CHAPTER FIVE

5.0 HIV/AIDS IN MALYSIA

Acquired Immunodeficiency Syndrome (AIDS) is a complex disease, which is characterized by the state of the immune incompetence and the presence of various opportunistic infections and is caused by the Human Immune Deficiency Virus (HIV). HIV/AIDS is not merely a health and medical problem. It has a serious impact on the social and economic aspects of the communities and countries. There are many social sensitivities and stigma attached to the problem that need to be considered in an effort to fight the epidemic.[1]

The first AIDS case in Malaysia was reported in December 1986. An American of Malaysia origin fell sick and succumbed to pheumocystis carini pneumonia. He was found to be infected with HIV. Since then the number of HIV infections reported to the Ministry Health continue to rise. By the end of December 2000, the cumulative total of HIV infection reported to the Ministry of Health was 38,340 cases, out of which 4,772 were AIDS cases. Most of AIDS cases and HIV infected persons are within the age group of 20-40 years. By ethnicity, the majority of the reported HIV infected individuals are Malays, followed by Chinese, Indians, other minor ethnic group and foreigners.

The use of contaminated needles and sharing of needles among the drug users is the main mode of HIV transmission in the country. Majority of the reported AIDS cases and HIV-infected persons contracted the infection through sharing of contaminated needles. Transmission through sexual intercourse accounted for 23.7% of the AIDS cases and 10.8%

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[1] Plan of Action for the Prevention and Control of HIV Infection. AIDS/STD Section Disease Control Division Department of Public Health Ministry of Health Malaysia. P.1

of the HIV carries. The majority of the HIV infected persons are injecting drug users. They are young, most of them are sexually active and some of them are married. They are therefore a potential source for the spread of the disease, either through sexual intercourse or through the sharing of needles. The disease can be transmitted to the wives and subsequently to their babies. As the magnitude of sexually active individuals increases, the potential for infection to spread through sexual activities is very great[2].

During the period, 1990 to 2000, the annual reported cases of HIV infection showed an increase ranging from 778 to 5,107 a year. In the same period, the number of AIDS reported to health authorities rose from 18 to 1,168. In the past 4 to 5 years, the increase in new symptomatic HIV infection appears to be in smaller proportion. However, the number of AIDS cases and deaths continues to show a rising trend from 10 deaths in 1990 to 882 in the year 2000. The main mode of transmission is intravenous drug use (74.6). As in other parts of the world, Malaysia, too, is concerned with the increasing trend of heterosexual transmission from 4.9% in 1990 to 17.7% in 2000 and vertical transmission from 0.10% in 1995 to 16.1% in 2000 of HIV.

The youths and young adults' infection rate is 74.80% with the highest among young adult age group of 20 to 39 years. Those above 40 years follow it, which is 17.80%. As of December 2000, HIV infection in children below the age of 13 years was 30%. While studies did locally showed that 6.18% of youths aged between 13 to 15 years are believed to be at risk for sexual transmission of HIV, the infection rate continued to be high among men , but in the year 2000, the proportion of women infection with HIV has risen from 1.2% in 1990 to 9.4% and those with AIDS rose from 3.3% in 1993 to 8.3% of the total cases detected

[2] In-Country Consultation on HIV/AIDS 2001 Country Report. Ministry of Health. P.3

respectively. The result of the large scale mother to child transmission (MTCT) screening program initiated in 1998, represented 5.62% in 1999 and 6.0% in 2000. The transmission rate of women without intervention is known to be between 15%-25% in industrialized countries and 25.35% in developing countries.

Mobile population and migrant workers, of the total new HIV infection in the year 2000 were: fishermen (4.4%) and long distance drivers (3.2%) respectively. A cumulative of 1,958 foreigners infected with HIV was reported to the Malaysian Ministry of Health between 1989 and 2000. The majority of infected foreigners were imported foreign workers. A national consensus meeting held in Malaysia in 1998 with technical support from the WHO emphasized the cumulative projecting rate of HIV infection in Malaysia for the year 2003 was 90,000 cases, out of which 7,900 are predicted to be new infections. The prevalence rate is projected to be 0.30%. The HIV/AIDS impact on the social and economic development in the country has created an impetus for a multi sector approach to HIV/AIDS prevention, control, treatment and care.

While Ministry of Health has been entrusted with the lead responsibility for the national AIDS program in Malaysia, it does this by harnessing, strengthening, and orchestrating all expertise through strategic alliance and networking with other agencies and non-government organization[3]

The current HIV/AIDS situation in Malaysia is by and large not alarming when compared with some other countries. But effort is geared up in curbing the spreads of the virus, like screening and confirmatory methods. HIV screening and confirmation in Malaysia

[3] In-country Consultation on HIV/AIDS 2001.Country Report. Malaysia Ministry of Health 2001p.20

is done using the enzyme-linked immune-assay method, rapid tests of particle agglutination, line immune assay and polymerase chain reaction tests. Incidence and prevalence rates are based on routine passive and active surveillance routine, routine screening of intravenous drug users, blood donors, people with sexually transmitted disease infections, sex workers, antenatal mothers and individuals who visit the screening centers and as well as the government hospital screening programs on samples obtained from the wards and clinics [4]

5.1 STATISTCAL TABLE of HIV/AIDS CASES AND DEATHS IN MALAYSIA

Table 3 : By Year From 1986- April 2001

Year	HIV	AIDS	Deaths
1986	3	0	0
1987	2	0	0
1988	9	2	2
1989	200	2	1
1990	788	18	10
1991	1,794	60	19
1992	2,512	73	55
1993	2,507	71	55
1994	3,393	105	80
1995	4.198	233	165
1996	4,597	347	271
1997	3,924	568	473
1998	4,624	875	689
1999	4,962	1,200	874
2000	5,107	1,168	882
2001	1,709	381	314
Total	**40,049**	**5,103**	**3,881**

[4] ibid p.21

Table 4 : By Factor Classification

Factor classification	HIV infection	Percentage	AIDS	Percentage
Male	37,891	94.6	4,750	93.1
Female	2,I 58	5.4	353	6.9
Total	40,049	100	5,103	100

Table 5 : By Age Group

Age group	HIV infection	Percentage	AIDS	Percentage
2 years	76	0.2	12	0.2
2-12	209	0.5	76	1.5
13-19	712	1.8	189	1.7
20-29	15,280	38.2	1,095	21.3
30-39	17,256	43.0	2,275	44.6
40-49	5,032	12.6	1,073	21.0
50 years	869	1.5	372	7.3
Unknown	615	1.5	21	0.4
Total	**40,049**	**1000**	**5,103**	**100**

Table 6 : By Ethnic Group

Ethnics group	HIV infection	Percentage	AIDS	Percentage
Malays	29,042	72.5	2,967	58.1
Chinese	6,123	15.3	1.517	29.7 %
Indians	3,500	8.7	405	7.9
Bumiputra Sarawak	55	0.2	31	0.6
Bumiputra Sabah	43	0.2	12	0.3
Others in Peninsular	258	0.6	85	1.7
Foreigner	1008	2.5	84	1.7
Unknown	615	1.5	21	0.4

Table 7 : By Transmission based on Risk Factor

Transmission based on risk factor	HIV infection	Percentage	AIDS	Percentage
IDU	30,575	76.3	3,065	60.1%
Needle prick	0	0.0	0	0.0
Blood receiver	18	0.0	8	0 2
Organ receiver	3	0.0	1	0.0
Homo/Bisexual	349	0.9	86	1.6
Heterosexual	4,375	11.0	1,221	23.9
Mother to child	237	0.6	64	1.3
Unknown	4,492	11.2	6,58	12.9
Total	**40,049**	**1000**	**5,103**	**100**

Table 8 : By Sector Occupation

Sector occupation	HIV infection	Percentage	AIDS	Percentage
Unemployment	5,498	13.7	1,127	22.1
Government staff	184	0.5	51	1.0
Student	42	0.1	15	0.3
Uniformed bodies	303	0.8	60	1.2
Fishermen	1,685	4.2	200	3.9
Factory worker/ Industry	2,068	5.2	252	4.9
Private staff	298	0.7	84	1.7
Sex worker	223	0.6	25	0.5
House wives	476	1.2	83	1.6
Long distance drivers	743	1.9	122	2.4
Others	10,186	25.4	1,194	23.4
Unknown	18,343	45.7	1890	37.0
Total	**40,049**	**100**	**5,103**	**100**[29]

Source: Ministry of Health Malaysia, prepared by Malaysia AIDS council, April 2001

5.2 Malaysia National Technical committee on AIDS

The national technical committee on AIDS was established in 1999. It was chaired by the Director General of Ministry of Health and Services. The committee is responsible to formulate, evaluate and review the technical aspects of the national HIV/AIDS prevention and control program. Under this committee there are two sub-committee, i.e. committee on HIV/AIDS prevention which is chaired by the Deputy Director General of Health (public Health), and committee on patient management which is chaired by the Deputy Director General of Health. The National coordinating committee on AIDS is responsible to provide a platform for various government agencies and non-governmental organizations to discuss social, economic, cultural, religious, legislative and other issues related to the prevention, control and management of HIV/AIDS in Malaysia.[5]

[5] Plan of Action for the Prevention and Control of HIV Infection. AIDS /STD Section Disease Control Division Department of public health Ministry of Health Malaysia. P.19

The Malaysian populations need to be educated on HIV/AIDS, how it can be prevented as well as issues related to it. The mode of infection of HIV that is well known in Malaysia could serve as the measure to stop the spread. The virus that causes AIDS has entered Malaysia. So the ultimate war against the HIV virus is to affect comprehensive program towards combating the root of the spread.

