



SITUATION AND ECONOMIC ANALYSIS OF HIV SERVICES FOR INTERNATIONAL MIGRANTS IN KAZAKHSTAN

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LIST OF ABBREVIATIONS

RK - Republic of Kazakhstan

MOH - Ministry of Health

TB - tuberculosis

HIV - human immunodeficiency virus

AIDS - acquired immunodeficiency syndrome

NGO - non-governmental organisation

ART - antiretroviral treatment

ARV drugs – antiretroviral drugs

MSHI- Mandatory Social Health Insurance

SHIF- Social Health Insurance Fund

GAFMC - Guaranteed Amount of Free Medical Care

VHI - voluntary health insurance

GF - Global Fund

RF - Russian Federation

KP - key populations

PLHIV - people living with HIV

EEU - Eurasian Economic Union

EU - European Union

CIS - Commonwealth of Independent States

STI - sexually transmitted infections

EECA - Eastern Europe and Central Asia

SKP - Samruk-Kazyna-Pharmacy LLP, SK-Pharmacy LLP, single distributor of medicines in the Republic of Kazakhstan

PHC - primary health care

KSCDID - Kazakh Scientific Center of Dermatology and Infectious Diseases

SUMMARY

This report presents the results of a situational and economic analysis conducted in 2021-2022, which examined the availability of health care to HIV-positive migrants temporarily residing in the Republic of Kazakhstan, and analysed the barriers and trajectories of their overcoming in access to health care for international migrants living with HIV. The study was conducted in two phases: desk research with the study of international and domestic research and analysis of empirical data obtained through semi-structured interviews with HIV-positive migrants (17) and AIDS service specialists (7).

The Republic of Kazakhstan is one of the EECA countries that receives a large number of international migrants; at the same time, international migrants living with HIV are not deported from the country. Since 2011, HIV has been excluded from the list of diseases prohibiting entry to Kazakhstan. Since 2020, with the release of the new version of the Code 'On Public Health and Healthcare System', foreign nationals, including those living with HIV, who are permanently residing in Kazakhstan and have a residence permit, are entitled to free medical care as a part of the National Guaranteed Amount of Free Medical Care (GAFMC).

A desk study, as well as a survey of patients, made it possible to identify legislative and financial barriers to receiving medical care. Despite the legal possibility of obtaining a residence permit, which would guarantee free medical care to HIV-positive migrants, foreign nationals must undergo an HIV test. A positive result subsequently becomes a barrier when submitting documents to the migration service - employees refuse to accept documents from such international migrants to obtain residence permits. The results of the survey testify to the social vulnerability of international HIV-positive migrants, which prevents them from legalization, official employment, access to affordable medical care and other HIV services. Only 170 HIV-positive international migrants receive ART treatment within the Global Fund project and the rest have no access to free treatment. The absence of ART in the pharmacy network makes it impossible to obtain it even on a fee basis.

The results of the economic analysis show that the timely provision of free antiretroviral therapy to international migrants living with HIV reduces the burden on the health care budget of Kazakhstan by many times.

INTRODUCTION

The provision of medical care, including antiretroviral therapy for international migrants living with HIV, is a pressing issue for all countries with both high, medium and low levels of economic development. For Kazakhstan, this problem is also of great importance, given the flows of migrant workers, including illegal ones, mainly from nearby Central Asian countries (Kyrgyzstan, Uzbekistan, etc.).

HIV prevention measures in Kazakhstan are aimed at reducing the spread of HIV.

Despite measures taken by governmental structures, non-governmental and international organisations, HIV continues to grow in Kazakhstan. The prevalence of the disease is predominantly among people of working age (20-49 years), where key populations (people who inject drugs, sex workers, men who have sex with men) are most at risk of infection.

Since 2011, in Kazakhstan, as in many other countries, sexual transmission of HIV has taken precedence over parenteral transmission (intravenous drug use).

The issue of ensuring adequate and sustainable funding for state bodies and NGOs for HIV prevention, treatment and care of patients with HIV, including migrants, also remains urgent. In order to reduce the spread of HIV, all efforts should be focused on reducing risk factors and vulnerability. From this point of view, the provision of ART from the moment of detection of the virus, both to citizens of Kazakhstan and migrants, is crucial in terms of HIV prevention.

Protecting the rights of HIV-positive migrants, including undocumented and uninsured migrants, and providing them with treatment has been proposed as a priority response to HIV at the European and national levels.

The spread of HIV is curbed through prevention programmes for both the general and key populations. For example, since 2003, a prevention programme 'Harm Reduction' for people who inject drugs and sex workers has been implemented in Kazakhstan. As part of this programme, drop-in centers and friendly clinics have been opened to provide services to key populations.

The implementation of measures to combat HIV in Kazakhstan has different sources of funding: republican, local budgets, NGO funds, as well as Global Fund assets.

Since 2011, the procurement of antiretroviral drugs for HIV treatment has been fully financed from the national budget.

In recent years, the Ministry of Health of the Republic of Kazakhstan, together with the HIV/AIDS service and non-governmental organisations, has carried out significant work to improve the legal framework for the provision of medical care and HIV services.

In 2020, in connection with the release of the new version of Kazakhstan's Code 'On Public Health and Healthcare System', foreign nationals with a residence permit in Kazakhstan are entitled to receive medical care under the GAFMC. The list of GAFMC services includes medical, preventive and pharmaceutical care for people with HIV. Also, according to the law, foreign nationals are entitled to free inpatient medical care in case of sudden acute illnesses and conditions.

However, the healthcare legislation of the Republic of Kazakhstan does not allow international migrants living with HIV to receive free ART, except for those who are in prison, which in turn increases the risks of infection for citizens of Kazakhstan.

In addition, this rule increases the likelihood of the HIV-positive migrant to be hospitalized in an emergency infectious hospital due to the complications of HIV in the absence of therapy, which leads to additional costs to the country's national budget.

The conducted research shows that international migrants living with HIV face legal and financial barriers in obtaining residence permits in Kazakhstan, which leads to the inability to start or continue HIV treatment free of charge, including receiving ART and other HIV services.

1

AIMS AND OBJECTIVES OF THE STUDY

The purpose of this study was to conduct a situational and economic analysis of the accessibility of health services for HIV-positive foreign nationals in Kazakhstan and to identify legislative and financial barriers to their availability. The study analysed barriers at the legal and law enforcement levels and also showed, through strategic case studies and interviews with HIV-positive migrants, how such barriers affect people and their environment in Kazakhstan and in the countries of origin, especially in a period of additional restrictions due to the COVID-19 pandemic.

In line with the research objectives, the following tasks have been identified:

- 1) to describe the legal environment and accessibility of HIV services and other health services for internal and international migrants, including citizens of Russia, Uzbekistan, Tajikistan and Kyrgyzstan;
- 2) to describe barriers in access to health care services for HIV-positive international and internal migrants and the trajectories of overcoming these barriers;
- 3) to analyse and benchmark current and potential expenditures from the state budget on health care services for international migrants living with HIV in Kazakhstan, developing different models of financial costs for treatment;
- 4) to develop recommendations for the public sector and civil society organisations to remove barriers and organize treatment for HIV-positive international migrants in Kazakhstan.

2

RESEARCH METHODOLOGY

A situational analysis on the provision of HIV services for migrants in Kazakhstan was carried out by means of a semi-structured interview method using the guides developed for this study. To evaluate the accessibility of care to international migrants living with HIV, international and domestic studies found in open sources, scientific articles and reports of public organisations were analysed. «Desk study» was conducted to analyse health care legislation, normative legal acts of the Ministry of Health of the Republic of Kazakhstan regulating accessibility of medical and HIV services for internal and international migrants, including citizens of the Russian Federation, Uzbekistan, Tajikistan and Kyrgyzstan.

For detailed analysis and to obtain reliable data, and due to legislative differences in ensuring access to health services for citizens of Kazakhstan and international migrants, separate guides were developed for international and internal migrants. Twenty-four people took part in the interviews. Among them were 12 international migrants living with HIV; 5 internal migrants; 7 profile specialists, including representatives of national and regional levels of HIV/AIDS service (head of clinical department and monitoring of KSCDID, deputy head of city AIDS center), National HIV coordinator of GFATM grant implementation group, infectious disease doctor of city AIDS center, 2 NGO representatives, and NGO social worker.

The interviews were conducted online and audio-recorded.

In order to conduct economic analysis on provision of HIV medical services for international migrants in Kazakhstan, comparative assessment of budget costs was carried out. This analysis is modelled on the cost of treating an international or an internal living with HIV who was prescribed ART immediately after diagnosis, compared to the cost of treating a migrant living with HIV who does not receive ART and who is admitted to the emergency care for diagnosis and treatment of opportunistic infections.

Based on the results of the analysis, scenario modelling was conducted with the collection of information from open and closed sources, normative legal acts of the RK Ministry of Health, SHIF, reports of Republican and City AIDS centers.

A comparative analysis of the financial costs of providing emergency HIV treatment to an international migrant in an infectious disease inpatient setting and the costs of providing ART in an outpatient setting after the diagnosis of HIV has also been carried out.

Two scenarios of financial costs have been outlined:

- 1) treatment of an international migrant, including timely initiation of ART
- 2) treatment of an international migrant in case of opportunistic diseases and complications, in the absence of timely initiation of a basic course of ART, as well as the expected costs to treat nationals of Kazakhstan living with HIV who have been potentially infected by international migrants not receiving ART.

To calculate the cost of HIV treatment at the outpatient level, data from regional and national AIDS centers were used, as well as the tariff list for medical services approved by the RK Ministry of Health, which is used when treating patients at the expense of the state budget under the GAFMC.

In order to determine the cost of outpatient treatment of HIV-positive international migrants or internal migrants at their own expense, the prices of private medical organisations and prices of paid services of city AIDS centers and laboratories were used.

A comparative analysis was carried out: costs related to HIV care for international migrants living with HIV were compared with expenses related to providing emergency care to HIV-positive international migrants who do not receive ART.

3

REVIEW OF ACADEMIC PUBLICATIONS ON INTERNATIONAL MIGRANTS LIVING WITH HIV IN KAZAKHSTAN AND OTHER COUNTRIES

3.1. Analysis of the situation with HIV in Kazakhstan and other countries of Eastern Europe and Central Asia

Kazakhstan, like other countries of the world, adheres to the Global strategies and targets on HIV prevention and treatment. The Government of Kazakhstan pays a great deal of attention to HIV control issues. HIV prevention and treatment are a priority in the national project, «Quality and Accessible Health Care for Every Citizen», approved by Government Decree № 725¹ of October 12, 2021.

HIV prevalence rates are included in the Global Competitiveness Index ranking, in which Kazakhstan ranked 59th² in 2018. Despite measures taken by governmental structures, NGOs and international organisations, HIV cases continue to grow in the country. Analysis of statistical data on the registration of new HIV cases in Kazakhstan shows an annual increase in first-time HIV cases. Thus, in 2021, there were 3601 new HIV cases, including among foreign citizens - 123 cases, and citizens of Kazakhstan - 3478 cases (indicator per 100 thousand people - 18.4). In comparison with the same period of last year, there is an increase of 139 cases (4.2%).

