

## **Country Report, 2024.**

The Republic of Kazakhstan supported the Political Declaration on HIV and Adopted at the UN General Assembly in June 2021, thereby reaffirming its commitment to global efforts to end the HIV epidemic as a threat to public health. The adoption of the Political Declaration on HIV and AIDS reflects the country's commitment to achieving sustainable development goals and ensuring equal access to prevention, treatment and care for key populations and people living with HIV.

In order to fulfill the global commitments reflected in the Political Declarations on HIV and AIDS, Ministry of Health of the Republic of

On March 16, 2023, Kazakhstan approved the Roadmap "On the implementation of measures to

prevent HIV infection in the Republic of Kazakhstan for 2023-2026".

The roadmap covers key areas such as decriminalization HIV, reducing HIV-related stigma and discrimination, and achieving the 95-95-95 goals.

In order to conduct a comprehensive analysis of the epidemiological situation and assess the prevalence of HIV infection in the Republic

Kazakhstan The Kazakh Scientific Center for Dermatology and Infectious Diseases carries out systematic monitoring and in-depth analysis of relevant epidemiological data on an ongoing basis. To date

, the HIV infection situation in the Republic remains stable. Kazakhstan is in a concentrated stage of HIV infection with the spread mainly in key population groups.

According to official data, the estimated number of people living with HIV (PLHIV) in the Republic of Kazakhstan is about 42,000 people, of which 83% are aware of their HIV status. In the country, access to HIV testing

is free and publicly available. In 2024, 4,640,942 HIV infection studies were conducted, which accounts for testing coverage of 21% of citizens of the Republic of Kazakhstan.

In 2024, there was a twofold increase in the use of rapid tests for remote self-testing among representatives of key populations and sexual partners of PLHIV (in 2024, 1,650 rapid tests compared to 816 in 2023). The implementation of a self-testing approach is also It has expanded significantly: if in 2023 the practice was applied in 5 regions of the country, then in 2024 it covered all 20 regions of the Republic of Kazakhstan.

In 2024, 4003 cases of HIV infection were detected in Kazakhstan, including 192 cases among foreign citizens and 3,811 cases among citizens of the Republic of Kazakhstan.

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(the rate per 100,000 population is 19.0), a decrease of 46 cases (-1.2%).

13.9% of cases are due to parenteral transmission associated with injecting drug use (in 2023, 17.8%). Predominant

The route of HIV transmission is the sexual route, accounting for 81.9%, of which hetero accounts for 71.6%, homo for 10.3%, and the parenteral route accounts for 13.9%. There is a positive trend in the epidemiological situation in the country: in 2024, the rate of increase in the registration of new HIV infections continued to decrease from -0.8% to -1.2%.

Parenteral transmission of HIV through

injecting drug use has significantly decreased: the proportion of such cases decreased from 18%

to 13.9%. The observed decrease is due, among other things, to the transition of people,

Drug users are switching to cheaper and more affordable synthetic

drugs, which is accompanied by a different pattern of consumption and requires

a review of prevention programs for men. Also, according to the results of biobehavioral studies, there was also a decrease in the estimated number of people who inject drugs (LUIN) — from 79,900 in the previous period to 74,000 in 2024.

Despite the positive results achieved in 2024 in the field of combating HIV infection, some problematic aspects remain., preventing the achievement of high effectiveness of preventive programs. One of these issues is the lack of application of the "Undetectable = Nontransferable" (U=U) approach both in the healthcare system and in the activities of AIDS service NGOs. This evidence-based approach remains insufficiently integrated into daily practice and information campaigns, despite its high importance for reducing stigma and improving adherence to ART treatment.

Of particular concern is the insufficient coverage of pre-exposure prevention (PrEP) programs

among men who have sex with men (MSM). In a number of regions of the country (for example, in the cities of Atyrau, Aktau, Uralsk), there are still

no AIDS service organizations working with this key group, which significantly restricts access to the MSM group and the provision of preventive services. In this regard, it is necessary to intensify awareness-raising activities in youth health centers

, primary health care institutions and private clinics about the availability and accessibility of pre-exposure HIV prevention services. Also

It is necessary to step up efforts to expand the practice of index testing as one of the key tools for achieving the first goal of the 95-95-95 strategy, namely, to ensure that 95% of people

living with HIV are aware of their status. Index testing of sexual and parenteral partners of PLHIV should become an integral part of programs

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early detection of HIV infection. The lack of systemic measures in this area may lead to a further increase in the number of new HIV infections in the country.