5.3 MALAYSIA'S CASES OF HIV/AIDS PROBLEMS AND PROSPECTS

In Malaysia, the war against AIDS had long begun, the campaign is quite intense, and the primary target is to change the people's mind-set in relation to behavior or lifestyles that promote HIV infection, like drug users.[33] Initially, it was a welcome concern that Malaysia had a low prevalence rates of HIV/AIDS since the first case was diagnosed in December 1986, as was noted in the Chapter One of this research study. But a representative of the United Nations Drug Control Program, Dr.Sandro Calvani warned, "Malaysia will have HIV/AIDS epidemic to deal with if policies are not implemented fast enough." There is political will but there is no sense of urgency and the "trickling down" of that political will to accelerate action".[34] The Universiti Sains Malaysia with World Health Organization (WHO) conducted a study on lifestyles of fishermen in Kuala Muda and they found out that 300 fishermen are drug users as well as tested HIV positive".[35]

A report from Kuala Lumpur states that a total of 535 AIDS patients succumb to the disease in the first seven months of the year (Deputy Health Minister, Datuk Seri Suleaiman Mohammed said this at Dewan Negara). During the same period 4,155 Malaysians were reported to have been infected with HIV. Of these, 733 have developed AIDS with Selangor

[33] Malaysia AIDS charter: Law and Ethics Committee. Malaysia AIDS Council, 2001, p.13
[34] The Sun, October 22, 2002, p.9

having the highest number of HIV carriers at 932 cases, Johor at 786 cases, Terengganu at 401 cases, Negeri Sembilan at 379 cases, Perak at 370 cases, Kelantan at 267 cases and Pahang at 265 cases, [36]

The United Nations gave a figure of 14,000 AIDS orphans in Malaysia, which was concurred by Malaysia AIDS council President Datin Paduka Marina Mahathir".[37] While the former Minister of Health, Datuk Chua Jui Meng stated, "the nation will lose much from HIV/AIDS epidemic, the future loss of income due to HIV/AIDS epidemic can amount to RM441 million in Malaysia over 25 years if the disease is left unchecked." The average survival time after onset of the illness is one year and if a person infected is unable to work during that year and upon death, he foregoes 25 years of output and income, the future income foregone is about RM88, 000".[38]

Following this dilemma, the Ministry of National Unity and Social Development has set up two committees to formulate a national module on reproductive health and education on sexuality. The module would form the basis where educational institutions, community organizations, parents and guardian as well as NGOs can turn to as a source of reference".[39] Religious classes can help fight AIDS menace, reports Joseph Masilamany in Petaling Jaya. Young people, especially those who are drug users and others with HIV/AIDS, have often attributed their plight to lack of religious knowledge, both at home and in the school. This the reason why our leaders, both religious and civil, must seriously re-examine the introduction of pupil's religious classes in our educational system"[40]

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[35] The Star July 16, 2002 p.17
[36] The Star September 16, 2002, p. 13
[37] The Star October 10, 2002. p. 10
[38] The Sun October 12, 2002 p.12
[39] The Sun November 19, 2001. p.26
[40] The Sun June 27, 2001. p.26

There was problem of disagreement between MAC and the government over the blueprint for Malaysia AIDS Charter. The sources stated that while MAC looks on the Charter as ideals to strive and achieve, the government believes the Charter must reflect what is being done now or can be done immediately. The government's perception is that harm reduction methods and information about them are against religious and moral values particularly Islam, because; condom promotion promotes and tacitly condones sex outside marriage, needle exchange is seen as promoting injecting drug abuse.

