Key Words: sexual and reproductive health, rights, access to information, family planning comprehensive sexuality education, abortion.

Executive Summary:

1. This report jointly submitted by Kazakhstan Association on Sexual and Reproductive Health (KMPA)[1] and the Sexual Rights Initiative.[2] The report examines existing initiatives underway in Kazakhstan aimed at fulfilling the sexual and reproductive health rights of individuals, as a part of the universal access to health, and the persisting gaps in service provision related to family planning, access to safe abortion, and sexual and reproductive health education.

Progress and gaps in implementation of recommendations from previous cycle

2. During Kazakhstan's first review by the Universal Periodic Review process in 2010, it accepted the recommendation **:** "To continue to make progress in implementing measures already under way to ensure universal access to health and education," from Cuba. Since 2010, despite efforts by the Kazakhstani government to improve access to health care, gaps persist, specifically as they relate to sexual and reproductive health care. Such gaps persist due to the governments' disregard for the issue of sexual and reproductive health. Specifically, there is a disregard for the need for effective mechanisms to ensure universal access to sexual and reproductive health, beyond just maternal health. There is ongoing limited access to a full range of safe and reliable family planning methods for vulnerable groups, information related to sexual and reproductive health services, safe abortion, comprehensive sexuality education for adolescents, and sexual and reproductive health services for young people and adolescents.

National Legal Framework

3. The Constitution of the Republic of Kazakhstan states that "…*citizens of the Republic of Kazakhstan shall have the right to protection of health; …shall be entitled to free, guaranteed, extensive medical assistance established by law.*"[3] The law which regulates the provision of health care services, including sexual and reproductive health and family planning services is the Code of Population Health and Health Care.[4] (Code of Health).

4. According to the Code of Health, women have the right to abortion. Article 104 specifies that women are free to access abortion until 12 weeks into the pregnancy; by under certain circumstances[5] until 22 weeks of pregnancy, and at any point during the pregnancy when there is risk to the woman's health.[5] Women under the age of 18 can access an abortion with permission from the parent or guardian. MOH Decree № 626 issued in 2009 regulates pregnancy termination. It outlines the criteria for women's access to abortion, and the limitations imposed on access to abortion services. It states that abortion must be provided with the informed consent of women or a legal representative. The Decree describes surgical and medical procedures

[1] KMPA is a voluntary, public, non-profit organization that has a republican status. KMPA has been working in a non-government sector of Kazakhstan since 1996 in partnership with international organizations in the field of public health: World Health Organization (WHO), UN Population Fund (UNFPA), International Parenthood Planning Federation (IPPF), as well as with the government and other NGO. Organization`s activities are based on protecting the right of youth, men and women for access to quality medical services and information in the field of sexual and reproductive health.

[2] The Sexual Rights Initiative (SRI) is a coalition of organizations that advocates for the advancement of human rights in relation to gender and sexuality within international law and policy. The SRI focuses its efforts particularly on the work of the United Nations Human Rights Council, including its resolutions and debates as well as the work of the Universal Periodic Review mechanism and the system of Special Procedures. The SRI combines feminist and queer analyses with a social justice perspective and a focus on the human rights of all marginalized communities and of young people. It seeks to bring a global perspective to the Human Rights Council, and collaborates in its work with local and national organizations and networks of sexual and reproductive rights advocates, particularly from the Global South and Eastern Europe. The SRI partners are: Action Canada for Population and Development, Akahatá - Equipo de Trabajo en Saxualidades y Generos, Coalition of African Lesbians, Creating Resources for Empowerment in Action (India), Egyptian Initiative for Personal Rights, and Federation for Women and Family Planning (Poland).

[3] The Constitution of the Republic of Kazakhstan, Article 29, para 1, 2. http://www.constitution.kz/english/section2/

[4] Code of Republic of Kazakhstan, «Population Health and Health Care», September 18, 2009 № 193-IV (with amendments as for 04.07.2013) http://www.zakon.kz/148589-kodeks-o-zdorovie.html

[5] Certain circumstances include, but are not limited to: death of spouse, pregnancy as a result of sexual assault, various medical conditions, divorce during pregnancy, among others.

for abortion and the requirement that abortion services be provided by obstetric and gynecological (Ob/Gyn) doctors.

