



MINISTRY OF HEALTH MALAYSIA

2024 GLOBAL AIDS MONITORING

COUNTRY PROGRESS
REPORT - MALAYSIA



Ministry of Health Malaysia
Disease Control Division

The Global AIDS Monitoring Report 2024

This report was coordinated and produced by HIV/STI/Hepatitis C Section of Ministry of Health Malaysia.

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Special thanks and appreciation go to our partner – the Malaysian AIDS Council for assisting us in completion of this report. Our heartfelt thanks to all individuals not mentioned here.

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Foreword



The year 2023 was a testament to both our enduring resilience and the formidable challenges we faced in our unyielding fight against the HIV epidemic. The nation's response to HIV/AIDS has been shaped by the concerted efforts of government agencies, civil society organisations, healthcare professionals, and researchers, alongside the remarkable courage and tenacity of the communities affected by HIV.

HIV responses succeed when they are anchored in strong political leadership that ensures sufficient and sustainable funding; follows the evidence; tackles the inequalities holding back progress; and enables communities and civil society organizations in their vital roles in the response. The path that ends AIDS requires collaboration through “Whole-of-Government” and “Whole-of-Society” approach.

Despite notable advancements in raising awareness and fostering acceptance, societal prejudices and discrimination against individuals living with HIV persisted. These challenges underscore that our battle against HIV/AIDS extends beyond medical interventions; it demands a holistic and multifaceted approach that addresses societal attitudes, beliefs, and systemic inequalities.

This report delineates our progress, setbacks, and sustained efforts. It showcases our achievements in areas such as prevention, testing and counselling, treatment and care, research and innovation, and advocacy and policy development.

Together, we can envision a future devoid of HIV/AIDS, where every individual is treated with dignity, compassion, and respect.

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Overall

In the landscape of global efforts to end AIDS, Malaysia, like many other nations, faced significant challenges and opportunities in the year 2023. As mentioned in the UNAIDS' Global AIDS Update 2023, there is a path to end AIDS and by taking that path will help ensure preparedness to address other pandemic challenges, and advance progress across the Sustainable Development Goals. HIV responses succeed when they are anchored in strong political leadership to follow the evidence; to tackle the inequalities holding back progress; to enable communities and civil society organizations in their vital roles in the response; and to ensure sufficient and sustainable funding.



Within this context, Malaysia found itself grappling with rising HIV epidemics, particularly among key populations, emphasizing the urgent need for comprehensive intervention strategies.

In this report, we shed light on the intricacies of Malaysia's national HIV program for the year 2023, including the prevailing challenges, the strategies deployed to overcome them, and the outcomes achieved in our pursuit of a healthier, HIV-resilient nation.

Indicator	Number
Cumulative number of reported HIV	135,035
Cumulative number of reported AIDS	31,456
Cumulative number of deaths related to HIV/AIDS	63,108
Estimated people living with HIV (Spectrum 2023)	85,283
Total number of people living with HIV (Surveillance data)	71,927
Reported new HIV infections	3,220
HIV notification rate (per 100,000)	9.7
People living with HIV receiving ART as of December 2023	48,765

At the end of year 2023, there were estimated 85,283 people live with HIV (PLHIV) in Malaysia, 71,927 (84%) of whom were aware of their status and had been notified through the national surveillance system. By December 2023, 68% of the reported PLHIV were receiving antiretroviral treatment (ART).

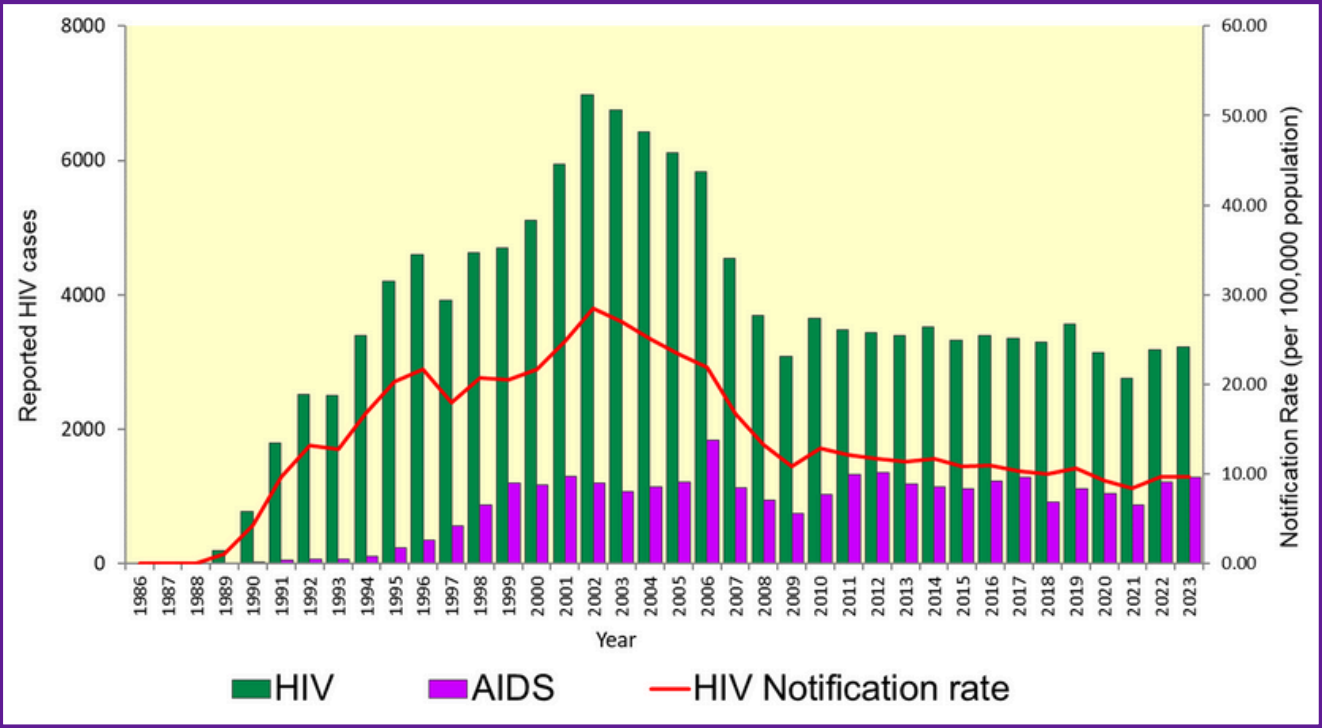


Figure 1: Reported HIV and AIDS, Malaysia 1986 – 2023

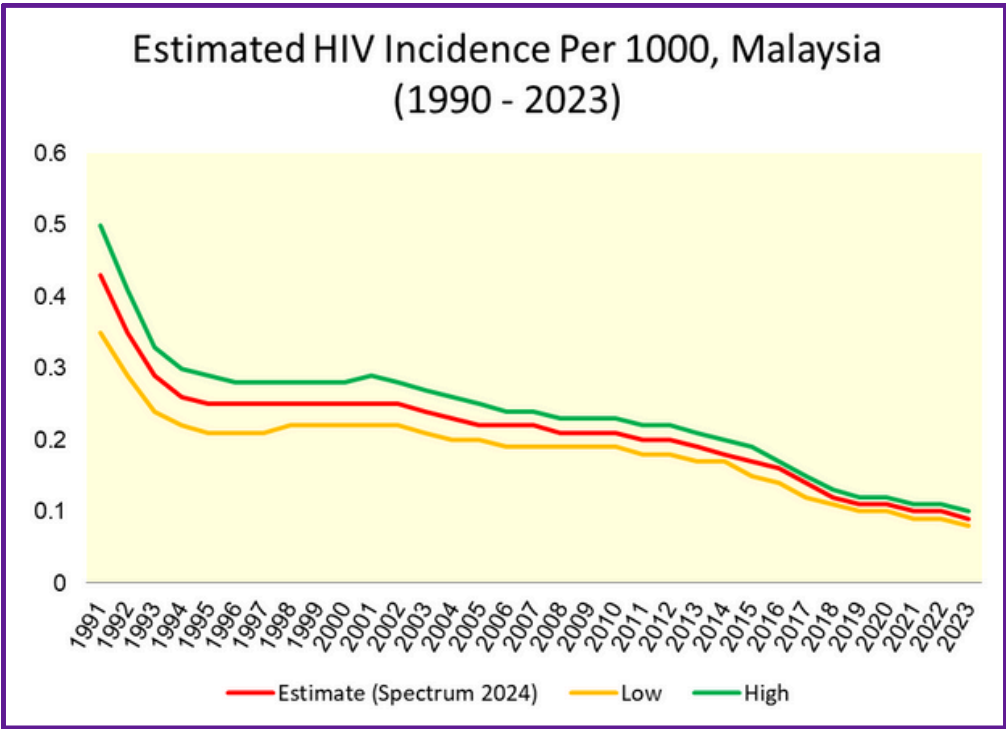


Figure 2: Estimated HIV incidence rate per 1000 uninfected population, Malaysia, 1990 – 2023

Source: Spectrum 2024

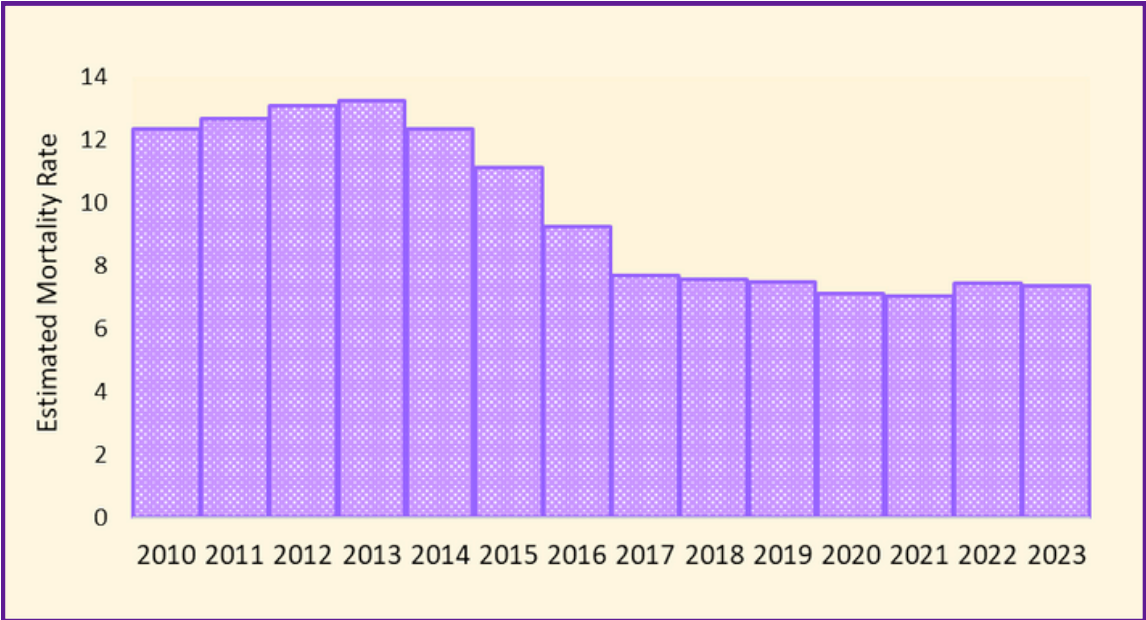


Figure 3: AIDS mortality per 100,000 population, Malaysia (2010 - 2023)

Source: Spectrum 2024

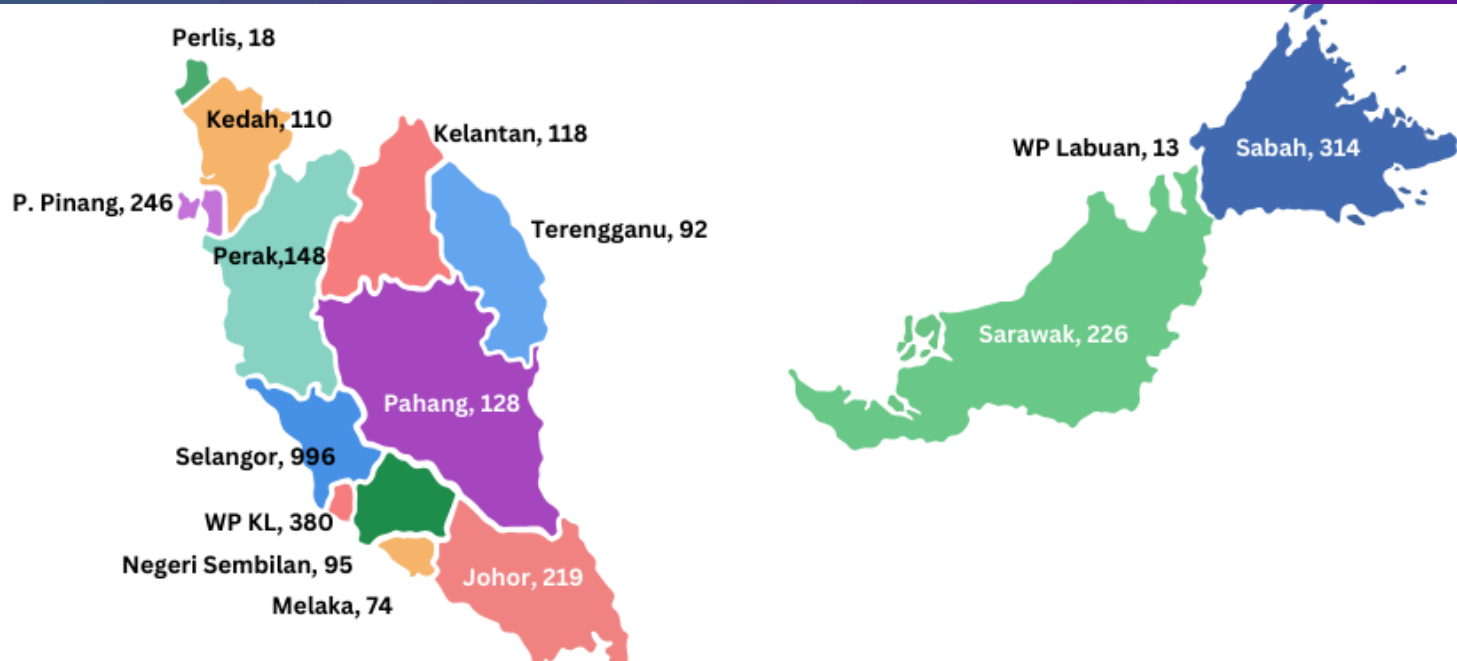


Figure 4: People living in HIV in Malaysia by state, 2023

From the beginning of the HIV epidemic, HIV case notification has shown a male preponderance pattern, with male/female ratio of 8.8 in 2023 (Figure 5).

