

GLOBAL AIDS MONITORING 2020

Malaysia HIV/AIDS Progress Report

Ministry of Health Malaysia

HIV/AIDS/Hepatitis C Sector
Disease Control Division



MALAYSIA 2020

COUNTRY PROGRESS REPORT TO HIV/AIDS EPIDEMIC

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Report prepared by:
HIV/STI/Hepatitis C Section
Disease Control Division
Ministry of Health Malaysia
Tel: +60 3 8883 4387
Fax: +60 3 8883 4285

Correspondence:
Dr Anita Suleiman
dranita@moh.gov.my

THE GLOBAL AIDS MONITORING REPORT 2020

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

Editorial Team

Dr. Anita Suleiman (Chief Editor)
Head HIV/STI/Hepatitis C Sector, Ministry of Health Malaysia

Dr. Mazliza Ramly (Lead Author & Editor)
Senior Principal Assistant Director (Behavioral Research)
HIV/STI/Hepatitis C Sector, Ministry of Health Malaysia

LIST OF MAIN CONTRIBUTORS

1. Dr Chai Phing Tze, HIV/STI/Hepatitis C Sector
2. Dr Fazidah Yuswan, HIV/STI/Hepatitis C Sector
3. En Azman Mohamed, HIV/STI/Hepatitis C Sector
4. Dr Mohamad Naim, TB/Leprosy Sector
5. En Parimelazaghan Ellan, Malaysian AIDS Council
6. Pn Tamayanty Kurusamy, Malaysian AIDS Council
7. Dr Rohemi Abu Bakar, State Health Department Perlis
8. Dr Azlina Azlan, State Health Department Kedah
9. Dr Janizah Abd Ghani, State Health Department Pulau Pinang
10. Dr Ariza Abd Rahman, State Health Department Perak
11. Dr Ismawati Ismail, State Health Department FT Kuala Lumpur & Putrajaya
12. Dr Gurpreet Kaur, State Health Department Selangor
13. Dr Sharifah Nor Ahmad, State Health Department Negeri Sembilan
14. Dr Mahanim Md Yusof, State Health Department Melaka
15. Dr Nurmawati Ahmad, State Health Department Johor
16. Dr Shahdattul Dewi Nur Khairitza Taib, State Health Department Pahang
17. Dr Mahani Nordin, State Health Department Terengganu
18. Dr Nik Normanieza Nik Man, State Health Department Kelantan
19. Dr Haseanti Hussien, State Health Department Sabah
20. Dr Ruziana Miss, State Health Department Sarawak
21. Dr Mohd Hafizuddin Ahmad, State Health Department FT Labuan

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State of the Epidemic

HIV/AIDS Epidemic Snapshot in Malaysia 2019

Number of People Living with HIV	Total	77,903
	Male (15+ years)	66,369
	Women (15+ years)	11,233
	Children (<15 years)	301
People Newly Infected with HIV in 2019	Total	3,564
	Adults (15+ years)	3,546
	Children (<15 years)	18
AIDS-related Deaths in 2019	Total	986
	Adults (15+ years)	982
	Children (<15 years)	4

Malaysia Estimates 2019

People Living with HIV	Total	87,581 (77,910-98,007)
	Male (15+ years)	72,140 (64,460-81,273)
	Women (15+ years)	15,115 (13,514 -16,817)
	Children (<15 years)	326 (273-379)
Newly HIV Infections		6,322 (5,506-7,099)
AIDS-related Deaths		2,685 (2,144-3,366)

AT A GLANCE

There has been steady progress in the 1st and 3rd 90 each year, but efforts to reach the 2020 target for 2nd 90 are clearly off-track.

More than 80% of new HIV infections in 2019 were due to sexual transmission.

Gains continue to be made against the epidemic since 1986 in most states such as Kelantan, Terengganu, and Pahang. However, there are worrying setbacks in key states such as Selangor and Kuala Lumpur that may affect the nation progress.

Selangor, Kuala Lumpur. Johor.

