

Summary of HHSDG Report

The Health and Health-Related SDGs (HHSDGs) in Kyrgyzstan report provides a detailed overview of the country's efforts to achieve the United Nations' Sustainable Development Goals, with a primary focus on SDG 3: "Good Health and Well-Being." This goal aims to promote healthy lives for all ages by tackling major health challenges such as maternal and child health, the burden of communicable and non-communicable diseases, and improving access to healthcare. The report emphasizes the interconnected nature of SDG 3 with other goals, such as poverty reduction (SDG 1), quality education (SDG 4), gender equality (SDG 5), and climate action (SDG 13), reflecting the multi-faceted approach required to enhance health and well-being.

The report outlines the evolution of Kyrgyzstan's health system through key programs that have shaped its current trajectory. It begins with the Manas program (1996–2006), which laid the foundation for health system reform, focusing on improving infrastructure and access to basic healthcare services. This was followed by Manas Taalimi (2006–2010), which emphasized deepening these reforms by addressing healthcare financing, introducing evidence-based practices, and strengthening institutional capacities. Building on these efforts, the Den Sooluk program (2012–2018) prioritized reducing the burden of non-communicable diseases, improving maternal and child health outcomes, and tackling tuberculosis and HIV. The current program, Healthy Person – Prosperous Country (2019–2030), takes a holistic approach to healthcare, integrating digital health innovations, strengthening preventive measures, and ensuring universal health coverage, particularly for vulnerable populations.

The report also includes a significant amount of data, offering insight into Kyrgyzstan's achievements and ongoing challenges across health and related SDGs. For SDG 3, it provides statistics on maternal mortality, child immunization rates, and the prevalence of non-communicable diseases like cardiovascular conditions, which remain a leading cause of mortality. It also highlights disparities in healthcare access between urban and rural populations, emphasizing the need for targeted interventions. Beyond SDG 3, the report touches on the links between health and other SDGs, such as poverty levels, educational attainment, and the effects of climate change on public health, illustrating how broader socio-economic and environmental factors influence health outcomes.

This report serves as a critical resource for evaluating Kyrgyzstan's progress toward Agenda 2030. It highlights both the successes achieved through strategic health policies and the areas that require further attention, emphasizing the need for continued innovation, investment, and collaboration to improve health outcomes and equity across the country.

2024 Updated HHSDG Report

Building on the comprehensive insights provided in the original report, the 2024 Updated Report serves as a focused summary of the changes and developments that have occurred, primarily during 2023 and in some cases for 2022. While the original report laid the groundwork by detailing the evolution of health

policies, the broader landscape of health-related SDGs, and the challenges Kyrgyzstan faces, the updated report takes a closer look at the tangible progress made over the past year.

This updated document captures key advancements in public health indicators, legislative milestones, and programmatic shifts that align with the country's ongoing commitment to achieving SDG 3 and other interlinked goals. By providing newly available data, including updates on maternal and child health, non-communicable diseases, and the impacts of climate change on health, the report highlights where progress has been made and identifies areas requiring continued attention.

Additionally, the updated report reflects Kyrgyzstan's responsiveness to emerging challenges and its efforts to adapt existing frameworks to changing national and global contexts. It underscores the importance of monitoring year-on-year changes as a means of ensuring accountability, maintaining momentum, and refining strategies to build a healthier, more equitable future. Together, the 2023 Updated Report complements the original, offering a clearer picture of how recent efforts have shaped Kyrgyzstan's path toward achieving its health and development goals.

On top of the existing health policies and frameworks, 2023 marked the adoption of several significant new policies that further strengthen Kyrgyzstan's commitment to advancing its healthcare system and achieving health-related Sustainable Development Goals. These policies aim to address emerging challenges, enhance health infrastructure, and align the nation's health standards with global benchmarks.

One of the most pivotal initiatives introduced is the **2024–2030 National Action Plan for Health Security (NAPHS)** in the Kyrgyz Republic, presented on November 1, 2024, is a strategic initiative developed under the guidance of the World Health Organization (WHO). This plan serves as a comprehensive framework aimed at enhancing the nation's capability to prevent, detect, and respond to various public health emergencies, including infectious diseases, environmental hazards, and potential bioterrorism. The NAPHS details a clear roadmap of specific activities and interventions required over the next six years, emphasizing the allocation of necessary resources such as funding, workforce, and technology. It promotes a collaborative approach, involving various government and non-government entities in the health sector, to ensure a unified effort toward achieving health security.

Key objectives of the NAPHS include enhancing disease surveillance systems to detect health threats promptly, strengthening health infrastructure for better emergency preparedness, building capacity among healthcare workers, supporting health security-related research and innovation, and aligning local health measures with global health standards and regulations. By the end of 2030, the plan aims to establish a robust health security system capable of effectively managing and mitigating public health risks, thereby safeguarding the well-being of all residents in the Kyrgyz Republic.

Another significant policy introduced alongside the NAPHS was **Law No. 10**, enacted on January 12, 2024, serves as a pivotal piece of legislation in the Kyrgyz Republic, focusing on enhancing public health across the nation. This law outlines comprehensive measures for health protection, aiming to improve public health standards, enforce regulations, and ensure the provision of quality health services throughout the country.

The legislation is extensive and covers both preventive and curative aspects of health care. It establishes a robust legal and institutional framework designed to support and advance public health initiatives and interventions. Law No. 10 is crucial for setting the standards and practices for health service delivery, detailing the responsibilities of health care providers, and establishing the rights of patients.

Key aspects of the law include the enhancement of public health infrastructure, the introduction of modern health technologies, and the strengthening of health service accessibility, especially in underserved and rural areas. The law also provides for the implementation of comprehensive disease prevention programs, health promotion activities, and emergency health services.

By improving the regulatory framework for health care practices, Law No. 10 aims to elevate the quality of health care services and ensure that all citizens have access to necessary health services. This legislation not only targets the improvement of health outcomes but also supports the sustainable development of the health sector in Kyrgyzstan by aligning with international health standards and promoting equitable health services.

Building on the legal advancements introduced by Law No. 10, which enhanced the framework for public health infrastructure and service delivery, another pivotal step was the enactment of

Law 14, "**The Law on Health Protection of Citizens in the Kyrgyz Republic**," enacted on January 12, 2024, serves as a foundational statute in public health law within the Kyrgyz Republic. This comprehensive legislation establishes the legal, economic, social, and medical basis for ensuring public health and well-being across the nation. It applies to all Kyrgyz citizens, foreigners, and stateless individuals residing in Kyrgyzstan, as well as to legal and physical entities engaged in healthcare delivery and management.

Grounded in the principles of the Kyrgyz Constitution, the law integrates international legal principles and treaties ratified by Kyrgyzstan, ensuring that national health regulations align with global standards. The law is detailed, covering a wide range of health-related terms and procedures, and it aims to enhance the entire health care system by focusing on both preventive and curative aspects of healthcare.

Key areas addressed by the law include the establishment of norms for healthcare practices, definitions of healthcare rights and responsibilities for providers and patients, and guidelines for handling public health emergencies. The law also sets out provisions for the accreditation and regulation of healthcare facilities and professionals, aiming to improve the quality of care and enforce health standards across the country.

Through its comprehensive approach, Law 14 aims to ensure the protection of public health, enhance the legal and institutional framework supporting public health initiatives, and enforce regulations effectively. This law plays a crucial role in shaping the health policy landscape in Kyrgyzstan, providing a robust framework for health authorities to manage and improve health services for all individuals within the country.

Another important policy accepted in 2023 was the **Joint Digital Health Programme** in Kyrgyzstan launched by the United Nations, supported by the European Union, Spain, and Sweden. This significant initiative is designed to revolutionize healthcare access throughout the country by integrating digital health information systems. The program's primary aim is to create an interoperable digital health ecosystem that enhances government e-services and expands telemedicine capabilities.

A major focus of this initiative is on making healthcare services more accessible and efficient, particularly for women, children, and vulnerable groups living in rural and remote areas. By leveraging advanced digital technologies, the program intends to facilitate seamless sharing of health information across different health service providers, thereby improving the coordination and quality of care.

The development of an interoperable digital health ecosystem involves standardizing data exchange and ensuring that different health IT systems can work together effectively. This not only supports the provision of timely and accurate health services but also aids in better health monitoring and management at both individual and population levels.

Additionally, the expansion of telemedicine services is a critical component of this program, aiming to overcome geographical barriers to healthcare by allowing healthcare professionals to provide consultation and diagnostics remotely. This is particularly crucial for improving health outcomes in underserved regions, where access to qualified health professionals and specialized care is often limited.

Overall, the United Nations Joint Digital Health Programme is set to significantly enhance the health infrastructure in Kyrgyzstan, contributing to the broader goal of achieving sustainable development and equitable health access for all segments of the population.

Last but not least, Kyrgyzstan is taking significant steps to improve its healthcare system by focusing on strengthening the financing of **primary health care (PHC)**, which is at the heart of ensuring better health for its people. A high-level policy dialogue held in September 2023 in Bishkek brought together government officials, health organizations, and international partners to discuss how to make primary healthcare more efficient and accessible.

This new initiative emphasizes the critical role of PHC in achieving universal health coverage. It aims to optimize funding allocation, improve the quality of care, and ensure equitable access to essential health services for all citizens, especially in underserved areas. The discussions also centered on building a resilient health system that can effectively address future challenges, such as increasing demands for healthcare and potential public health crises.

With support from the World Health Organization and other international partners, Kyrgyzstan is committed to creating a sustainable, well-funded primary healthcare system. This initiative is not just about increasing funding—it's about using resources smarter and ensuring every citizen can rely on quality care when they need it. This approach represents a promising step toward a healthier and more equitable future for the country.

Data Analysis

Empirical Analysis

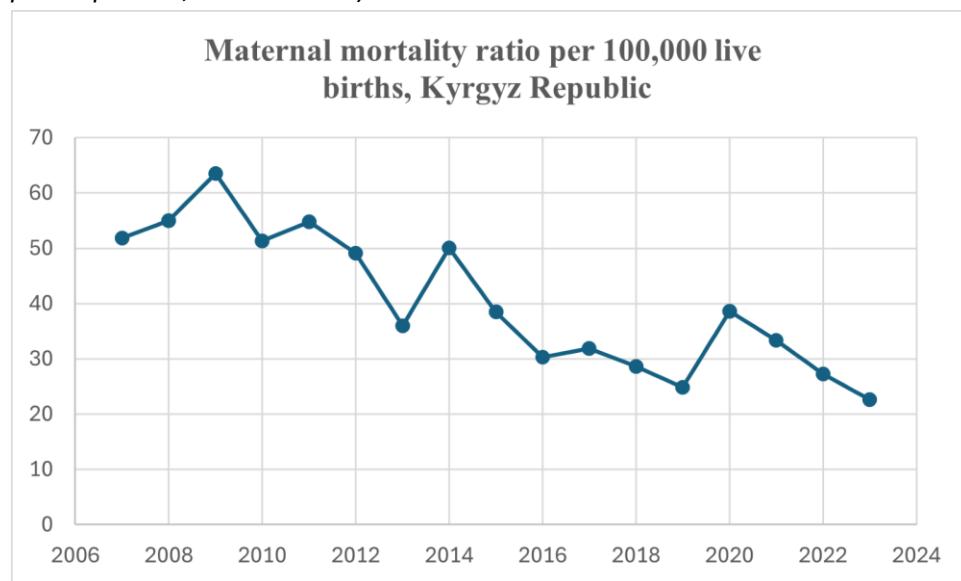
This section of the report provides a comprehensive overview of the latest statistical trends and developments across health and health-related Sustainable Development Goals (SDGs), with a focus on major changes that occurred in 2023 or the last reported year. Key indicators such as maternal and child health, non-communicable diseases, infectious diseases, and environmental health impacts are analyzed to offer a clear picture of Kyrgyzstan's progress. If no significant changes were observed, the relevant data will not be included in this section. By integrating updated information, this analysis identifies achievements, gaps, and areas requiring targeted intervention, ensuring that policy decisions are informed by the most recent evidence.

