

MEETING NOTES
PEPFAR KAZAKHSTAN STAKEHOLDERS MEETING

Kazakh Medical Post Graduate Institute, 34 Manasa Street, Almaty
3rd floor conference room
January 31, 2017 2-5 pm

Opening and Greeting notes

Mark Moody, US Consul General, welcomed all participants of the PEPFAR Stakeholders' meeting. He gave an overview of PEPFAR program activities in Kazakhstan. He also asked to share a critical feedback on how PEPFAR program impact can be maximized and asked to give suggestions for future program implementation.

Dr. Baurzhan Bayserkin, RAC Director, started with greetings and thanked CG Mark Moody for support of the project and the rector of KAZMUNO, specifying the important role of the university in the provision of post-graduate education in the country. Baurzhan Satzhanovich highlighted two aspects pertained to the benefit of the program to the health system of Kazakhstan. First, we are now able to transfer to the distant corners of Kazakhstan to share with doctors about the modern developments/information on HIV/AIDS problematics in our country. Secondly, he noted that Kazakhstan stands on the cusp of possible risks of some complications with the infection.

Dr. Raushan Binomovna Issaeva, KazMUNO rector, being a host has greeted everybody. Raushan Issaeva made a short presentation about the ECHO project. She said that the project has been running for nine months last four of which it was providing training sessions. She thanked all participants for joining the meeting and thanked the ECHO Coordinator and CDC for support and active participation in the project.

Presentation

Indira Aitmagambetova (CDC) & Khorlan Izmailova (USAID): Presentation on Annual PEPFAR results for FY2016 (from October 1, 2015 – September 30, 2016), the strategy for writing applications for funding (Regional Operational Plan), and Activities of PEPFAR implementing partners.

Questions & Answers Session – part 1

Dr. Baurzhan Bayserkin raised a question about LTFU data shown in the 21st slide particularly about only 10 people who are newly diagnosed and linked to care. He said that is a very low result. Tomorrow the MOH will ask why only ten individuals were linked to care whereas 448 LTFU were found. Khorlan, Indira and a Flagship representative clarified that the Flagship project's focus in Kazakhstan is in adherence and retention support, accounting for the high performance in finding those Lost-to-Follow-Up (LTFU). The ten newly diagnosed HIV-infected individuals is only those found and linked through Flagship testing of partners – it does not reflect the entire case finding and linkage to care of the oblast. The number of LTFU that were link to care was 448.

Alexandr Pak said that now they have intruded essential sites to detect more HIV positive people. He also raised a question on who is LTFU person, the definition for it is unclear. Does a person who is lost for half a year shall be considered as LTFU or the one who is lost for 5 years? Indira and an ICAP representative clarified the standard definition of LTFU is that the patient has no contact with the ART site for 6 months. **Galiya Khasenova** also replied that there was an agreement amongst specialists in this sphere that LTFU is someone who does not attend for more than 6 months.

Dr. Baurzhan Bayserkin noted that a solution to the problem of LTFU would be to use the Individual Identification Number (IIN) for tracking purposes in case a person registers for treatment in the other region.

Alexandr Pak noted that IIN is a good tool to keep track of LTFU, but we should also think about individuals who are without documents and do not have IIN.

Tatyana Davletgalieva, asked the participants about plans on working with People Who Inject Drugs (PWID), who will be working with them when GF leaves these regions. Are there any plans on MAT, on opening new sites? How the leave of GF will affect the HIV epidemics in the region.

Alexandr Pak predicted the decrease of new patients since GF had a good motivational package. He noted that it would be great if GF could continue their work in the region since PEPFAR does not have sites in those regions.

Natalia Rudokvas raised a question about opening new MAT sites in Zyryanovsk and Ridder (East Kazakhstan region).

Questions & Answers Session – part 2

The PEPFAR Team asked to address 4 following questions while discussing the PEPFAR results:

1. Ideas and suggestions on improving ARV procurement, forecasting, and advocacy for 2018?
2. Ideas and suggestions on increasing site level MAT coverage?
3. What are the responses to the HIV epidemic that need additional support?
4. Ideas and suggestions for improving PEPFAR program implementation?

