

# Kazakhstan

## Community, Rights and Gender Country Profile

*Working Document*



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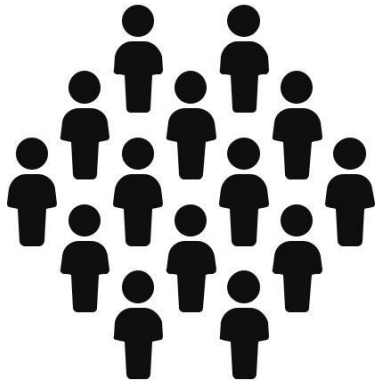


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# Quick Facts



**19 million people  
(2021)**

*Working Document*



**High MDR/RR-TB  
Burden Country**



**Eastern Europe and  
Central Asia**

# UNHLM Targets



## Resource Needs (2022)

317.76million (USD)

## Available TB Funding 2020 (USD)

Domestic: 104.8 million

International (Excluding Global Fund): 0.1 million

Global Fund: 5.3 million

Funding Needs: 121.3 million



## Diagnosis and Treatment Targets (2020)

TB Target: 12,800

% Target Achieved:78



## Prevention Therapy (2022)

Total PT Targets: 17,580

\*Please note that this will be updated in October after 2023 UNHLM on TB  
Source: [Stop TB Partnership Dashboard](#)

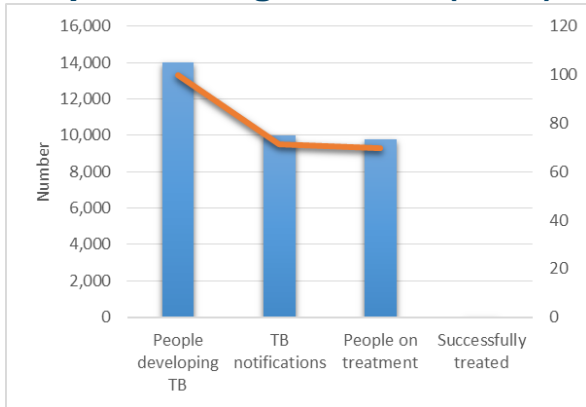
# National Strategic Plans and Funding Opportunities

- Next National Strategic Plan Development: **2026**
- Next Global Fund funding request (proposal development): **2025**

COUNTRY PROFILE KAZAKHSTAN

# TB Situation

## Epidemiological Data (2021)<sup>1</sup>



### Major Gaps in TB Prevention and Care

- 4243 Missing people with TB (400 were children)
- 1200 people died because of TB
- 3294 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

dispensaries were visibly marked, thereby disclosing patients' TB status in the vicinity, contributed to the stigma and discrimination faced by individuals, especially key populations and women belonging to these groups.

**Quality issues:** involved the adverse effects of facility-based DOT on travel costs, job security, education, and family relationships. Additional challenges included insufficient social support and the management of side effects, delays in diagnosing TB cases due to PHCs' reluctance to register them, and the lack of training among family doctors in addressing TB-related matters. Discrimination was another concern, with the Code on Public Health and the Health Care System emphasizing the prevention of any form of discrimination related to TB. Employment discrimination sometimes occurred due to tardiness and missed shifts for DOT. Stigma and discrimination persisted within PHCs, particularly targeting key populations and women belonging to these populations.

**Freedoms:** Code on Public Health and the Health Care System guarantees protection of privacy and "protection of Private Health Information." Law establishes that people with "contagious type of TB shall be subject to compulsory hospitalization, treatment and rehabilitation," but provides right to appeal the decision to a "higher authority and/or a court". Law & MoH order support "coercive treatment of TB patients" and invasive isolation in specialized TB institutions financed by government budget, Decision for coercive TB treatment is made by a court upon application from a health organization. Upon discharge from isolation, people coercively treated must register with TB organization where they reside. Also, there is lack of privacy in hospitals where TB dispensaries are clearly marked & reveal people have TB when they go to the area

**Gender:** disparities were evident, with women experiencing greater levels of stigma and discrimination, particularly among key populations. Women faced delays in diagnosis due to lack of childcare and pressure to discontinue treatment from their partners, while men also experienced delays or resorted to self-treatment due to concerns about job security and struggles with treatment adherence exacerbated by substance abuse.

**Key and Vulnerable Populations** such as people living with HIV (PLHIV), TB contacts, people who inject drugs (PWID), and smokers, were identified as prioritized groups. TB contacts lived in poorly ventilated and overcrowded conditions, faced unhealthy environments, food insecurity, and lacked TB prevention information. PWID and smokers encountered barriers resulting from the criminalization of drug use. Stigmatization, discriminatory treatment from healthcare workers, and inadequate nutritional support during treatment were common experiences for key populations. Furthermore, the absence of comprehensive mapping and national health policies and guidelines specifically addressing the screening of PLHIV led to inconsistent practices, with PLHIV being burdened with the cost of X-ray and TB-LAM tests.

**Remedies and Accountability** while the law allowed for the right to appeal decisions for compulsory hospitalization, treatment, or rehabilitation, it did not provide clear complaint procedures or guidance when the decision-maker ruled in favor of the person with TB.

**Source:** HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

## Community, Rights and Gender Data

The [CRG Assessment](#) conducted in 2020 highlighted various barriers to TB services. These barriers can be categorized into different domains.

