MALAYSIA

NATIONAL STRATEGIC PLAN ON HIV/AIDS 2006 - 2010

2006

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DEPUTY PRIME MINISTER
MALAYSIA

MESSAGE

The Government acknowledges the threat posed by HIV/AIDS to all humans and is concerned with the escalation in the rate of HIV transmission in Malaysia, particularly amongst young people and injecting drug users. The Government notes with apprehension the growing impact of HIV on women and other vulnerable groups.

We acknowledge that, in the absence of effective prevention, there is a potential for Malaysia to progress to the stage of a generalised epidemic within just a few years and this would reverse the development gains achieved so far. It is therefore critical that HIV/AIDS be addressed, not just a health issue, but as a development issue which is integral to national planning.

A successful response to the epidemic requires strong political commitment and leadership at the highest level. A new National Strategic Plan on HIV/AIDS 2006-2010 (NSP) will provide the basis for coordinating the work of all partners. It will adopt an approach that will integrate efforts for prevention, treatment and care, with the objective of reducing the negative impact of the epidemic.

In striving to achieve these priorities, the Government will expand its partnership with Non Governmental Organisations (NGOs), religious leaders, business and community groups. The NSP will strengthen the capacity of the Government to deliver effective interventions.

In adopting the NSP, the Government of Malaysia has shown a strong commitment to address HIV/AIDS as a national agenda with expansion of multi-sectoral and well- resourced responses.

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MINISTER OF HEALTH MALAYSIA

MESSAGE

Malaysia has been experiencing the threat of HIV/AIDS since 1986. The Ministry of Health Malaysia acknowledges that current efforts at prevention have failed to arrest the progress of the disease. Thus far, only limited coverage has been achieved for the prevention, treatment and care of HIV-related illnesses. Current community-based support is insufficient to assist the Ministry's efforts at prevention.

Realising this, the Ministry of Health, in collaboration with other ministries, governmental and non-governmental agencies, have developed the National Strategic Plan on HIV/AIDS (2006-2010) to provide a framework for Malaysia's response to HIV/AIDS over the next five years.

We hope that all the relevant ministries, agencies and civil societies will be fully committed to ensure the successful implementation of the National Strategic Plan on HIV/AIDS (2006-2010) {NSP}. With concerted efforts by all involved, we are confident that the objectives and targets of the NSP, which follows the principles laid down by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and Millenium Development Goals (MDGs), will be met.

In order to effectively execute the strategies in the NSP, a comprehensive plan of action will be developed to protect our population from this dreadful disease that has caused significant morbidity and mortality to millions around the world.

(DATUK SERI DR. CHUA SOI LEK)

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral Therapy
ASEAN	Association of Southeast Asian Nations
CCA	Cabinet Committee on AIDS
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IDU	Injecting Drug User
MOH	Ministry of Health
MAC	Malaysian AIDS Council
MDGs	Millennium Development Goals
NACA	National Advisory Committee on AIDS
NADA	National Anti Drug Agency
NGO	Non Governmental Organisation
NSP	National Strategic Plan on HIV/AIDS 2006 - 2010
QIP	Quick Implementation Projects
PLWHA	People Living With HIV/AIDS
PROSTAR	*Program Remaja Sihat Tanpa AIDS* (Healthy Life Style Program for Youth Living Without AIDS)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TCA	Technical Committee on AIDS
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counselling and Testing
WHO	World Health Organization

Executive Summary

The Government acknowledges the threat posed by HIV/AIDS to human well being. The Government is concerned by the escalation in the rate of HIV transmission in Malaysia, particularly amongst young people and injecting drug users. It notes with apprehension the growing impact of HIV on women and other vulnerable groups.

The Government acknowledges that in the absence of effective prevention there is potential for Malaysia to progress to the stage of a generalised epidemic within just a few years. It recognises that the epidemic has the ability to reverse the development gains achieved. It is therefore critical that HIV/AIDS is addressed as a development issue, not just a health issue but also integral to national planning.

It is therefore timely for the Government of Malaysia to re-examine its responses to HIV/AIDS to ensure it is both complementary to the 9th Malaysian Plan as well as in line with its broader commitments to the outcomes of the United Nations General Assembly Special Session on HIV/AIDS and the Millennium Development Goals.

A successful response to the epidemic requires strong political commitment and leadership at the highest level. A new National Strategic Plan on HIV/AIDS 2006-2010 (NSP) will provide the basis for coordinating the work of all partners. It will adopt an approach integrating prevention, treatment and care, and reducing the impact of the epidemic.

The NSP will continue to focus on providing an appropriate balance between prevention, treatment and care. The priority focus areas are:

- Strengthening leadership and advocacy
- Training and capacity enhancement
- Reducing HIV vulnerability among injecting drug users and their partners
- Reducing HIV vulnerability among women, young people and children
- Reducing HIV vulnerability among marginalised and vulnerable populations
- Improving access to diagnostics, treatment and care

In striving to achieve these priorities, the Government will expand its partnership with Non Governmental Organisations (NGOs), religious leaders, business and community groups. The NSP will strengthen the capacity of the Government to deliver effective interventions.

