

Investing for a safe and healthy Kazakhstan

WHO Health Emergencies Programme
at the country level



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WHO Health Emergencies Programme at the country level

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people’s health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,¹ which result in hundreds of people dying or becoming severely ill.

Europe’s 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond to outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

¹ Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. (https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf, accessed 23 August 2019).

The European Region is part of a highly interconnected world. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

Kazakhstan: The case for action

Kazakhstan is exposed to significant natural and man-made hazards. Parts of the country face earthquake hazards and flooding is a definite risk. There are nuclear and chemical facilities that pose potential hazards, and there is significant environmental pollution in the area around the Aral Sea.

Kazakhstan has made major investments in its health care system in recent years; however, its health emergency capacities need further strengthening given the hazards it faces. This is why it is one of the WHO Health Emergencies (WHE) Programme's priority countries in the European Region.

The WHE Programme will continue to scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

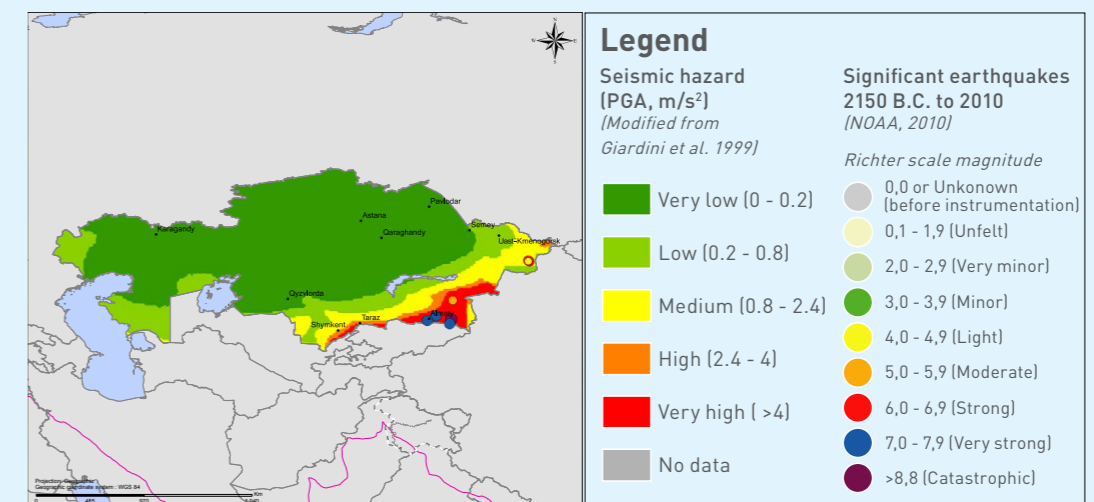
1 BOX

Box 1: Key emergency threats in Kazakhstan

- Earthquake and flood hazards (Maps 1 and 2)
- Major traffic accidents
- Pandemic influenza
- Water pollution
- Air pollution
- Financial crisis
- Rocket launch vehicle fall