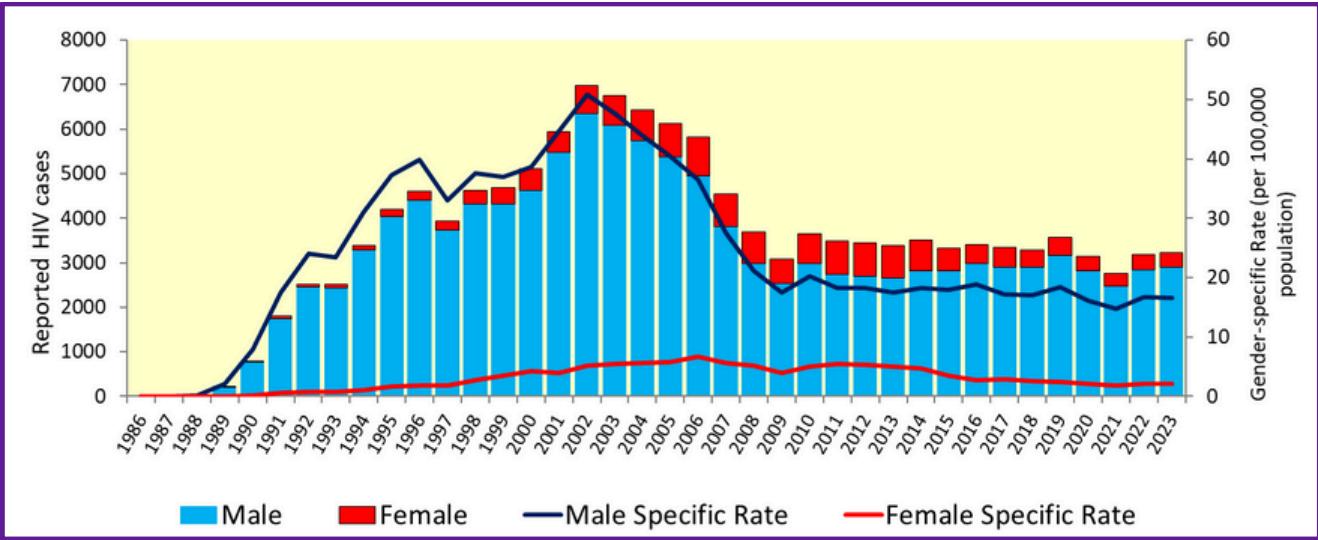
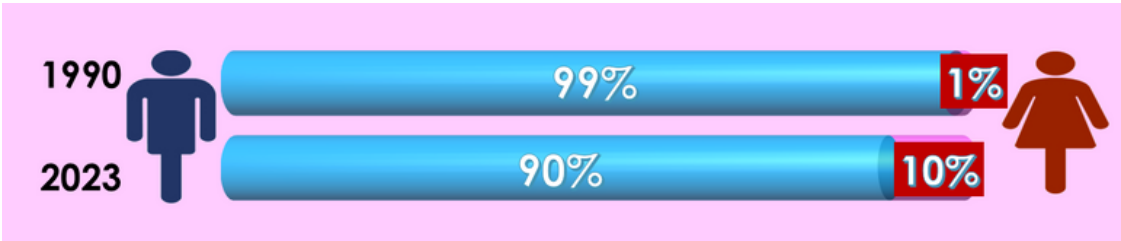


Figure 5: Distribution of reported HIV cases by gender, Malaysia 1986 - 2023

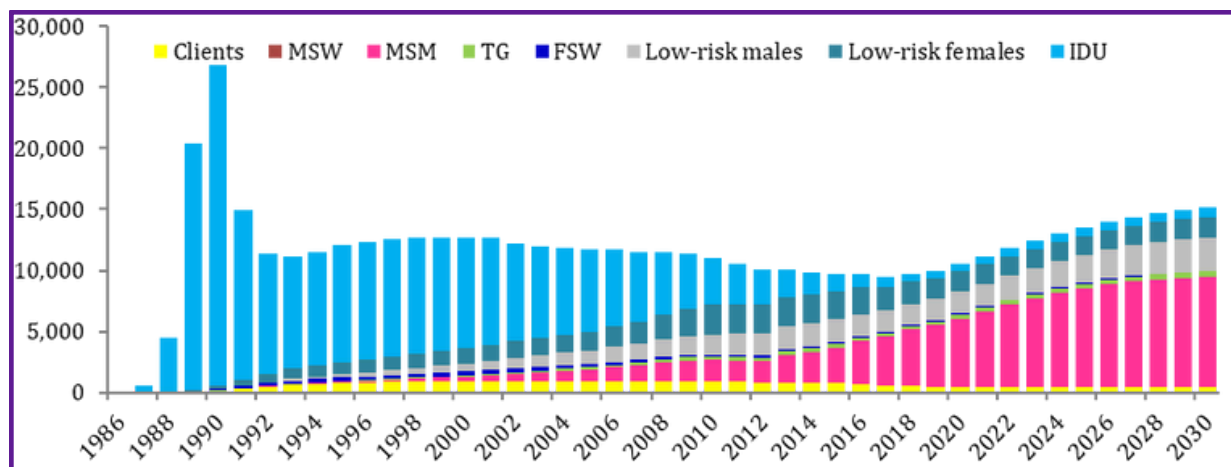


Figure 6: HIV infection trend by key population (projection using AEM), Malaysia 1986 – 2030

The initial driving force of HIV epidemic in Malaysia had been PWID followed by FSW, TG and MSM. In the last decade, sexual transmission became the main mode of transmission, and MSM is expected to become the main key population in Malaysia in year 2030 as projected using the Asian Epidemic Modelling (AEM) (Figure 6). Consistent with the projection, Figure 7 also shows trend of HIV transmission mode in Malaysia according to surveillance data, with PWID/sexual transmission ratio declining from 3.95 in 2000 to 0.02 in 2023.

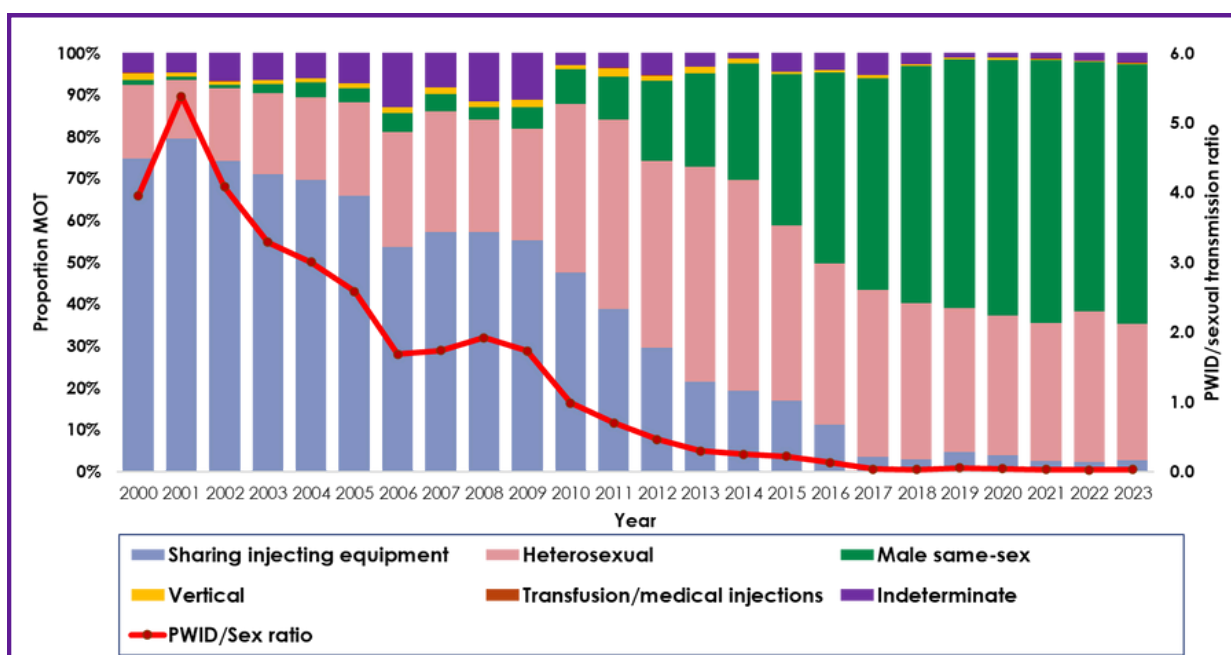


Figure 7: Trend of HIV infection by mode of transmission, Malaysia 2000 – 2023

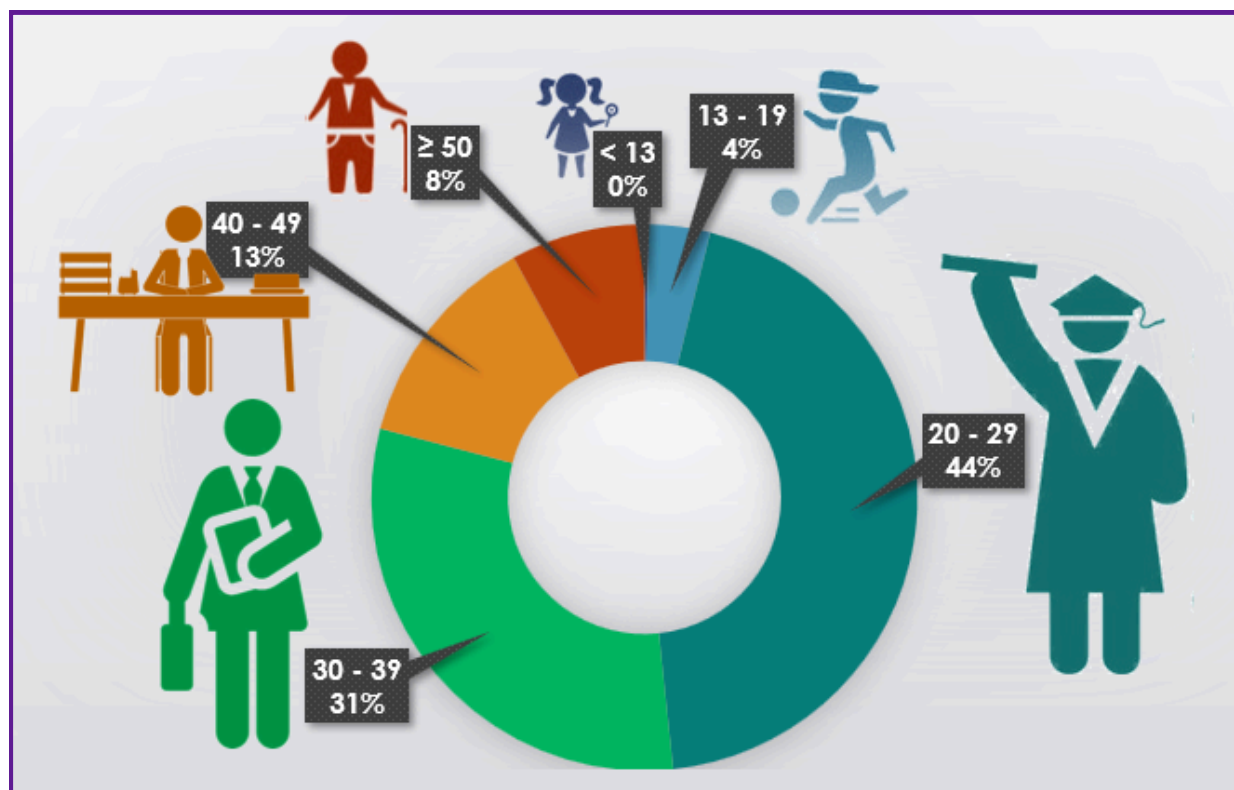
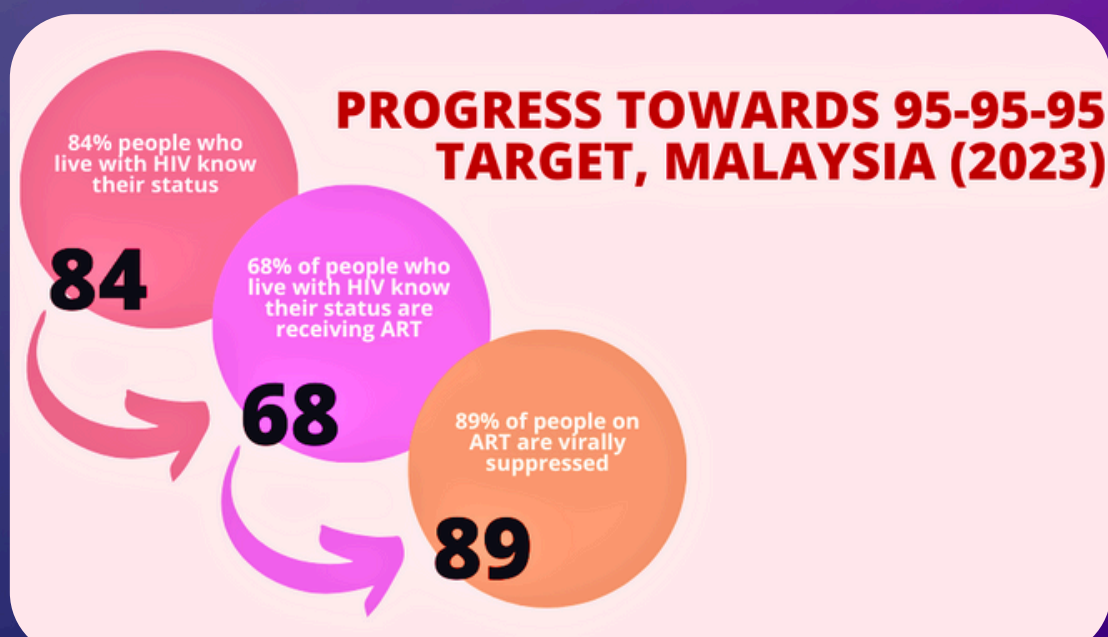


