

HIGHLIGHTS

- No outbreaks of infectious disease have been reported.
- Authorities report a slight increase in cases of seasonal diarrhoea and zoonotic diseases.
- Assessments showed no evidence of malnutrition.
- The humanitarian health response increasingly focuses on recovery efforts.
- Provision of mental health and psychosocial support services remains an urgent need.
- The flash appeal is being revised.
- Coordination and promotion of standards and best practices are priorities for the health cluster at the national and field levels.
- Lack of response to the health component of the flash appeal threatens to interrupt activities in the health sector, such as coordination, capacity building and monitoring of the situation, including early warning systems.

HEALTH IMPACT

The slight increase in seasonal diarrhoea cases is related to the hot weather, and the poor drinking-water quality resulting from poorly maintained water pipes and polluted surface water.

Zoonotic diseases have increased slightly. As of 13 July, 16 patients had been hospitalized in Jalal-Abad oblast with 5 laboratory-confirmed and 11 suspected cases of anthrax. Cases of brucellosis and echinococcosis have been registered, associated with farmers' practice of not using veterinary services due to lack of money. The Ministry of Health considers the increase within the normal range.

Assessments showed no evidence of malnutrition, although micronutrient deficiencies might be a problem among children under 5 years of age. Food prices are gradually declining. While infant formula has been distributed, continuous breastfeeding is encouraged.

HEALTH STATISTICS

As of 12 July 2010, the Ministry of Health gave the following totals of deaths and injuries reported from Osh and Jalal-Abad oblasts, since the beginning of the clashes (see table).

Oblast	Number of people injured			Deaths
	Treated outside hospital	Inpatients (still in hospital)	Outpatients	
Osh	1658	791 (65)	866	245
Jalal-Abad	666	289 (12)	377	67
Total	2324	1080 (77)	1243	312

HEALTH CLUSTER RESPONSE

Two meetings were held on 12 July at United Nations House in Bishkek. WHO chaired the most recent health cluster coordination meeting, attended by 19 representatives of 13 organizations, and led the second meeting of the mental health working group, attended by 17 representatives of 10 organizations.

The weekly coordination meeting of the health cluster and the mental health working group was held at the new WHO field office in Osh on Saturday, 9 June; 18 representatives of 11 organizations attended.



Weekly health cluster coordination meeting

The next health cluster meeting will be held on Monday, 19 July at 15:00 in the United Nations House in Bishkek. The next meeting of the mental health working group will take place on 19 July at 11:00.

With WHO guidance and United Nations Office for the Coordination of Humanitarian Affairs (OCHA) support, the health cluster partners are preparing projects for inclusion in the revised flash appeal 2010. Organizations participating in the revision were requested to submit their projects to WHO by 15 July; the projects would be based on the cluster strategy developed by WHO and the recommendations of the joint interagency health assessment.

A health cluster working group comprising United Nations agencies and nongovernmental organizations (NGOs) will review submitted projects on Friday, 16 July. The deadline for submitting all approved projects to OCHA is Monday, 19 July.

Maps that illustrate humanitarian assistance activities, developed and regularly updated by OCHA, accurately show those of health cluster partners.

WHO RESPONSE

A senior manager from the WHO Regional Office for Europe visited Kyrgyzstan. She met with the State Secretary, Dr Larisa Kachibekova, on 9 July, accompanied by the health cluster coordinator and the head of the WHO Country Office, Kyrgyzstan. She met with the directors of health facilities serving Osh oblast and city on 10 July. She also attended the handover of 4 basic kits and 2 post-exposure prophylactic (PEP) kits, met with internally displaced persons (IDPs) in the Jylkeldi village tent camp and attended a health cluster meeting in Osh.



WHO staff discussing health concerns with IDPs

WHO donated orthopaedic equipment to the Republican Scientific-Research Centre for Trauma and Orthopaedics in Bishkek on 8 July. It will be used for reconstructive surgery for up to 30 patients from Osh and Bishkek, who were admitted to the Centre with gunshot wounds following the recent unrest.

A joint WHO, United Nations Population Fund (UNFPA) and United Nations Children’s Fund (UNICEF) team made a needs assessment of health facilities in Osh and Jalal-Abad oblasts and cities, and visited Kyrgyz and Uzbek communities. The team’s report was circulated for feedback.

The overall findings on **health facilities** are the following.

- During the recent crisis, health facilities in both Jalal-Abad and Osh dealt with an influx of injured people as well as their capacities allowed. The crisis exacerbated chronic deficiencies in care and in the availability of essential equipment and some drugs. A number of health institutions have obsolete medical equipment that requires immediate replacement. The Ministry of Health, Bishkek referral hospitals, international organizations and donors provided additional immediate support.
- Health facilities reported limited physical damage: five ambulances had been destroyed.
- At the primary health care (PHC) level, temporary health points were set up in close proximity to large groups of IDPs, particularly in border areas.
- With a few exceptions, secondary health care facilities were oversupplied with essential drugs and medical supplies, while PHC facilities were mostly undersupplied.
- Owing to security concerns and limited access to appropriate level of care, deliveries at home and in rural hospitals, pre-term deliveries and late admissions to hospital increased.
- Owing to persisting security concerns, late admissions and fear of seeking medical assistance were still reported.
- The follow-up and rehabilitation of people with conflict-related injuries were inadequate.
- The supply of drugs for people with chronic diseases was interrupted.
- Surveillance and early warning activities in IDP settlements were episodic. To date, sanitary-epidemiological stations (SES) coordinated the work of the routine surveillance system. The SES had reported no major outbreaks.

The report identified the following major concerns raised by **individuals and communities**.

