Malaysia Report **NCPI**

NCPI **Header**

is indicator/topic relevant?: Yes
is data available?: Yes
Data measurement tool / source: NCPI
Other measurement tool / source: AIDS Spending category by all agencies - government, non-government, NGO
From date: 01/01/2013
To date: 12/31/2013
Additional information related to entered data. e.g. reference to primary data source, methodological concerns::
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::
Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: in-country consultation with various agencies related to HIV/AIDS

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: agreement through consensus

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): None

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Ministry of Health Malaysia	Dr. Sha'ari Ngadiman	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Salina Md Taib	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Anita Suleiman	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Fazidah Yuswan	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Natalia Che Ishak	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Jiloris F. Dony	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Shahanizan Md. Zin	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Christopher Lee	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Dr. Kamarul Azhar Razali	A1,A2,A3,A4,A5,A6
Ministry of Women Family and Community Development	Mdm Liah Pariuk	A1,A2,A3,A4,A5,A6
Prison Department	Mr. Anbalagan	A1,A2,A3,A4,A5,A6
Department of Islamic Development	Mr. Zakuan Sawai	A1,A2,A3,A4,A5,A6
Department of Islamic Development	Mr. Ar Rahman	A1,A2,A3,A4,A5,A6
Ministry of Education	Mr Burhanuddin	A1,A2,A3,A4,A5,A6
National Anti-Drug Agency	Dr. Sangeeth Kaur	A1,A2,A3,A4,A5,A6
Royal Malaysia Police	Mr. Jamaluddin Kudin	A1,A2,A3,A4,A5,A6
Ministry of Health Malaysia	Mr Kassim Leman	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
Malaysia AIDS Council	Ms Roswati Ghani	B1,B2,B3,B4,B5
Malaysia AIDS Council	Mr. Parimelazhagan Ellan	B1,B2,B3,B4,B5
Malaysia AIDS Council	Ms Tamayanti Kurusamy	B1,B2,B3,B4,B5
Malaysia AIDS Council	Ms Manohara	B1,B2,B3,B4,B5
Malaysia AIDS Council	Mr Azhari Said	B1,B2,B3,B4,B5
Malaysia AIDS Council	Ms Selvi @ Fatimah Abdullah	B1,B2,B3,B4,B5
Persatuan Komuniti Ikhlas Malaysia	Mr Zulkifli Zamri	B1,B2,B3,B4,B5
Malaysia AIDS Council	Ms Syamala	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The current NSP continue the previous NSP, however it focus on achieving 80% service coverage among most at risk populations where 60% practice safe behaviours. To achieve those objectives, the NSP has adopted the following multisectoral strategies which provided an appropriate balance between prevention, treatment, care and support, namely: Strategy 1 Improving the quality and coverage of prevention programmes among most at risk and vulnerable populations Strategy 2 Improving the quality and coverage of testing and treatment Strategy 3 Increasing the access and availability of care, support and social impact mitigation programmes for People Living with HIV and those affected. Strategy 4 Maintaining and improving an enabling environment for HIV prevention, treatment, care and support. Strategy 5 Increasing the availability and quality of strategic information and its use by policy makers and programme planners through monitoring, evaluation and research.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministry of Health Malaysia

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: In many instances, when there are no earmarked funds for HIV specific activities, the relevant government agency utilises its own internal programme budget/allocation when needed. In addition to that, some agencies receive special fund from MOH to implement HIV program.

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]::

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Civil society participation was involved at every stage of National Strategic Plan development. Consultations with CBOs and key-affected representatives were conducted to ensure their inputs and concerns were reflected into the strategic plan. In addition to NSP, CBOs and KAPs were also involved in Mid-Term review of NSP.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: N/A

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: N/A

Sector-wide approach: N/A

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the develop-ment plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: No

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: No

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: No

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women’s economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evalua¬tion informed resource allocation decisions?: 2

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: 1. Country has implemented integrated health service delivery since independence 2. Improve health service delivery through improvement of accessibility, affordability, service quality, using current technology especially at point of care services. 3. Notification of communicable diseases including HIV/AIDS through web-based system but yet maintaining confidentiality

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care:

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?: 9

Since 2011, what have been key achievements in this area: 1. The expansion and scaling up of both the Methadone Maintenance Therapy (MMT) and Needle Syringe Exchange Programme (NSEP) 2. ARVs were made available to prisoners who were confirmed with HIV 3. Training of trainers among Muslim religious leaders using “HIV and Islam” manual initiated by MOH, JAKIM and MAC. 4. Efforts towards development of shelter homes by non-health sectors particularly the Department of Islamic Development (JAKIM).

What challenges remain in this area:: 1. Lack of focus and efforts on issues involving most-at-risk young people 2. Need comprehensive approach in reducing sexual transmission of HIV 3. Efforts and involvement of other non-health agencies are lagging behind strong political support includes: government and political leaders who regularly speak out about AIDS and demonstrate leadership in different ways: allocation of national budgets to support HIV programmes; and, effective use of government and civil society organizations to support HIV programmes.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Among examples where head of government or other high officials have demonstrated leadership are: 1. Received 'United Nations Malaysia Award 2013' for significant efforts in achieving MDG target. 2. Commitment in achieving vertical elimination of HIV transmission by 2015 3. Commitment in achieving 3 inter-related Zero

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed:: NA

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: H.E. Datuk Dr. M. Subramaniam (Health Minister)

Have a defined membership?: Yes

IF YES, how many members?: 20 members

Include civil society representatives?: Yes

IF YES, how many?: 1 member

Include people living with HIV?: No

IF YES, how many?: 1 member

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordinationbetween government, civil societyorganizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: In combating HIV/AIDS, the government realized the role played by the NGO. This has led to the development of Malaysian AIDS Council (MAC) in 1992 as an umbrella body to coordinate activities by several NGOs on HIV/AIDS issues. The Malaysian AIDS Council (MAC) has been able: 1. To coordinate the activities of NGOs and CBOs working on HIV and AIDS in the country. 2. To work with the Ministry of Health in contributing towards the development, implementation, monitoring and assessment of HIV related policy. 3. To highlight the issues and concerns of marginalised communities to policy and decision makers at the highest levels of the Government. 4. To act as a key player in the implementation of the Government's harm reduction programmes and prevention activity among KAPs.

What challenges remain in this area:: 1. Dependency of MAC on government fund 2. Programmes are tied and determined by available grant money.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 12

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are incon-sistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: 1. Prevention and Control of Infectious Diseases Act 1988 (ACT 342) was amended in 2007 2. Infant feeding policy - for babies exposed to HIV, free replacement feeds are given for 2 years (instead of 6 months); amended in 2012

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: 1. Penal Code 377 criminalises anal and oral sex with penalties which include imprisonment, fines and whipping. 2. Transgender persons are often prosecuted under the 1955 Minor Offences Act which terms cross-dressing as a form of indecent behaviour.

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2013?: 9

Since 2011, what have been key achievements in this area:: 1. The Government has provided full commitment to increase ART coverage to 80%; this has led to increase in numbers of PLHIV receiving ART and planning to further increase the coverage through treatment as prevention strategy for discordant couple to begin with. 2. The government and relevant agencies through political support has established City Getting to Zero Project in Melaka Historical City in 2013. This concept will be expanded to include 3 more cities in 2014.

What challenges remain in this area:: Occasionally opposition by public figures occur and act as barriers which impede the implementation of HIV prevention programmes with most-at-risk populations.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?: No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::

Briefly explain what mechanisms are in place to ensure these laws are implemented::

Briefly comment on the degree to which they are currently implemented::

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: 1. Penal Code 377 criminalises anal and oral sex with penalties which include imprisonment, fines and whipping. 2. Transgender persons are often prosecuted under the 1955 Minor Offences Act which terms cross-dressing as a form of indecent behaviour.

Briefly comment on how they pose barriers:: The possession of injecting drug equipment or drugs such as morphine without a prescription is technically illegal and subject to criminal prosecution. The relevant Government agencies are currently has ongoing continuous dialogues with the different affected bodies in an effort to reconcile these legal impediments to HIV prevention programmes.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: No

Know your HIV status: No

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: No

Promote greater equality between men and women: No

Reduce the number of sexual partners: No

Use clean needles and syringes: No

Use condoms consistently: No

Other [write in]::

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communi-cation and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy::

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education

Sex workers: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange

Prison inmates: Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information

on risk reduction and HIV education

Other populations [write in]:: Transgender popualiton

: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area:: 1. Infant feeding policy - for babies exposed to HIV, free replacement feeds are given for 2 years (instead of 6 months); amended in 2012 2. Expansion of MMT program at Cure and Care Clinic under purview of National Anti-Drug Agency (NADA) and provision of MMT in prisons. 3. Expansion of NSEP sites to include wider area.