Figure 8: Distribution of reported HIV cases by age group, Malaysia 2023

HIV Testing and Treatment

95–95–95 for HIV testing and treatment

The NSPEA highlighted testing and treatment as one of the main national responses towards the aim of ending AIDS. This was to ensure that all PLHIV in Malaysia have access to treatment through meeting the 95-95-95 targets by 2030. In 2017, Malaysia implemented the WHO recommendation for initiation of ART regardless of CD4 cell count. In addition, routine viral load testing for monitoring of ARV therapy in government treatment sites had been implemented.



Progress towards 95-95-95 target (2023)

In regard to Malaysia's progress on the 95-95-95 treatment cascade target, by the end of 2023, 84% of the PLHIV were diagnosed to be HIV and knew their results. The treatment uptake among people diagnosed with HIV was 68% which indicated a gap in treatment and care, and out of those already on treatment, 89% became virally suppressed.

HIV testing volume and positivity, Malaysia

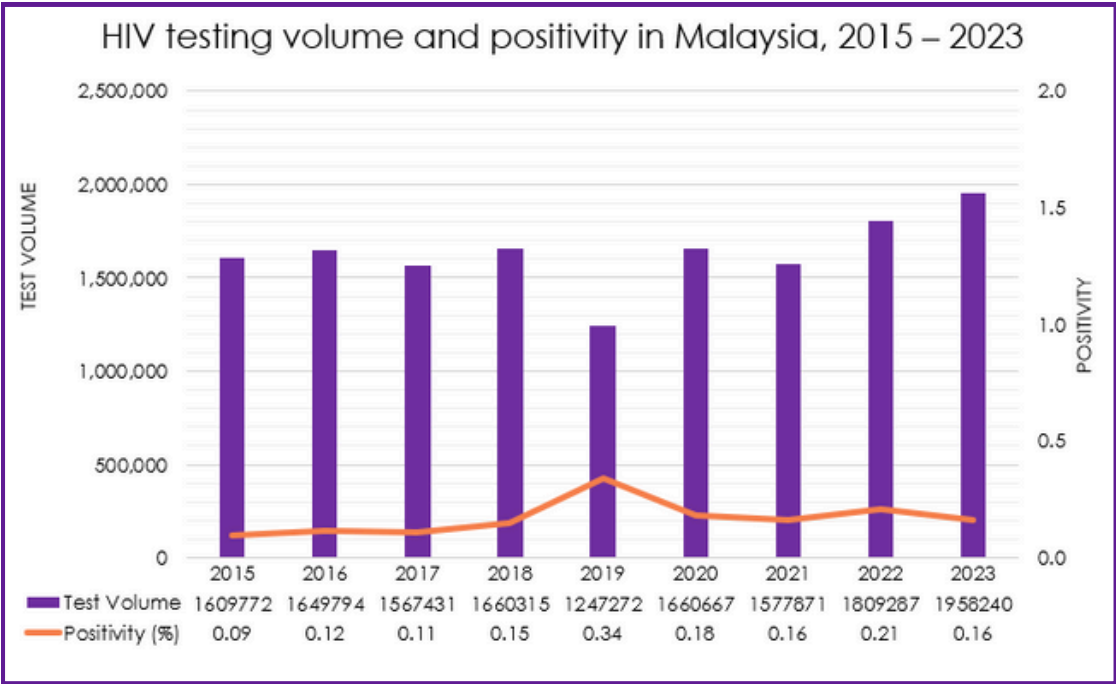


Figure 10: Percentage of HIV -positive results returned to people (positivity)

Late HIV diagnosis, Malaysia

In 2023, 68% of patients were diagnosed at a late stage, showing a slight decrease compared to 2022. There is a need to raise awareness, particularly among high-risk groups, to encourage annual testing.

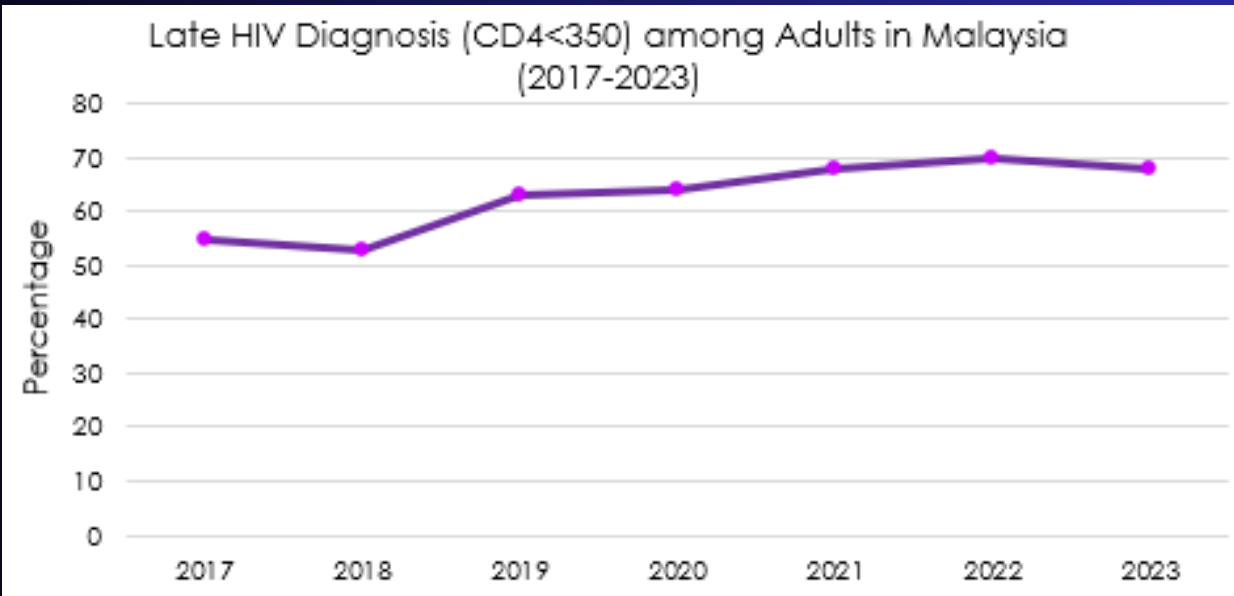


Figure 11: Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm3 in 2023

People living with HIV on antiretroviral therapy, Malaysia

Initiating and retaining patients on ART treatment remained the biggest challenge. Between 2015 and 2018, there was a steady increase in the number of PLHIVs who were on treatment. However, this progress had stalled from 2019 onwards, likely due to health service disruption during the early phases of COVID-19 pandemic, which in turn compounded pre-existing system-level and individual-level barriers to ART uptake. In 2023, the number of treatments slightly increased compared to 2022.

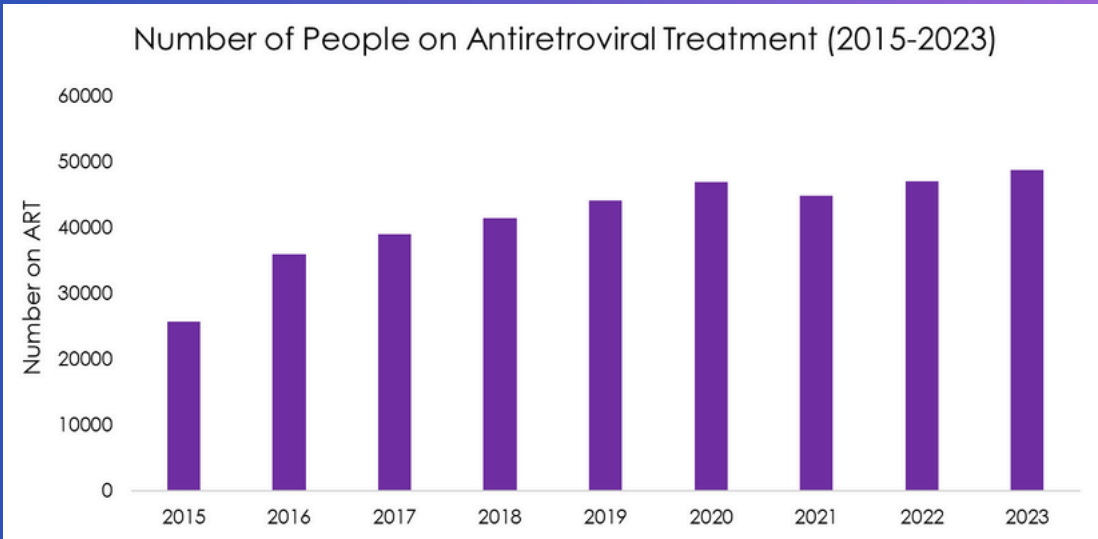


Figure 12: Number of people on antiretroviral therapy

People living with HIV on antiretroviral treatment who have suppressed viral load in Malaysia (2017-2023).

