



## REPUBLIC OF KAZAKHSTAN

### THE REPUBLICAN CENTER ON PREVENTION AND CONTROL OF AIDS

On the implementation of the Grant provided by the  
Global Fund to Fight AIDS, Tuberculosis and Malaria  
KAZ-202-G01-H-00

«Assistance and support to safer behavior choices among vulnerable  
population groups (injecting drug users, commercial sex workers, youth),  
assistance and support to people living with HIV/AIDS»

Reporting period: 1 January 2007 - 31 December 2007  
(The fourth Program Year)



Developed by the Project Implementation Unit (PIU)  
March 2008  
Almaty

## Annual Progress Report

<b>Donor:</b>	<b>The Global Fund to Fight AIDS, Tuberculosis and Malaria</b>
<b>Principal Recipient:</b>	<b>The Republican Center on Prevention and Control of AIDS of the Ministry of Health of the Republic of Kazakhstan</b>
<b>Country:</b>	<b>Republic of Kazakhstan</b>
<b>Grant Number:</b>	<b>KAZ-202-G01-H-00</b>
<b>Programme:</b>	<b>«Assistance and support to the most safer behavior choices among vulnerable population groups (injecting drug users, commercial sex workers, youth), assistance and support to people living with HIV/AIDS»</b>
<b>Total Grant amount for 4-5 years (plan):</b>	<b>USD 16 631 999,00</b>
<b>Total amount spent during 4 years:</b>	<b>USD 14 058 378,97</b>
<b>Total amount for Year 4 (plan):</b>	<b>USD 5 010 000,00</b>
<b>Total amount spent during Year 4:</b>	<b>USD 4 875 170,27</b>
<b>Program starting date:</b>	<b>1 December 2003</b>
<b>Program period:</b>	<b>1 December 2003 / 30 November 2008</b>
<b>Reporting period: (the 4-th program year)</b>	<b>1 January 2007 / 31 December 2007</b>

## **Epidemiological situation in the Republic of Kazakhstan**

According to data based on case reporting, the cumulative number of HIV cases registered in the Republic Kazakhstan by January 01, 2008 was 9378 persons, including men – 7030 (74,4%), women – 2415 (25,6%). The number of children under 14 years was 223. Out of people with AIDS, 506 have died, including 3 children under 14 years<sup>1</sup> old.

In 2007 the number of registered HIV-positive people was 1979, out of this number 91 were children. 107 persons were defined as AIDS affected.

The national estimated number of HIV-infected people is 13500. All regions of Kazakhstan are among affected by the AIDS epidemic. The highest prevalence rates were registered in the city of Almaty, in Pavlodar, Karaganda, South Kazakhstan and Kostanai regions. The proportion of affected people aged 15-49 years is 95%, including 7% among young people aged 15-19 years.

Since 2005 the drastic growth of newly detected HIV cases is taking place. In 2005 the number of newly detected HIV-positive cases was 887, in 2006 it was already 1745 and in 2007 reached 1979. In 2007 the HIV prevalence rate grew up two-folds in comparison with the year 2005 and made up to 12,9 per 100 000 population (2006 – 11,38 per 100,000 population). The growth of newly detected HIV cases amounted to 13% in 2007 compared to 2006. In the regions of North Kazakhstan, Akmola, Atyrau and Astana city the HIV prevalence mounted 2-5 folds. This growth is also due to a better coverage of most-at risk populations by HIV testing services, including pregnant women and inmate sub-populations, as the results of refining of efficiency of the national HIV testing policy.

Injecting drugs still remain the main driving force of HIV virus transmission in Kazakhstan: the proportion of people who practice drug injections (IDU) is 73%. An estimated number of IDU in the republic is 129000. According to the results of sentinel surveillance carried out in 2007, the HIV prevalence among IDU sub-population varied in interval of 3,4% - 4,5% with an average of 3,9%.

National statistics show the number of 6 821 injecting drug users registered in the country to date.

Based on the National AIDS Center's estimation the cohort of sex workers comprises the number of 13500 in total. In 2007, the HIV prevalence rate among sex workers ranged from 1,7% to 3,1% with an average 2,3%, according to the results of sentinel surveillance.

The number of newly detected HIV-positive among inmate sub-populations associated with injection drugs is growing. In 2007, the proportion of HIV-infected prisoners was 30,3% and the HIV prevalence constituted 2% (in 2006 - 1,0%). Of newly registered HIV-positive prisoners 64,5% were detected while admitted to investigation isolator and 35,5% in jail facilities.

Based on national statistics, pregnant women with HIV status accounted for 6,7% (695 persons) out of the total number of newly detected HIV cases in 2007. In Kazakhstan 475 newborns were delivered by HIV-infected mothers. HIV status was confirmed in 29 infants, 232 children are HIV-negative and 24 already died. The status of 153 newborns of infected mothers yet needs to be determined after completion of follow up examination.

The HIV/AIDS epidemic in Kazakhstan is currently at a concentration stage mainly localized among injecting drug users. The main driving force of HIV-virus transmission is drugs injection. However the proportion of affected of sexual transmission grows. Among newly detected HIV cases the epidemic's burden on women has grown: in 2006 women accounted for 26,2% and in 2007 for 29,5% of all registered HIV cases.

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<sup>1</sup> An obligatory element of the National "AIDS-defining" case is CD4 cells decline below the level of 200 cells/ml



## Policy and National Response

For implementation of the State Policy Concept in fight against the HIV/AIDS epidemic, the National Programme on counteraction of AIDS epidemic in the Republic of Kazakhstan for 2006-2010 has been developed and approved in 2006 (endorsed by the Resolution of the Government RK on December 15, 2006, N1216). Overall spending on HIV/AIDS Programme will amount to 6 708 930 000 tenge (approximately 55 445 702 \$ USA). Preceding State Programme completed its timeframe in 2005 and contributed to maintaining of AIDS epidemic in the country at a concentrated stage.

Current epidemiological situation in the country demands the focus on new population groups with risky behavior (men who have sex with men, prisoners, young people, neglected adolescents, migrants), that was reflected in the National Programme. One of the important parts of the Programme is the drug policy formulation in order to provide access to a wide range of antiretrovirals for treatment of opportunistic infections and promotion of treatment adherence among HIV-positive populations. It is foreseen further improvement of M&E system, including the framework of Programme interventions, implemented by national, bilateral and international agencies. Strategic information will be used for projection of epidemic development and preventive interventions design. The goal of the National AIDS Programme 2006-2010 is to hold the epidemic at a concentrated stage till the end of the year 2010.

Measures on counteraction of AIDS epidemic will be focused on:

1. Human rights policy reinforcement, establishing of favorable legal and social environment for implementation of preventive and control interventions;
2. Implementation of preventive programmes;
3. Implementation of treatment, care and support programmes in line with international standards on ARV treatment of HIV-positive and AIDS patients;
4. Implementation of social programmes for HIV-affected people;
5. Improvement of epidemiological surveillance, M&E, planning and projection.

### **Human rights policy reinforcement, establishing of favorable legal and social environment for implementation of preventive and control interventions**

It is foreseen:

- a) **Mobilization of civil society:** establishing of better environment for expansion of NGOs network dealing with HIV/AIDS preventive programmes, broader involvement of PLHWA, most-at-risk sub-populations, young people in fight against HIV/AIDS through supporting of grass-roots civil initiatives.
- b) **Strengthening of coordination:** determining of coordination framework for efforts of national, bilateral and international agencies. Strategic information management reinforcement, ensuring of qualitative information gathering, processing and utilization of data by all stakeholders, projects design and implementation improvement.
- c) **Human and institutional capacities strengthening:** social workers education for implementation of preventive programmes among most-at-risk sub-population groups and support of PLHWA.

