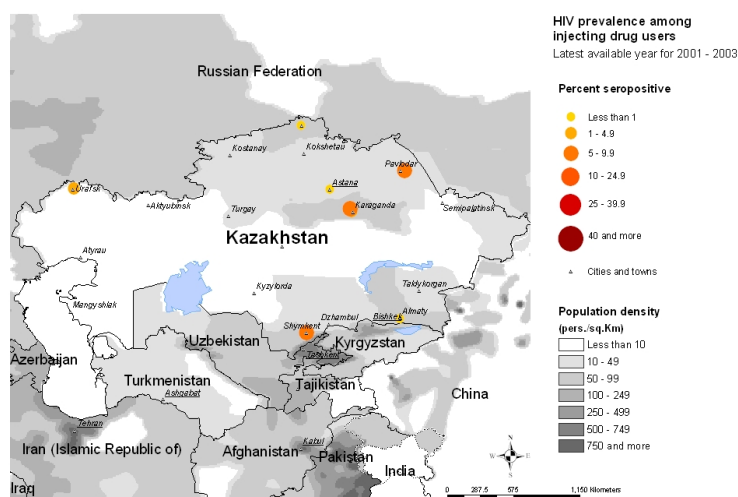


WHO estimate of number of people requiring treatment - end 2004: 1 050  
 Antiretroviral therapy target declared by country: not declared



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



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	15.4	United Nations
Population in urban areas (%)	2003	55.9	United Nations
Life expectancy at birth (years)	2002	63.6	WHO
Gross domestic product per capita (US\$)	2002	1592	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	2002	0.766	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 (15-49 years)	June 2005	65	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	1 050	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	0.42%	WHO

## 3. Situation analysis

### Epidemic level and trend and gender data

The HIV/AIDS epidemic in Kazakhstan is characterized by concentration 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 most significant routes of HIV transmission in Kazakhstan. There is very high 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. All oblasts (provinces) have reported HIV cases, but the most severely affected regions of Kazakhstan are Karaganda, Pavlodar, oblasts in southern Kazakhstan and Almaty City. Although the number of reported HIV infections is still relatively low, totalling 4577 as of November 2004, 16 500 people are estimated to be living with HIV/AIDS according to sentinel surveillance data (2003), including 7600 injecting drug users, 500 sex workers, 500 men who have sex with men and 600 prisoners. Sentinel surveillance in 2003 indicated prevalence levels of 3.8% in injecting drug users and 4.6% in 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 have been attributed to unprotected sex. Most of the infected people are men, but the proportion of women infected is reported to be increasing. In 2003, Kazakhstan's reported HIV/AIDS prevalence rate (0.15%) was higher than those of its four neighbouring countries. The WHO Regional Office for Europe reports that the cumulative number of reported AIDS cases was 231 at the end of 2004. 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 groups, 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 youth, and especially young men. About 70% of people living with HIV/AIDS are 15-29 years old, and an estimated 80% are men, although the share of cases reported among women is increasing. The most vulnerable groups are mainly injecting drug users and sex workers. As elsewhere in the region, young adults are the most severely affected, with those on the margins of the economy particularly vulnerable. In Kazakhstan, for example, three-quarters of the people diagnosed with HIV were unemployed.

### 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 free treatment 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. 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 HIV-infected people 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

As a rule, antiretroviral therapy is not provided at public expense to people living with HIV/AIDS. In the first half of 2003, it was reported that only 17 people (less than 5% of those in need among registered people) received 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. Only children younger than 15 years and pregnant women with HIV have access to antiretroviral therapy under the publicly financed health system. The present 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 response 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, and the Minister for Health recently said that the government is ready to fully support "3 by 5". However, the Ministry of Health still refrains from implementing substitution maintenance therapy aimed at supporting the adherence of drug-dependent people to antiretroviral therapy. 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 country has 21 centres for AIDS prevention and control operating in all regions (oblasts) and major cities. The public HIV/AIDS service is made up of 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 (TB) centres and oncological dispensaries are expected to provide treatment for AIDS opportunistic diseases and palliative care for terminal care. The National Coordination Committee has representation from 10 government sectors and is chaired by the Vice Prime Minister.

**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 resources. The existing legal framework does not facilitate HIV/AIDS prevention or treatment among groups with high-risk behaviour and encourages their members to avoid contacts with government institutions.

**4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005**

WHO estimates that about US\$ 1.3 million is 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. Kazakhstan submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a total funding request of US\$ 22.4 million and two-year approved funding of US\$ 6.5 million. The funds disbursed to date total about US\$ 2.3 million. The proposal provides substantial additional support for HIV prevention activities among vulnerable groups and youth and provides antiretroviral therapy to people living with HIV/AIDS. Anticipated disbursements from Kazakhstan's Global Fund Round 2 proposal in support of scaling up treatment total US\$ 1.44 million over 2004-2005. With this support, WHO estimates that there should not be a funding gap for Kazakhstan to reach 230 people by the end of 2005.

**5. Antiretroviral therapy 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 2004, WHO/UNAIDS estimated that Kazakhstan's total antiretroviral therapy need had risen to 1050 people. The government has not declared a national treatment target for 2005. The WHO Regional Office for Europe reports that 35 people were receiving antiretroviral therapy as of 1 December 2004. As of June 2005, WHO/UNAIDS reports indicate 65 people are receiving antiretroviral therapy.

**6. Implementation partners involved in scaling up antiretroviral therapy****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 has assisted 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 groups of population 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.

**Antiretroviral therapy service delivery**

The National Centre for AIDS Prevention and Control provides overall management and coordination of antiretroviral therapy service delivery. 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. 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.

**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 nongovernmental 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 and UNAIDS provide support for surveillance activities.

**7. WHO support for scaling up antiretroviral therapy****WHO's response so far**

- Assessment of the cost-effectiveness of the national TB and AIDS programmes in Kazakhstan, August 2004
- Support for 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
- Holding a meeting on reducing the prices of antiretroviral drugs for the Commonwealth of Independent States countries in Baku, Azerbaijan in February 2005

**Key areas for WHO support in the future**

- Providing advocacy for implementing substitution maintenance therapy among injecting drug users living with HIV/AIDS who are eligible for antiretroviral therapy
- Assisting in periodically reviewing and revising the national protocols for HIV/AIDS treatment
- Assisting in improving the national monitoring and evaluation system aimed at ensuring that coverage of people living with HIV/AIDS by antiretroviral therapy 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
- Assisting in accessing WHO resources on HIV/AIDS treatment and on the sources and prices of antiretroviral drugs and relevant test kits
- Assisting in accessing high-quality antiretroviral drugs at minimum prices
- Sharing global examples of best practice in improving the access of people living with HIV/AIDS to 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
- A WHO/UNAIDS workshop on HIV/AIDS estimates is planned for central Asia and the other Commonwealth of Independent States countries in June 2005

**Staffing input for scaling up antiretroviral therapy and accelerating prevention**

A Technical Officer for the central Asian republics has been recruited and is based in Uzbekistan. The WHO Regional Office for Europe is planning to recruit an additional National Programme Officer. Additional staffing needs identified include support staff for the National Programme Officer, and the WHO Regional Office for Europe is planning an additional internationally recruited professional position in 2005.