Legislative/Regulatory conflicts, conflict with or not protected by existing laws, regulation of anonymous testing–conflict with the need for accurate surveillance i.e. risk of double reporting and need to contact trace so as to help and protect the sex partner of those tested harm reduction methods such as needle exchange / condom is prohibited to the general public and especially in prisons and detention centers; needles and condoms used are evidence of criminal drug abuse and commercial sex work. The proposed solutions: the Charter and religion/morals need not be incompatible at least, the right to full and frank information including harm reduction. It is too simplistic to view extra-marital sex or injecting drugs as sinful, but rather must consider the potential for infection of legitimate spouse and or any future children and its effect on dependents and caregivers of people living with HIV/AIDS and the nation as a whole.[41]

The Malaysia AIDS Council advanced a number of health education bench mark for fighting HIV/AIDS These indices include data and trend; including various reduction; basic medical information and universal precautions; counseling, care and support of people HIV/AIDS, legal and ethical values, shared religious values and principles; socio-economic

[41] The Malaysia AIDS Charter: problems in achieving its objectives; prepared by Law and Ethics Sub-Committee, Malaysia AIDS Council, 1998, pp 1-2

impacts; vulnerability and special issues relating to women and children.[42] In the same continuum Malaysia AIDS Charter states thus:

> "The HIV/AIDS education shall be on going, easily understood target special groups, and cover al sectors of the population; integrating into the existing methods for disseminating information could be improved by exploring innovative methods for captive audience"[43]

In another dimension, Malaysia Ministry of Health provides for screening antenatal mothers, which the objective is thus: to detect HIV infection among the pregnant women at early stages of pregnancy; to provide counseling and treatment for the infected women; to reduce the risk of vertical HIV transmission; to obtain comprehensive information on the HIV infection in the country[44]

Apart from screening pregnant women, in the local context, population or groups defined as at risk of HIV/ AIDS are the homosexuals/bisexuals, prostitutes, intravenous drug users, patients with other sexually transmitted diseases and those who have sexual contact with them The Ministry of Health believes that it is important to identify early people who are infected, so that they be treated and counseled. The crux of the matter is that majority of those infected do not know that they are infected with HIV, as there is no obvious sign or symptom. HIV infection can only be identified based on the presence of HIV antibody that can be identified through the blood test. So the objectives of HIV screening program are: to identify early those infected with HIV, to provide treatment and counseling for those

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[42] Plan of action for the prevention and control of HIV infection, AIDS/STD Section of Disease Control, Department of Health, Ministry of Health Malaysia, pp 58-59.
[43] Malaysia AIDS charter: Law and Ethics Committee. Malaysia AIDS Council, 2001, pp 60-61.

screened; together information about the incidence and risk factors for HIV infection in the country"[45]

At national level, to plan and coordinate the implementation of the screening program; to compile the report from all the states and the state level, to plan and implement the screening activities at the state level; to prepared and maintain the report on screening activities and the screening of the prisoners. Prisoners in all prisons in the country are to be screened for HIV antibodies, priority needs to be given to those who have the risk factors such as homosexuals, bisexuals intravenous drug users or prostitutes; the screening is done on admission and repeated after three months, if the initial screening is not reactive, screening should be done again one month before they are due for release; pre-text counseling needs to be given before the result of the test is given to the individuals[46]

The above agenda put forward by Malaysia government and Malaysia AIDS Council is a forthright mechanism, a giant stride forward in combating HIV/AIDS in this country, well acknowledged are various machinery in motion to achieving this objective.

5.4 Malaysian Government Early responses to HIV/AIDS

When opening the 5th International Congress on AIDS in Asia Pacific (ICAAP) in Kuala Lumpur Malaysia in October 1999, the former Prime Minister of Malaysia, Dr. Mahathir Mohamad proposed that a summit of the Asian-Pacific Heads of Governments be convened to discuss the many emerging issues regarding HIV/AIDS pandemic, affecting the region,

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[44] Plan of action for the prevention and control of HIV infection, AIDS/STD Section of Disease Control, Department of Health, Ministry of Health Malaysia.
[45] ibid
[46] ibid

and requiring concerted national, regional and global collaborative actions to halt the devastating effects of this disease. The former Prime Minister urged the ASEAN Heads of Government summit on HIV/AIDS to be reconvened again for a better coordination of efforts in recognition of the trans-border nature of the pandemic and the need for urgent action to combat it.

Taking cognizance of this noble call on both Asian-Pacific and ASEAN by the The former Prime Minister, Dr Mahathir, Malaysian has shown an exemplary role model laying early enough the groundwork for fighting HIV/AIDS in the country which they did by setting up the national AIDS task force, consisting of inter-governmental agencies (NGOS), and interested individuals. The late eighties was one of the earliest government's responses to AIDS epidemic in Malaysia. At this time, a national servo-surveillance survey was done in 1985 and more than 1,000 samples did not detect antibodies to HIV. In 1992, inter-ministerial committee on AIDS (chaired by the Honorable Minister of Health) was set up to advice the cabinet on policies, issues and strategic plans for combating the epidemic. A national technical committee on HIV/AIDS was also set up tp streamline issues pertaining to patient care, prevention and control, laboratory services, training and research. A national coordinating committee on AIDS was also established to facilitate collaborative inter-sector actions annually; the Minister of health also holds dialogue sessions with NGOS, the private sectors as well as the professional bodies in which key issues on HIV/AIDS are discussed.