SDG 3. Good health and wellbeing

Target 3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

Figure 1. Maternal mortality ratio per 100,000 live births

(the number of women who die from complications in pregnancy, childbirth and the post-childbirth period per 100,000 live births)



3.1.1. Maternal mortality ratio per 100,000 live births

(the number of women who die from complications in pregnancy, childbirth and the post-childbirth period per 100,000 live births)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	51.3	50.1	38.5	30.3	31.9	28.6	24.8	38.6	33.3	27.3	22.6
Batken oblast	59.7	108.7	26.1	41.9	51.9	33.6	25.8	42.4	38.3	36.6	13.6

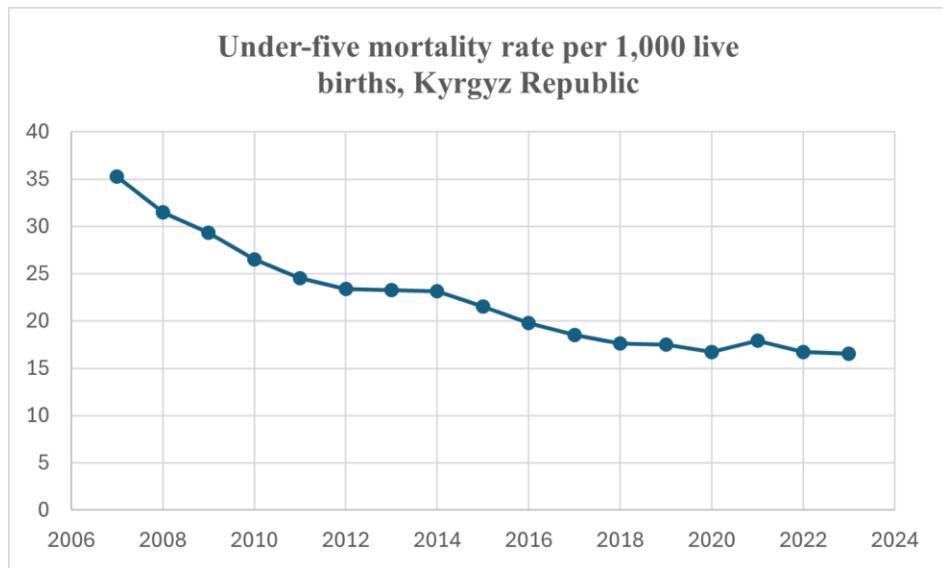
Jalal-Abad oblast	31.1	53.7	53.3	33.5	53.6	38.2	37.2	53.2	31.7	14.2	38.9
Issyk-Kul oblast	70.4	55.3	26.7	34.7	37.0	71.2	28.4	90.6	98.7	55.4	19.2
Naryn oblast	69.6	135.7	30.6	43.7	-	105.7	16.6	52.6	157.2	42.2	-
Osh oblast	78.6	43.4	43.4	24.9	25.6	19.5	25.5	24.5	24.9	30.2	19.9
Talas oblast	87.0	44.6	15.1	-	-	-	16.6	69.1	38.4	97.0	48.82
Chui oblast	49.5	44.4	40.3	47.9	22.9	16.1	32.5	32.2	15.1	25.2	18.5
Bishkek city	19.4	16.4	30.5	17.6	13.4	18.0	16.9	19.1	14.6	21.8	7.7
Osh city	-	-	40.9	13.5	64.9	8.3	-	25.2	21.7	-	29.2

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In the Kyrgyz Republic, the maternal mortality ratio showed a positive trend, decreasing from 27.3 in 2022 to 22.6 in 2023, reflecting overall progress in maternal health. Notably, in Batken Oblast, there was a significant reduction in the maternal mortality ratio, plummeting from 36.6 in 2022 to 13.6 in 2023, indicating substantial improvements in healthcare services. Meanwhile, Issyk-Kul Oblast also demonstrated remarkable progress, with the maternal mortality ratio falling from 55.4 to 19.2, showcasing effective health interventions. In Talas Oblast, the maternal mortality ratio significantly decreased from 97.0 in 2022 to 48.82 in 2023, highlighting efforts to address maternal health challenges. Additionally, Osh Oblast experienced a decline from 30.2 to 19.9, indicating continued improvements in maternal healthcare. In Bishkek City, the maternal mortality ratio saw a notable decrease from 21.8 in 2022 to 7.7 in 2023, underscoring significant strides in maternal health outcomes. However, Jalal-Abad Oblast exhibited a concerning rise in the maternal mortality ratio, increasing from 14.2 in 2022 to 38.9 in 2023, which calls for urgent attention to address this negative development.

Target 3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce the neonatal mortality to at least as low as 12 per 1,000 live births and the under-5 mortality rate to at least as low as 25 per 1,000 live births.

Figure 2. Under-five mortality rate per 1,000 live births
(number of deaths in children aged 0-4 per 1,000 live births)



3.2.1. Under-five mortality rate per 1,000 live births

(number of deaths in children aged 0-4 per 1,000 live births)

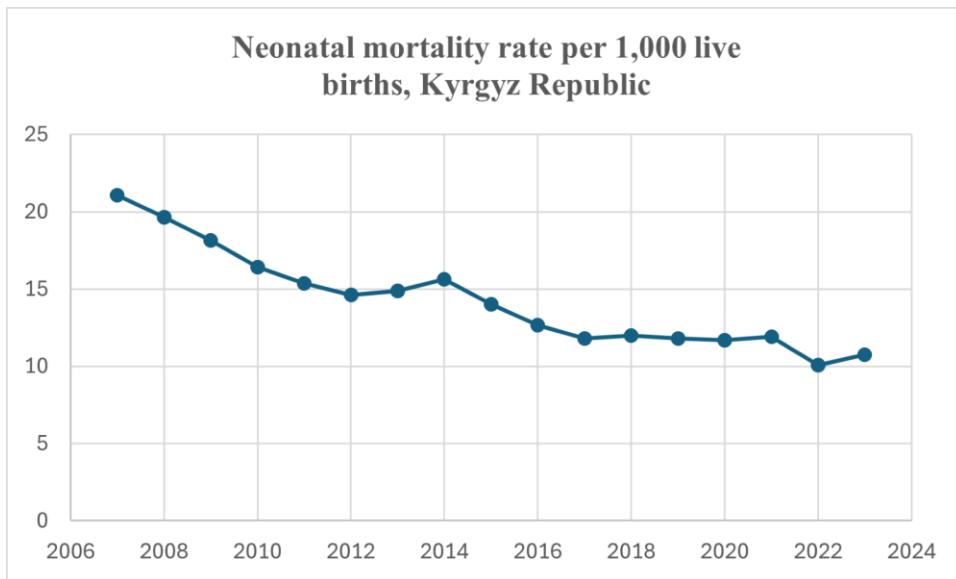
	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	26.5	23.1	21.5	19.8	18.5	17.6	17.5	16.7	17.9	16.7	16.5
male	29.2	24.9	23.2	21.1	20.3	19.4	19.2	17.8	19.7	17.7	17.8
female	23.6	21.2	19.6	18.4	16.6	15.6	15.8	15.6	16.1	15.6	15.2
Batken oblast	34.3	23.6	21.8	18.8	18.6	14.9	17.7	16.7	16.9	15.7	15.7
male	38.0	26.2	23.3	20.0	19.5	16.0	18.5	17.1	17.3	16.7	16.2
female	30.5	20.8	20.1	18.4	17.7	13.7	16.8	16.3	16.4	14.7	15.2
Jalal-Abad oblast	21.9	21.9	21.1	19.8	17.2	15.7	16.2	15.5	17.4	16.5	12.3
male	23.8	23.3	22.5	21.0	18.9	16.3	16.6	16.2	18.1	19.1	13.7
female	19.9	20.3	19.6	18.4	15.4	15.0	15.7	14.7	16.6	13.7	10.8
Issyk-Kul oblast	22.3	16.9	18.8	17.8	15.2	14.3	18.3	14.3	26.6	14.3	9.4
male	26.2	20.6	20.7	12.8	18.1	16.3	20.8	14.8	29.0	16.2	10.8
female	18.3	13.1	16.7	16.8	12.0	12.3	15.6	13.8	24.2	12.2	7.8
Naryn oblast	25.0	22.6	16.8	17.9	18.2	15.1	12.5	14.2	13.9	14.1	9.6
male	27.3	22.2	21.2	20.2	19.8	16.6	13.2	15.3	13.9	16.6	10.3
female	22.3	23.0	12.1	15.5	16.5	13.5	11.9	13.0	11.7	11.6	8.9
Osh oblast	24.1	15.0	14.3	12.2	11.7	11.0	10.6	10.0	12.0	11.2	8.5

male	28.2	16.5	15.2	13.2	12.7	12.7	12.5	11.1	12.7	11.4	8.6
female	20.0	13.4	13.3	11.2	10.8	9.2	8.5	8.8	11.2	11.0	8.4
Talas oblast	29.5	24.1	17.8	19.7	17.1	22.8	20.6	25.1	24.5	15.6	15.6
male	32.0	27.8	23.3	20.0	17.5	27.5	21.6	27.2	31.2	18.3	16.6
female	27.0	20.1	11.8	19.3	16.7	17.9	19.6	22.9	17.9	12.8	14.6
Chui oblast	24.2	18.6	17.1	16.5	12.9	12.7	13.1	11.8	13.5	13.8	9.2
male	26.7	19.4	19.7	16.7	13.2	13.7	14.2	13.5	13.6	15.1	10.1
female	21.6	17.6	14.2	16.2	12.7	11.7	11.8	10.2	13.5	12.4	8.2
Bishkek city	28.2	28.6	26.6	25.7	26.4	25.0	21.7	20.9	17.8	21.4	48
male	29.1	30.4	27.6	28.5	29.6	27.2	23.3	21.5	20.9	20.0	48.9
female	27.4	26.7	25.6	22.8	23.0	22.6	20.0	20.4	14.6	22.9	47.0
Osh city	52.9	72.4	70.3	60.0	53.1	39.0	37.2	36.9	30.7	28.9	66.0
male	56.7	74.5	70.4	67.0	60.4	43.6	42.8	39.5	35.5	31.2	76.0
female	49.0	70.0	70.2	52.3	44.9	34.1	31.3	34.2	25.6	26.4	55.6

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

Although, the overall under 5 mortality rates in the Kyrgyz Republic did not show noticeable changes, the data for two major cities raise concerns. So, in 2023, the under-five mortality rate per 1,000 live births showed alarming increases in urban centers. In Bishkek City, the rate rose significantly from 21.4 in 2022 to 48.0 in 2023, indicating a troubling surge in child mortality. Similarly, Osh City experienced a dramatic increase, with the rate climbing from 28.9 in 2022 to 66.0 in 2023. These sharp rises highlight the urgent need for targeted interventions and enhanced healthcare measures to address the underlying causes and improve child health outcomes in these regions.

Figure 2.1. Neonatal mortality rate per 1,000 live births
(number of deaths at the age of 0-27 days per 1000 live births)



3.2.2. Neonatal mortality rate per 1,000 live births

(number of deaths in children aged 0-27 days per 1,000 live births)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	16.4	15.6	14.0	12.7	11.8	12.0	11.8	11.7	11.9	10.1	10.7
male	18.3	16.9	15.4	13.4	13.1	13.2	12.9	12.5	13.1	10.6	11.5
female	14.4	14.3	12.5	11.9	10.4	10.7	10.7	11.0	10.6	9.6	10.0
Batken oblast	17.9	12.5	11.2	10.6	10.6	9.3	10.5	11.1	11.0	8.3	8.0
male	19.5	14.7	12.1	10.4	11.7	10.4	10.3	11.9	10.0	7.6	7.3
female	16.3	10.1	10.3	10.8	9.4	8.2	10.6	10.2	12.0	9.0	8.8
Jalal-Abad oblast	11.4	14.4	12.7	11.5	9.9	10.2	9.5	8.7	10.2	8.6	6.8
male	12.7	15.6	13.4	11.9	10.5	10.5	9.9	8.8	10.5	10.3	7.8
female	10.1	13.2	11.9	11.0	9.3	9.9	9.1	8.6	10.0	6.8	5.7
Issyk-Kul oblast	15.9	9.3	12.2	8.4	9.4	8.5	11.7	9.7	19.4	9.1	5.6
male	19.3	10.9	13.9	7.4	11.2	8.9	13.7	10.5	22.3	9.0	5.9
female	12.4	7.7	10.4	9.5	7.4	8.0	9.5	8.7	16.4	9.1	5.2
Naryn oblast	12.3	12.2	8.7	11.2	10.0	8.2	6.6	9.6	9.4	8.0	4.9
male	12.8	12.2	11.6	11.4	12.1	8.3	7.5	10.7	11.4	8.8	5.9
female	11.7	12.2	5.7	11.0	7.7	8.0	5.7	8.6	7.3	7.2	3.9
Osh oblast	10.7	5.0	4.3	3.5	3.1	3.4	2.8	3.9	3.1	3.4	1.8
male	12.9	5.4	5.1	3.9	3.5	4.1	3.4	4.1	2.9	3.5	2.2

female	8.4	4.6	3.5	3.1	2.7	2.6	2.2	3.6	3.4	3.4	1.3
Talas oblast	19.1	16.7	12.7	12.3	12.3	16.7	14.8	20.6	15.0	12.8	9.1
male	22.2	19.3	17.3	11.3	12.4	19.5	15.0	23.6	17.3	15.0	8.8
female	16.1	13.7	7.8	13.4	12.1	13.8	14.7	17.5	12.7	10.6	9.4
Chui oblast	16.1	13.4	12.6	10.4	6.7	6.8	7.6	6.9	7.9	7.1	4.7
male	18.4	13.9	14.6	11.0	6.8	7.5	8.2	7.8	8.4	7.5	5.1
female	13.6	12.7	10.5	9.7	6.5	6.1	6.9	5.9	7.4	6.7	4.3
Bishkek city	25.1	26.0	23.0	22.8	23.2	22.9	19.9	19.0	15.2	16.2	40.8
male	25.7	27.6	24.6	25.3	26.0	25.0	21.6	19.7	17.6	15.6	39.8
female	24.6	24.3	21.3	20.2	20.2	20.7	18.1	18.4	12.6	16.9	41.8
Osh city	42.1	64.0	62.0	50.2	46.9	34.2	33.0	32.9	27.9	22.9	57.5
male	46.2	67.4	62.8	55.1	53.1	38.7	37.3	35.5	32.7	24.9	66.8
female	37.6	60.2	61.1	45.0	40.0	29.4	28.4	30.2	22.8	20.8	47.8

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the neonatal mortality rate per 1,000 live births exhibited notable changes compared to 2022, with significant variations in specific regions. In Naryn oblast, the rate decreased substantially from 8.0 in 2022 to 4.9 in 2023, reflecting an improvement in neonatal health outcomes. However, Bishkek city saw a dramatic rise in the neonatal mortality rate, increasing from 16.2 in 2022 to 40.8 in 2023, highlighting critical issues in neonatal care that require immediate attention. Similarly, Osh city experienced a sharp increase, with the rate climbing from 22.9 in 2022 to 57.5 in 2023, indicating considerable challenges in healthcare services for newborns. These changes emphasize the need for targeted interventions to address the rising mortality rates in urban centers while sustaining progress in regions like Naryn.