### **Implementation of prevention programmes**

At the concentrated stage of epidemic, when the HIV prevalence among general population is still limited, the implementation of preventive programmes is crucial in stabilization of further HIV/AIDS spread. In realization of prevention programmes it is envisaged:

- a) Provision of access to information-education-communication (IEC) materials for the population;
- b) Education programmes development with follow up education of young people on HIV/AIDS prevention based on life skills rejecting risky behaviors and promotion of condoms and other preventive means use;
- c) Education of personnel who provide preventive services to young people and vulnerable sub-populations;
- d) Integration of issues on counteraction of HIV/AIDS into relevant regional tripartite agreements of local governments, employers unions and trade unions.

### **Harm reduction strategy**

Production of IEC materials on HIV/AIDS related aspects, individual risk and HIV prevention counseling, voluntary testing services for all injecting drug users willing to be engaged.

### **HIV sexual transmission prevention strategy**

An advocacy and promotion of the culture of sexual relations, traditional family values, later beginning of sexual relations and limitation of the number of sexual partners, particularly among young people. Promotion of condom use, access to condoms of proper quality and low price to general population, as well as saturation of in-country market with broad range of condoms based on needs of various population groups. Ensuring of access to anonymous free STI treatment in friendly clinics to vulnerable sub-population groups (IDU, SW, MSM).

### **Setting up and support of universal institutions for psychosocial counseling and HIV testing services**

It is foreseen further reinforcement of established cabinets network for free psychosocial counseling and HIV testing, expansion of stationary and mobile trust points net for implementation of harm reduction programmes among IDU. Based on needs of IDU that type of trust points will be built primarily with involvement of non-governmental organizations. TB prevention and its early detection among injecting drug users will be integrated into existing trust points functioning cycle. The network of friendly clinics for STI detection and treatment of most-at-risk sub-populations (IDU, SW, MSM) will be expanded at favorable to them conditions, HIV express testing services have been already set up.

### **Prevention of mother-to-child HIV virus transmission**

The complex preventive measures of mother-to-child transmission at all stages is envisaged by the National AIDS Programme:

- a) Access to voluntary counseling and testing, including express diagnostic methods for women of reproductive age and pregnant;
- b) Provision of HIV-infected women with qualitative medical treatment with use of antiretrovirals during pregnancy and delivery;

c) Provision of newborns with antiretrovirals, medications for chemoprophylaxis of opportunistic infections, formula feeding, early clinical-laboratory diagnostics of HIV.

### **Prevention of blood transfusion route of HIV transmission**

Further implementation of safe blood transfusion prevention programmes includes:

- a) Qualitative selection of donors during pre-laboratory stage;
- b) Promotion of functioning of the donated blood system countrywide;
- c) Limiting of indication to blood and blood components transfusions;
- d) Suspension of direct blood transfusions;
- e) Mandatory testing of all blood, tissues and organs for transplantation as well as delayed transplantation and plasma transfusions;
- f) Blood centers supply with highly sensitive test systems for detection of HIV, Hepatitis B and C, syphilis.

### **Treatment, care and support programmes in line with international standards on ARV treatment of HIV-positive and AIDS patients**

It is foreseen a reinforcement of the system of professional and specialized medical care to HIV-infected and AIDS patients:

- a) Provision of access to combined ARV treatment with utilization of advanced and cost-effective treatments in line with WHO recommendations;
- b) Scaling up of the programme on adherence to ARV therapy, including substitute therapy to HIV-positive who are addicted to opioids;
- c) Timely management of opportunistic infections;
- d) Saturation of local pharmaceutical market with the full range of medications for HIV treatment as well as prevention and treatment of opportunistic infections, including TB;
- e) Provision of people with HIV/AIDS with palliative treatment and care;
- f) AIDS laboratory centers supply with modern equipment to determine the number of lymphocytes with CD4 cells and viral load in order to prescribe treatment and monitor the progress;
- g) Standardized protocols for laboratory diagnostics of HIV and opportunistic diseases will be established in AIDS service facilities;
- h) In frames of social programmes the grants will be donated to NGOs dealing with PLWHA for building of ARV treatment adherence among HIV-infected.

### **Social projects for HIV affected people**

The programmes for mitigation of social consequences caused by disability or death of bread-winner are envisaged by the National AIDS Programme.

### **Reinforcement of epidemiological surveillance, M&E, planning and projection of response measures**

The following are considered to achieve the targets set:

- a) Adequate epidemiological surveillance, monitoring of interventions, evaluation of progress and efficiency of project or programme in relation to invested resources. Well done monitoring and evaluation facilitate the process of strategically important information gathering, timely responding to changes, adjusting of available labor and resources to priorities, revision of action plans, generation and use of new opportunities;
- b) HIV surveillance based on sentinel epidemiological surveillance of most-at-risk sub-populations and HIV registration for further treatment of HIV-infected;
- c) The reinforcement of existing national monitoring and evaluation indicators system;
- d) The unified national HIV/AIDS database will be developed and available to all partners;
- e) Sectoral programmes on counteraction of AIDS epidemic will be developed by the Ministries of Internal Affairs, Defense, Health, Culture and Information, Education and Science, Labor and Social Protection, Justice, as well as regional and city programmes.

The National Programme will be implemented by coordinated efforts of all interested government and civil society stakeholders and supported by bilateral and international agencies. The National Health Care Coordination Committee of RK will be in charge for the overall implementation of the Programme. The National Coordination Committee will employ the expertise of specialists of national, bilateral and international organizations. Similar coordination will be replicated at regional and city levels.

## **The description of the programme, objectives, tasks and results**

In 2003 the Republic of Kazakhstan received the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) for the implementation of the **Program “Assistance and support to safer behavior choices among vulnerable population groups (injection drug users, commercial sex workers, youth); assistance and support to people living with HIV/AIDS”** for 5 years. The Republican Center for Prevention and Control of AIDS (RC AIDS) is the Principal Recipient (PR) of the grant.

The Global Fund and the RC AIDS signed Grant Agreement № KAZ 202-G01–H-00 to the total amount of **USD 22,085,999.00**. The first trench for 2004 – 2005 was **USD 6,502,000.00**. The second trench for 2006 – 2008 to the amount of **USD 15,583,999.00** was signed in November 2005.

**Main objectives and goals of the Project are as follows:**

### **1. HIV/AIDS prevention among vulnerable population groups:**

#### **1.A. “Reduction of vulnerability and behavior risks of injecting drug users (IDU), commercial sex workers (CSW) and men having sex with men (MSM)”;**

Activity 1-1A-1 “Creation of supportive legal and social policy environment”

Activity 1-1A-2 “Improve knowledge and awareness of professionals and representatives of non-governmental organizations”.

Activity 1-1A-3 “Provide HIV/AIDS education and information for vulnerable populations”

Activity 1-1A-4 “Provide the personal protection means (condoms, needle exchange program and disinfectants) for vulnerable population groups”.

Activity 1-1A-5 “Improve the accessibility and acceptability of STI treatment”.

Activity 1-1A-6 “Introduce and then disseminate the use of substitution therapy for IDUs “.

Activity 1-1A-7 “Strengthen the evaluation capacity of the government health service”.

**1.B. “Provide youth with the knowledge and awareness to improve their healthy behavior”**

Activity 1-1B-1 “Introduce HIV/AIDS/STI and drug use prevention topics in the basic curricula of all educational institutions”.

Activity 1-1B-2 “Provide appropriate HIV/AIDS and SDI education and information targeted at youth”.

**2. Provide treatment, care and psycho-social support to people with HIV.**

Activity 2-1 “Create a supportive environment, eliminate discrimination and segregation against people with HIV”.

Activity 2-2 “Develop standardized clinical management of people with HIV”.