5. The Gender Equality Strategy of the Republic of Kazakhstan 2006-2016 in its Section 5[6] includes measures to strengthen the reproductive health for women and men. It also clearly states actions needed to increase youth and adolescents' knowledge of their reproductive health, including access to compressive sexuality education. Among other 15 indicators of this section the strategy does not include any indicator to measure the reproductive health of young people, including their knowledge of or access to information related to sexual and reproductive health and rights, or for any other population group. Youth Friendly Services were established by UNICEF in Kazakhstan and National Healthy Lifestyle Centre in 2004. They are supported by Ministry of Health of Republic of Kazakhstan (MOH) Decree №491 On Introducing Youth Friendly Services issued on December 19, 2006, which places the heads of all regional departments responsible for ensuring such services. At the moment, 76 centers have been established throughout of country. In the centers young people can obtain medico-psychological, social and legal support.

6. At present the MOH is implementing a State Health Care Program 'Salamatty Kazakhstan' 2011-2015[7] which among its objectives aims to strengthen the reproductive health of citizens through improvements of the provision of maternal and neonatal health care services. Specifically, the programme aims to improve access to quality and continuity of maternal health care services provided by primary health care and specialized Ob/Gyn providers, mostly regarding antenatal and perinatal care, according to WHO standards. These services are provided through a basic benefit package (BBP) of health care services, which also includes a list of outpatient drugs for free or at a reduced price, drugs for pregnant women and children under 5.

7. Similarly, the 'Roadmap of Strengthening Reproductive Health of Citizens of Republic of Kazakhstan' by MOH Decree №881 issued on December 25, 2012 supports the realization of one of the Salamatty Kazakhstan Programme objectives which is to further strengthen the reproductive health of citizens and improve maternal and neonatal health. The roadmap establishes a Plan of Action to improve access to services and information, increase the quality of services provided, and strengthen the continuity of the provision of reproductive and family planning services and information for citizens through primary health care, healthy life style organizations, institutions, and other medical organizations. It outlines activities and responsibilities of regional administrative unit (Oblast) health departments to ensure the provision of reproductive health services, including contraceptives at all regions.

8. The MOH on October 28, 2009 issued Decree №595 'Instruction on Development of Reproductive Health Care and Family Planning Services System for Citizens' which supports the Article 96 of Code of Health in realization of reproductive rights of citizens[8].

9. MOH Decree №593 'Regulations of Functioning Healthcare Organizations Providing Obstetric and Gynecological services' issued on August 27, 2012 outlines that family planning and Ob/Gyn services are to be provided by primary health care and by consultative diagnostic centers/policlinics.

Gaps in access to comprehensive package of sexual and reproductive health services and information

10. Despite the existence of the above-mentioned programmes and Plans of Action which should ensure rights of individuals on reproductive and sexual health care defined by Constitution and Code of Health, gaps in individual's access to comprehensive sexual and reproductive health services and information persist. There is a low rate of implementation of these programmes and the health system lacks the capacity to positively influence the state of reproductive health. This is made evident by the following evidence: a persistently high abortion rate of 20.8 per 1,000 women at age 15-49, among them 2,700 abortions among girls between the ages of 15-18 in Kazakhstan (2012),[9] compared to other countries in the region,[10] increased sexual

[6] Gender Equality Strategy in RK 2006-2016, http://ru.government.kz/docs/u051677_rus.html
[7] State Health Care Program 'Salamatty Kazakhstan' 2011-2015 http://www.mz.gov.kz/files/gos_prog_salamat_2011-2015.pdf
[8] MOH Order #595 issued 28 October 2009. About Measurements on Reproductive Health Care of Citizens and Provison of FP Services.
[9] Women and Men of Kazakhstan 2008-2013. Agency of Statistics of Republic of Kazakhstan, Astana 2013

transmission of HIV from 50.7% in 2011 to 56.6% in 2012; increases in the number of new cases of syphilis from 5,636 cases in 2010 to 6,107 cases in 2012[11]. This evidence suggests a lack of access to a comprehensive package of sexual and reproductive health services and information, including effective methods of family planning and sexually transmitted infections (STI), including HIV prevention techniques, and comprehensive sexuality education.

