

Kyrgyz Republic Health Security and Health System Brief

Overview of the needs identified¹

The Kyrgyz Republic's health system requires substantial support to strengthen One Health, rapid response, health services, HRH, cross border collaboration and governance. It needs some support for improving labs, surveillance, procurement, and health financing. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 42%/65%.² The 2021 GHS Index Country Profile: 42.4 Index Score; 68/195 Rank.³

Laboratory systems

In August 2021, 19 labs (13 public including 2 veterinary labs, and 6 private) conducted PCR analysis in the country and 10 new PCR labs were constructed in 2021-2022. There is a national strategy for conducting testing during a public health emergency, but it is not clear if it includes testing for novel pathogens, scaling capacity, or defining goals for testing. The National Strategy for COVID-19 testing was developed with WHO support. Kyrgyz Center for Accreditation was among the first agencies of the post-soviet countries to become member of the International Laboratory Accreditation Cooperation. At least one of the national laboratories that serves as a reference facility is accredited. The National Virology Laboratory at the Department of the State Sanitary and Epidemiological Surveillance (DSSES) of the MoH is listed as the national center for influenza. According to the 2016 JEE of IHR Core Capacities, 15 (out of 50) laboratories have been accredited. Major gaps include poor infrastructure at national and subnational levels, poor quality of lab services; poor access to lab services in rural areas due to long-distance and high cost; outdated training curriculums; ineffective cost recovery.

Real time surveillance and reporting

The DSSES implements the overall surveillance system and COVID-19 sentinel surveillance is in

place, but there is no evidence that the data is analyzed daily. The government operates an electronic reporting surveillance system at the national level, collecting real time laboratory data, but it is unclear if the system is fully electronic at a sub-national level. According to the JEE 2016, data are entered at the district-level epidemiological center, which feeds into the national system. The country is building its eHealth capacities, but EHRs are yet to become commonplace. In 2018 the MoH established the Electronic Health Center, which will manage the new clinical information system for PHC institutions once it is finalized. Major challenges are insufficient management of the surveillance system, as well as the lack of an integrated health information system.

Data integration/One Health

According to the JEE of IHR core capacities, the government has a range of regulatory instruments for combating zoonotic diseases using a One Health approach. There is no public evidence that it has legislation, plans or strategies with measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. The MoH/DSSES, the State Inspection for Veterinary and Phytosanitary Safety and the State Agency for Environmental Protection and Forestry have signed an agreement to work together. However, the surveillance systems of each sector are not integrated. The Republican Center for Quarantinable and Especially Dangerous Infections is responsible for surveillance of zoonotic infections in the human population. If a zoonotic public health event occurs, the Department for Disease Control and National Health and Epidemiological Surveillance, the Veterinary Inspectorate and other institutions work together. There is no publicly available evidence that the country conducts surveillance of zoonotic disease in wildlife or that it has established mechanisms at the relevant

¹ The majority of information in this brief is based on national assessments conducted between June 2021 and August 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/kyrgyz-republic/>

ministries responsible for animal, human and wildlife surveillance to share data. There is weak coordination/integration and weak capacity in rural areas for integrated zoonotic disease surveillance.

Rapid response teams/ systems

The country has an overarching national public health emergency response plan addressing multiple communicable diseases with pandemic potential. It covers prevention and response to an epidemic event, which involves alerting the civil protection authorities and isolating, hospitalizing and treating those infected. The MoH issued order on COVID-19 prevention in 2020 and established the state COVID-19 coordination unit involving MoH specialists and relevant ministries. WHO supported the development of the first intersectoral inter-agency COVID-19 response plan in 2020. There is an Emergency Situation Management Centre under the Ministry of Emergency Situations in response to any major emergency. The Kyrgyz Republic is a co-founding member of the Center for Emergency Situations and Disaster Risk Reduction in Almaty. Major gaps include insufficient multi-sectoral planning, collaboration, and communication, as well as insufficient operational details of the national emergency response plan, and lack of SOPs.

Health service delivery

The Republican Clinical Infections Hospital in the capital has a capacity of 400 beds and reported regularly to be overburdened. Available evidence during the time of the assessment suggested that the country did not have the capacity to isolate patients with highly communicable diseases in a biocontainment unit or isolation facility. Major challenges were delay in inpatient care during the peak of the pandemic due to inadequate patient management processes and inpatient facilities; outdated clinical guidelines, protocols, and SOPs; and lack of drugs, ICU equipment, and PPEs.

