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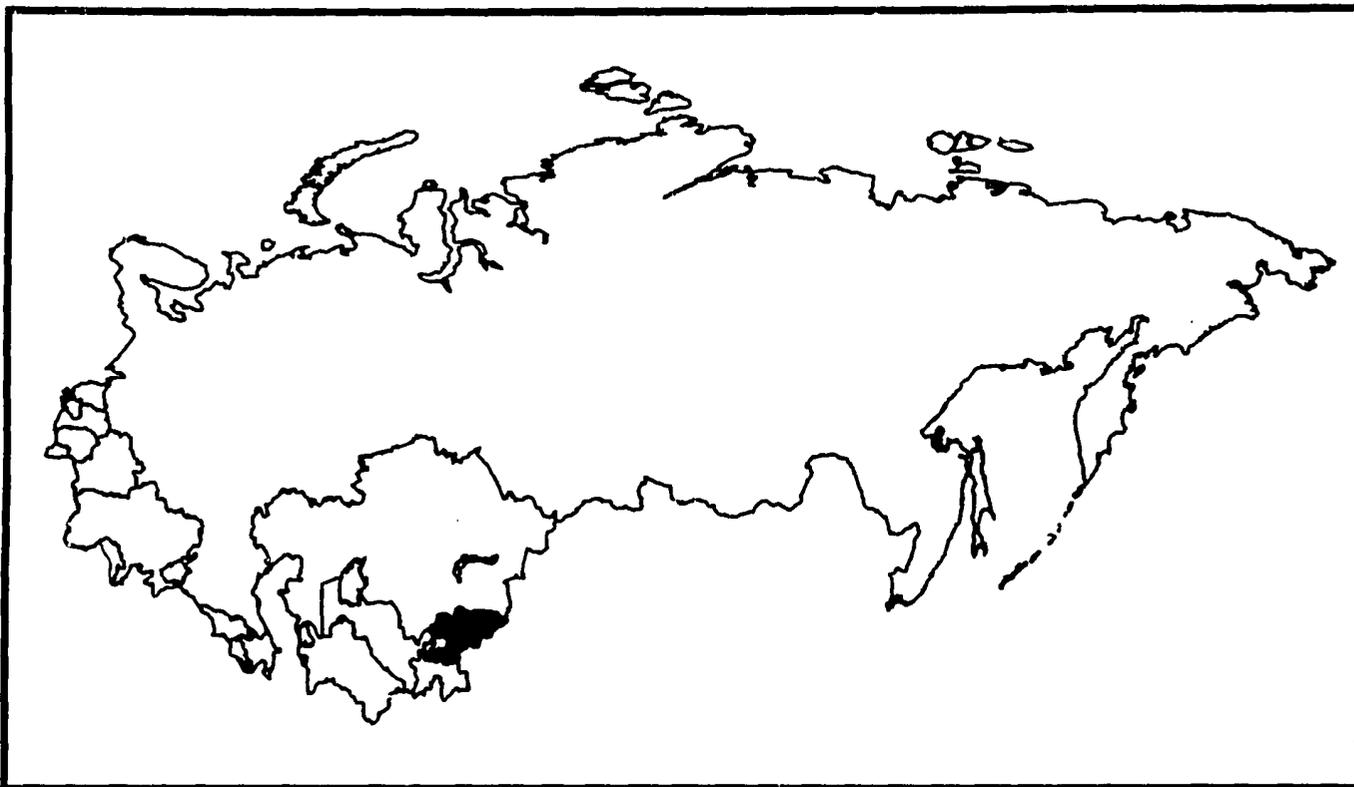
FINAL DRAFT

Kyrgyzstan

USAID Health Profile

(Selected Data)

April 24, 1992



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**The Center for International Health Information, a division of
ISTI, operates the USAID Health Information System under the
Child Survival Action Program – Support project, #936-5951.13,
contract number DPE 5951-Z-00-8004-00 with the Office of
Health, Bureau for Research and Development, U.S. Agency for
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This is one of a series of country profiles produced by the Center for International Health Information (CIHI), a USAID resource managed by the International Science and Technology Institute (ISTI). U.S. Bureau of the Census (BUCEN) made available its extensive demographic data files. Each profile includes summary descriptions, tables and graphs about the demographic and health conditions in republics of the Commonwealth of Independent States (C.I.S.).

The series of profiles is intended to provide current and trend data in a concise format to project design teams, evaluation teams, technical consultants, and other interested individuals and organizations. As summary documents, they do not provide comprehensive descriptions of either the demographic profile or health sector of the republics. Furthermore, the incipient nature of the C.I.S. necessitates the reporting of information from the era of the former U.S.S.R. While dated in some instances, policy changes in the U.S.S.R. made in the latter part of the 1980's, including the introduction of new forms of health insurance and arrangements to encourage private health providers, may well provide the foundation for the shape of the health sector in the coming decade.

This first series of C.I.S. profiles was compiled rapidly with readily available data. Occasionally, where the background documentation of the source material was sketchy and time prevented further verification, the data was included anyway in hopes that the mere inclusion of the data would stimulate further clarification by the various users of the profiles. On behalf of USAID, CIHI is planning to update the C.I.S. profiles as rapidly as new data becomes available and in response to commentary on the data in the current profiles. Accordingly, the authors of the profiles request that any more recent or more accurate data be forwarded to CIHI at the address below or to CIHI care of the USAID, Bureau of Research & Development, Office of Health, SA-18, Room 1200, Washington, D.C. 20523-1817.

