This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Kyrgyz Republic. For a category and indicator-level summary, please see the Country Profile for Kyrgyz Republic.

### CATEGORY 1: PREVENTING THE EMERGENCE OR RELEASE OF PATHOGENS WITH POTENTIAL FOR INTERNATIONAL CONCERN

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?
Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

Kyrgyzstan does not currently have a national AMR plan, though one is under development through a Russia-backed regional project to develop a plan in several countries, due for completion in November 2021. The country is not listed by the World Health Organisation (WHO) among those with existing plans. [1] Evidence of a national AMR plan was also not found after a review of the websites of the Ministry of Health or the Ministry of Agriculture. [2, 3] Kyrgyzstan's 2018-2019 self-assessment as part of the WHO's Global Database for Antimicrobial Resistance shows that such a plan does not exist, but is under development. [4] Kyrgyzstan is one of five former Soviet countries targeted by a project to reduce AMR in food and agriculture, for which Russia is the main donor, which involves the development of national action plans, and was originally scheduled to run from 2017-2020, but has now been extended to November 2021. [5] The Joint External Evaluation for Kyrgyzstan, conducted in November/December 2016, also notes that the country did not have a national AMR plan at that time. [6]


1.1.1b Is there a national laboratory/laboratory system which tests for priority AMR pathogens?
All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

Current Year Score: 1

There is evidence that Kyrgyzstan has a national laboratory/laboratory system, which tests for at least one of the priority AMR pathogens. Kyrgyzstan’s 2018-2019 self-assessment as part of the World Health Organisation’s (WHO) Global Database
for Antimicrobial Resistance shows that national AMR surveillance activities are in place for common bacterial pathogens that link patient information with susceptibility testing, with a national reference laboratory that participates in external quality assurance. [1] The antimicrobial resistance section of the 2017 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic indicates that the country does not have a national multisectoral plan for AMR surveillance, but it does have the capability to detect AMR and report on certain priority microorganisms that are human or animal pathogens, including a vertical tuberculosis program that monitors AMR. [2] The United States Agency for International Development, in partnership with the Koninklijke Nederlandse Centrale Vereniging Tuberculosis Foundation, has been assisting the National Tuberculosis Program to step up efforts to improve the management of dangerous strains of tuberculosis, which include extensively drug-resistant tuberculosis and pre-extensively drug-resistant tuberculosis. [3,4] In June 2020, the World Health Organisation (WHO) introduced officials in Kyrgyzstan to new WHO guidelines for detection, drug management, and pharmacovigilance of multidrug- and extensively drug-resistant tuberculosis. [5]

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the government conducts detection or surveillance activities for antimicrobial residues or AMR organisms. There is no mention of this on the website of the State Agency for Environmental Protection and Forestry or that of the Ministry of Health. [1,2] According to the World Health Organisation’s 2020 evaluation of the Kyrgyz Republic, human and animal health protection sectors have begun to cooperate in the context of a multisectoral approach to AMR resistance, but it does not specify the nature of the activities. [3] Currently, the country does not have an AMR action plan, though one is being developed, and is scheduled for completion in November 2021. [4,5]

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?
Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 1

Kyrgyzstan has legislation which requires prescriptions for antibiotic use in humans, but there is evidence of gaps in enforcement. A 22 April 2015 amendment to the law from 5 January 2011 no. 2 “On approval of the procedure for prescribing medicinal products and on their release in the Kyrgyz Republic” prohibits the release of certain drugs to customers without a prescription. [1,2] Law no. 353 from 23 June 2014 “On approval of the lists of prescription and over-the-counter drugs in health care organizations of the Kyrgyz Republic” lists antibiotics as a category of drugs requiring a prescription. [3] In 2016, a representative of the Ministry of Health noted that many pharmacies had not complied with the law, but that enforcement had recently begun. He continued that pharmaceutical inspections were being carried out, and violators fined KGS 3,000-10,000 (US$ 40–130). [4] A 2018 news article found that pharmacies continued to sell antibiotics without prescriptions [5] Kyrgyzstan is not listed as having a national action plan by the World Health Organisation. [6]


1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?
Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0
Current Year Score: 0

There is insufficient evidence that Kyrgyzstan has legislation preventing the sale of antibiotics for animal use without a prescription. Article 197 of "the Codex of violations of the Kyrgyz Republic" prohibits the improper addition of antibiotics in animal feed, and establishes fines for the free sale of antibiotics. This does not include any evidence on sale of antibiotics with prescriptions. [1] However, the head of the internal veterinary oversight department of the State Veterinary and Phytosanitary Safety Inspectorate Zarylbek Abdyldayev noted in 2019 that the law is widely violated. He also noted that Kyrgyzstan is working to improve farmers' awareness on the subject and improve their practices, as they relate to antibiotic usage, with the goal of antibiotics only being used in coordination with "the territorially assigned veterinarian". [2] The country is not listed by the World Health Organisation as having a national action plan. [3]


1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1, No = 0

Current Year Score: 1

There is evidence of a national law, plan, or equivalent strategy document, on zoonotic disease. According to the Joint External Evaluation (JEE) of IHR core capacities of the Kyrgyz Republic, the government has a range of regulatory instruments for combating zoonotic diseases and uses a One Health approach, including the official strategic programs "Manas Taalimi" for 2003–2008, "Den Sooluk" for 2009–2014, "Health 2020," and the current program, "A healthy person is a prosperous country". [1,2] The "A healthy person is a prosperous country" program does not refer to zoonotic diseases specifically in detail. However, it does aim to increase public health capacity, sets a review and improvement of the epidemiological surveillance system as a priority, and seeks to develop a comprehensive surveillance system for priority non-communicable and communicable diseases, including those of high risk and social significance, including prevention packages at population level. [2] The JEE notes that the country has national strategies for the prevention and reduction of rabies, anthrax, cystic and alveolar echinococcosis, plague, and foot-and-mouth disease. [1] These strategies do not appear to be publicly available for review.

1.2.1b
Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kyrgyzstan has legislation, plans or strategies that include measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. The Joint External Evaluation for the Kyrgyz Republic, conducted in November/December 2016, notes that the Republican Center for Quarantinable and Especially Dangerous Infections “is responsible for epidemiological 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 Epidemiological Surveillance Department) the Kyrgyz Ministry of Health, the Veterinary Inspectorate and other institutions work effectively together, coordinated by the National Anti-epidemic and Anti-epizootic Emergency Commission.” [1] Ministry of Health Order No. 610 of 26 November 2008 “on improvements to the system for epidemiological surveillance of communicable and parasitic diseases in Kyrgyzstan” refers to zoonotic diseases in the context of diseases health workers should report if a case is detected or suspected, mentioning anthrax, foot and mouth disease, tuberculosis, brucellosis and rabies as examples. [2] In addition, Government Decree No. 297 of 10 June 2011 “on strengthening cooperation between ministries and departments in combating quarantinable and particular dangerous infections,” and parasitic disease refers to plague, anthrax and tick-borne encephalitis, as well as identifying and combating them. [3] Resolution No. 583 of 23 September 2011 on approval of the guidelines for the accounting of infectious diseases in the Kyrgyz Republic sets out procedures for reporting infectious diseases, along with lists of the diseases subject to reporting and a sample reporting form. [4] These strategies do not appear to be publicly available for review to see how exactly they cover identification, reduction, and spillover events. No further information was found on the websites of the Ministry of Health, Ministry of Agriculture, Food Industry and Melioration, or the Ministry of Emergency Situations. [5, 6, 7]


1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1, No = 0

Current Year Score: 1

There are national laws that account for the surveillance and control of multiple zoonotic pathogens of public health concern. Ministry of Health Order No. 610 of 26 November 2008 "on improvements to the system for epidemiological surveillance of communicable and parasitic diseases in Kyrgyzstan" refers to zoonotic diseases in the context of diseases health workers should report if a case is detected or suspected, mentioning anthrax, foot and mouth disease, tuberculosis, brucellosis, and rabies as examples. [1] In addition, Government Decree No. 297 of 10 June 2011 "on strengthening cooperation between ministries and departments in combating quarantinable and particular dangerous infections," and parasitic disease refers to plague, anthrax and tick-borne encephalitis, as well as identifying and combating them. [2] Resolution No. 583 of 23 September 2011 on approval of the guidelines for the accounting of infectious diseases in the Kyrgyz Republic sets out procedures for reporting infectious diseases, along with lists of the diseases subject to reporting and a sample reporting form. [3] The Joint External Evaluation for the Kyrgyz Republic, conducted in November/December 2016, notes that the country has national strategies for the prevention and reduction of rabies, anthrax, cystic and alveolar echinococcosis, plague, and foot-and-mouth disease. [4] These strategies do not appear to be publicly available for review to see if they cover prevention and control.


1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of a department, agency or similar unit dedicated to zoonotic disease that functions across ministries. The Republican Center for Quarantinable and Especially Dangerous Infections is responsible for epidemiological surveillance...
of zoonotic infections in the human population. If a zoonotic public health event occurs, the National Anti-Epidemic and Anti-Epizootic Commission, headed by the prime minister, brings together the State Sanitary and Epidemiological Control, the Veterinary Service, and other institutions. [1] The Commission is set up to ensure a "favorable epizootic and epidemiological situation, timely organization of preventive arrangements against spreading of infectious diseases, localization and liquidation of epidemics, mass poisoning of the population and prevention of origin and spreading of infectious animal diseases." [2] There is no evidence of any wider collaboration or a special inter-ministry unit on the websites of the Ministry of Health or the Ministry of Agriculture. [3,4]


1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 0

The country does not have a publicly available national mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency. Under Article 29 of the Law on Veterinary Medicine, animal owners bear civil, administrative and criminal liability for evasion of diagnostic and immunoprophylactic measures. [1] Article 8 includes numerous obligations for animal owners, including: to ensure prompt, quality veterinary care; to submit their animals for diagnostic testing and vaccination; to notify a veterinarian of newborn and newly acquired animals; to notify a veterinarian if multiple animals fall sick with an infectious disease or behave in an unusual manner; and to take any measures ordered by a veterinarian. [1] However, the law contains no details of a reporting procedure given. [1] There is no evidence of a mechanism on the websites of the Ministry of Health or the Ministry of Agriculture. [2,3]


1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0
There is no public evidence of any laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals. The Law on Veterinary Medicine does not refer to confidentiality. [1] The website of the Ministry of Agriculture, Food Industry and Melioration lists a Law on Commercial Secrets, but this does not cover disease surveillance. [2] There are no data protection laws listed on the website of the Ministry of Health. [3] The national Law on Personal Data does not refer specifically to disease surveillance data. It defines personal data as: "biographic and identification data, personal characteristics, data on marital status, social status, education, skills, trades, official standing, financial position, state of health and other". [4]


1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?
Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the country conducts surveillance of zoonotic disease in wildlife. According to the 2016 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, the National Wildlife Protection Agency does not conduct any epidemiological surveillance of animal disease and there is a lack of coordination between the various sectors involved in human, animal and wildlife health. [1] There is no information pertaining to this on the websites of the Ministry of Health or the Ministry of Agriculture. [2, 3] The State Agency for Environmental Protection and Forestry (equivalent to the "National Wildlife Protection Agency" mentioned in the JEE) mainly focuses on environmental monitoring and climate change, with no evidence of zoonotic disease surveillance: its latest annual report and the description of its duties under the legal provision About the State Agency for Environmental Protection and Forestry under the Government of the Kyrgyz Republic mainly cover environmental pollution and regulation of hunting. [4, 5]

1.2.3 International reporting of animal disease outbreaks

1.2.3a
Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?
Yes = 1, No = 0

Current Year Score: 0

2019
OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a
Number of veterinarians per 100,000 people
Input number

Current Year Score: 82.5

2018
OIE WAHIS database

1.2.4b
Number of veterinary para-professionals per 100,000 people
Input number

Current Year Score: -

No data available
OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a
Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Kyrgyzstan has mechanisms for working with the private sector in controlling or responding to zoonoses. According to the Joint External Evaluation for the Kyrgyz Republic, conducted in November/December 2016, the Veterinary Inspectorate works with private vets to provide assistance in epidemiological surveillance and disease control programs, though there is no further detail on the site of the inspectorate itself. [1,2] However, section 1 of the Rules for Carrying Out Epizootic Monitoring expressly involve the inspectorate, regional executive
1.3 BIOSECURITY

