

**RESOLUTION
OF THE GOVERNMENT
OF THE REPUBLIC OF KAZAKHSTAN**

14 September 2001

No 1207

Copy No _____

On the Approval of the Program to Counteract the AIDS Epidemic in the Republic of Kazakhstan for 2001-2005

In order to further strengthen the activities of struggle and counteract the AIDS epidemic in the country, the Government of the Republic of Kazakhstan RESOLVES:

1. To approve of the attached Program on counteract the AIDS epidemic in the Republic of Kazakhstan for 2001-2005 (hereinafter Program).
2. That the central executive bodies, the oblast Akims, the Akims of Astana and Almaty, determined by the Plan of the activities on the Program implementation (hereinafter Plan), once in a half-year, not later than the 20th of each month following the date of the report, submit the information on the status of the Program implementation to the Agency of the Republic of Kazakhstan on the Healthcare.
3. That the Agency of the Republic of Kazakhstan on the Healthcare, twice a year by the 1st February and 1st August, shall submit the aggregate information on the Program implementation to the Government of the Republic of Kazakhstan.
4. To decide that:
the central executive bodies, the oblast Akims, the Akims of Astana and Almaty, that are responsible for implementation of the activities determined by the Plan, may introduce proposals on amendments and additions to the Plan to the Agency of the Republic of Kazakhstan on the Healthcare once a year by the 5th December;
The Agency of the Republic of Kazakhstan on the Healthcare submits the draft of the appropriate decision on introduction of amendments and additions to the Plan to the Government of the Republic of Kazakhstan each year by the 30 December.
5. This Resolution shall be effective as of the date of its signature.

**Prime Minister of
The Republic of Kazakhstan**

K. Tokayev

Approved by the Resolution
of the Government of the Republic of Kazakhstan
14 September 2001 No 1207

**THE PROGRAM ON COUNTERACTING
THE AIDS EPIDEMIC
IN THE REPUBLIC OF KAZAKHSTAN
FOR 2001 – 2005**

ACCEPTED ABBREVIATIONS

AHC	- The Agency on the Healthcare
HIV	- Human Immunity-deficit Virus
WHO	- World Health Organization
STD	- Sexually Transmitted Diseases
MIA	- Ministry of Internal Affairs (Interior)
MCISC	- Ministry of Culture, Information, and Social Concord
MD	- Ministry of Defense
MES	- Ministry of Education and Science
MSM	- Men having sexual relations with men
MLSPP	- Ministry of Labor and Social Protection of Population
MJ	- Ministry of Justice
RR	- Relative Risk
CID	- Consumers of Injection Drugs
UN United Program/AIDS	- United Nations' united program on HIV/AIDS
PCS	- People Dealing with Commercial Sex
MM	- Mass Media
AIDS	- Acquired Immunity Deficit Syndrome
UNAIDS	- United Nations Program on AIDS
UNICEF	- United Nations Children's Fund
UNESCO	- United Nations Educational, Scientific and Cultural Organization
UNDP	- United Nations Development Program
CIS	- Commonwealth of Independent States

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The Program to Counteract the AIDS Epidemic in the Republic of Kazakhstan for 2001-2005

1. PASSPORT

Program's Title	The program on counteracting the HIV/AIDS epidemic in the Republic of Kazakhstan for 2001 – 2005
The basis of the Program development	Resolution of the Government of the Republic of Kazakhstan of 5 December 2000 No 1808 'On the Concept of the Governmental Policy to Counteract the AIDS Epidemic in the Republic of Kazakhstan'
Main developers of the Program	The Agency of the Republic of Kazakhstan on Healthcare
Aims and objectives of the Program	To stabilize HIV spread at the concentrated stage, not allowing its transfer into the generalized stage. To decrease the number of new young people joining the HIV-infected vulnerable groups. To provide at least 80% of HIV-infected people with medical and social programs lowering the level of their contagiousness
Main implementers of the Program	The Agency of the Republic of Kazakhstan on Healthcare (AHC), the Ministry of Education and Science (MES), the Ministry of Internal Affairs (MIA), the Ministry of Defense (MD), the Ministry of Labor and Social Protection of Population (MLSPP), Ministry of Culture, Information, and Social Concord (MCISC), the Ministry of Finance (MF), the Ministry of Justice (MJ), local executive bodies
Terms of Program implementation	2001 – 2005
The list of Program's major activities	Implementing the activities on support of the constitutionally guaranteed rights of citizens and social protection of groups that are most vulnerable due to HIV-infection. Lowering the vulnerability of the risky behavior groups in relation to the HIV-infection. Upgrading the state policy on attracting the social organizations to solve HIV/AIDS problem. Upgrading the information and educational programs on building a healthy way of life. Upgrading the quality of medical and social services related to the primary preventive measures (prophylaxis) against HIV-infection. Upgrading the management and coordination of implementing the preventive programs on HIV/AIDS

<p>The sources and volumes of financing</p>	<p>47.264 million tenge from the state budget, of which 12.291 million tenge for 2002; 12.943 million tenge for 2003; 11.015 million tenge for 2004; 11.015 million tenge for 2005. On the healthcare sectors – 15.668 million tenge, the Ministry of Justice - 17.601 million tenge, the Ministry of Defense – 12.805 million tenge, the Ministry of Education and Science – 1.190 million tenge.</p> <p>The financing out of local budgets is planned at the amount of 358.483 million tenge, out of which 80.547 million tenge for 2002; 92.645 million tenge for 2003; 92.646 million tenge for 2004; 92.645 million tenge for 2005.</p> <p>Additionally attracted resources – 22441.908 million tenge</p>
<p>Expected results from the Program implementation</p>	<p>Counteracting the spread of HIV/AIDS will be raised up to a inter-sectoral level. A flexible and coherent system of HIV-infection prophylaxis will created in the country. The system will first be based on the activities of various sectors to lower the number of infections related to hazardous behavior of people. Approaches to solution of the issues of registering the drug addicts and STD's will be based on the priorities of fight against the HIV/AIDS expansion. Epidemiological control will follow the requirements of the prophylaxis work. All this will enable to effectively counteract the spread of HIV-infection and keep it on the concentrated stage of development.</p>
<p>The system of organizing the control over the Program implementation</p>	<p>Behavoring the monitoring and submission of the information on the status of the Program implementation and on the utilization of the budget resources to the Government shall be done one in a half-year.</p>

2. INTRODUCTION

The development of the Program was based on the instruction of the Government of the Republic of Kazakhstan to the Agency of the Government of the Republic of Kazakhstan on Healthcare (resolution of the Government of the Republic of Kazakhstan of 5 December 2000 No 1808 ‘On the Concept of the State Policy to Counteract the AIDS Epidemic in the Republic of Kazakhstan’).

The Plan of activities on prophylaxis and fight against AIDS in the Republic of Kazakhstan for 1996-2000 has terminated last year. This Plan was approved by the resolution of the Government of the Republic of Kazakhstan of 13 February 1996 No 193 and played its role in the development of the system of

counteracting the HIV/infection in the country. The aggravation of the epidemic situation, appearance of a number of new factors determining the character of the epidemic process, appearance of its new understanding necessitated the creation of the document that determines the direction of the counteracting the epidemic, the circle of participants of this activity and appropriate provision of the resources for the next five years.

In 1999 United Nations Program on AIDS has developed and proposed as a manual for the UN member countries a new strategic approach to the planning of activities to counteract the spread of the HIV/AIDS. This approach envisages:

Behaving the analysis of the situation with the revealing the moving factors of the epidemic, defining its hierarchy;

implementation of the critical analysis of the effectiveness of retaliation activities, their compliance with the situation, revealing the unused possibilities;

preparing the interference plan into the priority directions on which the HIV infection spread within the given period depends, with the reallocation of resources.

When being created, this strategic Program was based on the understanding of the fact that the problem of the HIV/AIDS spread goes beyond the framework of healthcare problems and concerns all of the social sectors. The proposed program on counteracting the HIV infection determines the directions of the multisectoral efforts on the ways of counteracting the HIV spread. It does not cover specifically technical issues, as well as the factors that currently have a limited significance in the HIV/AIDS spread in Kazakhstan.

The Program is based on the provisions of the Laws of the Republic of Kazakhstan 'On Healthcare of the Citizens in the Republic of Kazakhstan of 19 May 1997, 'On Prophylaxis of the AIDS Disease' of 5 October 1994, the State Program 'Health of People' approved by the Decree of the President of the Republic of Kazakhstan of 16 November 1998 No 4153 and the Resolution of the Government of the Republic of Kazakhstan of 5 December 2000 No 1808 'On the Concept of the State Policy to Counteract the AIDS Epidemic in the Republic of Kazakhstan'. The program takes into account the provisions contained in the Central Asian declaration on the HIV/AIDS of 4 May 2001 and the declaration on the obligations in the area of the HIV/AIDS of the special session of the UN General Assembly on the HIV/AIDS of 27 June 2001 particularly including the prophylaxis as a main measure of reacting, providing care, support and treatment of the HIV-infected people, observing the human rights, implementation of activities to lower the vulnerability. The development of the program takes into account the necessity to mobilize resources of international donors.

3. ANALYSIS OF THE CURRENT STATUS OF THE PROBLEM

3.1 Review of the situation related to the spread of the HIV/AIDS

The Republic of Kazakhstan is a Central Asian state with the total area of 2.7 million square km and with the average annual population of 14.9 million people including 7 million of economically active people. According to the National Report on the Human Development (2001), on the human development index the republic belongs to the medium-developed countries being on the 73rd place in the world with the 1,126 US dollars GNP per capita, with the 99.5% of the literacy level of the grown-up population (where 86.6% of the people of 20-24 years of

age have a secondary education) and the indicator of the average life expectancy of 66 years. The industrial production volume does not exceed 2/3 of the 1990 level. In 2000, the unemployment rate was 12.8%. 31.8% of the population had incomes lower than the subsistence wage which is determined at 4007 tenge (about 28 US dollars) a month.

Kazakhstan's geographical location on the route of illegal transportation of heroin from Afghanistan to Russia and East European countries and the complicated social-economic situation condition potentially high involvement of the country's population into the drug trafficking and the use of injection narcotics, as well as into the sphere of providing the sexual services, i.e. into the activities related to the HIV transmission.

