	-	-	-
Communication	If yes, specify which antigen(s).	-	-	-
	Availability of a plan	Y	Y	Y

### 5.5. Management and planning

Component	Suggestion indicator	National		
		2002	2003	2004
Financial sustainability	What percentage of total routine vaccine spending was financed using Government funds? (including excluding external public financing)	0	0	27%
Human resources availability	No. of health workers/vaccinators per 10,000 population.	135/ N/A	130/ N/A	132/ 1.5
Management planning	Are a series of district indicators collected regularly at national level?(Y/N)	Y	Y	Y
NRA	Number of functions conducted	12	12	14
Research/studies	Number of vaccine related studies conducted/being conducted	2	2	3
ICC	Number of meetings held last year	2	3	3
Waste disposal	Availability of a waste management plan(Y/N)	N	Y	Y
Program Efficiency	Vaccine wastage monitoring at national level for all vaccines(Y/N)	Y	Y	Y
	Timeliness of disbursement of funds to district and service delivery level(Y/N)	y	y	Y

## 6. INDICATORS FOR EVALUATION OF THE PROGRAM FOR 2006-2010

### 6.1 Indicators for Immunization Coverage

Name of vaccine	Administrative level	2006	2007	2008	2009	2010	Source
BCG	National	96	96	96	97	97	<i>Reports and Random investigation result</i>
	Aimag	97	97	97	97	97	
	Sum	92	93	94	95	95	
Hepatitis B	National	95	95	96	96	97	
	Aimag	94	94	95	95	96	
	Sum	91	91	92	93	94	
OPV	National	96	96	96	96		
	Aimag	95	95	96	96		
	Sum	94	95	95	95		
DPT-Hepatitis B	National	96	96	96	96	96	
	Aimag	95	95	96	96	96	
	Sum	92	93	94	95	95	
MMR	National	96	96	96	96	96	
	Aimag	95	95	96	96	96	
	Sum	92	93	94	95	95	
Measles	National	96	96	96	96	96	
	Aimag	95	95	96	96	96	
	Sum	92	93	94	95	95	

### 6.2 Indicators for Disease surveillance (Incidence per 10,000 population)

Name of Disease	2006	2007	2008	2009	2010	Source
TB Children 0-15 age	0.17	0.12	0.07	0.05	0.02	<i>Disease surveillance Report</i>
Hepatitis B	1.4	1.00	0.60	0.20	0.20	
Diphtheria	0.03	0.03	0.02	0.02	0.02	
Pertussis	0.01	0.01	0.01	0.01	0.01	
Polyomyelitis	0.00	0.00	0.00	0.00	0.00	
Mumps	1.0	1.0	0.5	0.3	0.2	
Rubella	2.1	1.9	1.7	1.5	1.0	
Measles	1.7	1.2	0.7	0.2	0.2	

### 6.3 Regional Indicators for Disease Control and Elimination

Name of Disease	Target
Measles	Technical Advisory Group (WPRO) recommends that the Regional Director should propose 2012 as the target date for regional measles elimination
Hepatitis B	<p><b>Regional targets of HBsAg prevalence in five-year-olds:</b></p> <ul style="list-style-type: none"> <li>an interim milestone of &lt;2% HBsAg prevalence in every country by 2012; and</li> <li>Achievement of the regional goal of &lt;1% HBsAg prevalence in every country at a target to date to be established.</li> </ul>

### 6.4 Indicators of financial sustainability for 2006-2010

Indicator	2006	2007	2008	2009	2010
Cost per capita	\$0.9	\$0.9	\$0.8	\$0.9	\$0.8
Cost per child	\$42.1	\$51.2	\$45	\$48.5	\$41.7
% National Funding	52%	41%	41%	42%	42%
National funding for NIP	\$1,046,392	\$1,025,461	\$1,078,881	\$1,102,743	1,103,379\$

## 7. ACTIVITIES BY OBJECTIVE & KEY AREA

### 7.1 Health services delivery

Objectives	Activities	Frame time (year)					Responsible Organization	Collaboration Organization
		06	07	08	09	010		
1. Provision good quality vaccine, maintaining high immunization coverage and increase immunization coverage at soum, bag level.	⇒ Ensure adequate supplies of traditional vaccines ⇒ To conduct survey on immunization coverage randomly in selected area		x	x	x		NCCD Aimag /city Health department	MOH JICA

2. Introduction of new and combined vaccines into immunization (pentavalent vaccine)	⇒ Introduction and expand of pentavalent vaccine, containing hepatitis B, diphtheria tetanus, and pertussis, Hib antigens in a phased manner between 2005 and 2008	x	x	x	x	x	NCCD Aimag/city Health department	MOH GAVI WHO UNICEF
3. Measles Elimination -to design an elimination plan and monitor progress towards elimination goal	⇒ To design a measles elimination plan that identifies target populations, strategies and target dates for elimination	x	x	x	x	x	NCCD Aimag/city Health department	MOH WHO UNICEF
4. Hepatitis B Control monitor the progress towards reducing HBsAg prevalence using the best estimates of HepB3 and timely birth dose coverage	⇒ Conduct supplementary immunization for children aged 3-9 year	x				x	NCCD Aimag/city Health department	MOH WHO UNICEF
	⇒ To ensure new born child received Hep B birth dose timely (within 24 hours) at maternity homes	x	x	x	x	x	MOH NCCD Aimag/city Health department	WHO UNICEF
	⇒ Conduct supportive supervision and on the job training to Immunization staff at all levels	x	x	x	x	x	NCCD Aimag/city Health department	MOH WHO UNICEF

	⇒ To conduct on assessment of birth dose prevalence ( KAP of Health workers )	x					x	MOH NCCD Aimag /city Health department	WHO UNICEF
	⇒ Line listing of recipients of Hep B vaccine	x	x	x	x	x	x	NCCD Aimag /city Health department	MOH
	⇒ Conduct survey on administration of birth dose within 24 hours in the selected areas	x					x	NCCD NCDD Aimag /city Health department	MOH WHO UNICEF
5. To increase immunization coverage	⇒ To identify unregistered children and conduct catch up immunization in areas with high internal migration	x	x	x	x		X	NCCD NCHD Aimag,city Health department	MOH WHO UNICEF
	⇒ To conduct National Immunization Day	x	x	x	x		x	NCCD NCHD Aimag,city Health department	MOH WHO UNICEF
	⇒ Conduct the <i>coverage survey</i> to analyse size and reason for drop out in selected areas		x					NCCD /city Aimag Health department.	MOH WHO UNICEF