

National Strategic Plan: prevention and control of HIV infection, Malaysia

PREFACE

The National Strategic Plan for the prevention and control of HIV Infection was formulated based on the recommendations made by the National Workshop organised by the AIDS/STD Section, Disease Control Division, Ministry of Health Malaysia. The two day workshop was held at the Institute of the Medical Research, Kuala Lumpur on the 25th and 26th of May 1998. The participants in the workshop were representatives from various ministries, government agencies and the nongovernmental organizations affiliated to the Malaysian AIDS Council.

The National Strategic Plan covered wide range of issues related to the prevention and control of HIV infection in the country, and the issues of care and support required for those infected and affected by the infection.

Emphasis is given on the need to mobilise and initiate capacity building among the various government agencies and civil societies to respond to the HIV/AIDS epidemic. They need to participate and take initiative, and together to provide assistance and support in the fight against the spread of HIV infection and at the same time to provide support and care to those in need.

It is hoped that, the National Strategic Plan would be able to provide some guidance to the various agencies, organizations, members of the society in their response to HIV/AIDS epidemic.

**Director General of Health,
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1. INTRODUCTION

1.1 Global Context:

Since the first cases of Acquired Immune Deficiency Syndrome (AIDS) which were reported among male homosexuals in Los Angeles, United States in 1981, extensive research and investigation has been actively carried out worldwide. In 1983, Human Immuno deficiency Virus (HIV), a virus that is capable of destroying the immunologic capacity of an individual was identified. It was followed by the development of screening tests to detect the anti-HIV antibody. This kit was made available commercially in 1984.

The HIV/AIDS epidemic is believed to have started, in the late 70s, in Central and Eastern part of Africa and in the early 80s in North America. The epidemic has since spread, and to date no continent is spared from the epidemic and has affected nearly all countries in the world.

As estimated by WHO/UNAIDS, the cumulative total of people living with *HIV/AIDS* the world by the end of 1998 was 33.4 million. In 1998 the new HIV infections was estimated to be 5.8 million with 2.5 million deaths. A cumulative total number of deaths due to HIV/AIDS was estimated to be 13.9 million.

1.2 Current Situation in Malaysia:

The first AIDS case in Malaysia was reported in December 1986. An American of Malaysian origin was diagnosed as having *Pneumocystis carinii* pneumonia. He was found to be infected with HIV. Since then the number of HIV cases reported to Ministry of Health have continued to rise. By the end of 1997, the cumulative total of HIV cases reported to Ministry of Health was 24,002 cases, out of which 1,386 were AIDS cases.

Most of the AIDS cases (71.8%) and the HIV infected persons (83.7%) are within the age group of 20—40 years of age. By ethnicity, the majority of the reported HIV infected individuals are Malays (72.8%), followed by Chinese (14.6%), Indians (9.3%), minor ethnic groups (0.8%) and foreigners (2.5%).

The use of the contaminated needles and sharing of needles among the drug users (IDU) is the main mode of HIV transmission in the country. Among the reported AIDS cases (55%) and HIV-infected individuals (76.4%) were infected through sharing of needles. Transmission through sexual intercourse accounted for 24.2% of the AIDS cases and 8.4% of the HIV carriers.

The majority (76.4%) of the HIV infected individuals 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 sharing of

needles. The disease can be transmitted to the wives and their babies subsequently. As the magnitude of the epidemic spreads in the country, involving sexually active individuals, the potential for HIV infection to spread into the general population is imminent.

HIV/AIDS is a national problem and is not only related to health and medical issues but also has various social and economic implications.

Various government agencies, private sectors non-government organizations and the Community have to work together to compliment each other in achieving the prevention and control of HIV/AIDS.

2. ORGANISATION

A National AIDS Task Force was established in April 1988 to deal with the epidemic. The Task Force was responsible for developing government policies, strategies and to co-ordinate the implementation of the HIV/AIDS prevention and control programme. The members of the task force consisted of officers from various government agencies and also from the non-governmental organizations.

In 1992, a Cabinet committee on AIDS was established. The members of the committee consist of Ministers from various ministries, i.e. Ministry of Education, Information, Youth and Sport, National Unity and Social Development, Culture, Arts and Tourism, Home Affair, Minister in the Prime Minister's Department and Minister of Health. The Minister of Health chaired this committee.

In 1993, the National AIDS Task Force was abolished. It was replaced with two National Committees on AIDS, that is the National Technical Committee on AIDS, the members consist of experts from various medical and health related fields, both from the Ministry of Health and from the universities, chaired by the Director General of Health. The second committee is the National Co-ordination Committee on AIDS, the members of this committee consist of representatives from various ministries, private sector and non-governmental organizations. The Secretary-General of Ministry of Health chairs the committee.

At the state level, the State Director of Health Services heads the State AIDS Committee and at the district level District Health Officer heads the district AIDS Committee.

3. VISION OF THE PROGRAMME

To ensure that our community lives in an environment that is least risk for *HIV infection* and to minimise the personal and socio-economic impact of the HIV infection and AIDS.

4. OBJECTIVES OF THE PLAN

The objectives of the National Strategic Plan for the Prevention and Control of HIV infection are:

- i. To prevent the spread of the HIV infection.
- ii. To reduce the morbidity of those infected.
- iii. To reduce the impact of HIV/AIDS on the individual, family and community and the nation.
- iv. To mobilize the available resources for control of HI V/AIDS.

- v. To promote co-operation and collaboration of the various agencies at local, national and international levels.