Requests for additional information regarding C.I.S. republic profiles, health and population profiles for selected developing countries, and other reports prepared by CIHI should be transmitted directly to CIHI or through USAID as described above.



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INTRODUCTION: An Overview of the C.I.S.

Of the 15 republics that once made up the Union of Soviet Socialist Republics, 11 joined together and formed the Commonwealth of Independent States (C.I.S.). The Republic of Georgia and the Baltic States -- Latvia, Lithuania and Estonia -- chose to remain outside the commonwealth and became independent countries. While this configuration has remained constant for many months, it is possible that the current commonwealth arrangement will be a transitional step to total separation.

While situations vary greatly from republic to republic, the recent political, economic and social transitions have created several challenges which are common throughout the entire C.I.S. The republics are moving from a totalitarian government and centrally controlled economy to a more democratic system based on free market principles. As a result, prices have risen rapidly and now far exceed individual and family incomes. The purchasing power of the population has fallen and it has become increasingly difficult to purchase essential goods.

The availability of goods has also been affected by the transition. While the former USSR achieved status as a large, industrialized nation, the structure of its economic network divided labor among republics and regions, so each republic had its own sector of emphasis. However, this specialized structure rendered republics dependent on each other and made self-sufficiency nearly impossible. Now that the republics have declared independence within the C.I.S., ties among republics have been interrupted and production, distribution and trade systems have broken down. Consequently, production capabilities and supplies of numerous essential goods in each republic have been threatened.

The combination of rising prices and a breakdown in trade and production has resulted in a shortage of even the most basic commodities. Food supplies have been particularly affected and, consequently, people are reducing their consumption. This trend further jeopardizes the already fragile health status of much of the C.I.S. population, as described below.

In the former USSR, selected population groups within each republic received subsidies from the national government. Due to the economic and social stresses of the transition, the number of people dependent on this assistance has increased. However, this increased demand for assistance comes at a time when public finance is stretched to its limit and new tax and revenue raising systems are not yet established. In addition, minimum wage is currently the criteria used to determine who should receive government support. Minimum wage, however, has not kept pace with rapidly rising prices and this criteria no longer accurately reflects who is actually in need of assistance. Likewise, new mechanisms must be created to respond to new problems: the dramatic increase of unemployment and destitution in the C.I.S.

Health services are threatened by the lack of hard currency and the breakdown of intra-republic trading. Without these two elements, supplies of essential drugs, vaccines and supplies are rapidly decreasing. While vaccination coverage rates have been relatively high in many republics, depletion of vaccine stocks has been particularly extensive and the potential exists for epidemics of infectious childhood diseases. Vaccine production has been hampered by inadequate, old facilities, shortages of specimens, and insufficient, outdated equipment. For the same reasons, essential drugs and medical supplies are limited and may soon be depleted.

The population of the C.I.S. receives little information on family planning issues. Limited availability and substandard quality of contraceptives have resulted in a high rate of abortion. The breakdown of intra-republic trade and trade with countries outside the C.I.S. has intensified the shortage of contraceptives.

INTRODUCTION (continued)

While severe hunger has been averted, the nutritional well-being of the C.I.S. population may be threatened. Rising food prices, little variety in available food and perceived scarcity all contribute to poor nutrition. Improper nutrition increases susceptibility to infections and anemia is common among pregnant women.

The state of the environment has a major impact on the health of the population. In many areas of the C.I.S., environmental contamination by chemical and radioactive pollutants is believed to be harming people's health and causing a variety of chronic conditions and birth defects.

While the challenges faced by the C.I.S. republics are similar in some aspects to those of other countries where international donor organizations work, their problems cannot be compared to those of developing countries. The republics present a unique situation: They have many capabilities but lack the necessary means to implement them. Many republics have access to modern, nationally developed technologies, but their facilities are old and unacceptable for production, the distribution and trade systems are disrupted, and lack of funding often renders continued production impossible.

As political reforms and economic privatization proceed, the nation's most vulnerable groups -- primarily women, children, aging adults and people with disabilities -- need protection. The basic needs of these groups must be met in order to avoid unnecessary human suffering and further social upheaval.

An Overview of the Central Asian Republics

In June 1990, the five Central Asian Republics (Kazakhstan, Turkmenistan, Uzbekistan, Tajikistan, and Kyrgyzstan) signed an agreement of mutual cooperation. Totalling approximately 4 million square kilometers, the Central Asian Republics comprised about 20 percent of the former USSR. The Central Asian Republics share a common Moslem identity. They spoke as a unit when the Central Asian Republics announced they would join the new Commonwealth of Independent States in December 1991.

A region of semi-arid and desert lands, approximately 11 percent of the Central Asian Republics' land is arable. Nonetheless, 40 percent of output in the region comes from agriculture, as compared to the former USSR's average agricultural output of 20 percent. One unexpected result of the Central Asian Republics being located far from Moscow's central control is that the private sector in agriculture is relatively strong. The Central Asian Republics are also resource rich, producing approximately half of the former USSR's output of oil and natural gas.

