

COUNTRY REPORT:

MALAYSIA

Acronyms

ARV	Anti-Retroviral therapy
ASEAN	Association of South East Asian Nations
BCC	Behaviour Change Communication
BSS	Behavioural Surveillance Survey
CBO	Community-Based Organisation
DOSH	Department of Occupational Health and Safety
EPU	Economic Planning Unit
FFPAM	Federation of Family Planning Associations of Malaysia
FMS	Family Medicine Specialist
GIPA	Greater Involvement of Persons with AIDS
HAART	Highly Active Acute Retroviral Therapy
HMIS	Health Management Information System
IDU	Intravenous Drug Use/User
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MAC	Malaysian AIDS Council
MDGs	Millennium Development Goals
MoH	Ministry of Health
MSM	Men having Sex with Men
NACA	National Advisory Committee on AIDS
NGO	Non-Government Organisation
NSP	National Strategic Policy
OVC	Orphaned and vulnerable children
PCA	Prime Ministerial Committee on AIDS
PHC	Primary Health Care
PLWHAs	People Living With HIV AIDS
SWs	Sex Workers
TCA	Technical Committee on AIDS
UNAIDS	United Nations Programme on AIDS
UNGASS	United Nations General Assembly Special Session

1. Status of national response

There are 67,528 cumulative cases of HIV/AIDS reported in Malaysia up to June 2005¹. The number of cases detected has increased, by an average of 500 to 600 cases per month, with the expansion of testing capabilities throughout the country and comprise in large part the results of mandatory testing of selected groups. Since the disease emerged in the mid-Eighties, the profile of HIV infections has remained consistent, i.e., predominantly substance abusers (IDUs), male, aged 20-39 years, Malaysian Malay ethnicity and heterosexual. Although the proportion is small, there appears to be a rising trend in the proportion of new HIV infections classified as MSM transmission.

Malaysia responded promptly to the emergence of the first few cases of HIV/AIDS in 1986. The national response can be summarised as collaboration between Government and civil society with strong linkages to international agencies. Malaysia has demonstrated a commitment to HIV/AIDS as signatory to the Millennium Declaration on the MDGs (2000), the UNGASS Declaration of Commitment on HIV/AIDS (2001) and the ASEAN Declaration on HIV/AIDS (2001).

The Government has had the lead role in policy-making and programme implementation. A National AIDS Task Force comprising representatives from various public agencies and NGOs was set up in 1985 in response to the international concern over the epidemics in the West, and the first Plan of Action formulated in 1988. Thereafter, an Inter-Ministerial Cabinet Committee on AIDS was formed in 1992^a and the National AIDS Task Force was replaced in 1993 with a (1) National Coordinating Committee on HIV/AIDS and (2) National Technical Committee on HIV/AIDS. Both these Committees are chaired by the MoH (Secretary-General and Director-General, respectively). A State Coordinating Committee responsible for the implementation and coordination of AIDS prevention and control activities at state level was set up in all 13 States. The first National Strategy Plan was adopted in 1998 and the fourth drafted in 2005 (NSP 2006-2010). In terms of preventive strategies, the Government has launched nation-wide campaigns and included HIV/AIDS information in the secondary school curriculum.

Civil society and private sector have contributed significantly to the national response on HIV/AIDS in terms of services (support, shelter, counselling, BCC, outreach, organising) and fund-raising. In 1992, the MoH facilitated the formation of an umbrella body (MAC) of CBOs and NGOs working on various focal groups to enhance leadership, coordination, administration and public relations for its partner organisations. This reflects the partnership between Government and civil society in the fight against HIV/AIDS.

In the initial stages of the national response, NGOs and CBOs spearheaded actions on issues deemed sensitive for Government action, notably, providing services and support to PWLHAs (most of whom are substance abusers), SWs, MSM, substance abusers, and promoting and distributing condoms. Civil society and the Government were also proponents in promoting human rights *vis a vis* HIV/AIDS and, most recently, Harm Reduction measures for IDUs. In 2005, the MoH initiated two pilot programmes - (1) provision of clean needles and syringes and condoms programme implemented by MAC, and (2) substitution therapy programme.

