WHO Country Office, Kazakhstan
MID-YEAR ACTIVITY REPORT 2021

World Health Organization
Regional Office for Europe
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMR</td>
<td>Antimicrobial Resistance</td>
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<tr>
<td>ARVs</td>
<td>Antiretroviral drugs</td>
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<td>BCA</td>
<td>Biennial Cooperation Agreement</td>
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<tr>
<td>CAMH</td>
<td>Child and adolescent mental health</td>
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<td>CCM</td>
<td>Country Coordination Mechanism</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CST</td>
<td>Caregiver Skills Training</td>
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<tr>
<td>DR-TB</td>
<td>Drug-resistant tuberculosis</td>
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<tr>
<td>EIA</td>
<td>Enzyme Immunoassays</td>
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<td>EMS</td>
<td>Emergency medical services</td>
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<td>EPW</td>
<td>WHO European Programme of Work</td>
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<td>EQA</td>
<td>External Quality Assurance</td>
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<td>ETICA-USAID</td>
<td>Ending TB in Central Asia- USAID</td>
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<tr>
<td>EUL</td>
<td>Emergency Use Listing</td>
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<tr>
<td>EVIPNet</td>
<td>Evidence-informed Policy Network</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>FCTC</td>
<td>WHO Framework Convention on Tobacco Control</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GLLP</td>
<td>Global Laboratory Leadership Programme</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IHR</td>
<td>International Health Regulations</td>
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<td>IMS</td>
<td>Incident Management System</td>
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<td>IPC</td>
<td>Infection Prevention and Control</td>
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<td>IPCAF</td>
<td>Multisectoral Accountability Framework</td>
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<td>LIA</td>
<td>Line immunoassays</td>
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<td>MAF</td>
<td>Multisectoral Coordination Mechanism Operational Tool</td>
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<td>MCM OT</td>
<td>Multisectoral Coordination Mechanism Operational Tool</td>
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<tr>
<td>MDR-TB</td>
<td>Multidrug-Resistant Tuberculosis</td>
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<tr>
<td>MDR/RR-TB</td>
<td>Multidrug or rifampin-resistant Tuberculosis</td>
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<td>mhGAP</td>
<td>WHO mental health gap action programme</td>
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<td>MoH</td>
<td>Ministry of Healthcare</td>
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<td>MSHI</td>
<td>Mandatory Social Health Insurance</td>
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<tr>
<td>mSTR</td>
<td>Modified fully-oral shorter treatment regimens</td>
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<tr>
<td>NBWFS</td>
<td>National Bridging Workshop follow-up survey</td>
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<td>NCDs</td>
<td>Noncommunicable Diseases</td>
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<td>NCD Office</td>
<td>WHO European Office for the Prevention and Control of NCDs</td>
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<td>NFPs</td>
<td>National Focal Points</td>
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<td>NGOs</td>
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<td>NRL</td>
<td>National Reference Laboratory</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHSM</td>
<td>Public health and social measures</td>
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<td>PoE</td>
<td>Points of Entry</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>RCCE</td>
<td>Risk communication and community engagement</td>
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<td>RDTs</td>
<td>Rapid diagnostic tests</td>
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<td>RTAs</td>
<td>Road traffic accidents</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SPRP</td>
<td>Strategic Preparedness and Response Plan</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TESSy</td>
<td>European Surveillance System</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WB</td>
<td>Western blotting</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO Kazakhstan</td>
<td>WHO Country Office in Kazakhstan</td>
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<td>WNTD</td>
<td>World No Tobacco Day</td>
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1. EXECUTIVE SUMMARY

The COVID-19 pandemic is persisting well into 2021 and creating unprecedented challenges for healthcare systems nationally and globally, thereby remaining at the top of healthcare agendas at both levels.

This Mid-Year Activity Report provides detailed information on COVID-19 activities and other programmatic initiatives that were implemented from January to June 2021 by the WHO Country Office in Kazakhstan (WHO Kazakhstan).

Backed by the WHO Regional Office for Europe, WHO Kazakhstan has been supporting the Ministry of Healthcare (MoH) in Kazakhstan with technical expertise, capacity building, logistics for medical supplies and equipment, and other public health issues with special focus on its health system strengthening in the areas of health system delivery and governance. WHO Kazakhstan followed 10 pillars of WHO emergency COVID-19 response with a particular focus on case management, infection prevention control (IPC), risk communication and community engagement (RCCE) and the maintenance of safe and accessible health services.

Dr Caroline Clarinval, the WHO Country Representative in Kazakhstan, and the WHO Kazakhstan team regularly briefed stakeholders on the evolving COVID-19 situation while collaborating with local health authorities to improve public health systems. During this period, WHO Kazakhstan worked closely with the Government and health system stakeholders to implement policies and plans that would accelerate Sustainable Development Goals (SDGs) in Kazakhstan. WHO Kazakhstan mobilised US$ 1.8 million for its activities in the first half of 2021.

Although the main focus during the first half of 2021 was directed towards strengthening health systems for combating COVID-19, WHO Kazakhstan further successfully sustained its contribution to raising awareness on noncommunicable diseases (NCDs), mother and childcare, as well as the health promoting schools initiative.

Training and capacity building were key endeavours during the period. Over 3500 national healthcare professionals were trained by WHO technical experts. More than 500 healthcare workers from Kazakhstan benefitted from OpenWHO courses, which provide essential evidence-based knowledge on the COVID-19 response.

A greater emphasis was placed on strengthening quality controls in laboratories and new systems for testing were established. WHO Kazakhstan conducted field visits to the Kazakh oblasts (regions) to provide technical support on contact tracing, laboratory diagnostics, IPC, case management and risk communication.

In order to raise awareness about COVID-19 prevention and other NCDs, WHO Kazakhstan, in partnership with UN agencies generated...
risk communications materials in the form of social media posts, posters, videos and flyers to amplify key messages and to promote risk mitigation, and continued its evidence-based decision-making and response guidance.

WHO Kazakhstan’s strong working relationship with the MoH, national authorities, development partners and UN agencies has deepened the impact on enhancing the preparedness of the health systems to combat the pandemic while ensuring other essential health services remain accessible for all.
KEY HIGHLIGHTS JANUARY – JUNE 2021

During the reporting period, WHO Kazakhstan:

- Mobilised US$ 1.8 million for COVID-19 response in the country;


- Trained and supported national laboratory mentors to organize visits to laboratories involved in COVID-19 response to improve quality management system;

- 47 laboratories participated in the External Quality Assurance (EQA) programme for SARS-CoV-2 and 70 more laboratories are to participate in the second round of EQA programme;

- Organised 30 virtual training sessions on patient with COVID-19 management, covering over 3,000 national healthcare workers;

- Promoted OpenWHO courses on COVID-19 response and translated seven of them into the Kazakh language. More than 500 national healthcare professionals registered for the courses;

- Conducted training sessions on IPC for national professionals and organised transboundary experience exchange with WHO IPC collaborating centres;

- Provided technical support to a range of healthcare facilities in establishing and reinforcing their IPC programmes and improving patient safety;

- Supported the MoH in updating the national guidance on IPC to ensure a safe environment for patients and healthcare workers during the COVID-19 response;

- Supported the national clinical guideline development group in updating national treatment protocols for COVID-19;

- Conducted six field visits to the Kazakh oblasts (regions) to provide technical support on contact tracing, laboratory diagnostics, IPC, case management and risk communication;

- Adapted WHO risk communication materials on COVID-19 into Kazakh and Russian, and disseminated more than 200 000 copies in all 17 regions in Kazakhstan;

- Intensified its social media presence on Facebook and Instagram, producing 360 posts that had approximately 800 000 views.