3.1.1 Data on the Scale of the HIV/AIDS Spread

As of 1 June 2001 in the Republic of Kazakhstan the total number of people revealed with the HIV-infection as of the date of the registration of the first case in 1987 was 1,799. 37 HIV-infected people have developed clinical AIDS, of which 31 have died up until now. The indicator of the first identified spread scale of the HIV in 2000 was 35 per 100,000 examined. Within the first 5 months of 2001 the HIV spread scale has totaled 99 per 100,000 examined which is a 5 fold increase against the same period of 2000. Here, the available data on the HIV spread scale in the country are based on the analysis of the samplings that have a deviation both according to the selection and also due to the participation, therefore they are of a relative character. The above deviations take place as a result (consequence) of substantial differences between the groups of individuals selected for examination, and the groups that do not fall into the number of examined; groups of people that participate and those who do not participate in them.

According to the evaluation made by the Republican center on the prophylaxis and fight against the AIDS, maximum 10% of a real number of people depending on the narcotics and representatives of other groups of risky behavior among whom the epidemic is concentrated nowadays may be tested for HIV infection (see below). It means we may assume that the real spread scale of the HIV-infection in Kazakhstan is substantially higher than registered.

Geographically, the HIV spread in Kazakhstan substantially varies. More than half of the HIV-infected people are concentrated in the Karaganda oblast. However nowadays, more and more cases are being registered in the Pavlodar and West Kazakhstan oblasts (in the first quarter of 2001 against the same period of 2000 the number of revealed HIV-infected people have grown from 0 up to 93 and from 1 up to 38 accordingly).

3.1.2 The Ways of the HIV transmission, contribution of various groups of risk behavior

85% of the ways of the HIV infection in the revealed cases belong to the transmission of viruses during drug injections; the sexual way of transmission of the HIV infection covers 7%. In 7% of cases, the way of transmission could not be determined. Therefore, based on the structure of the

studied cases, we may state that up until now the HIV infection spread in the country in more than 90% of cases happened because of the hazardous use of narcotics and hazardous sexual contacts. This statement determines the priorities of prophylaxis that must be related first of all to the ensuring safer forms of behavior excluding or at least minimizing the chance of the HIV transmission.

Based on the structure of the HIV transmission, of most interest for the targeted preventive interference are the groups of people that have ways of behavior dangerous from the point of view of HIV infection.

The consumers of injection drugs (CID) have the highest relative risk (RR) of HIV infection. The indicator of the HIV spread scale in this group of population by the end of 2000 was 425 per 10,000. In some townships, particularly in Temirtau city of the Karaganda oblast, according to the data of the epidemiological control conducted among the clients of the trust points (see below), the HIV spread scale among the CID in 2000 was 26%. RR to get an HIV infection for representatives of this community was almost 500 times higher than for the total number of representatives of population that do not take drugs. Among teenagers and young people of 15-23 years of age, the HIV spread was 1.8 per 10,000. The RR of the HIV infection among the young people of 18-23 years old was 2.5 times higher than the risk of infection within the grown up population. Out of 1,476 women dealing with commercial sex examined in the country during August-September 2000, only 1 was HIV positive.

These data testify to the fact that in the Republic of Kazakhstan is witnessing the transit from the initial stage of the HIV epidemic to its concentrated stage, when the infection spreads mainly among the CID.

3.1.3 Consumption of the injection narcotics and determinants of the HIV spread among the CID

The number of CID registered by the drug addict rehabilitation service of the country by the end of 2000 amounted over 26,000 people. However, according to the experts evaluation, the total number of CID in Kazakhstan is close to 250,000. For instance, the number of CID in the city of Almaty is determined at 12 thousand¹, in the cities of Astana and Pavlodar 8 thousand in each, in the cities of Petropavlovsk, Taraz and Ust-Kamenogorsk 6-6.5 thousand in each², 8 thousand in the city of Temirtau³, 20 thousand in the city of Shymkent⁴. Each year the drug addict rehabilitation service registers more and more cases of injection drug addiction (from 90 in 1996 to 250 in 2000 per 100,000 grown-ups and teenagers) which reflects its obvious actual growth within the total population.

¹ V. De Jone, B. Lazorenko, V. Kiunov et al. The Spread of injection drug addiction and HIV infection in the City of Almaty. Kazakhstan - Almaty, 1998.

² A. Busel. The Spread of injection drug addiction and HIV infection in the cities of Astana, Pavlodar, Petropavlovsk, Taraz, Ust-Kamenogorsk. - Astana - Ust-Kamenogorsk, 2000.

³ A. Busel. The Spread of injection drug addiction and HIV infection in the city of Temirtau, Kazakhstan- Temirtau, 1999.

⁴ K. Suresh, A. Busel, I. Savchenko et al. The report on the results of the express assessment of the situation of the intravenous consumption of drugs in Shymkent, Republic of Kazakhstan - Shymkent, 1998.

The dominating drug taken for injections everywhere is heroin. Less popular is the injection of the primitively made preparations of the opium poppy. The proportion of consumption of the heroin and opium varies from 9:1 in the city of Almaty to 6:4 in the city of Temirtau. According to the CID surveys, the following practices accepted everywhere in this group are hazardous from the point of view of HIV infection:

the use of common syringes for narcotics injections including by way of their injection in the company of people in turns using one syringe; this at least occasionally is practiced by 60% of the CID;

the take of narcotics solutions from the common vessel by the repeatedly used syringes;

the use of human blood in the process of narcotics preparation.

The results of the interview with the key informers held in 2000 in the cities of Astana, Pavlodar, Taraz, show that practically no drug addict ensures effective sterilization of the used syringes in case of their repeated utilization. Based on the existing practices of narcotics injection we may forecast that within the next 2-3 years in the cities of Astana, Pavlodar, Petropavlovsk, Ust-Kamenogorsk, and Taraz, in case of a separate infection nidus appearance in the CID community about 18 thousand people may get HIV infection through injections.

Numerous data of sociological surveys of drug addicts held in 1998-2000 by the BRIF Agency among the trust points clients in the city of Temirtau (1997)⁵ by the centers on the prophylaxis and the fight against the AIDS among the drug addicts registered in the drug addict rehabilitation service organizations (2000)⁶ and others, show a low level of awareness of the CID about the ways to prevent HIV when using injection narcotics. For instance, 7% of the CID registered in the clinics do not agree at all with the statement that when using the common syringes one may get the HIV infection (740 people have been surveyed). And only 11% of the CID find the right awareness about effective sterilization of injection tools.

The majority of CID practice spontaneous sexual relations. For instance, 65% of the interviewed CID in the cities of Pavlodar and Taraz within the last three months had two or more accidental sexual partners. And the level of the condoms use by the CID did not exceed 20%. About 20% of the CID found infection symptoms transmitted by sexual intercourse. And, as the surveys show, less than half of them are ready to receive medical aid in the organizations of the skin and venereal services. In the city of Temirtau out of 120 CID with the STD symptoms sent to the skin and venereal dispensary by the center on prophylaxis and fight against the AIDS, only 60 applied this organization⁷.

CID surveys held in 2000 in the city of Shymkent show an extremely low awareness in the area of the prophylaxis of the sexual transmission of the

⁵ The report on the studies of knowledge, relations, beliefs, conduct related to STD, HIV/AIDS, alcohol and narcotics in the city of Temirtau of Karaganda oblast - Temirtau, 1997

⁶ The results of the sociological survey held among drug addicts registered in the clinics of the drug addict rehabilitation service of the Republic of Kazakhstan - Almaty, 2000

⁷ The final report on the project 97/018 AD Kaz 98/D 40 "Assistance to multisectoral efforts on the counteracting the HIV/AIDS spread among CID and also the use of narcotics in the Karaganda oblast and in the republic" - Almaty, 2000

HIV. Nobody out of 80 interviewed could completely cope with the questions related to the use of condoms for the HIV infection prophylaxis.

According to their proprietary status, the majority of the CID belong to the poor layer of population which limits their access to the services including information and medical services.

According to the assessment of the situation made in 2000, 90% of the CID in 5 regions of Kazakhstan (Astana, Pavlodar, Petropavlovsk, Taraz, and Ust-Kamenogorsk) are going to continue to take drugs, and only one out of ten is ready to stop taking them provided that he is given an effective medical benefit.

3.1.4 Commercial sex and the determinants of the HIV spread in the groups of population with a hazardous sexual behavior

With the increase of the HIV infection within the CID community the ever growing will be the sexual transmission of the HIV. No doubt, in this transmission of the HIV the people dealing with the commercial sex (PCS) will play an obvious role. As the experts of the scientific research institute of the venereal and skin diseases assess, the total number of PCS working in the streets in the Republic of Kazakhstan is about 2,000. According to the fast evaluation data, the total number of PCS working in the summer time in the city of Almaty is 2,500 people, the average number of clients of the 'street' PCS is 1-3 per day, based on 240 normal 'working days' per year in average⁸. In other words, within a year, PCS in Almaty have more than a million sexual contacts. In the city of Shymkent the number of PCS in winter of 1999 was 500 people including 250 working in the street⁹. In the city of Astana in February of 2001 about 600 PCS were working simultaneously every day¹⁰.

The street PCS typically have sexual contacts in places determined by their clients which lowers the ability of women to control the situation including the conditions of a safe sex. Often, the PCS clients are representatives of the criminal circles, the people with sexual perversions, with the low level of self control caused by the alcohol or drugs. The street PCS are often subject to physical violence of their clients. According to their material status, the street PCS belong to the poor layer of the society which determines their limited abilities to receive information and medical services.

As a result of studies of 70 PCS in Almaty held in 2000, 27 of them (39%) had syphilis. This illustrates the practice of hazardous sexual behavior. 2% of PCS who agreed to participate in the survey in the street in Almaty said they had taken injection drugs (in total, 100 people were interviewed). According to the data provided by the key informers, the spread scale of the injection narcotics intake among PCS amounts 30%. Many of female CID provide sexual services to earn money to buy drugs. According to the results of the survey of the PCS in different cities of Kazakhstan performed by the Republican Center on Prophylaxis and Fight against AIDS in 2000, only 44.5% of the interviewed regularly use condoms. Awareness of the PCS about

⁸ R. Morgan. The assessment of the commercial sex in Almaty, Kazakhstan - Almaty, 1997

⁹ G. Kourmanova. Report on the assessment of the situation in the area of limitation of the spread of STD/HIV/AIDS among PCS in Shymkent, Kazakhstan. - Shymkent, 1999

¹⁰ G. Kourmanova. Report on the results of the assessment of the situation in the area of the spread of STD/HIV/AIDS among PCS in Astana, Kazakhstan. - Astana, 2001

HIV/AIDS and STD is insufficient. During the surveys of the female PCS held in Almaty¹¹, no one included the HIV/AIDS and STD prophylaxis into the their five personal priorities. Only a few PCS approach venereal and skin dispensaries in case of STD symptoms which is explained by them that the conditions of medical services provision are unacceptable. For the purposes of the STD therapy they use the 'shadow' sector, self-treatment, and in some cases PCS do not get treatment at all.

