IHR (2005) State Party Self Assesment Annual Report
Kyrgyzstan

Useful contacts and further information
National Focal Point

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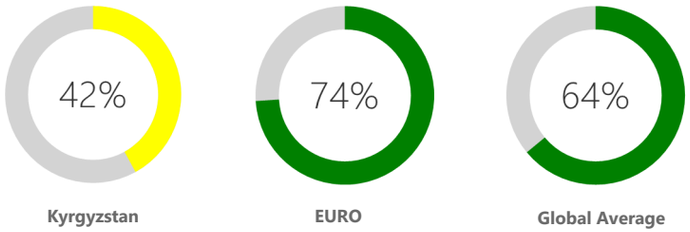
In accordance with Article 54 of The International Health Regulations (2005) and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required in the context of the International Health Regulations (2005), especially under Annex 1 of these Regulations.

All Capacities Average

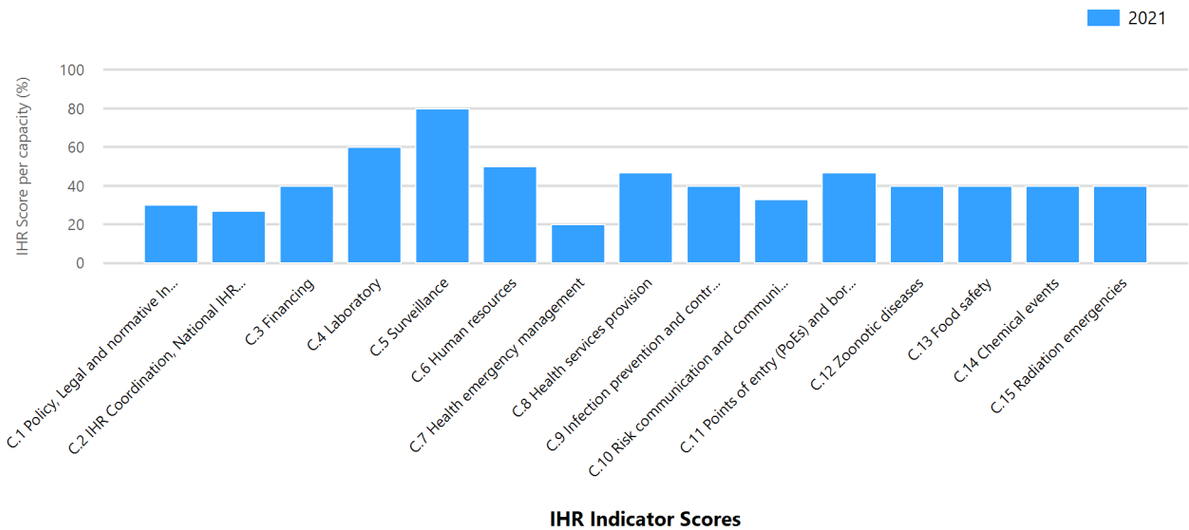


Designated Points of Entry

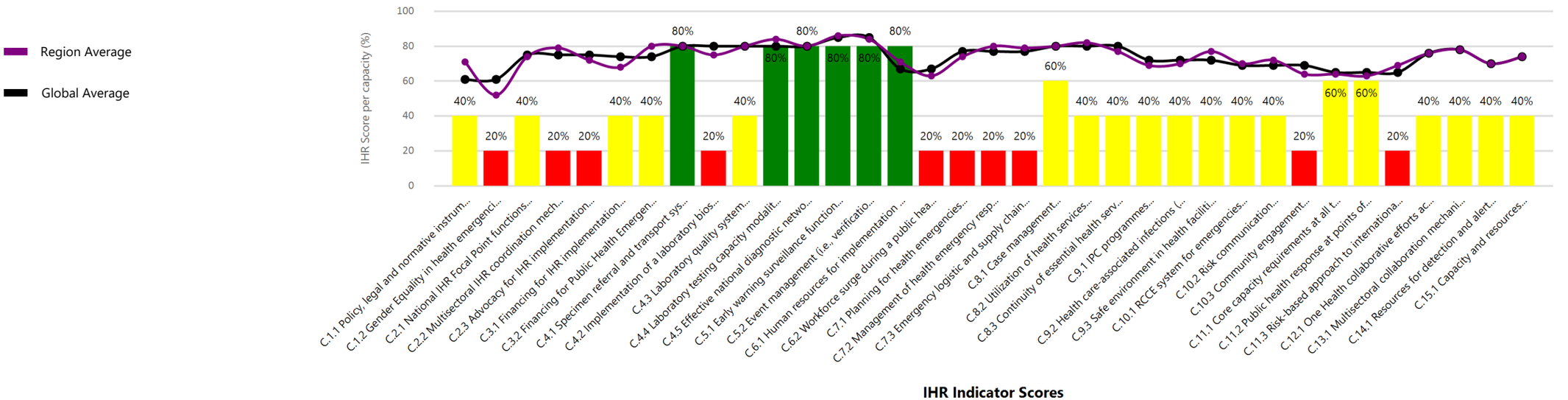
0 Ports **2** Airports **1** Ground Crossings

Authorized ports to issue ship sanitation certificates:

IHR Capacity



IHR Indicators



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Achievements

C.4 Laboratory
C.4.1 Specimen referral and transport system — 80

C.4 Laboratory
C.4.4 Laboratory testing capacity modalities — 80

C.4 Laboratory
C.4.5 Effective national diagnostic network — 80

C.5 Surveillance
C.5.1 Early warning surveillance function — 80

C.5 Surveillance
C.5.2 Event management (i.e., verification, investigation, analysis, and dissemination of information) — 80

C.6 Human resources
C.6.1 Human resources for implementation of IHR — 80

Challenges

C.8 Health services provision
C.8.1 Case management — 60

C.11 Points of entry (PoEs) and border health
C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings) — 60

C.11 Points of entry (PoEs) and border health
C.11.2 Public health response at points of entry — 60

C.1 Policy, Legal and normative Instruments to implement IHR
C.1.1 Policy, legal and normative instruments — 40