1.3.1 Whole-of-government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1, No = 0

Current Year Score: 0

Although there is some evidence of record keeping within certain facilities, there is no evidence of a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed. The country currently does not have national legislation on biosecurity. According to the 2016 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic: “Laboratories that work with dangerous pathogens generally do have a list of the pathogens that are being worked on and are stored. Dangerous pathogens are assigned a passport, and access to them is restricted and controlled. Other laboratories do not maintain an inventory list of the pathogens they are working with, and do not conduct a risk assessment on their activities.” [1] However, there is no indication that a centralized record of these facilities is kept. There is no evidence of such a record on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defence Committee, or the Republican Center of Quarantine and Especially Dangerous Infections. [2, 3, 4, 5] Additionally, article 76 of the World Health Organization (WHO) 2020 Country Office Evaluation of Kyrgyzstan notes that the country’s biosecurity regulations are obsolete, and that Kyrgyzstan has requested WHO support in updating their regulations. [6] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [7] No evidence was found on the Verification Research, Training and Information Centre's website. [8]


[3] State Inspectorate for Veterinary and Phytosanitary Safety. Decree from 26 January 2016 no 14. "On Confirmation of the Rules for Carrying Out Epizootic Monitoring in the Kyrgyz Republic (Об утверждении Правил Проведения эпизоотического мониторинга в Кыргызской Республике)". [http://gvfi.gov.kg/files/Docs/UKZJ/%D0%9F%D1%80%D0%B0%D0%B2%D0%B8%D0%B0%20%D0%BF%D1%80%D0%BE%D0%B2%D0%B5%D0%BA%D0%B5%D0%BD%D0%B8%D1%8F%20%D1%8D%D0%BF%D0%BB%D0%B7%D0%BE%D0%BE%D1%82%D0%B8%D1%87%D0%B5%D1%81%D0%BA%D0%BE%D0%B3%D0%BE%20%D0%BC%D0%BE%D0%BD%D0%BB%D1%82%D0%BE%D1%80%D0%B8%D0%B3%D0%BD%02%D0%B2%20%D0%9A%D0%A0.PDF]. Accessed 8 August 2020.


1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1, No = 0

Current Year Score: 0

The country does not have in place legislation or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. According to the Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, Kyrgyzstan does not have national legislation on biosafety and biosecurity, but some aspects are covered in various regulations (the report does not elaborate on what these aspects are or name the relevant regulations). [1] There is no evidence of laws or regulations covering this area on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defence Committee, or the Republican Center of Quarantine and Especially Dangerous Infections. [2, 3, 4, 5] The Verification Research, Training and Information Centre (VERTIC) conducted a review of seven Central Asian countries in March 2019, as part of Project 53, to improve biosafety and biosecurity in the region. Their report notes that Kyrgyzstan needs to develop laws to include preventative measures to account for, secure and physically protect biological agents. [6] Additionally, article 76 of the World Health Organization notes in its 2020 Country Office Evaluation of Kyrgyzstan that the country’s biosecurity regulations are obsolete, and that Kyrgyzstan has requested WHO support in updating their regulations. [7] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [8]


1.3.1c
Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?
Yes = 1, No = 0

Current Year Score: 0

There is no established agency responsible for the enforcement of biosecurity legislation and regulations. According to the Joint external evaluation of IHR core capacities of the Kyrgyz Republic, Kyrgyzstan does not have national legislation on biosafety and biosecurity, although many aspects are considered in some of the regulations (the report does not elaborate on what these aspects are). [1] The Verification Research, Training and Information Centre (VERTIC) conducted a review of seven Central Asian countries in March 2019, as part of Project 53, to improve biosafety and biosecurity in the region. Their report notes that many agencies, departments, and ministries have interests in biosecurity, and that Kyrgyzstan needs to form an interdepartmental working group to draft a new law on biosecurity and to update old legislation. [2] Additionally, article 76 of the World Health Organization notes in its 2020 Country Office Evaluation of Kyrgyzstan that Kyrgyzstan has requested WHO support in updating their regulations on biosecurity. [3] There are no laws covering this area on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defense Committee, or the Republican Centre of Quarantine and Especially Dangerous Infections. [4, 5, 6, 7] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [8]


1.3.1d
Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?
Yes = 1 , No = 0
Current Year Score: 0

There is no public evidence that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. According to the Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, "dangerous pathogens and toxins are generally worked with in minimal quantities and on controlled premises", but there is no indication of actions to limit the number of facilities. [1] There is no information on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defence Committee, or the Republican Centre of Quarantine and Especially Dangerous Infections. [2, 3, 4, 5] The Verification Research, Training and Information Centre (VERTIC) conducted a review of seven Central Asian countries in March 2019, as part of Project 53, to improve biosafety and biosecurity in the region. Their report notes that Kyrgyzstan needs to develop new laws on biosecurity, but makes no mention of consolidation. [6] Additionally, article 76 of the World Health Organization's (WHO) 2020 Country Office Evaluation of Kyrgyzstan notes that the country's biosecurity regulations are obsolete, and that Kyrgyzstan has requested WHO support in updating their regulations. [7] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [8]


1.3.1e
Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?
Yes = 1 , No = 0
Current Year Score: 0
There is no public evidence of in-country capacity to conduct polymerase chain reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen. The 2016 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic refers to PCR training in certain laboratories, but does not specify for which diseases. The report states that plans for testing of priority diseases including anthrax are in the process of establishment via cooperation between the Veterinary Institute and the World Organisation for Animal Health (OIE), but there is no further public evidence of this. [1] There is no relevant information on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defense Committee, or the Republican Centre of Quarantine and Especially Dangerous Infections. [2, 3, 4, 5] In November 2019, Tajikistan, Uzbekistan, Kazakhstan, Kyrgyzstan and Turkmenistan agreed to create the Central Asian Animal Health Network (CAAHN), which will "offer a framework for building strong technical capacity, competency, leadership and a critical mass of regionally networked specialists in veterinary medicine, epidemiology, surveillance and diagnosis – all of which are essential to coordinate actions to manage the risks of transboundary animal diseases and zoonoses." [6] No further evidence on the CCAHN’s specific activities was found.


1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that the country requires biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. According to the 2016 Joint External evaluation of IHR core capacities of the Kyrgyz Republic, there is no national biosecurity training or train-the-trainer program, though many workers have received training from international programs. Most facilities in the animal health and public health sectors reportedly have in-house training programs, but these do not appear to be based on a national standard, and biosecurity is not included in the core curriculum. [1] However, the World Health Organisation’s (WHO’s) 2020 Country Office Evaluation of Kyrgyzstan notes that the WHO is working on capacity-building in this area. Section 88 of the report states that many officials in Kyrgyzstan have benefited from the WHO’s capacity-building directly and through a train-the-trainer approach, though it makes no mention of such training being standardized or required. [2] There is no information on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defence Committee, or the Republican Center of Quarantine and Especially Dangerous Infections. [3, 4, 5, 6] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the
1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no evidence that regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to checks such as drug testing, background checks, or psychological or mental fitness checks. Work with microorganisms of the pathogenicity group II (defined as a biological agent that can cause human disease and may be a hazard to employees; there are four groups in ascending order of health risk) is listed among the activities subject to licensing, but the law does not specify the licensing requirements beyond saying that an exhaustive list of licensing requirements for licensed activities is established by the Government of the Kyrgyz Republic. [1] There is no reference to the need for checks on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defence Committee, or the Republican Centre of Quarantine and Especially Dangerous Infections. [2,3,4,5] The Verification Research, Training and Information Centre (VERTIC) conducted a review of seven Central Asian countries in March 2019, as part of Project 53, to improve biosafety and biosecurity in the region. Their report mentions licensing conditions in other countries, but makes no note of them in Kyrgyzstan. [6] Additionally, article 76 of the World Health Organization’s (WHO) 2020 Country Office Evaluation of Kyrgyzstan notes that the country’s biosecurity regulations are obsolete, and that Kyrgyzstan has requested WHO support in updating their regulations. The document makes no mention of licensing conditions. [7] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [8]


1.3.4 Transportation security

1.3.4a Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1, No = 0

Current Year Score: 0

Kyrgyzstan does not have publicly available information on national regulations on the safe and secure transport of infectious substances that explicitly mention categories A and B. The Aviation Rules of the Kyrgyz Republic-18 (APKR-18) include detailed regulations for the safe air transportation of infectious substances and are publicly available online. [1] Kyrgyzstan is also subject to the Commonwealth of Independent States’ (CIS) Rules for Rail Transport of Dangerous Cargo, which contain detailed regulations for the safe rail transport of infectious substances and are publicly available online. [2] Kyrgyzstan’s Rules for the Transportation of Dangerous Cargo by Automobile contain detailed rules for transporting infectious substances. Under these regulations, radioactive and infectious substances fall under “class 7”. [3] Access to the Ministry of Transport website is restricted. [4] Like other CIS countries, Kyrgyzstan uses the Soviet classification system for dangerous cargo, according to which "poisonous and infectious substances" are designated "class 6". [1, 2, 5] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [6] No evidence was found on the Verification Research, Training and Information Centre’s website. [7]

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1, No = 0

Current Year Score: 1

There are regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential. The Regulation on Export Control Procedures in the Kyrgyz Republic imposes customs controls on pathogens, their genetically modified forms and fragments of genetic material that can be used to create bacteriological (biological) weapons. Required documentation for cross-border transfer includes the original of the import certificate of the end user (for export and re-export of controlled products) issued by an authorized state authority of the destination country and containing obligations of the recipient on the use of controlled products imported from the Kyrgyz Republic solely for the stated purposes, as well as to prevent its re-export to third countries without the permission of authority of the country of origin of the controlled products. [1] The national control list of controlled products gives a lengthy list of export-controlled pathogens of diseases (pathogens) of humans, animals and plants, genetically modified microorganisms, toxins, equipment and technology. [2]


1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kyrgyzstan has in place national biosafety legislation or regulations. According to the 2016 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, Kyrgyzstan does not currently have national legislation on biosafety, though a biosafety code is being developed. [1] A national biosafety framework was developed with the United Nations Environment Program in 2005, but it refers mainly to biotechnology. [2] The International Science and Technology Centre (ISTC) has been working with the country to develop its regulatory framework primarily through the creation and improvement of standards and the legal system surrounding the activity of laboratory structures in establishing and maintaining biosafety in Kyrgyzstan and Central Asia. This involved development and introduction of detailed technical and informational tools compatible with international systems of management of laboratory works for qualitative management.
and adoption of measures aimed at maintenance of national and international biosafety, as well as training. [3, 4] The Verification Research, Training and Information Centre (VERTIC) conducted a review of seven Central Asian countries in March 2019, as part of Project 53, to improve biosafety and biosecurity in the region. Their report notes that Kyrgyzstan needs to develop new laws on biosafety. [5] Additionally, article 76 of the World Health Organization (WHO) 2020 Country Office Evaluation of Kyrgyzstan notes that the country’s biosafety regulations are obsolete, and that Kyrgyzstan has requested WHO support in updating their regulations, but does not elaborate at all on any laws currently in place. [6] Furthermore, no evidence of biosafety legislation is found on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, and the Republican Centre of Quarantine and Especially Dangerous Infections. [7, 8, 9] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [10]


1.4.1b
Is there an established agency responsible for the enforcement of biosafety legislation and regulations?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of an established agency responsible for the enforcement of biosafety legislation and regulations. According to the 2016 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, oversight of biosafety and biosecurity is only conducted on an annual basis and there are no compliance mechanisms or licensed organizations for checking and maintaining technical equipment needed to ensure biosafety. [1] The Verification Research, Training and Information Centre (VERTIC) conducted a review of seven Central Asian countries in March 2019, as part of Project 53, to improve biosafety and biosecurity in the region. Their report notes that many agencies, departments, and ministries have interests in biosafety, and that Kyrgyzstan needs to form an interdepartmental working group to draft a new law on
biosecurity and to update old legislation. [2] Additionally, article 76 of the World Health Organization's (WHO) 2020 Country Office Evaluation of Kyrgyzstan notes that Kyrgyzstan has requested WHO support in updating their regulations on biosafety. [3] There is also no evidence of such an agency on the websites of the Ministry of Agriculture, Food Industry and Melioration and the Ministry of Health. [4, 5] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [6]