Dr. Baurzhan Bayserkin

Question No 1: Baurzhan Satzhanovich started with the discussion of ARV procurement through UNICEF. He said that two issues with UNICEF procurement are: 1) the requirement for 100% of prepayment and 2) uncertain dates of delivery of purchased medications. He said that UNICEF guarantees that all ARVs will be WHO certified, and this is aligned with MOH requirements. He mentioned that last year SK Pharmacia pre-paid with its own funds, which were more than million dollars, and UNICEF provided medications. He informed that under the prior republican budget 4000 PLHIV have been on treatment. But with UNICEF's support, it will be possible to double this number and cover around 8000 PLHIV. Also, he said that they have leftover budget and if SK Pharmacia and Ministry of Health (MoH) will approve, than they can use the "Test and Start" program, covering more than 11000 PLHIV.

Concerning improvement of ARV procurement, Baurzhan Satzhanovich said that it is important to provide continuous and consistent procurement. He mentioned that they should have at least a three month buffer-stock, so in case of any minor failures in supply, a patient could continue the treatment. Then, he raised a question of where the supply of ART for the periods when the patient is not coming to

receive treatment go. He highlighted that at the moment we lack the system tracking the use of ART, such as an electronic database where the use of ARV is registered. Thus, he suggested that ARV which is not currently in use should go to a certain ARV bank that can be used for those in need.

Question No 2: As the government has established a normative base/legislation and have registered Methadone, now it all depends on the active engagement and participation of those in MAT treatment. He also added that with the support of GF and help of Ms. Tumenova they carried out good communication and advocacy work. He said that in the beginning of February they will visit Karaganda to join the discussion with some law enforcement agencies to provide explanation in which direction to proceed.

Question No 3: Dr. Baurzhan Satzhanovich brought into attention UNAIDS 90-90-90 goals. For the first 90 they have tested around 2 million people, and that it is usually general public. He mentioned that the yield in general population is 0.01%, whereas 80 000 of tested KPs have 0.3% yield. Therefore, he suggested that it is more effective to test key population (KP) than general public. Also, he said that private medical organizations shall do the testing of general population, and we concentrate on KPs instead. He mentioned that they want to increase laboratory testing, which should go along with treatment of patients. He brought an example to clarify his point, "For instance, a person is taking ART for four months and tested for viral load suppression on the fifth. If there is no viral load suppression, we should know what to question. Whether it is a quality of treatment, patient does not take medicine, or he/she became resistant to ART. That is, there should be a result." Then he asked Indira and ECHO project administrators, whether they can jointly work on clinical protocols to update them, since they have access to a large team of professors and teaching staff.

When it comes to activities of PEPFAR he mentioned the need of smart usage of resources. There should not be a case when two organizations work at the same site. As an example, he described the situation in Kazakhstan with Karaganda, Pavlodar and East having all the international attention and financial support, but having North Kazakhstan where there is no NGOs and International Organizations (IO)'s attention. As the result he said that drugs use/sale has been increasing in that region.

Question No 4: He noted that all prevention work for case finding, consistent retention on ART should be given to NGOs and IOs. Whereas, government is responsible for creation of conditions for treatment, laboratory testing, and monitoring of epidemiological situation. Each region needs to have at least three NGOs that work in three different directions as there are 48 NGOs in country working with PWID, Female Sex Workers (FSW) and Men Who have Sex with Men (MSM). He also mentioned that work of regional AIDS centers will be concentrated on laboratory testing, epidemiologic control, and raising the quality of treatment by an example of Iranian experience, where government is not engaged in prevention activities, but takes care of control and provision of medicine. Iran has approximately 5-6 thousand NGOs and they work very smooth.

Indira Aitmagambetova asked to clarify who is financing these NGOs.

Dr. Bayserkin clarified that the government is funding NGOs.

