

**8 years MeshHp project – looking back and
in the future**

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First visit to Ulaanbaatar in June 2010.
30 visits to Mongolia since then,
20 visits to Germany, around 100 Mongolians.

3 years financing by German Ministry of Health.
Now sponsoring by different companies.
MeshHp e.V. - recognised as charitable.



2011

2018



Basic philosophy

Exchange and visit each other.
No investments, but teaching and training.
No end of project defined - improvements need time.

Pilot hospitals:
Hospital No 2, Chingeltej District Hospital, Bayangol District
Hospital, Maternity Hospitals 1-3, Dental Clinic...
Mongolian Nurses Association

Emergency Center 103

University Clinics Essen, Fire Brigade Essen



MeshHp e.V.

Hand hygiene

Start: Poster of WHO at every sink.
But: Pieces of soap, textile towels, no
hand disinfectant.



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Hand hygiene

Start: Poster of WHO at every sink.
But: Pieces of soap, textile towels, no
hand disinfectant.

Now: Fluid soap, paper towels,
dispensers and hand disinfectants.



Hepatitis

15 – 20 % virus carriers in population.
Liver cancer most common cancer.

Since 1991 vaccination of children against hepatitis B.

Since 2012 vaccination of HCWs against hepatitis B.
Begin 2 shots, now 3.

No antibody control – urgently needed!



Hygiene Symposium since 2012



Main aim: Training, building of knowledge and experience.
Changes may last years – also in Germany!



Cooperation treaties:

- Cities Essen and Ulaanbaatar.
- Medical faculties University Clinics Essen und Health Science University.



CSSD

Mostly manual reprocessing.
Very old instruments, container, autoclaves.
No standards, no training.
Often only cleaners, no disinfection.
No budget, no maintenance.

Health V project of ADB...



Improvements



Endoscope reprocessing

Only manual cleaning and disinfection or half automatic.

Questionable disinfectants,
too low concentrations,
too long used – up to 2 weeks.

Improvements:

More disinfectants,
eg from Germany.
Use fresh disinfectants
more often.
More staff protection.



Ethylene oxide sterilisation

Carcinogenic.
Forbidden to use.
Usage going on despite that.



Improvements in Emergency Center 103

Training, especially for drivers.



Mikrobiologic labs

No standards, no statistics.
No quality control.
Staff protection bad.

Old equipment.
Sometimes very modern and expensive equipment – but low numbers of specimen.

Health V project of ADB...





Antibiotics

40 – 70 % ESBP in Gram negative bacteria (Prof. Pfeffer, Düsseldorf)

Basically recipes needed.
 In reality get them everywhere.
 20 % fake drug products from China and Russia – not working.
 Nearly no resistance data.
 Antibiotics given in hospitals in 90 % without testing.

Urgent need to act.
Sell only in pharmacies and only with recipe.
Resistance data.

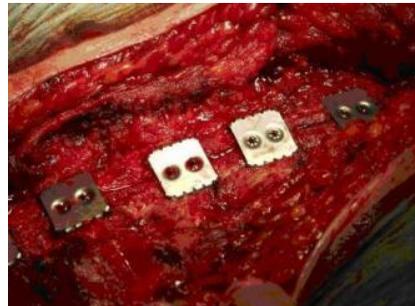


Hepatitis virus carriers in HCWs

10 - 40 %!

Our proposal – do it like Germany:

- Virus concentration,
- risk of transmission during work,
- decision of commission,
- 10^3 - 10^4 genom-equivalents/ml as limit.



Risky workplaces: surgical work in

- gynecology,
- heart and lung surgery,
- (abdominal surgery),
- oral and maxillofacial surgery.

Risky work:

- operations with narrow operation field,
- Poorly visualised operation field,
- long operations,
- fingers near to sharp and spiky instruments,
- digital palpation of a needle tip in a body cavity,
- dental operations,
- closing of sternotomy.

Budget and maintenance and repair

Basic problem everywhere:
Installation of equipment not part of project.
No maintenance, no repair, because costs are not in budget.
Often no budget for chemicals in lab.

Projects: Equipment only if installation and costs for some years are included.

Hospitals: Budgets for maintenance and repair and consumer goods.
Better qualification of technical department (more repair on their own).

Tender not per year – changing products is extremely difficult.



Near future:

2 years sponsoring by German Ministry of Health:

Visits in both directions (flights not sponsored).

Topic: Prevention of hepatitis B/C und Tb.

Hepatitis B and C:

- Most important transmission ways.
- Handling of HCWs with virus in blood.
- Quality of virus concentration measurement.

Tuberculosis:

- Handling of open Tb.
- Handling of contact persons.
- Risk in emergency medicine.

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Conclusions

Antibody control after hepatitis b vaccination!

Health V-Project of ADB: Results?

Resistance data needed.

Antibiotics only in pharmacies and only by recipes.

How to handle virus carriers in HCWs?

Necessary: valid virus concentrations

Budgets for maintenance/repair of equipment.

Extend tender times, eg 3 years.

More knowledge needed about hepatitis B/C andTb (new project).

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Баярлалаа!

