Malaysia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
Dr. Sha'ari Ngadiman
Postal address:
HIV/STI Section, Disease Control Division Level 4, Block E10, Complex E, Ministry of Health Federal Government Administrative Centre, 62590 Putrajaya, Malaysia
Telephone:
+603 8883 4387
Fax:
+603 8883 4285
E-mail:
drshaari@moh.gov.my

Describe the process used for NCPI data gathering and validation:
A series of workshops and working sessions were convened with government and civil society stakeholders to obtain data for Parts A and B of the National Composite Policy Index (NCPI) questionnaire as well as for the narrative component of the report. An orientation and preparatory briefing on the reporting process was organised by the Ministry of Health on 15 December 2011 for both Government and civil society stakeholders to ensure that all partners understood the process and was also able to participate as much as possible in providing input and information to the development of the report. The first consultative meeting to discuss the NCPI and narrative component of the report was held on 15 February 2012 and was attended by civil society stakeholders who included representatives of various communities of most-at-risk populations, People Living With HIV, advocacy groups, community based organisations as well as a number of various multilateral organisations. The Malaysian AIDS Council (MAC), the lead coordinating HIV non-governmental organisation in the country with NGOs working on HIV and AIDS related issues as its partner organisation, tasked itself to ensuring the coordination of the civil society responses to Part B of the NCPI Questionnaire. As a result of the earlier briefing conducted, Part B was able to be presented to the participants as a draft completed with inputs from the different partner organisations of MAC. It was further improved upon through the deliberations of this workshop. The discussions which followed also included content for the different parts of the narrative section. The report is coordinated fully by the HIV/STI Section of Ministry of Health. The second consultative meeting involved Government stakeholders from the different Ministries and agencies. These included representatives from the Ministry of Health, Ministry of Women, Family and Community Development, National Anti-Drug Agency, Department of Islamic Development and Royal Malaysian Police, AIDS Officers and District Health Officers. Part A of the NCPI and the narrative content were discussed with HIV/STI Section of the Ministry of Health taking the lead in the deliberations. The questionnaire was completed through joint discussions with all those in attendance.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
There were a number of disagreements and disputes on a number of issues. However, as the development of the answers to the questionnaire was done through group work, issues of contention were settled through a deliberative process whereupon both opposing views would be given a certain amount of time for debate and discourse after which a consensus decision was undertaken by the group.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
Participants answering the questionnaire understood and were able to answer the questions to the best of their abilities

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Dr. Sha'ari Ngadiman, Deputy Director Disease Control & Head of HIV/STI Section	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Anita Suleiman, Senior Principal Assistant Director (Technical/Behavioural Research & Collaboration)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Fazidah Yuswan,Senior Principal Assistant Director (Harm Reduction)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Asiah Ayob, Senior Principal Assistant Director (M&E)	Yes	Yes	Yes	Yes	Yes	Yes

Ministry of Health	Dr. Shanizan Mohd Zain, Senior Principal Assistant Director (Medical Development Division)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr.Sapiah Bahrin, Senior Principal Assistant Director (Family Health Development Division)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Fatanah Ismail, Senior Principal Assistant Director (Primary Care)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Suzana Mohd Hashim, Senior Principal Assistant Director (TB Control)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Nik Rubiah Nik Abd Rashid, Senior Principal Assistant Director (Family Health Development Division)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Zakira Taib, Senior Principal Assistant Director (HIV Prevention)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Md. Amidon Awang Damit	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Selangor	Dr.Masitah Mohamed, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of FT Kuala Lumpur	Dr. Che Abdullah Hassan, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Malacca	Dr. Norhayati Md Amin, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Perak	Dr. Hairul Izwan bin Abdul Rahman, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Kedah	Dr. Zahariyah Yacob, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Penang	Dr. Janizah Ghani, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Pahang	Dr.Rohaya Abd. Rahman, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Negeri Sembilan	Dr. Sarina Sidek, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Terengganu	Dr. Mahani Nordin, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Kelantan	Dr. Hazura Mat Zubir, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Sabah	Dr. Khamisah Awang Lukman, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
State Health Department of Sarawak	Dr. Mohd. Asri Rifin, State AIDS Officer	Yes	Yes	Yes	Yes	Yes	Yes
Bentong District Health Office	Dr. Rosli Ismail, District Medical Officer of Health	Yes	Yes	Yes	Yes	Yes	Yes
Tampin District Health Office	Dr. Khalijah Mohd. Yusof, District Medical Officer of Health	Yes	Yes	Yes	Yes	Yes	Yes
Tampin Health Clinic	Dr. Norsiah Ali, Family Medicine Specialist	Yes	Yes	Yes	Yes	Yes	Yes
Prison Department	Mr. Anbalagan s/o Subramaniam	Yes	Yes	Yes	Yes	Yes	Yes
Department of Islamic Development (JAKIM)	Marzita Ibrahim, Assistant Director	Yes	Yes	Yes	Yes	Yes	Yes
National Anti-Drug Agency	Melati Ahmad	Yes	Yes	Yes	Yes	Yes	Yes
National Anti-Drug Agency	Wan Norhizan	Yes	Yes	Yes	Yes	Yes	Yes
Royal Malaysia Police Department	Sam Phan	Yes	Yes	Yes	Yes	Yes	Yes