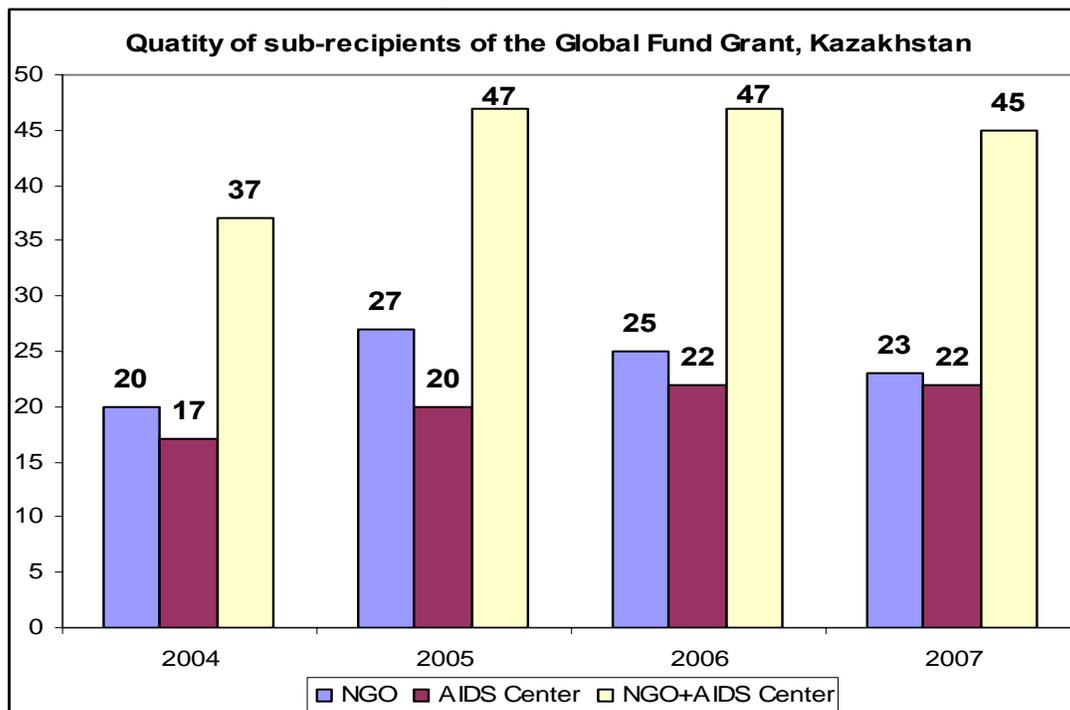
Activity 2-3 “Provide HIV-infected people with antiretroviral treatment”.



**1. Prevention of HIV/AIDS among vulnerable groups of the population**

**1. A «Reduction of vulnerability and behavior risks of injecting drug users (IDU), commercial sex workers (CSW) and men having sex with men (MSM)».**

One of the tasks of the Global Fund project is wide involvement of non-governmental organizations into the realization of preventive interventions among vulnerable groups of the population (IDUs, SWs, MSM). In 2006 the Republican Center on prevention and control of AIDS has signed contracts with 25 non-governmental organizations (NGO) and 22 regional AIDS centers, in 2007 PR has signed contracts with 23 NGOs and 22 Regional AIDS Centers.



For participation in project realization there is the annual competitive selection of NGOs by the Commission consisting of AIDS Centers' representatives, non-governmental and international organizations. Since 2005 there are appropriated funds for compensation of administrative expenses of NGO from means of the Global Fund grant. NGO representatives are trained at seminars. NGO representatives, who have the experience of expert and trainer's work, are involved for evaluation of project activities' realization and as trainers for conducting of seminars according to their profile.

The project promoted to the integration of non-governmental AIDS-service organizations into three associations.

**Activity 1-1A-3 «Provide HIV/AIDS education and information for representatives of vulnerable groups».**

The project is directed on popularization and providing to all interested representatives of vulnerable groups of population (IDU, CSW, MSM) the following services: training, the information on individual risk and prevention of HIV transmission.

The adapted information-educational materials (further - IEM) were developed and issued on the grant means in order to provide the vulnerable population groups with the information on safe behavior choices: in 2004 - 36 048 copies, in 2005 - 70 572 copies, in 2006 - 88 000 copies, in 2007 - 82591, total - 277 211 copies.

Totally during project realization on this kind of activity 167,000 USA dollars were used.

According to epidemiological surveillance in dynamics it is clear that among vulnerable groups of population there is the growth of knowledge level on prevention measures and false ways of HIV transmission which are the following:

- Among IDUs:  
in 2005 - 38 % ; in 2006 - 47,3 %; in 2007 - 47,6 %.
- Among CSW:  
in 2005 - 40,6 %; in 2006 - 50,6 %; in 2007 53 %.
- Among MSM:  
in 2005 - 37,7 %; in 2006 - 54,4 %; in 2007 - 49 %.
- Among prisoners:  
in 2005 - 62,8 %; in 2006 - 65 %; in 2007 - 68,7 %.

**Activity 1-1A-4 «Provide the personal protection means for vulnerable groups - condoms, syringes exchange programs and disinfectants».**

Dangerous injecting and sex behavior are the factors which lead to wide spread of HIV-infection in Kazakhstan. The main project tasks are providing of programs on exchange of used syringes on sterile and providing of condoms and disinfectants for IDU, CSW, MSM who are the clients of the project.

7 210 500 syringes were procured in 2004, in 2005 - 14 400 000 syringes, in 2006 - 15 583 400 syringes and 852 000 needles, in 2007 - 15122568 syringes and 3345268 needles. Cumulatively the project clients have received 39991620 syringes and 3708517 needles for 4 years of project realization.

7 152 480 condoms were procured in 2004. In 2005 - 10000000 condoms, in 2007 - 15347200 condoms and 477267 lubricants. Totally, 32499680 condoms and 477267 lubricants are procured.

5 000 kg of hypochlorhyd calcium for 5 regions were procured in 2004, in 2005 - 30 026 kg of hypochlorhyd calcium for 16 regions. In 2006 tablets "Lumax-chlorine" in quantity of 800 000 pieces were procured. Hypochlorhyd calcium has been delivered to penitentiary system institutions. In 2006 clients of the project among vulnerable groups have received 142 243 tablets of disinfectants (18 %), in 2007 - 845 000 tablets.