- Started Global Laboratory Leadership Programme (GLLP) to prepare current and emerging laboratory leaders from veterinary, clinical and public health laboratories to build, strengthen and sustain national laboratory systems.
Health is Kazakhstan’s strategic priority, reflected in the Kazakhstan 2050 Strategy and National Health Action Plan (Densaulyk 2020-2025). The political commitment to health is significant, with an investment of 5% of the gross domestic product (GDP) in the health sector of which 60% is allocated for primary health care (PHC). The Kazakh Ministry of Healthcare continue its efforts to support and improve the health system development and parallelly preparedness and response to the COVID-19 outbreak in the country.

As for the COVID-19 situation, the Government of Kazakhstan, the MoH and frontline health workers made enormous efforts to respond to the outbreak and to maintain essential health care services functioning smoothly. Kazakhstan maintains its additional physical infrastructure built in 2020 such as hospitals and laboratories dedicated to managing COVID-19 cases.

In February 2021, the Government commenced the vaccination campaign against COVID-19. As of 30 June 2021, more than 3.3 million people received the first dose, out of which approximately 2.0 million persons received two doses of vaccines.

The following vaccines are available in the country: Sputnik V (developed in Russia, manufactured in Kazakhstan); Hayat Vax (the U.A.E); QazVac (Kazakhstan) and Sinovac-CoronaVac (China).

As of June 2021, COVID-19 infrastructure in Kazakhstan is as follows:

- **13** new hospitals for infectious diseases were built
- **49 000** beds for patients with COVID-19 are available
- **113 000** SARS-CoV-2 tests per day can be performed in laboratories
- **154** laboratories, including mobile laboratories, can perform PCR tests
- **55 000** additional beds can be provided by the surge-capacity medical facilities
2.1. EPIDEMIOLOGICAL SITUATION IN KAZAKHSTAN

Epidemiological situation in general is relatively stable. There are some endemic diseases (Anthrax, brucellosis, tuberculosis, Crimean-congo hemorrhagic fever, etc.) registered sporadically each year. Kazakhstan has been controlling the spread of the COVID-19 by implementing all 10 pillars of the WHO Strategic Preparedness and Response Plan and was successful to a large extent, however the period between March and July 2021 heralded the start of a new wave which could be attributed to the new COVID-19 variants in Kazakhstan.


- **Cumulative cases:** 491,277
- **Cumulative deaths:** 7,907
- **Prevalence per 100,000:** 2,594
- **Cumulative Case Fatality Ratio:** 1.61%
- **Deaths/1 million:** 417

*WHO Strategic Preparedness and Response Plan.*

*In March 2021, the MoH reported the presence of the Alpha variant.*

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3. WHO OPERATIONAL PLAN IN KAZAKHSTAN: EPW1: MOVING TOWARDS UNIVERSAL HEALTH COVERAGE

3.1. STRENGTHENING PUBLIC HEALTH

During the period under review, WHO Kazakhstan promoted WHO standards and technical guidance; contributed to capacity building while organising trainings and distribution of medical supplies and equipment; and supported the MoH to advocate for policy-making.

Most of the activities were done to address the COVID-19 outbreak. For more information, please visit section in Pillar 9 - Essential Health Services and Systems – under WHO Europe Programme of Work 2 (EPW 2). Protecting against health emergencies in Kazakhstan.

3.2. STRENGTHENING A PEOPLE-CENTERED HEALTH SYSTEM

Aligned with its Strategy 2021-2024, WHO Kazakhstan advocates strongly for a people-centred health system by developing community awareness and risk communication campaigns. Technical expertise was also shared with healthcare bodies to facilitate coordination and information sharing.

The development and integration of an IPC programme across all three levels of the health system was promoted by WHO Kazakhstan: promoting minimum essential package for mental health; supporting the MoH in building its capacities for effective notification, risk assessment, consultation, verification and information exchange through the training of national focal points (NFPs); and extending technical support.

WHO Kazakhstan is also supporting systematic use of health-research evidence in policy-making and development through the European Observatory on Health System and Policies and Evidence-Informed Policy Network (EVIPNET), in addition to capacity building in strategic policy development and implementation to deliver people-centred and integrated health services.

3.3 MATERNAL, CHILD AND ADOLESCENT HEALTH

In May 2021, to support and scale up the Health Promoting Schools initiative, WHO Kazakhstan, WHO Regional Office for Europe and the MoH organised a two-day training session for national partners. Over 200 people from health and education sectors participated in the event. For more information, please visit section on Pillar 9 under EPW 2.

WHO Kazakhstan is committed to support the MoH with technical expertise and promotion of good practices in sexual and reproductive health to ensure access to quality care at all levels. This is in line with WHO’s 2020-2021 Biennial Cooperation Agreement (BCA) with Kazakhstan under outcome 1.1 - Improved access to quality essential health services.

WHO Kazakhstan, the WHO Regional Office for Europe and the MoH organized three rounds of 5-day Effective Perinatal Care training. The WHO Regional Office for Europe experts facilitated the training to address acute needs of the country. Virtual meetings were attended by obstetricians-gynaecologists, midwives and neonatologists from seven regions, totalling 98 participants. WHO Kazakhstan will continue to support the MoH to build the capacity of health professionals on the ground.

3.4. HIV PREVENTION AND CARE

In 2021, WHO Kazakhstan continued to support WHO Regional office for Europe with disseminating the updated WHO recommendations and guidelines on Human Immunodeficiency Virus (HIV). A number of webinars were organised during the reporting period, such as webinars on the use of antiretroviral drugs (ARVs) in HIV treatment as per the latest WHO guideline: consideration on introducing ARV formulation for children and updated recommendations for prescribing ARVs of first and second lines.

During the webinar, updates were provided to participants on WHO HIV testing: rationale for not using western blotting (WB) and line immunoassays (LIA), and the best testing recommendations and approach were discussed. During the webinar, experts discussed the evidence behind the WHO recommendation against the use of WB/LIA in routine HIV testing services. According to the new recommendations, this should be replaced with simpler tests in HIV testing services that include rapid diagnostic tests (RDTs) that are easy to use at the point of care, and enzyme immunoassays (EIAs). This approach is also in line with strategic priority 1.1 from the BCA that seeks to improve access to quality essential health services at the level of PHC. The CDC-recommended HIV testing approach is also based on advances in HIV diagnostic testing and doses not relying on WB.

