

STUDY FINDINGS



Is Kazakhstan prepared for PrEP?

To improve the health of key populations in Eastern Europe and Central Asia (EECA), an international network of civil society organisations was founded: *AFEW Network*. Currently active in six countries, *AFEW* strives to promote health and increase access to prevention, treatment and care for public health concerns such as HIV. The current project was led by Marieke Bak, who did an internship at *AFEW* as part of her MSc in International Public Health at VU University, Amsterdam.

Why was the study carried out?

The global HIV/AIDS epidemic remains a major public health issue. Among the countries with the fastest accelerating incidence rates is Kazakhstan, which is characterised by a concentrated epidemic among key populations. Addressing the epidemic requires effective primary prevention, but current methods are often of limited use. Pre-exposure prophylaxis (PrEP) is a new method of HIV prevention consisting of a daily pill combining two anti-retroviral drugs, which has been found very effective when taken consistently. Generally, men who have sex with men (MSM) are seen as the target group for PrEP. As the most developed country in Central Asia, it seems that Kazakhstan could act as a frontrunner in providing PrEP. However, in order to inform the implementation of PrEP, there is a need to understand the awareness and attitudes of MSM towards this new method.

How was the study carried out?

The aim of this study was to explore the possibilities for future PrEP initiatives in Kazakhstan by investigating the potential of this prevention method among men who have sex with men. A mixed-methods study design was used. The quantitative part of the research consisted of a cross-sectional descriptive survey of PrEP awareness and acceptability among MSM (n = 108) in Kazakhstan. Respondents were recruited to the online questionnaire through a variety of gay-specific social media platforms. Concurrently, qualitative analysis was performed by conducting semi-structured interviews with MSM (n = 10) based in Almaty, the country's largest city. These interviews served to identify underlying reasons for PrEP acceptability and provide insight into how these factors may be improved.

Do MSM in Kazakhstan know about PrEP?

- Less than half (39.8%) of MSM had heard of PrEP prior to taking the survey. Among these only a small majority (62.8%) had correct knowledge about PrEP, with the confusion between PEP and PrEP being most common.
- Survey participants who were aware of PrEP had heard about it mostly through media outlets: mainstream (27.9%), community (30.2%) and social (30.2%) media. People also knew PrEP through scientific sources (11.6%), medical personnel (9.3%), HIV-positive persons (7.0%), friends (4.7%), or other sources (7%).
- Qualitative analysis suggested that awareness of PrEP is highest among MSM who are 'internationally oriented', i.e. able to read English and having travelled abroad.
- Interviewees thought it was important to provide information about PrEP. A variety of ways were suggested to improve PrEP awareness among MSM and to promote PrEP if it were to become available: social media groups on Instagram and Facebook, the use of dating apps such as Hornet or Grindr, and through leaflets distributed at gay night clubs.

Are MSM willing to use PrEP if it would be available in Kazakhstan?

- Around half (48.2%) of survey participants stated that they would probably or definitely use PrEP if it was available today, whilst a third (37%) were still uncertain.
- The main reasons for MSM to be interested in PrEP related to an increased **feeling of safety** and control:
“I would be more than happy to have some extra barrier against HIV, for peace of mind.” (HIV-negative MSM, 26–35 years)
- Whereas a major barrier for PrEP acceptability was associated with the idea of **taking medication every day**:
“I want to be healthy, and if I take medicine every day it seems I am unhealthy. It’s psychological.” (HIV-negative MSM, 36–45 years)
- The other main concern was the potential for **side effects**, although qualitative analysis suggested that for many MSM this would not be a reason to dismiss PrEP:
“If it’s just nausea and diarrhoea, that is a small part of my worry, the side effects. If it controls my anxiety and makes me feel more in control and safer, I can get over that one.” (HIV-negative MSM, 26–35 years)
- An unexpected finding was related to stigma. Despite the intolerance in Kazakhstan towards LGBT people and HIV-positive persons, PrEP-related stigma was not seen as a barrier, mainly due to the potential for covert use.

What can we conclude from these findings?

The study findings suggest that there are certain groups of MSM that know PrEP, and that future campaigns should aim to reach all MSM communities. The results also suggest that there is significant interest in PrEP among MSM in Kazakhstan, mainly because of the opportunity for additional protection against HIV, which would decrease anxiety. Thus, there is a strong case to investigate PrEP implementation. However, several acceptability barriers and structural issues should be addressed in order for a possible pilot study to show the full potential of PrEP. The results from this study can serve as a valuable basis for that work.

Want to find out more?

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Recommendations

The results suggest that PrEP is a promising method to address the epidemic among Kazakhstani MSM, despite several barriers. Two main recommendations were formulated:

1. Obtain data on the effectiveness of PrEP through a local pilot study, considering the following: Adopt a multi-stakeholder approach in the planning of the pilot, drawing on key figures with access to the MSM community, and seek to combine recruitment for different projects. Reaching MSM with PrEP messaging may be done through social media. To improve PrEP acceptability it is important to consider alternative PrEP formulations, with fewer side effects, and ‘on-demand’ regimens. Moreover, NGOs should invest in continued advocacy at government level, to improve the chances of PrEP becoming available after the pilot.

2. Implement structural changes to improve HIV prevention practices among MSM: First, efforts should be made to extend the opening hours of the AIDS centres and decrease waiting times, and to ensure privacy is maintained. Second, availability of free condoms at places frequently visited by MSM needs to be ensured. Third, trainings should be provided to health professionals about LGBT issues and stigma, and to MSM about HIV prevention and testing. Last, greater political will for projects with MSM may be created by gathering data: national MSM population size estimates should be conducted as well as studies on the prevalence of HIV among this hidden group.