KYRGYZSTAN
BABUSHKA MIDWIVES LEAD THE WAY

How does one of the poorest countries in central Asia have one of the highest immunisation rates in the world?

Find out how and why
In Kyrgyzstan, a Central Asian country that was formerly a Soviet Republic...

... the rugged mountainous landscape, combined with a weak infrastructure, creates barriers to reaching every family with immunisation.
Geography is not the only obstacle to reaching children. Large numbers of Kyrgyzstan’s doctors and nurses are being lured abroad by higher wages and the opportunity to work in more up-to-date medical facilities.

Negative attitudes towards vaccination represent another barrier. At the family medicine centre in Suzak, near Jalalabad, Kamaldin Khurbayev refuses to have his three-month-old daughter Salikha immunised on religious grounds. Later, a doctor at the centre will change his mind.

Despite these considerable challenges – and those engendered by several recent political upheavals - 96% of Kyrgyzstan’s children are covered by immunisation. The country has achieved this through a well-organised health system rooted in the Soviet era and refreshed through the creation of a family health care system.

Even the smallest, remotest communities are served by a feldsher/midwife post or a family medicine centre, like this simply equipped one, in Minbulak village, Naryn region. Immunisation services for this community are overseen by family doctor Gul’zat Mamedkazieva.

In Nooken, the regional centre of the Naryn Oblast, immunisation nurse Busarakan Myrzalieva trains new staff. Kyrgyzstan has intensified training of health workers following a series of adverse events among vaccinated children due to faulty procedures.

With the help of donors and partners, Kyrgyzstan is improving the way it stores and transports vaccines. The country’s central storage facility at the Republican Center for Immunisation was recently renovated with the help of the GAVI Alliance.

Vaccines are transported from the central storage facility in refrigerated lorries to two sub-centres and then to district centres via four-wheel drive vehicles.

In the final step of the cold chain, vaccinators travel once monthly to district centres to pick up vaccines, carrying them home in insulated bags purchased through a grant from GAVI and the Japanese government.

At the Nooken centre, two-month-old Asel’ Sarbayeva gets a welcome distraction in preparation for receiving the five-in-one pentavalent vaccine. The routine use of this vaccine, introduced in 2009 with GAVI support, provides a simpler, less painful way to protect babies against major infectious diseases through a single injection.

Kyrgyzstan remains the second poorest country in Central Asia with much of the population still dependent on herding, farming and foraging methods that have not changed for generations. Yet the country can claim one of the highest immunisation rates in the world.
IN WORDS

BABUSHKA MIDWIVES, BEARING THE BURDEN

Despite serving as a health worker for more than three decades and being the proud Babushka of 23 grandchildren, Sanovar Partieva still cannot bear the tears and cries of a newborn baby receiving its first vaccine jab.

“Some kids do not even have time to get scared, and I always worry when the baby starts to cry and resist. I still can’t get used to children’s tears,” says Sanovar, who has been administering vaccines since 2001.

As a 57-year-old health worker in the feldsher-midwife post (FAP) of Gum-hana, a village of 6,200 inhabitants in Kyrgyzstan’s Jalal-Abad province, bearing the sound of babies’ cries is the least of Sanovar’s burdens.

Doctors leaving Kyrgyzstan

Many newly trained doctors and other health professionals leaving Kyrgyzstan for better-paying jobs abroad. An estimated 4-5% of family medicine centres are short of one or two doctors or only have nurses and paramedics.

In these circumstances, the role of the veteran health worker remains critical to the welfare of a village where most people eke out a living collecting and selling walnuts from the surround Arstan Bap forest.

Soviet era

Introduced during the Soviet era to provide basic medical and obstetrical services, even to the most remote rural areas, health workers at Kyrgyzstan’s 1,600 FAPs are a primary reason for nation-wide high rate of immunisation.

Despite two revolutions and ethnic conflicts, Kyrgyzstan has preserved a well-organised system of immunisation that has not changed since the Cold War. Today, more than 96 percent of Kyrgyzstan’s population is covered by immunisation.

FAP health workers like Sanovar, who is known affectionately as ‘Auntie’, have become valued members of their local communities -- not least because, outside of her FAP duties, Sanovar’s life differs little from other villagers in Gum-hana.

Milk the cow

Each day, Sanovar rises at six to milk the cow, assemble her milk separator, make sour cream and drive the cow into the pasture. Then, she must attend to breakfast for the 15 family members and guests who have spent the night in her house. There will be tea with milk and freshly baked naan bread, served in a sitting room cooled by the shade of a massive walnut tree that dominates the front yard.
Then, it’s a 10-minute walk to the FAP where Sanovar will spend the rest of her day and has spent every working day for 35 years. She dresses in a crisp white gown and a white kerchief and sits down to look through her log and plan the day.

**Special cooler bag**

Every month, Sanovar takes a public minibus to Bazar-Kurgon where she files a report on the vaccinations she has given and illnesses she has treated to the district health centre. Before returning home she picks up the vaccines needed for routine immunisation, which she brings back to the village in a special cooler bag.

In the past three weeks, she has vaccinated 15 infants, six toddlers up to two years old and eight six-year olds.

Her only other excursions are for workshops with other FAP workers – which are held monthly or more frequently, as needed, to keep paramedics up to date.

**Comfortable vaccine**

“When the pentavalent vaccine was introduced, additional workshops were held in the regional centre. It’s a very comfortable vaccine, just one prick,” she says, welcoming the best antidote to her dislike of young babies’ crying.