In March 2021, the National Laboratory of Kazakh Scientific Center of Dermatology and Infectious Diseases requested technical support from WHO Kazakhstan to develop criteria for selection of laboratory
equipment for HIV testing to implement the WHO-recommended testing algorithm.

3.5. TUBERCULOSIS (TB) PREVENTION AND CONTROL

Kazakhstan is one of the countries with a high burden of multidrug-resistant tuberculosis (MDR-TB): in 2019, about 4100 new MDR-TB cases were estimated out of a total of 13 000 TB cases. The overall success rate for TB treatment was 90% for new and relapsed cases and 75% for previously treated cases registered in 2018.

The estimated proportion of multidrug or rifampicin-resistant TB (MDR/RR-TB) cases was 27% among new cases in 2019 and 44% among previously treated cases. Total TB incidence in 2019 was 68 per 100 000 population (13 000 cases).1

WHO Kazakhstan has been supporting the WHO Regional Office for Europe Joint Tuberculosis, HIV/AIDS & Hepatitis (JTH) programme team in providing technical assistance to Kazakhstan. This was facilitated through USAID/CAR project on ‘Improved Prevention, Detection and Treatment of DR-TB in central Asia’, that has been focusing on the following:

• Enrolling patients on modified fully-oral shorter treatment regimens (mSTR) for MDR/RR-TB under operational research conditions in the Karagandy and Turkestan oblasts (regions);
• Conducting training of trainers on WHO TB consolidated guidelines, Module 4 on Treatment of drug-resistant TB (DR-TB);
• Initiating the development of guidelines on TB preventive treatment and systematic screening (through Ending TB in central Asia (ETICA USAID project); providing technical assistance from the regional Green Light Committee; supporting expert assistance from Virtual Medical Council on DR-TB on complex clinical cases and a series of webinars; and supporting in piloting and implementation of a multisectoral accountability framework (MAF).

These activities are in line with Strategic Priority 1.3 from the BCA, ensuring access to essential treatment and diagnosis for TB. For more information, please visit section in Pillar 9 under EPW 2.

3.6. NONCOMMUNICABLE DISEASES

Despite the challenges of the pandemic, WHO continued to support other areas of concern in the healthcare sector. The MoH and WHO Kazakhstan addressed multi-sectoral determinants and risk factors through engagement with public and private sectors, as well as civil society in line with the commitments under outcome 3.2 of the BCA – Risk factors reduced through multisectoral action.

In accordance with a request by the MoH, WHO Kazakhstan has been working with a sub-group formed by the Kazakh Senate (upper house of the Parliament) from April to June 2021, to review legislative documents on improving quality of life of people with disabilities. The goal was to introduce amendments that would ensure effective prevention of NCDs. After a series of virtual discussions and desktop reviews, WHO experts proposed some amendments to the key codes to introduce:

- NCD prevention related terms and Restrictions for breast milk substitutes marketing to the Code on Health and Healthcare System;
- WHO Guidelines on Physical Activity and Sedentary Behaviour for children, adolescents and adults living with disability to the Law of Kazakhstan - 'On social protection of people with disabilities in Kazakhstan.'

**OBESITY PREVENTION**

In response to a request from the National Centre for Public Health, WHO Kazakhstan and the WHO European Office for the Prevention and Control of NCDs (NCD Office) provided technical expertise to the National Strategy for Childhood Obesity and Overweight Prevention is the reduction of unhealthy food marketing pressure on children. The Kazakh national expert group joined the 19 May virtual meeting to discuss legal actions that can be taken by Member States to minimise the influence of marketing on children.

Further, WHO Kazakhstan and the NCD Office provided technical support to the MoH in its dispute with the soft drinks industry, which arose from the MoH initiative to introduce a tax on sugary drinks. WHO Kazakhstan plans to host series of webinars on health taxes.

**COMBATING TOBACCO USE**

WHO headquarters selected Kazakhstan among priority countries for the implementation of 2021 World No Tobacco Day (WNTD) activities. WHO Kazakhstan and the Kazakh National Center for Public Health organised a virtual event promoting new tools for tobacco cessation for Departments of Health from the regions and the PHC sector. Information flyers on the benefits of quitting tobacco were adapted to the context in Kazakhstan and shared with the PHC sector in all 17 regions of the country. WHO Kazakhstan proactively promoted the WNTD campaign. It adapted several information materials to raise awareness about quitting tobacco and placed them on LED screens on the busiest roads across 14 cities. WHO Kazakhstan produced a video interview on the Global Campaign and shared it on social media together with a video raising awareness on adverse effect of smoking tobacco.

As part of the parliamentarian working group on prevention and control of disability among adults and children through the implementation of international principles of NCD control, WHO Kazakhstan is supporting MoH in introducing new amendments to tobacco control legislation to expand the ban on using tobacco and nicotine products in all indoor public places that will not allow designated smoking rooms; to revise the taxation policy for increasing the taxes according to WHO Framework Convention on Tobacco Control (FCTC) recommendations to cover novel tobacco and nicotine products; and to introduce the ban on selling tobacco products in proximity to schools. This platform can support a multisectoral approach to NCD risk factors prevention and control and to align to BCA strategic priority 3.2. – Risk factors reduced through multisectoral action.

In 2021, Kazakhstan, together with Kyrgyzstan was selected for piloting the WHO guideline on tobacco- and nicotine-free schools. Four schools have been selected and supported in developing internal policy on Tobacco and Nicotine-free Schools. The schools received assistance in implementing the communication campaign for students, teachers and school staff, developing a tobacco- and nicotine-free school environment, and conducting a school survey prior to and after the implementation of the pilot.

**3.7. ONE HEALTH AND ANTI-MICROBIAL RESISTANCE**

The multisectoral and multidisciplinary One Health approach is a new paradigm in dealing with cross-cutting public health issues, such as zoonotic diseases, food safety, anti-microbial resistance (AMR), and biological safety. It is especially relevant to Kazakhstan, a country with endemic areas prone to developing zoonotic diseases and severe environmental issues such as radiation from nuclear testing sites, the shrinking of the Aral Sea and the desertification of former agricultural land.

In 2021, the WHO has started reassembling the national adherence to One Health approach implementation among government bodies advocating for better inter-sectoral collaboration at all levels: national, regional and local. The initial focus was on healthcare and agriculture sectors, with plans to expand the involvement to other stakeholders at a later stage.
Key actions:

• The National Bridging Workshop follow-up survey (NBWFS) pilot and the Multisectoral Coordination Mechanism Operational Tool (MCM OT) training pilot were implemented. The NBWFS pilot report led to drafting an updated version of the national One Health action plan for 2021-2024 and served as a basis for the development of the NBWFS final questionnaire and operator guidelines by WHO headquarters.

• WHO Kazakhstan promoted OpenWHO courses on AMR Stewardship, which enable clinicians prescribing antibiotics to accurately use this tool and to prevent AMR development. WHO Kazakhstan also supported the national AMR surveillance system training laboratory personnel from key bacteriological laboratories in biosafety, quality management system. Further in-depth support is currently being designed to meet the needs of the laboratories involved in the national AMR surveillance system.

• Furthermore, WHO Kazakhstan is supporting MoH on defining prescription practices for antibiotics in Kazakhstan, so the roots of a potential irrational use can be discovered for further action against them. For more information on AMR, please visit section on Pillar 9 - Essential Health Services and Systems – under WHO Europe Programme of Work 2 (EPW 2), Protecting against health emergencies in Kazakhstan.

3.8. ROAD SAFETY AND VIOLENCE AND INJURY PREVENTION

In the first four months of 2021, the Kazakh Committee on the Legal Statistics and Special Accounts of the Public Prosecutor’s State Office reported that road traffic accidents (RTAs) caused 458 deaths and injured 4973 people, which is a 12.7% increase as compared to the same period in 2020.2 The report also stressed that the death rate among minors increased 15.8% amounting to 856 people. The data analysis showed that 96% of car accidents were caused by careless driving.

For the 6th UN Global Road Safety Week (17-23 May), WHO Kazakhstan supported communication including visuals to convey the spirit of Street for Life #Love30 campaign. WHO Kazakhstan, with the support of WHO Regional Office for Europe got involved in several coordination meetings with UN agencies, including UNDP and UNICEF, to develop a concept note and a proposal to identify the challenges and way forward for RTA in Kazakhstan.

3.9. SUSTAINABLE DEVELOPMENT GOALS

The Sustainable Development Goals (SDGs) are a plan of action for people, planet and prosperity, and the right to health is fundamental to many of its targets. SDG3, which seeks to “ensure healthy lives and promote well-being for all at all ages,” and the health-related SDGs are essential to providing the enabling environment to improve human, animal and environmental health.

In the WHO Regional Office for Europe region, countries have committed themselves at the highest levels to achieve the SDGs. Important commitments include Health 2020, the European Policy Framework, and the SDG roadmap endorsed by the Ministers of Health in 2017. In line with these commitments, WHO is actively supporting our member states.

WHO Kazakhstan carried out an in-depth review that shows that Kazakhstan has made measurable and important progress in its path to attaining the SDGs. In Kazakhstan, WHO has been fortunate to work closely with other UN agencies as One UN, as well as with the Government of Kazakhstan and health system stakeholders, to accelerate the implementation of SDG-supportive policies and plans and build a better tomorrow.

Notable achievements have been highlighted in this review, including a decline in neonatal and maternal mortality, incidence of tuberculosis and improvements in healthcare access and International Health Regulations capacities. Kazakhstan was able to achieve this major progress in attainment of SDG 3+ targets due to expanded primary-care services, poverty reduction, targeted healthcare programmes and strategies, and steadily increased healthcare funding.

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However, significant challenges remain as evidenced by persistently high rates of NCDs, significant variation in health indicators by gender, inadequate healthcare access and resources in rural and remote regions, high out-of-pocket expenditures on healthcare services and pharmaceuticals, limited access to healthcare in rural areas and deleterious health outcomes secondary to air pollution. The introduction of the Mandatory Social Health Insurance (MSHI) programme is expected to address the problem of the high out-of-pocket spending on health.

To accelerate the attainment of SDG 3 targets, two important categories of actions need to be taken, focused on expanding PHC and providing sustainable financing for health. To support the improvement of PHC, some strategic actions have been identified.

Further, by taking steps to stimulate the advancement of strong digital health systems, Kazakhstan will be able to improve PHC by providing integrated, enhanced and more reliable data on patients and SDG 3+ indicators, strengthening access to healthcare services in remote communities, increasing quality healthcare by empowering patients through access to personal healthcare data and information on health services and education.

Kazakhstan will be able to achieve the WHO indicators for health and health-related SDGs by following recommendations that seek to enhance PHC and establish sustainable financing of health with a focus on digital health. The country will succeed by ensuring close engagement with people, institutions and initiatives that are focused on fulfilling the SDGs’ drive to improve “people, planet, partnership, peace and prosperity” in a manner that is inclusive and leaves no one behind.
4. EPW2: PROTECTING AGAINST HEALTH EMERGENCIES IN KAZAKHSTAN

This section outlines in detail – under the 10 WHO emergency response pillars - the support provided by WHO Kazakhstan to enhance the capacity of the health care system in Kazakhstan to better manage the COVID-19 crisis.

PILLAR 1: COUNTRY-LEVEL COORDINATION, PLANNING AND MONITORING

The WHO’s Strategic Preparedness and Response Plan (SPRP) was developed around the nine technical and operational response pillars, plus a 10th overarching global research and innovation pillar. The strategy was designed to achieve three simple goals: to control transmission of the virus, to save lives, and to protect the vulnerable.

WHO 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. A key task in 2021 was to sustain the competencies and expertise put in place after the outbreak of the pandemic and to ensure that all 10 strategic pillars of the COVID-19 response were further strengthened.

The Incident Management System (IMS) established by WHO Kazakhstan in March 2020 continues to support the COVID-19 response in 2021. The IMS supported the Country Coordination Mechanism (CCM) to develop an application for the Global Fund on Tuberculosis, Malaria, and HIV to develop a country application to mitigate consequences of the pandemic and to protect risk groups.

During the reporting period, WHO Kazakhstan was successful in mobilising over US$ 1.8 million which is critical for fulfilling the demand for medical supplies for healthcare workers and COVID-19 patients.
Key activities:

• Supported coordination of COVID-19 response with MoH;

• Promoted risk assessments for continued evidence-based decision-making and response;

• Coordinated development of the national COVID-19 Strategic Preparedness and Response Plan (SPRP) 2021 with UN Agencies and the host government;

• Supported an inter-agency logistics coordination platform between the MoH and UN agencies;

• Supported Kazakhstan in conducting international research on risk factors of COVID-19 among healthcare workers;

• Monitored daily articles in the media related to COVID-19 and vaccines to address fake news, rumours, and to ensure timely and evidence-based communication;

• Appointed as the COVID-19 coordinator, WHO Kazakhstan 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

In 2021, WHO Kazakhstan, WHO Regional Office for Europe and WHO headquarters increased public messaging on COVID-19, ensuring the people of Kazakhstan could access accurate and reliable information by supporting the Government in its communication outreach. A Risk Communications group composed of UN agencies in Kazakhstan has been amplifying key messages to promote risk mitigation and evidence-based decision-making and response. In 2021, the team launched national information campaigns engaging the MoH, local media, communities and influencers. 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. During the reporting period, WHO Kazakhstan maintained a high level of visibility on social media, with approximately 360 posts and 800,000 views, reflecting its dynamic new approach to driving risk communications and messaging to reach target audiences.