Although, there were other pressing social and economic needs, the government took note of the global crisis and allocated an amount RM210 million to combat disease in 1995. This was a huge amount given to any single public health program in Malaysia at that time. Malaysians non-governmental organizations responded very early to the epidemic, realizing

that communities and community based organizations have a crucial role to play in the care and support of people with HIV/AIDS. Key officials from the ministry of health initiated and facilitated the establishment of the "Malaysian AIDS Council' (MAC) IN 1993, as an umbrella multi-sector organization involved in HIV/AIDS prevention and care.

MAC was given the task of coordinating the activities of its affiliates. Since then, MAC has been playing vital role in advocacy and capacity building for recognizing and complementing governments efforts in the fight against AIDS. More than RM10 million has been allocated to NGOs in Malaysia to help in HIV/AIDS prevention and control programs, especially targeting the marginalized communities. The Non-governmental collaboration can be further improved for example through greater involvement of the people infected by HIV for consensus meetings, decision making implementation and evaluation.

The collaboration at the International level can be achieved through international organizations such as UNAIDS, UNDP and World Health Organization(WHO) which have offices in Kuala Lumpur. Collaboration at ASEAN level has been achieved through the ASEAN Task Force on AIDS known as (ATFOA). Since 1993, Malaysian has been playing a key role in the preparation for the special sessions on HIV/AIDS at the ASEAN formal Heads of Governments Summit. One of such performance was at the ASEAN Heads of Governments Summit in Darussalam in November, 2001. The Malaysia' Ministry of Health believes that epidemiological survey is one of the components that the government has a key role to play. However, it acknowledges some of the drawbacks of the current surveillance system which include the lack of collective information on statistics such as place of residence, occupation and other risk factors.

The present system of data collection will be upgraded in order to accurately reflect the prevalence of the disease, especially for the female and youths populations. Data from other ministries and non-health organizations/ sectors will captured and fully used utilized for future programs like planning and intervention strategies. Behavioral components are also being studies. The ministry of Health also hopes to fully capitalize on the tele-health projects currently being undertaken to strengthen efforts in this area. As in most parts of ASEAN, the Malaysian government primarily bears the responsibility to intervene broadly and to provide curative and preventive health care for its citizens. This responsibility has not diminished with the emergence of the AIDS epidemic. For example, HIV/AIDS treatment protocol and guidelines issued by the Ministry of Health are already in use. Combination therapy is given free to children, antenatal mothers, patients who acquired the infection through infected blood/ products and health care workers who acquired the infection at work. Others will depend on affordability and presently they only receive one subsidized drug (AZT, DDI or DHT). Free HIV testing and counselling is widely available at all government hospitals, although viral blood testing and counselling is only available in most of the hospitals that have the capacity to manage HIV and AIDS cases. This is now being incrementally made available in health centers as well. As with other communicable diseases, the government has acknowledged the fact that laboratory facilities as well as personnel needed to be constantly upgraded in order to actively face the challenges posed by HIV/AIDS epidemic46.

As at now, community and home care for AIDS patients are few in Malaysia and those available are mainly concentrated in the Klang Valley and other urban areas. Currently, there are no hospices available for AIDS patients. There is need to get more volunteers, as community based organizations and religious bodies to provide out-reach after care and rehabilitation support to people with AIDS.

With screening programs, counselling, treatment and follow-up for the marginalised groups in rehabilitation centers (prisoners identified with risk factors, inmates of drug rehabilitation centers and sex workers) are routinely done when they are in centers for sex workers, more need to be done once they are discharged, services also need to be on HIV/AIDS prevention and education. The shortage of trained counselors and volunteers who are knowledgeable in HIV/AIDS, and harm reduction alternatives and techniques in particular at the drug rehabilitation centers are some of the problems facing HIV/AIDS patients once they are discharged from the these centers. Clients of private rehabilitation centers and sex workers not arrested by the police are currently not covered by screening program. The perceived "double stigma" faced by transsexual when admitted to hospitals has to be addressed. Guidelines on the management of HIV-infected for non-Muslims in Malaysia have to be developed.

