## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infections</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>CCM</td>
<td>Country Coordination Mechanism</td>
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<tr>
<td>CST</td>
<td>Caregiver Skills Training</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Centre</td>
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<tr>
<td>EPW</td>
<td>WHO Europe Programme of Work</td>
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<tr>
<td>EVPNET</td>
<td>Evidence-Informed Policy Network</td>
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<tr>
<td>EWI</td>
<td>Early Warning Indicators</td>
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<tr>
<td>EQA</td>
<td>External Quality Assurance</td>
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<tr>
<td>EURO</td>
<td>WHO Regional Office Europe</td>
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<tr>
<td>FCTC</td>
<td>WHO Framework Convention on Tobacco Control</td>
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<td>GATS</td>
<td>Global Adult Tobacco Survey</td>
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<tr>
<td>GIS</td>
<td>Geographic Information Systems</td>
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<tr>
<td>GLLP</td>
<td>Global Laboratory Leadership Programme</td>
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<tr>
<td>GPW 13</td>
<td>WHO Global Programme of Work 13</td>
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<tr>
<td>HBSC</td>
<td>Health Behaviour in School-aged Children</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IHR</td>
<td>International Health Regulations (2005)</td>
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<tr>
<td>IMST</td>
<td>Incident Management Support Team</td>
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<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
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<tr>
<td>KAZ</td>
<td>Kazakhstan</td>
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<tr>
<td>MDR-TB</td>
<td>Multidrug Resistant Tuberculosis</td>
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<tr>
<td>MEURI</td>
<td>Monitored Emergency Use of Unregistered and Investigational Interventions</td>
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<tr>
<td>MoH</td>
<td>Ministry of Healthcare</td>
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<td>NGOS</td>
<td>Non Governmental Organisations</td>
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<td>NFP</td>
<td>National Focal Points</td>
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<td>NCDs</td>
<td>Noncommunicable Diseases</td>
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<tr>
<td>PHEIC</td>
<td>Public Health Emergency of International Concern</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PoE</td>
<td>Points of Entry</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
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<tr>
<td>PHC</td>
<td>Public Health Center Kazakhstan</td>
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<tr>
<td>SRMNCAH</td>
<td>Sexual, Reproductive, Maternal, Newborn, Child And Adolescent Health</td>
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<td>TB</td>
<td>Tuberculosis Baccelli</td>
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<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WAAW</td>
<td>World Antimicrobial Awareness Week</td>
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<td>WRD</td>
<td>WHO-recommended Rapid Diagnostic tests</td>
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<tr>
<td>WHE</td>
<td>World Health Emergencies Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WRD</td>
<td>WHO-recommended Rapid Diagnostic tests</td>
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1. EXECUTIVE SUMMARY

In 2020, a year in which the global pandemic eclipsed all other events, the team at the WHO Country Office in Kazakhstan worked tirelessly to respond to COVID-19 in the country, proving to be a vital partner for national authorities: providing technical guidance on the preparedness and response to COVID-19 based on global evidence and backed by competent and technically skilled resources.

Since March 2020, WHO Country Office in Kazakhstan has procured supplies for a total amount of over USD 6.8 million – having already delivered USD 4.8 million in supplies by year-end, with the remaining supplies still being received and more in the pipeline until June 2021.

Supporting the national response further, the WHO Country Office supplied Personal Protective Equipment (PPE) to Kazakhstan amounting to more than USD 3.5 million, as well as laboratory supplies amounting to USD 750,000 and equipment for the Emergency Operations Centre (EOC) amounting to USD 73,000. These urgently-needed supplies have strengthened Kazakhstan’s national response to the pandemic.

The WHO played an important role in the delivery of medical supplies by coordinating the entire logistics supply chain on behalf of all the key stakeholders to speed up access to supplies, strengthening Kazakhstan’s response to the pandemic. The WHO team achieved this despite logistical challenges arising from border closures. An interagency logistics coordination platform was launched between the MoH and UN agencies to enhance cooperation, collaboration and knowledge and resource sharing.

The WHO Country Office in Kazakhstan team had to simultaneously ensure country-level coordination with the Ministry of Healthcare (MoH) in Kazakhstan, PHC, Centers for Disease Control (CDC), UN partners and the international community to enhance preparedness and response. A WHO Incident Management Support Team (IMST) was established to meet the rapidly evolving challenges of the outbreak. The IMST liaised with the Emergency Operations Centre (EOC) of the Public Health Center (PHC) to support the management of the response plan in Kazakhstan and reporting of new cases according to International Health Regulations (IHR) 2005.

Responding to the need for greater resources in the healthcare sector, the WHO team in Kazakhstan trained over 4,000 national healthcare professionals in collaboration with the WHO Regional Office for Europe, MoH and PHC. Armed with this critical knowledge, healthcare workers were better able to respond to Infection Prevention and Control (IPC), Case Management and National Laboratories for better clinical outcomes.

The health operations, epidemiology, laboratories, risk communications, logistics, research, processes, reporting, health programmes and health system teams at the WHO Country
Office in Kazakhstan were consolidated with additional resources during the year. As disseminating information and knowledge is critical during the time of a pandemic, a Risk Communications group was set up jointly with UNICEF and the UN Resident Coordinator’s Office to increase risk communications activities to amplify key messages and to promote risk mitigation and continued evidence-based decision-making and response.

During the reporting period, the WHO Country Office in Kazakhstan has been able to step up visibility on social media from almost zero to 500,000 views, indicative of its dynamic approach to driving risk communications and messaging to reach target audiences swiftly.

The WHO Country Representative in Kazakhstan further prioritised the need for maintaining two-way communication channels with all stakeholders and regularly briefed diplomats in-country with COVID-19 updates and held discussions on the impact on public health and health systems with key officials during the course of the reporting period.

Despite focusing on the COVID-19 preparedness and response activities through most of 2020, the WHO Country Office in Kazakhstan sustained its work in other areas such as health systems strengthening, noncommunicable diseases, mother and child care as well as the health promoting schools initiative.

Overall, the WHO Country Office in Kazakhstan team’s support has been pivotal to the Government of Kazakhstan’s capacity for mounting a robust response to the COVID-19 crisis in 2020, which will be sustained in the year ahead.
KEY HIGHLIGHTS
JANUARY – DECEMBER 2020

- Mobilised USD 6.8 million for COVID-19 response in the country;
- Over 4,000 healthcare workers trained online by WHO Country Office in Kazakhstan;
- 2.5 million PPE items and up to 44,000 COVID-19 tests delivered;
- 12,000 hygiene kits distributed for healthcare workers in all 17 administrative regions;
- Disseminated risk communication materials on COVID-19 for healthcare workers;
- Monitored disinformation about COVID-19 while countering with accurate risk communication information;
- Social media presence ramped up on Facebook and Instagram, with posts receiving over 500,000 views;
- Mentorship laboratory programme established along with visits to oblast level laboratories by trained national lab mentors;
- Greater international exchange of knowledge and best practices proposed with the support of the WHE Central Asia Hub.
2. SITUATION ANALYSIS

On 30 January 2020, the Director-General of the World Health Organization (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR) 2005, following advice from the Emergency Committee. On 11 March 2020, WHO declared the outbreak a pandemic. Amidst the unprecedented situation, countries of the WHO European Region were advised to prepare for imported cases and possible subsequent transmission, both localised and widespread.