5. SPECIFIC OBJECTIVES

Specific objectives of the National Strategic Plan for the prevention and control of HIV infection are:

- i. To disseminate adequate and accurate information on HIV infection and AIDS to the population in Malaysia.
- ii. To mobilise and to build the capacity of the various sectors: health care providers, non-health agencies, private sectors, nongovernmental organization, youth, women, community leaders and members of the community in the fight against HIV and AIDS.
- iii. To strengthen the collaboration and cooperation of the various sectors: health care providers, non-health agencies, private sectors, non-governmental organizations, youth, women, community leaders and members of the community in providing the necessary response to the epidemic.
- iv. To share relevant information between the various sectors.
- v. To create an environment that is conducive for HIV/AIDS prevention through greater participation of those infected and affected by the epidemic.

6. GUIDING PRINCIPLES

- i. HIV infection establishes for life at **high** transmission.
- ii. HIV transmission is preventable.
- iii. There is no cure available as yet.
- iv. The treatment available to prolong AIDS free state is expensive and not easily tolerated (due to side effects)
- v. Each person must take responsibility to prevent from becoming infected with HIV and if infected, to prevent further transmission of the infection to others.
- vi. The community as a whole has the right to be protected from HIV.
- vii. The Prevention and Control of the Infectious Disease Act, Act 342 1988, should be utilized to prevent the spread of the disease.
- viii. The rights of those infected with HIV should be safeguarded and prejudice and discrimination of those infected and affected with HIV/AIDS should be minimised if not eliminated.

- ix. Close cooperation between people infected with HIV and people at risk will facilitate the achievement of the public health objectives.
- x. Verbal consent needs to be obtained before an HIV test is to be done. Pre-test and post-test counseling should be provided and the confidentiality of the test and the results should be maintained.
- xi. People infected with HIV retain the right to participate in the socioeconomic activity, without prejudice and discrimination and have the same right for comprehensive and appropriate health care, social and community support as other members of the community.
- xii. Professional caregivers have a duty to provide care for infected individuals. The government, employers and unions have a responsibility to provide working conditions and training programmes to minimize the risk of occupational transmission.
- xiii. Continuous research activities is encouraged so as to provide additional information programme planning.
- xiv. Free dissemination of relevant information to the public should be encouraged.
- xv. Community participation should be encouraged especially in the provision of support and care to those infected and affected with HIV infection.
- xvi. To share skills and experiences among the health care workers and care providers to improve the services to those infected with HIV.
- xvii. Training, education and support for workers is essential to ensure provision of high quality and effective services and programmes.

7. STRATEGIES

In line with the guiding principles, various strategies identified need to be adopted and implemented in-order to achieve the objectives of the prevention and control of HIV infection. The strategies cover the areas of prevention, surveillance, health and medical care, research and training:

7.1 Health education, health promotion and information dissemination.

AIDS has been an issue of sexuality, abuse of drugs, poor people, young men, women and children. In addition to physical health, AIDS also poses economic, social and spiritual challenges. As such, it provides communities with an opportunity to support, unite and inspire their members. Numerous community groups are already responding effectively to the AIDS epidemic, with programmes aimed at both combating the spread of the infection and assisting those already affected.

However, each programme pursues its objectives in a manner consistent with the beliefs and traditions of the community it serves. This strategy has been crucial for building unity and motivation within communities. The Ministry of Health has targeted the religious, business and voluntary organizations because of their established networks representing millions of Malaysians from various sectors.

The Malaysian public needs to be educated on HIV/AIDS, how it spreads or does will not spread as well as issues related to it. The Ministry of Health has been putting a high priority on health (AIDS) education. Mammoth AIDS media campaigns have been implemented since 1992 resulting in the increase in the population is awareness on HIV/AIDS. However changes in knowledge alone do not ensure changes in behaviour.

As the battle against HIV/AIDS progresses, community responses will be increasingly important in preventing the spread of the disease and providing humanistic support to people already living with the illness. Preventive programmes which encourage community participation such as PROSTAR (*Program Sihat Tanpa AIDS Untuk Remaja*), HIV and AIDS component in the Health Promoting School Programme, Woman & AIDS Programmes, AIDS awareness programme in workplace, etc. is being given higher priority.

Accurate, adequate and continuous information on the dissemination on HIV infection and AIDS is an important element in the HIV/AIDS prevention programme. The spread of the epidemic is associated with ignorance and complacency of the society. It is compounded aggravated by the presence of the underlying factors and social issues of poverty, practices, urbanisation, migration, the presence of the marginalised population, coupled with a very significant problem of drug abuse in the country.

Effective health education and health promotion activities, using methods which are effective and acceptable to the target population, has to be implemented. This would provide opportunity for a better understanding and thus to lead to behaviour modification, that will slow down the spread of HIV infection.

Participation of the various sectors, which consist of different agencies from different background, allows greater coverage. Different target groups can be dealt with by different agencies. Initiative and pro-active action by the various sectors and agencies, the opportunity for the effective and efficient information dissemination to the various targeted population will be better revised.

7.2 Ensure the safety of **blood transfusion services**

Blood is an efficient mode of transmitting the infection as HIV exists in infectious form in both plasma and leukocyte compartments of the blood. As a result, HIV can be transmitted by the transfusion of blood donated by an infected individual. Routine screening of HIV of the donated blood was initiated in April 1986. By end of 1996, all blood donated were routinely (100%) screened for antibodies to HPV-1 as well as HIV-2. All hospitals providing blood-banking services practise donor deferral i.e. to discourage and not to accept blood donation from people who have been at risk to HIV infection. Currently every donor is required to sign a declaration that he/she is free from the risk of HIV infection. Directives were issued to doctors on the practice of judicious blood transfusion.

