

# KAZAKHSTAN

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, UNESCO, WHO, UNAIDS  
SECRETARIAT

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*The Joint Team conducted a pilot HIV recency testing project which revealed new data on infection period, high prevalence areas, modes of transmissions, and behaviours that put people at risk of infection to guide effective HIV programming in Kazakhstan. The Joint Team also supported the training of healthcare service providers, children, and adolescents living with HIV on various issues, including available HIV services, treatment adherence, self-management, and nutrition. Financial and technical support was provided to train youth-friendly services providers and launch a new website and chatbot to scale up access to HIV and sexual and reproductive health services and information among young people, especially those living in rural areas. A regional review of the bottleneck preventing access to HIV and sexual and reproductive health services revealed limited access among migrants while a gender assessment in Kazakhstan showed that women living with HIV, those who inject drugs and those sell sex are subject to increased violence and discrimination. The Joint Team facilitated training for healthcare professionals improving their skills on the delivery of counselling and medical care for survivors of gender-based violence. Heightened advocacy led to Kazakhstan joining the Global Partnership for Action to Eliminate all forms of HIV-related Stigma and Discrimination; and the establishment of a joint platform to ensure better representation of key populations in the Global Country Coordinating Mechanism (CCM) in collaboration with more than 40 nongovernmental organizations. New guidelines on stigma prevention and support for children and adolescents living with and affected by HIV were implemented in pilot schools and teachers and school staff members were trained to prevent stigma and discrimination in schools. Furthermore, the Stigma Index 2.0 was completed to gather new evidence for the HIV response.*

## HIV TESTING, TREATMENT, AND CARE

The Joint Team piloted an HIV recency testing programme in all 17 regions of Kazakhstan reaching 3800 people with confirmed HIV diagnosis to detect if the infection occurred within the last six months. The programme further aimed to analyse the modes of transmission and the behaviours that put people at high risk of HIV infection; as well as to enhance information and data collection on risk factors. The percentage of recent HIV infections in the country is 18%, while 82% are reported to be long-term infections (Findings of the Analysis of applying Recent Infection Testing Algorithm (RITA) for determining HIV recency in Kazakhstan).

To improve access to HIV and other essential health services among people living with HIV, the Joint Team conducted training for around 200 participants from the AIDS centres and nongovernmental organization-led HIV programmes on services available for people living with HIV within the newly introduced mandatory health insurance system.

The Joint Team supported an online media campaign aimed at reducing stigma and discrimination. This included financial and technical support for the production and airing on a social and traditional media of a feature film *12 Frames* that tells a compelling human-interest story of a young person living with HIV and his family to raise awareness about HIV and normalize public attitude towards people living with HIV, empower them to adhere to treatment, overcome difficult situations, and lead a normal life.

The Joint Team trained 800 children and adolescents living with HIV on adherence to treatment, self-management, and healthy living based on the *Chronic Disease Self-Management and Wellbeing Guide*. The training also included activities to help adolescents living with HIV to prevent complications, cope with the social impact of living with HIV, and adhere to treatment. Additionally, 30 adolescents living with HIV received skill building training on use of social media platforms, such as TikTok aimed at developing leadership ability on social media.

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

To improve access to quality and tailored services among adolescent and young people, the Joint Team held five training courses for 258 youth-friendly service providers from all 17 regions to improve their understanding and skills of adolescent health, counselling, social services, and crisis communication.

As part of a communications campaign targeting young people, the Joint Team established the SHYN website (<https://shyn.kz>) to help address inequalities in accessing accurate and relevant information on sexual and reproductive health (SRH) and HIV, especially for young people living in rural areas. The platform provides the information both in Kazakh and Russian languages and the accounts that were created on Facebook, Instagram, and TikTok to promote the new platform recorded an average of 4500 views per month in 2021. The Joint Team also supported the development and promotion of a chatbot, ASPAN, to facilitate access to HIV information and messages among young people. More than 46 000 questions from Russian and Kazakh-speaking users were answered to through the chatbot. In total, more than 100 000 people were estimated to be reached by the Joint Team's social media and internet campaigns to promote SRH and HIV prevention, and address HIV-related stigma and discrimination.

The Joint Team conducted a desk review of the challenges impeding access to SRH and HIV services among migrants from Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan in the Russian Federation, Kazakhstan, and Turkey during the COVID-19 pandemic. The report revealed inadequate access to SRH and HIV services among migrants compared to the general population, due to the low affordability, lack of awareness of the services availability, and the low quality of care, as well as legal restrictions in place for populations on the move.

## GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

Technical and financial support provided by the Joint Team resulted in the establishment and capacity building of an intergovernmental working group to ensure integration of a gender-responsive budgeting into the national and budgeting systems. The Joint Team also supported a gender assessment of the national HIV response using the Gender Assessment for national HIV responses (GAT 2) aimed at ensuring a gender transformative and more effective response. The assessment revealed a higher level of violence in women who inject drugs and those who sell sex compared to the general population. Results and recommendations from the assessment informed the monitoring and evaluation plan for the National AIDS Programme for 2021-2025 and the Global Fund concept note for the 2021-2023 grant period.

Technical assistance was provided for the development of a training package on the delivery of essential healthcare and counselling services for survivors of gender-based violence for primary health care providers. Based on this package, the Joint Team also conducted an online training session reaching 40 primary health care providers, psychologists, and social workers across the country.

