

**KAZAKHSTAN**

Total population: 17 625 226  
Regionally high TB-priority country  
Globally high MDR-TB burden country

**Epidemiological burden and response monitoring<sup>1</sup>**

Main impact indicators	Number	Rate per 100 000
Incidence (including HIV+TB)	16 000	89.00
Mortality (including HIV+TB)	1 469	8.33
Incidence (HIV+TB only)	500	2.80
Mortality (HIV+TB only)	69	0.40
Incidence (RR/MDR-TB <sup>a</sup> only)	8 800	49.90

MDR-TB detection and care	Number	%
RR/MDR-TB estimates among new TB		25.0
RR/MDR-TB estimates (previously treated TB)		43.0
RR/MDR estimates (notified pulmonary TB)	4 000	
Tested for RR/MDR-TB	10 764	73.6
Detected with RR/MDR-TB from estimates	6 497	
RR/MDR-TB started SLD <sup>b</sup> treatment	6 482	99.8
Successfully treated (RR/MDR-TB only)	4 730	72.4

<sup>a</sup> RR/MDR = rifampicin-resistant multidrug-resistant TB.

<sup>b</sup> SLD = second-line drug.

TB detection and care	Number	%
Total TB new and relapses detected	14 006	87.5
Pulmonary TB	12 334	88.1
Bacteriologically confirmed	10 031	81.3
TB detected with rapid diagnostics	11 631	83.0
Successfully treated	11 186	89.7

HIV/TB detection and care	Number	%
TB cases tested for HIV status	13 868	99.0
HIV/TB cases detected from estimates	376	75.2
HIV/TB cases on ARV <sup>c</sup>	275	73.1
Successfully treated (HIV/TB only)	267	70.6
HIV diagnosis and care		
Newly diagnosed HIV cases	1 825	
HIV cases started IPT <sup>d</sup>	1 013	55.5

<sup>c</sup> ARV = antiretroviral treatment.

<sup>d</sup> IPT = isoniazid preventive therapy.

**Major challenges**

Kazakhstan is one of the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region and 30 high multidrug-resistant TB (MDR-TB) burden countries in the world. The country has achieved several important attainments in recent years, such as a decrease in TB incidence and reduced mortality, but one of the key challenges of TB control remains TB among migrants: Kazakhstan is the main recipient of labour migrants in the central Asia region, which signals a need for TB-prevention activities among the migrant population. Access to harm-reduction preventive services, such as opioid substitution therapy for high-risk populations (intravenous drug users, among whom HIV prevalence is 2.9%), also remains limited.

**Achievements**

Achievements in collaboration with WHO are as follows.

- WHO has supported updating of the structure, mandate and organigram of the national TB programme (NTP) to make TB control activities more efficient.
- WHO conducted joint Green Light Committee and Global Drug Facility missions in 2014 and 2015 to provide support on treatment, drug management and laboratory issues.
- In response to a request from the Minister of Health, WHO led a review of NTP and its progress towards achievement of goals in November 2015.
- Kazakhstan updated the national MDR-TB response plan in line with the new regional multidrug- and extensively drug-resistant TB (M/XDR-TB) action plan.
- Health reforms on optimization of the hospital TB care model and gradual transition from a hospital- to ambulatory-based model, including suggestions to commence revision and rationalization of hospitalization criteria to reduce excessive hospitalization of patients and TB suspects, has been advocated.
- Advocacy has been carried out for integration of TB and HIV services with primary health care.

<sup>1</sup> European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

- Technical assistance has been provided for management of TB programmes in hospitals and promotion of the ambulatory model of care.
- Paediatric TB services have been reviewed, with a special focus on vaccination and Mantoux testing, to address preventive treatment and hospitalization of children with latent TB.

### **WHO activities**

Planned WHO activities are to provide technical assistance to:

- update the current national strategic plan for TB control;
- continue support for shifting to the ambulatory model of care and optimization of health financing;
- prepare the plan to introduce new drugs (bedaquiline and others) to further improve treatment of M/XDR-TB patients, including setting up appropriate pharmacovigilance;
- support further optimization to enhance the patient-centred approach and service delivery at primary health-care level;
- regularly update the national strategic plan for TB control;
- improve the management of co-infections, particularly TB/HIV, and assure uninterrupted TB treatment and service provision across the penitentiary and civilian sectors; and
- empower patients in TB control activities through strengthening civil society and community involvement.

### **Main partners**

WHO's main partners are:

- Ministry of Health and Social Development
- National TB Control Programme
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- United States Agency for International Development
- Project HOPE
- Partners in Health
- KNCV Tuberculosis Foundation
- Challenge TB (led by KNCV).