Regional Expert Group on Migration and Health

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Size estimation and needs assessment of foreign migrants living with HIV in Kazakhstan

— Analytical Note —

Description

This analytical report *(full version is available in Russian)* estimates the number of international migrants living with HIV and representatives of key populations (KPs) in the Republic of Kazakhstan. It further examines the barriers migrants face in accessing HIV prevention and treatment services. The analysis focuses on migrants from four countries in the Eastern Europe and Central Asia (EECA) region: Kyrgyzstan, Russia, Tajikistan, and Uzbekistan. These nations (excluding Tajikistan) share a border with Kazakhstan and serve as the primary sources of migration, with a notable upward trend in labor migration from Kyrgyzstan, Uzbekistan, and Tajikistan. The analysis employed a rapid assessment methodology combining a desk review with semi-structured interviews. The desk review involved triangulating data on HIV prevalence and KP size in countries of origin with available data on migrants in Kazakhstan. Potential numbers of people living with HIV (PLHIV) were calculated with adjustments for underreporting and mobility factors. Interviews with migrants and experts from NGOs and state institutions (N=16) helped clarify actual migration practices, specific challenges in accessing testing and treatment, and the social determinants of vulnerability.

Context

Migration processes in Kazakhstan remain dynamic and heterogeneous. Migrants from Uzbekistan, Kyrgyzstan, and Tajikistan exhibit diverse migration patterns, including cross-border commuting, seasonal movements, and a high proportion of undocumented labor.

These factors significantly complicate size estimations. According to the Migration Agency of Uzbekistan, the number of its citizens in Kazakhstan may far exceed official statistics. Similarly, estimates from analytical centers monitoring Kazakhstan's labor market indicate substantially higher numbers of migrants from Kyrgyzstan and Tajikistan than reflected in official data. Following 2022, the influx of migrants from Russia surged sharply, with many utilizing Kazakhstan as a temporary or transit hub. This group consists predominantly of young men, which notably shifts the epidemiological structure of the migrant population.

Analysis findings

Due to limited access to comprehensive migration statistics, estimating the exact migrant contingent at any specific point in time remains challenging. As of mid-2025, Kazakhstan is likely home to approximately 212,000 permanent foreign residents and 430,000 foreigners with temporary residence permits, totaling 642,000. Reliable estimates for undocumented migrants or frequent cross-border commuters are currently unavailable, though this sub-group likely contributes significantly to epidemic dynamics.

Estimates of people living with HIV (PLHIV) among migrants in Kazakhstan are significantly higher than official registries suggest. Current data indicates that between 800 and 900 migrant PLHIV from the four focus countries reside in the country, though the upper bound may exceed 1,600. Specifically, estimates include 79–806 citizens from Uzbekistan, up to 93 from Tajikistan, and approximately 131 from Kyrgyzstan. For HIV-positive migrants from Russia, the estimated range is 216–818.

Using the upper estimates, the total number of PLHIV from these four countries alone is approximately 1,850 (with over 1,600 from Russia and Uzbekistan combined). These figures exceed the migration service's data for all known foreign migrant PLHIV in the Republic of Kazakhstan. This total includes individuals living with a known status who have not been tested locally, as well as those unaware of their positive status. Notably, statistics on newly detected cases show that other countries account for 12% to 20% of cases depending on the year. Thus, an additional 250–450 migrants living with HIV may be present in the country.

Migrants from KPs constitute a significant segment of vulnerability. Notable groups include sex workers (SW), people who inject drugs (PWID), and men who have sex with men (MSM) from Uzbekistan. For many KPs, Kazakhstan is perceived as a safer environment compared to their countries of origin. Among Russian migrants, MSM are particularly prominent, often linked to "push factors" in their home country.

Extrapolating data on KP prevalence from countries of origin allows for the following assumptions:

- SW: Estimates for migrants from Russia reach up to 193 (average ~97), while for Uzbekistan, the range is 395 to 2,076. The high upper bound for Uzbekistan reflects the frequent mention of this population in qualitative interviews. Estimates stand at approximately 22 for Tajikistan and 128 for Kyrgyzstan.
- MSM: For Russian migrants, estimates range from 407 to 845 (average 445). For Uzbek citizens, the range is 1,012 to 2,856. Estimates are approximately 63 for Tajikistan and 339 for Kyrgyzstan.
- PWID: For Russian migrants, the range is 198 to 1,048 (average 776), and for Uzbekistan, 348 to 1,610. Estimates are approximately 32 for Tajikistan and 336 for Kyrgyzstan.
- Trans People: Approximately 28 from Russia and 28–48 from Uzbekistan. This group significantly overlaps with the SW population.

Key social determinants of vulnerability include undocumented status, fear of deportation, lack of stable employment, and low awareness of both HIV prevention and the Kazakhstani healthcare system. Furthermore, many migrants fear the disclosure of their health status or KP affiliation in both the host and home countries. Language barriers and the deprioritization of health issues under precarious living conditions further limit access to care.

Access to antiretroviral therapy (ART) for migrants without residence permits is non-standardized. It currently relies on various ad hoc formats, such as Global Fund-supported programs, NGO-led "aid kits," or medication shipments from home countries. In practice, access depends largely on personal initiative and NGO connections, making it situational rather than sustainable.

While there is no formal deportation mechanism for HIV status, and permanent residents have the right to free care, mandatory testing remains a major hurdle. The perception among migrants and some professionals that a positive test results in the denial of a residence permit creates a significant barrier to legalization. Pregnant foreign women with HIV temporarily staying in Kazakhstan represent a high-priority group due to the risk of mother-to-child transmission. While the country has the capacity to provide early intervention, current legal frameworks often mean these women only receive ART during childbirth. Ensuring their access to continuous treatment is a critical human rights and public health requirement.

Recommendations

- **For state authorities**: Develop tailored health programs for migrants, eliminate the (real or perceived) practice of denying residence permits based on HIV status, and expand testing and prevention services. Improve migration data collection by integrating data from NGOs to better track key populations.
- **For the donor community**: Expand coverage for migrants without residence permits, strengthen awareness programs, and establish sustainable ART supply chains for foreign citizens, with an urgent focus on pregnant women.

Limitations

This analysis is limited by incomplete migration statistics, a lack of epidemiological estimates for certain regions, and a restricted qualitative dataset. However, the findings are consistent and underscore the significant role of migration in Kazakhstan's HIV epidemic, highlighting the urgent need for systemic reform.

Full version of the review with annexes is available in Russian at www.migrationhealth.group

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