1 MAP

Kazakhstan: Seismic hazard map²



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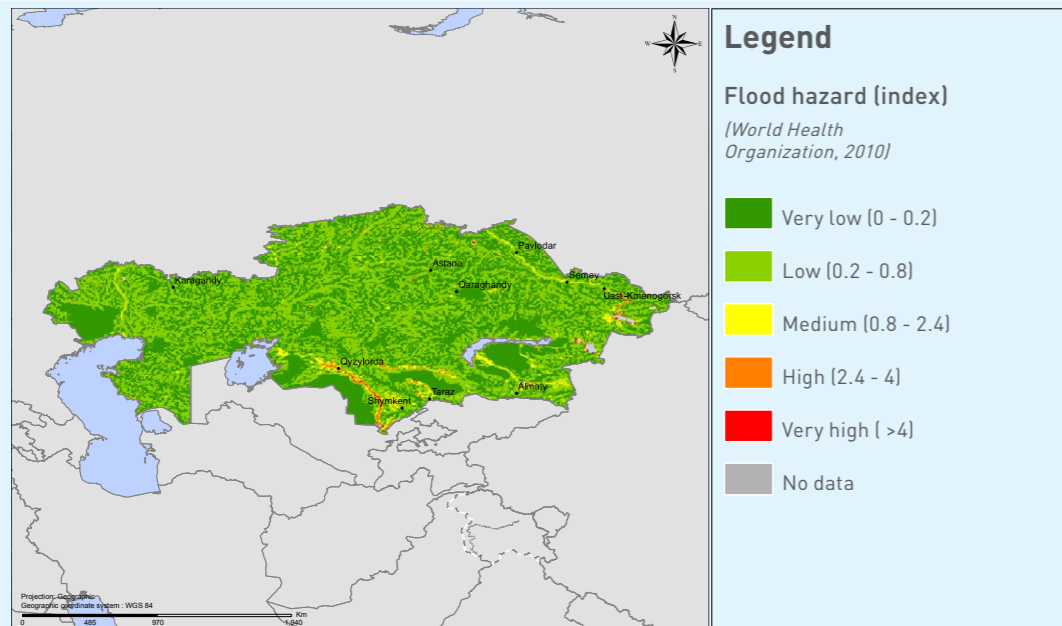
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2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the.-volume-1.-exposure-to-natural-hazards.-version-2.0>, accessed 23 August 2019).

Kazakhstan: Flood hazard map³



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Kazakhstan is striving to achieve Universal health coverage (UHC), in line with the UN’s Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the country’s progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.

³ Ibid.



Ambulance is entering hospitals stage of the testing exercise on mass casualty. Representatives from oblast level ambulance services are observing the exercise. Photo credit: WHO



“Universal health coverage and health emergencies are two sides of the same coin”



Dr Tedros Adhanom Ghebreyesus
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries strengthen their emergency preparedness and response capacities, they also strengthen their health system’s ability to provide universal health coverage. In the same way, when countries strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

Investing in emergency preparedness makes economic sense

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023⁴

The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

Investing in health emergency preparedness is key to achieving the SDGs

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).

⁴ WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the **core capacities** needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

https://www.who.int/topics/international_health_regulations/en/

IHR Core Capacities for monitoring and evaluation

1. Legislation and Financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

Kazakhstan's emergency preparedness and response capacities

6 BOX Overview of IHR monitoring and evaluation in Kazakhstan

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR country capacities.⁵ The States Parties Annual Reporting is mandatory; the Joint External Evaluation (JEE), After Action Reviews (AARs) and Simulation exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and national experts to identify strengths and weaknesses in emergency preparedness and response within the national health system. Results and recommendations from these activities are the basis for the development of a National Action Plan for Health Emergency Preparedness.

Done or in process:

- States Parties Annual Reporting: 2019
- Simulation exercise: 2019

Recommended:

- Joint External Evaluation
- After Action Reviews
- National Action Plan for Health Emergency Preparedness

⁵ WHO. IHR Monitoring and Evaluation: A Key Element for Public Health Emergency Preparedness and Response. Copenhagen: WHO Regional Office for Europe; Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0006/375819/IHR-Brief_WEB.pdf?ua=1, accessed 23 August 2019).

7 BOX Highlights from Kazakhstan's 2019 self-assessment report on its IHR core capacities⁶

Analysis of Kazakhstan's annual reporting data for 2019 shows high scores overall. Relatively the most room for improvement remains in the following areas:

- Legislation and Finance
- Zoonotic events and the human–animal interface
- Food safety
- Laboratory
- Surveillance
- Human resources
- Risk Communication
- Points of entry
- Chemical events
- Radiation emergencies

⁶ WHO. International Health Regulations (2005) Monitoring Framework – Country Profile [online]. Geneva: World Health Organization. (<http://apps.who.int/gho/tableau-public/tpc-frame.jsp?id=1100>, accessed 3 September 2019).