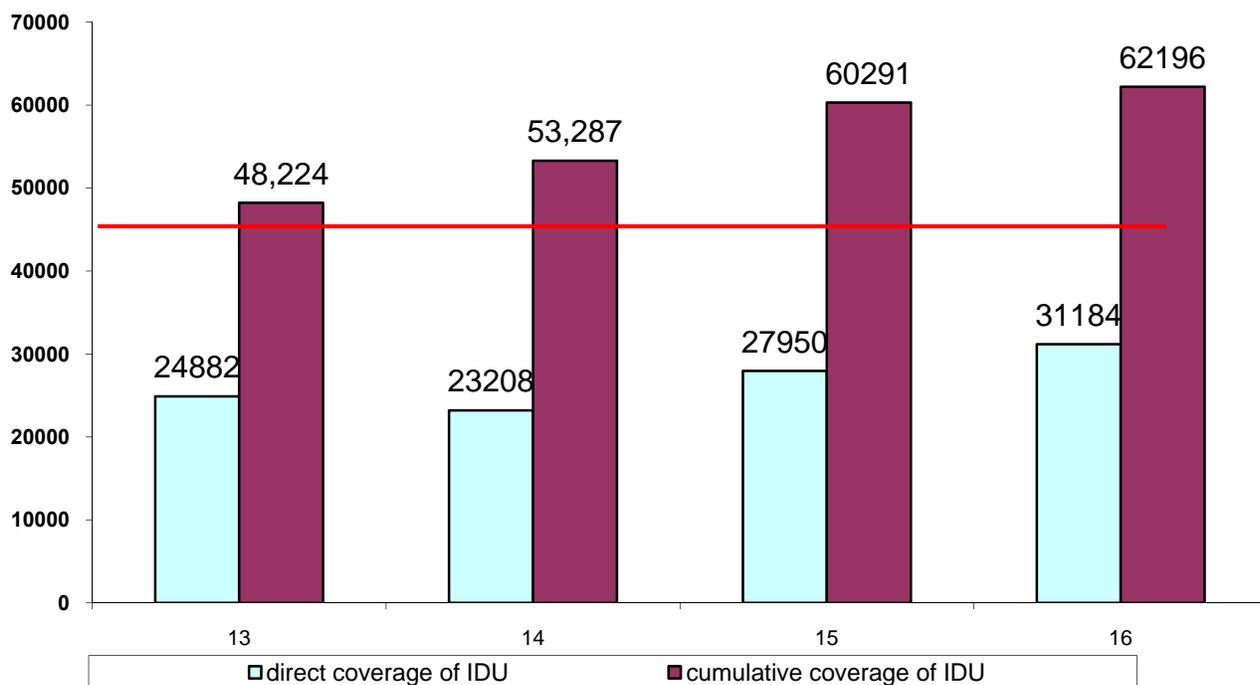
In the frame of project sub-recipients involve outreach-workers for providing of access and effective prevention work among vulnerable groups of population. In 2004 there were 533 outreach-workers, in 2005 – 772 persons, in 2006 – 587 persons, in 2007 - 660 persons.

Cumulatively during four years of project realization 73545 of IDU were involved into the preventive activities .

**Coverage of IDUs by preventive services, 2004-2007**

<b>Number, IDU</b>	<b>Estimated number (according to the proposal)</b>	<b>Baseline Yr 2002</b>	<b>Yr 2004</b>	<b>Yr 2005</b>	<b>Yr2006</b>	<b>Yr 2007</b>
<b>Plan</b>	100 000	-	25000	43 000	47 000	51000
<b>Fact</b>		6 000	27 430	47 749	62 196	73545

**Direct and Cumulative (from the beginning of the Project) Coverage by preventive services (quarterly 2007)**



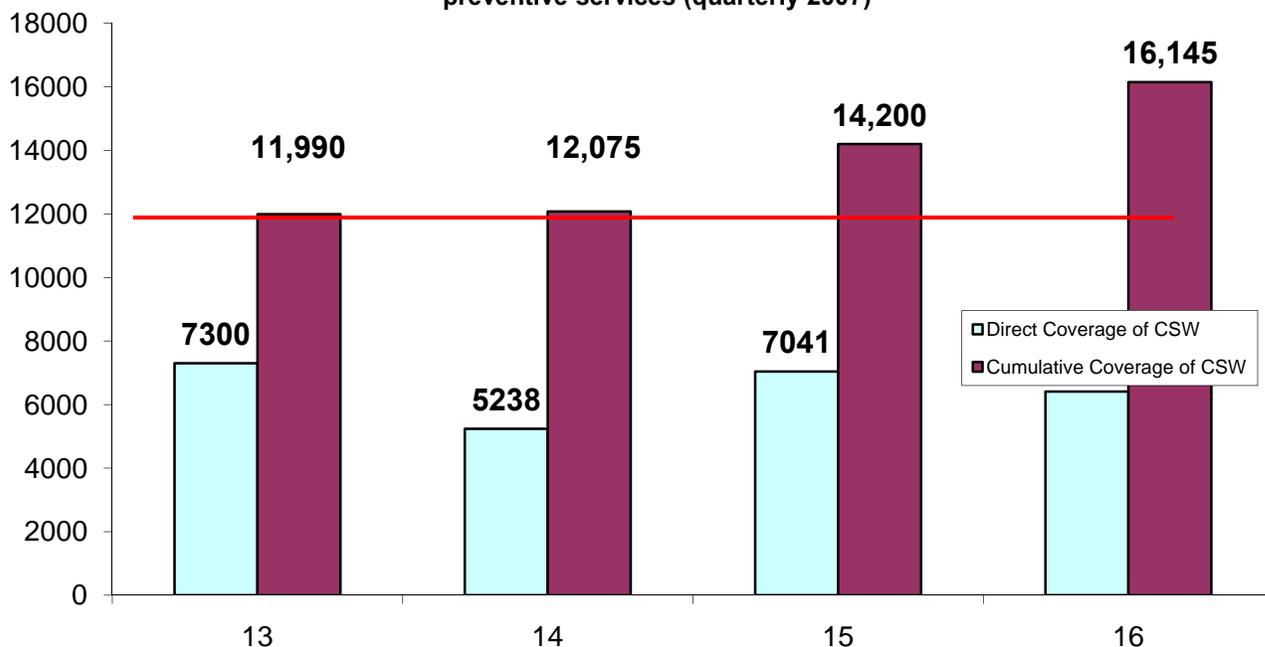
According to data of epidemiological surveillance in 2007 the prevalence of HIV among IDU was 3,9 %, in 2006 - 3,4 %. In 2007 safe sex behavior was accepted by 61,2 % of IDU, in 2006 - 58,1 %. Safe injecting behavior was accepted by 34,9 % of IDU in 2006, and 41,3 % - in 2007/

Cumulatively during four years of project realization 20796 of CSW were involved into the preventive activities.

**Coverage of CSW by preventive services, 2004-2007**

Number, CSW	Estimated number (according to the proposal)	Baseline Yr 2002	Yr 2004	Yr 2005	Yr 2006	Yr 2007
<b>Plan</b>	20 000	-	7 000	11 800	13 000	114000
<b>Fact</b>		1 000	7 195	11 959	16 145	220796

