**Report on meetings of representatives of key communities in the framework of the National Dialogue in the Republic of Kazakhstan**

**to prepare an application to the Global Fund for the period 2021-2023.**

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**Introduction**

Kazakhstan is one of the EECA countries collaborating with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). The Global Fund provides Kazakhstan with financial support in the fight against HIV and tuberculosis, and Kazakhstan, in turn, increases the effectiveness of this work among its citizens, thereby making a contribution to joint global efforts to overcome the epidemics of these diseases in the region and the world. Given the active economic cooperation of Kazakhstan with different countries, as well as international migration processes, the health of the population of Kazakhstan has a significant impact on the health of people in all countries bordering Kazakhstan. In addition, given the leading role of Kazakhstan in Central Asia, the introduction of more effective approaches to the fight against HIV and tuberculosis epidemics in the country contributes to the spread of these approaches in all countries of Central Asia. This also applies to such areas as working with key populations (KPs) and the significant involvement of civil society organizations in the planning and implementation of national anti-epidemic measures.

Considering the economic development status of the country and the amount of Kazakhstan’s own national budget investments in the fight against HIV, the Global Fund expressed its readiness to allocate for Kazakhstan to fight HIV the grant in the amount of 5.2 million dollars for 2021-2023. This available funding amount was increased up to $ 7.2 million due to the redistribution of part of the funds that the Global Fund has allocated to Kazakhstan for the prevention and treatment of tuberculosis.

The Global Fund stipulated several conditions for using these funds. First: the funds can only be used for work aimed directly at the key and vulnerable populations (KPs). Such populations include, for example, people who use drugs, men who have sex with men (MSM), sex workers (women and men), trans people, and people living with HIV (PLHIV). The second condition is the preparation of the project under the GF grant in the mode of significant participation of all interested parties, including representatives of KPs. To follow the second condition, when preparing a grant application, a National/Country Dialogue is held, which engaged representatives of state structures and institutions, community organizations of KP, as well as representatives of other interested parties (international organizations, business structures, religious organizations etc.).

The National Dialogue Plan in Kazakhstan was prepared and approved by the Country Coordinating Committee (CCM). Considering that this was the first National Dialogue in the last 10 years, in order to ensure significant involvement of representatives of KPs, the Kazakhstan Union of PLHIV with the support from the CCM, a request for technical assistance was prepared and sent to Community, Rights and Gender Technical Assistance Initiative (CRG). CRG supported the request and provided requested technical assistance.

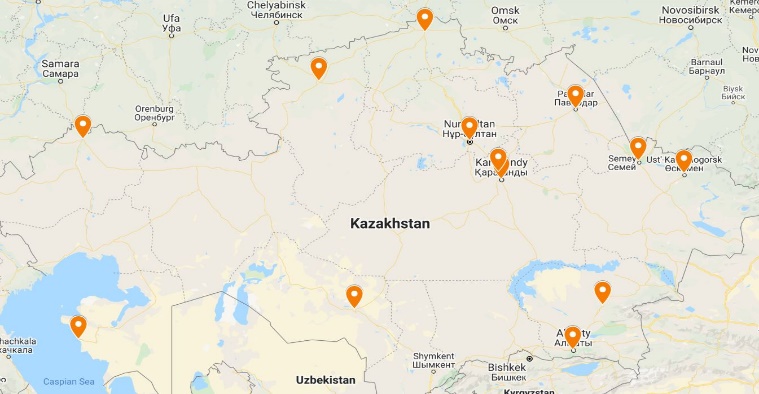
This report presents the results of this work, namely: a description of the KPs vision of the situation with the availability and quality of the HIV services that are needed by the KPs, and the KPs’ recommendations for inclusion into the national application to the Global Fund for 2021-2023.

**The process of holding meetings of CGN communities**

The process was organized on the basis of decisions and timelines developed by the CCM. The corresponding announcement was widely sent through CCM channels, technical partners and through the information channels of KPs’ organizations. The national dialogue was planned in the form of a series of working meetings with the subsequent submission of their results to the CCM for inclusion in the materials for the preparation of the national application. Part of these meetings was a space for discussion between representatives of KPs’ communities on what should be recommended for inclusion in the national application based on the needs and specifics of a particular community. On February 11, 12, 14 and 16, the meetings of KPs’ representatives were held, and engaged, respectively, representatives of people using drug, sex workers, PLHIV, and MSM + trans people.

In total, 46 representatives of KPs took part in the community meetings. They were from 13 cities of Kazakhstan: Aktau, Almaty, Karaganda, Kostanay, Kyzylorda, Nur-Sultan, Ust-Kamenogorsk, Pavlodar, Petropavl, Semey, Temirtau, Taldykorgan and Uralsk.

*Fig. 1: Cities where the representatives of the indigenous peoples came from*



Of all the participants, 20 were cisgender women, two were trans people, and one was a non-binary person. The remaining participants are cisgender homosexual and heterosexual men.