Within the Central Asian Republics, distribution of resources is unequal, providing incentive for economic integration among the republics. Kazakhstan, Turkmenistan and Uzbekistan are resource rich but their access to water sources is limited, whereas Tajikistan and Kyrgyzstan are relatively poor in resources, yet have the headwaters of major rivers within their borders.

Water scarcity and pollution may restrict growth of the Central Asian Republics economies. In addition, water rights and land issues contribute greatly to ethnic tension.

Given the former USSR strategy of economic specialization at the republic level, few of the now independent states have an adequately diversified economic base. As a result of this strategy, the Central Asian Republics' economies are heavily dependent on trade. Until new trade agreements are reached and commodities begin to flow freely, the Central Asian Republics will remain extremely vulnerable to economic and related political shocks.

Moreover, there is a risk that assistance strategies, designed by donor countries focusing on the European Republics, will overlook the unique ethnic, religious and geographic characteristics of the five Central Asian Republics.

KYRGYZSTAN

Capital: Bishkek

President: Askar Akayev

Prime Minister: vacant

TERRITORY

Size¹: 199,000 sq. km
 Percent of former USSR¹: 0.9%

Kyrgyzstan is bordered by Kazakhstan and Uzbekistan to the north, Tajikistan to the west and the Xinjiang Province of China to the east and south. Kyrgyzstan is primarily mountainous and includes the Alai and Tian Shan mountain ranges.²

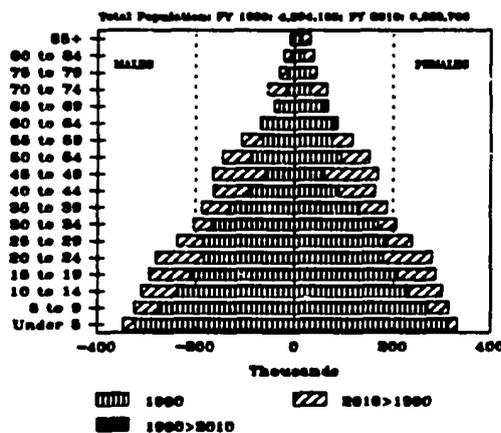
POPULATION

Population¹: 4.4 million (1990)
 Percentage of the former USSR¹: 1.5%

The annual average population growth rate of Kyrgyzstan is 2.4 percent; about 36 percent of the population is under 15 years of age. The growth rate between 1979 and 1989 was 2.0 percent, compared to 0.7 percent in Russia during the same period.³

Of the approximately 4.3 million people in Kyrgyzstan in 1989, the total number of males was 2,094,000 and females totalled 2,196,000. There were approximately 954 males per 1,000 females.⁴

Figure 1:
 Current and Projected Population by Age and Gender in Kyrgyzstan: 1990-2010

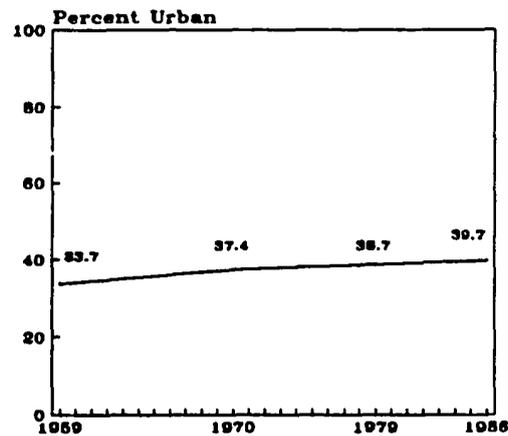


Level of urbanization

Like its neighboring Central Asian republics, Kyrgyzstan is primarily rural. By 1959, about 33.7

percent of the population lived in urban areas; that percent rose to 37.4 in 1970 and 38.7 in 1979.³ By 1989, the percent had changed little, falling slightly to 38.3, with a total of 1,641,000 people living in urban areas and 2,649,000 living in rural areas.⁴

Figure 2:
 Urbanization in Kyrgyzstan



Population by nationalities

Ethnic Kyrgyz comprise 52.4 percent of the republic's population; 21.5 percent is Russian and 12.9 percent is Uzbek. From 1979 to 1989, the ethnic Kyrgyz population grew at 4.4 percent each year, while the population of ethnic Russians decreased by the same amount.¹

Nationalities in Kyrgyzstan⁴
 (1989)

Total	4,258,000
Republic Nationalities	
Kyrgyz	2,230,000
Russian	917,000
Uzbek	550,000
Ukrainian	108,000
Kazakh	37,000
Tajik	34,000
Azerbaijani	16,000
Byelarusian	9,000
Armenian	4,000
Moldovan	2,000
Turkmen	1,000
Georgian	1,000
Other*	268,000

* includes Jews, Germans and others

KYRGYZSTAN: USAID Health Profile (continued)

Nationalities in Kyrgyzstan ⁴ (continued)	
<u>Autonomous Republic</u> <u>Nationalities</u>	
Tatars	70,000

ECONOMIC OVERVIEW

Agriculture is the leading sector of Kyrgyzstan's economy, accounting for 42.6 percent of the republic's net material product in 1989. While cotton is the main agricultural product in the Central Asian republics of Tajikistan, Turkmenistan and Uzbekistan, the main output of Kyrgyzstan is meat. The republic's agricultural production is more diversified than its Central Asian neighbors and has a greater emphasis on grain. Nevertheless, Kyrgyzstan has had to import about 60 percent of its grain from Russia because it has so little flat land.² Sheep and goat herding, as well as the production of wool, fruits, vegetables and sugar are central to the Kyrgyz economy.¹