In January 2021, the media widely covered the delivery of 8 tonnes of humanitarian cargo consisting of medical supplies as part of a joint WHO and EU delivery plan to support national health authorities in responding to COVID-19. The informational message was disseminated through about 16 national and foreign media resources. As part of the COVID-19 response activities, Dr. Caroline Clarinval, WHO Country Representative in Kazakhstan, participated in high-level meetings with Kazakh Deputy Prime Minister Yeraly Tugzhanov to discuss the epidemiological situation in the country, as well as with Kazakh President Kassym-Jomart Tokayev, to discuss the promotion of the Kazakh vaccine (QazVac).

Prolonged school closures since 2020 brought many challenges for health and well-being of children and their parents. The WHO supported communication campaigns to provide clear information about parenting under the difficult circumstances during the period. The WHO and the MoH joined hands to promote an informational campaign on adolescents’ and healthcare workers’ mental health during the COVID-19. The campaign was financed by EU Delegation and the German embassy in Kazakhstan.

Highlights:

- 360 posts were shared on WHO Kazakhstan’s social media and web pages with practical recommendations and preventive measures, including statements in local media.
- 50 videos were adapted and produced in Kazakh and Russian, with key WHO messages and recommendations to the public. Locally produced videos were made on preventive measures, adolescents’ and healthcare workers’ mental health, No Tobacco Campaign, Points of Entries – all during the COVID-19 outbreak.
- 200,000+ printed materials on the topics of rehabilitation after COVID-19, mental health, contact tracing, recommendations on hand hygiene for adults and children.
OTHER ADVOCACY INITIATIVES FROM JANUARY-JUNE 2021

- Presented and disseminated WHO-developed materials on risk communication and community engagement during field trips to the Departments of Sanitary and Epidemiological Control in Nur-Sultan, Arshaly district of the Akmola Oblast and Shymkent between April and May 2021.

- Proactively promoted #CommitToQuit campaign, a two-week long campaign to support 2021 World No Tobacco Day. For more information, please, visit section on NCDs under EPW 1.

- Launched national awareness campaigns on Points of Entry and Hand Hygiene in June 2021. The campaign will be promoted until August.

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

COVID-19 surveillance data is essential to detect cases, monitor the geographical spread and transmission intensity of the virus, track trends in age, gender and vulnerable population and settings, assess impacts on health-care services, and to adjust appropriate and proportionate public health and social measures (PHSM), as well as to adapt to new developments such as vaccine introduction, evolution of virus variants, and findings from research and development.

In collaboration with the MoH, the IMS team of the WHO Kazakhstan produced “Situation Report,” biweekly epidemiological updates on COVID-19 situation in Kazakhstan. The report is shared with the MoH, resource partners and stakeholders.

National guidance on surveillance and case investigation of COVID-19 cases were developed and regularly updated considering national and international practices. The guidance has been set in practice through the training of the public health specialists involved in the response. A COVID-19 surveillance database has been developed and deployed nation-wide.

In 2021, three field visits were conducted by the WHO Kazakhstan team to oblast, city, and district levels to provide technical support to healthcare workers on case investigation and contact tracing. A needs assessment was conducted during these field visits, followed by a project proposal aimed at strengthening contact tracing in the country.

The National Focal Point for International Health Regulations (IHR) has ensured a regular daily reporting of new cases and deaths as well as vaccination coverage against COVID-19 to WHO, as per the global surveillance guidance. National and regional tools for risk assessment have been developed, which focus on monitoring of the epidemiological situation and health system capacity to inform about the need to adjust PHSM. WHO has been providing technical support to the European Surveillance System (TESSy) NFP, including COVID-19 data into the TESSy system.

PILLAR 4: POINTS OF ENTRY, INTERNATIONAL TRAVEL AND TRANSPORT

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.

In 2021, the WHO Kazakhstan supported MoH by providing risk communication materials (posters and video materials) for PoEs regarding safe travel during the COVID-19 outbreak. The WHO ensured visibility of its informational campaign at PoEs (airports, railway stations entry points on borders with other countries) in Kazakhstan.
PILLAR 5: NATIONAL LABORATORIES

WHO provides frameworks, tools and expertise to inform and support health authorities in strengthening their laboratory capacity, quality, safety and security.

WHO provided support to MoH and the National Reference Laboratory (NRL) in the guidance on use of antigen rapid diagnostic tests in SARS-CoV-2 diagnosis, which was included into state order of the chief sanitary doctor. In addition, WHO provided input on NRL guidelines for SARS-CoV-2 testing. Support to national stakeholders by provision of key recommendations on RT-PCR testing, biosafety and quality management has been provided.

WHO also coordinated delivery of RT-PCR kits for NRL for retesting purposes, with 5000 tests being delivered. WHO Regional Office for Europe supported WHO Kazakhstan to coordinate the delivery of External Quality Assessment panels for 47 national laboratories involved in SARS-CoV-2 testing, including public health, clinical, modular, and private laboratories, to ensure quality testing. 43 laboratories were 100% concordant and four laboratories - 80% concordant. Seventy-two more panels were delivered to NRL in the middle of June 2021 and distributed among 72 laboratories.

In the middle of March 2021, with the support of WHO Regional Office for Europe, WHO Kazakhstan provided 1000 reactions of N501Y SNP kit used for detection of variants of concern and assisted in the introduction of the method as pre-screening for sequencing. In addition, Illumina MiniSeq sequencing system with reagents for 480 runs was delivered to NRL. WHO supported NRL with organisation of on-job training for sequencing with Research Institute of Influenza, Saint Petersburg specialists. Following pre-screening using SNP analysis and sequencing, B.1.1.7 was identified in Kazakhstan.

Following the training of national mentors in October 2020 and the monthly visits by three national mentors to laboratories involved in SARS-CoV-2 testing, the second round of national mentors training was conducted in April 2021. Six new national mentors have joined and up to now, nine national mentors have done eight public health and 12 clinical laboratory visits, and assisted in improving the quality management system of the laboratories, including action plan and training. The visits occurred monthly. In addition, with the support of WHO, national mentors conducted training for quality managers and laboratory managers of laboratories testing for SARS-CoV-2 from five cities.

WHO has conducted training on SARS-CoV-2 RT-PCR and SARS-CoV-2 variant detection using SNP analysis for public health and clinical laboratory specialists involved in the COVID-19 response. In addition, biosafety and biosecurity training in the context of COVID-19 was held for public health and clinical laboratory specialists. In addition, WHO provided support to the WHO Country Offices in Kyrgyzstan and Armenia to conduct trainings on SARS-CoV-2 RT-PCR and variant detection using SNP analysis.

WHO Kazakhstan together with WHO Regional Office for Europe initiated the Global Laboratory Leadership Programme (GLLP), which aims to foster laboratory leaders to build, strengthen and sustain national laboratory systems. During the first half of the year, terms of reference were signed, preparatory work completed, participants and facilitators selected and adaptation of materials achieved. Among the participants and facilitators are specialists from public health, clinical and veterinary laboratories, as well as from AMR laboratories.
PILLAR 6: INFECTION PREVENTION AND CONTROL

In 2021, WHO invested in strengthening IPC programmes at both the national and healthcare facility levels through the implementation of a multimodal operational approach. It is based on five key components: system change, education and training, monitoring and feedback, reminders and communication, culture change.

