

Malaysia

Overview:

Health and HIV situation

By December 2006, an estimated 5,830 new HIV cases were reported in Malaysia compared to 7,000 in 2002.⁹² AIDS-related deaths reached 976 in 2006.⁹³ With an estimated HIV prevalence rate of 0.4%,⁹⁴ Malaysia currently faces a concentrated epidemic primarily driven by injecting drug use and unprotected heterosexual contact.⁹⁵

In 2006, 3,127 new HIV infection cases were reported among injecting drug users.⁹⁶ It is estimated that nine out of ten HIV infections occurring through injecting drug use were among men.⁹⁷ While injecting drug use has been the primary mode of HIV transmission, new HIV infections acquired through heterosexual contact are on the rise, 17.5% in 2002 compared to 27.4% in 2006.⁹⁸

Despite limited data available, recent trends in the HIV epidemic in Malaysia may indicate a decrease in HIV infections through injecting drug use among men and an increase in HIV infections among women through heterosexual contact.⁹⁹ In 2002, 63.9% of tested women acquired HIV through heterosexual contact.¹⁰⁰ By 2006, HIV infections among women and girls represented almost one-fifth of newly infected persons in Malaysia.¹⁰¹

The 2003-2004 first round of the National Behavioural Survey showed that the HIV prevalence among commercial sex workers was above 5%.¹⁰²

Mandatory medical screenings for migrant workers in Malaysia have shown that 0.03% of those screened tested HIV positive as of 2004.¹⁰³

National HIV programme and response

The National Strategic Plan on HIV and AIDS 2006-2010 concentrates on reducing the transmission and impact

of HIV/AIDS by using harm-reduction approaches and by increasing access to HIV prevention, care and treatment for affected populations. Strategies to address the HIV epidemic include strengthening leadership and advocacy at the highest government levels to address stigma and discrimination and to increase access to HIV services.¹⁰⁴ Upgrading surveillance systems and human resources through training is also part of the HIV National Strategic Plan.¹⁰⁵

The National Strategic Plan identifies the following groups as highly vulnerable to HIV: commercial sex workers, men who have sex with men, transsexuals, mobile populations including documented and undocumented migrants, displaced persons and refugees.¹⁰⁶ The Plan's objectives are to raise awareness on HIV risk behaviours through HIV/AIDS, sexual and reproductive health information and education; to promote the use of condoms; and to provide mobile populations with VCT services including mobile units. The focus is also on increasing the coverage and quality of outreach programs by establishing new programmes, training staff and volunteers, and by involving target populations in the design, delivery and evaluation of programmes.¹⁰⁷ The Malaysian Government aims to develop and amend policies and laws to address discrimination, and to increase vulnerable populations' access to services and programmes in a culturally appropriate manner.

HIV testing is mandatory for incoming prospective migrant workers and for the annual renewal of work permits under the Policy of Mandatory Testing.¹⁰⁸ Due to the government's concerns over potential health risks to Malaysians, migrants have to undergo three mandatory medical screenings in the

first two years of their arrival.¹⁰⁹ Female migrant workers are also tested for pregnancy.¹¹⁰

If migrants have tested positive for pregnancy or any infectious diseases including HIV, they face deportation. Provisions for treatment, medical assistance and post-test counseling have been developed¹¹¹ in the case of deportation but remain difficult to access for migrants. Also, there is no referral system for migrants who are HIV positive or considered unfit, which hinders potential follow-up, care and treatment in migrants' origin country.¹¹²

The confidentiality of results in mandatory HIV testing remains an issue. The Foreign Workers Medical Examination Agency is in charge of medical screenings and notifies the Immigration Department of the HIV test results; the Immigration Department then informs the employer. The majority of unskilled and semi-skilled labourers are women, and they are the ones that are tested and screened while professionals and expatriates are exempted.¹¹³

Health information and education programmes for migrant workers are not available through formal channels in Malaysia. Some NGOs work with migrants to increase their awareness of their rights and of health issues; however the limited number of NGOs and lack of resources available make reaching out to the large number of migrant workers very difficult.

Refugees with appropriate UNHCR documentation are able to receive medical services at government hospitals at subsidised cost.¹¹⁴

As of December 2007, UNHCR registered 39,094 refugees and asylum seekers in Malaysia.¹¹⁵ Since 2005 UNHCR has conducted HIV awareness activities, including the distribution of

information leaflets and condoms. In addition, a volunteer counseling and testing campaign conducted in 2007 reached more than 1,800 refugees and asylum seekers.¹¹⁶ HIV counseling, shelter homes and nursing care were made available to UNHCR's persons of concern infected with HIV. UNHCR provided financial assistance to refugees living with HIV and funded ARV treatment. The Government of Malaysia funds two-thirds of the cost of ARV drugs for refugees. Recently, the Czech Embassy in Kuala Lumpur provided UNHCR with USD 19,000 to implement a nine-month project aimed at reaching 1,000 refugees in Malaysia with health care services.¹¹⁷