About 31 percent of the republic's total net material product in 1989 came from industrial activity.² The majority of this industry is centered in Bishkek. Electric motors and livestock equipment are leading products, although development of leather, wool and tobacco production are planned.¹

The transition to independence and a market economy has resulted in the termination of government subsidies from Moscow, a lack of hard currency, a breakdown of intra-republic trade, sharp price increases, and significant shortages of food, consumer goods, raw materials and goods for industry. Sharp price increases in January 1992 have necessitated an increase in social assistance payments and food subsidies. However, the increased allocation of governmental funds to assistance programs has reduced the resources available for other activities in the social sector, particularly health and education. The majority of health and education resources are now directed toward salaries.²

A large part of Kyrgyzstan's population currently receives social assistance and the entire population receives health-delivery services provided by the

state. But social assistance has not increased proportionately with price increases and it is only partially indexed to prices. To further compound the problem, the current economic situation has greatly reduced the purchasing power of the republic's people.²

The educational gains made in Kyrgyzstan, such as high literacy rates, are threatened by the declining economy. Paper supplies for producing textbooks are depleted, and prices of school books and uniforms have increased dramatically.²

Given the current economic hardship, the republic has been accepting humanitarian aid from various nations around the world. A presidential decree was issued in February 1992 outlining the republic's plan for receiving, controlling and distributing humanitarian aid from the United States and other countries. The capital of Bishkek as well as outlying areas reportedly are in need of assistance, particularly for medicines, food for children, feed grain, wheat and sugar. Assistance with new production technology has also been requested by the Kyrgyz government.⁶

Production

While its population is only 1.5 percent of the former USSR's, Kyrgyzstan's net output in each of the major sectors in 1988 was less than 1.5 percent of the total for the former USSR. An exception is wool production which was about eight percent of the former USSR's.¹

The non-Kyrgyz part of the population, mostly Russian and Uzbek, works in industry and construction rather than in agriculture.¹

The net material products by sector in Kyrgyzstan in 1989 were distributed as follows²:

Agriculture	42.6%
Industry	31.5%
Construction	13.0%
Transport & Communication	3.7%
Trade & other	9.3%

Kyrgyzstan produces nine percent of all of the C.I.S.'s washing machines. The republic also produces smaller amounts of electric irons, tape

KYRGYZSTAN: USAID Health Profile (continued)

recorders, sugar, window glass, electric motors and farm equipment.³

Oil, Gas and Coal Production in Kyrgyzstan⁶

	Oil*	Gas**	Coal
1970	3	3	n/a
1975	2	3	n/a
1980	2	1	n/a
1985	2	1	n/a
1986	2	1	n/a
1987	2	1	n/a
1988	2	1	n/a
1989	2	1	n/a

* Crude oil production, including gas condensate, in million metric tons

** Natural gas production, in billion cubic meters

INCOME OVERVIEW

In 1989, approximately 62 percent of the Kyrgyz population had a monthly per capita income of 75 to 200 rubles. Six percent had an income over 200 rubles and 33 had an income under 75 rubles.³

EMPLOYMENT OVERVIEW

Approximately 1.2 million people in Kyrgyzstan were employed in 1989. Employment in the republic is distributed as follows⁸:

Employment by Branch (1989)	
Industry	289,000
Agriculture*	193,000
Transportation	96,000
Communications	17,000
Construction	117,000
Public services**	148,000
Social security***	94,000
Education	157,000
Culture & art	20,000
Science & services	43,000
Credit & state insurance	8,000
Administration	27,000
Other	31,000

Employment by Branch (continued)

- * includes employment on state farms and in forestry
- ** includes employment in trade, public dining, material technical supply and procurement, housing and municipal economy
- *** includes employment in health, physical, cultural and social security

HEALTH OVERVIEW

Total population ¹ :	4.4 million	1990
Crude birth rate ⁹ :	29.0 births per 1,000 population	1990
Crude death rate ⁹ :	6.9 deaths per 1,000 population	1990
Infant mortality rate ¹⁰ :	37.8 deaths per 1,000 live births	1987
Maternal mortality ratio ¹¹ :	42.6 deaths per 100,000 live births	1989

The health system of the former USSR was chronically neglected, and the individual republics of the C.I.S. have inherited this legacy and its problems. Areas demanding the most immediate attention in the C.I.S. are the often poor quality of care given by physicians and nurses, shortage of medical supplies, pharmaceuticals and equipment, inadequate facilities, and, finally, the population's lack of access to information about basic health practices and family planning.²

Overall, Kyrgyzstan's health care system is developed, functions well and has sufficient staff, but the rapid economic transition has placed severe stress on this system. As in other C.I.S. republics, the breakdown of trade and distribution systems and the reduction of the republic's purchasing power have contributed to a shortage of medical supplies. Stocks of vaccines and essential drugs are running out or have been completely depleted, much of the available equipment is antiquated, and other medical supplies are limited. In addition, funds previously designated for the provision of