1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that the country requires biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. According to the 2016 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, there is no biosafety curriculum, though most facilities in the public health and animal health protection sectors that store and work with dangerous pathogens and toxins do have their own programs. As part of the International Scientific Technical Centre Project K-2052 on training of trainers on biosafety and biosecurity to minimize bio-risks in Kazakhstan and Central Asian countries (including Kyrgyzstan), many Kyrgyz biosafety and biosecurity experts have trained at the Kazakh Scientific Centre for Quarantine and Zoonotic Diseases, but there is no evidence that this is a requirement for personnel working in biosafety. [1] There is no evidence of a standardized biosafety curriculum on the websites of the Ministry of Agriculture, Food Industry and Melioration and the Ministry of Health. [2, 3] Additionally, article 76 of the World Health Organization notes in its 2020 Country Office Evaluation of Kyrgyzstan that Kyrgyzstan has requested WHO support in updating their regulations on biosafety. [4] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [5] No evidence was found on the Verification Research, Training and Information Centre's website. [6]
1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Kyrgyzstan has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, or other dual use research. There is no mention of such an assessment on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defense Committee, the Republican Center of Quarantine and Especially Dangerous Infections, or in the Regulation on Export Control Procedures in the Kyrgyz Republic. [1, 2, 3, 4, 5] According to article 51 of the Law on Combatting Terrorism, “the entities combating terrorism” are responsible for monitoring trade in dual use materials, while article 32 of the same law states that a counter-terrorism operation may suspend the activities of facilities working with "biologically hazardous substances" [6]. However, this law does not mention the conducting of assessments of whether dual use research is ongoing. As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [7] No evidence was found on the Verification Research, Training and Information Centre’s website. [8]

1.5.1b
Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1, No = 0

Current Year Score: 0

There is no direct evidence of a national policy requiring oversight of dual use research, such as research with especially dangerous pathogens, toxins, or pathogens with pandemic potential. There is no mention of such a policy on the websites of the Ministry of Agriculture, Food Industry and Melioration, the Ministry of Health, the Defence Committee, and the Republican Centre of Quarantine and Especially Dangerous Infections. [1, 2, 3, 4] The Regulation on Export Control Procedures in the Kyrgyz Republic imposes customs controls on pathogens, their genetically modified forms, and fragments of genetic material that can be used to create bacteriological (biological) weapons, but there is no indication of a wider policy requiring oversight of dual use research. [5] According to article 51 of the Law on Combating Terrorism, "the entities combating terrorism" are responsible for monitoring trade in dual use materials, while article 32 of the same law states that a counter-terrorism operation may suspend the activities of facilities working with "biologically hazardous substances", but this law does not mention oversight of research [6]. However, according to its website, the Republican Center for Quarantinable and Especially Dangerous Infections – specifically its Department for the Epidemiology of Quarantinable and Especially Dangerous Infections – is responsible for oversight of activities involving biological agents at all facilities (both state and private) throughout Kyrgyzstan [7]. As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [8]

[7] Republican Centre for Quarantinable and Especially Dangerous Infections. "Department for the Epidemiology of Quarantinable and Especially Dangerous Diseases". (Отдел Эпидемиологии карантинных и особо опасных инфекций)”. [http://rckooi.kg/%d0%be%d1%82%d0%b4%d0%b5%d0%bb-%d1%8d%d0%bf%d0%b8%d0%b4%d0%b5%d0%bc%d0%b8%d0%be%d0%bb%d0%be%d0%b3%d0%b8%d0%b8/]. Accessed 9 August 2020.

1.5.1c
Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence to say that there is an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual use research. According to its website, the Republican Centre for Quarantinable and Especially Dangerous Infections - specifically its Department for the Epidemiology of Quarantinable and Especially Dangerous Infections - is responsible for oversight of activities involving biological agents at all facilities (both state and private) throughout Kyrgyzstan, but the website provides no further detail about the exact nature of this work, and makes no explicit mention of dual-use research [1]. Additionally, the Department of Disease Prevention and State Sanitary-Epidemiological Surveillance of the Ministry of Health has a center for laboratory testing, which coordinates the activities of testing laboratories in the country, but its description of its activities does not specifically refer to especially dangerous pathogens, pathogens with pandemic potential, or other dual use research. [2] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [3] No evidence was found on the Verification Research, Training and Information Centre’s website. [4]

[1] Republican Centre for Quarantinable and Especially Dangerous Infections. "Department for the Epidemiology of Quarantinable and Especially Dangerous Diseases". [http://rckooi.kg/%d0%be%d1%82%d0%b4%d0%b5%d0%bb-%d1%8d%d0%bf%d0%b8%d0%b4%d0%b5%d0%bc%d0%be%d0%bb%d0%be%d0%b3%d0%b8%d0%b8/]. Accessed 9 August 2020.

1.5.2 Screening guidance for providers of genetic material

1.5.2a Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of national legislation requiring the screening of synthesized DNA before it is sold. There is no evidence of such legislation on the websites of the Ministry of Health, the Ministry of Agriculture, Food Industry and Melioration, the Defense Committee or the Republican Centre of Quarantine and Especially Dangerous Infections. [1, 2, 3, 4] Kyrgyzstan does not currently have any law on genetically modified organisms (GMOs), though in July 2018 a bill to limit the cultivation, production, import and sale of products containing GMOs was put forward for public discussion. [5] In December 2018 it was reported that the bill was still being discussed in parliament, and in any case the focus appears to be on agricultural produce. [6, 7] The Technical Regulation on the Safety of Medicines establishes requirements for ensuring the safety of medicines in development, preclinical and clinical studies, in the process of production, manufacture, storage, transportation, sale and disposal, including assessment of the risk to human health at each stage of the drug’s life cycle. [8] According to the regulation, medicines manufactured at pharmacies are subject to periodic selective monitoring as well as general intra-
pharmacy monitoring. [8] The regulation specifies that its provisions apply to immunological products obtained through biotechnological methods, but does not specifically mention synthesized DNA. [8] As a party to the Biological Weapons Convention, Kyrgyzstan is supposed to submit annual Confidence Building Measures Reports containing details of facilities in which especially dangerous pathogens and toxins are stored or processed. They submitted reports in 2019 and 2020, but the reports are not publicly accessible. [9] No evidence was found on the Verification Research, Training and Information Centre’s website. [10]


1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a
Immunization rate (measles/MCV2)
Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0
1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1, No = 0

Current Year Score: 1

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 2

The national laboratory system in Kyrgyzstan has the capacity to conduct diagnostic tests for all but one of the 10 core tests. According to the 2016 Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, the laboratory system has the capacity to conduct five of the six common tests defined by the International Health Regulations: polymerase chain reaction (PCR) testing for Influenza virus (flu); serology for HIV; microscopy for Mycobacterium tuberculosis (tuberculosis/TB); rapid diagnostic testing for Plasmodium spp. (malaria); and bacterial culture for Salmonella enteritidis serotype Typhi (typhoid). It can also conduct tests for the four country-defined tests, though these are not specifically named. The only test that cannot be conducted according to the JEE is culture testing of poliovirus. [1] There is no further information on the website of the Ministry of Health. [2]

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 1

There is evidence of a national strategy for conducting testing during a public health emergency, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, or defining goals for testing. The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 has provisions in place to respond to public health emergencies, including provisions for analyses by special bacterial labs and other anti-epidemic measures, but does not make any mention of testing for novel pathogens, defining goals, or scaling testing up. [1] The program Protecting Public Health and Developing the Healthcare System 2019-2030 “Healthy Person - Prosperous Country” has no considerations for novel pathogens, scaling capacity, and defining goals for testing. [2] The Law on Civil Defense has provisions for bacteriological surveillance, but no considerations for novel pathogens, scaling capacity, and defining goals for testing. [3] In addition the Order on the Execution of the Government's Order of January 29th, No. 30, a Protocol Order. 1 of January 29, 2020, Setting of the Republican Headquarters to Prevent the Importation and Inadmissibility of Further Spread of Coronavirus Infection in the Kyrgyz Republic has a provision to establish a diagnostic testing group, but there is no public information on their strategy. [4] No further information was found on the websites of the government, president, and Ministries of Health, Internal Affairs and Emergencies. [5, 6, 7, 8, 9]

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that at least one of the national laboratories that serves as a reference facility is accredited. Tuberculosis laboratories are accredited under ISO 17025. [1] The National Virology Laboratory at the Department of the State Sanitary and Epidemiological Surveillance of the Ministry of Health is listed as the national centre for influenza in a World Health Organisation directory. [2] According to the 2016 Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, 15 (out of 50) the department’s laboratories have been accredited under ISO 17025 and operate nationally. [3] There is no further information on the websites of the Ministry of Health and the Ministry of Agriculture. [4, 5]


2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1, No = 0

Current Year Score: 0

There are external quality control programs for laboratories in Kyrgyzstan, but it is not clear to which laboratories they apply, and there are also reported shortcomings in the system. The 2016 Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic reports that there are gaps in the national external quality control of laboratories and there is no external quality control of private laboratories. [1] The World Health Organisation has an external quality assurance assessment scheme, but it is unclear which laboratories participate. [2] There is no information on the websites of the Ministry of Health or the Ministry of Agriculture. [3, 4]

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1, No = 0

Current Year Score: 0

Although there is a specimen transport system, there is no evidence that it can reach all parts of the country. According to the 2016 Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, there is a system for transporting both animal and human specimens from 50–80% of institutions at the intermediate level to national reference laboratories. [1]

There is no further detail on the websites of the Ministry of Health or the Ministry of Agriculture, Food Industry and Melioration. [2, 3]


2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no evidence that there is a plan to rapidly authorize or license private laboratories to supplement the capacity of the national public health laboratory system to scale up testing during an outbreak. The World Health Organization report written after a conducted joint external evaluation of IHR core capacities of the Kyrgyz Republic in November/December 2016 mentions that the Ministry of Health keeps reserves of reactants and diagnostic tests, as well as funds to rapidly purchase materials to scale up testing, but these measures are limited to Ministry of Health laboratories. [1] The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030, the program Protecting Public Health and Developing the Healthcare System 2019-2030 “Healthy Person - Prosperous Country”, and the Law on Civil Defense all make no mention of private laboratories in their epidemic prevention measures. [2, 3, 4] In late March 2020, in the context of the ongoing coronavirus pandemic, private laboratories criticized the state for refusing to authorize non-state medical organizations to conduct tests, but the government responded that it had sufficient capacity to conduct its strategy of testing persons arriving in the country and those who had been in contact with infected individuals. [5] However, in early May, a network of private testing centers began to offer free tests for coronavirus, primarily to medical workers and law enforcement personnel, but companies could also pay for tests for employees. [6] No further information was found on the websites of the government, president, and Ministries of Health, Internal Affairs and Emergencies. [7, 8, 9]
2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,

Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 1

Kyrgyzstan conducts ongoing event-based surveillance of infectious disease, but there is no evidence that the data is being analyzed on a daily basis. According to the 2016 Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, the existing surveillance system collects routine indicator-based data and also has the capacity to collect data about public health events where an outbreak is suspected and diagnosis remains to be confirmed, but there is a lack of evidence that the data is
2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the country has reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years. In July 2018 an anthrax outbreak was reported in Jalal-Abad in the west of the country, but it is not clear whether this was reported specifically to the WHO. 11 people were hospitalized with suspected anthrax contamination. Days earlier, a case of bovine anthrax was confirmed in the Bazar-Korgon area to the west of the city. [1] The only outbreak reported on the WHO's Disease Outbreak News concerns a typhoid outbreak in 1998. [2] On 22 March 2020, Kyrgyzstan declared a state of emergency in response to the COVID-19 pandemic, but there is no evidence that this was reported to the WHO as a PHEIC before 30 January 2020. [3] The websites of the WHO and the WHO's regional office show no evidence that Kyrgyzstan reported the COVID-19 crisis as a PHEIC. [4, 5] There is no further relevant information on the website of the Ministry of Health. [6]


2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 1
There is publicly available evidence that the government operates an electronic reporting surveillance system at the national level, but it is unclear if the system is fully electronic at the sub-national level. According to the Joint External Evaluation for the Kyrgyz Republic, conducted in November/December 2016, the country has in place an extensively developed electronic real-time reporting system, which is financed by the United States Center for Disease Control and Prevention. [1] Data are initially entered at the local district-level epidemiological center, which feeds into the national system. [1] The system does not appear to have a website and is not linked to from that of the Ministry of Health. [2]