11. For example, the Government of Kazakhstan provides free treatment for HIV, but there is no proper prophylaxis and programmes to prevent the spread of and monitoring of other STI, which are also growing, such as gonorrhea and syphilis. Without proper treatment, these STIs can lead to long-term complications on individuals' reproductive health and overall health.

12. Compounding these challenges, the government has adopted a narrow approach, for many years, to the issue of sexual and reproductive health that only prioritizes and monitors maternal mortality through. While this approach has resulted in positive outcomes[9,12], such as decreases in maternal deaths from 22,7 per 100,000 live births in 2010 to 13,5 per 100,000 live births in 2012, it has also led to insufficient access of individuals to other services related to sexual and reproductive health that they have rights according to Code of Health.

13. Beyond antenatal and prenatal care as it relates to decreasing maternal mortality, reproductive health includes family planning, prevention and treatment of sexually transmitted infections, STI, including HIV, safe abortion services, sexuality education, and young people's access to sexual and reproductive health services.

Family planning

14. Under Salamatty Kazakhstan Program the List of outpatient drugs for free or reduced price within BBP of health care services does not include any contraceptives for any category of population. The provision of contraceptives depends on the local administration decision-makers and their priority in health care. Procurement of family planning methods usually is not a priority for local administrations which make contraceptives unavailable for vulnerable groups in some regions. This is due to the priorities that MoH set under Salamatty Kazakhstan program and under the President's annual message for strategic development where priorities remains focuses on maternal and newborn mortality, oncology, tuberculosis, and overall increasing life expectancy. Thus some population groups who cannot afford to buy contraceptives become the most vulnerable groups regarding their access to family planning methods. The most vulnerable are those who are: low-income, unemployed, youth under 25, families with many children, single-parent families, migrants, sex workers, and people living with HIV. In 2012 only 38% women of Kazakhstan at reproductive age were using family planning methods[8], this percentage varies in different regions from 11% to 72.7%.

15. Most of the health laws and policies (as referenced to in sections above) make reference to family planning, specifically family planning counselling. Also, MOH Decree №595 states that family planning specialists (doctors, nurses, pharmacist trained on family planning) ensure maximum coverage of women at high risk with effective contraceptives such as oral contraceptives, injectable contraceptives, transdermal and intrauterine devices, surgical sterilization by medical criteria and by women's choice. At the same time mechanisms for the provision the contraceptives is not regulated and monitored by MOH. There is also no regulation of prices on contraceptives in the open market which drives the price up and therefore renders them inaccessible for low-income group of population. Also, some contraceptives are not available in the market, as they are not yet registered, for example: female condoms, implants, and transderm patch.

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[10] In 2008, Kazakhstan's abortion rate was 32.3 per 1,000 women (aged 15-44). At the same time, other upper middle income countries, for example Belarus (former Soviet country) the abortion rate among women (aged 15-44) was 19.2 per 1,000 women, similarly, Turkey 's abortion rate was 14.8 per 1,000 women in 2008 (World Abortion Policies 2011, United Nations, 2011. Department of Economic and Social Affairs. Population Division, www.unpopulation.org).

[11] National Statistical web-portal http://medinfo.kz/index.jsp

[12] MMEIG experts using the statistical modeling considering the official data of maternal mortality as underestimated (estimated maternal mortality ratio for 2010 as 51 per 100,000 live births)[12].

16. Since 2009, MOH Decree №595 set the instruction for the improvement of family planning services, and listed key measurements required to strengthen access to such services,[6] including the development of FP national guidelines. The guidelines have not yet been developed, nor have mechanisms to monitor and evaluate a quality of family planning services. As such, the government has, and continues to fail to provide individuals with access to comprehensive family planning services to assure the right of people to the highest attainable standard of health.