Figure 1: Annual Reported Cases, Malaysia, 1986-2019

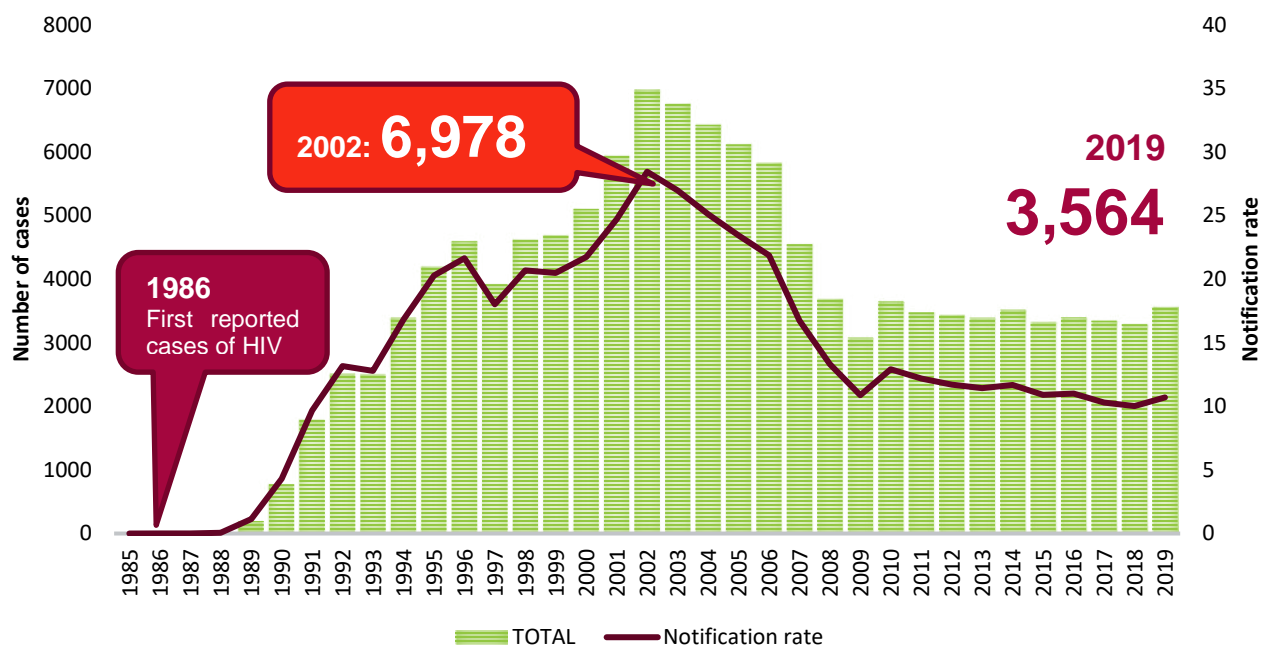
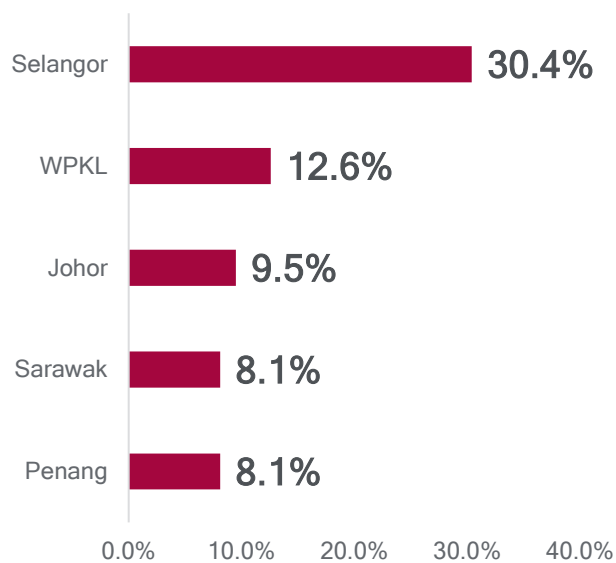


