The Centers for Disease Control and Prevention (CDC) first established a Central Asia office in Kazakhstan in 1995 and expanded operations ten years later with funds from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). CDC now has offices in four Central Asia countries, including Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. CDC partners with ministries of health (MOH) to address COVID-19 and HIV, and to strengthen public health emergency management, laboratory, surveillance, and workforce capacity to respond to disease outbreaks.

Global Health Security

CDC collaborates with MOHs on key global health security activities. To prevent the spread of disease regionally and globally, it is critical that countries respond to public health threats quickly and effectively within their borders. CDC works in the Central Asia region with local, regional, and global public health organizations to support disease outbreak response, surveillance, laboratory systems, and workforce development. The Central Asia offices help strengthen emergency preparedness by training key staff across government agencies, supporting cross-sectoral collaboration, and helping to develop emergency preparedness guidelines.

- In 2021, CDC began supporting the establishment of Public Health Emergency Operations Centers (PHEOCs) in Kyrgyzstan and Tajikistan
- CDC helped develop clinical practice guidelines on Brucellosis and Crimean-Congo hemorrhagic fever in Uzbekistan and distributed them among clinicians and infectious-diseases specialists

Field Epidemiology Training Program

To strengthen the capacity of the public health workforce to investigate and respond to disease outbreaks, CDC supported the establishment of Field Epidemiology Training Programs (FETP) in Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan. Field epidemiologists—or disease detectives—learn to identify and contain outbreaks before they become larger epidemics. FETP has several courses where participants develop skills for gathering critical data and turning it into evidence-based action.

The Central Asia FETP was established in 2003 in partnership with the MOHs across the region. In 2020, CDC partnered with the Asfendiyarov Kazakh National Medical University to implement FETP and offer a master’s degree for Advanced FETP residents. Additionally, in the four Central Asia countries, CDC supports FETP-Frontline courses, which are shorter, three-month on-the-job trainings for working public health professionals that strengthen skills to conduct disease surveillance and response activities.

COVID-19

Since the beginning of the COVID-19 pandemic, CDC has worked with Central Asian countries to implement more than 44 projects that detect and respond to SARS-CoV-2, including direct donations of supplies and equipment to laboratories, research studies, and investigations supported by FETP residents. CDC also helped Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan strengthen public health emergency response capacity and develop clinical guidelines. CDC collaborates with partners to enhance border health management in response to COVID-19 and other communicable diseases by training key government staff, assessing existing border health policies, and developing recommendations.
Cooperative Biological Engagement Program

CDC strengthens clinical and laboratory capacity to minimize biosecurity threats in the Central Asia region through collaboration with the Defense Threat Reduction Agency and its Cooperative Biological Engagement. CDC works with public health laboratories across Kazakhstan to build a robust and sustainable network of quality management systems, standard operating procedures, training requirements, disease surveillance and testing capacity, and necessary legal and regulatory framework. CDC and the Kazakhstan MOH also partner with hospitals to improve surveillance and testing of especially dangerous pathogens and antimicrobial drug-resistant pathogens.

- In 2017, CDC supported Uzbekistan’s MOH to establish a National Center for Antimicrobial Resistance (AMR), which conducts surveillance and antimicrobial susceptibility testing.
- In Uzbekistan, CDC supports the Hepatitis C elimination program with laboratory capacity, improvement of diagnostics quality, and the implementation of an electronic case surveillance system.

One Health

One Health is a collaborative, multisectoral, and transdisciplinary public health approach. One Health seeks to achieve optimal public health outcomes by recognizing the interconnection between people, animals, plants, and their shared environment. Across several regions in Kazakhstan, CDC helped enhance Crimean-Congo hemorrhagic fever surveillance by investigating its occurrence among humans, animals, and ticks. A report of findings and recommendations was shared with the MOH to inform decision-making.