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Malaysian AIDS Council	Ms Roswati, Executive Director	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Mr.Parimelazhagan Ellan, Programme Director	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Tamayanty Kurusamy, Senior Programe Executive	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Mr. Mohammad Shahrani Mohamad Tamrin, Senior Executive	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Ms. Manohara, Programme Manager	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Mr.Gunasegaran	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Ms. Malini Sivapragasam, Executive (Sex Worker/TG)	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Norlela Mokhtar	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Ridzuan Kamaruddin	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Azhari Said, NSEP Manager	Yes	Yes	Yes	Yes	Yes
Malaysian AIDS Council	Dr. Zaki Arzmi, Manager of Resource Centre	Yes	Yes	Yes	Yes	Yes
PT Ikhlas DIC	Zulkifli Zamri (IDU Cluster)	Yes	Yes	Yes	Yes	Yes
Rumah Solehah PPIM	Mdm. Fadzilah Abd. Hamid	Yes	Yes	Yes	Yes	Yes
Shelter Home, Batu Arang	Anthony Gomes	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was 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.:
NSP 2011-2015 intends to build upon the achievements and progress made during implementation of the previous strategic framework as well as address emerging issues and challenges. It has been geared to fullfill the pledge 'Getting to Zero' - zero new HIV infections, zero discrimination and zero AIDS-related deaths through strengthen political commitment, to achieve greater harmonisation, coordination and alignment; maintain and sustain high levels of funding; and to continue the provision of affordable treatment to those who need it. The new strategic plan should achieve greater programme coverage amongst MARPs with high impact results, effectiveness, and efficiency.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	No
Yes	Yes
Yes	No
Yes	Yes
No	No
Yes	Yes
Yes	No

Other [write in]:
National service, Department of Islamic Development, National Anti-Drug Agency, Department of Imigration, Ministry of Women, Family and Community Development, Prison Department, Economic Planning Unit,Ministry of Information, Attorney General Chambers, Ministry of Higher Education, Ministry of Education, Ministry of Finance
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure

implementation of their HIV-specifc activities?:
In many instances, when there are no earmarked funds for HIV specific activities, the relevant government agency utilises its own pre-existing internal programme budget/ allocation when needed. This enables for projects to be proposed and implemented through an ad-hoc approach. E.g. the Ministry of Women, Family and Community Development has utilised its own allocation to fund the setting up and running of three DICs for women, PLHIV and transgender persons through a CBO.

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

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
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
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 identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Injecting drug users Women Young people Children People Living With HIV Transgender Sex workers Men who have sex with men Mobile populations (legal & illegal migrants, displaced persons, refugees & migrant labourers)
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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

1.7

1.7. 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 present at every stage of the development of the National Strategic Plan on HIV/AIDS (2006-2010). Consultations with key community based organisations and individuals were conducted to insure their inputs and concerns were reflected into the final document. Besides the consultation phase of NSP development, key civil society representatives were also involved and participated in the finalisation of the National Action Plan 2010 framework. In addition to that, the role of civil society has been embedded into the planning, implementation, monitoring and assessment of the activities linked to the NSP. At state and district levels, AIDS officers of the Ministry of Health work closely with their civil society counterparts in the planning and implementation of programmes. All proposals submitted for funding consideration under the NSP now require the endorsement of the AIDS officer under whose area of responsibility the proposed programme would be implemented.