As of 27 December 2020, globally there have been over 79.2 million cases and over 1.7 million deaths reported since the beginning of the pandemic. The number of new cases in the European Region remains high, with over 1.5 million reported as of 29 December 2020, accounting for the second-highest number of new cases and deaths globally at 37%.

The first imported cases of COVID-19 were registered on 13 March 2020. As of 4 January 2021, there were 205,064 confirmed and probable cases of COVID-19, including 2,775 deaths.

The challenge was in weighing economic necessities against the need for restrictions to mitigate the public health risk posed by COVID-19, while simultaneously managing the social and psychological effects on the population.

The Government of Kazakhstan, supported by WHO and other relevant stakeholders has expressed commitment at the highest levels to combat the outbreak. The WHO Country Office in Kazakhstan has been supporting the MoH since December 2019, sharing relevant information, continuously training healthcare providers, coordinating the supply mechanism, providing essential supplies, supporting risk communication, increasing the capacity of laboratories and extending guidance and technical support to decision-makers at the national level. WHO will continue to support the MoH and the Government of Kazakhstan’s COVID-19 response and other projects including the delivery of essential healthcare services.
2.1. EPIDEMIOLOGICAL SITUATION IN KAZAKHSTAN

- The first imported cases were detected, confirmed, isolated and treated as of 13 March 2020. The cases were detected at PoE in the cities of Almaty and Nur-Sultan;
- As of 4 January 2021, there are 205,064 cases of COVID-19 registered in all 17 administration territories of the country;
- Incidence rate per million population: 10,253;
- 179,377 persons recovered from COVID-19 (87%);
- 2,775 death cases (CFR 1.3%);
- Death rate per million population: 138.75;
- 4,145 children of school age were infected with COVID-19.
3. WHO OPERATIONAL PLAN IN KAZAKHSTAN: EPW1: MOVING TOWARDS UNIVERSAL HEALTH COVERAGE

3.1. STRENGTHENING PUBLIC HEALTH

During the year under review, the WHO Country Office in Kazakhstan provided leadership on COVID-19 and other health issues, promoting standards as well as technical guidance, and building capacity through trainings and distribution of medical supplies and medical equipment, while supporting the MoH to support advocacy for policy-making. Its focus is on meeting the health needs and expectations of people.

Numerous training sessions for healthcare workers were held to improve specialised know-how in selected areas, such as IPC, case management and laboratories. The WHO also provided medical supplies and equipment to selected health facilities depending on available resources and performed risk analysis amongst other targeted people-centred health initiatives.

3.2. STRENGTHENING A PEOPLE-CENTERED HEALTH SYSTEM

Aligned with this strategy, WHO Country Office in Kazakhstan advocates strongly for a people-centered health system by developing community awareness and risk communication campaigns, such as extensive messaging on social media about COVID-19.

Technical expertise was shared with healthcare bodies to facilitate coordination and information sharing. The WHO is also actively supporting the development and the integration of an IPC programme across all three levels of the health system: promoting minimum essential package for mental health; supporting the MoH in building its capacity for effective notification, risk assessment, consultation, verification and information exchange through the training of national focal points (NFP); and extending technical support.

WHO is also supporting evidence-based policy development through the European health system research, Evidence-Informed Policy Network (EVIPNet) networks and the European Observatory, in addition to capacity building in strategic policy development and other approaches.

3.3. CHILD AND ADOLESCENT HEALTH AND MOTHERS

Health promotion in schools has been defined as an important topic in the State Programme for Health Care Development 2020-2025. The WHO Country Office in Kazakhstan has supported the country in scaling up the Health Promoting Schools initiative since 2019 in all regions by way of technical advice and financial help to the national partner.

During the year, technical consultations and workshops were conducted in 5 regions using WHO expertise and direct links with school communities. Representatives from 211 schools and 66 local coordinators from the health and education sectors participating in the workshops were trained to use WHO SHE tools and given practical exercises that enabled them to take the first steps towards becoming a Health Promoting School.

Results and experiences of all participants in the network of Health Promoting Schools were presented at the 1st Kazakhstani Conference on Health Promoting Schools in Kazakhstan, themed ‘Excellence in partnership for health and wellbeing of the school community’, organised online by MoH, the WHO Country Office in Kazakhstan and UNICEF on 1-2 June 2020. The conference provided an opportunity to demonstrate the best practices of champions from the regions in the country, including school teams, and shared important information about precautionary measures that schools would need while re-opening in the new academic year.

Kazakhstan has been supported by WHO both technically and financially to strengthen the school medicine system while participating in school health services research. The results of the research will enable MoH to revise and develop a roadmap for improving health services available to the school community and will include both the content of the school health services and capacity of healthcare providers in schools.

In October 2020, the United Nations Children’s Fund (UNICEF), jointly with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), the World Bank and local partners launched a series of webinars to promote and safeguard every child’s right to education and health and safety in the context of school closures and re-opening. The series of webinars were conducted during the fourth quarter of 2020, with one webinar held every month.

Further, WHO, jointly with partner UN agencies held ongoing dialogues with the
health and educational sectors with a focus on safe schooling during the pandemic. A series of online webinars and virtual conferences were conducted to provide key policy-makers and technical experts with practical recommendations on public health measures in schools, sharing evidence and data from research conducted by WHO Europe, as well as country experience on school reopening during the 2020-2021 academic year.

**ADOLESCENT HEALTH AND WELLBEING**

WHO provided technical and financial support for the national launch of the ‘Health Behaviour in School-aged Children’ (HBSC) Survey results; facilitated the launch of the global and national data from the report ‘Spotlight on adolescent health and wellbeing’; and supported the national communication campaign. HBSC is a WHO collaborative cross-national study of adolescent health and wellbeing and its findings are used at the national, regional and international levels to gain new insights into young people’s health and well-being; to understand the social determinants of health; and to inform policy and practice to improve young people’s lives.

**SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH**

During the year, WHO officially launched the results of the 2019 WHO country assessment on Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) in Kazakhstan in partnership with UNFPA. The findings demonstrate that high priority has been given to the health of pregnant women, women in delivery and postpartum, and children aged 0-18 years among others, by adopting multiple national strategies for their health protection.

