

MALAYSIA

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The State of the Epidemic in Malaysia

HIV/AIDS was nonexistent in Malaysia until 1986. Between 1986 and December 2000, this country, which has a population of nearly 25 million, recorded more than 38,044 cases of HIV/AIDS. That number has continued to grow, climbing to 51,256 cases by 2002 and 58,012 by 2003. As of September 2004, a cumulative total of 61,486 HIV-infected individuals had been reported to Malaysia's Ministry of Health, of whom 8,955 had AIDS and 7,083 had died.

The majority of the cases are detected through screening processes conducted at drug rehabilitation centers, prisons, and antenatal clinics, or through tests done on those whose spouses are HIV-positive. Although the government initiated a free screening program in June 2003, only a small number of those considered to be in "high-risk groups" have volunteered to be tested.

Men represent the majority of reported HIV infections and AIDS cases—93.4% and 91.6% respectively. However, the rate of infection among women is on the rise, jumping from 1.4% in 1990 to 9.9% in 2003. And it affects more housewives and women with respectable careers than sex workers and drug addicts. The majority (79.4%) of infected men and women are in their 20s or 30s.

HIV transmission in Malaysia continues to be mainly through the sharing of needles among drug users (75.6%), followed by heterosexual contact

(12.9%), and homosexual or bisexual contact (1.0%); 0.7% of the infections are attributed to vertical transmission and 0.05% to blood transfusion. It is important to note that sexual transmission accounts for a small proportion of HIV-positive cases, and intrauterine-infected infants represent an even smaller number of cases.

Drug abuse is a serious problem in Malaysia and the number of addicts seems to be increasing. Injecting drug users (IDUs) are the largest group, transmitting the virus either through needle sharing or sexual activity. A study by the Cabinet Subcommittee for the Treatment and Rehabilitation of Drug Users on 6,326 inmates at 26 rehabilitation centers in 1998 showed that 65% of them are IDUs; 77% of the IDUs inject themselves more than three times daily and share needles with more than five people. Sharing needles increases one's risk of being infected seven-fold. The same study also showed 77.6% of the IDUs were sexually active and only 18.7% of them use a condom during sexual intercourse.

Malaysian women are vulnerable to HIV infection due to a lack of knowledge and understanding of its cause, risks, and modes of transmission; fear of stigma and discrimination; and their inability to protect themselves from an infected sexual partner. For some, it is taboo to talk about sex openly. This has encouraged the growth of the epidemic and has affected the community. The 2005 Durex Global Sex Survey, the world's largest sex survey, revealed that 35% of Malaysians admitted to having unprotected sex without knowing their partner's sexual history. HIV infection continues to grow at a rate of about 4,000 cases per year, indicating that preventive measures have not yet had any impact. Based on the present situation, the Ministry of Health projects that by the year 2015, the number of HIV carriers will increase to 300,000.

The Government Response

Government Engagement

The National AIDS Task Force, chaired by the director general of health, was formed in 1985, and was responsible for formulating policies and coordinating AIDS prevention and control activities. In 1993, a National Technical Committee was set up under the task force to streamline patient

care, prevention and control, surveillance, lab service, training, and research, and a National Coordinating Committee on AIDS, chaired by the secretary general of health, was established to facilitate intersectoral collaboration for action on HIV/AIDS. The Malaysian AIDS Council (MAC), a nongovernmental organization (NGO), sits on the committee as a representative of civil society organizations.

Development of a Strategic Plan of Action on HIV/AIDS

A plan of action, outlining control and prevention activities, was initially developed in 1988, and in 1998 the AIDS/STI Section of the Ministry of Health revised that plan with input from various relevant ministries, departments, and NGOs. The government has developed and documented the "Strategic Plan for the Prevention and Control of HIV/AIDS" with strong support from MAC, which complements the efforts of the Ministry of Health in working to curb the epidemic in the country. The strategic plan was recently reviewed and updated to comply with current national priorities related to HIV/AIDS.