There is also a male commercial sex in the country together with a female one. The number of men offering sexual services both to women and men in Almaty in 1999 was about 100 people. Men having sexual relations with men (MSM) in general are among the groups of population with a risk behavior¹². The survey of 100 MSM held in Almaty showed that 35% of them take drugs or other psychoactive remedies. 52% of the interviewed had STD symptoms, or symptoms of syphilis, gonorrhoea or urogenital chlamydia within the last 12 months. And 20 of the interviewed within the last 6 months have changed 10 or more partners, and 47% within the same period had two or more sexual partners. 70% of the interviewed under 21 and 53% of the interviewed over 21 do not use condoms during penetrative sex with irregular partners or use them occasionally. However, the conditions of the public medical service for the STD are not acceptable for the majority of the interviewed. Because of this reason they use the services of the 'shadow' sector or practice self-treatment which decreases the sanative probability of treatable STD and increases the risk of HIV infection. The level of knowledge about the ways of prophylaxis of the HIV transmission among MSM is limited. Only 70% of the interviewed related the prophylaxis with the use of condoms.

The special group of people joining the CID and PCS based on the level of risk are imprisoned people. The surveys made among the anonymous clients of the trust points for CID in the cities of Almaty and Shymkent show that drug addicts amount to 30% of the people residing in penitentiary facilities where, despite the measures undertaken, the drugs remain available. And injection tools actually are not sterilized and are used until they are completely useless. The results of epidemiological control held in 2001 in penitentiaries of Karaganda oblast within the framework of the project Kaz 99/002 showed the 42% prevalence of antibodies to the hepatitis C among the convicted (400 people were surveyed by the step sampling).

According to the data of the same interviews, more than half of the imprisoned people have homosexual relations and do not use condoms. The hazardous sexual behavior is illustrated by the high spread of the STD among the residents of penitentiaries. For instance, as a result of the study of one of the penitentiaries in the Almaty oblast held by the Scientific Research Institute of the Venereal and Skin Diseases (1998) that covered 200 people, the syphilis have been found in 10% of cases.

At the same time, the number of HIV-infected people in the penitentiaries by the end of 2000 was 300 people or 38 per 10,000 imprisoned

¹¹ G. Kourmanova. Report on the assessment of the situation in the area of commercial sex and providing technical assistance in the development of prophylactic programs aimed at limitation of the spread of STD/HIV/AIDS among PCS and their clients in Almaty, - Almaty, 1999

¹² B. Zhushupov. Report on the results of the study of the conduct of men having sexual relations with men in the city of Almaty. - Almaty, 2001

people, which is 5 times higher than their evaluation proportion in the total population. According to the typical procedures, the imprisoned people are subject to the obligatory tests for HIV antibodies, and the HIV positive people are isolated. However, because of the long period between the HIV infection and appearance of antibodies to the virus the functioning of the above filter will be less and less reliable. The number of false negative results of the test will grow abruptly.

The sociological studies held within the framework of the project Kaz 99/002 in the three penitentiaries of the Karaganda oblast show the low level of knowledge of the issues of the HIV/AIDS prophylaxis among the convicted people. The proportion of people that gave right answers to the set of questions on the ways of the HIV transmission, the rules of sterilization, the tools and use of condoms was 4% (120 people were interviewed).

3.1.5 Young people and the HIV transmission

No doubt that the young people join the CID and PCS. The total number of people at the age of 15 through 23 years old in the Republic of Kazakhstan has totaled 2.9 million people or around 20% of the country's population. It is natural that particularly at the young age, because of the maturity processes, the development of the outlook, interpersonal and sexual relations takes place. Therefore the important indicator is the readiness of the youth to the contact with new social events that are connected with the HIV/AIDS spread.

According to the survey of the teenagers - the students of the Almaty schools conducted by the Scientific Research Institute of the Venereal and Skin Diseases in 1997, by 15 years old 13% out of 400 interviewed had sexual contact experience, 4% have already tried drugs, and 23% took alcohol, 9% of the sexually active teenagers have reported on the STD that they had. The spread scale of the registered cases of the injection drug taking among teenagers in 2000 was 107 per 100,000 which was 1.3 times higher than in 1997. One out of each 1,800 teenagers in 2000 had syphilis¹³ for the first time. Despite the fact that since 1997 the dynamics of the registered cases of syphilis among teenagers has steadily been decreasing, the nature of this phenomenon may equally be dependent on the decreasing number of visits. The data of the above survey show that in 1997 the conditions of the medical services provision by the venereal and skin diseases dispensaries were unacceptable for the 64% of the interviewed people having STD.

The intake of drugs, according to respondents who participated in the sociological studies has become the constituent part of the young people's subculture. According to the reports on the situation of drug taking in the 5 regions of Kazakhstan, about one third of the university students have personal experience of drug taking.

According to the data of the report on demography and control over the health in Kazakhstan¹⁴, 16.9% of men and 33% of women of 15-19 years old

¹³ Z.B. Keshileva, A.B. Kosoukhin, R.S. Mourzanova et al. Teenagers: sexually transmitted diseases, connection to the education and the peculiarities of the conduct/ Healthcare of Kazakhstan, 1997, No9, pp.71-73

¹⁴ A. Sharman, E. Kourmangalieva. HIV/AIDS and other sexually transmitted infections// Kazakhstan: review of demography and health, 1999

do not know how to prevent the HIV infection (in total, 226 men and 791 women were interviewed). 27.4% of interviewed men and 65% of interviewed women do not use condoms/contraceptives during sexual intercourse with an irregular partner.

3.1.6 Generalization

Therefore, at present, the most prevalent ways of the HIV transmission in Kazakhstan are the injection and sexual contact. Nowadays, the injection of narcotics is the determining way of the infection spread. The significance of this way of transmission in the HIV expansion is 5.5 times higher than that of all the other ways of the HIV transmission altogether. The second significant way of the HIV spread is the transmission by sex. The group of people practicing the take of injection narcotics with a number of up to 250,000 injects them without precautions from the point of view of the HIV infection and have insufficient knowledge about the ways of preventing the contamination. This does not enable its representatives to make a conscious behavior choice. Besides, the CID practice a hazardous sexual behavior and do not possess adequate knowledge that would allow them to behave safer.

The group of people with the typical frequent cases of accidental sexual contacts with a big number of partners, - the workers of commercial sex, - also practices forms of behavior hazardous from the point of view of HIV infection - sexual contacts without condoms and do not visit clinics that treat STD. All this increases the risk of HIV transmission and infection. Unsatisfactory is the level of awareness of the population about prophylaxis of the HIV infection. Since a number of PCS belong at the same time to the CID group, and the contingent of people working in the street is large – 20,000 people, and the demand for sexual services is high, without any hesitation we may forecast an increasing significance of this group in the HIV transmission in the near future.

Young people form a group of population whose representatives join the above two groups. The situation analysis shows that at present among the teenagers and young people there is an insufficient motivation to refuse taking injection drugs and practicing hazardous sex. This even more increases the potential of the HIV spread.

3.2. The review of the retaliation activities to the HIV/AIDS epidemic

The Republic of Kazakhstan has a number of legislative and normative acts that determine the directions of the fight against AIDS. Among these acts is the Law 'On the Prophylaxis of the AIDS Disease' adopted in 1994 and a number of special resolutions of the Government. The issues of the fight against HIV/AIDS are reflected in the Law 'On the Healthcare of the Citizens of the Republic of Kazakhstan', the State Program 'Health of the People' approved by the Decree of the President of the Republic of Kazakhstan of 16.11.1998 No 4153, the Decree of the President of the Republic of Kazakhstan 'On the State Program of the Fight Against Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2000-2001' of 16.05.2000 No 395. The infrastructure of the specialized public facilities of a special type,

the centers on the prophylaxis and fight against the AIDS, has been established in the country within the framework of the healthcare sector. These centers interact and coordinate their activities with the drug addict rehabilitation, venerological services, mother and child healthcare services, blood transfusion, the development of healthy life style, etc.

3.2.1 Practices accepted in the healthcare in relation to the HIV/AIDS epidemic

Based on the situational analysis data, the main determinant of the HIV spread in Kazakhstan is a hazardous behavior of people belonging to certain communities whose significance in the HIV transmission decreases in the CID>>PCS>>youth chain. The logical answer to the spread of the HIV infection shall be the activities directed at weakening the influence of this determinant. However the prophylactic measures among the vulnerable groups of people have been conducted on a limited scale covering less than 1% of representatives of these communities.

3.2.1.1 Analysis of the effectiveness of the traditional retaliation activities to prevent the HIV transmission

The tactics of the HIV infection prophylaxis used up until now did not significantly differ from the traditionally accepted tactics in relation to other infection diseases. It envisaged an effort towards revealing as many people with the HIV as possible, to follow their epidemic chain, to find out their contacts and stop the infection transmission by way of interference into the epidemic process. Here the international experience of the effective prophylaxis of the HIV/AIDS through encouraging the safer behavior of the vulnerable groups of people is not taken into consideration. As of the date of the receipt of the information about his HIV-positiveness, a person may be convicted for the actions that could lead to contamination of other people. In penitentiaries the people with the HIV are strictly segregated from other imprisoned people.

Therefore the HIV-positiveness imposes an additional burden of responsibility on a person. That is why the people are not motivated to receive information about their HIV status. The proportion of people who have voluntarily visited and applied for an anonymous test for HIV in 2000 was only 1.5% of the total number of visits, and the level of HIV detection is 0.8% of such visits. This is approximately 60 times lower than the level of the HIV detection in the CID community.

