

CDC in Kyrgyzstan



The Center for Global Health and Prevention (CDC) has been collaborating with Ministry of Health in the Kyrgyz Republic since 1995 to better recognize and respond to serious public health threats. In 1995, CDC formally established an office in Almaty, Kazakhstan, to serve as the home base for coordinating activities in five countries of Central Asia. CDC aims to strengthen the capacity to detect, prevent, and control disease and respond to public health threats in the Kyrgyz Republic. In 2011, CDC opened its country office in Bishkek, Kyrgyzstan.



Staff

CDC office (physical presence)

No U.S. Assignees

3 Locally Employed



At a Glance

Population: 5,667,800

Per capita income: \$2,200

Life expectancy at birth
women/men: 73/65 yrs

Under 5 mortality: 25/1000
live births

Source: Population Reference Bureau Fact Sheet, 2011



Top 10 Causes of Death

1. Ischemic Heart Disease 25%
2. Stroke 15%
3. Cancer 8%
4. Lower Respiratory Infections 6%
5. Chronic Obstructive Pulmonary Disease 5%
6. Cirrhosis 5%
7. Road Injuries 3%
8. Pre-Term Birth Complications 3%
9. Neonatal Encephalitis 2%
10. Self-Harm 2%

Source: GBD Compare
(<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

Global HIV/AIDS

Through its Central Asia Regional Global HIV/AIDS office in Almaty, Kazakhstan and country office in Bishkek, CDC provides support to the Ministry of Health (MOH) and other partners in Kyrgyzstan. This support includes direct technical assistance to the MOH and other indigenous partners in strengthening their HIV prevention, and care and treatment programs and health systems capacity. CDC strengthens public health systems in Kyrgyzstan by focusing on strategic information, blood safety, injection safety, laboratory services, and prevention for at-risk and vulnerable populations for HIV/AIDS treatment and care services.

Specific prevention activities are designed to implement evidence-based pilot programs to illustrate and test prevention programs, identify and adopt cost effective modes of service delivery, and expand prevention and related services for high-risk populations. Similarly, focus areas for HIV care and treatment services are to build the capacity of clinicians through training and on-the-job mentoring, strengthen HIV and opportunistic infection treatment and care services, develop clinical guidelines for screening and managing HIV infection, and enhance screening for and diagnosis of HIV infection and co-infection.

Strengthening Laboratory Capacity

CDC efforts to strengthen partner country laboratory diagnostic capacity and capability to safely and rapidly assess public health emergencies is an office-wide approach that focuses on strengthening the safety of the blood supply, diagnosing hepatitis and influenza, and examining antimicrobial susceptibility.

Global Disease Detection (GDD)

The GDD Regional Center in the Central Asia Region (CAR), based in Almaty, Kazakhstan, is one often established around the world to help countries identify and respond to emerging diseases. The GDD Regional Center in Kazakhstan collaborates with key in-country partners in the Kyrgyz Republic making it truly a regional platform in scope. These regional centers work with WHO and MOH to strengthen core infrastructure requirements (e.g., laboratory detection, clinical surveillance, outbreak investigation and control) needed to comply with the International Health Regulations (IHR).





GDD Kyrgyzstan includes the four core component programs described below. The following programs are implemented in Kyrgyzstan by GDD:

International Emerging Infections Program (IEIP)

CDC IEIP staff work with key stakeholders to improve detection, control, and prevention of emerging infectious diseases. Strategies include strengthening epidemiology, surveillance, laboratory capability, training, and evidence-based public health research and practice. IEIP's activities have led to improved understanding of the causes and burden of varying diseases such as hepatitis, influenza and Crimean-Congo hemorrhagic fever in the Kyrgyz Republic and other Central Asia countries, and the data have been used to inform public health policy decisions, evaluate new tools for improving disease diagnosis and treatment, and strengthen epidemiologic and laboratory capacity.

Field Epidemiology and Laboratory Training Program (FELTP)

The CDC Division of Public Health Systems and Workforce Development (DPHSWD) has been working in Central Asia since 2003 to build workforce capacity and strengthen public health systems. DPHSWD supports the participating countries' Ministries of Health (MoH) in training public health officers through a two-year Regional Field Epidemiology and Laboratory Training Program (FELTP), located in Almaty, Kazakhstan, that focuses on applied epidemiology, diseases surveillance, outbreak response, and program evaluation. While enrolled, residents continue working in their respective country's health system and are well-positioned to serve as first responders to outbreaks, as well as leaders and mentors for future in-country specialists in field epidemiology.

Global Influenza

Knowledge of the epidemiology of influenza in Central Asia and preparation for a possible pandemic has increased substantially because of CDC's collaborative work in the Kyrgyz Republic since 2008. Two sentinel surveillance sites for influenza-like illness (ILI) and severe acute respiratory illness (SARI) were established in Kyrgyzstan along with a national laboratory and a laboratory in each site.

Impact in Kyrgyzstan

- 14 epidemiologists from Kyrgyz Republic have been trained in modern methods of epidemiology as part of CDC/CAR's Field Epidemiology and Laboratory Training Program (FELTP) and have developed capacity to improve the health of the country's citizens.
- CDC facilitated nation-wide implementation of an electronic HIV case-management system (EHCMS) in Kazakhstan and has begun nation-wide implementation of EHCMS in Kyrgyzstan and Tajikistan.
- CDC conducted assessments of HIV Integrated Bio-Behavioral Surveillance (IBBS) in Kazakhstan, Kyrgyzstan, and Uzbekistan. To address deficiencies identified by the assessments, CDC supported national technical working groups to draft and implement new standard operating procedures for IBBS.

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For more country information: <http://www.cdc.gov/globalhealth/countries/kyrgyzstan>

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