

# Kazakhstan

## Community, Rights and Gender Country Profile

Working Document



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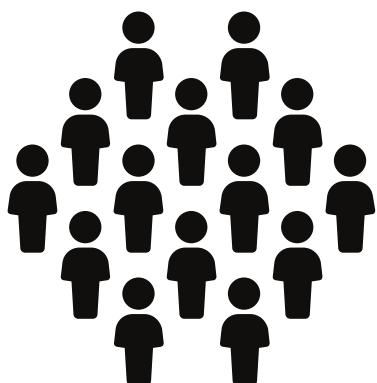


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# Quick Facts



**18.78 million people**

**Working Document**



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

# UNHLM Targets



## Resource Needs (2022)

317.76 million (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

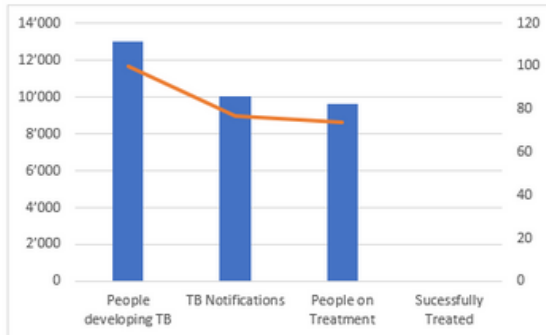
% Target Achieved: 78

# National Strategic Plans and Funding Opportunities

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

# TB Situation

## Epidemiological Data (2020)



Source: Stop TB Country Dashboard  
[https://www.stoptb.org/2020/pages/stopTBTool\\_Main.html](https://www.stoptb.org/2020/pages/stopTBTool_Main.html)

### Major Gaps in TB Prevention and Care

- 3397 Missing people with TB (427 were children)
- 610 people died because of TB
- 4307 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

**Acceptability issues:** law & MoH order support “coercive treatment of TB patients”, facility-based DOT threatens job security and induces travel costs. lack of privacy in hospitals where TB dispensaries are clearly marked and reveal people have TB when they go to the area. There is TB stigma & discrimination in PHCs especially against key populations and women members of key populations

**Quality issues:** facility-based DOT induces travel costs and threatens job security, education and family relations. Insufficient social support and side effects are adherence challenges identified. Often, PHCs don’t want to register TB cases leading to diagnosis delays. Also, family doctors are not trained for TB.

**Discrimination issues:** Code on Public Health and the Health Care System guarantees “prevention of any form of discrimination related to the nature of [TB]. There are TB employment discrimination issues sometimes due to tardiness and missing shifts for DOT. Also, there is TB stigma & discrimination in PHCs especially against key population and women members of key 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:** women experience more stigma & discrimination than men, especially women key populations. women experience diagnosis. delay because lack of childcare, pressure to quit treatment. from men. men experience. diagnosis delay or self-treatment because of poor job security, treatment adherence issues due to drug/alcohol.

**Key and Vulnerable Populations** prioritized groups: PLHIV, TB contacts, PWID and smokers. TB contacts experience poorly ventilated and overcrowded living conditions, unhealthy environments, food insecurity and lack of TB prevention information. PWID and smokers experience access barriers due to criminalization of drug use. Also, Key populations experience Stigmatizing and discriminatory treatment from HCWs and lack of nutritional support during treatment. Similarly, there is lack of mapping and specific national health policies & guidelines for key population’s screening of PLHIV is not systematic, PLHIV have to pay for x-ray & TB-LAM tests.

**Remedies and Accountability:** law providing right to appeal decision for compulsory hospitalization, treatment or rehabilitation does not provide complaints procedures or guidance for when the decision-maker decides in favor of the person with TB.

## Community, Rights and Gender Data

The CRG Assessment conducted between 2019 and 2020 identified the following barriers :

**Accessibility Barriers:** include travel costs to health facility, low knowledge of available social support among people with TB and healthcare workers, highly complex process to accessing social support, long distances to hospitals in rural areas, lengthy re-registration process in accessing PHC for internal migrants, lack of information about video supported treatment, difficulties accessing diagnosis and stigma and discrimination in PHCs against key populations

**Availability Barriers:** lack of psychological services and lack of treatment for side effects in PHCs.

# 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

- MAD Consulting Public Fund
- Representative Office of NGO Partners In Health in the Republic of Kazakhstan

CFCS Round 10 Regional Networks

- TB Europe Coalition (TBEC)
- Center for Health Policies and Studies

Global Network:

- TBpeople
- Lean on me Foundation /TB Women



# Community Rights and Gender



- CRG Assessment Complete ✓
- Costed CRG Action Plan Available ✓
  - In progress
- TB Stigma Assessment Conducted ✗
  - No
- TB Stigma Elimination Plan Available ✗
  - No
- Community-led Monitoring Mechanism in place ✓
  - In progress (OneImpact)



# CFCS Round 10 Grantees

## MAD Consulting Public Fund

- Global Fund Sub recipient
- Project Location: Nationwide with focus on Almaty, East Kazakhstan and Turkestan
- Timeline: January 2022 - January 2023
- Objectives
  - To orient TB stakeholders on CRG and the importance of CLM for a rights-based equitable TB response, led by affected communities.
  - To adapt the OneImpact CLM platform to meet the needs of TB affected communities in Kazakhstan.
  - To implement OneImpact CLM 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 social services and assistance.
  - To reduce the vulnerability of TB affected communities through multidisciplinary support teams.

# Questions? Contact us.

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