**Direct and Cumulative (from the beginning of the Project) Coverage of CSW by preventive services (quarterly 2007)**

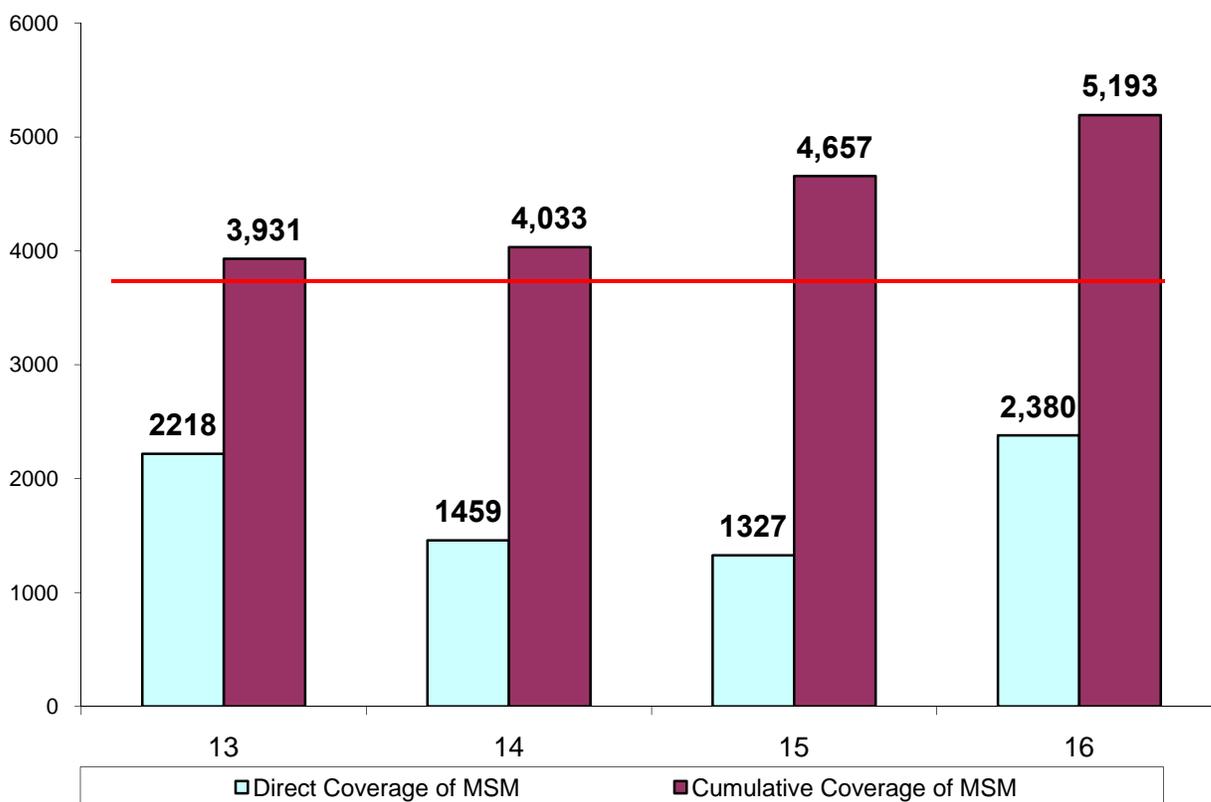


According to data of epidemiological surveillance in 2007 the prevalence of HIV-infection among CSW was 2,3 %, in 2006 - 2,5 %. The portion of CSW, who used condoms during last sex contact with partner who paid for sex, in 2007 was 96,5 %, and in 2006 it was 94 %.

**Coverage of MSM by preventive services, 2004-2007**

<b>Number, MSM</b>	<b>Estimated number (according to proposal)</b>	<b>Baseline Yr 2002</b>	<b>Yr 2004</b>	<b>Yr 2005</b>	<b>Yr 2006</b>	<b>Yr 2007</b>
<b>Plan</b>	20 000	-	7 000	3 500	4 000	6000
<b>Fact</b>		0	2 500	3 995	5 193	6642

**Direct and Cumulative (from the beginning of the Project) Coverage of MSM by preventive services (quarterly 2007)**



According to data of epidemiological surveillance in 2007 the prevalence of HIV-infection among MSM was 0 %, in 2006 - 0 %. The portion of MSM, who used condoms during last sex contact with the inconstant partner, in 2007 was 61,7 %, in 2006 it was 85,6 %. Cumulatively during four years of project realization 6642 of MSM were involved by preventive activities.

In total 6 633 239 USA dollars were used during project realization on activity 1-1A-4.

**Activity 1-1A-5 “Improve the accessibility and acceptability of STI treatment”.**

In the aim to increase the number of visits of vulnerable groups of population to friendly clinics for receiving of free of charge treatment of sexually transmitted infections (STI), for 4 years of project realization there were equipped 29 friendly clinics, including 9 friendly clinics at 9 AIDS centers in 2004, in 2005 9 friendly clinics at 9 AIDS centers (on 3 clinics more than planned, that is connected with economy of funds which were allocated for the equipment of friendly clinics). In 2006 there were equipped 5 friendly clinics at 4 AIDS centers and one friendly clinic at scientific research dermatovenereal institute. In 2007 there were equipped 6 friendly clinics, including 3 - at NGO.

**Provided equipment to friendly clinics, 2004-2007**

<b>Number of the equipped friendly clinics</b>	<b>Baseline Yr 2002</b>	<b>Yr 2004</b>	<b>Yr 2005</b>	<b>Yr 2006</b>	<b>Yr 2007</b>

<b>Plan (cumulatively)</b>	-	8	15	23	30
<b>Fact (annually)</b>		9	9	5	6
<b>Fact (cumulatively)</b>	-	9	18	23	29

Annually PR makes procurement of 9 health products for friendly clinics in the aim of providing of STI syndrome treatment: in 2004 - for 12 AIDS Centers, in 2005 - for 21 sub-recipients (19 AIDS centers and 2 NGO), in 2006 - for 22 sub-recipients (21 AIDS centers and 1 NGO), in 2007 - for 23 sub-recipients (21 AIDS centers and 2 NGO).

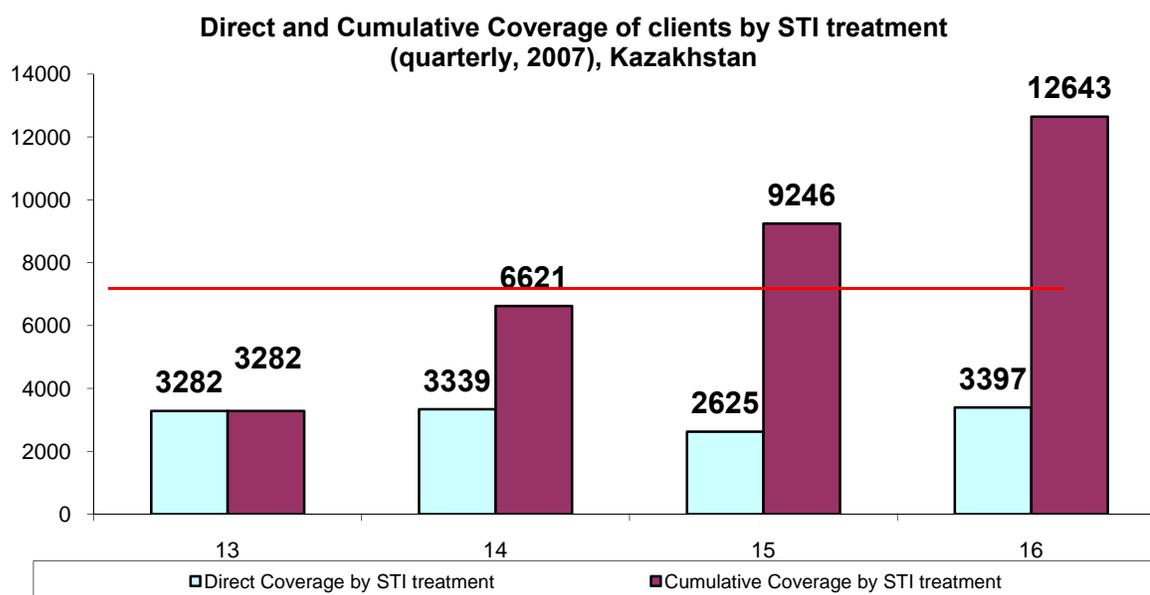
Annually in the frame of the project seminars are conducted for the personnel of friendly clinics: in 2004 - 7 seminars (142 doctors were trained), in 2005 - 6 seminars (125 doctors were trained), in 2006 - 5 seminars (100 doctors were trained), in 2007 - 5 seminars (100 doctors were trained).

Cumulatively for 4 years of project realization 34 718 patients with STI from vulnerable groups of population have received the syndrome treatment in friendly clinics, including in 2004 –

1 039 patients, in 2005 - 6 266 patients, in 2006 - 12 643 patients, in 2007 – 14770 patients .

#### Number of patients with STI who has received syndrome treatment in friendly clinics, 2004-2007

<b>Number of patients with STI in friendly clinics</b>	<b>Baseline Yr 2002</b>	<b>Yr 2004</b>	<b>Yr 2005</b>	<b>Yr 2006</b>	<b>Yr 2007</b>
<b>Plan</b>	-	3600	7600	9600	21000
<b>Fact</b>	0	3120	6266	12643	23036
<b>%</b>		86,6	82,4	131,7	126%



Totally 1 045 297 dollars were used on this activity during the project realization.

