

Resource optimization to maximize the HIV response in Kazakhstan

In 2016, the Republic of Kazakhstan adopted the Political Declaration on HIV/AIDS and committed to the achievement of the goal to End the AIDS Epidemic by 2030.

In 2019 an allocative efficiency modeling analysis was conducted through partnership with the Kazakh Government, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), and the Joint United National Programme on HIV/AIDS (UNAIDS), and Burnet Institute.

The Optima HIV model was applied to estimate the optimized resource allocation across a mix of HIV programs <http://optimamodel.com/hiv>

The UNAIDS logo is located in the bottom left corner of the page. It features a red and white ribbon icon to the left of the text 'UNAIDS' in a bold, sans-serif font. The background of the entire page is a vibrant blue with a pattern of white line-art icons related to healthcare, finance, and data analysis, such as a stethoscope, a calculator, a magnifying glass, and various documents. Dashed white lines connect the text boxes to the icons, suggesting a flow of information and analysis.

Kazakhstan continues to experience a concentrated HIV epidemic in which the majority of new infections occurred among key populations, particularly People Who Inject Drugs (PWID), Sex Workers (SW), Men Having Sex with Men (MSM) and Prison inmates.

EPIDEMIOLOGICAL SITUATION ON HIV IN THE REPUBLIC OF KAZAKHSTAN IN 2019

31,378

estimated number of people living with HIV in Kazakhstan

25,753

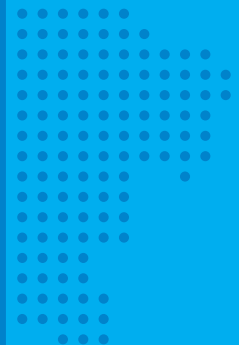
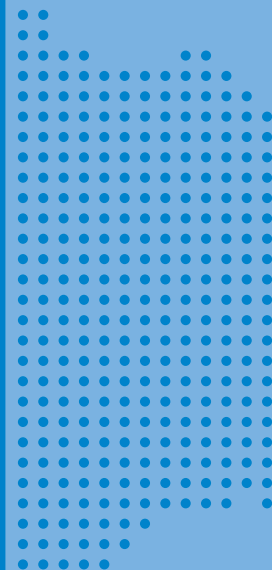
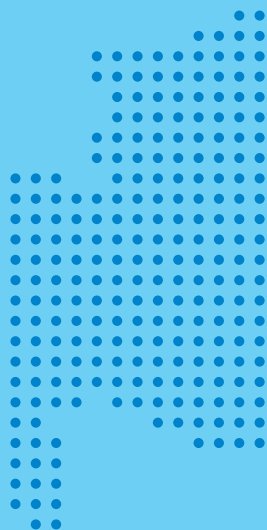
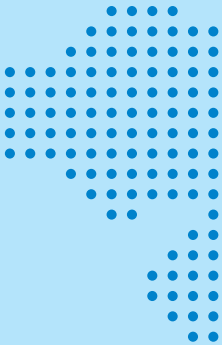
people living with HIV