Kazakhstan's health emergency preparedness initiatives

Hospital safety

Floods and earthquakes are the highest risk hazards and are thus the priority threats for the country from a disaster risk reduction perspective. Twenty-three major hospitals in the country have been assessed for structural and non-structural functionality during disaster. Kazakh staff have been familiarized with hospital planning for preparedness and response to emergencies and the results of the hospital safety assessment have been reviewed to inform development of an action plan to strengthen hospital safety.

Emergency management

A strategic risk assessment has been conducted to identify priority public health risks. Earthquakes were identified as a very high priority risk. Major traffic accidents, floods, pandemic influenza, water pollution, air pollution, financial crisis and rocket launch vehicle fall were identified as high priority risks.

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance in Kazakhstan, a national IPC programme and operational plan are available and national guidelines for health care IPC have been disseminated. Selected health facilities are implementing the guidelines, with monitoring and feedback in place.

Risk communication

The Regional Office has launched an Emergency Risk Communication (ERC) five-step package⁷ for tailored support to each enrolled country to scale up their capacity in this area, by developing, testing and adopting their ERC national plan under the IHR. Kazakhstan has completed steps 1 to 3 of the ERC capacity-building package including training, capacity mapping and plan writing.

Opportunities for further progress

Kazakhstan's Emergency Law gives the Ministry of Health authority to respond to health emergencies and the Committee on Emergencies, under the Ministry of Internal Affairs, has been working on disaster risk reduction with the United Nations Development Programme. The government has invested heavily in its health care system, including surveillance and laboratories. It has a strong technical collaboration with the Russian Federation and, in the laboratory sector, with the US Centers for Disease Control and Prevention. With this base, Kazakhstan is in a position to make rapid progress in strengthening its health emergency capacities and IHR implementation.

⁷ WHO. Emergency risk communication (ERC) 5-step capacity-building package [online]. Copenhagen: WHO Regional Office for Europe. (<http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/national-health-emergency-risk-communication-training-package>, accessed 23 August 2019).

The process of preparing for, and then going through, a Joint External Evaluation (JEE) of its IHR core capacities would give the Ministry of Health and its partners a clearer insight into Kazakhstan's current level of health emergency capacity. It would also give them recommendations from international experts on where and how these capacities could be strengthened.

The JEE report and its recommendations would enable Kazakhstan to develop a National Action Plan for Health Emergency Preparedness. This would set out a multi-year plan for reinforcing Kazakhstan's IHR core capacities, and provide the resources needed to keep them sustainable and robust in the long term.

Once a national strategy, supported by domestic resources, is in place WHO and international partners will be in a good position then to identify areas where they can support Kazakhstan's efforts.

One area where there is a need for technical assistance is external quality assurance for public health laboratories. Kazakhstan would benefit from being part of the WHO Regional Office for Europe's Better Labs for Better Health programme⁸.

⁸ For more information on this programme see WHO. Better Labs for Better Health [online]. Copenhagen: WHO Regional Office for Europe; 2019. (<http://www.euro.who.int/en/health-topics/Health-systems/laboratory-services/better-labs-for-better-health>, accessed 3 September 2019).

Success stories

Assessing hospital emergency preparedness

WHO's Country and Regional Offices have done hospital emergency preparedness assessments with hospitals in Astana, Almaty and two rural oblasts.



Hospital stage of the simulation exercise during mass casualty event.
A Red Cross volunteer is a patient
Photo credit: WHO

Collaborating on laboratory capacity

Kazakhstan's national reference laboratory in Almaty has a strong technical collaboration with the US Centers for Disease Control and Prevention.

Protecting people from health emergencies together: The way W(H)E work



The WHE Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country is unique, the Programme tailors its support to countries' specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore the Programme places countries at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.
2. At the same time, countries need to develop, test and evaluate their national plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and pre-positioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way for countries to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all governments, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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