7.3 **HIV/AIDS Surveillance**

HIV/AIDS surveillance is important in the development of preventive programmes. Through surveillance activities information is collected, processed, analysed and disseminated to the various agencies which can then use the information for planning and decision making purposes. The information is collected through routine surveillance, sentinel surveillance, and special studies / epidemiological studies. Surveillance is closely

related with the screening programme and is aimed at detecting HIV infection at an early stage. Screening activities are being done throughout the country and targeted at various groups eg:

- Injecting drug users, including those admitted to Drug Rehabilitation Centres (Pusat Serenti), Prisons and wayward girls in the rehabilitation centres and the sex workers.
- Screening of all donated blood
- Voluntary HIV screening.
- Screening of the antenatal mothers.
- Screening of those found to have indication.

7.4 **Provision of Medical Care and Counseling Services.**

Provision of care and treatment for people living with HIV infection and AIDS is essential as part of the disease prevention. The government facilities such as hospitals and health centres are providing services for the management of patients with HIV infection and AIDS, this includes counseling, medical treatment and follow-up of the patients. The nongovernmental organizations are encouraged to provide care for terminally ill patients through hospices.

7.5 **Sexually Transmitted Diseases (STD) Prevention and Control Programme.**

The strengthening of STD prevention and control programme is essential. It is well established that concurrent infection with 'conventional' sexually transmitted diseases facilitate HIV transmission. STDs such as syphilis and chancroid create breaks in the skin of the genital area, allowing HIV to invade the body more easily. The fact that 75 — 85% of HIV transmission in the world is related to sexual activity reinforces the need to prevent and control sexually transmitted diseases.

7.6 **Training of medical, health and other related staff.**

Continuous training of staff and manpower are essential for the effective implementation of the National HIV/AIDS Prevention and Control Programme. Training activities need to be planned and implemented to cater for the needs and functions of the staff.

The in-service training for the staff should include topics on universal precaution and counseling and updates on HIV/AIDS. The management of HIV and AIDS should be incorporated into the teaching curriculum of the medical schools and para-medical training.

The training of Health Care providers in HIV counselling need to encouraged. Counselors working in corrective institution such as prisons, and rehabilitation centres should be exposed to the HIV/AIDS counseling.

7.7 Inter-agency and inter-sectoral collaboration.

Inter agency and inter sectoral collaboration is essential to enhance the effectiveness of the prevention activities. Each member of the agencies involved has their own strengths and weaknesses; as well as experience and expertise. We should organise and establish a concerted and coordinated response to provide a very strong and effective response to the epidemic. Each agency will complement and synergistically enhance the efficiency and effectiveness of the prevention programme. It is very important that collaboration and linkages between the various sectors and organizations in MW/AIDS prevention, education and care be strengthened for more effective response. This collaboration should be at all levels of programme implementation ie, national, state, district and community levels.

7.8 Exchange of information, experience and expertise.

Free exchange of information is essential for development of programmes that are relevant for the target groups. Exchange of experiences and expertise further enriches the response to HW/AIDS management giving it a more humane and practical approach.

7.9 International co-operation and collaboration.

The *HW* infection is now a pandemic, therefore international co-operation and collaboration is of utmost importance. Networking needs to be established in the field of research, and to facilitate the exchanges of the information and experiences in the prevention and control of the HW/AIDS. Various international bodies such as UNAIDS, WHO and ASEAN through the ASEAN Task Force on AIDS are addressing various HIV/AIDS prevention issues and cross border programmes are jointly developed for better control of the disease.

7.10 Research and evaluation.

Continuous research monitoring and evaluation is essential to cater for the changing epidemiological and behavioural patterns. Behavioural, epidemiological and interventional research and critical evaluation of existing interventions can assist in development of more effective prevention and control strategies.

7.11 Capacity building.

In order to provide adequate response to the epidemic various sectors may it be health care providers, non-health agencies, private sectors and nongovernmental organizations have to participate, take ownership, and be pro-active by investing in capacity building. Because of that, efforts should be made to provide them with information and better understanding about HIV infection and AIDS and related issues. Capacity building programme needs to be identified, and be implemented continuously at all levels. They may be in the form of workshops, seminars, dialogue etc. and should cover all categories of staff. Resource allocation may it be financial or manpower should be made available to facilitate and enhance the capability building efforts.

7.12 Care and support.

The escalating number of people being infected with HIV and AIDS will exert an increasing demand and the government to provide health and medical care. With the limited resources,

the government would not be able to provide everything. To cater for the needs of those infected and affected, we have to mobilise the family members and community to provide support and care for those in need.

The presence of stigma which is attached to the HIV infection and ADS has led to the discrimination of prejudice towards those infected and affected. People are not willing to come forward for HIV testing. People are scared and hesitate to inform their own family for fear rejection by their family. The families on the other hand tend to deny the needed care and support because of their misconception about the transmission of HIV. Misconception and lack of understanding are the factors that contribute to this situation. Through continuous health education and information dissemination, the community will be better informed and assist in desensitisation of the HIV infection.

Greater participation of the various sectors and agencies, together with the family members, friends and local communities in the prevention work and the provision of care would lead to accepting those infected with HIV.

