



BEST PRACTICE

Provision of pre-exposure
prophylaxis for HIV
through a pharmacy chain
in Kazakhstan

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Sergey Biryukov, Director of the AGEP'C Foundation

ABBREVIATIONS AND ACRONYMS

AIDS Acquired immunodeficiency syndrome

AIDS Center Center for the Prevention and Control of HIV/AIDS

AMEC Almaty Model for Epidemic Control

ARV Antiretroviral therapy

ECOM Eurasian Coalition on Health, Rights, Gender and Sexual Diversity

EECA Eastern Europe and Central Asia

ELISA Enzyme-Linked Immunosorbent Assay

HIV Human immunodeficiency virus

ICF International charitable foundation

KSCDID Kazakh Scientific Center for Dermatology and Infectious Diseases

LGBT community Lesbian, gay, bisexual and transgender people

MSM Men who have sex with men

NGO Non-governmental organization

PF Public foundation

PrEP Pre-exposure prophylaxis for HIV

SOP Standard operating procedure


WHO World Health Organization

INTRODUCTION



gcsaids В Алматы расширяется доступ к доконтактной профилактике (ДКП или PrEP). Теперь мигранты могут купить препараты для ДКП в специальной аптеке.

Доконтактная профилактика позволяет предотвратить инфицирование ВИЧ, внедрена в Казахстане с 2021 года. ДКП заключается в регулярном приеме антиретровирусных препаратов людьми без ВИЧ с целью предотвратить инфицирование в случае контакта с вирусом. Этот вид профилактики назначают людям, у которых имеется риск инфицирования.



 В Алматы ДКП доступна для мигрантов



vich_kz ⚡ Теперь аптека сети «Садыхан» находится по адресу Сатпаева 55 📍, где можно приобрести препараты для доконтактной профилактики.

🔍 Рецепт можно получить у врачей в частных клиниках или в центре по борьбе со СПИДом.

кз Граждане Казахстана могут получить препараты ДКП бесплатно в центре СПИД (Басенова 2 к4).

Pre-exposure prophylaxis (PrEP) for HIV was introduced in Kazakhstan in 2021 and has become an important part of the national strategy to combat the HIV epidemic¹ for all key populations. In 2020, WHO recommendations for the use of oral ARV drugs for prophylaxis were incorporated into the country's clinical guidelines, paving the way for the systematic implementation of PrEP. The state has been funding PrEP since 2021, with a particular focus on reaching MSM. In addition, with support from the Global Fund, a large-scale informational campaign is being implemented to raise awareness and build trust in prevention.

Initially, drugs were provided through AIDS centers and NGOs as part of the mandatory health insurance program. However, this system had serious limitations: only Kazakhstani citizens and those with a residence permit had free access to PrEP, while migrants and foreigners temporarily residing in the country were excluded from the program entirely¹. Even among the country's citizens, there remained a number of people who were unable or unwilling to turn to state medical institutions. The main barriers included fear of breaches of confidentiality, the need to provide passport information, and the stigma associated with visiting AIDS centers.

- ✓ Kazakhstan **is a leader** in Central Asia in terms of implementing innovative models for the provision of PrEP.
- ✓ In **2023**, PrEP was made available through six partner NGOs and **began being offered in pharmacies** in Almaty.
- ✓ In **2024**, access to PrEP through pharmacies was expanded to **Astana**.
- ✓ **The benefits of this approach** include greater access for migrants, ease of receiving drugs, reduced stigma, increased awareness, and reduced healthcare costs.

¹ Since the National HIV Strategy in the Republic of Kazakhstan is not formalized as a single, separate document, it is defined as part of the three-tiered state planning system. The State Program for Healthcare Development of the Republic of Kazakhstan for 2020–2025 defines objectives, which, in line with international commitments, define the guaranteed volume of free medical care for “continuing prevention measures to contain HIV infection in the concentrated stage.” – URL: <https://eecapatform.org/wp-content/uploads/2022/06/kazakhstan-otvet-vich-07.06.-1.pdf>

PREREQUISITES AND CHALLENGES

The idea of establishing an alternative way to access PrEP medications through pharmacies arose in 2021 amid growing awareness of the limitations of the existing system. An analysis of the situation revealed several key issues that required an innovative solution:

- ! A significant portion of potential PrEP clients remained **outside the state program** due to their legal status. Migrants from Russia, Ukraine, Belarus, Kyrgyzstan, and other countries temporarily residing or working in Kazakhstan lacked access to free prevention, despite often being at risk for HIV infection.
- ! Secondly, there were significant barriers to accessing PrEP. Many potential users (even Kazakhstani citizens) were wary of visiting AIDS centers, as this required providing identification documents and the creation of medical records. This problem was particularly acute for members of the LGBT community and other stigmatized groups.
- ! The geographical accessibility of AIDS centers was **limited**, especially in regions where specialized medical facilities are located only in large cities. Pharmacy chains, on the other hand, have a much wider presence in various regions of the country and, theoretically, could provide access to medications in even the most remote communities.

In 2021, an opportunity arose to address these issues thanks to a project that, among other things, supported the availability of PrEP medications in the retail pharmacy network of the Republic of Kazakhstan. However, there were significant challenges to implementing the concept of providing PrEP through pharmacies. Even after successful negotiations with the drug manufacturer and donor support for the procurement process, the main issue for pharmacies remained economic feasibility. According to the project's initiator, Sergey Biryukov, Director of the AGEPC Public Foundation: *"We found that many pharmacies refused to stock this medication. They said, 'Why should we buy something that is already provided free of charge through the state?' But we knew that there were people for whom this was not an option."* Pharmacies, unlike state-run medical institutions, were primarily driven by commercial interests and were reluctant to negotiate the purchase of medications with potentially low demand. Furthermore, there was a lack of experience implementing similar programs in the region, creating uncertainty regarding the practical aspects of implementation.

IMPLEMENTATION PROCESS

1

STUDY OF THE LEGISLATIVE FRAMEWORK

Bringing the idea to life required **a year and a half** of intensive work and coordination with various stakeholders. The **first step** was studying the country's legal framework for the possibility of selling PrEP medication through retail outlets.

2

NEGOTIATIONS WITH MANUFACTURERS

The next important step was **negotiations with the drug's manufacturer** and its official distributor in Kazakhstan. These negotiations proved challenging, as the manufacturer had no experience working with retail pharmacies in the context of PrEP and was initially wary of the proposal.

3

AGREEMENT ON SUPPLY

The negotiations resulted in an **agreement to supply 200 packages of the drug** for retail sale, although, according to the project's initiators, the initial request was for only 50 packages. This number was significantly higher than the organizers had expected, but the manufacturer decided to start with a larger batch to test real market demand. This shipment marked a **historic milestone for the entire Central Asian region**: for the first time, PrEP drugs were available for retail sale and actually accessible to a wider range of people.

4

CHOOSING A PARTNER

The next critical step was **choosing a partner among pharmacy chains**. After analyzing various options, the decision was made to partner with the "Sadykhan" pharmacy chain²; one of their pharmacies is located in Almaty, right next to the city's AIDS center. This strategic location allowed clients to receive a prescription at the AIDS center (as this drug requires a prescription) following a consultation with a doctor, and then immediately purchase the medication at the pharmacy, minimizing inconvenience and time spent. The "Sadykhan" pharmacy network was chosen because of a previously established partnership formed under the "Almaty Model for Epidemic Control" project, which was implemented by a consortium of governmental, international, and non-governmental organizations with financial support from the Elton John AIDS Foundation. The "Sadykhan" pharmacy chain distributed oral rapid HIV tests to high-risk populations. Thanks to this partnership, the "Sadykhan" pharmacy chain's management agreed to sell PrEP medication through its pharmacy.

² URL: <https://sadykhan.kz/istoriya/>

5

PROCUREMENT OF THE DRUG

Initially, **procurement** was based on the principle of «testing demand step-by-step.» The pharmacy initially ordered only five packages, but after seeing that clients were regularly purchasing the drug, it confidently began to increase the amount procured. This flexible approach not only helped reduce financial risks for the pharmacy but also ensured continuity across the AIDS center, the NGO, and its clients.

6

COOPERATION WITH NGOS

Public organizations played a crucial role in creating and maintaining demand for the drug. They took on the responsibilities of **raising awareness among target audiences**, managing waitlists via popular messaging apps such as Telegram and WhatsApp, and coordinating the flow of clients. NGOs informed interested individuals about the drug's arrival at pharmacies and referred them to appropriate, friendly doctors to obtain prescriptions.

7

NETWORK OF FRIENDLY DOCTORS

In order to facilitate the receipt of prescriptions, an existing **network of friendly doctors** who had undergone specialized training on PrEP as part of the “Almaty Model for Epidemic Control” (AMEC) project was utilized. This network included not only doctors from AIDS centers, but also various friendly specialists from private clinics recommended by the community, including gynecologists, urologists, endocrinologists, and practicing physicians from the LGBT community. This decision proved crucial for increasing client trust, as many preferred to see doctors who better understood their needs and did not ask intrusive questions.

8

ACCOUNTING MECHANISM

To monitor the program's effectiveness, a simple yet effective **accounting mechanism** was developed. According to the established procedure, the pharmacy collected all prescriptions for PrEP drugs, and a medical worker at the friendly clinic of the AIDS center collected these prescriptions monthly for subsequent analysis and data entry into a dedicated database. This made it possible to track sales trends, analyze client needs, and plan future purchases.

A standard operating procedure (SOP) «Procedure for Providing Pre-Exposure Prophylaxis (PrEP) for HIV Infection through Pharmacies» for program implementation was developed and approved by order of the AIDS Center Director as part of the AMEC project and coordinated with the Kazakh Scientific Center for Dermatology and Infectious Diseases (KSCDID). The SOP establishes a clear action plan for ensuring access to PrEP medications on a paid basis, including working with clients who are unable to obtain free medications, such as foreign citizens or those unwilling to provide identification documents. The procedure covers the entire cycle: from initial consultation and rapid testing to issuing prescriptions, purchasing drugs at the pharmacy, and subsequent monitoring (see Appendix 1).

RESULTS AND IMPACT

During the period of active program implementation from 2023 to 2024, **121** packages of PrEP were sold through the pharmacy chain. The price for end consumers ranged from 7 to 15 USD, depending on the city and pharmacy. The drugs were most affordable in Astana, while the highest prices were in Almaty.

121 packages of PrEP drugs were sold through the pharmacy chain



“Nowhere in Central Asia were these medications available in pharmacies. The first time in the region that PrEP medications were available in pharmacies was in Almaty and Astana. According to unofficial information, patients from neighboring countries traveled to Almaty to purchase PrEP medications from pharmacies.”

Sergey Biryukov

An analysis of the client base showed that the program had indeed **achieved its primary goal** of expanding access to PrEP for previously inaccessible population groups. A significant portion of purchasers were migrants from various countries: Russia, Belarus, Ukraine, Kyrgyzstan, and Tajikistan. In addition, the drugs were also purchased by citizens of Kazakhstan, who, for various reasons, preferred obtaining prevention drugs anonymously.

SUCCESS STORY FROM IMPLEMENTATION

A clear example of the pharmacy model's effectiveness was the case of a Russian couple preparing for a trip to Thailand. The day before their flight, they learned that they urgently needed a refill of their medication to continue their preventative care. At the pharmacy, they were told, «We're out of stock.» It seemed like a hopeless situation—they had a flight two days later, and the medication was out of stock.

«We called the “Sadykhan” pharmacy and arranged for a delivery. And they eventually received 10 packages on time,» recalls one of the project participants.

In just two days, the partners were able to organize delivery: the pharmacy, supplier, and project team worked together seamlessly. Thanks to this efficiency, the clients received the necessary drugs just before their departure.

It’s important to note that the project’s specific nature means it was not designed to generate numerous outstanding «success stories.» However, it is precisely episodes like this that demonstrate the vital importance of the pharmacy model. This case clearly demonstrates its key advantage: flexibility and the ability to quickly respond to people’s urgent needs. Where the traditional government system, with its bureaucratic procedures, would have proven too slow, the pharmacy model has demonstrated its effectiveness and value.

The success of the Almaty pilot led to the program’s geographic expansion. A second point of sale opened in Astana in 2024, where it was possible to sell the PrEP drugs for a significantly lower price – \$7 versus \$15 in Almaty. This price difference demonstrated the potential for further cost reduction as the program scales up and procurement volumes increase.