**Accessibility Barriers:** encompassed challenges such as the financial burden of traveling to healthcare facilities, limited awareness of available social support among people with TB and healthcare workers, complex processes for accessing social support, long distances to hospitals in rural areas, arduous re-registration procedures for internal migrants seeking primary healthcare (PHC), inadequate information about video-supported treatment, difficulties in accessing diagnosis services, and the presence of stigma and discrimination against key populations within PHCs.

**Availability Barriers:** include lack of psychological services and treatment options for managing side effects in PHCs, thus hindering comprehensive care for TB patients.

**Acceptability issues:** centered around problematic aspects like the support for "coercive treatment of TB patients" in laws and Ministry of Health (MoH) orders, which raised concerns about job security and increased travel costs associated with facility-based directly observed therapy (DOT). Furthermore, the absence of privacy in hospitals where TB

<sup>1</sup> Source: [Stop TB Partnership Interactive Map Dashboard](#)

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# Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- Yes

TB Network/Community represented on CCM

- Yes

High-Level Engagement with Parliamentarians

- No

Celebrities' Engagement in TB Response

No

Challenge Facility for Civil Society Round 10 Regional Partners

- Center for Health Policies and Studies

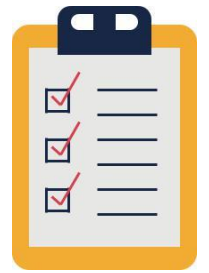
CFCS Round 11 Regional Partners

- Center for Health Policies and Studies

Global Network:

- Lean on me Foundation





# Community, Rights and Gender

- CRG Assessment Complete



- Costed CRG Action Plan Available



- TB Stigma Assessment Conducted

- No



- TB Stigma Elimination Plan Available

- No



- Community-led Monitoring Mechanism in place



- Legal and Human Rights Scorecard Assessment

- In progress (under CFCS R11)





# CFCS Round 10 Grantees

## MAD Consulting Public Fund

**Project Location:** Nationwide with focus on Almaty, East Kazakhstan and Turkestan

**Timeline:** January 2022 - January 2023

### Objectives

- To Improve capacity of key stakeholders on the observance of the human rights of patients with tuberculosis
- To scale the OneImpact CLM platform to meet the needs of TB-affected communities in Kazakhstan.
- To promote OneImpact CLM usage to gather and respond to community data to overcome barriers to access, human rights violations, and TB stigma.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

# CFCS Round 10 Grantees

Representative Office of Non-Governmental Organization Partners In Health in the Republic of Kazakhstan

Global Fund Sub sub recipient

**Project Location:** Almaty and Karaganda cities, Kazakhstan

**Timeline:** January 2022 - January 2023

## Objectives

- To strengthen the capacity of medical workers and representatives of the civil sector to organize counter measures to the consequences of the COVID-19 pandemic.
- To provide legal support to affected TB communities to receive social benefits according to the policy of social services and assistance.
- To reduce the vulnerability of TB-affected communities through multidisciplinary support teams.

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# CFCS Round 11 Grantees

## MAD Consulting Public Fund Trust

**Project Location:** Almaty and Astana, Zhetysu oblast, East Kazakhstan, Karaganda, Zhambyl oblasts

**Timeline:** April 2023 – March 2024

**Aim:**

- To address gaps in TB response due to human rights barriers, with focus on TB key population in specific project regions (Almaty and Astana cities, Zhetysu oblast, East Kazakhstan, Karaganda, Zhambyl oblasts)

**Objectives:**

- To strengthen capacity and increase engagement of Key stakeholders on the observation of the human rights of people affected by TB in 6 regions.
- To scale up community-led monitoring in 6 regions, collect and analyze data on barriers including human rights violations for consistent information on TB programming and services
- To ensure upgrade and technical support for the expansion of OneImpact usage.
- To participate and engage in various TB advocacy and accountability initiatives at national, regional, and global levels.

# CFCS Round 11

## Grantees

Representative Office of Non-Profit Organization -Partners in Health in the Republic of Kazakhstan

**Project Location:** Karaganda and Temirtau cities.

**Timeline**

**Aim:**

- To improve access to TB and COVID-19 diagnostics and treatment for the most vulnerable populations including migrants, persons without registration, ex-prisoners, and homeless people in Karaganda and Temirtau cities.

**Objectives:**

- To consolidate capacity of healthcare providers by increasing their knowledge in psychological support of people affected by TB, prevention of TB-related stigma and new TB tools.
- To provide legal support to TB-affected communities to receive social benefits according to the social services and assistance policy.
- To reduce the vulnerability of TB-affected communities through multidisciplinary support teams.
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels with a particular focus on UNHLM TB and NFM4

# Country-level Platform Partnership

Public association "Kazakhstan Association of Phthisiopulmonologist"

**Project Location:** Kazakhstan

**Timeline:** November 2022-May 2024

**Overall Aim:**

- To increase TB response and domestic funding for TB in 2023.

**Objectives:**

- To increase visibility and understanding of TB response and TB efforts at the country level
- To enhance domestic resource mobilization and increase funding for TB at the regional level
- To generate high-level advocacy activities targeting country key stakeholders and decision-makers to ensure alignment of national and global advocacy efforts
- To position the country-level platforms as strategic leaders and key conveners and facilitators of TB
- To conduct strong TB advocacy and create a critical mass to deliver change around TB issues

# Questions?

# Contact us.

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