2.3.2b
Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?
Yes = 1, No = 0
Current Year Score: 1

There is publicly available evidence that the electronic surveillance system in Kyrgyzstan collects ongoing/real time laboratory data. According to the Joint External Evaluation for the Kyrgyz Republic, conducted in November/December 2016, the country has in place an extensively developed electronic real-time reporting system, which is financed by the United States Centers for Disease Control and Prevention (CDC). [1] Data is initially entered at the local district-level epidemiological centre, which feeds into the national system. [1] The system does not appear to have a website and is not linked to from that of the Ministry of Health. [2]


2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a
Are electronic health records commonly in use?
Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0
Current Year Score: 0

There is no evidence that electronic health records (EHRs) are commonly in use. Kyrgyzstan is currently building its eHealth capacity, but EHRs are yet to become commonplace. According to section 2.2.2 of the government resolution “On the program of the Kyrgyz Republic government to protect public health and the development of health systems in the years 2019-2030 ‘healthy person - a prosperous country’”, the installation and adoption of EHRs in primary care facilities was set to begin in the third quarter of 2020. [1] However, training for professionals is not set to begin until the first quarter of 2022. [1] No evidence that installation or adoption had started at the time of research was found on the websites of the Ministry of
Health or the Compulsory Health Insurance Fund, which is listed in the public health program as responsible for section 2.2.2. [2, 3] Additionally, in 2018 the Ministry of Health established the Electronic Health Center, which will manage the new clinical information system for primary health care institutions (based on individualized patient health data) once it is finalized. [4] The Electronic Health Center is also responsible for the management and safety of the system’s information technology infrastructure, as well as the introduction of new technology. [5]

[4] Electronic Health Center. "Main goals of the Electronic Health Center (Основные цели Центра Электронного Здравоохранения). [http://cez.med.kg/%d0%b4%d0%b5%d1%8f%d1%82%d0%b5%d0%bb%d1%8c%d0%bd%d0%be%d1%81%d1%82%d1%8c/]. Accessed 10 August 2020.
[5] Electronic Health Center. "Structure (Структура)". [http://cez.med.kg/%d1%81%d1%82%d1%80%d1%83%d0%ba%d1%82%d1%83%d1%80%d0%b0/]. Accessed 20 August 2020.

2.4.1b
Does the national public health system have access to electronic health records of individuals in their country?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the national public health system has access to electronic health records (EHRs) of individuals in Kyrgyzstan. Kyrgyzstan is currently building its eHealth capacity, but EHRs are yet to become commonplace. According to section 2.2.2 of the government resolution “On the program of the Kyrgyz Republic government to protect public health and the development of health systems in the years 2019-2030 “healthy person - a prosperous country”, the installation and adoption of EHRs in primary care facilities was set to begin in the third quarter of 2020. [1] However, training for professionals is not set to begin until the first quarter of 2022. [1] No evidence that installation or adoption had started at the time of research was found on the websites of the Ministry of Health or the Compulsory Health Insurance Fund, which listed in the public health program as responsible for section 2.2.2. [2, 3] Additionally, in 2018 the Ministry of Health established the Electronic Health Center, which will manage the new clinical information system for primary health care institutions (based on individualized patient health data) once it is finalized. [4] The Electronic Health Center is also responsible for the management and safety of the system’s information technology infrastructure, as well as the introduction of new technology. [5] There is no evidence as to whether the Ministry of Health will have access to individuals’ health records once the system is in place.” [4, 5]

2.4.1c
Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Kyrgyzstan has data standards to ensure that data is comparable. In the program Protecting Public Health and Developing the Healthcare System 2019-2030 “Healthy Person - Prosperous Country”, the government has plans to review their data collection and analysis policies, as well as the use of information and communication technologies, which includes the adoption of data standards. This part of the program is set to begin in the fourth quarter of 2021. [1] On its website, the Electronic Health Center describes itself as responsible for the implementation and maintenance of a single set of monitoring system classifiers, for processing, summarizing and analyzing medical and statistical information and for presenting this information to users. [2] There is no further evidence on the Ministry of Health’s website. [3]

[2] Electronic Health Center. “Main goals of the Electronic Health Center”, (“Основные цели Центра Электронного Здравоохранения”). [http://cez.med.kg/%d0%b4%d0%b5%d1%8f%d1%82%d0%b5%d0%bb%d1%8c%d0%bd%d0%be%d1%81%d1%82%d1%8c/]. Accessed 10 August 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a
Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient public evidence of established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data. Laboratories in Kyrgyzstan come under a range of ministries and departments, including Health, Agriculture, Education & Science, Internal Affairs, Transport & Communications, and National Security. [1] According
2.4.3 Transparency of surveillance data

2.4.3a Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1, No = 0

Current Year Score: 0

Kyrgyzstan makes de-identified health surveillance data on disease outbreaks publicly available via reports (or other format) on a government website, but the most recent data available at the time of research is over 4 months old. According to the Joint External Evaluation, de-identified surveillance data is published in a monthly bulletin and on the internet, but the report does not specify where. [1] Monthly bulletins are available on the website of the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance. [2] However, at the time of research, the most recent report was for October 2020. [2, 3] A news item on the Department of Disease Prevention website reports results of weekly surveillance of flu and acute respiratory viral infection cases as of 20 January 2020, referring to surveillance of serious acute respiratory viral infections and flu-like infections conducted in the cities of Bishkek, Osh and Tokmok. [4] However, the only other information on this surveillance available on the Department of Disease Prevention website is a report presenting 2018-2019 winter results. [5]

2.4.3b
Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Kyrgyzstan makes de-identified COVID-19 surveillance data publicly available. Kyrgyzstan has an official COVID-19 website called covid.kg, which publishes daily statistics on case numbers, ongoing cases, recovered cases and deaths. [1] Covid.kg also has a channel on the messaging application Telegram which posts daily statistics, as well as other information about COVID-19 in Kyrgyzstan. [1] The Ministry of Health also has a dashboard which shows disaggregated and de-identified data, including: total cases. new cases, recovered, seriously ill, in-hospital, etc. [2] In addition to the dashboard, the Ministry of Health publishes daily reports on COVID-19 statistics. [3]


2.4.4 Ethical considerations during surveillance

2.4.4a
Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1, No = 0

Current Year Score: 1

There are laws that safeguard the confidentiality of identifiable health information for individuals. Under article 73 of the Law on the Protection of Public Health, the information contained in patients’ medical records is subject to medical confidentiality and may be provided without the patient’s consent only on the grounds provided for in article 89. However, this appears to be a mistake in the legislation, as article 89 refers to awards for doctors, while secrecy of patient information is covered by article 91. Under article 91, information about the fact of seeking medical help, the state of health of a citizen, their diagnoses, and other information obtained during examination and treatment constitute a medical secret. [1] Article 19 specifies that medical information may not be used for the benefit of third parties if the information is confidential and its use has potential to harm the individual. [1] Confidentiality of statistical data is also guaranteed by article 19 of the Law on State Statistics, which states that state statistics agencies are required to take all regulatory, administrative, technical and organizational measures to protect confidential statistical information and prevent its disclosure. [2] For example, the Ministry of Health's COVID-19 data is completely de-identified. [3, 4]

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include protections from cyber attacks. The Electronic Health Center collects, processes, summarizes and analyses medical and statistical information and presents it to users. The activity of the network is supported by the Ministry of Health of the Republic. [1] The center has a Department of IT/IT Infrastructure, Information Security and Interagency Cooperation, which is responsible for safeguarding the information that the center has. [2] Furthermore, the Ministry of Healthcare Order on Patient’s Electronic Medical Card demands (in article 8.4) ensuring "uninterrupted database maintenance and protection against unauthorized access", without laying down any specific provisions for safeguarding the database from such access. The Law on the Protection of Public Health (adopted 2005, last amended 2019) also contains no specific provisions for safeguarding the confidentiality of identifiable information from cyber-attacks or ransomware. [3] No further evidence was found on the website of the Ministry of Health. [5]

[1] Electronic Health Center. "Main goals of the Electronic Health Center (Основные цели Центра Электронного Здравоохранения)." [http://cez.med.kg/%d0%b4%d0%b5%d1%8f%d1%82%d0%b5%d0%bb%d1%8c%d0%bd%d0%be%d1%81%d1%82%d1%8c/]. Accessed 10 August 2020.
[2] Electronic Health Center. "Structure (Структура)". [http://cez.med.kg/%d1%81%d1%82%d1%80%d1%83%d0%ba%d1%82%d1%83%d1%80%d0%b0/]. Accessed 20 August 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0
There is insufficient evidence that the government of Kyrgyzstan has made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region Paragraph 7 of the Protocol on Application of Sanitary, Veterinary-Sanitary and Phytosanitary Quarantine Measures (Annex 12) to the Treaty on the Eurasian Economic Union (EAEU), of which Kyrgyzstan is a member, states that authorized agencies in the field of sanitary and epidemiological welfare of the population shall inform each other about each case of detection of especially dangerous infectious diseases listed in the International Health Regulations of the World Health Organization—mainly in the context of trade. Paragraph 5 refers more generally to taking agreed measures to eliminate infectious diseases on the customs territory of the Union. [1] The strategic directions of the Centre for Emergency Situations and Disaster Risk Reduction, which is a joint centre between Kazakhstan and Kyrgyzstan, has various declared points of cooperation, including mutual notification of emergencies risk and creating international monitoring systems that would extend across states. [2]


2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no public evidence that Kyrgyzstan has a national system in place to provide support at the sub-national level to conduct contact tracing in the event of a public health emergency. In the event of an epidemic or epizootic event, the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 has provisions in place to isolate the sick, survey the situation, make forecasts, and notify the public, but it does not contain specific measures for contact tracing. [1] The program Protecting Public Health and Developing the Healthcare System 2019-2030 “Healthy Person - Prosperous Country” has specific provisions and funding in place to increase training for Ministry of Health officials, but it does not further specify what that training includes, nor who it is for. [2] The Law on Civil Defense also makes no mention of contact tracing. [3] However, there is evidence of contact-tracing protocols that have been used during the COVID-19 crisis. [4, 5] In addition, the Ministry of Health’s COVID-19 dashboard contains data for the number of people who have been in contact with COVID-19 positive individuals. [6] No information on allocation of resources specifically for contact tracing was found on the websites of the government, president, and Ministries of Health, Internal Affairs and Emergencies. [7, 8, 9, 10, 11]
[4] Kaktus Media. 18 May 2020. “’Not the time to relax’. Boronov demanded that all those having been in contact with infected individuals are found”, (“’Не время расслабляться’. Боронов потребовал найти всех контактировавших с зараженными”).

