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Submission from: Canadian HIV/AIDS Legal Network, Association "Equal to Equal" (Kazakhstan), Public Foundation "Answer" (Kazakhstan), Public Charitable Foundation "Anti-SPID" (Kazakhstan), Public Foundation Aman Sowlyk (Kazakhstan), Public Association GALA (LGBT) (Kazakhstan), Public Association Amulet (LGBT) (Kazakhstan), Public Association Credo (Kazakhstan), Centre for Information and Counselling on Reproductive Health "Tanadgoma" (Georgia), Hungarian Civil Liberties Union, International Drug Policy Consortium, International Harm Reduction Association, New Zealand Drug Foundation and International Network of People who Use Drugs

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Introduction

1. This submission was prepared, on behalf of the organizations listed above, by the Canadian HIV/AIDS Legal Network (www.aidslaw.ca), an NGO in Special Consultative Status with the Economic and Social Council of the United Nations whose mission is to promote the human rights of people living with and vulnerable to HIV/AIDS through research, legal and policy analysis, education and community mobilization. The International Drug Policy Consortium is a global network of NGOs and professional networks that come together to promote objective and open debate on drug policy issues at the national and international level; the IDPC supports evidence-based policies that are effective in reducing drug-related harm. The International Network of People who Use Drugs is an NGO that advocates for the lives and health of people who use drugs, including identifying changes to national and international laws and policies that prevent the realization of these human rights for. The International Harm Reduction Association is the leading organisation in promoting evidence-based harm reduction policies and practices on a global basis for all psychoactive substances (including illicit drugs, tobacco and alcohol). Other organizations endorsing this submission are NGOs from various countries, including Kazakhstan, that work in the fields of HIV/AIDS prevention, treatment and support, or in providing services and advocating on behalf of the health and welfare of people who use drugs.

2. This submission describes several key human rights priorities and provides recommendations for Kazakhstan's Government to better respect, protect and fulfill human rights, consistent with its international obligations, in areas of particular relevance to an effective response to HIV. This submission focuses in particular on various aspects of the obligation to realize progressively the right to the highest attainable standard of physical and mental health under the *International Covenant on Economic, Social and Cultural Rights*, which Kazakhstan has ratified, and related human rights concerns. The key priorities are: (1) the right to health of people living with HIV/AIDS and other groups at high risk of HIV, such as people who use drugs; and (2) other human rights of people living with HIV/AIDS, people who use drugs, prisoners and sex workers,

the violation of which undermines effective responses to HIV and the realization of the right to health. (Sources of information and legal documents cited are listed at the end of the document.)

HIV and drug use in Kazakhstan: a health and human rights challenge

3. As of the beginning of 2008, official records indicated 9378 people with HIV in Kazakhstan; while this represents an official prevalence rate under 1%, there is a significant potential for the further rapid spread. Injecting drug use is currently the primary driver of the epidemic in Kazakhstan, accounting for 73% of all cases (with an estimated prevalence rate of 3.9% among this particularly vulnerable population). In 2007, one-third of all new HIV cases were registered in Kazakhstan's prisons, representing an increase in HIV prevalence among prisoners from 1% in 2006 to 2% in 2007. HIV prevalence among sex workers in 2007 was an estimated 2.3%.(1)

The right to health: access to health care services in general

4. Currently in Kazakhstan, access to free health care services is contingent upon one's proof of residence in a particular district of the country. This creates unnecessary barriers to care for people registered as resident in other districts, as well as for migrants and people without the requisite documents proving identity and registered place of residence. In particular, this is a barrier disproportionately affecting people with drug dependence or others who for various reasons, including poverty, lack stable housing. If people are not able to provide the proof of residence in a given district, they may be denied free health care services there or referred to fee-based services. Additionally, UNESCO has reported cases of health care workers charging fees for access to health care services, including emergency health care, that are supposed to be provided free of charge by the state.(2) According to the UN Committee on Economic, Social and Cultural Rights, one of the core obligations of the right to health is the obligation"[t]o ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups".(3)