KYRGYZSTAN: USAID Health Profile (continued)

services are now going toward salaries.²

In visits to institutions and facilities in Bishkek, a Project Hope team reported a shortage of all medicines, inadequate medical equipment and, in one polyclinic, a near epidemic of influenza and all types of hepatitis.¹²

While health emergencies such as epidemics and starvation are not yet evident on the surface in much of Kyrgyzstan, the population is relying on many reserve supplies to cope with current economic hardships. Should this situation continue, a major crisis is likely in mid to late 1992.²

In Kyrgyzstan, there is a high risk of increased childhood malnutrition. Rising prices and a decrease in purchasing power have reduced family food consumption and as a result children's protein-calorie intake has also decreased. Government subsidized programs supplying meals in schools and infant food from "milk kitchens" face imminent collapse. Breastfeeding is not widely practiced and currently cannot lessen the impact of the infant feeding crisis. An increase in childhood malnutrition will increase the chances of epidemics of preventable infectious diseases.²

ARIs and diarrheal diseases are the leading causes of infant mortality. In 1985, forty-six percent of Kyrgyzstan homes had no sewage systems, running water or central heat, and improvements in water and sanitation are unlikely in the immediate future.³

The health of women is threatened by high fertility, low prevalence of contraceptives and the use of abortion as the major form of fertility regulation.²

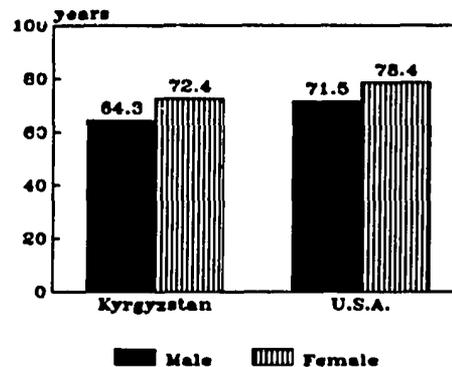
Industrial pollution is less in Kyrgyzstan than other heavily industrialized republics in the C.I.S. However, since it is a major agricultural producer, the excessive use of pesticides and chemical fertilizers has created a serious environmental concern. Radiation has reportedly reached Kyrgyzstan from nuclear testing sites in Kazakhstan and China, a condition which is believed to have contributed to an increased incidence of leukemia.²

Life expectancy

Life expectancy at birth in Kyrgyzstan in 1989 was

64.3 years for males and 72.4 years for females, compared to 71.5 and 78.4 years for males and females, respectively, in the United States in 1987.¹³

Figure 3:
1989 Life Expectancy at Birth:
Kyrgyzstan Compared to U.S.A.*



*U.S.A. Data is for 1987

Mortality rate

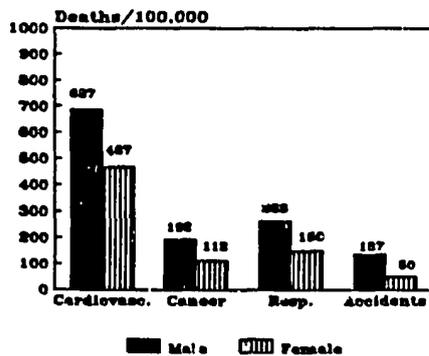
Since the early 1970s, the course of mortality rates in all of the former USSR republics has generally followed trends typical for the all-Union level. In Kyrgyzstan, mortality rates gradually worsened for more than a decade, and, although 1985-86 statistics indicate a steady improvement since 1980-81, they are still higher than the 1970 rate. Russia was the only republic with a mortality rate lower than in 1970. Specifically, Kyrgyzstan's mortality rate in 1970-71 was 11.4 deaths for males and 7.0 deaths for females (both per 1,000 population); by 1980-81, this rate had increased to 13.6 deaths for males and 8.0 deaths for females, but by 1985-86, it had fallen to 12.1 deaths for males and 7.6 deaths for females.¹⁴

Causes of death

The main causes of death in Kyrgyzstan are cardiovascular conditions, respiratory conditions, cancer and accidents. In 1988, a total of 1,463.7 males and 891.3 females (both per 100,000 population) died from these causes.¹¹

KYRGYZSTAN: USAID Health Profile (continued)

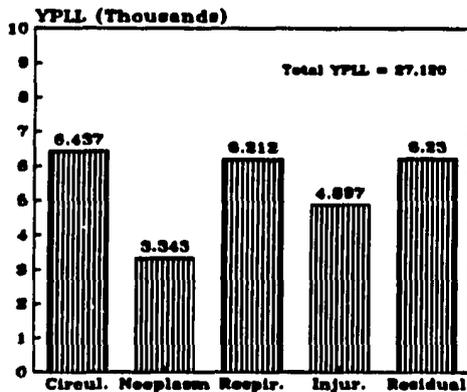
**Figure 4:
Mortality Rates by Cause
of Death in Kyrgyzstan**



Years of potential life lost by cause of death (YPLL)

Each year in Kyrgyzstan, males lose a total of 27,120 years of potential life per 100,000 population due to various causes of death. Circulatory conditions are the most common, causing 6,437 YPLL. Deaths caused by respiratory conditions cause 6,212 YPLL, injuries total 4,897 YPLL, neoplasms total 3,343 YPLL and other (residual) causes total 6,230 YPLL.¹⁵

