

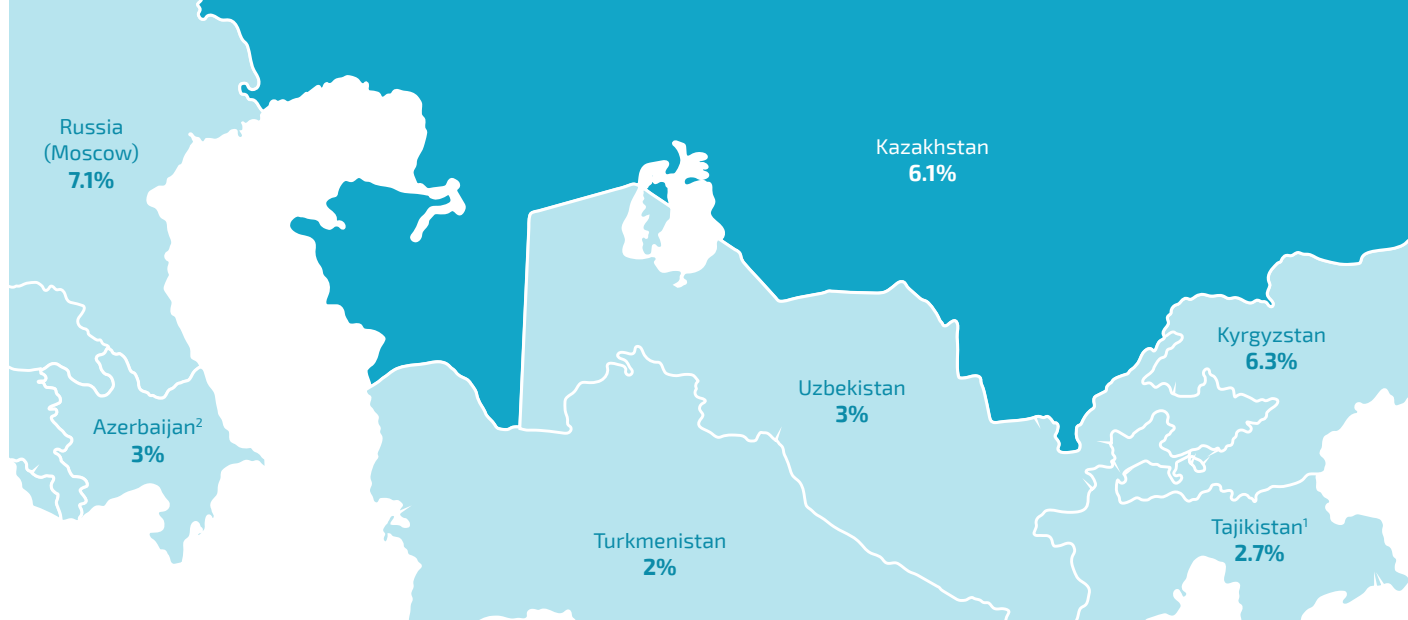


Brief on HIV among MSM in Kazakhstan

2018



*Eurasian Coalition
on Male Health*



HIV prevalence among MSM in the EECA countries

In the countries of Eastern Europe and Central Asia (EECA) region, increase in the HIV incidence is observed on the background of the overall HIV incidence stabilization in the world (with the exception of the Middle East and North Africa region).

In 2016, HIV incidence in the EECA countries is: 5.6 new HIV cases per 100 thousand population in Azerbaijan, 12.0 new cases in Tajikistan, 12.5 new cases in Kyrgyzstan, 18.1 new cases in Georgia³, 70.6 new cases in Russia⁴.

The first cases of HIV infection in Kazakhstan were diagnosed in 1987 and since then there have been 32,573 HIV cases registered in the country⁵. Over the past decade, HIV incidence has increased almost one and a half times: from 11.4 new HIV cases per 100 thousand populations in 2006³, to 16.2 new HIV cases in 2017⁵. Among registered cases in 2017, the age group 30-39 accounts the largest share of 39.5%. The proportion of men among new HIV cases is 60.6%.

