

Investing for a safe and healthy Kyrgyzstan

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.

Kyrgyzstan: The case for action

Kyrgyzstan is highly exposed to natural hazards – most notably, earthquakes and landslides. It has experienced conflicts and political instability in its recent history. Emergency preparedness is therefore a high priority for its Ministry of Health. The country is making progress in strengthening its emergency capacities, but recognizes that several areas need further intervention. This is why Kyrgyzstan 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.

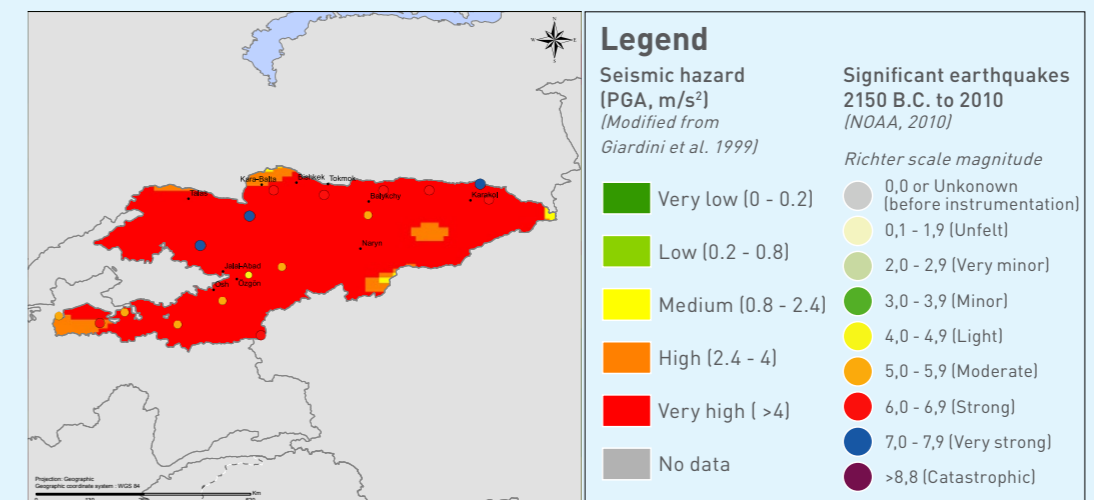
1 BOX

Key emergency threats in Kyrgyzstan

- Earthquakes and landslides (Maps 1 and 2)
- Floods
- Avalanches/mud flows
- Civil unrest
- Pandemic and seasonal influenza
- Food-borne diseases
- Fires
- Major traffic accidents

1 MAP

Kyrgyzstan: Seismic hazard map²



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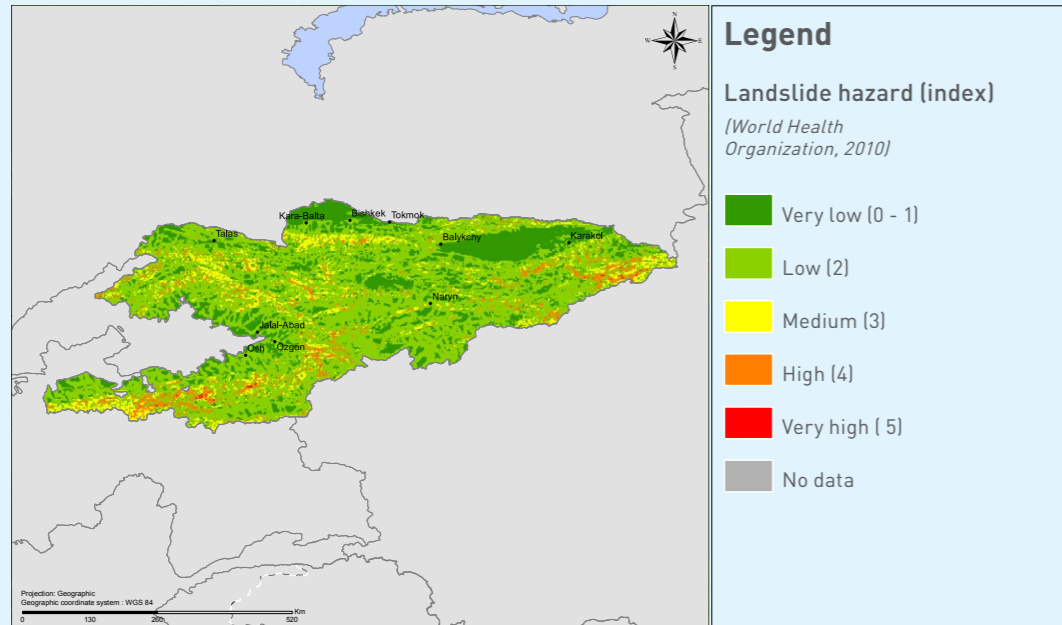
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2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the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

Kyrgyzstan: Landslide hazard map³



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Kyrgyzstan 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.