Aliya Bokazhanova, National Programme Officer, UNAIDS expressed her gratitude to PEPFAR team for their work and organization of a good platform for discussion. Concerning Question No 1 Aliya touched upon the issue of UNICEF and ARV procurement problematics mentioned by Bayserkin and emphasized that UNAIDS office in Kazakhstan has good communication links with UNICEF which could be used on solving this issue. As per Question No 2 Aliya highlighted that there have been much done about this in the country and that all these resources could be utilized, improved and etc. While answering the Question No 3 Aliya mentioned that starting 2014 they have been using investment approach. Recent epidemiological situation forecast has suggested that from 2015 till 2020, almost the half of new HIV cases will be among PWID and their sexual partners who are unreached. She supported the idea about HIV rapid testing for immediate circle of PWIDs. Aliya suggested that this could be done either by rapid testing or under “test and treat” approach. Next category of KPs is MSM, for which epidemiological forecasting predicts that MSM will account for 30% of new cases. Even though some NGOs are already concentrating on MSM, they need more precise attention. Concerning Question No 4 Aliya brought the topic of monitoring. She suggested that maybe PEPFAR will consider inviting Country Coordination Mechanism (CCM) members to PEPFAR monitoring of sites (SIMS) for improvement. She added that CCM usually provides a good feedback and that it will be useful to have such document with the analysis of the situation happening in the regions.

Indira Aitmagambetova thanked Aliya for comments and said that raised issues will definitely be considered and discussed amongst the PEPFAR team.

Nurali Amanzholov, LEADER representative, commented on the question raised by Dr. Bayserkin about unused drugs of LTFU. He said that sometimes a small amount of the medicine goes to foreign citizens, who do not have documents or registration which he thinks is a great idea. However, in such a case we should make sure that these medications are not out of date. Concerning Question No 2, when it comes to MAT, Nurali emphasized that even though there is a normative base, there are still issues. For example, what should one do with a PWID who has tuberculosis and does not want to stay at the hospital due to urge to take drugs? Narcological centers will not accept the person because he/she has tuberculosis which is a problem. Similar situation is with pregnant women who inject drugs. Concerning Question No 3, he said that misunderstanding, stigma and discrimination are all barriers for people to receive the support they need to remain on treatment.

Alexandr Pak said that he is an active observer of the MAT program realization and that he has several concerns about health workers that provide such therapy (Question No 2). He suggested adding a separate position for a health worker who will only be engaged in MAT provision on a site as it is done in other countries. This is because many medical workers do not want to deal with MAT since they are not paid for it separately. Alexandr also mentioned that protocols regulating MAT still need to be improved for ease of MAT access. He suggested taking out punitive regulations pertaining to organizations providing MAT when they lose MAT patients.

Dr. Zhanna Trumova, ECHO Project Coordinator as per Question No 1 she highlighted that there is need to procure new generation classes of ARV. Upon completion of 36 sessions she observed that the main issue with ARV provision is not that there is a lack of it, but that new classes are needed. She explained it with that they need not only to provide patients with ARV, but also to retain them and receive effective

outcome results from the treatment. She added that in order to provide high quality therapy, professors, clinicians and other health scientists need to be provided with up-to-date new generation ARV. The second problem she mentioned was the retention on the therapy. She brought an example of a patient with low adherence who started ART 7 different times and as a result became resistant to all classes of ARV. If no actions will be taken, there is a risk that many other people may have the same problem. Also, she answered Dr. Bayserkin's question about ARVs that were not consumed by LTFU patients. From her experience she said that usually doctors take new patients and give those leftover ARVs to newly enrolled patients.

Daulet Baypeisov, representative from the Mental Health Department, mentioned that according to WHO, the MAT coverage should be around 20% which is not achieved yet (Question No 2). Therefore, we need to extend the MAT coverage. He also addressed Alexandr Pak's question re: introducing separate position for medical specialists that only provide MAT services, saying that unfortunately due to budget restraints it is impossible, but that it will be considered in the future. He mentioned about experience of Europe it is not problem for a PWID to travel with up to 30 doses of MAT. For that, there is need to policy changes. He also mentioned that they will have a joint with CDC project where they will try to address this issue.

