

**COUNTRY REPORT:**  
**MONGOLIA**

East Asia and Pacific Regional Consultation on Children and HIV/AIDS  
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## **Scaling Up the Response for Children**

### **Country Background Report, Mongolia**

#### **HIV/AIDS situation in Mongolia.**

A North East Asian country, Mongolia, has the characteristics that are not so common for the countries of the region to which it belongs. Cold and harsh winters may be as long as 4-5 months with temperatures as low as -50C°. As a result there is an extra burden of heating related expenses, heavy air pollution during winter, high prevalence of cold related illnesses and other specific difficulties.

There are many health and morbidity related peculiarities as well. It could be the only country in this region that has rickets incorporated into its Integrated Management of Childhood Illnesses (IMCI) guidelines and flowcharts. The most common cause of death for children below five years of age is ARI.

Since 1992 there were 16 cases of HIV/AIDS reported and none of them were children. As of December 2005 the number of HIV/AIDS cases is estimated to be less than 500 cases (WHO/UNAIDS Global Report). Eleven of the 16 reported cases were diagnosed within 2005, while the remaining 5 cases were diagnosed over a period of 12 years. In the year of 2005 Mongolia had managed its first case of a pregnant HIV positive woman delivering a child.

Many indications point that Mongolia is at the brink of a widespread HIV/AIDS epidemic. Despite the current low prevalence of reported HIV/AIDS cases there are increasing risk factors that are of concern.

The STI rates among the general population have been constantly increasing during the last decade and the National Health Indicators for 2005 showed that the number of reported STI cases (gonorrhea, syphilis and trichomoniasis) in Mongolia has risen, compared to the previous year. In 2005 it comprised 50% of all communicable diseases (Health Statistics Department, MOH, 2005).

HIV trends are estimated through the nationwide second generation sentinel surveillance among selected populations (young people, pregnant women, blood donors, sex workers, mobile population and MSM). This surveillance system is the one of the main sources of information in Mongolia concerning HIV prevalence.

The data from the sentinel surveillance of 2005 shows that the prevalence of syphilis among pregnant women is as high as 2.6%, blood donors 2.6%, the male mobile population 3.2%, sex workers 17.4% and male STI clients 7.3%.

Young people 10-24 years of age account for more than half of the population. A recent "Knowledge, Attitudes and Practices on STIs /HIV/AIDS Among Young People in Mongolia, 2005" survey conducted by the Mongolian Public Health Professionals' Association revealed that young people have very limited knowledge regarding risks of transmission of HIV/AIDS; percentage of young men and women who both correctly identify the ways of preventing the sexual transmission of HIV and who reject the major misconceptions about HIV transmission (using the description of an UNGASS indicator) is only 3.5%, which is far less than the UNGASS target level of 90% by 2005. However, correct answers to each separate question of this indicator are high, for example 90% for condom use as a mean of protection from HIV infection.

STIs are constantly increasing among young people, and this age group accounts for more than 50% of all STI cases in the country (Health Statistics Department, MOH, 2005).

Growing STI rates in the population have been related to increased high risk behaviors, such as multiple sex partners, unprotected hetero- and homosexual practices, drug and alcohol use. According to the 2004 second generation sentinel surveillance data, 22.3% of mobile men and 21.3% of male students had multiple sex partners in the last twelve months.

Number of sex workers (estimated number of commercialized sex workers is more than 4,000 in Ulaanbaatar city) is increasing with more younger entrants into the sex business in the capital city, other large cities and border areas. For the last 3 years there has been a tendency of increase in commercial sexual exploitation of young girls, which is the worst form of intolerable child labor. It had emerged during the transition period and sadly the number of young girls engaged in sex business is increasing year after year.

Condom use rates among young people are very low. The data from the abovementioned KAP survey of 2005 showed that only 16.2% of 15-24 year old men and women used condoms regularly in casual and commercial sex.

There is also some evidence of increase in recreational drug use among young people and use of intravenous drugs. Widespread excessive alcohol use among youth causes increased high risk behavior, which in turn leads to increased vulnerability to HIV infection.

In addition, there are other facilitating factors, such as increased mobility, widespread poverty, restricted access to prevention and care services for vulnerable populations.

About 530 thousand children attend 686 primary and secondary schools nationwide. Due to improved access to education school enrolment rate has reached 97.7 percent. School drop out rate has been decreasing over the last 10 years; however, it still remains to be an issue of concern. While drop out rate was 8.8 percent in 1992-1993 school year and total of 33.9 thousand children were out of school, this rate has decreased down to 2.3 percent in 2004 leaving 11.9 thousand kids out of school. Most of these children are unable to receive health education, information and services in spite of the activities of informal education centers established in provinces mainly due to limited funding. Existing informal education is provided to out-of-school children sporadically by some national and international NGOs. Almost half (47.9%) of children below 15 years of age (419,166) live in unemployed, vulnerable, poor and very poor families (Source: UNICEF, Children and Women in Mongolia: Situation Analysis Report, 2003).

The number of street children ranges from 300 to 4000. Those groups of children are vulnerable to sexual abuse, including commercial sex exploitation. Also, there are anecdotal evidences of young women and girls being trafficked to other countries for the purpose of coerced prostitution. In addition, there is growing trend towards sex tourism, where in many cases children fall victims of pedophilia. Therefore, the vulnerability and risk factors for children being victims of sexual abuse is a potential threat that cannot be ignored.