Experience with HIV prevention among mobile populations has revealed that HIV/AIDS prevention is not their concern; rather they are concerned with livelihood and survival. However, in view of the fact that HIV infection is increasing among foreigners (from 39 cases in 1990 to 107 in 2000) and also in long distance drivers and fishermen (ranging 3.7%). It is imperative to develop preventive interventions and action program for them. Such programs must be based on understanding of the problems, their perspectives and needs. Programs to be considered include post-arrival orientation for migrant workers, issuing of appropriate information materials, adequate pre and post HIV test counselling services and elimination of barriers that discourage migrants from going for testing and treatment, referrals to countries of origins and obtaining all the necessary information on cure and prevention.

Gender based programs are those that establishes an enabling environment that empowers both men and women as partners in preventing HIV infection and to cope with the disease and its impact more successfully. Programs that target women directly or indirectly has continued to be the focus of Malaysian Government especially in the area of mother-to-child transmission of HIV. This has helped to improve the chances of HIV positive mothers to deliver healthy babies. By 2000, only 11 out of the 195 HIV positive mothers were found to be HIV positive. Since 1998, when the program was initiated, the Ministry of Health has allocated more than RM2.50 million for HIV screening kits. Each district in the country has been asked to conduct at least 2 awareness campaigns on "Women and AIDS". Gender-based programs need to be expanded to cover men and to concentrate on behavioral change and skills developments in addition to education[47].

The government acknowledges that partner notification within 24 hours is unrealistic for a person who has just been informed of his HIV status. The notification has now been proposed to be on a case by case basis resulting from post counselling sessions which poses far reaching development and security implications. HIV/AIDS has emerged as a priority for all governments and international organization. In participating in ASEAN Heads of Governments Summit, Malaysia advocates an approach to HIV/AIDS which emphasizes on human security, human rights for all mainstreams of gender issues, education and information, community participation, interaction with religion and culture, and the role of the media.

Our future priorities include alleviation of socio-economic impact of HIV/AIDS and support for people with HIV and AIDS. As with most countries in the region, Malaysia

recognizes the fact that HIV/AIDS poses substantial threat to the economy and social stability of the nations affected. Top-level political commitment will be maintained and a range of multi sector approaches such as pro-employment infrastructure and business investments will be implemented to reduce the factors such as migration and poverty which contributes to HIV spread and continued support to affected families and individual are equally important.

The challenges of accessibility to treatment and care are significant to health care needs while taking resource constraints into account. Malaysia is trying her best to set the best standard of care for clients regardless of their HIV status. The integration of HIV/AIDS programs into existing medical and health services, i.e. being strengthened and changes are being made to health care infrastructure to improve patients' welfare. As the stage of the epidemic progresses, the number of AIDS cases and the lost subsidy will escalate rapidly, thus drawing resources from other social needs. Such a subsidy will become unaffected at some point in the future and will be perceived as unfair by people who need other forms of government's assistance. One way is to reduce the future costs of HIV/AIDS in Malaysia by enabling access to free and voluntary HIV counselling testing treatment, nutritional services, cost-effective insurance policies, youth and gender friendly services. The emergence of this disease has also opened pathways of new partnerships with local pharmaceutical industries and supporting innovative approaches to drug access and treatment.

HIV education for men, women and youths in schools and other institutions of higher learning as well as non-formal education will play a leading role in preventing HIV infection stigma and discrimination through a number of ways, not just by disseminating information per se but also in creating an enabling environment and inclusion of gender sensitive education about sexuality, life skills and behavior change. To be encouraged, accurate and

culturally sensitive education services and technologies for gender framework with particulars emphasis on gender roles and health of men, women, and youths needs to be put into consideration.

Research and HIV information managing system is an indication that accurate HIV/AIDS surveillance is a beacon for action against the epidemic. Baseline epidemiological survey's, cost-effectiveness studies and research to clarify links between HIV/AIDS and various factors such as gender, youth, human rights, mobile and migrant populations as well as impact studies to identify effective intervention strategies need to be strengthened. In this era of paperless and electronic government, an updated, computerized HIV/AIDS information management system will be established to enable better program planning, implementation, monitoring, evaluation and mapping of the epidemic.