**Figure 5:
Years of Potential Life Lost by
Cause of Death in Kyrgyz Males**

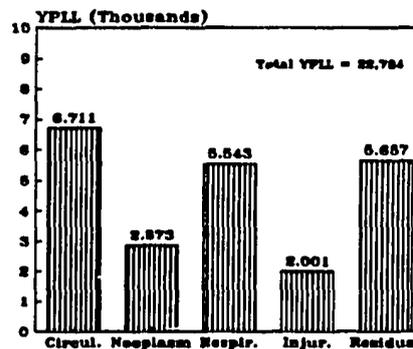


Figures are per 100,000 population

Annually, females in Kyrgyzstan lose a total of 22,784 years of potential life per 100,000 population due to various causes of death. Reflecting the same

trend as for males, circulatory conditions are the most common causes, totalling 6,711 YPLL. Deaths caused by respiratory conditions total 5,543 YPLL, neoplasms total 2,873 YPLL, injuries total 2,001 YPLL and other (residual) causes total 5,657 YPLL.¹⁵

**Figure 6:
Years of Potential Life Lost by
Cause of Death in Kyrgyz Females**

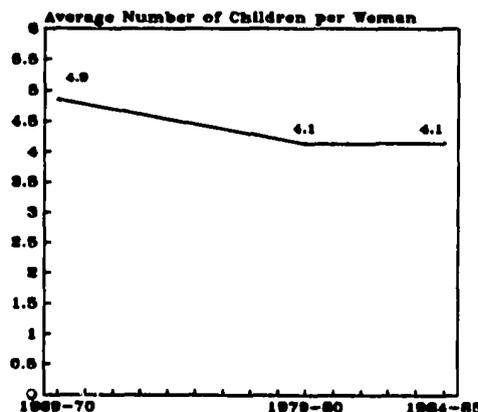


Figures are per 100,000 population

Fertility rate

The fertility rate in Kyrgyzstan has decreased since 1969. The average number of children per woman in 1969-70 was 4.9. That number fell by 1979-80 to 4.13 and rose slightly by 1984-85 to 4.14.⁵ A UNICEF/WHO mission reported in early 1992 that the total fertility rate has fallen to 3.7; in urban areas this rate is 2.5, but in rural areas where two-thirds of the population lives, the rate is 4.6.²

**Figure 7:
Total Fertility Rate in Kyrgyzstan**



KYRGYZSTAN: USAID Health Profile (continued)

Twenty-three percent of infant deaths are attributed to diarrheal diseases, and 30 to 50 percent of children brought to fieldsher stations have diarrhea. Watery diarrhea is the major form, although dysenteric forms are common. Service providers are very familiar with Oral Rehydration Solution (ORS) and the population accepts it, but health workers often do not communicate how ORS works, how to use it and what mothers can anticipate when using it. Antibiotics such as tetracycline are often prescribed, frequently without or before ORS. Unnecessary hospital admissions and excessive hospital stays are often part of diarrhea treatment.²

Maternal mortality

To account for under-registration of births, the U.S. Bureau of the Census (BUCEN) adjusted the total fertility rate (TFR) for 1990 to be 3.9 children per woman. The projected TFR for 2010 is 2.9 children.¹⁷

The maternal mortality ratio in 1989 was 42.6 deaths per 100,000 live births.¹¹ However, according to a UNICEF/WHO mission report in early 1992, this ratio was 76 deaths per 100,000 live births.²

Infant mortality

In 1970, the infant mortality rate in Kyrgyzstan was 45.4 deaths per 1,000 live births. By 1980 that number had dropped to 43.3 deaths and by 1987 it was even lower at 37.8 deaths.¹⁰ In 1991, the infant mortality rate was 29.6, according to the Ministry of Health.⁷

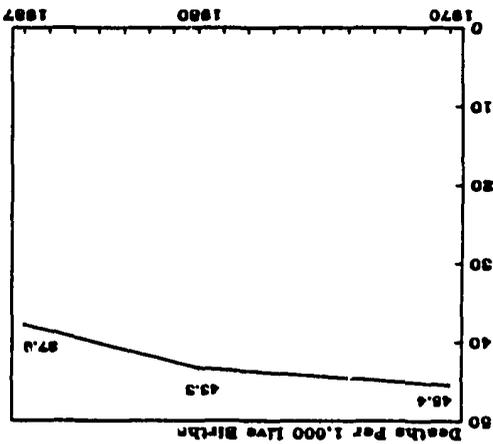


Figure 8: Infant Mortality Rate in Kyrgyzstan

Acute Respiratory Infections (ARIs) and diarrheal diseases are the leading causes of infant mortality in Kyrgyzstan. ARIs cause 49 percent of infant deaths and they are also believed to be a major cause of under five mortality. According to the Ministry of Health, 30 to 50 percent of children brought to fieldsher stations had respiratory ailments. (A fieldsher is a health worker similar to a physician's assistant in the U.S.). Standard guidelines for treating ARIs are lacking and antibiotics are reported to be excessively and inappropriately prescribed.²

Of the 3816 infant deaths (per 1,000 live births) reported in the republic in 1986, 9.0 were caused by infectious, parasitic and intestinal diseases; 18.73 were caused by respiratory diseases; 1.95 were caused by congenital anomalies; 6.21 were caused by perinatal conditions; and 1.43 were caused by accidents and poisonings.¹⁴

