Permanent Mission of

Malaysia

to the United Nations

STATEMENT BY

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ON

AGENDA ITEM 5: GENERAL DEBATE
ON NATIONAL EXPERIENCE IN POPULATION MATTERS:
POPULATION, DEVELOPMENT AND HIV/AIDS WITH
PARTICULAR EMPHASIS ON POVERTY

AT

THE 38TH SESSION OF THE COMMISSION ON POPULATION
AND DEVELOPMENT
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Mr. Chairman,

At the outset my delegation wishes to join the others in congratulating you on your election to the Chair of the 38th Session of CPD. We are confident that under your able leadership, you and the other members of the Bureau will steer the session to a fruitful conclusion. My delegation also wishes to express its appreciation to the Secretary General for his comprehensive reports on the theme, and in particular for highlighting the effects of HIV/AIDS on population dynamics, including population losses and decreasing life expectancy, slowing economic growth, and increasing extreme poverty. We fully agree with the Secretary General on the need for a strengthened policy commitment, strong leadership including multi-sectoral leadership, intensified prevention efforts, and greater emphasis on the awareness of the linkages between HIV/AIDS and sexual and reproductive health to accelerate the implementation of the Cairo agenda and to achieve the Millennium Development Goals.

Mr. Chairman,

2. Malaysia has succeeded, within a relatively short period not only in achieving growth but also in addressing effectively the problems of poverty and economic imbalances. Today, poverty in Malaysia is predominantly a rural phenomenon with absolute poverty diminishing. The number of poor households has been considerably reduced from about 619,400 in 1990 to about 267,900 in 2002. Percentage-wise, the incidence of poverty among Malaysians had decreased from 17.1 to 5.1 per cent during the same period. Rural poverty had decreased from 14.9 per cent in 1995 to 11.4 per cent in 2002 while urban poverty had decreased from 3.6 per cent to 2.0 per cent.

3. Although Malaysia has been relatively successful in addressing the issue of poverty, we are not complacent on the need to give equal importance and attention to the serious threats from HIV/Aids. We are mindful that if the HIV epidemic persists and goes unchecked it will certainly undermine whatever achievements made by Malaysia in reducing poverty. There will be an increase in health and social expenditures by the Government and a decline in family income due to loss of productive family members resulting in an increase in the incidence of poverty. Those infected by HIV/AIDS are predominantly from the poor segments of the society and had to entirely rely on medical attention and treatment from the Government. Among the best options in addressing this challenge is to take preventive measures, especially an effective health promotion strategy directed towards the high-risk groups, young people and those living in poverty.

4. Malaysia, therefore, supports the theme of this meeting. We believe that it is most appropriate for special importance and significance be given to HIV/AIDS, with particular emphasis on poverty, at this session. The intricate relationship between population, development and HIV/AIDS has to be understood. Since ICPD and more recently the Millennium Declaration and ICPD+10, Malaysia has given serious attention to the issue. The Government welcomes the active involvement of and receives support from Non-Governmental Organizations and other interested parties including political, religious and community groups, as well as individuals.

5. The Government of Malaysia acknowledges the vast impact of the HIV epidemic on the demographic profile of the country. It affects population growth, distribution and structure. It impacts upon widowhood with the concomitant increase in orphans among children and in the reduction of the reproductive years resulting in lower fertility. We also acknowledge that there will be a reduction in the quality and quantity of labour; reduction in volume and use of savings, resulting in less investment, less productive employment, and lower incomes. All these may lead to greater increase in the incidence of poverty. This vicious cycle has to be addressed in view of the grave consequences of the HIV/AIDs epidemic.