The successful implementation of the NSP will require a significant increase in the current level of resources allocated to respond to the epidemic. It is proposed that a fund be set up to supplement present budget allocations. The funds would be used as a start up to attract relevant external funders.

In adopting the NSP, the Government of Malaysia has shown a strong commitment to address HIV/AIDS as a national agenda and to drive an expanded, multi-sectoral and well resourced responses.

1.0 Introduction

1.1 Development Context

The Government of Malaysia is concerned by the escalation in the rate of HIV transmission in the country, particularly amongst young people and injecting drug users. We are alarmed by the growing impact of HIV on women and girls. It acknowledges that, despite successes to date in Malaysia's responses, current prevention efforts fall short of the scale of the epidemic and only limited coverage has been achieved for the prevention, treatment and care of HIV-related illnesses. Community-based support is insufficiently resourced to meet the need.

In the Millennium Declaration adopted by the Millennium Summit of the United Nations, held in September 2000, the world's leaders committed themselves to halt and begin to reverse the spread of the Human Immunodeficiency Virus (HIV) by 2015. They committed to further goals at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), held in June 2001. Subsequently, member countries of the Association of Southeast Asian Nations (ASEAN) have re-affirmed their strong commitment to the achievement of the global HIV/AIDS goals.

Malaysia has the capacity to meet the challenge. However, achieving the 2010 UNGASS targets and attaining the last remaining MDG in Malaysia will require an innovative and expanded effort.[1]

1.2 Malaysia's HIV/AIDS Epidemic and Response

The first case of HIV infection diagnosed in Malaysia was reported in 1986. By December 2004 the reported total cumulative number of cases was 64,439. Of these slightly more than 7,195 (11.2 per cent), had died of AIDS. About 78.9 per cent of reported HIV/AIDS cases occur among those aged 20 –39, the younger and potentially more productive segment of the nation's population.[2]

Available data suggests that the pattern is one of a concentrated epidemic, since HIV prevalence has been less than 1 per cent among the general population but consistently higher than 5 per cent among injecting drug users (IDUs). Hence the likely mode of transmission is through sharing of needles. There has been a steep annual rise in reported HIV infection; and a relatively low but steadily increasing trend in AIDS cases and deaths. The bulk of infected cases are males who account for 93.1 per cent of those living with HIV. The rate of HIV infection among women is steadily rising with 1.16 per cent of reported cases in 1990 to 3.84 per cent in 1995, and reaching almost 10.83 per cent of cases in 2004. Increase in coverage and accessibility of HIV testing for women is one of the factors contributed to the increase rate of reported HIV infection among women. The number of women living with HIV increased from 2 in 1988 to 696 in 2004[3].

In 2004, children below the age of 12 made up less than 1.2% of reported cases. Of growing concern is the number of AIDS orphans estimated to be as high as 14,000.[4]

While there is a low HIV prevalence rate nationally for population groups other than IDU, there is a high level of prevalence in specific populations and certain regions. For example, in the year 2000, rates of more than 10% were found among sex workers in parts of Kuala Lumpur[5]

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[1] Achieving the MDGs Report, Economic Planning Unit, Prime Minister's Department, January 2005

[2] Situational Analysis and Government Response on HIV/AIDS in Malaysia, AIDS/STD Section, Disease Control Division, Ministry of Health, September 2004

[3] Situational Analysis and Government Response on HIV/AIDS in Malaysia, AIDS/STD Section, Department of Disease Control, Ministry of Health, September 2004

[4] Achieving the MDGs Report, Economic Planning Unit, Prime Ministers Department, January 2005

Despite the Government's target to achieve a drug-free Malaysia by the year 2015 and related efforts to reduce drug supply and drug demand, injecting drug use is still driving the epidemic. There are indications that the infection is moving out of the initial drug user group into the general population. Gender inequity, stigma, discrimination, silence, denial and ignorance are widespread and have fuelled the epidemic.

The Government's achievements in many areas of prevention and health care have been impressive. Health services in the hospital and primary health care systems are of a high standard, in particular in HIV management. Strong measures are in place to ensure blood supply safety. A range of treatment protocols and guidelines are in place. Access to antiretroviral therapy (ARV) is free or heavily subsidised for selected groups. The Government has introduced compulsory licensing to increase access to affordable ARV drugs and is continuing to negotiate with the pharmaceutical industry on prices for essential treatment drugs. Malaysia continues to take an active role in regional co-operation on AIDS.

The major challenge for the nation, however, is that the scale of the response is becoming increasingly dwarfed by the size of the epidemic. Resource priorities limit the coverage of HIV/AIDS-related services and their reach and affordability to vulnerable populations. The needs for community support services now outstrip the capacity of the mostly small-scale programs implemented by NGOs. Until recently, the effectiveness of prevention efforts has been limited by policies which preclude harm reduction approaches such as the provision of sterile injecting equipment and condoms.