Galiya Khasenova, PF "Gerlita", Pavlodar As per Question No 2 she said that if there are such opportunities, it would be great to include more sites. The determination of choosing should be the spread of HIV infection. For example, in Pavlodar region it could be Aksu city. Concerning Question No 3, she suggested not to forget about FSW, MSM groups and to provide them with continuous attention and support. While answering the Question No 4 she emphasized the importance of ECHO project and suggested that it would be great if we could use the same model for educating NGOs on how to improve PLHIV adherence

Dr. Baurzhan Bayserkin responded to Galiya Khasenova and said that they have already discussed this issue with the rector of KazMUNO and in future there will be such possibility to make trainings in regional AIDS Centers.

Natalia Rudokvas as per Question No 1 said that she supports the idea of giving prevention work to NGOs. However, she expressed her concern pertaining to the terms of government orders which can be for only three months. If the prevention work will be transferred to NGOs we should work out the procedure of it very well. As per Question No 2 she said that they participate in this program since 2014 and that the number of people on MAT treatment has grown from 24 to 53. Then, she raised a question about opening of new sites in places where there are many PWID such as Zhyrnyansk, but there is lack of statistical data proving that. Also, there is logistics problems pertained to the provision of MAT to pregnant women who are in hospital. There is no clear procedure for how MAT will get from the narcology center to the hospital. Similar issues are faced by patients who have tuberculosis and are currently in hospitals. Lastly, she emphasized that MAT at times hasn't been taken seriously enough as a true treatment, rather as a drug by health service providers. Also, Natalia mentioned about the stigma & discrimination and the importance of NGO efforts to address it (Question No 3). As per the Question No 4 she said that it would be great if program continues and even more efforts are put into retention and treatment.

Alexandr Pak brought into attention the barriers that NGOs have while trying to work on prevention measures. Specifically he mentioned low engagement and desire of some stakeholders to work with NGOs. He suggested that certain official documents between the government and NGOs re: the process of prevention work should be developed. For example, NGOs will be assigned some tasks pertained to retention and RAC will be obliged to provide space and etc. Another suggestion Alexandr has proposed is to have a peer counselor to be present when the status of a patient is presented to him/her, as well as during the introduction to ART. Alexandr said that this provides a good support and assists in retaining the patient. He concluded with that there is a need to take out some barriers and to engage peer counselors more actively.

Tatyana Davletgalieva, National Coordinator on HIV component, GFATM addressed the Natalia Rudokvas' question and said that logistics is a problem, but it is resolvable. There are several ways that MAT could be transported to hospitals. She also added that under the Global Fund there are projects which are aimed at specifying MAT logistics and other aspects in legislative norms. Technical working group has been created to work on the issue of MAT doses delivery to the hospital where MAT is treated. She said that there is a special budget line for this for the 2018. Tatyana added that ICAP works on developing some manual on the provision of ART to PLHIV. Concerning the above project she asked whether it is possible for PEPFAR team to work in partnership with them on some of those projects. She suggested that GF can provide more of financial support and asked what technical support could be provided by PEPFAR. She said that there are two clinical manuals for MAT and for PLHIV and that it could be discussed later.

Indira Aitmagambetova responded that we definitely need to cooperate on this. Indira informed Tatyana that Sairankul created an executive committee/working group on clinical protocols. On the remark of Tatyana that it should be a single document and all stakeholders need to unite and not create separate pieces, Indira suggested that we maybe can consolidate under RACs guidance. Also, Indira said that we are interested in engagement in executive committee/working group when GF three year budget request will be made. Also, we are interested to know where GF will work in the future and whether it will continue to provide injection instruments on our sites. Indira highlighted that the more we collaborate, the more beneficial it will be for the whole program.

Tatyana Davletgalieva mentioned that the Global Fund sent allocation letter 12 million dollars to Kazakhstan, including 2.7 million dollars devoted to HIV, highlighting the small amount of the Global Fund funding. She added that after amounts are approved, they will be sharing their further plans.

Indira Aitmagambetova gave a concluding speech, thanking all the participants and highlighting main proposed ideas. Indira thanked Mr. Bayserkin for his proactive approach in the meeting, questions and his partnership with PEPFAR.

Dr. Baurzhan Bayserkin thanked PEPFAR team for the report and said that it touched upon important moments that need everybody's attention. He mentioned the importance of synchronizing our joint work to increase effectiveness. He highlighted that they are ready for partnership in that direction of achieving UNAIDS 90-90-90 goals by 2030.