21,951

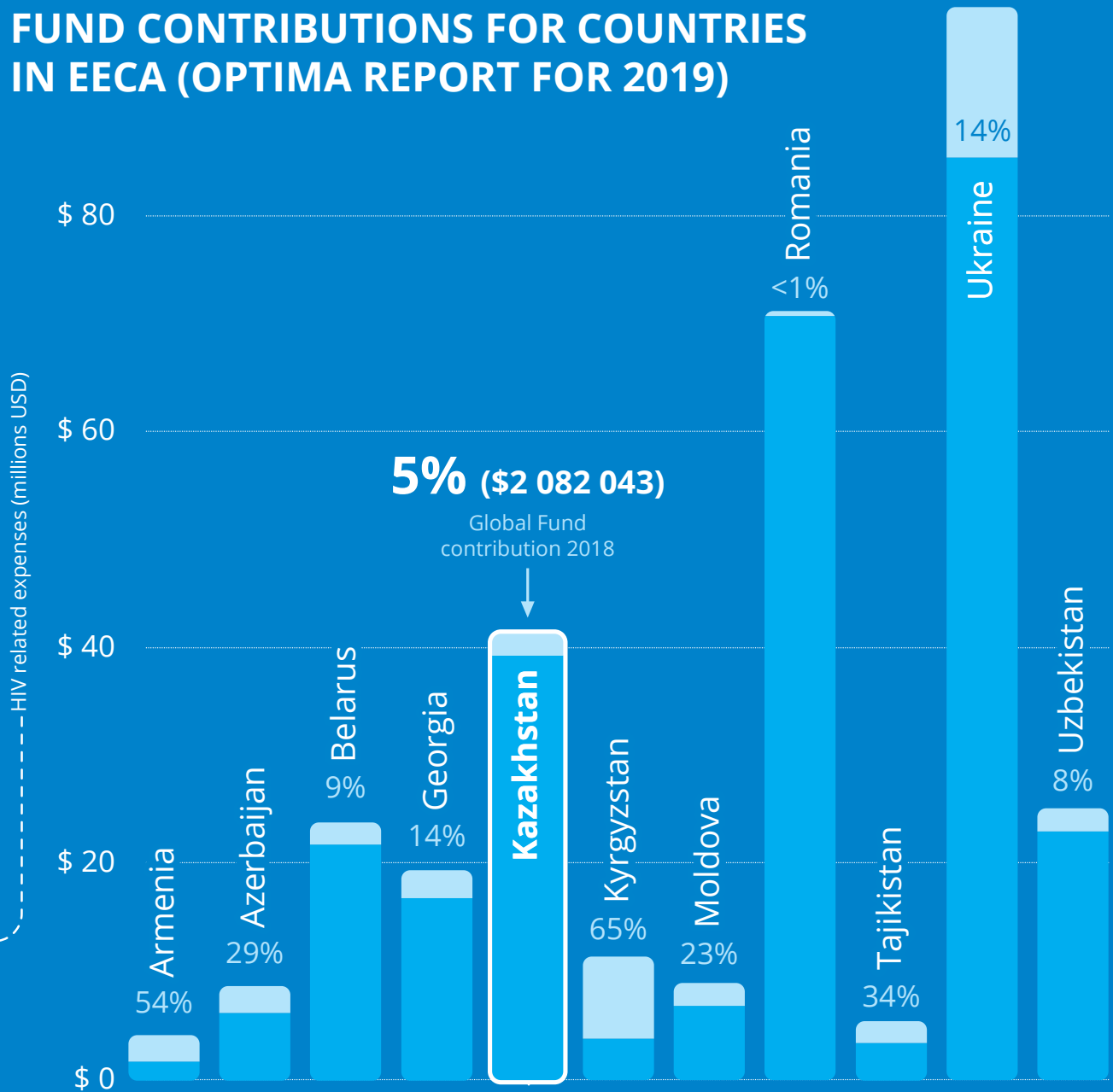
people, living with HIV in outpatient care

17,535

people, living with HIV on ARV treatment



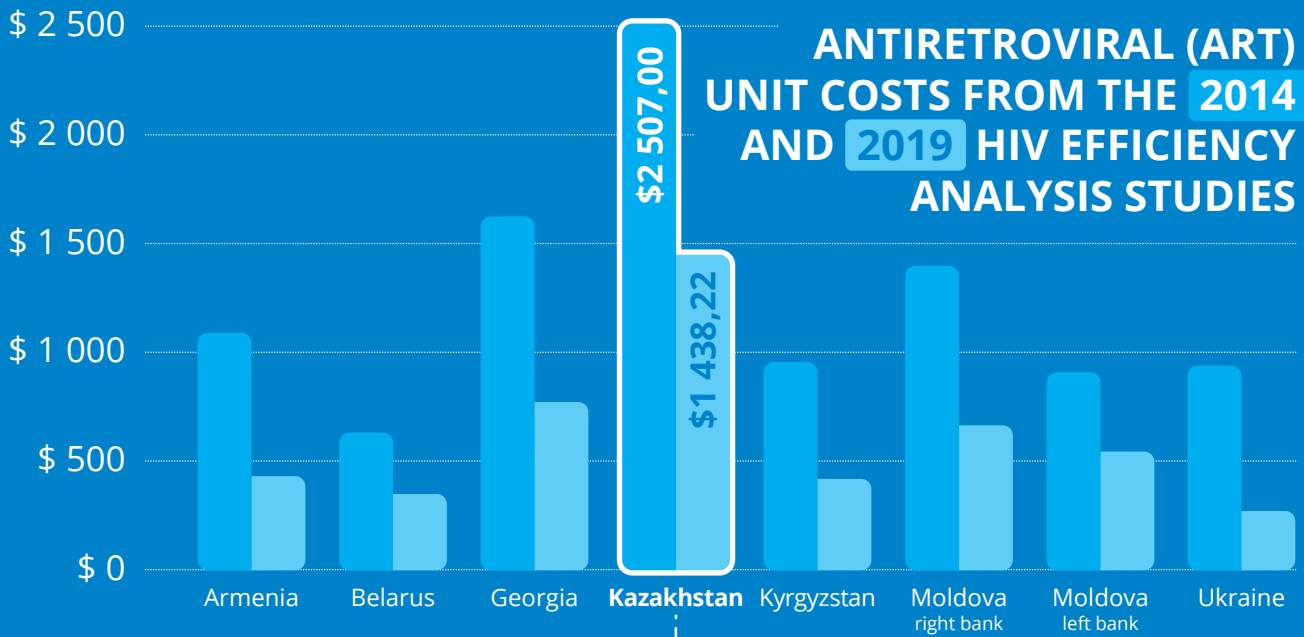
HIV PROGRAMME BUDGET AND GLOBAL FUND CONTRIBUTIONS FOR COUNTRIES IN EECA (OPTIMA REPORT FOR 2019)