“One shot in the leg instead of two - it’s very good!”

Teaching villagers about the importance of vaccines – and calming their worries about a child’s mild reaction – are important parts of Sanovar’s job.

“So children become restless and have a little temperature after a vaccine. The mum may get exhausted by this. Then she does not want to do the second vaccination. I make sure I visit them, explain that it is a normal reaction, and I tell them about those terrible diseases - whooping cough, and diphtheria, and hepatitis B - and the terrible complications that can occur. And that by comparison a little fever and tears are really nothing. I persuade, coax and clarify - and they all come back,” she says.

“**What would I do if I retired?**”

With five children, 23 grandchildren, and a husband who works as a minibus driver, Babushka Sanovar is at an age when she could be forgiven for contemplating retirement.

“But what would I do if I retired? Watch TV or something all day long? I would get tired. And by doing what I do I help people.”
**IN DATA**

**KYRGYZSTAN**

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**Strengths**

Strong government commitment, excellent record on co-financing, very high immunisation rates.

**Challenges**

Poor infrastructure, geographical barriers, health workforce migration, anti-vaccine movement.

**Overview**

Kyrgyzstan, a former Soviet republic, is the second poorest country in Central Asia, and much of the population still depends on herding, farming and foraging methods that have not changed for generations. Yet the country can claim one of the highest immunisation rates in the world, sustained despite ethnic conflict and two revolutions. The country has achieved this through a well-organised system that endured beyond the Soviet era and is carried on by paramedic workers like Sanovar Partieva.

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**GAVI support for Kyrgyzstan**

- Pentavalent vaccine funding
- Expanded beyond vaccine procurement to help strengthen immunisation services and systems
- Support for 1,600 Village Health Committees – door to door volunteers who educate families
- Funding for vaccination calendars

**Funds committed 2001-2016: $US 10,751,342**

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**Health System Strengthening**

- Vaccines
- Health worker training
- Immunisation services support
- Laboratory services support
Question & Answer

Dr Dinara Saginbaeva, Minister of Health, Kyrgyzstan

Q Despite recent social upheavals including two revolutions and ethnic conflict, your government is introducing a number of innovations to your health system – while maintaining many aspects of the Soviet-era system. Could you describe them?

Dr Saginbaeva: in 1996 we began a reform of health care based on international practice. At the primary care level are family health centres based in villages, which represent the cornerstone of overall health care reform. At the secondary level are regional hospitals and health centres staffed by surgeons and other specialists. The third tier consists of specialised medical institutions, which are mainly in Bishkek, our capital.

At the same time, we have maintained the feldsher-midwife posts (FAPs), which were created during the Soviet era to provide basic health care, even in the most remote rural areas. There are still 1,600 of them in the country.

Unfortunately, we are facing migration of health workers to better paying jobs outside the country. About 4% to 5% of family medicine centres are short of one or two doctors or only have nurses and paramedics. Nevertheless, our reform has led to a considerable reduction in mortality among children less than one year old. This is an important indicator.

Q Would it be fair to say this was achieved primarily because of your country’s immunisation system?

Dr Saginbaeva: without a doubt, and great credit must be given here to the devoted employees of the FAPs. Through them we preserved the whole system of immunisation, which has not changed since the Soviet era and has been integrated into our current health system. Today, more than 96% of Kyrgyzstan’s population is covered by immunisation.

Q There has been some recent backlash against vaccination in Kyrgyzstan’s population. What were the causes?

Dr Saginbaeva: there are two main reasons. First, we had a few cases of vaccine-related adverse events. These were not caused by the vaccines themselves but by errors on the part of health workers who had not received sufficient training. Our newspapers and broadcasters – which are completely free – reported on these incidents straight away. This public attention has made some people wary. It has been a great lesson for us.
The second is the growing activity of religious sects, both Islamic and non-Islamic, whose members actively advocate against medical treatment, including vaccination. Their numbers are growing and to us, as physicians, this aspect of their activity is alarming. We have plans to begin an active dialogue with influential religious leaders of our country.

What contribution have donor organisations made to your efforts on immunisation?

Dr Saginbaeva: in the past there were periods when we were completely dependent on donors for buying vaccines. Now about 60% of the funds for immunisation comes from the national budget, and 40% from donors, including the GAVI Alliance, which has supported our efforts since 2001.

What form did this initial support consist of?

Dr Saginbaeva: our first application was for a hepatitis B vaccine. We had turned to GAVI for assistance when our epidemiological data suggested an increase in hepatitis B among children, which was very disturbing. GAVI has taught us new approaches and fostered a new level of responsibility.

The relationship has entailed looking ahead to how we will sustain the new programme. During the second phase of cooperation with GAVI – which covers the period from 2006 to 2015 - the Alliance has expanded its strategy beyond procurement of vaccines and is helping us to strengthen immunisation services and the health system overall.

Does that support include assistance for civic initiatives?

Dr Saginbaeva: the Alliance supports the Village Health Committees, for example. This group has been active for more than a decade and consists of more than a thousand committees composed of volunteers, who are usually residents in the villages where they provide assistance.

They go door to door, educating their neighbours about vaccination and other forms of prevention. They also organise special health education lessons at schools and give special attention to the needs of the elderly. They are wonderful! These are our most active helpers – and they receive tangible help from the Alliance. Go to any rural house – and in majority of them you’ll see a vaccination calendar on the wall, produced with support from GAVI.