

Key affected women and girls include:

- Women and girls living with HIV
- Female intimate partners of men with high-risk behaviours
- Female drug users
- Female sex workers
- Transgender women
- Young women aged 15-24
- Female migrant workers who may be vulnerable to HIV due to the conditions by which they migrate

Malaysia Country Brief

HIV and Key Affected Women and Girls

Percentage of total adults living with HIV who are women:

11%

Estimated number of women living with HIV (aged 15+):

8,400

87% of HIV infections among women occur through heterosexual transmission.



About the Country Briefs

➤ These country briefs synthesize some of the current available data and evidence on key affected women and girls into one, easy-to-read report. For the first time, available data and research on national AIDS responses as it specifically relates to key affected women and girls were collated and carefully reviewed together, to improve understanding of women and girls most at risk of, and most affected by, HIV in the region. In doing so, the aim of the briefs is to increase understanding of the specific needs of key affected women and girls in ASEAN Member States and to support national efforts to ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls, in all their diversity. The briefs were developed in response to requests from partners at the regional and national level to assist them in prioritizing which women and girls to comprehensively target in national AIDS responses.

➤ A consistent approach has been applied in order to produce an off-the-shelf analysis of HIV and key affected women and girls which synthesizes information from disparate national sources. While multiple data sources have been used to compile each brief, country progress reporting on HIV and AIDS is widely cited. Each of the briefs includes an overview of the following as it specifically relates to key affected women and girls in the context of the national AIDS response:

- Epidemiology
- Modes of transmission
- Social and economic vulnerabilities
- Access to information
- Access to services
- Legal and policy environment
- Current international and regional policy guidelines
- Information gaps
- Recommendations

From the cover page

Percentage of total adults living with HIV who are women: 11%¹

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Estimated number of women living with HIV (aged 15+): 8,400²

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

87% of HIV infections amongst women occur through heterosexual transmission.³

3 Ministry of Health Malaysia. *Global AIDS Response 2012: Country Progress Report January 2010 December 2011 Malaysia*. March 2012. p.16. (<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>)

EPIDEMIOLOGY

- The epidemic is concentrated within most-at-risk populations, especially among injecting drug users (IDUs), sex workers and transgender populations. Infection rates remain high above 5% among these groups.⁴
- With rigorous implementation of harm reduction programmes since 2005, sexual transmission has superseded IDU as the main driving factor for the HIV epidemic in Malaysia with a ratio of 6 sexual transmissions for every 4 IDU reported.⁵
- While the infection among males is showing significant decline, infection among females is showing the opposite. The trend of female to male ratio has shifted from 1:99 in 1990 to 1:10 in 2000 and to 1:4 in 2011.⁶
- In 2011, women and girls constituted around 21% of newly infected persons compared to being barely 5% ten years ago.⁷
- The profile of female HIV cases in 2011 indicated that more than two thirds were between 20-39 years of age, 86% were infected by HIV through heterosexual transmission and 40% were housewives.⁸
- About 26% of reported infections are among young people aged between 13 to 29 years old.⁹
- Female sex workers (FSW) and transgender (TG) populations are the highest infected risk populations with national rates estimated at 12% in 2011. The 2009 Integrated Bio-Behavioural Surveillance (IBBS) conducted with sex workers indicated that 10.5% of respondents were living with HIV and reported HIV prevalence of 9.7% among the transgender population.¹⁰
- There is clear evidence based on operational research that overlapping injecting drug use and high-risk sexual behaviour is occurring resulting in HIV infections among key population groups.¹¹

MODES OF TRANSMISSION

Sexual transmission

- Heterosexual transmission now accounts for almost half of newly reported HIV cases in Malaysia.¹²
- Sex workers account for approximately 0.6% of the total reported HIV cases, however this is taken as a gross underreporting of this population as sex workers will not necessarily identify themselves as such and may not come forward for treatment.¹³
- A 2009 study conducted among 517 men who have sex with men (MSM) reported that approximately 16.1% had also had sex with a female partner in the previous six months.¹⁴
- The number of women living with HIV is higher than previously thought but the proportion is stabilizing which is consistent with the profile of a concentrated epidemic. This finding is consistent with concerns around intimate partner transmission of HIV, particularly female spouses/intimate partners of men with high-risk behaviours. In 2010, three out of every five cases of women found to be HIV-positive were married.¹⁵