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is no public evidence that Kyrgyzstan provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention. The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 has provisions in place to isolate the sick, but makes no mention of any wraparound services [1] The program Protecting Public Health and Developing the Healthcare System 2019-2030 “Healthy Person - Prosperous Country” has no provisions on self-isolation or wraparound services. [2] The Law on Civil Defense also makes no mention of isolation or wraparound services. [3] The International Labor Organization does not list any wraparound services. There is a social protection policy to provide cash to the population during the ongoing coronavirus pandemic, but as of 30 June 2020 it is still in the drafting stage. [4] No information on allocation of resources specifically for wraparound services was found on the websites of the government, president, and Ministries of Health, Internal Affairs and Emergencies. [5, 6, 7, 8, 9]
2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Kyrgyzstan makes de-identified data on contact tracing efforts for COVID-19 available. The Ministry of Health has a dashboard with de-identified data, which does show how many people are currently under observation, under quarantine orders, and how many people have been in contact with an infected person. [1] However, the data does not include the percentage of new cases identified through contact tracing. [1] There is no data on contact tracing on Kyrgyzstan’s official COVID-19 site or in the Ministry of Health’s daily reports. [2, 3]


2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?
Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no public evidence that Kyrgyzstan has a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency. The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 has no provisions for cooperation. [1] The program Protecting Public Health and Developing the Healthcare System 2019-2030 “Healthy Person - Prosperous Country” makes no mention of such an agreement. [2] The Law on Civil Defense has no evidence of such cooperation. [3] No evidence of an agreement was found on the websites of the government, president, and Ministries of Health, Internal Affairs and Emergencies. [4, 5, 6, 7, 8] However, there is evidence of some cooperation. On 12 March 2020, the government released a statement regarding foreign travelers, in response to the COVID-19 crisis. It divided travelers into three categories, based on their country of origin. Some travelers were banned, some were forced to self-isolate for 14 days, and some were subject to an initial inspection followed by home surveillance for the following 14 days. [9] On 17 March 2020, under government Decree No. 84-r, borders were closed to all foreign citizens and visa applications halted. [10] The closure did not apply to transport workers, diplomats and international organization employees, or foreign citizens related to Kyrgyzstani citizens or holding a residence permit. [10]

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?
- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

An applied epidemiology training program is available in Kyrgyzstan. Basic and mid-level training in applied epidemiology is available in the country, and advanced-level training is available through an FETP in Kazakhstan. The Central Asia Field Epidemiology Training Programme is supported by the United States Centers for Disease Control and Prevention (CDC) and based on its curriculum. [1, 2] The CDC additionally trains public health officials in short-term public health exercises, including epidemiology and laboratory, all hazards preparedness, and risk communication in Central Asia. [3] At the time of the country’s Joint external evaluation (JEE) of IHR core capacities at the end of 2016, 21 students from Kyrgyzstan had completed the FETP program. [1] As of 2020, 105 people have graduated. [2] The country also has a workplace training program with a range of courses lasting between two and four weeks, through which 40–60 epidemiologists are trained every year. [1] The JEE notes that national funding for participation of Kyrgyz students in the FETP in Kazakhstan is unsustainable, although they have been provided. [1]


2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that available field epidemiology training programs include animal health professionals, but they are not explicitly excluded either. According to the 2016 Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, in that year a veterinarian received training on the two-year field epidemiology training programme (FETP) at the Center for Disease Control and Prevention (CDC) training centre in Almaty in Kazakhstan. [1] Since then, there is no available evidence that animal health professionals have been involved. Neither the CDC, nor the Training Programs in Epidemiology and Public
Health Intervention Network make any mention of animal health professionals being involved in FETP. [2, 3] However, there is no evidence that they are explicitly excluded from being eligible for the FETP.


2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 2

Kyrgyzstan has an overarching national public health emergency response plan in place which is publicly available and addresses planning for multiple communicable diseases with pandemic potential. On the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 has a section dealing with mass epidemic or epizootic infections. Article 5 of Chapter 11 covers prevention measures, against the threat of an epidemic, the emergence of epidemic or epizootic diseases and response to an epidemic event. The latter involve alerting
the civil protection authorities and isolating, hospitalizing and treating those infected, as well as organizing targeted public health and educational work among the general population. In cases of epizootic events, the remaining animals are vaccinated and sick animals isolated, with quarantine measures introduced in affected areas. [1] Responses to individual diseases are not specifically described. However, Chapter 6 requires local authorities to keep a detailed risk register along with countermeasures. Examples of outbreaks of infectious diseases include a flash outbreak; waterborne diseases such as cholera and typhoid; and H5N1 in animals or foot-and-mouth in cattle affecting the agricultural sector. [1]


3.1.1b
If an overarching plan is in place, has it been updated in the last 3 years?
Yes = 1 , No /no plan in place= 0
Current Year Score: 1

Kyrgyzstan's overarching national public health emergency response plan has been updated in the last 3 years. The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 was passed in January 2018. It has a section dealing with mass epidemic or epizootic infections that covers prevention measures, activities performed with the threat of an epidemic, the emergence of epidemic or epizootic diseases and response to an epidemic event. [1]


3.1.1c
If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?
Yes = 1 , No /no plan in place= 0
Current Year Score: 0

There is no publicly available evidence that Kyrgyzstan's emergency response plan includes considerations for pediatric and other vulnerable populations. The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 has a section dealing with mass epidemic or epizootic infections that covers prevention measures, activities performed with the threat of an epidemic, the emergence of epidemic or epizootic diseases and response to an epidemic event. There are general references to disaster resistance of social facilities and infrastructure which includes plans for schools in the event of earthquakes or floods, as well as educational programs for dealing with disasters, but nothing specifically referring to vulnerable groups. [1, 2] There is no further information on the websites of the Ministry of Health or the Ministry of Emergency Situations. [3, 4]

3.1.1d
Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?
Yes = 1, No = 0
Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a
Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?
Yes = 1, No = 0
Current Year Score: 0

There is no evidence of a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. There is no evidence of such a mechanism on the website of the Ministry of Health, the State Committee for Defense Matters or the Republican Centre of Quarantine and Especially Dangerous Infections. [1, 2, 3] The Joint External Evaluation (JEE) assessment refers to a national action plan for public health response at points of entry, covering relevant sectors and key stakeholders, but does not specifically mention mechanisms for engaging with the private sector. [4] It is unclear which plan exactly the JEE assessment is referring to and there is no evidence of such a plan being publicly accessible online. On the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 refers to the need for an institutional and legal framework that establishes clear functions, powers and coordination mechanisms at the level of individual sectors, between them and with the involvement of relevant stakeholders, suggesting that adequate mechanisms do not yet exist. [5] In March 2020, the Ministry of Health did not allow private laboratories to test for COVID-19. [6] It was not until May that private laboratories began such testing. [7]

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease = 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 2

There is evidence that Kyrgyzstan has a plan for epidemics which includes non-pharmaceutical interventions (NPIs). The plan applies to epidemics in general. Article 5 of chapter 11 of the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 includes provisions such as: the isolation of potentially infected people, targeted sanitation, education for the entire population, bacterial monitoring, increased communication between civil protection services, increased deployment of civil protection services, and control of the nutrition and water supply of the population. [1] The document states that such measures are to be deployed when there is evidence of an epidemic in people, livestock, or birds. [1]


3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

Kyrgyzstan has activated its emergency response plan in the past year, in response to COVID-19. However, Kyrgyzstan has not undergone a biological threat-focused IHR exercise with the World Health Organization (WHO) in the past year. On 22 March 2020, the government of Kyrgyzstan declared a state of emergency in response to the COVID-19 pandemic, enacting a "Plan of Operational Actions for the introduction of the Biological and Social Emergency Regime in the Kyrgyz Republic". [1] No evidence was found that Kyrgyzstan has conducted a biological threat-focused simulation exercise on the World Health Organization portal, or on the country's WHO and Strategic Partnership for International Health Regulations (2005) and Health Security (SPH) pages. [2, 3] Kyrgyzstan's SPH page reports a training session for epidemiologists, veterinarians and laboratory technicians on diagnosis of diseases caused by high-threat pathogens, conducted in January 2019. [4] No evidence of simulation exercises with a biological threat-focus was found on the websites of the Ministry of Health, the Ministry of Agriculture, Food Industry and Melioration, and the Ministry of Emergency Situations. [5, 6, 7]


3.2.1b
Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2, Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1, No = 0

Current Year Score: 1

There is publicly available evidence that the country in the past year has undergone an exercise to identify a list of gaps and best practices through an after action review. Kyrgyzstan conducted an after action review from 15-17 May 2019, but no plan or report from the exercise has been made publicly available. [1] There is no further information on the websites of the Ministry of Health, the Ministry of Agriculture, Food Industry and Melioration, and the Ministry of Emergency Situations. [2, 3, 4]

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives. There is no further information on the websites of the World Health Organization, the Ministry of Health, the Ministry of Agriculture, Food Industry and Melioration, and the Ministry of Emergency Situations. [1,2, 3, 4] There is evidence that Kyrgyzstan has conducted exercises with the World Health Organisation (WHO) that focused on COVID-19 and measles, but there is no evidence that the private sector was involved in either. [5, 6] No further evidence was found on the WHO’s website. [7]


3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Kyrgyzstan’s Emergency Operations Centre (EOC) manages public health-related emergencies including pandemics. The Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic in late 2016 found that there was an EOC, called the Emergency Situation Management Centre, and that it plays a leading role in the response to any major emergency. [1, 2] The EOC operates under the Ministry of Emergency Situations and was evaluated to be well resourced, with regular training on response procedures for specific sectors. [1, 2] However, a description of the EOC...
on the Ministry website does not refer to management of public health-related emergencies. [2] Kyrgyzstan is also a co-founding member (with Kazakhstan) of the Center for Emergency Situations and Disaster Risk Reduction in Almaty, another all-purpose EOC originally mooted as a regional centre for Central Asia. It was formally opened on 14 September 2016, with Afghanistan being granted observer status. [3] In addition, a government decree dated 22 March 2020 declaring a state of emergency in response to the COVID-19 pandemic mentions an Operational Headquarters for Combating the Spread of Coronavirus Infection and Elimination of its Consequences in the Kyrgyz Republic (OHQ). [4] The OHQ was created on 25 January 2020, before the country’s first confirmed COVID-19 cases, and included Ministry of Health specialists and “a range of relevant state bodies”. [5] No evidence that the creation of the OHQ is related to the Emergency Situation Management Centre was found on the Ministry of Emergency Situations and Kyrgyz Government websites. [6, 7]


### 3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1, No = 0

**Current Year Score:** 0

There is evidence that the emergency operations center (EOC) in Kyrgyzstan conducts regular training, but there is no publicly available evidence that the EOC is required to conduct a drill for a public health emergency scenario at least once per year, or that its regular trainings are focused on public health scenarios. According to the Joint External Evaluation for the Kyrgyz Republic, conducted in November/December 2016, the EOC (Emergency Situation Management Center) operates as a part of the Ministry of Emergency Situations and was assessed to be well resourced, with regular emergency response training, which has separate procedures for specific sectors. [1] The document does not mention how regular the trainings are. Additionally, there is no mention of an annual drill requirement, or annual public health-focused drills, in the statute of the Emergency Situation Management Center, nor elsewhere on the Ministry of Emergency Situations website. [2, 3] Kyrgyzstan is also a co-founding member of the Center for Emergency Situations and Disaster Risk Reduction in Almaty. The plan of activities for 2017 refers to preparation and conduct of international activities that includes training, but does not
specify that this is an annual requirement. [4]


3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient public evidence to show that the emergency operations center (EOC) can conduct a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. The EOC (Emergency Situation Management Center) operates as a structural part of the Ministry of Emergency Situations, and according to the Joint External Evaluation for the Kyrgyz Republic, conducted in November/December 2016, EOC personnel have the capacity to reach every district/region within two hours. [1] However there is no reference to this capability on a Ministry of Emergency Situations webpage describing the Emergency Situation Management Center, nor elsewhere on the Ministry website. [2, 3] No information was found on the websites of the Ministry of Health, or the Ministry of Agriculture, Food Industry and Melioration. [4, 5]

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?
- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence of the public health and national security authorities having carried out an exercise to respond to a potential deliberate biological event or of a coordination mechanism between public health and national security authorities for responding to such an event. There is no evidence of this in the Government Resolution on the Concept of Comprehensive Protection of the Population and Territory of the Kyrgyz Republic from Emergencies for 2018-2030, or on the websites of the Ministry of Health, the State Defence Committee or the Ministry of Emergency Situations. [1, 2, 3, 4] There is, however, an institution called the Anti-Terrorism Centre, under the State Committee for National Security, which is responsible for developing counter-terrorism policy and coordinating the activities of government agencies in this area. It has a collegial advisory body called the Interdepartmental Coordination Commission, and while the Ministry of Health is not listed as part of this, the relevant regulation states that, if necessary, the heads of other state bodies involved in carrying out counter-terrorism can be involved in its work. [5] When the Commission holds meetings, it invites officials whose work relates to counterterrorism. [6] In addition, the World Health Organisation’s 2020 Country Office Evaluation mentions that public health exercises were carried out in 2016. It also mentions that joint simulation exercises were held in partnership with other Central Asian countries, but does mention when they happened, or what the exact nature of the activities was. [7]

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Kyrgyzstan’s risk strategy outlines how messages will reach populations and sectors with different communications needs. According to the Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, conducted in November/December 2016, regional and local conditions and language requirements are taken into account to achieve maximum information coverage. [1] Despite this, no specific mention of language requirements was found in the Ministry of Emergency Situations risk communication plan, or in descriptions of the Ministry’s Single Information Management System for emergencies. [2, 3, 4, 5] The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 states that all media and means of personal communication are to be utilized in informing the authorities, civil defense units and the general public about the situation and necessary actions and code of conduct, but does not set any requirements for the consideration of communications needs.[6] No further information on requirements for consideration of regional and local conditions and language needs was found on the websites of the Ministry of Health and the Ministry of Emergency Situations. [7, 8]

