



BARRIERS AND FACILITATORS FOR PREP DELIVERY IN KAZAKHSTAN

This publication was developed and published as part of the regional project «Sustainability of Services for Key Populations in Eastern Europe and Central Asia (EECA) — #iSoS: Empowerment and Innovation,» implemented by a consortium of organizations led by the ICF «Alliance for Public Health» with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The views expressed in this document are solely those of the authors and do not necessarily reflect the views or opinions of the ICF «Alliance for Public Health» or the Global Fund to Fight AIDS, Tuberculosis and Malaria. The contents of this publication may be freely copied and used for educational and other non-commercial purposes, provided that each such use is accompanied by an acknowledgement of ECOM as the source.

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EXECUTIVE SUMMARY

This technical desk review thoroughly evaluates the factors influencing the delivery of pre-exposure prophylaxis (PrEP) in the Republic of Kazakhstan. Based on national legal acts, ministerial orders, clinical protocols, and programme reports, it outlines the country's progress in integrating PrEP into its national HIV prevention framework. It identifies key enablers such as strong political commitment, PrEP being included in the Guaranteed Volume of Free Medical Care (GVFMC), and the development of standardised clinical guidelines. However, it also highlights persistent barriers, including fragmented service delivery, limited collaboration with community organisations, and stigma among healthcare providers.

Important milestones achieved by Kazakhstan include incorporating PrEP into state-funded healthcare, developing a national clinical protocol (Order No. КР ДСМ-180/2023) and including PrEP medicines on the list of reimbursed pharmaceuticals (Order No. КР ДСМ-75/2021). Nevertheless, PrEP uptake remains uneven across regions, with services primarily concentrated in urban centres such as Almaty, Astana, and Shymkent. Rural populations, migrants and certain key population groups still face barriers related to geography, stigma and limited awareness.

The report concludes with targeted policy recommendations to strengthen coordination, decentralise PrEP services, enhance provider capacity and leverage digital innovation. By consolidating its regulatory achievements and addressing implementation gaps, Kazakhstan is well positioned to serve as a regional leader in biomedical HIV prevention.

INTRODUCTION

Over the past two decades, Kazakhstan's national response to HIV has evolved significantly, transitioning from a donor-dependent system to a domestically financed, government-led approach. The country's HIV epidemic remains concentrated, with the highest prevalence rates observed among men who have sex with men (MSM), people who inject drugs (PWID) and sex workers. According to national surveillance data, around 30,000 people are living with HIV in Kazakhstan, with an estimated adult prevalence rate of 0.3%. While parenteral transmission once dominated, HIV transmission patterns have shifted, with sexual transmission now accounting for nearly 70% of new infections. The continued growth of the epidemic among MSM and other key populations highlights the urgent need for more prevention tools.

In line with WHO and UNAIDS recommendations, Kazakhstan has introduced pre-exposure prophylaxis (PrEP) as a strategic biomedical intervention for individuals at substantial risk of HIV exposure. Since 2020, PrEP has been recognised as part of the country's Guaranteed Volume of Free Medical Care (GVFMC) under Article 99 of the Health Code (No. 360-VI ZRK). This legislative commitment marked a turning point in the institutionalisation of HIV prevention, positioning Kazakhstan as a pioneer in Central Asia by adopting PrEP as part of the national healthcare system.

Initially, PrEP was introduced through pilot projects in selected urban areas, primarily targeting MSM and sero-discordant couples. As of 2024, PrEP services are available through AIDS centres and select dermatovenerological dispensaries in major cities. Despite these advances, PrEP coverage remains limited relative to the estimated need, with uptake concentrated among a small proportion of those who are eligible. Challenges persist in scaling up services across all regions, integrating PrEP into primary healthcare and ensuring that community organisations are formally recognised as service delivery partners.

This review aims to synthesise existing evidence from policy, regulatory and programme sources to provide an in-depth understanding of the enabling environment and the remaining barriers to PrEP delivery. The review seeks to inform strategic decision-making by identifying areas for improvement in governance, financing, training and community engagement.

METHODS

This desk review used a structured analytical framework that combined policy analysis and thematic synthesis. The aim was to evaluate the influence of Kazakhstan's legal, clinical and programme environment on the implementation and scaling up of PrEP. The analysis concentrated on regulatory foundations, service delivery mechanisms, financing and community engagement.