What challenges remain in this area:: The issue of providing comprehensive sexual reproductive health education, including information on HIV for children in school continues to be at an impasse. Though it has been under discussion by various levels of government, implementation of this policy has been erratic due to opposition from various parties on moral and religious grounds

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Mid-Term review for NSP 2011-2015 conducted in 2013 has identified several key areas or specific needs especially among KAPs. Among others are: 1. Reduction of sexual transmission of HIV 2. Most-at-risk young population 3. Treatment as prevention

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Strongly agree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Disagree

Treatment as prevention: Disagree

Universal precautions in health care settings: Strongly agree

Other [write in]:: Faith-based intervention for muslim

: Agree

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: 1. Malaysia provides affordable and accessible clinical care through the public health system, including free or subsidized ART. This include PLHIV in close setting. 2. All antenatal mothers are given free ART regardless of nationality. 3. The government has extended funding to peer support groups in effort to improve treatment literacy. Currently 9 support groups are financially supported.

Briefly identify how HIV treatment, care and support services are being scaled-up?: 1. Expanding coverage of ARV treatment that also include PLHIV in closed setting 2. Decentralizing ARV from hospital-based to primary care setting 3. Expansion of HTC in community 4. The government is welcoming establishment of peer support group for HIV

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to…:

Antiretroviral therapy: Agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: Agree

Family based care and support: Disagree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: 1. The Islamic Religious Department has distributed financial aid (Zakat) to PLHIV and their family 2. Welfare Department (under MWFCD) has also extended financial aid to PLHIV and their family

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitu-tion medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area:: 1. 1st line ART continues to be provided to eligible PLHIV at no cost while the 2nd line is heavily funded by the Government. The high cost of this provision of treatment currently takes up almost half of the entire national AIDS programme budget. In effort to increase coverage, ARV has been decentralized from hospital-based to primary care setting. 2. All antenatal mothers are given free ART regardless of nationality. 3. The government has extended funding to peer support groups in effort to improve treatment literacy.

What challenges remain in this area:: 1. The escalating costs related to management of HIV is translated and shared by both the Government and patient. Though the treatment regime is heavily subsidised by public funds, there is concern that this is unable to continue due to escalating public healthcare costs including cost of drugs and uncertain economic climate. 2. Support services by the NGO are still limited to urban areas.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: N/A

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 5

Since 2011, what have been key achievements in this area:: Not much has changed in this area since the last report. As prioritisation of Government funding has determined that the national AIDS programme would focus its energies on the most-at-risk populations, activities in this area have focused on life skills based education.

What challenges remain in this area:: Though introduction of life skills based education has begun, it remains strictly limited to specific schools. Orphans and vulnerable children are frequently considered under the care and support category. However, very little has been done at the national level. At the level of civil society, a series of initiatives have begun to assist this population through grant programmes to support the cost of schooling, sustenance and others.

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation::

1.1. IF YES, years covered: 2011-2015

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indi-cators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 5

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles::

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: Yes

If elsewhere, please specify: Malaysia AIDS Council

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Public Health Physician	Full-time	2010
Assistant Environmental Health Officer (Senior)	Full-time	2010
Assistant Environmental Health Officer	Full-time	2010
Clerical staffs	Full-time	2010

POSITION [write in position titles]	Fulltime or Part-time?	Since when?

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: The M&E is discussed and disseminated quarterly and yearly.

What are the major challenges in this area:: Irregularity and discrepancy in data submitted by some partners.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: The national database (National AIDS Registry) is managed by the HIV/STI Section of the Ministry of Health. The database consists of HIV patient related information that include

socioeconomic characteristics, transmission mode, status of HIV treatment, treatment cohort etc.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?: Not Applicable

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: District , State /Provincial and National level

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: 1. IDU 2. Female sex worker 3. Transgender 4. MSM

Briefly explain how this information is used:: This information is used for program planning and evaluation

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Provincial and district

Briefly explain how this information is used:: For local strategic planning

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: 1. Harm Reduction M&E data is used for monitoring and evaluation of the programme. The decision to fund activities is largely determined by the outcome of the program - number of injecting drug users, client return rate and geographical coverage. 2. M&E data has resulted in introduction of several programs such as premarital HIV screening, harm reduction program, anonymous HIV screening, preventive program for KAPs, communication for behavioural change program etc. 3. M&E data is the anchor for

budget planning nationwide. The main challenge is to get KAPs to fully understand the importance of quality data and timely submission of M&E report/data.

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Briefings concerning monitoring and evaluation systems and evaluations conducted at the service delivery level, implementation level (provincial and districts).

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 7

Since 2011, what have been key achievements in this area:: 1. A national M&E unit has been developed within the Ministry of Health, not only to cater for all programmes indicators but also responsible for estimation and projection of the country’s epidemic. 2. A National AIDS Registry (web-based) was developed in 2010 and further upgraded in 2013

What challenges remain in this area:: There remains a challenge in improving the quantity and quality of technical capacity in both government and civil society bodies.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contrib¬uted to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples:: CSOs works under coordination of the Malaysian AIDS Council (MAC), have been engaging in dialogue with key decision makers, cabinet member (parliamentarians and ministers) and international agencies such as WHO, GFATM, UNAIDS International HIV/AIDS Alliance etc. End of 2013, now there are 49 partner affiliated with MAC. The heads of government bodies (e.g. Department of Islamic Development, Islamic Religious Department of Federal Territory and Selangor, Ministry of Women, Family and Community Development, Human Rights Commission and law enforcement agencies) were reached through advocacy meetings, dialogues and workshops. Example. 1. Harm Reduction was made a component in the new police recruits curriculum. 2. There are 59 Cure and Care (C&C) centers operated under National Anti-Drug Agency (NADA-AADK) which are client-friendly. 3. There are currently 18 HIV shelter homes managed by MAC of which 14 were funded by the Ministry of Women, Family and Community Development. 4. The Department of Islamic Development (JAKIM), the Federal Territory and the Selangor Islamic Council have set up and operated a shelter home for Muslims living with HIV/AIDS. 5. Most religious state councils also give financial commitments either involved in psychosocial support projects or monthly financial assistance (RM250-300). 6. Training of trainers on HIV/AIDS responses according to The Manual HIV and Islam have been a regular agenda by JAKIM, MOH and MAC. 7. Community Welfare Department gives financial assistance (RM300) every month to eligible single parents. Beginning 2011, the Employers Providers Fund allows PLHIV to withdraw their funds if they need it for AIDS related sickness which has been extended to include second-line ART. 8. Adoption and implementation of HIV at Work Place Policy by Ministry of Human Resource. 9. Involvement of key-affected populations in Country Coordinating Mechanism.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society repre¬sentatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 5

Comments and examples:: Through coordination of the Malaysian AIDS Council (MAC) and working with the Ministry of Health, civil society representatives have been extensively involved in the planning and budgeting process for NSP 2011-2015. The CSOs also involved in Mid-Term review on NSP 2011-2015 and National Stakeholder Meeting has been a regular agenda involving CSOs, MOH and other key stakeholders.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 4

c. The national HIV reports?: 4

Comments and examples:: The National Strategic Plan on HIV/AIDS 2011– 2015 clearly indicates that HIV prevention, particularly amongst key-affected populations, is dependent on the programmes and services of civil society organizations. Civil society is consistently consulted by the Ministry of Health in the process of writing national AIDS reports and MAC has been involved as member of several task force and National Committee related to HIV.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3

c. Participate in using data for decision-making?: 4

Comments and examples:: MAC has developed and implemented systematic M&E in consultation with MOH that assist in National M&E framework. MAC is currently monitoring and oversees more than 100 HIV projects by CSOs receiving the Government grant and other funders. This data is used as part of national reporting.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples:: There are currently 49 partner organizations affiliated with MAC. They comprise of : 1. Organisation of people living with HIV (MyPlus) 2. Women's organizations 3. Children organizations 4. Youth organizations 5. Faith-based organizations 6. Bar Council 7. Community-based organizations 8. Organizations working with KAPs 9. Associations of medical professionals 10. Humanitarian organisations

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 4

b. Adequate technical support to implement its HIV activities?: 5

Comments and examples:: Beside government funding, CSOs also getting funding from external funders namely GFATM, HIV/AIDS Alliance, corporate organizations such as Sime Darby, MAC Cosmetic, World Vision etc. In addition to monetory

benefits, CSOs also received benefits in kind from NGC Gas, Medical Latex etc. And also technical support from TSF and Alliance Technical Hub

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people: >75%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: 51–75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): 25-50%

Home-based care: <25%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 9

Since 2011, what have been key achievements in this area:: 1. Active involvement of CSOs in Country Coordinating Mechanism (CCM) chaired by the Deputy Minister of Health. 2. Engagement of CSOs in numerous task force related to HIV at all levels - NSP, Task Force on Women & Girls, Inter-governmental agencies (JAKIM, other state Islamic Council, KPWKM, PDRM), Harm reduction, Adolescent Health, human rights on health and involvement in state Stakeholders meeting.

What challenges remain in this area:: 1. Lack of KAP network at grass root level 2. Financial sustainability 3. Unable to retain skilled and experienced civil society personnel 4. Issues that hinders enabling environment for effective and meaningful engagement of KAP a. Lack of client-friendly services due to stigma and discrimination b. Lack of awareness, education and information and communication c. Absence of SOP for sexually-related HIV Prevention 5. Inadequate treatment literacy and access 6. Insufficient HIV linkages to services (SRHR, prison etc) 7. Lack of HIV prevention programmes and implementing partners to address sexual transmission targeted for MSM population 8. Existence of structural and social barriers leading to low uptake of HTC amongst KAPs

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?: Yes

IF YES, describe some examples of when and how this has happened:: 1. NSP development 2. Involvement in various National taskforce and committee – Harm Reduction, CCM, Woman and Children, Youth etc. 3. Withdrawal of fund from EPF for AIDS related medication

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?: Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: 1. Children Act 2001 on OVC 2. People with Disabilities Act 3. Prison Act and Regulation 4. Section on Rehabilitation and Treatment for prisoner 5. Women and Girls Act 6. Domestic Violence Act 7. For young women, men and the general public, Article 8 (2) of the Federal Constitution states “that there should be no discrimination against citizens on the ground only of religion, race, descent, gender or place of birth in any law or in the appointment to any office or employment under a public authority or in the administration of any law relating to the acquisition, holding or disposition of property or the establishing or carrying on of any trade, business, profession, vocation or employment.” Therefore there is the possibility of obtaining a legal remedy to instances where such discrimination has occured.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: There are a number of governmental and civil society mechanisms in place which allow for redress of laws, issues and complaints: 1. The individual relevant Ministries have their individual public complaints mechanisms which allow members of the public to lodge complaints and to seek redress. 2. The civil society mechanisms which exist include seeking redress through the entities such as the

Malaysian Medical Association, National Legal Aid Foundation, Bar Council, and Human Rights Commission for Malaysia, which will ensure the implementation of the law via different ministries. Specific NGOs which advocate issues are also used to seek support and to further advocate in behalf of the individual.

Briefly comment on the degree to which they are currently implemented:: Moderate, as working relationship between ministries and CSOs mechanisms do sometimes have different in opinions, views and directions as Malaysia have strict beliefs and values, e.g. religion.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: Penal Code 377A & B – the introduction of the penis into the anus or mouth of the other person is said to commit carnal intercourse against the order of nature. Maximum penalty 20 years imprisonment and liable to fine and whipping. Section 21 of the Minor Offences Act 1955 – Transgender persons could be charged with indecent behaviour, if they are found to be cross-dressing. The term ‘indecent behaviour’ has not been defined in the Act, and therefore, it is up to the discretion of the police to determine what constitutes ‘indecent’ behavior. Drug Dependant Act (Treatment & Rehabilitation) 1983 – Any police officer is able to detain a person under suspicion of being a drug user for not more than 24 hours for administration of a urine drug test. Dangerous Drugs Act 1952 – self administration of drugs is punishable with a fine and/or imprisonment Dangerous Drugs Act 1952 – it remains illegal to carry injection equipment without a medical prescription and possession of needles is punishable with imprisonment