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1, No = 0

Current Year Score: 1

Kyrgyzstan has in place a risk communication plan that refers to public health emergencies. According to the Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, conducted in November/December 2016, the country has a risk communication system for multiple risk factors that functions well, with a core team of trained communication specialists. The system is tested regularly through risk communication during potential public health incidents and in real cases. [1] The Ministry of Emergency Situations Emergency Response Plan (chapter 10) outlines a range of measures for notification of the threat of emergencies, plans alerting the leadership of the Ministry of Emergency Situations and local (regional and city-level) civil defense authorities by telephone, and alerting the population through alert systems at district, facility and building level, automated centralized alert systems, as well as through radio communication and vehicles equipped with public address systems. [2] Use of these systems is required to prevent a range of categories of emergency, including those of "biological-social and environmental character", but no explicit mention of public health emergencies is made. [2] Chapter 10 of the Emergency Response Plan goes on to describe specific preventive measures for more specific categories of emergency, some of which, for example floods or earthquakes, foresee specific communication measures – but sections of the chapter on epidemics and zoonotic diseases do not do so, mentioning only "conduct of preventive anti-epidemic measures" and "veterinary enlightenment work, including insurance of animals". [2] Chapter 11, describing measures to be taken following appearance of an emergency, establishes for the event of mass appearance of infectious diseases a requirement for medical institutions to inform local civil defense authorities, who must then alert the population. [2] However, there is no specific statement that the communication measures outlined in Chapter 10 of the document are to be applied in the situations required by Chapter 11. [2] A separate document on the tasks and functions of the Ministry of Emergencies' Single Information Management System for emergencies, which includes an "all-state complex system for informing and alerting the population", does not refer to any specific categories of emergency, such as public health emergencies. [3] The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 states that all media and means of personal communication are to be utilized in informing the authorities, civil defense units and the general public about the situation and necessary actions and code of conduct. One element of the strategy planned for implementation over 2019-2022 is to develop an automated control and notification system for the Single Information Management System able to override television and radio channels to use them for the public alert system, as well as send mass SMS messages and trigger alert sirens and public address systems in public spaces. [4, 5] The Ministry of Emergency
Situations reported that the system had been implemented by September 2019. [5, 6]


3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kyrgyzstan’s risk strategy includes provisions that designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. No specific government position is designated as such in the Ministry of Emergencies’ risk communication plan, which requires risk communication to the public through television and radio to be organized by agencies and bodies responsible for risk monitoring in a specific area. [1] The Ministry of Emergencies press service is responsible for liaison between the emergency operations center and the press, and charged with approving any information on ongoing emergencies distributed by the media. [1] Chapter 11, Article 5 of the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 includes a plan for the emergence of mass infectious disease. There are measures for communication and coordination between different government organizations, as well as measures for notifying and communicating with the public, but it does not designate a specific person to serve as the primary spokesperson. [2] The
World Health Organization’s (WHO’s) 2016 Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic also discusses Kyrgyzstan’s alert system, but makes no mention of a designated spokesperson. [3] Nor does the WHO’s 2020 Country Office Evaluation of Kyrgyzstan. [4] There is also no information available on this topic on the websites of the Ministry of Health or the Ministry of Emergency Situations. [5, 6]


### 3.5.2 Public communication

#### 3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

**Current Year Score:** 2

There is evidence that the government utilizes online media platforms to inform the public about both public health emergencies, and other ongoing concerns/activities. During the COVID-19 crisis, the government created a website called covid.kg. [1] The website shares a variety of information and news related to COVID-19, and brands itself as the only information portal for COVID-19 information in Kyrgyzstan. In addition, that website has an associated Telegram (messaging application) channel, called the Headquarters of COVID-19 in the Kyrgyz Republic, which posts detailed information every day. [1] The Ministry of Emergency Situations and the Ministry of Health both maintain Facebook pages that regularly share information about public health concerns and the ministries’ activities. [2, 3] However, there is no evidence that these sources work to actively dispel disinformation. [1, 2, 3]

3.5.2b
Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?
No = 1, Yes = 0

Current Year Score: 1

No evidence was found that senior leaders have shared misinformation or disinformation on infectious disease in the last two years. No evidence was found on the British Broadcasting Company Russian Service, Kaktus Media, 24.kg, Fergana, Radio Svoboda, or Radio Free Europe/Radio Liberty. [1, 2, 3, 4, 5, 6]


3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a
Percentage of households with Internet

Current Year Score: 38

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a
Mobile-cellular telephone subscriptions per 100 inhabitants

Current Year Score: 134.4

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a
Percentage point gap between males and females whose home has access to a mobile phone
3.6.4 Female access to the Internet

3.6.4a
Percentage point gap between males and females whose home has access to the Internet

There is evidence that Kyrgyzstan has unilaterally restricted the export of medical supplies within the last year due to an infectious disease outbreak. On 3 February 2020, in the context of the ongoing COVID-19 epidemic, Kyrgyzstan limited the export of all medicines and medical devices for a period of six months. There is no indication that this was done with the support of any other countries. [1] While the resolution itself does not explicitly state that the ban was put in place because of COVID-19, the World Customs Organization lists the resolution as a response to the COVID-19 crisis. [1, 2] In addition, on 26 March 2020 the Eurasian Economic Union (of which Kyrgyzstan is a member) announced a ban on the export of personal protective equipment, disinfectants, medical products, and materials, which prohibits the aforementioned products from being exported to countries outside of the Eurasian Economic Union. [3]

[3] Eurasian Economic Union. 26 March 2020. “European Economic Union countries limit the export of resources necessary...

3.7.1b
In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?
Yes = 0 , No = 1

Current Year Score: 0

The Kyrgyz Republic has adopted strategic export restrictions in the last year due to an infectious disease outbreak. On 23 March 2020, in the context of the ongoing coronavirus pandemic, the government adopted Resolution No. 174, which introduced a six-month prohibition of the export of a list of essential food products (wheat and flour, vegetable oil, rice, pasta, sugar, eggs, salt), animal feed, disinfectants and anti-bacterial wipes (though the decree does not actually mention COVID-19). [1] There is no indication that this prohibition was introduced with the support of other countries. [1] On 15 May, Resolution No 174 was amended so that it only prohibits export of the aforementioned products outside the Eurasian Economic Union. [2]


3.7.2 Travel restrictions

3.7.2a
In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?
Yes = 0 , No = 1

Current Year Score: 0

The Kyrgyz Republic has implemented a ban on foreign travelers within the last year, due to the outbreak of an infectious disease, and there is no evidence that it was done with international support. On 17 March 2020, under government Decree No. 84-r, borders were closed to all foreign citizens and visa applications halted. [1] The closure did not apply to transport workers, diplomats and international organization employees, or foreign citizens related to Kyrgyzstani citizens or holding a residence permit. [1] As of 20 August 2020, the ban remains in place. [2] In addition, from 1 March 2020, persons entering the country having travelled to countries affected by coronavirus in the preceding 20 days were either placed under medical observation or required to self-isolate for 14 days, depending on the severity of the outbreak in the country visited. [3] The requirements were extended to all persons arriving in the country from 12 March 2020, with special observation provisions made for arriving persons with children, pregnant women and those who live with members of at-risk groups. [4, 5]
Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a
Doctors per 100,000 people
Input number

Current Year Score: 221.3

2014

WHO; national sources

4.1.1b
Nurses and midwives per 100,000 people
Input number

Current Year Score: 594.45
4.1.1c
Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?
Yes = 1, No = 0

Current Year Score: 0

Kyrgyzstan does not have a health workforce strategy in place to identify fields where there is an insufficient workforce and how to address these shortcomings that is publicly available. Article 8.2.2 of Plan of Action on Human Rights 2019-2021 has provisions to increase the resources to available to train more healthcare workers, as well as a plan to update the training of the current workers, but there is no mention of research to identify where there is an insufficient supply of workers. [1] The World Health Organisation’s 2020 Country Office Evaluation of Kyrgyzstan also mentions that more resources are being made available to recruit, develop, train, and retain the workforce, but does not mention research to identify where there is an insufficient supply of workers. [2] There is no mention of another plan on websites of the Ministry of Health, the Ministry of Education and Science, or the Ministry of Labor and Social Development. [3, 4, 5]


4.1.2 Facilities capacity

4.1.2a
Hospital beds per 100,000 people
Input number

Current Year Score: 441

2014

WHO/World Bank; national sources

4.1.2b
Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?
Yes = 1, No = 0
Available evidence suggests that the country does not have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country. The legal guidelines for accounting for infectious diseases state that those known or suspected to be suffering from or carrying a dangerous infectious disease, as well as those who have been in contact with such a person, may be subjected to mandatory hospitalization and/or isolation. [1] The Republican Clinical Infections Hospital in the capital, Bishkek, does not have its own website, and a description of it archived on the old website of the Ministry of Health does not include patient isolation among the facilities listed. [2] The hospital has a capacity of 400 and has been reported as breaching that on a regular basis. [3,4] A memorandum of intent has been signed between the main medical department of the country, the Ministry of Finance, the Ministry of Economic Development, and a South Korean investor to build a new 5-story building. [5] The website of the Republican Centre for Quarantine and Especially Dangerous Infections does not mention biocontainment units or patient isolation facilities at any of the Centre's departments or regional branches. [6] The World Health Organisation's 2020 Country Office Evaluation does not mention biocontainment as one of the country's capabilities. [7] A 17 July 2020 article describes the conditions in the country's hospitals, but makes no mention of biocontainment capabilities, instead noting the poor conditions patients face. [8]

4.1.2c

Does the country meet one of the following criteria?
- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0
Current Year Score: 0

There is insufficient evidence that Kyrgyzstan has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years, and no evidence that the country has developed, updated or tested a plan to expand isolation capacity in the same period.

On 17 May 2020, news website Kabar reported that citizens returning to Kyrgyzstan from foreign countries were isolated in university dormitories, hotels, and military bases, with some staying for as long as 50 days. [1] This appears to have been done ad hoc, and not as part of a broader plan. The Republican Clinical Infections Hospital in the capital, Bishkek, does not have its own website, and a description of it archived on the old website of the Ministry of Health does not include patient isolation among the facilities listed. [2] The hospital has a capacity of 400 and has been reported to breach that on a regular basis. [3,4] A memorandum of intent has been signed between the main medical department of the country, the Ministry of Finance, the Ministry of Economic Development, and a South Korean investor to build a new 5-story building. [5] The website of the Republican Centre for Quarantine and Especially Dangerous Infections does not mention expanding isolation capacity or patient isolation facilities at any of the Centre’s departments or regional branches. [6] A 17 July 2020 article describes the conditions in the country’s hospitals, but makes no mention of biocontainment capabilities, instead noting the poor conditions patients face. [8] No further information, or evidence of a plan to expand isolation capacity, was found on the websites of the Ministry of Health or the Ministry of Emergency Situations. [9, 10]

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 2

There is a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of medicine and laboratory needs. The Law on Public Procurement establishes the general legal and economic principles of public procurement and regulates the procedure for public procurement, except where it relates directly to national security, defense, protection of state secrets and natural disasters. It applies to the procurement of all goods, defined as including medicine, raw materials, products, equipment and objects in solid, liquid or gaseous state, electrical energy, as well as services related to the supply of goods, if the cost of such related services does not exceed the cost of the goods themselves. [1] Public procurement is managed and overseen by the Department of Public Procurement at the Ministry of Finance. [2] Since June 2014, Kyrgyzstan has used an online e-procurement system, which provides a uniform platform to create and place government orders and compete for tenders. [2, 3] On the procurement system’s website, there are examples of the platform being used for acquisition of medical equipment: for example, on 20 December 2018 the Naryn Oblast Center for Preventing and Combating AIDS issued a tender for medical supplies including syringe needles and test tubes. [4]