The detection of the HIV infected in Kazakhstan is built mainly not upon an anonymous but on a compulsory and forced testing. In case of refusal from such practices the number of detected HIV infected people was almost two points lower. The interests of services of the prophylaxis and fight against AIDS require the public understanding of the scale of the infection spread. Meanwhile, the problem of access into the vulnerable groups of people, first of all into the CID groups, is not addressed in the country. While there is no evidence of effectiveness of establishing the control over the personal behavior of people with HIV with the purpose of infection transmission prevention, the practice of forceful testing, being limiting in its nature, drives

the CID to an even deeper isolation. As a result, the CID, being extremely insufficiently informed on the ways of HIV transmission prevention (see section 3.1), do not receive prophylactic programs and cannot consciously chose behavior models favorable for them.

Besides, from the point of view of epidemiological control, the accepted practice of testing for HIV is subject to big errors in assessment and monitoring conditioned by unsystematic shifts in the studied groups on choice and participation. This system turns into inefficient costs that swallow the resources of the services of prophylaxis and fight against AIDS, that could otherwise have been directed at prophylactic programs.

3.2.1.2 Implementation of approaches directed towards lowering the behavior risk of CID

Since 1997 the country, with a support from the United Nations Program/AIDS and other UN agencies, and also the Soros Foundation, implements the approaches aimed at assisting safer behavior of the CID, providing them with information, training for safer life, consulting, programs of syringe and needle replacement, condoms, disinfecting remedies, STD treatment. The practice of experimental introduction of this project in Temirtau showed a six fold decrease of proportion of the HIV infected people among CID who have been registered by the drug addict rehabilitation clinics for the first time, and a 1.5 decrease of the proportion of HIV infected people examined under the instruction of Sanitary Experts Commission in 1999 against 1998¹⁵. The data of the epidemiological control conducted in 2000 showed that among people who have been taking injection drugs for 3 years and being the clients of the trust points for a year and more, the level of HIV infections were lower than among the people also taking drugs for 3 years but who have become the clients of these clinics 3 months ago or later. Whereas in Kazakhstan as a whole within the first 5 months of 2001 the momentary spread of the HIV infection against the same period of 2000 increased five fold, in Temirtau it decreased by 1.5 fold. We should admit that the level of systematic coverage of the CID by prophylactic programs remains low and does not exceed 5% of their assessment quantity.

Despite the effectiveness of the above experiment, up until now the mechanisms of its replication on the national level have not been developed. As the practice of projects supported by the donors in Almaty and Shymkent shows, their implementation may be ensured by mobilization of internal resources of healthcare organizations on providing the new trust points with premises and personnel that does not require additional financial costs.

Despite the fact, only one tenth of the CID express their readiness to refuse the injection of drugs in case if they are provided with acceptable medical rehabilitation. In the situation of its low prognosed effectivity, the issue of the 'substitutional' therapy of the drug addiction is not yet solved. The strategy of substituting the injection drug taking, that is hazardous from the point of view of the HIV infection, by peroral drug taking, despite the positive

¹⁵ Annual report on the project 97/018b AD/Kaz/D40 'Assistance to multisectoral efforts on counteracting the HIV/AIDS and STD spread, and also the take of drugs in the Karaganda oblast and in the whole country'. - Almaty, 1999.

international experience and recommendation of the World Health Organization, is not practiced.

3.2.1.3 Activities on lowering the level of contagiousness of the people living with the HIV

HIV-infected people typically do not receive antiviral therapy funded from the state budget. HIV-infected pregnant women are not covered by the prophylaxis of the HIV transmission from a mother to fetus at full extent. Therefore the virus load of the known HIV-infected people remains at high level which conditions their high contagiousness.

There are programs of psychological support for the HIV-infected people, they are invited to participate in the programs of free supply of condoms, syringe and needle replacement. However, the motivation level of the HIV-infected people to participate in such programs remains low. For instance, in 2000 in Temirtau where during the epidemiological control monitoring 450 HIV-infected were living among the clients of the trust points, residual blood in 420 syringes collected within three days only in 109 cases was HIV positive. This means that at maximum 20% of drug addicts with the HIV were systematically covered by the prophylactic programs.

HIV-infected people are stigmatized. At the level of ordinary consciousness they are segregated and discriminated, including the representatives of the groups with a risk behavior by other representatives of the same groups to which they belong themselves. The law does not protect the HIV-infected people from the measures of compulsory control which are not applied in relation to the rest of the population (medical control in particular). The existing legislation has two special articles envisaging prosecution of people who despite knowing about their infection contaminate or endanger and threaten to contaminate other people. All this encourages isolation of people living with HIV and actually forms barriers between them and the rest of population.

3.2.1.4 Activities on prophylaxis and control of the STD

Reacting to the epidemic of the STD that covered the country, the Government of Kazakhstan in 1999 has adopted and implemented a two-year program of fight against these infections. A syndrome approach to the STD control was utilized as one of the elements of practical actions. This approach is supported by the World Health Organization. The adoption of the syndrome approach was a contribution into the healthcare reform. However, the extensive introduction of the syndrome approach, that would guarantee the provision of the effective, available treatment prescribed at the day of the patient's visit, on an anonymous basis, in the clinical conditions, which, according to the situational analysis, would satisfy the queries of the risk behavior groups, was not implemented.

The use of the syndrome approach envisages the possibility of decentralization of the medical aid for STD, refusal to place the STD patients into stationaries and to force them to inform about contacts under the threat of punishment, which undermines the bases of the existence of venereal and skin disease dispensaries in their current form. The existing system of funding of

the venereal and skin diseases organizations is based not on stimulating the treatment of a maximal number of STD patients through the most economical technologies, but on a differentiated payment of the patients' stay at the stationary or clinical treatment in favor of stationary treatment irrespective of its justification. Due to these reasons economic interests of venereal and skin diseases dispensaries require the implementation of the expensive treatment protocols which contradicts the requirements of representatives of vulnerable groups. In 1999 more than 19,000 patients with the early syphilis were placed into hospitals in Kazakhstan¹⁶. They have spent over 400,000 in-patient days which turned into multimillion inefficient costs. According to international protocols of the early syphilis therapy all these patients needed a single injection of benzatinpenicilline G that is done in the clinical conditions.

Centralization of the STD treatment ensures a favorable monopoly status of the venereal and skin diseases dispensaries in the medical services market. That's why the syndrome approach is recognized by them as sensible for implementing only where there are no venereal and skin diseases dispensaries (departments, consulting rooms), i. e. in the rural areas. But this compromise from the point of view of HIV prophylaxis is obviously insufficient because the majority of the vulnerable groups representatives reside in cities.

The provision of the acceptable treatment of patients (on an anonymous basis, in particular) is conditioned by a formal, and also often informal additional payment to a doctor. This practice is a constituent part of the black market of medical services. However, according to a situational analysis, the access to a paid medical treatment of STD for most of the representatives of the risk behavior groups who typically have low income is not available.

Unacceptability of conditions of medical assistance provided in the venereal and skin disease dispensaries conditions a low rate of visits of the population. For instance, in 1999, the proportion of people who independently visited these medical organizations because of syphilis in the whole country was less than 30%.

In 2000, the Agency of the Republic of Kazakhstan on Healthcare together with WHO, UNAIDS Program, USAID and the Heidelberg university (Germany) introduced an integration of the prophylaxis and treatment of STD into the practice of a family medicine as an experiment. As a result, the number of applications of the population for medical services in relation to STD substantially increased, and 2/3 of the independently visiting patients with syphilis and gonorrhoea have preferred a family medical out-patient facilities to a venereal and skin disease dispensary¹⁷.

Kazakhstan has a limited experience of work of friendly clinics for representatives of groups of population with the risk behavior on the basis of the Scientific Research institute of venereal and skin diseases in Almaty and venereal and skin diseases clinic in Shymkent. The opening of the said clinics ensured visits of PCS, MSM and other groups of people who under other conditions refused to receive medical assistance. However the functioning of

¹⁶ Sexually transmitted Infections in the Republic of Kazakhstan. Edited by Z. B. Keshileva and V. A. Kozlovsky. - Almaty, 2000.

¹⁷ G. Reidner. Report on the Project: Integration on prevention of the STD and support to the family assistance services in Zhezkazgan. - Copenhagen, 2000

these clinics is based on the support of donor organizations. The mechanisms of the state funding of medical assistance provision to representatives of the risky behavior groups with STD on the conditions acceptable for them are not developed.

3.2.2 The education sector reaction

In order to educate the young people on the issues of HIV/AIDS, the Republic of Kazakhstan has offered a number of programs of training the students. The National Center on the Problem of Developing a Healthy Way of Life in cooperation with the educational sector have developed training manuals (textbooks). Methodological materials have been offered by other healthcare sector centers, as well as by the non-governmental organization 'Medical-pedagogical association'. A number of manuals of the appropriate profile has been published on the local level. In 1997-1998 the appropriate training of school teachers has been implemented through the resources of the Soros Foundation. Under the active involvement of the National Center on Problem of Developing a Healthy Way of Life, the valeology subject has been introduced in the the secondary schools curriculum. The issues of a safe behavior are the constituent part of this subject.

Nevertheless, the teaching of this discipline is done on a facultative basis. The textbooks for school students based on the age differentiation have not been developed and tested. The real introduction of issues of HIV/AIDS prophylaxis has been implemented only in some regions of the country (for instance, in Temirtau city, where, as it was noted above, the epidemic situation is characterized as extremely complicated).

There is a quite large number of opponents to practices of provision of educational programs to school children among pedagogues and parents. This does not comply with the established subculture of taking of injection drugs and a quite extensive spread of the STD among teenagers and young people.

3.2.3 The policy of condoms supply

The supply of condoms to the population is officially recognized as the most important means of counteracting the HIV infection spread. According to the existing rules, condoms distributed on the territory of Kazakhstan shall have hygienic certificate that is issued by an authorized body.

In practice however the public activities in the area of condoms supply are limited and this issue completely remains at the consideration of private business structures, including the absence of female contraceptives in the market which does not enable women including PCS personally adopt decisions on a safer behavior.

There is no policy of subsidies for acquisition of condoms as well as the state procurement of large quantities (batches) with discounts and the subsequent coverage of costs. The quality condoms are not available for most of the population including the risk behavior groups representatives. The actual price of one quality condom of a western manufacturer exceeds the average cost of a half of a daily 'consumer basket' (113 tenge), the third of the population, as it was noted earlier, have incomes below the above level.