- CDC helped develop a national One Health Program and implement the One Health Zoonotic Disease Prioritization Tool in Uzbekistan.
- CDC analyzed distribution of tick-borne pathogens among hospitalized patients and ticks in the Pavlodar region of Kazakhstan, which informed recommendations for the MOH regarding laboratory diagnostics of tick-borne diseases.

HIV

HIV is a leading cause of poor health and early death for millions of people worldwide. CDC is a key implementer of PEPFAR and works with the governments of Kazakhstan, Kyrgyzstan, and Tajikistan to build sustainable, high-impact national HIV response programs with the goal of achieving epidemic control. CDC assists in using epidemiological data to develop and scale up HIV prevention and treatment services that reach key populations (particularly persons who inject drugs) in areas with high rates of HIV infection. CDC provides direct financial assistance and technical collaboration by helping Republican AIDS Centers and Republican Narcological Centers in Kazakhstan, Kyrgyzstan, and Tajikistan to develop and execute evidence-based strategies and guidelines for HIV infection control.

- In 2020, CDC supported partners in Kyrgyzstan to achieve the first international accreditation of a Central Asian laboratory on the ISO 17043 standard.
- In 2021, to help the MOH with allocation of HIV resources in Kyrgyzstan, CDC began to support the development and execution of a Bio-Behavioral Survey for men who have sex with men and people who inject drugs.

For more information, please contact:
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30329-4018
www.cdc.gov/global Email: cdcglobal@cdc.gov

For more country information, visit:
https://www.cdc.gov/globalhealth/countries/central-asia

For more country information, visit:
https://www.cdc.gov/globalhealth/countries/central-asia

CDC IMPACT IN CENTRAL ASIA

CDC supported the establishment of Public Health Emergency Operations Centers (PHEOC) in Kazakhstan (2019) and Uzbekistan (2021).

In 2019, CDC introduced Geographic Information System (GIS) courses for veterinarians and epidemiologists in Kazakhstan that included spatial analysis, raster data, and spatial modeling (linear and logistic regression).

As of 2021, a total of 176 health professionals from 18 advanced FETP cohorts received epidemiological training.

Since 2003, Central Asia FETP residents have conducted more than 300 outbreak investigations and surveillance evaluations on several diseases, including COVID-19, Anthrax, Botulism, Congo-Crimean Hemorrhagic Fever, Leptospirosis, Poliomyelitis, Tularemia, and Typhoid.

CDC supported access to laboratory equipment and supplies across Central Asia to respond to COVID-19.

CDC collaborated with Kazakhstan’s MOH to address misinformation about COVID-19 vaccines, focusing on promotion of vaccines among pregnant people and teenagers.

In Kyrgyzstan, CDC and partners created the Digital Case Notification Register (DCNR), the first web-based tool for enhanced infectious disease surveillance that provides an electronic registry for all notifiable infectious diseases, including COVID-19.

In Tajikistan, CDC helped develop and pilot a COVID-19 contact tracing model across three health clinics, which was the country’s first systematic approach to contact tracing and management.

CDC assisted all 17 regional laboratories within the National Center for Expertise in Kazakhstan to achieve ISO 15189 standard certification for laboratory quality management.

In 2021, in collaboration with Kazakhstan’s Scientific Center of Dermatology and Infectious Diseases, CDC introduced pre-exposure prophylaxis as a prevention method for people with increased risk of HIV in Kazakhstan and Kyrgyzstan.

CDC strengthened clinical and laboratory capacity to minimize biosecurity threats in the Central Asia region through collaboration with the Defense Threat Reduction Agency and its Cooperative Biological Engagement. CDC works with public health laboratories across Kazakhstan to build a robust and sustainable network of quality management systems, standard operating procedures, training requirements, disease surveillance and testing capacity, and necessary legal and regulatory framework. CDC and the Kazakhstan MOH also partner with hospitals to improve surveillance and testing of especially dangerous pathogens and antimicrobial drug-resistant pathogens.