In 2021, the prevalence rate was 152.4 per 100,000 population (PLHIV – 28,773). As of 31 December 2021, a total of 46,496 HIV cases have been registered, including 2,519 foreign citizens, 540 anonymous citizens and 43,437 citizens of Kazakhstan. In 5 years, there has been a 1.2-fold increase in the registration of HIV cases (2,725 cases of HIV registered in 2016, 3,342 cases in 2020)³.

According to the Global AIDS Epidemic Monitor 2020, the estimated number of people in Kazakhstan who know they have HIV is 25,753⁴.

National monitoring data indicate that HIV in Kazakhstan remains concentrated and predominantly spreads among key populations: people who inject drugs, sex workers, men who have sex with men.

¹ (available in Russian) <https://adilet.zan.kz/rus/docs/P2100000725#z10>

² (available in Russian) <https://atameken.kz/ru/services/10-global-nyj-indeks-konkurentosposobnosti>

³ (available in Russian) http://kncdiz.kz/ru/aids/aids/facts_and_figures/

⁴ (available in Russian) <http://kncdiz.kz/files/00007836.pdf>

In line with the UNAIDS strategy, a huge amount of work has been done in Kazakhstan that has resulted in:

- 82% of people living with HIV know their status;
- 68% of patients diagnosed with HIV receive antiretroviral therapy;
- 78% of patients on antiretroviral therapy have achieved viral load suppression.

Kazakhstan is pursuing a consistent policy to achieve stable funding to reduce the incidence of HIV in the country. Each year, funding from the national budget is increased for medical care to patients living with HIV, the purchase of antiretroviral drugs, HIV testing of the population, and funding for friendly clinics and trust points that carry out prevention activities. In addition, funds are allocated from local budgets for the implementation of state social contracts and grants to curb the spread of HIV and increase adherence to treatment.

Significant assistance in achieving sustainable funding and implementation of HIV interventions is provided through the implementation of the Global Fund grant 2021-2023. The main goal of the grant is to achieve sustainable public funding for programmes aimed at harm reduction, care, and support for PLHIV and the development and support of AIDS service NGOs.

According to the European Center for Disease Prevention and Control (ECDC) report, Kazakhstan is ahead of all Central Asian countries and countries such as the Czech Republic, Slovakia, Belarus, Armenia, and Ukraine in achieving the HIV testing target⁵.

Measures to prevent vertical (mother-to-child) transmission through HIV testing of all pregnant women from the antenatal period and follow-up at primary health-care facilities (PHC) have reduced the rate of perinatal transmission in Kazakhstan from 7.4% in 2006 to 1.3% in 2019⁶.

However, EECA remains the only region in the world where the HIV epidemic continues to grow rapidly: between 2010 and 2017, the number of new HIV cases per year increased by 57%⁷. Over the past five years, sexual transmission has become the dominant route of HIV transmission. It should also be noted that EECA is home to an estimated 25.7 million international migrants (>15% of the global total), with immigrants representing 7.5% of the population and emigrants 9.7%⁸.

⁵ (available in Russian) <https://www.ecdc.europa.eu/sites/default/files/documents/HIV-testing-dublin-declaration-monitoring-2018.pdf>

⁶ (available in Russian) <http://strategy.rcaids.kz/>

⁷ https://kazakhstan.unfpa.org/sites/default/files/pub-pdf/HIV%20REPORT_ENG_FIN_1.pdf

⁸ https://kazakhstan.unfpa.org/sites/default/files/pub-pdf/HIV%20REPORT_ENG_FIN_1.pdf

The lack of a visa requirement when crossing the borders of Russia and Kazakhstan for migrants from neighboring countries facilitates mass migration. According to the Federal Center for AIDS Prevention and Control, there are 1.2-1.3 million people with HIV in Russia, reaching almost 1% of the total population. Every year, hundreds of thousands of labour migrants from Central Asian countries come to the Russian Federation and Kazakhstan. According to estimates, up to 2.5 million migrants from Uzbekistan and up to 1 million from the Kyrgyzstan and Tajikistan work abroad, most of them in Russia and a significant amount - in Kazakhstan. Large migration flows lead to increased risks of infectious diseases among migrants due to their vulnerability and limited access to prevention, diagnosis, treatment, and care services. The present analysis shows that receiving countries do not currently provide ART and free care to migrants who have been diagnosed with HIV. Migration laws and mandatory HIV testing does not allow migrants living with HIV to obtain legal employment, residence permits, medical and social support from the state as well as HIV services.

A large number of irregular migrants living with HIV contribute to the inability of these countries to maintain reliable records of international migrants living with HIV. Such barriers lead to the growth of HIV not only among international migrants, but also among citizens of Russia and Kazakhstan, which, as expected, affects the increase of state spending on treatment of their own citizens.

3.2. International experience in ensuring accessibility and overcoming barriers to HIV care for migrants

Providing health care, including ART for migrants living with HIV, is a current and global challenge for all countries regardless of their level of development.

The EU has taken important steps towards addressing such issues as migrant health, and HIV care in particular. Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia from 2004 and subsequent declarations have put the fight against HIV at the top of the agenda⁹.

The Lisbon Conference and subsequent meetings and reports in 2007 drew attention to the issue of migration, health, and HIV, which subsequently has been reflected in policies and legal instruments that sought to ensure migrants' access to health services, including HIV¹⁰

⁹ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-2571-y>

¹⁰ https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/0907_TER_Migrant_health_HIV_Access_to_treatment.pdf

prevention, treatment, and care. Almost all countries in the world have implemented various interventions aimed at preventing and treating HIV among migrants to some extent. In some countries with considerable experience in dealing with migrants, government and community-based organisations provide a wide range of services. However, the level of HIV prevalence among migrants plays a significant role in policy decisions regarding migrant access to HIV services.

The main problem in all countries remains the lack of a clear and consistent legal framework to ensure migrants' rights in receiving health services and to ensure adequate and sustainable funding for public authorities and NGOs in implementing HIV prevention, treatment, and care. Countries with a long history of migration, such as France, Spain, and the UK, tend to provide information on the availability of more activities. The NGO sector has the greatest number of successful practices, but there are good initiatives and practices carried out by governmental organisations, as well. For example, in Latvia, the Office of Citizenship and Migration Affairs implements the EU funded project «Improving Services for Asylum Seekers, Refugees and Persons with Complementary Protection». In Poland there are programmes targeting incarcerated migrants. In the Netherlands, municipal health services work with the National AIDS Foundation to improve access to basic needs for undocumented migrants. The Flug (Flucht and Gesundheit) project in Germany offers a range of HIV care activities as part of a broader action to address the health problems of newly arrived migrants. The project collaborates with a number of organisations, including the Red Cross, and involves migrants themselves as mentors. Portugal provides home-based care, treatment, psychosocial, rehabilitation and legal support to migrants living with HIV and their families. The project works closely with government and local health organisations and aims to promote the social integration of migrants infected or affected by HIV and their communities¹¹.

3.3. Legislation of the Republic of Kazakhstan on access to HIV and other healthcare services for internal and international migrants, including citizens of Russia, Uzbekistan, Tajikistan and Kyrgyzstan

The analysis of current legislation of the Republic of Kazakhstan with regard to health care provision to foreign nationals shows that the country has a regulatory framework that allows a certain amount of free medical care according to:

¹¹ https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/0907_TER_Migrant_health_HIV_Access_to_treatment.pdf

Law of the Republic of Kazakhstan from June 19, 1995 № 2337 “On Legal Status of Foreign nationals”¹²;

Law of the Republic of Kazakhstan No. 477-IV of 22 July 2011 “On Population Migration”¹³;

Code of the Republic of Kazakhstan from July 7, 2020 No. 360-VI LRK “On Public Health and Health Care System”¹⁴;

Agreement on the provision of medical assistance to citizens of member states of the Commonwealth of Independent States, ratified by the Republic of Kazakhstan, from 27 March 1997¹⁵;

Law No. 405-V from 16 November 2015 “On Mandatory Social Health Insurance”¹⁶;

Law No. 240-V from 14 October 2014 “On Ratification of the Treaty on the Eurasian Economic Union”¹⁷.

According to Article 7 On Health Protection of the Law of the Republic of Kazakhstan from 19 June 1995 № 2337 “On Legal Status of Foreign Nationals”, international migrants and stateless persons who are in the territory of the Republic of Kazakhstan are provided with medical care in the presence of VMI policy, unless otherwise provided by the laws of the Republic of Kazakhstan and international treaties ratified by Kazakhstan.

The Law of the Republic of Kazakhstan of July 22, 2011 № 477-IV “On Migration” approved the procedure for providing medical care to immigrants and a list of diseases, the presence of which prohibits foreign nationals and stateless persons to enter Kazakhstan.

The provision of medical care to foreign nationals is regulated by Order No. 665 of the Ministry of Health of the Republic of Kazakhstan dated 30 September 2011 “On Approval of the Rules on Provision of Medical Care to Immigrants”¹⁸, according to which «an immigrant is a foreign national or stateless person who arrived in Kazakhstan for temporary or permanent

¹² <https://adilet.zan.kz/rus/docs/U950002337>

¹³ <https://adilet.zan.kz/rus/docs/Z1100000477>

¹⁴ <https://adilet.zan.kz/rus/docs/K2000000360>

¹⁵ (available in Russian) <https://adilet.zan.kz/rus/docs/H970000054>

¹⁶ <https://adilet.zan.kz/eng/docs/Z1500000405>

¹⁷ <https://adilet.zan.kz/rus/docs/Z1400000240>

¹⁸ (available in Russian) <https://adilet.zan.kz/rus/docs/V1100007292>

residence». In 2021, the Rules were set out in a new version. At the same time, the Rules apply to international migrants arriving in Kazakhstan with the purpose of:

- 1) returning to a historical homeland;
- 2) reuniting with their families;
- 3) receiving education;
- 4) employment;
- 5) for humanitarian reasons;
- 6) for political reasons (refugees and asylum seekers).

Meanwhile, migrants arriving temporarily in Kazakhstan for the purposes mentioned in subparagraphs 2), 3), 4), 5) can receive medical care in the country: if they have health insurance, as well as under the GAFMC for diseases “that pose a danger to other people”. Medical care under health insurance is provided to the extent and at the prices stipulated in the VMI contract, unless otherwise stipulated by laws or international treaties. Foreign nationals temporarily staying in the Kazakhstan receive medical services for a fee, which are not included in the list of GAFMC and MSHI and can also be obtained under VMI or through additional sources of funding not prohibited by the legislation of Kazakhstan.

Foreign nationals who come to Kazakhstan for the purpose of education and do not have a medical certificate with the results of HIV and tuberculosis tests issued by their country of residence, undergo a paid medical examination, including a chest X-ray, an HIV test and a treponema test for syphilis.

In October 2009, at the United Nations (UN) High Level Meeting on AIDS, UN Secretary-General Ban Ki-moon stated that there should be no discrimination against people living with HIV and called on countries to eliminate restrictions on the entry of people on the sole basis of their HIV status¹⁹. In 2011, Kazakhstan decided to remove HIV from the list of diseases posing a danger to others and the list of diseases prohibiting entry to the country, thus eliminating measures aimed at deporting foreign nationals living with HIV from the country.