3.3.4. Hepatitis B incidence per 100,000 population, by sex and territory

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	9.2	7.5	5.9	6.0	5.3	5.1	3.9	1.9	1.8	1.9	2.3
female	6.6	5.5	4.2	4.5	4.3	3.5	2.5	1.7	1.1	1.0	2.0
male	11.8	9.5	7.5	7.5	6.2	6.8	5.3	2.1	2.5	2.8	2.6
Batken oblast	4.6	5.7	4.9	8.6	2.6	3.1	4.9	1.7	2.3	1.6	4.0
female	3.3	5.1	4.2	9.0	2.8	2.7	2.3	1.4	1.8	2.5	4.5
male	5.8	6.2	5.7	8.3	2.3	3.4	7.4	1.9	2.8	0.7	3.4
Jalal-Abad oblast	5.9	5.8	4.4	2.6	3.3	2.7	3.2	1.0	1.3	2.2	1.2

female	4.1	3.3	3.5	2.4	2.7	1.7	2.3	0.6	0.8	2.5	1.5
male	7.8	8.3	5.3	2.8	3.9	3.6	4.1	1.3	1.7	2.0	0.9
Issyk-Kul oblast	9.3	6.9	5.4	4.4	4.6	6.2	2.2	1.6	1.8	1.3	3.7
female	4.9	5.2	4.7	2.5	5.4	2.9	2.0	2.4	1.6	2.6	4.1
male	13.7	8.7	6.0	6.4	3.8	9.5	2.4	0.8	2.0	0.0	3.3
Naryn oblast	7.7	4.4	2.2	4.3	2.8	3.2	1.7	1.4	1.0	0.7	0.3
female	4.7	2.2	1.5	1.5	3.6	2.9	1.4	0.7	0.0	0.7	0
male	10.6	6.5	2.9	7.1	2.1	3.4	2.0	2.1	2.0	0.6	0.6
Osh oblast	8.4	6.3	3.5	4.6	5.9	4.4	3.8	1.6	2.2	2.6	2.2
female	6.5	5.0	2.6	2.4	5.3	3.0	2.2	1.6	0.9	1.8	1.5
male	10.2	7.7	4.5	6.8	6.5	5.8	5.3	1.6	3.5	3.3	2.8
Talas oblast	11.3	6.5	5.2	6.3	3.9	2.7	1.9	0.4	1.5	1.8	6.2
female	13.1	5.8	2.4	5.6	1.6	3.1	1.5	0.0	0.7	2.2	4.4
male	9.5	7.3	8.0	7.0	6.2	2.3	2.2	0.8	2.2	1.5	7.9
Chui oblast	6.5	6.5	5.8	5.4	4.8	6.3	5.0	2.9	1.5	1.2	2.9
female	6.1	3.9	4.7	4.2	2.6	4.9	3.7	2.7	0.8	1.3	1.5
male	7.0	9.2	6.9	6.6	7.1	7.8	6.4	3.1	2.3	1.1	4.3
Bishkek city	17.5	9.5	7.9	10.1	10.1	9.0	5.2	3.9	2.3	2.5	1.8
female	9.8	7.1	4.6	7.0	7.6	5.9	2.9	3.6	1.7	2.4	1.6
male	26.3	12.3	11.8	13.7	12.9	12.4	7.8	4.3	2.9	2.5	2.1
Osh city	13.6	24.7	22.3	14.0	4.9	7.5	4.6	0.0	1.2	1.1	1.4
female	11.9	20.9	14.9	12.5	4.1	4.0	2.5	0.0	1.2	0.6	2.2
male	15.4	28.7	30.4	15.6	5.8	11.2	6.7	0.0	1.3	1.6	0.5

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the Hepatitis B incidence per 100,000 population showed notable stability across most regions compared to 2022, with one significant exception. Talas oblast experienced a sharp increase in incidence, rising from 1.8 in 2022 to 6.2 in 2023. This dramatic change highlights a concerning spike in Hepatitis B cases in the region, underscoring the need for enhanced public health measures, vaccination campaigns, and awareness programs to address this rise effectively.

3.4.1. Mortality rate attributed to cancer per 100,000 population, by sex and territory

2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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Kyrgyz Republic	59.4	64.3	64.5	64.4	62.2	65.6	64.1	63.8	59.5	54.7	57.3
male	63.7	69.0	66.8	69.3	65.9	67.3	66.3	67.6	62.7	59.3	60
female	55.3	59.7	62.2	59.7	58.6	63.9	61.9	60.0	56.4	50.2	54.7
Batken oblast	33.8	35.6	42.3	38.6	32.6	43.3	37.5	34.1	37.8	36.6	39.7
male	35.1	38.9	42.4	37.1	29.0	38.2	38.4	32.9	31.9	40.0	39.8
female	32.5	32.1	42.2	40.0	36.4	48.6	36.5	35.3	43.8	33.2	39.6
Jalal-Abad oblast	46.3	51.0	52.9	54.2	50.9	49.5	50.9	50.5	46.2	43.0	49.0
male	46.2	53.3	53.6	59.7	57.8	45.6	51.5	49.3	48.9	47.3	50.6
female	46.5	48.8	52.2	48.8	43.8	53.4	50.2	51.7	43.6	38.7	47.5
Issyk-Kul oblast	73.4	85.2	89.1	83.9	80.9	90.5	87.4	85.6	82.4	69.8	72.4
male	76.6	93.0	90.9	91.8	88.4	93.3	92.9	99.0	93.3	77.4	81.7
female	70.2	77.5	87.2	76.1	73.4	87.6	82.1	72.3	71.5	62.2	63.1
Naryn oblast	66.7	82.4	89.5	88.1	81.8	87.9	83.6	80.4	71.6	58.6	74.1
male	74.2	90.3	88.5	95.9	80.8	101.9	90.0	93.9	81.7	61.9	76.5
female	59.1	74.3	90.4	79.9	82.8	73.5	77.0	66.5	61.2	55.2	71.7
Osh oblast	40.1	50.7	50.6	49.9	49.1	51.0	52.8	51.9	45.9	45.4	45.3
male	47.7	56.2	57.2	55.7	54.8	55.3	57.8	56.5	50.3	51.0	47.0
female	32.4	45.0	43.8	43.9	43.3	46.6	47.6	47.2	41.4	39.6	43.6
Talas oblast	66.0	68.9	60.6	70.7	62.6	59.7	61.0	75.4	52.1	57.4	59.9
male	75.3	80.9	65.2	72.7	70.9	61.4	58.1	85.2	58.8	70.0	62.6
female	56.6	56.7	55.9	68.6	54.2	58.0	64.0	65.4	45.3	44.5	57.2
Chui oblast	89.6	92.7	82.6	94.3	91.3	97.5	96.6	93.3	94.9	78.1	81.6
male	98.5	102.7	87.3	104.4	99.6	105.5	101.5	103.9	99.5	83.6	87.0
female	80.9	83.0	78.0	84.4	83.2	89.7	91.9	83.1	90.4	72.6	76.2
Bishkek city	78.1	73.1	76.6	66.5	69.1	69.3	64.2	68.8	61.4	60.7	59.1
male	79.3	74.1	76.6	65.1	68.6	66.9	63.7	67.3	62.7	63.9	62.3
female	77.0	72.2	76.6	67.6	69.6	71.3	64.6	70.2	60.2	57.9	56.5
Osh city	46.2	52.3	51.3	54.9	53.3	65.3	58.8	52.0	54.9	48.0	48.4
male	54.2	48.9	50.9	64.6	44.2	73.0	56.0	52.6	54.5	46.1	46.2
female	38.8	55.5	51.6	45.8	61.7	58.0	61.5	51.4	55.2	50.1	50.6

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the mortality rate attributed to cancer per 100,000 population remained relatively stable across most regions compared to 2022, with one significant change observed in Naryn oblast. The rate increased sharply from 58.6 in 2022 to 74.1 in 2023, indicating a worrying rise in cancer-related deaths in the region. This increase emphasizes the need for improved cancer prevention, early detection, and treatment programs to address the growing burden of this disease in Naryn.

3.4.1. Mortality rate attributed to diabetes per 100,000 population, by sex and territory

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	5.7	7.2	6.0	6.7	6.8	7.3	7.0	9.8	7.1	6.2	6.7
male	4.9	6.7	5.2	5.4	6.2	6.4	6.5	9.0	5.8	5.4	6.3
female	6.4	7.6	6.8	8.0	7.4	8.3	7.6	10.7	8.3	7.0	7.1
Batken oblast	4.1	5.9	6.2	7.0	6.1	5.4	7.3	8.3	10.8	4.6	4.9
male	1.3	7.0	6.5	7.5	5.8	6.0	8.1	9.0	6.4	3.2	4.5
female	7.0	4.7	5.9	6.5	6.4	4.7	6.5	7.5	15.5	6.1	5.3
Jalal-Abad oblast	7.7	10.6	9.0	8.6	8.8	10.4	10.4	16.0	13.1	11.5	10.7
male	6.8	9.9	8.4	6.0	7.4	7.4	8.6	15.6	10.0	10.3	10.4
female	8.6	11.4	9.6	11.1	10.2	13.4	12.3	16.4	16.3	12.8	11.0
Issyk-Kul oblast	8.1	8.9	6.2	7.0	10.4	13.2	9.1	14.6	6.9	7.3	8.7
male	7.3	7.9	4.7	5.9	13.0	11.1	7.7	13.3	5.2	5.2	6.7
female	8.9	9.9	7.7	8.0	7.9	15.2	10.5	16.0	8.7	9.3	10.7
Naryn oblast	4.2	7.0	4.7	5.0	3.9	7.4	7.6	9.6	7.5	5.2	8.4
male	1.5	7.2	4.3	7.1	2.1	5.5	5.5	8.1	10.7	5.2	8.3
female	7.0	6.7	5.1	2.9	5.8	9.3	9.9	11.2	4.2	5.3	8.5
Osh oblast	5.2	5.1	5.7	5.5	6.1	6.6	6.8	7.6	5.1	5.7	7.4
male	4.9	4.9	4.9	4.2	5.8	7.0	7.3	6.0	3.7	4.5	6.1
female	5.4	5.3	6.5	6.8	6.4	6.2	6.3	9.2	6.6	7.0	8.7
Talas oblast	5.2	4.9	0.8	2.8	3.5	3.1	3.0	5.6	3.7	3.7	4.7
male	5.2	4.9	0.8	1.6	3.9	1.5	3.0	3.7	4.4	4.4	5.0
female	5.2	4.9	0.8	4.0	3.1	4.6	3.0	7.5	3.0	3.0	4.4
Chui oblast	5.7	9.5	7.4	8.6	6.6	7.2	6.6	9.1	5.3	4.2	5.1

male	6.3	8.7	5.1	6.8	5.3	5.7	5.6	6.3	5.8	3.6	5.0
female	5.1	10.3	9.6	10.3	7.8	8.7	7.7	11.8	4.8	4.9	5.2
Bishkek city	4.0	3.8	3.2	5.0	4.3	3.4	2.8	4.7	2.2	3.6	2.7
male	3.3	3.2	2.9	4.2	3.9	2.7	2.0	5.8	2.5	4.1	3.3
female	4.6	4.2	3.4	5.6	4.7	3.9	3.4	3.7	1.9	3.2	2.2
Osh city	6.2	7.8	6.2	9.0	11.9	9.5	9.5	13.9	9.5	5.9	6.9
male	4.0	5.4	3.8	5.2	8.7	11.2	10.1	13.0	5.0	4.4	5.9
female	8.2	10.1	8.5	12.5	14.9	7.9	8.9	14.7	13.7	7.5	7.9

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the mortality rate attributed to diabetes per 100,000 population remained largely consistent across most regions compared to 2022, with the exception of Naryn oblast. In this region, the rate increased significantly from 5.2 in 2022 to 8.4 in 2023, highlighting a notable rise in diabetes-related mortality. This sharp increase underscores the urgent need for targeted interventions, including better access to diabetes management, education, and healthcare services in Naryn.