In addition to individual meetings for each KP, several meetings were organized to discuss issues that equally affect all KPs. These include technical meetings on February 10 and 20. The first involved a consultant of the National Dialogue, representatives of the Kazakhstan Union of PLHIV, UNAIDS, and the Kazakhstan Scientific Center for Dermatology and Infectious Diseases (KNCDIS, the former Republican AIDS Center). It was devoted to a review of available data and the situation in the country, and the priorities of national health policies. The second technical meeting was dedicated to gender issues related to HIV infection. Representatives of all KPs, the Kazakhstan Union of PLHIV, as well as KNCDIS and international organizations took part in it.

Prior to the working meetings of KPs’ representatives, the Kazakhstan Union of PLHIV initiated the creation of working groups in each KP’s community. The working groups included all representatives of a particular KP community who are interested in participating in the National Dialogue: activists and/or employees of KPs’ NGOs involved in the provision of HIV prevention and support services to community members. Thus, even those representatives of the KPs who could not personally attend the working meetings got the opportunity to participate in the National Dialogue.

To support the discussion in the working groups, the consultant, together with the Kazakhstan Union of PLWH and KNCDIS, prepared a set of basic materials:

- a description of the epidemic situation in Kazakhstan,

- a list of national priorities adopted by the CCM for the new application for funding to the Global Fund (with additional materials presented at the relevant CCM meeting),

- Russian translation of the Global Fund Allocation Letter,

- Russian translation of the modular table of the Global Fund,

- The National Dialogue Program approved by the CCM.

All materials were sent to each member of all working groups.

Each working group prepared a list of recommendations and opinions for the working meeting and used these materials during the working meetings. Also, each KP’ working group recommended its representatives who were invited to participate in the face-to-face discussion (working meetings).

The agenda of working meetings was unified and consisted of the following blocks:

1. Discussion on the conditions and the process for Kazakhstan to get the GF grant for HIV for the period of 2021-2023.

2. Discussion of national priorities identified by the CCM for the preparation of the new application for funding to the Global Fund.

3. Discussion of the HIV situation in the country and key priorities for this community related to this situation.

4. Discussion of recommendations (areas of work, tasks and activities) that will be proposed to the CCM for consideration as possible components of the future national application to the Global Fund for 2021-2023.

5. Discussion of the process of submitting community propositions to the CCM, including identifying a community representative who will submit these proposals on behalf of the community.

All meetings took place in Almaty. Participants from KPs from other cities were provided with compensation of their travel and accommodation expenses. Each meeting lasted 1 day, started at 9.30 in the morning and lasted until 6-7 pm, with an hour break for lunch.

Considering the discussion between the consultant and the community leaders, a decision was made that representatives of state structures and international organizations can participate in the KPs’ working meetings: their participation did not create obstacles for the KPs’ representatives in expressing their opinions and recommendations. Thus, at each KPs’ working meeting, representatives of KNCDIS (Tatyana Davletgalieva), UNAIDS (Aliya Bakazhanova), as well as an observer from the CCM Secretariat (Rysaldy Demeuova) attended. Their role was advisory. They did not take part in making any decisions. They provided the participants with a significant amount of important additional information about state policy and plans of international organizations.

Based on the results of all six meetings, this report was prepared. The first version of the report was sent to all participants in the working meetings for comments. Based on the comments received, this final version of the report was compiled.

*Fig. 2: The process of involving KPs’ representatives in the National Dialogue to prepare the application to the Global Fund*

**The results of the meetings of the representatives of the CTG: the needs of the representatives of the CTG and proposals for inclusion in the application**

Over the past 10 years, work on HIV prevention and treatment has significantly improved in Kazakhstan. ARV drugs have become much more available, national budgets of various levels finance a number of preventive interventions (purchase of condoms and sterile syringes, pay for outreach workers ...), KPs’ representatives have become more meaningful engaged in shaping the national health policy and implementing national programs.

KP’s organizations highly value this and recognize the critical importance of cooperation between the government of the Republic of Kazakhstan and civil society organizations. Aiming to support further strengthening of this work, including increasing its economic efficiency, representatives of KPs’ NGOs focused the discussion in the framework of the National Dialogue on the remaining unresolved problems and new challenges in the national and local anti-epidemic measures, and ways to solve them.

New psychoactive substances

*Relevance:*

*for all KPs*

In Kazakhstan, as in other Central Asian countries, the prevalence of opiate use remains high. At the same time, there is a rapid increase in the use of stimulants and new psychoactive substances (SNPS), such as alpha-PVP and mephedrone, for example. It is important to note that when using SNPS, multiple HIV-risk behaviors occur: drug injections in group using non-sterile equipment can be combined with traumatic sexual intercourse with many changing sexual partners. The use of SNPS occurs in all KPs, and is most common among their young representatives.

The vast majority of young people starting to use these substances do not know about harm reduction measures for these substances and whom to ask for support and help in case of surgical or mental problems. On the other hand, the country does not have approaches approved by the Ministry of Health to provide assistance and support for the users of SNPS, respectively, there are no organizations and specialists who could provide this assistance. Considering that taking some SNPS leads to a rapid cognitive impairment, if one became infected with HIV, there can be significant problems with adherence to testing and treatment.