7.13 Public Health Approach in HIV/AIDS Prevention

Since there is no cure yet and no vaccine available, prevention as a strategy in dealing with HIV/AIDS epidemic is of utmost importance. The concept of public health approach with three levels of disease prevention is still applicable and effective in the prevention and control of HIV infection. Health education, health promotion and information dissemination on HIV/AIDS is still an important element that contributes to the understanding of disease prevention through practise of non-risky activities.

Early diagnosis through HP! screening programme will certainly benefit the patients. Knowing their HIV status would enable the patient to make decision on their future plan, to take care of their health, to get early treatment when needed, and to take measures to prevent from further transmitting the infection. The care-givers can also assist through counseling and regular monitoring of their status, in prolonging their AIDS-free state.

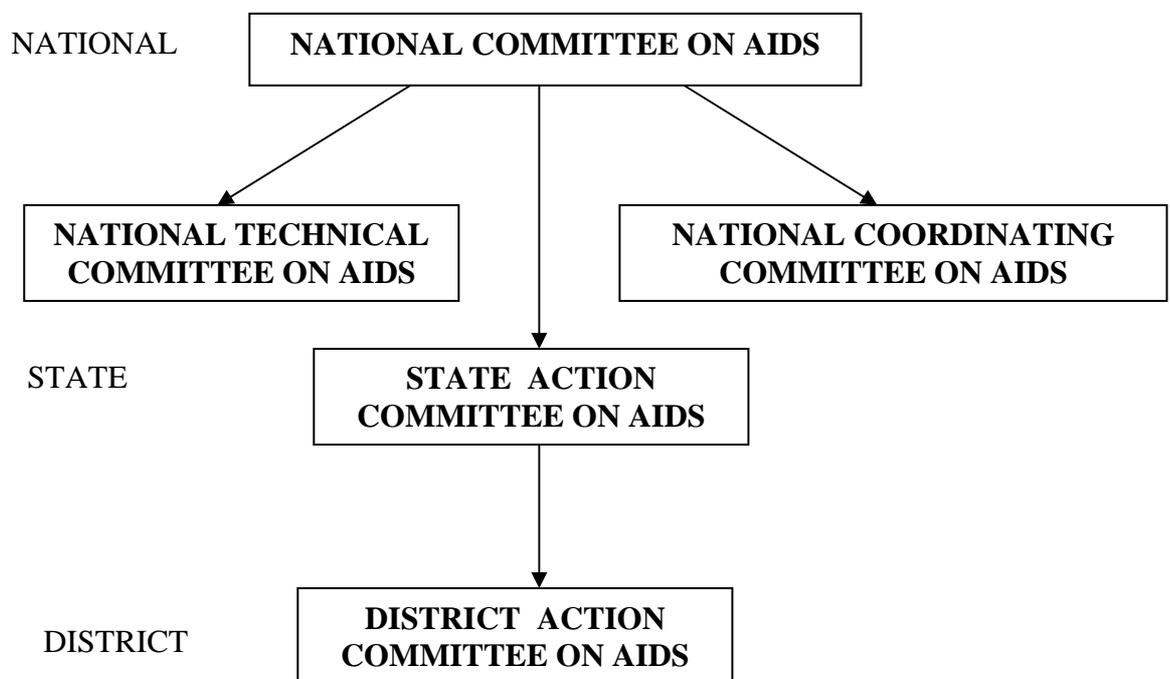
8. ROLE OF THE RELEVANT AGENCIES

Everybody be it governmental, non-governmental organizations, private sector or individuals, in the community, has a role to play. They should identify the relevant area in the broad spectrum of HIV/AIDS field where their contribution will be most effective and apply themselves with vigour and enthusiasm. However small their individual contribution might be, they should, work in harmony, complementing every activity that is carried out.

9. MECHANISMS FOR ADMINISTRATION AND COORDINATION

- i. A National Committee on AIDS chaired by The Minister of Health with Ministers from the Ministries of Education, Information, Youth and Sport, National Unity and Social Development, Culture, Art and Tourism, Home Affairs, Rural Development and the Minister in the Prime Minister Department in-charge of Islamic Affairs. The secretariat for the committee will be the Ministry of Health and this committee will be the highest policy making body on HIV/AIDS.

- ii. The National Committee on AIDS will be assisted by the National Technical Committee on AIDS, which will be chaired by the Director General of the Ministry of Health, and the National Coordinating Committee on AIDS which will be chaired by the Secretary General of the Ministry of Health
- iii. At the state level, there will be a State Action Committee on AIDS, to be chaired by Chief Minister and the State Health Department as its secretariat. The committee is responsible for plan and coordinating the implementation of the HIV prevention and control activities at the state level.
- iv. At the district level, the District Action Committee on AIDS is to be established and chaired by the District Officer. The secretariat for the committee will be District Health Office, and the committee is responsible to plan and coordinate the implementation of the activities at the district level.
- v. The proposed organisational chart is as below:



10. EXPECTED OUTCOMES

- i. The Malaysian population will be fully aware of and understands HIV infection and AIDS. It will take steps towards practising healthy life-style (consisting of non risky activities)
- ii. The various sectors in the countries: health care providers, non- health agencies, private sectors, non-governmental organization, youth, women, community leaders and members of the community are fully aware of and understand the problems and issues related to the *HIV/AIDS* epidemic. They will take ownership by taking initiative and being proactive in providing the relevant response, in a complementary manner.

- iii. Exchange of information and experience among the various sectors would strengthen the implementation of prevention and control activities.
- iv. Greater participation of those infected and affected by the epidemic and members of the community in providing support and care to those affected.

11. STRATEGIC PREVENTION ACTIVITIES

OBJECTIVE 1: TO ESTABLISH A COORDINATED NATIONAL RESPONSE TO HIV/AIDS EPIDERMIC.