Having joined the group of upper-middle income countries in 2006, Kazakhstan has significantly reduced its eligibility to receive foreign development aid.

Achieving its global commitments, Kazakhstan provides state funding for AIDS programs, while the share of international funding (GFATM funds) was about 5% in 2018.

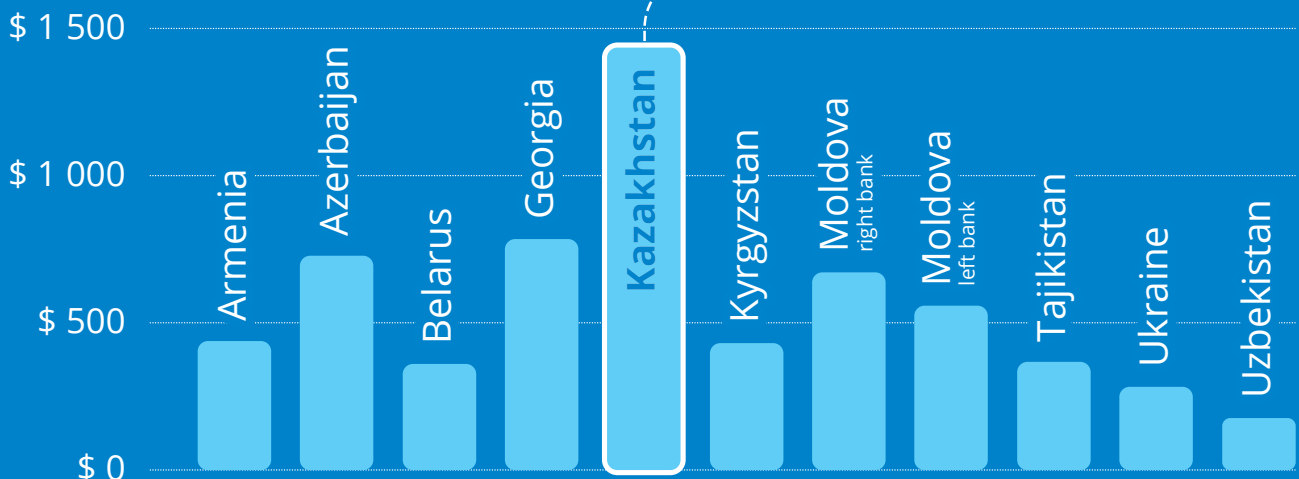
ANTIRETROVIRAL (ART) UNIT COSTS FROM THE 2014 AND 2019 HIV EFFICIENCY ANALYSIS STUDIES



The results of the allocative efficiency modeling analysis demonstrate a high cost of antiretrovirals in Kazakhstan compared with other countries in the EECA region. Meanwhile, successful ARV treatment with achieving and maintaining an undetectable viral load serves as an effective prevention method to help interruption of HIV transmission.

ART UNIT COSTS IN 11 COUNTRIES OF THE EECA REGION (OPTIMA REPORT 2019)

PER PATIENT PER YEAR



As of 2018, the latest reported HIV program budget for Kazakhstan was US\$38,008,076.

Under 100% optimized annual budget to minimize new HIV infections and HIV-related deaths from 2019 to 2030, it is estimated that by 2030 an additional 30% of new HIV infections could be averted (7,500) and 25% HIV-related deaths could be averted (2,000).