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

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, some partners
IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:
The United Nations Theme Group (UNTG) on HIV/AIDS in Malaysia serves as the primary platform for interaction among United Nations Agencies and other major stakeholders in support of Malaysia's national response. Key agencies, specifically the United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), World Health Organisation (WHO), the UN Population Fund (UNFPA), and UNHCR whose offices are present in Malaysia have developed specific intervention programmes to provide financial and technical support to the Government of Malaysia's 5 year plan. UNAIDS provides significant and similar support through the Regional Support Team – Asia Pacific. A number of bilateral partners (e.g. foreign embassies) provide support to specific civil society projects dealing on issues of prevention as well as care and treatment.

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
N/A
National Development Plan:
Yes
Poverty Reduction Strategy:
Yes
Sector-wide approach:
N/A
Other [write in]:
-

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

HIV impact alleviation:
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 security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

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 evaluation informed

resource allocation decisions?:
2
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. 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
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(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?:
(a) Injecting drug user (b) Women (c) Female Sex worker (d) Young people (e) Children (f) People Living With HIV (g) Transgendered person
Briefly explain how this information is used:
The information concerning coverage is utilised in the determination and prioritisation of resource allocation in support of programme implementation. The decision making as to which programme is supported by Government funding is influenced by the effectiveness and degree of existing and estimated coverage of current interventions. This information is also utilised in influencing and modifying the design of programmes.
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
District level State/Provincial level National level
Briefly explain how this information is used:
The information concerning geographical areas is utilised to determine where services and interventions are most needed in response to clearly defined priorities. Together with coverage data, this information is utilised to make informed decisions concerning the type of programmes needed, for whom and where. The geographical information is particularly of critical use when determining priorities concerning resource allocation for areas such as those in East Malaysia, which are considered hard to reach and remote.

5.4. Has the country developed 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:
ARV has been decentralized to reach PLHIV at the periphery and now ARV is available at all government health centres which was previously delivered only in hospitals. Testing and counselling is available in all government health facilities. The expansion of PMTCT to include all private health facilities Eligibility criteria for ARV initiation has been shifted from CD4 250 to 350 Counselling HIV services has been strengthen through credential officer trained in counselling.
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 the HIV programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
The expansion and up scaling of both the Methadone Maintenance Therapy (MMT) and Needle Syringe Exchange Programme (NSEP) was a particularly key achievement in the national HIV programme. In 2008, the MMT intervention broke new ground; particularly as it involved the provision of these services for detainees in incarcerated settings, namely drug rehabilitation centres and prisons. In 2009, ARVs were also made available to prisoners who were confirmed with HIV. The engagement with Muslim religious leaders together with the Ministry of Women, Family and Community Development, brought about more care and support programmes for infected and affected communities. The past two years have seen dramatic improvements with involvement of non-health sectors which include the setting up of shelters supported by the abovementioned Ministry and the Department of Islamic Development (JAKIM).
What challenges remain in this area:
Issues of vulnerability resulting in sexual transmission of HIV affecting school going and out-of-school youth. Issue of stigma and discrimination which hamper access and retention of IDUs in existing harm reduction programmes. The current economic climate threatens the availability and scale of public funding to support, maintain and sustain the different components of the national AIDS programme. The continued over dependence on the Ministry of Health to address the issue of HIV and AIDS. Continues to be a challenge to obtain the interest and buy-in of other Ministries.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
The government has made commitment to achieve vertical elimination of HIV transmission during the last World AIDS Day celebration which was officiated by Deputy Minister of Health on 10th December 2011.

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

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. Dato' Sri LiowTiong Lai (Health Minister)
Have a defined membership?:
No
Include civil society representatives?:
Yes
IF YES, how many?:
1
Include people living with HIV?:
Yes
IF YES, how many?:
1
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 interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
In realizing the role played by the NGO in responding to HIV/AIDS, the government of Malaysia has formed the 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: a) To coordinate the activities of NGOs and CBOs working on HIV and AIDS in the country. b) To work with the Ministry of Health in contributing towards the development, implementation, monitoring and assessment of HIV related policy. c) To highlight the issues and concerns of marginalised communities to policy and decision makers at the highest levels of the Government. d) To act as a critical partner in the implementation of the Government's harm reduction programmes.
What challenges remain in this area:
The MAC has an outstretched secretariat which is tasked to do multiple functions across a wide range of programmatic issues (from implementing the harm reduction programme to the monitoring of the entire civil society component of the national AIDS programme under the government grant (between RM 4 million (USD 1.2 million) – RM 14 million (USD 4.1 million)). No proper assessment has been done to measure the impact and effectiveness of interventions led by the MAC since its formation. Programmes are tied and determined by available grant money. However, a monitoring and evaluation framework has been put in place to begin the process of reporting back on the effectiveness and impact of programmes.