The right to health: access to HIV prevention services and treatment

5. There have been reports of poor hygiene standards and inadequate qualifications of health care staff in relation to HIV. In 2007, 17 health care workers were convicted of criminal negligence that resulted in HIV transmission to 118 children who received blood transfusions. At least 10 of these children have died to date. Poor hygiene, low salaries of health care staff and corruption have been blamed for these outbreaks.(4) The *International Guidelines on HIV/AIDS and Human Rights*, issued by the Office of the UN High Commissioner for Human Rights and UNAIDS, recommend that "public health law should require the implementation of universal infection control precautions in health-care… Persons working in these settings must be provided with the appropriate equipment and training to implement such precautions."(5)

6. We are concerned that measures for HIV prevention and treatment in Kazakhstan are inadequate. According to the Government, in 2007, less than half of people in need of antiretroviral therapy (ART) received it (41%).(1) HIV prevention services currently reach a minority of people in need: for example, in 2007 estimates showed that needle and syringe programs (NSPs) regularly reach only about 8.7% of the estimated number of injecting drug

users.(6) Despite the fact that NSPs are a proven, cost-effective way of reducing the transmission of blood-born viruses such as HIV and HCV among people who inject drugs, multiple barriers prevent access to NSPs. There are documented arbitrary restrictions on needle exchange programs, including allowing police to interfere with legal needle exchange in Kazakhstan.(7) Additionally, the Government has recognized that government-run "trust points" (which include NSPs) are not sufficiently effective and efficient, in part because of the inconvenient location and hours of operation of these trust points in health care facilities.(1)

The right to privacy and access to health care services

7. Under the *Law of Kazakhstan "On Health Protection"*(8), the confidentiality of medical information is subject to some very significant and unjustifiably broad exceptions. For example, a patient's health information must be disclosed at the request of health care authorities, police, a prosecutor's office, investigative bodies or a court. Protecting the confidentiality of information provided to health care providers is particularly central to realizing access to health services for marginalized and stigmatized groups, such as people with HIV or with drug dependence; if people have reason to fear that information held by health care workers will be shared in ways that could expose them to discrimination or even criminal or administrative prosecution (e.g., for drug-related activities), this is a powerful disincentive to seeking health services. The right to privacy (which includes the protection of confidentiality of health information) is not only recognized in the *Universal Declaration of Human Rights* but also in the *International Covenant on Civil and Political Rights*, which Kazakhstan has ratified.(9) These legal provisions should be reformed in line with human rights standards.

Mandatory and compulsory HIV testing: human rights concerns

8. HIV testing is mandatory for all foreigners entering the country for more than 6 months or for permanent residence. Positive HIV diagnosis is not itself a cause for deportation as long as a foreigner accedes to "preventive observation"; however, avoiding such observation may lead to deportation.(10) The *International Guidelines on HIV/AIDS and Human Rights* recommend against mandatory HIV testing of foreigners, as "there is no public health rationale for restricting liberty of movement or choice of residence on the grounds of HIV status… any restrictions on these rights based on suspected or real HIV status alone, including HIV screening of international travelers, are discriminatory and cannot be justified by public health concerns."(5)

9. Additionally, Kazakh law contains wide provisions for compulsory HIV testing in a variety of circumstances. Under the *Law "On Prevention and Treatment of HIV and AIDS"* (11), any Kazakh citizen, foreigner or stateless person resident in the country may be required to undergo medical examination at the request of health authorities, the prosecutor's office, or investigative and judicial bodies if, in the opinion of said authorities, there is "sufficient evidence" to think she or he may be infected with HIV. In addition, the *Code of Administrative Offences* (12) imposes administrative liability, punishable by fines, for avoiding medical examination or treatment in the case of a person with a disease classified as posing a "serious hazard" to others (which list of diseases includes HIV). Compulsory HIV testing, enforced by such penalties, violates the rights to liberty, security of the person and privacy, contrary to the *International Covenant on Civil and*

Political Rights (Articles 9 and 16). International standards recommend against compulsory HIV testing.(5) These legal provisions should be reformed in line with human rights standards.