Injecting drug use

- Women comprise a small proportion of drug users, at only 2%, although it is possible for there to be many female cases of HIV yet unseen amongst injectors.¹⁶
- Although injecting drug users constitute a risk group in themselves, there is also an overlap between drug use and those involved with sex work. Individuals who fall into both categories are therefore particularly vulnerable to HIV and face dual stigma. It is no longer possible to address specific populations individually without considering overlapping of risk behaviours involving injecting drug use and sex work among most-at-risk populations.¹⁷

- While the impact of drugs on sexual behaviour may vary by type of drugs used, length of use, sexual practice and other factors, there are a number of effects related to drugs that could contribute to risky sexual behaviour.¹⁸
- A 2008/2009 nationwide study among sex workers conducted by UNFPA and the Federation of Reproductive Health Associations of Malaysia (FRHAM) revealed that 16% of sex workers were using drugs while 13% were ex-drug users; close to 29% of them were injecting drug users and about a third shared needles with their friends and husband. Behavioural surveillance surveys in 2004 and the 2009 IBBS both revealed involvement of sex workers with injecting drug use and vice versa. Needles and syringes are commonly shared between sex workers and clients who pay for sexual services with drugs while condom use was found to be generally low and infrequent.¹⁹

Vertical transmission

- In 2011, more than 90% of all antenatal mothers were screened for HIV.²⁰
- HIV prevalence among pregnant women in 2011 was 0.07%.²¹
- With prevention of mother-to-child transmission of HIV (PMTCT) interventions, the transmission rate was reduced to as low as 1.3% compared to 32% estimated transmission rate had there been no intervention.²²

SOCIAL AND ECONOMIC VULNERABILITIES

- Although there has been much progress in the empowerment of women in Malaysia (e.g., high literacy rate, access to education, labour participation in most industries), women generally continue to face the challenge of protecting themselves and their families from HIV due to their subservient roles in relationships. This dynamic, together with the lack of awareness and knowledge of HIV and AIDS, create immense vulnerabilities.²³
- Entry into sex work by local women appears to be mostly a voluntary decision. However, sex workers have cited difficult economic circumstances and options which were limited by their educational background and family status. A number of cases have been reported where widows or women divorced by their husbands had to resort to sex work as a result of the loss of rights such as the right of inheritance to their husbands' property. In the case of already marginalized women such as undocumented migrants, sex work becomes a way to survive.²⁴
- People living with HIV, especially women and girls, are more likely to continue to shy away from relationships and disclosure of their HIV status, fearing rejection from families and friends. HIV-positive women in Malaysia can be blamed for bringing AIDS into the household, despite evidence showing that this is rarely the case.²⁵
- A 2006 study conducted among 130 respondents to understand the impact of HIV on people living with HIV and their families found that women who acquired their infection from their husbands were badly affected economically. The loss of the sole income earner in the family, usually the husband, due to death or incapacitation related to AIDS, resulted in housewives having to assume the role of head of the household, breadwinner, single parent and possibly carry the burden of caring for sick family members.²⁶
- The estimated 2.4% of women who do inject drugs tend to face even more social stigma and discrimination than men who inject drugs.²⁷
- Transgender populations are often stigmatized and discriminated by society.²⁸
- Due to social pressures, cultural context and the fear of facing stigma, MSM are more likely to have wives and girlfriends.²⁹

- Women make up the majority of unskilled and semi-skilled migrants who undergo medical screening. The HIV detection rate among migrants has been increasing from 0.03% in 2004 to 0.06% in 2009 and 0.08% in 2011. Should any migrant woman be found to have tested positive for HIV or be pregnant, they are subject to deportation without treatment, medical assistance or post-test counselling.³⁰
- Domestic violence and sexual abuse are important correlates of HIV risk in women. An average of about 3,200 cases of domestic violence have been reported in Malaysia. However, the association between violence and HIV needs to be further explored.³¹

ACCESS TO INFORMATION

- The 2009 IBBS which focused on FSW, IDUs and TG reported low levels of HIV-related knowledge among all three groups. Among those surveyed only 38.6% of sex workers, 37% of TG and half of IDUs (50%) could correctly identify ways to prevent transmission of HIV.³²
- Among young women and men aged 15-24 years, only 28.5% could correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission.³³
- There is an unacceptable level of HIV-related knowledge among young people. Sexual and reproductive health education must not only ensure that awareness and knowledge is imparted but is also accompanied by life skills. Though introduction of life skills based education has begun, it remains strictly limited to specific schools.³⁴
- The issue of providing comprehensive sexual reproductive health education, including information on HIV for children in school continues to be at an impasse. Though it has been under discussion by various levels of government, implementation of this policy has been erratic due to opposition from various parties on moral and religious grounds.³⁵

