

**Malaysia – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

**ACRONYMS – MALAYSIA**

|        |   |
|--------|---|
| AIDS   | Acquired Immunodeficiency Syndrome          |
| ARV    | Antiretroviral                              |
| GP     | General Practitioner                        |
| HIV    | Human Immunodeficiency Virus                |
| HR     | Harm Reduction                              |
| IDU    | Injecting Drug User(s)                      |
| IEC    | Information, Education, Communication       |
| INGO   | International Non-Governmental Organization |
| M&E    | Monitoring and Evaluation                   |
| MAC    | Malaysian AIDS Council                      |
| MoH    | Ministry of Health                          |
| MMT    | Methadone Maintenance Treatment             |
| NAC    | National AIDS Commission                    |
| NGO    | Non-Governmental Organization               |
| NSP    | Needle and Syringe Program                  |
| PLWHA  | People living with HIV/AIDS                 |
| PM     | Prime Minister                              |
| RM     | Ringgit Malaysia (Malaysian currency)       |
| UNICEF | United Nations Children’s Fund              |
| UNODC  | United Nations Office for Drugs and Crime   |
| WHO    | World Health Organization                   |

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**1. National Program Support**

|                                 | <b>Ministry / Agency Responsible</b>           | <b>Systems / Frameworks In Place<br/>(List Relevant Items)</b>  |   |
|---------------------------------|--|---|---|
|                                 |  | <b>Existing</b>   | <b>Gaps</b>   |
| Political Commitment            | Government of Malaysia                         | <ul style="list-style-type: none"> <li>• Full support from Ministry of Health and Prime Minister to cabinet</li> <li>• National Cabinet Committee formed, chaired by Deputy PM</li> </ul> | Other ministries need to be included                                |
| Donor Commitment                | Government of Malaysia<br>UNICEF, WHO          | Good support from donor community   | Support from MoH<br>Technical assistance needed                     |
| Costed National Strategy        | MoH funding                                    | Also Malaysian AIDS Council (MAC) funds   | Communication between Ministries.<br>Flow of funds needs to improve |
| Legal Environment               | Across ministries. Mainly MoH.                 | Conducive to HR<br><br>National Standard Operating Policy and Procedures in place   | Legal review needed   |
| Policy Environment              | Government of Malaysia                         | Legislation in progress Conducive to HR<br>National Standard Operating Policy and Procedures in place   | Policy review needed  |
| M & E Systems/Research Capacity | Malaysian AIDS Council (MAC)                   | M & E Unit  | Needs to be housed in independent academic institution              |
| Surveillance Systems            | State AIDS Units                               | Behavioural data collected  | Need regular seroprevalence study                                   |
| Multi-sectoral Involvement      | MoH  | National task force for HR  |   |
| Law enforcement involvement     | Royal Malaysian Police<br>Narcotics Department | Standard Operating Procedures drafted   | Need to be ratified   |
| Involvement of IDUs in Response | MoH, MAC                                       | At local level  | Needs refining  |
| Capacity building               | MoH  | Pilot sites   | Scale-up planned for 2007   |

2. Barriers to Scale Up

| Key Area                          | Barriers to Scale Up            | Key Actors / Facilitators               | Plans to Address Barriers                              |
|-----------------------------------|---------------------------------|---|--|
| 1. Political commitment           | 1.1 Political commitment        | Prime Minister<br>Cabinet<br>MoH<br>MAC | 3 phase scale-up plan for 2007 & beyond                |
|                                   | 1.2 Funding for Malays          |   |  |
|                                   |                                 |   |  |
| 2. Community commitment           | 2.1 Fear of identification      | Low level stakeholder meetings          | Stakeholder involvement in scale-up                    |
|                                   | 2.2 Punitive environment        |   |  |
|                                   |                                 |   |  |
| 3. Legislative / policy           | 3.1 Political commitment        |   | Facilitating legislation planned                       |
|                                   | 3.2 Support for laws            |   |  |
|                                   |                                 |   |  |
| 4. Comprehensive Services         | 4.1 Integration between sectors | MoH<br>MAC                              | Inter-sectoral/-ministerial collaboration for scale-up |
|                                   |                                 |   |  |
|                                   |                                 |   |  |
| 5. Resources                      | 5.1 Funds available             | MoH<br>MAC<br>Ministry of Finance       | “Unlimited” funds available – need to be released      |
|                                   |                                 |   |  |
|                                   |                                 |   |  |
| 6. Affected community involvement | 6.1 Need IDU involvement        | MoH                                     | Including PLWHA and IDU at scale-up                    |
|                                   |                                 |   |  |
|                                   |                                 |   |  |

**Malaysia – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

|                      |               |          |  |
|----------------------|---------------|----------|--|
| 7. Commodities       | 7.1 NSP kits  | MoH      | Sourcing different needles/syringes to meet differing demand<br>NSP Phase I Budget RM 2.8 Million <sup>1</sup><br>NSP Phase II Budget RM 5.45 Million <sup>1</sup><br>Methadone Phase I Budget RM 2.3 Million <sup>1</sup><br>Methadone Phase II Budget RM 16 Million <sup>1</sup> |
|                      | 7.2 Methadone |          |  |
|                      |               |          |  |
|                      |               |          |  |
|                      |               |          |  |
|                      |               |          |  |
| 8. Scaling up plans  |               | MoH, MAC | Plans interstate 2007, technical assistance agreements being developed   |
| 9. Capacity Building |               | MoH, MAC | MAC have capacity building plans   |

**Malaysia – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

**3. Program Implementation**

Estimated IDU Population: 150,000-240,000 (Devaney, M., Reid, G., & Baldwin, S. (2006). *Situational Analysis of Illicit Drug Issues and Responses in the Asia-Pacific Region*. Canberra: Australian National Council on Drugs.)