C.2 IHR Coordination, National IHR Focal Point functions and advocacy
C.2.1 National IHR Focal Point functions — 40

C.3 Financing
C.3.1 Financing for IHR implementation — 40

C.3 Financing
C.3.2 Financing for Public Health Emergency Response — 40

C.4 Laboratory
C.4.3 Laboratory quality system — 40

C.8 Health services provision
C.8.2 Utilization of health services — 40

C.8 Health services provision
C.8.3 Continuity of essential health services (EHS) — 40

C.9 Infection prevention and control (IPC)
C.9.1 IPC programmes — 40

C.9 Infection prevention and control (IPC)
C.9.2 Health care-associated infections (HCAI) surveillance — 40

Challenges

C.9 Infection prevention and control (IPC)
C.9.3 Safe environment in health facilities — 40

C.10 Risk communication and community engagement (RCCE)
C.10.1 RCCE system for emergencies — 40

C.10 Risk communication and community engagement (RCCE)
C.10.2 Risk communication — 40

C.12 Zoonotic diseases
C.12.1 One Health collaborative efforts across sectors on activities to address zoonoses — 40

C.13 Food safety
C.13.1 Multisectoral collaboration mechanism for food safety events — 40

C.14 Chemical events
C.14.1 Resources for detection and alert — 40

C.15 Radiation emergencies
C.15.1 Capacity and resources — 40

C.1 Policy, Legal and normative Instruments to implement IHR
C.1.2 Gender Equality in health emergencies — 20

C.2 IHR Coordination, National IHR Focal Point functions and advocacy
C.2.2 Multisectoral IHR coordination mechanisms — 20

C.2 IHR Coordination, National IHR Focal Point functions and advocacy
C.2.3 Advocacy for IHR implementation — 20