IPC practices are critical in combating the COVID-19 pandemic. WHO conducts its IPC activities in Kazakhstan at the national level, working with the MoH and their technical agencies, and at the healthcare facility level, working with the individual healthcare facilities in putting the national and WHO guidance into practice.

Following the COVID-19 outbreak, WHO supported implementation of IPC tools both at the national and healthcare facility levels to achieve appropriate IPC practices in Kazakhstan. One such tool, IPCAF (infection prevention and control assessment framework) at the facility level was implemented through a three-day training as a pilot in six hospitals located in Nur-Sultan and Almaty cities, with the aim of building a sustainable IPC programme. During the training, participants learned how to assess their current status of IPC implementation and how to develop an operation plan to strengthen IPC in their hospitals.

More than 400 people attended WHO webinars on effective IPC practices during COVID-19 response, conducted jointly with the MoH. During these webinars, participants received updated information on effective tools to protect patients and healthcare workers from COVID-19 in the healthcare environment.

Implementation of the international multicentre case-control study on the risk factors of COVID-19 among healthcare workers helps Kazakhstan to discover the roots of morbidity in medical professionals involved in the provision of care to COVID-19 patients. This study is being implemented with the technical support of WHO in the Karagandy Region of Kazakhstan.

Highly sought-after WHO guidance, workplace reminders, practical manuals, and implementation tools were distributed to healthcare facilities nationwide. This supports the implementation of the daily IPC practices of the frontline responders and provides essential knowledge to combat COVID-19.

Key Highlights

• Conducted comprehensive trainings on IPC for national IPC professionals (trained approximately 400 people);
• Organised experience exchange between Kazakh IPC professionals and Russian specialists from the IPC expertise centre in collaboration with a university in Saint-Petersburg to build national capacity (15 experts from Kazakhstan participated);
• Provided practical support to the range of healthcare facilities in establishing and reinforcing their IPC programmes and improving patient safety;
• Trained IPC experts from six pilot facilities (secondary and tertiary) in assessment of IPC programmes and supported development of the practical action plan for improvement of the IPC practices
• Disseminated WHO workplace reminders, core guidelines on IPC to the healthcare facilities nationwide, covering all the regions (more than 20 000 products distributed)
• Provided technical support to policymakers and IPC national experts in developing the relevant IPC legislation, practical manual and other relevant standard operating procedure
• Updated national guidance on IPC together with MoH to ensure a safe environment for patients and healthcare workers during COVID-19 response

WHO supports creation of IPC expert pool and improvement of national legislation in Kazakhstan

The key technical personnel of the MoH and its agencies, as well as the selected MoH hospital personnel attended a five-day training with the experience exchange visit in the institution along with a robust IPC programme. This supported the creation of a pool of IPC experts in Kazakhstan.

Working closely with the MoH, WHO provided support to the improvement of the national legislation and guidelines for COVID-19 response. WHO is currently supporting the development of the national reference manual on IPC, which will provide practical guidance to the healthcare facilities on implementation of the effective IPC programme, which improves patient safety and combats AMR.
PILLAR 7: CASE MANAGEMENT

In 2021, WHO has expanded its case management activities to cover the wide range of communicable and non-communicable diseases to support improvement of the quality and safety of patient care.

Between January to June 2021, WHO Kazakhstan continued to support the MoH in implementing international evidence-based guidance for the treatment of COVID-19.

Around 3000 healthcare workers attended a course of 30 webinars and online master classes organised by WHO Kazakhstan jointly with key medical experts in the country between January-June 2021. Furthermore, WHO conducted four briefing calls for the national guideline development group to update the emerging guidance and provide new recommendations on safe and efficacious treatment approaches.

The emerging post-COVID-19 condition was addressed through the series of webinars attended by more than 400 doctors and nurses from Kazakhstan. International experts have shared key updates on the matter, as well as practical guidance on follow-up and rehabilitation practices for people experiencing post-COVID-19 conditions. The WHO also supported the development of the national guidance on the management of patients with post-COVID-19. WHO continued supporting trans boundary knowledge exchange among clinicians in central Asia, sharing Kazakhstan’s guidelines development experience across the region.

More than 500 healthcare workers enrolled in Open WHO courses on case management which were made available in the Kazakh language during this period. Training activities were followed by a wide distribution of the relevant WHO tools (for example, the SARI toolkit) across the hospitals involved in the COVID-19 treatment pathway.

Patient information leaflets were developed jointly by the national counterparts and WHO Kazakhstan and are aimed at including knowledge on self-management of COVID-19 at home, essentials of IPC 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 several 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 pulse oximeters, oxygenation supplies etc).

Key Highlights

- WHO Kazakhstan supported the revision of core national guidelines on COVID-19 treatment, incorporating the existing body of scientific evidence into the national clinical practices to ensure safe and efficacious treatment. The WHO Kazakhstan team worked side-by-side with the national clinical guideline development group to support update of the national treatment protocols for COVID-19 in line with evidence-based practices
- Trained more than 3000 doctors and nurses in the management of patients with COVID-19 in WHO online webinars (30 webinars conducted throughout January-June 2021)
- Trained more than 500 healthcare professionals from Kazakhstan in OpenWHO courses, which provide essential evidence-based knowledge on COVID-19 response. Seven courses were translated into the Kazakh language and made available to the people of Kazakhstan.
- Shared relevant clinical tools and workplace reminders with healthcare practitioners across the country (more than 20 000 printed products distributed)
PILLAR 8: OPERATIONAL SUPPORT AND LOGISTICS

WHO Kazakhstan provided technical assistance in term of logistics, storage, transportation and distribution of supplies to local authorities and partners. This assistance is crucial in responding to health emergencies. WHO Kazakhstan provided a supply platform where local authorities and partners could procure critical supplies in response to COVID-19.

WHO Kazakhstan has been continuing to support the country with PPE, laboratory and biomedical supplies to combat COVID-19. In the first six months of 2021, WHO has supplied PPE such as gloves, surgical masks, respirator masks, face shields, gowns, apron, surgical caps worth US$ 268,652.

In early 2021, WHO Kazakhstan organised the shipment of EU-funded medical supplies, with more than eight tonnes of cargo, with medical masks, gowns and products for laboratory tests sent to medical organisations in the country. This cargo was part of a joint WHO and EU delivery plan to support national health authorities in responding to COVID-19. During the reporting period, WHO Kazakhstan and WHO Regional Office for Europe procured and delivered seven tonnes of biomed supplies for a total of US$ 464,082.

In terms of laboratory supplies, WHO’s assistance was multidimensional, as it supplied over 42,000 laboratory supplies for diagnostics such as PCR kits, sample collection kits, disposable sample kits, and extraction kits for a total of US$ 169,369. The supplies have been distributed to the NRL in Almaty and to the National Centre of Expertise laboratories.