- The overwhelming majority of people interviewed requested improved security and protection, as well as an independent investigation of the recent eruption of violence.
- Psychological trauma was reported to be the most important health issue. Both children and adults required professional counselling and psychosocial support.
- Some communities reported deteriorating food security, due to increased prices and limited availability of some commodities. The communities affected by conflict requested fair distribution of food and non-food items.
- Owing to continuing insecurity, PHC providers did not reach most communities, and people in some communities were afraid to go to health facilities.



Women at the Jylkeldi village IDP tent camp

The report made the following **recommendations**.

1. While the acute phase of the crisis is over, medical supplies distributed to health facilities should be thoroughly review and inventoried to identify gaps and to enable the Ministry of Health and international donors to plan how to address them. Part of the supplies not used for immediate needs should be allocated for emergency preparedness.
2. Immediate outreach programmes for all conflict-affected communities are required both to prevent disease and promote care-seeking.
3. Mental health and psychosocial support should be available to all people in need, and appropriate training should be provided to relevant medical staff at all levels of the health care system.

4. An adequate system should be established for the follow-up and rehabilitation of people injured in the conflict.
5. An uninterrupted supply of drugs for people with chronic diseases should be ensured.
6. The surveillance and early warning systems, including laboratory capacities, should be strengthened as part of preparation for future emergencies.
7. The capacity of local health authorities for planning and providing emergency response should be enhanced.
8. Along with the water and sanitation (WASH) cluster, the health cluster should address critical gaps in both health facilities and communities, including hygiene education and ensuring a safe and reliable water supply.
9. Stronger social mobilization is required for the supplementary immunization activities against poliomyelitis (polio), which are to start in the conflict-affected area on 19 July.
10. The Osh health cluster should provide support in coordinating the response in Jalal-Abad.
11. The findings of the joint assessment should be presented in a special health cluster meeting involving the protection, WASH and early recovery clusters, and used to develop short- and medium-term plans.

HUMANITARIAN AID

On 10 July, WHO handed over to the Osh City Centre for Family Medicine 3 interagency emergency health kit (IEHK) basic units, 2 PEP modules, 1 trauma kit A and 1 trauma kit B. Osh Oblast Centre for Family Medicine received 6 IEHK basic units and 2 PEP modules. The Jylkeldi family general practitioner received 1 IEHK basic unit. On 12 July, Osh Oblast Joint Hospital received from WHO trauma kits A and B with intravenous saline and glucose solutions. WHO maintains a list of medical kits distributed to health facilities. With the Ministry of Health, WHO collects information to keep track of humanitarian health donations.



Medical personnel receiving IEHKs from WHO staff

MINISTRY OF HEALTH RESPONSE

Hospitals and pharmacies in Osh and Jalal-Abad are operational. Stocks of medical supplies are reported to be sufficient to address current needs. SES in southern Kyrgyzstan are fully operational.

The first round of polio vaccination in Kyrgyzstan is planned for 19–23 July and the second for 20–23 August. The campaign targets 670 000 children under 5 nationwide. Training of PHC providers is under way. In Osh and Jalal-Abad oblasts vaccination will be administered house by house. Storage facilities are functioning; vaccines are stored properly, with the cold chain intact. The social mobilization campaign aims to increase vaccination coverage among the target group, and to rebuild trust and re-establish ties following the unrest.

The Ministry of Health shared information with WHO and health cluster partners on available psychologists/psychiatrists in both Osh and Jalal-Abad oblasts and agreed to develop training plans with them.

URGENT NEEDS

Mental health support for all ethnic groups needs stronger coordination and further strengthening to provide services for acute mental disorders and to prevent post-traumatic stress disorder (PTSD) and other conditions.

The humanitarian health response increasingly focuses on early recovery efforts. Nevertheless, some gaps remain, including drugs for chronic diseases and insufficient supplies of essential drugs, dressing materials and basic equipment in PHC facilities in Osh city.

The partners involved in the mental health working group request that psychological training modules be standardized to comply with international guidelines. WHO is working with the Ministry of Health to support training and capacity building.

At the mental health coordination meeting on 12 July, representatives of the Ministry of Health stressed the following urgent needs:

- support for mobile outreach visits, especially to remote areas;
- training of family doctors, nurses and PHC providers in identifying mental health issues, providing psychological first aid and referring severe cases to specialists;
- training for psychologists and psychiatrists in treating people in emergencies to minimize the development of PTSD and other conditions;
- provision of mental health support to medical staff who work with populations affected by violence;
- financial support to establish free hotlines for mental health support, instead of the current paid hotlines;
- increase in the numbers of child psychologists, as only eight trained specialists are available in the country, and facilitation of their access to remote areas through mobile teams;
- provision of outpatient and ambulatory services to the National Psychosocial Centre so it can utilize local professional medical staff and operate mobile teams;
- development of a joint strategy to determine priority areas for mental health assistance and standardize activities in the field.

Contacts

WHO Country Office, Kyrgyzstan

Dr Oskonbek Moldokulov
Tel.: +996 312 612677, +996 555 781162 (mobile)
E-mail: omo@euro.who.int

WHO Regional Office for Europe

Dr Gerald Rockenschaub
Regional Adviser, disaster preparedness and response
Tel.: +45 39 17 15 51
E-mail: GRO@euro.who.int
Web site: <http://www.euro.who.int/emergencies>

WHO headquarters

Mr Paul Garwood
Communications Officer, Health Action in Crises Cluster
Tel.: +41 22 791 3462, +41 794755546 (mobile)
E-mail: garwoodp@who.int
Web site: <http://www.who.int/disasters>

Further information

WHO Regional Office for Europe web site (<http://www.euro.who.int/emergencies>)

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