Human Resources for Health

The Plan of Action on Human Resources 2019-2021 has provisions to train healthcare workers and to update the training programs. However, there is no

health workforce strategy in place to identify where there is an insufficient workforce and how to address these shortcomings. The MoH has developed the Adapt Surge Planning Support tool and the Health Workforce Assessment tool. Together with the National Red Crescent Society it conducts training on first aid, including emergency care during COVID-19. The CDC provides public health, epidemiology, and laboratory training; a basic and mid-level epidemiology training is also conducted through national institutions. There is no evidence that field epidemiology training programs include animal health professionals. Major gaps include lack of HRH planning tool, and information system; the shortage of ICU doctors, and infectious disease specialists, in remote areas; low salaries, high turnover of staff; and weak HRH management.

Cross-border coordination mechanisms

The country has a cross-border agreement on PH emergencies as part of the Commonwealth of Independent States. A system for monthly cross-border information exchange on the registration of infectious and parasitic diseases is established between the Russian Federation, Kazakhstan, Tajikistan, Azerbaijan, Armenia, and Belarus. The country has 11 permanent and 11 temporary (during outbreaks) sanitary checkpoints. There is no evidence that it has cooperation agreements with neighbor countries for animal health.

Procurement and supply chain

A national procurement protocol can be utilized by the Ministries for the acquisition of medicine and laboratory needs. The country has a mechanism for urgent procurement in case of PH emergencies and a reserve supply of MCMs, PPE and laboratory supplies. There are international agreements to procure health products. Major gaps include lack of PCSM training programs, including for forecasting the needs; lack of inventory of medical equipment; shortage of cold chain equipment.

Health financing

Public spending for health went progressively down before CoVID-19 from 4,2% of GDP in 2012 to 2,8%

in 2018. According to WB data OOP expenditure in 2019 was 46.2%. With no additional investment in procurement of drugs, the pandemic may have exacerbated this situation. Because of inadequate mandatory health insurance contributions, 26% of the population are not able to benefit from lower co-payments for hospital care or from access to subsidized outpatient medicines. The government has allocated funding to improve its capacity to deal with epidemics in the last 3 years.

Governance

National legislation on public health has been reviewed for compliance with IHR. A COVID-19 plan is in place and in January 2020 a special COVID-19 response unit was established under the Prime Minister, comprising representatives from all ministries and state agencies. As of 2021, the country had completed a JEE or precursor external evaluation in the last five years, but had not published a National Action Plan for Health Security to address gaps identified through the JEE or a national GHSA roadmap.

Regional health cooperation

Priority areas⁴

- Develop a regional platform/ format to share relevant experience, best practices, and capacity building on rapid response systems.
- Develop official agreement with neighboring countries to provide services to all citizens.

Active regional initiatives

- Collaborating on group purchasing of essential medicines and innovative technologies (ABEC).
- Developing digital health solutions (AFG, TAJ, PAK).
- CAREC sanitary/ phytosanitary standards modernization project.
- Access to the CIS Health Cooperation Council.

- The DSSSES collaborates with laboratories of the National Center of Public Health of Kazakhstan.
- “Better Labs for Better Lives” initiative of WHO.
- Global disease detection Regional Center (KAZ, TAJ, TKM, UZB).
- WHO collaborating center on AI (PRC).
- Field Epidemiology and Laboratory Training Program (FELTP) trainings.
- Bio-surveillance Network of the Silk Road.
- Electronic Integrated Disease Surveillance System (GEO and KAZ).

Policy documents with regional cooperation mentioned

- Government program on Public Health Protection and Health Care System Development for 2019-2030.
- The Law on Health of the Kyrgyz Republic
- Comprehensive plan of anti-epidemic measures for the sanitary protection of the Kyrgyz Republic from the importation and spread of quarantine and especially dangerous infectious diseases, for 2018-2022.

National institutes responsible for or involved in regional cooperation

- The DSSSES
- Coordinating Committee on Public Health
- Republican Center for Quarantinable and Especially Dangerous Infections
- State Inspection for Veterinary and Phytosanitary Safety
- State Agency for Environmental Protection and Forestry.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework