

Kazakhstan

Snapshot

Executive Summary

Overview

In 2016 Kazakhstan adopted the National Program of Accelerated Measures for Prevention of new HIV-infection cases in the Republic of Kazakhstan, and the implementation roadmap for 2017-2020. The Program goal is the elimination of HIV in Kazakhstan by 2030. It is based on four strategic directions:

- (i) HIV prevention among vulnerable groups and populations
- (ii) Testing for HIV infection
- (iii) Providing PLHIV with antiretroviral therapy and
- (iv) Strengthening the capacity of AIDS services and providing ambitious targets for 2020 and 2030.

Key Populations

Key populations are People who Inject Drugs (PWID), Sex Workers (SW) and Men who have Sex with Men (MSM). Population estimates range from 19,100 sex workers to 120,500 PWID. There is no estimate of the transgender population size.

HIV Epidemic and Behavioural Data

Kazakhstan has a concentrated HIV epidemic, with an estimated prevalence in the adult general population of 0.2%. The epidemic is concentrated among key populations, mostly PWID in civilian and prison sectors, with an increasing proportion of infections among MSM.

In 2015/2016, the HIV prevalence among PWID was 8.46% in Kazakhstan, showing a slight increase compared to 2014 (8.4%). The prevalence of HIV in SW presents an insignificant decrease from 1.49% in 2013 to 1.27% in 2015; HIV prevalence in MSM was much higher in 2015 compared to 2013 (3.16% versus 1.16%).

Program Coverage

In 2016 only 34.6% of PLHIV were on ART and only 24.9% of all PLHIV had achieved viral suppression.

The percentage of key populations reached with a defined package of prevention services in 2016 ranged from 30.5% of MSM to 64.4% of sex workers.

National Strategy Funding

The government provides over 80% of funding to implement the HIV program.

Well over 90% of the funds required to implement the HIV program are available.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Kazakhstan does not criminalize consensual same-sex sexual activity, sex work or drug use. However, there are administrative and criminal penalties for activities related to prostitution. The country has legislated measures for the compulsory treatment of drug "addicts".

Kazakhstan criminalizes the infection of another person with HIV/AIDS by a person who knew that they had the disease or deliberately endangered another person by HIV/AIDS.

MSM and Sex workers report high levels of discrimination.

The law does not specifically prohibit discrimination with respect to laws related to employment and occupation based on sexual orientation, gender identity, HIV-positive status, or having other communicable diseases.

Meaningful involvement of the Community

The role and contribution of the civil society to deliver HIV prevention, care and support remains insufficiently valued by the Government.

This is applicable to both civil and the penitentiary sectors.

A social contracting mechanism for NGOs exist. However, it is cumbersome and accompanied by countless difficulties generated by the constraints of existing legal and regulatory framework.



Overview of the National Strategic Plan

Since 2016 Kazakhstan has adopted the National Program of Accelerated Measures for Prevention of new HIV-infection cases in the Republic of Kazakhstan, and the implementation roadmap for 2017-2020. The Program goal is elimination of HIV in Kazakhstan by 2030. It is based on four strategic directions: (i) HIV prevention among vulnerable groups and populations, (ii) Testing for HIV infection, (iii) Providing PLHIV with antiretroviral therapy and (iv) Strengthening the capacity of AIDS services and provides ambitious targets for 2020 and 2030. ¹

Key Populations

Key populations are People who Inject Drugs (PWID), Sex Workers (SW) and Men who have Sex with Men (MSM). Size estimates range from 19,100 sex workers to 120,500 PWID. There is no estimate of the transgender population size. ² The estimated number of MSM is significantly lower than the proportion of MSM estimated by most countries (usually at least 2 % of the adult population). The estimated number of MSM is approximately 1.2% of the adult male population.

Size estimation of key populations	
Population Group	Size estimation
PWID (2016)	120,500
SW (2015)	19,100
MSM (2017)	61,966

HIV Epidemic and Behavioural Data

Kazakhstan has a concentrated HIV epidemic, with an estimated prevalence in adult general population of 0.2%. The epidemic continues to be concentrated among key populations, mostly PWID in civilian and prison sectors, with an increasing contribution of MSM. According to national statistics, by the end of 2016, the Republican AIDS Center (RAC) registered a cumulative number of 27,126 HIV cases., with a reported 8,013 of deaths. The number of people living with HIV (PLHIV) as of 1 January 2017 was 19,113, with a national prevalence of 108.9 per 100,000 population. The 5 most affected administrative-territorial units are Pavlodar oblast (216.5), Karaganda oblast (202.1), Almaty city (200.7), East Kazakhstan oblast (173.0) and Kostanay oblast (148.7). ³

The annual number of people newly diagnosed with HIV increased from 1,988 in 2010 to 2,725 in 2016. Injecting drug use is still a major factor in the transmission of HIV, accounting for 56.4% of all reported cases. However, transmission through heterosexual sex increased over last decade and by 2011, heterosexual sex had surpassed injecting drug use as the primary mode of HIV transmission accounting for 62.5% of new cases in 2016, some reports of sexual transmissions are suspected to come from risk behaviors that are not disclosed due to stigma and reluctance to share these behaviors. ⁴



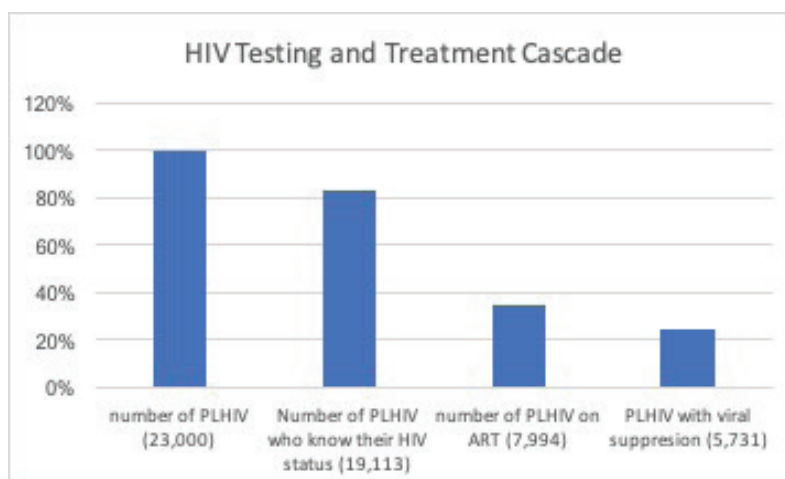
According to Behavioral Surveillance Survey (BSS) conducted in 2015/2016, the HIV prevalence among PWID is 8.46% in Kazakhstan, showing a slight increase compared to BSS in 2014 (8.4%). The prevalence of HIV in SW presents an insignificant decrease from 1.49% in 2013 to 1.27% in 2015; HIV prevalence in MSM was much higher in 2015 compared to 2013 (3.16% versus 1.16%).⁵

The key behavioral indicators show that using sterile syringe has not yet become a standard behavior in PWID (52.6% of respondents used a clean syringe at last injection in 2018). Condom use and HIV status awareness is quite high among MSM and sex workers.⁶

Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	80.4%			99%
Transgender people	NO COUNTRY DATA FOR THIS INDICATOR		NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR
Sex workers	93.5%		NO COUNTRY DATA FOR THIS INDICATOR	98.7%
People who inject drugs	51.8%	52.6%	NO COUNTRY DATA FOR THIS INDICATOR	77.1%

Program Coverage

In 2016, only 34.6% of PLHIV were on ART and only 24.9% of all PLHIV had achieved viral suppression.⁷



The percentage of key populations reached with a defined package of prevention services in 2016 ranged from 30.5% of MSM to 64.4% of sex workers.



Percentage of key populations reached with a defined package of prevention services in 2016

Percentage of sex workers reached with HIV prevention programs - defined package of services	64.4%
Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	30.5%
Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	52.3%

National Strategy Funding

The government provides over 80% of funds to implement the HIV program.⁸ It is projected that total funding needs for the National Strategic Plan will increase from US\$ 45,141,529 in 2018 to \$US54,139,185 in 2023 and that the increase will be met from domestic resources.

Funding Source	Funding 2018	Proportion of total funding
Funds required to implement national HIV Program	45,141,529	
Domestic Funding	40,736,852	90.2%
External Funding	4,296,133	9.5%
Funding Gap	108,544	0.3%

Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Kazakhstan does not criminalize consensual same-sex sexual activity.⁹

Although gender reassignment documentation exists, the law requires a transgender person to fulfill psychiatric and physical requirements (such as undergoing gender reassignment surgery) before being able to receive identity documents that align with the person's outward gender.¹⁰

According to a 2017 NGO survey within the LGBTI community, 48 percent of respondents experienced violence or hate because of their sexual orientation, and 56 percent responded they knew someone who suffered from violence. The most frequent forms of abuse were verbal insults, harassment, interference in private life, and physical assaults.¹¹

It is not a crime to sell sex for money in Kazakhstan. However, there are administrative and criminal penalties for activities related to prostitution, such as soliciting or offering sexual services in public areas, operating a bordello, or engaging in the trafficking of persons for the purpose of sexual exploitation.¹²



Drug use is not a criminal offence in Kazakhstan. In accordance with Article 336-2 of the Code of Administrative Responsibility, 'Non-medical use of drugs in public places' is an administrative offence and is punishable by a fine. The same acts repeated within a year incur a higher fine. Administrative detention is provided for a person who has been arrested twice within a year for this act. ¹³

The country has legislated measures for the compulsory treatment of drug addicts. ¹⁴

There are criminal penalties for the illegal purchase, transportation, or storage without the purpose of selling of narcotic or psychotropic substances in large quantities. ¹⁵

In Kazakhstan infection of another person with HIV/AIDS by a person who knew that he had the disease or deliberately endangering another person by HIV/AIDS is criminalised. This is a potential barrier to HIV testing. ¹⁶

Evasion of medical examination and treatment of persons recognized as sick with alcoholism, drug addiction and substance abuse, or for which there is sufficient evidence that they use narcotic drugs or psychotropic substances is criminalised. ¹⁷

The HIV Justice Network in 2015, reported that 98 sex workers living with HIV were identified by police and their clients tracked for possible transmission, but no further information regarding prosecutions could be found. On May 19, 2017, in Astana, police conducted raids and forcibly tested 163 women sex workers for HIV. ¹⁸

The law does not specifically prohibit discrimination with respect to laws related to employment and occupation based on sexual orientation, gender identity, HIV-positive status, or having other communicable diseases. ¹⁹



Meaningful involvement of the Community

In Kazakhstan, 49 active NGOs, including 5 international NGOs, were involved in HIV in 2016, including KP focused HIV prevention and care (PWID-19, SW-7, MSM-2, detainees-6, PLHIV-16) predominantly supported from external funding. The role and contribution of the civil society to deliver HIV prevention, care and support remains insufficiently valued by the Government. This is applicable to both civil and the penitentiary sectors.²⁰

A social contracting mechanism for NGOs exist. However, it is cumbersome and accompanied by countless difficulties generated by the constraints of an existing legal and regulatory framework.²¹ However the most recent Global Fund grant prioritised the development of funding mechanisms and implementation arrangements for the delivery of HIV activities to key populations with focus on social contracting schemes for non-governmental organizations.²²

1. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020 p4
2. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020 p3
3. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020. P2
4. Ibid p3
5. Ibid p3
6. <https://kpatlas.unaids.org/dashboard#/home> accessed July 2021
7. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020 p5
8. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020 Funding Landscape Annex
9. US Department of State. 2020 Country Reports on Human Rights Practices: Kazakhstan. P50
10. Ibid.P50
11. Ibid p51
12. Aliya (28 August 2007). "Prostitution in Kazakhstan: abuse and risk". SWAN. Retrieved 20 November 2017.
13. https://www.emcdda.europa.eu/publications/country-overviews/kazakhstan-2014_en#headersection accessed July 2021
14. Ibid
15. Ibid
16. Eurasian Women's Network on AIDS. REGIONAL HIV CRIMINALISATION REPORT EASTERN EUROPE AND CENTRAL ASIA 2018 p14
17. Ibid. p14
18. Ibid p14
19. US Department of State. 2020 Country Reports on Human Rights Practices: Kazakhstan. P58
20. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020 p5
21. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020 p5
22. Kazakhstan Country Coordinating Mechanism. Building Foundation for Sustainable HIV Response in Kazakhstan Funding Request Tailored to Material Change. Request to Global Fund for the period 1/1/2018 to 21/12/2020 p6