3.4.1. Mortality rate attributed to chronic respiratory disease per 100,000, by sex and territory

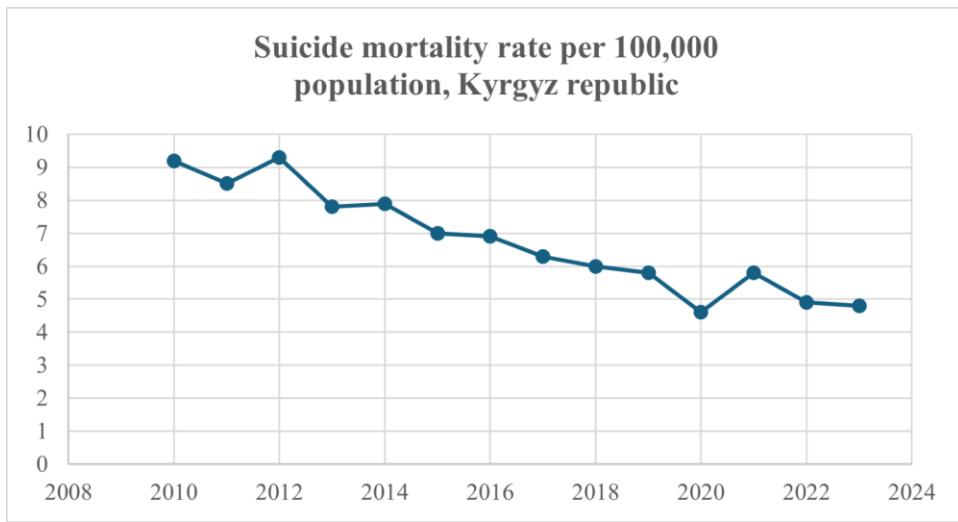
	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	30.4	21.6	18.9	19.0	17.6	16.3	16.4	17.2	14.2	10.6	12.6
male	35.5	25.6	21.7	21.6	21.4	19.4	19.5	19.6	17.3	13.0	14.3
female	25.5	17.8	16.2	16.4	13.8	13.3	13.3	14.8	11.2	8.3	10.9
Batken oblast	31.1	15.6	17.3	16.5	16.9	14.2	9.8	10.5	7.4	5.7	9.2
male	30.1	17.0	18.2	17.8	19.3	15.9	10.3	9.4	6.0	6.7	9.3
female	32.1	14.1	16.3	15.1	14.4	12.6	9.2	11.6	8.8	4.6	9.1
Jalal-Abad oblast	27.0	22.9	20.4	15.9	16.0	16.2	15.7	17.7	15.0	11.7	11.9
male	30.3	25.0	22.7	17.4	17.4	18.0	18.0	19.4	19.4	13.5	12.9
female	23.7	20.8	18.1	14.4	14.7	14.4	13.5	15.9	10.6	9.9	10.8
Issyk-Kul oblast	70.2	46.2	40.9	45.8	43.8	34.5	38.3	35.1	33.9	25.6	26.0
male	88.0	58.5	49.1	56.9	54.9	44.6	46.8	42.3	45.8	33.7	29.9
female	52.7	34.0	32.8	34.9	32.8	24.6	29.9	27.9	22.1	17.5	22.1
Naryn oblast	83.6	75.5	63.4	61.9	47.4	40.3	49.6	48.8	43.7	21.8	32.9
male	78.8	79.4	66.4	55.7	49.4	43.4	53.9	51.3	47.6	24.5	33.8

female	88.6	71.4	60.3	68.3	45.4	37.1	45.2	46.2	39.6	19.1	31.9
Osh oblast	35.1	22.2	17.9	20.3	17.2	18.6	18.3	21.2	18.7	12.6	16.7
male	39.5	24.0	18.7	21.5	21.6	20.6	19.3	21.6	19.9	14.3	18.4
female	30.6	20.3	17.2	19.0	12.7	16.6	17.3	20.8	17.6	11.0	14.9
Talas oblast	15.2	17.5	14.4	13.8	12.1	13.0	11.7	14.1	7.7	7.0	12.0
male	13.9	24.3	13.5	16.4	8.5	9.8	13.4	16.9	8.7	8.0	17.3
female	16.5	10.7	15.4	11.2	15.7	16.3	9.9	11.3	6.7	5.9	6.6
Chui oblast	21.7	13.5	12.7	14.2	14.7	13.6	11.9	10.6	6.7	6.5	8.6
male	31.1	18.6	17.8	19.0	20.2	19.2	17.5	14.7	10.0	8.5	11.0
female	12.6	8.5	7.8	9.5	9.3	8.2	6.4	6.7	3.6	4.5	6.3
Bishkek city	7.6	6.5	5.2	4.8	4.3	5.0	5.1	6.4	3.7	4.9	3.5
male	11.6	10.4	7.5	6.4	7.3	7.4	7.6	9.0	5.5	8.0	4.8
female	4.2	3.0	3.2	3.5	1.7	3.0	2.9	4.1	2.1	2.3	2.4
Osh city	17.1	10.1	9.9	11.1	13.0	7.1	11.1	11.3	9.8	6.7	8.0
male	19.4	10.1	11.4	15.6	16.7	9.1	14.8	14.9	11.3	6.0	5.9
female	14.9	10.1	8.5	6.9	9.5	5.3	7.6	8.0	8.3	7.5	10.1

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the mortality rate attributed to chronic respiratory diseases per 100,000 population showed stability in most regions compared to 2022, with notable exceptions in Naryn and Talas oblasts. In Naryn, the rate increased significantly from 21.8 in 2022 to 32.9 in 2023, while Talas experienced a sharp rise from 7.0 in 2022 to 12.0 in 2023. These increases highlight a growing burden of chronic respiratory diseases in these regions, emphasizing the need for improved respiratory healthcare services, prevention programs, and early intervention measures.

Figure 5. Suicide mortality rate (per 100,000 population)



3.4.2. Suicide mortality rate per 100,000 population, by territory

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	9.2	7.9	7.0	6.9	6.3	6.0	5.8	4.6	5.8	4.9	4.8
Batken oblast	6.4	6.1	8.2	5.8	6.1	7.5	6.8	4.2	4.7	3.4	5.7
Jalal-Abad oblast	1.5	3.9	2.7	2.9	1.4	1.5	2.6	1.3	1.6	3.5	1.9
Issyk-Kul oblast	23.0	21.0	17.6	15.6	15.0	19.5	15.6	10.8	12.9	13.1	8.9
Naryn oblast	19.2	17.2	13.8	13.2	15.2	10.2	10.4	6.5	10.2	8.1	11.9
Osh oblast	4.2	5.8	4.4	3.9	3.8	2.9	3.5	2.9	4.2	2.5	2.5
Talas oblast	7.8	6.1	8.4	4.3	3.1	3.8	3.0	2.6	3.3	2.6	0.7
Chui oblast	20.1	14.4	13.8	16.7	15.2	13.7	11.6	13.1	15.2	10.8	12.7
Bishkek city	8.6	3.2	2.5	2.8	2.4	1.8	2.6	1.0	2.4	2.1	1.1
Osh city	1.6	2.2	1.8	2.5	2.5	1.7	2.9	1.3	0.6	1.1	2.2

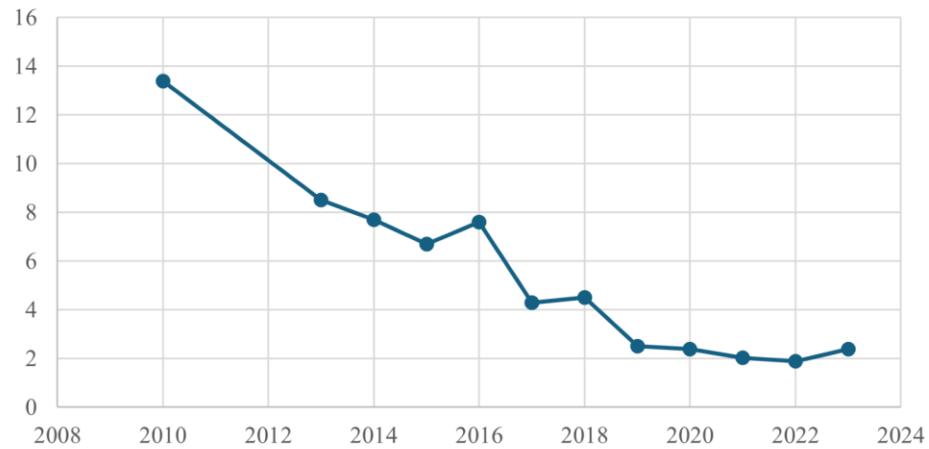
Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the suicide mortality rate per 100,000 population showed significant changes in two regions: Jalal-Abad and Batken. In Jalal-Abad, the rate decreased notably from 3.5 in 2022 to 1.9 in 2023, reflecting a positive trend. Similarly, Batken experienced a sharp decline, with the rate dropping from 13.1 in 2022 to 8.9 in 2023. These decreases suggest potential improvements in mental health support or broader social factors influencing these trends, though further analysis is needed to sustain and build on this progress.

Target 3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol.

Figure 6. Incidence of drug dependence per 100,000 population

**Incidence of drug dependence per 100,000 population,
Kyrgyz Republic**



3.5.1. Incidence of drug dependence per 100,000 population, by territory

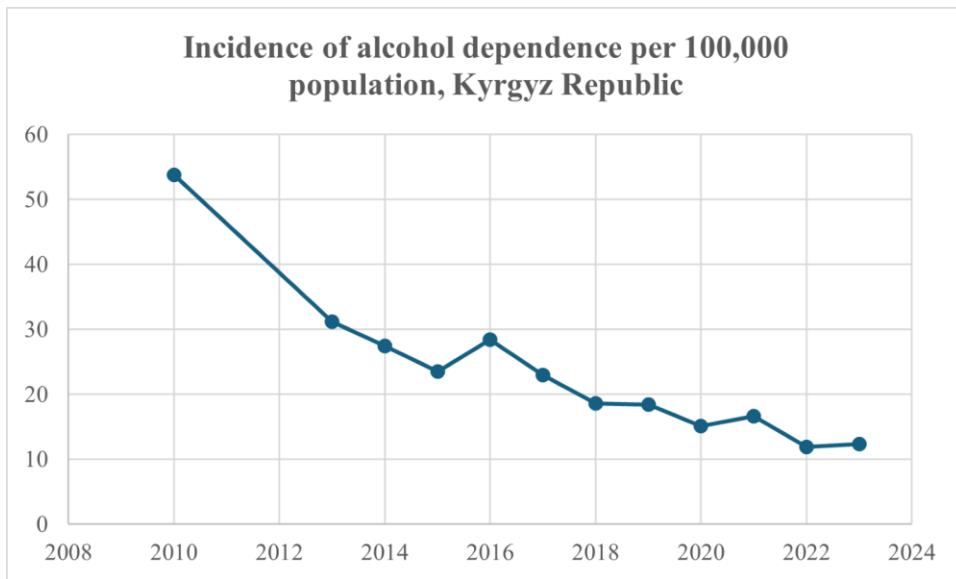
	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	13.4	7.7	6.7	7.6	4.3	4.5	2.5	2.4	2.0	1.9	2.4
female	1.7	1.1	0.4	0.5	0.3	0.4	0.1	0.1	0.1	0.1	0.5
male	25.3	14.5	13.1	14.8	8.5	8.8	4.9	4.6	3.9	3.7	4.3
Batken oblast	1.6	1.3	1.2	2.2	0.8	0.4	0.2	0.4	0.0	1.1	0.5
female	-	-	-	0.4	-	-	-	-	-	0	-
male	3.1	2.5	2.4	3.9	1.5	0.8	0.4	0.8	0.0	2.1	1.0
Jalal-Abad oblast	5.2	2.3	1.2	2	1.9	1.5	0.7	0.5	0.6	0.1	0.4
female	0.4	0.2	-	-	0.2	-	-	-	-	0	0.2
male	10.1	4.5	2.5	4	3.7	3.0	1.3	1.0	1.2	0.2	0.7
Issyk-Kul oblast	2.9	5	6.4	3.6	5.8	0.6	0.2	0.2	0.2	0.0	0.0
female	-	-	0.4	-	-	-	-	-	-	0	-
male	5.9	10	12.5	7.2	11.7	1.2	0.4	0.4	0.4	0.0	-
Naryn oblast	1.9	3.7	1.4	-	1.1	0.4	0.3	0.3	0.0	0.7	0.3
female	0.8	0.7	-	-	-	-	-	-	-	0	-
male	3	6.5	2.9	-	2.1	0.7	0.7	0.7	0.0	1.3	0.6
Osh oblast	1.6	0.8	1.8	0.9	0.5	2.6	0.4	1.1	0.9	0.3	0.5

female	-	0.2	-	-	-	-	-	-	-	0	0.1
male	3.2	1.5	3.5	1.9	0.9	5.2	0.7	2.2	1.7	0.5	0.8
Talas oblast	6.9	4.1	7.2	2	1.6	1.9	4.9	2.6	1.8	1.5	1.5
female	0.9	0.8	-	-	-	-	-	0.7	-	0.0	-
male	13	7.3	14.3	3.9	3.1	3.8	9.7	4.5	3.6	2.9	2.9
Chui oblast	31.8	15.2	12.3	17.3	11.3	6.4	5.8	7.4	6.1	3.0	7.2
female	2.7	0.9	1.6	2	0.4	0.8	0.4	0.2	-	0.2	0.2
male	61.9	29.9	23.3	33.1	22.5	12.2	11.3	14.5	12.4	5.9	14.4
Bishkek city	37.2	23.3	16	20.7	9.1	13.2	6.4	3.9	3.7	6.5	5.7
female	6.6	4.6	0.8	1.2	0.9	0.9	-	0.2	0.7	0.3	2.4
male	72.5	44.7	33.5	43	18.3	27.2	13.7	7.3	7.1	13.9	9.8
Osh city	15.5	6.7	16.8	13.3	2.8	9.9	2.9	3.5	2.7	1.4	1.4
female	1.5	-	0.7	-	-	2.0	0.6	0.0	-	1.2	0.6
male	30.8	14	34.2	27.5	5.8	18.3	5.4	6.7	5.6	1.6	2.2

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the incidence of drug dependence per 100,000 population remained relatively stable across most regions, with a notable increase in Chui oblast. The rate rose from 3.0 in 2022 to 7.2 in 2023, indicating a significant uptick in drug dependence cases. This increase emphasizes the need for preventive interventions, improved access to treatment and rehabilitation services, and community awareness programs to address the growing challenge in the region.