A two-day virtual discussion with the MoH focused on gaps revealed during country assessments and resulted in countries compiling a list of technical requests to WHO and UNFPA that will support them in further implementation of national policies and firm actions.

Furthermore, WHO launched the application, ‘Children in Hospital Pocket Book’, to improve quality of care in 2019. The WHO Country Office in Kazakhstan has supported its translation into the Kazakh language in addition to further peer review of the translated version by academic circles. The technical launch of the Kazakh version is planned for early 2021.

Delivery of essential health services to mothers, newborns, children and adolescents has been one of the challenges during the introduction of COVID-19 response measures in the country. WHO continues to participate in technical consultations and dialogues with national experts, supporting the decision-making process on COVID-19 clinical management in pregnant women and children. After intensive discussions and consultations, Kazakhstan has adopted COVID-19 management guidelines for pregnant women in compliance with WHO recommendations.
According to a recent Global Fund evaluation report titled ‘Focused Country Evaluations. Kazakhstan HIV evaluation’ (March 2020), heterosexual HIV transmission is the most common route of HIV transmission, accounting for 57.2% (2013 cases) of registered People Living with HIV (PLHIV) in 2019. Another 32.6% (1,146 cases) were infected through drug injections and 5.5% (192 cases) were infected via male-to-male sexual contacts.

WHO provides support to the regional validation assessment on elimination of mother-to-child transmission of HIV in the country. During the year under review, WHO contributed to the proficiency panels within External Quality Assurance (EQA) for HIV serology and HIV treatment monitoring tests.

The WHO Country Office in Kazakhstan also supported the dissemination of WHO guidelines on HIV prevention, testing and treatment. Assistance was also extended to review the existing HIV testing policy, with further agreements to update the testing algorithms according to 2019 WHO recommendations.

### 3.4. HIV PREVENTION AND CARE IN KAZAKHSTAN

<table>
<thead>
<tr>
<th>Total number of people living with HIV in Kazakhstan registered with health authorities</th>
<th>New cases</th>
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<tr>
<td>25753</td>
<td>3675</td>
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<table>
<thead>
<tr>
<th>In active care</th>
<th>Cases among Kazakh citizens</th>
<th>Cases among migrants</th>
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<tr>
<td>21951</td>
<td>3518</td>
<td>157</td>
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</table>

Kazakhstan is one of 18 countries worldwide with a high burden of multiple-drug resistant tuberculosis (MDR-TB): about 5,000 cases annually (out of 19,000 total TB cases in Kazakhstan). At the same time, Kazakhstan has registered an important achievement in combating TB over the last decades. Both TB morbidity and mortality are on a steady decline - with 2.4 deaths per 100,000 in 2018 compared to 3.0 in 2017. During 2001-2018, Kazakhstan has demonstrated an average of 7% annual decrease of new notified TB cases and 5% decrease of rates of MDR-TB cases among new TB patients per 100,000 population. The overall TB treatment success rate was 91% for the new and relapse cases and 82% for previously treated cases (excluded relapses) registered in 2017. In 2018, 89% of notified new and relapse TB cases were tested with a WHO-recommended rapid diagnostic tests (WRD) as the initial diagnostic test. (Reference: Global tuberculosis report 2019 Geneva: WHO:https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-report-2019)

WHO Country Office in Kazakhstan provided continuous technical support in the dissemination of newly-developed WHO recommendations for treatment and diagnosis of TB/MDR-TB in collaboration with technical staff from WHO EURO. Further during the year, WHO extended support for capacity building of TB healthcare providers by ensuring participation in training programmes and offering access to virtual consultations with experts for case-specific situations etc. WHO also participated in country coordination mechanism (CCM) TB/HIV meetings and provided technical support on request. Additional technical and logistical support was extended by WHO to conduct analysis of best practices and experiences in providing healthcare services and implementing principles of management of TB (including MDR-TB) and the availability of such services for migrant labour in the framework of the global initiative on cross-border TB prevention and control.

### Estimated proportion of MDR/RR-TB cases were

- **27%** among new cases in 2018
- **64%** among previously treated cases

### Total TB incidence in 2018 was 68 per 100,000 population (12 thousand cases)

- **68** per 100,000 population
- **26** per 100,000 population

3.6. NONCOMMUNICABLE DISEASES

Noncommunicable Diseases (NCDs) are one of the major challenges for sustainable development in the 21st century and the leading cause of death globally. With support from the WHO Country Office in Kazakhstan and under the initiative of the WHO European Office for Prevention and Control of Noncommunicable Diseases, Kazakhstan continues to participate in a pilot study to gain important information that will contribute to elaboration of the Manual on Brief Interventions for Noncommunicable Disease Risk Factors in Primary Healthcare. This Manual assists countries to implement, establish and promote brief interventions in their primary healthcare setting.

Despite the challenges of the pandemic, WHO continued to support other areas of concern in the healthcare sector:

**OBESITY**

During the year under review, WHO provided technical and financial assistance and support to Kazakhstan in conducting Round 5 of Childhood Obesity Surveillance Initiative (COSI). Online training of 34 interviewers and supervisors was held on data collection methodology, child weight and height measurement, data recording, practical considerations related to fieldwork in Kazakhstan, infection control measures when working with children and school staff, and reporting and organisational issues. The summary will be presented in January 2021 at the official launch of the final report scheduled for the first quarter of 2021.

**PROMOTING PHYSICAL ACTIVITY**

COVID-19 response measures consisted of lockdowns and restriction of movement due to which lack of physical activity became a challenge. Importance of physical activity among working populations was emphasised during the virtual country dialogue initiated by the Republican Association of Trade Unions, backed by WHO. Evidence-based interventions that can be deployed by employers and business associations were presented to the audience with wide coverage through live broadcasting via Facebook.

In August, WHO was invited to participate in the Annual Conference of Physical Activity Teachers in Kazakhstan. Together with stressing on the role of physical activity in bringing multiple benefits in the schools context, WHO further supported MoH in sharing experiences and knowledge with the educational sector for health promotion in schools. A national working group was formed consisting of representatives from the National Centre for Public Health and MoH to validate a Physical Activity country factsheet. A liaison has been established with the National Centre for Physical Culture in the educational sector.

**COMBATING TOBACCO USE**

During the year under review, WHO extended technical, financial and logistical support for the implementation of the second round of the Global Adult Tobacco Survey (GATS) in Kazakhstan and for data analysis and interpretation and data release. GATS is considered a global standard for monitoring tobacco indicators, using standard protocols to enable a comparison nationally and among countries. The key tobacco indicators have been compiled in country fact sheets containing key recommendations for better tobacco control outcomes and effective implementation of the WHO Framework Convention on Tobacco Control (FCTC) in Kazakhstan.