It is worth mentioning that the police tries to control the trafficking of illegal psychoactive substances in the country, but, most often, ignores the importance of the protection of health of people who use drugs, including the HIV and TB prevention among them.

*Propositions for inclusion in the application:*

1. Conduct in each region of the project a mapping and assessment of the situation with the use of both opiates and SNPS, given that these substances can be used by the same people (poly-use) (*1st or 2nd year of the project*).

2. Develop (using the UNODC recommendations) methodological materials on approaches to SNPS use prevention, testing users of SNPS for HIV, and involvement in HIV treatment and support for treatment adherence in case of positive HIV status (*1st year of the project*).

3. Conduct training and other education for employees of medical institutions (narcologists, gynecologists, infectious disease specialists, psychiatrists, surgeons, sexologists ...), NGOs (managers and specialized specialists of NGOs), as well as senior officials of akimats and republican ministries to increase their level of knowledge about SNPS and approaches to HIV prevention among people who use SNPS (*years 2 and 3 of the project*).

4. Develop and publish information materials for people who use SNPS on harm reduction and the prevention of HIV, STIs and infectious hepatitis.

5. Training (specialization) of part of outreach workers in the KPs’ NGOs on work with people who use SNPS, given the fact that SNPS can be used by representatives of all KPs.

6. Organize outreach work at places where the use of SNPS occurs, paying particular attention to work in social networks and other sites in the Internet.

7. All work related to SNPS should be carried out in close cooperation between the Republican Center of Narcology, local AIDS centers and the KPs’ NGOs.

Opioid Substitution Therapy

*Relevance:*

*for people with opioid addiction, especially those living with HIV*

Despite the important role in ensuring adherence to treatment for HIV infection and tuberculosis, as well as for the prevention of HIV and tuberculosis in people with opioid addiction, OST remains inaccessible in Kazakhstan, including for those drug addicts who live with HIV

In the country, there are no drugs for OST in tablet form. Many narcologists, including heads of narcological facilities, ignore WHO recommendations regarding the role of OST in the prevention and treatment of HIV and TB, and actively oppose the expansion of OST in Kazakhstan, both within the framework of their professional activities and publicly. The opening of new OST centers is constantly delayed. The number of clients of OST programs is practically not increasing. The procurement and use of a drug for OST in Kazakhstan is at risk. Those drug addicts who receive OST in Kazakhstan today may lose this treatment by the end of 2020, which is the end date of the current project funded by the Global Fund.

*Propositions for inclusion in the application:*

1. Increase the availability of OST services so that by 2023 they will become available for at least 30% of people with opioid addiction in Kazakhstan, including the availability of the drug in tablet form.

2. Development and approval of indicators for assessing the quality of the OST program as a whole and for each component of the program (*1st year of the project*).

3. Using these indicators, train employees of the KPs’ NGO, narcologists and infectious disease specialists working with people with opioid dependence for the prevention and treatment of HIV infection and tuberculosis (*2nd and 3rd years of the project*).

HIV testing

*Relevance:*

*for all KPs*

The country is introducing recording of all services provided at the expense of state and local budgets through the use of the Individual Identification Number (IIN, analogue of a passport number). Soon, in order to receive HIV testing services, HIV prevention or support for the treatment adherence, one will have to submit his/her IIN to the service provider. It creates the risk that many representatives of KPs may refuse to undergo testing and receive prevention services, both in medical institutions and NGOs. It is difficult to predict how significant the number of those who refused the use of the services will be. Most likely, most young people and residents of small towns will avoid testing and seeking preventive services until they are convinced that their personal data are well protected, and information about their HIV test as well as the fact of their belonging to a particular KP are used only for their good.

Testing on the basis of NGOs helps to cover the least socialized subgroups of KPs with testing. Today in Kazakhstan there is a good experience in testing on the basis of NGOs, but there is no clear prospect for the development of this work. It is most convenient to apply tests using oral fluid (the so-called saliva using rapid test, SRT), since their use does not require special conditions and employees with a medical education. But SRT is expensive and there are no plans based on already allocated funding for SRT use on the basis of NGOs. Rapid tests performed using blood (BRT) can only be carried out in organizations that have conditions and specialists that meet the requirements of the Ministry of Health. Some NGOs have been able to reach an agreement with healthcare institutions that health facility staff will conduct BRT at the NGO’s premises. But such agreement is not the case in the majority of regions of the country due to the limited capacity of medical institutions and the lack of a clear policy regarding the use of rapid tests to diagnose HIV infection.

*Propositions for inclusion in the application:*

1. To conduct an analysis of the risks arising from the introduction of registration through IIN. Develop and implement a plan to reduce these risks.

2. Conducting an information campaign among KPs to explain the goals of the transition to IIN and the existing guarantee of the protection of individual data when applying to KPs representatives for HIV prevention and testing services.

3. Procurement and delivery to NGOs of the oral fluid using HIV test systems in quantities sufficient to meet the indicators of the national program on HIV.