On 8 June 2005, the Honourable Health Minister of Malaysia announced the Government will pilot harm reduction programs to curb the spread of HIV. These programs include the needle and syringe exchange program and also the drug substitution therapy.

1.3 Formulation of the National Strategic Plan

The National Strategic Plan (NSP) on HIV/AIDS (2006 – 2010) supersedes the 1998 HIV/AIDS National Strategic Plan. The NSP provides a general framework for a nationally driven and expanded HIV/AIDS response over the five-year period from year 2006 to 2010. Its development has involved a range of consultative processes, including a multi-sectoral consultation on the NSP.[6]

The NSP documents goals, fundamental principles, broad strategies, and the institutional framework necessary to implement the NSP.

[5] Conclusions and Recommendations, Consensus Report on HIV and AIDS- Epidemiology in 2004, Ministry of Health and World Health Organization

[6] National Consultative Process held in Melaka in September 2004 and a follow-up review meeting in June 2005.

2.0 Strategic Framework

The NSP provides the framework for Malaysia's response to HIV/AIDS over the next five years. It also provides the basis for co-ordinating the work of all partners with a view to successfully achieving UNGASS targets and MDGs on HIV/AIDS[7].

2.1 Goals

The goals of Malaysia's response to HIV/AIDS are to:

- Prevent transmission of HIV.
- Reduce morbidity and mortality related to HIV/AIDS.
- Minimise the impact of HIV/AIDS on the individual, family, community and nation.

2.2 Objectives

The objectives of the NSP are to achieve the following principles of the UNGASS and the MDGs targets and also complement approaches outlined in the National Drug Strategy:

- To reduce the number of young people aged 15–24 who are HIV-infected.
- To reduce the number of adults aged 25–49 who are HIV-infected.
- To reduce the number of HIV infections in injecting drug users.
- To reduce each year the number of HIV-infected infants born to HIV-infected mothers.
- To reduce the number of marginalised populations (sex workers, transsexuals and men who have sex with men) who are HIV infected.
- To increase the survival and quality of life among people living with HIV/AIDS.

The specific targets and timeline of each objectives outlined above will be reviewed in the particular plan of actions.

2.3 Guiding Principles

UNAIDS reports that partners engaged in the global, national and local responses to AIDS have agreed on the "Three Ones" as guiding principles for improving the country-level response.[8]

"**First One**" - One comprehensive national AIDS framework, fully costed (that is, with work plan and budget) and negotiated and endorsed by key stakeholders.

"**Second One**" - One national AIDS coordinating authority, recognised in law and with broad based multi-sectoral support and full technical capacity for coordination, monitoring and evaluation, resource mobilisation, financial tracking, and strategic information management.

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[7] Achieving the MDGs Report, Economic Planning Unit, Prime Minister's Department, January 2005

[8] The "Three Ones" in action: where we are and where we go from here, UNAIDS report, May 2005

"**Third One**" - One national monitoring and evaluation system, integrated into the national AIDS framework, with a set of standardised indicators endorsed by key stakeholders.

The core guiding principles of the NSP reflect the "Three Ones" which are critical elements necessary for an effective national response to HIV/AIDS. They are:

- To address HIV/AIDS is to invest in sustainable development.
- Strong leadership at all levels and in all sectors of society is essential for an effective response to the epidemic.
- All interventions combating HIV/AIDS should take into consideration local values and circumstances.
- A partnership approach and multi-sectoral involvement are essential to national and community responses to HIV infection.
- A prevention, education, diagnosis, treatment and care program supported by research, monitoring and evaluation are the essential elements of a successful response.
- Close co-operation between people infected with HIV and people at risk will facilitate the achievement of the national HIV/AIDS objectives
- People infected with HIV retain the right to participate in the socio-economic activity, without prejudice and discrimination. They have the same right to health care and community support as other members of the community.
- Children orphaned and affected by HIV/AIDS need special assistance.
- The poor and marginalised must be given priority in the response.
- Gender inequalities must be addressed in the response.

3.0 Strategies

3.1 Strengthening Leadership and Advocacy

Experience shows that leadership at the highest level is critical for a successful response to HIV/AIDS. Leadership, at national and state government and community level, is needed to mobilise and co-ordinate actions across sectors and to direct resources and activities to the most urgent priorities.

Strong leadership can break barriers of stigma and discrimination and create an environment where government partners and NGOs can participate in the response. Stigma and discrimination inhibits open communication about HIV/AIDS issues and the active involvement of community-based groups. It can have implications for equitable access to treatment, care and other support services, for confidentiality, and for access to voluntary counselling and testing.

Advocacy at the highest levels is also needed on a range of approaches for HIV/AIDS prevention and care including building an understanding of concordance between the ASEAN/Malaysia 2015 drug free goal, MDGs and UNGASS targets for HIV/AIDS and ultimately the Government's Vision 2020. The United Nations Theme Group on HIV/AIDS can support the Government in terms of advocacy, technical expertise and in providing access to international institutions.