The main HIV transmission route is sexual with 66.7% of cases. Heterosexual transmission route accounts 62%, homosexual – 4.7%⁵.

Republic of Kazakhstan experiences high levels of migration which impacts the HIV epidemic in the country. According to the UN data, foreign migrants account for 20% of the country's population (the total population about 18 million as of the beginning of 2018)⁶. Annually, 150-200 HIV-infected people are diagnosed among migrants in Kazakhstan. In accordance with the national regulation "On the People's Health and the Healthcare System," free HIV testing and treatment is available only for the citizens of the Republic of Kazakhstan. Non-residents of Kazakhstan should pay for HIV tests and cannot obtain antiretroviral treatment (ART) even for a fee.

In 2018, with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) HIV-positive migrants began to receive ART in Kazakhstan. Treatment and laboratory support will be provided to 150 people⁷.

HIV epidemic among MSM in the Republic of Kazakhstan

National data on HIV infection among MSM in Kazakhstan is not entirely reliable; likely, there is an underestimation of the epidemiological indicators.

¹ Tajikistan Country UNAIDS data. – Mode of access to the resource: <http://www.unaids.org/en/regionscountries/countries/tajikistan/>

² The Global Fund to Fight AIDS, Tuberculosis and Malaria Azerbaijan Grant Performance Report 2017. – Mode of access to the resource: <https://www.theglobalfund.org/en/portfolio/country/list/?loc=AZE&k=d869de58-2087-4633-a77f-5334f16159f2>

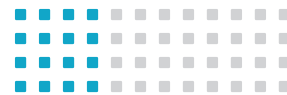
³ European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2017 – 2016 data. Stockholm: ECDC; 2017. – Mode of access to the resource: https://www.ecdc.europa.eu/sites/portal/files/documents/20171127-Annual_HIV_Report_Cover%2BInner.pdf

⁴ Official HIV/AIDS statistics in Russian Federation. – Mode of access to the resource: <https://spid-vich-zppp.ru/statistika/ofitsialnaya-statistika-vich-spид-rf-2016.html>

⁵ Отчёт о деятельности службы СПИД за 2017 год. – Центр по профилактике и борьбе со СПИД Республики Казахстан. – Mode of access to the resource: http://www.rcaids.kz/ru/about/publication/center_report/

⁶ International Migration Report 2017. – United Nations, New York, 2017. – Mode of access to the resource: http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf

⁷ Post-Soviet countries need a single document on HIV in the field of migration. – Mode of access to the resource: <http://www.afew.org/eecaids2018/hiv-migration-eng/>



According to the IBBS by the Republican Center for AIDS Prevention and Control of the Ministry of Health of the Republic of Kazakhstan (RC AIDS) based on UNAIDS recommendation, MSM population size estimate in 2017 was 62,000 people⁸. Studies show that the estimated number of MSM in Kazakhstan can be significantly higher and the number can be 154,000 people⁹.

Probably, inaccuracies in the population size estimates according to the IBBS data may be due to the stigmatization of MSM, their fear of revealing their sexual orientation¹⁰.

Since 2009, the HIV incidence among MSM in Kazakhstan has increased seven times³ (Fig. 1). According to the RC AIDS, MSM account for 4.7% of 3,023 new HIV cases in 2017.

The HIV prevalence among MSM in Kazakhstan has increased: from 1.2% in 2013¹¹, to 3.2% in 2015¹², and 6.19% in 2017¹³.

At the same time, HIV prevalence can be significantly higher than showed in IBBS which was implemented in 9 out of 16 regions of the Republic of Kazakhstan.