#### **Activity 1-1A-6 «Introduce and then disseminate the use of substitution therapy for IDU»**

Now the only non-realized activity is the activity 1-1A-6 «Introduce and then disseminate the use of substitution therapy for IDU». In 2007 it was planned to cover 50 IDU by substitution therapy in 2 pilot regions.

PR submitted a letter with reference #4-469 dated on 4 May, 2007 to Vice Health Minister of the Republic of Kazakhstan, where PR requested MoH to provide with methadone quota (918 grammas) for 2007. Also PR submitted a letter to Ministry of Health with reference # 9-425 dated on 23 April, 2007 requesting to submit application to the Ministry of Internal Affairs for methadone quota (2095 grammas) for 2008.

PR submitted a letter with reference #9-249 dated on 13 March, 2007 to Minister of Health of the Republic of Kazakhstan, where PR requested MoH to support to solve the following issues: 1) state registration of methadone and 2) approval of consumption norms in methadone and state methadone quota for 2007 and 2008. PR received a reply with ref #8-21-3516 dated on 26 April, 2007 saying that the MoH submitted a letter to Ministry of Internal Affairs with request to include approved quota of 2006 for methadone into the quota for 2007.

PR obtained project applications from narcological departments of Pavlodarskaya and Karagandinskaya regions for implementation of substitution therapy in these pilot regions.

The plan on the given activity for four years of realization of the project makes 578 600 US dollars, plan default is 568 060, 00 US dollars.

Unfortunately PR couldn't realize this activity in 2007.

#### **Activity 1-1A-7 «Strengthen the evaluation capacity of the government health service».**

In the aim of providing of epidemiological surveillance on HIV-infection, monitoring of counteracted measures, resources, evaluation of project and program activities and achievement of the planned results, under the financial support of the Global Fund grant the united national system of monitoring and evaluation of HIV/AIDS programs is developed and introduced in Kazakhstan. Annually in the frame of the project seminars are conducted for AIDS centers' experts, responsible for monitoring and evaluation of HIV/AIDS programs: in 2004 - 2 seminars (146 experts were trained), in 2005 - 6 seminars (161 expert were trained), in 2006 - 6 seminars (159 experts were trained), including a republican seminar on epidemiological surveillance on HIV-infection. In 2007 there were conducted 7 seminars, including 2 republican seminars on epidemiological surveillance on HIV-infection.

Annually the Center on public opinion study (CIOM) spends 2 sociological researces: 1) among pupils on HIV/AIDS knowledge and 2) the attitude of population to people living with HIV/AIDS. In total during the project realization 371,0 thousand dollars USA were used on this activity.

#### **1B. «Provide youth with the knowledge and awareness to improve their healthy behavior»**

**Activity 1-1B-1 «Introduce HIV/AIDS/STI and drug use prevention topics in the basic curricula of all educational institutions» and activity 1-1B-2 «Provide appropriate HIV/AIDS and SDI education and information targeted at youth».**

Using the Global Fund grant's means information-educational materials (IEM) on HIV/AIDS issues for pupils were published and delivered to the territorial departments of education: in 2004 - 676 120 copies, in 2005 – 1 244 000 copies, in 2006 - 772 000 copies, in 2007 - 383224 copies. The methodical recommendations for teachers on training on HIV/AIDS issues were published: in 2004 - 19 237 copies, in 2005 - 38 400 copies, in 2006 - 14 200 copies, in 2007 - 50 465 copies

For work with youth in 2004 and 2005 there were published 50 000 posters, 2 000 audio – video cassettes and CD with materials on prevention of HIV/AIDS /STI and drug addiction, in 2006 - 73 776 posters were published. According to CCM decision in 2005 there were published 267 000 IEM for military men. In 2007 there were published 153095 IEM and 73776 posters - for youth.

### Number of information-educational materials on prevention of HIV/AIDS

Number of IEM	Yr 2004	Yr 2005	Yr 2006	Yr 2007
<b>Plan</b> (cumulative)	641 200	2 034 600	3 373 000	751055
<b>Fact</b> (cumulative)	676 120	2 243 120	3 088 896	751055
<b>%</b>	105,4%	110,2%	91,6%	100%

### Results of sociological research among youth conducted by CIOM, 2004-2007

	Yr 2004			Yr 2005			Yr 2006			Yr 2007	
	Studying youth	Working youth	Plan	Studying youth	Working youth	Plan	Studying youth	Working youth	Plan	Working youth	Studying youth
Level of knowledge of youth on prevention of HIV/AIDS	34%	-	-	34%	39%	41 %	39%	41%	44 %	43,5%	31%
% of youth aged 15-24 years, trained on HIV/AIDS issues	67,8%	-	-	67,2%	29,1%	-	70%	35,8%	65 %	46%	72%
% of youth aged 15-24 years using condoms at last sexual contact with inconstant sexual partner	82%	-	-	83%	87%	-	84%	79%	84 %	67%	88%

#### Conclusions:

1. According to the received data, in comparison with 2006 there is the increase of the percent of the studying youth trained on HIV/AIDS issues (2006 - 70 %, 2007 - 72 %); as well as the percent of the studying youth using condoms at last sexual contact (2006 - 84 %, 2007-88 %) .

2. Since 2005 researches among working youth of 15-24 years are carried out. Level of knowledge of working youth on prevention of HIV/AIDS has increased (2006 - 41 %, 2007 - 43,5 %) as well as the percent of the working youth which has received training on HIV/AIDS issues (2006 - 35,8 %, 2007 - 46 %).

In total during the project realization there were used 2 408 777 thousand US dollars on this activity.

**2. «Provide treatment, care and psychosocial support to people with HIV».**

**Activity 2.2"Develop standardized clinical management of people with HIV».**

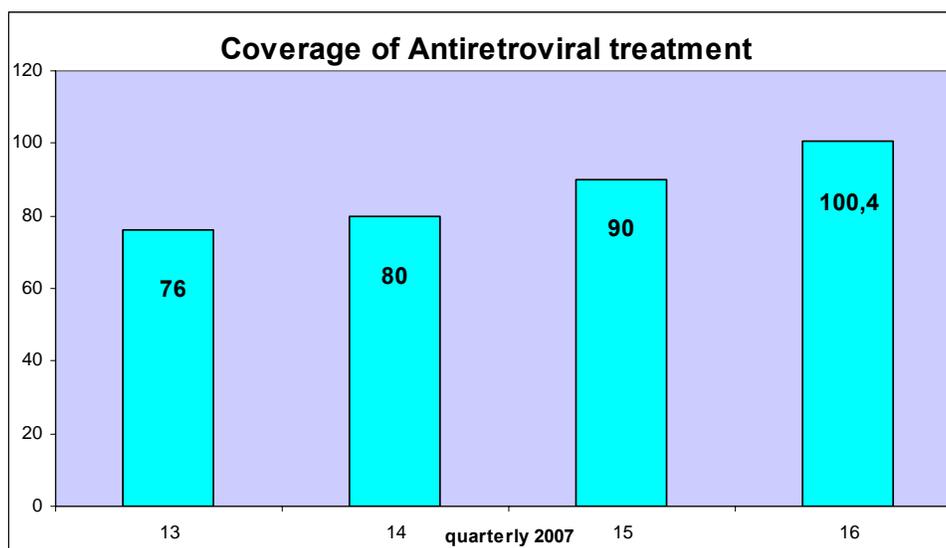
At conducting of anti-retroviral therapy (ART) the experts of the regional AIDS centers and specialists of the treatment-and-prophylactic organizations are guided «by Protocols (standards) on medical assistance at HIV-infection and AIDS». In the aim of coverage of PLWHA by ART in the 4-th project year the new component «Adherence to ART» has begun. In the frame of realization of new component the following activities were conducted:

- monitoring visits to regions with participation of representatives of NGO and GF project implementation unit to 5 regions;
- AIDS centers, NGO and organizations of the general medical network were informed on the revealed obstacles;
- 4 inter-regional seminars for members of multidisciplinary commands were conducted, 70 persons were trained;
- The positive moment of the conducted interventions was the activation of NGO work.
- The increase of coverage of PLWHA by ART and achievement of planned targets to the end of the project period.