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

11.7%

5.

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 below]:
Providing financial support to participate in conferences and study visits. Provides yearly financial support (Needle Syringe Exchange Programme (NSEP), government grants to civil society organisations.

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent 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:
Prevention and Control of Infectious Diseases Act 1988 (ACT 342) was amended in 2007
Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
Condoms are frequently used as evidence during detention or persecution of persons for illegal behaviour, e.g. evidence of sex work, premarital sex or MSM activity. The dissemination, awareness and promotion of condoms are a prominent part of all HIV programmes with MARPs. Penal Code 377 criminalises anal and oral sex with penalties which include imprisonment, fines and whipping. 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 2011?:
9
Since 2009, what have been key achievements in this area:
The Government has provided the highest political public support and coverage for the Harm Reduction programmes (NSEP & MMT) to overcome popular opposition (which included Muslim religious leaders) due to the controversial nature of the interventions
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

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
Transgendered people:
No
Women and girls:
Yes
Young women/young men:

No
Other specific vulnerable subpopulations [write in]:
-

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

IF YES, for which subpopulations?

People living with HIV:
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
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
-
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?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
No
Be faithful:
Yes
Be sexually abstinent:
Yes
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:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
No
Reduce the number of sexual partners:
No
Use clean needles and syringes:
Yes
Use condoms consistently:
No
Other [write in below]:
-

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 age-appropriate, 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 communication 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?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	Transgender
Yes	Yes	Yes	Yes	Yes	Transgender
Yes	Yes	Yes	Yes	Yes	Transgender
Yes	Yes	Yes	Yes	No	Transgender
Yes	Yes	Yes	No	Yes	Transgender
Yes	Yes	Yes	No	Yes	Transgender
Yes	Yes	Yes	No	Yes	Transgender
No	No	Yes	No	No	Transgender

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 2011?:
7
Since 2009, what have been key achievements in this area:
The decision by the Cabinet Committee on AIDS to support the scaling up of the NSEP (Needle and Syringe Exchange Programme)and MMT (Methadone Maintenance Therapy): MMT to be extended to drug rehabilitation centres, prisons and drug drop-in centres. NSEP to increase its number of sites and to cater to more clients.
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 specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Consultation with government (health and non-health sector) and NGOs are conducted during annual planning meetings to ensure that the needs of HIV programmes are identified and outlined for support. The framework which guides the discussion is based on the national strategic plan as well as priorities identified for that particular year.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Disagree
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:
Disagree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Disagree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Agree
Other[write in]:
Faith-based interventions for Muslim

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 2011?:
7

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:
Malaysia already provides and is committed to affordable access to clinical care through the public health system, including free or subsidized access to ART. People Living with HIV (PLHIV) in closed settings and those living outside the major cities are of particularly concern and are the focus of coverage under existing programmes. This is in addition to the services already possible for drug rehabilitation centre internees and prisoners who are living with HIV and are able to have access to

HIV related treatment inclusive of CD4 follow-up and monitoring of ART.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

a) Improving eligibility criteria for ARV from CD4 200 to 350 b) Expanding ARV treatment to involve PLHIV in closed setting c) Expansion of PMTCT to include all private health care facilities d) Decentralizing ARV from hospital-based to primary care setting

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

Antiretroviral therapy:
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):
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
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:

The Islamic Religious Department has distributed financial aid (Zakat) to PLHIV and their family 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 substitution medications?:

No

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 2011?:

9

Since 2009, what have been key achievements in this area:

1st line ART continues to be provided to treatment eligible HIV patients 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.