Figure 7. Incidence of alcohol dependence per 100,000 population



3.5.2. Incidence of alcohol dependence per 100,000 population, by territory

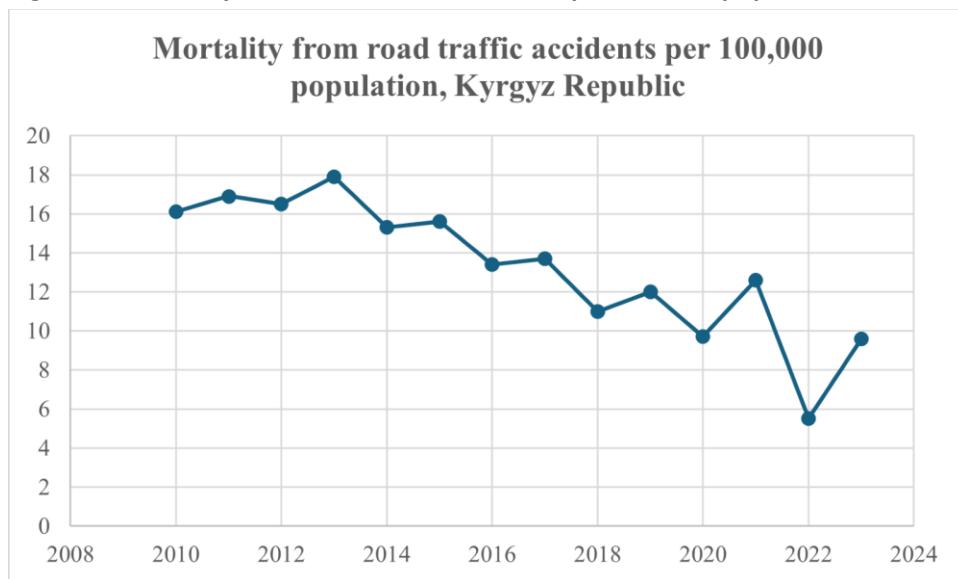
	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	53.8	27.4	23.5	28.4	23	18.6	18.4	15.1	16.6	11.9	12.4
female	13.1	5.7	5.6	6.4	6.8	4.0	4.9	4.0	7.4	3.1	2.6
male	95.6	49.5	41.8	50.8	39.5	33.5	32.2	26.0	26.0	21.0	22.4
Batken oblast	27.4	22.1	14	15.9	12.2	6.9	7.7	6.6	4.7	4.6	5.7
female	1.9	0.4	0.8	0.4	0.8	0.8	1.9	0.7	0.4	0.0	0.0
male	52.2	43.1	26.7	30.8	23.2	12.9	13.3	12.8	8.9	9.1	11.3
Jalal-Abad oblast	17.2	14.3	10.7	10	9.5	6.8	4.6	3.4	4.9	3.5	5.1
female	1.2	1.4	1.4	1.2	1.7	1.3	0.5	0.3	0.6	0.3	0
male	33.2	27.1	19.8	18.7	17.2	12.2	8.6	6.6	9.1	6.7	10.1
Issyk-Kul oblast	19	14.3	17.6	16.5	13.3	3.7	6.1	3.8	6.2	3.9	5.0
female	3.1	3.9	8.5	1.7	2.9	1.2	1.2	0.4	2.8	0.7	1.9
male	35.1	24.9	26.7	31.4	23.9	6.2	11.0	7.2	9.6	7.1	8.1
Naryn oblast	31.1	43.6	20.3	36.5	23	16.1	23.2	21.3	19.4	23.1	22.9
female	5.4	11.2	5.1	13.8	9.4	2.1	3.5	6.1	6.9	2.6	5.9
male	56	75.1	35	58.5	36.2	29.6	42.2	37.1	31.5	43.2	39.5
Osh oblast	35	24.7	29.3	25.1	26.2	23.2	21.0	17.2	17.2	7.7	14.4
female	2.9	1.3	2.9	3.6	4.2	2.1	1.9	1.9	1.7	0.8	1.1

male	66.7	47.7	55.2	46.2	47.8	43.8	39.6	32.8	32.4	14.4	27.6
Talas oblast	43	41.6	18.9	24.5	40.1	26.0	27.9	26.7	13.6	34.2	38.9
female	2.6	7.4	4	8	7.1	3.1	5.3	8.8	1.5	4.5	5.9
male	83.1	75.2	33.4	40.7	72.4	48.5	49.9	45.1	25.4	63.4	71.3
Chui oblast	60.6	36	30	50.5	32.8	26.4	32.3	22.6	28.3	20.5	15.1
female	20.1	10.5	10.5	16.3	12.1	8.2	13.3	6.5	18.7	7.9	5.4
male	102.6	62.2	50.1	85.9	54.3	45.1	51.9	38.3	38.1	33.4	25.0
Bishkek city	164.9	40.7	36.4	48.6	35.1	29.7	29.1	24.0	29.6	19.3	13.4
female	50.1	13.1	11.1	10.8	16.5	9.1	9.2	11.4	19.4	7.1	3.6
male	297.5	72.3	65.3	91.6	56.3	53.0	51.7	35.1	41.0	34.0	25.2
Osh city	29.9	22	19.8	16.9	11.6	25.2	9.5	16.4	17.7	7.9	11.8
female	4.5	5.8	2.8	2.1	2.0	4.0	3.2	3.2	4.2	1.7	5.6
male	57.5	39.6	38	32.7	21.8	47.8	16.2	28.8	32.0	13.7	17.7

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the incidence of alcohol dependence per 100,000 population showed a significant increase in Osh oblast. The rate rose sharply from 7.7 in 2022 to 14.4 in 2023, reflecting a concerning trend in alcohol dependence cases. This rise highlights the urgent need for enhanced public health interventions, including prevention programs, treatment facilities, and awareness campaigns to address alcohol dependence in the region effectively.

Figure 8. Mortality from road traffic accidents per 100,000 population



3.6.1. Mortality from road traffic injuries, by territory

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	16.1	15.3	15.6	13.4	13.7	11.0	12.0	9.7	12.6	5.5	9.6
male	24.7	23.3	23.1	19.9	20.7	16.3	19.3	14.7	17.9	8.5	14.6
female	7.6	7.3	8.3	6.9	6.9	5.8	4.8	4.8	7.3	2.6	4.7
Batken oblast	13.0	12.0	15.8	11.0	13.6	9.0	10.2	10.7	12.6	16.3	14.0
male	21.1	19.5	25.1	17.0	20.9	14.4	17.4	17.7	19.5	25.2	22.3
female	4.6	4.3	6.3	4.9	6.0	3.5	2.7	3.4	5.5	7.1	5.6
Jalal-Abad oblast	12.9	11.8	12.7	11.1	8.6	7.9	8.6	6.2	10.3	1.6	5.8
male	19.6	18.8	18.4	16.7	12.8	10.7	13.9	8.4	12.3	3.2	8.4
female	6.2	4.7	6.9	5.4	4.4	5.0	3.3	3.9	8.2	-	3.2
Issyk-Kul oblast	27.3	23.9	27.8	22.8	25.8	18.5	19.5	17.2	24.8	7.5	7.8
male	43.8	35.4	42.7	36.5	41.5	29.7	32.2	25.4	33.1	10.5	12.6
female	11.2	12.5	13.2	9.2	10.4	7.4	6.9	9.2	16.6	4.5	3
Naryn oblast	27.6	28.9	30.8	19.7	26.5	24.9	23.6	16.5	23.9	11.4	20.6
male	43.9	40.4	42.1	30.3	36.2	37.2	41.6	20.9	29.5	16.1	28.1
female	10.9	17.1	19.1	8.7	16.6	12.1	4.9	11.9	18.1	6.6	13.0
Osh oblast	14.7	15.5	12.4	11.7	11.8	9.6	11.7	8.8	9.6	1.2	7.9
male	22.2	24.7	17.7	17.7	16.3	14.3	19.6	14.0	14.8	2.1	12.2
female	7.0	6.1	7.0	5.5	7.1	4.9	3.6	3.4	4.3	0.3	3.6
Talas oblast	19.1	21.6	16.0	17.4	15.6	20.3	13.2	12.6	12.1	1.5	0.7
male	29.4	36.4	23.8	26.6	27.7	29.5	20.1	20.6	18.2	2.9	1.4
female	8.7	6.6	8.1	8.0	3.1	10.8	6.1	4.5	5.9	0.0	-
Chui oblast	19.7	20.0	20.5	18.2	19.9	14.8	15.3	13.3	17.3	0.9	12.2
male	29.6	29.7	30.0	27.0	29.1	20.7	22.4	21.0	27.6	1.7	20.0
female	10.2	10.5	11.2	9.7	11.0	9.1	8.3	5.9	7.4	0.2	4.6
Bishkek city	10.1	7.8	9.1	8.5	8.6	5.4	8.6	6.3	7.8	14.3	12.9
male	14.7	10.7	13.1	10.2	13.8	7.8	12.3	8.8	10.4	22.7	18.9
female	6.1	5.3	5.5	7.0	4.0	3.3	5.2	4.1	5.6	7.3	7.9
Osh city	14.4	10.5	12.5	10.0	7.7	6.1	7.8	6.0	6.7	1.1	4.1

male	21.8	13.2	20.5	12.6	12.3	9.8	12.8	8.4	10.7	2.2	7.0
female	7.5	7.9	5.0	7.6	3.4	2.6	3.2	3.7	3.0	-	1.1

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, mortality from road traffic injuries per 100,000 population rose significantly across Kyrgyzstan, increasing from 5.5 in 2022 to 9.6 in 2023. This concerning trend was mirrored in several regions. In Jalal-Abad, the rate increased from 1.6 to 5.8, while in Naryn oblast it climbed from 11.4 to 20.6. Osh oblast experienced a sharp rise from 1.2 to 7.9, and Chui oblast saw the most dramatic surge, with the rate jumping from 0.9 to 12.2. These increases highlight a nationwide issue requiring urgent attention, with a focus on implementing stricter road safety measures, enhancing driver education, and improving infrastructure to reduce fatalities on the roads.

3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (in percent)

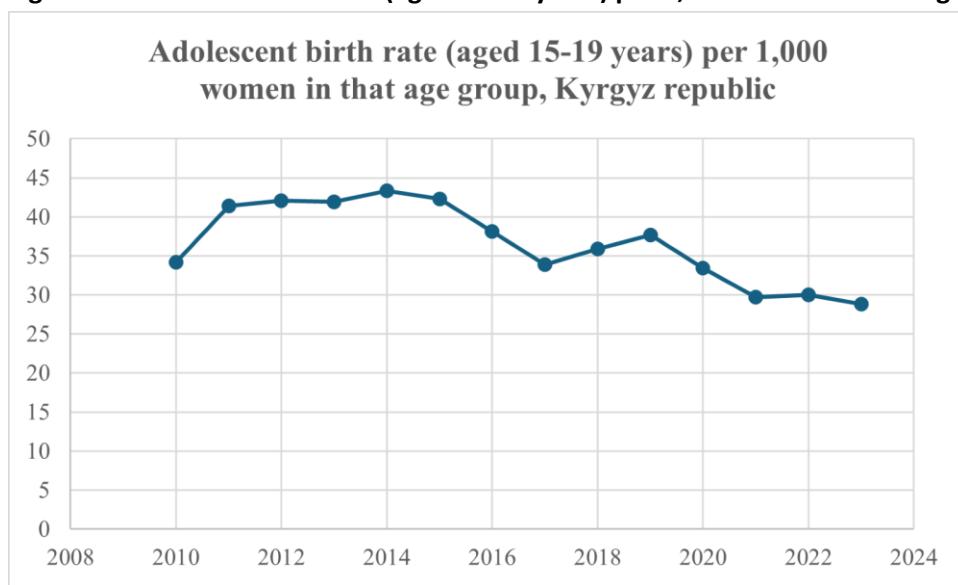
	2014	2018	2023		2014	2018	2023
Kyrgyz Republic	42.0	67.4	35.0	<i>Education</i>			
Batken oblast	45.0	48.6	21.0	preschool or not /primary	20.4	(*)	
Jalal-Abad oblast	31.4	56.2	29.0	basic general	36.5	67.8	
Issyk-Kul oblast	46.0	65.1	35.0	average total	42.1	62.9	
Naryn oblast	58.9	79.8	51.0	vocational primary /secondary	43.3	66.2	
Osh oblast	38.4	71.1	33.0	higher	43.7	74.3	
Talas oblast	43.4	79.1	54.0	<i>Functional difficulties</i>			
Chui oblast	47.8	70.7	38.0	There is		81.6	
Bishkek city	47.0	69.6	43.0	No		67.1	
Osh city	38.3	71.3	38.0	<i>Wealth quintile</i>			
<i>Age, years old (per cents)</i>				poorest	42.5	66.5	
15-19	17.4	31.7		second	37.8	60.7	
20-24	28.9	53.8	36.0	average	39.1	69.2	
25-29	39.2	59.9		fourth	45.1	69.3	
30-34	50.4	76.2		the richest	45.3	71.4	
35-39	57.2	74.5		<i>Urbanisation</i>			
40-44	52.2	68.7	69.0	urban	43.1	68.6	

45-49	29.3	66.0		rural		41.4	66.7	
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Source: MICS, 2023

Between 2022 and 2023, the proportion of women in Kyrgyzstan who had their family planning needs met with modern methods declined significantly across all regions. At the national level, this figure dropped from 67.4% in 2022 to 35.0% in 2023. Similar declines were observed across different oblasts. In Batken, the proportion fell from 48.6% to 21.0%, while in Jalal-Abad it dropped from 56.2% to 29.0%. Issyk-Kul saw a decline from 65.1% to 35.0%, and Naryn experienced a decrease from 79.8% to 51.0%. In Osh, the proportion went from 71.1% to 33.0%, while in Talas it decreased from 79.1% to 54.0%. Chui saw a reduction from 70.7% to 38.0%, Bishkek city from 69.6% to 43.0%, and Osh city from 71.3% to 38.0%. This widespread decline suggests increasing challenges in access to or availability of modern contraceptive methods, with particularly sharp decreases in Batken, Jalal-Abad, and Osh, raising concerns about regional disparities in healthcare services.