3.2 Training and Capacity Enhancement

There is a need to upgrade the capacity of the health system and NGOs to increase the coverage and quality of prevention, care and support services as well as using HIV surveillance data to shape policies and programmes. This will determine the quality of our response to HIV/AIDS.

The NSP will focus on developing and strengthening:

- HIV/AIDS surveillance system
- Primary health service delivery, home and community-based care and training for healthcare workers.

Routine screening, for example of pregnant women, is an important tool in determining HIV prevalence in Malaysia. The NSP will seek to redress the gaps in HIV/AIDS epidemiological data in the country, including assistance to improve surveillance system.

The MOH will foster the development of social and behavioural research in the country to provide the vital evidence based necessary for effective program design and interventions. Support will be increased for knowledge-building efforts through establishing research partnerships with proven institutions and overseas research consortiums.

Priority will be given to providing training to multipliers such as health professionals, outreach workers and peer educators across the health sector.

The NSP will also continue to support and build the capacity of local community and private sector organisations dealing with HIV/AIDS, as well as key agencies such as the Royal Malaysia Police, the National Anti-Drug Agency and the Ministry of Education.

This strategy will include targeted work-based training in related sectors such as education, social welfare, public security and justice, in particular, police, prisons and drug rehabilitation centres.

- ***Voluntary counselling and testing (VCT)services***

The country has a range of HIV counselling and testing services. There is a wide coverage of VCT services in the districts and community. These services are accessible to the general and vulnerable population. The increasing rates of HIV infection and AIDS and expansion of HAART bring with them the potential for demand to overwhelm the capacity of the existing VCT services.

The strategy will seek to scale up a combination of new VCT services and integration of VCT in health and community services. An increase in coverage of VCT services will help overcome stigma and denial and will lead to better management of illnesses and opportunistic infections.

- ***Delivery and monitoring the Highly Active Anti-Retroviral Therapy (HAART) programs***

It is estimated that approximately 10,000 people living with HIV/AIDS (PLWHA) require anti-retroviral therapy (ARV) in the country[9]. In accordance with the UNAIDS "3 by 5" initiative, the Ministry of Health (MOH) has already developed strategies to increase the number of HIV/AIDS patient accessible to treatment and ARV.

The three main approaches will be to increase:

- Accessibility to treatment
- Availability to ARV drugs
- Capacity enhancement support services.

The MOH already supports a pilot program to provide ARV to HIV positive IDUs in closed settings (*Pusat Serenti Serendah*). A number of PLWHA from private rehabilitation centres have also been included in the program which commenced in 2004. This program will be strengthened and its coverage increased.

- ***HIV/AIDS workplace policies and programs***

This intervention will include strengthening and expanding HIV/AIDS workplace policies and programs. Malaysia has a 'Code of Practice on Prevention and Management of HIV/AIDS at the Workplace'[10] and a program of seminars and workshops has been initiated jointly by the Ministries of Health and Human Resources to encourage companies to adopt the Code. However, there remains a nation-wide need to develop and implement HIV/AIDS prevention and care workplace plans, to strengthen measures to provide a supportive workplace environment for people living with HIV/AIDS.

3.3 Reducing HIV vulnerability among Injecting Drug Users (IDUs) and their partners

The NSP aims to reduce HIV infection among IDUs and prevent transmission to their partners by expanding access to harm reduction programs.

Reusing and sharing needles and syringes or other equipment for preparing and injecting drugs is the most efficient mode of HIV/AIDS and Hepatitis C transmission. In the absence of harm reduction activities, HIV prevalence among injecting drug users will be on the rise.

[9] Epidemiological fact sheets on HIV AIDS and sexually transmitted infections. Update 2004. by UNAIDS, UNICEF, WHO

[10] Department of Occupational Safety and Health, Ministry of Human Resources, Malaysia, 2001

As a key intervention for slowing the growth of the epidemic and preventing transition to a generalised epidemic, the NSP promotes a harm reduction approach to reducing the HIV vulnerability of injecting drug users.

Harm reduction programs recognise that for many drug users, total abstinence from psychoactive substances is not a practical option. It aims to help drug users reduce their injection frequency in a safe environment.

Harm reduction programs aim to reduce high risk behaviours associated with drug injection by introducing needle and syringe exchange programs. These programs provide access to and education on sterile injection equipment and safer injecting techniques.

These programs will include HIV information, risk reduction counselling, safer sex information, condom use promotion and primary health care. Complementary components include: improving access to VCT for drug users and their partners; a range of drug dependence treatment options including medically supervised drug substitution; and HIV/AIDS related treatment and care. Programs to support families to increase their coping capacity are also important as are advocacy and health promotion programs for the wider community.

