

STAKEHOLDER REPORT

ON THE **RIGHT TO HEALTH**
FOR THE 31ST SESSION IN THE 3RD CYCLE
OF THE HRC'S
UNIVERSAL PERIODIC REVIEW IN 2018 MALAYSIA

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A. RIGHT TO HEALTH

1. With regards to recommendation 146.181,² Malaysia has been successful in reducing its Maternal Mortality Rate due to the implementation of two major programs: the Maternal and Child Health Program (MCH), and the Confidential Enquiry into Maternal Deaths (CEMD).³ However, maternal deaths of non-citizens of Malaysia such as stateless women, refugees and migrant workers are not included in the statistical calculation of the MMR for Malaysia although all deaths including fortuitous deaths of non-citizens are reviewed by the CEMD system. This non-inclusion results in a skewed presentation of data.⁴
2. There have been improvements in accessibility and availability of contraceptive services among public and private service providers in the country. The quality and range of modern methods of contraception which are provided have also improved. Nevertheless, barriers to access for sexual and reproductive health-care in government health centers remain for unmarried women, migrant workers and refugee women. An effort to introduce comprehensive sexuality education in all national schools has been shelved indefinitely.
3. The health needs of refugees, migrant workers, asylum seekers and foreign spouses remain inadequately addressed. High non-citizen fees in public health-care centers, compounded by the threat of immigration checks in hospital prevent marginalized non-citizens such as listed above from accessing early and continuous care, including treatment of non-communicable diseases.
4. In 2016, the Ministry of Health produced a discriminatory health guideline and statements, including publicly promoting rehabilitation or ‘returning to the right path’ and sensationalized the use of HIV/AIDS statistics and findings, thereby increasing stigma, misconception and fear towards LGBT persons.⁵ Fear of stigma and discrimination deters transgender women, and other LGBT people, from seeking health care services within the public sector.⁶
5. Efforts to ensure universal access to medical attention and help for communities living in rural and remote areas require much more than just mobile clinic and flying doctor services. Rural hospital projects that have been planned, such as in Sri Aman in Sarawak, or Rembau in Negeri Sembilan have not been completed, despite being used as election promises for more than 2 terms.
6. Recommendation 146.189 calls upon the government to allocate more resources to training of specialists in the medical field, alongside doctors, nurses, midwives and social workers.⁷ This is a tall order as the national budget for health-care continues to be 3% lower than the World Health Organization (WHO) recommendation.⁸ The Ministry of Health faced a RM250-300 Million budget cut before the tabling of the revised 2016 budget in Parliament.⁹
7. The government initiative to invoke a compulsory license to import or produce the generic versions of Sofosbuvir™ for Hepatitis C treatment is commendable, but effectiveness of it’s implementation remains to be evaluated.¹⁰

Recommendations:

- 1.1 Take measures to develop a comprehensive health system and ensure universal and equal access to health-care and health education for all persons, including rural and indigenous persons, transgender and LGBTIQ, stateless individuals, refugees and migrant workers.
- 1.2 Ensure sexual and reproductive health information and services are, by default, always and readily available for all women and girls at all public and private health care clinics, centers and hospitals, regardless of marital status, age, sexual orientation, gender expression or gender identity. This includes access to contraceptives, safe abortion and prenatal care for women regardless of marital status. Privacy and confidentiality should also be assured with such services.
- 1.3 Establish comprehensive, rights-based and informed choice sexuality education as part of the school syllabus.
- 1.4 Review current curriculum to include issues of gender and sexuality in the education and clinical training of mental health professionals based on international standards of mental health care and the prioritization of attaining the highest standards of well being for the individual.
- 1.5 Commit and allocate a national healthcare budget of at least 7% of the GDP and funds for training of specialists in the medical field, alongside doctors, nurses, midwives and social workers.

¹ RRAAM is a women's rights and health advocacy group that supports women's right to improved abortion and contraception services. Formed on 2nd February 2007 by twelve organisations and individuals committed to the following mission: We believe that women have the right to access legal, safe and affordable contraceptive and abortion services, both as women's reproductive right to decide on reproductive matters and as the right to health. We acknowledge that women's well being, health and empowerment improves when these rights are accessed. Our commitment is to increase awareness of and access to these rights among women, health providers, NGOs, policy makers, the media and the public through the strategies of information, education and evidence based advocacy.

² Paragraph 146 of A/HRC/25/10 Second Cycle of Malaysia's UPR, 2013.

³ 'Maternal Mortality Ratio (Modeled Estimate, Per 100,000 Live Births) | Data | Table' (Data.worldbank.org, 2016) <<http://data.worldbank.org/indicator/SH.STA.MMRT>>

⁴ Ravichandran J, Ravindran J. Lessons from the confidential enquiry into maternal deaths, Malaysia. BJOG 2014; 121 (Suppl. 4): 47–52. <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.12944>

⁵ Blaming LGBT won't cure HIV, AIDS, council says <http://www.themalaymailonline.com/malaysia/article/blaming-lgbt-wont-cure-hiv-aids-council-says>

⁶ NGO slams motivational speaker for disparaging HIV community <http://www.freemalaysiatoday.com/category/nation/2017/11/28/ngo-slams-motivational-speaker-for-disparaging-hiv-community/>

⁷ Paragraph 146 of A/HRC/25/10 Second Cycle of Malaysia's UPR, 2013.

⁸ <https://www.themalaysianinsight.com/s/16128/> Malaysia's healthcare budget below WHO recommendation

⁹ <http://www.themalaymailonline.com/malaysia/article/budget-2016-to-bite-health-ministry-but-wont-affect-basic-services-dr-subra>

¹⁰ <https://www.thestar.com.my/news/nation/2018/03/02/hope-for-hepatitis-c-patients-18-state-hospitals-offering-treatment-through-affordable-medicine/#yQdsiDCr9Mo0jSRp>