Technical support was also provided to the MoH to develop new in-country regulation on tobacco products and the electronic nicotine delivery system. During 2020, WHO contributed to the capacity building of tobacco control national partners and ensured their participation in a series of trainings on enforcement of tobacco legislation.
3.7. ONE HEALTH AND ANTI-MICROBIAL RESISTANCE

The development of Antimicrobial Resistance (AMR) has become a global threat to public health security around the world. The problem of antibiotic resistance gained particular relevance during the COVID-19 pandemic.

The WHO Country Office in Kazakhstan supported the World Antimicrobial Awareness Week (WAAW), a global campaign that aims to raise awareness on antimicrobial resistance worldwide and encourages best practices among the general public, health workers and policy-makers to slow the development and spread of drug-resistant infections.

Round-table meetings were held across the country jointly with national counterparts, with the participation of national medical experts. During WAAW, information on the safe use of antibiotics was provided to the general population on the main billboards in 15 cities of Kazakhstan.

3.8. ROAD SAFETY AND VIOLENCE AND INJURY PREVENTION

Road traffic injuries are a major yet neglected public health challenge, which requires concerted effort for effective and sustainable prevention. According to the Global status report on road safety 2018 the WHO estimated road traffic fatalities (2016) are 3158 in Kazakhstan. The WHO Country Office in Kazakhstan supported the 2020 World Day of Remembrance for Road Traffic Victims.

The WHO Communication Team in Kazakhstan, with the support of the MoH and the Ministry of Internal Affairs, released a video clip encouraging drivers and passengers to be vigilant on the roads. The video was released in Kazakh and Russian and posted by WHO Country Office in Kazakhstan and its partners on their social media pages.

3.9. MIGRANT HEALTH

The WHO Regional Office for Europe along with the MoH of the Republic of Kazakhstan is conducting an analysis of best practices and experiences in providing healthcare services and implementing principles of management of Tuberculosis Bascelli (TB), including MDR-TB.

In addition, WHO is evaluating the availability of such services for migrant labour in the framework of the global initiative on cross-border TB prevention and control in 3 cities of Kazakhstan: Almaty, Nur-Sultan and Atyrau. In order to conduct a situational analysis, a special questionnaire has been developed and shared among leading national experts and organisations involved in the area of TB and migrants.

3.10. SUSTAINABLE DEVELOPMENT GOALS (SDGs)

The Government of Kazakhstan has created a high-level institutional mechanism to oversee the implementation of the Sustainable Development Goals (SDGs).

A Coordination Council on SDGs was established, chaired by the Deputy Prime Minister with five inter-sectoral working groups, dedicated to the ‘5 Ps’ of SDGs - People, Prosperity, Planet, Peace and Partnership, each enjoying participation of civil society, private sector and other stakeholders and chaired by the relevant Ministers. The Ministry of National Economy is the coordinating body of the Council, supported by the Economic Research Institute, which provides expert and analytical support, serving as the Secretariat.

In parallel, the United Nations Country Team (UNCT) in Kazakhstan drafted a new United Nations Sustainable Development Cooperation Framework (UNSDCF) focused on supporting Kazakhstan’s ambitious goals for achieving strong, green and inclusive growth by 2030.

Following the WHO EURO Regional Director’s visit in February 2020, Kazakhstan has requested support for technical assistance from WHO to assess its progress on the health and health-related SDGs (SDG3+) and policy coherence on its current health system transformation priorities, with an emphasis on digital health transformation.
WHO Country Office in Kazakhstan is leading the UN country response to the COVID-19 pandemic through proactive coordination with the UN Regional Coordinator, UN agencies, donors and partners. During the reporting period, WHO Country Office in Kazakhstan was successful in mobilising over USD 6.8 million in funds and supplies for the country’s fight against the pandemic. These funds are critical for fulfilling the demand for medical supplies for healthcare workers and COVID-19 patients. A WHO Incident Management Support Team (IMST) was established in March 2020 in this regard.

A key task was to put in place the necessary competencies and expertise at the WHO Country Office in Kazakhstan. As a result, additional consultants were hired to strengthen health operations, epidemiology, laboratories, risk communications, logistics, research, processes, reporting, health programmes and health systems, vastly reinforcing the capacity at the level of the Country Office.

The WHO Country Office conducted 2 simulation exercises for government workers on the coordination of COVID-19 response. Healthcare workers from primary healthcare facilities along with hospital workers participated in the exercises. As a result, recommendations to improve coordination were prepared. Moreover, a number of technical consultations were conducted for key personnel of the MoH in order to help them to provide evidence-based information and justification for public health measures in the country.

WHO launched a project to study gender aspects related to the work and life of women health workers in the context of COVID-19. Funded by the Ministry of Foreign Affairs of the Kingdom of the Netherlands, the project aims to support Kazakhstan in taking gender-sensitive and evidence-based measures to address gender inequalities. The necessary communication support was provided by WHO Country Office in Kazakhstan.

Through the year, WHO continuously provided support to the MoH, the PHC and the committee for monitoring the quality of the services and goods under MoH by sharing WHO guidance, information updates and communication materials in English, Kazakh and Russian.
Key activities between January to December 2020:

- The WHO Country Representative Dr Caroline Clarinval presented the Kazakhstan perspective of the COVID-19 response at the Global Preparedness Monitoring Board meeting;
- Coordinated with WHO Europe Regional Office on agreed allocation of USD 4.5 million for the supply of laboratory items, PPE and medical equipment in line with national requests;
- Handed over around 12,000 hygiene kits to Kazakhstan medical personnel in coordination with the MoH;
- Supported the Emergency Operation Centre (EOC) with procurement of equipment to ensure uninterrupted operations during the pandemic;
- Promoted risk assessments for continued evidence-based decision-making and response;
- Enhanced engagement with non-state actors, specifically the private sector;
- Launched an inter-agency logistics coordination platform between MoH and UN agencies;
- WHO has been appointed the COVID-19 coordinator and therefore is responsible for MEDEVAC of UN personnel and their dependents if required. Continuous consultation is ongoing under the leadership of the UN Resident Coordinator and in collaboration with UNDSS and other Heads of Agencies.
PILLAR 2: RISK COMMUNICATIONS AND COMMUNITY ENGAGEMENT

WHO has played a significant role in public messaging on COVID-19 to ensure the people of Kazakhstan have access to authentic information by supporting the Government of Kazakhstan in its communication outreach.

A 24/7 Call Centre and Chatbot were established with support from the WHO Country Office in Kazakhstan for the public. The Chatbot offers information about COVID-19 from trusted sources of WHO/Europe and the United Nations Children’s Fund Europe and Central Asia Regional Office (UNICEF-ECARO).