DATA SOURCES

Primary sources included the following regulatory and programmatic documents:

- Code on the Health of the People and the Healthcare System (No. 360-VI ZRK, 2020)
- Order No. ҚР ДСМ-137/2020 on HIV prevention measures
- Clinical Protocol on HIV Infection in Adults No. 180 (March 17, 2023)
- Order No. ҚР ДСМ-45/2022 on licensing of pharmaceutical activities
- Order No. ҚР ДСМ-148/2020 on qualification requirements for medical and pharmaceutical practice
- Order No. ҚР ДСМ-75/2021 on the list of medicines for free and preferential provision
- Consultant reports and regional consultation notes from 2024 on PrEP implementation in Central Asia.

ANALYTICAL APPROACH

The analysis involved three key steps: (1) document review and categorisation by thematic area (policy, financing, delivery and community systems); (2) extraction of key provisions relevant to PrEP regulation and service delivery; and (3) synthesis of these provisions into barriers and facilitators according to the WHO PrEP Implementation Framework. Consistency was ensured by triangulating findings across legal and programmatic documents.

LIMITATIONS

Поскольку данный анализ основан на обзоре вторичных данных, он не включал интервью со стейкхолдерами или сбор полевых данных. Результаты отражают национальный контекст по состоянию на 2024 год. Отсутствие стандартизованных индикаторов отчётности по ДКП затрудняет межрегиональные сравнения.

FINDINGS

Regulatory and Policy Environment

Kazakhstan has established one of the most comprehensive and progressive regulatory environments for integrating pre-exposure prophylaxis (PrEP) into the national HIV response in Central Asia. The Code on the Health of the People and the Healthcare System of the Republic of Kazakhstan (No. 360-VI ZRK, adopted in July 2020) forms the basis of this legislation. Articles 99 and 160 of the Code explicitly recognise HIV prevention, including pre- and post-exposure prophylaxis, as part of the Guaranteed Volume of Free Medical Care (GVFMC). This legal inclusion ensures that individuals at risk of HIV infection can access PrEP services, supervision and medication free of charge as part of state-funded healthcare.

The adoption of these legal provisions represents a significant policy development, shifting the focus of HIV prevention in Kazakhstan from a donor-driven initiative to a fully institutionalised, nationally owned programme. They also establish clear state obligations to ensure the continuity and quality of PrEP provision, thereby integrating biomedical prevention into the country's long-term public health commitments.

Further operational guidance is provided by Order No. КР ДСМ-137/2020 of the Minister of Health, 'On the approval of rules for conducting measures to prevent HIV infection'. This order establishes a procedural framework for HIV prevention, encompassing pre- and post-exposure prophylaxis.

It outlines the responsibilities of healthcare institutions with regard to patient counselling, risk assessment, documentation and adherence support. Importantly, the order formalises PrEP as a medical intervention rather than a pilot or research activity, enabling its delivery through public healthcare facilities under standard clinical procedures.

The Clinical Protocol on HIV Infection in Adults No. 180, approved in March 2023, operationalises these legal commitments by specifying clinical eligibility criteria, laboratory monitoring requirements and follow-up procedures. It stipulates that PrEP should only be initiated after a documented HIV-negative result has been confirmed through a laboratory-based test (ELISA or ECLIA). The protocol recommends follow-up every three months, including repeat HIV testing and monitoring of renal function for individuals over 50 or with comorbidities, as well as adherence counselling. The document closely aligns with WHO guidelines (including the 2016 and 2021 updates), reflecting Kazakhstan's intention to align national standards with the best international practices.

The 2023 protocol also emphasises the importance of integrated service delivery, recommending that PrEP counselling, testing and clinical monitoring be provided alongside other preventive services, such as STI screening and hepatitis testing. By embedding PrEP into existing HIV and sexual health service structures, Kazakhstan can enhance programme efficiency and sustainability.

Complementing these clinical and preventive provisions are two key regulatory instruments that govern the pharmaceutical and professional domains of PrEP delivery. Order No. КР ДСМ-45/2022 establishes licensing requirements for pharmaceutical activities, including drug storage, quality control and distribution. It stipulates that only licensed pharmacies and healthcare institutions may handle medications containing controlled substances, such as antiretrovirals. These regulations are designed to uphold strict standards of storage, temperature control, humidity regulation and documentation, ensuring that all stages of PrEP medicine management comply with good pharmaceutical practice (GPP).

