

State of Aviation Medicine and Public Health in Mongolia

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Aviation Medicine in Mongolia

Background and Overview

1999 Agreement with New Zealand







This agreement established a framework for adopting the regulations based on New Zealand's aviation standards.

Alignment with ICAO Annex



The adoption of New Zealand Civil Aviation Rules aligns Mongolia's aviation regulations with international standards set by ICAO.

<div> Civil Aviation Authority of Mongolia Flight Standards Department</div> <div>Global Comparison of the Implementation of the Rule-67 "Medical Standards and Certification": Reference Guide for Mongolia</div> <div>Division: Personnel Licensing</div> <div>Authorized by: Anudari Serjmydag Aeromedical Inspector</div> <div> 2025</div>	<div> Иргэний нислэгийн ерөнхий газар Нислэгийн стандартын газар</div> <div>ИНД-67 "Эрүүл мэндийн стандарт, гэрчилгээ" дүрмийн хэрэгжилтийн Олон улсын харьцуулалт: Монгол Улсад зориулсан гарын авлага</div> <div>Харьяалах хэлтэс: Мэргэжлийн үнэмлэхжүүлэлт</div> <div>Боловсруулсан: Сэржмядагийн Анударь Эрүүл мэндийн хяналт хариуцсан байцаагч</div> <div> 2025</div>
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Medical Certificate Classes & Process

Understanding the various classes of medical certificates for pilots and ATCOs



Class 1 – Pilots

Required for airline transport pilots, ensuring the highest medical standards.



Class 2 – Private Pilots

Necessary for private pilots, with slightly relaxed standards compared to Class 1.



Class 3 – ATCOs

Designated for Air Traffic Controllers, focusing on critical health requirements.



Certificates by CAA

Issued by the Civil Aviation Authority based on assessments from AME and hospital reports.



Hospital Collaborations

Key partner hospitals include State Third Central Hospital and UB Songdo.



Certification Numbers & Future Delegation Plan



Outlining our annual certification and future delegation strategies within the aviation medicine sector.

Annual Certification Volume

We aim to issue approximately 300–400 certificates every year, ensuring high standards in aviation medicine.

01

Delegation to AMEs

02

The plan is to fully delegate the issuance process to Authorized Medical Examiners (AMEs) to enhance efficiency.

Inspector Role Evolution





We will shift inspectors' roles to focus on oversight, including audits and surveillance to maintain quality control.

03



2025 Achievement

Key Insights and Implications

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First internal comparison of Part 67

This initiative marks the first comprehensive internal comparison of Part 67 implementation globally, showcasing disparities and synergies.



Informing policy development

The findings from this comparison are pivotal in shaping future policies and regulations in aviation medicine.

Special Medical Commissions Overview

Exploring regulatory frameworks for aviation
medical fitness.



Separate panels for pilots

This involves distinct health assessments tailored specifically for pilots as indicated in Annex 6.



Separate panels for ATCOs

Air Traffic Control Officers will undergo designated health evaluations according to Annex 11 specifications.



Use ICAO flexibility rules

These rules are applied to manage complex medical cases ensuring adaptability in assessments.



Color Vision Assessment Breakthrough

Recent advancements in aviation medicine testing procedures.



CAPSCA Coordination and Institutional Structure



Overview of Key Challenges and Responsibilities

01

Aeromedical Unit Establishment

Focuses on separate from personnel licensing division and build aeromedical unit directly under Flight Standards Department director.

02

Coverage of Multiple Annexes

The unit is responsible for compliance with Annexes 1, 6, 9, 11, 13, and 19, which encompasses various aviation safety and operational guidelines.

03

Coordination Challenges

The overlap in responsibilities creates significant challenges in ensuring effective coordination among different entities.