A Risk Communications group was set up jointly with UNICEF and the UN Resident Coordinator’s Office to increase risk communications activities to amplify key messages and promote risk mitigation and continued evidence-based decision-making and response.

In order to generate greater awareness, the Risk Communications group launched #SafeHands challenge, engaging MoH, local bloggers and influencers in an unique online initiative.

Guided and assisted by the WHO, the MoH developed recommendations and informational materials in Kazakh and Russian languages for healthcare workers, public and various target groups. Fighting disinformation with facts, risk communication materials were developed and disseminated by WHO Country Office in Kazakhstan in collaboration with MoH on various social media platforms, including Facebook and Instagram.

During the reporting period, the WHO Country Office has been able to step up visibility on social media from almost zero to 500,000 views, sharing 600 posts, reflecting its dynamic new approach to driving risk communications and messaging to reach target audiences. As part of the awareness-raising activities, Dr Caroline Clarinval, the Country Representative of WHO Country Office in Kazakhstan, participated in the #barysLive TV programme of the Barys Hockey Club. During the programme, Dr Clarinval said, “It is essential to remember COVID-19 prevention measures, such as maintaining physical distance, respiratory etiquette, wearing a mask where recommended by national health authorities and taking care of your physical and mental health.”

Dr Clarinval also had a chance to train with the Tomiris women’s ice hockey team. After the training, she shared her impressions with the audience, where she stressed that sports play a key role in a healthy life, especially for young people, and that it’s necessary to devote time to physical activity.

More details on www.facebook.com

During the year, schools closures and lockdowns brought new challenges such as working from home and online schooling. The WHO Country Office in Kazakhstan supported communication campaigns to provide clear information about parenting under these difficult circumstances, emphasising the importance of caring for each other through the pandemic.

- 600 posts on the WHO CO social media pages with practical recommendations and preventive measures
- 42 videos Videos in Kazakh and Russian with WHO key messages and recommendations for public on COVID-19
- 120 messages and comments Messages and comments for the local and foreign media outlets on COVID-19 (TV, Radio, Information agencies)
### Success Stories

**UN Volunteer wins award for his role in WHO Country Office in Kazakhstan’s response to COVID-19**

UN volunteer, Dr Alexander Jaguparov, was selected ‘Volunteer of the Year for Active Participation in Healthcare,’ a prestigious international award which recognizes his contribution to WHO’s response to COVID-19 in Kazakhstan, as well as to the implementation of WHO’s ‘Better Labs for Better Health’ initiative. Dr Jaguparov collaborated with WHO Europe’s Dr Joanna Zwetyenga to develop an action plan to strengthen the response of the laboratory system to COVID-19 in Kazakhstan. This included making recommendations to train national mentors to support laboratory staff carrying out testing for SARS-CoV-2.

Dr Jaguparov regularly conducts training sessions and webinars in the context of COVID-19, along with his colleagues from the WHO Country Office. “I have gained a lot of experience working here and I’m lucky to have really great colleagues who support each other,” he said, while thanking the UN volunteer programme for the opportunity. WHO Representative in Kazakhstan, Dr Caroline Clarinval, remarked that the team in Kazakhstan proudly counts Dr Jaguparov as one of their own, adding that, “his commitment, professionalism and dedication to improving access to quality health care are laudable.”

**WHO and the EU in the fight against COVID-19**

Greater collaboration between WHO Country Office in Kazakhstan and EU Kazakhstan was witnessed in the context of COVID-19, with WHO Country Office in Kazakhstan Country Representative, Dr Caroline Clarinval and the Head of the EU Delegation in Kazakhstan, Mr Sven-Olav Karlsson being interviewed on the Khabar24 national TV channel.

More details here

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**Other Advocacy Initiatives During the Year**

- Joint campaigns were conducted with UNICEF Kazakhstan, aimed at informing adolescents and children about COVID-19 prevention measures;
- A series of joint posters with WHO recommendations for teachers and parents on safe learning, preventive measures, health and nutrition of children and adolescents were developed and distributed in all regions;
- Production, display and distribution of infographics, posters, leaflets and booklets were carried out for the general public in public spaces to spread information on COVID-19 prevention measures on a wider scale;
- Visuals and videos from the Regional Coordinator’s Office, UNFPA and UNICEF were shared by WHO;
- Information materials which fight myths about the disease are being developed on a regular basis and posted on social media, along with COVID-19 recommendations and preventative measures, specifically key messages on hand hygiene, physical distancing, wearing masks etc;
- As part of combined activities with MoH at the request of the National Center for Public Health, a joint two-month national awareness campaign was conducted in August and December 2020 to improve communication with the public about the need to continue precautions, prevention and control of COVID-19.

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Orange the World!

The WHO Country Office in Kazakhstan further extended communication support for the Global 16 Days campaign of against gender-based violence, releasing and disseminating clips on the topic of preventing violence against women along with a video message from Dr Clarinval in support of the global information campaign which was viewed widely on social media.

More details here
PILLAR 3: SURVEILLANCE, RAPID-RESPONSE TEAMS AND CASE INVESTIGATION

In order to better respond to the COVID-19 outbreak, the National Center of Public Health has developed an internet-based application on collecting data and contact tracing of COVID-19 cases.

The application is being used at all levels of administrative territories. This application was presented to WHO and to representatives of Ministries of Health in Central Asian countries. A network of laboratories is being established in the country at all administrative levels along with reporting and data collection systems. The WHO Country Office further supported MoH with WHO guidance on global monitoring, contact tracing and reporting according to IHR (2005).

The online platform Go.Data was introduced by WHO in order to support timely contact tracing for all cases of COVID-19.

WHO also facilitated experience sharing with other countries on the application for data collection, investigation and contact tracing developed by Kazakhstan. An additional USD 50,000 in funding was received from WHO Headquarters to support contact tracing in the country.

PILLAR 4: POINTS OF ENTRY, INTERNATIONAL TRAVEL AND TRANSPORT

As the outbreak of COVID-19 spread across borders, it prompted demands for the detection and management of suspected cases at Points of Entry (PoE), including ports, airports and ground crossings and on-board conveyances.

Under IHR (2005), public health authorities at international ports, airports and ground crossings are required to establish effective contingency plans and arrangements for responding to events that may constitute a PHEIC and to communicate with national IHR focal point about relevant public health measures. In Kazakhstan, the Government has been tracking all travellers at PoE coming from other countries depending on their epidemiological situation.

Public health measures at PoE were reinforced through the establishment of temperature screening and registration of symptomatic individuals. The information on the ongoing COVID-19 outbreak, as well as on the measures of the individual protection is being circulated to travellers at the international airport and ground PoE.

The WHO Country Office in Kazakhstan supported the MoH by providing training to the EOC on Geographic Information Systems (GIS) mapping in order to support tracing of travellers, in addition to printing and sharing of risk communications and education materials to be used at PoE and on social media.