Meanwhile, Order No. КР ДСМ-148/2020 establishes the qualifications and certifications required for medical and pharmaceutical personnel, stipulating that only licensed physicians can prescribe PrEP. Pharmacists and nurses must work under supervision and have documented professional qualifications. While this framework ensures quality and accountability, it also limits the potential for task shifting or community-based dispensing, which could increase accessibility and reduce bottlenecks in high-demand regions.

Order No. КР ДСМ-75/2021 anchors financing and sustainability, and includes antiretroviral drugs used for PrEP – specifically tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) – in the List of Medicines and Medical Products for Free and/or Preferential Provision. This decision establishes PrEP funding within the national health budget and social insurance system, ensuring the continuous state procurement and distribution of medications. Integrating PrEP into the reimbursement system is a significant milestone as it ensures PrEP commodities are procured alongside ART and other essential medicines. This reduces dependence on external donors and fosters long-term sustainability.

However, despite this robust regulatory foundation, certain challenges remain. The complexity of the legal framework can hinder intersectoral coordination among health authorities, pharmacies and community organisations. Licensing and reporting requirements are highly centralised, limiting flexibility in adapting PrEP delivery to diverse contexts, such as community-based, online or mobile services. Furthermore, while the Health Code guarantees free access in principle, the administrative processes involved in procurement, prescription renewal and documentation can result in procedural delays affecting continuity of care for users.

Overall, Kazakhstan's regulatory and policy environment demonstrates a strong commitment to biomedical HIV prevention and closely aligns with international norms. The system provides legal protection, financial stability and clinical standardisation, but could benefit from greater flexibility to accommodate differentiated and community-led service delivery models. As the country transitions from policy development to large-scale implementation, optimising regulatory coherence and coordination will be essential to achieving equitable PrEP coverage nationwide.

Clinical and Operational Organization

In Kazakhstan, PrEP delivery is organised around a clinic-based service model, reflecting the centralised nature of the country's public healthcare system. Services are primarily provided through the existing network of AIDS centres, dermatovenerological dispensaries and selected primary healthcare organisations, which are overseen by regional health departments. While this model ensures medical oversight, standardised service provision and integration into the broader continuum of HIV care, it also presents challenges related to accessibility and service flexibility.

The pathway for delivering PrEP services is clearly outlined in the 2023 Clinical Protocol on HIV Infection in Adults No. 180. It begins with an individual risk assessment, during which clients receive counselling on sexual behaviours, prevention options, and adherence expectations. Following counselling, an HIV test is mandatory prior to initiation. The protocol stipulates that laboratory-based HIV testing methods only—enzyme-linked immunosorbent assay (ELISA) or electrochemiluminescence immunoassay (ECLIA)—are acceptable for PrEP initiation. Rapid tests are permitted only as an initial measure and must be followed by confirmatory testing in a certified laboratory. While this ensures diagnostic accuracy and patient safety, it can delay initiation for clients tested in community or outreach settings.

Once they have been confirmed as HIV-negative, eligible clients undergo a clinical evaluation, including screening for sexually transmitted infections (STIs), hepatitis B and C, and renal function tests where indicated. PrEP initiation is followed by quarterly monitoring, including repeat HIV testing, adherence counselling and reassessment of renal function for clients over 50 years of age or with comorbidities such as diabetes or hypertension. This structured follow-up aims to maintain adherence, ensure safety and enable the early identification of seroconversion.

The core PrEP medication regimen in Kazakhstan consists of tenofovir disoproxil fumarate (TDF) 300 mg and emtricitabine (FTC) 200 mg in a fixed-dose combination. These medicines are included in the List of Medicines and Medical Products for Free and/or Preferential Provision (Order No. КР ДСМ-75/2021), meaning they can be dispensed free of charge under the Guaranteed Volume of Free Medical Care (GVFMC). Drug distribution occurs through regional AIDS Centres and licensed pharmacies affiliated with healthcare institutions. Storage and dispensing adhere to strict requirements under Order No. КР ДСМ-45/2022, including temperature control (15–25 °C), humidity below 65%, and secure pharmaceutical documentation.