Year	1975		1980		1986	
	Kyrgyz	USSR	Kyrgyz	USSR	Kyrgyz	USSR
Urban	33.9	25.8	32.3	23.5	28.6	21.1
Rural	46.3	37.0	48.4	32.5	42.1	31.4

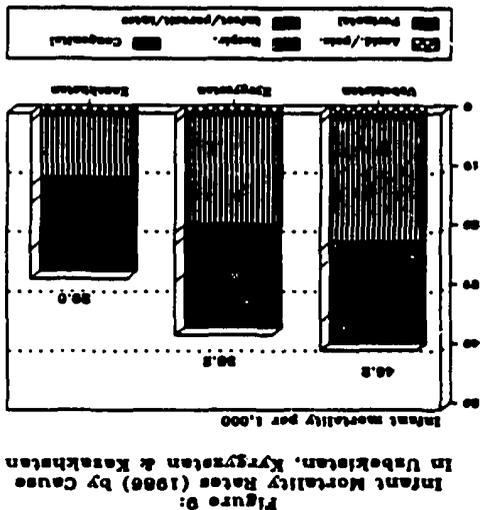


Figure 9: Infant Mortality Rates (1986) by Cause in Urban, Rural, and Total

KYRGYZSTAN: USAID Health Profile (continued)

The official Soviet statistics for infant mortality rates understate the actual levels by approximately 50 percent, according to BUCEN estimates. The definition of infant mortality in the former USSR varied significantly from the standard international definition from WHO. BUCEN estimates infant mortality to be 54.2 deaths per 1,000 live births for 1990 and 20.7 deaths for 2010.¹⁷

Child health and nutrition

One of the major health threats in Kyrgyzstan is childhood malnutrition, caused primarily by a combination of infectious diseases, abbreviated breastfeeding and dietary constraints. According to reports from rural feldshers, about 10 percent of children brought to their clinics are malnourished. Low birth weight of newborns (<2,500 gms) ranges from seven to 12 percent, but is as high as 23 percent in some regions.²

In the former USSR, the local and central government subsidized infant food provided through "milk kitchens" and meals served to children in primary and secondary schools. The milk kitchens are located in about 70 percent of the state and collective farms and reportedly cover about 40 to 60 percent of all children from birth to their second birthday. But with recent price increases, the cost of providing this food has surpassed government subsidies. In addition, milk imports have nearly ceased; in 1991, only eight percent of milk requirements were supplied to the kitchens. Consequently, both infant and school food programs face imminent collapse.²

Other health concerns include hepatitis. Of the reported cases, 85 percent are type A, and an unconfirmed Ministry of Health report stated that the hepatitis B antigen was carried by up to 20 percent of the population. Iron deficiency is common among infants and pregnant women.²

Breastfeeding

Sound breastfeeding practices are lacking in Kyrgyzstan. While Ministry of Health data indicates a median breastfeeding duration of six months, a UNICEF/WHO mission team reported that abbreviated and partial breastfeeding are common. The team reported that hospital staff, obstetricians and pediatricians did not sufficiently encourage mothers to breastfeed. Anemia and

effects from a woman's employment often cause a woman to have insufficient milk for breastfeeding.²

Family planning, contraceptives and abortion

Family planning is a major concern of the Kyrgyzstan government. The annual population growth rate is 2.4 percent and the crude birth rate is 29 births per 1,000 population. However, the contraceptive prevalence rate was as low as 22 percent in 1991 and basically only one method -- the IUD -- was used.²

The low availability of modern contraceptives contributes to the high number of abortions performed to regulate fertility. Until 1988, approximately 75,000 abortions were performed each year, but gradual introduction of family planning reduced that number to under 54,000 in 1990. However, that number rose again in 1991 to 62,500 due to price increases and the lack of family planning supplies.²

The Kyrgyzstan government provides IUDs, oral contraceptives and condoms, but services have not yet been extended to all areas. Many feldsher stations and even district hospitals do not offer any family planning services. Of the 22 percent contraceptive prevalence rate, it is estimated that over 80 percent of women used IUDs. Oral contraceptives are not popular.²

Various types of IUDs are available in Kyrgyzstan. IUDs are made in Khazan, Russia but they are reportedly of poor quality. A St. Petersburg factory has supplied Copper T type IUDs. In addition IUDs have been imported from Finland and from a Dutch/Georgian venture.²

Some steps have been taken by the government to promote family planning. Recently a pilot program was started in which female para-medical workers regularly visit 30 families to give preventive health care and family planning education. The Bishkek Family Planning Center was started a few years ago and provides family planning services, infertility treatment by laser technology, hypnosis treatment and abortions. The center inserts 300 IUDs each month. Pills and condoms are also available.²

