I. THE CURRENT SITUATION

Epidemiology

- The size of the MSM population was estimated to be 173,000 in a recent National Consensus Workshop. It has been estimated that there are 10,000-20,000 mak nyah (transsexuals). However, there are no scientific size estimates. (Reference: 21)

- The country-wide HIV prevalence estimate for MSM and TG was reported as 7.1% in the 2010 UNGASS report and 7% in the 2008 report. (5,18)

- HIV prevalence among MSM has also been reported as 0.76% in a government consensus report, 2-5% in other sources, and to be as high as 10.7% when MSM have been recruited from venues. (2,7,14,16)

- HIV infection is present in all age groups, but is higher among younger men aged 18-29. (14)

- The estimated HIV prevalence among MSM is 17.5 times higher than the general prevalence rate of 0.4%. (5)

- The 2010 UNGASS report stated that 2% of all cumulative cases of HIV were from male-male sex. (18)

- In 2006, it was reported that 1.5% (or 1,073) of cumulative HIV cases were from male-male sex. (18)

- In the 2009 Integrated Biological Behavioural Surveillance (IBBS) study which sampled 540 male-to-female transgenders in Kuala Lumpur, 9.3% tested positive for HIV. (19)

- Also in 2009, an adaptation of the venue-day-time-sampling (VDTS) was applied to identify venues in Kuala Lumpur where men congregate for the purpose of meeting or soliciting sex from other men. The majority of the 517 respondents were Malays and Chinese (47% and 43.7% respectively) out of which 3.9% were found to be with HIV. (20)

- Information about MSM behaviour and knowledge is extremely limited in Malaysia. However in 2009, two separate operational research projects to provide an estimate of HIV prevalence and a profile of bio-behavioural risks of MSM and TG in Kuala Lumpur were undertaken, namely the Venue-Day-Time Sampling study for MSM and the IBBS for TG. (19,20)

- Findings from IBBS 2009 indicated that approximately 37.2% TGs correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions. Despite this low level of knowledge, condom use among paying and non-paying partners were 94.7% and 64.1% respectively. (19)

- The same study also reported 83.7% (n = 452) TG had sold sex for money in the past year, with a median of 250 male clients. (19)

- A 2002 study of 507 transsexuals published in 2008, approximately 68% were “knowledgeable about condom usage”. Yet of this group, only 30% practiced safe sex. Of the 71% that were “knowledgeable about HIV/AIDS”, only 10% practiced safe sex. (15)

- In the 2008 UNGASS report, the government reported that 100% of MSM had been tested for HIV in the past 12 months and knew the result. (5)

- However, other reports contradict the government’s statement that 100% had been tested. A global review published in 2009 stated that the method used to obtain the data were not described and that the testing data from Malaysia was not “eligible”. The study on transsexuals found that although respondents knew where to get tested, most said they would not get tested. (2,15)

- Reasons stated by transsexuals for not getting tested were: fear of the result, embarrassment to take the test, fear of discrimination, belief they could not be infected, confidence that they were not infected, and they looked after their health. (15)

- The study on transsexuals found that 92% had received payment for sex, although only 54% stated that they were sex workers. (15)
**MALAYSIA**

MSM Country Snapshots – Country Specific Information on HIV, men who have sex with men (MSM) and transgender people (TG)

- Transsexuals carried condoms with them during sex work, but generally did not use them. Safe sex was not practiced when: their clients refused to use condoms, their clients looked healthy, they were paid more to not use condoms, they were attracted to their clients, or the clients were regular partners or boyfriends. (15)

- The VDTS study on MSM in 2009 revealed that one in four reported having more than five male partners in the past six months. 44.9% of those who had unprotected sex with a casual partner were almost 3 times more likely to be with HIV compared to those who did not engage in that activity. 16.1% had had sex with a female partner in the past six months. Due to social pressures, cultural context and the fear of facing stigma, MSM very often have female partners (i.e. wives and girlfriends). (20)

- Also in 2009 it was reported that 19.4% \((n = 105)\) TG received an HIV test in the last 12 months and knew their results. (19)

**Legal Situation and Law Enforcement Authorities**

- Sex between males is illegal under section 377A and 377D of the Penal Code. Muslim MSM/TG are also subject to Sharia law, which also forbids male-male sex. (17)

- Sex work is legal, but soliciting for sex is illegal. (17)

- Sex on premises venues (i.e. saunas) are illegal. (8)