Figure 2: HIV Incidence Rate Per 1000 Uninfected Population, Malaysia, 2010-2019



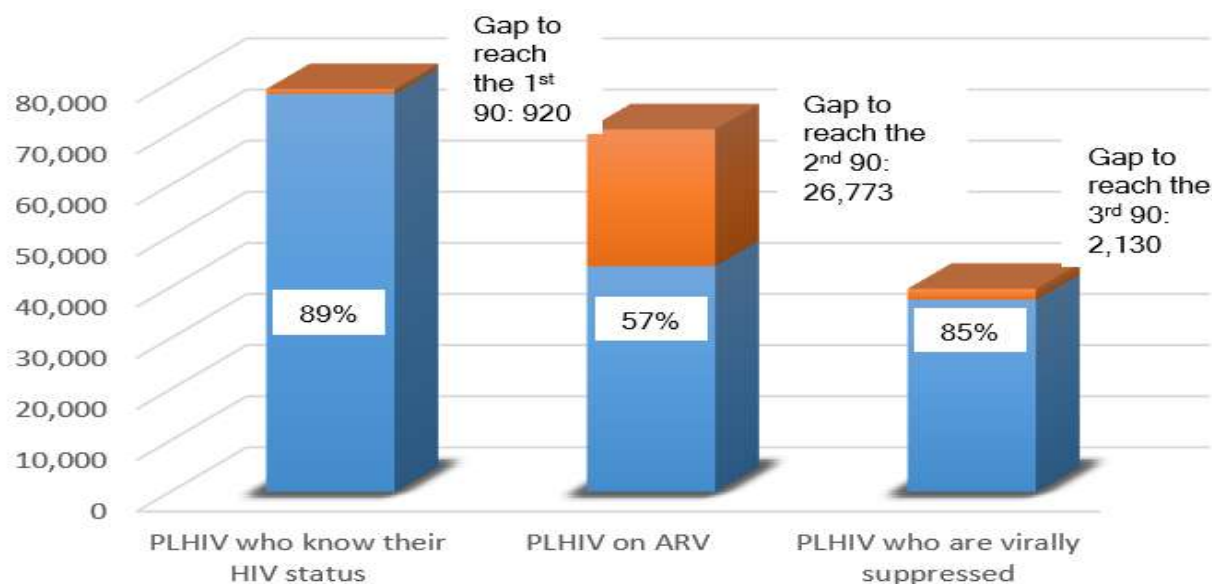
Figure 3: Top 5 States, Percentage of New HIV Infection, Malaysia, 2019



In 2019, the estimated people living with HIV (PLHIV) in Malaysia is around 87,000. However, through our national surveillance system, close to 78,000 PLHIV were notified out of which, 0.4% were children below 15 years of age. There were 3,564 people newly infected with HIV notified in 2019 (Figure 1), slightly more than half (56%) of estimated new HIV infection in 2019. Estimated HIV incidence rate per 1000 uninfected population is showing an increasing trend in the past two years (Figure 2). The overall epidemic is concentrated in urbanized states of Selangor, Kuala Lumpur, and Johor that contribute more than 50% of new HIV cases in Malaysia (Figure 3).

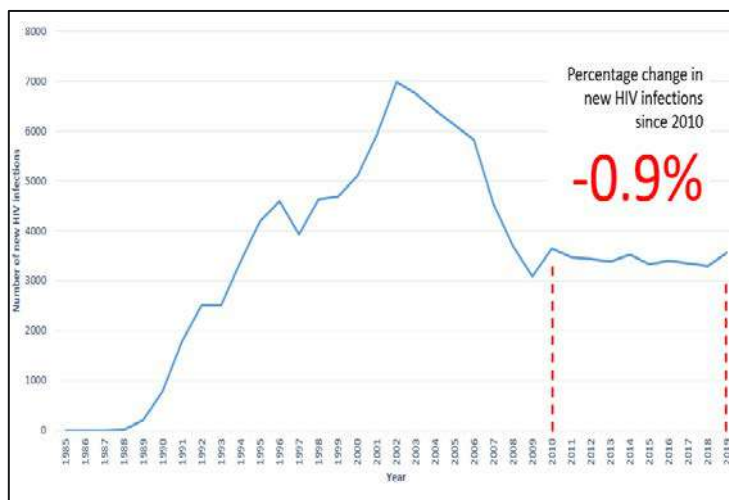
Treatment Cascade

Figure 4: HIV Testing and Treatment Cascade, Malaysia, 2019



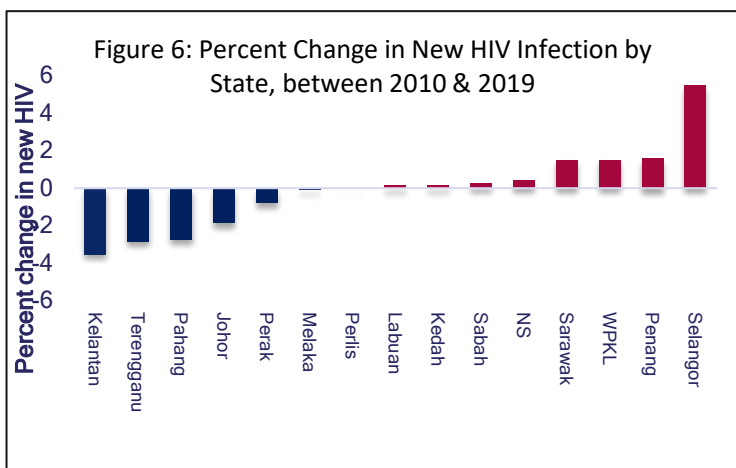
Countries are left with just 1 year to reaching the fast track target of 90-90-90 by 2020. In that regard, Malaysia has achieved 89%-56%-85% which means in 2019, 89% of PLHIV in Malaysia know their status, 56% of them were receiving treatment, and 85% of them were virally suppressed (figure 4). Linkage to care still represents the single greatest challenge for Malaysia to reach 90-90-90 target as the highest gap to reaching 90-90-90 target stood at number of PLHIV needed to access treatment.