The rights of people who use drugs: necessary health services, protection of privacy, non-discrimination and respect for security of the person

10. ***Inadequacy of drug dependence treatment:*** We are concerned that the right to health and various other human rights of people who use drugs, who are often among the most marginalised people, are routinely infringed. As noted above, people who use drugs are poorly covered by HIV prevention services, and face barriers in access to health care services. Furthermore, despite the high prevalence of drug use and drug dependence, current services for drug dependence treatment are reported to be extremely limited, usually consisting of detoxification with limited methods of rehabilitation, and to have low success rates.(13) According to the most recent information obtained, opioid substitution treatment (OST) programs, first piloted in Kazakhstan in November 2008, remain limited to 50 patients. OST has been recognized by the UN's expert technical agencies as an important component of a proper range of health care services for people with opioid dependence and as a critical element of HIV prevention efforts among people who inject opioids such as heroin.(14)

11. ***Compulsory treatment for drug dependence:*** Compulsory drug dependence treatment is widely used in Kazakhstan: according to official data, 10–15% of all people in Kazakhstan treated for drug dependence undergo compulsory treatment.(13) A person may be ordered to undergo compulsory treatment by a court based on a request by relatives, police, prosecutors, or non-governmental and welfare institutions, if supported by a medical diagnosis of drug dependence.(15) A court may also impose compulsory treatment in addition to any other penalty for an administrative or criminal offence.(16) Kazakhstan's law does not currently provide for court-ordered drug dependence treatment as an *alternative to imprisonment* in penalizing offences. In this respect, the national law does not take full advantage of the flexibility offered under international drug control treaties ratified by Kazakhstan, which explicitly allow States Parties to those treaties to include, in their domestic legislation, *alternatives* to conviction and incarceration for drug offences, including measures for treatment.(17) Compulsory treatment raises human rights concerns, particularly when treatment consists of methods that are not well supported by evidence of their efficacy and that the available evidence suggests is not particularly effective. WHO recommends that any instances of compulsory treatment be strictly regulated and their effectiveness assessed.(18) The *International Covenant on Civil and Political Rights* guarantees the rights to liberty and security of the person (Article 9) and to privacy (Article 17). It also guarantees the right to be free from cruel, inhuman or degrading treatment or punishment and from involuntary participation in medical experimentation (Article 7). Given that compulsory medical treatment, including for drug dependence, inherently involves infringements of individual rights, it is only potentially justifiable in exceptional circumstances and in compliance with the *Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights*.(19) We submit that Kazakhstan should: (i) review the widespread use of compulsory drug dependence treatment with a view to limiting its use, at most, to circumstances that comply with the *Siracusa Principles*; and (ii) should evaluate the effectiveness of methods currently used for compulsory drug dependence treatment. Furthermore, to the extent that Kazakh law permits a court, in some

such circumstances, to order the use of compulsory drug dependence treatment as a penalty following conviction for an administrative or criminal offence, the law should be amended to provide explicitly that treatment may be ordered as an alternative to imprisonment, rather than in addition to imprisonment.

12. ***Registration of people who use drugs or are drug-dependent:*** There is a procedure to register people with drug dependence and people who use drugs in Kazakhstan on the basis of diagnosis of mental and behavioural disorders related to drug use. Registration usually lasts for 5 years. Being put on a narcological registry entails certain limitations on employment, and may entail violation of confidentiality of information. It is common practice for employers to request narcological certificates before hiring or during work at certain positions. The 2006 research survey among injection drug users of the Republican Center for Applied Research on Drug Addiction in Pavlodar revealed that fear of being registered as a drug user was the single most important factor pushing people away from drug dependence treatment and other healthcare services, with consequent implications for undermining HIV prevention and treatment among this vulnerable population.(13) The registration of people who use or are dependent on drugs constitutes a barrier to health care, including drug dependence treatment or other care, such as HIV treatment, if people have reason to fear that in seeking treatment they face the risk that their drug-using status will be known to the police. While registration of narcological patients may be legitimate for some limited purposes, such as evaluating the effectiveness of treatment, any such system of registration is justifiable only under conditions that strictly protect the confidentiality of those registered and preclude improper sharing and use of such information; this is not currently the situation.