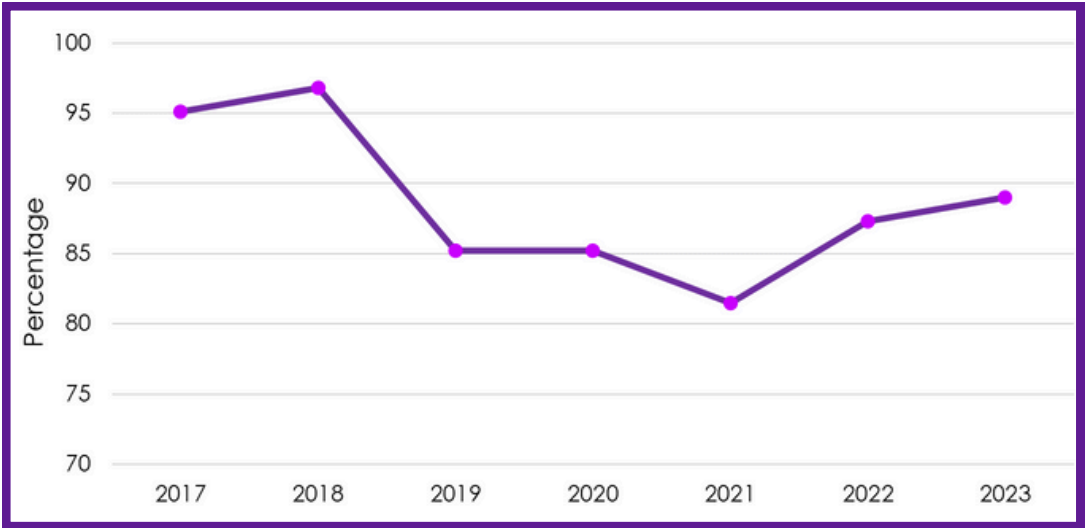


Figure 13: Number of people living with HIV with suppressed viral loads

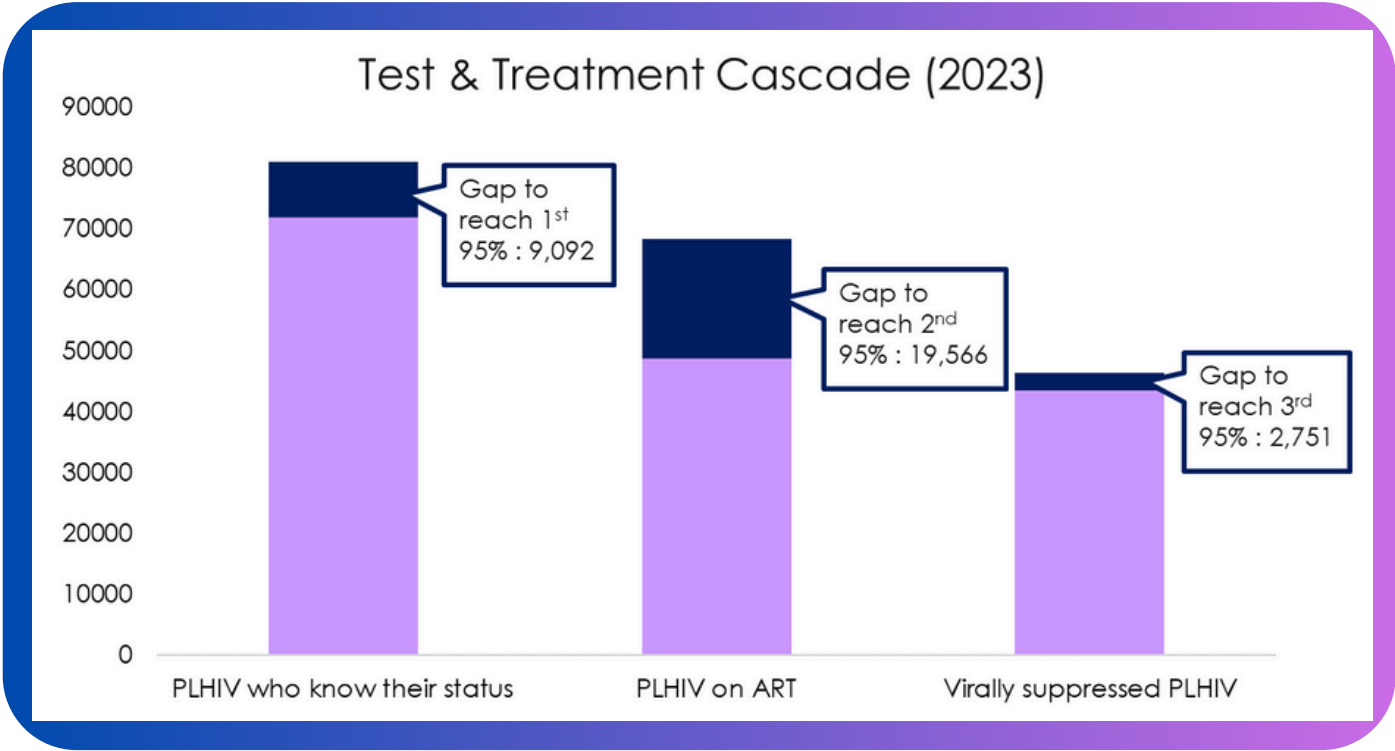


Figure 14: HIV testing and treatment cascade in Malaysia, 2023

End Paediatric AIDS and Eliminate Vertical Transmission

The World Health Organization (WHO) Global Health Sector Strategies on HIV and Sexually Transmitted Infections outlined the targets for the elimination of mother-to child transmission (EMTCT), namely, to achieve zero new HIV infections among infants by 2020 and less than or equal to 50 cases of congenital syphilis per 100 000 live births by 2030 [1]. In October 2018, Malaysia was officially presented with the validation certificate for EMTCT of HIV and syphilis, becoming the first country in the WHO Western Pacific Region to be certified for elimination [2].

Early detection during antenatal screening and high treatment coverage among syphilis positive mothers reduced the number of congenital syphilis cases diagnosed. The decline in the number of cases of congenital syphilis diagnosed in Malaysia over the last decade is also attributed to the better understanding of the definitions and differentiation between “acquired” and “congenital” syphilis, as outlined in Case Definitions for Infectious Diseases in Malaysia [3].

In addition, all HIV-exposed infants get free ARV prophylaxis and free replacement feeds for two years. The program had been able to avert more than 98% vertical transmission in HIV-exposed infants in 2017 compared to 30-40% had there been no intervention. In 2023, Malaysia was able to maintain the mother-to-child-transmission of HIV rate at 1.58%.

1. Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis, 2nd Edition. Geneva: World Health Organization; 2017 (<https://www.who.int/reproductivehealth/publications/emtct-hiv-syphilis/en/>)

2. Malaysia 2015-2016: Validation of elimination of mother-to-child transmission of HIV & syphilis. Putrajaya: Ministry of Health Malaysia ([http://www.moh.gov.my/resources/index/Penerbitan/Laporan/Malaysia_EMTCT_Report_Final_version_May_29_\(DDG\).pdf](http://www.moh.gov.my/resources/index/Penerbitan/Laporan/Malaysia_EMTCT_Report_Final_version_May_29_(DDG).pdf), accessed 15 March 2019)

3. Case Definitions for Infectious Diseases in Malaysia, 3rd Edition, 2017

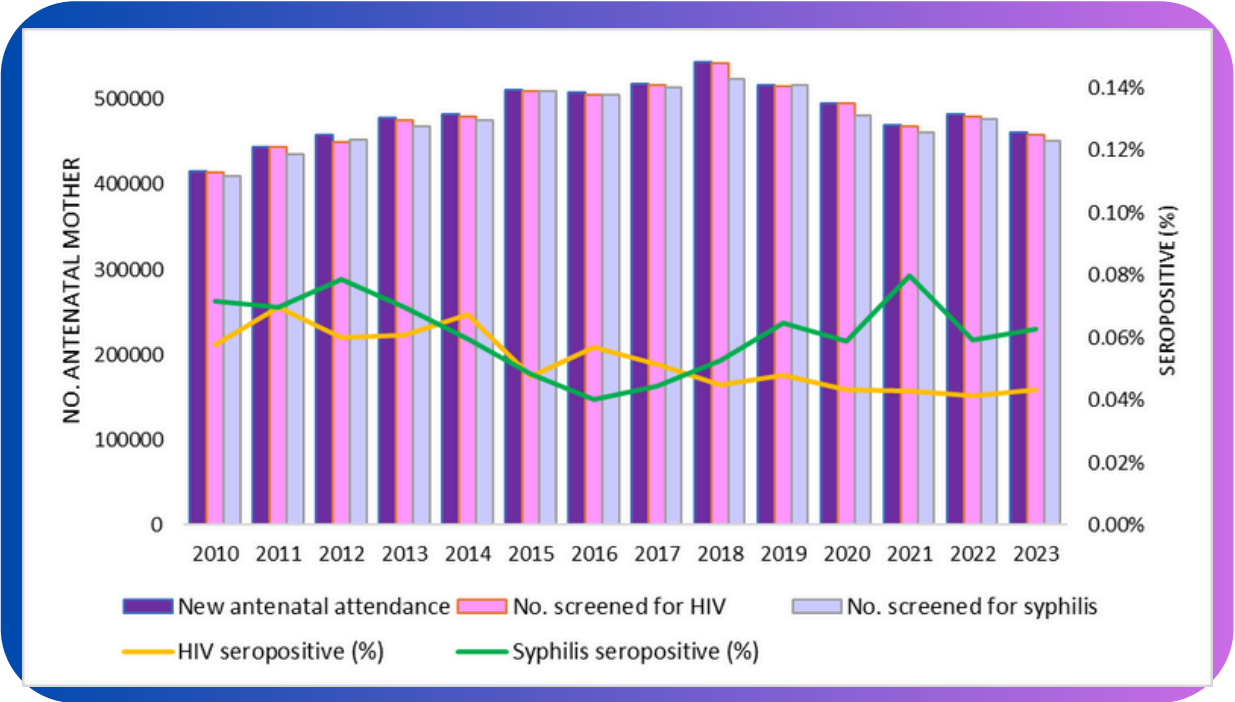


Figure 15: HIV and syphilis screening coverage and seroconversion rate (2010 – 2023)

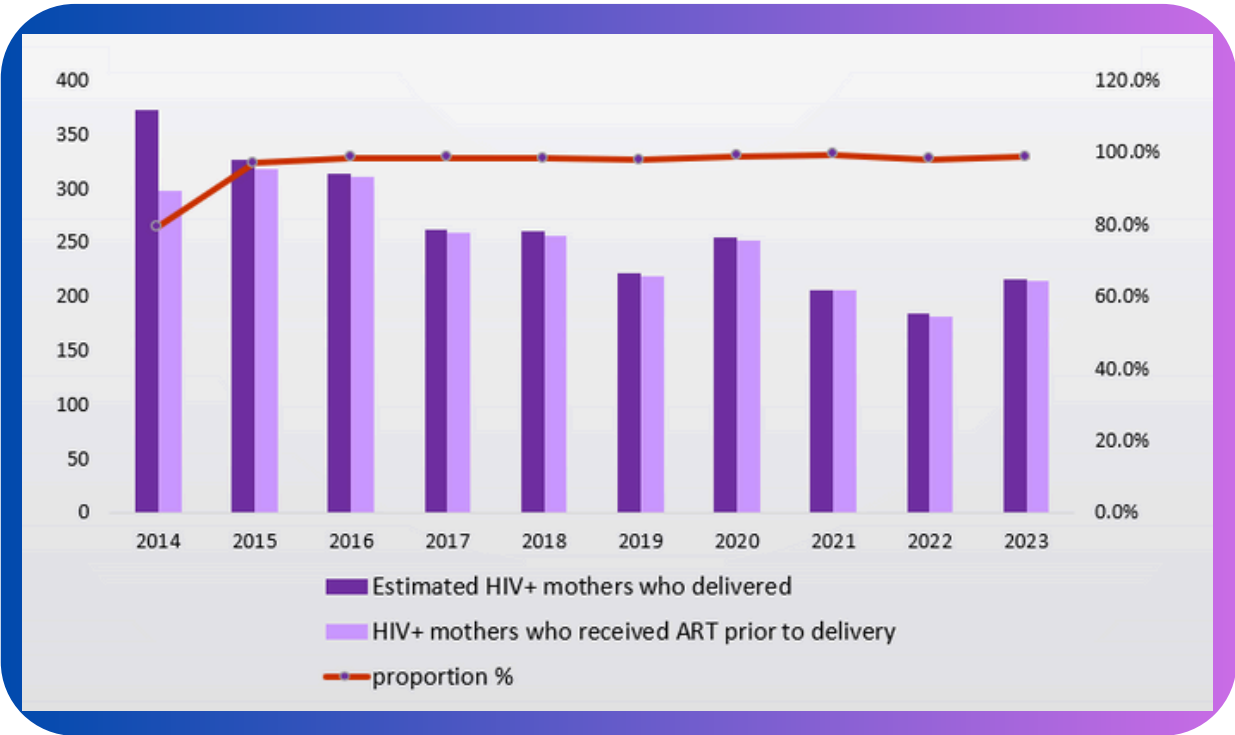


Figure 16: Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV

Source: Spectrum file Malaysia AEM-Spectrum 2024

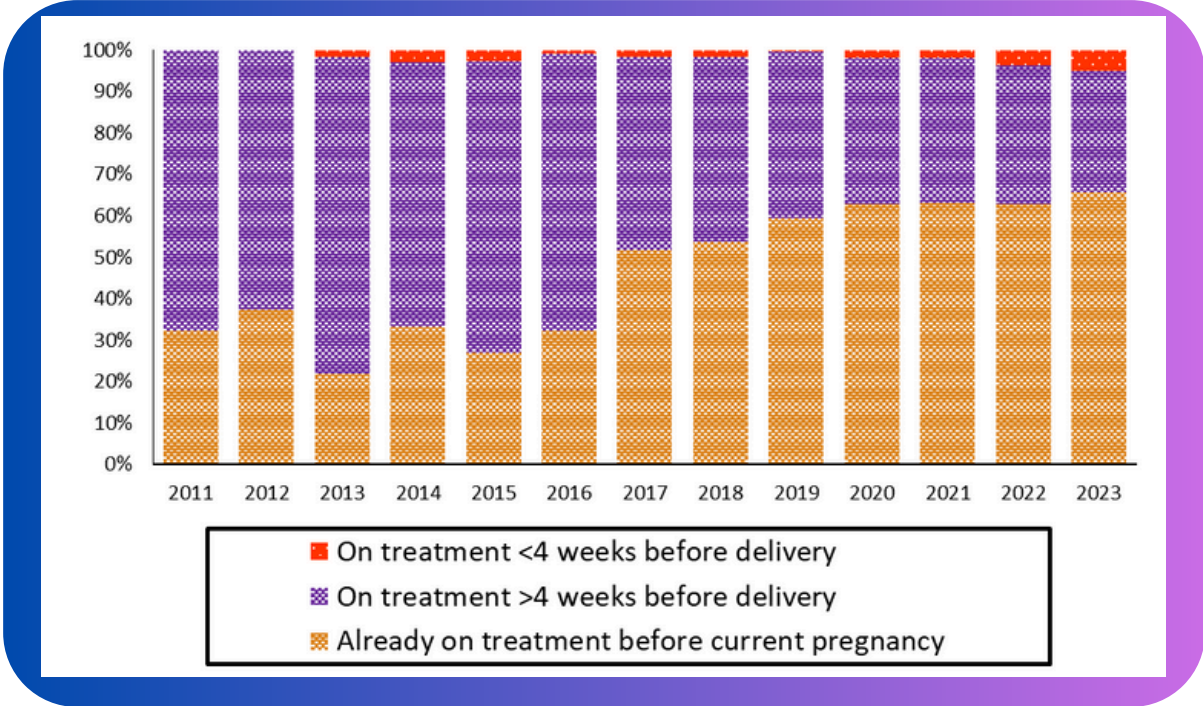


Figure 17: Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV

Pregnant women living with HIV and already on ART at booking contributed to the largest proportion of HIV-infected mothers attending antenatal care. Being on treatment before pregnancy increases the likelihood of mothers being virally suppressed throughout pregnancy and birth, hence minimizing the risk of vertical transmission.

