Mongolia has the world’s highest rate of liver cancer mortality—nearly eight times the global average. Prevalences of chronic viral hepatitis B, C, and D in Mongolia are at an endemic level and constitute the main cause for Mongolia’s world-leading liver cancer mortality rate, which has been steadily increasing over the last decade. At the moment, liver cirrhosis and hepatocellular carcinoma mortalities account for 15% of total annual mortalities in Mongolia. In short, the viral hepatitis endemic is wreaking havoc in Mongolian society.

**HEPATOLGY**


**MONGOLS are HDV**

60% of HBsAg

**PROGRESS UPDATE**

The Onom Foundation, Patient and Civil Society Council, Mongolian Gastroenterology Association, and Mongolian Society of Hepatology initiated the Hepatitis Prevention, Control, and Elimination (HPCE) Program on September 8, 2014. Thanks to the persistent and unwavering effort of these organizations, the Government of Mongolia officially adopted the HPCE Program into the 2016 - 2020 Action Plan on September 9, 2016. The MISSION 2020 of the HPCE Program to eliminate HCV in Mongolia by 2020 and to significantly reduce viral hepatitis induced liver cirrhosis and hepatocellular carcinoma was explicitly stated in the 2016 - 2020 Action Plan of the Government of Mongolia. As of November 22, 2016, branded Sofosbuvir/Ledipasvir (Harvoni) and 4 kinds of generic Sofosbuvir/Ledipasvir are available in Mongolia at prices of US$300 and US$150 respectively. In addition, both branded and generic Tenofovir and 2 kinds of generic Entecavir are available in Mongolia. Both branded and generic Tenofovir are subsidized by the Health Insurance Fund, resulting in costs of approximately US$15 (Viread) and US$3 (generic Tenofovir) per month. Both branded and generic Sofosbuvir/Ledipasvir are also subsidized by the Health Insurance Fund, resulting in costs of approximately US$215 (Harvoni) and US$65 (generic Sofosbuvir/Ledipasvir) per month. More importantly, the Parliament of Mongolia allocated approximately US$10 million for hepatitis medicines subsidies, US$2.5 million for hepatitis diagnostics, and US$4 million for early screening within the 2017 Expenditure Budget of the Health Insurance Fund.

**CONFLICTS OF INTEREST**

Authors declare no conflicts of interest.

**CONTACT INFORMATION**

Email address: nd@onomfoundation.org

@ElegMN @HepatitisMongol

http://youtube.com/OnomSan

http://facebook.com/eleg.mn

http://Onomfoundation.org

**CONCRETE RESULTS AND CONCLUSION**

Within the Screening Campaign of the HPCE Program in Mongolia, 72,000 Mongolians were screened for hepatitis B, C infections by the Onom Foundation alone as of November 22, 2016. Under the Treatment Campaign of the HPCE Program in Mongolia, over 7000 people with chronic HCV are at different stages of treatment as of November 22, 2016. According to analysis of several hundred randomly selected people with chronic HCV infection, SVR is around 98%. Finally, the Government of Mongolia officially adopted the HPCE Program into the 2016 - 2020 Action Plan with explicit declaration of HCV elimination by 2020 and significant reduction of hepatitis related liver cirrhosis and HCC mortalities. The HPCE Program in Mongolia will serve as a model for other countries in their fight against viral hepatitis.