13. ***Discriminatory restrictions on employment and interference with family relations:*** Persons who are listed on the narcological registry are subject to other legal restrictions, such as a blanket prohibition on holding certain kinds of employment (e.g., in pharmacological facilities, in certain safety-sensitive positions). In addition, under the *Law "On Marriage and Family"*(20), a parent may be deprived of parental rights if he or she is "recognized in due order as a person abusing alcohol, drugs or substances." While the law must be concerned with protecting the best interests of children, it is of concern if this provision amounts to depriving people of parental rights simply on the basis of drug use or dependence. It is incorrect and unfairly discriminatory to equate automatically drug use or dependence with inability to parent or to assume that depriving a parent and child of that relationship is necessarily in a child's best interests; assessments of what intervention, if any, is warranted in a child's best interests must, as a matter of fairness, be undertaken on a case-by-case basis. Furthermore, fear of losing one's children if diagnosed as drug-dependent creates yet another incentive for people in need of treatment to avoid seeking such assistance, which is in neither their interest nor that of their children. Furthermore, both HIV and alcohol and drug dependence are listed as medical conditions that *per se* bar a person from adopting a child.(21) This unjustifiably discriminates against people solely on the basis of their health condition, and is at odds with Kazakhstan's obligation to provide protection and assistance to families in keeping with the *Universal Declaration of Human Rights* (Article 16) and the *International Covenant on Economic, Social and Cultural Rights* (Article 10), and to refrain from arbitrary interference with family relations pursuant to the *International Covenant on Civil and Political Rights* (Article 16).

The rights of people in prison

14. ***HIV risks in prisons:*** In addition to high HIV rates (see para. 3 above), the levels of hepatitis C and syphilis in Kazakhstan's penitentiary system are alarming (43% and 12% respectively as of 2007).(1) In a survey of people in prison conducted in 2006, 44% of respondents agreed that drug injection occurs in the penitentiary system; 24% of them said that people share syringes inside prison; 12.9% asserted that people use other means (than syringes) at hand for injecting drugs; and only 12% of the respondents confirmed that drug injecting equipment was treated with disinfectant solutions before use. In the same survey, 40% of respondents reported that people in prison are having sexual relations, with condom use in "less than half of cases."(13) In addition, based on responses, the researchers characterized roughly one-third of people in the country's prisons as generally ill-informed about HIV.(22)

15. ***Denial of key HIV prevention service in prisons:*** Under international law, persons in detention retain all rights except insofar as these are necessarily limited by the fact of incarceration; this includes the right to the highest attainable standard of health. Consequently, it is recognized that people in prisons have a right to access to equivalent health services and care as persons outside prisons; denial of such services is not a necessary or justified aspect of incarceration.(23) However, there are no needle and syringe programs (NSPs) in the correctional system of Kazakhstan, even though such health services are provided by the government to the general population outside prisons, including as an HIV prevention measure.

16. ***Compulsory HIV testing in prisons:*** Prisoners are subject to compulsory HIV testing upon admission in the penitentiary institution and six months after admission.(22) Compulsory testing of prisoners is not recommended by UNODC, WHO or UNAIDS and is not justified on public health grounds. Prisoners do not lose their right to consent to medical procedures just because they are in state custody. International norms recommend governments guarantee access to voluntary and confidential HIV testing with informed consent and counselling, and refrain from imposing involuntary HIV testing in prison settings. Anonymous HIV testing should be available to people in prison, particularly if it is available in the community.(24)

17. ***Access to HIV treatment and treatment for drug dependence:*** According to the government, 115 persons with HIV were receiving antiretroviral treatment in prisons in 2006, but by 2007 only 63 persons were continuing treatment.(1) The concern about adequate access to antiretroviral treatment for people with HIV in prison remains. Similarly, given the high levels of incarceration of people with drug dependence, access to effective drug dependence treatment is a critical health need. Given evidence of widespread unsafe drug-injecting in prisons, including through sharing of injection equipment, access to effective drug dependence treatment is also a critically important HIV prevention measure. Although access to voluntary drug dependence treatment in correctional settings is theoretically guaranteed by the state, very few people are treated voluntarily.(13) In order to protect the health of people in prison, the UN's expert technical agencies recommend, among other measures, the following: access to anti-retroviral therapy for prisoners living with HIV at the level available in the community; confidential and non-discriminatory access to condoms and to sterile injecting and tattooing equipment in accordance with what is available in the larger community; access to voluntary treatment for drug dependence, including access to opiate substitution therapy (OST) at no cost

to the prisoner, according to availability in the community, with assurance of continuation of treatment after release from prison. OST should be available both to those who received it before incarceration and to those who would benefit from its initiation once they are imprisoned.(24)