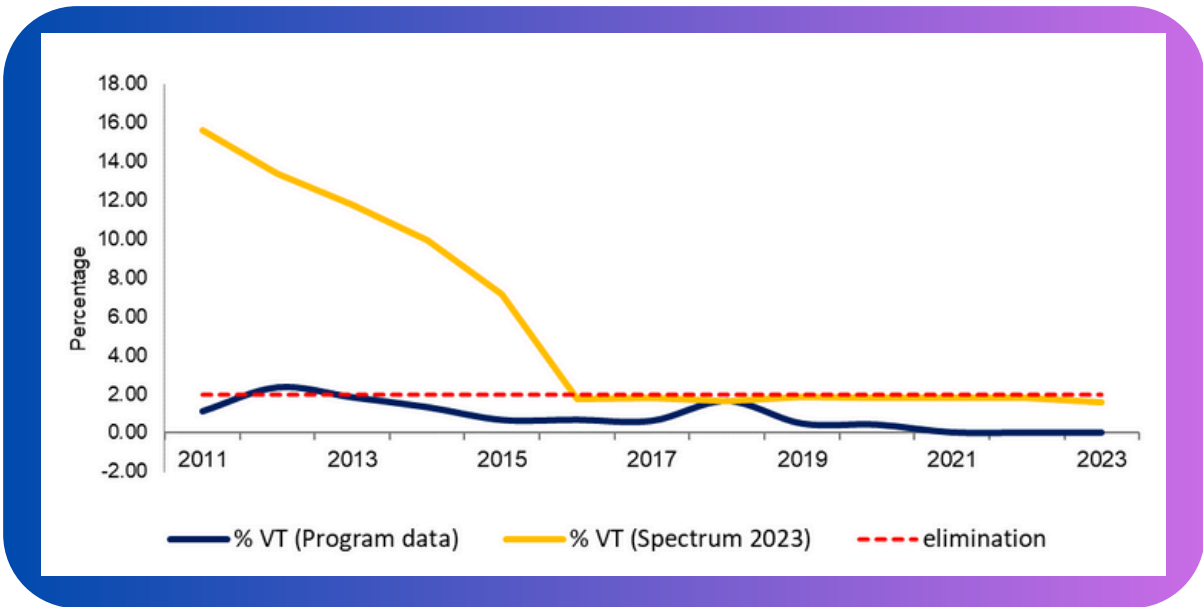


Figure 18: Vertical transmission rate of HIV, Malaysia (2011-2023)

Early infant diagnosis in Malaysia

Since the inception of the national PMTCT program, Malaysia has used HIV DNA PCR test for HIV diagnosis of infants for all babies born to HIV+ mothers. All HIV-exposed infants should have PCR testing at birth and at 6 weeks. The national surveillance system reported the percentage of early infant diagnosis (HIV-exposed infants receiving an HIV test within two months of birth) as 99% in year 2023 with no new HIV infections among infants born to HIV+ mothers[1].

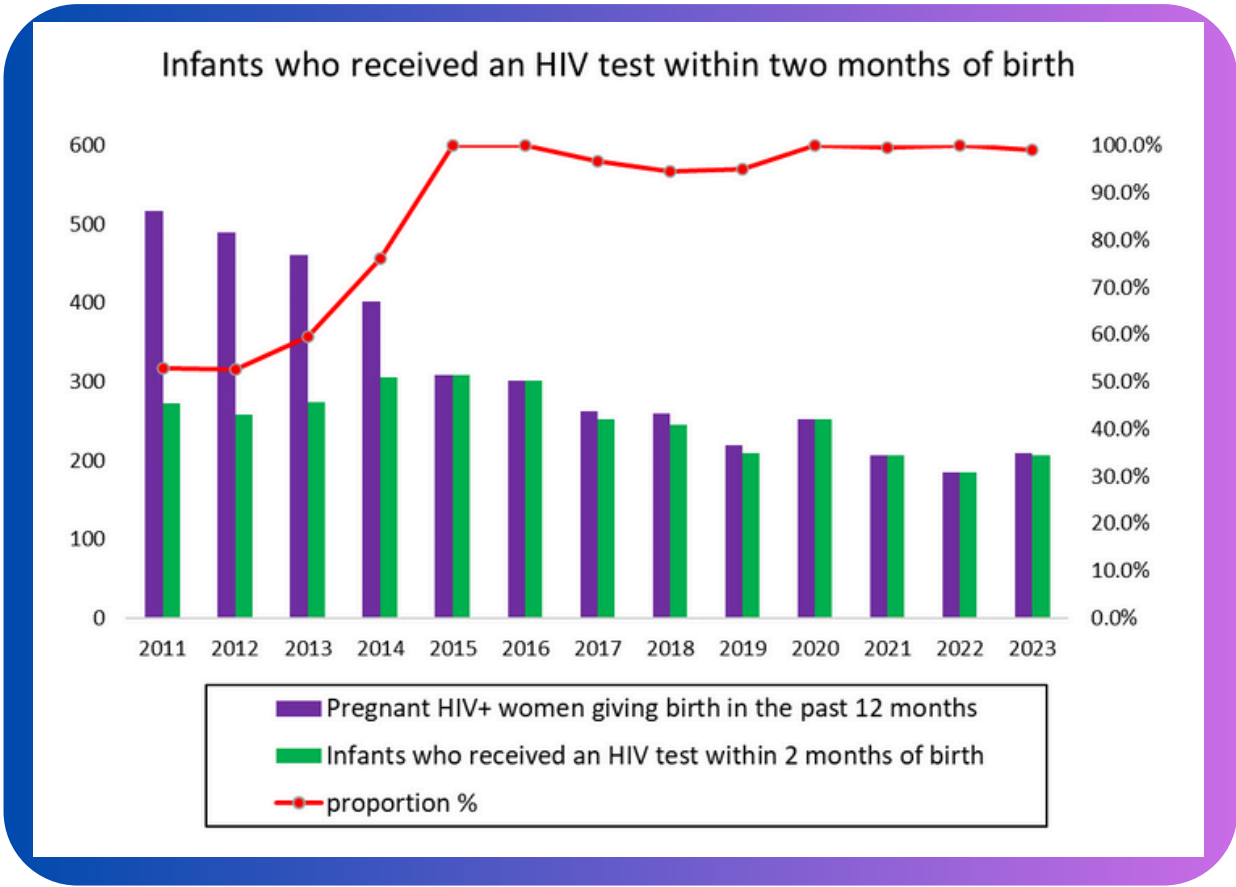


Figure 19: Early infant diagnosis

1. HIV-exposed infant who has two concordant EID (PCR) positive at birth (0-2 weeks) and 6 weeks of life

Syphilis among pregnant women in Malaysia

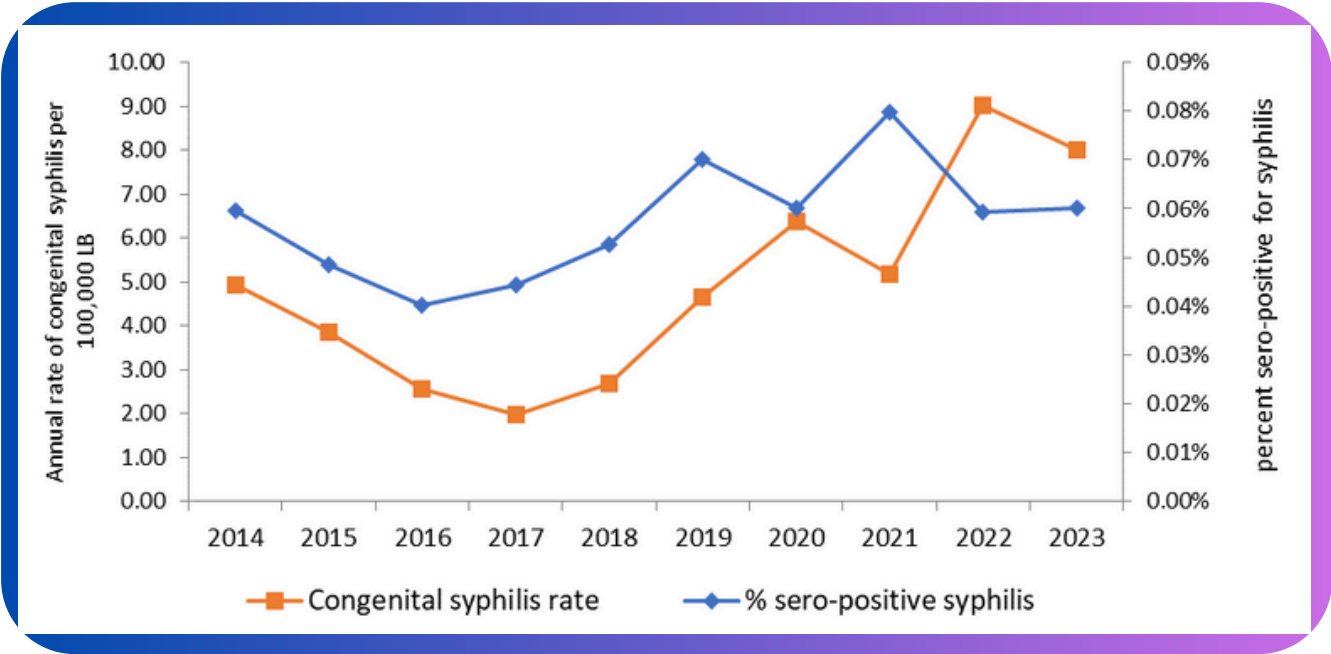


Figure 20: Seropositive syphilis mother and Congenital syphilis rate (live births and stillbirth), Malaysia (2014-2023)

Malaysia has been able to maintain a low syphilis MTCT rate at below 10 cases per 100,000 live births (Figure 20). This could be attributed to effective treatment of women attending antenatal care services with a positive syphilis serology, which prevented vertical transmission. The treatment coverage for syphilis-infected mothers had remained above 95% over the past decade, and was 95% for 2023.

Combination HIV Prevention for All

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 95% of people by 2025, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Prevention of HIV transmission among key populations is prioritised as one of the key strategies in the NSPEA 2016 – 2030. As such, HIV prevention outcomes hinge heavily on various outreach programs conducted online and offline, which are also supplemented by internet-based campaigns.

Trained HIV outreach workers, who are members of key population-led organisations, will deliver a defined package of prevention services to key populations. The prevention package will be tailored for each population with regard to types of prevention commodity distributed and frequency of contact. Outreach workers will also provide referrals for key population members to further health services, social and legal support.

In general, HIV prevalence among key population groups had reduced among the respondents of IBBS 2022 in comparison with earlier IBBS surveys (Figure 21). This finding was encouraging, especially given the increased number of key populations who had been tested in the past 12 months (Figure 22).

Other findings of IBBS 2022 that indirectly reflect the success of community-driven prevention efforts were: improved antiretroviral treatment coverage among key populations living with HIV (Figure 23), increased condom use (Figure 24) as well as proportion of key populations reporting having received a combined set of HIV prevention interventions (Figure 25). Contrary to other key populations, responses from PWID showed reduced uptake of condoms, emphasising the urgent need for targeted interventions to promote safe sexual practices among PWID, ensuring that no group is left behind in our collective efforts to curb the spread of HIV.

HIV prevalence among key populations, Malaysia

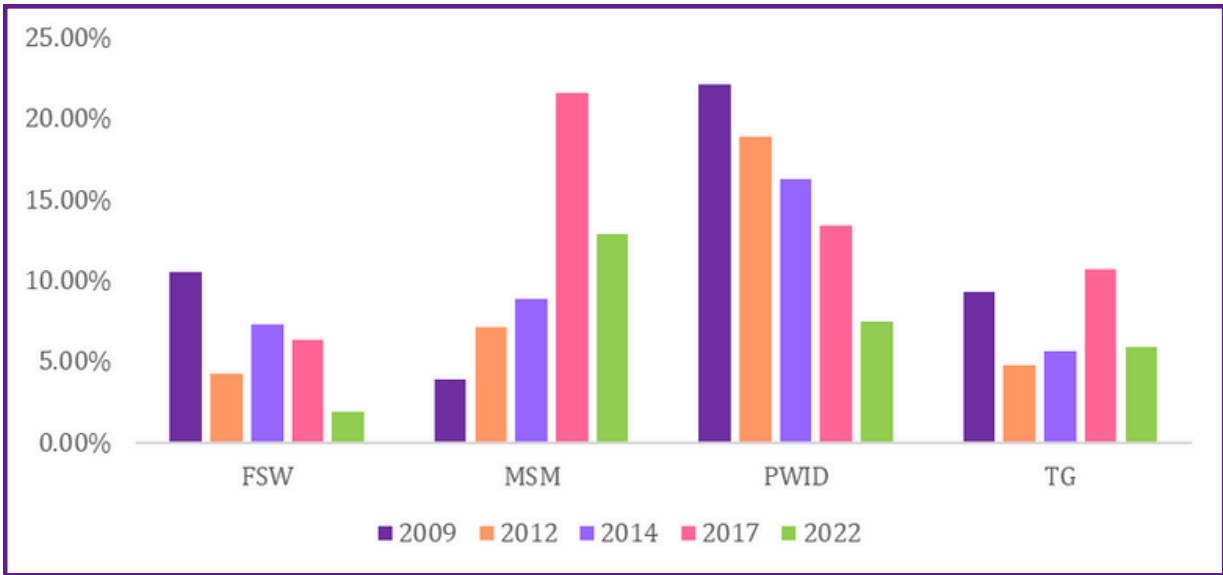


Figure 21: Percentage of specific key populations living with HIV

Source: IBBS Malaysia

HIV testing among key populations, Malaysia



Figure 22: Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status

Source: IBBS Malaysia

Antiretroviral therapy coverage among people living with HIV in key populations, Malaysia