**Service Coverage<sup>1</sup>:**

|                                 | Available Data   |   |   |   |  |                       |                                | NSP coverage |
|---------------------------------|--|---|---|---|--|-----------------------|--------------------------------|--------------|
|                                 | Provincial Coverage (% or Avg)   | NGOs (Number)   | Govt. Health Services (Number)  | # Clients Accessing Services  | Needle / Syringe Distribution (Number) | # Condoms Distributed | # of IEC Materials Distributed |              |
| Outreach                        | 3 pilot NSP are combination of Outreach and Drop-in. Planned for Phase II: More outreach from current sites + 3 new sites in the first half of 2007. |   |   |   |  |                       |                                |              |
| Drop-in Centres                 |  |   |   |   |  |                       |                                | 1584         |
| VCT                             | Referral from pilot NSP to range of services. 79 VCT referrals.  |   |   |   |  |                       |                                |              |
| Linkage to HIV Care and Support |  |   |   |   |  |                       |                                |              |
| ARV                             | Available at cost (1 <sup>st</sup> line ARV available free of charge).   |   |   |   |  |                       |                                |              |
| Primary Health Care             | Freely available.  |   |   |   |  |                       |                                |              |
| Needle and Syringe Programs     | -  | 3 pilot schemes (3 new sites in first half of 2007 planned) | -   | 2,000   | 24,000 (6 months)                      | ~12,000               |                                |              |
| Substitution Programs           |  |   | <ul style="list-style-type: none"> <li>• 8 Government Hospitals (Phase I), 16 Government Hospitals (Phase II, 2007)</li> <li>• 2 District Clinics (Phase I), 15 (Phase II)</li> <li>• 8 private GPs (Phase I), 24 (Phase II)</li> </ul> | 1203 clients. Evaluation by Dr. Alex Wodak for WHO pending. 104 MMT referrals from pilot NSP. |  |                       |                                |              |

**Malaysia – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

|  |                            |  |  |  |  |  |  |  |
|--|----------------------------|--|--|--|--|--|--|--|
| Linkage to Rehabilitation and Detoxification | Referrals from pilots NSP. |  |  |  |  |  |  |  |
| Peer education programmes                    |                            |  |  |  |  |  |  |  |
| Targeted IEC                                 |                            |  |  |  |  |  |  |  |
| <b>Plans for Scale Up</b>                    |                            |  |  |  |  |  |  |  |

**Services in Closed Settings:** None yet (planned for Phase III of scale-up)

Estimated Prisoner Population: 43,424 (mid-04, World Prison Population List, Home Office, UK Government ([www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)), sixth edition, 2005)

Estimated % of Drug Offenders: unknown

| <b>Service</b>                    | <b># of Clients Accessing Services</b> |
|-----------------------------------|--|
| Voluntary Counselling and Testing | 0                                      |
| Needle and Syringe Programs       | 0                                      |
| Peer Education Programs           | 0                                      |
| Substitution Maintenance          | 0                                      |
| Post-release Follow-up            | 0                                      |
| Primary Health Care               | 0                                      |
| Condoms                           | 0                                      |
| Total                             | 0                                      |

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**Workforce**

Estimated Required Workforce: **NA**

|                           | Available Data                 |                   |                                    |       |  | Standardised Training Programs in Place | Capacity Assessment (low/medium/high) |
|---------------------------|--------------------------------|-------------------|------------------------------------|-------|--|---|---------------------------------------|
|                           | Provincial Coverage (% or Avg) | NGOs (Staff No's) | Govt. Health Services (Staff No's) | Total | Current Workforce compared to Required Workforce (%) |   |                                       |
| Service Providers         |                                |                   |                                    |       |  |   |                                       |
| <b>Plans for Scale Up</b> |                                |                   |                                    |       |  |   |                                       |

**4. Gap Analysis**

Laws and policies that criminalize drug users present a significant obstacle to scaling up pilot NSP and methadone programmes. There are no services in prisons.

Multi-sectoral collaboration should be improved, and IDUs involved in the responses. Social stigma and discrimination need to be addressed.

M&E and surveillance require further consolidation.

**5. Recommendations**

- Monitor the planned scale-up of the existing programs.
- Carry out a detailed legal and policy review.
- Advocate for an amendment to current legislation.
- Combat stigma and discrimination.
- Strengthen IDU involvement and community engagement.
- Conduct regular seroprevalence studies.
- Aim for closer integration between the various sectors and agents involved.

**6. References**

<sup>1</sup> Prof Adeeba Kamarulzaman and Prof Robert Power, personal communications.

<sup>2</sup> Devaney, M., Reid, G., & Baldwin, S. (2006). *Situational Analysis of Illicit Drug Issues and Responses in the Asia-Pacific Region*. Canberra: Australian National Council on Drugs.

<sup>3</sup> Walmsley R (2005). World Prison Population List, sixth edition. London: International Centre for Prison Studies, King's College London. Available at <http://www.kcl.ac.uk/depsta/rel/icps/world-prison-population-list-2005.pdf>.