ACCESS TO SERVICES

- As far as possible, the government has tried to encourage the adoption of a voluntary, ethical and internationally accepted approach to HIV screening such as provider-initiated HIV testing and counselling.³⁶
- The Government is committed to providing antiretroviral therapy to all those who need it, by making it affordable and accessible to all. Since 2009, antiretroviral therapy has been made available to prisoners living with HIV, including female prisoners.³⁷
- The national prevention of mother-to-child transmission of HIV (PMTCT) programme is currently available in government health facilities that cover approximately 75% of total antenatal mothers nationwide. Antenatal HIV cases from the private sector are also referred to the government medical system.³⁸
- Available at all government health clinics and hospitals, the PMTCT programme incorporates HIV screening utilizing an opt-out approach. Providing appropriate counselling and support and contraceptives to women living with HIV is also part of this programme.³⁹
- A pilot in the State of Kedah to expand HIV screening to the husbands of antenatal mothers reported that 31% of husbands consented to the screening. Screening was done on a voluntary basis and written consent was obtained beforehand. Of these, 2 discordant couples were detected and confirmed. Although the number is small, the detection of serodiscordant couples emphasizes the need to promote parental awareness (not merely focusing on the antenatal mother alone) when addressing the issue of vertical transmission.⁴⁰
- Since 2009, all Muslim couples in Malaysia have to undergo a mandatory screening for HIV before they get married. UNAIDS does not support mandatory or compulsory HIV testing of individuals on public health grounds. There is no evidence that compulsory pre-marital HIV testing has an impact on HIV prevention. Compulsory pre-marital HIV testing as a precondition for the grant of marriage infringes on the rights to privacy and confidentiality, and reproductive health rights of people living with HIV.⁴¹
- Premarital HIV screening for Muslim couples is made available in all government health centres. The screening is available to anybody who wishes to undergo premarital screening, irrespective of religious background. In 2011, a total of 248,315 men and women were screened through this programme out of which 219 (0.09%) were confirmed as HIV-positive.⁴²

- Treatment affordability remains a daunting issue for many women living with HIV, especially with problems such as the loss of employment due to health reasons and/or stigma and discrimination. The need to travel considerable distances to access services in government hospitals located in urban centres and far from rural areas also remains an obstacle to up-take of services among women and girls.⁴³
- Perceived or actual occurrence of stigma and discrimination among health care workers and communities also remains an issue.⁴⁴
- Stories about breaches of confidentiality, stigma and discrimination, and issues regarding the right to treatment access and employment still exist. These include accounts of discriminatory practices from healthcare professionals, such as admonishment from nurses for getting pregnant with a HIV-positive spouse or reports of doctors avoiding physical contact with women living with HIV.⁴⁵
- Support groups placed in health clinics or hospitals and also strong networking between health provider and NGOs/community-based organizations could facilitate in minimizing and eliminating stigma and discrimination among key affected women and girls as well as among health care providers.⁴⁶
- There are mostly no general women-specific HIV prevention programmes available in Malaysia. This population is identified as belonging to one or more of the identified most-at-risk populations. As such, they fall under the coverage of programmes for those groups.⁴⁷
- The vast majority of prevention programmes involving key affected women and girls are conducted by community-based organizations and NGOs. Reaching these populations remains a significant challenge for both the government and NGO programmes. As a result of inconsistent levels of funding, NGOs are often forced to prioritize and restrict coverage of existing programmes.⁴⁸
- The number of HIV prevention programmes working with sex workers has increased from 7 in 2010 to 21 in 2011, resulting in an 81% increase in the number of sex workers reached by HIV programmes from 2,889 in 2010 to 5,243 in 2011.⁴⁹
- While the dissemination, awareness and promotion of condoms are a prominent part of all HIV programmes with most-at-risk populations, condoms are frequently used as evidence during detention or persecution of persons for illegal behaviours, e.g., evidence of sex work, premarital sex or MSM activity.⁵⁰
- Fear of persecution and discrimination makes it difficult to reach out to transgender persons. Religious bodies and law enforcement agencies are less likely to co-operate as TG sexual behaviour is considered unacceptable by society.⁵¹