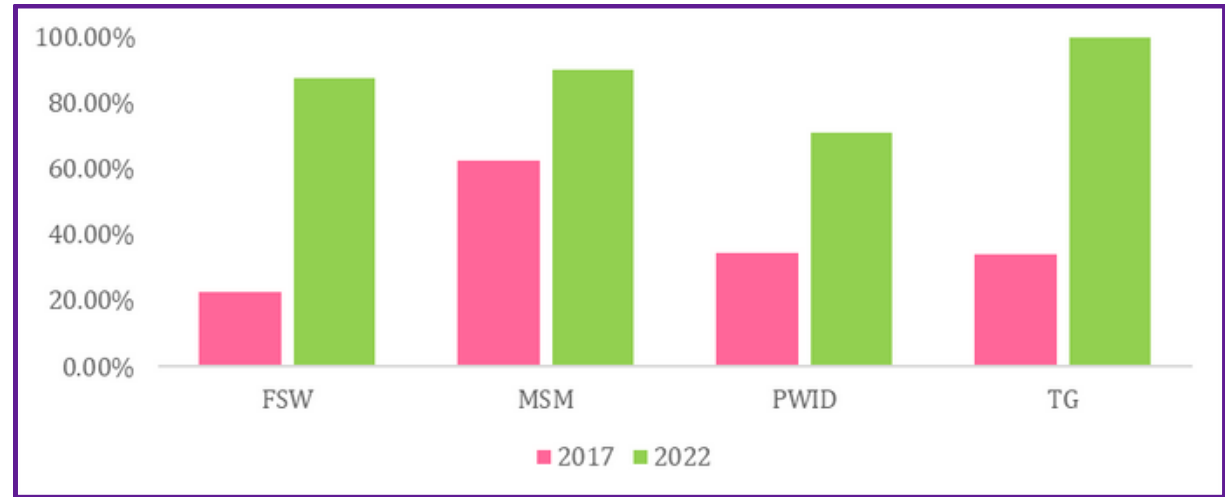


Figure 23: Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months

Source: IBBS Malaysia

Condom use among key populations, Malaysia

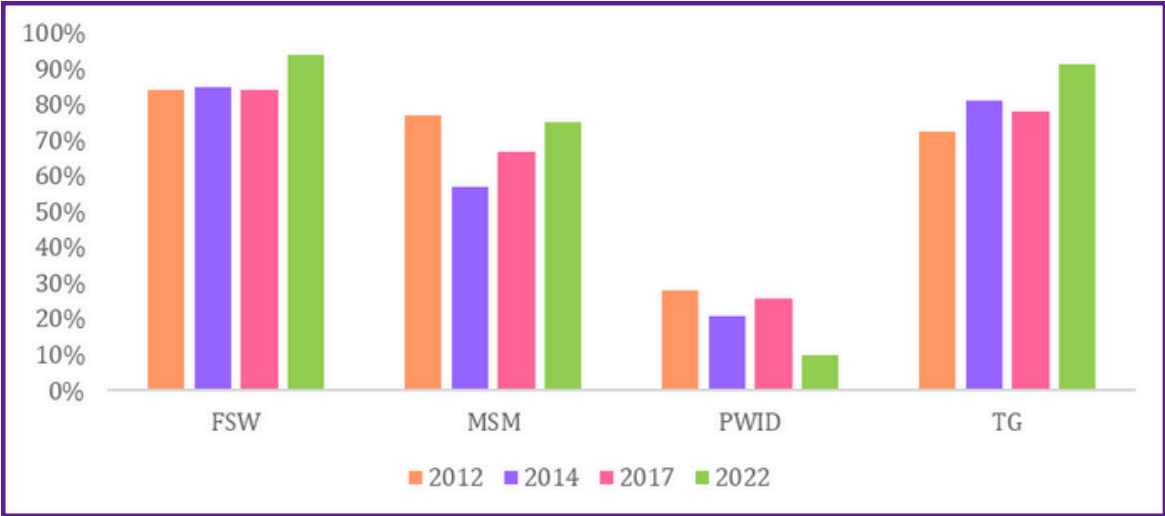


Figure 24: Percentage of people in a key population reporting using a condom the last time they had sexual intercourse

Source: IBBS Malaysia

Coverage of HIV prevention programmes among key populations, Malaysia

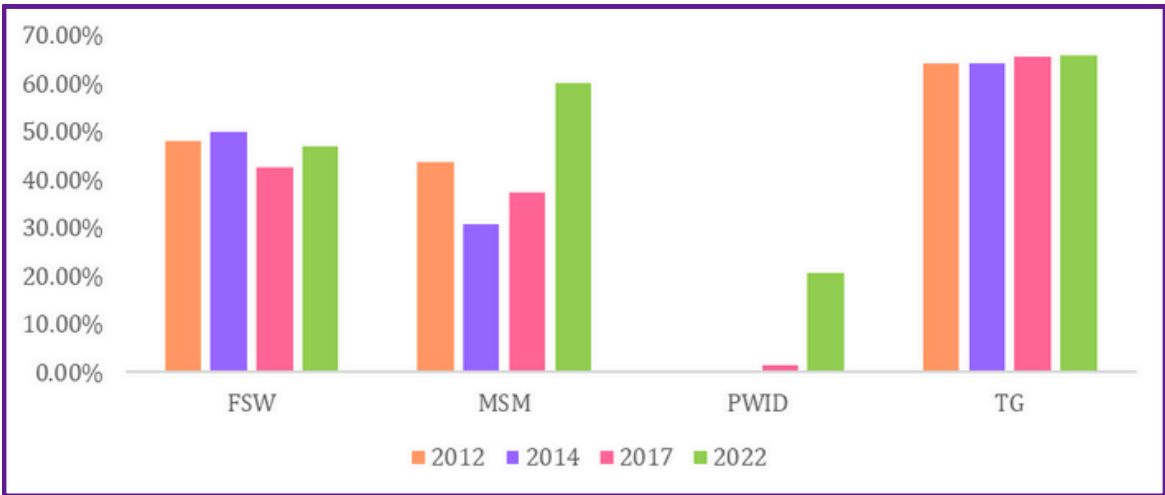


Figure 25: Percentage of people in a key population reporting having received a combined set of HIV prevention interventions [1]

Source: IBBS Malaysia

1. Definition for coverage of HIV prevention programmes is: percentage of key population reporting having received a combined set of HIV prevention interventions, namely at least two (2) of the following HIV prevention services from any NGO, health-care provider or other sources in the past three (3) months: (a) condoms and lubricant, (b) counselling on condom use and safe sex, and (c) new, clean needles or syringes (PWID) or tested for STIs (other key populations).

Harm reduction programme for people who inject drugs, Malaysia (2016-2023)

Opioid substitution therapy (OST) programmes had been implemented at selected government and private health facilities since 2006. By end of year 2023, almost 100% of PWID were enrolled in OST (Figure 26).

Harm reduction strategies in Malaysia had transformed with the rise of OST, gradually replacing the Needle-Syringe Exchange Program (NSEP). The demand for NSEP experienced a 15% reduction in needle-syringes distributed from 2019 to 2020 and 2023. This decline can be attributed not only to the actual decrease in demand, owing to PWIDs transitioning entirely to OST and altering patterns of drug use, but also to the nationwide implementation of COVID-19 related movement control orders. These restrictions significantly impeded PWIDs' access to NSEP points.

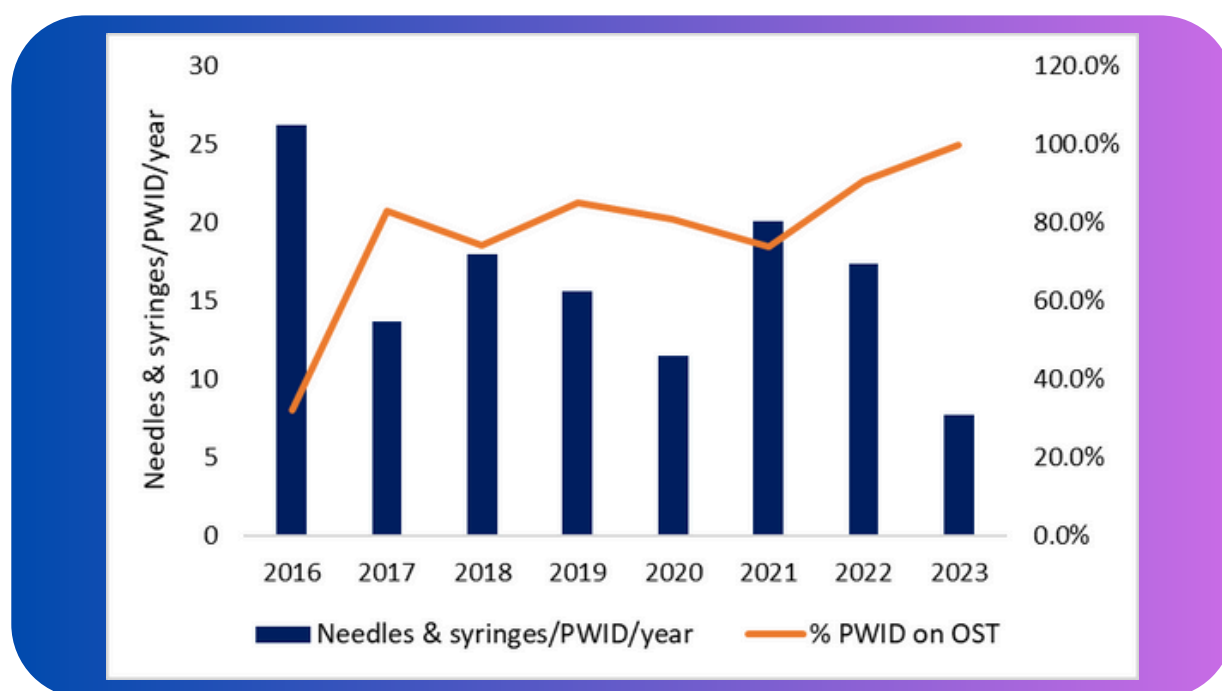


Figure 26: Needle-syringe exchange programme (NSEP) and Opioid Substitution Therapy (OST) Coverage among PWID, 2016 – 2023

Young people: Knowledge about HIV prevention

In Malaysia, young people are a driving force behind the spread of STIs, which could potentially perpetuate the HIV epidemic. To address this, it is crucial to provide young individuals with comprehensive knowledge about HIV and AIDS. Such education empowers them to adopt behaviors that reduce the risk of HIV and STI transmission.

In 2023, a survey conducted among Malaysians aged 15 to 24 revealed that only 11% of respondents had a correct understanding of both preventive methods for sexual HIV transmission and the ability to refute major misconceptions about how HIV spreads (Figure 27). This highlights the urgent need for targeted educational initiatives to improve HIV literacy among young Malaysians.

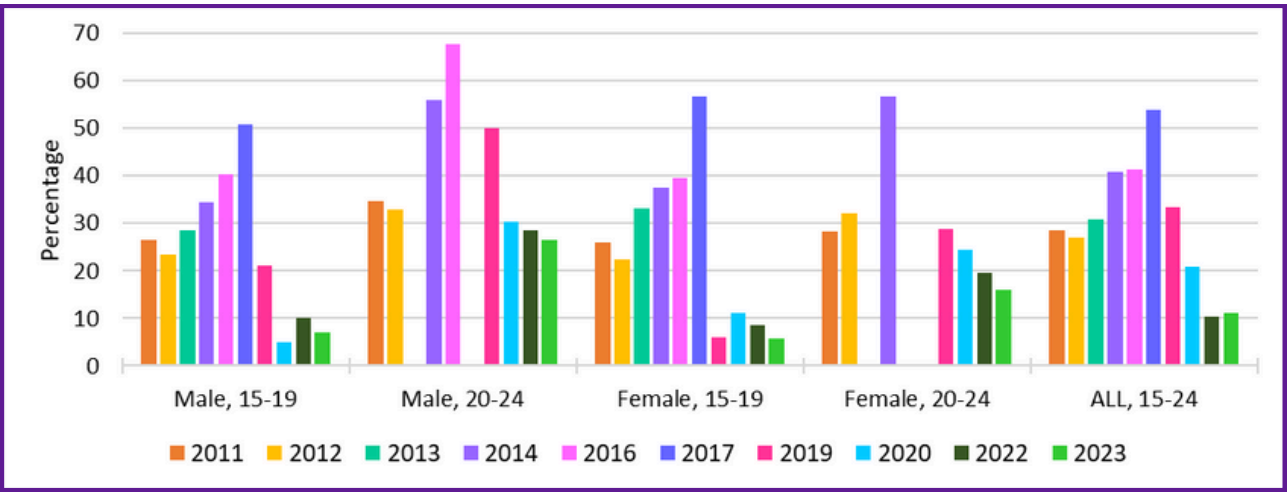


Figure 27: Adequate Knowledge about HIV Prevention (by age and gender)

Note: To qualify as having adequate knowledge to protect themselves, respondents must answer correctly to all five (5) questions on HIV. These are (1) "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?", (2) "Can a person reduce the risk of getting HIV by using a condom every time they have sex?", (3) "Can a healthy-looking person have HIV?", (4) "Can a person get HIV from mosquito bites?", and lastly (5) "Can a person get HIV by sharing food with someone who is infected?".