Further, with the support of the WHE Hub for Central Asia and the Regional Office, a webinar was conducted on sharing PoE experiences. Key staff of Ministries of Health of Kazakhstan, Kyrgyzstan, Uzbekistan and Turkmenistan participated in the training session.
PILLAR 5: NATIONAL LABORATORIES

Laboratory services are essential to identify the agents involved in important public health events such as COVID-19. WHO provides frameworks, tools and expertise to inform and support health authorities in strengthening their laboratory capacity, quality, safety and security.

A number of webinars were conducted to enhance the capacity of national laboratory experts involving approximately over 1,600 attendees. Some of the webinars conducted in English, Russian and Kazakh focused on topics such as IPC in medical settings for the benefit of inpatients, clinics and laboratories (including sample collection, biosafety and biosecurity). In addition, various laboratory-related webinars conducted by WHO EURO were shared with national laboratories.

The WHO Country Office also coordinated delivery of tests, controls and laboratory reagents for RT-PCR testing to the country, with over 30,000 tests being delivered. The WHO Country Office provided 4,000 tests (primers) to Kazakhstan. The number of laboratories was increased from 9 to 141 (including private, clinical and mobile laboratories), with the current capacity of laboratories scaled up to 71,000 tests per day, working 24/7.

In addition, the WHO Country Office in Kazakhstan, with the support of EURO, is procuring laboratory equipment for 18 laboratories involved in COVID-19 response. With the support of WHO EURO, the WHO Country Office in Kazakhstan coordinated the delivery of External Quality Assessment panels for 47 national laboratories involved in SARS-CoV-2 testing to ensure quality testing.

During the year, 3 WHO EURO laboratory experts visited laboratories involved in SARS-CoV-2 testing across Kazakhstan and provided key recommendations on RT-PCR testing, biosafety and quality management. During one of the visits, SARS-CoV-2 samples from national laboratories were sent to the collaborating centre in Charite, Berlin, to undergo deep study of cases of unknown pneumonia. In addition, a number of technical online meetings were conducted with key national laboratory experts on development of the national testing algorithm and ensuring quality of laboratory tests. National mentors regularly visit national laboratories involved in COVID-19 response and support them in improving laboratory quality management on a continuous basis.

Advanced laboratory quality management training was held for the National Scientific Centre for Especially Dangerous Infections of the MoH and its 9 branches across Kazakhstan in an online format to support the laboratories in acquiring ISO-15189 accreditation.
PILLAR 6: INFECTION PREVENTION AND CONTROL

Enabling Infection Prevention and Control (IPC) measures is critical for the treatment of patients infected with COVID-19 and to prevent transmission to staff, between staff, between staff and patients/visitors, and in the community.

At the national level, IPC guidelines for COVID-19 have been revised with the support of WHO experts through a facilitated self-assessment of the national legislation. Following the exercise, the national guidance on the rational use of PPE, dead body management, cleaning and disinfection, as well as engineering control has been streamlined to meet the WHO guidance.

Tackling education and training, Open WHO courses have been actively promoted in Kazakhstan and endorsed by the national agencies in charge of post-graduate education. The course on ‘IPC for COVID-19 management’ is among the most popular courses by the participants from Kazakhstan. Given the high interest and relevance of the content, WHO is supporting the translation and adaptation of the materials into the Kazakh language on the request of the authorities.

When it comes to surveillance, WHO has supported the national public health authorities in reinforcing syndromic surveillance among healthcare workers, as well as the initiated implementation of a case-control protocol for assessment of the risk factors for COVID-19 exposure among healthcare workers. Technical guidance has been provided to the MoH in surge capacity planning through the deployment of the institutional tools developed for COVID-19 response.

The methodology has been applied by national stakeholders while implementing and adjusting the COVID-19 response. Besides, WHO guidance on the deployment of Acute Respiratory Infections (ARI) care facilities has been put into practice while designing COVID-19 surge facilities, 13 of which have been constructed in Kazakhstan in line with the national preparedness plan for deterioration of the COVID-19 epidemic.

AT THE HEALTHCARE FACILITY LEVEL, THE WHO:

• Conducted joint visits with the MoH representatives to boost on-site implementation of the essential IPC measures to limit healthcare-associated transmission of COVID-19 and prevent nosocomial amplification;
• Carried out trainings by its experts at primary and secondary healthcare facilities to put COVID-19 guidance into practice;
• Provided IPC focal points at the facility level with a comprehensive set of evidence-based guidance, enabling the adjustment of the relevant standard operating procedures;
• Supported the creation of the national IPC manual, encompassing the relevant standard operating procedures for implementation at the healthcare facility level which is ongoing;
• Advised healthcare facilities on surge planning, the establishment of safe patient/staff pathways and implementation of the relevant technical guidance;
• Distributed WHO workplace reminders to COVID-19 dedicated facilities across the country;
• Provided a significant amount of PPE, cleaning and disinfection items, and other required IPC supplies to healthcare facilities throughout the country, details of which are provided in the logistics section.
PILLAR 7: CASE MANAGEMENT

Supporting evidence-based treatment of COVID-19 patients was a keystone activity of WHO in Kazakhstan in 2020. A set of interventions jointly conducted by EURO and the WHO Country Office in Kazakhstan experts included revision of several national treatment guidelines and their alignment with the available evidence and WHO recommendations. In particular, the use of experimental treatments have been brought under the clinical trial frameworks and Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI); patient pathways have been revised and improved, thereby enabling optimal quality care in an environment prevention nosocomial amplification; and a set of practical tools for patient assessment and early critical care have been incorporated, etc.

WHO conducted a series of capacity building seminars with the national guideline development committee on best practices in developing guidance at the national level to support evidence-based policy development.

Furthermore, WHO supported transboundary knowledge exchange among clinicians in Central Asia, sharing Kazakhstan guideline development experience across the region. WHO delivered a series of webinars for healthcare practitioners on the clinical management of COVID-19 patients which promoted practices based on the available evidence. A number of online webinars on case management and critical aspects of the infection prevention and control for over 2,500 health workers were organised by the WHO to share the latest updates, exchange experiences and to enhance knowledge of the medical workforce.

Training activities were followed by wide distribution of the relevant WHO tools (for example, the SARI toolkit) across hospitals involved in the COVID-19 treatment pathway. The use of the Open WHO platform which brings essential knowledge for effective emergency response has been largely extended in Kazakhstan, thanks to the fruitful cooperation with respective national agencies and academia.

Patient information leaflets have been developed jointly by the national counterparts and the WHO Country Office in Kazakhstan, aimed at including knowledge on self-management of COVID-19 at home, essentials of infection prevention and control in home settings, preventing onward transmission, etc. The institutional guide on self-rehabilitation for people recovering from severe COVID-19 was widely circulated and distributed to a number of patients in Kazakhstan, with most of the materials currently in use by healthcare providers.