What challenges remain in this area:

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. Support services by the NGO often limited in urban areas. Those coming from rural areas are forced to travel at great distance to access these services.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

N/A

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 2011?:

5

Since 2009, 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:

a) Some states / province already have their own monitoring format that and some are not disaggregated. Standardization of informations through out the country is possible with adequte time and understanding b) Programmes that have long been incepted would face bigger challenge to standardize and validate the data

1.1 IF YES, years covered:

2011-2015

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

There are still partners that are not able to harmonize their M&E due to inadequate capacity.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
No
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
No
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)?:
-
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Public Health Physician	Yes	-	2010
Assistant Environmental Health Officer	Yes	-	2010
Assistant Environmental Health Officer	Yes	-	2010
Clerk	Yes	-	2010

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	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 regular quarterly meeting with partners.
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 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

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

8. 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]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
The data from M&E of the Harm Reduction programmes (NSEP & MMT) is being used for the scaling up programme. The decision to fund the scaling-up activities was largely determined by the perceived success of the intervention there in reaching to a high number of injecting drug users, higher client return rate and large geographical coverage. M&E data was utilised to

introduce premarital HIV screening to address the issue of heterosexual transmission. It also enabled the Government to justify its stance in promoting such testing. The use of M&E data also allowed for the introduction of a nationwide anonymous HIV testing programme. The main challenge is to get key affected populations to fully understand the importance of quality data and timely submission of M&E report/data.

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

At national level?:
Yes
IF YES, what was the number trained:
14
At subnational level?:
Yes
IF YES, what was the number trained:
50 - 100
At service delivery level including civil society?:
Yes
IF YES, how many?:
-

9.1. 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 (states and districts).
10. 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 2011?:
5
Since 2009, what have been key achievements in this area:
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.
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 contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
4
Comments and examples:
Same as 2010 report, CSOs, usually under coordination of the Malaysian AIDS Council, have been able to be engaged in dialogue with key decision makers and political figures such as the Prime Minister, Minister of Health and other Ministers. Political leaders are also often open to attending HIV related functions organized by civil society organizations. End of 2011, now there are 49 partner organizations in Malaysian AIDS Council. MOH has change the CD4 medicine eligibility from 250 to 350, following WHO recommendation and HAART is disburse at all major government hospitals and health clinic. Government is giving the first-line medicine for free. 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 police) reached through advocacy meetings and workshops. Thus HIV 101 is taught at PULAPOL (Police Training College) and the National Anti-Drug Agency (NADA-AADK) have more friendly approach to PWID (Cure & Care policy). A key result of this engagement has been the commitment in 2008 by the Ministry of Women, Family and Community Development to support the setting up of 7 shelters for women & children who are PLHIV and affected by HIV. This was later expanded to 17 shelters in 2011. The Department of Islamic Development, the Federal Territory and the Selangor Islamic Council have also now committed itself to setting up shelter homes for Muslims living with HIV/AIDS(building completion in 2012 [Selangor] and 2014 [Federal Territory]). Most religious state councils also give financial commitments either involved in psychosocial support projects or monthly financial assistance (RM250-300). The revised Manual HIV and Islam in 2011 (with MOH and MAC) have created more enabling environment and more understanding by religious clerics. Mukhayyam (camping) with KAPs was also conducted to bring KAPs out of risking behavior and give training/employment opportunities. Community Welfare Department gives financial assistance (RM300) every month to eligible single parents. And in 2011, the Employers Providers Fund allows PLHIV to withdraw their funds if they need it for AIDS related sickness.
2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives 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 2011-2016. To assist in this engagement, MAC has introduced the "cluster" concept to improve upon civil society ownership and participation on key

issues as well as functioning as a form of community consultation. Within each cluster, community representatives are expected to contribute towards the identification of priorities as well as monitoring of activities and interventions. The list of attendee is in the NSP pg. 13-14.

3.

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 most-at-risk 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. The National Task Force of NSP is created where CSOs have elected representative to attend the quarterly meeting. Task Force on Harm Reduction also has CSOs representatives.

4.

a. Developing the national M&E plan?:
3
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
2
c. Participate in using data for decision-making?:
4
Comments and examples:
Though there was no prior consultation with any non-governmental HIV organisation including the Malaysian AIDS Council (MAC) in developing the preliminary M&E framework, the latter and its partner organisations have been included in later discussions concerning the monitoring of progress in responding to the HIV epidemic. They have also been able to contribute in presentation of national data.MAC has an M&E capacity which was fully established in 2007 and migrated online in 2009. It currently oversees data reported from all projects and programmes of all civil society organisations receiving the Government grant. This monitoring capacity contributes substantially to the national understanding of socio-behavioural data gathered through programmes and interventions with MARPs. M&E Working Group is part of the National Task Force agenda and all data is being use for proposals.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
4
Comments and examples:
MAC comprises of : Organisation of people living with HIV (MyPlus) Women's organizations Youth organizations Faith-based organizations Lawyers collective council Community-based organizations Organizations working with most-at-risk populations (MARP) (including MSM, SW, IDU, migrants) Associations of medical professionals Humanitarian organisations Yet, MAC or HIV effort is not conducted by Indigenious People organisations, but MAC have done a project with government department handling indeginious population in 2010 and 2011.