Realise Human Rights and Eliminate Stigma and Discrimination

Ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination, including by promoting greater policy coherence and coordinated action through whole-of-government, whole-of-society and multisectoral response; Ensure that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent.

In 2023, we conducted an online survey to assess discriminatory attitudes towards people living with HIV (PLHIV) among the general population. The survey included 2,075 respondents aged 15 to 49 years. Results showed that less than 40% of respondents would refrain from buying vegetables from a seller with HIV, and only 30% believed that children living with HIV should not attend school with other children (Figure 28). These findings indicate that stigma and discrimination against PLHIV persist in the community.

This high level of discriminatory attitudes aligns with the results of our HIV-related knowledge survey (refer to Figure 27), which revealed a lack of HIV literacy among the younger population. This broader issue of inadequate HIV awareness likely contributes to misconceptions and discriminatory beliefs about PLHIV. Therefore, there is an urgent need for targeted educational initiatives to address these issues.

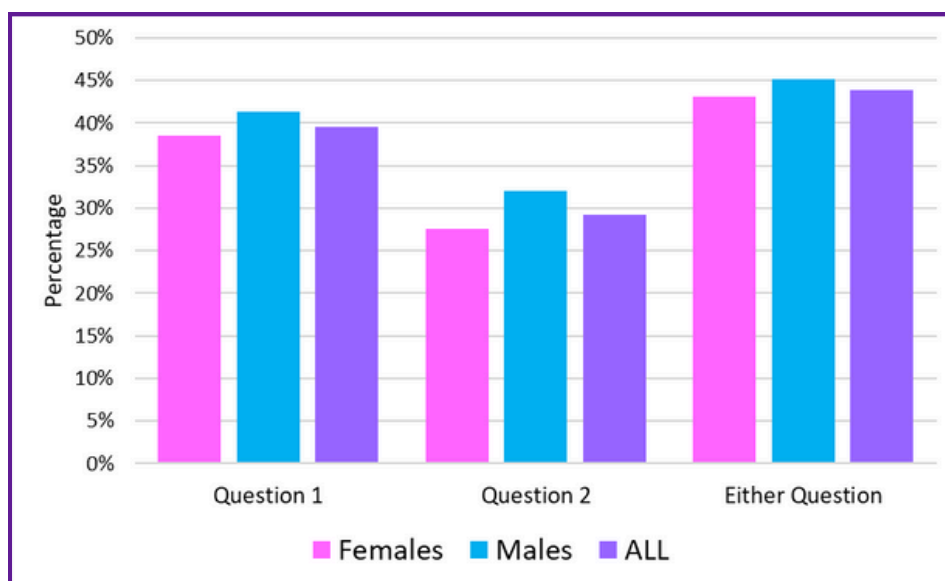


Figure 28: Discriminatory attitudes towards PLHIV among general population (aged 15 to 49 years) by gender [1]

Malaysia Stigma Evaluation Survey (MySES) 2021

In 2021, the Malaysia Stigma Evaluation Survey (MySES) was conducted as the first national study on stigma and discrimination faced by people living with HIV (PLHIV). This quantitative study utilized an online survey questionnaire to gather data. Participation from the PLHIV community was actively sought to ensure a thorough examination and addressing of all issues related to HIV-related stigma and discrimination. A total of 1,107 respondents aged 15 and older participated in the survey.

Internalized stigma was prevalent among MySES 2021 respondents, with 70.1% reporting feelings of shame due to their PLHIV status. When asked about their experiences with HIV-related stigma and discrimination in the 12 months prior to the survey, 9.5% reported experiencing at least one type of enacted stigma in their household or community [2]. In contrast, nearly half of the respondents reported encountering at least one form of stigma and discrimination within healthcare settings. For a detailed explanation, please refer to the Malaysia GAM Report 2023.

1. Who respond No to Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"
2. Experience stigma or discrimination 1 – "People had talked badly about me because of my HIV status"; 2 – "Someone else disclosed my HIV status without my permission"; 3 – "I had been verbally insulted, harassed or threatened because of my HIV status"

Investment and Resources

Fully fund the HIV response by increasing annual HIV investments in low- and middle-income countries to US\$ 29 billion by 2025.

FINANCING THE HIV AND AIDS RESPONSE

Since the beginning of the epidemic, Malaysia's HIV response has relied heavily on domestic public funding, which accounts for over 80% of the total. In 2023, the total expenditure for HIV response was RM92 million (USD21.2 million) (Table 2). The majority of this funding, 93%, came from domestic sources. Of this, 75% was allocated to NSPEA strategy 1, focusing on testing and treatment to reduce the gap in the first and second 95% of the HIV treatment cascade.

Table 2: Source of approximate AIDS expenditure, 2021 - 2023

Source of funding	2021 (RM)	%	2022 (RM)	%	2023 (RM)	%
Domestic Public	73,199,598	88	79,662,620	88	80,581,564	88
Domestic Private	3,605,839	4	4,922,228	4	4,775,294	5
International	6,129,134	7	5,893,536	7	6,638,162	7
Total	82,934,572	100	90,478,384	100	91,955,021	100

Table 3: AIDS Spending category – Approximate total expenditure from domestic (public & private) and international sources, 2021 - 2023

Strategies / indicator	2021 (RM)	%	2022 (RM)	%	2023 (RM)	%
Treatment, care and support	62,220,996	76.4	68,009,674	75.2	69,445,622	75.5
Prevention of HIV transmission	11,741,602	11.4	4,905,031	5.4	12,766,903	13.9
Social protection	97,356	0.1	193,065	0.2	111,075	0.1
Gender programmes	22,000	0.0	31,170	0.0	51,480	0.1
Programmes for children and adolescents	160,320	0.2	217,778	0.2	205,226	0.2
Community mobilisation	1,369,242	1.4	763,716	0.8	253,381	0.3
Governance and sustainability	7,184,396	10.4	15,918,217	17.6	8,618,112	9.4
Critical enablers	3,950	0.0	193,835	0.2	222,401	0.2
TB/HIV coinfection	134,709	0.1	245,898	0.3	280,818	0.3
Total	85,934,571	100	90,478,384	100	91,955,021	100

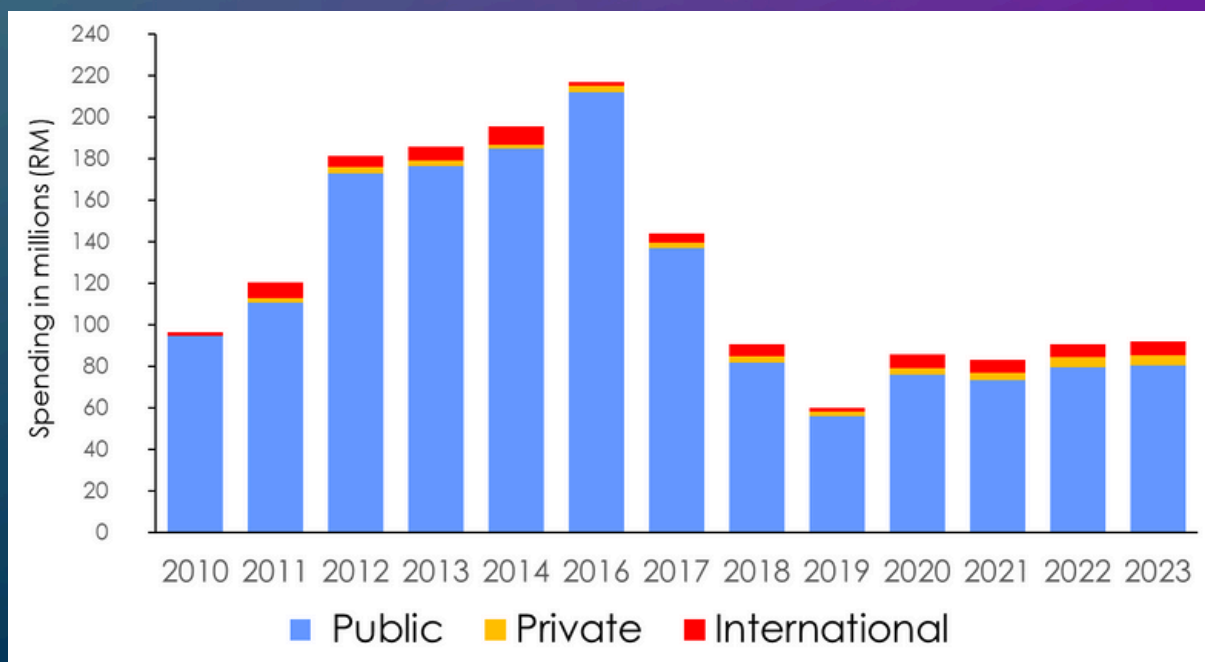


Figure 29: Total AIDS funding by year, 2010 - 2023

(From second left) Health deputy director-general Datuk Dr Norhayati Rusli presents a mock cheque to the Malaysian AIDS Foundation patron Datin Paduka Marina Mahathir and chairman Prof Dato' Dr Adeeba Kamarulzaman. — Paper cutting from the malaymail newspaper dated Monday, May 15, 2023



Universal Health Coverage and Integration

Accelerate integration of HIV services into universal health coverage and strong and resilient health and social protection systems, building back better in a more equitable and inclusive manner from COVID-19 and humanitarian situations, and strengthening public health and enhancing future pandemic response and preparedness.

Commonly reported coinfections among people living with HIV (PLHIV) include tuberculosis, blood-borne viral hepatitis, and sexually transmitted infections. Tuberculosis (TB) is of particular concern, as over 1,000 PLHIV are diagnosed with TB each year. Additionally, TB is the second leading cause of death among communicable, maternal, neonatal, and nutritional diseases.

To address these coinfections, several policies are in place for the care of PLHIV. These include:

- * Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis;
- * Intensified TB case finding among PLHIV;
- * TB infection control in HIV healthcare settings;
- * Co-trimoxazole prophylaxis; and
- * Hepatitis B and C screening, treatment, and management in HIV clinics.

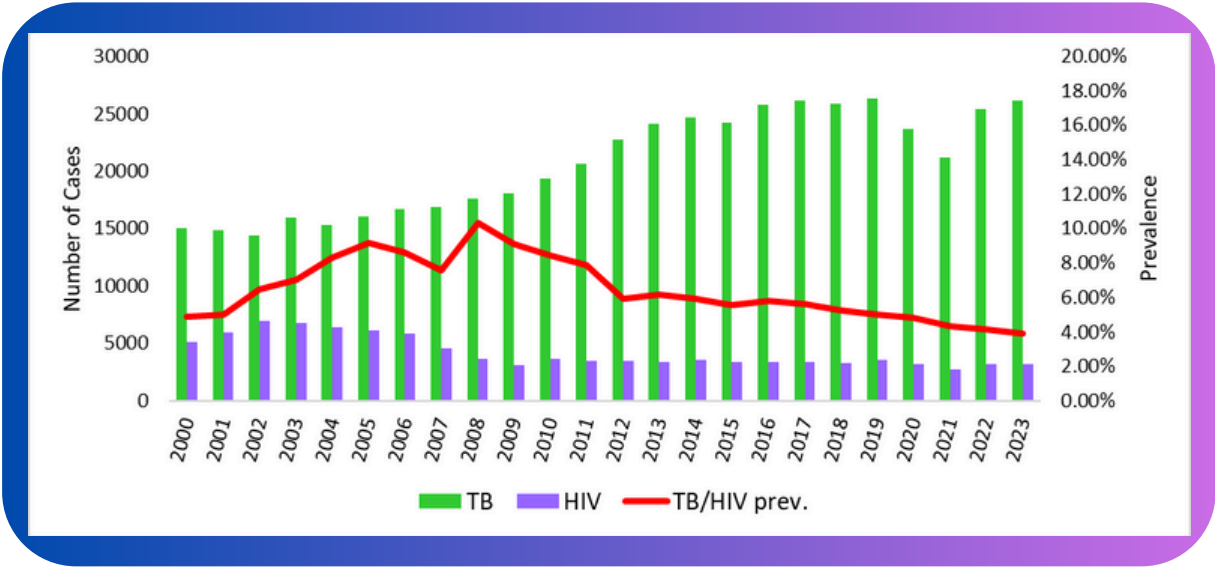


Figure 30: New TB, HIV and TB/HIV Prevalence, Malaysia (2000 – 2023)