Training and capacity building is one of the many notable elements towards improving standard of health care in a country through constant upgrading of skills and knowledge amongst its medical and health personnel. To face the challenges posed by AIDS epidemic, training will be expanded to the non-health sectors in the country. In realizing this objective, Malaysia is committed to the continuation of multi-sector education consultation, information exchange, sharing of good practices and technical know-how, building skills and policy development through consultative processes, dialogue sessions, seminars, workshops, and conferences. It is important to reach out to the drug users on the streets. The use of former drug users and volunteers as per educators is important. This approach has been one of the key success stories of the work of NGOS. Support for the NGOS in reaching out to marginalized communities and other IDU's such as men who have sex with men, sex workers and foreign migrant workers is also important. Another key area which the government

recognizes is the HIV vulnerability among the long distance drivers and fishermen. The underlining situation should be studies both locally and regionally and findings shared within the region. Pre-arrival and post-arrival orientation program for workers and adequate pre and post HIV test considering services need to be implemented with regional cooperation.

Summarily, Malaysia's priorities shows that there is need to meet the constant needs and demands of evolving patterns of AIDS epidemic. Multi-sector responses to meet the challenges of HIV/AIDS should include broad-based action program and active participation of non-health sectors to identify priorities and problems that can be collaboratively addressed. To succeed in preventing HIV transmission, simultaneous efforts on many fronts with pluralistic approaches are necessary. These include using media campaigns, reaching out to the marginalized communities, constantly upgrading health facilities and its personnel, inculcating and encouraging volunteerism, mobilizing existing community structures and community based projects. To ensure a truly multi sector approach and involvement of all sectors of the society, care and support of PWAs and those affected by the pandemic are encouraged. Involvements of top-level policy makers and politicians as well as religious leaders are also equally important. Malaysians have responded fairly well to curb the pandemic. All affected parties need to periodically evaluate their strategies, roles in facing up to the challenges ahead and beyond.

Priority programs based on the current situation shows that the HIV/AIDS impact on the social and economic development of Malaysia has created an impetus for a multi-sector approach to HIV/AIDS prevention, control, treatment and care. Whilst the Ministry of Health has been entrusted with the responsibility for national AIDS programs in Malaysia, it does this by capitalizing and strengthening all expertise through strategic alliances and

networking with other agencies such as NGOS, supporting the country's efforts to mount effective and comprehensive response to HIV/AIDS, and other priority programs guided by the objectives to prevent the spread of HIV/AIDS and to reduce personal and social implications. The main priority thrusts in the prevention and control of HIV/AIDS include the following activities; ensuring safety blood and blood products, prevention of HIV and AIDS amongst youths, healthy lifestyles campaigns for the general population, ensuring that care and treatment are available to those infected with the disease, support to institutions and communities, safeguarding against stigmatization and discrimination, encouraging multi-sector responses towards the HIV epidemic, nurturing national and regional cooperation in HIV/AIDS programs, national HIV/AIDS surveillance, and other related activities and programs.

The Ministry of Health Malaysia has realized that the list above is not exhaustive and is also constantly evolving. Some programs such as ensuring the safety of blood and products appear to work remarkably well. While others such as addressing the issue of discrimination and stigmatization needed to be reviewed by the appropriate authorities. The effectiveness of most of the programs offered by both the government and NGOS in ensuring access to those who are in real need has rarely been evaluated. The question that looms most now is: Are the actions and activities justified? Which program (s) should continue as priority one? Which one will benefit the majority of the populace including those with low risk behaviors as well as the poor? Most reports regarding the "success" and failures" of the programs are difficult to asses because of measurement problem. This is compounded by lack of expertise in areas such as health, economy, policy planning, research and development. The greatest challenge to date is to identify asses and measure the cost-effectiveness of these programs in order to

implement and sustain key intervention strategies and approaches that also addresses social and economic issues[48].

5.6 Malaysian Government Plan of Action for HIV Prevention and Control

Based on the epidemiological condition of HIV/AIDS infection, couples with the fact that there is no cure for the disease nor is there available vaccine for prevention purposes, Malaysia generally agree that the main strategy to control the spread of HIV is by application of health education. AIDS is an issue related to sexuality, drug abuse, poverty, women and children. In addition to health problem, AIDS also poses economic, social and spiritual challenges as such it provides communities opportunity to support, unit and inspire their members. It is on these aforestated reasons that Malaysian populace need to be educated on HIV? AIDS, how it spreads and how it can be prevented as well as issues related to it. However, changes in knowledge alone do not ensure similar changes in behavior. As the battle against HIV?AIDS progresses, community responses will be remarkably important in this demand for behavior change, preventing the spread of the disease and providing humanistic support to people already living with the illness.

The government will initiate and mount all necessary measures to ensure HIV free blood transfusion. For we know that HIV exist in an infectious form, found in both plasma and leukocyte compartments of the blood infected individual, currently every donor is required to make a declaration that he or she is free from the risk of HIV infection. Directives are also issued to doctors on the practice of the judicious use of blood transfusion in the management of their patients. HIV/AIDS surveillance is important in the prevention program. Through surveillance activities, information is collected, processed, analyzed and

disseminated to the various agencies which will use the information for planning and decision making purposes. The information is collected through various surveillance activities such as routine surveillance, sentinel surveillance special studies/ epidemiological studies.

