



Synopsis

UNDP Malaysia, in partnership with the Ministry of Health, the Department of Islamic Religious Affairs, Economic Planning Unit and the Malaysian Aids Council, initiated a three-year project to develop and implement a Training Module on Islam and HIV/AIDS for Religious leaders in the response to HIV/AIDS.

Objective

- To develop a methodology for increasing awareness of HIV/AIDS among religious leaders and within Muslim communities;
- To enhance the knowledge of the disease and to promote appropriate action for prevention, care, and support;
- To develop a strategy for building the commitment and increasing the involvement of Islamic religious leaders.

Brief History

HIV/AIDS poses a serious challenge to Malaysia's human development. In the two decades since the first HIV/AIDS case was reported in Malaysia, the number of new cases has risen exponentially. By the end of 2004, roughly 64,000 Malaysians were reported as HIV positive, of which some 9,400 had developed AIDS. About two thirds of HIV infections are the result of sharing of needles by injecting drug users. Most of these are males and Muslim.

To prevent the spread of HIV/AIDS and reduce its impact, the mobilization and involvement of all in society is crucial. UNDP in Malaysia has been a strong advocate of the involvement of religious leaders, in particular, Muslim religious leaders to strengthen their response and promote awareness. In June 2001, UNDP Malaysia, in partnership with the Ministry of Health, the Department of Islamic Religious Affairs, Economic Planning Unit, and the Malaysian Aids Council, initiated a three-year project to involve Islamic religious leaders in the response to HIV/AIDS.

The primary objectives of the project were: (i) to develop a methodology for increasing awareness of HIV/AIDS among

religious leaders and within Muslim communities; (ii) to enhance the knowledge of the disease and to promote appropriate action for prevention, care, and support; and (iii) to develop a strategy for building the commitment and increasing the involvement of Islamic religious leaders. A comprehensive training manual has been developed through the project to help achieve these objectives.

The Islam and HIV/AIDS Training Manual have been specially designed for Islamic community leaders to enable them to play a more significant role in the area of HIV/AIDS in Malaysia. The manual contains information on key aspects of HIV/AIDS, relevant to Malaysian communities at large, and Muslim communities in particular. The manual consists of eight separate modules, which address the following areas: [1]. Introduction to HIV/AIDS; [2]. Duty and Responsibilities of Muslims as Khalif Ah Allah; [3]. Basic Facts About HIV/AIDS; [4]. Stigma and Discrimination; [5]. Prevention; [6]. Care, Support and Treatment; [7]. Burial Management; and [8]. Action Plan.

When implementing this project, convincing Muslim religious leaders at community, as well as government level was challenging for several reasons: (i) they did not want a special focus on Islam and HIV/AIDS; (ii) they did not see HIV/AIDS as a health issue; (iii) they were wary of the sensitivity attached to the topic of HIV/AIDS, and (iv) religious leaders were unaware that HIV/AIDS is a growing problem in Malaysia.

Halting and reversing the spread of HIV/AIDS in Malaysia remain one of the few Millennium Development Goals targets yet to be achieved.

The reasons why this is considered a good practice is that; Now the religious leaders have become aware of HIV/AIDS and its impact on the socio economic well being of the country in generally. They have even advocates, on their own accord, in their respective States. There have been some training requests from some religious leaders for the HIV/AIDS awareness programmes.



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There are still challenges on how to deal with HIV/AIDS in the context of reducing HIV vulnerability for example through condoms, needle and syringe exchange or drug substitution programmes for drug users especially intravenous drug users, change is happening albeit slowly.

Lessons Learnt and Replicability

Some of the key lessons learnt from this experience include:

1. Identifying Key Stakeholders particularly within the Department of Religious Affairs and State Religious Agencies was crucial. (Malaysia has 14 autonomous States with each States having their own Religious Agencies)
2. The project also involved People Living with HIV/AIDS as Resource Persons/Speakers. This key inclusion helped Religious leaders see and hear the issues faced by PLWHA first hand.
3. The Training Manual was developed with multi-sectoral participation, and included not only Religious leaders, but more importantly PLWHAs, Marginalised Communities, experienced trainers and other AIDS activists.
4. Building partnerships has also been of crucial importance for up-scaling activities. These partnerships helped build a consensus on the content of the training manual and of the organization of national workshops.
5. Marketing and promoting of the Manual and the Training Sessions can further be improved.

Project Information

Duration

3 years

CO Focal Points

Trudy Tan

trudy.tan@undp.org

Partners

Economic Planning Unit, Prime Minister's Department, Ministry of Health, the Department of Islamic Religious Affairs, and the Malaysian AIDS Council

MYFF Service Line

Leadership and Capacity Development to Address HIV/AIDS