Development dialogue addresses health emergency preparedness in Kyrgyzstan. Photo credit: WHO/KGZ CO



“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.

2
BOX**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.

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).

3
BOX**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).



Simulation exercise organized by WHO office in Kyrgyzstan to improve health system's preparedness for crises.
Photo credit: @WHO

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

Kyrgyzstan's emergency preparedness and response capacities

6 BOX Overview of IHR monitoring and evaluation in Kyrgyzstan

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
- Joint External Evaluation: 2016
- Simulation exercise: 2018, 2019
- National Action Plan for Health Emergency Preparedness: for final approval in 2020
- After Action Reviews: 2019

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 Kyrgyzstan's 2019 self-assessment report on its IHR core capacities

Analysis of Kyrgyzstan's annual reporting data for 2019 shows the IHR core capacities with most room for improvement in Kyrgyzstan are currently:

- Human Resources
- Points of entry
- Health Service Provision
- Risk Communication
- Chemical events

The government of Kyrgyzstan is committed to further developing and maintaining strong emergency preparedness and response capacities. The Ministry of Health and the Ministry of Emergencies have much experience in responding to incidents such as landslides, avalanches and disease outbreaks. In 2016, Kyrgyzstan did a voluntary external evaluation of its preparedness and response capacities for health emergencies.⁶ This was done in the context of implementing the IHR, which is a treaty signed by all WHO Member States (Box 4).

⁶ WHO. Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic. Geneva: World Health Organization; 2017. (<https://www.who.int/ihr/publications/WHO-WHE-CPI-2017.22/en/>, accessed 3 September 2019).

Key findings from Joint External Evaluation of Kyrgyzstan's IHR core capacities

Strengths:

- Kyrgyzstan has high-quality public health services. It has a robust public health infrastructure and institutions, with a sound legal basis.
- The Ministry of Emergencies has structures in place for a multisectoral response to emergencies at the national, regional and district levels, and there is also an Interdepartmental Committee on Civil Protection, headed by the Prime Minister, that manages emergencies.
- Kyrgyzstan's admission to the Eurasian Economic Union (EAEU) in 2015 has reaped benefits and has facilitated compliance with the high standards of the EAEU.

Areas for intervention:

- Whole-of-government, all-hazards approach to national IHR implementation and the relative challenges of the national IHR focal point (NFP) outside the health sector.
- Distribution of roles and responsibilities between the various sectors in the context of IHR implementation. There are many inspectorates, centres, agencies and departments under various ministries and at various levels (central, regional and district) responsible for various aspects of IHR implementation.
- Availability of human resources and quality of specialist training in all areas of health, such as epidemiology, laboratory diagnosis, chemical and nuclear/radiation safety, and providing medical assistance.

Kyrgyzstan's health emergency preparedness initiatives

Hospital safety

Earthquakes are the main hazards and thus are a priority threat for the country from a disaster risk reduction perspective. 70 of 139 hospitals in the country have been assessed for structural and non-structural functionality during disasters using the hospital safety assessment tool.⁷

Emergency preparedness

A Strategic Risk Assessment of Public Health Threats at national and sub national level was conducted in 2018 using the WHO Strategic Tool for Assessing Risks (STAR).

Earthquakes, floods, avalanches, pandemic and seasonal influenza, food-borne diseases, fires, major traffic accidents and civil unrest were identified as high priority risks. Kyrgyzstan has a multi-hazard national emergency response plan for 2017-2021 and has the capacity to develop contingency plans for high priority risks.

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance in Kyrgyzstan, a national IPC programme and operational plan are available and national guidelines for health care IPC have been disseminated.

⁷ WHO. Report on the Results of a Hospital Safety Assessment for the Kyrgyz Republic. Copenhagen: WHO Regional Office for Europe; 2018. (http://www.euro.who.int/__data/assets/pdf_file/0006/381471/kyg-hosp-safety-eng.pdf, accessed 3 September 2019).

Selected health facilities are implementing the guidelines, with monitoring and feedback in place. Since 2015, data on health-associated infections among new borns and new mothers has been systematically collected.

Risk communication

The Regional Office has launched an Emergency risk communication (ERC) five-step package⁸ 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. Kyrgyzstan completed steps 1 to 4 of the ERC capacity-building package including training, capacity mapping, plan writing and testing. The ERC plan has been further updated with feedback from the simulation exercise. In December 2018, Kyrgyzstan participated in the WHO social science for emergency response training.