Surveillance is closely related to the screening program and is aimed at detecting HIV infection at early stage. Screening activities are being conducted throughout the country and are being targeted at various groups including confidential screening of high risk population such as injecting drug users. Such cases include, those admitted to Push Sereni; Prison and delinquent girls at rehabilitation centers and sex workers; mandatory HIV screening of all blood donors, voluntary HIV screening of antenatal mothers and mandatory screening for foreign workers. Provision of medical treatment to people living with HIV infection and AIDS is essential as part of the disease prevention and control.

The government facilities such as hospitals and health centers are providing services for the management of HIV/AIDS patients which include medical treatment and follow up of the patients, hospices services and counselling for the bereaved. STD prevention and control program, strengthening STD prevention and control is essential. It is well established that concurrent infection with conventional sexually transmitted diseases may facilitate HIV transmission. STDs such as Syphilis and Cancroids create breaks in the skin of the genital area, allowing HIV to invade the body more easily. STD also causes an increase in the number of immune system cells called Macrophage and T cells, which are the preferred targets of HIV. T cells serve as factories that produce more of the virus. The fact that 75%-80% of the worldwide HIV transmission is related to sexual activity reinforces the need to prevent and control sexually transmitted diseases[51].

The continuous training of staff and manpower boost is essential for effective implementation of the national HIV/AIDS, topics on universal precaution and counselling. The incorporation of topics on HIV and AIDS into teaching curriculum of medical schools and paramedical training is a must. Training of counselors need to be stepped up, counselors working in corrective institutions such as prisons must be exposed to HIV/AIDS counselling.

As it is known, AIDS is not only a medical problem, but has a far-reaching social and economic implication which calls for urgent international cooperation and collaboration from various government agencies including private sectors and non-governmental organizations. Various international bodies such as UNAID, WHO, and ASEAN (through the ASEAN Task Force on AIDS) are implementing various HIV/AIDS prevention and control projects which would be beneficial to all and sundry. This is essential for the effective implementation of national HIV/AIDS prevention and control programs. Research and evaluation need to be linked to the program implementation including behavioral, epidemiological and intervention research to support the AIDS/STD prevention and control efforts.

At national level, an AIDS/STD section was established under the Disease Control Division, Ministry of Health, Malaysia with a deputy director in-charge of it. This section is responsible for the planning, implementation and evaluation of HIV/AIDS prevention and control program as well as coordinating various activities relating to STD prevention. Thus this prevention program is divided into three namely; prevention surveillance, medical and health care units. The prevention unit is responsible to develop, plan, and coordinate the data collection related to implementation of the various HIV screening activities. The medical and health care units takes of developing, planning and coordinating the provision of medical and health care to the people living with HIV/AIDS including providing counselling, institutional

based care, patient management follow-up, support and hospices services. The education and promotion health programs are the main strategy for the prevention and control of HIV transmission. The thrust of the program is to prevent transmission amongst the uninfected individual. Maximum coverage needs to be carried out rapidly on HIV/AIDS program. At the national level, the division of health education and the AIDS/STD section are responsible for planning and implementation of health education program. While at the State level, the State Health Education Officer together with the State AIDS Officer is responsible to oversee the implementation of AIDS education in the State.

The objectives of the program are as follows; to promote the adoption of preventive measures against HIV infection amongst the population, to intensify AIDS education through school health education program, production of AIDS education materials such as posters, leaflets, booklets, documentary film via the broadcast media. To achieve the above objectives, various forms of activities for the various groups need to be implemented. This includes mass media awareness campaigns through the print and electronic media, public forums, seminars and workshops as well as other promotional activities[52]. For instance, a poster used for (AIDS) education program specifically targets the youths normally between the ages 13 to 25 years. Its aim is to create a generation of well informed youths on HIV infection and AIDS and to help equip them with information and skills so that they can make informed decisions and discussions as well as practice a healthy lifestyle through well packaged programs.

The objectives of the surveillance activity are to identify the trend of HIV infection in Malaysia, to identify the incidence and prevalence of HIV infection, to identify the risk factors associated with HIV infection. Hence the researcher believes that HIV is a major

roblem and the current situation needs some form of expertise among health care workers or positive results to be achieved. As the number of infected person's increases on daily asis, there is need for urgent attention in providing and increasing training vis-à-vis the level f expertise among all categories of health care workers.