The Kazakh market also has inexpensive condoms that come from China and India. However they are not necessarily certified. There is no real barrier to the influx of uncertified condoms of unknown origin and low quality. The propaganda of condoms is done on a limited scale mainly by STD, HIV/AIDS, reproductive health and family planning services. However this propaganda meets resistance even within the framework of the healthcare sector.

3.2.4 Reaction of the civil society

Within the last years the Republic of Kazakhstan has registered a number of non-governmental organizations that put counteracting the HIV/AIDS epidemic as their charter objective. These organizations however are not stable and their potential to counteract the epidemic needs improvement. A number of non-governmental organizations, such as 'Nadezhnaya Opora' (reliable support) and 'Senim' (belief) in Shymkent, 'Alternativa' in Almaty, 'Zhenchuzhina' (pearl) in Karaganda, 'Mothers against Drugs' in Temirtau work directly with the groups of population with a risk behavior (CID, PCS, MSM). In Temirtau there is a non-governmental organization 'Shapagat' that protects the interests of the HIV infected people. Although within the last years the dialogue has started between the local authorities and non-governmental organizations, this dialogue is maintained on a limited scale.

Mass media periodically report on the issues of HIV/AIDS. However the level of reports on these issues needs a substantial upgrade. Some mass media stand on the position of denying the HIV infection. In 2000 there were reprints of irresponsible declarations on that the problems of HIV/AIDS were allegedly non-existent. The other mass media did not deny these reports.

3.2.5 Multisectoral interventions when working with a risk behavior groups

Because of the HIV/AIDS epidemic, through the support of international organizations, of nontraditional for the country approaches on the HIV/AIDS prophylaxis are being introduced on a limited scale. These approaches are directed at a safer behavior of CID, PCS, MSM, imprisoned people. At present, projects among the CID work in 15 cities of Kazakhstan, in 7 cities among PCS, in 2 cities among MSM, in penitentiaries of one oblast among imprisoned. The appropriate interventions have a very limited character and in general cover less than 1% of the evaluated total number of the said groups of population in Kazakhstan. Interference is implemented mainly through the effort of general and enterprise health care sectors, to a lesser extent, through interior and non-governmental organizations, as well as the private sector.

3.2.6 Change of legal relations policy

The latest years have showed an abandonment of repressive practices in the country in relation to the risk behavior groups of population, which is reflected in the change of the legislation. In the new Criminal Code of the Republic of Kazakhstan introduced in 1996, there are no articles stipulating punishment for voluntary sexual relations between men.

The Code on Administrative Infringements of the Law, introduced in 2001, has stopped to consider the commercial sex as a punishable act. However the workers of commercial sex are not recognized as a social unit, and legislation prosecutes an organized commercial sex. The police may detain PCS on the grounds of residence without registration, absence of documents, assumptions on the STD infection, and these grounds are often applied in reality. One of the measures of the forceful character in relation to PCS is an examination for HIV and STD, as well as a forceful treatment when STD is detected.

The drug taking is not prosecuted by the law. However, there is a criminal punishment for illegal purchase and storage of narcotics in large quantities. Here a drug addict cannot acquire drugs legally. A large quantity is a quantity that a drug addict may use in a form of a single dose. The practice of arrest, detention, conducting a personal search of the CID without substantial grounds by the law enforcement agencies is a tradition. The CID may be subject to the measures of forceful character, to forceful treatment, forceful examination for HIV and STD in particular.

The existing legal relations therefore still do not encourage the implementation of the prophylaxis of HIV/AIDS among the groups of population with a deviant behavior and motivate the representatives of the risk behavior groups to refuse from the contacts with the state structures.

3.2.7 Reaction of the industrial sector

Up until now the HIV/AIDS epidemic did not cause any concern of the industrial sector. The support of interventions on the HIV/AIDS prophylaxis among vulnerable groups of population and among its own employees provided by the Ispat-Karmet in Temirtau is an exclusion from the common rule. The enterprise owners who have young workers do not participate in funding the publishing of the information materials, preventive training programs, providing their employees by condoms.

3.2.8 Generalization

The current reaction to the HIV/AIDS epidemic is not adequate to the solving of the tasks of lowering the spread of infection. The main resources up until now were directed towards detection of the HIV infected people, but not at preventive activities.

A forceful examination for HIV and an actual limitation of the HIV-positive individuals' rights, motivate the people to be unaware of their HIV-status, and, conversely, to avoid the receipt of information that would impose on them an additional burden of responsibility before the law. In case of HIV-positiveness, such people could indeliberately infect other people.

The work of services on prophylaxis and fight against AIDS in the targeted groups still has not ensured a significant change of their representatives towards safer behavior. The policy of drug addict rehabilitation and venereal and skin disease services insufficiently addresses the problems of the HIV spread prophylaxis. Participation of the educational sector in the development of a healthy way of life in the aspect of the HIV transmission prevention among young people remains limited. The preventive interventions

are based on the doctrines of complete refusal from the forms of behavior recognized as contradicting to the social morale, irrespective of the fact whether these are requirements of complete refusal from drugs taking or from polygamy sexual relations. Such doctrines do not take into account the epidemic situation characterized by the concentration of HIV in the vulnerable groups of population for whom the proposed measures are not acceptable. They discourage the representatives of the targeted groups from covering them with preventive programs. Hereby they indirectly promote further HIV spread. The detriment lowering strategies are implemented on an extremely limited scale that are capable of having a minimal influence of the HIV expansion.

Despite the general liberalization of the legislation in relation to the risk behavior groups of population, the accepted practice is oriented at a more tolerant attitude towards them at best, but not at measures on protection of their rights. The existing legal relations in general continue to encourage the risk behavior groups of population to be reticent towards public structures.

The limiting practices based on acting legislative and normative acts raise the vulnerability of the risk behavior groups of population in relation to the HIV infection. They limit the access to educational programs, information, consulting, that are aimed at encouraging the representatives of vulnerable groups to practice a safer way of life. The repressive attitude towards the STD patients, insufficient level of medical services confidentiality, the requirements to produce identification documents, to give information on partners under the threat of prosecution, forceful hospitalization, unfriendly attitude of personnel, absence of psychological readiness to visit specialized facilities because of fear to meet familiar people, high fees for medical services and remedies, condition a low number of visits and a high level of disease spread that increase biological sensitivity towards HIV/AIDS.

The effective reaction to the HIV/AIDS epidemic is prevented by a weak coordination of different public services and lack of resources that are not mobilized properly. The problem of HIV/AIDS continues to be considered as the problem of healthcare, although counteracting the HIV/AIDS currently is built upon the change of people's behavior, in which the possibilities of medical services are limited.

4. AIMS AND OBJECTIVES OF THE PROGRAM IMPLEMENTATION

The program is directed at creation of the effective system of the HIV/AIDS prophylaxis in the country. As the analysis shows, we may achieve stabilization of the HIV spread level in the country having placed the following achievable aims (in order of their decreasing priority):

Aim 1. To stabilize the HIV spread level on a concentrated stage not allowing its shift into the generalized stage: by end of 2005, the spread level of the HIV among the CID in total shall not exceed 5%, and the proportion of individuals acquiring the HIV infection by sexual way in the structure of infection ways shall not exceed 20%.

The objectives that shall be solved:

to increase the proportion of CID constantly involved in the prophylactic programs, up to 50% of the evaluative quantity;

- to increase the proportion of PCS constantly involved in the prophylactic programs, up to 50% of the evaluative quantity;
- to increase the number of visits of the representatives of groups where the epidemic is concentrated (CID and PCS of both sexes) for consultations and testing on the voluntary anonymous basis up to 50% of the evaluative quantity;
- to create a supportive social environment for implementation of prophylactic programs for vulnerable groups of population;
- to limit the access of the representatives of the risk behavior communities to blood and tissue donorship.

Aim 2. To decrease the number of new young people joining the vulnerable HIV infected groups of population, to lower the risk of the sexual behavior of young people.

The objectives that are to be solved:

- everywhere in the organized communities to implement educational programs explaining the detriment of drug taking and the hazards of polygamy relations, as well as the measures of preventing the HIV infection;

- to develop and implement the youth policy directed at popularization of a safe sex and life without drugs.

Aim 3. To provide at least 80% of HIV infected people with medical and social programs lowering their level of potential contagiousness.

The objectives that are to be solved:

- to provide with the information, psychological support, condoms, programs of the family planning for the HIV infected people;

- to include into the activities of the centers on the prophylaxis and fight against AIDS as one of the main directions in the solving of issues of social adaptation of HIV infected people and the development of activities on lowering the burden of consequences of HIV/AIDS;

- to ensure a decrease of the virus load through providing the HIV infected people with an antiviral treatment.

The solving of the above objectives shall be conducted within the framework of strategic directions determined in the concept of the state policy on counteracting the HIV/AIDS epidemic.

5. THE MAIN DIRECTIONS AND MECHANISM OF THE PROGRAM IMPLEMENTATION

5.1. Upgrade of the legislative basis on legal relations connected with the problem of HIV/AIDS, and law enforcement practices, protection of the constitutionally guaranteed rights and freedom of a risk behavior and HIV-infected people

One of the main tasks when implementing the policy of counteracting the HIV/AIDS epidemic is ensuring the constitutional rights and freedom of individuals with the deviant forms of behavior - CID, PCS, MSM, etc.; as well as the people with the HIV/AIDS aimed to make them more open to prophylactic programs.

The legislative base and the law-enforcement practice shall not contradict the possibility of effective assistance to the representatives of high

risk groups to change their behavior to a safer one, i.e. they shall not motivate their reticence from the state and public structures. The consequence of initiating a conscious choice of a safer behavior of the representatives of groups of high risk will be the lowering the HIV-infection rate in their environment, and therefore decreasing the possibility to transmit HIV from these groups to the rest of the population.

The conditions for rendering support in the social adaptation of the HIV infected people and the people of the risk behavior shall be provided, rendering them a necessary assistance from the state and society. It is necessary to develop legal measures ensuring tolerant relations between the state structures and the people with a risk behavior, strengthening the responsibility of medical and social experts for disclosing the information on the HIV infected people.

The priority activities of the legal and law-enforcement sectors shall be as follows:

- review of the normative acts, determining the quantities of the drugs stored as small, large and especially large ones, taking into account real single doses in relation to prosecution applicability;

- activities of the police in relation to the groups of the high risk behavior shall be focused on protection of their legitimate rights, but not only on the limiting practices;

- providing the imprisoned people with the HIV/AIDS prophylactic programs based on their potential risks of their behavior;

- the analysis of the effectiveness of public acts segregating the HIV infected people from other people including penitentiaries.

