



Malaysia

Permanent Mission to the United Nations

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STATEMENT BY

**DATO' DR. HASAN ABDUL RAHMAN
DIRECTOR-GENERAL OF HEALTH, MALAYSIA**

AT THE

**HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE
COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALISING THE
2001 DECLARATION OF COMMITMENT ON HIV/AIDS AND THE
2006 POLITICAL DECLARATION ON HIV/AIDS.
NEW YORK, 10 JUNE 2011**

Mr. President,
Excellencies,
Ladies and Gentlemen,

At the outset, allow me to thank you Mr. President for convening this Assembly. It is timely indeed that we meet, 10 and 5 years respectively since the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration, and also 30 years since the start of the HIV/AIDS epidemic, and only a few years away from the goal of halting and reversing the spread of HIV/AIDS by 2015.

2. In spite of major progress in terms of access to treatment and a 25% reduction of new HIV infections in the past 10 years, as mentioned in the Secretary-General's report, AIDS remains a global challenge, and stopping and reversing this epidemic requires progress in all regions of the world and Malaysia remains committed to achieve this.

3. The pace of new infections continues to outstrip expansion of treatment programmes. Moreover, there is the danger that continued economic and financial pressures in many countries have led, or will lead, to a decrease in overall social services expenditure, including on HIV/AIDS related health treatments, and a contraction of available donor funding for recipient countries. This should remain of concern to the global community as the burden of the HIV/AIDS epidemic disproportionately falls on developing countries, but the burden of responsibility falls on all. Additionally, barriers remain that prevent the majority of HIV infected individuals from obtaining equitable and affordable life-prolonging drugs. Access to these drugs should not be restricted by trade and patent related issues.

Mr. President,

4. By end of 2010, Malaysia had reported a cumulative figure of 91,362 HIV cases with with reported people living with HIV at 77,064. We have been experiencing a consistent downward trend of newly reported HIV cases with the 2010 figure at 12.8 per 100,000 of the population. The Government has targeted to achieve a reduction of new HIV cases to 11 per 100,000 of the population by 2015. We believe that this target is achievable.

5. Over the years, Malaysia's response to HIV/AIDS has been characterized by high political commitment and a policy of openness about the epidemic. This openness has enhanced productive dialogues, both at program development and implementation levels. Malaysia has had several National Strategic Plans (NSP) on HIV and AIDS, with the 2006-2010 NSP seeing the Government allocate USD 30 million per annum during that period. We are in the stage of implementing the 2011 – 2015 NSP. This new NSP will continue to place strong emphasis on strengthening the multi-sectoral collaboration undertaken under the previous plans. We estimate that an additional USD 170 million is needed for its implementation with almost 60% of that amount going towards treatment with ARVs.

6. Previous NSPs have shown that there are still many opportunities to strengthen commitment of all stakeholders. Various opportunities need to be enhanced to achieve greater harmonization, coordination and alignment; maintain and sustain high levels of funding; achieve greater program coverage, effectiveness, and efficiency; and to continue the provision of affordable treatment to those who need it.

Mr. President,

7. Allow me to share some of the steps that have been successful in Malaysia:

7.1 Firstly, adopting the harm reduction initiative for injecting drug users, comprising of a needle syringe exchange program and methadone substitution therapy. This initiative was allocated approximately USD 90 million over the 2006-2010 period. Besides public and private facilities delivering methadone, the Government has taken initiatives to extend services to prisons and drug rehabilitation centers. The last Integrated Bio-Behavior Surveillance Study – IBBS, in 2009, showed that the percentage of people who inject drug and use sterile needles was 84.7%;

7.2 Secondly, another significant contributory factor to the downward trend of newly reported HIV cases in Malaysia has been the Prevention of Mother to Child HIV Transmission initiative – PMTCT. Introduced in 1998, this program emphasizes on HIV screening to pregnant mothers using the 'option-out approach', ARV treatment to mothers and prophylaxis for the child, and recommendation of safer delivery and infant feeding practices. Public facilities cover 70% of antenatal care and the current coverage for HIV screening for ANC in public facilities is almost 100% and we are planning to extend this to private facilities in this year. The PMTCT program has been successful in reducing the vertical transmission to 3.8%;

7.3 Thirdly, the provision and access to Anti-Retroviral Treatment is an essential component in delivering services to those infected with HIV. Access to cheaper drugs has made a major contribution in enabling countries such as Malaysia to expand its treatment options and capabilities. To improve coverage and accessibility to ARV, the Government has extended the services in delivering ARV to people living with HIV in prisons and drug rehabilitation centers. Till end

of 2010, about 13,981 people living with HIV are on ARV or 93% coverage, compared to an estimate around 15,000 who need treatment based on CD4 250;

7.4 Fourthly, despite the country's achievement in reaching people who inject drugs through harm reduction initiatives, reaching out to the other most at risk populations, namely men who have sex with men, sex workers and transgender remains a significant and formidable challenge. In view of that, the Government has been working closely and in partnership with NGOs in ensuring that these most at risk populations have access to HIV/AIDS related information, testing and counseling, and prevention commodities. Since the establishment of the Malaysian AIDS Council in 1992 as a coordinating body for NGOs, and up until this year, the Government has allocated about USD 25 million to NGOs. We will continue supporting our NGOs and working together with them in providing prevention packages, providing treatment options, delivering care and promoting support to them; and

7.5 Finally, delivering correct and useful information on HIV/AIDS is essential in assisting any country to fight this disease. In particular, young people should be given this information while they are at school and even out of school, including promoting healthy lifestyles and promoting of good moral values.

Mr. President,

8. Allow me to take this opportunity to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for supporting Malaysia in providing assistance in the amount USD 12.5 million for the next five years. This funding will be channeled to the Malaysian AIDS Council as a principal recipient to scale up activities in implementing harm reduction, in particular for the needle exchange program, and in prevention activities for sex workers. The Government of Malaysia has committed to providing a contribution of USD 100,000 to the Global Fund. While this amount is modest, it represents our strong commitment at the international level in combating HIV/AIDS

Mr. President,

9. Malaysia reiterates its call for prevention to remain the mainstay of the fight against HIV. Malaysia is committed to realising zero new HIV infections, zero discrimination and zero AIDS-related deaths. A lot has been achieved, yet there is even more work ahead of all of us to halt and reverse this HIV/AIDS epidemic.

Thank you.