- TG are often arrested under the *Minor Offences Act 1955* for “indecent behaviour”. (17)

- There are no legal protections for MSM and TG people. (17)

- One report states that sex reassignment surgery is legal, while another states that it is illegal. (15,17)

- TG cannot change their sex on official documents. (17)

- Difficulties with law enforcement authorities have been well-documented. MSM, TG and HIV workers have faced harassment by police. Condoms and lubricant have been seized from MSM venues; condoms have been used as evidence of prostitution; condoms have been admitted as evidence in court of “deviant behaviour”; a gay sex party has been raided by police; and in 2002, Human Rights Watch reported that the government forced HIV groups to stop handing out condoms. (10,14,15,17)

- Legal reviews conducted by the UN have found that Malaysia is “prohibitive in high intensity” and “highly repressive” for MSM and TG. (3,17)

**MSM Community, other Social Research and Stigma/Discrimination**

- There is evidence of an active Malaysian MSM and TG community. There are informal social groups, 5-6 gay nightclubs, 12 saunas, and 30 massage services. (8,10)

- Stigma towards MSM and TG is very high in Malaysia. (5,8,10,14,15,17)

- Transsexuals reported that they were treated well by doctors and nurses, but those who were HIV positive reported being treated badly by nurses who knew their status. (15)
II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the national strategic plan (NSP 2006-2010). The current NSP ends in 2010. (4,10)
- There is also a specific budget line for MSM, accounting for 13.19% of the HIV budget. However, other sources state that no funds were earmarked for MSM programs. (4,10)
- For MSM, the NSP includes: HIV transmission prevention, information and education, peer outreach, condom and lubricant distribution, access to treatment, and community engagement and empowerment. (4,10)
- In 2010, the Government of Malaysia reported on 1 out of the 5 UNGASS indicators directly relevant to MSM, one less than in 2008. (1,5,18)
- It has been noted that in the transition from "developing" to "developed" status, Malaysia lost international funding for MSM programs, which was subsequently not replaced by the national government. According to NGO workers, this has led to "noticeably poorer HIV knowledge and higher HIV incidence among younger MSM." (16)
- In 2006, it was reported that there is some MSM-related leadership in Malaysia, but that leadership was weak. (10)

Community-based Response

- There are no MSM-specific CBOs, formal networks or support services. (10)
- MSM are informally organised, with social groups, interest-based groups, and loose alliances. (10)
- The Pink Triangle (PT) Foundation is a community based NGO that works with MSM, TG, male sex workers, but it is not exclusively an MSM organisation. It also focuses on injecting drug users and female sex workers. (10)
- The PT Foundation is the only organisation conducting outreach to gay nightclubs. There is only one part-time staff member who is responsible for conducting outreach to all of the 30 saunas, and there is no outreach to massage parlours. (8)
- The PT Foundation's services include: information and counselling, referrals, drop-in center, and outreach programs. (16)

Strategic Information

- There appears to be no behavioural surveillance data. (10)

National and International Networks

- Malaysia is involved in the newly formed Insular South East Asia Network, established in 2009.

III. THE RESULTS

Coverage of prevention

- In 2005, the government reported 10% of 50,000 MSM (i.e. 5,000) had been reach with prevention activities. (13)
- The government did not report on the coverage of prevention activities indicator in its 2008 UNGASS report. (5)
- In 2009, 43.7% (n = 236) of TG reported that they had met with an outreach or health worker within the past year. 65.0% (n = 351) knew where to receive HIV tests and had been given condoms through outreach services. (19)

Resource Estimation and Gaps

- In 2006, it was estimated that USD $3.5 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (11)

Effectiveness of prevention efforts

- No relevant information was identified regarding the effectiveness of HIV interventions with MSM.
IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws criminalizing male-male sex and laws affecting sex workers.
- The national strategic plan 2010-2015 should include a costed comprehensive response for MSM and TG.
- Advocate for the inclusion of MSM in HIV strategies at the provincial level through provincial planning.
- More systematic and regular surveillance of HIV rates, risk behaviors and MSM and TG communities.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.
- Sensitization of health care service providers to address the risks, vulnerabilities and needs of MSM and TG.
- Scale up MSM-friendly VCT and sexual health screening centers.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination toward PLHIV in MSM communities.
- Specific prevention activities should focus on transgender people.

V. REFERENCES

All references are available at:
www.apcom.org/snapshots2010.html

Contact details of UNAIDS office in Malaysia are available at: