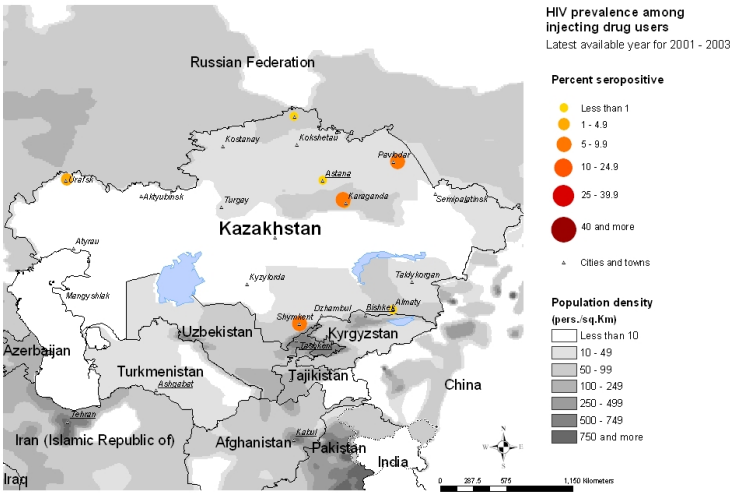
KAZAKHSTAN

December 2005

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 1 500
Antiretroviral therapy target declared by country: not declared



Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

World Health Organization

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	15.4	United Nations
Population in urban areas (%)	2005	55.9	United Nations
Life expectancy at birth (years)	2004	66.2	World Bank
Gross domestic product per capita (US$)	2002	1 592	Ministry of Finance
Government budget spent on health care (%)	2002	8.9	WHO
Per capita expenditure on health (US$)	2002	56	WHO
Human Development Index	2003	0.761	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.1 - 0.3%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	5 800 - 35 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	240	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	1 500	WHO/UNAIDS
HIV testing and counselling sites: number of sites		NA	
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°	1999	32	DHS*
Reported condom use at last higher risk sex (15-24 years)% - male°°	1999	65	DHS*

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* Demographic And Health Surveys

3. Situation analysis

Epidemic level and trend and gender data

The HIV/AIDS epidemic in Kazakhstan is concentrated among highly vulnerable populations (injecting drug users and sex workers) but is also spreading to other vulnerable groups including youth, migrants and truck drivers. Injecting drug use and sexual transmission are currently the main routes of HIV transmission in Kazakhstan. There is very great potential for continued rapid spread of HIV among injecting drug users in particular, as the country is estimated to have as many as 200 000 injecting drug users and 20 000 sex workers, and between 8% and 28% of them inject drugs (sentinel surveillance results for 2003 and 2004). All oblasts (regions) have reported HIV cases, but the most severely affected regions of the country are Karaganda, Pavlodar, southern Kazakhstan and Kostanai oblasts and Almaty City. Although the number of reported HIV infections is still relatively low, totalling 5274 as of 1 September 2005, with 581 new cases during the first eight months of 2005, the estimates are around three times this figure. An estimated 16 500 people are living with HIV/AIDS (2003). Sentinel surveillance in 2003 indicated prevalence levels of 3.8% among injecting drug users and 4.6% among sex workers. About 78% of reported cases are due to unsafe injecting drug use, and sexual transmission accounts for 14%. More than 25% of newly registered infections in 2004 were attributed to unprotected sex. Most people living with HIV/AIDS are men, but the proportion of women infected is reported to be increasing. In 2003, Kazakhstan's reported HIV/AIDS prevalence rate (0.2%) was higher than those of its four neighbouring countries. The cumulative number of reported AIDS cases in 2005 was 299 as of 1 September 2005, including 40 younger than 14 years. Unfavourable socioeconomic conditions including increasing poverty, unemployment, migration and declining social services have created the potential for a rapid increase in HIV infection driven by rising drug consumption and high-risk sexual behaviour. Kazakhstan is at the centre of intensive drug-trafficking routes, and the number of drug users continues to increase annually. Injecting drug users belong to the poorest group, which limits their access to services including information, health care services, clean needles and treatment. Another determinant negatively affecting the epidemic is the high migration of the population, including from areas of military conflict, as many Chechens and refugees from Tajikistan and Afghanistan currently live in Kazakhstan.

Major vulnerable and affected groups

In Kazakhstan, HIV/AIDS disproportionately affects young men, with those on the margins of the economy especially vulnerable. Three-quarters of the people diagnosed with HIV were unemployed. The most severely affected age group is 20-29 years old (54%). Most of the infected population is male, although the share of cases reported among women is increasing. The most vulnerable groups are injecting drug users, prisoners and sex workers.

Policy on HIV testing and treatment

The Law on HIV/AIDS Prevention stipulates that the government is responsible for providing treatment free of charge to people living with HIV/AIDS and for their social protection. It also calls on the government to provide information on HIV/AIDS, to carry out prevention activities and to guarantee the human rights of people with HIV/AIDS. Mandatory HIV testing only applies to blood donation and organ donations, but testing is available on a voluntary basis for the rest of the population. Although the Law on HIV/AIDS Prevention makes provision for treatment free of user charges for people living with HIV/AIDS, in practice, state and local budgets do not usually allow such costly medicines to be procured. As a result, most people do not have access to antiretroviral therapy due to its high cost. In 2002, two major positive amendments in legislation on medical examination for HIV infection were adopted: compulsory testing of selected population groups (including the prison population) and contact tracing were abolished; and anonymous and confidential testing for everyone was introduced. National HIV/AIDS policy, including specific legislation against discrimination, is in place. However, the number of HIV tests performed per year decreased from 1 074 000 tests in 2002, to 926 000 in 2003 and 894 000 in 2004. The Government of Kazakhstan has shown high commitment to the fight against HIV/AIDS and is accelerating its actions against HIV. Under the national programme, the government aims to ensure that at least 80% of people living with HIV/AIDS are covered with health care and social programmes. National antiretroviral therapy protocols based on guidelines of the WHO Regional Office for Europe for countries that are members of the Commonwealth of Independent States were adopted by the Decree of the Minister for Health of 12 February 2004.

Antiretroviral therapy: first-line drug regimen, cost per person per year
The annual cost of the first-line regimen is US$ 6500 per person. However, several generic drugs were registered recently, which will allow the annual cost of the first-line treatment regimen to be reduced to US$ 650 per person.

Assessment of overall health sector reponse and capacity
Kazakhstan has been undergoing a health sector reform that has facilitated a shift from curative to preventive medicine, promotion of primary care, decentralization and a stronger community participation focus; however, the country's ability to effectively confront the epidemic is still limited. The government shows commitment at the highest level to address the HIV/AIDS epidemic, and the Minister for Health recently indicated full support for scaling up access to antiretroviral therapy within the framework of "3 by 5". However, substitution maintenance therapy programmes aimed at supporting the adherence of drug-dependent people to antiretroviral therapy are not widely available in the public sector but only as a pilot for 50 injecting drug users in Pavlodar Oblast within the support from the Global Fund Round 2 grant. In September 2001, the government adopted the National Strategic Programme on HIV/AIDS Prevention for 2001-2005, with the goal of providing access to the highest possible standards of treatment for 80% of people living with HIV/AIDS. The new national programme for 2006-2010 has been developed, but as of 13 December 2005 the government had not endorsed it yet. The country has 21 centres for AIDS prevention and control operating in all regions (oblasts) and major cities. The public HIV/AIDS service comprises the National Centre for AIDS Prevention and Control, the central service provider, coordinating the oblast (regional) and city branch centres (Almaty, Astana, Temirtau, Zhezkazgan and others). As a rule, each AIDS centre includes departments for epidemiological surveillance, treatment and counselling and monitoring and evaluation as well as a laboratory. The AIDS centres and nongovernmental organizations have established 98 trust points, which provide injecting drug users with syringes, condoms, brochures and pretest and post-test counselling. Hospitals, tuberculosis centres and oncological dispensaries are expected to provide treatment for HIV/AIDS opportunistic diseases and palliative care for terminal care. The National AIDS Coordination Committee is a committee within the National Health Council, chaired by the Minister for Health.

Critical issues and major challenges
Critical issues include the concurrent epidemics of both injecting drug use and sexually transmitted infections; lack of social and legal tolerance for activities directed towards vulnerable populations; and insufficient money. The existing legal framework does not facilitate HIV/AIDS prevention or treatment among groups with high-risk behaviour and discourages their contact with government institutions.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

WHO estimates that about US$ 1.3 million was required to support the scale-up of antiretroviral therapy in Kazakhstan during 2004-2005 to meet the WHO "3 by 5" treatment target of 230 people. The centres for AIDS prevention and control receive funds from the National Centre for AIDS Prevention and Control as well as from the provincial and city centres for AIDS prevention and control. Kazakhstan submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a total funding request of US$ 22 million. As of December 2005, US$ 9.1 million had been disbursed for implementing activities. The proposal provides substantial support for HIV prevention activities among vulnerable groups and youth and providing antiretroviral therapy to people living with HIV/AIDS. The World Bank has awarded a recent grant of US$ 25 million for a regional project in central Asia that aims to minimize the human and economic impact of HIV/AIDS in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Some funds are also available from United Nations agencies and bilateral partners such as the United States Agency for International Development.

5. Treatment and prevention coverage

In 2003, WHO/UNAIDS estimated Kazakhstan's total antiretroviral therapy need to be about 460 people, and the WHO "3 by 5" treatment target was calculated as 230 people (based on 50% of estimated need). By the end of 2005, WHO/UNAIDS estimated that Kazakhstan's total antiretroviral therapy need had risen to 1500 people. The government did not declare a national treatment target for 2005. As a rule, antiretroviral therapy is not provided at public expense to people living with HIV/AIDS. Only children younger than 15 years and pregnant women with HIV have access to antiretroviral therapy under the publicly financed health system. In the first half of 2003, only 17 people (less than 5% of those in need among registered people) were reported to be receiving antiretroviral therapy. By August 2005, 154 people were receiving antiretroviral therapy, as reported by the National Centre for AIDS Prevention and Control. By December 2005, 240 people were receiving antiretroviral therapy. Until 2001, antiretroviral therapy was provided to less than half of pregnant women with HIV. This improved in 2002, when efforts were made to provide antiretroviral therapy to all registered pregnant women with HIV and to children younger than 15 years. Pregnant women with HIV are not covered in full with prevention services, although efforts are being made to ensure this.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management
The Ministry of Health coordinates the multisectoral response to the epidemic, provides the legal and policy framework and strengthens partnerships among all stakeholders. UNAIDS provides support to the government on policy issues. The United Nations Theme Group for Kazakhstan on HIV/AIDS, Drugs and Vulnerable Groups supports various government ministries in developing strategic HIV/AIDS prevention programmes. In 2004, UNESCO implemented a regional project supported by UNAIDS Programme Acceleration Funds aimed at establishing regional corps of trainers for expanding voluntary counselling and testing among vulnerable population groups and helping eligible people living with HIV/AIDS in adhering to antiretroviral therapy. All UNAIDS Cosponsors have assisted the Government of Kazakhstan technically and financially in implementing HIV/AIDS prevention activities. A joint project between United Nations agencies and the Soros Foundation/Open Society Institute has invested in harm reduction programmes, helping to support several trust points.

Service delivery
The National Centre for AIDS Prevention and Control provides overall management and coordination of the health sector response to HIV/AIDS, including prevention, care and treatment services. The Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (supported by the German Gesellschaft für Technische Zusammenarbeit (GTZ) and the WHO Regional Office for Europe in conjunction with the American International Health Alliance) supports capacity-building efforts in Kazakhstan. The United States Agency for International Development Regional Mission for Central Asia is allocating US$ 13 million through the Capacity Project (Central Asian Program on AIDS Control and Intervention Targeting Youth and High Risk Groups), under which technical assistance will be provided to five central Asian countries over five years. About 35% of the funding will be allocated to Kazakhstan. Under the overall goal of improving the prevention and control of HIV/AIDS, technical support related to delivering antiretroviral therapy will include support in implementing funding from the Global Fund, HIV/AIDS prevention and increased coverage of high-risk groups, voluntary counselling and testing, adapting and implementing the WHO treatment and care protocols at the local and national levels, ensuring quality standards for procuring antiretroviral drugs, building technical capacity through regional and national networks for training in HIV/AIDS treatment, addressing the links between HIV and TB, building the capacity of nongovernmental organizations and integrating HIV/AIDS prevention and control efforts with primary health care. A Soros Foundation-Kazakhstan two-year grant has been funded jointly by the United States Agency for International Development and the Open Society Institute in New York to support harm reduction programmes in central Asia. In Kazakhstan, the project is running in a pilot site in Karaganda.

Community mobilization
The Ministry of Health plays a leading role in community mobilization activities. International nongovernmental organizations such as Population Services International are active in social marketing programmes. National government organizations such as the Astana and Almaty City Healthy Lifestyle Centres undertake information, education and communication activities on HIV/AIDS issues among the general population and youth and also coordinate health education activities in the mass-media and education sectors.

Strategic information
The Ministry of Health provides overall management and coordination for strategic information activities. WHO, UNAIDS and the Office for Central Asia of the United States Centers for Disease Control and Prevention provide support for surveillance activities.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

• Assessing the cost-effectiveness of the national tuberculosis and HIV/AIDS programmes in Kazakhstan, August 2004
• Assessing the national system for communicable disease surveillance, including surveillance for HIV/AIDS and sexually transmitted infections, in June 2005
• Supporting the development of national antiretroviral therapy and care protocols and a national treatment plan
• Conducting a national review of prevention of mother-to-child transmission
• Providing support for accessing high-quality antiretroviral drugs at minimum prices and facilitating participation in a meeting on reducing the prices of antiretroviral drugs for the Commonwealth of Independent States countries in Baku, Azerbaijan in February 2005
• Providing support for HIV surveillance, including participation in a WHO/UNAIDS workshop on HIV/AIDS estimates for central Asia and the other Commonwealth of Independent States countries in June 2005

Key areas for WHO support in the future
• Advocating for implementing opioid substitution maintenance therapy among injecting drug users living with HIV/AIDS who are eligible for antiretroviral therapy
• Developing and disseminating guidelines aimed at supporting implementation at the country level and periodically revising WHO guidelines for using antiretroviral drugs among adults and adolescents living with HIV/AIDS
• Assisting in improving the national monitoring and evaluation system aimed at ensuring that the antiretroviral therapy coverage of people living with HIV/AIDS is properly tracked
• Assisting in monitoring and evaluating the efficiency and safety of antiretroviral therapy
• Ensuring that Kazakhstan is involved in the network of institutes empowered to measure viral resistance to antiretroviral drugs
• Sharing global examples of best practice in improving the access of people living with HIV/AIDS to antiretroviral therapy
• Advocating for greater access among people living with HIV/AIDS to treatment for opportunistic infections
• Providing support for monitoring sexually transmitted infections
• Assisting in developing a national strategy for blood safety

Staffing input for scaling up HIV treatment and prevention
• WHO staff providing support for HIV/AIDS activities include a Technical Officer for the central Asian republics based in Uzbekistan and a National Programme Officer based in Astana, Kazakhstan. Additional staffing needs identified include support staff for the National Programme Officer.

This country profile was developed in collaboration with national authorities, the WHO Country Office for Kazakhstan and the WHO Regional Office for Europe.