Despite the clarity of the clinical pathway and regulatory backing, accessibility to services remains limited beyond major urban centres. As of 2024, consistent PrEP provision has been established in Almaty, Astana, Shymkent and some oblast capitals, such as Karaganda and Pavlodar. Rural and semi-rural areas often rely on referral systems, meaning clients must travel long distances to access initiation or follow-up services. This geographical imbalance leads to delays in initiation, lower adherence and discontinuation among mobile and remote populations.

Decentralising services to the level of primary healthcare (PHC) would significantly increase reach, but this transition is gradual and hindered by the limited training of PHC providers in PrEP prescribing and follow-up procedures.

A key component of Kazakhstan's PrEP implementation ecosystem is the active involvement of non-governmental organisations (NGOs) and community-based organisations (CBOs). These entities have been instrumental in creating demand, educating clients, and linking them to care, particularly among men who have sex with men (MSM), transgender individuals, and sex workers. Through outreach, peer navigation and online communication platforms, NGOs raise awareness and support individuals throughout the PrEP process. However, current legislation prohibits NGOs from prescribing or dispensing antiretroviral drugs. Consequently, their role is limited to counselling, risk assessment, and referrals. The absence of legal mechanisms for community-based PrEP provision restricts the programme's scope and adaptability, particularly for populations who avoid formal healthcare due to stigma or confidentiality concerns.

The government and civil society have recognised these limitations and are exploring hybrid and innovative service models to expand access. In some regions, community-linked PrEP services have been piloted, in which NGOs conduct initial counselling and risk screening, followed by teleconsultations with physicians from AIDS centres who issue electronic prescriptions. Medication is then dispensed through partner pharmacies. While promising, these models remain at the pilot stage and are restricted to specific regions, pending formal regulatory approval for broader implementation.

Another emerging approach involves digitalising PrEP service delivery. Kazakhstan's ongoing digital transformation of healthcare under the "Digital Health 2025" strategy includes integrating electronic medical records, e-prescriptions and telehealth systems. PrEP has been identified as a potential area for digital service delivery, with efforts underway to create electronic adherence monitoring tools, SMS-based appointment reminders and online counselling platforms. If fully implemented, these digital tools could significantly improve client retention and continuity of care, particularly among young, mobile and tech-savvy populations.

From an operational standpoint, human resource capacity remains a critical determinant of PrEP service quality. While most AIDS centres employ infectious disease specialists and trained counsellors, the level of staff preparedness for PrEP-specific counselling varies widely. Training initiatives led by international partners such as UNAIDS, WHO and UNDP have improved provider competence, but continued in-service training and the development of standard operating procedures (SOPs) are needed to ensure consistency in counselling, risk assessment and follow-up management. Additionally, task-sharing approaches could expand the role of pharmacists, nurses, and social workers, enabling them to provide adherence support and client education under medical supervision.

Finally, monitoring and evaluation (M&E) systems for PrEP delivery are still in the early stages of development. While AIDS centres collect clinical data on initiation and follow-up, these indicators have not yet been fully integrated into the national electronic health information system. Consequently, national-level statistics on PrEP initiation, retention, and adherence are incomplete. A unified PrEP monitoring module within the existing Electronic Register of Health Services would enable real-time tracking of programme performance and support evidence-based decision-making.

In summary, although still maturing, Kazakhstan's clinical and operational organisation for PrEP is well-structured. The country has developed clear protocols, standardised procedures and reliable pharmaceutical supply systems. However, challenges remain in terms of decentralising services, ensuring equitable regional coverage, and integrating community and digital delivery mechanisms.

Essential steps toward achieving sustainable and scalable PrEP implementation nationwide include strengthening collaboration between government facilities and NGOs, expanding provider training, and embedding PrEP indicators into national data systems.

Financing and Sustainability

Kazakhstan's inclusion of pre-exposure prophylaxis (PrEP) within the Guaranteed Volume of Free Medical Care (GVFMC) and the national list of reimbursed medicines represents a pivotal step toward achieving financial sustainability and national ownership of biomedical HIV prevention. This transition from externally supported pilot initiatives to fully state-funded provision demonstrates the country's strong political will and strategic commitment to maintaining continuity of HIV prevention services.