Blood Screening and HIV Testing

A screening program was established in this country in 1986, and as of 2005, Malaysia had 76 HIV screening centers throughout the country. The efficiency of the safe blood program is reflected in Malaysia's low rate of infection through blood transfusion: only 19 cases over 14 years. In 2003, out of 11,905 blood donors screened, 14 (0.118%) were found to be HIV-positive, while in 2004, only 9 (0.077%) were found to be positive out of 11,693 donors screened.

Screening tests in Malaysia are done in a few stages. The first and the simplest test is called the Rapid Test. Results of this test can be obtained in less than 15 minutes. This test had to go through the scrutiny of the Malaysian Institute of Medical Research before being accepted for use at health clinics. The Rapid Test has a sensitivity and specificity of between 99.8% and 99.9%. This means that if 1,000 people are screened, only one or two people who could be HIV-positive might test negative. Only those who are reactive to this test proceed to undergo a "confirmative" test. Results are obtained within a period of between one week and one month, depending on the test, but in the interim the patients are advised to practice preventive measures to avoid HIV transmission.

Surveillance of HIV/AIDS

Under the Prevention and Control of Infectious Disease Act of 1988, all forms of HIV infection must be reported to the nearest district health authority. In addition, various surveillance strategies have been initiated, including routine screening, HIV sentinel surveillance, and ad hoc studies focusing on such groups as commercial sex workers. Surveillance is carried out to obtain data on the epidemiological characteristics and profile of the disease, including risk factors, age, sex, ethnicity, and emerging risk groups.

Routine HIV screenings among IDUs and sex workers in correctional institutions were initiated and carried out as early as 1989. This was subsequently expanded to include prisoners involved in high-risk activities, foreign workers, and patients with sexually transmitted infections (STIs) or tuberculosis. Through these surveillance activities, the burden of HIV/AIDS and trends are constantly being monitored.

Management of HIV Patients at the Primary-Care Level

Program for Prevention of Mother-to-Child Transmission—The Ministry of Health has established limited antenatal HIV testing programs targeted at treating HIV-positive pregnant women. This program was initiated in 1997, and up until December 2003, the ministry had detected 619 HIV-positive mothers out of nearly 1.8 million women screened (0.035%); 4.55% of the newborns from infected mothers who underwent the testing were found to be HIV-positive. This program is currently being implemented nationwide.

The country's healthcare system has seen some success in preventing mother-to-child transmission of HIV. However, health policies for identified HIV-positive mothers with regard to access to treatment and social support have yet to be properly addressed. A further issue is the absence of comprehensive prevention programs to empower all women to negotiate for safe sex, emphasize male responsibility, and strengthen antenatal testing programs to protect women against HIV infection.

Integration of HIV Management at Health Centers and Polyclinics—In order to decentralize the management of HIV patients from a hospital-based setting to the primary-care level, and to promote and upgrade the best care for HIV patients, the Ministry of Health is currently integrating

the management of HIV patients at health centers and polyclinics. This program is being implemented in stages. Currently, more than 160 clinics are offering services including risk assessment, HIV testing, counseling, medical examination, treatment, follow-up, case notification, contact tracing,¹ referral, and home visits by trained clinical personnel.

Health Education and Promotional Activities on HIV/AIDS and STIs

In an effort to prevent transmission of HIV/AIDS and STIs through the promotion of healthy lifestyle campaigns, the AIDS/STI Section of the Ministry of Health continues to implement and conduct media campaigns, specific programs for youths and inmates of correctional institutions, forums and seminars, and HIV counseling courses. A program called PROSTAR (Healthy Programme Without AIDS for Youth) was launched in 1996 to empower youths to practice a healthy lifestyle and to enable them to withstand negative influences. Through PROSTAR, youths are equipped with information about high-risk activities, AIDS, and issues related to it. The government has taken the leadership in training about 64,000 PROSTAR peer motivators nationwide and a chain of 1,009 PROSTAR Clubs as an avenue to sustain the program. So far, 3,450 PROSTAR activities have been carried out, benefiting nearly 667,000 youths.

The increasing incidence of HIV/AIDS and its effect on women and children led the government to realize that reproductive health is a life cycle concept that has intergenerational consequences requiring multisectoral approaches. Efforts have therefore been made to promote healthy lifestyles and responsible sexual behavior, and to intensively promote greater parental and male responsibility through training packages on parenting, adolescent development, family life, and family development. Due to the increased number of infected women, higher risk of transmission from males to females, and the subordinate status of women, specific programs for women have also been developed.

1. Contact tracing refers to the identification and diagnosis of anyone who may have had contact with an infected person in such a way that would put them at risk of infection.

Availability of Antiretroviral Drugs

So far, there is no vaccine or cure for HIV/AIDS, but treatment with antiretroviral (ARV) medicines is effective in keeping people healthy, generally for many years and sometimes indefinitely. ARV treatment prolongs an HIV-infected person's life but is not a cure for AIDS. The Ministry of Health has taken the initiative to increase the coverage of ARV treatment to 4,000 persons by the end of 2005. This is in line with the Joint United Nations Programme on HIV/AIDS and World Health Organization's "3 by 5" initiative, a global movement to expand access to HIV treatment (i.e., ARV therapy) to 3 million people by the end of 2005. A fundamental principle of "3 by 5" is that people living with HIV/AIDS (PLWHA) need to play a central role in designing, implementing, and monitoring ARV treatment programs. Involving infected people in treatment-related activities contributes to reducing stigma and to making programs more effective.

Free ARV drugs are given to all pregnant mothers who are HIV-positive. A short course of ARV treatment during pregnancy reduces by half the risk of passing HIV to the baby. Safe delivery methods that prevent unnecessary exposure of the baby to its mother's fluids and tissues are being practiced to reduce transmission. New mothers are guided on how to weigh the risk of passing on HIV to their infants against the risk of denying them breast milk. Other strategies for lowering the risk of HIV infection include preventing and promptly treating breast problems, as well as sores or thrush in an infant's mouth.

The Ministry of Health has recently embarked on a project providing ARV treatment to IDUs in rehabilitation centers. It has also taken steps to make ARV treatment available, accessible, and affordable to PLWHA by importing cheaper generic ARV drugs.

Civil Society Involvement

The key civil society player in the fight against HIV/AIDS is MAC, which is a nonprofit, nongovernmental organization established in 1992. MAC facilitates the activities of more than 37 affiliates working on HIV/AIDS education, care, and support for PLWHA, and it runs programs to prevent the spread of HIV/AIDS in Malaysia. It implements, coordinates, and

monitors programs and activities related to HIV/AIDS. As an apex body of grassroots-level organizations, it provides them with financial, technical, and material support. Services provided include counseling, outreach work, education, awareness raising, training, support, and care services. Target groups are women, adolescents and youth, IDUs, private sector corporations, migrants and estate workers, religious communities, sex workers, PLWHA, and homosexuals. MAC has striven to achieve full and long-term financial sustainability and employs various strategies to mobilize local resources, including investing in financial markets. MAC also receives a government grant for its HIV/AIDS prevention program.

At present, MAC has 22 paid staff and 200 volunteers. MAC volunteers are recruited on the basis of their expectations, skills, and motivation. They are entrusted with appropriate work and provided with necessary training. To contribute to the organization effectively, volunteers need appropriate recognition. A balance must be struck between the cause and the passion, and the challenge is to maintain the volunteer's interest. So far, MAC has been very successful in recruiting volunteers; they comprise spouses of expatriates, students, elderly women, and others.

A Multisectoral Approach

HIV/AIDS is not just a health issue because it affects every aspect of life. To effectively address it requires "unpacking" the problems of HIV/AIDS:

- health problem
- behavioral problem
- gender problem
- human rights problem
- human development problem

The need to implement a multisectoral, multifaceted approach to HIV/AIDS is urgent. The cross-sectional nature of the epidemic is today acknowledged by all. The main strength of a multisectoral approach is that it creates a mechanism for information sharing and coordination, supporting the inclusion of all major stakeholders in society, regardless of their sector or work or organizational affiliation. While the Ministry of Health has a critical role to play in responding to the epidemic, leaving

the management of the overall response to the ministry is unlikely to prove effective in the longer term. The government and business sectors are affected in many ways by this serious epidemic and hence have an important stake in participating in AIDS prevention, care, and support activities at all levels, but especially in ensuring sustained, large-scale programs. It must also be noted that women bear the brunt of providing care—usually unpaid—to family members and others infected with HIV/AIDS.

In Malaysia, the Ministry of Health continues to receive full support and involvement from the relevant agencies in complementing the efforts made by the government to combat the AIDS scourge. The primary ministries and organizations involved are described below.

Ministry of Home Affairs

Together with the Ministry of Health, this ministry initiated a prevention and control program in all prisons and drug rehabilitation centers. All new inmates admitted to these centers who have been identified as having high-risk behaviors are required to go for HIV testing with pre- and post-test counseling provided. Screening is done after obtaining informed consent.

Ministry of Women, Family and Community Development

This ministry is intensively involved in conducting courses on family development, which includes training on parenting, adolescent development, healthy lifestyles, and responsible sexual behavior, as well as reproductive health. In light of the increased number of women being infected with HIV, the higher risk of transmission from males to females, and the subordinate status of women, this ministry—headed by a woman minister—has developed specific programs for women.

NGOs

In line with the national policy, more than 14.2 million Malaysian ringgit (about US\$3.8 million) has been provided to NGOs to support their efforts in HIV/AIDS prevention and control. As noted above, MAC represents 37 NGOs on the National Coordinating Committee on AIDS. It also provides counseling, outreach programs, training, support and care services, education, and awareness raising. In 1999, MAC held a colloquium on HIV/AIDS in Kuala Lumpur to educate and inform the Muslim clerics called

the Muftis. There are 13 Muftis who head the Muslim religious institution in each of Malaysia's 13 states, and 9 of them attended the meeting. They were addressed by academicians from the International Islamic University and others, including PLWHA, and they deliberated on collaboration with MAC on HIV/AIDS education programs. MAC plans to take a group of Muftis to African countries that have been badly hit by HIV/AIDS for a study visit to expose them to the reality of this epidemic and to show them successful programs among the Muslim communities there. MAC is also working with non-Muslim interfaith organizations to promote HIV/AIDS education programs. These moves have produced encouraging results, although there is still obviously a significant amount of work to be done in this regard.

MAC always includes PLWHA in its planning and implementation of programs. In April 2005, a Mufti from the state of Perak suggested that PLWHA should be isolated and cast away on an island, just like those afflicted with tuberculosis and leprosy, so as to curb the epidemic. That prompted MAC to organize a press conference for PLWHA to express their views and concerns. Risking stigma and discrimination in revealing their HIV-positive status, they came forward to speak against the Mufti's statement. They said that casting people away is an option that would not only break family unity and community harmony but would also add to the existing stigma and discrimination already facing them daily. "Discrimination brings out fear in people and this fear will kill us faster than the disease," said one PLWHA from the Malaysian Treatment, Access and Advocacy Group. The PLWHA felt that the Mufti lacked knowledge, and they urged religious leaders to use their influence and standing to disseminate accurate information about HIV and AIDS to help control the spread of the disease. One PLWHA from Positive Living of the PT Foundation noted that the reality today is that PLWHA are productive and able human beings, thanks to the advances and accessibility in treatment made possible in large part by the Ministry of Health.

State Authority

Matters related to marriage and divorce come under the authority of the state's Religious Department. The states of Johor and Perlis have imposed compulsory premarital HIV tests on Muslims; the state of Kelantan has

announced it will follow suit, effective from the year 2006. The test has to be done at the state's health clinics, which are under the administration of the Ministry of Health. In Kelantan alone, there were 5,639 HIV-positive patients at the end of December 2004. The increasing number of women being infected is worrying. The ratio of women to men who are HIV-positive was 1:65 in 1986 but has increased to 1:9 in 2004. This state, which shares its border in the north with Thailand, accounted for 16% of all HIV-positive women in Malaysia and 20.2% of infected infants.

Johor started its program in 2001, and as of the end of 2004, only 125 out of 77,493 (0.16%) persons screened were found to be HIV-positive. Of those who tested positive, 64% went ahead with the marriage. Once a test comes back positive, the couple is referred for counseling at the state's Religious Department and the nearest health clinic. Counseling conducted at the Religious Department focuses on the spiritual and moral aspects, including guiding the couples as they decide whether to go ahead with the marriage. At the health clinics, counselors stress health aspects, especially with regard to the prevention of HIV transmission.

The debate on the justification and the advantages of premarital compulsory testing goes on. To some extent, it creates greater awareness of heterosexual HIV transmission and increases male responsibility. It could also be regarded as a deterrent to engaging in vices that expose people to HIV infection.

Mass Media

There have been mass media campaigns over the past decade aimed at raising awareness about HIV/AIDS. These have been broadcast on television and radio as well as through posters and booklets distributed through various channels. The government, NGOs, and the private sector are involved in this effort.

In mid-2005, news on HIV/AIDS was published daily in the local newspapers following a statement by the minister of health on his ministry's plan to curb the rising epidemic. There was a lot of debate on the ministry's proposal to embark on a pilot project for 1,200 IDUs, scheduled to commence in October 2005, whereby the ministry plans to distribute condoms and clean needles to them free of charge. This project was developed based on the survey results noted above, which showed that 77% of IDUs share

needles, and 77.6% of them are sexually active, while only 18.7% use condoms during sexual intercourse. "Pros and cons" from the viewpoint of various parties have been published by the media, and moral issues were of greatest concern.

Current Assessment and Future Prospects

The current status of the HIV/AIDS situation in Malaysia is indeed of great concern and, as noted above, inclusive, multisectoral participation will be key to tackling the epidemic. An ideal response to the HIV/AIDS issue would be a grand coalition among civil society organizations, MAC, the private sector, and the government. MAC, for example, has stressed the importance of social integration of PLWHA and of gender-responsive programs.

The Ministry of Health continues to work with other countries around the region to stay up-to-date on information on HIV/AIDS through regional meetings, seminars, dialogues, and forums, but a more concerted and coordinated effort between the multiple sectors concerned is needed. Various strategies need to be strengthened so that the best levels of care can be provided to HIV/AIDS patients.

Parliamentarians and other elected officials could use their influence and resources to help. So far, there is no parliamentary committee on HIV/AIDS in the Malaysian parliament. This author represented the Malaysian branch of the Commonwealth Parliamentarian Association (CPA) at a study group meeting organized by the CPA in New Delhi in February 2005. The study group focused on the role of parliamentarians in combating the HIV/AIDS pandemic. Political leaders must show strong political will and commitment to act. Leaders must recognize the devastating scale of the epidemic and be willing to discuss openly the enormity of the problem. Parliamentarians could play a role in lobbying for HIV/AIDS legislation, national plans, and budgetary allocations.

Realizing that more and more women are being infected with HIV, Malaysia, as the chairman of the Non-Aligned Movement, hosted a ministerial meeting for the advancement of women in May 2005 in Putrajaya. One of the issues discussed was how to empower women in combating HIV/AIDS. Although people are more aware of the disease, most countries are yet to

have a specific platform to fight HIV/AIDS effectively and are quite slow in carrying out programs. The issue is also not being looked at from a gender perspective. Women and girls face a higher risk of being infected with HIV, not only due to increased sexual activity but also gender inequality in the traditions, beliefs, and community system of Malaysia. To make matters worse, men's involvement in awareness programs is not very encouraging. This will dampen the efforts to fight the epidemic in most countries in view of the fact that they are the main source of transmission.

New challenges faced by Malaysia, such as the dangers of HIV/AIDS among migrant workers (both internal and external migration), abandoned HIV-positive children, and young people with HIV/AIDS need to be addressed urgently. Future responses in facing up to the new challenges posed by HIV/AIDS and STIs in this country will require full participation and support from various levels of the community.