ANALYSIS OF SUCCESSES AND LESSONS LEARNED



“It was a breakthrough that seemed impossible for Central Asia. Everyone was asking: How did you do it?”

Mira Sauranbaeva, Vice President of the KMPA, friendly obstetrician-gynecologist

A retrospective analysis revealed **success factors and key barriers** to program development.

WHAT HELPED ACHIEVE SUCCESS



Effective partnership of various participants. All participants worked together seamlessly: the distributor purchased the drugs, the pharmacy sold them, doctors provided consultations to patients, and NGOs informed people about the possibility of obtaining PrEP medications with a prescription. Each person fulfilled their role, creating synergies



“This can truly be called a success story: thanks to cooperation and the ability to establish communication with partners, the drugs were brought into the country and were made available to people, and a new and little-known drug appeared in a 24-hour pharmacy near the AIDS center.”

Mira Sauranbaeva



Convenient location of the pharmacy. Locating the pharmacy next to the AIDS center proved to be a key strategic decision. Patients could immediately obtain the medication they needed after consulting with a doctor, which was highly convenient.




Purchases in small batches. The pharmacy avoided risking large sums of money by purchasing the drug in small quantities. This was especially important at the beginning, when no one knew how high the demand would be.



Friendly doctors with an understanding of the needs of patients. The program involved doctors with various specializations who demonstrated a non-judgmental and friendly approach toward clients. This increased patient trust and expanded their ability to obtain prescriptions.



WHAT HINDERED PROGRAM DEVELOPMENT

-  **Insufficient dissemination of information** among the target audience. The main problem was that people simply did not know the drug was available in pharmacies. Initially, NGOs actively shared this information, but their enthusiasm eventually faded.

“

“Creating demand is a collective effort that must primarily involve the people closest to those who need these drugs.”

Sergey Biryukov

-  **Competition with free drugs.** Many patients preferred to wait for free distribution through NGOs or government programs, rather than buying drugs at the pharmacy with their own money.
-  **Problems with funding work to raise awareness.** The NGOs that were supposed to educate people about the program and coordinate such work lacked stable funding for this activity. Without regular funding, such work is unsustainable.

STRATEGIC IMPORTANCE AND FUTURE PROSPECTS

SIGNIFICANCE OF THE KAZAKHSTANI EXPERIENCE

Kazakhstan's model of selling PrEP through commercial pharmacies has opened a new chapter in regional HIV prevention. For the first time in Central Asia, both the fundamental feasibility and the **practical effectiveness of using pharmacy chains as an alternative channel for accessing prevention medications** has been proven.

**Pharmacy chains
as an alternative channel
for accessing prevention
medications**

“

“This was a precedent for Central Asia... because this had definitely never happened in Central Asia,” notes one of the project participants, emphasizing the uniqueness of the experience for the region. “We had partners from Kyrgyzstan who also sent their clients to us so they could buy the drugs.”

An analysis of the program's implementation revealed the **absence of any fundamental legislative obstacles** to the implementation of the pharmacy model. “We studied the legislative framework of the Republic of Kazakhstan and have not found any barriers that would prevent the placement of this category of drugs in the retail pharmacy network,” confirms Sergey Biryukov, the project's initiator. All identified barriers are purely organizational and informational in nature, which opens up ample opportunities for replicating the experience, provided the necessary resources and political support are mobilized.

For migrants and mobile populations, who often remain under the radar of government programs, **commercial pharmacies are becoming a vital access point for prevention**. Central Asia is experiencing one of the fastest growing HIV epidemics in the past decade, which makes expanding access to PrEP particularly urgent.

The experience of this innovative approach has laid the methodological foundation for expanding the program throughout Kazakhstan and abroad. The developed algorithms for interaction, established partnerships, and the competencies accumulated create a solid foundation for scaling up the initiative.

STRATEGIC PRIORITIES FOR DEVELOPMENT

Overcoming the identified barriers requires a systematic approach and concentration of efforts in several key areas.