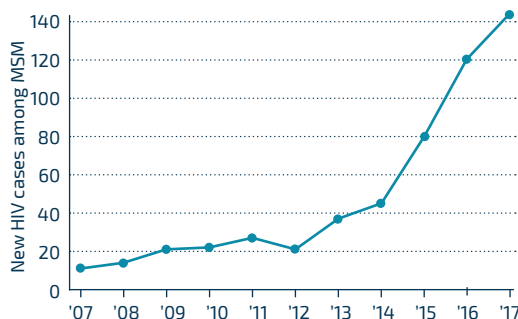


Fig. 1. HIV incidence among MSM in Kazakhstan

For example, an online research among MSM in 2017 revealed the MSM self-reported HIV prevalence (among those who were tested for HIV) is at 10%¹⁴. Various NGOs studies show the HIV prevalence among MSM in Kazakhstan between 7% and 20%¹⁵, but these data is not taken into account at the national level.

In general, due to the lack of reliable statistics data, HIV epidemic among MSM in Kazakhstan is hidden¹⁵.

Prevalence of Sexually Transmitted Infections among MSM

The presence of sexually transmitted infections (STIs) increases the risk of HIV infection more than two times.

According to the 2017 IBBS, the prevalence of Hepatitis C among MSM in Kazakhstan slightly decreased as compared to 2015¹⁶ and is at 4.99% in 2017.¹³

The prevalence of syphilis among MSM has increased threefold since 2013¹⁶ and is at 19.68% in 2017¹³ (Fig. 2).

This data is exacerbated by the fact that only 16% of MSM were covered with testing for syphilis, Hepatitis C and other infections while receiving services in NGOs¹⁴.

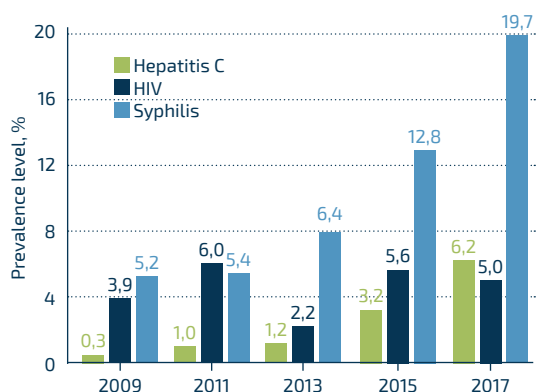


Fig. 2. The prevalence of HIV and STIs among MSM in the Republic of Kazakhstan

⁸ Отчёт о реализации Стратегии развития РГП на ПХВ «Республиканский центр по профилактике и борьбе со СПИД» Министерства здравоохранения Республики Казахстан на 2017–2021 годы. Период отчёта: 2017 год. – Mode of access to the resource: <http://www.rcaids.kz/files/00004176.docx?sid=d6sds21dqaqsguabempng0qom0/>

⁹ Preliminary Population Size Estimation of Men Who Have Sex with Men in Kazakhstan: Implications for HIV Testing and Surveillance Wu Elwin, Terlibbayeva Assel, Hunt Timothy, Primbetova Sholpan, Gun Lee Yong, and Berry Mark LGBT Health 2017 4:2, 164-167. – Mode of access to the resource: <https://www.liebertpub.com/doi/full/10.1089/lgbt.2015.0152>

¹⁰ Central Asia PEPFAR Regional Operational Plan (ROP): Strategic Direction Summary. – 2016. – Mode of access to the resource: <https://www.pepfar.gov/documents/organization/257618.pdf>

¹¹ Республика Казахстан Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД: Отчетный период: 2015. – Mode of access to the resource: <http://www.rcaids.kz/files/00002582.pdf>

¹² HIV – yesterday, today and tomorrow: National response to HIV in the Republic of Kazakhstan / B. S. Baiserkin and others – Almaty, 2017 – 68 p. – Mode of access to the resource: <http://www.rcaids.kz/files/00003150.pdf>

¹³ Данные Республиканского Центра по профилактике и борьбе со СПИДом Министерства Здравоохранения Республики Казахстан по состоянию на 04.05.2018 г. (Исх. №5-585 от 04.05.2018 г.)