- In 2017, CDC supported Uzbekistan’s MOH to establish a National Center for Antimicrobial Resistance (AMR), which conducts surveillance and antimicrobial susceptibility testing.
- In Uzbekistan, CDC supports the Hepatitis C elimination program with laboratory capacity, improvement of diagnostics quality, and the implementation of an electronic case surveillance system.

One Health

One Health is a collaborative, multisectoral, and transdisciplinary public health approach. One Health seeks to achieve optimal public health outcomes by recognizing the interconnection between people, animals, plants, and their shared environment. Across several regions in Kazakhstan, CDC helped enhance Crimean-Congo hemorrhagic fever surveillance by investigating its occurrence among humans, animals, and ticks. A report of findings and recommendations was shared with the MOH to inform decision-making.

- CDC helped develop a national One Health Program and implement the One Health Zoonotic Disease Prioritization Tool in Uzbekistan.
- CDC analyzed distribution of tick-borne pathogens among hospitalized patients and ticks in the Pavlodar region of Kazakhstan, which informed recommendations for the MOH regarding laboratory diagnostics of tick-borne diseases.

HIV

HIV is a leading cause of poor health and early death for millions of people worldwide. CDC is a key implementer of PEPFAR and works with the governments of Kazakhstan, Kyrgyzstan, and Tajikistan to build sustainable, high-impact national HIV response programs with the goal of achieving epidemic control. CDC assists in using epidemiological data to develop and scale up HIV prevention and treatment services that reach key populations (particularly persons who inject drugs) in areas with high rates of HIV infection. CDC provides direct financial assistance and technical collaboration by helping Republican AIDS Centers and Republican Narcological Centers in Kazakhstan, Kyrgyzstan, and Tajikistan to develop and execute evidence-based strategies and guidelines for HIV infection control.

- In 2020, CDC supported partners in Kyrgyzstan to achieve the first international accreditation of a Central Asian laboratory on the ISO 17043 standard.
- In 2021, to help the MOH with allocation of HIV resources in Kyrgyzstan, CDC began to support the development and execution of a Bio-Behavioral Survey for men who have sex with men and people who inject drugs.

For more information, please contact:
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30329-4018
www.cdc.gov/global Email: cdcglobal@cdc.gov

For more country information, visit:
https://www.cdc.gov/globalhealth/countries/central-asia

CDC IMPACT IN CENTRAL ASIA

CDC supported the establishment of Public Health Emergency Operations Centers (PHEOC) in Kazakhstan (2019) and Uzbekistan (2021).

In 2019, CDC introduced Geographic Information System (GIS) courses for veterinarians and epidemiologists in Kazakhstan that included spatial analysis, raster data, and spatial modeling (linear and logistic regression).

As of 2021, a total of 176 health professionals from 18 advanced FETP cohorts received epidemiological training.

Since 2003, Central Asia FETP residents have conducted more than 300 outbreak investigations and surveillance evaluations on several diseases, including COVID-19, Anthrax, Botulism, Congo-Crimean Hemorrhagic Fever, Leptospirosis, Poliomyelitis, Tularemia, and Typhoid.

CDC supported access to laboratory equipment and supplies across Central Asia to respond to COVID-19.

CDC collaborated with Kazakhstan’s MOH to address misinformation about COVID-19 vaccines, focusing on promotion of vaccines among pregnant people and teenagers.

In Kyrgyzstan, CDC and partners created the Digital Case Notification Register (DCNR), the first web-based tool for enhanced infectious disease surveillance that provides an electronic registry for all notifiable infectious diseases, including COVID-19.

In Tajikistan, CDC helped develop and pilot a COVID-19 contact tracing model across three health clinics, which was the country’s first systematic approach to contact tracing and management.

CDC assisted all 17 regional laboratories within the National Center for Expertise in Kazakhstan to achieve ISO 15189 standard certification for laboratory quality management.

In 2021, in collaboration with Kazakhstan’s Scientific Center of Dermatology and Infectious Diseases, CDC introduced pre-exposure prophylaxis as a prevention method for people with increased risk of HIV in Kazakhstan and Kyrgyzstan.