4.2.2 Stockpiling for emergencies

4.2.2a Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

Kyrgyzstan maintains a stockpile of medical supplies for national use during a public health emergency, including medical countermeasures (MCMs) and personal protective equipment (PPE). According to the Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, conducted in November/December 2016, Kyrgyzstan has a reserve supply of MCMs and...
PPE for national use during a public health emergency, essential stocks of MCMs and PPE are replenished regionally and locally, and risk and resource mapping is carried out on a regular basis. There are also agreements with international donor organizations and institutions to procure medical countermeasures and materials, as well as regional agreements: a memorandum of understanding with Russia’s consumer watchdog Rospotrebnadzor for emergency response cooperation, and a public health and security agreement within the framework of the Commonwealth of Independent States (CIS). [1] A 28 March 2020 news article from 24.kg also mentions that the warehouses of the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance are filled with personal protective equipment. [2] In addition, the United States Embassy in Kyrgyzstan released a statement on 11 March 2020, confirming that it had donated PPE to Kyrgyzstan. [3] However, no further evidence on the stockpile’s size and contents is available on the websites of the Ministry of Health, the State Committee on the Defense of the Kyrgyz Republic, or the Ministry of Emergency Situations. [4, 5, 6]


4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 1

The country maintains a stockpile of laboratory supplies for national use during a public health emergency but no further evidence of what is included. According to the Joint external evaluation of IHR core capacities of the Kyrgyz Republic, conducted in November/December 2016, there are sustainable reserves of medical countermeasures and laboratory supplies like reagents for diagnostic testing, and reserve funding for additional laboratory supplies. [1] Essential stocks are replenished regionally and locally, and risk and resource mapping is carried out on a regular basis. There are also agreements with international donor organizations and institutions to procure medical countermeasures and materials, as well as regional agreements: a memorandum of understanding with Russia’s consumer watchdog Rospotrebnadzor for emergency response cooperation, and a public health and security agreement within the framework of the Commonwealth of Independent States (CIS). [1]

4.2.2c Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Kyrgyzstan conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. According to the Joint External Evaluation of IHR core capacities of the Kyrgyz Republic, conducted in November/December 2016, Kyrgyzstan has a national stockpile for use during a public health emergency. Essential stocks are replenished regionally and locally, and risk and resource mapping is carried out on a regular basis. There are also agreements with international donor organizations and institutions to procure medical countermeasures and materials, as well as regional agreements: a memorandum of understanding with Russia's consumer watchdog Rospotrebznadzor for emergency response cooperation, and a public health and security agreement within the framework of the Commonwealth of Independent States (CIS). [1] The maintenance of stockpiles of PPE is also mentioned in the 29 January 2018 Decree On the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030, but there is no evidence of an annual review. [2] No evidence of an annual review was found on the websites of the Ministry of Health, the State Committee on the Defense of the Kyrgyz Republic, or the Ministry of Emergency Situations. [3, 4, 5]


4.2.3 Manufacturing and procurement for emergencies

4.2.3a Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

Kyrgyzstan has a plan to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency, but there is no evidence of a plan to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency. According to the Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, conducted in November/December 2016, there are reserve funds to purchase medical supplies and medical countermeasures (MCMs) like vaccines, diagnostics,
and therapeutics in the event of a public health emergency through a simplified procurement procedure, which requires only a request from the Ministry of Health to the Ministry of Finance to authorize urgent purchases from a single supplier, but the funds are not limited to procuring medical supplies. [1] There are also plans to leverage domestic manufacturing in chapter 9 of the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030. [2] However, it does not specify exactly what can be manufactured. [2] No further evidence of a plan to leverage domestic manufacturing capacity to produce medical supplies during a public health emergency was found on the websites of the Ministry of Health, the State Committee on the Defense of the Kyrgyz Republic, or the Ministry of Emergency Situations. [3, 4, 5]


4.2.3b

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

Kyrgyzstan has a plan to procure laboratory supplies for national use during a public health emergency, but there is no evidence of a plan to leverage domestic manufacturing capacity to produce laboratory supplies for national use during a public health emergency. According to the Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, conducted in November/December 2016, there are reserve funds to purchase laboratory supplies like reagents in the event of a public health emergency through a simplified procurement procedure, which requires only a request from the Ministry of Health to the Ministry of Finance to authorize urgent purchases from a single supplier, but the funds are not limited to procuring reagents. [1] There is also a plan to leverage domestic manufacturing in chapter 9 of the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030. [2] However, it does not specify exactly what can be manufactured. [2] No further evidence of a plan to leverage domestic manufacturing capacity to produce laboratory supplies in a public health emergency was found on the websites of the Ministry of Health, the State Committee on the Defense of the Kyrgyz Republic, or the Ministry of Emergency Situations. [3, 4, 5]

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kyrgyzstan has a plan for dispensing medical countermeasures for national use during a public health emergency. The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 specifies that, if there is a threat of an epidemic, measures to be taken include vaccinating the population and distributing preventative medicine, as well as transferring medical and preventive treatment facilities to an increased readiness regime and freeing up space in hospitals, but there is no mention of how preventive medicine and vaccinations will be dispensed. If an epidemic actually breaks out, the Plan states that infected persons should be isolated, hospitalized and treated, but there is no mention of dispensing medical countermeasures. [1] The 2016 Joint External Evaluation (JEE) reports that Kyrgyzstan has sustainable reserves of medical countermeasures, including vaccines, medicines, personal protective equipment and reactants for diagnostic testing and that Kyrgyzstan co-operates with international donors to receive medical countermeasures. It reports that there is a functional system for distributing medical countermeasures from both national reserves and external sources and that this system has demonstrated its effectiveness in frequent exercises and real response measures, but there is no mention of dispensing. [2] There is no evidence of a plan for dispensing medical countermeasures during public health emergencies on the websites of the Ministry of Health, the State Defence Committee, or the Ministry of Emergency Situations. [3, 4, 5]

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no available public plan in place to receive health personnel from other countries to respond to a public health emergency, though there are general cooperation agreements. Article 5 of the agreement on cooperation in the field of public health among countries of the Commonwealth of Independent States (CIS) commits member countries to assist in the aftermath of natural disasters, environmental and other disasters, epidemics, as well as assist the efforts of other countries, international and public organizations to provide such assistance. However, it does not provide a plan of action for receiving personnel. [1] Within the Eurasian Economic Union, there is an agreement on cooperation in combating infectious diseases; but this does not cover specific plans either. [2] According to the Joint external evaluation of IHR core capacities of the Kyrgyz Republic, conducted in November/December 2016, there is no official established system for admitting international health workers in emergencies. [3] There is no further information on the websites of the Ministry of Health, the State Defence Committee, or the Ministry of Emergency Situations. [4, 5, 6]


4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens’ right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 2

2020
4.4.1b
Access to skilled birth attendants (% of population)
Input number
Current Year Score: 98.4
2014

4.4.1c
Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)
Input number
Current Year Score: 136.01
2017
WHO Global Health Expenditure database

4.4.2 Paid medical leave
4.4.2a
Are workers guaranteed paid sick leave?
Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0
Current Year Score: 2
2020
World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare
4.4.3a
Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?
Yes = 1, No = 0
Current Year Score: 0
There is no evidence that the government has issued legislation, a policy or a public statement committing to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. The national emergency response plan, the "On the Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030" does not make any mention of prioritized health care
services for healthcare workers. [1] It says, “Emergency and specific prophylaxis is provided to Civil Defense personnel and the population on the basis of epidemiological indicators,” but nothing further or more specific. [1] There is no further evidence on the website of the Ministry of Health. [2]


4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?
Yes = 1 , No = 0

Current Year Score: 0

There are no publicly available details of a system in place for public health officials and healthcare workers to communicate during a public health emergency. The Joint external evaluation of IHR core capacities of the Kyrgyz Republic recommends as a priority action providing appropriate communication technology, equipment and means of protection for public health workers, implying that it is currently absent. [1] The response plan for emergency situations requires that communication is established between the civil protection services in the event of an epidemic, but does not describe any specific system. [2] The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 states that in case of mass infection, communication is organized along existing communication lines, with departmental communications to be used if necessary. [3] There is no further information on the website of the Ministry of Health. [4]

4.5.1b  
Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?  
Yes = 1, No = 0  
Current Year Score: 0

There are no publicly available details of a system in place for public health officials and healthcare workers to communicate during a public health emergency. The Joint External Evaluation assessment recommends as a priority action providing appropriate communication technology, equipment and means of protection for public health workers, implying that it is currently absent. [1] The response plan for emergency situations requires that communication is established between the civil protection services in the event of an epidemic, but does not describe any specific system. [2] The Concept of Comprehensive Protection of the Population and the Territory of the Kyrgyz Republic from Emergencies for 2018-2030 states that in case of mass infection, communication is organized along existing communication lines, with departmental communications to be used if necessary. [3] There is no further information on the website of the Ministry of Health. [4]


4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a  
Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?  
Yes = 1, No = 0  
Current Year Score: 1

There is evidence that the national public health system monitors and tracks the number of healthcare associated infections that take place in healthcare facilities. According to the Joint external evaluation (JEE) of IHR core capacities of the Kyrgyz Republic, conducted in November/December 2016, there is a national strategy on infection control and a committee on quality responsible for infection control monitoring. [1] The JEE assigned a score of "4" for the question on HCAI, signifying that designated facilities have conducted all HCAI programs in the country for at least one year. [1] However, there is no further information on these programs on the Ministry of Health, its Department of Disease Prevention and State Sanitary-Epidemiological Surveillance, or the Republican Centre of Quarantine and Especially Dangerous Infections websites. [2, 3, 4]
Infectious diseases are subject to mandatory registration by healthcare organizations, and a medical professional who diagnoses or suspects an infectious disease is obliged to submit an emergency notice to state authorities within a defined timeframe (depending on the type of infection); however regulations on notifications on infectious diseases do not refer to any specific procedures for HCAI. [5]


4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a national requirement for ethical review before beginning a clinical trial. The Law on the Circulation of Medicines contains regulations pertaining to clinical trials. It states that before clinical trials can begin, subjects must provide written consent after being provided with information on their rights, the product being tested, the trial’s procedure and the risks involved. The law also states that trials must be carried out in strict accordance with good clinical practice, that trials must be discontinued if there is any threat to the life or health of anyone involved and that the subject has the right to halt the trial at any time. The law further specifies that it is forbidden to conduct clinical trials on minors, military personnel, prisoners, pregnant women and the mentally ill. There is however no mention of a requirement for ethical review. [1] The website of the Department of Drug Provision and Medical Equipment at the Ministry of Health, which is responsible for overseeing the safety of production, manufacture, storage and sale of medicines, states that clinical trials are conducted under strictly controlled conditions and are relatively short, but does not mention ethical reviews. [2, 3] There is no evidence of further relevant regulations on the website of the Ministry of Health or elsewhere. [4]

4.7.1b
Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. The Ministry of Health has a lengthy list of clinical guidelines and protocols, but they do not cover clinical trials [1]. The Law on the Circulation of Medicines contains regulations pertaining to clinical trials, but makes no mention of an expedited process for pandemics. [2] The World Health Organization’s Joint External Evaluation (JEE) assessment does not mention any expedited process for approving clinical trials. [3] There is no evidence of any such process in the Plan of Reaction to Emergency Situations or on the website of the Department of Drug Provision and Medical Equipment. [4, 5]


4.7.2 Regulatory process for approving medical countermeasures

4.7.2a
Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?
Yes = 1 , No = 0

Current Year Score: 1

There is a government agency responsible for approving new medical countermeasures for humans. The Ministry of Health’s Department of Drug Provision and Medical Equipment is responsible for organizing the management and monitoring system for safe and effective medical products, devices and equipment and overseeing the production, manufacture, storage and sale of medicines, medical devices and medical equipment. The department also coordinates research and development of new products and their introduction into use. [1] Although the Department’s website does not define the terms medicine, medical devices and medical equipment, the website’s general content suggests a broad sphere of responsibility encompassing all medical countermeasures, including vaccines. [2, 3]
4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence of an expedited process for approving medical countermeasures for human use during public health emergencies. There is no relevant information on the website of the Ministry of Health or the website of the Department of Drug Provision and Medical Equipment.[1, 2] The Law on the Circulation of Medicines does not mention any expedited approval process for public health emergencies, but in article 9(3) it does state that there is a government-established procedure for accelerated registration of medicines already approved by the World Health Organization, the United States Food and Drug Administration, the European Medicines Agency, the Japanese Pharmaceuticals and Medical Devices Agency, the Swiss Agency for Therapeutic Products (Swissmedic) or the British Medicines and Healthcare Products Regulatory Agency.[3]

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a Has the country submitted IHR reports to the WHO for the previous calendar year?
Yes = 1, No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?
Yes = 1, No = 0