¹⁴ Шестаковский А., Касянчук М. Исследование интернализированной гомонегативности (внутренней гомофобии): аналитический отчет, 2018

¹⁵ «Новая модель финансирования Глобального фонда и страновой диалог: участие МСМ и трансгендеров в регионе ВЕЦА» / Евразийская коалиция по мужскому здоровью (ЕКОМ), март 2015 г. – Mode of access to the resource: http://www.belaid.net/uploads/docs/ecom_report_rus_.pdf





Provision of HIV Prevention Services for MSM

In 2017, implementation of HIV prevention interventions among MSM in Kazakhstan was expanded from 9 to 14 regions.

According to the 2017 IBBS, MSM coverage of HIV testing for the last 12 months is 75.1%¹³ from the coverage of 8,548 MSM with prevention services.

According to a needs assessment of transgender people in Kazakhstan, 85% of transgender people have (ever) tested for HIV and 15% have never been tested²¹.

In general, there are 32 user-friendly health offices working in the AIDS Centers and other medical organizations. It should be noted that “user-friendly health offices” are created for MSM and sex workers, and trust points have been established for PWID.

Of those who visited user-friendly health offices, only 4.6% (1,291 people) openly declared their homosexual orientation⁵.

User-friendly health offices, in most cases, are located in accessible places and there is an option of anonymous testing.

However, good quality condoms and lubricants are not always available, outreach workers and volunteers from MSM are not involved in all user-friendly health offices¹⁶, which can influence the desire of MSM to use the HIV services.

There are almost no psychological and legal support services in the user-friendly health offices at the AIDS Centers¹⁶.

NGOs also provide very few of these services while MSM express their needs in these services, as well as in free antiseptics and lubricants¹⁴.

Provision of prevention services for MSM through outreach also has its specifics. Outreach workers, in general, distribute condoms and lubricants, but not information materials (as there are very few of them) and almost do not consult (because they do not have the appropriate skills). In addition, there are no clear standards for determining the quality of the outreach work¹⁸.

The availability of MSM-service organizations for MSM is extremely low – only 18% of MSM noted the existence of the NGOs working with gays and bisexuals¹⁴.

Safe Behavior Practices in the HIV Context

Condoms use and discussion the issues related to the risk and prevention of HIV transmission are not a common practice among MSM and transgender people with sexual partners¹⁵.

According to the 2017 IBBS, 66% of MSM used a condom during their last sexual contact with a casual partner and 46.6% with a regular partner¹³.

69% of MSM ever had sexual intercourse (anal or vaginal) with a woman¹³, which means that MSM group may have a potential impact on the overall epidemiological situation of HIV in Kazakhstan.

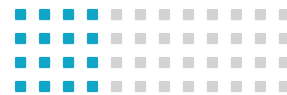
Opportunities of Pre-Exposure Prophylaxis for MSM

Pre-exposure prophylaxis (PrEP) is a new method of HIV prevention consisting of a daily pill combining two anti-retroviral drugs which has been found very effective when taken consistently. Generally, MSM are seen as one of the target groups for PrEP.

However, MSM are not sufficiently informed about this method in Kazakhstan. Less than half, 39% of MSM had heard of PrEP. Among these, only a small majority of 62% had correct knowledge about PrEP. 48% of MSM stated that they would probably or definitely use PrEP if it was available today.

At the same time, major barriers for PrEP acceptability were associated with the idea of taking medication every day and side effects.

¹⁶ Обзор ситуации по ВИЧ-инфекции среди мужчин, имеющих секс с мужчинами (МСМ) в Республике Казахстан по данным эпидемиологического надзора за 2013-2015 гг.



In general, PrEP is a promising method to combat the HIV epidemic among MSM in Kazakhstan¹⁷. At the moment, a protocol on PrEP is being developed in Kazakhstan, which can enter into force at the end of 2018 or early 2019. MSM is not a priority group, and PrEP will be provided to those who need it, but it will not be free. In order to receive the service, one will need to get a prescription from the AIDS center, then make an order on a website and then purchase it in a pharmacy. More detailed information on the protocol can be found in the RC AIDS of the Republic of Kazakhstan.