- Harm reduction initiatives involving Methadone Maintenance Therapy (MMT) and needle and syringe exchange programme (NSEP) continue to be scaled-up through 297 NSEP sites and 674 MMT outlets established in government health facilities, NGO sites, private health facilities, National Anti-Drug Agency (NADA) service outlets and prisons.⁵²
- Despite the existence of harm reduction initiatives, women and girls who use drugs face numerous barriers to accessing these services. They face tremendous social stigma, discrimination and shame. They may also depend on their male partner to obtain drugs as opposed to seeking drugs out themselves. Together with the risk of sexual violence, harassment, spousal abuse, and lower social status, this makes them less likely to seek information and to access healthcare services including harm reduction services, increasing their risk and exposure to HIV infection. As such they may also fall outside the coverage of studies such as the IBBS.⁵³
- Less than 40% of spouses whose partner are found to be with HIV and are IDUs currently go for HIV screening.⁵⁴
- Community-based organizations are currently working in partnership with the Ministry of Women, Family and Community Development to provide essential support services for people living with HIV, including women and girls living with HIV. This includes expanding the number of shelters for women and children living with and affected by HIV from 7 in 2008 to 16 by 2011, as well as providing financial assistance to women living with HIV to facilitate income-generating activities.⁵⁵
- In states such as Kelantan where women and girls are heavily affected by the epidemic, establishment of support groups have led to large numbers of women living with HIV working to support each other. However, there is a need for programmes to address the needs of girls and adolescent females living with HIV in dealing with regular teenage problems such as relationships and family issues in the context of their status.⁵⁶
- Community-based organizations remain the dominant actor in the provision of HIV services to female undocumented populations (e.g., women and girl refugees, female migrant workers, and undocumented migrants).⁵⁷
- Mandatory testing of foreign workers continues to be conducted and, despite being recognized as a vulnerable population, there is no pre and post-test counselling provided. In most cases, the individual has no knowledge of their medical tests and are only told whether they are medically fit to work and be employed in Malaysia. If their test results reveal them to be HIV-positive, the individual is deported.⁵⁸

LEGAL AND POLICY ENVIRONMENT

- Article 8 (2) of the Federal Constitution states “that there should be no discrimination against citizens on the ground of religion, race, descent, gender or place of birth in any law or in the appointment to any office or employment under a public authority or in the administration of any law relating to the acquisition, holding or disposition of property or the establishing or carrying on of any trade, business, profession, vocation or employment” .⁵⁹
- Where discrimination against key affected women and girls occurs, redress can be sought through entities such as the Malaysian Medical Association, Bar Council, and Human Rights Commission for Malaysia, which will ensure the implementation of the law via different ministries. However, the reality is that if key affected women and girls’ suffer discrimination, it is often hard to prove. Practical problems abound with regard to addressing HIV-related acts of discrimination. Documentation continues to be a problem for women and girls living with HIV who suffer discrimination. They are often reluctant to proceed further due to the risk of exposure of their HIV status.⁶⁰
- Malaysia does not have specific legislation to protect the rights of people living with HIV (including women and girls living with HIV) and there is no policy or strategy that explicitly mentions human rights promotion and protection.⁶¹
- The guiding principles of the National Strategic Plan on HIV/AIDS (NSP) 2011 – 2015 does, however, clearly indicate that people living with HIV, including women and girls living with HIV, have the same right to health care and community support as other members of society. This includes the right to participate in any socio-economic activity, without prejudice and discrimination.⁶²
- There is a continual need to sensitize and involve all stakeholders who work directly or have direct contact with most-at-risk populations (including key affected women and girls) such as local government authorities, prisons departments, religious authorities, law enforcement bodies (e.g., police), National Anti Drug Agency (NADA) and immigration department.⁶³