Thus, as of today, Kazakhstan does not deport foreign nationals living with HIV from the country. It is prohibited to enter the country only if you have a medical condition such as: drug addiction, mental illness,

¹⁹ (available in Russian) <https://news.un.org/ru/story/2009/11/1155551>

tuberculosis, leprosy, sexually transmitted infections (STI) - syphilis, venereal lymphogranuloma (donovanosis), chancroid, and acute infectious diseases (except acute respiratory viral infections and influenza).

The new wording of the RK Code of 2020 “On Public Health and Health Care System” has resolved a number of problematic issues in the provision of medical care to foreign nationals. International migrants and stateless persons permanently residing in the territory of Kazakhstan and having a residence permit in Kazakhstan have been granted access to receive medical care under GAFMC on an equal basis with citizens of Kazakhstan. Thus, foreign nationals and stateless persons living with HIV permanently residing in Kazakhstan have access to medical care and ART free of charge. Foreign nationals and stateless persons who temporarily stay in Kazakhstan, have the right to receive GAFMC for diseases that pose a danger to others, according to the list and to the extent determined by the MOHRK, unless otherwise provided by the legislation of Kazakhstan or international treaties ratified by the country.

The list of diseases that “pose a danger to other people” was approved by the Order of the Ministry of Health of Kazakhstan on 9 October 2020²⁰ and includes 23 diseases, of which 22 are infectious diseases. For temporarily stay of foreign nationals, this Order defines the list and scope of 19 treatment and diagnostic services (consultations of profile specialists, laboratory, and diagnostic tests).

In addition, the new version of the Code resolved the issue of the provision of medical care to persons serving sentences in places of detention, detainees, remand prisoners and those placed in special institutions (Art. 143). This provision has made it possible to resolve the issue of providing free ART to foreign nationals living with HIV who are staying in penitentiary institutions in Kazakhstan.

Special attention in the new Code is also given to measures to reduce the risk of HIV transmission from mother to fetus and child (Art. 160). Children with an unspecified diagnosis born to mothers living with HIV are subject to regular observation and provision of medicines under GAFMC. Foreign women living with HIV are entitled to free testing before and during childbirth. When pregnant women test positive for HIV in the third trimester, ART is prescribed free of charge.

²⁰ <https://adilet.zan.kz/rus/docs/V2000021407>

Foreign nationals permanently and temporarily residing in Kazakhstan also have the legal right to voluntary anonymous and (or) confidential medical examination and HIV counselling within the framework of GAFMC.

In 2020, the system of MSHI came into force in Kazakhstan. Law of RK No. 405-V of 16 November 2015 “On Mandatory Social Health Insurance”, regulates provision of medical care within the MSHI system, including foreign nationals. According to this law, foreign nationals, and members of their families, temporarily staying on the territory of Kazakhstan in accordance with the terms of an international treaty ratified by Kazakhstan, enjoy rights and bear responsibilities in the MSHI system equally with the citizens of Kazakhstan, unless otherwise stipulated by laws or international treaties. At the same time, foreign nationals and stateless persons who do not permanently reside in Kazakhstan and do not have a «residence permit» cannot be contribution payers unless otherwise stipulated by international treaties ratified by Kazakhstan. However, this provision of the Law only applies to legal labour migrants staying in the territory of Kazakhstan in accordance with the terms of an international treaty ratified by Kazakhstan (EAEU Treaty).

Foreign nationals temporarily staying in Kazakhstan, including people living with HIV who are citizens of CIS countries, can also receive free medical assistance in Kazakhstan in case of sudden acute conditions and diseases that threaten life of a patient or health of others, accidents, poisoning, injuries, childbirth, and emergency conditions during pregnancy. Such assistance is available to citizens of the Commonwealth of Independent States without hindrance and to the extent necessary in all medical establishments, (whether or not they have health insurance²¹).

Article 98 of the Republic of Kazakhstan Law No. 240-V of 14 October 2014 «On Ratification of the Treaty on the Eurasian Economic Union» (as amended on 28.10.2021)²² regulates the right of member state workers and family members to receive emergency medical care (in emergency and urgent forms) and other medical care.

²¹ <https://adilet.zan.kz/rus/docs/P000000320>

²² <https://adilet.zan.kz/eng/docs/Z1400000240>

3.4. Barriers at the legislative level for international and internal migrants to access HIV and other healthcare services

There are barriers at the legal level for people living with HIV, as well as representatives of key populations, in accessing medical, social, and psychological assistance from the state.

Despite the existing legal framework in Kazakhstan, which allows access for foreign nationals to certain types and amounts of medical care, there are still barriers that limit the access of foreign nationals to medical care, including for HIV-positive migrants. There is a difference in access for foreign nationals who have and do not have a residence permit in Kazakhstan. The new version of the Code «On Public Health and Health Care System» provides foreign nationals with a residence permit with the opportunity to receive medical care to the same extent and under the same conditions as citizens of Kazakhstan; temporarily residing foreign nationals do not have such an opportunity.

The study indicates that foreign nationals with HIV cannot apply for a residence permit, despite the absence of regulations prohibiting the granting of a residence permit. According to a survey of foreign nationals living with HIV, «the migration police refuse verbally if there is a positive HIV status».

«I wanted to get a residence permit, but for some reason I was refused, because of my status... I went to Russia, checked out, and came here. I had all these... medical examinations. And then they said to me in the end, because you have a status, we cannot give you a residence permit...» This is an excerpt from an interview with an international migrant living with HIV, Russia.

As part of the GFATM grant (2021-2023), Kazakhstan International Bureau for Human Rights and Rule of Law Public Association provided legal assistance to all foreign nationals living with HIV while they tried obtaining a residence permit or citizenship of Kazakhstan. Thus, at the end of 2021, 25 migrants living with HIV addressed the project lawyers regarding residence permits. Three persons were granted the status of a stateless person, which will allow them to later receive the citizenship of Kazakhstan, and two persons have received residence permits.

The rules on medical care for immigrants regulate the need for foreign nationals temporarily arriving in Kazakhstan to have insurance. However, the rule that determines the need for insurance for foreign nationals temporarily arriving in Kazakhstan still does not have a mechanism for its implementation. This issue has been repeatedly discussed and raised by NGOs at various levels, including at the level of the Ministry of Health of Kazakhstan and the Social Health Insurance Fund, with the involvement of other interested state bodies. In addition, insurance companies are generally not interested in insuring patients who will receive ongoing medical care and medication due to a chronic illness, which includes HIV.

Despite the existing legislation, which does not prohibit the entry of individuals living with HIV into Kazakhstan, those arriving for educational purposes must, according to the Migration law and the Regulations on Immigrant Health Care, have health insurance on HIV and tuberculosis tests issued by their country of residence. In addition, upon arrival in Kazakhstan, they must undergo a paid medical examination, including a chest X-ray, an HIV test and a treponemal syphilis test.

In Kazakhstan, HIV is not included in the list of diseases that “pose a danger to other people”. However, according to the rules of medical care for immigrants, when an HIV is detected in an immigrant, an epidemiological investigation is carried out in accordance with Decree of the Ministry of Health of Kazakhstan from December 3, 2020 № KR DSM-231/2020 «On approval of investigation rules of HIV among the population»²³.

The MSHI system introduced in Kazakhstan in 2020 made it possible for individual foreign nationals arriving in Kazakhstan for legal employment to receive medical care in accordance with the terms of the international treaty. However, HIV-positive international migrants coming to Kazakhstan tend to work unofficially, which creates barriers in obtaining and accessing medical care under the GAFMC and MSHI. The survey data confirms this trend. At the same time, employers could employ them officially and pay fees and contributions to the SHIF, which would entitle them to receive medical care on a free-of-charge basis as insured persons. However, according to the Law on Mandatory Social Health Insurance, foreign nationals and stateless persons are not eligible to pay contributions, with the exception of persons permanently residing in Kazakhstan, unless otherwise stipulated by international treaties ratified by Kazakhstan.

²³ (available in Russian) <https://adilet.zan.kz/rus/docs/V2000021725>

The Code on Public Health and the Health Care System of Kazakhstan has resolved the issue of foster care and treatment of children with an unspecified diagnosis, born to mothers with HIV. However, international migrant mothers do not have access to free ART.

Law No. 240-V of October 14, 2014 “On Ratification of the Treaty on the Eurasian Economic Union” also seeks to address medical care for workers and their families. At the same time, only emergency medical care is possible on a free-of-charge basis. Thus, this EAEU Treaty also does not solve the problems of foreign nationals and stateless persons temporarily staying in Kazakhstan and not covered by international treaties ratified by Kazakhstan.

Internal migrants living with HIV who are citizens of Kazakhstan do not have restrictions and barriers in receiving medical care and ART under the legislation of Kazakhstan.

3.5. Research on migrants’ vulnerability to HIV in Kazakhstan and other countries of origin and destination

The analysis of the conducted research on migrants’ vulnerability to HIV in Kazakhstan and the countries of origin (Russia, Uzbekistan, Kyrgyzstan, Georgia and Ukraine) shows identical problems and barriers in access to health care, including HIV care, social and labour adaptation, living and working conditions, stigma and discrimination.

Kazakhstan is considered to be a country with a high rate of migration. According to the UN, international migrants account for 20% of the country's population (the population at the beginning of 2018 was around 18 million)²⁴.

Every year about 150-200 new cases of HIV are diagnosed among migrants. ART is not available to them, even for money, due to the lack of ART supply in commercial pharmacies. In 2021, with the support of the Global Fund, about 170 international HIV-positive people in Kazakhstan continued to receive medical care, including counseling, ART and laboratory monitoring in regional and city AIDS centers according to the clinical protocol of HIV treatment in Kazakhstan. The lack of reliable statistics on the number of migrants living with HIV receiving or not receiving ART at the outpatient level does not allow for a meaningful assessment of the interventions and effectiveness of the UNAIDS «90-90-90» strategy among migrants²⁵.

²⁴ Total international migrant stock. United Nations Population Division - Department of Economic and Social Affairs Total international migrant stock. United Nations Population Division - Department of Economic and Social Affairs

²⁵ <https://www.unaids.org/en/90-90-90>

The studies²⁶ demonstrate the negative impact on the development of the HIV epidemic by the continued ban on HIV-positive foreign nationals living in the Russian Federation since 1995. Confirmation of an HIV-negative status is one of the main documents for obtaining work and residence permits in Russia. Stigma, fear of deportation, lack of information and inability to obtain legalisation documents have kept international migrants living with HIV in Russia for many years.

Female migrants are particularly vulnerable to HIV²⁷. Likewise are female partners of male labour migrants. Migrants from Tajikistan were at risk of HIV due to increased sexual behaviour and unprotected sex. These findings highlight the serious HIV risk faced by labour migrants and call for multi-level approaches to prevention and further research²⁸.

Studies also show the impact of migration processes on the spread of HIV in host countries²⁹.

In Uzbekistan, despite the lifted requirement to deport foreign nationals living with HIV, an HIV negative test is still required for all foreign nationals to be legally employed in the country³⁰.

Significant legislative changes were made in Armenia in 2009 in relation to migrants living with HIV. Mandatory HIV testing groups were shortened; the article on the mandatory submission of an HIV test certificate when applying for a visa to Armenia for 3 months or more for foreign nationals and stateless persons was lifted; and the provision on administrative expulsion of foreign nationals and stateless persons from Armenia due to confirmed HIV status was excluded. However, it remains mandatory to disclose HIV-positive status when accessing health care and services. Most people living with HIV in Armenia are labour migrants returning from the Russian Federation. Once an Armenian citizen is found to have HIV on Russian territory, Russia sends this data to Armenia without person's consent³¹.

²⁶ <https://doi.org/10.1057/s41271-020-00242-1>

²⁷ <https://doi.org/10.1007/s10903-019-00889-3>

²⁸ Immigrant Minority Health (2013) 15:700–710 DOI 10.1007/s10903-012-9718-z HIV Sexual Risk Behaviors and Multilevel Determinants Among Male Labor Migrants from Tajikistan Stevan Weine • Mahbat Bahromov • Sana Loue • Linda Owens)

²⁹ Pokrovskaya, A.V. et al. 2019. Impact of Migration Processes on the HIV situation (Analytical Review). Annals of the Russian Academy of Medical Science. 74(2):88–97 (available in Russian).

³⁰ Evaluation of Access to Health Services, Care and Support for Migrant Workers Living with HIV: The Republic of Uzbekistan. Sergey Uchayev, Oksana Abdullayeva, Shukhrat Abdullayev (available in Russian)

³¹ Анализ правовых и институциональных барьеров в доступе к услугам в связи с ВИЧ среди мигрантов в республике Армения. Вагинак Тер-Оганнисян, Женя Майилян

Studies also show that migrants from Central Asia have poor social support, as well as a very low level of knowledge about HIV/AIDS and the risks of substance use; they have a moderate sexual risk, and a high risk of developing depression³².

³² Male Labor Migrants in Russia: HIV Risk Behavior Levels, Contextual Factors, and Prevention Needs
Yuri A. Amirkhanian • Anna V. Kuznetsova • Jeffrey A. Kelly • Wayne J. DiFranceisco • Vladimir B. Musatov • Natalya A. Avsukevich • Nikolay A. Chaika • Timothy L. McAuliffe

4

EMPIRICAL RESEARCH FINDINGS

We conducted semi-structured interviews with international and internal migrants living with HIV as well as with HIV experts in Kazakhstan to collect and analyse data about HIV services for to international and internal migrants.

This section presents a full analysis of the semi-structured interviews according to the sections of the developed guide. We analyzed 24 interviews with HIV-positive foreign nationals residing in Kazakhstan, as well as with experts from national, municipal and non-governmental HIV care organisations.

Barriers and trajectories of overcoming them in accessing medical care, including in relation to HIV, for foreign and internal migrants were analysed. Barriers in accessing HIV services by international female migrants as well as barriers in accessing HIV services during the COVID-19 pandemic were analysed separately.

Citizens of the Russian Federation, Kyrgyzstan, Uzbekistan, Georgia and Ukraine were interviewed for the study. The majority of foreign nationals learned about their HIV status already in Kazakhstan. All the interviewed foreign nationals/migrants at the time of the interview were working, doing petty jobs, working in the service sector (cleaning, cooks, waiters, salespersons). At the same time, most of them worked unofficially, without an employment contract.

Almost all international labour migrants indicated irregular working hours. Most respondents noted that they had not worked before migration. The main reasons for coming to Kazakhstan were the need to earn their living and family circumstances (reunification with relatives, marriage). Given that, the legislation of Kazakhstan does not prohibit entry and stay in the country of international migrants living with HIV, all the respondents indicated that they have documents for legal residence and work in Kazakhstan. No difficulties with obtaining temporary residence registration or work visas were noted. Obtaining a residence permit remains a problem for all respondents.

4.1. Analysis of availability of medical and HIV services to internal and international migrants in Kazakhstan, including citizens of Russia, Uzbekistan, Tajikistan and Kyrgyzstan

This section provides an analysis of the accessibility of HIV health care and services for internal and international migrants in Kazakhstan. The analysis of the data shows that there are barriers to the accessibility of HIV care and other services.

4.1.1. Positive testing, first steps

HIV testing of foreign nationals is either free, voluntary, confidential, or mandatory under Kazakhstan law, when residence permits are issued or when they arrive in the country to receive an education³³.

However, in most cases foreign nationals and internal migrants are tested when necessary: for pregnancy, when they are in prison, in a drug treatment facility, those who have contact with HIV-infected, to obtain a residence permit, to get a job, to prepare for surgery, etc. Due to the fact that the cost of HIV testing in the Kazakhstan is not high, a number of respondents noted that they were tested for a fee. At the same time, the survey showed that not all foreign nationals are informed about the possibility of free HIV testing. Before and after testing, all were provided with specialist counselling. A positive HIV status had an impact on the lives and further plans of the respondents, but it did not change their intentions to stay in the country. Moreover, the majority of foreign nationals plan to obtain a residence permit in Kazakhstan and are not thinking about returning to their country of origin or moving to a third country.

4.1.2. Access to general health care

Internal migrants in Kazakhstan are eligible for and receive free HIV care and services under the GAFMC, regardless of their region of residence. International migrants living with HIV do not have access to general medical care on a free-of-charge basis from the budget of Kazakhstan, except for emergency care.

The results of the survey showed barriers in accessing medical care due to lack of health insurance as a result of unregistered formal employment contracts (working unofficially). Many of those interviewed were aware that a residence permit allows them to receive medical care free of charge if they are attached to a medical organisation at their place of residence.

³³(available in Russian) <https://adilet.zan.kz/rus/docs/V2000021682>

Both international and internal migrants who were interviewed, mentioned health problems that were not related to HIV. In such cases, many preferred to seek help from private medical organisations. All respondents believed that medical care for HIV-positive people in Kazakhstan was available, but for foreign nationals predominantly on a fee-for-service basis. Most often in pharmacies the respondents bought such medicines as: antipyretics, analgesics, choleric, antiviral, as well as drugs related to pregnancy.

4.1.3. Access to ART

At the time of the interview many respondents were receiving ART at the expense of the Global Fund. While previously internal migrants faced the risk of treatment interruption when moving to another region of the country due to unavailability of ART, patients are now able to receive medication for 6 months, until they are registered at the AIDS Center in their new place of residence.

International migrants, thanks to GF programmes, receive some HIV health

The Principal Recipient of the GF grant (KSCDID) repeatedly informed all AIDS Centers, NGOs and the PLHIV community that currently ART for foreign nationals living with HIV is provided only for the duration of the grant project (2021 -2023) and only for 170 patients who continued treatment earlier, from 2018 and were under the care of the AIDS Center as of 01.01.2021. So, by the end of 2022, the number of migrants living with HIV receiving ART will be 120 and by the end of 2023, it will be 50. Unfortunately, it is not possible to keep 170 patients on treatment and take those who need and address the AIDS Center, since the procurement of drugs at the cost of GF grant was designed strictly for this number of patients (170-120-50).

Fragment of PI with an expert, Almaty.

services on an equal basis with nationals. According to experts, only 170 people receive free antiretroviral therapy at the expense of the GF, which is 20% of the need (833 foreign nationals living with HIV

according to experts' data are registered in the Kazakhstan today). At the same time not all the interviewed foreign nationals are informed about the possibility of receiving treatment at the expense of GF funding. However, the GF project envisages a reduction in ART coverage foreign nationals living with HIV.

All foreign nationals living with HIV who were aware of their status prior to their arrival in Kazakhstan were registered with the AIDS centers in their countries of origin. At the same time, those who were already diagnosed with HIV in Kazakhstan were registered with the AIDS centers in Kazakhstan only if they received ART at the expense of GFATM. The rest of the foreign nationals living with HIV are not registered and it is unknown whether they receive ART. At the same time, foreign nationals with sufficient income have the opportunity to purchase the therapy at their own expense, and only abroad, as currently there is no possibility to purchase HIV medicines in the pharmacy network in Kazakhstan. The centralized provision of antiretroviral therapy to citizens is done on a free-of-charge basis through the Single Drug Distributor (SDD).

Migrants receiving ART at the expense of the Global Fund had access to all types of medical examinations and specialist consultations necessary to monitor and evaluate treatment. These examinations took place predominantly in AIDS centers.

- Could you afford to be examined and receive treatment for a fee?

I used to buy it myself in Moscow. Now my acquaintances are also sending medicines from Moscow. I went to Istanbul in March, and I ordered from Canada via Internet. I am ready to spend as much as I need on my health.

From an interview with a migrant with HIV from Uzbekistan

No I can't, I can't. Do you believe me, I was already thinking about giving this up. Yes I understand that, they also told me. If I can't get it (GF), I will not be able to get it for myself.

From an interview with a migrant with HIV from Kyrgyzstan

A number of HIV-positive foreign nationals have access to HIV services through NGOs.

Not all respondents were informed about the existence of different ART regimens and were taking the medicines

prescribed in the AIDS centers; there were cases of changing the treatment regimen prescribed in the country of origin upon arrival in Kazakhstan.

Lack of formal employment is also one of the barriers to accessing HIV care. As a rule, foreign nationals and internal migrants are employed as wageworkers in the service sector, i.e. they are low-paid employees. As a result, most foreign nationals do not have health insurance that covers all expenses related to basic health care, including HIV treatment.

*I have finally received medicines through a community organisation free of charge.
Quote from an interview with a migrant with HIV, Uzbekistan*

The results of the survey confirm that it is not possible for foreign nationals living with HIV to receive ART free of charge. At the same time, NGOs are finding ways to provide HIV medicines via peer chains of support.

Almost all international migrants answered that they would not be able to pay for ART if they didn't have an opportunity to be treated using the Global Fund funding.

This fact once again shows the necessity to organize state support measures to provide foreign citizens living with HIV with ART free of charge.

4.2. Barriers and pathways to overcoming them in access to health care services for international and internal migrants living with HIV in Kazakhstan

This section describes the barriers to accessing health services and the trajectories of overcoming them faced by foreign and internal migrants living with HIV in Kazakhstan.

4.2.1. Stigma and self-stigma

Unfortunately, the issues of stigma and self-stigma are still relevant for people living with HIV. For example, the majority of respondents indicated that they experienced feelings of fear, stress, and anxiety when they first found out about their HIV status.

However, a positive HIV status had no effect on the right to reside in the country, so all those surveyed migrants decided to stay in Kazakhstan.

International migrants, like internal migrants, indicated reluctance to disclose their status to family, relatives, and friends. Also, more than half of the interviewees spoke about reluctance to communicate with other people with HIV, which indicates the presence of stigma from society and self-stigma.

The attitude of doctors towards international migrants living with HIV remains good in most cases. As the respondents note, «doctors are

It's kind of like having your own work here, as it always has been. It's more comfortable here. Well away from everyone because of that. If I live there, I'll have to be seen everywhere. Well I don't want to live there, I'm telling you... Auy! bolgannan keiyn (because it's a village) – one will say here, the other one will say somewhere else.

Quote from an interview with an international migrant from Uzbekistan

responsive, it does not matter where you are from». However, there are still cases of discriminatory, squeamish attitude towards people with HIV.