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?:
3
b. Adequate technical support to implement its HIV activities?:
5
Comments and examples:
In 2010 and 2011, Government funding received at same amount as to the previous year. The funding was still considered inadequate to implement upscaling of existing programmes. NGOs receives limited funding from private sector as there is still stigma in funding HIV Prevention projects. The status of Malaysia as Upper-Middle income country have made Malaysia not eligible to some of the funds from international. A number of NGOs including the Malaysian AIDS Council and PT Foundation were able to access technical support from partners from international non-government organisations such as the International Planned Parenthood Federation (for monitoring and evaluation related work), and Open Society Institute (OSI) (for the harm reduction initiative) and from agencies such as the World Bank (research). MAC also receives: Technical Support by Alliance – HLE, GFATM training Technical Support by WHO – Outreach Manual Technical Support by TSF – GFATM Training, Consultants Technical Support by GMS – GFATM Process, Manuals, Support MAC also has graduated from receiving to giving knowledge sharing and technical support to other international organizations.

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

People living with HIV:
>75%

Men who have sex with men:
>75%
People who inject drugs:
>75%
Sex workers:
>75%
Transgendered people:
>75%
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
<25%
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 2011?:
8
Since 2009, what have been key achievements in this area:
Establishment of the Country Coordinating Mechanism (CCM) which features civil society representation of most-risk populations in a body chaired by the Deputy Minister of Health. Establishment of the "cluster" concept with the Malaysian AIDS Council in 2008 where NGOs are firmly represented, coordinated, is involved in programming and is able to partake in strategic discussions at the national level. The clusters are expected to take ownership of their individual issues (e.g. sex worker cluster works on all issues affecting sex workers including advocacy). Engagement of CSOs in NSP, Task Force on Women & Girls, development has resulted in funding prioritisation of programmes for most-at-risk populations as compared to before. Inter-governmental agencies (JAKIM, other state Islamic Council, KPWKM, PDRM) and involvement in state Stakeholders meeting. Dagang-Halal, MARA – employment/training opportunities to KAP. Working relationship with International Organizations. Strengthen Corporate Response to HIV (Standard Chartered Malaysia, Chevron, MAC Cosmetics, L'Oreal, Johnson's & Johnson's, Shell Malaysia, World Vision, Body Shop, YTL, Media Prima) – funding direct/indirect, policy
What challenges remain in this area:
Most CBOs require more capacity building in key technical areas as well as project management skills.The uncertain environment created as a result of unsustainable funding subjected to yearly Government approval has resulted in de-motivating and discouraging potential and current community leaders from continuing on. There is a concern that skilled and experienced civil society personnel are unable to be retained adequately to ensure quality participation and involvement in activities and initiated. CBOs also have difficulties in getting corporate funding. There is a need for more active commitment in task force movement and guidelines haven't change under JKM Hospice Policy. As there is a high active participation by high ranking officers, but there is still lack of involvement in grass-root setting (PDRM, Local Council).There is also overlapping of services by CSOs in few areas and we still need further discussion on bridging the gap from NSEP CSO projects to government clinics.

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:
In NSP development workshops and Task Force Working Group CCM, Task Force Meeting EPF withdrawal allowed for AIDS related, after much advocacy by CSO Local authorities involve local CSO in local task force meeting Human Resource Ministry get involvement of CSO in reviewing the HIV at Work Place policy

B - III. HUMAN RIGHTS

1.1.

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
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

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:
For PLHIV, there is an only guideline on burial services. Children Act 2001 on OVC, People with Disabilities Act, Prison Act and Regulation, Section on Rehabilitation and Treatment for prisoner, Women and Girls Act, and CEDAW on Women and Girls. 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: The individual relevant Ministries have their individual public complaints mechanisms which allow members of the public to lodge complaints and to seek redress. The civil society mechanisms which exist include seeking redress through the entities such as the Malaysian Medical Association, 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?