With the exception of FFPAM, the coverage of civil society efforts is limited for the most part to urban centres due to funding and manpower constraints. FFPAM has a nation-wide network but its focus is reproductive health, under which HIV/AIDS is a component. Various marginalised and vulnerable communities have been identified as having limited access to services, including, fishing communities, uniformed personnel, prisoners and women² and refugees and displaced persons (UNCHR).

Although there is a multi-sectoral organisational framework in the national response, in reality, the main agency responsible for HIV/AIDS policy, prevention, detection, treatment and care is the MoH through the AIDS/STD Section set up in 1993 under the Division of Disease Control, Department of Public Health. The AIDS/STD Section has three units, (1) prevention and health promotion, (2) surveillance and (3) care. The Inter-Ministerial Cabinet Committee has had a

^a Membership comprising Ministers from Education; Youth and Sports; National Unity and Social Development; Culture, Art and Tourism; Home Affairs; Rural Development; and the Prime Minister's Department for Islamic Affairs

limited role, i.e., HIV/AIDS has been largely a health issue in terms of the Government's national response thus far. The most recent NSP 2006-2010 (draft)³ proposes the formation of a Cabinet Committee chaired by the Deputy Prime Minister in line with the second "Three Ones" principle⁴, a National Advisory Committee on AIDS (NACA) chaired by the Minister of Health and Technical Committee on AIDS (TCA) chaired by the Director-General of Health. Both the NACA and TCA are to have representation from Government and civil society members.

2. Major challenges

A consultative meeting with key stakeholders was convened in December 2005 whereby major challenges in reducing and halting HIV/AIDS in this country was shared. These challenges arise from technical, financial, operational and social obstacles and are summarised as follows⁵:

2.1 Expanding multi-sectoral action

HIV/AIDS is still viewed by most policy-makers as a disease, hence, primarily the scope of the MoH. Besides MoH, HIV/AIDS is relevant currently to the scope of the National Anti-Drug Agency (Ministry of Internal Security) in relation to substance abuse, the Ministry of Education in relation to HIV/AIDS preventive education in the curriculum, and Department of Social Welfare (Ministry for Women, Family and Community Development) in relation to welfare packages. As a country with a concentrated epidemic, HIV/AIDS is not seen as relevant to other agencies beyond their main purviews. There is a need to position HIV/AIDS as a priority issue in the Government agenda and persuade policy-makers of the need for wider multi-sectoral, coordinated action with appropriate allocation of resources and accountability. An evaluation of the impact of HIV/AIDS on the nation's economic development is necessary for planning purposes to expand the commitment to HIV/AIDS to other non-Health sectors and private business/corporations.

2.2 Accessing funding and resource allocations

The bulk of government funding for HIV/AIDS programmes – preventive and curative – is allocated to MoH as the lead implementing agency and other government medical institutions. Some government funds are also disbursed to civil society, namely through MAC as a coordinating body, and to the Department of Social Welfare for selected NGOs. Overall, the availability and distribution of funds for programmes operated by civil society needs to be improved.

There is insufficient funding in Malaysia from domestic sources for programme implementation, epidemiological and socio-behavioural research, needs assessment and programme evaluation for strengthening HIV/AIDS policies and programmes. Funding constraints limit the scope, sampling and generalise ability of studies. In addition, research results tend not to be disseminated widely enough, especially to programme managers, research participants/respondents and grass-roots workers, i.e., there is little follow-up action.

At present, the country's HIV/AIDS programme, under the AIDS/STD Section, Division of Disease Control, Department of Public Health, is a very small unit. This unit needs more qualified technical expertise and manpower for more effective programme implementation and to scale up the national response.

As a middle-income nation, and also one with a relatively low concentrated prevalence, Malaysia has been left out in the disbursement of international development assistance funds, such as the UNAIDS Global Fund, and international sources of research funds. This is a serious drawback for programmes. Increased funding for HIV/AIDS programmes would also attract more human resources for implementing programmes.

2.3 Technical capabilities

2.3.1 Research and M&E

There is insufficient expertise and resources for on-going research in programme development, M&E and cost-benefit analyses, more so for civil society organisations. Both GOs and NGOs need to develop this capability and institutionalise evidence-based practices.

All of the available surveillance data on HIV/AIDS is maintained by the MoH AIDS/STD Section which compiles data routinely through its HMIS, mandatory reporting and special surveys. As mentioned, this section needs to expand its technical expertise or establish collaboration with appropriate research institutions to better utilise HIV/AIDS data for formulating policies and programmes.

2.3.2 Healthcare capacity

The Government continues to increase the number of medical personnel specialised in HIV/AIDS patient management. These comprise Infectious Diseases specialists, General Practitioners, paediatricians, Family Medicine specialists and paramedics trained in HIV patient management. At the same time, the number of private healthcare sources of treatment is expected to increase. HIV patient management has been decentralised and integrated into government Primary Healthcare settings. However, although government healthcare manpower is continually being expanded, there is much need for other sources of healthcare and support, e.g., private medical sources, NGOs, to complement government actions in order to scale up treatment, care and support in line with the goals of Universal Access. Community-based care and support from NGOs/CBOs is an important aspect of continuing care, adherence to long-term treatments and scaling up treatment access.

The high cost of drugs (treatment, ARV, second-line, and substitution drugs), preventive devices (condoms, needles, syringes) and laboratory tests is another barrier to increasing access to treatment. Collaboration with relevant organisations at country, regional and global level is necessary to make commodities more affordable.

2.4 Dispelling stigma and misconceptions

Various purposive sampled surveys have shown a relatively high level of knowledge on HIV and its modes of transmission among Malaysians but misconceptions and stigma remain pervasive. Unwittingly, the fact that HIV is relatively confined, at present, to selected high-risk groups fosters a widespread perception among Malaysians that they are not at risk as long as they and their partners are not under those high-risk categories, even if they have multiple partners or casual sex. Substance abuse and its progression to IDU, critically linked to HIV transmission in this country, have also not been controlled effectively. Despite awareness on HIV/AIDS, preventive behaviour remains poor. Recent Behaviour Surveillance Surveys, for example, have found that condom use is not common or consistent among users, and among high-risk groups.

More efforts are needed to raise awareness and change attitudes among Malaysians, and mobilise the influence of religious leaders and authorities, including Heads of State, in controlling HIV/AIDS and dispelling stigma and discrimination. Religious authorities in Malaysia need to view and direct attention and resources to substance abuse and HIV/AIDS.

2.5 Increasing participation of PLWHAs

The majority of PLWHAs are not accessing treatment because of marginalisation and consequent ignorance of treatment options, fears of stigma, criminal action (for substance abusers), identity disclosure or medical care costs. There is insufficient outreach to this community to motivate access to treatment, care and support. For example, continuity rates of ARV treatment are higher when there are active support networks.

At present, there is limited effective representation of PLWHAs and other vulnerable groups in HIV/AIDS policy-making and programme development. These focal groups are in the early stages of organising and need substantial support, both in funding and technical expertise, to enable and empower them to have greater involvement. Their input, as partners, must be recognised as crucial to programme planning, de-stigmatisation efforts and the goal of universal access.

2.6 Harmonising public health interests in laws and regulations

There are certain laws and practices that hamper HIV prevention and control programmes, e.g., prohibitions by selected local city/town councils related to substance abuse and prostitution. Notably, elements of the Harm Reduction Programme initiated in 2005 (pilot stage) need to be harmonised with existing laws related to supply and demand reduction, viz., the Dangerous Drugs

Act 1952, Poisons Act 1952, Dangerous Drugs Act 1985, 1988, Drug Dependents Act 1985, 1998. On the other hand, there is a lack of commitment and accountability in implementing the Code of Practice for the Prevention of HIV/AIDS in the Workplace developed by the MoH, DOSH, MAC and UNAIDS in 2001.

3. Solutions proposed to overcome major challenges

Measures to overcome some of the major constraints in Malaysia, described above, have been proposed in the most recent NSP 2006. The NSP 2006 was the outcome of a range of consultative processes, including key stakeholders from Government and civil society. The proposed solutions are summarised in Table A.

Table A : Major Challenges and Solutions towards Achieving Universal Access in Prevention, Treatment, Care and Support, Malaysia	
Challenges	Proposed strategy
Expanding multi-sectoral action	Establish a re-organised National AIDS Authority (NAA) comprising by 2007: (i) Prime Ministerial Committee chaired by the Deputy Prime Minister, (ii) National Advisory Committee on AIDS (NACA) chaired by the Minister of Health, (iii) Technical Committee on AIDS (TCA) ^b chaired by the Director-General of Health. The NAA will be responsible for overall coordination, policy analysis and advocacy, M&E and reporting, maintaining linkages with state and district authorities, and facilitating information-sharing among committees
Increasing funding	Increase request for funding from central budgetary allocation. grants from Foundations, business sector, UN agencies and bilateral donors
Collaboration to reduce cost of commodities	On-going price negotiations with request for regional-level mediations
Enhancing research capabilities	1. Set up a Surveillance Unit within the NAA which will operate a nationwide surveillance network with participating hospitals, existing epidemiological centres and/or academic institutions (Network Collaborating Partners). The surveillance activities will be an expansion of current programmes of: a. case-based, b. serum-based, c. BSS, d. STI surveillance. A priority is to narrow the gaps in epidemiological data and seek assistance to improve surveillance systems and diagnostic services 2. Develop social and behavioural research as basis for programme design and interventions and establish research partnerships with proven institutions and overseas research consortiums
Strengthening M&E	Develop key indicators in line with UNGASS/MDG framework by all implementing partners and institute a routine reporting system for targets and outcomes of interventions
Expanding healthcare capacity (with increased access)	On-going training of clinical manpower and plans to increase training of multipliers such as health professionals, outreach workers, peer educators

^b NACA membership to include Secretaries/Directors-General of various Ministries (Finance; Internal Security; Defence; Housing and Local Government; Rural and Federal Territory Development; Health; Information; Human Resources; Women, Family and Community Development; Education; Youth and Sports), and senior representatives from civil society including business consortiums, faith-based organizations, umbrella NGOs, UN Theme Group on HIV/AIDS

Challenges	Proposed strategy
Increasing participation of PLWHAs	<ol style="list-style-type: none"> 1. Proposal to include the six targeted vulnerable population groups among civil society representatives on NACA and TCA 2. Increase participation of PLWHAs in treatment programmes with expansion of community-based healthcare, social and support services
Dispelling stigma and misconceptions	Selected questions related to HIV/AIDS are included in the next (decadal) National Health and Morbidity Survey to be undertaken in 2006/2007 by MoH to collect population-based data useful for developing and targeting IEC activities
Harmonizing laws and policies	Proposals for legal reforms and programmes of diversion (from imprisonment to treatment and community justice programmes) from the criminal justice system for substance abusers with minor offences, and reinforce strategies in the present National Drug Strategy.

4. Malaysian Roadmap towards Universal Access

In terms of scaling up HIV prevention, treatment, care and support towards universal access for all those who need it by 2010, a national Plan of Action is currently being developed by MoH for government endorsement in March 2006. This Plan of Action will have target indicators and will form the basis for refining the country roadmap towards 2010 goals.

At this stage of the planning process, the national goals outlined in the NSP 2006 form the foundation of the Malaysian roadmap towards universal access in prevention, treatment and support. The national goals defined in the NSP 2006 are to:

1. prevent HIV transmission,
2. reduce morbidity and mortality related to HIV/AIDS, and
3. minimise the impact of HIV/AIDS on the individual, community and nation.

The aims are to achieve the following UNGASS targets by 2010⁶.

- Reduce new HIV infections in the following groups -
 - Youths aged 15–24 years
 - Adults aged 25–49 years
 - IDUs
 - Infants born to HIV-infected mothers
 - Vulnerable populations (SWs, transsexuals/transgender and MSM)
- Increase survival rates of PLWHAs with new HAART drugs
- Establish a specific programme for the protection and support of OVCs

The essential components of this roadmap foundation are described in Table B. Specific targets will be added to the roadmap with the completion of the Plan of Action.

Table B: Foundation of the Malaysian Roadmap 2006-2010 towards Universal Access in Prevention, Treatment, Care and Support		
Component	Objective	Activities
Prevention	a. Reduce the number of HIV infections among youths aged 15-24 years	<ul style="list-style-type: none"> • Increasing access to life skills education; youth-friendly health and social services; and providing a supportive environment for HIV prevention
	b. Reduce number of HIV infections among adults aged 25-49 years	<ul style="list-style-type: none"> • Strengthening HIV/AIDS workplace policies and programmes and IEC
	c. Reduce number of HIV infections among IDUs	<ul style="list-style-type: none"> • Implementing the Harm Reduction Programme; Substitution Therapy

Component	Objective	Activities
	<p>d. Reduce proportion of infants born to HIV-infected mothers</p> <p>e. Reduce number of HIV infections among marginalised and vulnerable groups (SWs, MSM, transsexuals/transgender, displaced persons, refugees, migrant labourers, indigenous peoples)</p>	<p>Programme; complementary VCT services; risk reduction counselling; safer sex information; condom social marketing</p> <ul style="list-style-type: none"> • Early diagnosis and treatment of pregnant mothers • Increase access to HIV/AIDS, reproductive and sexual health IEC; condom social marketing; 100% condom policy; increase number and geographical coverage of VCT services, including mobile units; increase coverage and quality of outreach programmes
Treatment, care and support	<p>a. Increase proportion of PLWHAs receiving ARV, including HAART</p> <p>b. Strengthen care and support services to help PLWHAs live longer and have more productive lives, and their families</p> <p>c. Provide support to OVCs and infected children through appropriate non-Health sectors, such as Department of Social Welfare</p>	<ul style="list-style-type: none"> • Scale up community-based and primary healthcare outlets, closed settings (prisons, drug rehabilitation centres) • Scale up MOH VCT services in community-based settings • Expand the scope of care and support services to include key interventions: home-based care; palliative care; psychosocial support; stigma reduction; legal support; nutrition programmes; micro-enterprise and income-generating programmes • Expand care and support services for marginalised and vulnerable groups to all states • Appropriate counselling and psychosocial support • HIV/AIDS treatment and care for infected children • Ensure enrolment in schools and access to shelter, good nutrition, health and social services • Active and visible policy of non-discrimination and de-stigmatisation of OVCs

References

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² Sheikh Mahmud MH (2005). Rapid Assessment Report. An Assessment of Access and Service Disparities of Partner Organisations of the Malaysian AIDS Council. Prepared by Mona Hanim Sheikh Mahmud, Head, Capacity Development Division, MAC.

³ Government of Malaysia (2005). National Strategic Plan on HIV/AIDS 2006-2010. Draft for consultation.

⁴ UNAIDS (2005). The "Three Ones" in action: where we are and where we go from here. Geneva; The Joint United Nations Programme on HIV/AIDS. ISBN 92 9 1734 18 7.

⁵ UN Country Team (2005). United Nations General Assembly Special Session on HIV/AIDS Monitoring the Declaration of Commitment on HIV/AIDS. Country Report Malaysia.

⁶ Achieving the MDGs Report, EPU Prime Ministers Department, January 2005.