Fear of rejection of medical care, stigmatization by medical workers, surrounding people is the reason for

concealing one's status when applying for medical care. However, all those who disclosed their status when applying for medical care indicate that the scope of assistance did not change in any way due to their status.

An analysis of the legal framework showed that in Kazakhstan there are clauses under which a person with HIV whose status has been disclosed can appeal to the courts. Most cases of disclosure of HIV status can be attributed to this article. However, interviewees whose HIV status had been disclosed did not use the option of going to court, although 90% of respondents were aware of this option.

I have been called, but I don't want to. I just don't want to upset myself, I try not to talk to anyone about my illness. I have a good friend who helps me a lot psychologically. I don't feel like an outcast. I don't feel like an outcast at all... One day a man at the center came up to me. No, I told him that there was no need to talk to me, I understood my own life, I already understood my own nuance, and I have enough... I only get sick every day at 9 p.m. when I take my medicine.

Quote from an interview with an HIV-positive migrant from Georgia

There are migrants from different countries living in Kazakhstan, in particular from the Russian Federation, Georgia, Ukraine, Uzbekistan and Kyrgyzstan. In this regard, the language barrier should be singled out as

a barrier to access to medical care, including in relation to HIV. As noted by HIV/AIDS experts, foreign nationals from some countries are not aware of the need for testing and treatment because they do not know the language, and as a result, they refuse treatment both in Kazakhstan and in the country of origin.

Well, of course, the language barrier has been and will continue to be present, because, as a rule, labour migrants have a high level of social vulnerability. They only know their native language. As we know, our language of interethnic communication, Russian, Kazakh - if they have Turkic roots, of course they can say something to be understood. But not everyone knows Russian, so there is definitely a barrier.
Quote from an interview with an HIV expert

4.2.2. Vulnerability of foreign nationals to accessing ART

Another difficulty in providing health care to foreign nationals is the lack of a permanent place of residence. International migrants constantly move around the territory of Kazakhstan, or within the same city, which causes difficulties in monitoring and providing HIV services.

So we need to work out some mechanism... A website where patients can order a medicine, a pharmacy will bring it to them, they will be informed that the medicine has arrived at a certain pharmacy... they can come and get it, i.e. buy it. This option is probably one of the most optimal, as pharmacies are mostly commercial structures.

Excerpt from an interview with an HIV expert

If an international migrant living with HIV wants to receive HIV care for a fee, the AIDS centers in the large cities (Nur-Sultan, Almaty, Karaganda, Shymkent) have approved a price list of fee-based services.

It should be noted that not all foreign citizens have the opportunity to be examined for a fee. Labour migrants from Uzbekistan or Kyrgyzstan, who come to work, do not have the possibility to allocate funds from their budget to get a qualified medical care, as most of the money is spent on supporting the family. This, of course, is another barrier to receive medical care.

If an international migrant living with HIV needs to receive ART free of charge, he or she must either leave his or her home country or obtain a residence permit in Kazakhstan. This can result in interruption of treatment. According to a GF expert, only two foreign nationals with HIV managed to obtain a residence permit in 2021. GF projects operate a human rights bureau which counsels foreign nationals with HIV and assists in obtaining residence permits.

And it is now impossible to get a residence permit with HIV. I reached the highest point - the Directorate. There's no place with the same power here! And they say you have an epidemic disease. And I say «what»? HIV. And I say HIV is not an epidemiological disease. And do you know how they react? They think for a while and say: «Well, Russia does not accept people with HIV, so we do not accept them either...» And I can't even go anywhere else. That is what the Directorate told me, that's it.

Quote from the interview with an HIV-positive migrant from Russia

Why is it difficult to get a residence permit...the reason lies in the different fees. Even to make a request from one country's embassy to another country.

Quote from an interview with an HIV expert

Other barriers in obtaining ART for foreign nationals include the inability to purchase the medicines at one's own expense.

4.3. Barriers and pathways to overcoming them for groups of citizens: females and pregnant women

This section identifies barriers to accessing HIV care for women living with HIV and pregnant females.

Kazakhstan has made some progress in preventing mother-to-child transmission of HIV. By the end of 2019, overall coverage of HIV-positive pregnant women with preventive treatment reached 98%. There has been a significant decline in the perinatal transmission rate by a factor of 5.7 over the past 10 years (from 7.4 per cent to 1.3 per cent). All children born to mothers living with HIV are provided with free adapted milk formula for feeding until the age of 1 year. Preventive treatment coverage of children born to HIV-positive mothers reached 99.3%. The country is actively implementing the strategy for the Prevention of Mother-to-Child Transmission (PMTCT) based on WHO recommendations³⁴.

According to current legislation in Kazakhstan, pregnant women are

There was a case of an Uzbek national, but she had lived in Kazakhstan for many years. She was registered in Nur-Sultan... She didn't take anything and the child was born with HIV. Now she is on the register and the child is receiving treatment. Yes, there are very few such cases. And these are all citizens of the former Soviet Union.
Quote from an interview with an expert from Nur-Sultan AIDS Center

screened for HIV twice - at the time of registration for pregnancy and at 28-30 weeks as part of the GAFMC³⁵.

Medical care for pregnant women, women in labour and childbirth and women of all age groups in healthcare organisations is provided under the

GAFMC and (or) under the MSHI system, under VHI³⁶.

Often foreign nationals do not register for prenatal care and, as a result, are unaware of their HIV status and learn about it only when they arrive at the maternity hospital.

Unfortunately, there are cases in Kazakhstan of foreign women with HIV who were not registered for prenatal care and did not take antiretroviral therapy to prevent transmission to the child.

When pregnant women test positive for HIV in the third trimester, ART is administered as part of the GAFMC³⁷.

According to the legislation of Kazakhstan, prevention of mother-to-child transmission of HIV is carried out in accordance with the recommendations of clinical protocols for diagnosis and treatment of HIV in adults and children.

³⁴ (available in Russian) <http://kncdiz.kz/files/00007836.pdf>

³⁵ (available in Russian) <https://adilet.zan.kz/rus/docs/V2000021692>

³⁶ (available in Russian) <https://adilet.zan.kz/rus/docs/V2100024131>

³⁷ (available in Russian) <https://adilet.zan.kz/rus/docs/V2000021692#z3>

For example, after childbirth, a woman with HIV and a baby are monitored at the AIDS center. However, the baby is monitored and examined free of charge up to 18 months or up to 2 years of age, depending on the results of the HIV test. A woman, on the other hand, is examined and given ART only if she is a citizen of Kazakhstan, an international refugee and a stateless person permanently residing in Kazakhstan.

When pregnant women test positive for HIV in the third trimester, ART is administered as part of the GAFMC.

According to the legislation of Kazakhstan, prevention of mother-to-child transmission of HIV is carried out in accordance with the recommendations of clinical protocols for diagnosis and treatment of HIV in adults and children³⁸.

They say they will go to their home country, and then it turns out that she is in our maternity hospital giving birth. This happens
Quote from an interview with an expert

For example, after childbirth, a woman with HIV and a baby are monitored at the AIDS center. However, the baby is monitored and examined free of charge up to 18 months or up to 2 years of age, depending on the results of the HIV test. A woman, on the other hand, is examined and given ART only if she is a citizen of Kazakhstan, a refugee, a foreign citizen and a stateless person permanently residing in the territory of Kazakhstan.

According to the current legislation, pregnancy registration in PHC organisations is open to Kazakh citizens, Kandas (ed. ethnic Kazakhs), persons with a residence permit within the framework of the GAFMC. In this regard, pregnant foreign nationals can only register on a fee basis.

We no longer help a mother, but refer her to a non-governmental organisation to get at least a residence permit if she is going to live in Kazakhstan.
Quote from an interview with an expert

Reasons for women not contacting an AIDS center may include fear of their husbands, fear of disclosing the diagnosis to their loved ones, loss of employment, or deportation to their own country.

Below are short stories of foreign women with HIV who have recently given birth in Kazakhstan.

1. E., 39-year-old female, citizen of Kyrgyzstan.

Married and staying in Kazakhstan where she has been living for over 18 years and having five children. She tested positive for HIV during her last

³⁸ (available in Russian) <https://adilet.zan.kz/eng/docs/V2000021467>

pregnancy in 2021. All five times she was registered in the outpatient clinic of the settlement at 12 weeks for a fee. Tests were taken for a fee. She was admitted to the maternity clinic for a scheduled caesarean section free of charge.

She knows that in case she is granted a residence permit she can receive medical services under the GAFMC. But she is unable to prepare documents for 10 years due to the lack of original birth certificate. She receives HIV services (screening and ART) through a Global Fund project.

Interview excerpt: «I don't have an opportunity to contact lawyers. I went to the Uzbek embassy last year to get a duplicate. They asked for 60 USD. I do not have this amount of money. I get an allowance, and I only have enough for my children. I have to work unofficially, cleaning houses. I don't work every day. They call me there once a week and I go and clean for 5-6 thousand tenge. I only have 1,000 for travel. And the 4-5 thousand is not enough for my children. I don't want to go back to Kyrgyzstan, there is no one there. Because I live here, my children are here. What would I do there? To tell you the truth, the last time I went [for a check-up] I spent about 30-40 thousand, but now I no longer go. Even though I need something. I call an ambulance. So, 2-3 days ago an ambulance came, I had a heart attack, shortness of breath, pressure. They give me an injection and that's it, I don't go further, I have no money, and I have no one to leave my children with. I didn't even have money for the trip. Do you believe me, I was thinking to stop taking ART, I was told that the project is coming to an end. And I won't be able to buy any more.”

2. A., 31, citizen of Uzbekistan.

She has been living in Kazakhstan for about 12 years. Divorced, one child. Before coming to Kazakhstan, she studied in Tashkent, then started working as a waitress and later went to Almaty to stay with her relatives. She found out about her status in Kazakhstan while preparing for surgery in 2015. As soon as she found out about her status, she got registered in Uzbekistan. She received medication and tests there and then came to Kazakhstan. As soon as the Global Fund project came up, she immediately got registered with the Almaty AIDS Center in order to receive ART free of charge. In Uzbekistan, the HIV medicines were given for one, maximum 3 months. However, the scheme is the same.

Interview excerpt: «They [in Kazakhstan] were better at selecting a regimen than there [in Uzbekistan]; I was suffering, feeling broken and miserable. I

felt so bad, and the doctors kind of treated me that way, saying this scheme should be so appropriate. Everyone has it, some have it bad, some have it good. I felt very bad, but when I was pregnant, they changed my regimen, they said, you have to take a different regimen when you are pregnant. And it made me feel good, better than before. But in Tashkent I was literally dying, I felt bad, I had this condition several times, and here [in Kazakhstan] I also told doctors, up to suicide, I said, I feel so bad, I want to die I said. I registered my pregnancy in Tashkent, travelled every three months and had some of my check-ups in Almaty for a fee. Now I would like to get a residence permit, but because my mother was seriously ill, I was not able to leave the country and renew my migration card, which is almost two years overdue. And when this quarantine started, we couldn't leave either. As soon as I solve the problem with the expired migration card, I will immediately apply for a residence permit.