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
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

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:
Fear of persecution and discrimination makes it difficult to reach out to MSM and transgender persons. Religious bodies and laws enforcement agencies less likely to cooperate as MSM & TG sexual behaviour is considered unacceptable by society. Although there is no existing law or policy against individuals carrying condoms, women in particular are subject to accusations of soliciting for sex or being branded a sex worker. This could result in overnight detention or harassment by law enforcement officers. Such evidentiary use of the condom, discourages sex workers from using them as well as brothels from providing them on the premises. This also applies in a similar fashion to MSM where spas and massage centres refuse to supply condoms for fear of legal action being taken on them resulting in the loss of their operating licence and depriving them of business. 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). Civil society groups believe that treatment for drug addiction should be an option and not compulsory under the law. Clients of the Needle Syringe Exchange Programme (NSEP) become 'easy targets' for law enforcement officers. As the latter continues to have the authority to detain persons suspected to be drug users, 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. The carrying of syringes and needles, outside of healthcare settings, is still technically illegal despite the existence of a government Harm Reduction programme. This results in complications and contradictory messages whereupon a government programme is encouraging the exchange and use of clean needles and syringes while law enforcement bodies are told that the usage of drugs and the carrying of drug paraphernalia are barred under the law. However, due to the NSEP, the active enforcement of this legislation was reportedly relaxed. The existence of laws which are in direct contradiction with the activities of the Government initiated NSEP continue to send contradictory signals to law enforcement bodies and judiciary. This could present itself as a significant obstacle in successfully ensuring the sustainability and continued existence of the programme. Laws and regulations which especially govern and restrict communication of HIV awareness and prevention messages are of particular concern. The use of particular text and explicit graphics (such as putting on a condom on a penis) in such messages could be considered and subject to legal prosecution for the use of pornography under legislation which governs the print media. 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). Mandatory testing of foreign workers continue to conducted, screening for HIV and other infectious diseases such as Hepatitis B & C as well as tuberculosis. Despite being recognised as a vulnerable population under Strategy 5 of the NSP, there is no pre and post test counselling. In most cases, the individual has no knowledge of their medical tests and are only told whether they are medically fit to work and be employed in Malaysia. Failing such screening tests result in deportation of the individual.

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:
Domestic Violence Act 1994 Women and Girls Act National Policy on Women National Policy on Youth Penal Code 377 (Rape, Carnal Intercourse) Code of Practice to prevent and eliminate sexual harassment at workplace 1999 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

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

IF YES, briefly describe this mechanism:
Legal Aid Centre under the Bar Council records and documents all discrimination cases. Public Complaint under different ministries 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?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost

Yes	-	Yes
Yes	Yes	Yes
Yes	-	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.

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

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:
HIV Screening for all For PWID – addressing drug addition and HIV prevention through harm reductionutilising the Needle Syringe Exchange Programme (NSEP) and Methadone MaintenanceTherapy (MMT). For SW/TS/MSM – HIV prevention and intervention through VCT, telephone counselling,outreach programmes, condom awareness, SRH/STI and community drop-in centres For youth with high risk behaviour – focusing on prevention through education andawareness programmes to facilitate behavioural change (e.g. life skill basededucation, sexual reproductive health) Indigenous population – awareness through seminars and talks conducted as part ofoutreach programmes to rural and remote locations. E.g. Baram Project. For PLHIV - Treatment, care and support through shelter and hospital peer supportprogrammes For prison inmates – are given access to ART and Methadone Maintenance Therapytreatment and referrals for counselling. For internees at drug rehabilitation centres (Pusat Serenti) – the provision of referralservices and access to treatment. Community based organizations remain the dominant actor in the provision of HIVservices to the undocumented population (e.g. refugees, migrant workers,undocumented migrants).

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

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:
Human Rights Commission of Malaysia (SUHAKAM) is able to adopt HIV and AIDS issues for redress. SUHAKAM was established by Parliament under the Human Rights Commission of Malaysia Act 1999, Act 597. Their main function is to inquire into complaints regarding violation of human rights including HIV-related issues. Bar Council – The Legal Aid facility is able to consider HIV cases as part of its portfolio. These Issues are linked to discrimination and denial of specific rights.