4. Expanding the availability of anonymous testing and self-testing: providing opportunities for KPs to receive the HIV saliva test at NGOs or purchase it in pharmacies. Creation of an information support system (online and face-to-face counseling) for all representatives of KPs undergoing anonymous or self-testing, and the bridging system for starting ARV treatment in case of a positive test result.

5. The introduction of indicators to assess the quality of testing programs. For example: at least 5% of the tests provided to representatives of KPs free of charge should lead to the identification of new HIV infections. Together with the approval of such an indicator (or a similar one), it is necessary to develop a guide and conduct training for NGO staff and their partner medical institutions in effective testing. Regularly monitor the effectiveness of HIV testing (data collection once every 6 months), and with a decrease in detection rates, adapt the work of outreach and inpatient testing points to ensure the necessary level of detection of new HIV infections. Inclusion in the complex of work on testing the tasks of ensuring the connection (bridging) of newly identified HIV-positive KPs’ representatives with medical institutions providing ARV therapy and with NGOs providing psychosocial support for PLHIV. Regularly (at least 1 time per year) inform the responsible officials in the Akimats of the importance of the level of detection during HIV testing and the need to allocate funds for the work of NGOs conducting HIV testing in KPs and connecting newly identified HIV-positive patients with treatment and psychosocial support services .

Improving the effectiveness of HIV prevention among KPs

*Relevance:*

*for all KPs*

The main methods of HIV prevention among KPs in Kazakhstan are only condoms and sterile syringes. While condoms and syringes are purchased in significant quantities from the state budget, their supplies are not always stable, and the quality is not always good. In addition, due to the assumption that the epidemic situation among sex workers has stabilized and 80% of them constantly use condoms (data from the latest IBBS, which, according to representatives of sex workers should be double-checked), the availability of free condoms for sex workers is extremely limited, and lubricants not available at all. In principle, free of charge lubricants are available only for small number of MSM in a couple of regions of the country.

Due to its extremely small coverage - less than 300 people throughout the country - OST cannot be considered a serious anti-epidemic intervention.

The availability and effectiveness of ARV therapy is growing rapidly, but its preventive effectiveness has not yet reached the desired indicators: about 25% of PLHIV who know their HIV status (and about 35% of the estimated number of PLHIV) still have a viral load higher than undetectable. In addition, the introduction of IIN based registration when testing and receiving prevention services can seriously reduce the number of detected cases of HIV infection and increase the gap between the real number of HIV-positive people in the country and those who know their HIV status and receive ARV treatment.

Post-exposure prophylaxis (PEP, the use of antiretroviral drugs after risky contact) is limited, as it is available only at AIDS Centers and only during business hours. At the time of the National Dialogue meetings, statistic on the number of people who used PEP was not available to the participants, but judging by the fact that clients of KPs’ NGOs very rarely report the use of PEP, most likely this prevention method does not play a significant role in the fight against the epidemic.

There is still no pre-exposure prophylaxis (PrEP, the use of ARV drugs before risky contact), despite the support of PrEP introduction by everyone in the country, from NGOs to medical specialists. At the same time, the greatest interest in PrEP has been shown by MSM. Representatives of people who use drugs consider it not a priority for their community. Representatives of sex workers found it difficult to give a definite answer, since they do not have sufficient information about the method itself and its application for sex workers in other countries.

Prevention methods such as serosorting and strategic positioning (most often relevant for MSM) are not discussed or offered in the country at all. In addition, these methods can only work in an environment tolerant of PLHIV, but among MSM in Kazakhstan AIDS-phobia is as widespread as it is in society as a whole.

In conclusion, it is worth saying here that most employees of the KPs’ NGO, same as employees of partner medical institutions, do not have access to regular supportive training in the field of prevention: neither money nor time are allocated for this.

*Propositions for inclusion in the application:*

1. Ensure the procurement and regular timely delivery of condoms and lubricants to the KPs’ NGOs in accordance with the need confirmed by assessments of the needs and risky practices practiced in different groups.

2. To ensure quality control of purchased condoms and lubricants by monitoring the quality at the stages of a tender formation and during procurement, and not after the distribution of condoms and lubricants to NGOs and medical facilities.

3. Guided by the recommendations of WHO, UNFPA, UNODC and other expert organizations, conduct a national consultation on existing approaches and methods for HIV prevention, including specific for individual KPs, in order to assess their preventive potential and possible cost-effectiveness for Kazakhstan. Use the discussion to develop national responses to the HIV epidemic.

4. Conduct a national consultation on PEP.

5. Prepare and launch a national pilot project on PrEP, paying particular attention to availability of this service for MSM. It is recommended to choose a large city for such a pilot – Nur-Sultan or Shimkent. Within the framework of the project, it is important not only to study how and through which organizations (medical and NGOs) it is possible to organize the provision of services at all stages (informing potential clients, attracting clients to the program, conducting a medical examination before starting PrEP, providing a preventive drug, medical monitoring while using of the preventive drug, the development and sustain of adherence to prevention), but also costing (taking into account the required quality) of the whole complex of work, for the future introduction of this program at the expense of national funds.