### **HUMAN RIGHTS, STIGMA, AND DISCRIMINATION**

As a result of persistent advocacy, Kazakhstan joined the Global Partnership for Action to Eliminate all forms of HIV-related Stigma and Discrimination. The Joint Team also supported the implementation of a Legal Environment Assessment (LEA) to identify legal and policy impediments that affect the scale up of HIV prevention, treatment, and care programmes in Kazakhstan.

Intensive advocacy by the Joint Team led to the establishment of a joint platform for key populations comprising more than 40 nongovernmental organizations to ensure better representation of key populations in the Global Fund Country Coordinating Mechanism (CCM). The Joint Team also conducted training for 40 representatives from key populations to strengthen their capacities in working with communities, collecting strategic information, developing annual workplans, and making quality presentations at the CCM meetings. As a result, 134 participants from key population groups shared their experiences at CCM meetings and helped define the programmes and services that can better meet the needs of each community.

The Joint Team rolled out new guidelines on stigma prevention and support for children and adolescents living with and affected by HIV in 30 pilot schools in six regions—Almaty city, Almaty region, East Kazakhstan, Karaganda, Shymkent, and Turkestan. The launch was accompanied by advocacy campaign and capacity building training for 300 teachers and school staff members to improve their understanding of and skills on stigma prevention.

Following the training of relevant stakeholders, including people living with HIV in 17 regional AIDS centres on the objectives and methodology for the Stigma Index 2.0 survey, the Joint Team further supported the completion of the study which highlighted a high level of self-stigma among people living with HIV (64% in males and 77% in females). The highest level of self-stigma was registered among men who have sex with men and sex workers, reaching 83% and 91% respectively. Key results and findings of the survey will shape the future national plan on reducing HIV-related stigma and discrimination.

### **INVESTMENT AND EFFICIENCY**

In 2021, the Joint Team mobilized more than US\$ 8.6 million to support the national COVID-19 and tuberculosis responses, including for the procurement of medical equipment and medicines to treat people with COVID-19. Technical assistance was also provided for the development of funding proposals for various projects led by key population groups, including to the Global Fund, mobilizing over US\$ 7 million for 2021-2023. To obtain vital inputs for the proposal, the Joint Team facilitated dialogues with more than 100 respondents among gay men and other men who have sex with men, transgender persons, people who inject drugs, sex workers and people living with HIV.

### **CONTRIBUTION TO THE INTEGRATED SDG AGENDA**

The Joint Team in Kazakhstan continued to make significant contributions to reinforce the country's progress towards the Sustainable Development Goals (SDGs). Through technical support, advocacy, capacity building and evidence generation, the Joint Team supported the implementation of a comprehensive, rights-based and gender-responsive HIV response. All these initiatives contributed to the realization of SDG 3 (Good health and well-being), 5 (Gender

equality) and 16 (peace, justice, and strong institutions). For instance, access to tailored HIV services among adolescents and young people was improved through the development of a national standard for youth-friendly health services, which is currently applied by the 17 youth-friendly clinics in Kazakhstan.

In line with SDG 10 (Reducing inequalities) and the “leave no one behind” principle, the Joint Team provided financial support for the implementation of a mentoring programme that reached 100 women living with HIV in Kazakhstan. The programme aimed to empower them to seek assistance and access available services and at creating a culture of support and navigation in the social assistance services through a grant to nongovernmental organizations working with this group.

Under SDG 17 (Partnerships for the goals), the Joint Team provided technical support to establish meaningful partnerships between key populations, particularly gay men and other men who have sex with men and the transgender communities, and the Kazakhstan government. It also engaged in sustained advocacy to keep HIV high on the parliamentary agenda by allowing 85 parliamentarians to attend various capacity building sessions, and by promoting a dialogue platform between parliamentarians and the representatives of NGOs working with key populations by providing support to the NGO “Fund of Parliamentarian Development” in Kazakhstan.

## CHALLENGES AND LESSONS LEARNED

HIV is still regarded solely as a health challenge rather than one that encompasses several aspects, including human rights, social protection, and education. Consorted and targeted advocacy is needed to ensure commitment from the Government, parliamentarians, and other key national stakeholders.

The COVID-19 pandemic was a major challenge in the HIV response that forced the Joint Team to reprogramme some of its funding to support the national COVID-19 response and ensure the continuity of HIV services.

Social norms and gender stereotypes in the Kazakhstani society continue to encourage the stigmatization and discrimination of people living with HIV and key populations. For instance, the limited capacity of schools’ staff for the prevention of stigma towards children and adolescents living with HIV and the lack of evidence-based teaching resources on HIV impede the protection of their rights and access to accurate HIV information and services in schools. Similarly, stigma and discrimination, language limitations, and lack of funding prevent active participation of people from vulnerable and key populations, including women and young people in gender equality and women empowerment efforts, as well as in the national HIV response.

Survivors of gender-based violence in Kazakhstan are only regarded as clients of the healthcare system and this notion continues to impede the implementation of integrated medical, psychological and social support services. Lessons learned underscore the need for urgent advocacy and technical support to ensure integrated services among people who survived gender-based violence.

The lack of a legislative regulation to import methadone in Kazakhstan continue to challenge implementation of harm reduction programmes in the country.

Further building and retaining qualified expertise for effective HIV programmes, especially for key populations, both in government institutions and in nongovernmental organizations remain essential for a successful response.

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