**Activity 2.3 Provide HIV-infected people with antiretroviral treatment**

**Coverage of the people living with HIV by ART ( quarterly 2007)**

13 quarter			14 quarter			15 quarter			16 quarter		
Annual plan	Coverage abs. number	%	Annual plan	Coverage, abs. number	%	Annual plan	Coverage, abs. number	%	Annual plan	Coverage, abs. number	%
450	342	76	450	360	80	450	405	90	450	452	100,4

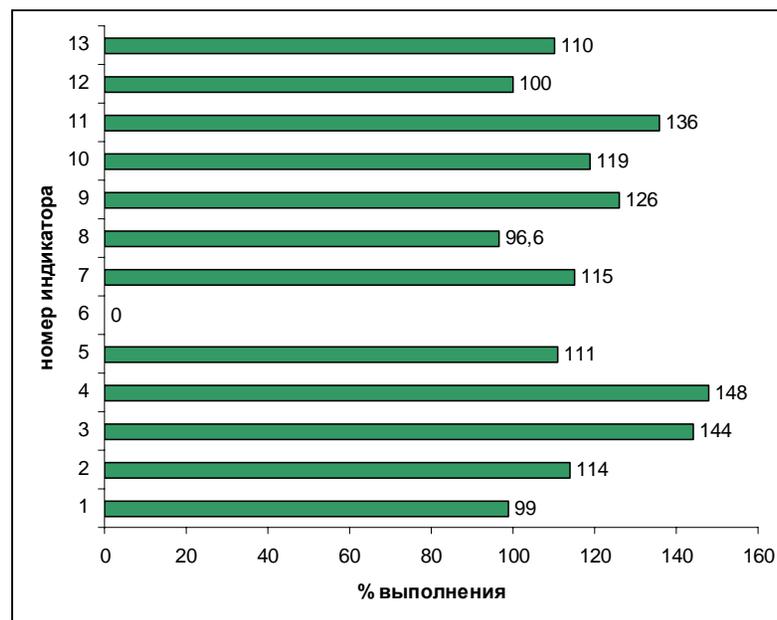


### Implementation of GF Grant, Year 2007

Obj/ № Indic.	Service delivery area	Indicator formulation	Targets Year 4	Actual Year 4 (2007):	Q 13	Q 14	Q 15	Q 16	Comments
1/1	Suportive Environment: Strengthening of civil society	Number of professionals and representatives of NGO trained to improve knowledge and awareness of HIV/AIDS	3184	3 144	2 795	2 946	3 048	3 144	99%
½	Suportive Environment: Strengthening of civil society	Number of NGOs involved in HIV/AIDS preventive program implementation among CSWs and IDUs	27	31	23	23	23	31	114 %, There were received 39 proposals from NGO. Committee for SRs' selection rejected 8 proposals from NGOs which staff members at the same time work in the AIDS Centers or they showed the small coverage of Vulnerable groups or their proposals were written not according to GF rules.
1/3	Prevention: programmes for specific groups	Number of IDUs reached by prevention programs (condoms, syringes, education materials)	51000	73 545	66 070	67 833	70 036	73 545	144%, The cumulative coverage is continue to increase because of the number of new clients (IDUs) involving into the project. Currently -3509 new IDUs were covered by three kinds of services (syringes+ condoms+IEM).
¼	Prevention: programmes for specific groups	Number of CSWs reached by prevention programs (condoms, syringes, education materials)	14000	20 796	17 474	18 530	19 392	20 796	148%. The cumulative coverage from the beginning of the project increases due to increasing of the number of new clients (CSW). During the 16th quarter 1404 CSWs were covered by two kinds of services (condom+IEM)
1/5	Prevention: programmes for specific groups	Number of MSMs reached by prevention programs (condoms, education materials)	6000	6 642	5 747	6 003	6 226	6 642	110,7%, The cumulative coverage from the beginning of the project increases due to involving of the new clients into the project. During 16th quarter 406 new MSMs were covered by two kinds of services (condoms+IEM).
1/6	Prevention: programmes for specific groups	Number of IDUs on methadone program	50	0	0	0	0	0	0%. In 2007 there is no progress in methadone pilot project.
1/7	Prevention: STI diagnosis and treatment	Number of specialists trained in syndrome STI treatment	460	463	367	403	463	463	All seminars on this theme were conducted during 15 quarter. 115%. More participants were trained since 3 seminars which were conducted during 15 quarter
1/8	Prevention: STI diagnosis and treatment	Number of friendly points supplied whith equipment and medicines for free-of-charge STI treatment	30	29	23	23	25	29	96,6%. Two new friendly points were equiped and supplied with medicines for a free of charge in the end of 15th quarter and 4 new friendly points were equiped in 16th quarter
1/9	Prevention: STI diagnosis and treatment	Percentage of patients receiving syndrome STI treatment in friendly cabinets under AIDS centers from those in need of such treatment	62,4% (13100/21000)	126% (23036/21000)	74,7% (15707/21000)	93,5% (19,635/21000)	109% (23036/21000)	126% (23036/21000)	202%. The number of patients is higher than it was planned because at the time of the Country Proposal developed in 2002 there was a lack of STI treatment experience, medicines and friendly cabinets as well

1/10	Supportive environment: monitoring and evaluation and operation research	Number of specialists trained in monitoring and evaluation of HIV/AIDS programs	450	538	466	502	538	538	All seminars on this theme were conducted during 15 quarter. 119%. The number of trained participants were more than planned due to the additional national seminars on M&E conducted in the country
2/11	Prevention: Youth Education and prevention	Numbers of schools, colleges and institutes having introduced preventive programs in the basic curricula and are distributing education materials	6728	9 156	8 434	8 434	8 434	9 156	136% at the cost of IEM distributed
2/12	Treatment: Antiretroviral treatment and monitoring	Number of patients receiving HAART	450	452	342	360	405	452	100%
3/13	Supportive environment: stigma reduction and respect of confidentially	Number of radio/television programs produced and aired and number of newspapers articles published to promote a tolerant attitude towards PLWHA	20	22	12	20	20	22	110%

**The Percentage of implementation of tasks from the planned objective, year 2007**



**The main information on realized means of Global Fund grant for program implementation**

<b>Information on payments for 2007</b>					
<b>Request for payments</b>	<b>Period</b>	<b>Amount of the request</b>	<b>Recommended by LFA</b>	<b>Actual payments</b>	<b>The reasons of deviations</b>
<b>№ 10</b>	<b>01.10.06-01.04.07</b>	<b>1 167 134,89</b>	<b>1 167 134,89</b>	<b>1 167 134,89</b>	
<b>№11</b>	<b>01.04.07-01.10.07</b>	<b>1 674 149,57</b>	<b>1 674 149,57</b>	<b>1 674 150,00</b>	
<b>Total paid from the beginning of Grant</b>				<b>14 473 983,87</b>	<b>US \$</b>

<b>Expenses of program</b>			
	<b>Plan</b>	<b>Actual</b>	<b>Unrealized means</b>
<b>Total expenses (on December 31, 2007)</b>	<b>5 010 000,00</b>	<b>4 875 170,27</b>	<b>Planned monetary funds were not realized on methadone therapy, cumulatively the amount is 1 068 060 \$ from the beginning of the project.</b>
<b>Including:</b>			
<b>PR expenses</b>	<b>4 317 260,00</b>	<b>4 172 287,50</b>	
<b>SR payments:</b>	<b>692 740,00</b>	<b>702 882,77</b>	