HIV/AIDS is a national public health problem. It is not only related to health and medical issues but also has various social and economic implications. Various government agencies, the private sector and the non-governmental organizations have to work together to complement each other in the management of HIV/AIDS epidemic.

Sub-objective:1.1 To promote participation of the various government agencies and private sector and NGOs in the fight against HIV/AIDS.

Activities:

- i. To strengthen the organisation of the HIV/AIDS prevention and control programme at all levels.
- ii. To encourage greater participation of the other agencies in HIV/AIDS prevention and control programmes.
- iii. To identify the government agencies, private sectors and the non-governmental organizations which are relevant to HIV/AIDS prevention.
- iv. To participate with concerted effort towards achieving a common goal to prevent in HIV transmission.
- v. To identify activities for the infected and affected by HI V/AIDS
- vi. To identify methods on the morbidity reduction among those infected and affected by HIV / AIDS.
- vii. To establish a coordinated multisectoral response towards HIV/AIDS

Sub-objective:1.2 To establish an environment which is conducive for greater participation of the various agencies and civil societies in the fight against HIV/AIDS.

Activities:

- i. To create awareness on the social and economic impact of HI V/AIDS.
- ii. To improve the commitment among relevant agencies in HIV/AJDS control and prevention programmes.

- iii. Relevant government agencies and the various organization should take ownership of the HIV/AIDS problem and should establish specific unit or specific officers to deal with HIV and AIDS. Creative smart partnership between GO, Private Sector and NGOs in achieving a common goal.
- iv. Financial allocation for HIV/AIDS prevention and control activities for the various agencies should be made available directly through their relevant Ministries.

OBJECTIVE 2: TO STRENGTHEN THE SURVEILLANCE SYSTEM AND TO COLLECT ADEQUATE INFORMATION FOR PROGRAMME PLANNING AND EVALUATION.

Surveillance activities include disease surveillance and behaviour surveillance of risk factors of the infection. Data collection the surveillance activities will facilitate problem identification, population at risk and plan the resource requirement, resource allocation programme implementation.

Sub-objective: 2.1 To strengthen HIV screening programme.

Early diagnosis is crucial in the prevention of transmission of HIV infection. UNAIDS have reported that more than 90% of those infected with HIV globally are not aware of the disease. As a result no precaution was taken for disease prevention and hence the spread of the disease prevails. Those infected with HIV will suffer from various opportunistic infections. Recurrent infections with opportunistic infection will facilitate the degradation of the immune system. Awareness of HIV/AIDS will facilitate them to seek early treatment and hence help in slowing down the progression of HIV infection to AIDS.

An HIV infected person may live 10 or 15 years or more if they are able to take care of their health. They are able to work and contribute productively. Knowing the HIV status of a person is important so that they are able to make informed decisions about future and adopt positive living attitudes.

The availability of the various anti-retroviral drugs, and the promising results shown by combination therapy for HIV infection has made the need for HIV screening early more important.

Activities:

- i. To expand facilities available for HIV screening.
- ii. To expand the coverage of the HIV screening activities.
- iii. To promote voluntary and confidential HIV testing.
- iv. To encourage pre-marital HIV screening.
- v. To encourage HIV screening for more with high risk behaviour.
- vi. To adopt a simple, reliable and practical HIV screening method.
- vii. To strengthen health promotion on HIV/AIDS screening.

viii. To provide support and care for the HIV infected persons.

Sub-objective:2.2 To collect analyse and to disseminate information for programme planning.

Activities:

- i. Collect information on HIV screening programme
- ii. Data collection and monitoring of the prevalence and incidence of HIV infection and AIDS.
- iii. Data collection and monitoring the prevalence and incidence of STDs.
- iv. Assessment of the magnitude and progression of the HIV/AIDS epidemic and the STDs.
- v. Data collection and to monitoring of the risk factors and the behaviour pattern of the risk populations.
- vi. Assessment of the trend and change of behavioural pattern of the population. Identifying social issues which may contribute to the epidemic.

Sub-objective: 2.3 To plan and develop intervention programmes.

Activities:

- i. Identification of the risk areas and the population at risk. Assessment the of risk factors and the associated underlying factors.
- ii. Planning of intervention programmes.
- iii. Planning the programme implementation.
- iv. To plan for programme evaluation.
- v. Reviewing and modifying the intervention programmes.

The Ministry of Health has implemented the HIV screening programmes and those who are screened are in rehabilitation programmes in the prisons or drug rehabilitation centres. Prostitutes are also screened drug through police raids. Involvement of the various sectors is important so as to have a good response to the HIV screening programme. Although information on HIV infection can be collected, information on the risk factors and related issues should also be obtained with cooperation of the other government agencies such as Ministry of National Unity, Police Department, Information, Education Department and KEMAS etc.

OBJECTIVE .: 3 TO STRENGTHEN THE PREVENTION OF HIV TRANSMISSION

The prevention programme is very important in view that there is no cure for those infected with HIV and no vaccine for prevention of infection. This preventive effort must be carried out in an integrated and coordinated manner with other sectors and non-government organisations.

The mobilisation of young people and women in creating HIV awareness programme will certainly provide greater impact. These groups are vulnerable to HIV infection.

The importance of prevention is to provide accurate and adequate information on HIV/AIDS to the public and those at risk. They need to be informed the various modes of transmission. HIV can be transmitted through sexual contact with HIV infected persons, through the transfer of the HIV contaminated blood or blood products (sharing of needles among injecting drug users) and from infected pregnant woman to her child.