4.4. Additional barriers to health care access for people living with HIV due to the COVID-19 pandemic

The majority of patients we interviewed did not have trouble in accessing health care in relation to the COVID-19 pandemic and the restrictions imposed. Only a few reported problems in accessing medical care - no ambulance service, queues in pharmacies, inability to find necessary medicines.

[Now] everything is already worked out, everything is normal, the borders have been opened. And when they were closed - there was a problem with therapy, people started to panic, «what am I going to do, how am I going to live?» No, the Russians stayed here, they kept in touch. For a while they were saying, «they should give me [antiretroviral drugs], they'll bring them to me, but now I don't have them, can you give them to me or help me out?» And that's how we temporarily used the first aid kit.

Quote from an interview with the head of an NGO

AIDS center specialists faced the fact that during self-isolation, many patients were left at home without ART. This involved outreach workers from NGOs, with whom the AIDS center actively collaborated. NGO staff working with PLHIV under the GF grant project delivered therapy to patients, provided psychological

and social counselling, and organised online counselling with AIDS center doctors. It should be noted that during the spread of COVID-19, ART was provided for 3-6 months. Due to closed borders, there were difficulties in providing and transferring medication to a foreign national from the country where he was registered.

During the pandemic many international migrant workers living with HIV were also left jobless and destitute.

During the pandemic, many were no longer working, the markets were not working, closed, and so they could not be there. So sometimes it was difficult to reach us, and sometimes it was difficult for us to find them. They had no income. In practice, there were cases when a person got stuck, kept calling, we tried to help as much as we could. They would call the nearest medical organisations, as only medical transport could move around, trying to call to get at least a drug to each patient.

Quote from an interview with an expert from the AIDS Center

5

FINANCING OF HEALTH CARE SERVICES FOR INTERNATIONAL AND INTERNAL MIGRANTS LIVING WITH HIV IN KAZAKHSTAN

As of 2019, Kazakhstan does not belong to the countries with a high HIV burden. The World Bank has classified Kazakhstan as an upper-middle-income country. Government funding for the HIV response accounts for 92% of total expenditure. Building sustainable financing systems for HIV and TB programmes remains a key declared priority for the government. The procurement of ART is funded by the state and is done centrally from the national budget of Kazakhstan. Starting from 2018, funding for HIV prevention and control is implemented through several budget programmes. Diagnostic and treatment services are procured by the SHIF. Prevention services are procured by the MOH of Kazakhstan and implemented by local executive bodies through targeted current transfers.

The problem of stable funding is one of the main issues for both NGOs, which exist mainly through international grants and donor funds, and for state health care organisations, whose funding is insufficient for full staffing and logistical support. In this situation, NGOs do not have a basis for development, which negatively affects their viability prospects.

The optimal system of financing social services, which is practiced by the countries with well-functioning social policy, is the system, in which the state budget provides not only state social facilities, but also NGOs. The state acts as a guarantor of the financial stability of state and non-state social facilities, controlling their financial and personnel provision.

At this stage, the state finances from the budget:

- prevention programmes: purchase and distribution of syringes, condoms and information materials, payment of outreach workers;
- treatment programmes: procurement of antiretroviral therapy for treatment and post-exposure prophylaxis, purchase of drugs to treat opportunistic diseases;
- diagnostics: procurement of test kits and organisation of testing for HIV and associated diseases³⁹.

However, the implementation of HIV prevention activities remains dependent on donor funding, which covers no more than 15-20% of prevention programmes for key populations and HIV treatment.

³⁹ (available in Russian) <http://kncdiz.kz/files/00007913.pdf>

In the course of this study, an economic analysis of the provision of medical care to foreign nationals and stateless persons was conducted.

According to the Rules on medical care for immigrants, approved by Order No. 665 of the Minister of Health of the Republic of Kazakhstan, migrants who have temporarily arrived in Kazakhstan for family reunification, education, employment, or humanitarian reasons must have health insurance. In order to receive medical care under the GAFMC and (or) MSHI system, foreign nationals are attached to the primary health care organisation at the place of permanent or temporary residence⁴⁰.

Since HIV is not included in the list of diseases that are dangerous to others, and in which medical care for foreign nationals is provided in the framework of GAFMC, approved by Order No. KR DSM-121/2020 of the Minister of Health of Kazakhstan on October 9, 2020, foreign nationals can get medical care only on a fee basis or under VMI or from additional sources of funding, not prohibited by the laws of Kazakhstan⁴¹.

According to the order of the Ministry of Health of Kazakhstan from October 30, 2020, # KR DSM-170/2020 «On approval of tariffs for medical services provided in the framework of GAFMC and MSHI system⁴²», the payment for one case of an HIV-positive patient treated in inpatient settings is made in accordance with the clinical-cost group (CCG) tariff:

- in inpatient settings the tariff for one treated case is unified and does not depend on complications of the underlying disease and is 517,586.91 tenge;
- on an outpatient basis it amounts to 107,351.76 tenge per patient per year.

According to the Federal Migration Service, 19.3 billion tenge will be allocated from the national budget in 2022 for medical care for people with HIV, as follows:

<i>Medical care for people with HIV</i>	<i>Expenditure, bln. tg.</i>
ARV drugs	9,5
Medical assistance	2,8
Work of a friendly office	0,5
HIV testing among population	6,5
Total	19,3 (38,6 mln.\$)

⁴⁰ (available in Russian) <https://adilet.zan.kz/rus/docs/V1100007292>

⁴¹ (available in Russian) <https://adilet.zan.kz/rus/docs/V2000021407>

⁴² (available in Russian) <https://adilet.zan.kz/rus/docs/V2000021550>

5.1. Analysis of public expenditure on emergency medical care for international migrants living with HIV

As part of the economic study, we conducted an analysis of public expenditures related to emergency medical care for HIV-positive international migrants. As we noted above, according to the legislation of Kazakhstan, foreign nationals have the right to receive routine medical care only at their own expense. Emergency medical assistance is provided to foreign nationals within the framework of the GAFMC on a free-of-charge basis.

According to health experts, on average, one HIV-positive patient who does not take antiretroviral therapy is hospitalised in the infectious hospital on 2-3 cases a year with opportunistic diseases. In this case more than 1.5 million Tenge (or \$3,105) from the national budget of Kazakhstan is spent annually to treat one foreign national living with HIV admitted on an emergency basis.

As of 31 December 2021, a total of 2,519 cases of HIV among foreign nationals have been registered, according to the Kazakh Scientific Center of Dermatology and Infectious Diseases.

At the same time, according to expert estimates, there are 833 HIV-positive international migrants in Kazakhstan. Since Kazakhstan has no official statistics on the number of treated cases of foreign nationals living with HIV with opportunistic diseases at the inpatient level, the number of HIV-infected citizens of Kazakhstan who received inpatient care from the total number of patients on the outpatient registry according to KSCDC (i.e. 8% of 2519 and 8% of 833) was taken as the basis for the calculation. Based on the cost of the approved tariff for one case of patient with HIV with opportunistic infections treated in inpatient settings, the estimated cost per year for inpatient treatment of HIV-infected migrants is more than 104 million tenge or 34.5 million tenge for a single hospitalization. And if a patient with complications is hospitalized up to 2-3 times, respectively, the burden on the budget of the Kazakhstan increases by 2-3 times. (See Annex 1 'Costs of inpatient treatment of people living with HIV').

5.2. Analysis of potential state budget expenditure on possible HIV services for foreign citizens

HIV medical care is provided in accordance with clinical protocol of diagnosis and treatment of HIV in adults (hereafter - the Protocol). Currently in Kazakhstan HIV medical services for foreign citizens are provided out of financial means allocated by GF. So, for the year 2021 more than 48 million tenge is allocated, out of which more than 34 million tenge for antiretroviral

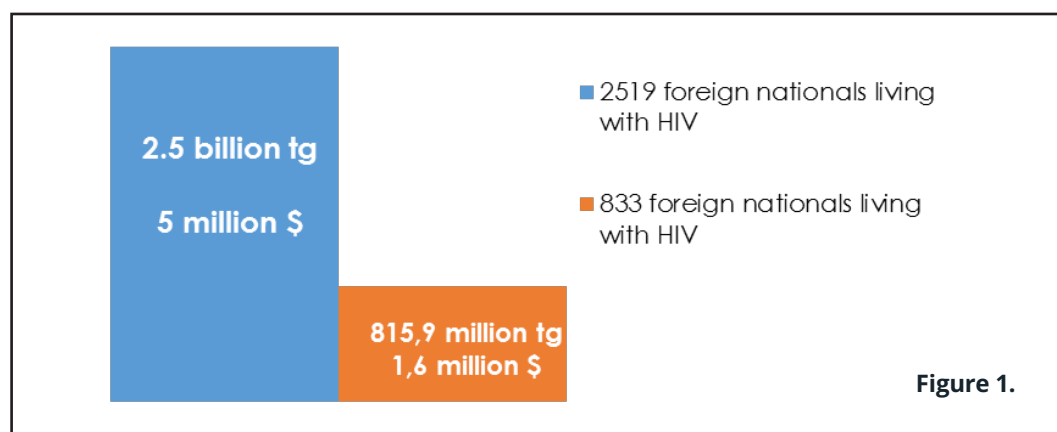
therapy. Cost of medical services for one patient per year makes up 79,186.5 tg. which includes researches of viral load and CD4, and also consultation of infectious disease doctor, 2 times per year. (See Annex 2, 'List of tests per protocol for the outpatient level per HIV-positive person per year in AIDS centers').

In this case, the citizens of Kazakhstan and persons with residence permit receive HIV services in accordance with the tariff for medical services under the GAFMC and (or) the MSHI, approved by the MOH of RK, which amounts to 107,336.21 tg per patient per year. (The cost of a complex tariff per month is 8,945.98 tg.) (See Annex 3, 'Health-care costs per person living with HIV at the outpatient level'.)

It should also be noted that stateless people with HIV, temporarily residing in Kazakhstan, can undergo examination and consultation with narrow specialists on a fee basis in all AIDS centers of Kazakhstan. At the same time, the cost, according to the approved price lists, will be almost 2 times higher compared to the prices for the same services in the framework of GF or GAFMC projects (Decree of Nur-Sultan City Akimat of 8 August 2019 № 106-1096 «On setting prices for goods (works and services), produced and sold by public state enterprise of Nur-Sultan city in the health sector»)⁴³.

According to the Protocol, antiretroviral therapy is prescribed for life with monitoring at the outpatient level. In Kazakhstan, a regimen with two or more drugs is used, and the number of times the drugs are taken depends on the formulation. Preference is given to fixed-dose combination drugs with a single daily dose. The regimens vary in cost. Thus, treatment with the preferred drug regimen is 872,100 tg. per year, the 1st-line regimen is 311,843 tg. and the 2nd-line regimen is 1,626,059 tg. To calculate state budget costs, we took the cost of treatment with the preferred regimen

Financial cost of treating foreign nationals living with HIV at the outpatient level per year



⁴³ <https://adilet.zan.kz/rus/docs/V19A0001243>

as infectious disease doctors primarily prescribe this regimen to newly diagnosed patients with HIV.