Figure 5: New HIV Infection, Malaysia, 1986-2019



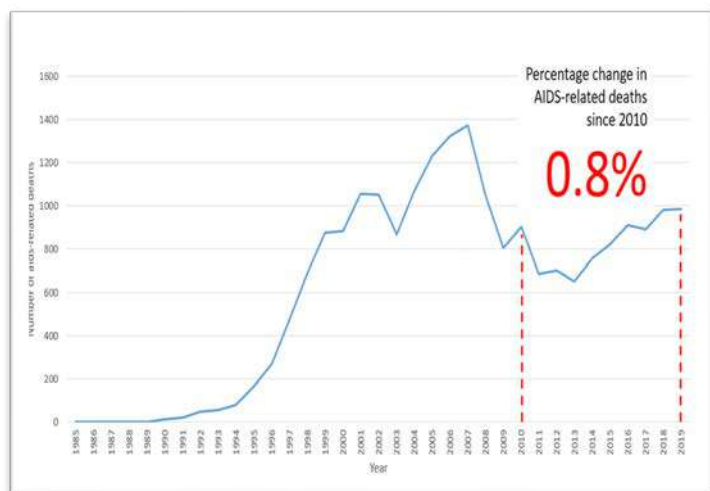
Malaysia has done a tremendous work in reducing the annual number of new HIV infections since its peak in 2002 with our Harm Reduction Program. However, since 2010, the trend has reached a flat line. There has been only a modest 0.9% decline in the annual number of new HIV infections in Malaysia since 2010 (Figure 5).

Figure 6: Percent Change in New HIV Infection by State, between 2010 & 2019



Several states showed strong decline in new infections between 2010 and 2019, such as Kelantan, Terengganu, and Pahang (Figure 6). In contrary, most urbanized states like Selangor, Kuala Lumpur and Penang showed increasing trend.

Figure 7: AIDS-related Deaths, Malaysia, 1986-2019



The reported AIDS-related deaths last year had increased slightly in 2019 compared to 2010 (Figure 7). Sabah was the only state with declined AIDS-related deaths greater than 50% during the 10-year period. While, Selangor had the highest increment of AIDS-related deaths of more than 100% during the same period. Since the beginning of the epidemic, the reported cases were predominantly male (Figure 8).