5.2. Development of relations of understanding and support between the public structures, civil society and groups of population with a risk behavior

At the stage of the HIV/AIDS epidemic, that Kazakhstan is currently experiencing, the growth of the HIV infection is mainly determined by the people taking injection narcotics and having irregular sexual life. More and more spread is practicing a sex business by people taking intravenous drugs. At the same time, the people with the said deviant forms of behavior are subject to social ostracism and stigmatization which motivates them to be reticent from the state and public structures. As a result, the representatives of the priority groups of population do not receive educational and information programs, remain unaware about HIV/AIDS and the ways of its prophylaxis and cannot make a conscious behavioral choice.

The immediate measure is the establishment of contacts with the communities of the risk behavior, increasing their awareness on the issues of HIV/AIDS and stimulating a choice of a safer behavior.

The bodies of the local state authorities shall:

- strengthen the state support and stimulating the constructive initiatives of representatives of priority groups on lowering the risk of behavior, the creation of a tolerant environment among the HIV infected people, cooperation of the state bodies with associations of representatives of priority groups directed at liquidation of their actual discrimination and rendering

assistance in social adaptation with the involvement of public associations and international organizations;

in order to bring the structures that should directly communicate with the people of a risk behavior closer to the appropriate groups of population to develop the system of trust points with the function of rendering the psychosocial support, replacement of syringes, providing with protection means and necessary information ;

to open trust points for CID in all of the public treatment-prophylactic organizations through the use of the existing premises and personnel as well as outside the treatment-prophylactic organizations ;

to include the field work with CID as a priority activity of the local social services, as well as the services of prophylaxis and fight against AIDS and drug addicts rehabilitation, to strengthen the existing departments dealing with this type of activity through the internal redistribution of labor resources ;

to mobilize the community to ensure support of the prophylactic programs for the groups of population with a risk behavior, render support to non-governmental organizations in their activities directed at attracting the CID and PCS to prophylactic programs ;

to constantly cooperate with non-governmental organizations, international organizations working in the area of HIV/AIDS prophylaxis among CID, PCS and other vulnerable groups of population, local authorities, and also medical services ;

to maintain contacts with HIV infected people ; to involve them into the work on the HIV infection prophylaxis ;

to hold public actions including charity in favor of the HIV infected and AIDS patients ;

as a matter of priority, to assist the employment and accommodation of the HIV infected people, providing microcredits to their families for starting their own business ;

to pay a special attention to the development of 'guide groups' among HIV infected people, who at the same time are CID, PCS using drugs, their clients, practicing unprotected sex, other people with a high risk behavior ; to assist the change of behavior through providing them with prophylactic programs.

5.3 Implementation of educational programs and creation of the informational environment encouraging the right perception of the HIV/AIDS problem program, the adequate understanding of behavioring the risky way of life

At present, the main means of the fight against HIV is the influence on the behavior of population that leads to HIV infection (the use of the HIV contaminated tools and solutions, unsafe sex). The informational educational activity shall make the population develop stereotypes of behavior preventing the HIV infection. In order to implement it, the educational, informational and youth sectors shall:

Introduce the issues on prophylaxis of the drug taking, HIV/AIDS and STD into the compulsory curricula of training in secondary schools, elementary , secondary and higher vocational schools, as well as the troops of the Armed Forces of the Republic of Kazakhstan and the MIA.;

Develop extracurricular training on the issues of a safe life in the aspect of the HIV/AIDS prophylaxis (in the schoolchildren houses sections, clubs, youth houses);

Ensure a full implementation of educational programs of the HIV prophylaxis with a deep elaboration of the topics envisaged in them. The results of the training shall be evaluated only based on the indicators of the actual level of knowledge, intentions and the behavior change;

Improve the quality of the information supply by way of introduction of progressive forms of work (theatrical performances, role plays, interactive methods of training on an 'equal-to-equal' principle, etc.);

Ensure the development and publishing the informational materials dedicated to a large number of readers in the Kazakh, Russian languages and other languages of the people of Kazakhstan, so that the appropriate information becomes available for all of the people of the country;

Promote the propaganda of condoms among the young people, increase the accessibility of condoms for young people;

To focus young people's attention on the necessity to react to the HIV/AIDS epidemic. Hold activities popular among the young people in the area of culture and sports under the motto of counteracting the HIV/AIDS;

To promote the youth campaigns 'Life without Drugs'. Mobilize the people who have the authority among the young people, first of all the people of arts, sportsmen, come out against the drugs;

Use the youth organizations and young people's assembly areas for the propaganda of the fight against the HIV/AIDS;

Promote the propaganda of the moral and ethical values, directed at strengthening the family relations;

Hold training and seminars for the pedagogues and parents;

Provide the military people with educational programs, necessary information and textbooks/manuals;

For the people with a risk behavior to provide with a sufficient volume of sanitary-educational literature, do the explanatory work with the public associations and the core of representatives of the risk behavior groups. In the areas of concentration of representatives of these groups to organize placement of the means of visual propaganda.

5.4 Organization of the medical service, quality control of medical and hygienic goods, evaluation and monitoring of the situation related to the HIV/AIDS epidemic

The healthcare sector shall:

Undertake measures on training the people practicing injection drug taking to the methods of their safe injection from the point of view of the HIV infection. Organize providing the CID with sterile single-use syringes, needles, condoms, disinfecting remedies;

Completely exclude the forceful testing of population for HIV as epidemiologically unjustified, including the representatives of the groups of a risk behavior;

Study the issue of the practice of using the replacement therapy of drug addiction in Kazakhstan;

Conducting the field work with the CID and arranging the functioning of the trust points shall be considered as the most important area of activity of the centers on the prophylaxis and fight against AIDS, reflect it in the report documents characterizing the main results of these medical organizations' activities;

Through the use of internal resources to rearrange the work of venereal and skin disease dispensaries, to re-orient the activities of their epidemiological departments towards the field work directed at promotion of a safer sexual behavior of PCS, MSM and other categories of population practicing sexual behavior of a high risk. Abandon any forceful actions of the venereal and skin disease dispensaries on revealing the contact people shifting to the method of their informing by the patients themselves;

In the activities of venereal and skin disease dispensaries to focus on the prophylactic work on providing the representatives of the vulnerable groups of population with the information, educational programs on the prophylaxis of STD and HIV/AIDS, condoms, to reflect this activity in the clinic's report and use it as one of the key indicators when evaluating the work of these organizations;

In each venereal and skin disease dispensary through the use of internal resources to arrange the opening of friendly clinics (consulting rooms) for PCS, CID, MSM and other vulnerable groups of population, providing free medical aid in the guaranteed volume on the conditions acceptable for this contingent (anonymously, in out-patient facilities, with an immediate prescription of treatment and use of a syndrome approach to the registering of patients);

ensure the possibility to prescribe the treatment to the STD patients in any organization of the treatment network at location of application within the framework of a guaranteed medical aid;

the main direction in the solving the issue of providing the population with condoms and disinfecting remedies shall be the organization of their local manufacture. Introduce a strict control over the quality and conditions of condoms sales when importing them and delivery to the customers. Undertake measures on pushing the uncertified goods off the market;

increase the contribution of the voluntary free donorship in the blood transfusion services. Reconsider the requirements presented to the paid donors with a purpose of maximal limitation of the erroneous blood taking, organs and tissues for transplantation purposes from the representatives of the risk behavior groups;

reconsider the prescriptions for the blood transfusion towards their limitation; to increase the use of artificial blood replacement remedies;

for the HIV infected people, to exclude the practice of the compulsory notification of the healthcare specialists on their HIV-status when visiting the medical organizations. To ensure the available provision of medical aid to HIV-infected people in all of the medical organizations;

for the HIV-infected people, to develop the system of psychosocial support in the centers of the prophylaxis and fight against AIDS and treatment facilities, to train medical personnel on the methods and techniques of its implementation;

expand the network of consulting rooms providing anonymous testing and consulting. The experts of the appropriate profile shall be obliged to work

in all of the centers on prophylaxis and fight against the AIDS, venereal and skin disease and drug addict rehabilitation dispensaries, centers of psychic health;

provide the population with a free diagnosis of HIV infection and the AIDS associated diseases based on confidentiality and anonymity;

train the experts on pre- and post-testing consulting, including among the representatives of the groups with a risk behavior and the HIV infected people;

develop and introduce the national protocol of the epidemiological control of the HIV infection reflecting in it the control over the change of behavior that is hazardous from the point of view of contamination;

develop a national protocol of the anti-viral therapy of the HIV infection. Make an economic estimate and prepare the concept of providing the HIV infected people with anti-viral remedies in compliance with the available resources. Define the priority contingents for providing with the anti-viral treatment;

in cooperation with the local executive bodies to provide the treatment-prophylactic facilities with the medicines/remedies for ethiological treatment of the HIV infected pregnant women and children (retroviral, lamivudin, krixsivan, etc.)

5.5 Organizing the management, coordination and implementation of the preventive program on HIV/AIDS

The world practice showed that effective programs of counteracting the spread of the HIV/AIDS shall be of a multisectoral character. To ensure this approach, the central executive healthcare body shall play the role of the secretariat on the following priority directions.

The development and ensuring the practical activities of coordination committees on implementing the programs of HIV/AIDS prophylaxis among the groups of a risk behavior on different levels.

Introduction of additions into the Regulation on the centers on Prophylaxis and fight against AIDS ensuring their inclusion into the meeting of not only medical but other social objectives as well. To reconsider and approve personnel norms of the centers with the introduction of positions of a legal advisor, psychologist, sociologist, economist of the issues of planning and forecast, pedagogue, PR specialist (journalist). To develop and approve typical functional responsibilities of the appropriate categories of employees ensuring their active participation in the preventive programs pursuant to their professional competence.

For the volunteers on a contractual basis, to envisage the possibility to work in the centers of prophylaxis and fight against AIDS.

The coordination committee is being established under the Government of the country. The committee consists of representatives of the executive bodies of the healthcare, education, mass media, youth organizations, justice, control over drugs, interior, defense, economy, strategic planning, social protection with the participation of political governmental officials, as well as nongovernmental organizations. The organizational committee invites parliament members, the country's well-known officials, as well as the UN representatives, including UNAIDS Program, other

international organizations and diplomatic representations working in Kazakhstan.