- The harm reduction programme, comprising the Needle Syringe Exchange Programme (NSEP) and the Opiate Substitution Therapy (OST) remains the cornerstone of the government's HIV prevention strategy and the government has moved from a repressive approach to an approach integrating health imperatives. Key agencies are shifting programmatic objectives from compulsory abstinence to voluntary treatment options. However, current laws stipulate for compulsory drug treatment and provide for punishment of drug users with canning and imprisonment should the person relapse after discharge from government-run drug rehabilitation centres. Civil society groups believe that treatment for drug addiction should be an option and not compulsory under the law.⁶⁴
- Under the Dangerous Drug Act 1952, the self administration of drugs is punishable with a fine and/or imprisonment. The Act also makes it illegal to carry injection equipment without a medical prescription and possession of needles is punishable with imprisonment. Whilst the possession of injecting drug equipment or drugs such as morphine without a prescription is technically illegal and subject to criminal prosecution, relevant government agencies currently have ongoing dialogues with different bodies in an effort to reconcile these legal impediments to HIV prevention programmes. Due to the NSEP, the active enforcement of this legislation was reportedly relaxed. However, clients (including female drug users) of the NSEP are still 'easy targets' for law enforcement officers. As the latter continues to have the authority to detain persons suspected to be drug users, this could discourage effective utilisation of the programme by the IDU community as they could be arrested while being in the vicinity of the NSEP centre. The existence of laws which are in direct contradiction with the activities of the government initiated NSEP continue to send contradictory signals to law enforcement bodies and judiciary. This could present itself as a significant obstacle in successfully ensuring the sustainability and continued existence of the NSEP programme.⁶⁵
- Although there is no existing law or policy against individuals carrying condoms, women in particular are subject to accusations of soliciting for sex or being branded a sex worker. This could result in overnight detention or harassment by law enforcement officers. Such evidentiary use of condoms discourages sex workers from using them as well as brothels from providing them on the premises.⁶⁶
- Transgender persons are often prosecuted under the 1955 Minor Offences Act. The term "indecent behaviour" is not defined in the Act, and therefore it is at the discretion of the police to determine what constitutes 'indecent' behaviour.⁶⁷

- Four Malaysian Muslim transgender women lost a legal challenge in October 2012 to an Islamic law that bars them from dressing as women. The four Muslims identified themselves as female and had been repeatedly arrested for wearing women's clothes and hair accessories. They appealed to a secular court to overturn the Islamic Sharia law making it illegal for men to pose as women. The transgender women were challenging an Islamic law that prohibits cross-dressing by arguing it infringes their constitutionally protected human rights of non-discrimination and freedom of expression. The high court in Seremban, Negri Sembilan state, denied the petitioners' case to declare the Sharia law - used by Muslims in religious courts - as unconstitutional. The government-funded organization, the Malaysian AIDS Council (MAC) criticized the Islamic court decision ruling against the four transgender women. In response to the ruling, the MAC released a statement that said while they respect the decision of the Syariah (Sharia) court 'we firmly believe that every Malaysian is entitled to equal protection and dignity under the country's Constitutional Rights. We fear that this judgment could lead to increased stigma as well as acts of persecution and discrimination by authorities, especially from the enforcement officials of the religious department.' MAC also said it 'strongly objects' to an insinuation by the judge that being transgender increases vulnerability to HIV infection. 'Gender identity or sexual orientation does not predispose one to HIV; unsafe sexual practices do,' the MAC statement said.⁶⁸
- With the increase in proportion of female HIV cases, the Ministry of Women, Family and Community Development (MWFCD) continues to play an important role through its Taskforce on Women, Girls and HIV/AIDS. Chaired by the MWFCD, the Taskforce is mandated to guide the actions of the government in its response to addressing the behavioural and socioeconomic factors behind the sexual transmission of HIV in Malaysia (including intimate partner/ spousal transmission of HIV). Between 2010-2011, the Taskforce conducted a number of awareness raising programmes designed to empower women and girls.⁶⁹
- The increase in the proportion of HIV cases infected through sexual transmission requires a further strengthening of commitment from the Government to undertake and improve upon programmes which specifically address the issue of sexual reproductive health, especially among young people. Policy-makers needs to be better informed about the importance of adolescent health and sexual reproductive health, particularly within the context of HIV.⁷⁰
- Laws and regulations which govern and restrict communication of HIV awareness and prevention messages are of particular concern. The use of particular text and explicit graphics (such as putting a condom on a penis) in such messages could be considered and subject to legal prosecution for the use of pornography under legislation which governs the print media.⁷¹

CURRENT INTERNATIONAL AND REGIONAL POLICY GUIDELINES

- HIV and the Law: Risks, Rights & Health (Global Commission on HIV and the Law, July 2012)⁷²;
- Sex Work and the Law in Asia and the Pacific (UNDP, UNFPA, UNAIDS, 2012)⁷³;
- UNAIDS Guidance Note on HIV and Sex Work (UNAIDS, 2009)⁷⁴;
- Agenda for accelerated country action for women, girls, gender equality and HIV (UNAIDS, 2009)⁷⁵;
- Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response (UNAIDS/The ATHENA Network, 2011)⁷⁶;
- Joint UN Statement: Compulsory drug detention and rehabilitation centres (March 2012)⁷⁷.