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 enforcement 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]:
-

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 2011?:
7
Since 2009, what have been key achievements in this area:
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. A revised Malaysian 'Manual HIV and Islam' with Islamic Development Department, MOH and MAC, with series of implementation workshop to religious leaders. MOH follows WHO recommendation on CD4 eligibility for treatment from 250 to 350. Shelter for PLHIV under JAKIM and State Islamic Council Involvement of public figures on reducing stigma and discrimination
What challenges remain in this area:
Need to review existing labour legislation to address the issue of stigma & discrimination of PLHIV at workplace. This would strengthen implementation and adherence to the existing Code of Practice on Prevention and Management of HIV/AIDS at the Workplace, which was initiated by the Ministry of Human Resource. The abovementioned Code of Practice, though already in existence for several years, needs to be further promoted and encouraged for adoption by the private sector. Need to identify and recommend review of laws and regulations which may have an impact on effective implementation of the Needle Syringe Exchange Programme (e.g. Dangerous Drugs Act 1952 which criminalises the use and possession of syringes & needles without a medical prescription. 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. There is a continual need to sensitize and involve all stakeholders who work directly or have direct contact with MARPs 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 2011?:
6
Since 2009, what have been key achievements in this area:
EPF, for AIDS Related but not for PLHIV (for medication). Continuous efforts by the Department of Islamic Development (JAKIM) and Islamic Council from few states.
What challenges remain in this area:
HIV at Work Place policy is not implemented by all No insurance coverage for PLHIV For Social Security Organization Protection Scheme or SOCSO, PLHIV who are not able to work cannot apply for SOCSO coverage On death certificates, the cause of death is documented as 'AIDS'.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Same as in 2010 report, specific needs were determined through extensive consultation, discussions and meetings between the different NGOs and CBOs working on HIV issues and their counterparts at the Ministry of Health, Ministry of Women, Family and Community Development, Department of Islamic Development, HIV research groups (e.g. Centre of Excellence for Research in AIDS) and multilateral agencies such as those from the United Nations.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree
Condom promotion:
Strongly Disagree
Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
Strongly Disagree
HIV prevention in the workplace:
Strongly 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:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Disagree
Risk reduction for intimate partners of key populations:
Strongly 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 2011?:
6
Since 2009, what have been key achievements in this area:
HIV prevention to all key populations under CSO MSM receives international funding for MSM Poz, MSM Borneo and ISEAN-Hivos Program Malaysia successfully receiving GFATM R10 for expanding SW, TG and NSEP Program Scale-up of CSO on NSEP Program under MOH funding Reduce of HIV Infection
What challenges remain in this area:
Young People still not focused, as they are more at risk - they are sexually active age. No HIV Prevention or Sexual Education at school level. Not all key stakeholders involve in national response Women & Girls Task Force is not active Rural area not reached

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
My Plus established and created in for Care and Support of PLHIV Network Paramedic/Para-counselors trained in HIV Post-Basic training Financial assistance for children till 18 years old HAART given free to all first line, partial funded for second line (may apply medicine assistance scheme at MAF) HAART and MMT provision available in incarcerated settings
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Manual for Shelter Home Children Care Standard under UNICEF Fund SOP for Hospital Peer Support Program (and there was discussion on changing the service to PLHIV Peer Support Program

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

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:
Disagree
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 2011?:
8
Since 2009, what have been key achievements in this area:
Coverage of treatments are free to all Malaysian at all government hospitals Half-way home supports morally for PLHIV Religious Council and JAKIM plan to establish PLHIV Shelter Home Quality of life for PLHIV Children improved (UNICEF Project) HAART and MMT at incarcerated setting
What challenges remain in this area:
Shortage of half-way house / case worker / social worker No home-based care program Psychosocial support JKM (government shelter homes) not receiving PLHIV Self-stigma by PLHIV in accessing treatment Behavior Modification
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other 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 to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
2
Since 2009, what have been key achievements in this area:
UNICEF Programme – Standardization of Minimum Care Standard, Develop Conducive Environment in Shelter Setting, Element of Safety, Play Therapy, Child Rights. L'Oreal and M.A.C Cosmetics Fund the current running program. World Vision funds shelter.
What challenges remain in this area:
After 18 years old, no exit plan for these children. Political commitments on the PLHIV Children Health Right. SOP on Home-based care for PLHIV Children. Sensitization of children learning centre on universal precautions

---