18. ***Access to adequate health care generally:*** With regard to Kazakhstan, the UN Committee against Torture has recently documented lack of access to independent medical personnel in pre-trial detention centres, and the failure to register signs of torture and ill-treatment or to accept detainees' claims of torture and ill-treatment as the basis for an independent medical examination.(25) Similarly, following his recent visit to Kazakhstan (2009), the UN Special Rapporteur on Torture recommended improving health care services in penitentiary and pre-trial detention facilities in Kazakhstan and better protecting the independence of health care personnel in prisons. We support the recommendations of the Special Rapporteur to ensure independence of the health care personnel from the Ministry of Justice, which has responsibility for the operation of the penitentiary system, by transferring control over, and responsibility for, health care in prisons to the Ministry of Health.(26) Ensuring that supervision and responsibility for the health of people in prison is held by the same body responsible for the population's health as a whole is in keeping with, and encourages respect for, the principle that people in prison should have health care services equivalent to those available outside prison.

The rights of sex workers

19. Despite the fact that sex work is not criminalised in Kazakhstan, in practice it has been documented that sex workers' rights — not only to health, but also to life, safe working conditions, non-discrimination and freedom of expression and association — are violated in Kazakhstan, including through police abuse and harassment of sex workers.(27)

Reducing vulnerability to HIV: protecting and promoting human rights more generally

20. The UN Committee on the Rights of the Child has recorded reports of cases of stigmatisation of children infected and affected by HIV/AIDS, including cases of abandonment. We support previous recommendations of the Committee that Kazakhstan take effective measures to counter stigma and discrimination faced by children and families infected and affected by HIV/AIDS.(28)

21. The Committee on the Rights of the Child also recorded low levels of awareness regarding sexual health, especially among women and girls, and inadequate availability of contraceptives (including in rural areas). We support the Committee's previous recommendation that Kazakhstan make a comprehensive range of contraceptives widely available and increase knowledge about family planning.(28)

22. Kazakhstan has signed the *Convention on the Rights of Persons with Disabilities* and its *Optional Protocol* in 2008. We urge Kazakhstan to ratify the Convention and the Optional Protocol at the earliest opportunity, to include HIV and drug dependence as conditions

recognized as disabilities under domestic law, and to ensure that people with these conditions receive protection from discrimination on the basis of their health status.

Sources:

1. Government of Kazakhstan, *National Progress Report on the implementation of the Declaration of Commitment on HIV/AIDS: Kazakhstan*, 30 January 2008.
2. UNESCO, Basic report on the human rights situation in the Republic of Kazakhstan [Базовый доклад о ситуации с правами человека в Республике Казахстан], at www.unesco.kz.
3. UN Committee on Economic, Social, and Cultural Rights, *General Comment 14: The right to the highest attainable standard of health*, 22nd Sess. (2000), UN Doc E/C.12/2000/4.
4. "Doctors in Kazakhstan convicted for criminal negligence following HIV outbreak among children who received blood transfusions", *Kaiser Daily HIV/AIDS Report*, June 28, 2007.
5. Office of the High Commissioner for Human Rights & UNAIDS, *International Guidelines on HIV/AIDS and Human Rights* (2006 Consolidated Version), para. 20(i).
6. C. Aceijas, M. Hickman, M. Donoghoe, D. Burrows, R. Stuikyte, Access and coverage of needle and syringe programmes (NSP) in central and Eastern Europe and Central Asia, *Addiction*, 2007, p. 3.
7. D. Barrett et al., Recalibrating the Regime: The Need for a Human-Rights Based Approach to International Drug Policy, The Beckley Foundation Drug Policy Programme, Report Thirteen (2008).
WHO/UNAIDS Progress on global access to HIV antiretroviral therapy, a report on "3 by 5" and beyond, March 2006.
8. *Law "On Health Protection"* [Об охране здоровья граждан], Law No. 170-III (7 July 2006), Article 29.
9. Article 12 of the *Universal Declaration of Human Rights*; Article 17(1) of the *International Covenant on Civil and Political Rights*.
10. Ministry of Health, Order "On HIV Prevention in the Republic of Kazakhstan", Order No.10 (19 February 2007).
11. *Law "On prevention and treatment of HIV and AIDS"* [О профилактике и лечении ВИЧ-инфекции и СПИД], No. 176-XIII (5 October 1994), Article 5.
12. *Code of Administrative Offences*, Law No. 155-2 (30 January 2001), Articles 326-327.
13. UNODC, *Achieving Universal Access to HIV Prevention and Treatment for People who use Drugs and Prisoners: A Review of Legislation and Policy in Six Countries*, Part II – Kazakhstan: Summary report and recommendations (2009).
14. WHO, UNODC and UNAIDS, *Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention: WHO/UNODC/UNAIDS position paper* (Geneva, 2004).
15. Compulsory drug treatment is governed by the following instruments: Law "On Compulsory Treatment of Alcohol, Substance, and Drug Abuse", No. 2184 (7 April 1995); Ministry of Health, Order "On Compulsory Treatment Measure, Medical and Social Rehabilitation for Persons Suffering from Mental and Behavioural Disorders as a Result of Using Psychoactive Substances and Avoiding Voluntary Treatment", Order No. 323 (28 July 1995).
16. Code of Administrative Offences, Article 59; and Law "On Narcotic Drugs, Psychotropic Substances, Precursors and Their Illicit Traffic and Abuse Countermeasures", [О наркотических средствах, психотропных веществах, прекурсорах и мерах противодействия их незаконному обороту и злоупотреблению ими], Law No. 279-I (10 July 1998), Article 34.
17. *Single Convention on Narcotic Drugs, 1961*, 520 UNTS 331, as amended by the 1972 Protocol, Article 36(2); *Convention on Psychotropic Substances, 1971*, 1019 UNTS 175, Article 22; *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988,* Article 3(4).
18. UNODC and WHO, *Principles of Drug Dependence Treatment*, Discussion paper (March 2008), and WHO Regional Office for Europe & Council of Europe, Non-Voluntary Treatment of Alcohol and Drug Dependence: a European Perspective — Report of the meeting, Moscow, Russia 22-23 April 1999.
19. UN Economic and Social Council, *Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights*, UN Doc. E/CN.4/1985/4, Annex (1985).
20. *Law "On Marriage and Family"*, Law No. 321-I (17 December 1998).
21. "List of Diseases Preventing from Child Adoption, Guardianship (Patronage), and Foster Care", Resolution No. 482 (24 June 1999).

22. *Law "On prevention and treatment of HIV and AIDS"* [О профилактике и лечении ВИЧ-инфекции и СПИД], No. 176-XIII (5 October 1994), Article 5. It should be noted that, in apparent contradiction, a ministerial order specifies that HIV testing of people in prison is done voluntarily: Joint Order of the Ministry of Justice No. 96 (28 March 2005) and the Ministry of Health No. 179 (13 April 2005), "On HIV Prevention Improvement in Institutions of Penitentiary System of the Ministry of Justice of the Republic of Kazakhstan" [О мерах по совершенствованию профилактики ВИЧ инфекции в учреждениях уголовно-исполнительной системы Министерства Юстиции Республики Казахстан], para 2(1).
23. United Nations General Assembly, *Basic Principles for the Treatment of Prisoners*, UNGA Resolution 45/111 (14 December 1990), Article 5.
24. WHO, UNODC & UNAIDS, *HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response* (Geneva, 2006), Recommendations 13, 16, 37, 16, 62-66, 77.
25. Committee Against Torture, considerations of Reports submitted by state parties: Concluding Observations of the Committee against torture: Kazakhstan, Forty-first session, 12 December 2008. CAT/C/KAZ/CO/2, para 21(f).
26. Special Rapporteur on Torture, UN expert on Torture concludes visit to Kazakhstan, UN press release, 13 May, 2009 (in Russian), preliminary recommendations (only in the Russian version of the press release), at http://www.unhchr.ch/huricane/huricane.nsf/view01/3415EA9FDB30BFFCC12575B6003334A2?opendocument.
27. "Prostitution in Kazakhstan: abuse and risk", at Sex Workers' Rights Advocacy Network in Central and Eastern Europe and Central Asia, at http://swannet.org/node/556.
28. Concluding Observations of the Committee on the Rights of the Child: Kazakhstan. Considerations of Reports Submitted by States Parties Under Article 44 of the Convention, Forty-Fifth Session, CRC/C/KAZ/CO/3, 8 June 2007; para 52(d); 53-54(d).