Coordination committees at the local levels are established under the Akims of the administrative-territorial units. The local coordination committees consist of the representatives of the interested agencies, attract the deputies of local parliament bodies, active members of the non-governmental organizations, HIV infected people, creative intelligentsia, representatives of international organizations, working on this territory.

The executive bodies of each sector on the central and local levels shall allocate people responsible for the issues of the HIV/AIDS prophylaxis that in aggregate would constitute four technical groups: a group on the analysis and upgrade of legal relations and law-enforcement practice shall unite the sector of justice, police sector; a group on the issues of information and education shall unite representatives of mass media, education, defense, youth organization sectors; a group on economic issues would unite the sectors of economy and social protection; a group on the issues of healthcare shall unite efforts of medical experts of the general medical network and various agencies on the fight against HIV/AIDS.

The functions of coordination committees imply the development of recommendations of political character on the central and local levels. Technical groups carry the responsibility for conducting evaluations and forecast of the spread and consequences of the HIV/AIDS on the appropriate territories and development of technical recommendations.

The regularity of sessions of coordination committees and technical groups is determined based on the specificity of the situation.

The flexibility of a strategic program, bringing the working plans in compliance with the specificities of the epidemiological process development are ensured by permanent implementation of monitoring and re-evaluation of the program which is done by the coordination committees and sectoral technical groups.

The indicators of achieving the aims would be:

implementation of separate concrete directives of the program (creation of videos, development of programs, publishing of the sanitary-educational literature, etc.)

achieving of program results (change of knowledge, intentions and behavior of students, working and non-working young people, people taking intravenous drugs, PCS, etc.) according to surveys, indicators of epidemiological situation;

implementation of long-term activities (the work of trust points, providing treatment to HIV infected and STD, distribution of condoms, etc.).

6. NECESSARY RESOURCES AND SOURCES OF FINANCING

The funding of the Program is done through the resources of the national budget, allocated for implementation of this Program, as well as local budgets that are envisaged when preparing budgets. In the process of implementation of certain activities of the Program it is necessary to mobilize resources of international donor organizations as well as the private sector.

The planned financial allocations from the national budget for implementation of 'The Program on counteraction the AIDS epidemic in the Republic of Kazakhstan for 2002-2005' (in million tenge).

Resources	2002	2003	2004	2005	Total
National budget	12.291	12.943	11.015	11.015	47.264
Local budgets	80.547	92.645	92.646	92.645	358.483

The implementation of the Program from the national budget will be done through the resources approved within the limits of national and local budgets.

The amount of resources of the local budget necessary for implementation of activities of 2002-2005 will be determined by local executive bodies when developing a local budget for the given fiscal year.

The planned financial allocations for 2002-2005 will be corrected when developing the national budget for the given year.

The volume of necessary financial allocations for solving the priority objectives for 5 years amount 22,808.096 million tenge. Indicative volumes of funding of meeting the priority tasks of the program are as follows:

The tasks to be solved	Necessary volume of funding, mln tenge	Volume of funding, mln tenge		Volume of funding that is necessary to mobilize additionally, mln tenge
		National budget	local budgets	
<u>Task 1</u> To increase the share of CID constantly involved into prophylactic programs, up to 50% of their evaluation number	1397.21	30.406	164.3	1202.504
<u>Task 2</u> To increase the share of PCS constantly involved into prophylactic programs, up to 50% of their evaluation number	410.625	5.002	15.0	390.623
<u>Task 3</u>				

To increase the number of visits of representatives of groups where the epidemic is concentrated (CID and PCS of both sexes) for consultations and tests on a voluntary anonymous basis up to 50% of their evaluation number	23.205	-	-	23.205
<u>Task 4</u> To create supportive social environment for implementation of prophylactic programs for vulnerable groups of population	16.0	-	10.0	6.0
<u>Task 5</u> To limit the access of representatives of communities of a risk behavior to blood and tissue donorship	Basic funding of healthcare administrations	-	-	-
<u>Task 6</u> Everywhere in the organized entities to implement educational programs explaining the detriment of the use of narcotics and the danger of polygamy relations as well as the possibilities of protection from the HIV infection	1250.656	3.2	34.0	1213.456
<u>Task 7</u> Develop and implement the youth policy directed at popularization of a safe sex and life without drugs	500	8.0	25.0	467.0

<u>Task 8</u> to provide HIV infected people with information, psychosocial support, condoms, programs of family planning	10.4	-	5.0	5.4
<u>Task 10</u> To ensure a decrease of the virus load by way of providing the HIV infected people with anti-viral treatment	19200.0	-	66.280	19133.72
Total :	22808.096	46.608	319.58	22441.908

The total volume of necessary funding for implementation of the Program amounts 22,847.655 million tenge.

7. EXPECTED RESULTS OF THE PROGRAM IMPLEMENTATION

Counteracting the HIV/AIDS spread will be raised up to an inter-sectoral level. The country will establish a flexible and coherent system of counteracting the HIV spread, based first of all on the activities of various sectors on decreasing the number of infections related to unsafe behavior of people. The subordination system in solving the issues of medical aid to drug addicts and STD patients will be built on the priorities of counteracting the HIV/AIDS expansion. Epidemiological control will be based on the requirements of the prophylactic work. All this will enable to decrease the speed of the infection spread and retain it on the concentrated stage of development.

The use of common syringes and needles among CID in the country in average should go down to 5% by 2005.

The coverage of CID by the prophylactic programs should constantly expand and by the end of 2005 should amount at least 50% of their evaluation number.

The use of condoms by CID and PCS by 2005 should be at least 95% by 2005.

The proportion of the number of CID, PCS and teenagers visiting the facilities of medical network with the STD symptoms and who have received a full value treatment to the total aggregate number of all the people of the said category according to the results of sociological survey by 2005 shall reach 95%, and the proportion shall constantly increase.

At least 95% of young people shall have an adequate awareness on the issues of HIV/AIDS and its prophylaxis by the end of the program implementation.

The number of young drug addicts by 2005 shall not exceed the same figure in 2000.

The use of condoms by young people when having a sexual contact with irregular partners shall reach 95%.

Sero-prevalence of syphilis among PCS according to the results of epidemiological control shall decrease and kept stable up to 2005 on at least a 1% level.

Sero-prevalence of syphilis among CID according to the results of epidemiological control shall decrease and kept stable up to 2005 on at least a 1% level.

Sero-prevalence of syphilis among 15-24 years old women, the patients of ante-natal medical organizations, according to the results of epidemiological control shall decrease every year and by the end of 2005 shall not exceed 0.05%.

The level of awareness of CID, PCS and young people on the ways of HIV/AIDS prophylaxis shall constantly increase. By 2005 the level of awareness in this groups of population shall reach 99%.

8. PLAN OF THE MAJOR ACTIVITIES OF THE PROGRAM IMPLEMENTATION

8.1 Legal and Social Issues

No.:	Activities	Targeted result	Responsible people & organizations	Execution term	Amount and sources of financing	
					National Budget (Tenge M)	Local Budgets (Tenge M)
8.1.1	To create the environment of tolerance to the HIV infected, drug addicts and people dealing with sex business	Information to the Government of the Republic of Kazakhstan	AHC, the Akims of all the levels	Annually	-	-
8.1.2	To ensure the control over the implementation of the Law of the Republic of Kazakhstan of 05.10.94 'On the Prophylaxis of the AIDS Disease' in the section of the social protection of the HIV infected people	Information to the Government of the Republic of Kazakhstan	AHC, the Akims of all the levels	Constantly	-	-
8.1.3	To provide assistance in organizing the family children's houses for children born by the HIV infected women and who were left without parents' care	Decisions of the Akims	The Akims of oblasts, of Astana and Almaty	Constantly	-	-

8.2 Informational and educational work on HIV/AIDS prophylaxis

No.:	Activities	Targeted result	Responsible people & organizations	Execution term	Amount and sources of financing	
					National Budget (Tenge M)	Local Budgets (Tenge M)
8.2.1	Allocation of academic hours for teaching the issues aimed at formation of a healthy life style, HIV/AIDS preventive measures at general secondary schools and specialized primary, secondary and higher education institutions within the scope of the program "Problems of AIDS and its Prophylactic Activities"	Draft Regulation	MES, The Akims of all levels	2002		-
8.2.2	Inclusion of studies of the issues of HIV/AIDS preventive measures within the scope of the program "Problems of AIDS and its Prophylactic Activities" into the syllabus of teachers' upgrading courses intended for teaches of general secondary schools, and specialized primary, secondary and higher education institutions	Draft Regulation	MES	2002		-
8.2.3	Preparation and publication of textbooks and visual aids in the Kazakh and Russian languages related to HIV/AIDS prophylactic activities program and intended for educational organizations	Information for the Government of the	MES	2002-2003	0.534	-

		Republic of Kazakhstan				
8.2.4	Organization of complex arrangements related to HIV and STD prophylactic activities at penitentiary institutions	Draft regulations	MJ, MIA, AHC	2002-2005	17.601	-
8.2.5	Organization of teaching HIV/AIDS prophylactic activities for military servicemen and students of the training institutions of the Ministry of Defense and the Ministry of the Interior, provision of complex arrangements aimed at prevention of spreading of HIV in army forces with appropriate survey held and protection means in place	Draft regulation	MD, MIA,	2002-2005	12.805	
8.2.6	Organization of training of volunteers among employees and prisoners within penitentiary system for the purpose of preventive work, providing them with the necessary literature	Draft regulation	MJ, MIA, AHC	2001-2005	-	-
8.2.7	Organization of training workshops for teachers of educational institutions on HIV/AIDS issues	Draft regulation	MES, Almaty	2002-2005	0.656	-
8.2.8	Analysis of effectiveness of informative education among the citizens via public surveys	Information for the Government of the Republic of Kazakhstan	The Akims of oblasts, of Astana and Almaty	2002-2005	-	-
8.2.9	Placement of billboards, panels and other means of visual propaganda at public areas, highways, airports, stadiums, stations, etc.	Decisions of the Akims	The Akims of all levels	2002-2005	-	Within the funds allocated annually in local budgets