HIV Treatment

A Clinical Protocol for HIV/AIDS diagnostics and treatment in adults is introduced in the country⁸. According to the protocol, ART is initiated in patients with HIV infection regardless of the disease clinical stage; treatment starts from the moment of diagnosis.

As of the end of 2017, there were 17,958 HIV-positive people at the record in the AIDS centers. The proportion of PLHIV with the indications for the ART appointment at the end of 2017 was 14,542 people, of which 11,482 (79%) are covered by treatment⁵.

At the end of 2016, 409 MSM were diagnosed with HIV¹⁰ (among those who openly declared their homosexual orientation at the time of diagnosis). The real number of PLHIV among MSM can be much higher. During the same period, 158 MSM received ART¹⁰.

According to the 2017 IBBS, 57.1% of MSM have been or are receiving ART now¹³.

HIV Prevention Programs for MSM

Before 2013, the country's targeted programs for MSM, were funded from the GF grants. But from 2013 until the end of 2017, HIV prevention among MSM was conducted only in the framework of general prevention measures: the government paid for the purchase of condoms which were distributed in various groups including among MSM. Besides, city/regional AIDS centers in Kazakhstan received from the local budgets funding to pay salaries of the outreach workers. Since the resources for targeted HIV and STIs prevention programs among MSM had been significantly cut, the number of NGOs working in this field had also decreased. By the end of 2017, only 2 NGOs declared HIV prevention among MSM as one of their activities goals, compared to 7 NGOs in 2010.

Since the HIV prevalence in MSM had increased after the last end of targeted HIV prevention programs among MSM, these programs were included in the state work plans again. Starting 2018, outreach work among MSM in Astana, Almaty and Karaganda is planned to be scaled up with involvement of AIDS centers and community organizations. This will be funded from both national sources and GF's funds. In total, almost one quarter of all MSM of Kazakhstan live in these three cities; and, these cities are the most affected by HIV infection¹⁸.

As it is NGOs who will implement prevention services for MSM in Astana, Almaty and Karaganda, the AIDS Centers decided to reduce the number of their outreach workers for MSM and to shift the coverage of prevention programs entirely to the NGOs, despite the fact that the HIV epidemic among MSM is growing and the coverage indicators for key populations have increased.

Structural and Social Barriers for Effective HIV Responses among MSM

MSM remain an extremely closed group. There is a negative attitude towards MSM in the general population, medical organizations and law enforcement bodies, and a self-stigmatization is widespread within the group. Social stigma against MSM and transgender people increases the vulnerability of these groups to HIV infection.

17 Is Kazakhstan prepared for PrEP? Study findings, AFEW. – Mode of access to the resource: <http://www.afew.org/wp-content/uploads/2017/07/Study-findings-Kazakhstan-PrEP.pdf>

18 Рощупкин Г. Отчёт о результатах технического визита для оценки ситуации и выработки рекомендаций с целью развития аутрич работы, направленной на профилактику ВИЧ и ИППП среди МСМ в Республике Казахстан.





The study of the PLHIV stigma index level in Kazakhstan shows that denial in medical care is a common form of stigma and discrimination¹⁹.

Due to the fear of discrimination by health care providers, MSM refused to get information on HIV prevention¹⁵. Because of negative experience in the medical institutions and widespread homophobia in the society, MSM often hide their identity from medical professionals.

A significant proportion of transgender people do not have the opportunity to receive medical care because of doctor's transphobia, discrimination and a low level of knowledge of trans issues among doctors. Gender identity is a major factor in denying access to health care²⁰.

In 2009, the "Soros-Kazakhstan Foundation" study founded that 66% of LGBT people hide their identity from the medical workers. In 2012, researchers from Johns Hopkins University conducted a survey among 400 MSM in Almaty, and recorded that only 3% of respondents informed medical workers about their same-sex relationships²⁰.

A study among transgender people in Kazakhstan showed that the fear of non-compliance with confidentiality, the lack of qualified doctors, and the difficult availability of such services for transgender people are the barriers for transgender people for HIV testing or information support on these issues²¹.

In general, people living with HIV in Kazakhstan believed that stigma and discrimination of PLHIV could be eliminated in Kazakhstan, first of all, by raising awareness about HIV/AIDS (43.0%), protecting the rights of people living with HIV (32.7%), and providing emotional and physical support (15.7%) to people living with HIV¹⁹.

Recommendations

To strengthen the overall national capacity for HIV prevention among MSM, it is necessary to:

- adopt clearly defined standards for working with MSM including outreach work;
- increase the level of priority of MSM, as a vulnerable group in the HIV context, within the national HIV response framework;
- recognize transgender people as one of the key risk groups in the HIV context and include transgender people in the national HIV strategies, as well as implement prevention programs in this group;
- improve the reliable HIV data collection quality among MSM, as a basis for effective planning of prevention measures;
- develop capacity of NGOs that are established by MSM and work on HIV prevention among MSM, contribute to increasing the number of these NGOs and establish their effective work with friendly centers at the AIDS Centers;
- conduct the MSM prevention programs quality assessment for the effective HIV response among MSM.

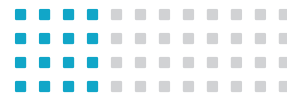
In order to increase the coverage of prevention services for MSM in the context of HIV and STIs, it is necessary to:

- train outreach workers in provision of qualitative and complete outreach services in compliance with the standards for the provision of such services, recommended by international organizations;
- conduct information campaigns among MSM in order to strengthen motivation for safe sex practices, to increase HIV/STIs testing, and to heighten increase the responsibility level for one's health, in general;
- expand programs of free condoms and lubricants distribution for MSM, and stimulate their usage;
- ensure availability of qualitative protective agents (condoms and lubricants) in the AIDS Centers;

¹⁹ Stigma Index of People Living with HIV. Analytical report. Kazakhstan, Almaty, 2015. – Mode of access to the resource: http://www.stigmaindex.org/sites/default/files/reports/KAZAKHSTAN%202015%20Stigma%20Index%20report%20ENG%2017_05_2017.pdf

²⁰ «И тогда я наконец осознала, что я – никто» // Атмосфера страха среди представителей ЛГБТ в Казахстане / Хьюман Райтс Вотч, 2015. – Mode of access to the resource: https://www.hrw.org/sites/default/files/report_pdf/kazakhstan0715_ruweb_0.pdf

²¹ Оценка потребностей трансгендеров Кыргызстан, Казахстан, Узбекистан, Таджикистан / ОО «Лабрис», ОО «Кыргыз Индиго», 2015–2016. – Mode of access to the resource: https://docs.wixstatic.com/ugd/feded1_20c23f18ddf94ed3857bd-f805a6c06bf.pdf



- along with the expansion of the basic HIV prevention measures among MSM, pay attention to the opportunity of PrEP implementation: conduct PrEP pilot projects implementation in the cities of Astana, Almaty and Karaganda, followed by the effectiveness assessment of this method in Kazakhstan, and further implementation in other regions;
- expand the provision of psychological and legal support services for MSM and transgender people and make efforts for their universal accessibility;
- conduct training activities for medical staff in the state institutions aimed at raising awareness, creating a tolerant and correct delivery of HIV services for MSM and transgender people;
- promote the expansion of MSM and transgender people communities who can have both physical and virtual locations to create free, comfortable and safe conditions for obtaining information about sexual health, HIV and STIs, psychological and legal support, as well as on other issues that are necessary and interesting for LGBT representatives.

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The publication was prepared and published within the regional program "Right to Health", implemented by the Eurasian Coalition on Male Health (ECOM) with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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