Under the provisions of the Code on the Health of the People and the Healthcare System (2020), the GVFMC ensures that essential health services, including HIV prevention, treatment, and testing, are provided free of charge to eligible populations. The inclusion of PrEP under this scheme formally guarantees state-funded access to antiretroviral prophylaxis for all individuals at substantial risk of HIV exposure, as defined in the Clinical Protocol on HIV Infection in Adults No. 180 (2023). This decision places PrEP on par with other preventive health interventions, such as immunizations and screening programs, signifying a long-term policy commitment to prevention and health equity.

The financial structure of PrEP implementation is organized through centralized procurement mechanisms managed by the Ministry of Health and the National Center for Expertise of Medicines and Medical Devices. Procurement, storage, and distribution of PrEP medicines—primarily tenofovir disoproxil fumarate/emtricitabine (TDF/FTC)—are governed by the Order No. КР ДСМ-75/2021 “On the List of Medicines and Medical Devices for Free and Preferential Provision.” This order mandates the inclusion of PrEP drugs in the annual national procurement plan, ensuring a predictable supply financed through domestic resources. In parallel, the Order No. КР ДСМ-45/2022 regulates the licensing and quality assurance of pharmaceutical activities, requiring that procurement adhere to Good Manufacturing Practice (GMP) and Good Distribution Practice (GDP) standards. These measures collectively ensure the quality, safety, and continuity of PrEP supply chains across all regions of the country.

The transition to full domestic financing marks a significant milestone in Kazakhstan's HIV program evolution. Historically, HIV prevention—including PrEP introduction and demonstration projects—was heavily supported by international partners such as the Global Fund, UNAIDS, and UNDP. Between 2018 and 2021, pilot initiatives in Almaty and Shymkent were funded primarily through donor mechanisms, which allowed the country to test service delivery models and assess acceptability among key populations. By 2022, the government had fully absorbed PrEP financing into its national health budget, thus institutionalizing PrEP as part of the public healthcare system rather than a temporary donor-driven intervention.

Despite this progress, several challenges in financial and logistical management persist. Regional disparities in procurement capacity and distribution efficiency remain evident. While the national procurement system ensures overall drug availability, local facilities occasionally experience shortages or delivery delays, particularly in remote oblasts. These issues stem from uneven demand forecasting, variations in patient uptake, and procedural delays in the approval of regional requisitions. In some cases, PrEP stocks are reported to accumulate in urban centers, while peripheral facilities face short-term stockouts, disrupting continuity of medication for clients. Strengthening data-driven forecasting and introducing flexible redistribution mechanisms would mitigate these imbalances and improve equity in service delivery.

The question of budgetary prioritization also affects long-term program stability. Within Kazakhstan's broader health financing framework, HIV prevention competes with other national priorities such as non-communicable diseases, maternal and child health, and pandemic preparedness. While current allocations cover PrEP drug procurement and basic clinical follow-up, associated costs—including laboratory diagnostics, training, monitoring, and outreach—are not always explicitly budgeted. These ancillary expenditures are often absorbed by AIDS Centers or local governments, placing additional strain on limited institutional resources. Developing a comprehensive PrEP financing model that integrates these components into formal budget planning would enhance transparency, sustainability, and program efficiency.

An important consideration for the future is the potential integration of PrEP into the Compulsory Social Health Insurance (CSHI) system, which Kazakhstan has expanded since 2020. Although PrEP is currently financed under the GVFMC, alignment with the CSHI framework could diversify funding sources and enable private sector participation in service delivery. Such integration would also allow individuals who prefer private healthcare providers to access PrEP through insurance coverage, reducing the burden on public institutions. Additionally, exploring public–private partnerships could facilitate the expansion of PrEP services into underserved regions, leveraging private pharmacy networks and telemedicine platforms.

From a macroeconomic standpoint, domestic financing for PrEP represents both a cost-effective and health-promoting investment. International evidence consistently demonstrates that expanding PrEP coverage significantly reduces new HIV infections and, consequently, long-term treatment expenditures. In Kazakhstan, where the state fully covers the cost of antiretroviral therapy (ART), scaling up PrEP is expected to generate measurable savings in healthcare spending by preventing new infections. However, these economic benefits depend heavily on program efficiency, high adherence rates, and strategic targeting toward populations at highest risk of HIV acquisition.