C.4 Laboratory
C.4.2 Implementation of a laboratory biosafety and biosecurity regime — 20

C.6 Human resources
C.6.2 Workforce surge during a public health event — 20

C.7 Health emergency management
C.7.1 Planning for health emergencies — 20

C.7 Health emergency management
C.7.2 Management of health emergency response — 20

C.7 Health emergency management
C.7.3 Emergency logistic and supply chain management — 20

C.10 Risk communication and community engagement (RCCE)
C.10.3 Community engagement — 20

C.11 Points of entry (PoEs) and border health
C.11.3 Risk-based approach to international travel-related measures — 20

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Capacity	Average of Capacities Score (%)	Indicators	Indicator Score Details	Indicator Score (%)
C.1 Policy, Legal and normative Instruments to implement IHR	**30**	C.1.1 Policy, legal and normative instruments	The country has conducted a legal analysis (e.g., a legal mapping and assessment) of relevant legal and normative instruments and policies for IHR implementation at the national and subnational levels and documented, where applicable.	**40**
		C.1.2 Gender Equality in health emergencies	No systematic assessment of gender gaps in any of the IHR capacities has been conducted	**20**
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	**27**	C.2.1 National IHR Focal Point functions	National IHR Focal Point is a designated centre and has a duty officer system to ensure accessibility at all times for urgent communications with WHO but legal,normative and institutional instruments and arrangements, including terms of reference describing the roles and responsibilities, are insufficient to communicate effectively with all levels and relevant sectors of the State Party's administration.	**40**
		C.2.2 Multisectoral IHR coordination mechanisms	Multisectoral coordination mechanisms for IHR implementation are not in place or under development. Multisectoral coordination activities occur in adhoc basis	**20**
		C.2.3 Advocacy for IHR implementation	Advocacy mechanisms for IHR implementation are not in place or under development. Advocacy activities are conducted on ad hoc basis.	**20**
C.3 Financing	**40**	C.3.1 Financing for IHR implementation	Financial planning is limited with a budgetary allocation or substantial external financing made for some of the relevant sectors and their respective ministries to support the IHR implementation at the national level.	**40**
		C.3.2 Financing for Public Health Emergency Response	Public Financing exists that allows for structured reception, rapid distribution and use of funds for responding to public health emergencies.	**40**
C.4 Laboratory	**60**	C.4.1 Specimen referral and transport system	Referral and transport of specimens is organized systematically for diagnostics and/or confirmation of all priority diseases at all levels.	**80**
		C.4.2 Implementation of a laboratory biosafety and biosecurity regime	National laboratory biosafety and biosecurity guidelines and/or regulations are under development	**20**
		C.4.3 Laboratory quality system	National quality standards have been developed but not implemented.	**40**
		C.4.4 Laboratory testing capacity modalities	Laboratory system can perform nucleic acid amplification testing (NAAT), bacterial culture with antimicrobial sensitivity testing with quality assurance process in place and has some basic sequencing capacity and country has ability to test for all its endemic diseases and its priority diseases.	**80**
		C.4.5 Effective national diagnostic network	Tier-specific diagnostic testing strategies are being implemented at national level.	**80**
C.5 Surveillance	**80**	C.5.1 Early warning surveillance function	National guidelines and/or SOPs for surveillance have been developed and are being implemented at the national and intermediate levels and provides immediate and weekly reporting of events and/or data	**80**
		C.5.2 Event management (i.e., verification, investigation, analysis, and dissemination of information)	Process or mechanisms for managing detected events has been developed and is being implemented at the national and intermediate levels	**80**
C.6 Human resources	**50**	C.6.1 Human resources for implementation of IHR	Human resources are available as required in all relevant sectors at the national, intermediate, and local levels, , to detect, assess, notify , report and respond to events according to IHR provisions.	**80**
		C.6.2 Workforce surge during a public health event	A national multisectorial workforce surge strategic plan in emergencies is not available or is under development.	**20**
C.7 Health emergency management	**20**	C.7.1 Planning for health emergencies	All-hazard risk informed health emergency plan is not available or under development.	**20**
		C.7.2 Management of health emergency response	An incident management system integrated with a national public health emergency operations centre or equivalent structure is not available or under development.	**20**
		C.7.3 Emergency logistic and supply chain management	Emergency logistics and supply chain management system/mechanism is under development and/or not able to provide adequate support for health emergencies	**20**
C.8 Health services provision	**47**	C.8.1 Case management	National clinical case management guidelines for priority health events are developed and being implemented at national level.	**60**
		C.8.2 Utilization of health services	Low levels of service utilization (Number of outpatient department visits per person per year 1.0 ≤ X < 2.0 visit/person/year, in both urban and rural areas).	**40**
		C.8.3 Continuity of essential health services (EHS)	A package of EHS is defined but plans/guidelines on continuity of essential health services in emergencies is not developed.	**40**
C.9 Infection prevention and control (IPC)	**40**	C.9.1 IPC programmes	An active national IPC programme or operational plan according to WHO minimum requirements exists but is not fully implemented. National IPC guidelines/ standards exist but are not fully implemented.	**40**
		C.9.2 Health care-associated infections (HCAI) surveillance	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available but not implemented.	**40**