- ✓ **Work to raise awareness** should be a top priority. An analysis of experience has revealed the critical importance of this component. Active work by NGOs and the use of online channels will help disseminate information to the target audience about the availability of PrEP in pharmacies.
- ✓ **Expansion of the program to various regions** of the country could, with adequate funding, become an important goal in the coming years. This will ensure access to HIV prevention for residents of remote areas where AIDS centers do not exist or are difficult to access.
- ✓ **Including pharmacies in the state HIV prevention system** could ensure more stable funding and better coordination of all participants. This would also improve the quality of medical support for clients and enhance monitoring of the effectiveness of prevention programs.

Implementation of this set of measures will not only consolidate the achieved results but also elevate the quality of the program, transforming it into a fully-fledged regional model for HIV prevention.

The project was made possible thanks to funding from the Elton John AIDS Foundation.

APPENDIX

ALGORITHM FOR RECEIVING PREP DRUGS THROUGH PHARMACY CHAIN

STEP 1

INITIAL CONTACT AND INFORMATION

Target group:

- * Foreign citizens;
- * Clients who do not wish to provide identification documents;
- * Persons who are not entitled to receive free medications under the state-mandated health insurance program.

Actions of PrEP doctor:

- * Informing the client about the possibility of purchasing PrEP drugs for a fee through the pharmacy chain;
- * Obtaining the client's consent to receive the drugs on a paid basis.

STEP 2

RISK ASSESSMENT AND CONSULTATION

Procedure:

- * Conducting screening for risk of HIV infection;
- * Counseling on the correct use of PrEP;
- * Entering client data into the "E-PrEP" database.

Person responsible: PrEP doctor.

STEP 3

RAPID HIV TESTING

Procedure: Anonymous rapid HIV testing in a friendly clinic.

Possible results:

- * **Positive result:** The client is referred to the epidemiological department for further HIV testing.
- * **Negative result:** Go on to the next step.

ЭТАП 4**PRESCRIPTION*****Following a negative test result:***

- * Standard prescription form (Form No. 078/u) is issued for the drug to the pharmacy chain;
- * Prescription stub is retained by the doctor;
- * Prescription is issued to the client;
- * Prescription is immediately recorded in the “E-PrEP” database.

STEP 5**ADDITIONAL EXAMINATIONS** *(for those starting PrEP for the first time)****Recommended tests:***

- * ELISA for viral hepatitis B and C;
- * Blood creatinine.

Specifics:

- * The client can undergo testing at any convenient laboratory for a fee;
- * Results must be provided to the doctor within a month.
- * Results are entered into the patient’s medical record and the “E-PrEP” database.

STEP 6**PURCHASE OF THE DRUG IN A PHARMACY*****Actions of the client:***

- * Independently purchases PrEP medication from the “Sadykhan Social Pharmacy” LLC;
- * Presents the prescription to the pharmacist.

Actions of the pharmacy:

- * Prescription form remains at the pharmacy after the drug is sold.

STEP 7**COLLECTION AND TRANSFER OF PRESCRIPTIONS**

Frequency: 1 time per month (1st of the following month)

Procedure:

- * Prescriptions are collected at the pharmacy;
- * They are transferred to a nurse at the friendly clinic;
- * The nurse provides the prescriptions to the PrEP doctor.

STEP 8

DATA VERIFICATION AND MONITORING

Monthly procedures (before the 5th of each month):

- * PrEP physician verifies written prescriptions against those received from the pharmacy;
- * Enters data on PrEP medications obtained at the pharmacy into the “E-PrEP” database;
- * Prepares a report on the number of clients who received PrEP through the pharmacy network.



PRINCIPLES OF CONFIDENTIALITY

Mandatory requirements:

- * Strict adherence to principles of confidentiality when transmitting monitoring results;
- * Prohibition on disclosure of patient information to third parties;
- * Anonymity of procedures for clients who do not wish to provide identification documents.



PERSONS RESPONSIBLE

- * Head of the Treatment and Prevention Department;
- * Doctor from the friendly clinic responsible for PrEP;
- * Infectious Disease Doctor responsible for PrEP;
- * Nurse of the friendly clinic;
- * Pharmacist.

Source: Standard operating procedures “Procedure for Providing Pre-Exposure Prophylaxis (PrEP) for HIV Infection through Pharmacies”, Almaty Center for the Prevention and Control of HIV/AIDS, 2023.