Figure 8: Distribution of Reported Cases by Gender, 1987-2019

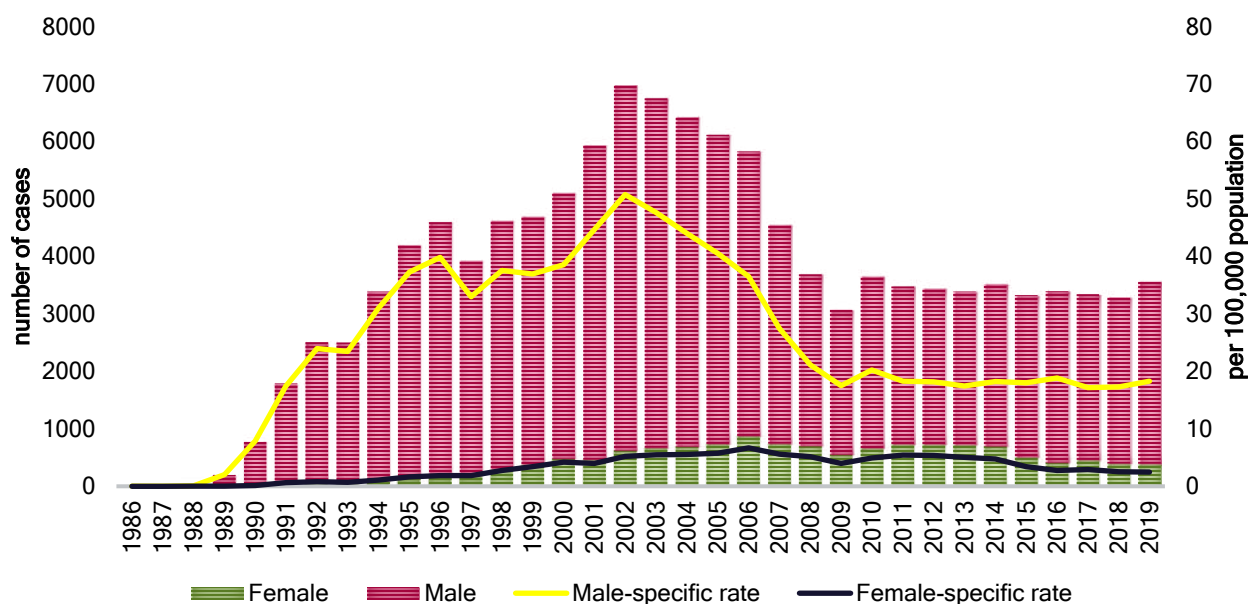
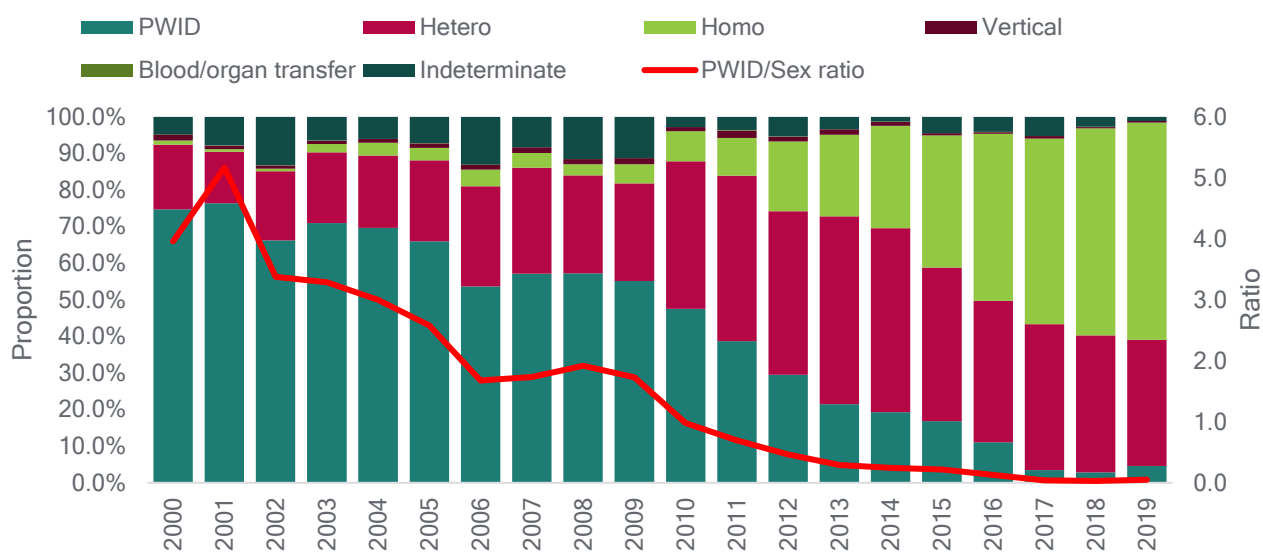
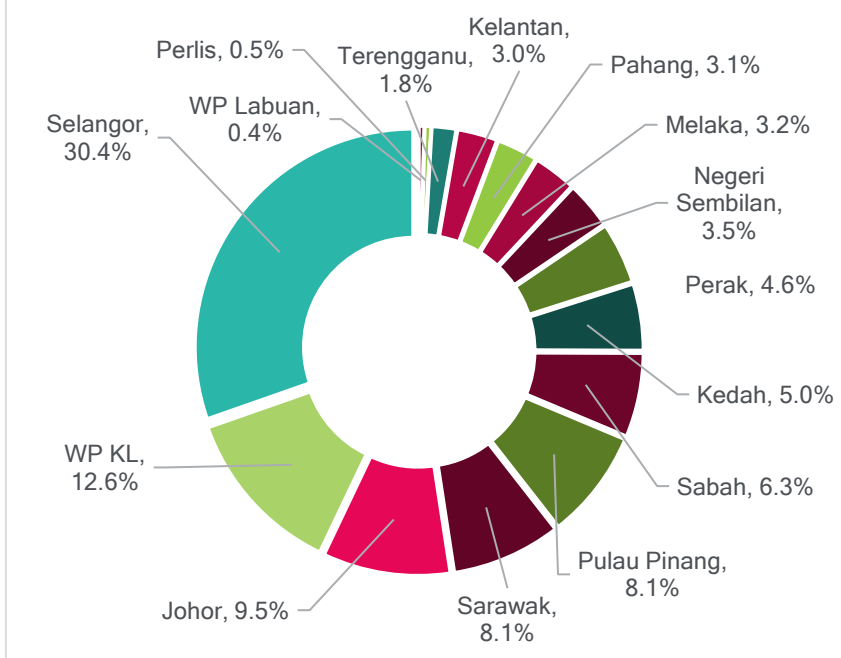