Figure 9. Adolescent birth rate (aged 15-19 years) per 1,000 women in that age group



3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	34.1	43.3	42.3	38.1	33.9	35.9	37.7	33.4	29.7	30.0	28.9
Batken oblast	36.1	43.3	38.4	36.5	31.2	30.2	35.7	31.2	24.3	26.1	28.4
Jalal-Abad oblast	38.8	47.7	53.5	39.3	34.7	36.2	38.0	35.7	31.2	34.8	37.3
Issyk-Kul oblast	30.2	31.8	45.4	32.8	25.5	28.8	25.3	21.3	23.8	15.8	18.7
Naryn oblast	29.7	29.2	30.3	29.1	20.2	22.7	20.8	20.1	17.9	12.7	19.7

Osh oblast	33.0	45.8	72.3	41.6	38.5	35.2	37.9	35.6	27.2	36.7	40.1
Talas oblast	48.5	58.2	36.4	41.9	34.9	37.1	34.1	27.2	24.7	21.1	23.3
Chui oblast	44.0	50.8	59.7	47.8	46.4	52.1	51.0	44.5	38.9	33.1	30.2
Bishkek city	20.4	26.5	22.1	21.4	17.4	24.3	28.9	22.2	23.3	22.3	6.5
Osh city	27.0	54.9	52.8	52.6	51.6	65.0	77.0	63.7	69.4	51.0	30.9

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the adolescent birth rate (aged 15–19 years) per 1,000 women showed a significant decline in urban centers such as Bishkek City and Osh City. In Bishkek, the rate dropped sharply from 22.3 in 2022 to 6.5 in 2023, reflecting substantial progress in reducing adolescent births. Similarly, Osh City saw a notable decrease, with the rate falling from 51.0 in 2022 to 30.9 in 2023. These positive trends indicate improvements in reproductive health awareness and access to family planning services in these cities, though continued efforts are needed to sustain and expand these achievements.

3.9.2. Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100,000 population)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	2.5	1.7	1.9	1.3	1.2	0.8	0.9	0.1	1.0	1.2	0.7
Batken oblast	7.8	7.6	5.3	3.6	3.1	1.5	2.1	0.2	2.2	2.7	0.7
Jalal-Abad oblast	2.8	1.4	2.2	0.9	1.3	0.7	0.4	-	1.7	0.9	1.1
Issyk-Kul oblast	0.9	0.9	1.1	0.6	0.6	0.6	0.6	0.2	-	0.4	-
Naryn oblast	3.1	1.5	2.2	0.7	1.4	1.1	1.4	-	0.3	0.7	1.3
Osh oblast	3.2	2.2	2.6	2.2	1.6	1.5	1.3	0.1	1.1	0.9	0.9
Talas oblast	1.7	1.2	2.4	2.4	0.4	0.8	0.4	-	-	1.1	0.4
Chui oblast	1.0	0.6	0.8	0.7	0.8	0.1	0.7	0.3	0.9	2.7	0.8
Bishkek city	0.8	0.4	0.8	0.6	0.6	0.4	0.7	-	0.4	0.4	0.3
Osh city	1.6	1.1	0.4	0.4	0.7	0.7	0.7	-	0.6	0.6	-

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene in Batken oblast showed a significant improvement, decreasing from 2.7 in 2022 to 0.7 in 2023. This sharp decline highlights progress in addressing water, sanitation, and hygiene challenges in the region, likely reflecting enhanced infrastructure, public health interventions, and awareness campaigns. Continued efforts will be essential to maintain and further advance these achievements.

3.9.3. Mortality rate attributed to unintentional poisoning (per 100,000 population)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	9.0	6.8	7.0	6.0	5.9	6.3	5.5	5.0	6.1	3.7	3.3
Batken oblast	3.0	2.1	1.4	1.2	3.3	1.2	3.4	3.5	1.6	1.6	1
Jalal-Abad oblast	2.4	2.1	2.9	1.9	2.5	2.4	2.7	1.8	3.6	1.7	1.6
Issyk-Kul oblast	33.0	30.6	31.3	19.4	23.5	26.7	29.4	24.4	27.2	17.9	9.2
Naryn oblast	11.5	5.5	7.2	7.2	8.1	10.9	7.3	7.2	7.2	7.5	6.1
Osh oblast	2.5	2.7	4.0	3.4	2.3	3.4	2.1	2.9	2.6	1.1	1.5
Talas oblast	3.5	4.1	6.8	6.3	2.3	5.7	9.0	7.4	12.5	4.4	4.0
Chui oblast	11.1	7.9	6.3	7.9	7.9	7.1	4.8	4.0	6.4	3.0	4.4
Bishkek city	16.3	10.0	8.1	8.1	6.6	6.5	3.3	3.2	5.2	4.1	4.7
Osh city	3.9	1.9	4.4	6.1	3.5	2.7	1.6	3.5	0.9	0.8	0.5

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the mortality rate attributed to unintentional poisoning in Issyk-Kul oblast showed a significant decline, dropping from 17.9 in 2022 to 9.2 in 2023. This improvement reflects progress in preventing unintentional poisoning incidents, potentially due to increased public awareness, enhanced safety measures, and better access to medical care. Sustained efforts will be crucial to further reduce these rates and address underlying risk factors.

Target 3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, and provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use, to the full, the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

3.b.1 Percentage of target population immunized with all vaccines included in national programs

(in percent)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<i>DTP vaccine coverage (for diphtheria, tetanus, and pertussis) (3 doses)</i>											
Kyrgyz Republic	96.5	95.8	96.6	96.1	93.4	94.5	94.4	88.2	88.8	91.3	87.94
Batken oblast	96.8	98.9	98.6	98.1	96.7	96.6	98.3	91.7	86.9	95.5	94.7
Jalal-Abad oblast	95.9	94.8	96.1	95.8	93.8	96.1	90.2	87.4	89.7	92.0	89.4
Issyk-Kul oblast	97.2	91.3	98.0	95.9	96.1	95.0	94.6	87.6	95.8	97.1	90.2

Naryn oblast	96.8	97.6	97.2	96.8	97.0	94.8	97.6	91.0	96.5	95.2	85.7
Osh oblast	95.5	98.3	97.1	98.5	96.6	95.8	99.3	95.5	90.3	95.8	92.5
Talas oblast	96.8	93.4	96.8	95.2	93.1	95.3	92.7	94.2	90.7	91.7	89.3
Chui oblast	96.3	96.0	97.0	97.5	91.8	92.5	91.7	89.9	90.9	92.7	86.5
Bishkek city	96.8	93.7	94.0	90.5	86.5	90.3	92.0	73.4	81.1	78.6	76.5
Osh city	95.7	96.0	97.6	96.7	98.0	95.2	95.6	87.3	85.1	88.7	86.1

Measles Vaccine Coverage (MCV) (2 doses)

Kyrgyz Republic	98.3	95.6	99.1	97.0	94.7	96.2	97.2	93.8	93.4	96.4	98.9
Batken oblast	97.2	98.9	97.6	99.9	98.7	92.5	98.3	98.7	93.1	95.9	96.7
Jalal-Abat oblast	98.3	91.7	100.0	95.7	88.8	93.5	93.0	91.3	94.8	95.9	98.7
Issyk-Kul oblast	99.2	95.6	98.9	97.7	95.1	96.5	97.7	96.1	100.5	102.8	103.4
Naryn oblast	99.5	97.7	98.1	98.1	97.0	97.6	98.1	96.2	100.3	99.7	99.0
Osh oblast	99.7	96.1	99.0	99.2	96.8	98.1	99.6	97.5	93.8	99.1	97.3
Talas oblast	97.1	94.3	97.1	97.0	95.6	98.4	96.0	95.2	95.4	99.1	100.0
Chui oblast	96.4	96.5	98.6	95.0	96.3	97.4	99.5	97.5	92.3	100.2	101.4
Bishkek city	99.0	95.6	99.8	95.1	91.7	96.3	96.4	83.7	89.3	87.1	100.0
Osh city	97.4	99.9	99.7	96.8	97.7	99.4	98.0	93.7	88.0	95.9	96.2

Pneumococcal Conjugate Vaccine (PCV) Coverage (last scheduled dose)

Kyrgyz Republic	-	-	96.8	97.2	94.2	92.0	95.1	88.8	89.6	92.8	71.0
Batken oblast	-	-	97.3	99.3	96.3	94.6	99.6	83.4	89.2	95.7	72.0
Jalal-Abat oblast	-	-	97.3	95.9	94.5	93.8	90.1	88.2	84.8	91.6	58.9
Issyk-Kul oblast	-	-	98.2	96.4	96.3	95.0	95.0	88.3	96.2	97.6	90.9
Naryn oblast	-	-	96.8	96.7	97.0	95.1	97.3	91.3	95.6	95.0	83.1
Osh oblast	-	-	96.3	98.8	97.2	92.1	98.4	95.7	91.3	96.0	63.3
Talas oblast	-	-	97.2	96.1	94.0	96.0	94.3	95.8	91.4	90.2	78.1
Chui oblast	-	-	97.6	98.7	92.6	92.1	94.9	91.0	92.3	94.7	85.2
Bishkek city	-	-	95.0	94.8	90.4	83.4	93.8	79.4	88.7	86.7	74.8
Osh city	-	-	97.9	96.8	90.0	93.9	95.9	87.4	84.9	89.1	67.6

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the DTP vaccine coverage (percentage of the target population immunized) saw a significant decline across Kyrgyzstan and key regions. Nationally, coverage decreased from 91.3% in 2022 to 87.94% in 2023, reflecting a worrying reduction in vaccination rates. Issyk-Kul oblast experienced a notable drop from 97.1% in 2022 to 90.2% in 2023, while Jalal-Abad oblast faced an even sharper decline from 95.2% to 85.7%. These decreases in DTP vaccine coverage highlight potential challenges such as limited access to healthcare, logistical issues in vaccine distribution, or growing vaccine hesitancy, which must be urgently addressed to maintain herd immunity and prevent outbreaks of preventable diseases.

In 2023, the Measles Vaccine Coverage (MCV) for two doses in Bishkek City showed remarkable progress, increasing from 87.1% in 2022 to 100.0% in 2023.

In 2023, the Pneumococcal Conjugate Vaccine (PCV) coverage for the last scheduled dose showed a significant decline across Kyrgyzstan and its regions. Nationally, the coverage dropped from 92.8% in 2022 to 71.0% in 2023, reflecting a concerning trend. In Batken oblast, the rate decreased sharply from 95.7% to 72.0%, while Jalal-Abad oblast experienced an even more pronounced drop from 91.6% to 58.9%. Osh oblast saw a significant decline from 96.0% to 63.3%, and Talas oblast followed with a reduction from 90.2% to 78.1%. Chui oblast experienced a smaller, but still notable, decrease from 94.7% to 85.2%. In urban centers, Bishkek City's coverage fell from 86.7% to 74.8%, while Osh City saw a decline from 89.1% to 67.6%.

These decreases highlight widespread challenges in maintaining vaccine coverage, likely influenced by logistical issues, reduced access to healthcare, or public health system constraints. Urgent action is required to address these gaps, including reinforcing vaccine supply chains, increasing public awareness, and ensuring equitable access to immunization services.