The approach in HIV prevention should emphasise on the dissemination of information on HIV/AIDS through continuous health education and health promotion activities.

The message should include the principles of ABCDE as follows:

Abstinence from sexual intercourse with known HIV infected person is the most effective way of preventing HIV infection.

Be ***faithful*** to your partners or spouse. Having multiple sexual partners, or having concurrent multiple sexual partners, will increase the risk HIV infection. Homosexuality among males or those practising of bisexual relationship will increase the risk of HIV infection. Consistent and correct use of ***condom*** will reduce the risk of HIV infection.

Correct and consistent health education messages must be given to the public and those at risk.

Don't take drugs, or don't get involved with drugs. It creates more harm to individuals health. Smoking leads to drug taking and later to intravenous drug abuse. Thus sharing of infected needles exposes to HIV infection. Therefore not getting involved in drugs, or for those who do take not share needles or syringes will prevent them from acquiring HIV infection through this means.

Education of the people and especially those, at risk of HIV infection is essential in disease prevention. The information that is to be disseminated must be tailored to the needs of groups targetted. Promotion of moral values and need to adopt as well as adhere to the religious teachings will become the most effective barrier to HIV infection. They should be encouraged to maintain a healthy lifestyle.

Sub-objective: 3.1 To provide accurate and adequate information on HIV infection and AIDS to the general population, vulnerable groups, people at risk and to those infected and affected with HIV infection and AIDS.

Activities:

- i. Provide up-to-date and accurate information on HIV infection and AIDS to the general population, vulnerable groups and those who do not perceive themselves at risk eg. Women, adolescents frequent travelers etc.
- ii. To incorporate of HIV/AIDS information and education into the medical curriculum.
- iii. Strengthen the family life education in schools.
- iv. Integration of HIV prevention activities as part of the Health Promoting School Programme.
- v. Support special events such as World AIDS Day yearly.
- vi. Development and strengthen the collaboration, cooperation and participation of other government agencies, nongovernmental organisation and community and the private sectors.
- vii. The implementation of these activities should be taken up by the various agencies and organisations involved in HIV prevention. It should be gender sensitive and the implementation will be integrated in the various existing activities/clubs such as the PROSTAR, 'Rakan Muda', 'Jiran Muda', 'Rakan Masjid', 'Kursus Perkahwinan', 'Lions Club, Rotary Club' etc.

Sub-objective: 3.2 To reduce HIV infection through sexual transmission

Activities:

- i. Disseminate information on HIV infection and AIDS to the vulnerable groups and population at risk eg. Sex workers their clients, and people with multiple sexual partners.
- ii. To abstain from having sexual intercourse with HIV infected persons.
- iii. To *discourage promiscuity, extra-and pre marital sexual activities.*
- iv. Promotion of healthy life-style practices and the moral values.
- v. Provision of information on the risk reduction methods to people with high risk behaviour and the vulnerable groups.
- vi. Provision of individual counseling or group counseling to those with high risk behaviour.
- vii. Provides medical and health care support to those who and infected and affected by HIV infection.
- viii. Encourage HIV testing and voluntary screening for early diagnosis.
- ix. Encourage outreach programmes for the high risk and vulnerable groups.

Sub-Objective: 3.3 To reduce the risk of HIV transmission among the drug users.

Activities:

- i. Dissemination of information on HIV infection and AIDS among those with high risk behaviour especially those involved in drugs. Emphasis should be given on messages such as “do not take drugs”, “do not inject drugs” and “do not share needles or syringes”.
- ii. Strengthening the cooperation and collaboration with National Drug Agency in preventing drug abuse.
- iii. Expansion the participation of the government agencies, private sectors and the non-governmental organization in management.
- iv. Strengthening HIV prevention among the inmates in the rehabilitation institutions.
- v. Provision information on risk reduction methods.
- vi. Strengthening of counseling activities in the rehabilitation institutions.
- vii. Strengthening in-service training for the medical/health staff on updates on *HIV/AIDS* and HIV counseling.

The implementation of these activities must be carried out by the various agencies and organizations involved in the prevention of drug abuses and of HIV infection. The National Drug Agencies and PEMADAM alone will not be able to effectively achieve the goal of abolishing drug abuse. Cooperation and collaboration with the various agencies, private sectors and non-governmental organizations through the existing programme may of the preventing of drug abuse and HIV infection.

Sub-Objective: 3.4 To strengthen prevention and control of STD

Activities:

- i. Emphasise the importance of STD infection and its relations with HIV infection
- ii. Improvement of the availability and accessibility of the STD services, through the integration of STD services into primary health care.
- iii. Encouraging early detection and appropriate STD case management.
- iv. Adoption the ‘modified syndromic approach’ as STD management strategy for the primary care setting.
- v. To develop and implement guidelines for STD Management.

Sub-Objective: 3.5 To ensure safety of blood transfusion services.

Activities:

- i. Asscertaining that all donated blood is screened for HIV infection.
- ii. Ensuring that all blood and blood products used are free from HIV infection.
- iii. To implement the donor deferral system.
- iv. Discourage replacement donors.
- v. Observing judicious blood transfusion practices.

The Ministry of Health has implemented measures to ensure that all blood and blood products used is safe. All donated blood is screened before it is transfused to patients. All sectors involved in medical care, such as private hospitals must ensure that blood/blood products are safe before blood transfusion.