Figure 9: Trend of HIV infection by Mode of Transmission, 2000-2019



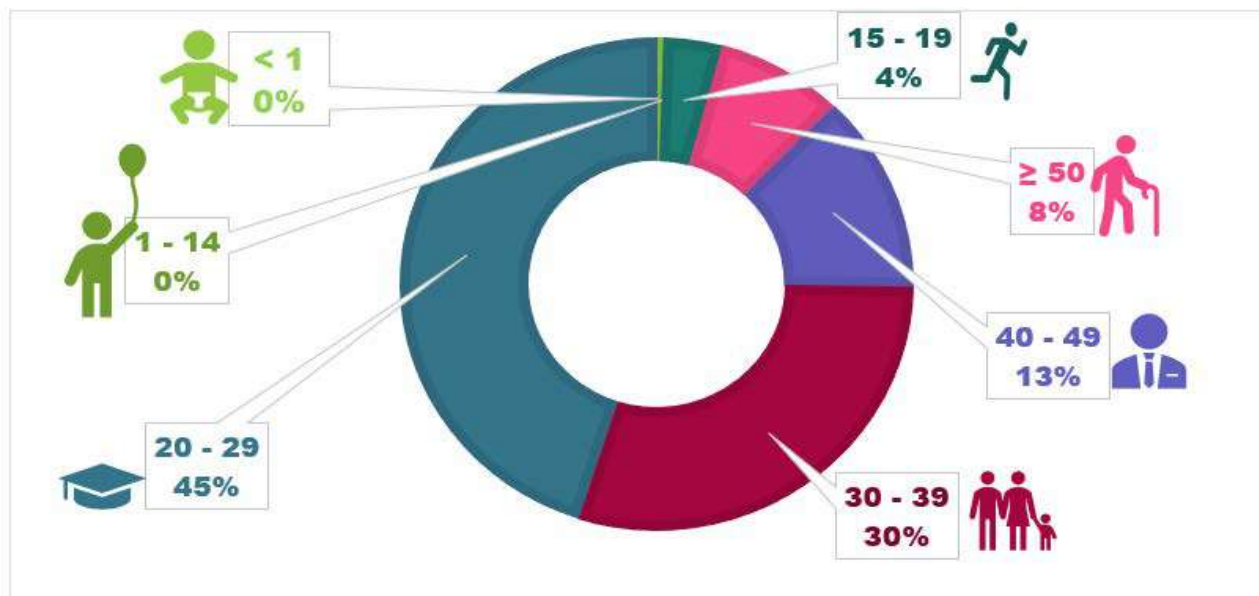
In the past one decade, the country observed gradual changes in the HIV epidemic landscape from predominantly PWID to more sexual transmission (Figure 9). The proportion of sexual transmission has increase to more than 90% in 2019.

Figure 10: Distribution of HIV New Cases by State, 2019



More than 70% of the new HIV cases reported in 2019 were contributed by 6 states - Selangor, Kuala Lumpur, Johor, Sarawak, Penang, and Sabah (Figure 10).

Figure 11: Distribution of New Infection by Age Group, Malaysia, 2019



More than 70% of new HIV infections were among people aged 20 to 39 years. While infection in children below 13 years old has remained lower than 1% consistently from the beginning of the epidemic (Figure 11).

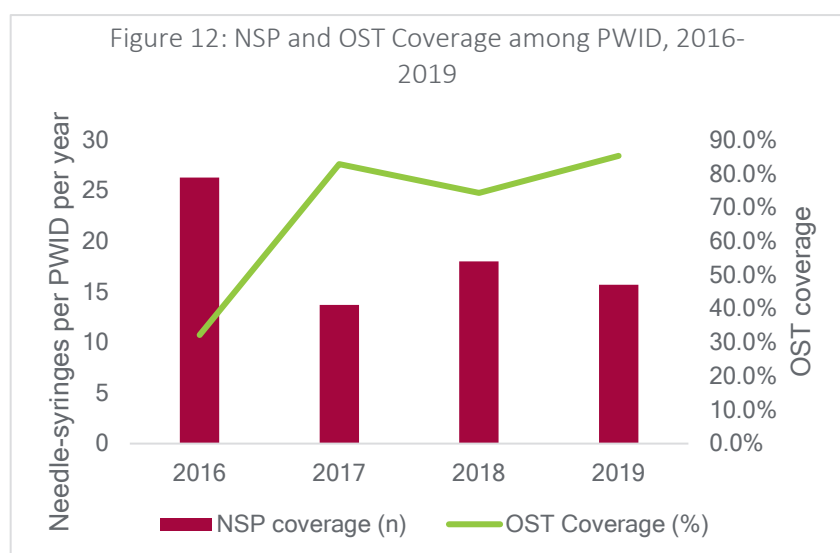
Prevention program

Key populations

	FSW	MSM	PWID	TG
Population size estimate ^a	22,000	220,000	75,000	37,000
HIV prevalence ^b	6.3%	21.6%	13.5%	10.9%
Know their HIV status ^b	35.1%	43.3%	38.9%	43.0%
ART coverage ^b	22.5%	62.6%	34.6%	34.0%
Condom use last sex ^b	83.5%	65.4%	25.7%	83.3%

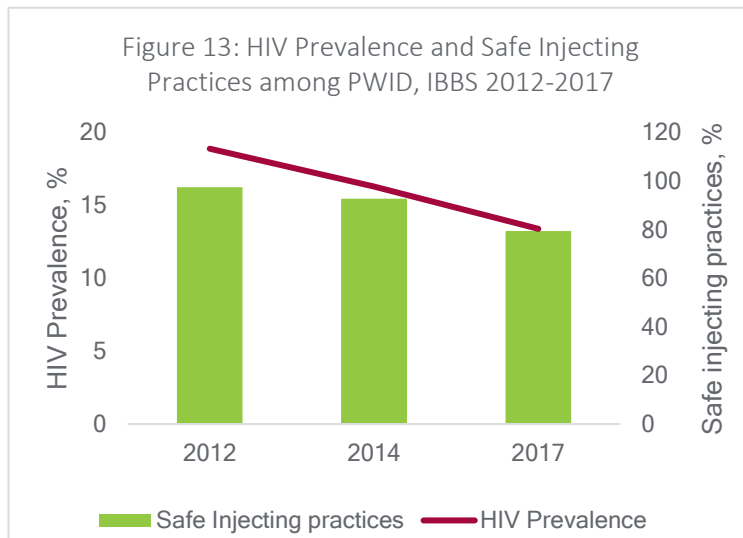
^aSize Estimation of Key Population Malaysia, 2018

^bIBBS 2017



Access to Harm Reduction Services remains uneven especially NSEP marked by highly punitive approaches to drug use.

Given that sharing injection paraphernalia is the main mode of transmission in Malaysia since the beginning of the epidemic, Harm Reduction Program that consist of Needle and Syringe Exchange Program (NSEP) and Opioid Substitution Therapy (OST) remained the mainstay of prevention programs to PWID in Malaysia. The OST Program coverage offered at selected government and private health facilities since 2006, has shown an increased to more than 70% since 2017 (Figure 12). While the NSEP program, implemented through smart partnership with NGO under MAC at their outreach points throughout the country has reported a significant reduction in program coverage of less than 50% since 2017. This is in line with the National



Strategic Plan for Ending AIDS that encourage opioid injectors to shift to OST to ensure better ART uptake.

In the nutshell, these programs (harm reduction) have positive impact as reflected in the declining of HIV prevalence and increasing continuous safe injecting practices above 80% in this key population (Figure 13).