1.2.2 Proportion of men, women and children of all ages living poverty in all its dimensions according to national definitions (in percent)

	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	50.2	50.5	45.8	42.3	42.2	48.5	47.4	43.6
By sex								
Man	50.3	50.3	45.8	42.7	42.5	48.8	47.9	43.5
Woman	50.1	50.6	45.9	41.9	42.0	48.2	46.9	43.6
By age group								
Children (under 18)	59.7	60.0	56.0	52.0	50.9	58.2	56.8	52.6
Adults (18-64)	43.7	44.1	39.3	35.9	36.9	42.4	41.4	38.2
Elderly (65 and older)	49.2	46.4	38.6	37	34.8	40.7	39.0	33.9
Urbanisation								
City	36.9	38.7	33.8	31.1	30.7	41.5	39.5	36.8

Village	57.4	56.8	52.4	48.5	48.8	52.6	51.9	47.4
By territory								
Batken oblast	64.9	66.0	64.8	63.5	61.1	67.1	69.9	69.3
Jalal-Abad oblast	59.6	61.5	53.8	50.4	56.7	62	61.0	54.9
Issyk-Kul oblast	45.2	47.0	42.7	46.3	41.6	46.9	42.5	45.4
Naryn oblast	58.3	50.0	48.5	47.8	49.0	55.8	54.0	49.3
Osh oblast	57.5	52.1	58.5	45.8	43.5	42.7	42.5	37.1
Talas oblast	49.8	39.8	43.0	40.2	33.9	48.3	45.8	41.1
Chui oblast	45.4	48.7	28.0	31.7	34.6	39.7	38.1	35.7
Bishkek city	26.8	29.9	25.4	22.2	23.6	38.1	38.9	36.8
Osh city	47.3	58.6	51.3	45.9	35.9	44.7	38.7	26

Source: Integrated sample survey of household budgets and labor, NSC

In 2023, the proportion of men, women, and children of all ages living in poverty according to national definitions in Osh City showed a significant improvement. The percentage decreased from 38.7% in 2022 to 26% in 2023. This notable decline highlights progress in poverty reduction efforts within the city, potentially driven by enhanced social support programs, economic development initiatives, or improved access to resources. Sustaining and building upon this progress will be crucial for continuing to alleviate poverty in the region.

4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by territory

	2014	2018	2023
Kyrgyz Republic	78.3	71.7	70.0
Batken oblast	81.2	83.3	71.0
Jalal-Abad oblast	87.1	63.9	63.0
Issyk-Kul oblast	81.6	79.8	38.0
Naryn oblast	80.6	72.4	69.0
Osh oblast	69.6	65.8	81.0
Talas oblast	84.9	65.1	84.0
Chui oblast	73.5	72.0	66.0
Bishkek city	87.4	81.3	76.0
Osh city	52.0	71.5	66.0

male	76.1	68.2	70.0
female	80.6	75.0	71.0
no education / primary	(*)	(*)	(*)
basic general	70.1	71.0	65.0
complete general	77.2	73.8	
vocational primary / secondary	80.8	70.6	
higher	81.8	69.6	75.0
poorest	76.5	72.5	63.0
second	80.3	70.6	
average	73.0	67.2	
fourth	79.3	71.0	
the richest	84.3	78.0	74.0

Source: Multiple Indicator Cluster Survey, NSC

In 2023, the proportion of children under 5 years of age who are developmentally on track in health, learning, and psychosocial well-being showed mixed trends across regions. In Batken, the percentage dropped significantly from 83.3% in 2022 to 71.0% in 2023, indicating a concerning decline in early childhood development outcomes. Conversely, Osh and Talas oblasts experienced notable improvements. In Osh, the proportion increased from 65.8% in 2022 to 81.0% in 2023, and in Talas, it rose from 65.1% to 84.0%. These contrasting trends highlight regional disparities in early childhood development, emphasizing the need for targeted interventions to address the challenges in Batken while sustaining progress in Osh and Talas.

4.2.2 Participation rate in organized learning (one year before the official primary entry age) (as a percentage of the resident population aged 6)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Participation rate in organized learning	10.0	51.1	55.0	74.4	75.9	84.9	77.6	83.3	80.9	64.2	53.5

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the participation rate in organized learning (one year before the official primary entry age) among the resident population aged 6 showed a significant decline. The rate dropped from 64.2% in 2022 to 53.5% in 2023. This decrease highlights potential challenges in early childhood education accessibility or enrollment, emphasizing the need for strengthened efforts to promote organized learning opportunities and address barriers to participation for young children.

5.2.1.1a Number of women contacting health authorities for domestic violence (persons)

	201 0	201 4	201 5	201 6	201 7	201 8	201 9	202 0	202 1	202 2	202 3
Number of women who applied for domestic violence:											
in forensic departments	130 8	198 8	936	117 2	138 2	130 5	176 4	171 3	186 0	1373	1209
to feldsher-midwife points	68	35	12	2	1		2	1	1	-	-
in healthcare organization, providing medical and preventive care for FMC	401	495	666	657	629	555	539	379	510	117	373
in the station (department, hospital) ambulance	414	570	485	372	176	47	211	180	178	154	115
Number of women treated for diseases (injuries) resulting from domestic violence	445	731	189 6	140 4	108 4	970	939	798	821	885	781

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the number of women contacting health authorities for domestic violence through forensic departments decreased from 1,373 in 2022 to 1,209. This decline may indicate changes in reporting patterns, awareness campaigns, or access to support services. However, it is essential to assess whether this decrease reflects an actual reduction in domestic violence cases or barriers preventing women from seeking help, highlighting the need for continued monitoring and support mechanisms.

5.2.1.1b Number of victims of domestic violence by gender and age group (persons)

	2010	2014	2015	2016	201 7	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	1789	2629	3333	7005	732 3	7178	6145	8254	9038	8725	11357
<i>By sex:</i>											
Women	1659	2531	3229	6795	6966	6562	5659	7891	8587	8347	11002
Men	130	98	104	210	357	616	486	363	451	378	355

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the number of domestic violence victims in Kyrgyzstan increased significantly compared to 2022. The total number of victims rose from 8,725 in 2022 to 11,357 in 2023, with women accounting for the vast majority of cases. Among women, the number of reported victims grew from 8,347 in 2022 to 11,002

in 2023. This sharp rise highlights a concerning escalation in domestic violence cases, emphasizing the urgent need for strengthened prevention measures, enhanced support services, and public awareness campaigns to address this critical issue effectively.

SDG 8. Decent work and economic growth

Target 8.8. Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex (per 100,000 working corresponding sex)

	Occupational injuries										
	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	90.1	29.2	22.1	24.5	17.0	25.0	21.8	31.0	38.0	43.5	21.0
Women	19.8	15.5	8.4	16.4	13.6	14.9	12.8	12.4	8.2	7.2	10.0
Men	164.3	44.6	37.9	33.7	20.9	36.6	32.0	51.7	71.4	86.9	28.7
Batken oblast	67.0	60.2	5.9	11.8	16.9	14.2	17.0	57.7	69.2	355.0	5.5
Women	8.9			5.6	-	-	-	-	0.0	-	-
Men	112.7	131.4	12.9	18.8	37.2	32.4	38.4	126.8	153.1	803.8	12.8
Jalal-Abad oblast	41.3	22.7	20.8	26.5	14.6	46.1	14.3	17.2	6.2	19.8	27.4
Women	3.2	5.6	2.5	10.2	2.4	10.0	12.5	2.4	0.0	-	2.2
Men	82.9	42.6	43.0	46.3	29.0	86.1	16.3	35.1	14.0	46.8	60.4
Issyk-Kul oblast	67.9	29.2	52.0	44.8	18.6	10.1	7.9	12.6	2.5	29.6	21.6
Women	10.1	5.1	9.6	19.5	14.9		4.8	-	-	9.0	4.4
Men	130.3	55.9	102.0	74.2	22.7	22.4	11.6	27.6	5.6	54.6	42.3
Naryn oblast	30.1	12.3	3.7	35.4	-	-	7.7	34.3	22.8	-	3.9
Women	7.8	-	-	-	-	-	-	6.8	27.0	-	-
Men	57.6	28.3	8.7	81.4	-	-	17.7	69.3	17.5	-	9.4
Osh oblast	-	-	5.2	2.3	4.5	4.6	-	6.4	0.0	-	-
Women	-	-	-	3.8	-	3.9	-	3.7	0.0	-	-
Men	-	-	13.0	-	11.1	5.5	-	10.1	0.0	-	-
Talas oblast	38.4	26.0	15.1	10.7	-	14.8	9.3	14.2	4.6	18.3	-
Women	10.2	19.3	-	-	-	9.3	-	8.9	0.0	-	-

Men	71.3	33.9	32.6	23.5	-	21.0	20.6	20.3	9.6	38.9	-
Chui oblast	39.8	39.5	52.9	20.7	14.9	27.8	26.2	30.3	22.1	24.8	18.4
Women	18.6	22.3	15.3	9.6	13.3	9.7	18.5	6.0	3.2	10.4	13.8
Men	62.2	57.7	94.4	31.6	16.5	46.7	33.9	54.6	40.8	39.7	20.7
Bishkek city	172.4	34.4	20.0	30.8	28.1	34.5	38.0	42.6	85.0	31.5	4.8
Women	36.1	30.3	14.9	33.9	31.0	33.6	24.4	28.7	20.7	17.6	26.3
Men	309.6	38.7	25.6	27.4	24.9	35.6	52.6	56.8	148.1	45.9	38.5
Osh city	84.3	12.9	2.5	12.5	5.1	2.6	7.7	33.3	2.5	-	10.0
Women	33.3	5.1	5.1	-	-	-	-	10.0	0.0	-	-
Men	130.2	20.9	-	25.4	10.8	5.6	15.8	57.9	5.3	-	10.2
Fatal occupational injuries											
	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	6.1	3.6	4.1	5.0	6.7	1.5	2.9	2.0	3.8	11.2	1.9
Women	0.8	1.1	0.7	0.4	-	0.4	0.0	0.4	0.4	0.3	-
Men	11.8	6.4	8.0	10.4	14.4	2.8	6.2	3.9	7.6	24.2	3.9
Batken oblast	15.8	2.9	17.7	20.7	11.3	2.8	14.2	8.2	8.3	119.3	-
Women	-	-	-	-	-	-	-	-	-	-	-
Men	28.2	6.3	38.6	43.9	24.8	6.5	32.0	18.1	18.4	270.0	-
Jalal-Abad oblast	1.7	3.0	2.8	1.4	13.2	-	-	2.6	3.7	9.9	1.2
Women	-	-	-	-	-	-	-	-	-	-	-
Men	3.5	6.5	6.1	3.1	29.0	-	-	5.9	8.4	23.4	2.9
Issyk-Kul oblast	7.8	2.7	7.8	10.5	8.0	2.5	7.9	5.0	5.1	-	2.4
Women	5.0	-	-	-	-	-	-	-	-	-	-
Men	10.9	5.6	17.0	22.8	17.1	5.6	17.4	11.0	11.2	-	5.3
Naryn oblast	8.6	16.3	3.7	19.6	19.3	-	7.7	-	3.8	-	3.9
Women	7.8	-	-	-	-	-	-	-	-	-	-
Men	9.6	37.7	8.7	45.2	43.4	-	17.7	-	8.7	-	9.4
Osh oblast	-	-	2.6	-	6.8	-	-	-	4.1	-	-
Women	-	-	-	-	-	-	-	-	-	-	-

Men	-	-	6.5	-	16.7	-	-	-	10.0	-	-
Talas oblast	5.5	10.4	10.0	-	5.1	4.9	4.6	-	9.3	13.8	4.6
Women	-	-	-	-	-	-	-	-	9.0	8.7	-
Men	11.9	22.6	21.7	-	11.3	10.5	10.3	-	9.6	19.5	9.9
Chui oblast	4.8	4.9	3.2	3.2	3.3	-	1.5	3.0	1.6	-	1.1
Women	-	9.6	6.1	-	-	-	-	3.0	0.0	-	-
Men	9.8	-	-	6.3	6.6	-	3.1	3.0	3.1	-	1.7
Bishkek city	7.2	1.7	1.7	3.3	2.2	2.1	2.0	1.1	2.3	1.7	1.1
Women	-	-	-	1.1	-	1.0	-	-	-	-	-
Men	14.5	3.4	3.5	5.7	4.5	3.3	4.2	2.1	4.5	3.4	2.3
Osh city	7.9	5.2	2.5	2.5	7.7	2.6	-	-	5.1	5.0	9.6
Women	-	-	-	-	-	-	-	-	-	-	-
Men	15.0	10.4	4.9	5.1	16.1	5.6	-	-	10.6	10.8	20.3

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

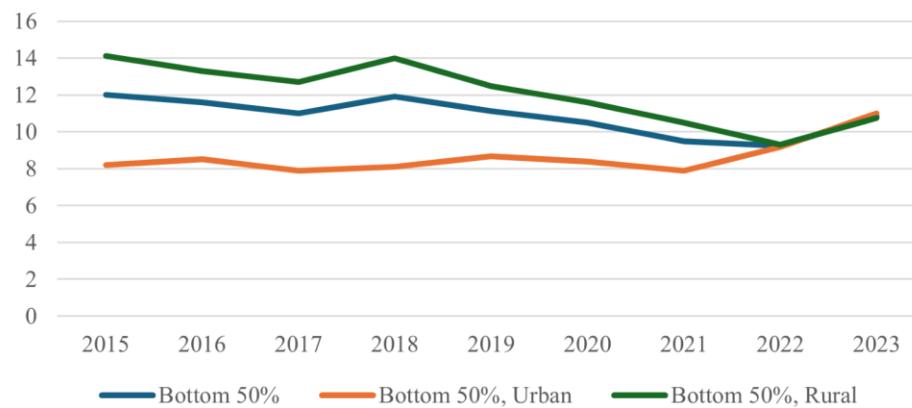
In 2023, the frequency rates of fatal and non-fatal occupational injuries per 100,000 workers saw a significant decline across Kyrgyzstan and specific regions. Nationally, the rate dropped from 43.5 in 2022 to 21.0 in 2023, reflecting overall improvements in workplace safety. Batken oblast experienced the most dramatic decrease, with the rate falling sharply from 355.0 to 5.5, while Bishkek City also saw a notable reduction from 31.5 to 4.8. These decreases indicate progress in occupational safety measures and enforcement, although continued efforts are needed to sustain and build on these advancements across all regions. As for the frequency of fatal occupational injuries per 100,000 workers in 2023 showed contrasting trends in different regions. In Jalal-Abad, the rate decreased significantly from 9.9 in 2022 to 1.2 in 2023, reflecting substantial progress in workplace safety. However, in Osh City, the rate increased notably from 5.0 in 2022 to 9.6 in 2023, highlighting a concerning rise in fatal injuries. These contrasting trends emphasize the need for continued efforts to maintain safety improvements in regions like Jalal-Abad while addressing the underlying causes of increased fatalities in Osh City.