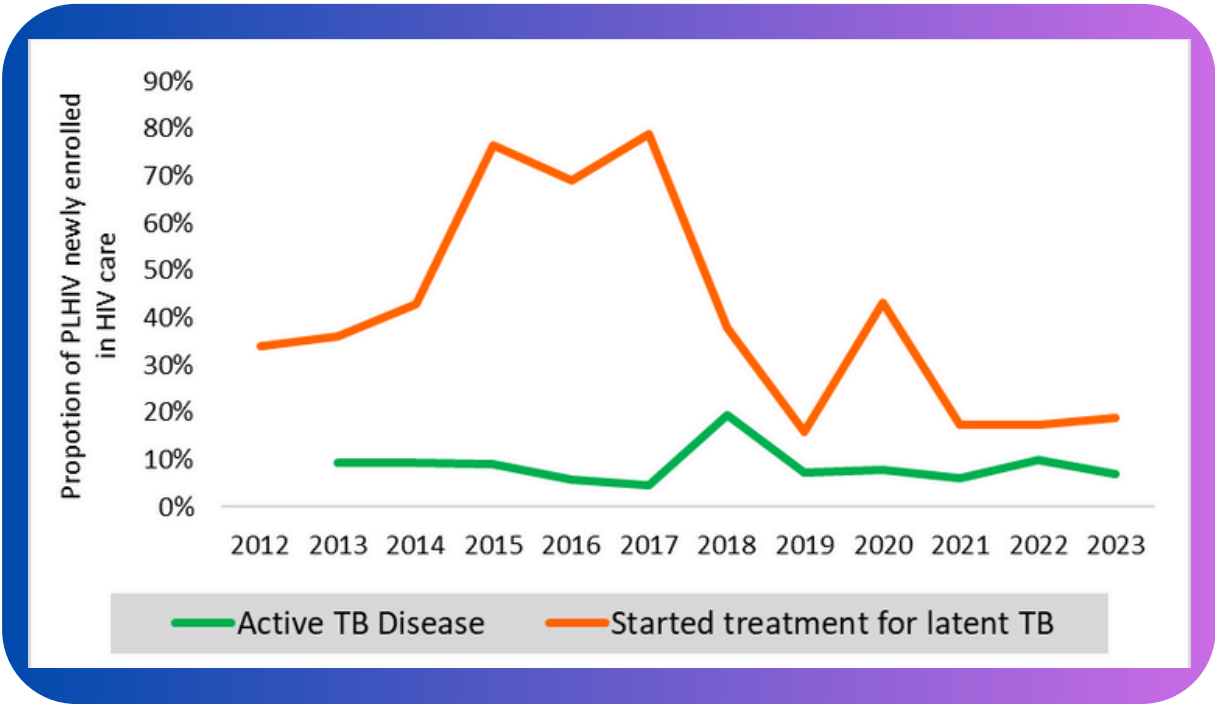


Figure 31: Proportion of PLHIV newly enrolled in HIV care with active TB disease and started on TB preventive therapy, Malaysia (2012 – 2023)

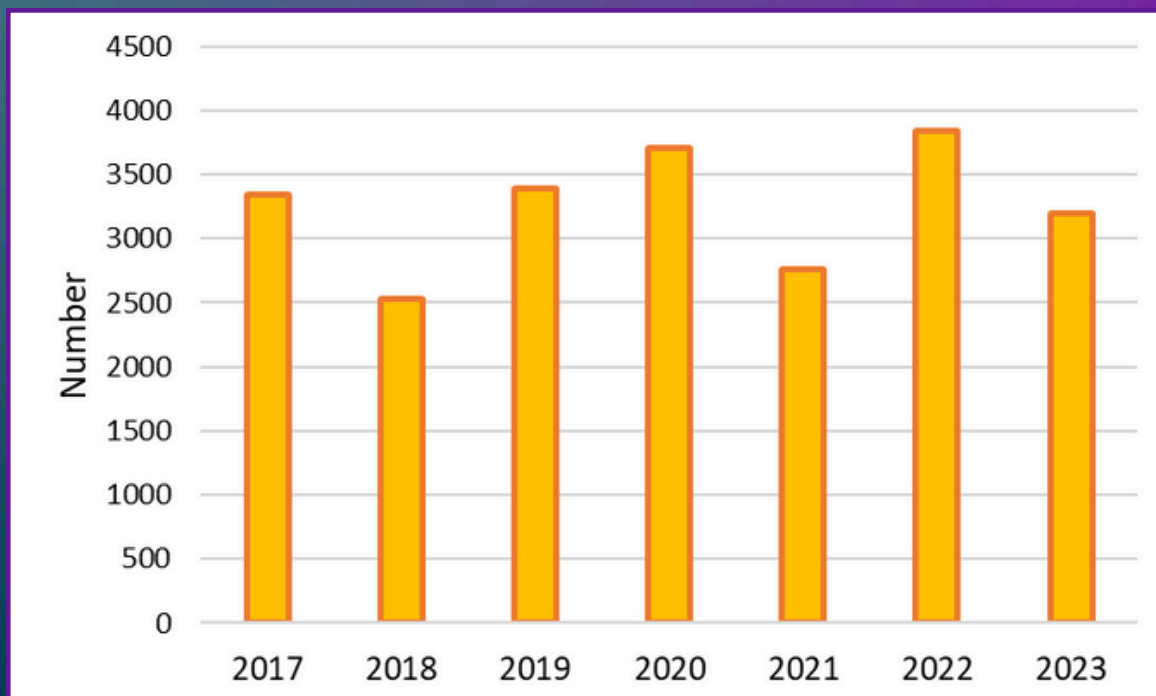


Figure 32: Proportion of people starting antiretroviral therapy who were tested for Hepatitis C Virus (HCV)

Sexually transmitted infections, Malaysia (2014-2023)

Sexually transmitted infections (STI) serve as indicators of unprotected sexual intercourse and are crucial for monitoring HIV transmission through sexual activity. STI surveillance plays a key role in tracking HIV by highlighting ongoing high-risk sexual behaviors.

Since 2016, there has been an increase in reported urethral discharge syndrome and laboratory-confirmed gonorrhea among men older than 15 years (Figure 33). This rise in reported cases may partly be due to the introduction of STI Client-Friendly Clinic services in primary care health facilities. These services have improved access to STI care for key populations, leading to enhanced early disease detection and notification.

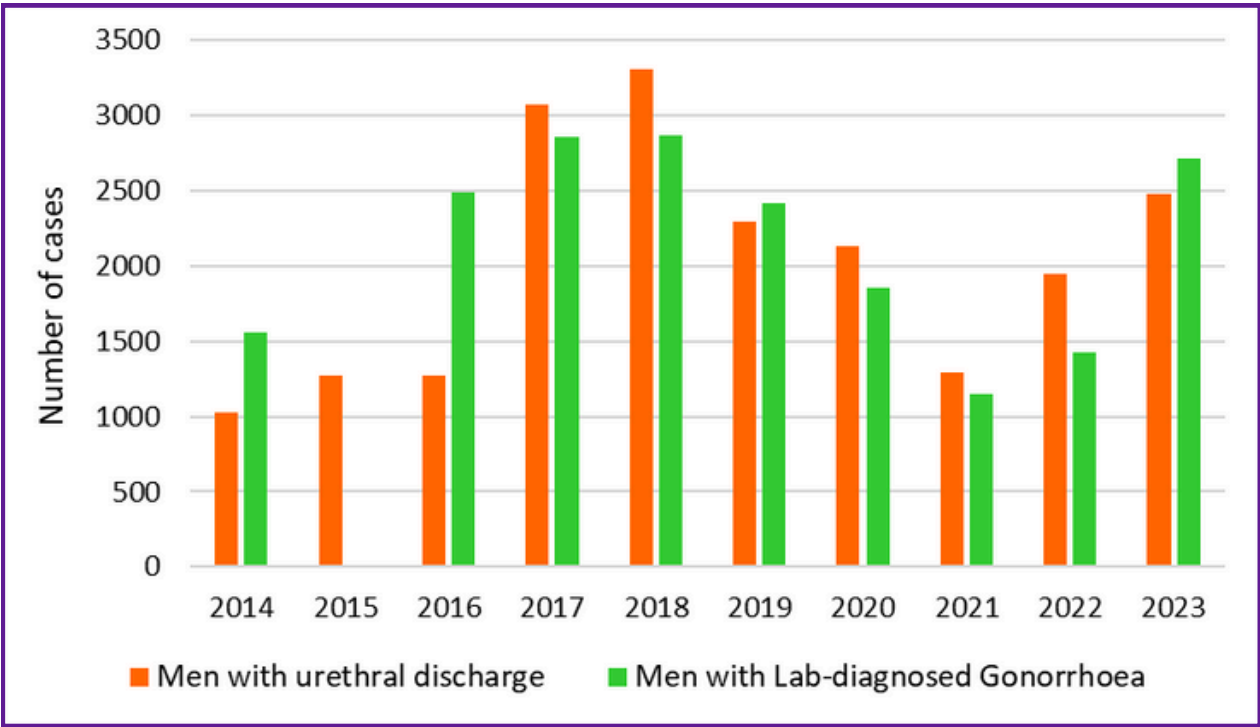


Figure 33: Number of men reporting urethral discharge in the past 12 months and number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months (2014 - 2023)

OTHERS

In realising SDGs through ending AIDS, full operationalization and effective implementation of national, sub-national and local development plans was initiated to achieve the target of reducing the number of new HIV cases. With all the initiatives, the number of new HIV infections has declined from the peak rate of 28.5 in 2002 to 9.6 per 100,000 population in 2023. Although Malaysia initially experienced a notable 50% reduction in new HIV cases between 2000 and 2009, there has been a deceleration in this positive trajectory since 2010, suggesting a need for renewed strategies to address the evolving dynamics of HIV transmission.

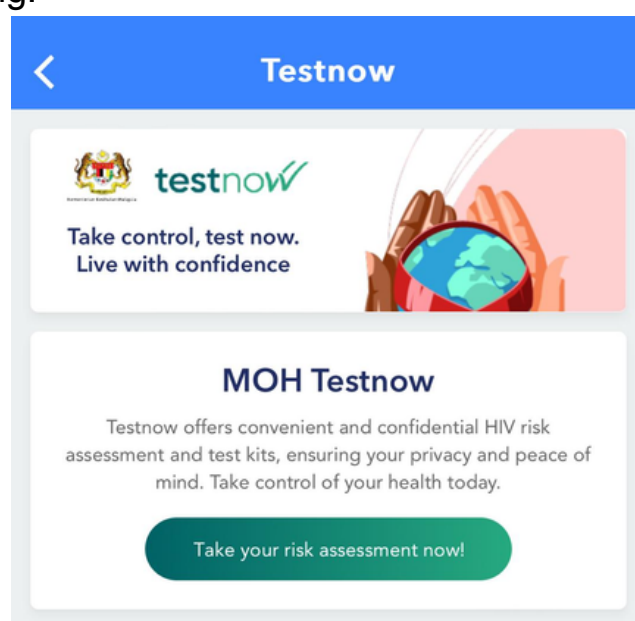
To achieve Malaysia's goal of ending AIDS by 2030, which is only six years away, a mathematical model suggests that the HIV epidemic will end if adequate numbers of people living with HIV (PLHIV) achieve viral suppression. To meet this goal, at least 95% of PLHIV must be diagnosed, 95% must be on treatment, and 95% must be virally suppressed. Success in reaching these targets depends on identifying undiagnosed individuals, linking them to care, and ensuring they remain in treatment.



HIV SELF-TESTING

On December 2, 2023, coinciding with National World AIDS Day, Malaysia introduced an HIV self-testing program aimed at young people and key populations. This initiative emphasizes the crucial 5C principles of HIV testing: Consent, Confidentiality, Counselling, Correct Results, and Connection to Care. The program allows individuals, particularly young key populations, to conveniently screen and learn their HIV status at home or in a comfortable setting.

Public may access information on HIV self-tests at www.testnow.com.my as well as MySejahtera application. The website serves as an all-in-one platform offering up-to-date information about HIV, detailed instructions for ordering and using test kits accurately and privately, and referrals to resources such as NGO workers and health facilities.



From December 2, 2023, to March 20, 2024, the website received 26,979 visits, with an average of 500 to 2,000 visitors per day. Out of these visitors, 12,574 completed the self-risk assessment. Among them, 70% were aged between 18 and 35 years. Additionally, 62% had never been tested for HIV, and 13% were categorized as high risk for HIV.

PRE-EXPOSURE PROPHYLAXIS (PREP)

Malaysia commenced Pre-Exposure Prophylaxis (PrEPGov) pilot project for HIV prevention in January 2023 at 18 Health Clinics, which was expanded to three (3) more Health Clinics in the middle of 2023 and 10 more in 2024. The implementation of PrEP is based on the interest of public health, in ensuring the well-being of the community and protecting them from getting infected or infecting others. It is also adhering to the "Health for All" principle, which is the provision of preventive, treatment, and support services to all Malaysians regardless of social status, religion, or race.

As of 15 May 2024, a total of 4,421 individuals have received PrEP through this program, in which 99.8% remain free of HIV infection. The HIV sero conversion among PrEP clients was 0.2% which is much lower as compared to other country such as Thailand (3.73 %), China (0.37 %), Kenya & Uganda (0.35 %) and Australia (0.31 %).

Investment in the PrEP program is estimated to be able to prevent HIV among high-risk populations and further reduce HIV infections in country. Rapid availability of PrEP by 2024 is projected to prevent 15% of the estimated cumulative new HIV infections from 2024 to 2030. Delaying the implementation of PrEP to 2027 would prevent 4% of the estimated new HIV infections from 2024 to 2030.

In Malaysia, the implementation of PrEP differs from other countries by incorporating psychosocial and psychospiritual counseling, alongside behavior change education. This approach is based on the A-B-C-D concept: 'Abstinence,' 'Be Faithful,' 'Condom,' and 'Drug (PrEP).' While this comprehensive strategy aims to address HIV prevention holistically, promoting behavioral changes—particularly encouraging abstinence among those engaged in high-risk activities—can be challenging and requires significant patience and time.