HIV/AIDS

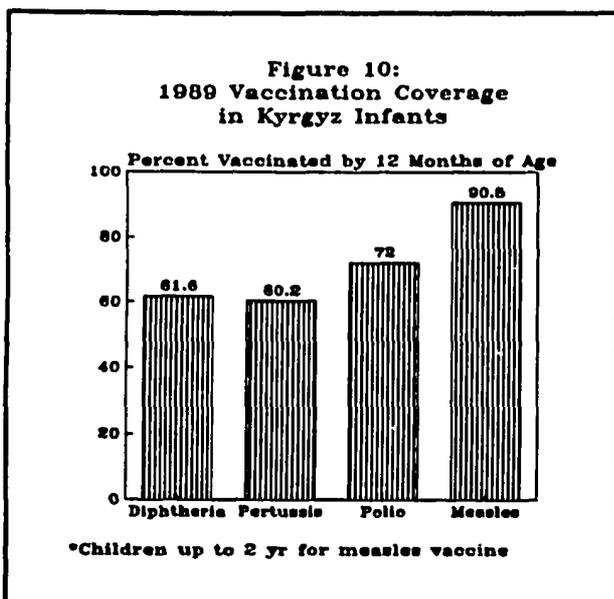
The incidence of AIDS and sexually-transmitted diseases is reportedly low; according to a

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UNICEF/WHO mission report in early 1992, only five cases of AIDS had been reported.²

Vaccine coverage

By 1989 in Kyrgyzstan, vaccination coverage in infants who had reached 12 months of age were at the following levels: 61.6 percent were vaccinated against diphtheria, 60.2 against pertussis and 72.0 against polio. Vaccination coverage against measles in children by 24 months of age was 90.5 percent.¹⁶



Over the past 30 years, vaccine-preventable diseases have been greatly reduced through systematic vaccination programs. The Ministry of Health data is highly variable, but for the six basic antigens -- measles, polio, DPT and BCG -- coverage is reportedly 80 percent. Serological surveys from the Ministry of Health indicate that levels of coverage for measles was between 68 and 96 percent, polio was between 90 and 95 percent and diphtheria was 80 percent.²

However, the Ministry of Health also reported that since 1976, no significant progress has been made in reducing the incidence of vaccine-preventable diseases because of poor vaccine quality, variable vaccine availability, cold chain breakdowns and inadequate health staff training. In an effort to compensate for these problems, immunization against measles is done twice, at nine and 18 months.²

The current economic transition has had a negative impact on vaccine coverage. Measles vaccine delivery stopped in September 1991 and there are shortages of BCG and other key vaccines. Imports of disposable syringes for vaccinations ceased in 1992. Price increases also make vaccines more inaccessible. According to the Ministry of Health, the price of measles vaccine from Russia has risen four-fold and polio vaccine has increased 10-fold.²

Drugs and pharmaceuticals

There is no pharmaceutical factory in Kyrgyzstan. Before Kyrgyzstan declared independence in early 1992, approximately 97 percent of the republic's drug needs were met from the rest of the USSR. The breakdown of intra-republic trade has affected the drug supply, and the production of drug suppliers has dropped. Of the 150 contracts Kyrgyzstan had within the former USSR, only 50 are currently able to provide supplies, and even then they are in reduced quantities. Shortages of drug supplies are now severe and Kyrgyzstan is now forced to buy them with hard currency.²

Environmental factors in health

Industrial development in this primarily agrarian society began only 20 years ago and consequently heavy industrial pollution is not as severe as in other C.I.S. republics. However, the Chuy Valley and Bishkek -- the most industrialized city in Kyrgyzstan -- have considerable air pollution. Factories, the heavy volume of traffic, and heating in the winter by natural gas, fuel oil and coal all contribute to the pollution.²

Kyrgyzstan's main environmental problem stems from the excessive use of pesticides and chemical fertilizers in order to produce the highest agricultural yields possible. High usage of chemicals in the soil have resulted in high contamination of surface and underground water. New directives and guidelines were created by the government in 1991 to reduce pesticide and fertilizer use. The government's Environmental Committee reports no breast milk contamination. Soil erosion and deforestation are also major problems, mainly due to the large number of sheep grazing the hills.²

Kyrgyzstan's close proximity to nuclear testing sites in Kazakhstan and China have reportedly created high levels of radiation in Kyrgyzstan and led to increased incidence of leukemia.²

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**Data Notes
Indicator Definitions**

DEMOGRAPHIC INDICATORS

TOTAL POPULATION: Mid-year estimate of the total number of individuals in a country.

YEARS OF POTENTIAL LIFE LOST: The weighted difference between the number of years of life expectancy in absence of all preventable mortality and the number of years lost due to preventable mortality. Since deaths of children result in a greater loss of life span than deaths of adults, the differences in loss of potential life are taken into account by using a type of measure which heavily weights the importance of child death.

LIFE EXPECTANCY AT BIRTH: An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

MORTALITY RATE: Basic cause-specific death rates are usually expressed in deaths per 100,000 because for most causes of deaths the rates of occurrence are so low.

CHILDREN UNDER 1: Mid-year estimate of the total number of children under age one.

INFANT MORTALITY RATE (IMR): The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. An IMR may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

MATERNAL MORTALITY RATIO: The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is a ratio because the unit of the numerator (maternal deaths) is different than that of the denominator (live births). Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

TOTAL FERTILITY RATE: An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

VACCINATION COVERAGE RATES

VACCINATION COVERAGE IN CHILDREN: An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday -- three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of vaccines administered divided by an estimate of the pool of children eligible for vaccination. Survey estimates are based on sample surveys of children in the target age group and may or may not include children without vaccination cards whose mothers recall that their children had been vaccinated.

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