<b>Re-distribution of economy</b>	
<b>Activities</b>	<b>Amount ( \$ )</b>
<b>1) Medical specialists' training on the basis of Russian Pediatric Clinical Center in Ust-Izhora</b>	<b>91 000,00</b>
<b>2) Providing of adherence</b>	<b>54 827,00</b>
<b>3) Procurement of test-system for 100 persons in South-Kazakhstan region</b>	<b>53 397,00</b>
<b>4) Procurement of the flowing citoflurometer</b>	<b>26 000,00</b>
<b>5) Labware procurement (IFA)</b>	<b>66 240,00</b>
<b>6) Creation of the Informational Center on HIV/AIDS issues</b>	<b>25 800,00</b>

<b>7) ) Procurement of the fridge equipment</b>	<b>15 400,00</b>
<b>8) ) Procurement of vehicles for regions</b>	<b>100 000,00</b>
<b>9) ) Procurement of the hematological and biochemical analyzers</b>	<b>35 000,00</b>
<b>10) Improvement of electronic communication, development of communications network</b>	<b>115 000,00</b>
<b>11) Evaluation and technical expertise of the National Program on counteraction to HIV/AIDS epidemic in RK (the joint project with UNAIDS)</b>	<b>48 000,00</b>
<b>12) Providing of psycho-social assistance to HIV-positive children and their closed environment on the territory of South-Kazakhstan region</b>	<b>271 720,00</b>
<b>13) Procurement of equipment for organization and conducting of seminars in the Regional AIDS Centers.</b>	<b>87 120,00</b>

### **Country Coordination Mechanism**

Functions of the Country Coordination Mechanism (CCM) are fulfilled by the Commission on Coordination of Work with the Global Fund to Fight AIDS, Tuberculosis and Malaria, established by Order № 253 of the Minister of Health of the Republic of Kazakhstan, dated 24 May, 2005.

CCM is headed by the Minister of Health, and in 2007 19 people were the CCM members, 10 – representatives of the state organizations, 7 – NGOs’ representatives, and 2 – represented the international organizations.

In 2007 there were 2 sessions of CCM: on May, 10th and on November, 20th, 2007, where the questions of reprogramming of economy were discussed.

### **Monitoring**

Project implementation monitoring and evaluation is carried out in accordance with the approved reporting forms which are the integral parts of the contracts with sub-recipients, and with the national monitoring and evaluation system.

According to the project implementation indicators agreed with the Global Fund, the Project Implementation Unit collects and analyzes data based on the reporting forms. Collection of the reports on program and financial activity and monitoring of the resources utilization under the project implementation is carried out on a quarterly basis. Information comes from the grant sub-recipients and technical partners to the RC AIDS (PIU).

### **Main problem encountered in the course of the project implementation in 2007**

The only activity 1-1A-6 “Introduce and then disseminate the use of substitution therapy for IDU(s)” is still not implemented.

### **The actions taken by the PR for the decision of problems in 2007:**

The Republican Center on prevention and control of AIDS (the Principle Recipient) plans in 2008 the pilot project for methadone therapy in Pavlodar and Karaganda for 50 HIV-infected injecting drugs users in the frame of signing Grant Agreement between the Republican Centre on prevention and control of AIDS, Tuberculosis and Malaria and Global Fund to fight AIDS, Tuberculosis and Malaria for the second phase of the project financing.

The state quota on methadone in the quantity of 1841 grams was approved by the Governmental Regulation of the Republic of Kazakhstan «On requirements of norms of the Republic of Kazakhstan in drugs, psychotropic substances and precursors for 2008» dated by October, 17th, 2007, № 960.

In 2007 the Principle Recipient conducted a huge spadework on signing of contracts and on January, 28th, 2008 the PR has concluded the agreement on implementing of methadone therapy with the Pavlodar Regional Centre on prevention and treatment of dependent diseases and the Karaganda Regional Narcological Centre.

Besides, the PR has received the permission of Pharmacy Committee of Ministry of Health of the Republic of Kazakhstan on the importation of methadone for one-time use only in the quantity, specified in a quota defined by the Government of RK.

The PR concluded the agreement of the commission with "L-Pharma" Co Ltd. on receiving of the quota and delivery of methadone to final sub-recipients as "L-Pharma" h Co Ltd. has the state licence for the activity connected with the turn of drugs.

These documents are directed to Committee on struggle against drug addiction and drug business of the Ministry of Internal Affairs of the Republic of Kazakhstan for receiving of the quota by "L-Pharma" Co Ltd.

### **The positive moments of the project:**

- Project Implementation Unit staff participated in a regional meeting on the development of the unified approach and tools of monitoring and evaluation of HIV/AIDS programs in Bishkek, on March, 29-30th, 2007/
- Experts of the Republican Center on prevention and control of AIDS have taken part in special ToT (training of trainers), conducted on the basis of Regional educational-informational centre of the WHO on "Issues of care and treatment of HIV/AIDS in Eurasia", in Kiev, on October, 8th-12, 2007.

• In the frame of the GF plan, component 2.3 "Provide HIV-infected people with antiretroviral treatment", according to the paragraph 3.1. «Monitoring of adherence to ARV» the PR conducted three-days regional seminars on formation of adherence of PLWHA to ARV therapy, for specialists of AIDS Centers and NGOs, working in the sphere of adherence. Total number of participants - 70 persons.

- The PR, PIU, and also sub-recipients (17 persons) participated in the IV Forum of AIDS-service NGOs of Kazakhstan on November, 21-23st, 2007.
- The PR, PIU staff and sub-recipients, participated in the Third regional meeting of the countries-sub-recipients of Grants of Global Fund in Tbilisi, Georgia, on September, 20-21th, 2007

### **Interaction with the Local Fund Agent (LFA)**

In 2007 functions of LFA in Kazakhstan were executed by the audit company «PricewaterhouseCoopers LLP» which provided the advisory support to PIU in financial management, procurement, monitoring and evaluation of program activity.

### **The program and financial contribution of key partners**

The international organizations have made input in the realization of program on counteraction of HIV/AIDS epidemic in Kazakhstan in the amount of 764 845 000 tenge, including:

The Global Fund allocated - 610 140 605 tenges, from them:

- financing of NGO projects - 73 166 739 tenge;
- on social advertising and public events - 13 468 969 tenge;
- on production and distribution of IEM - 115 930 884 tenge;
- on harm reduction programs for IDUs - 98 051 545 tenge;
- on prevention of sexual way - 108 740 660 tenge;
- on procurement of ARV medicines - 92 520 096 tenge.

#### **Including the input of the other international organizations:**

- PSI - 10 352 716 tenge;
- the Capacity project - 8 009 860 tenge;
- UNAIDS - 12 450 900 tenge;
- UNODC - 5 746 000 tenge;
- CAAP - 35 557 132 tenge;
- WHO - 3 630 000 tenge;
- UNICEF - 28 144 000 tenge;
- «AIDS-Foundation East-West» - 30 813 860 tenges.

### **The Principal Recipient own estimation of the GF project implementation**

The RP and sub-recipients of the Global Fund grant have shown good implementation of the program on the end of the fourth year of the project realization. Tasks were substantially achieved and exceeded on 11 program indicators from 13. It means that PR achieved 85 % of project implementation. At the same time the only non-realized target is the indicator «Number of IDU, receiving the substitution therapy».

Cumulatively for 4 project years there were used 85 % of the budget (plan - 16.631 999 US dollars, actual - 14 058 378,97 US dollars).

Total estimation is "good".

**The Representative  
of the Principle Recipient,  
the General director of AIDS Center**



**Khassanova M. A.**