6. To support the work of the existing community centers for KPs on the basis of the KPs’ NGO, and to open new ones. (The goal of community centers is to engage representatives of a particular community of KPs in constant interaction with medical and social organizations working to prevent and treat HIV and co-infections. Community centers are stigma-free and safe in terms of psychological or physical violence spaces for representatives of KPs where they can receive HIV services: testing for HIV and other infections, adherence assistance for PLHIV, health and legal counseling, including peer-to-peer work, receiving condoms and lubricants, support and self-support group, holiday events, social skills development support, etc. In every large city, for example, in Almaty, Aktobe, Karaganda, or Nur-Sultan, community centers for MSM should work. If there are many PLHIV in the city, they need community centers for PLHIV, which will pay attention to the issues of access to HIV treatment and HIV-related infections in PLHIV, and adherence to treatment. At least one community center on trans-health issues should appear in Kazakhstan. A community center for sex workers should work in Almaty or Nur-Sultan.)

ARV therapy and concomitant diagnosis

*Relevance:*

*for PLHIV and all KPs, as there are all KPs among PLHIV*

With the rapid increase in the availability and diversity of ARV drugs, many HIV-positive people in Kazakhstan have not yet started ARV treatment. This is due to the fact that not all of them know their HIV status (that is, they are not involved in regular HIV testing), or they have no necessary documents or registration at the place of residence, or they have not properly informed that ARV therapy in the country is available to all citizens.

Regular measuring of the level of viral load as an indicator of the effectiveness of treatment, along with monitoring of the side effects of ARV therapy, diagnosis and treatment of concomitant diseases in HIV-positive people, are not always available even in large cities. The participants of the National Dialogue found it difficult to identify the main reasons for this, but indicated several possible reasons:

- lack of adherence to treatment and clinical examination in PLHIV,

- interruptions in the supply of consumables for laboratory equipment with which the diagnostic and examination are carried out.

For foreign citizens temporarily or illegally located in the country, ARV therapy is practically not available. This is important, since many of these people do not have the required by the law documents and/or registration at the place of residence, but they can stay in the country for a long time and have sexual relations with citizens of Kazakhstan. Foreigners with HIV infection and living in Kazakhstan need to be given ARV treatment.

According to medical institutions and NGOs working with KPs’ representatives, ensuring adherence to ARV therapy is a task that requires considerable work: the low availability of social support and psychosocial support for adherence to treatment leads to late initiation of ARV therapy and interruptions of the drugs uptake, or that It also happens, to a complete refusal to take ARV drugs. Interruptions in ARV drug supply are rare, but still occur and also affect treatment adherence. Change of therapy due to delays in the supply of ARV drugs is carried out without appropriate consultation and support of patients. Medical facilities are extremely limited in the human resources required for such counseling and support. At the same time, NGOs that could help in the counselling and support for representatives of KPs receiving ARV therapy are not involved in these situations.

The location of medical facilities where PLHIV can confirm the diagnosis of HIV infection, receive ARV therapy and get the examination to evaluate the effectiveness of ARV therapy, is important for the early initiation of ARV therapy and the successful formation and support of treatment adherence. Often these institutions are located far from the places of residence of PLHIV, which requires considerable travel time. For some PLHIV, the cost of travel is a significant factor, as they are poor.

These issues are especially important in light of the increase in the use of SNPS, as the behavior of SNPS users significantly differ from the behavior of opiate users or not using drugs MSM and sex workers that are common for most doctors and social workers.

*Propositions for inclusion in the application:*

1. Conduct an assessment of the behavior and needs of different subgroups of PLHIV that affect adherence to treatment (*planning options: in 1 and 3 years of the project, or in the 2nd year of the project*). The following is a sample list of such subgroups:

a. heterosexual women and men who do not use drugs,

b. PLHIV who use drugs, with special attention to PLHIV who use SNPS,

c. PLHIV over the age of 50,

d. PLHIV MSM

e. PLHIV trans people

f. PLHIV from medium and small cities and rural area,

g. PLHIV migrating for work outside Kazakhstan.

2. Development and approval at the national level of indicators (standards) of the effectiveness of social support for PLHIV and work on the formation and support of treatment adherence, taking into account the specifics of different KPs. Conduct training on the basis of these standards for employees of KPs’ NGO and their partner medical institutions (*once a year, given the possibility of a change of employees and the emergence of national examples of best practices*). Training can be carried out both in the form of meetings and seminars, and in the form of webinars or recorded video lectures, followed by testing the level of knowledge and collecting questions that remain with the education.

3. Development and implementation of algorithms for informing and supporting PLHIV in the cases of a change of therapy due to interruptions in the drugs supply or due to the side effects.

4. Development and implementation of innovative tools for counseling, psychosocial support, and adherence support for PLHIV, which, in addition to helping PLHIV, will enable monitoring of the needs of PLHIV. For example, the creation of the following complex:

a. an Internet bot for PLHIV on various general issues related to the ability to receive information, help and support,

b. an information web-site (or several regional web-sites) linked with this bot and providing information about ARV therapy and other services that available for PLHIV in a particular region,

c. Internet applications for PLHIV to support the treatment adherence and the timing of the medical examination, as well as for reporting the ARV side effects and cases of drugs’ uptake interruption,

d. on-line chats with consultants, both physicians and peer consultants (if one could not get all the answers with the support of listed above tools).