Supply of essential commodities to manage severe and critical COVID-19 cases have been mobilised and distributed to hospitals involved in COVID-19 care (such as patient monitors, intensive care ventilators, oxygen concentrators, etc). Surge capacity planning tools and approaches have been provided to MoH planners and further used for designing the emergency response plan in Kazakhstan. The MoH is regularly revising its national treatment protocol, reflecting the available information on case management. Mobile teams are being formed at the level of the primary healthcare to ensure outreach consultation of COVID-19 symptomatic patients in their homes and perform sampling, improving access to COVID-19 RT-PCR testing.

It is critical that health workers improve their understanding of the disease and adhere to best practices in infection control at all times. WHO is strengthening their capacity at the national level by participating in a number of online meetings with the MoH and UN agencies for developing key national guidance on COVID-19 case management.
PILLAR 8: OPERATIONAL SUPPORT AND LOGISTICS

WHO has been supporting Kazakhstan mainly with PPE and laboratory supplies to combat COVID-19. Since March, WHO has supplied PPE such as gloves, surgical masks, respirator masks, face shields, gowns, apron, surgical caps and other 2.5 million items worth more than USD 3.5 million.

In terms of laboratory supplies, WHO’s assistance was multidimensional as it supplied over 44,000 RT PCR tests and detecting kits, swabs, test tubes, coronavirus molecular PT Panels and other supplies and equipment amounting to USD 750,000. The supplies have been distributed mainly to the National Reference Laboratory in Almaty and also to the National Center of Expertise laboratories. In terms of Case Management, WHO Country Office in Kazakhstan delivered 126 Pulse Oxymeters, 1400 Infrared Thermometers, 200 O2 Concentrators and spare parts, 39 Patient Monitors, 400 Venturi Mask and 400 Nasal Cannula totalling more than USD 370,000. PPE and Case Management supplies were distributed in Health Departments of all regions based on the MoH distribution plan.

In order to enhance the efficiency of the EOC, WHO supplied required equipment worth USD 73,000 to continue the monitoring of COVID-19. During the peak period in April, WHO provided hygiene kits to more than 12,000 medical workers. Since March, WHO Country Office in Kazakhstan has procured supplies amounting to nearly USD 6.8 million, with supplies worth USD 4.9 million successfully handed over. The remaining supplies are still being received and more are expected until June 2021.

Since the beginning of the COVID-19, WHO Country Office in Kazakhstan coordinated the procurement of COVID-19 supplies among UN agencies to coordinate the Supply Portal by advising and guiding interested partners to procure supplies; validating requests and providing information on logistics and customs clearance.

The supply chain during COVID-19 was characterised by deficiencies in Kazakhstan. Even after a year, local authorities have not consolidated their standard operating procedures for the procurement, distribution and fast-tracking clearance of humanitarian aid. WHO recommends that the MoH have a permanent focal point for humanitarian aid which would assist in planning procurement and distribution of supplies. WHO has offered its expertise to the local authorities in developing a clear protocol between the MoH, SK Pharmacy and third parties, but is still waiting for a response from the authorities.

As a result, planning and distribution has been ad hoc and delayed. SK Pharmacy has only four warehouses offering room temperatures of 2 to 8 degrees and -20 degrees. Infrastructure for -70 temperatures is not available currently.
PILLAR 9: ESSENTIAL HEALTH SERVICES AND SYSTEMS

It is crucial to maintain essential health services for people in need during outbreaks.

During the lockdown in Kazakhstan, the Government advised healthcare facilities to provide services online and via phone in order to prevent the spread of infection among those visiting health facilities. Also, planned medical services and vaccinations were suspended during lockdown. Urgent services were continuously provided by medical facilities through the lockdown and the transition period.

The WHO Country Office in Kazakhstan has been continuously providing technical consultations to the MoH, using WHO recommendations on maintaining essential health services and developing a transition plan.

Tools on planning of essential supplies, staff and medications were developed by WHO and presented to key personnel at MoH, with follow-up actions in order to support the use of these tools.

During the year, WHO launched a questionnaire jointly with the MoH to better understand gaps in provision of health services.
5. EPW3: PROMOTING HEALTH AND WELLBEING

5.1. HEALTH AND WELLBEING

In July 2020, new amendments to the Code of Health have been adopted by the Parliament of the Republic of Kazakhstan, especially in the area of tobacco control provisions. In order to ensure better enforcement of the already existing provisions and the new ones, WHO organised a series of trainings for the national tobacco control partners on enforcement of tobacco control legislation.

Experts from UK shared their experience and provided guidance in enforcing the ban on smoking in enclosed public areas in order to ensure a 100% smoke-free environment; enforcing the total ban on tobacco advertising, promotion and sponsorship; packaging and labelling of tobacco products; and to ensure the exclusion of any tobacco industry interference in tobacco control policy adaptation and implementation.
5.2. SALT REDUCTION AND FOOD SAFETY

Kazakhstan, like other Central Asian Republics, has experienced a nutrition transition in recent decades and observed an increased consumption of foods high in saturated fats, trans-fatty acids, free sugars and salt. High salt intake (about 17g per day on average) also contributes to hypertension and cardiovascular diseases, excess weight and obesity, type 2 diabetes and some types of cancer.

WHO provided technical and administrative support to MoH to present results of studies conducted in the country at an online event on the launch of the new country support package to reduce salt intake in the WHO European Region. Planned activities on implementation of the salt reduction measures in Kazakhstan will commence in January 2021 along with virtual consultations on the salt reduction country package, followed by a work group discussion.

WHO has also been engaged in a dialogue with representatives from Non Governmental Organisations (NGOs) on aspects of nutrition of children - stressing on the importance of multi-sectorial collaboration and efforts by all sectors of the economy to assist the MoH in the reduction of overweight and obesity prevalence in the country.

Kazakhstan has entered the WHO European Action Network on reducing high salt, energy-dense, micronutrient-poor foods and beverages’ marketing pressure on children. The focal point on the MoH side has been appointed.

5.3. ENVIRONMENTAL HEALTH AND MEDICAL WASTE MANAGEMENT

Although the focus of WHO Country Office in Kazakhstan was on supporting and implementing activities related to the fight against COVID-19, WHO also held several key meetings with Government officials during the year on the impact of environmental issues on public health.

As a result of these meetings, a WHO mission to the Kyzylorda region and the Aral Sea region was organised in November 2020.

The experts discussed the environmental issues in the region and their impact on the health of the residents of Aral Sea with the regional authorities and the medical community. In addition to numerous efforts by national and international stakeholders to address the environmental impact of the Aral Sea disaster on the public, there is still a need to have an updated situation analysis of the overall health and environmental conditions in the region. This would facilitate strategic decision-making towards enhancement of the environmental and public health conditions in the region.