SDG 10. Reduce inequalities

Target 10.2. By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

Figure 19. Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities

Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities, Kyrgyz Republic



10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities (in percent)

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Median value, soms per month per capita	3390.2	3572.5	3991.9	4466.4	4774.2	4700.5	5356.3	6512.5	8140.6
The proportion of the population with consumption below 50% of the median value	12.0	11.6	11.0	11.9	11.1	10.5	9.5	9.3	10.8
<i>Urbanisation</i>									
urban	8.2	8.5	7.9	8.1	8.7	8.4	7.9	9.2	11.0
rural	14.1	13.3	12.7	14.0	12.5	11.6	10.5	9.3	10.8
<i>By sex</i>									
Women	11.7	11.4	10.9	11.8	11.0	10.6	9.6	9.4	10.8
Men	12.3	11.9	11.2	12.0	11.2	10.3	9.4	9.1	10.9
<i>By age</i>									
Children aged 0-17	19.5	17.6	17.4	18.5	17.6	16.3	14.8	12.8	15.1
Youth aged 14-28	12.1	12.5	11.4	13.5	10.7	10.8	9.1	7.9	8.6
Working age population (women 16-57 years old, men 16-62 years old)	12.3	12.6	11.7	12.2	11.0	10.7	9.5	7.7	9.3
Population older than working age (women 58 years old and older, men 63 years old and older)	7.8	7.8	7.5	8.4	8.8	8.2	5.9	4.9	4.2

By territory									
Batken oblast	9.4	12.2	17.0	12.7	13.1	11.8	12.4	12.3	10.1
Jalal-Abad oblast	16.4	16.7	16.7	17.6	17.4	18.0	16.8	8.8	9.4
Issyk-Kul oblast	17.2	16.5	17.0	14.7	15.0	12.9	11.3	12.4	13.3
Naryn oblast	31.3	30.8	30.8	31.7	29.0	27.9	25.0	25.3	30.8
Osh oblast	10.3	6.3	4.2	8.8	7.4	3.9	3.2	4.3	6.4
Talas oblast	17.6	16.3	17.0	17.6	15.1	12.7	13.5	14.9	18.6
Chui oblast	8.3	9.5	6.0	5.5	5.0	6.5	6.1	9.1	11.9
Bishkek city	6.3	6.0	5.3	6.8	6.3	7.9	5.9	6.7	8.4
Osh city	4.4	8.8	8.8	10.2	8.3	6.3	5.2	12.1	13.7

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the median income per capita in Kyrgyzstan increased significantly, rising from 6,512.5 soms per month in 2022 to 8,140.6 soms per month in 2023. This growth reflects an overall improvement in income levels, which could positively impact poverty alleviation efforts. However, it remains essential to assess whether this increase translates into reduced income inequality and improved living standards for vulnerable groups, such as those living below 50% of the median income, across different demographics.

SDG 11. Sustainable cities and communities

Target 11.6. By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management

11.6.1.1 The volume of disposed municipal solid waste (kg, per person)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Disposed of solid household waste per person, kg	214.64	178.26	195.24	170.94	165.14	172.68	185.06	185.91	191.02	212.62	279.0
Removal of solid household waste, thousand tons	1114.60	994.90	1113.30	995.70	981.50	1047.8	1147.6	1175.9	1229.6	1339.6	-
Average annual number of available population, thousand people	5192.8	5580.6	5702.1	5824.7	5943.3	6068.0	6201.3	6325.0	6436.9	6300.5	-

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, the volume of disposed municipal solid waste per person increased significantly, rising from 212.62 kg per person in 2022 to 279.0 kg per person. This substantial growth highlights changes in consumption patterns and waste generation, emphasizing the need for enhanced waste management

systems, recycling initiatives, and public awareness campaigns to mitigate the environmental impact of increasing solid waste volumes.

SDG 15. Life on land

Target 15.b. Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation

16.1.1.1 Mortality from attacks per 100,000 population (per 100,000 population)

	2010	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	6.2	3.5	3.6	2.7	2.5	2.3	2.0	2.1	2.5	2.6	0.5
Batken oblast	2.5	0.6	0.8	2.0	1.6	1.5	1.9	2.4	2.5	1.8	0.3
Jalal-Abad oblast	5.0	2.9	2.1	2.0	1.4	1.7	1.4	1.4	1.6	2.6	0.4
Issyk-Kul oblast	4.7	6.9	6.0	3.2	3.3	3.9	5.1	3.2	3.6	1.9	0.4
Naryn oblast	8.4	3.7	7.2	4.3	4.2	2.1	3.8	2.4	5.8	3.9	3.2
Osh oblast	3.8	1.8	1.7	1.8	1.5	2.0	1.1	0.8	1.1	3.2	0.6
Talas oblast	5.6	5.3	3.2	2.4	1.9	0.8	3.0	2.2	1.1	3.3	-
Chui oblast	13.3	6.4	7.2	5.5	5.5	3.7	2.5	4.5	5.1	2.5	0.6
Bishkek city	6.4	3.6	3.6	2.6	2.7	2.3	1.2	1.4	2.3	1.9	0.1
Osh city	4.7	1.9	4.0	1.1	1.8	1.7	2.0	3.2	2.1	2.5	0.5

Source: SDGs, National Statistical Committee: <https://sustainabledevelopment-kyrgyzstan.github.io/en/>

In 2023, mortality from attacks per 100,000 population showed a significant decline across Kyrgyzstan and several regions compared to 2022. Nationally, the rate dropped from 2.6 in 2022 to 0.5 in 2023, reflecting substantial progress in reducing violence-related deaths. In Batken oblast, the rate decreased from 1.8 to 0.3, while Jalal-Abad oblast saw a reduction from 2.6 to 0.4. Osh oblast experienced a notable decline from 3.2 to 0.6, and Osh City followed a similar trend, with the rate falling from 2.5 to 0.5. These decreases highlight significant improvements in public safety and violence prevention efforts across the country.

16.1.4 Proportion of population that feel safe walking alone around the area they live (in percents)

	2018	2019	2020	2021	2022	2023
Kyrgyz Republic	57.9	64.4	66.8	67.1	68.4	69.9
Urbanisation						
urban	50.7	59.6	61.4	59.6	64.3	66.0

rural	62.8	67.5	70.3	72.5	71.2	72.4
By sex						
Men	67.4	72.7	76.1	76.6	77.9	77.7
Women	44.7	52.5	54.0	53.9	54.2	58.5
Territory						
Batken oblast	63.7	71.6	65.3	60.9	64.9	73.9
Jalal-Abad oblast	46.2	54.2	48.1	53.1	55.8	66.9
Issyk-Kul oblast	69.3	72.7	70.7	71.8	72.6	73.6
Naryn oblast	71.9	78.3	78.3	73.2	66.4	81.5
Osh oblast	70.4	73.8	88.8	97.4	98.6	85.3
Talas oblast	73.3	88.2	92.9	91.5	94.5	93.6
Chui oblast	69.3	65.7	71.4	63.0	45.8	45.9
Bishkek city	31.2	45.0	47.4	45.1	56.0	57.9
Osh city	86.7	98.7	99.4	100.0	99.0	99.9
By age						
Youth, 15-28 years old	56.6	61.8	64.1	66.4	67.9	70.7
Working-age adult population	59.4	66.2	68.7	68.3	69.4	71.1
Over working age	54.1	61.9	64.5	64.3	65.7	64.9
Education						
Initial and lower	58.8	63.7	69.8	68.8	72.7	65.6
Basic general	63.3	65.2	67.5	69.0	69.2	73.4
Average total	57.7	62.8	64.1	66.6	68.8	71.0
Vocational / General	59.7	68.1	70.8	68.0	67.9	67.3
Higher Professional	53.7	64.5	69.3	66.5	66.8	68.4
Wealth quintile						
Poorest	52.4	55.4	58.2	56.4	66.6	70.1
Second	58.1	63.2	69.7	67.4	68.3	72.6
Average	57.9	65.8	71.5	70.3	69.2	66.4
Fourth	60.9	69.9	68.3	71.7	65.1	69.2
The richest	59.2	65.7	67.8	71.9	74.3	71.4

Source: Integrated sample survey of household budgets and labor, NSC

In 2023, the proportion of the population that feels safe walking alone in their local area increased significantly across multiple regions, reflecting improved perceptions of public safety. In Batken, the percentage rose from 64.9% in 2022 to 73.9% in 2023, while Jalal-Abad saw an increase from 55.8% to 66.9%. Similarly, Osh oblast experienced a notable rise from 66.4% to 81.5%. However, in Naryn, the percentage decreased slightly from 98.6% in 2022 to 85.3% in 2023, indicating a potential decline in perceived safety. These trends highlight positive progress in most regions while emphasizing the need to address localized concerns in areas like Naryn.

16.2.1 Proportion of children aged 1–14 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (in percent)

	2014	2018	2023
Percentage of children aged 1-14 years who are subjected to any violent method of discipline	57.1	74.3	65.0
<i>By sex</i>			
male	59.9	75.5	69.0
female	54.4	73.0	61.0
<i>Urbanisation</i>			
Urban	60.0	76.9	65.0
Rural	56.0	73.1	65.0
<i>By age (in years)</i>			
1-2	45.5	55.3	~50.0
3-4	67.1	71.2	~60.0
5-9	61.9	79.4	~65.0
10-14	52.7	78.8	~63.0
No	-	74.4	
No information	-	69.8	
<i>Wealth quintile</i>			
poorest	55.1	70.9	66.0
second	58.1	70.6	-
average	54.7	73.1	-
fourth	56.5	81.4	-
the richest	62.5	77.4	63.0

Source: Multiple Indicator Cluster Survey 2014 and 2018, NSC

In 2023, the proportion of children aged 1–14 years who experienced physical punishment and/or psychological aggression by caregivers showed a notable decline, indicating progress in reducing violent disciplinary practices. Among boys, the percentage dropped from 75.5% in 2022 to 69.0% in 2023, while among girls, it decreased from 73.0% to 61.0%. These reductions suggest increased awareness and

adoption of non-violent discipline methods. However, the figures remain significant, underscoring the need for continued efforts to promote positive parenting practices and protect children from violence.

Conclusion

The 2024 updated HHSDG Report provides a comprehensive assessment of Kyrgyzstan's progress in achieving health-related Sustainable Development Goals (SDGs), with a particular focus on SDG 3: Good Health and Well-Being. The report highlights significant developments in public health policies, legislative reforms, and health outcomes observed over the past year. Despite progress in maternal and child health, the data reveals persistent disparities in healthcare access across regions, with rural areas facing greater challenges.

One of the most notable developments in 2023 was the sharp decline in the proportion of women using modern family planning methods, dropping nationwide from 67.4% in 2022 to 35.0% in 2023, with similar reductions across all regions. This decline suggests urgent gaps in reproductive health services and the need for targeted interventions. On a more positive note, maternal mortality rates have continued to improve, decreasing from 27.3 per 100,000 live births in 2022 to 22.6 in 2023, indicating enhanced maternal healthcare services. However, urban child mortality rates have surged alarmingly, particularly in Bishkek and Osh, pointing to critical deficiencies in neonatal and pediatric healthcare.

The implementation of new health policies and initiatives marks a significant step forward, including the 2024–2030 National Action Plan for Health Security (NAPHS), which aims to strengthen emergency preparedness and disease surveillance, and Law No. 10, which enhances the regulatory framework for healthcare services. Digital health innovations, supported by the UN, EU, Spain, and Sweden, have also been introduced to improve healthcare accessibility, particularly in remote areas.

Despite these advancements, the report underscores ongoing challenges, including increasing incidences of chronic diseases, regional disparities in healthcare access, and the need for sustainable healthcare financing. The rise in cancer-related deaths in Naryn, the spike in hepatitis B cases in Talas, and the increasing burden of respiratory diseases in multiple regions indicate the need for more proactive public health interventions.

Overall, while Kyrgyzstan has made significant progress in health policy reform and infrastructure development, continued investment, targeted policy measures, and enhanced health equity initiatives are necessary to sustain improvements and address emerging health challenges effectively.