Effective harm reduction programs will also target drug users in closed settings (such as prisons, police lockups, drug rehabilitation centres, immigration detention centres and private rehabilitation centres) as well as in the community. Given the high proportion of drug users in prisons, and data indicating that prisons are a high risk environment for HIV infection, comprehensive harm reduction programs in these settings are important to reduce the spread of HIV.

Enabling strategies include legal reform and programs of diversion from the criminal justice system (to drug treatment and community justice programs rather than prison) for drug users charged with minor drug-related offences.

Measures initiated under the NSP will complement and in many cases reinforce strategies in the existing National Drug Strategy.

3.4 Reducing HIV vulnerability among women, young people and Children

For the majority of young people in Malaysia, barriers to access to HIV prevention appear to stem more from cultural and religious values than from limited resources or capacity. Young people, particularly those in marginalised populations, are also deterred from accessing services by concerns about confidentiality and the lack of youth-friendly sexual and reproductive health services. Stigma and discrimination are also issues for PLWHA and youth in marginalised populations.

The peer education program for youth PROSTAR[11] will also continue to explore and include more effective ways to educate young people about HIV.

Pilot programs such as mandatory testing targeting pre-marital couples in Johor have been scaled up to other states by the Department of Islamic Development of Malaysia (JAKIM) and State Religious Departments. However, VCT will continue to be the primary focus for the NSP.

In order to reduce the HIV vulnerability of young people and children, the NSP aims to:

- increase access by young people to life skill based education.

[11] By 2003, there were > 1,000 PROSTAR clubs established reaching out to 600,000 youth

- increase access by young people to youth-friendly health and social services.
- create a supportive environment for HIV prevention for youth.

3.5 Reducing HIV vulnerability among marginalised and vulnerable groups

Stigmatisation for reasons of sexuality, sexual behaviour, substance abuse or of being HIV positive has fuelled the HIV epidemic. This stigmatisation can limit access to appropriate HIV prevention, care and support for people who may be most in need. Poverty is also seen as enhancing vulnerability to HIV.

The NSP focuses on key population groups who are at high risk of HIV infection. These population groups are: commercial sex workers; men who have sex with men; transsexuals; mobile populations (legal and illegal migrants, displaced persons, refugees, and migrant labourers).[12]

The NSP aims to implement a series of comprehensive campaigns targeting these key population groups in order to:

- increase their access to accurate HIV/AIDS, sexual and reproductive health information, education and communication;
- encourage condom use, provide education in correct use and disposal of condoms among high risk groups;
- increase their access to community-based, user-friendly VCT, by increasing the number and geographical coverage of VCT services (including mobile units);
- increase the coverage and quality of outreach programs, by establishing new programs, training of staff (including volunteers) and involving target populations in the design, delivery and evaluation of programs.

Other actions aimed at reducing vulnerability in the short or medium term may include: drafting and amendment of laws and policies that discriminate against specific populations; changing laws that enhance risk; giving special attention to the needs of vulnerable populations like women in ongoing development schemes; ensuring that HIV/AIDS programs are culturally appropriate; and increasing access by vulnerable populations to available services and programs.

3.6 Improving access to treatment, care and support

The Government continues to support a decentralised approach to health services that includes community-based and primary health care through to hospital-based care. It provides psychosocial support including VCT, palliative care, nutritional support and treatment for common opportunistic infections.

Malaysia already provides affordable access to clinical care through the public health system, including free or subsidized access to ARV.

However, the service coverage falls far short of need and demand. The increasing numbers of AIDS cases has the potential to overwhelm the capacity of the health system and available resources. PLWHA in closed settings and those living outside the major cities are particularly affected. The

[12] Other marginalised populations such as injecting drug users and their sexual partners; persons confined in institutions and prison populations; PLWHAs; and children in especially difficult circumstances are considered under other strategies in this document.

geographical coverage of HAART in government hospitals is still not sufficient to achieve the target of 4,000 patients by end of 2005[13].

Strengthening HIV/AIDS care and support services helps HIV-positive individuals live longer, have more productive lives and helps families and communities cope with the impact of HIV/AIDS.

Care, support and treatment can also contribute to effective prevention through increased acceptance of VCT, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems. Identification of individuals through VCT, especially early in HIV infection, encourages early access to care and can effectively limit transmission to others.

The NSP promotes an accelerated and expanded approach to HIV/AIDS care, support and treatment and will include a number of key interventions: clinical care, home-based care, palliative care, psycho-social support, stigma reduction, VCT, legal support, nutrition programs, support for orphans and other vulnerable children, and micro-enterprise and income-generation programs.

The NSP seeks to increase the proportion of people infected or affected by HIV/AIDS that have access to affordable care and treatment. It also aims to improve and maintain quality of life for people living with HIV/AIDS.