Opportunities for further progress

The JEE report and subsequent work by Kyrgyzstan's IHR working group, have created opportunities to further strengthen and reinforce Kyrgyzstan's capacities.

The most important opportunity is for the government to adopt a National Action Plan on Health Emergency Preparedness. There is a detailed draft National Action Plan, produced by Kyrgyzstan's IHR working group. Formal approval of the Plan by Kyrgyzstan's government, along with a commitment to find the resources to implement it, would put the country on track to build robust and sustainable IHR core capacities.

⁸ 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).

Specific areas where further investment could significantly reinforce preparedness and response capacities include:

- further improving coordination, and definition of roles/responsibilities, across different ministries and agencies to enable a whole-of-government response to emergencies (efficient, coordinated use of all skills, resources and networks);
- reinforcing skills, plans and systems for Emergency risk communication;
- further improving systems and resources for human and animal health controls at points of entry;
- training and targeting recruitment of public health workforce to enhance further their capacity.

Success stories

Conducting simulation exercises

Kyrgyzstan has conducted numerous simulation exercises, at central and oblast level. These are tailored to respond to key high-risk hazards: in particular, floods, earthquakes, mass casualty events and foodborne disease outbreaks. Exercises have regularly involved multiple stakeholders from different sectors, including: the Ministry of Health, the Ministry of Emergency Situations, the Veterinary Inspectorate, the National Red Crescent Society, the World Nomad Games Secretariat and local authorities. This has helped the different stakeholders to understand and address critical challenges to health protection and public safety as well as their obligations under IHR.

Strengthening health emergency preparedness

Strengthening health emergency preparedness and health security is recognized as one of the most critical issues for sustainable development in Kyrgyzstan. In 2018, over 50 high-level government representatives, parliamentarians, development partners, researchers, health experts and civil society representatives came together to share inputs on these topics during a development dialogue in Kyrgyzstan. The dialogue highlighted the importance of investing in health preparedness and produced a number of strategic recommendations on advancing Kyrgyzstan's readiness for health emergencies to be set out in a joint policy paper.

Collaboration on IHR core capacities

In 2018, the Ministry of Health and WHO's Country Office conducted a multisectoral seminar to discuss and review Kyrgyzstan's self-assessment report on its IHR core capacities. This brought together the Ministry of Health, the Ministry of Emergency Situations, the State Customs Service, the State Agency for Environmental Protection and the Veterinary Inspectorate.

3rd World Nomad Games

In 2018, Kyrgyzstan hosted the 3rd World Nomad Games. Over 3 000 athletes from more than 80 countries competed at 37 different traditional nomadic sports. Thousands of international visitors came to watch. The WHO Regional Office for Europe provided training and technical support to the health authorities and other ministries involved in the Games and helped identify and assess health risks. As a result, the Kyrgyz authorities developed a preparedness action plan for the Games covering coordination, surveillance and response capacity. The Games were a sporting success with no outbreaks or emergencies to spoil the fun.



World Nomad Games: prepared and ready. Photo credit available from Kyrgyzstan Country Office. Photo credit: WHO/KGZ CO

Pre-positioning interagency emergency health kits

WHO has pre-positioned Interagency Emergency Health Kits⁹ in regions of Kyrgyzstan that have a high risk of natural disasters. These regions are inaccessible by road for many months during the winter. Pre-deploying kits makes it much quicker and cheaper for health authorities to access medical supplies in an emergency.

Kyrgyzstan: the hub for central Asia

Kyrgyzstan is the hub for central Asia for the WHE Programme. WHO's Country Office, the hub and partners organize regular trainings and emergency simulation exercises to help Kyrgyzstan and neighbouring countries maintain and further strengthen its capacities.

⁹ For more about these kits, see WHO. Review of The Interagency Emergency Health Kit 2011. Geneva: World Health Organization; 2011. (<https://www.who.int/medicines/publications/emergencyhealthkit2011/en/>, accessed 3 September 2019).

Kyrgyzstan hosted the first SocialNet training

As a hub, the WHO Country Office of Kyrgyzstan hosted and facilitated the first SocialNet training in the European Region on social science interventions and community engagement during emergencies. The training led by the WHO Regional Office for Europe was a result of the close cooperation between the three levels of WHO and collaboration with UNICEF, Médecins Sans Frontières, and the Kyrgyz Red Crescent. Twenty-four participants from 11 countries, including Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan, participated.

Training on IHR framework tools and strategic assessment

In 2019, a central Asian hub training on IHR framework tools and strategic assessment was conducted by the WHO Regional Office for Europe WHE team in Bishkek. Twenty-three participants from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan were trained on IHR framework monitoring tools. Trainees also received first-hand knowledge and experience to conduct strategic risk assessments and emergency simulation exercises.

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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