Thus, taking into account the approved flat rate in Kazakhstan and ART costs (Fig.1), the projected costs from the state budget for possible HIV services to foreign nationals will be more than 2.5 billion tenge and 815.9 million tenge on average for 2519 and 833 international migrants, respectively (see Annex 4, 'Projected costs of HIV services at the outpatient level').

5.3. Modelling scenarios of financial expenditure from the Kazakh state budget for treating international migrants living with HIV: for treatment with basic ARV drugs or for emergency care in the absence of ART

In order to determine the financial costs of the State Budget of Kazakhstan for treatment of international migrants living with HIV in Kazakhstan we made modeling based on two scenarios:

- Treatment with basic ART drugs at the outpatient level;
- Treatment of HIV-associated conditions at inpatient level in case of opportunistic diseases and complications in case of absence of timely basic ART treatment at the outpatient level.

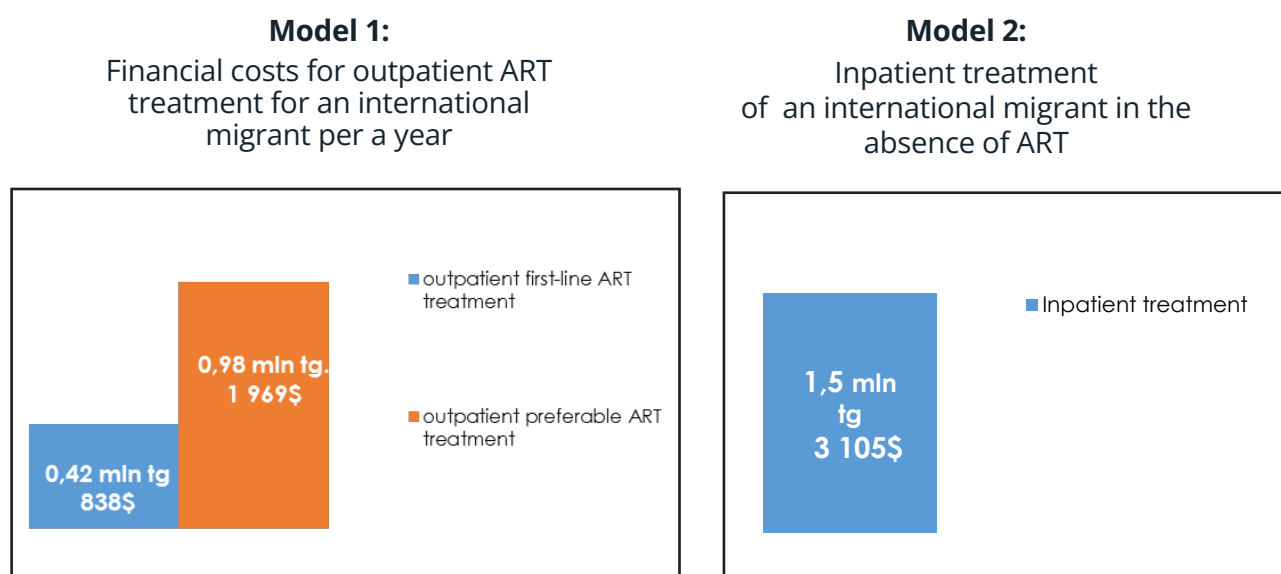


Figure 2.

As it can be seen from Model 1 chart (Fig.2), the cost of HIV treatment per foreign citizen at outpatient level is projected at 419,179 tenge per year. (when choosing first-line ART regimen) and 979,436 tg. (when selecting the preferred ART regimen). According to Model 2, treatment of a foreign migrant at the inpatient level without ART is projected at 1.5 million tenge per year.

Thus, annual financial savings to the Republican budget in case of treatment of one HIV-positive foreign citizen at the outpatient level will range from 1.6 times (when using the ART preferred scheme) to 4 times (when using the first-line ART regimen) compared to treatment of one HIV-positive foreign citizen at the inpatient level.

Timely initiation of therapy from the time of diagnosis can prevent and reduce the risk of transmission to others⁴⁴. Thus, according to international studies, one patient with HIV without ART can infect 4-8 people per year⁴⁵ (see Fig. 3).

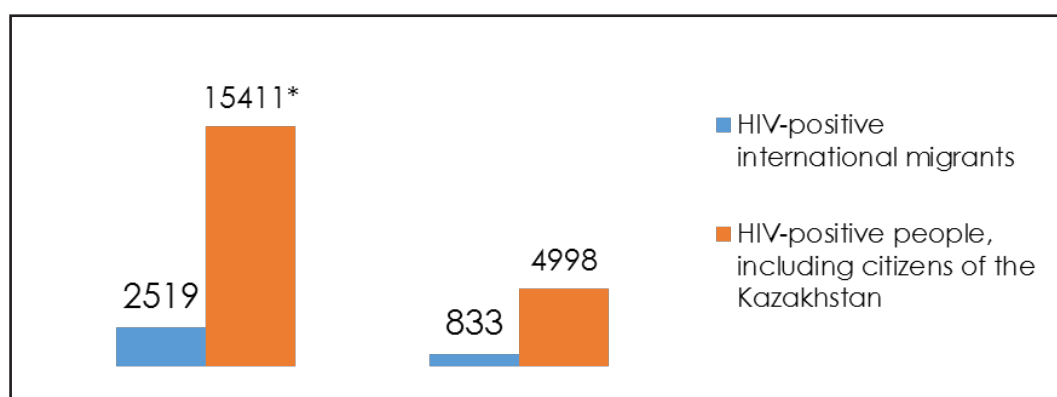


Figure 3.

In this regard, we analysed the cost of financial resources from the national budget of Kazakhstan for the treatment of citizens of Kazakhstan who may potentially be infected by foreign nationals living with HIV who do not take ART.

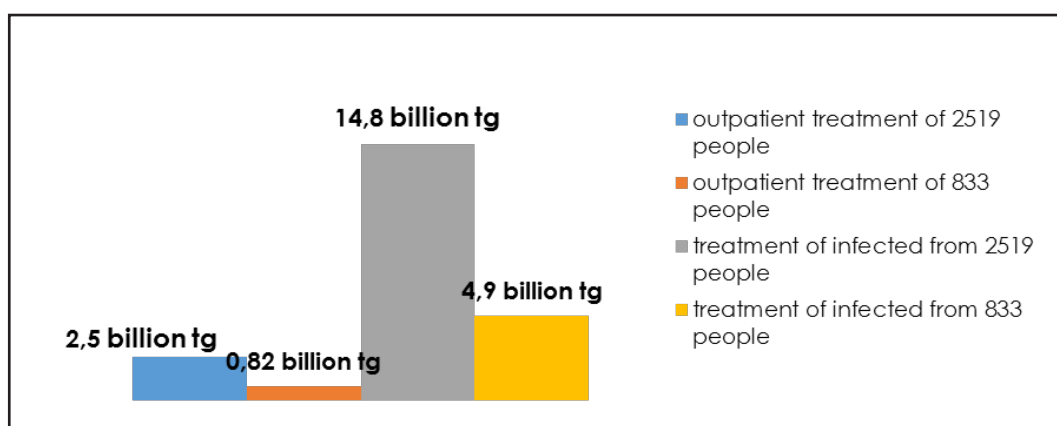


Figure 4.

⁴⁴ <https://www.aidsmap.com/news/jul-2018/zero-transmissions-mean-zero-risk-partner-2-study-results-announced>

⁴⁵ <https://www.unaids.org/en/frequently-asked-questions-about-hiv-and-aids>

As can be seen from the calculations presented in Fig. 4, the possible financial costs from the state budget of Kazakhstan for the treatment of HIV-infected patients, who could potentially already be citizens of Kazakhstan, infected from patients not taking ART, on average amount to more than 14.8 billion tenge.

Accordingly, it is 6 times more profitable for Kazakhstan to allocate funds from the national budget to treat international migrants living with HIV at the outpatient level compared to the treatment of HIV-infected patients who could potentially already be citizens of Kazakhstan.

The conducted economic analysis shows that the failure to take the necessary measures on the part of the state to treat foreign nationals living with HIV can have a negative impact both on the growth of HIV cases in Kazakhstan, and consequently, on the increase in the financial resources allocated for the treatment of the disease.

In this regard, the state HIV policy should be aimed at comprehensive prevention of the spread of HIV among the entire population of Kazakhstan, regardless of the legal status of the person. That would minimize the risks of possible transmission of HIV both among the citizens of Kazakhstan and international migrants.

CONCLUSIONS

State data shows an increase in the number of HIV cases among citizens of Kazakhstan, despite the national measures taken to prevention, diagnosis, and treatment of HIV. The low efficiency of the measures being taken to combat HIV is probably one of the main reasons for the increase in the number of new cases.

Attempts to avoid addressing the issues of treatment of international migrants living with HIV lead to transmission of HIV to the citizens Kazakhstan and an increase in the overall health budget.

The legislation of Kazakhstan does not provide for free medical care for international migrants living with HIV.

Internal migrants who are citizens of Kazakhstan have no problem in receiving treatment if they have HIV under the GAFMC.

The laws of Kazakhstan do not prohibit international migrants living with HIV from entering and living in the country, but it is not possible to obtain a «residence permit» due to the refusal of the migration service «verbally», as well as due to the lack of awareness among international migrants about the possibility of receiving free treatment with a «residence permit». Moreover, international migrants often do not have the financial means to obtain a «residence permit».

Contradictions and discrepancies were identified in the normative legal acts regulating the provision of medical care and HIV diagnosis.

The Code on Public Health and Health Care System of Kazakhstan resolved the issue of patronage and treatment of children with an unspecified diagnosis, born to HIV-positive mothers. However, foreign migrant mothers do not have access to treatment and free antiretroviral therapy.

The study suggests stigmatization of people with HIV - almost all HIV-positive migrants, both internal and international, changed their place of residence after learning about their HIV status. At the same time, it is worth noting that disclosing their status when applying to medical organisations in Kazakhstan did not change the attitude of medical workers from both public and private clinics towards migrants.

In general, interviewed migrants living with HIV reported relatively good living and working conditions in Kazakhstan. Almost none of the respondents planned to return to the country of origin due to their diagnosis.

Drug therapy (ART) to treat HIV remains unavailable to HIV-positive international migrants, both at the expense of the national budget and on a paid basis. The survey showed that working international migrants could buy ART, but it is not possible to buy the drugs themselves in Kazakhstan, thus patients are forced to buy them abroad if they have the financial capacity. Most of the interviewed migrants living with HIV work unofficially and do not have a permanent job. Many were unemployed during the COVID-19 pandemic.

Free ART as well as diagnostics and specialist counselling are available to international migrants living with HIV only within the framework of the Global Fund project, according to an approved clinical protocol. As of today, only 170 patients have access to this care. However, there are plans to reduce the number of foreign patients with HIV within the project. At the same time, the statistics show a growing number of HIV cases among international migrants, with 2,519 cases registered to date (KSCDID data).

It is important to note that there are no reliable statistics for Kazakhstan, but according to expert estimates, there are at least 830 foreign nationals with HIV in Kazakhstan at the moment.

The increase in the number of international migrants who do not receive ART leads to an increase in the number of new cases and, consequently, an increase in costs from the RK budget for their treatment.