The NSP will also improve support to infected and affected children, including orphans. To address the specific needs of HIV infected and affected children the NSP emphasises the need for:

- The provision of appropriate counselling and psycho-social support to orphans and other vulnerable children, and to their carers;
- The provision of HIV/AIDS treatment and care for HIV-infected children;
- Their enrolment in school; ensuring their access to shelter, good nutrition, health and social services on an equal basis with other children;
- Non-discrimination through the promotion of an active and visible policy of destigmatisation of children orphaned and made vulnerable by HIV/AIDS.

4.0 Implementation and Coordination

The responsibility for the coordination of Malaysia's HIV/AIDS response will be held by the AIDS/STD Section of the Disease Control Division within the Department of Public Health of the MOH. If Malaysia's response to HIV/AIDS is to be a central part of national programming, the secretariat of the coordinating authority must be reviewed and strengthened with adequate resources.

It will be responsible for overall coordination, policy analysis and advocacy, monitoring, evaluation and reporting. This secretariat will build and maintain linkages with state and district authorities and facilitate information sharing among the committees.

4.1 Implementing Agency and Co-ordinating Arrangements

Effective co-ordination also requires the adoption of an upgraded model for managing Malaysia's responses to HIV/AIDS. The NSP proposes these upgraded committees and their functions. The organisational committees as shown in Annex 1.

[13] Strategies and Approaches in Scaling–up Antiretroviral Treatment in Malaysia, AIDS/STD Section, MOH, 2005

4.1.1 The Cabinet Committee on AIDS (CCA)

This is an existing though dormant Inter-Ministerial Committee on AIDS which will be now operating at Cabinet level and now chaired by the Deputy Prime Minister. A Cabinet Committee on AIDS will provide a forum for discourse at the highest level on policies for halting and reversing the spread of HIV/AIDS and reducing its impact. The forum will be responsible for ensuring the development and implementation of policies that will enable Malaysia to successfully attain the UNGASS goals and MDGs on HIV/AIDS, ASEAN 2015 drug free goal and ultimately the Government's Vision 2020. This committee will meet at least annually.

4.1.2 The National Advisory Committee on AIDS (NACA)

The National Advisory Committee on AIDS will replace the existing National Co-ordinating Committee on AIDS, with revised terms of reference and composition. Chaired by the Minister of Health, NACA will operate as a high level advisory body to the Cabinet. It will provide a forum for major policy issues relevant to increasing the success of Malaysia's response to the HIV epidemic as well as review progress against the annual work plans and budgets. The National Advisory Committee on AIDS membership will comprise the Secretaries/Directors General of the Ministries and senior representatives (that is, Chairman, President, CEO level) from civil society including, umbrella business groups, religious bodies and umbrella NGOs. It is expected that the members of the National Advisory Committee on AIDS will table the concerns of their grassroots constituents including PLWHA. The UN Theme Group on HIV/AIDS in Malaysia, which include few United Nations Agencies such as UNICEF, WHO, UNDP and UNFPA will serve as observers to this committee. This Committee will meet at least biannually to consider issues-based agenda and provide formal outcome-oriented reports to the Cabinet Committee on AIDS (CCA). Membership should not exceed 20 persons.

4.1.3 The Technical Committee on AIDS (TCA)

This is an existing committee which will continue operation but with a more focused mandate. As MOH will continue as the lead implementing agency for most of the key interventions within the NSP, this committee will be chaired by the Director General of Health of the MOH. The main function of the Technical Committee on AIDS is to develop the annual work plan and budget in the context of the agreed NSP and to review technical issues in relation to the implementation of the interventions. The focal points of governmental and non-governmental organisations will report on the implementation and achievement of their work plan. The Technical Committee on AIDS membership will comprise Directors of the Ministries and working level representatives from civil society including business groups, religious bodies and NGOs. This Committee will meet at least biannually to consider issues-based agenda and provide formal outcome-oriented reports to the National Advisory Committee on AIDS. Membership should not exceed 20 persons.

4.2 Non Government Partner Coordination

The NSP foresees collaboration with civil society organisations in the implementation of this strategy. Consultative mechanisms will be established in an effort to seek a wide variety of viewpoints which would help streamline Malaysia's response to HIV/AIDS. Partnerships will be forged with the non governmental sectors in the delivery of NSP related programs.

4.3 International Partner Coordination

The Expanded United Nations Theme Group on HIV/AIDS in Malaysia serves as a platform for interaction among United Nations Agencies and other major stakeholders in support of Malaysia's national response.

4.4 National Plans of Action for Major Strategies

Fully costed national plans of action will be developed for the six major strategies outlined in Section 3 of the NSP. The MOH is responsible for the coordination of their formulation and submission to the NACA and hence to CCA.

National plans of action may include sectoral plans, appropriate where strategies require sector-wide co-ordination to focus energy and resources, and to avoid duplication.

In order to effectively execute the strategies in the National Strategic Plan (NSP), a comprehensive Action Plan on HIV/AIDS to be developed at national, state and district levels.

5.0 Financing the Strategic Plan

The Government's current budget allocation to HIV/AIDS activities is less than US$10 million per annum[14]. The successful implementation of the NSP will require a significant increase in the current level of resources allocated in response to the epidemic.