Since the beginning of the pandemic, WHO Kazakhstan has 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-and-a-half, local authorities have not consolidated their standard operating procedures for the procurement, distribution, and fast-tracking clearance of humanitarian aid. WHO has conducted the procurement assessment in Kazakhstan and identified several gaps especially on logistic coordination, warehousing, and distribution. A set of recommendations including trainings for the MoH and the SK Pharmacy to improve and coordinate their operations during emergency and non-emergency situation were put forward. The complications in importing humanitarian aid are elevated since the authorised body to import and distribute humanitarian aid stopped operations without warning - first in February and then in May 2021.

As a result, importing humanitarian aid from Kazakhstan usually takes longer due to many global and national factors. Despite this, WHO has offered its expertise to the local authorities to train their staff on supply chain and logistics, developing a clear protocol between the MoH, SK Pharmacy, third parties and others.
PILLAR 9: ESSENTIAL HEALTH SERVICES AND SYSTEMS

It is crucial to maintain essential health services for people in need during outbreaks. In 2021, WHO Kazakhstan has been continuously providing technical consultations to the MoH using WHO recommendations on maintaining essential health services and developing a transition plan.

During the first half of 2021, WHO Kazakhstan supported MoH to complete the second round of the National Pulse Survey on continuity of essential health services during the COVID-19 pandemic. The results provided by MoH demonstrated less than 5% disruption of SRMCAH and Nutrition services over the three preceding months.

Further, through the online training programme on ‘Effective Perinatal Care technologies’ organised by WHO Kazakhstan for seven regions of the country, out of five days of the programme, a specific one-day session was dedicated to managers of perinatal facilities and IPC specialists on COVID-19, IPC and HAI.

WHO Kazakhstan continues to advocate for a people-centred health system and provides contextualised technical expertise such as: develop public awareness campaigns; facilitate coordination and information sharing; support the development and the integration of health programmes and health system; promote minimum essential package for trauma care including mental health; train national focal points (NFP) and the provision of technical support; support evidence-based policy development, and provision of capacity building on strategic policy development and other approaches.

STRENGTHENING PUBLIC HEALTH

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

WHO Kazakhstan implemented a research project on ‘Addressing gender related challenges in female health workers’ frontline experience during COVID-19 outbreak in Kazakhstan’. The implementation team developed a study protocol and questionnaire, conducted field data collection among healthcare providers of different occupational levels (doctors, nurses and unqualified medical staff) that have been working in “red zones” of seven COVID-dedicated hospitals around Kazakhstan. Study data has been analysed and compiled in a study report. Key findings were used in the development of study recommendations to optimise health workers to deliver services effectively and efficiently, ensure workplace safety of healthcare workers during the emergency situation, to maintain the wellbeing and mental health of health care providers, and address and prevent potential workplace and domestic violence. These recommendations will be shared with national stakeholders to strengthen gender equity in the health workforce, especially during the public health emergency. The project is funded by the Embassy of the Netherlands in Kazakhstan.

MATERNAL, CHILD AND ADOLESCENT HEALTH

In April 2021, WHO Kazakhstan developed and distributed information materials on COVID-19 precaution measures to 650 schools in 14 regions that are the part of the Health Promoting Schools network. Almost 40 000 printed posters were distributed at schools.

TUBERCULOSIS (TB) PREVENTION AND CONTROL

WHO supported CCM for developing the country proposal for the COVID-19 Response Mechanism offered by the Global Fund to mitigate the impact of COVID-19 programmes to fight HIV, TB, malaria and systems for health.

WHO promoted courses on COVID-19 vaccines, inviting medical organisations and healthcare professionals to take advantage of its free online training and receive a certificate on the OpenWHO interactive web platform. Experts from the WHO Kazakhstan held orientation sessions for healthcare professionals and academics to further advance WHO’s initiative to improve the knowledge of medical and non-medical professionals on COVID-19 and beyond, using the OpenWHO. In addition, seven popular courses were translated into Kazakh language. More than 500 national healthcare professionals registered for the courses.

WHO Kazakhstan popularises OpenWHO courses among Kazakh health professionals

The WHO promoted courses on COVID-19 vaccines, inviting medical organisations and healthcare professionals to take advantage of its free online training and receive a certificate on the OpenWHO interactive web platform. Experts from the WHO Kazakhstan held orientation sessions for healthcare professionals and academics to further advance WHO’s initiative to improve the knowledge of medical and non-medical professionals on COVID-19 and beyond, using the OpenWHO. In addition, seven popular courses were translated into Kazakh language. More than 500 national healthcare professionals registered for the courses.

ANTIMICROBIAL RESISTANCE (AMR)

WHO Kazakhstan provided support in implementing the key components of the national action plan on combating AMR. The risk communication activities were directed towards improving awareness of AMR among the general population. WHO Kazakhstan and MoH experts conducted a joint webinar on rational use of antimicrobials during COVID-19 to improve training on AMR. Around 250 doctors who prescribe antimicrobials attended the webinar.

Efforts on the optimisation of the use of antimicrobials during pandemics occurred through modification of the treatment guidelines for COVID-19 and definition of the limited scope for antimicrobial therapy in patients with COVID-19.

MENTAL HEALTH

The spread of COVID-19 has continued to cause a significant degree of fear, worry and anxiety among the population in the first half of 2021, especially among 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. As part of its public health response, WHO Kazakhstan has adapted WHO information materials on aspects of mental health and psychosocial support during COVID-19 into local languages.

For more information on mental health activities, please see the section on Mental Health flagship initiatives in this report.

BEHAVIOURAL INSIGHTS

WHO Kazakhstan and WHO Regional Office for Europe supported the implementation of the Behavioural Insights study on COVID-19 in Kazakhstan in 2020. The results of the study were meant to inform measures and policies for the current pandemic, with further relevance for any potential future public health emergencies.

As part of the survey, four rounds of data collection from June to September 2020 were conducted by the National Center for Public Health through Semei Medical University under the agreement of MoH. Data was analysed by the national implementation team in collaboration with experts from Erfurt University, Germany.

WHO Kazakhstan and WHO Regional Office for Europe compiled and shared key findings from the study that revealed the level of real knowledge and health literacy among the population on COVID-19; perception of the risk for contracting the infection and for developing a severe form of disease; level of adherence to recommended protective measures; trust in sources and channels of information; trust in public institutions that are involved in fighting the COVID-19 pandemic; mental wellbeing issues; commitment to healthy lifestyles during the lockdown period; level of acceptance of COVID-19 vaccine and vaccination and many more aspects.

The key considerations of the study were also discussed during an online meeting organised along with the National Centre for Public Health and the representatives from the MoH. The implementation of the study’s research methodology on the national level safeguarded the BCA 1.3.4 output, to define research and development agenda and conduct research that is in line with public priorities.