The analysis shows that in case of one international migrant living with HIV being treated on the outpatient level the national budget costs 1.6 times less (in case of ART treatment using the preferred regimen) and 4 times less (when using ART regimen of 1st choice) compared to treating the disease on the inpatient level in an emergency case.

Moreover, the cost to the budget of Kazakhstan of treating international migrants living with HIV at the outpatient level will be 6 times less compared to the cost that may arise if migrants who do not take ART and, as a result, have a high viral load, are already infected by citizens of Kazakhstan.

RECOMMENDATIONS

- Resolve at the legislative level the issue of providing free medical care to international migrant living with HIV.
- Develop mechanisms to insurance migrant workers directly upon entry into the country or via employers.
- Legalize employment for international migrants living with HIV, taking into account that the current legislation of Kazakhstan regulates the rules only for legalized workers.
- To propose to the MOH of Kazakhstan, the national Parliament and the Government of Kazakhstan to amend the Code On Public Health and Healthcare System, the Law On Mandatory Social Health Insurance, and the Law On Migration. The proposed norm would allow migrants temporarily staying in the country to receive medical services under the MSHI, subject to the payment of contributions from employees and contributions from employers to the SHIF, which would ensure transparency and the possibility of providing medical care to international migrants. As of today, such a norm applies only to permanently residing foreign nationals that should be extended to all the international migrants.
- Work with employers of private enterprises, with the involvement of the National Chamber of Entrepreneurs, on the issue of compliance with legislation on health care for migrant workers.
- Provide free legal support to international migrants to obtain information on existing residence permit options, possibly with the involvement of embassies or consulates of countries of origin.
- Develop activities at country and regional levels with the involvement of NGOs to raise awareness among international migrants on HIV prevention and transmission measures as well as on the possibility of receiving free medical care with a «residence permit».
- Consider the issue of ART availability in pharmacy network for purchase of medicines on a paid basis.
- To develop legal acts at the level of the Ministry of Health and Social Development to provide the possibility of purchasing ARV drugs for foreign citizens on a fee basis through SK-Pharmacy LLP ART.

- To work out the issue of developing a separate package of medical services provided by private health insurance companies for international migrants, including those engaged in unofficial labor activities.
- To develop a separate package for medical care in the MSHI system for working migrants, which would eliminate the risks of infection to citizens of Kazakhstan and reduce the burden of financial charge on the budget of Kazakhstan.
- It is proposed to develop mechanisms for cross-country funding of medical services provided to international migrant living with HIV.
- It is necessary to harmonize legislation between Kazakhstan and the CIS countries and EAEU on the provision of free ART to HIV-positive migrants. For example, the creation of a Single Inter-country Fund will make it possible to pay for the treatment of international migrants.
- Develop a unified information system for data exchange, which will ensure the timeliness of the provision of medical care and treatment issues at the inter-country level.

ANNEXES

Annex 1 Costs of inpatient treatment of people living with HIV

Total number of international migrant living with HIV	2519	833
8% of all HIV-positive migrants subject to emergency inpatient treatment	202	67
Cost of clinic-cost groups per 1 HIV-positive person, tg.	517 586,91	517 586,91
Number of hospital admissions per year	3	3
Total value, tg.	313 657 667,5 (627 315 USD)	103 475 975 (206 951 USD)

Annex 2 List of tests per protocol for the outpatient level per HIV-positive person per year in AIDS centers (frequency and cost)

<i>Name of medical service</i>	<i>Within the limits</i>			
	<i>Price of a medical service in tenge</i>	<i>Course multiplicity</i>	<i>Total</i>	<i>Specific weight</i>
Total			107 336,21	
Patient Record Card			91 334,93	
Psychologist consultation	1 793,19	2	1 434,55	40%
Psychologist remote consultation	796,71	2	318,68	20%
Infectionist consultation	2 021,82	2	3 841,46	95%

<i>Name of medical service</i>	<i>Within the limits</i>			
	<i>Price of a medical service in tenge</i>	<i>Course multiplicity</i>	<i>Total</i>	<i>Specific weight</i>
Specialist physician remote consultation	531,14	2	584,25	55%
Pediatrician consultation	1 913,40	2	191,34	5%
Phthisiatrician consultation	2 250,42	1	337,56	15%
Physician consultation	1 913,40	1	382,68	20%
Dermatovenerologist consultation	2 009,60	1	1 607,68	80%
Narcologist consultation	2 319,72	1	695,92	30%
Obstetrician-gynaecologist consultation	1 924,27	1	673,49	35%
Clinical pharmacologist consultation	1 546,48	1	1 237,18	80%
Appointment: Nurse with a university degree	449,75	1	67,46	15%
Appointment: Nurse with secondary education	342,90	3	771,53	75%
Appointment: Social worker with a university degree	337,08	2	134,83	20%
Appointment: Social worker with secondary education	268,50	2	107,40	20%
CBC test with 3-part manual differential	1 115,56	2	111,56	5%
CBC test with 6-part manual differential	1 218,65	2	121,87	5%
CBC test with 5-part automated differential	1 128,90	2	609,61	27%

<i>Name of medical service</i>	<i>Within the limits</i>			
	<i>Price of a medical service in tenge</i>	<i>Course multiplicity</i>	<i>Total</i>	<i>Specific weight</i>
CBC test with 3-part au- tomated differential	1 174,20	2	375,74	16%
CBC test with 34-part digital image of blood cells	529,22	2	105,84	10%
CBC test with 6-part he- matology analyzer	801,92	2	513,23	32%
Complete Urinalysis test on analyzer (physi- cal-chemical properties with count of cell ele- ments of urinary sedi- ment)	477,18	2	477,18	50%
Urinary Sediment Ex- amination with absolute quantity count of cell elements (WBC, RBC, bacteria, casts, epithelial cells) on analyzer	332,96	2	299,66	45%
Urine protein detection (the amount of albumin in the urine on analyzer)	303,87	2	30,39	5%
Urine protein detec- tion by manual method (quality)	44,95	2	4,50	5%
Urine protein detec- tion by manual method (quantity)	176,89	2	17,69	5%
Alanine aminotrans- ferase (ALT) blood man- ual test	583,78	2	233,51	20%
Alanine aminotrans- ferase (ALT) blood test on analyzer	65,42	2	98,13	75%

<i>Name of medical service</i>	<i>Within the limits</i>			
	<i>Price of a medical service in tenge</i>	<i>Course multiplicity</i>	<i>Total</i>	<i>Specific weight</i>
Aspartate aminotransferase blood manual test (AST)	470,77	2	188,31	20%
Aspartate aminotransferase blood manual test (AST) on analyzer	65,42	2	98,13	75%
Detection of β -lipoproteins in blood by manual method	376,50	2	150,60	20%
Detection of β -lipoproteins in blood on analyzer	304,40	2	456,60	75%
Lactate dehydrogenase test (LDH) by manual method	1 536,56	2	614,62	20%
Lactate dehydrogenase test (LDH) on analyzer	162,60	2	243,90	75%
Uric acid blood test by manual method	1 030,35	2	412,14	20%
Uric acid blood test on analyzer	70,39	2	105,59	75%
Serum creatinine test by manual method	692,87	2	277,15	20%
Serum BUN test by manual method	731,61	2	292,64	20%
Blood glucose test by manual method	525,55	2	210,22	20%
Blood glucose test on analyzer	76,73	2	115,10	75%
Serum BUN test on analyzer	76,36	2	114,54	75%
Serum creatinine test on analyzer	56,35	2	84,53	75%
Total serum cholesterol test by manual method	535,22	2	214,09	20%
Total serum cholesterol test on analyzer	73,75	2	110,63	75%

Name of medical service	Within the limits			
	Price of a medical service in tenge	Course multiplicity	Total	Specific weight
HDL-C test by manual method	471,42	2	188,57	20%
LDL-C test by manual method	471,42	2	188,57	20%
VLDL blood test by manual method	471,42	2	188,57	20%
VLDL blood test on analyzer	472,55	2	708,83	75%
HDL-C test on analyzer	266,09	2	399,14	75%
LDL-C test on analyzer	571,72	2	857,58	75%
Triglyceride level test (TG) by manual method	1 145,22	2	458,09	20%
Triglyceride level test (TG) on analyzer	101,99	2	152,99	75%
Bilirubin blood test by manual method	628,01	2	251,20	20%
Bilirubin blood test on analyzer	79,76	2	119,64	75%
Direct bilirubin blood test by manual method	628,01	2	251,20	20%
Direct bilirubin blood test on analyzer	87,33	2	131,00	75%
Alkaline phosphatase level test (ALP test) by manual method	860,20	2	344,08	20%
Alkaline phosphatase level test (ALP test) on analyzer	72,60	2	108,90	75%
Pancreatic amylase blood test on analyzer	355,02	2	532,53	75%
Total alpha-amylase blood test on analyzer	197,80	2	39,56	10%
Total alpha-amylase blood test by manual method	1 056,45	2	211,29	10%

<i>Name of medical service</i>	<i>Within the limits</i>			
	<i>Price of a medical service in tenge</i>	<i>Course multiplicity</i>	<i>Total</i>	<i>Specific weight</i>
Flow cytometry immunophenotyping (6 pairs)	14 814,01	2	19 258,21	65%
Immunophenotyping (cluster of differentiation) CD 3+in blood by flow cytometry method	3 993,75	2	2 396,25	30%
Detection of antibodies to hepatitis C virus in serum by ELISA method	651,21	1	227,92	35%
Detection of antibodies to hepatitis B virus (HBsAg) in serum by ELISA method	1 477,73	1	517,21	35%
Detection of HBsAg in serum by ELISA method (confirmatory test)	2 201,56	1	22,02	1%
Quantification of HIV RNA 1 in plasma by PCR	22 757,41	2	43 239,08	95%
Qualitative Detection of Hepatitis C Virus RNA by PCR	4 847,73	1	484,77	10%
Qualitative detection of hepatitis B by PCR	3 438,26	1	34,38	1%
Electrocardiography (12-lead examination) with transcription	1 004,53	1	50,23	5%
hCG card pregnancy test	165,83	2	66,33	20%
Finger stick blood test	149,91	2	284,83	95%
Venipuncture blood test	288,57	2	548,28	95%

Annex 3
Health-care costs per person living with HIV
at the outpatient level

	<i>ART Cost</i>	<i>Cost of medical service per year, tg.</i>	<i>Total cost at outpatient level, tg.</i>
Row 1 scheme	311 843	107 336,21	419 179
Preferred scheme	872 100	107 336,21	979 436

Annex 4
Projected costs of HIV services
at the outpatient level

<i>Total number of international migrant living with HIV</i>	<i>ART cost per year, tg.</i>			<i>Cost of medical service per year, tg.</i>	<i>Total cost per year, tg.</i>		
	<i>Row 1 scheme</i>	<i>Row 2 scheme</i>	<i>Preferred scheme</i>		<i>Row 1 scheme</i>	<i>Row 2 scheme</i>	<i>Preferred scheme</i>
2519	311 843	1 626 059	872 100	107 336,21	1 055 912 430	4 366 422 534	2 467 199 813
833	311 843	1 626 059	872 100	107 336,21	349 176 281,9	1 443 918 210	815 870 362,9