Availability and data quality

*Relevance:*

*for all KPs*

Kazakhstan is actively strengthening its efforts to collect well quality data on the HIV epidemic and the work implementing to combat HIV infection, which gives KPs communities the opportunity to know more about the situation, better understand national policies and the work carried out under this policy. Reports on the results of IBBS, as well as the cascade of HIV services presented by the KNCDIS, are good strategic and advocacy tools! So that they can be used with greater efficiency, in addition to them required the following assessments:

- disaggregation of the national cascade "90-90-90" for each KP,

- regular monitoring and analysis of the drug use situation and illegal drug market in Kazakhstan,

- regular monitoring and analysis of sexual practices of KPs,

- regular assessment of internal and external migration of KPs,

- assessment of the interaction of the psychoactive substances those in use in Kazakhstan with the medicines used to treat HIV and tuberculosis,

- assessing the needs associated with the prevention and treatment of HIV and tuberculosis of different subgroups of KPs:

- those who use opiates;

- those who use SNPS;

- living in both large and small cities;

- both stably living in one place, and migrants;

- separately, adolescents and youth, as a group that is very dynamic in terms of sex and substance use;

- separately women, especially those who use drugs, as more vulnerable due to gender reasons,

- assessment of the quality of services provided and their compliance with changes in behavior and other significant characteristics of KPs influencing the spread of HIV and tuberculosis,

- documentation of cases of violation of human rights and the laws of the Republic of Kazakhstan towards KPs in connection with the protection of their health, and analysis of the causes of such violations.

The studies listed here are not conducted regularly, or using methods that are not agreed with other interested parties, or are not conducted at all. This creates difficulties in analyzing the results of IBBS and the data of routine statistics collected by medical institutions during their work.

Data on the situation and ongoing work should be collected regularly, discussed with the expert community and with KPs NGOs, timely presented to decision makers, used for training of employees of healthcare institutions and NGOs, and in justification of national health programs.

Nationally approved methods and tools should be used to collect the main data using for planning and evaluation.

To date, KPs’ community organizations are little involved in the collection and use of data. For example, KPs NGOs were always involved only into attracting community members to participate in IBBS, but did not participate in the quality control of IBBS and in the analysis of the data collected. Community NGOs should be more actively and more meaningfully involved in the collection and use of data.

*Propositions for inclusion in the application:*

1. Conducting a regular assessment of the needs of KPs (*once a year, separately for each key group*).

2. Conducting regional assessments of the accessibility and quality of services for people living with HIV and KPs in connection with HIV infection (*1 and 3 years of the project*).

3. Assessment of HIV risky behavior of each KP, with particular attention to the behavior of adolescents and women.

4. Assessment of the drug situation and drug market in the regions of the project (*1 time during the project, including using the UNODC experience in monitoring Darknet*).

5. Disaggregation of data from the national cascade “90-90-90” for each KP.

6. Actively inform decision-makers in the project regions about the results and recommendations of the above listed researches.

7. Monitoring of the use of data and quality of data used for decision-making in the regions of the project, particularly the data obtained in the studies proposed hereabove.

8. The collection and analysis of data in the framework of all these and other possible studies, as well as monitoring the use of data in decision-making, should be carried out by the KPs NGO or with their significant participation.

9. Conduct trans people size estimation national assessment in Kazakhstan.

10. Include trans people in the next IBBS as a separate key population and form a separate cascade of HIV prevention and treatment services (the so-called three 90) for trans people.

Stigma and discrimination

*Relevance:*

*for all KPs*

For most residents of Kazakhstan, drug addiction remains a highly stigmatized disease, and sex work and homosexual sex are traditionally reprehensible and abusive behavior. Most likely, this is due to the fact that the population’s literacy in questions of chemical dependence and methods of its treatment, as well as on sexuality and sexual health in general, is extremely low. Special attention should be paid to the prevalence of stigmatizing attitudes, discriminatory behavior and various forms of violence on the part of medical workers and employees of state law enforcement services. Stigma, discriminatory behavior and various forms of violence by these professional groups contribute most to the spread of HIV and other STIs, as well as tuberculosis among KPs, much more than stigma from the general population. Among the most frequent cases of discrimination, one can see an insulting attitude to representatives of KPs, violence, and refusals in providing medical care. Violence can be both physical and psychological. Cases of falsified criminal and administrative accusation towards sex workers were documented.

Cases of discrimination and violations of the law by medical professionals and police officers significantly reduce the effectiveness of investments by the state budget and international donors in the fight against HIV and tuberculosis in Kazakhstan.

A social support system for poor and socially vulnerable citizens is developing rapidly in Kazakhstan. State and local budgets provide pensions and other financial support to various vulnerable categories of citizens. The network of social institutions is expanding. For example, crisis centers for women faced violence are successfully operating in the country. There, a woman can receive both shelter and medical and social assistance. But, for women living with HIV, as well as for women with drug addiction and sex workers, these centers are closed: several cases of refusal to help such women who turn to crisis centers have been documented. Creating separate crisis centers for women with HIV, for women with drug addiction, or for sex workers will not be effective, both financially and humanitarianly, especially when it comes to medium and small cities. It is more effective to make the help of the existing crisis centers accessible for all women.