1 The Epidemic of Anxiety and Adolescents [website]. In Facebook/WHOKazakhstan; 2021 (https://fb.watch/7vKG9wp-bM/, accessed 3 September 2021).
2 Спасибо медикам! [We thank our health and care workers!] [website]. In Facebook/WHOKazakhstan; 2021 (https://fb.watch/7vKJnUfD0/, accessed 3 September 2021).
PILLAR 10: VACCINATION

To support the MoH in effective deployment of COVID-19 vaccines, WHO has jointly conducted the Behavioural Insights (BI) study in 2020. The findings from the study demonstrated that there is a persistent resistance towards the COVID-19 vaccination specifically and vaccines in general. Ingrained anti-vaccination views have been observed in Kazakhstan for decades. However, presently there is a positive trend in vaccination coverage, with a rising demand for vaccines among the priority populations. The study suggested to clearly communicate the evidence related to vaccine efficacy and potential side-effects to promote trust at the level of the population. Healthcare workers must be trained and considered for promotion of vaccine uptake amongst the population and across all levels of the healthcare system. The study also demonstrated that communities need to be more involved and that communication should be evidence-based and politically neutral.

During the first six months of 2021, WHO regularly provided MoH with relevant technical guidance on vaccine deployment planning, safety monitoring and the clinical use of the Emergency Use Listing (EUL) products. WHO Kazakhstan has supported the national effort to accelerate vaccine uptake by conducting Risk Communication activities from June onwards after EUL of a product used in Kazakhstan. Furthermore, the frontline healthcare workers involved in vaccination in Kazakhstan benefitted from the localised online training on how to safely administer vaccines, monitor patients following vaccination as well as how to organise vaccination services. Lastly, WHO has continuously supported MoH through various trans-boundary online webinars, where the specific matters of vaccination programmes for COVID-19 have been discussed.
5. EPW3: PROMOTING HEALTH AND WELLBEING

5.1. HEALTH AND WELLBEING

WHO Kazakhstan’s efforts to improve the health and wellbeing of the general population were further reinforced by setting up the WHO European Network of Healthy Cities and WHO European Network of Regions for Health, and encouraging the countries to establish national associations and networks. Kazakhstan has adopted a Road Map for building a national network of Healthy Cities under Phase VII 2019 – 2024 (extended till 2025). On 16 June 2021, the national and city level coordinators took part in the Phase VII Application Webinar to restore the process of cities’ accreditation in the Network. Informational notes.
5.2. SALT REDUCTION AND FOOD SAFETY

On 5 May 2021, the WHO launched ‘Global sodium benchmarks for ready food products,’ a first-ever globally harmonised set of benchmarks for more than 60 food categories that define the maximum levels of sodium that processed foods can contain. Following the launch event, as per Kazakhstan’s request, WHO Kazakhstan has started developing the Salt Reduction Programme. The programme will contain activities on elaborating a standard of sodium content in ready products, nutrition standards for food formulation in educational and health facilities, developing a set of materials for teachers and nurses in schools and a complex communication campaign.

Following requests from MoH, WHO participated in three regional webinars on Food Safety between April and July 2021. The WHO presented the joint FAO/WHO Food control system assessment tool. On World Food Safety Day, on 7 July, WHO supported the organisation and conducted a virtual Roundtable with about 100 national and international participants. The Roundtable resolution included, among others, the call to implement the One Health approach to Food Safety Assurance.

5.3. ENVIRONMENTAL HEALTH AND MEDICAL WASTE MANAGEMENT

In early 2021, WHO Kazakhstan undertook a preliminary review of environmental health determinants in the region and the health status of the population living near the Aral Sea. Based on the review and the 2020 mission report, a proposal for further actions has been prepared and presented to key stakeholders in May 2021 for fundraising purposes. The 2020 mission was carried out on waste management to assess the waste management capacities at hospitals and develop waste management procedures/protocols. In the first half of 2021, WHO Kazakhstan developed a concept note to address magnitude and identify the way forward.
6. EPW: FLAGSHIP PROGRAMMES

6.1. MENTAL HEALTH

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

- Adaptation of current face-to-face training modules and mhGAP service delivery to remote or blended modalities (due to the COVID-19 outbreak);
- WHO mental health gap action programme (mhGAP) training workshops child and adolescent mental health (CAMH) training workshops for healthcare 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;
- Training of Trainers 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.
- Posters with WHO recommendations for patients experiencing psychological difficulties were translated and adapted. Information was regularly posted for the public on WHO Kazakhstan’s social media pages, with recommendations for overcoming stress and poor psychological wellbeing.

Self-harm Surveillance or Suicide Prevention

WHO has developed guidance materials on the establishment of a self-harm surveillance system and has recently applied these 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 work stream include assessment of current data on self-harm, and future information needs coupled with planning and adaptation of WHO self-harm surveillance methods and tools to the Kazakh context.
6.2. EMPOWERMENT THROUGH DIGITAL HEALTH

In 2021, WHO increased its involvement in the national digital health programme by providing technical support to MoH and the Republican Centre for Electronic Health.

A detailed SWOT analysis of Kazakhstani Digital Health prepared by WHO Kazakhstan provides a deep understanding of topics that require additional attention and technical support from an international perspective. One of the technical areas under the digitalisation movement, where the WHO’s technical expertise can play an essential role is standardisation. On the request of the MoH, WHO Kazakhstan joined the national Technical Committee on Standardisation #83 ‘Electronic Health.’

6.3. IMMUNIZATION

The Immunization system in Kazakhstan is well established. Average coverage of all vaccines according to the national calendar is 95 percent. The following vaccines are included into the national calendar: measles, rubella, polio, hepatitis A and B, tuberculosis, tetanus etc.

WHO Kazakhstan had supported communication on social media during European Immunization Week 2021 (26 April–2 May 2021), to raise awareness on the importance of Immunization in preventing diseases and protecting life.

6.4. BEHAVIOURAL INSIGHTS

This programme was redirected to support the MoH in governance, health information system, leadership and research. In the first half of 2021, the programme focused on COVID-19 Behavioural Insights.

Various digital tools were established in the country to support the healthcare system in the fight against COVID-19.

An electronic service for vaccination appointments was implemented in April 2021 at the e-Government portal and on the e-Government mobile application. After verification of the appointment, the service ensures SMS notification to patients with the time, date and place of vaccination.

Data on implemented vaccination services is being collected from local Hospital Information Systems through the national vaccination register implemented by the MoH and transferred to the e-Government portal and the e-Government mobile application in the form of an electronic document, titled ‘Vaccination Passport.’
7. ADMIN AND FINANCE AND RESOURCE MOBILIZATION

WHO Kazakhstan, the Resource Mobilization Unit at WHO Regional Office for Europe and WHO headquarters mobilizes adequate funding and resources to fulfil national goals for a sustained impact on the lives and health of the Kazakh population.

WHO Kazakhstan mobilized US$ 1.8 million between January and June 2021

Resource partners

- Canada
- CDC
- European Commission
- Germany
- Luxembourg
- Russia
- UK

WHO Kazakhstan thanks all its partners, including the European Union, UN agencies and the Ministry of Healthcare of the Republic of Kazakhstan, for their support and collaboration in all areas of activity during first half of the year 2021. Our joint efforts aimed at preventing the COVID-19 crisis will continue.
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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