



# Kyrgyzstan

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe resolution EUR/RC55/R9 and (2) Regional Office data and information.

## Summary of country assessment

Kyrgyzstan reports implementing 73% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

The country feedback was positive on some of the key areas identified, such as injury surveillance, capacity-building and multisectoral collaboration.

### National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing falls. While alcohol has been identified as a risk factor for injuries and violence in national policies, national policies have not highlighted socioeconomic inequality in injuries and violence as a priority.

### Implementation of effective interventions

- Kyrgyzstan reported overall implementation of 85% of selected effective interventions for injury prevention and 81% for violence prevention. This is higher than the median regional scores of 72% for unintentional injury and equal to the score for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for all the interventions on fires, youth violence and elder abuse.
- Kyrgyzstan only reported overall implementation of 41% of selected effective interventions to control alcohol-related harm, versus a median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions on alcohol access for which only 29% of interventions have been implemented (versus a median regional score of 71% (Table 2)). The use of alcohol which is not intended for human consumption is a risk factor for violence and injuries in the country.

### Impact of resolution EUR/RC55/R9

- Kyrgyzstan acknowledged that the adoption of the resolution helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. There are no overall national policies on injury and violence prevention and there is no political commitment for this. However, some of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in as injury surveillance, capacity-building and multisectoral collaboration. The injury surveillance system has been reported as improved and political support has been gained for the injury and violence prevention agenda.

### Next steps

- Greater attention needs to be given to national policy development, capacity-building, multisectoral collaboration, evidence-based emergency care and implementing evidence-based interventions for preventing fires, youth violence and elder abuse. Several interventions (on falls, youth violence and suicides) were implemented in selected regions rather than nationally, and this could be an area for future activity. Attention needs to be paid to most causes of injuries and violence and particularly those due to road traffic, poisoning, drowning, interpersonal violence and youth violence.

## Country profile

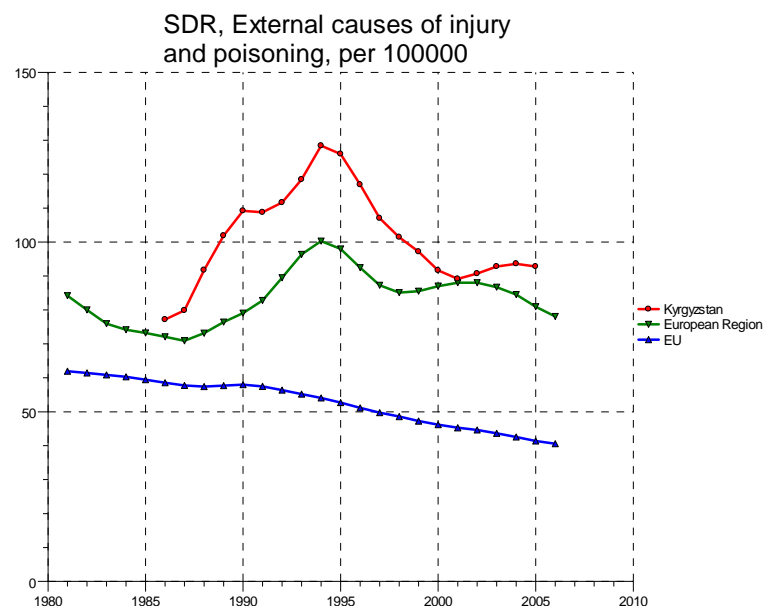
Table 1. Demographics



- Kyrgyzstan has a very young population of 5.2 million (2008). The percentage of children 0–14 years old is higher than the European Region average, and the percentage of people 65+ years old is lower than the regional average.
- Life expectancy at birth is much lower than the European Region average both for males and for females.












Indicator (last available year)	Kyrgyzstan	WHO European Region	European Union (EU27)
Mid-year population	5.2 million	890.9 million	493.8 million
% of population aged 0–14 years	30.2	17.5	15.7
% of population aged 65+ years	5.1	14.0	16.8
Males, life expectancy at birth, in years	63.7	71.4	76.0
Females, life expectancy at birth, in years	72.3	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for all unintentional injuries combined and interpersonal violence are much higher than the European Region averages.
- Injury mortality rates rose steeply and peaked in the late 1990s due to the political and socioeconomic transition, then decreased until the early-2000s, to slightly increase in the last few years, always at levels above the European Region average (Fig. 1).
- The leading causes of unintentional injury-related death are poisoning (almost twice higher than the regional average), followed by road traffic injuries, drowning, fall and fires. Rates for road traffic injuries and drowning are higher than the regional average.
- The leading causes of intentional injury-related death are suicide followed by homicide (higher than regional average, also among youth).
- The rate for alcohol-related poisoning is 5 times higher than regional average.
- The WHO Regional Office for Europe has been supporting focal people. Kyrgyzstan participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on a global status report on road safety. There are biennial collaborative agreements between the Ministry of Health and WHO for 2008/9 and 2010/11. A national report on injuries and violence for the period 2003–2008 has been produced with the support of the WHO Regional Office for Europe. Future collaboration will further develop efforts made to build capacity for the health and other sectors and to strengthen the health system's response to injuries and violence.

**Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Kyrgyzstan, the WHO European Region and the European Union, 1980–2008**



























**Table 2. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>			National policy?	Intervention effectiveness (%)	
	Kyrgyzstan	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>93.6</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>73</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>63.2</b>	<b>45.9</b>	<b>25.9</b>	<b>X</b>	<b>85</b>	<b>72</b>
Road traffic injuries	17.4	13.3	9.3		88	81
Fires and burns	1.6	2.4	0.7		50	60
Poisoning	18.0	10.7	2.3		100	80
Drowning or submersion	5.4	3.4	1.3		100	63
Falls	2.1	5.6	5.5		100	75
<b>Intentional injury</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>X</b>	<b>81</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	8.1	5.2	1.0		NA	NA
Youth violence <sup>h</sup>	6.0	5.3	1.0		86	86
Child maltreatment <sup>i</sup>	0.4	0.6	0.3		100	100
Intimate partner violence	-	-	-		75	75
Elder abuse and neglect	-	-	-		33	67
Self-directed violence	9.9	14.0	10.2		88	88
<b>Alcohol<sup>j</sup></b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>41</b>	<b>76</b>
Alcohol-related poisoning	12.5	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	2.3	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	6.3	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	29	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	100	67

<sup>a</sup> Unless otherwise specified.<sup>b</sup> Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2009 (<http://www.euro.who.int/hfad>, accessed 3 September 2009).<sup>c</sup> The 27 European Union countries.<sup>d</sup> Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 ([http://www.who.int/violence\\_injury\\_prevention/publications/injury\\_policy\\_planning/prevention\\_moh/en](http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en), accessed 22 August 2008). For the full range of interventions and responses, please consult the country questionnaire.<sup>e</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.<sup>f</sup> Standardized death rates (SDR) from accidents.<sup>g</sup> Proxy for mortality: mortality from homicide and assault, all ages.<sup>h</sup> Proxy for mortality: mortality from homicide and assault, 15–29 years.<sup>i</sup> Proxy for mortality: mortality from homicide and assault 0–14 years.<sup>j</sup> Score calculated from 17 alcohol-related interventions.<sup>k</sup> EU average calculated on 20 countries. Data retrieved from the European detailed mortality database ([http://www.euro.who.int/InformationSources/Data/20070615\\_2](http://www.euro.who.int/InformationSources/Data/20070615_2), accessed 3 September 2009).<sup>l</sup> Score calculated from 14 interventions on access to alcohol (availability, restrictions, banning).<sup>m</sup> Score calculated from 3 interventions on health system-based programmes to reduce alcohol-related harm.

**Table 3. Key elements of policy development in preventing injury and violence**Legend:  Yes  No  Not specified or no response

<b>National policies</b>	
• Overall national policy on injury prevention	
• Overall national policy on violence prevention	
• Commitment to develop national policy	
• Alcohol identified as a risk factor for injuries	
• Alcohol identified as a risk factor for violence	
• Policies targeted to reduce socioeconomic differences in violence and injuries	
• National policies highlight socioeconomic inequality as a priority	
<b>Political support for the agenda for injury and violence prevention</b>	
	
<b>Easy access to surveillance data</b>	
	
<b>Intersectoral collaboration</b>	
• Key stakeholders identified	
• Secretariat to support the intersectoral committee	
• Questionnaire answered in consensus with other sectors and stakeholders	
• Can WHO help to achieve intersectoral collaboration in the country?	
<b>Capacity-building</b>	
• Process in place	
• Exchange of evidence-based practice as part of this process	
• Promotion of research as part of this process	
<b>Emergency care</b>	
• Evidence-based approach	
• Quality assessment programme	
• Process to build capacity identified	
<b>EUR/RC55/R9 influenced the agenda for injury and violence prevention</b>	
	
<b>Recent developments in injury and violence prevention (during the past 12 months)</b>	
• National policy	
• Surveillance	
• Multisectoral collaboration	
• Capacity-building	
• Evidence-based emergency care	