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C.9 Infection prevention and control (IPC)	**40**	C.9.3 Safe environment in health facilities	National standards and resources for safe built environment (e.g., Water Sanitation and Hygeine in health care facilities), including appropriate infrastructure, materials, equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, exist but they are not fully implemented through a national plan. 	**40**
C.10 Risk communication and community engagement (RCCE)	**33**	C.10.1 RCCE system for emergencies	Mechanisms for coordination of RCCE functions and resources, including plans, SOPs and formal government arrangements are developed.	**40**
		C.10.2 Risk communication	Mechanisms for public communication and/or media relations, including infodemics , are developed but not fully implemented with significant gaps	**40**
		C.10.3 Community engagement	Mechanisms for systematic community engagement in public health emergencies, including guidelines and/or SOPs, are under development or community engagement activities are implemented on an ad hoc basis	**20**
C.11 Points of entry (PoEs) and border health	**47**	C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	Some designated PoEs are implementing routine core capacities and these are integrated into the national surveillance system for biological hazards/all-hazards (e.g event based and early warning surveillance). 	**60**
		C.11.2 Public health response at points of entry	All designated PoEs have developed PoE public health emergency contingency plans for events caused by (biological hazards) and integrated into national emergency response plans	**60**
		C.11.3 Risk-based approach to international travel-related measures	National multisectoral process with mechanisms to determine the adoption of international travel-related measures ,on a risk-based manner, is not available or under development.	**20**
C.12 Zoonotic diseases	**40**	C.12.1 One Health collaborative efforts across sectors on activities to address zoonoses	The animal, human and environment health sectors have jointly mapped existing and possibe areas of collaboration and agreed on prioritized zoonoses for coordinated prevention and control activities.	**40**
C.13 Food safety	**40**	C.13.1 Multisectoral collaboration mechanism for food safety events	A multisectoral collaboration mechanism that includes the INFOSAN Emergency Contact Point is in place at the national level AND Communication channels between the INFOSAN Emergency Contact Point, the National IHR Focal Point and all relevant sectors for food safety events, including for emergencies, have been established at the national level.	**40**
C.14 Chemical events	**40**	C.14.1 Resources for detection and alert	Surveillance capacity for chemical exposures is available on an ad hoc basis, e.g. a poison information service that operates only during office hours or that only serves part of the country and access to laboratory capacity for identifying and quantifying exposures to key chemicals of concer is available on an ad hoc basis	**40**
C.15 Radiation emergencies	**40**	C.15.1 Capacity and resources	Radiation sources have been inventoried and radiation risk mapping has been conducted and documented.	**40**