To reinforce the financial sustainability of PrEP, several key measures should be prioritized. First, Kazakhstan should institutionalize multi-year budget planning for PrEP procurement and implementation, aligning it with the national HIV strategy and informed by realistic projections of demand. Second, a PrEP-specific financial monitoring system should be developed to track expenditures on drugs, laboratory services, and human resources. Third, establishing national and regional buffer stocks would prevent local shortages and improve resilience to supply chain disruptions. Fourth, incorporating cost-effectiveness analyses into annual planning cycles would strengthen advocacy for sustained investment. Finally, exploring regional procurement mechanisms or domestic production of TDF/FTC could reduce unit costs and safeguard supply security.

In summary, Kazakhstan has laid a solid financial foundation for PrEP delivery by embedding it within the GVFMC, institutionalizing it in the national procurement system, and securing dedicated public funding. While the framework ensures long-term sustainability, attention must now shift toward optimizing financial management, forecasting, and accountability. Achieving full financial maturity for PrEP will require not only sustained political commitment but also strategic innovation to ensure that resources are used efficiently, equitably, and transparently.

Вовлечение сообществ и стейкхолдеров

Civil society organizations have been central to Kazakhstan's PrEP landscape since the earliest stages of program introduction, playing a decisive role in demand generation, awareness raising, and adherence support among populations at increased risk of HIV infection. The effectiveness of PrEP delivery in the country depends not only on medical and regulatory systems, but also on the strength of community engagement and trust-building mechanisms. As the HIV epidemic in Kazakhstan remains concentrated among key populations—particularly men who have sex with men (MSM), transgender people, sex workers, and people who inject drugs (PWID)—the involvement of civil society is essential to ensure that services are acceptable, accessible, and responsive to clients' needs.

Community-based organizations (CBOs) and non-governmental organizations (NGOs) have become the primary interface between the public health system and vulnerable communities. Through outreach activities, peer navigation, and digital communication channels, they provide information on HIV prevention options, promote PrEP literacy, and guide individuals through testing and initiation procedures.

Community-led initiatives employ diverse approaches to reach potential PrEP users. Peer counseling and social media outreach have proven particularly effective in generating demand among MSM and young urban populations. Digital campaigns on platforms such as Telegram, Instagram, and Grindr provide accurate information about PrEP, challenge misinformation, and connect users to friendly healthcare providers. Many NGOs maintain hotlines and online consultation services, where trained peer educators or outreach workers offer confidential counseling and referrals to the nearest AIDS Center. This low-threshold, trust-based engagement is crucial for reaching individuals who might otherwise avoid formal health institutions due to stigma or fear of disclosure.

Despite these successes, community participation in PrEP delivery remains structurally constrained by legal and regulatory barriers. Under existing legislation, NGOs are not permitted to prescribe, dispense, or store medications, including antiretroviral drugs used for PrEP. Their role is limited to prevention education, risk assessment, and referral to licensed medical facilities. This regulatory limitation prevents the development of community-led or decentralized delivery models, such as same-day PrEP initiation, mobile distribution, or pharmacy-based continuation refills, which have been adopted in several other middle-income countries. Consequently, even when NGOs successfully motivate potential users, clients must still navigate multiple steps—testing, medical consultation, and prescription—before receiving medication. Each step introduces additional logistical and psychological barriers, leading to drop-offs along the PrEP cascade.

Nonetheless, collaboration between AIDS Centers and NGOs has expanded and gradually improved in recent years. In several regions, partnerships have been formalized through memoranda of understanding, allowing community organizations to conduct client referrals, accompany individuals to clinical appointments, and participate in awareness campaigns. AIDS Centers increasingly rely on NGO staff for community mobilization, education, and data collection during outreach campaigns. However, these collaboration frameworks remain project-based, informal, and inconsistently funded, with no dedicated budget line in the national HIV program for community service delivery. This limits scalability and continuity, as NGO activities are often dependent on short-term donor funding rather than stable institutional support.

The funding architecture for community engagement in Kazakhstan has undergone major shifts as the country transitions to domestic financing. Historically, NGOs received substantial support from the Global Fund and UN agencies for prevention, advocacy, and capacity-building activities.