COVID-19 Aviation Response

Overview of Mongolia's measures in aviation during the pandemic

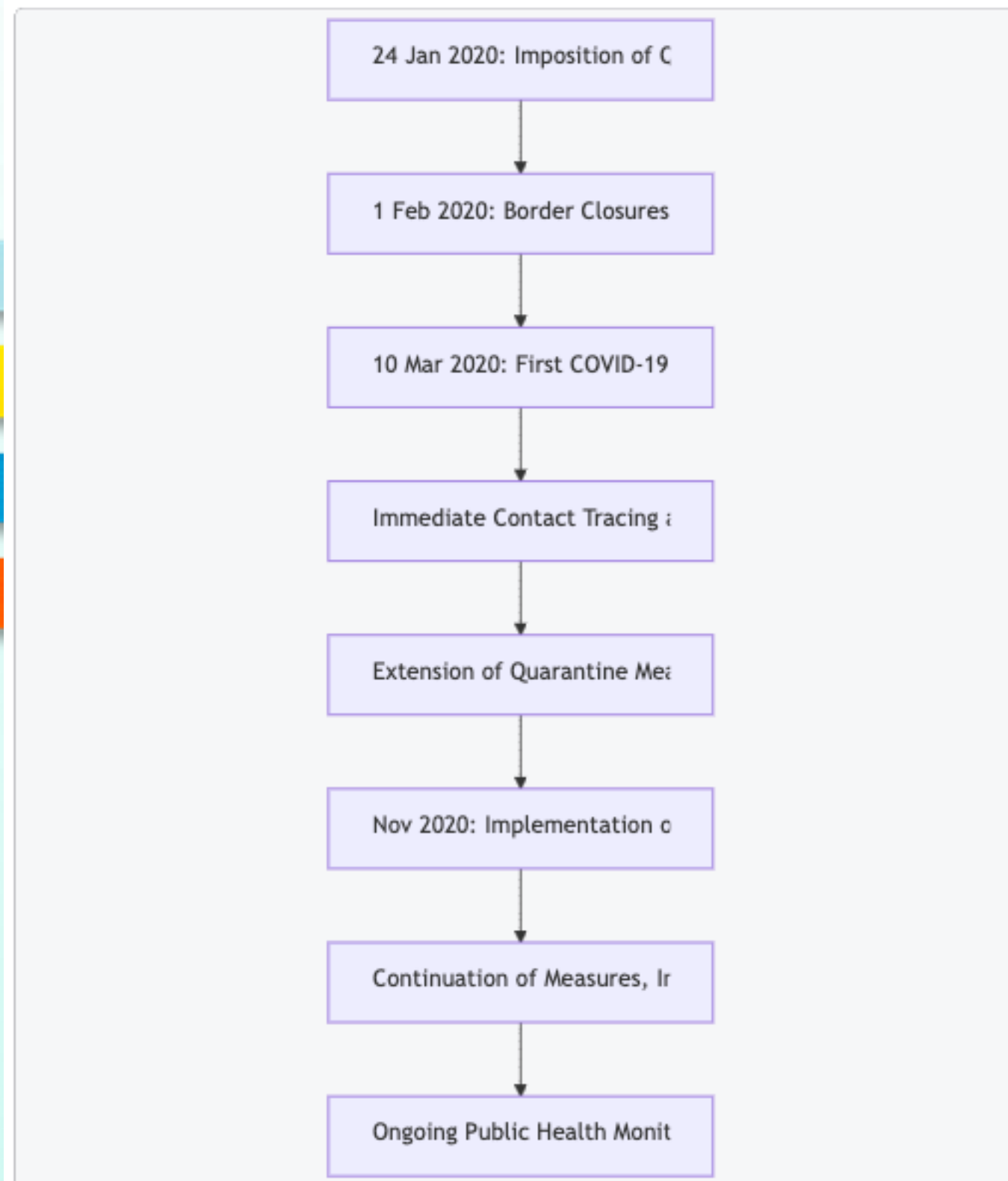
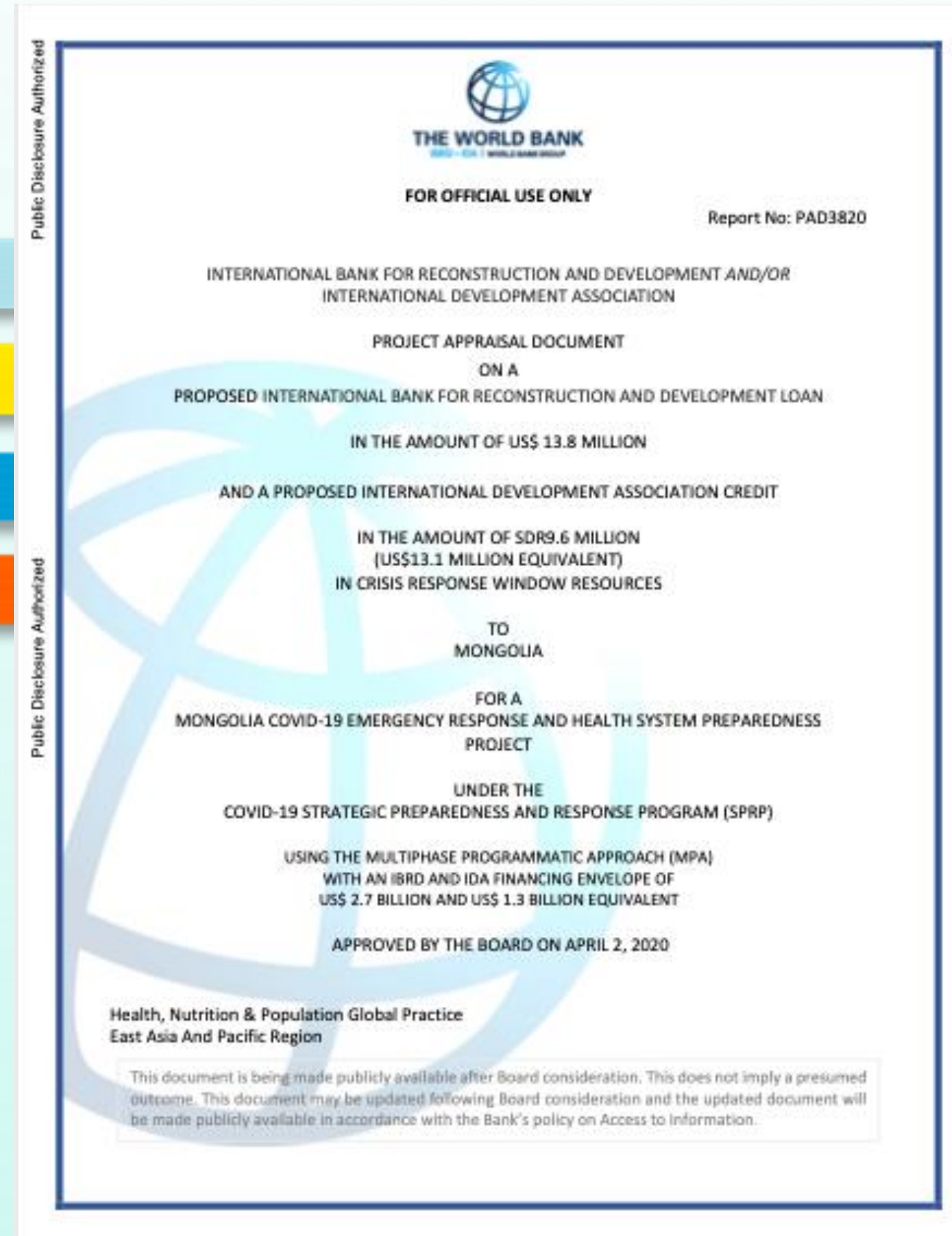


Figure 1: Timeline of Mongolia's COVID-19 Response Measures



COVID-19 Aviation Response

Overview of Mongolia's measures in aviation during the pandemic



Repatriation and cargo flights

Conducted over 900 flights to bring citizens back and transport essential goods.



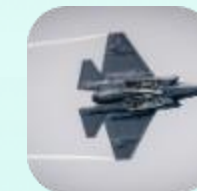
Health screening measures

Implemented screening protocols for passengers to ensure safety at airports.



Quarantine protocols

Established quarantine zones at airports for incoming travelers to prevent outbreaks.



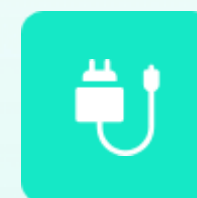
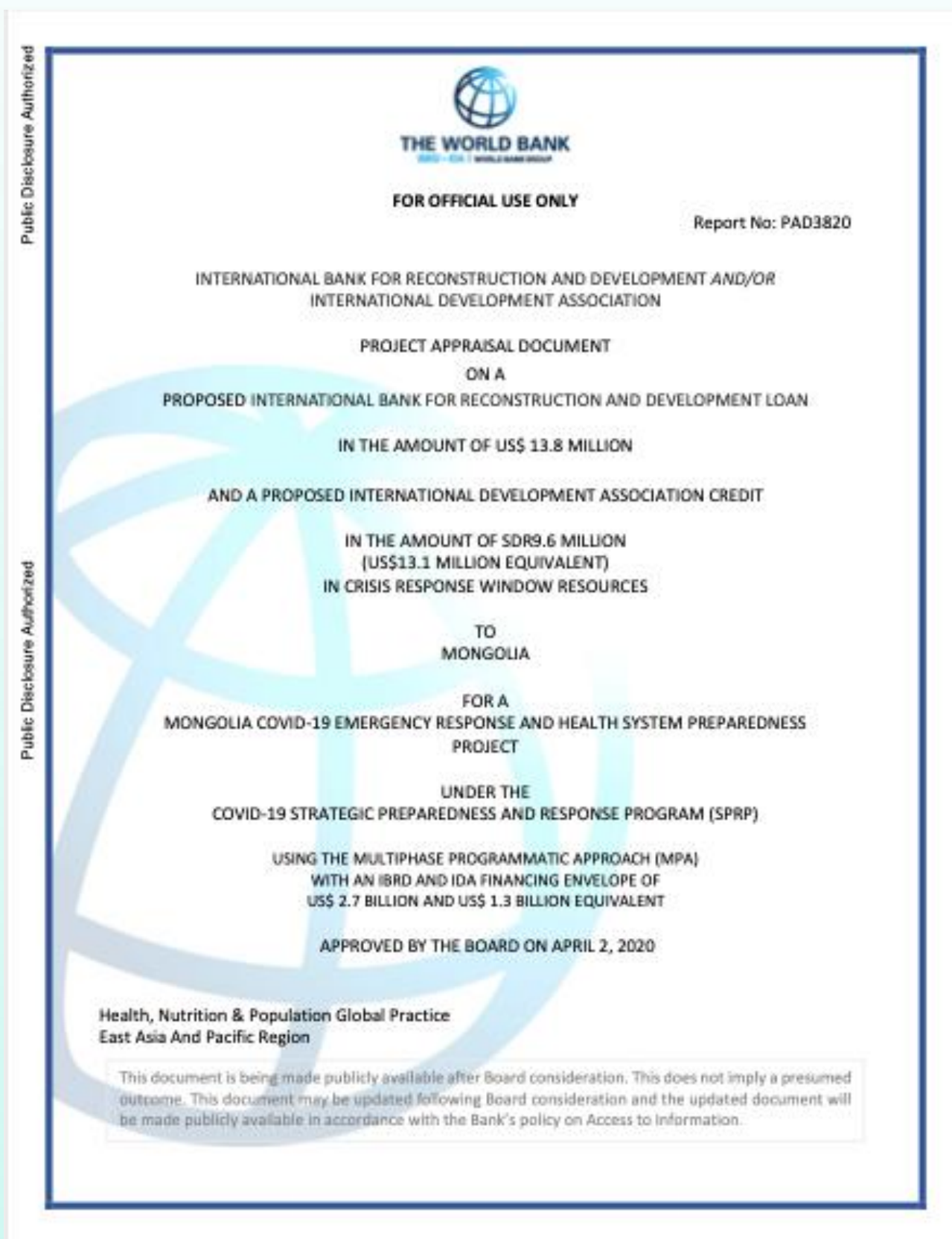
Public health coordination

Executed the first large-scale coordination for public health in the aviation sector.



Post-COVID Lessons and Integration Needs

Addressing the Gaps in Public Health and Aviation



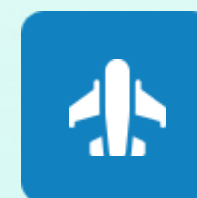
Surge Capacity Improvement

There's a pressing need for better surge capacity to manage emergencies effectively.



Multi-Agency Standard Operating Procedures

Highlighting the importance of establishing multi-agency SOPs for coordinated responses.



Training Gaps Identified

Training gaps have been identified in the crossover between public health and aviation sectors.

Key Challenges in Aviation Medicine

Identifying Barriers to Effective Operations



Current Challenges

1. Only **one medical inspector** available
2. No structured **audit framework**
3. Lack of **delegation** for tasks
4. Limited internal **training programs**



Potential Solutions

1. Increase number of **inspectors**
2. Implement structured **audit processes**
3. Establish clear **delegation protocols**
4. Develop comprehensive **training modules**

Strategic Priorities for 2025–2030

Key Focus Areas for Implementation

- **Finalize AME delegation**

Establish the delegation responsible for the Aviation Medicine Examination activities.

- **Audit system for hospitals**

Conduct a comprehensive review and evaluation of hospital systems and infrastructure.

- **Update color vision protocol**

Revise and refresh the guidelines for color vision flight tests to ensure accuracy.

- **Expand training under CAPSCA**

Broaden the scope of training programs under the CAPSCA initiative for enhanced capabilities. Contact with Ministry of Health to include Public health decision group as a State Focal Point under IHR

- **Cross-Annex coordination**

Facilitate collaboration and communication between various annexes to improve processes with the help of CAAM taskforce .