It's recommended:

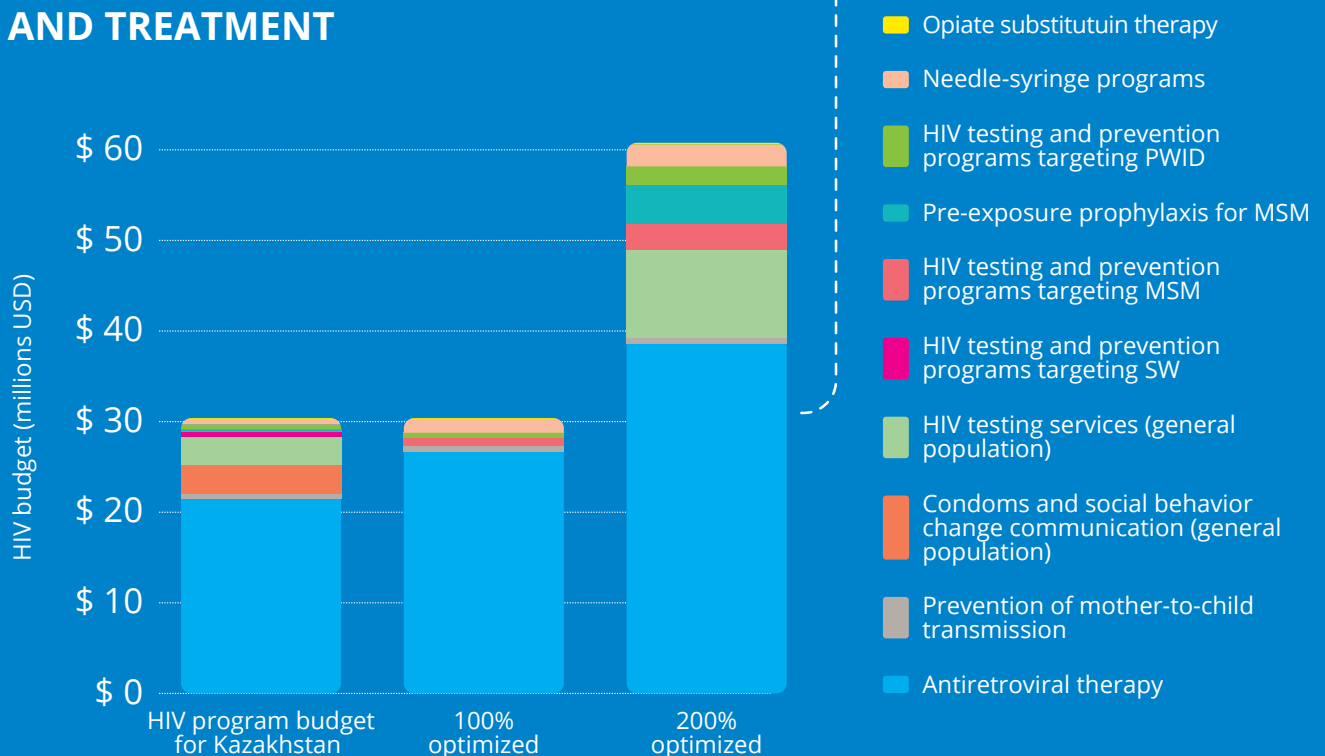
- 1) To increase coverage of ART;
- 2) To scale up the HIV testing and prevention programs targeting PWID and MSM;
- 3) To introduce PreP for MSM.

If the budget were doubled to 200% and the allocation optimized, it is estimated that by 2030 new HIV infections could be reduced by an additional 65% (17,000), HIV-related deaths by 60% (4,700).

It's recommended:

- 1) To scale up the ARV programme;
- 2) Increase prevention of the sexual transmission of HIV with focus on MSM by offering packages of intervention (testing and counselling, condoms, PreP, etc.);
- 3) To increase coverage of HIV testing and counselling programs for PWID with provision of maintenance substitution therapy.

100% AND 200% OPTIMIZED BUDGET RESULTS AIMED AT HIV PREVENTION AND TREATMENT



Conclusions

The concentrated stage of HIV epidemic in Kazakhstan might allow the country to achieve the global commitment to end AIDS by 2030.

Kazakhstan's HIV response is funded predominantly domestically, with 5% of HIV funding being provided by international donor organizations.

Since the unit cost for ART in Kazakhstan has been high compared to other countries in the region the majority of HIV budget is spent on HIV treatment.

The Optima model-predicted scenarios for 2019-2030 demonstrated the perspective of a significant decrease in new HIV cases and AIDS mortality with scale up of the ARV coverage, expansion of HIV prevention and treatment programs among PWID and MSM.