6. Since the first Malaysian AIDS case was reported in December 1986, there has been an increase in the number of HIV infections. Over the last four years (2000-2003), the average number of new HIV cases reported annually has been more than 6,000 cases. By June 2004, the cumulative number of HIV infections was 60,621 with 8,840 cases of AIDS and 6,523 deaths. The main mode of transmission is intravenous drug use (75.5%), followed by heterosexual transmission (13.2%). The HIV infection rate is highest among young adults aged 20-39 years while the proportion of women infected with HIV is also increasing. More than 40% of those infected with HIV are fishermen and odd job workers, the occupation sectors that are often associated with households living in poverty. There are indications that infections are moving out of the initial drug user group into the general population. Inadequate access to correct information, cultural and religious constraints, social stigma and discrimination, silence, denial and ignorance are some of the factors contributing to the epidemic. Other factors such as mobility of the population and economic constraints also appear to be contributing to HIV vulnerability.

Mr. Chairman,

7. In Malaysia, the HIV/AIDS prevention and control program was established in 1987. The HIV/AIDS coordination mechanism, under the responsibility of the Ministry of Health was initially established then. The principles of the Government's national AIDS programme are based on the need to protect the health of the public whilst ensuring and respecting the rights of the individual, avoiding discrimination against infected persons and recognising that information, education and communication on HIV/AIDS are the key to HIV/AIDS prevention.

8. Over the last eight years Malaysia has initiated several programs to address the needs of adolescents and young people, realizing that adolescent reproductive and sexual health is crucial in our efforts to control and prevent HIV/AIDS. In this regard, the Ministry of Women, Family and Community Development through its agency, the National Population and Family Development Board, has implemented programs on health development and assertive training of adolescents while the Federation of Family Planning Associations, an NGO, has developed a modular training program specifically for adolescent reproductive health. The Malaysian AIDS Council, an umbrella organization of multiple NGOs has played an important role in advocacy, capacity building and coordinating activities addressing specific target groups. Community-based services are provided to outreach groups and people living with HIV/AIDS needing rehabilitative support, especially discharged inmates from rehabilitation centers and prisons.

9. The Government's achievements in many areas of prevention and health care have been impressive. Health services in the hospital and primary health care systems are of a high standard, in particular in HIV management. Strong measures are in place to ensure blood supply safety. A range of treatment protocols and guidelines are in place. Access to antiretroviral therapy (ARV) is free, or heavily subsidised for selected groups. The Government has introduced compulsory licensing to increase access to affordable ARV drugs and is continuing to negotiate with the pharmaceutical industry on prices for essential treatment drugs.

Mr. Chairman

10. The major challenge for Malaysia is to increase the geographical coverage of HIV/AIDS-related services and their reach especially to vulnerable populations and those living in poverty.

11. Under the current development plan, the thrust of poverty eradication will be to re-orientate poverty eradication programmes to reduce the incidence of poverty to 0.5 per cent by the year 2005. Poverty eradication programmes will be more target-specific by addressing pockets of poverty, particularly in remote areas as well as among disadvantaged groups. Programmes will also be introduced to address the issue of urban poverty, particularly among those residing in the periphery of urban areas. Towards this end, programmes to provide social amenities, including housing, health and education, will continue as well as be upgraded to meet the needs and demands of these groups and improve their quality of life.

12. This poverty eradication programs will go hand-in-hand with our present programs for combating HIV/AIDS which will be based on the National Strategic Plan on HIV/AIDS 2005-2009. This Plan provides a general framework for a nationally-driven, expanded and comprehensive HIV/AIDS response over the five-year period 2005 to 2009. Its purpose is to safeguard the health of all peoples in Malaysia in relation to HIV/AIDS. It provides the basis for coordinating the work of all partners with a view towards achieving the most effective and efficient use of available resources and ensuring rapid action and results-based management.

13. In adopting this National Strategic Plan for 2005-2009, the Government of Malaysia places on record its strong commitment to addressing HIV/AIDS as a development issue and adopting an expanded and comprehensive multi-sectoral response to the epidemic. Malaysia will continue to take an active role in regional cooperation on HIV/AIDS. We are willing to share our experiences in implementing HIV/AIDS and poverty eradication programs with other countries, especially the developing countries.

14. Finally, Mr. Chairman, we wish to reiterate that Malaysia is fully committed in implementing the ICPD-POA and I wish to reassure you of my delegation's cooperation and full support during our deliberations in this 38th Session.

Thank you, Mr. Chairman.