The WHO Country Office in Kazakhstan will take steps towards building a common understanding of all stakeholders in the Aral Sea basin on the current public health conditions - disparities, commonalities and possible environmental causes – followed by planning comprehensive interventions with the aim to improve the health of the population in this region.
6. EPW: FLAGSHIP PROGRAMMES

6.1. MENTAL HEALTH

The spread of COVID-19 is causing a significant degree of fear, worry and anxiety among the population and specifically among certain groups in particular, such as the elderly, healthcare workers and people with underlying health conditions. Measures such as quarantines, lockdowns and their impact on normal activities or livelihoods are triggering a rise in loneliness, depression, harmful alcohol and drug use, self-harm, or suicidal behaviour.

The incidence of anxiety, depression and self-harm is set to increase and so will its repercussions on the economy, however, seeking help for these mental health conditions is heavily impinged by concerns people have about the nature and quality of care they will receive together with potential implications of being ‘registered’ with specialist mental health services (notably, fear of restrictions in certain jobs or other opportunities).

The current coverage and capacities to deliver mental health services in Kazakhstan are low. The WHO Country Office has studied the best approach to support mental health capacity in Kazakhstan and the required activities to be facilitated in partnership with the Republican Centre for Mental Health which include:

• Adaptation of current face-to-face training modules and mhGAP service delivery to remote or blended modalities (due to COVID-19 outbreak);
• mhGAP CAMH training workshops for health care providers, phased by region;
• Programme support and regular supervision sessions by national experts;
• Monitoring and evaluation of mhGAP implementation and impact;
• Caregiver skills training (CST) with a focus on families of children with developmental disorders or delays.

In response to the request from the Republican Centre for Mental Health of the Government of Kazakhstan, the following activities have been proposed by WHO:

• Planning, adaptation and translation of CST implementation toolkit into Kazakh;
• ToT training and testing (using new remote learning modality; https://whocst.org);
• CST (carried out in localities that are also implementing mhGAP);
• Programme support, supervision and monitoring of CST uptake by national experts.
**Self-harm Surveillance or Suicide Prevention**

WHO has developed guidance materials on the establishment of a self-harm surveillance system and has recently applied this in several regions of the Russian Federation.

Building on this experience and in collaboration with Russian as well as other international experts on suicide prevention, proposed activities under this workstream are:

- Assessment of current data on self-harm and future information needs;
- Planning and adaptation of WHO self-harm surveillance methods and tools to the Kazakh context;
- As part of its public health response, WHO Country Office in Kazakhstan has adapted WHO information materials on aspects of mental health and psychosocial support during COVID-19 into local languages. Posters with WHO recommendations for patients experiencing psychological difficulties were translated and adapted. Information was regularly posted for the public on WHO’s social media pages, with recommendations on overcoming stress and poor psychological well-being.
6.2. EMPOWERMENT THROUGH DIGITAL HEALTH

The COVID-19 pandemic accelerated a massive transition to digital platforms due to lockdowns and restrictions in mobility.

In Kazakhstan, a 24/7 Call Centre and chatbot were established with support from the WHO Country Office in Kazakhstan to support the public. The chatbot - Health Buddy - offers information about COVID-19 from trusted sources of WHO/Europe and the United Nations Children’s Fund Europe and Central Asia Regional Office (UNICEF-ECARO) to engage with communities in Europe and Central Asia on COVID-19, available in Kazakh, Russian and English.

WHO Country Office in Kazakhstan helped to translate the app into Kazakh. In addition to allowing users to ask questions about COVID-19 and receive up-to-date health advice, HealthBuddy offers them the option to report fake news, myths and rumours from any country or community. The information received from the users will be monitored by WHO/Europe and UNICEF ECARO experts. In order to better respond to the COVID-19 outbreak, the National Center of Public Health developed an internet-based application on collecting data and contact tracing of COVID-19 cases. The application is being used at all levels of administrative territories. This application was presented to WHO and to representatives of Ministries of Health in Central Asian countries.

The WHO Country Office further supported MoH with WHO guidance on global monitoring, contact tracing and reporting according to IHR (2005). The online platform Go.Data was introduced by WHO in order to support timely contact tracing for all cases of COVID-19.

6.3. IMMUNISATION

During the COVID-19 response, medical essential services were provided to the population, although during the state of emergency and lockdowns, medical services/consultations were provided remotely via internet and phone connections.

As a result, planned immunisation was interrupted for some time but restarted once again as restrictions eased. WHO and UNICEF issued a joint statement on the occasion of the European Immunisation Week (held from 20-26 April 2020) about the importance of maintaining routine immunisation during COVID-19 outbreaks.

Dr Caroline Clarinval, the WHO Country Office in Kazakhstan Country Representative, noted that the COVID-19 pandemic highlighted the importance of qualified and trained healthcare workers in responding to disease outbreaks: “To help them maintain the health of our society, it is very important that we continue to carry out all the recommended vaccinations and follow the national vaccination guidelines. In addition, it is necessary to keep records of those who missed vaccination during the quarantine and response initiatives and other variables in order to inform COVID-19 outbreak response measures including policies, interventions and communication strategies.

Data collection, analysis and interpretation was a collaborative process between the MoH, the National Centre for Public Health and Semey Medical University of Kazakhstan, with the support of the WHO Country Office in Kazakhstan, the WHO Regional Office for Europe and the University of Erfurt in Germany.

The data collated through the survey is presently being analysed and its key findings will help to develop a further set of pandemic response recommendations.
7. ADMIN AND FINANCE AND RESOURCE MOBILISATION

Resource mobilisation is vital for the WHO Country Office in Kazakhstan to gather adequate finances to fulfil its national goals for a sustained impact on the lives and health of the citizens of Kazakhstan.

Under the guidance of the WHO Country Representative, the Country Office has assessed health needs of Kazakhstan related to COVID-19, since it is a global pandemic and needs an urgent response.

WHO Country Office in Kazakhstan thanks all its partners including the European Union, UN agencies, the German Federal Ministry of Health and the Ministry of Healthcare of the Republic of Kazakhstan for their support and collaboration in all areas of activity during 2020. Our joint efforts aimed at preventing the COVID-19 crisis will continue.

Funding mobilised since March 2020:

- **1 600 000 USD** received within the Country Preparedness Response Plan - 43%
- **1 400 000 EURO** received from the EU - 38%
- **3 050 000 USD** - PPE and medical supplies
- **400 000 USD** received from USAID - 11%
- **300 000 USD** received from WHO Health Emergencies (WHE) - 8%
- **50 000 USD** - Netherlands project
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Armenia
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Azerbaijan
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Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
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