Along with increased central budgetary allocation, the NSP proposes the establishment of a fund, which will supplement budgetary allocations. The sources of these funds could include, but not exclusively, additional cabinet approved special purpose budgetary support as well as grants from foundations, business sector, UN agencies, and bilateral donors. The funds would be used as start up funds for attracting larger matching extra budgetary funds. These are expected to be pilot initiatives to test hypotheses. The evidence generated from these pilots would be then used to design models for replication which could be funded externally (extra budgetary).

[14] Situational Analysis and Government Response on HIV/AIDS in Malaysia, AIDS/STD Section, Disease Control Division, Ministry of Health, September 2004

6.0 Monitoring and Evaluation

The AIDS/STD Section of the Disease Control Division within the Department of Public Health of the MOH will be responsible for the central coordination, monitoring and evaluation system for assessing the impact of the NSP. In consultation with the National Advisory Committee on AIDS (NACA) and the Technical Committee on AIDS (TCA), the AIDS/STD Section of the Disease Control Division will provide an annual report to the CCA on the progress against the NSP and the annual work plans and budgets.

The key to the success of the NSP in terms of its effective response to HIV/AIDS in Malaysia is an improved surveillance system (including baseline data as of 2004 and 2005); documentation of targets and outcomes of key interventions, results based management of resources and ongoing monitoring and assessment of lessons learned.

In implementing the NSP, baseline data will be collected for comparison with mid-term and end-term assessments.

Due to the innovative modality of some of the interventions, the scarcity of government data on some of the indicators and the change in strategic focus from previous programs, it will be necessary to undertake specifically developed surveys for the baseline, mid-term and end line assessments.

In addition an on-going monitoring system for process indicators should be developed for assessing progress of implementation and the various components. Key measurable indicators, in line with the UNGASS/MDG framework, should be developed to measure progress towards and achievement of specific objectives.

The establishment of such indicators will require urgent action by implementing partners. The MOH has the principal responsibility for co-ordinating implementing partners, supported by international agencies, to assess existing monitoring and evaluation system design, management and reporting.

6.1 Strengthening of HIV/AIDS Surveillance Systems

This AIDS/STD Section of the Disease Control Division within the Department of Public Health of the MOH will administer through participating hospitals/ existing epidemiological surveillance centres and/or academic institutions a **Surveillance Network** around the country. This Network would be tasked to collect and enter data. The data would be then fed into the national data processing system of the Section.

Data analysis will be done by the Section in collaboration with the National Statistic Department or other such state body and then would be reported to the MOH for dissemination to relevant agencies and partners. The report will also be disseminated to regional and international surveillance systems.

The MOH will be responsible for;

1. Identification and assessment of Network Collaborating Partners (Hospitals/ University Research Centres/ existing epidemiological data gathering units around the country)
2. Development and implementation of a standardised and internationally recognised methodology: with additional support of external expertise provided through the UN Theme Group on HIV AIDS in Malaysia.
3. Staffing the AIDS/STD Section.

4. Capacity enhancement of the staff and Surveillance Network members on methodology, procedures, data bases and term of reference.
5. Equipping the AIDS/STD Section and the Data Collection Centres and linking of databases: proactively the MOH will seek support of the private sector for equipping the data entry centres and the AIDS/STD Section.
6. Monitoring and evaluation of the work of the AIDS/STD Section.

The following types of surveillance would be undertaken:

1. Case based surveillance:
Cases which have been reported will be actively monitored and compiled in a data base.

2. Serum based surveillance:
a. Sero-epidemiology of HIV infection is determined in communities with predisposing risk factors and communities without risk factors. Surveillance methodology includes both voluntary HIV testing and unlinked anonymous screening.

b. Blood and blood product safety: The NSP also aims to further strengthen measures to ensure blood safety and universal precautions will be addressed in the Ministry of Health annual plan on HIV/AIDS. Measures are already in place to ensure the safety of blood and blood products used in transfusions. Ongoing action is needed to promote and monitor universal precautions within all health-care settings and to encourage the adoption of universal precautions by private practitioners.

3. Behavioural Surveillance:
Behavioural surveillance is an experimental system that explores the implication of changes in the pattern of AIDS-related behavioural markers. The Behavioural Surveillance Surveys (BSS) among IDUs and commercial sex workers which has been in place since 2004 will be scaled up nationally.

4. STI Surveillance:
STI surveillance, as proxy indicator for HIV infection, will be an integral element of this HIV prevention strategy. Measures to strengthen prevention and treatment services for STIs, in particular for women and marginalised populations, will be addressed in the NSP on HIV/AIDS.