*Propositions for inclusion in the application:*

1. Train outreach workers in para-legal skills. Providing legal advice and support by trained para-lawyers for representatives of KPs, with particular attention to cases of violation of human rights and the laws of the Republic of Kazakhstan when the representatives of the KPs seek help in connection with HIV infection or violence.

2. Trained para-lawyers have to document cases of violation of human rights and the laws of the Republic of Kazakhstan towards representatives of KPs when KPs representatives seek help and support in connection with HIV, other issues of sexual health, and in connection with violence. Quickly informing the Human Rights Ombudsman and the Ministry of Health on each of the documented cases for appropriate action. Publication of a technical report with an analysis of the collected cases and the measures taken thereon (*once a year, summary analysis for each KP*).

3. Train employees of health facilities, crisis centers and law enforcement agencies on gender equality and public health approaches. The right and laws violation cases collected by para-lawyers can be used for this training. The training has to be conducted jointly with the staff of the KPs NGOs.

Stability and effectiveness of the work of NGOs of the KGN communities

*Relevance:*

*for all KPs*

As noted in “The legal determinants of health: harnessing the power of law for global health and sustainable development,” governments cannot cope with public health challenges alone, and laws play a critical role in ensuring effective collaboration between government and civil society, whose joint efforts are needed to address health issues.

Public funding for health in Kazakhstan is constantly growing, which is a critical positive moment in the country's development. It is also important that civil society organizations in Kazakhstan have the opportunity to receive funding from state and local budgets. From 2010 to 2019, financing of the state social contract increased for 10 times. In 2018, budgets of various levels allocated 10 billion tenge (the equivalent of 26.3 million US dollars at the exchange rate as of 01.01.2019) to counter HIV infection, and another 20 billion tenge (the equivalent of 52.5 million US dollars at the exchange rate as of 01.01.2019) for supporting the work of NGOs in Kazakhstan.

But. NGOs created by KPs and working to prevent HIV infection do not yet have equal with others access to these funds. The reason for the low availability of these funds for KPs NGOs is most likely the institutional stigma towards KPs representatives. There is no anti-discrimination law in the country that would guarantee protection against discrimination on the basis of sex, gender, sexuality, as well as health status. Despite the direct recognition of the response to HIV infection as one of the national health priorities and the impressive increase in funding to provide HIV-infected citizens of Kazakhstan with modern ARV therapy, there are no necessary methodological, administrative and financial recommendations that ensure adequate funding for HIV prevention and psychosocial assistance and support in connection with HIV. Funding of the HIV prevention is the responsibility of local administrations, which do not always have sufficient methodological assistance in budgeting and monitoring this work within local budgets. In addition, the documents regulating the public (state) social contracting do not directly mention the names of key populations, despite the difference in the epidemic situation in each population and the specificity each KP has, which affect the methods and costs of working with each population. The lack of direct mention leads to an erosion of national priority at the moment when it reaches the level of the local budget – the level where the political declaration should be translated into real action.

In addition to institutional stigma, the most significant obstacles to ensuring resources for the work of KPs NGOs are the lack of reasonable costing and a clear system of indicators for planning, budgeting and evaluating the effectiveness of services for KPs provided by NGOs. For example, there is no methodological and budgetary basis for ensuring the quality of psychosocial assistance: who, how, to what extent and to whom should provide this assistance and what result should be obtained? There are no clear recommendations on the training and development of NGO’ staff, and on the cooperation of NGOs with educational institutions and national methodological organizations for the staff training. Until recently, the decision on the amount of payment for outreach workers was made on the fact that the State Classifier of Professions and Specialties does not have an “outreach worker” position, the vast majority of outreach workers do not have diplomas about specialized professional education. This supports the approach that the salary of outreach workers may equals the minimal level of income. It is not taken into account that university graduates in the specialty of “Social Worker”, for example, do not receive the skills and knowledge necessary for working with KPs. That the quality of outreach work depends not on the formal education, but on the availability of wide connections in a vulnerable community, the personal commitment of the employee, the willingness to learn, and the ability to quickly adapt to changing situations in the KPs’ community.

There is no regular review of innovations in the field of HIV prevention, assessment of the prospects for their implementation in Kazakhstan, and financial and administrative mechanisms for their piloting and dissemination in Kazakhstan.

Among the other obstacles to the effective and sustainable operation of KPs’ NGOs, the following should be noted:

- the difficulty in obtaining funds to cover the organizational development and advocacy,

- the need to pay for access to the public procurement portal: the amount required for this correlates with the cost of the lot, for which the NGO plans to participate in the tender,

- dumping and corruption during tenders (observed only in some regions, not everywhere).