17. Other factors limit women's access to family planning. There are the reported cases where husbands or mothers-in-law in conservative traditional or religious families, mostly in south regions of Kazakhstan, have restricted married womens' access to family planning counselling or other services related to her reproductive health, against her will. Such situations violate the individuals' right to obtain the highest attainable standard of health, as guaranteed by constitution and Code of Health[13].

Access to safe abortion services

18. Abortion is legally permitted by law. But in practice women's access to safe abortion methods at primary health care facilities is not guaranteed. The manual vacuum aspiration (MVA) instruments recommended as a safe method are not registered in the country. Medical abortions are not available in most health care facilities or doctors do not have the necessary skills to provide it. The MOH through the Decree № 626 issued in 2009 does not provide accurate and adequate information regarding medical abortion or MVA. Thus for many years, gynecologists have used curettage as a main abortion method (surgical method), despite of high risk of complications associated with this method. Restrictions on when women can obtain abortion services are also limited by law. Women can only access such services during the first trimester. Because women lack access to medical abortions in health facilities there are unregistered cases of women obtaining unsafe abortions, for example, through the purchase of the unregistered drug, mifepristone, in markets (bazaars). Such methods are often employed) without doctor supervision or consultation. These factors lead to violations of women's reproductive rights on access to safe abortion.

19. Young women are further denied their reproductive rights as the Code of Health states that despite recognizing minors' rights to access reproductive health care, pregnancy termination for women under the age of 18 is possible only with parental permission.

Young people's access to comprehensive sexuality education and youth friendly health services

20. Despite the recognized need to increase youth and adolescents' knowledge of their reproductive health, including access to compressive sexuality education,[14] young people and adolescent lack access to comprehensive sexual education. Currently, the information on sexual and reproductive health is delivered through campaigns for youth by national healthy life centers, NGOs, volunteer organizations, and youth health centers (mainly in urban areas). Such information is provided in an unsystematic manner, differs from region to region, and is dependent upon regional administration annual plans and budgets.

21. In the education system, there is no standard curriculum for adolescents about sexual and reproductive health. This creates a situation in which young people are not prepared for sexual life and overall well-being. This contributes to increased risk of unwanted pregnancies, transmission of STIs and HIV, and might lead to young women seeking out unsafe abortions. This is made evident by the fact that 10 % of young people in Kazakhstan have a first sexual contact before age 16, 22% – before age 17, and 33% before age 18[15]. One third of young people who already engage in sexual activity are legally unable to make autonomous decision regarding their sexual and reproductive health as they require parental permission when accessing information and services.

[13] Key Factors Influencing Contraceptive Use in Eastern Europe and Central Asia, IPPF EN and UNFPA CARO, 2012
[14] Gender Equality Strategy of the Republic of Kazakhstan 2006-2016, Section 5.
[15] Analysis of the Situation of Children and Women In Kazakhstan, UNICEF Kazakhstan, 2013

Recommendations for action:

22. Develop instruments to monitor the implementation of activities for the improvement of the provision of reproductive health care and family planning services to population to support realization of the most recent Plan of Action in the 'Roadmap of Strengthening Reproductive Health of Citizens of Republic of Kazakhstan' by MOH Decree №881 issued on December 25, 2012.

23. Under Salamatty Kazakhstan develop and introduce mechanisms to provide contraceptives for free or affordable cost to the most vulnerable population, at a minimum.

24. Define which groups of population are most vulnerable in regards to reproductive health.

25. Improve mechanisms to ensure availability of safe abortion methods in public facilities, especially in rural areas. Including through the registration of the manually-vacuum aspiration technique.

26. Provide training for health workers on provision of safe abortion services.

27. Initiate public awareness campaign to increase access to information about safe abortion on systematic way.

28. Amend the Code of Health law to eliminate age restrictions and parental consent requirements that limit young people and adolescents' ability to make free and informed decisions regarding their sexual and reproductive health, including safe abortion services starting from the age 16.

29. In collaboration with the Ministry of Education, develop and introduce a mandatory bilingual (Russian and Kazakh) standardized national comprehensive sexuality education curriculum in schools, accompanied by a public awareness raising campaign for the general public.

30. Develop and collect data on gender disaggregated indicators related to sexual and reproductive health and rights.