INFORMATION GAPS

- Due to a lack of research conducted among women living with HIV, not much is known about these women, their issues and how HIV affects their families.⁷⁸
- There is a dearth of studies examining the multifaceted issue of women and HIV and AIDS. In order to evaluate the effectiveness of existing interventions, evidence and analysis collected through research would enable improvements to be made as well as strengths and gaps to be recognized. A more comprehensive response is possible by ensuring that interventions are based on evidence and better research.⁷⁹
- Detailed gender and age disaggregated data is now available as a result of a revision of the national HIV reporting system. This data is now included as much as possible in the reporting of UNGASS/GARPR indicators. Analysis of this data is critical to ensure a better understanding of how men and women are vulnerable to HIV infection in Malaysia.⁸⁰
- At present, data on HIV risk and vulnerability, such as sexual and injecting behaviours, of female sexual partners of men who inject drugs is scarce.⁸¹
- To date, no national study or survey has been conducted to estimate the number of girls affected by HIV in the country and to examine their vulnerabilities to HIV infection.⁸²
- Despite being identified as a marginalized and vulnerable population, data on incidence rates among refugees (including women and girl refugees) are not yet captured through the existing HIV surveillance system.⁸³

RECOMMENDATIONS

- Strategies to reverse the HIV epidemic cannot succeed unless continued political leadership is embraced and women and girls are empowered. The Government must utilise resources to address the needs and realities of women and girls. These resources must be made available where they are most needed, in programmes for women and girls affected by HIV and AIDS.
- Establish and maintain an enabling public policy and structural environment which will help to reduce HIV-related stigma and discrimination, respect human dignity, gender and sexuality and is supportive of HIV programmes and interventions.
- There should be more gender specific HIV programmes and interventions which take into account the dual nature of the epidemic in Malaysia, whereupon currently women are getting infected through heterosexual transmission while men acquire HIV through injecting drug use.
- There needs to be clear, coherent policies and direction concerning sexual reproductive health that includes promotion of gender and rights. As issues related to sexuality and young people are often contentious, more must be done to further consult and engage religious leaders and other community leaders.
- Ensure the provision of comprehensive sexual reproductive health education, including information on HIV for children and adolescents in and out of school.
- The involvement and engagement of men and boys are necessary for any sort of HIV intervention or initiative with women to succeed. This is particularly critical in addressing issues of risk and vulnerability to HIV infection. Programmes targeting women must embrace men as partners in order to support and develop the necessary structures and enabling environment which are more supportive to women. However, such an undertaking will require a greater recognition of the often subordinate relationship of women's economic, social status and HIV transmission.
- Encourage couples to go for voluntary HIV counselling and testing (VCT), in line with new WHO Guidance on Couples HIV Testing & Counselling, including antiretroviral therapy for treatment and prevention in serodiscordant couples (2012).

- Improve and evaluate couples HIV counselling and testing services and strategically promote these services among couples at risk of intimate partner transmission. This includes improving post-test counselling support for disclosure of positive status to long-term partners.
- Increased, sustainable funding for HIV-positive women's groups and networks is needed coupled with more meaningful involvement of women and girls living with HIV in policy and programmatic interventions, noting the WHO guidance (April 2012) on couples HIV counselling and testing and the beneficial role that women living with HIV can play in delivering services and support within healthcare and community settings.

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WHO ARE “KEY AFFECTED WOMEN AND GIRLS” IN ASEAN?

Depending on the circumstance and country, the following groups have been identified as key affected women and girls in ASEAN:

- Women and girls living with HIV
- Female sex workers
- Women and girls who use drugs
- Transgender women and girls
- Mobile and migrant women
- Female prisoners
- Women with disabilities
- Women in serodiscordant relationships
- Female intimate partners of men who engage in behaviours that put them at a higher risk of HIV infection
- Women and girls in HIV-affected households

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