Along with the availability of finances and the ability to influence decisions made, primarily at the local level, a significant challenge to the sustainability of the work of KPs’ NGOs is insufficient experience in project and strategic planning, which, in addition to the technical skills of creating a work plan, justifying the budget, and creating an effective M&E system and knowledge management, includes skills in working with data for decision making. So, only a few of the largest and longest-running NGOs have strategic plans, while the rest work on the basis of plans lasting no more than 1 year, or only have plans for individual projects.

*Propositions for inclusion in the application:*

1. Update the existing manual on the participation of NGOs in the public social contracting, supplementing it with examples of successful participation of KPs NGOs in these processes, and paying attention to the development of long-term communication between KPs’ NGOs and decision-makers at the regional and local level.

2. Provide technical support to KPs’ NGOs, intending to work on the formation of public procurement lots aimed at HIV prevention among KPs, and participation in the contest for public procurement, grants and premiums for NGOs.

3. Provide training for managers of KPs’ NGOs in the basics of project and strategic planning, paying particular attention to issues of working with data and knowledge management, as the basis for successful planning, as well as decision-making at all levels of work. Trainings should be held annually, offered 3-4 months before the dates of key tenders and contests, which are held both within the framework of the Global Fund grant, and in the framework of various public funding channels (public social contracting, public grants, premiums).

Community participation in decision-making and community mobilization

*Relevance:*

*for all KPs*

Traditionally, it is expected that the participation of KPs’ representatives in decision-making processes related to Global Fund and more, for the planning and implementation of national efforts to combat HIV, has to be ensured through the representation of the KPs in the CCM (national coordinating committee, which includes representatives of all parties involved in the fight against HIV). Today, the CCM has representatives of all KPs (with the exception of trans people). The CCM meets regularly and is recognized as an example of the best national coordination practice in the EECA region. At the same time, mechanisms for real representation of the broad community position in the CCM still require significant development: often representatives of KPs in the CCM do not have time or communication channels for a wide discussion in the community about the issues discussed by the CCM.

Another participatory mechanism, less structured and transparent, is the ongoing advocacy work of KPs’ NGOs with local administrations. More experienced and long-running KPs’ NGOs, for example, a number of PLHIV’ NGOs and NGOS of people who use drugs, have built up constant communication with akimat officials responsible for health issues and for financing civil society organizations. This communication helps them to explore the possibilities of obtaining funding from the regional budget and influence the content of the public grants (for example, in Karaganda). Though NGOs with less experience have not yet been able to achieve the same results, even after being trained in participating in competitions for the public funding. The reason for this may be their lack of experience in building relations with government agencies, in planning health projects, as well as underdeveloped systems of general management and financial management (which is normal for young NGOs, or NGOs working with hard-to-reach and highly stigmatized KPs, but requires attention and resources for development).

Accordingly, the representation of different key groups in decision-making processes can vary significantly from group to group and from region to region. As a result, it cannot be said that KPs today significantly infuence the content of projects implemented with the support of the Global Fund and the content of national health programs. Influence is exerted by individual experts and community leaders, who reflect only part of the needs in the community. Correcting this situation without developing effective and sustainable community-based monitoring is not possible. The section on “Availability and Quality of Data” already lists the studies that are necessary to enable communities, and not just individual experts from among them, to express their views on existing health needs, and on the quality of services they receive. All of these studies should be conducted regularly and with significant community involvement. Only this will ensure the real influence of KPs on national and international HIV programs in Kazakhstan.

Community mobilization is one of the most complex and least developed topics in Kazakhstan. The lack of significant experience of cooperation between KPs communities and government agencies leads to the fact that most often the community is mobilized for a short-term protest, and not for long term strategic cooperation. As part of the National Dialogue meetings, the following examples of constructive community mobilization were discussed:

- mobilization for participation in IBBS and other assessments and researches that will more accurately reflect the current situation and needs of the community,

- mobilization to reduce stigma in society, for example, through participation in off-line and online events dedicated to December 1st, to the International Day of the Visibility of Trans-People, to the Day of Remembrance of those who died of AIDS, and other similar dates,

- mobilization for participation in peer-support projects (peer-to-peer support, social theater or theater-doc, self-support groups, the work of the community centers, etc.),

- mobilization for the collection of cases of violation of human rights and laws of the Republic of Kazakhstan towards KPs...

All these examples have clear expected results and allow the community to gain experience of self-support (which is the goal of the community mobilization).

In projects and programs that are currently being implemented with international support, mobilization, if mentioned, is done without properly defined expected results and without allocating the necessary funding for this work. Government’s public contracting, grants, or premiums do not generally support such work.

*Propositions for inclusion in the application:*

1. Prepare and conduct annual training of KPs NGOs on the goals and ways of the community mobilization as part of the work to counteract the spread of HIV infection in Kazakhstan (*annually*). After this education, conduct competitions for the best mobilization projects, paying special attention to ensuring mobilization of KPs for participation in IBBS, other assessments and researches, development of self-support among members of KPs’ communities, and collecting cases on violation of human rights and laws of the Republic of Kazakhstan.

2. Provide KPs NGOs, primarily those on the basis of which there are community centers and outreach teams, with technical support for the effective planning, implementation and evaluation of community mobilization efforts to combat HIV.