Current Year Score: 1

Pandemics are integrated into the national risk reduction strategy. Kyrgyzstan does not have a standalone risk reduction strategy, but the Concept of Comprehensive Protection of the Population and Territory of the Kyrgyz Republic from Emergency Situations in 2018-2020 covers both emergency response and risk reduction. [1] Pandemics are integrated into this document: one of the five types of emergency listed is "emergencies of a biological and social nature", with plague and anthrax given as examples thereof. [1] Furthermore, the Centre for Emergency Situations and Disaster Risk Reduction in Almaty, set up jointly by Kazakhstan and Kyrgyzstan, includes epidemics in its list of disaster types covered by its Strategic Directions up to 2030, a document that sets out numerous risk reduction measures. [2]

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

The country has a cross-border agreement on public health emergencies as part of a regional group. There is an agreement in place in the field of public health and security as part of the Commonwealth of Independent States (CIS), of which Kyrgyzstan and three of its four neighbors are members, along with five other post-Soviet countries. The agreement was adopted in 1992, and the most recent update was in November 2016. The agreement establishes the Healthcare Cooperation Council as a body intended to promote multilateral cooperation in the field of public health, development of international relations in pharmacology, medical science and technology, and other public health matters. Its activities include policy coordination in prevention of common infectious diseases and minimizing the medical consequences of public health emergencies. [1] Its most recent meeting was in June 2020 in Minsk, Belarus. [2] In addition, one of the main strategic objectives of the Center for Emergency Situations and Disaster Risk Reduction in Almaty, set up jointly by Kyrgyzstan and Kazakhstan, and at which Afghanistan has observer status, is to strengthen preparedness for effective response to emergencies, including through the creation of a single registry of member states’ resources for response to large-scale and cross-border emergencies. [3] However, the Center for Emergency Situations’ list of strategic objectives does not refer specifically to public health emergencies. [3]


5.2.1b Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no evidence that Kyrgyzstan has cooperation agreements with neighboring countries in the region with regards to animal health emergencies. There is no evidence of such agreements on the website of the Ministry of Health, the Ministry of Foreign Affairs, the Ministry of Emergency Situations or the Ministry of Agriculture, Food Industry and Melioration. [1, 2, 3, 4]
Kyrgyzstan is part of the West Eurasia Foot-and-Mouth Disease program, which was set up in 2009 by the Food and Agriculture Organisation of the United Nations and the European Commission for the Control of Foot-and-Mouth Disease. The program brings together 14 countries in which foot-and-mouth disease is a considerable problem to discuss and coordinate measures to reduce the disease’s prevalence and to prepare to respond swiftly to outbreaks. However, the program does not include any measures for the countries involved to assist one another during outbreaks. [5] As a member of the Commonwealth of Independent States (CIS), Kyrgyzstan has access to the CIS Health Cooperation Council. This body facilitates multilateral cooperation between CIS member states in the field of public health, including policy coordination in preventing infectious diseases and minimizing the medical consequences of catastrophes. The body does not specifically deal with animal health, but it does deal with zoonotic diseases such as avian influenza. [6]


5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention
5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?
Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:
Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 3

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?
- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1, Yes for four = 1, Yes for three = 1, Yes for two = 1, Yes for one = 0, No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JEE Alliance; Global Partnership; Australia Group; PSI
5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a
Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?
Yes = 1, No = 0
Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b
Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?
Yes = 1, No = 0
Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a
Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?
Yes = 1, No = 0
Current Year Score: 1

2021

OIE PVS assessments

5.4.2b
Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?
Yes = 1, No = 0
5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that the government has allocated funding to improve its capacity to deal with epidemic threats in the last three years. Section 1.2 of the Program on Protecting Public Health and Developing the Healthcare System 2019-2030 “Healthy Person - Prosperous Country” includes funding to modernize the public health service. [1] This includes epidemic prevention surveillance, protection, and a promotion of the services that are provided. [1] Section 1.3 includes funding to develop a comprehensive surveillance system for priority non-communicable and communicable diseases, including those of high risk and social significance, including prevention packages at the population level. [1] However, the plan does not specify the amount of money that has been allocated or earmarked. [1] In addition, Kyrgyzstan has received support from other countries. The Global Health Security Funding Tracking Dashboard indicates that between 2014 and 2020 donors have committed to provide USD 343.65m and have actually disbursed USD 307.61m. For example, within the past three years, the World Health Organization contributed approximately USD 12.26m for epidemic prevention, detection, response, and capacities developed for diseases such as cholera, viral hemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens. [2] There is no further information on the website of the Ministry of Health. [3]


5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1, No/country has not conducted a JEE = 0

COUNTRY SCORE JUSTIFICATIONS AND REFERENCES www.ghsindex.org
5.5.2b
Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?
Yes = 1, No/country has not conducted a PVS = 0
Current Year Score: 0

5.5.3 Financing for emergency response

5.5.3a
Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?
Yes = 1, No = 0
Current Year Score: 1

There is a publicly identified special emergency public financing mechanism which Kyrgyzstan can access in the face of a public health emergency. Kyrgyzstan, as an eligible IDA borrowing country, can access the World Bank’s Pandemic Emergency Financing Facility, which was introduced in 2017 to provide financial support to low-income countries with disease outbreaks. [1, 2] In addition, according to the Joint External Evaluation of IHR Core Capacities of the Kyrgyz Republic, conducted in November/December 2016, Kyrgyzstan keeps reserve funds to purchase supplies during public health emergencies. [3]

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:
- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country’s domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure, Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence that in the past three years, senior leaders in Kyrgyzstan have made a commitment to support other countries to improve capacity to address epidemic threats or to improve Kyrgyzstan’s own domestic capacity. There is no evidence of such commitments on the websites of the Ministry of Health, the Ministry of Foreign Affairs or the Global Health Security Agenda. [1, 2, 3]


5.5.4b

Is there evidence that the country has, in the past three years, either:
- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country’s domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure, Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is no evidence from the past 3 years that Kyrgyzstan has invested finances or provided technical support to support other countries to improve capacity to address epidemic threats. But there is evidence that the country has requested financing from donors to improve the country’s domestic capacity to address epidemic threats. There is no evidence of financial or technical support to other countries on the websites of the Ministry of Health, the Ministry of Foreign Affairs or the Global Health Security Agenda. [1, 2, 3] However, Kyrgyzstan has received support from other countries. The Global Health Security Funding Tracking Dashboard indicates that between 2014 and 2020 donors have committed to provide USD 343.65m and have actually disbursed USD 307.61m. For example, within the past three years, the World Health Organisation contributed approximately USD 12.26m for epidemic prevention, detection, response, and capacities developed for diseases such as cholera, viral hemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens. [4]

5.5.4c
Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?
Yes = 1, No = 0
Current Year Score: 0

2021
Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a
Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?
Yes = 1, No = 0
Current Year Score: 0

There is no evidence of publicly available policies for sharing genetic data, epidemiological data, clinical specimens, or isolated specimens (biological materials) with international organizations or other countries during public health emergencies that go beyond influenza. There is no mention of such a policy on the website of the Ministry of Health, the Ministry of Foreign Affairs, the Ministry of Emergency Situations or the Ministry of Agriculture, Food Industry and Melioration. [1,2,3,4] However, there are policies for routine sharing of epidemiological data. As a member of the World Health Organization’s European Measles and Rubella Laboratory Network, Kyrgyzstan shares epidemiological data on measles and rubella [5, 6]. Kyrgyzstan is a member of the Eurasian Economic Union (EAEU) and according to paragraph 7 of that organization’s Protocol on Application of Sanitary, Veterinary-Sanitary and Phytosanitary Quarantine Measures, the sanitary-epidemiological authorities of one member state are entitled to request reports on laboratory studies and tests from those of other member states. [7] As a member of the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network, Kyrgyzstan is committed to report surveillance data on antimicrobial resistance once it has developed the capacity to do so [7]. However, at the moment Kyrgyzstan (like many other CAESAR network members) is still building its domestic surveillance capacity for antimicrobial resistance [8].

2020.


5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?
Yes = 0, No = 1

Current Year Score: 1

There is no public evidence that the country has not shared samples in accordance with the PIP framework in the past two years. Kyrgyzstan is reported as having shared viruses through its influenza laboratory with the World Health Organisation’s Global Influenza Surveillance and Response System at least up to 2017 and there is no indication that it has failed to share samples since then. [1] Progress was reported for Kyrgyzstan in 2019 on Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC). [2]


5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?
Yes = 0, No = 1

Current Year Score: 1

There is no evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years. There are no reports on the World Health Organisation’s country page – or in local or international media – that suggest samples have not been shared. [1]

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a
Policy formation (Economist Intelligence score; 0-4, where 4=best)
Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1b
Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)
Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1c
Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)
Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1d
Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)
Input number

Current Year Score: 0

2020

Economist Intelligence
6.1.1e
Country score on Corruption Perception Index (0-100, where 100=best)
Input number
Current Year Score: 31

2020

Transparency International

6.1.1f
Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 1

2020

Economist Intelligence

6.1.1g
Human rights risk (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 1

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a
How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?
Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0
Current Year Score: 2

2021

Economist Intelligence
6.1.3 Risk of social unrest

6.1.3a
What is the risk of disruptive social unrest?
Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0
Current Year Score: 1

2021
Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a
How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0
Current Year Score: 3

2021
Economist Intelligence

6.1.4b
What is the level of illicit arms flows within the country?
4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low
Current Year Score: 4

2020
UN Office of Drugs and Crime (UNODC)

6.1.4c
How high is the risk of organized criminal activity to the government or businesses in the country?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 0

2021
Economist Intelligence
6.1.5 Armed conflict

6.1.5a
Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?
No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a
Does the government’s authority extend over the full territory of the country?
Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a
Is there a threat that international disputes/tensions could have a negative effect?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a
Adult literacy rate, population 15+ years, both sexes (%)
Input number

Current Year Score: 99.59

2018
6.2.2 Gender equality

6.2.2a
United Nations Development Programme (UNDP) Gender Inequality Index score
Input number
Current Year Score: 0.62

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a
Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)
Input number
Current Year Score: 0.1

2018

World Bank; Economist Impact

6.2.3b
Share of employment in the informal sector
Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0
Current Year Score: 2

More than 50% of Kyrgyzstan’s employment is in the informal sector. According to International Labor Organization data for 2018 (the most recent data available), 68% of non-agricultural workers in Kyrgyzstan are involved in informal employment.

[1]

6.2.3c
Coverage of social insurance programs (% of population)
Scored in quartiles (0-3, where 3=best)
Current Year Score: 2
6.2.4 Public confidence in government

6.2.4a
Level of confidence in public institutions
Input number
Current Year Score: 1

2021
Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a
Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?
Input number
Current Year Score: 1

2021
Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a
Gini coefficient
Scored 0-1, where 0=best
Current Year Score: 0.3

Latest available.
World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a
What is the risk that the road network will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 1

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a
What is the risk that air transport will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a
What is the risk that power shortages could be disruptive?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 2

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a
Urban population (% of total population)
Input number
Current Year Score: 36.59

2019

World Bank
6.4.2 Land use

6.4.2a
Percentage point change in forest area between 2006–2016
Input number

Current Year Score: 0.31

2008-2018
World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a
What is the risk that the economy will suffer a major disruption owing to a natural disaster?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 3

2021
Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a
Total life expectancy (years)
Input number

Current Year Score: 71.4

2018
United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b
Age-standardized NCD mortality rate (per 100 000 population)
Input number

Current Year Score: 588.1

2019
WHO
6.5.1c
Population ages 65 and above (% of total population)
Input number
  Current Year Score: 4.6

2019
World Bank

6.5.1d
Prevalence of current tobacco use (% of adults)
Input number
  Current Year Score: 27.9

2018
World Bank

6.5.1e
Prevalence of obesity among adults
Input number
  Current Year Score: 16.6

2016
WHO

6.5.2 Access to potable water and sanitation

6.5.2a
Percentage of homes with access to at least basic water infrastructure
Input number
  Current Year Score: 87.46

2017
UNICEF; Economist Impact

6.5.2b
Percentage of homes with access to at least basic sanitation facilities
Input number
  Current Year Score: 96.51
6.5.3 Public healthcare spending levels per capita

6.5.3a
Domestic general government health expenditure per capita, PPP (current international $)
Input number

Current Year Score: 111.33

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a
Trust medical and health advice from the government
Share of population that trust medical and health advice from the government, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018

6.5.4b
Trust medical and health advice from medical workers
Share of population that trust medical and health advice from health professionals, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018