Migration patterns

In Asia, Malaysia is a major destination country for migrant workers from Indonesia, Nepal, Viet Nam, Pakistan, India, Bangladesh, the Philippines, Cambodia, Myanmar, Lao PDR, Thailand and Sri Lanka.¹¹⁸ Migrants represent almost 12% of the Malaysian population.¹¹⁹

Migrant workers are mainly employed in 3-D (dirty, dangerous and demanding) jobs.¹²⁰ Latest estimates show 1.8 million documented migrant workers employed in Malaysia; 17% are domestic workers, 15% employed in construction, 36% in

manufacturing, 9% in services and 7% in agriculture.¹²¹ Undocumented migrant workers may equal the number of documented workers employed in the country, although this is hard to verify. Data on remittances from Malaysia to the origin countries is scarce.

Malaysia is a source and destination country for trafficked persons. Malaysian women and children, primarily of Chinese ethnicity, are trafficked to Singapore, Macau, Hong Kong, Taiwan, Japan, Australia, Canada, and the United States where they are sexually exploited.¹²² In 2006, fewer than 100 Malaysian women were trafficked abroad and the number of trafficking, especially among women and children, seems to be declining.¹²³ Men, women and children are also trafficked to Malaysia from Indonesia, Thailand, the Philippines, Cambodia, Viet Nam, Myanmar, and China.¹²⁴

No information has been found on HIV prevalence rates and HIV vulnerabilities and risk behaviour among migrants and mobile populations, including trafficked persons and refugees in Malaysia. The National Strategic Plan identifies refugees as a group vulnerable to HIV, but data on HIV incidence rates amongst refugees are not yet captured through the existing HIV surveillance system.

HIV response for migrant populations: Gaps and opportunities

Despite national commitment to address the HIV epidemic, several gaps remain including a lack of HIV prevention interventions targeting sex workers and their clients.¹²⁵ The majority of HIV prevention programmes targeting vulnerable groups (injecting drug users, sex workers and men who have sex with men) are carried out by NGOs and community-based organizations which face numerous financial and human resource challenges.¹²⁶

While Malaysia has identified migrant and mobile populations as a group vulnerable to HIV, there is a need to increase their access to HIV information and prevention and to deliver services in a language that they can understand. Care, support, post-counseling and referral services for migrant workers who test HIV positive during mandatory HIV testing should be strengthened.

The health situation and HIV vulnerabilities of migrant workers in the country remain to be substantiated with in-depth research and studies. To this aim, gender-based data collection mechanisms and HIV surveillance systems that protect migrants' rights and dignity need to be developed.

⁹² UNGASS, *Country Progress Report 2008, Malaysia*. Reporting period: January 2006-December 2007, January 2008, p. 11

⁹³ Idem

⁹⁴ Idem

⁹⁵ Idem, p. 12

⁹⁶ Idem, p. 17

⁹⁷ Idem, p. 12

⁹⁸ Idem, p. 21

⁹⁹ Idem, p. 12

¹⁰⁰ Idem

¹⁰¹ Idem

¹⁰² Idem, p. 18

¹⁰³ Idem, p. 20

¹⁰⁴ The Government of Malaysia, *Strategic Plan on HIV/*

AIDS 2006-2010, 2006, p. 10

¹⁰⁵ Idem

¹⁰⁶ Idem, p. 14

¹⁰⁷ Idem, p. 13

¹⁰⁸ CARAM Asia, *State of Health of Migrants 2007*, p. 159

¹⁰⁹ UNGASS, p. 32

¹¹⁰ CARAM Asia, p. 160

¹¹¹ UNGASS, p. 32

¹¹² CARAM Asia, p. 168

¹¹³ UNGASS, p. 32

¹¹⁴ UNGASS, p. 33

¹¹⁵ 2007 data reported by UNHCR

¹¹⁶ Idem

¹¹⁷ UNHCR, *Czech mission funds mobile health care project for refugees in Malaysia*, News Stories, June 2007

¹¹⁸ CARAM Asia, p. 159

¹¹⁹ Idem

¹²⁰ Idem

¹²¹ Idem, Source: Ministry of Home Affairs, Malaysia, 2006 obtained from the Indonesian Embassy in Kuala Lumpur

¹²² Humantrafficking.org, *Malaysia*, Source: US Department of State, *Trafficking in Persons Report 2007, 2007*

¹²³ Idem, Source: US Department of State, *2006 Human Rights Report*

¹²⁴ US Department of State *Trafficking in Persons Report 2007, 2007*, p. 143

¹²⁵ UNGASS, p. 18-31

¹²⁶ Idem, p. 30