As external funding declined, community organizations began seeking integration into national systems through state social contracting mechanisms. While several HIV-related projects have been successfully implemented through this model, the contracting process remains competitive and administratively complex, often favoring larger organizations with established infrastructure. Smaller, community-led groups—especially those representing marginalized populations—continue to face barriers to accessing state funds despite their deep grassroots connections.

Another important aspect of community engagement lies in the promotion of adherence and long-term retention among PrEP users. Peer-led adherence programs, online reminder tools, and group discussions have proven effective in maintaining motivation and addressing misconceptions about side effects or perceived stigma. NGOs have developed creative retention strategies, such as “PrEP Champions” initiatives and community-based follow-up systems, which use peer networks to maintain contact with clients who have discontinued medication. Integrating these grassroots mechanisms into the formal health system could significantly improve retention outcomes.

At the policy level, the institutionalization of community participation remains an area for further development. Although Kazakhstan’s National HIV Strategy and related Ministry of Health regulations recognize the role of NGOs, there is no standardized mechanism for incorporating community-based indicators into national monitoring frameworks. As a result, the contribution of civil society to PrEP uptake and adherence is often under-reported in official statistics, limiting the ability to measure their impact and advocate for greater inclusion. Establishing a formal Community Engagement Framework—with clear roles, funding modalities, and performance indicators—would align Kazakhstan’s approach with international best practices promoted by UNAIDS and WHO.

The emergence of digital technologies and telemedicine offers promising new avenues for community engagement. Several NGOs have begun integrating digital tools into their outreach strategies, offering online risk assessment surveys, appointment booking, and virtual counseling sessions with healthcare providers. These innovations not only improve accessibility for clients in remote or conservative regions but also provide discreet and stigma-free ways to access information and services. Partnerships between NGOs and digital health platforms could play a transformative role in the next phase of PrEP scale-up.

In conclusion, civil society organizations are the backbone of Kazakhstan’s PrEP demand generation and client support ecosystem. Their unique positioning within communities allows them to bridge structural gaps between at-risk populations and formal healthcare systems. However, realizing the full potential of community engagement requires structural reforms—specifically, legal authorization for differentiated service delivery, stable public financing, and formal integration into national health governance mechanisms. Empowering NGOs and community leaders as equal partners in PrEP delivery will be key to sustaining progress and achieving equitable access for all individuals at risk of HIV infection in Kazakhstan.

BARRIERS AND FACILITATORS

The review identified systemic, operational, and sociocultural barriers, as well as enabling factors that can support program scale-up.



BARRIERS

- 1** Regulatory rigidity: licensing restrictions prevent flexible community-based or pharmacy-led models.
- 2** Service concentration: PrEP is primarily urban, limiting access for rural and mobile populations.
- 3** Weak data integration: national electronic systems lack PrEP-specific indicators.
- 4** Provider-level stigma and limited training reduce uptake and adherence.
- 5** Fear of disclosure among key populations limits demand.
- 6** Uneven supply chains occasionally cause local shortages.



FACILITATORS

- 1** Strong political commitment and state financing ensure program continuity.
- 2** Alignment with WHO standards provides technical credibility.
- 3** Established network of AIDS Centers facilitates clinical oversight.
- 4** Active NGO participation strengthens community linkage.
- 5** Expansion of digital health systems offers opportunities for innovation.

POLICY RECOMMENDATIONS

- 1** Strengthen coordination by establishing a national PrEP steering group to oversee implementation, standardization, and monitoring.
- 2** Integrate PrEP into primary healthcare to ensure universal accessibility.
- 3** Introduce task-sharing mechanisms allowing trained nurses and pharmacists to dispense PrEP.
- 4** Develop electronic PrEP registries linked to national health databases.

- 5** Expand professional training and stigma reduction initiatives for healthcare workers.
- 6** Institutionalize collaboration with NGOs through service contracts.
- 7** Implement nationwide awareness campaigns promoting PrEP as part of preventive health.
- 8** Strengthen logistics management and procurement forecasting.
- 9** Develop telemedicine and online prescription models.
- 10** Facilitate cross-border access for migrant populations within the Eurasian Economic Union.
- 11** Expand PrEP services and consider inclusion of Long-acting forms of PrEP as an additional method for HIV prevention.