Briefly comment on how they pose barriers:: 1. Fear of persecution and discrimination makes it difficult to reach out to MSM and transgender persons. 2. Carrying condoms - women in particular are subject to accusations of soliciting for sex or being branded a sex worker. 3. Current laws stipulate for compulsory drug treatment and provide for punishment of drug users with canning and imprisonment should the person relapse after discharge from government run drug rehabilitation centres

(DRC). 4. Clients of the Needle Syringe Exchange Programme (NSEP) become ‘easy targets’ for law enforcement officers. This could discourage effective utilisation of the programme by the IDU community as they could be arrested while being in the vicinity of the NSEP centre. 5. Though the NSP under Strategy 1 recognises the existence and vulnerability of the MSM population, their sexual behaviour is subject to prosecution under existing legislation (Penal Code 377 on the issue of sodomy). 6. Mandatory testing of foreign workers continue to conducted, screening for HIV and other infectious diseases such as Hepatitis B & C as well as tuberculosis.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: 1. Domestic Violence Act 1994 2. Women and Girls Act 3. National Policy on Women 4. National Policy on Youth 5. Penal Code 377 (Rape, Carnal Intercourse) 6. Code of Practice to prevent and eliminate sexual harassment at workplace 1999 7. CEDAW – Convention Elimination Discrimination against Women, Malaysia is one of signatory country and has been used in a recent court case.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: 1. National Legal Aid Foundation (established 2011) 2. Legal Aid Centre under the Bar Council records and documents all discrimination cases. 3. Public Complaint under different ministries 4. Legal Aid Bureau 5. The Human Right Commission of Malaysia (SUHAKAM) Various civil society organisations (CSOs) as well as entities such as the Bar Council and Legal Aid Centre are active in the recording and documentation of such cases. However to ensure that cases are brought to a higher level to address the issue, it is very often dependent on the PLHIV or persons affected by the discrimination to proceed. However, the reality is that if a person who is living with HIV suffers discrimination as a result of stigma, it is often considered hard to prove. Documentation continues to be a problem as people who suffer such discrimination are reluctant to proceed further due to the risk of exposure of one’s status. Practical problems abound with regards to addressing HIV related acts of discrimination. Advocacy is done through reports lodged to relevant ministries, the use of the media and engagement with the legal system. Relevant ministries such as the Ministry of Human Resource have in-built mechanisms (e.g. Code of Practice on HIV/AIDS in the Workplace) for redress by PLHIV within the context of the working environment.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

If applicable, which populations have been identified as priority, and for which services?: Basically, prevention services are free-of-charge to all people. First-line medications are free but mainly for Malaysian and Permanent Residence at all government health care providers (HCP) and CSO and at a cost for UNHCR (Refugees, Asylum Seekers). Private HCP and GPs also do provide these services but only at a cost. All ANC mothers (regardless of nationalities) who are HIV positive being treated with ARV free of charge following our National Guidelines in 2011

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Under Strategy 1 of the National Strategic Plan on HIV/AIDS 2006-2010 (NSP), the Government is committed to ensure equal access to treatment, care and other support services, guaranteed confidentiality, and access to voluntary counselling and testing.Under Strategy 1 of the National Strategic Plan on HIV/AIDS 2011-2015, the goverment is committed to improve the quality and coverage of prevention programmes among most at risk and vulnerable populations. And this also stated in Strategy 2, 3 and 4.All key populations will receive support based on Health Rights under the MOH HIV Prevention programs, Shelter Home Policy of Ministry of Women, Social and Community Development and MAC’s HIV Prevention programs.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: 1. The government policy offers free HIV Screening for All. 2. For PWID – addressing drug addiction and HIV prevention through harm reduction utilising the Needle Syringe Exchange Programme (NSEP) and Methadone MaintenanceTherapy (MMT). 3. For SW/TG/MSM – HIV prevention and intervention through VCT, telephone counselling,outreach programmes, condom awareness, SRH/STI and community drop-in centres 4. For youth with high risk behaviour – focusing on prevention through education and awareness programmes to facilitate behavioural change (e.g. life skill-based education, sexual reproductive health) 5. For PLHIV - Treatment, care and support through shelter and hospital peer support programmes 6. For prison inmates – they are given access to ART and Methadone Maintenance Therapy treatment and referrals for counselling. 7. Changing approach from compulsory detention to voluntary-based rehabilitation using public health approach and evidence-based.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: 1. SUHAKAM was established by Parliament under the Human Rights Commission of Malaysia Act 1999, Act 597. It is an independent national institution for the promotion and protection of human rights. Among their functions are to pursue complaints regarding violation of human rights including HIV-related issues. 2. National Legal Aid Foundation, established in 2011 3. Bar Council

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement46 on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]:: Islamic Religious leaders, Law Enforcement Agency

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 7

Since 2011, what have been key achievements in this area:: 1. Continuous engagement with religious bodies, particularly with Muslim religious authorities, has resulted in changes to their perception and attitude towards marginalized groups such as female sex workers and transgender persons. 2. Series of workshops to religious leaders using ‘Manual HIV and Islam’ by Islamic Development Department in collaboration with MOH and MAC 3. MOH implemented ART to all HIV infected antenatal mothers regardless of nationality

What challenges remain in this area:: 1. Adoption of Code of Practice on Prevention and Management of HIV/AIDS at ALL Workplace, which was initiated by the Ministry of Human Resource. 2. Although there has been improved involvement and acceptance from Department of Islamic Development (JAKIM), the state religious authorities need to be better engaged on HIV related issues. 3. There is a continual need to sensitize and involve all stakeholders who work directly or have direct contact with KAPs such as the local government authorities, prisons department, religious authorities, law enforcement bodies (e.g. police), National Anti Drug Agency (NADA) and immigration department.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 7

Since 2011, what have been key achievements in this area:: 1. Currently EPF, has extended the withdrawal to include second line ART 2. Adoption of several corporate bodies on the Code of Practice on Prevention and Management of HIV/AIDS at Workplace including Petronas

What challenges remain in this area:: 1. Increase adoption of HIV at Work Place policy 2. Moving the effort to have a comprehensive program on reducing sexual transmission of HIV 3. Extension of Social Security Organization Protection Scheme (SOCSO) coverage to PLHIV

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: The current intervention works especially among PWID through Harm reduction Program. However, there is a need to have a comprehensive program that look into the sexual transmission.

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Strongly agree

Condom promotion: Strongly disagree

Harm reduction for people who inject drugs: Strongly agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV:

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Strongly disagree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: 1. Partnership with the government in implementing HIV Prevention Programmes at all level – Harm reduction program, outreach program for KAPs and behavioral change communication initiatives. 2. Recipient of several funders both in-country and international – MOH, MWFCD, several private sectors, GFATM, International HIV/AIDS Alliance

What challenges remain in this area:: 1. Lack of prevention program and implementing partners at grass root level for sexual transmission of HIV 2. Lack of comprehensive program for most-at-risk young people (MARYP) 3. Absence of Women & Girls program 4. Integration of SRHR in HIV prevention program 5. Underutilization of existing SRHR services 6. Financial sustainability 7. Lack of capacity building at implementers level 8. Retention of skilled human resource to implement prevention program 9. Restriction of intake of PLHIV at public shelter homes

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: 1. HAART given free to all first line, partial funded for second line (may apply medicine assistance scheme at MAF) 2. Government funded 7 Hospital Peer Support Program and 14 shelter homes 3. Financial assistance from the corporate sector for children infected and affected by HIV

Briefly identify how HIV treatment, care and support services are being scaled-up?: 1. Scale up hospital peer support program sites 2. SOP for Hospital Peer Support Program (and there was discussion on changing the service to PLHIV Peer Support Program 3. Treatment literacy program 4. Capacity building to health care workers

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to…:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

HIV care and support in the workplace (including alternative working arrangements): Strongly disagree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: 1. Increase coverage of treatments to all Malaysian at all government hospitals 2. Screening of HIV for TB and screening TB for HIV 3. Screening STI for HIV

What challenges remain in this area:: 1. Community-based testing 2. Absence of home-based care program 3. Restriction of PLHIV into public shelter homes 4. Self-stigma by PLHIV in accessing treatment 5. Adherence to ART

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: 1. Increase coverage of treatments to all Malaysian at all government hospitals 2. Screening of HIV for TB and screening TB for HIV 3. Screening STI for HIV

What challenges remain in this area:: 1. Community-based testing 2. Absence of home-based care program 3. Restriction of PLHIV into public shelter homes 4. Self-stigma by PLHIV in accessing treatment 5. Adherence to ART