HIGHLIGHTS

- On Sunday, 27 June 2010, the interim government of Kyrgyzstan held a public referendum to approve the new constitution. No major security incidents have been reported.
- Almost all refugees have voluntarily returned to Kyrgyzstan; only patients needing hospital treatment remain in Uzbekistan. The estimated number of internally displaced persons (IDPs) and returnees in Kyrgyzstan is 375,000; most are staying with relatives and host families (1).
- Since 10 June, the official number of deaths in the area in southern Kyrgyzstan affected by unrest has risen to 294; 2,231 injured people are reported to have received hospital treatment.
- WHO has published a public health risk assessment for Kyrgyzstan and Uzbekistan and shared it with partners (2).
- WHO is working with the Ministry of Health in Kyrgyzstan to limit the potential impact of the security situation and displacement on the supplementary immunization activities being conducted following the recent poliomyelitis (polio) outbreak in Tajikistan. Measles and rubella immunization is being considered in collaboration with the United Nations Children's Fund (UNICEF).
- With UNICEF, the United Nations Population Fund (UNFPA) and nongovernmental partners, WHO is conducting a health needs assessment in Jalal-Abad, Osh, and Suzak to assess immediate and medium-term health needs.
- WHO holds regular health cluster coordination meetings in Bishkek (3), and coordinates the humanitarian health assistance to Kyrgyzstan with health partners. A health cluster meeting to coordinate activities in the south is scheduled for 3 July in Osh.

References

Kyrgyzstan

SITUATION OVERVIEW

- The Office of the United Nations High Commissioner for Refugees (UNHCR) reports that, as of 25 June 2010, 86,000 of the IDPs have been accommodated in Osh and about 11,000 in Jalal-Abad and surroundings. Most IDPs and returnees are staying with relatives and host families. There are no camps or collective centres.
- The security situation in southern Kyrgyzstan remains stable and calm. Some tensions are reported from Uzbek communities, some of which were still inaccessible by local authorities and international aid workers.
As a result of the displacement and the return of refugees to Kyrgyzstan, the humanitarian country team estimates that around 560 000 people (including IDPs, returnees and host families) will require humanitarian assistance, particularly food and other items.

HEALTH IMPACT

- Health care facilities in Osh and Jalal-Abad are operational, and initial assessments report that most have sufficient medical supplies and pharmaceuticals to cover current needs.
- On 30 June and 1 July and with UNICEF, UNFPA and nongovernmental partners, WHO is conducting a health assessment, visiting health care facilities and affected communities in Osh, Jalal-Abad, Suzak and surroundings. The results will provide a detailed analysis of acute and medium-term health needs and allow a targeted and needs-based provision of humanitarian health interventions.
- As of 29 June, the health authorities had reported 294 deaths (73% in men), hospital treatment of 2231 patients in health facilities in the south, 185 people remaining in hospital and the transfer of 86 with critical clinical conditions to specialized hospitals in Bishkek.

HEALTH SECTOR RESPONSE

- The team of health professionals, deployed by the Ministry of Health of Kyrgyzstan to strengthen services in the south, has returned to Bishkek.
- The International Committee of the Red Cross (ICRC), the National Red Crescent Society and Médecins Sans Frontières (MSF) are working in the affected areas and providing medical supplies to hospitals and health points. MSF has sent three psychologists to provide psychosocial support.
- Humanitarian health support worth the equivalent of US$ 180 000 has been mobilized and distributed to medical facilities in the Osh region, including medicines, medical supplies, food and equipment.
- As of 29 June, the Office for the Coordination of Humanitarian Affairs (OCHA) reported 16% of the flash appeal funded. The health component of the appeal requested US$ 6 375 000 to fund priority health interventions and activities to be implemented by health cluster partners.

WHO RESPONSE

- WHO has strengthened its presence in the field, and activities supported by the United Nations Central Emergency Response Fund (CERF) are under way to strengthen health information, coordination and the system for early warning of and response to disease outbreaks.
- In response to the polio outbreak in Tajikistan, WHO is supporting health authorities to conduct two rounds of national immunization days (NIDs) in Kyrgyzstan. The first, on 19–23 July, will target children aged under 6 years. In addition, immunization against measles and rubella is under consideration in areas where large groups of people gather.
- WHO leads regular health cluster coordination meetings in Bishkek. It is setting up a suboffice in Osh and will lead the first health cluster coordination meeting there on 3 July. It published and shared with partners a public health risk assessment for Kyrgyzstan and Uzbekistan.
- WHO experts in public health and emergency management have gone to Osh to support and coordinate a joint health needs assessment, visiting local health care facilities and affected communities. On 1 July a logistics officer, initially deployed to Uzbekistan, arrives in Osh to coordinate the distribution of medical supplies and to support the set-up of field operations. A communications expert will arrive in Bishkek on 5 July.
- WHO is gathering information on the capacities and institutions for mental health and psychosocial support and the availability of health care professionals from both ethnic groups in southern
Kyrgyzstan. These professionals could later be mobilized to provide psychosocial support to conflict-affected populations. The ministries of Health and Education and MSF are providing mental health care for these groups.

**URGENT NEEDS FOR KYRGYZSTAN**

- Reports still indicate some gaps in the availability of selected medicines, medical equipment and supplies, especially in remote health care facilities.
- Ensuring shelter and access to health services for all vulnerable groups affected by the situation remains a challenge. The return of a large number of IDPs is expected to place additional pressure on the health system.
- The condition of health care facilities is being assessed to predict medium-term health needs and the needs for medical supplies, especially in remote rural areas.

**Uzbekistan**

**SITUATION OVERVIEW**

- The situation in Uzbekistan has changed dramatically. Almost all refugees have voluntarily returned to Kyrgyzstan, and no camps or settlements remain in the country. The Ministry of Foreign Affairs of Uzbekistan has alerted all embassies to reconsider any planned humanitarian assistance or reroute medical supplies to Kyrgyzstan.
- As of 30 June, around 400 refugees remained patients in Uzbek hospitals. Upon agreement between the health ministries in Kyrgyzstan and Uzbekistan, follow-up treatment for these people will be provided in Kyrgyzstan. Kyrgyz and Uzbek authorities established a humanitarian corridor to ensure transport of humanitarian supply convoys by road.
- The Uzbek Government urged organizations to provide and/or reroute aid and assistance to Kyrgyzstan.

**HEALTH IMPACT**

- Uzbek authorities announced that there was no further need for medical assistance. Capacity at the local level was sufficient to address all health needs.

**HEALTH SECTOR RESPONSE**

- Around 52,000 children aged under 15 years were immunized with monovalent oral polio vaccine type 1 (mOPV1) at the border or in the temporary refugee camps.
- Several organizations delivered health kits and medical supplies, which local health facilities used to provide timely and adequate health services to the affected population.

**WHO RESPONSE**

- WHO continues to work closely with the Ministry of Health of Uzbekistan to monitor the situation.
- The last WHO-chaired health sector coordination meeting in Tashkent took place on 25 June. The Uzbek Government asked all international organizations to resume their normal country operations.
In total, WHO mobilized two interagency emergency health kits (IEHKs), four trauma kits and four IEHK post-exposure prophylaxis modules. The IEHKs were distributed through health authorities to support local health facilities and replenish depleted stocks.

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