Political declaration and monitoring framework 1. Combined HIV prevention for all.

In the context of fulfilling global commitments on AIDS,

all major preventive measures are being implemented in Kazakhstan, according to the guidelines.

WHO 2022 Consolidated Recommendations for the prevention, diagnosis, treatment and

care of HIV, viral hepatitis and STIs for key populations:

HIV/STI counselling and testing/HIV infection, including

HIV testing on the basis of non-governmental organizations and

self-testing; the approach of index testing for sexual

partners of key population groups, which makes it possible to improve the coverage and

effectiveness of HIV testing, information and educational work;

access to condoms and lubricants; harm reduction Program for

Injecting Drug Users (LUIN) - access to needles and syringes;

supportive opiate agonist therapy (methadone)); pre–

exposure prophylaxis (PREP) and post-exposure prophylaxis (PKP); prevention with the participation of non-governmental organizations, including structural measures to

combat HIV-related stigma and discrimination, preventive

work in the format of outreach work and peer-to-peer consultations;

redirection and support to the necessary specialists to receive

various medical services: on HIV/STI treatment/HCV, tuberculosis, prevention of HIV/syphilis/HCV transmission from mother to child, reproductive health services, provision of psychological and medical-social assistance. All services are provided free of charge within the framework of the guaranteed volume of free medical care (hereinafter referred to as GOBMP) and (or) in the system of compulsory social health insurance (hereinafter referred to as – CSHI) in all 20 regions of the country. There are 114 trust points (88 stationary and 25 mobile) and 27 friendly offices.

For example, harm reduction programs with the provision of syringes, condoms, and information and educational communications (IOC) in 2024 52,624 LOUIS were covered this year, which is 66% of the estimated 79,900 LOUIS. A total of 10,333,385 syringes were distributed; 196 syringes were distributed per 1 LUIN involved in

preventive programs. The following people were tested for HIV 46,981 BITCOINS – 95% of the coverage. There were 18 NGOs working among the PWID, including

There are 9 NGOs that have received a state social order.

The implementation of preventive programs (hereinafter referred to as PP) with the provision of condoms, lubricants, and IOCs among the male communities continues.,

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having sex with men (MSM). In 2024, 20,871 MSM were covered - 29% of the estimated number (71,000 MSM). A total of 3,197,712 condoms were distributed. On

153 condoms were distributed to 1 MSM included in preventive programs.

Lubricants were distributed to 2,123,162, per 1 MSM, covered by professional programs

102 lubricants were distributed. 18,417 MSM were tested for HIV, which is 94% of

the PP coverage. 23 NGOs worked with the MSM group, including 10 NGOs that received a state social order.

The coverage of sex workers in prevention programs with the provision of condoms and IOCs amounted to 18,423 IOCs - 84% of the estimated number (21,980).

3,589,931 condoms were distributed, and 195 condoms were provided to one SR involved in

HIV prevention programs.

16,563 patients were tested for HIV, which is 90% of the coverage of the PP. 20 NGOs worked with the CP group, including

There are 9 NGOs that have received a state social order.

The main recipients of harm reduction services in Kazakhstan are people who have used opioids in the past or present. Reaching out to groups of people who use new synthetic substances is a difficult task even for outreach workers who implement harm reduction projects through non-governmental organizations. There are no effective ways to prevent and treat addiction to synthetic drugs. The growth of the use of new psychoactive substances-chemsex –leads to a cluster-rapid growth of sexual transmission of HIV infection.

Anti-epidemic work among key risk groups is aimed at further expanding the coverage of HIV prevention programs using the following innovative approaches:

- Testing of social networks: on the basis of NGOs, which provides broader coverage and trust, self-, index testing - allows effective identification of new HIV cases among contacts of people living with HIV. HIV (PLHIV).