

CDC in Central Asia



CDC CENTRAL ASIA REGIONAL OFFICE INCLUDES:

Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan

CDC CENTRAL ASIA REGIONAL OFFICE STAFF

4 U.S. Assignees
26 Locally Employed



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

The Centers for Disease Control and Prevention (CDC) established a Central Asia regional office at the U.S. consulate in Kazakhstan in 1995. In 2005, CDC expanded its operations to focus on HIV and tuberculosis, through support from the U.S. President's Emergency Plan for AIDS Relief. CDC continues to work with the region's ministries of public health to address HIV, tuberculosis, and influenza, as well as on strengthening laboratory, surveillance, and workforce capacity to respond to disease outbreaks.

HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with the governments of the Central Asia region (primarily Kazakhstan, Kyrgyzstan, and Tajikistan) to build sustainable, high-impact national HIV response programs with the goal of achieving epidemic control of HIV. CDC supports the use of epidemiological data to develop and scale up high-impact HIV prevention and treatment services that reach key populations (particularly persons who inject drugs) in high-burden regions. CDC also provides direct financial and technical assistance to Republican AIDS Centers and Republican Narcological Centers in all three countries, which supports these government organizations to develop and execute evidence-based strategies and guidelines for HIV infection control.

Global Health Security

Helping countries respond to public health threats quickly and effectively within their borders is critical to prevent the spread of disease regionally and around the world. 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 Global Health Security Agenda (GHSA) is a global partnership launched in 2014 to help make the world safer and more secure from infectious disease threats. Kazakhstan is a GHSA partner country, and CDC and the Kazakhstan Ministry of Health (MOH) are working together to carry out joint global health security activities. In Uzbekistan, with CDC support, the MOH established a National Center for Antimicrobial Resistance (AMR), which is responsible for conducting AMR surveillance, antimicrobial susceptibility testing, and reporting data. CDC also works with the Uzbekistan MOH on Hepatitis C elimination.

Cooperative Biological Engagement Program

Through collaboration with the Defense Threat Reduction Agency and the Cooperative Biological Engagement Program, CDC builds clinical and laboratory capacity in the region to minimize biosecurity threats. In Kazakhstan, CDC staff, in collaboration with the MOH, strengthen public health workforce capacity by training clinicians and laboratory specialists to recognize and confirm cases of especially dangerous pathogens (EDPs). CDC is working with public health laboratories across Kazakhstan to build a robust network of laboratories by strengthening quality management systems, standard operating procedures, training requirements, and the legal and regulatory framework governing laboratories in the country. CDC also works

CDC IMPACT IN CENTRAL ASIA

in Kazakhstan with the MOH, hospitals and public health laboratories to improve the surveillance and testing of EDPs and antimicrobial drug-resistant pathogens. In Uzbekistan, CDC assists the MOH to develop scientific and practical guidelines for EDPs (most recently brucellosis and Crimean-Congo hemorrhagic fever) and designs and conducts seminars focused on developing policies, tools and best practices for EDPs.

Field Epidemiology Training Program

CDC supports Kazakhstan and Kyrgyzstan in strengthening the capacity of their workforce to investigate and respond to disease outbreaks through the Field Epidemiology Training Program (FETP). FETP trains a workforce of field epidemiologists—or disease detectives—to identify and contain outbreaks before they become epidemics. Participants focus on “learning by doing” to develop the 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 in the Central Asian region. Over the years, Tajikistan and Uzbekistan have ceased active participation. Kazakhstan is currently transitioning the program to the local government with CDC guidance.

Influenza

Influenza viruses are constantly changing and require continued vigilance to protect the United States and the rest of the world from seasonal influenza and novel viruses that could trigger a pandemic. CDC works with the Kyrgyzstan MOH to help build surveillance and laboratory capacity to prevent, detect, and respond to influenza threats. In Kyrgyzstan, CDC helped establish National Influenza Centers, which are part of the Global Influenza Surveillance and Response System. In Kazakhstan, CDC worked with the MOH to establish nine sentinel surveillance sites, whose data is reported by the national government to the World Health Organization (WHO). Kazakhstan no longer receives direct assistance from CDC, but maintains an active partnership with CDC and WHO and follows International Health Regulation standards and practices.



Developed an electronic HIV case management system used by all AIDS Centers, primarily in Kazakhstan, Kyrgyzstan, and Tajikistan, to provide reliable real-time data on HIV epidemics.



As of 2019, 14 FETP cohorts have been recruited with more than 105 completed training and 23 currently in training in the region. Since its inception in 2003, the program’s residents have conducted more than 220 outbreak investigations and surveillance program evaluations. About 85% of FETP graduates work in their respective government’s health systems.



With technical support from CDC, Kazakhstan is participating in international influenza virus monitoring and contributes local strains to international influenza virus banks.



Supported the government of Uzbekistan in establishing a National Center for AMR. The center, launched in 2017, is responsible for all AMR-related activities in the country, including performing antimicrobial susceptibility testing, implementing AMR surveillance, and disseminating AMR data.



In 2019, Kazakhstan opened an Emergency Operations Center within the MOH with the assistance of CDC. The EOC Director was trained under CDC’s Public Health Emergency Management fellowship in Atlanta.

| | KAZAKHSTAN | KYRGYZSTAN | TAJIKISTAN | UZBEKISTAN |
|--------------------------|---|--|---|--|
| Population | 18,037,646 (2017) | 6,201,500 (2017) | 8,921,343 (2017) | 32,387,200 (2017) |
| Per Capita Income | \$23,440 | \$3,620 | \$3,670 | \$7,130 |
| Life Expectancy at Birth | F 77/M 68 years | F 75/M 67 years | F 74/M 68 years | F 76/M 71 years |
| Infant Mortality Rate | 9/1,000 live births | 17/1,000 live births | 27/1,000 live births | 11/1,000 live births |
| Top 10 Causes of Death | <ol style="list-style-type: none"> 1. Ischemic heart disease 2. Stroke 3. Cirrhosis 4. Cardiomyopathy 5. Chronic obstructive pulmonary disease 6. Alzheimer’s disease 7. Self-harm 8. Lower respiratory infections 9. Lung cancer 10. Road injuries | <ol style="list-style-type: none"> 1. Ischemic heart disease 2. Stroke 3. Cirrhosis 4. Neonatal disorders 5. Chronic obstructive pulmonary disease 6. Road injuries 7. Lower respiratory infections 8. Alzheimer’s disease 9. Stomach cancer 10. Self-harm | <ol style="list-style-type: none"> 1. Ischemic heart disease 2. Lower respiratory infections 3. Stroke 4. Neonatal disorders 5. Diarrheal diseases 6. Cirrhosis 7. Hypertensive heart disease 8. Diabetes 9. Congenital defects 10. Alzheimer’s disease | <ol style="list-style-type: none"> 1. Ischemic heart disease 2. Stroke 3. Cirrhosis 4. Lower respiratory infections 5. Diabetes 6. Neonatal disorders 7. Alzheimer’s disease 8. Road injuries 9. Chronic kidney disease 10. Hypertensive heart disease |

Sources:

- ¹ World Bank 2018, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan
- ² Population Reference Bureau 2018, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan
- ³ GBD Compare 2018, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan

For more country information, visit:

<https://www.cdc.gov/globalhealth/countries/central-asia>

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