

MALAYSIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNDP, UNODC, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In Malaysia, efforts were made to identify unreached populations, their needs, and challenges around access to services to strengthen implementation of evidence-based programmes and ensure no one is left behind in the national HIV response and other essential public services. For instance, the Joint Team strengthened the country's efforts to scale up antiretroviral treatment (ART) service and retention among vulnerable and key populations, including refugees and migrants. Community-led home delivery of ART, tele-counselling, and financial support to cover the cost of treatment and transportation to follow-up services further reinforced access and adherence to treatment. The Joint Team also initiated an assessment of drug use trends and behaviours that put them at risk of acquiring HIV and other communicable diseases. Technical assistance for resource mobilization, capacity building, and community engagement helped improve integration of HIV and health services and promote uptake of HIV and COVID-19 prevention and care services among key populations, while joint advocacy further ensured the inclusion of migrants in the national COVID-19 vaccination programme.

HIV TESTING AND TREATMENT, AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

Technical and financial support from the Joint Team continued to expand ART services among vulnerable people living with HIV in Malaysia. For instance, the Joint Team covered the cost of ART for 79 people living with HIV that could not afford their treatment. The Joint Team also supported the roll out of periodic viral load tests for people living with HIV and provided cash assistance for people who could not afford follow-up fees due to loss of livelihoods and restriction measures associated with the COVID-19 pandemic. This helped improve treatment adherence and health outcomes of 50 refugees living with HIV in 2020-2021.

A partnership with Imam Relief and Response Team (IMARET) enabled 50 refugees living with HIV to access phone counselling services and cash assistance for follow-up care significantly improving their adherence to ART and retention in care. The Joint Team, in collaboration with IMARET further supported home-delivery of ART and phone counselling for 35 people living with HIV, who had difficulties collecting their supply during the COVID-19 pandemic and encourage them to adhere to their treatment plan.

The Malaysia AIDS Council was supported to set-up a free online training module on delivery of quality and differentiated treatment and care for key populations ensuring continuous capacity development among employees of non-governmental organizations (NGOs). Certified by the Ministry of Health, the training module is expected to reach 238 case and outreach workers annually and add value to the national HIV response.

The Joint Team continued to support and lead the validation process for the elimination of mother-to-child-transmission of HIV (EMTCT) and syphilis in Malaysia. In 2021, the team collaborated with the Global Validation Advisory Committee (GVAC) in preparing the country for a virtual preliminary mission aimed at reviewing progress towards EMTCT with particular focus on human rights, gender equality and community engagement. However, the EMTCT maintenance review process planned for 2020 was postponed due to the COVID-19 pandemic.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The National Anti-Drug Agency (AADK) in Malaysia attributes most of the Amphetamine-Type Stimulants use to adolescents and young people (aged 13-39), increasing their risk to contracting HIV and other sexually transmitted infections (STIs). In this view, the Joint Team in partnership with the Centre for Excellence in Research for AIDS from the University of Malaya (CERiA) initiated Project Youth, which aims to conduct in 2022 a survey on young people's opinions on drug policy, and drug use trends and behaviours that put them at risk for HIV infection. The project aims to generate strategic information to inform the Malaysian drug policy, to better address the needs of the young people, preventing them from harmful substance use and the risk of getting HIV and other infectious diseases, including STIs and viral hepatitis.

Since 2018, an estimated 55% of prison inmates in Malaysia were incarcerated due to drugs-related offences, according to the Department of Statistics. The Department further reported that a drug policy reform, including amendment to the Dangerous Drug Act has the potential to decriminalise thousands of people who use drugs and thousands more who face detention annually across the country. In response, the Joint Team in collaboration with CERiA supported a study focussed on updating drug threshold quantities to distinguish between drug use, drug supply and drug trafficking towards decriminalizing drug possession for personal use. The Joint Team also initiated the development of a training module and mobile app aimed at increasing access to justice and legal support among people who use drugs or living with HIV. Upon completion, the training module will be used to train judges and legal aids improving their awareness around drug use and drug dependence in Malaysia, national HIV policies and drug use laws from the perspective of common human rights issues in arrest, remand, and sentencing procedures; and the mobile app will help expand access to legal aid and justice to 1000 people living with HIV and people who use drugs, and create a network of 40 legal aid providers to attend the legal needs of these groups.

HIV AND HEALTH SERVICE INTEGRATION

Technical assistance was provided to the Malaysian Country Coordinating Mechanism and the Malaysian AIDS Council for the development and submission of the Global Fund grant proposal for 2022-2025, focusing on HIV and building resilient and sustainable systems for health. As a result, US\$ 3 964 273 was mobilized for the HIV response and over US\$ 800 000 was allocated for community systems strengthening, health management information system, and monitoring and evaluation.

To ensure effective management of HIV and Hepatitis C coinfections, the Joint Team initiated a long-term plan to build national capacity for generating HCV estimates and projections using most recent and relevant data. A five-day training workshop was conducted for 40 multidisciplinary trainees from national health institutions improving their knowledge and skills on infectious diseases modelling.

In 2020-2021, the COVID-19 Incident Management Team was supported to rollout risk communication and community engagement initiatives, develop national strategies for COVID-19 response and disseminate official technical guidance documents to healthcare staff and other stakeholders. For example, five civil society organizations—MERCY Malaysia, Make It Right Movement, Malaysian AIDS Council, Galen Centre, and Asia Pacific Consortium for Public Health—were supported to implement community engagement initiatives reaching over 13 000 people including persons belonging to the lowest income group (bottom 40%) in urban settings, caregivers, people in prisons and closed settings, and other unreached communities with COVID-19 messages and support.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Sustained advocacy and technical support were led by the Joint Team in 2020-2021 to ensure no one would be left behind in the HIV response, and beyond. For instance, the Joint Team successfully advocated for the inclusion of all non-citizens, such as migrants, refugees, and asylum seekers in the National COVID-19 Vaccination Programme. Persons with specific needs and challenges, including people living with HIV were also identified and supported to access COVID-19 vaccination services.

Malaysia is also one of six countries included in the regional consultation for the development of the World Health Organization's Reaching the Unreached (RTU) Strategic Framework. With this view, the Joint Team sustained technical support for mapping unreached populations and identification of priorities, gaps, key cross-cutting issues, and inter-agency stakeholders. The mapping initiative identified populations including undocumented migrants in East Malaysia, and people in prisons and detention centres who are unreached by the HIV response or other healthcare services, people with stigmatized health conditions, such as HIV, Hepatitis C, or stigmatized behaviours such as drug use, and from socio-demography categories for example, urban poor, indigenous, and LGBTI communities. These crucial efforts contributed to SDG 3 (health), SDG 1 (poverty), SDG 2 (zero hunger), SDG 5 (gender equality), and SDG 6 (water and sanitation).

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic disturbed implementation of planned programmes and the continuity of facility- and community-led HIV prevention, testing, treatment, and support services. Pandemic-related social restriction measures increased the vulnerability of people living with HIV and key populations, including refugees and asylum seekers. Lessons from this experience showed the need to put in place a contingency plan in the case of disruption of planned initiatives.

Adherence to the principle of leaving no one behind has been challenging, particularly regarding the inclusion of refugees in the national health and social protection programmes and policies during the COVID-19 pandemic. There is a need to for an effective collaboration and advocacy to promote a humanitarian and compassionate approach in the implementation of health and social protection programmes.

The EMTCT certification awarded in 2018 came with a series of follow-up actions on human rights, gender equity and community engagement. Community-driven reports on issues around human rights and sexual reproductive health and rights highlighted inadequate community representation and engagement in the country, especially among and for women living with HIV.

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