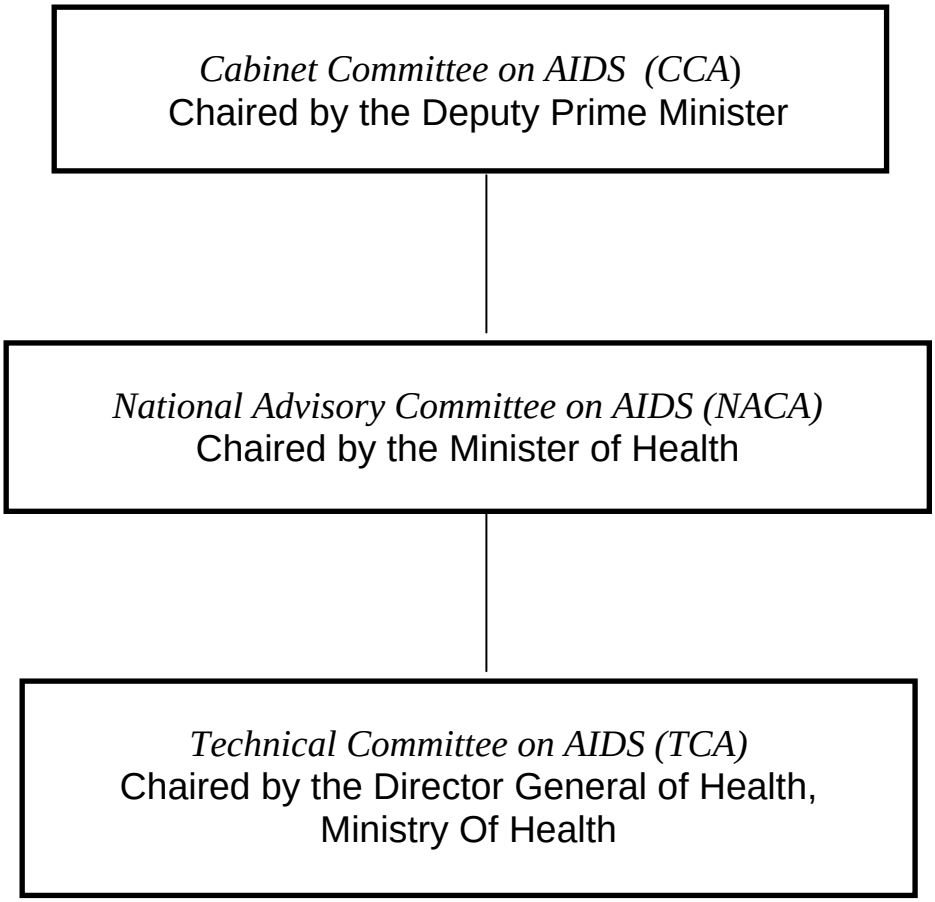
The system would be open to constant improvement and upgrade. Coverage will also be increased to include marginalised populations not currently under specific surveillance programs or routine screening.

ACKNOWLEDGEMENT

On behalf of the Government of Malaysia, the Ministry of Health would like to express its utmost and sincere thanks to all those involved for their invaluable input and contribution in the preparation and formulation of this document.

Annex 1

ORGANISATIONAL COMMITTEES FOR THE NATIONAL STRATEGIC PLAN ON HIV/AIDS (2006 -2010)



Note: The AIDS/STD Section within the MOH is the secretariat to the committees and the umbrella coordinating authority.

Annex 2

Terms of reference and composition of Cabinet Committee on AIDS (CCA)

Terms of reference

1. To determine the vision, policy and national issue concerning HIV/AIDS.
2. To coordinate issue pertaining to decision made with regard to prevention, control, treatment and support on HIV/AIDS.
3. To determine the scope and functions of each Ministry, government agencies, and non governmental organisations pertaining to issues concerning HIV/AIDS.
4. Responsible to the Cabinets on issues pertaining to HIV/AIDS.
5. To have a regular Cabinet Committee on HIV/ AIDS (CCA) meeting at least once a year.

Composition of Cabinet Committee on AIDS (CCA)

Chairman : The Right Honourable Deputy Prime Minister of Malaysia.

1. The Honourable Minister of Health, Ministry of Health Malaysia.
2. The Honourable Minister of Finance, Ministry of Finance Malaysia.
3. The Honourable Minister of Education, Ministry of Education Malaysia.
4. The Honourable Minister of Information, Ministry of Information Malaysia.
5. The Honourable Minister of Women, Family and Social Affairs, Ministry of Women, Family and Social Affairs Malaysia.
6. The Honourable Minister of Youths and Sports, Ministry Youths and Sports Malaysia.
7. The Honourable Minister of Internal Security, Ministry of Internal Security Malaysia.
8. The Honourable Minister of Rural Affairs, Ministry of Rural Affairs Malaysia.
9. The Honourable Minster of Housing and Local Governments, Ministry of Housing and Local Governments Malaysia.
10. The Honourable Minister of Human Resource, Ministry of Human Resource Malaysia.
11. The Honourable Minister of Higher Education, Ministry of Higher Education Malaysia.
12. The Honourable Minister of Prime Minister's Department, Ministry of the Prime Minister's Department Malaysia.