Sub objective 3.6 To reduce perinatal transmission of HIV

Activities:

- i. Strengthening the logistics for the prevention of vertical HIV transmission.
- ii. Introduction of the HIV screening programmes for antenatal mothers for early detection.
- iii. Strengthen the health education and HIV counseling for antenatal mothers and their spouses.
- iv. Provision pre-test and post-test counseling for antenatal mothers and their spouses.
- v. Provision of zidovudin (AZT) therapy to the HIV infected antenatal mothers and their newborn.
- vi. Implementation of proper follow-up of the ANC mothers, spouses and their newborn.
- vii. Evaluate the effectiveness of the programme.

The HIV screening programme for the antenatal mothers has been implemented in the government clinics and hospitals. This programme should also involve private medical care services.

Sub Objective 3.7 To reduce the risk of HIV transmission at the work place.

Activities:

- i. Dissemination information on HIV infection and AIDS at the workplaces.
- ii. Implementation of the concept of 'universal precaution' for the relevant processes in the work place.
- iii. Training of the workers on prevention of HIV/AIDS.

OBJECTIVE 4: TO THOSE CARE AND SUPPORT TO THOSE INFECTED AND AFFECTED WITH HIV/AIDS.

Establishment of conducive social and support services for the management of HIV/AIDS patients and their families.

The escalating number of the people infected with HIV and AIDS will exert an increasing demand for the government to provide health and medical care. HIV/AIDS also has a social, financial and psychological impact on the patient and the affected family. The community should play a bigger role in providing care and support for those affected.

HIV/AIDS causes discrimination and prejudice of those infected and affected. This leads to hesitation on the part of those infected to inform their own family as they fear rejection. The families tend to deny the needed care and support because of the misconception the disease. Through continuous health education and information dissemination, the community members will be better informed and able to sensitise the issue.

Intensive participation of the various government agencies, civil societies such private sectors, together with the family members, friends and local communities in the prevention work and the provision of care, could provide an opportunity to enhance the level of awareness.

Sub-Objective: 4.1 To provide comprehensive health, medical and dental care to those infected and affected with HI V/AIDS.

Activities:

- i. Provision of facilities for early HIV diagnosis.
- ii. To provide facilities for health, medical and dental care that is accessible to people infected with HIV and AIDS and those affected by the infection.
- iii. Ensuring that discrimination in the provision of health, medical and dental care is eliminated and the confidentiality is maintained.
- iv. Integration of medical services into the primary health care and to make it more accessible and affordable to the patients.

- v. Ensuring the accessibility to drugs and laboratory facilities.
- vi. Provision care and support for terminal care of the disease.
- vii. Strengthening counseling services for HIV infected people and AIDS patients and their family members.
- viii. Strengthening counseling services for HIV infected people and AIDS patients and their family members.
- ix. Provision of health education and health promotion for the general public and those with high risk behaviour.

The patients need to be informed on the importance of the early diagnosis and treatment which can slowdown the disease progression and prolong the quality of life. The various agencies together with the private practitioner, private hospitals and medical care provider will have to play as important role in providing these essential services.

Sub-Objective: 4.2 To train, provide knowledge and skill to the health, medical, dental care providers.

Activities:

- i. Strengthening HIV/AIDS training programme for the medical, health and dental staff.
- ii. Training of more Infectious Disease Specialists, and train existing specialist in HIV/AIDS care
- iii. Training Health Officer and Medical Officer in dealing with the HIV/AIDS epidemic.
- iv. Training which includes provision of skill and knowledge to the paramedical and supportive staff.
- v. Provision of continuous inservice training to medical, health and dental staff in HIV/AIDS care.
- vi. Provision adequate financial allocation for the continuous training activities.
- vii. Provision of guidelines and protocols as a guide in managing HIV infection and AIDS.

The number of specialist dealing with HIV infection and AIDS is still limited and they are not evenly distributed throughout the country. The capabilities of the medical officers and the paramedical officers and supportive staff also need to be improved greatly. Knowledge and skills improvement among Medical Officer and paramedics will improve the care and treatment given to HIV/AIDS patients. Ministry of Health, Universities and private medical universities/colleges need to incorporate *HIV/AIDS* in their pre graduate and post graduate teaching curriculum.

Sub-Objective: 4.3 To provide care and support to those infected and affected by HIV infection and AIDS.

Activities:

- i. To provide emotional, financial and physical support to those infected and affected by HIV infection and AIDS.
- i. To provide counseling and advise, and to motivate those involved to be positive and live positively.
- ii. To advocate for the integrated and multisectoral involvement in the provision of care and support.
- iii. To encourage participation of the private sectors and the non-governmental organization in providing care and support, and to support and promote the establishment of the support groups not only in Kiang valley but throughout the country.
- iv. To support the establishment of hospices if the need arises.
- v. To train those involve in counseling and in provision of care and support of people affected and infected by HIV/AJDS.

Provision of care and support to those infected and affected with HIV is very essential. The issues addressed is complex and varies, the establishment of the various support groups through the various civil societies and non-governmental organization will certainly benefit those in need. The government agencies such as welfare department and the role of inland revenue department, Employer Provident Fund etc probably can look into the welfare of those infected and affected by the HIV/AIDS epidemic.