Since 1990s illegal gold and coal mining activities have flourished, and children have been engaged in these as well. There is statistical data revealing that 10-15 per cent of manual gold or coal miners are children under 18 years of age. 35 per cent of the children working in mines have never attended schools or dropped out of schools. As the informal or artisan mining activities expand and children's engagement increases, various projects have been implemented to enhance public awareness on the dangerous forms of child labor and estrange children from dangerous and hard labor.

Since there is a little hope to eliminate child labor in the near future through the improvement of living standards for the whole population, governmental and non governmental institutions collectively exert their efforts to achieve concrete results in enrolling the child laborers in the informal training and improving access to and quality of health services for them. Considering the vulnerability of these children to HIV/AIDS, a special subject on HIV/AIDS prevention has been included in the formal and informal training programs.

## National response

During the transition period there has been a shift in national policies and directions on the human development issues. The state turned down the old method dictated by single dominating ideology, which strove to equal allocation of social benefits to all citizens. Today the state policy and programmes are aimed at expanding possibilities of individual choice and supporting vulnerable groups of society through the means of respecting human rights and freedom following the principles of democracy and justice, and creating favorable environment for human development. Positive attitudes towards equity and equality of all citizens were developed and new methods were adopted with respect of human rights and freedoms.

State policies and activities on the advancement of women and children have 3 main directions:

- a. Refining domestic laws and legislation related to women and children in compliance with the international human rights instruments,
- b. Creating healthy and safe living environment for every woman and child
- c. Enhancing social services for women and children.

Since 1990 there have been active efforts to develop legal acts and documents on the protection of children's rights that are compatible with the international standards. The Human Rights Declaration, the UN Declaration on the Rights of a Child, Convention on the Rights of a Child, International Declaration to save and protect children and goals set at the United Nations General Assembly Special Session on Children serve as the basic guidelines and pillar documents for designing and adopting legislative acts on children in Mongolia. In 1991 the President of Mongolia signed the World Declaration on the Survival and Protection of Children adopted by the World Summit on Children. In support of the seven main goals of the Declaration and their objectives Mongolia adopted a Plan of Action on the Development of Children up to year 2010.

The National AIDS Program (NAP) covers the period from 2003 to 2010. It aims at limiting the spread of HIV infection through the reduction of STIs, improved health education and targeted interventions for the vulnerable populations. In addition, specific objectives include strengthening of HIV/AIDS/STI surveillance system and provision of customer-friendly HIV/AIDS/STI prevention and care services for young people and the general population. A comprehensive National HIV/AIDS/STI Strategy was developed and approved by the NPHC in 2003 to facilitate the fulfillment of the MDGs, Declaration of UNGASS and implementation of the NAP.

The country has plans to strengthen its preparedness for PMTCT through capacity building of secondary and tertiary level health facilities and medical professionals involved in perinatal care. PMTCT guidelines will be developed and adapted to country settings, pre-service and in-service training courses will be adjusted, and health facilities will be supplied with some essential equipment and ARV drugs. VCT services will be provided to all attendants of ANC clinics in order to improve the catchments of HIV positive mothers and to expand the coverage of PMTCT services.

Before 1990s secondary school curriculum didn't contain subject on health education. Starting from 1998-1999 school year a new subject on health education was introduced to the school curriculum and 120 hours of classes on the reproductive and sexual health education were being taught to school children. Although it was an important step towards providing a quality health education for children and adolescents, as various studies indicate, the knowledge and information given through the formal school education is not as effective as it was expected. A recent knowledge, attitude and practice (KAP) study revealed that the level of knowledge among children and adolescents is extremely low. The low levels of knowledge among children and adolescents elevate the level of vulnerability of Mongolia to HIV/AIDS epidemic to a critical degree. Therefore, there is an urgent need in accelerating the actions to improve HIV/AIDS prevention education through formal and informal training activities, printed IEC BCC materials and age specific mass media campaigns. UNICEF in collaboration with national counterparts is planning to incorporate Life Skills Based Education within the formal and non-formal education.

The sexual exploitation of young girls is becoming an organized business. To fight and cease the sexual exploitation of children the Mongolian government cooperates with non-governmental organizations and international agencies. It has ratified 3 UN protocols against sale of children, child prostitution and sexual exploitation in 2002. In order to build national capacity to fight against child sexual exploitation, to raise public awareness and to conduct research on the subject the national ECPAT network of non-governmental organizations against child prostitution and trafficking was established in 2003 bringing together relevant governmental and non governmental institutions. The studies indicate that 2/3 of young prostitutes are girls who fled from their homes, or dropped out of school, or have no guardians.

As a result of the economic and political hardships during the transition period large number of children started to work. Many of these employments are listed as intolerable forms of child labor. This is a violation of provisions of the Labor Law of 2003, the Convention on Prohibition and Immediate Action to eliminate Intolerable forms of Child Labor and the 138<sup>th</sup> Convention on the Minimum Age for Admission to Employment. As of 2003, 10.1 percent or 68,580 children aged 5 to 17 are engaged in economic activities. Due to poverty and vulnerability large number of children is left out of social insurance and social welfare network because they are employed in the informal sector. Many children are assisting in animal herding or performing housekeeping duties under conditions, which may cause intolerable forms of labor. Others are lifting heavy load, collecting garbage, working as prostitutes, or as manual laborers on mines, all of which can be classified as dangerous or intolerable forms of child labor.

Although Mongolia is in the initial stages of the HIV/AIDS epidemic, there are clear indicators of its increased vulnerability to the pandemic. Prevention programs implemented at this point in time may save thousands of lives and protect children from orphaning and contracting HIV/AIDS infection.