8.2.10	Provision of risk groups in the areas of their concentration with published materials concerning measures preventing contraction of HIV and STD	Decisions of the Akims	The Akims of all levels	2002-2005	-	Within the funds allocated annually in local budgets
8.2.11	Production and broadcast of TV and radio programs, including films on current HIV/AIDS problems	Information to the Government of the Republic of Kazakhstan	AHC, MCISC	2002-2003	2.010	-
8.2.12	Publication of literature on sanitary education covering the HIV/AIDS issues in the official language and Russian language in the form of booklets, brochures, posters and guides	Data for the Government of the Republic of Kazakhstan	AHC, The Akims of oblasts, of Astana and Almaty	2002-2005	13.002	Within the funds allocated annually in local budgets
8.2.13	School and inter-school festivals, meetings, parties, Olympiads advertising healthy life style, sexual culture, fight against drugs, prevention of HIV/AIDS and STD	Decisions of the Akims	The Akims of oblasts, of Astana and Almaty, MES, AHC	2002-2005	-	-

8.3 Activities to prevent the HIV spread among risk behavior contingent

No.:	Activity	Targeted result	Responsible people & organizations	Execution term	Amount and sources of financing
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					National Budget (Tenge M)	Local Budgets (Tenge M)
8.3.1	Development of the program for social support of people with enhanced risk of contracting HIV, creation of the environment ruling out any type of discrimination against them. Provide support to initiatives coming from people with risky way of behavior aimed at prevention of HIV. Provide support to creation of public associations having their objective to prevent HIV/AIDS and STD among people with risky behavior	Decisions of the Akims, draft regulations	The Akims of oblasts, of Astana and Almaty	2001-2005	-	-
8.3.2	Ensure availability of consultation and high quality medical services for people with enhanced risk of contracting HIV	Draft Regulation	AHC	2002-2005		-
8.3.3	Intensify work aimed at involving the volunteers among the people, who have stopped taking drugs, into the drugs, HIV/AIDS and STD prophylactic activities	Decisions of the Akims	The Akims of oblasts, of Astana and Almaty	2001-2005	-	-
8.3.4	Ensure behavior of prophylactic work among persons with a risky behavior at their assembly areas, supply of informative materials to them, distribution of means of protection against HIV and STD	Decisions of the Akims	The Akims of oblasts, of Astana and Almaty	2001-2005	-	-
8.3.5	Provide medical assistance to drug addicts, HIV patients at patient care institutions and rehabilitation centers with conditions which are acceptable and affordable for them	Draft regulation	AHC	2001-2005	-	-
8.3.6	Study experience of replacement therapy for drug edicts	Report for the Government	MJ, MIA, AHC	2001	0.656	-

		of the Republic of Kazakhstan				
8.3.7	Study the issues of practicing replacement therapy on drug addicts	Information for the Government of Kazakhstan	MJ, MIA, AHC	2002	-	-
8.3.8	Enhance control over sales of condoms in the country, ensure their mandatory state certification	Draft regulations	AHC, Akims of oblasts, Astana and Almaty	2002-2005	-	-
8.3.9	Set up a network of points for anonymous testing and psychological consultations at patient care institutions of all oblast, rayon centers and cities of the Republic of Kazakhstan	Draft regulations Decisions of the Akims	AHC, Akims of oblasts, Astana and Almaty	2002-	-	-
8.3.10	Develop and implement the training program intended for the staff of institutions and bodies of the Ministry of the Interior and related to principles of fight against HIV/AIDS, protection of the rights and freedoms of people with enhanced risk of contracting HIV and HIV positive people	Draft regulations	AHC, MIA	2002-2005	-	
8.3.11	Organize rendering of services in planning, contraception and termination of pregnancy in HIV positive patients and drug dependent women at their consent and on gratis basis so as to prevent inherited HIV disease	Draft regulation	AHC	2002-2005	-	-

8.3.12	Establish friendly clinics (points) for prevention and treatment of STDs in target groups of the population at all state skin and venereal organizations of the country	Draft regulation	AHC,	2002	-	-
8.3.13	<p>Establish, in addition to the existing ones, points of trust for positive tested at all oblast centers of the republic, in the cities of Astana and Almaty, and in eleven big oblast cities. These points shall be located at the state public health and their number shall be as specified below</p> <p>Akmola oblast -5, including: Stepnogorsk town – 1 Atbasar town – 1 Aktubinsk oblast - 4, Almaty oblast - 3, including: Kaskelen toan - 1, Talgar town - 1, Taldykorgan town - 1, Atyray oblast – 3 Eastern Kazakhstan oblast -4, including: Leninigorsk town – 1 Semipalatinsk city – 1 Jambyl oblast – 3 Western Kazakhstan oblast – 2 Karaganda oblast - 6, including: Zhezkazgan town –1</p>	Decisions of the Akims	The Akims of oblasts, of Astana and Almaty	<p>2002</p> <p>2003 2002</p> <p>2003 2002</p> <p>2003 2003 2002</p>	-	Within the funds allocated annually in local budgets

	Temirtau town – 2 Kyzylorda oblast – 1 Kostanay oblast - 5, including: Arkalyk town – 1 Rudnyi town – 1 Mangistau oblast – 1 Pavlodar oblast – 5			2003 2003 2003 2002		
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8.4 Diagnostic and treatment activities

No.:	Activity	Targeted result	Responsible people & organizations	Execution term	Amount and sources of financing	
					National Budget (Tenge M)	Local Budgets (Tenge M)
8.4.1	Develop and implement national protocol of HIV treatment	Draft Regulation	AHC	2002	-	-
8.4.2	Ensure provision of free of charge, anonymous medical services related to treatment of STDs with prescription of therapy upon request at out-patient clinics for priority groups of the population. Render medical services to patients at friendly clinics (points) of dermaveneral hospitals and other medical	Draft Regulation	AHC	2002-2005		-

	organizations, including the use of syndrome method of diagnostics and treatment of STD					
8.4.3	Develop the methodology of epidemiological patrol supervision, including laboratory stages (in co-operation with international organizations) s	Draft regulations	AHC	2002	Funding to be provided by international organizations	-
8.4.4	Ensure antiviral treatment of the following categories of HIV patients: infected women during pregnancy and delivery; babies born by HIV positive mothers; children and teenagers below 14	Draft regulation	AHC	2002-2005	-	-Within funds allocated annually in local budgets
8.4.5	Ensure prevention of HIV contraction via blood transfusion. Modernize donor blood laboratories at oblasts so as to diagnose HIV/AIDS	Decisions of the Akims	The Akims of oblasts, of Astana and Almaty	2002-2005	-	-

8.5 Activities to ensure organization of the management, coordination and implementation of the program

No.:	Activity	Targeted result	Responsible people & organizations	Execution term	Amount and sources of financing	
					National Budget (Tenge M)	Local Budgets (Tenge M)
8.5.1	Develop and implement regional programs on prevention of AIDS spreading	Decisions of the Akims	The Akims of oblasts, of Astana and Almaty	2002	-	-
8.5.2	Carry out work with citizens and managers of	Decisions of	The Akims of	2002-2005	-	-

	organizations so as to prevent discrimination of civil rights of groups with risky behavior and HIV positive people. Involve lawyers, sociologists, psychologists, teachers, economists and other specialists in this work	the Akims	all levels			
8.5.3	Set up regular quality upgrading courses on HIV/AIDS issues for medical staff under the aegis of the Republican AIDS Center	Draft regulations	AHC	2002	Funding to be provided by sponsors	-
8.5.4	Write a textbook on how to organize training of medical staff, teachers, journalists, volunteers and the youth on the issue of work aimed at prevention of spreading of HIV/AIDS and STD	Report for the Government	AHC	2002	Funding to be provided by sponsors	
8.5.5	Devise the national protocol and implement behavioral and serological patrol supervision over HIV in the country	Draft regulations	AHC	2002-2005	-	-
8.5.6	Complete creation of the single computer network covering the whole country and with the following application software installed: analytical system for monitoring the level of knowledge of the population; system for analysis of sociological surveys aimed to verify grounds for extension of epidemic process of HIV in the country; system for analysis of status of laboratory diagnostics of HIV in the country	Report for the Government of the Republic of Kazakhstan	AHC	2002	-	-
8.5.7	Ensure conducting the HIV laboratory screening on the basis of anonymous and voluntary examination, ruling out forced testing and applying mandatory testing only	Draft regulations	AHC, MIA	2002-2005		

	for donors					
8.5.8	Provide regular assessment and monitoring of the Program on the republican and local levels with the help of international, regional and national experts, ensure continuous direct communication and a feedback with vulnerable societies, and in center-periphery direction	Report for the Government of the Republic of Kazakhstan	AHC, MES, MIA, MD, MLSP, The Akims of oblasts, Astana and Almaty	Once in six-month period, 2002-2005	-	-
8.5.9	Set up a municipal center in Arkalyk to carry out preventive measures and fight against AIDS with parallel rendering of services to remote Jangeldy and Amangeldy rayons	The Akim's decision	The Akim of the Kostanay oblast	2002		Within funds allocated annually in the local budget
5.8.10	Devise and implement measures so as to assist public associations to expand their activities aimed at prevention of HIV/AIDS in priority groups of the population with the use of funds from local executive bodies and large enterprises	Decisions of the Akims of all levels	The Akims of all levels	2002	-	-

8.6 Cooperation with international and public organizations

No.:	Activity	Targeted result	Responsible people & organizations	Execution term	Amount and sources of financing	
					National Budget (Tenge M)	Local Budgets (Tenge M)

8.6.1	Establish constant business contacts with foreign countries with regard to sharing of experience, scientific and practical information, solution of actual AIDS associated problems	Draft Regulation	AHC	2002-2005	-	-
8.6.2	Ensure implementation of the Agreement on Co-operation in Solving HIV Problems, signed between the CIS countries, and "Interstate Program for Co-operation in the Field of Preventive Measures and Treatment of HIV in the CIS Member Countries over the period ending 2005"	Report for the Government of Kazakhstan	AHC	2002-2005	-	-
8.6.3	Co-operate on a constant basis with the United Program of UNAIDS, WHO, UNESCO, UNICEF, UN Office for control of drugs and prevention of crime, other UN agencies, Soros-Kazakhstan Foundation, Counterpart Consortium, and other international organizations so as to obtain methodological, technical and other assistance in fight against HIV/AIDS in the republic	Report for the Government of Kazakhstan	AHC	2002-2005	-	-