Sub-Objective: 4.4 To encourage the establishment of the community support groups

Activities:

- i. Encouraging the establishment of the halfway homes to cater for the abandoned and rejected people with HIV infection or AIDS.
- ii. Encouraging the establishment of the hospice services to provide care for the terminally ill patients with HI V/AiDS.
- iii. Encourage community participation for the support of people with 11W/AIDS.
- iv. Provision of training including counseling to those involves in support groups and in provision care to people infected/affected with HP//AIDS.
- v. Encouraging the involvement of people infected and affected with HIV/AIDS, to actively participate in providing care and support (peer support).
- vi. Provision of funds and facilities for the implementation of these activities. As the number of HIV infection and AIDS is increasing, the government alone won't be able to

cope in providing care and services. The role of the non-governmental organization and the member of the society in providing support and establishing community support groups are very essential. They have to complement and supplement what the Government has done. The influential people and leaders, community leaders and their members and religious groups should participate and take lead to actively involve in providing support to people in need.

OBJECTIVE: 5: TRAINING AND RESEARCH CENTRE

Misconception and misunderstanding among the member of the community and health care providers have contribute to the issues of stigma, prejudice and discrimination as what has been said by people. All these if not properly address will hinder all the efforts for disease prevention and at the same time would put unnecessary pressure and stress to those infected and affected by the epidemic.

As it is, continuous training and education on HIV infection and AIDS for the member of the community and the member of the medical and health care providers is very essential. They should have better understanding with accurate and up-to date information on HIV infection and AIDS, so that they do not hesitate to provide care and support and not to create uneasiness in their relationship with HIV infected people.

Sub-Objective: 5.1 To strengthen training programme for counselors and to ensure the quality of the counseling services.

Activities:

- i. Encouraging the various government agencies and the nongovernmental organization to actively involve and participate in training and research activities.
- ii. Strengthening the training capabilities.
- iii. Preparation and production of a module for training of counselors.
- iv. Training trainers for the training activities.
- v. Recruitment and train more counselors in HIV/AIDS.
- vi. Supporting and establishing more counseling centres.
- vii. Encouraging private sectors to be involved in training and provision of counseling facilities for their staff.
- viii. To encourage the involvement of people infected with HIV to be involved in peer Counseling.

Efforts should be made to encourage the individuals, family members, health care providers, organization and agencies to participate in the counseling services to the people with HIV/AIDS. Counseling is one of the important components in the management of the HIV infected persons and their families.

Various government agencies such as Ministries of Education, National Unity and Social Department, Universities, Religious Council, Private Medical and Health Institution, Professional Bodies together with Ministry of Health should participate and coordinate the training activities.

OBJECTIVE 6 : TO SAFEGUARD THE RIGHT OF PEOPLE LIVING WITH HIV INFECTION AND AIDS.

HIV infection and AIDS should be treated as any other communicable disease. The rights of those infected with HIV and those succumb to AIDS should be maintained and protected. People infected with HIV infection still can live a long quality life, and still can contribute to the nation building. What is important, there is a need for the disease to be diagnosed early so that measures could be taken to ensure quality life and prevent disease from spreading. HIV infection is not easily transmitted from one person to the other. It is only being transmitted through sexual contact with HIV infected persons, through the transfer of infected blood or blood products, in Malaysian context through sharing of needles among the drug users, and from HIV infected pregnant women to their newborn.

Sub-Objective: 6.1 To reduce prejudice and discrimination.

Activities:

- i. Advocacy and to sensitise the employers for the need to provide equal opportunity for employment for HIV infected people.
- ii. To advocate and to sensitise the schools and teachers for the need to provide and to treat HIV infected students as any other students.
- iii. To ensure the rights for employment and the rights for education is not being hinder for being HIV infected.
- iv. HIV testing should not be a requirement for employment or for entering educational institution.
- v. To ensure the individuals' rights for travelling and entertainment is not restricted.
- vi. To continue with education and health promotion activities on HIV/AIDS. To defuse the misunderstanding and misconception which lead to prejudice and discrimination.
- vii. The various ministries such as Ministry of Human Resources and Manpower, Ministry of Education, the private sectors, the corporate bodies, the employers and the teachers and the head of the school and teaching institution should be informed. They should take initiative to have better understanding about HIV infection and to enable them to participate in ensuring the rights of those infected and affected with HIV infection is taken care of.

Sub-Objective: 6.2 To ensure the right and responsibilities to protect oneself and others from infection.

Activities:

- i. To continue with health education and health promotion activities in relation to HIV infection and AIDS, especially to make the public know the risk activities which may lead to HIV infection and how to prevent it.
- ii. To encourage early diagnosis of HIV infection.
- iii. To encourage those known to be HIV infected to be responsible and not to spread the disease to the others.
- iv. To encourage pre-marital HIV testing. The intention is not to prevent them from marriage but to provide them with opportunity to take preventive measures if needed.
- v. To strengthen the implementation of the Provision under the Prevention and Control of the Infectious Disease Act, 1988. Section 12 and the sub-section 2 of the act stated that “no person who knows or has reason to believe that he is suffering from any infectious disease specified in Part II of the First Schedule shall do any act which he knows or has reason to believe is likely to lead to the spread of such infectious disease”.
- vi. To encourage the implementation of the partner notification, as a means to empowerment and to protect the women or the spouses or the partners from HIV infection.

To ensure that the rights of those infected with HIV infection and AIDS, impinge on the rights of the non infected i.e. the rights non of those infected not to be infected. The government agencies, civil societies, private sectors, nongovernmental organizations, community leaders, women, youth and individuals should make concerted efforts toward providing and establishing an environment which is conducive and acceptable for the achievement of the common goal that is prevent and control of the spread of HIV infection in the country.

CAWANGAN AIDS/STD,

BAHAGIAN KAWALAN PENYAKIT,

KEMENTERIAN KESIHATAN MALAYSIA.