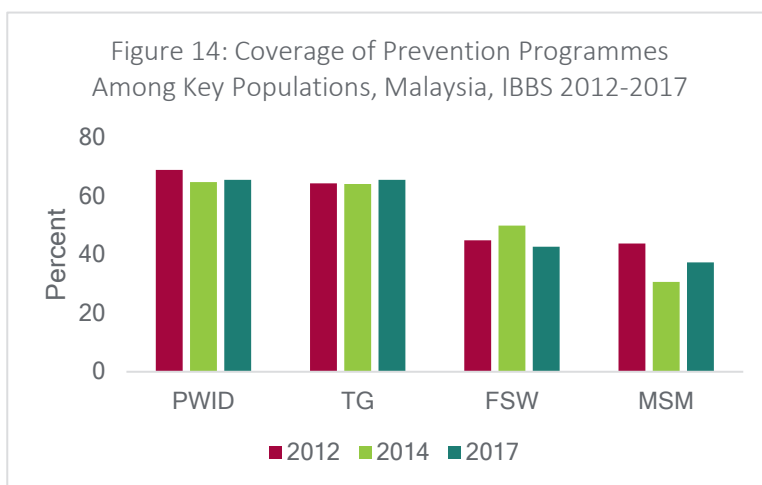
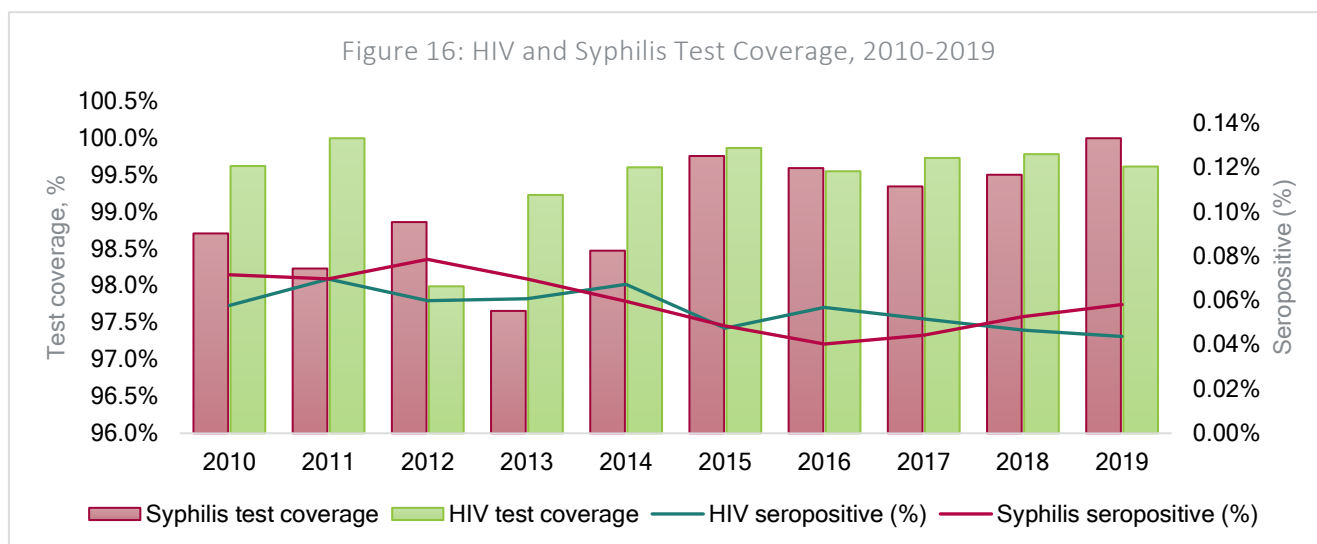


Figure 14 depicted results from IBBS 2012 to 2017 on the coverage of prevention packages among key populations. Access to HIV prevention services for FSW and MSM have been poor (less than 50%) probably because they are the most hard-to-reach and difficult to identify due to stigma and discrimination. While for PWID and TG populations, the coverage of prevention packages have been moderate (50%-70%)

Figure 15: Methadone Maintenance Therapy Clinic at Government Health Facility

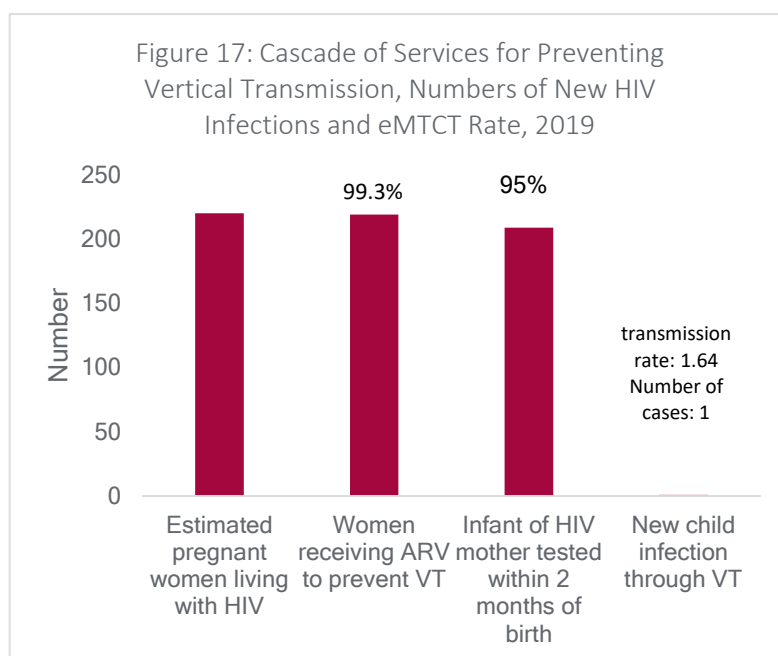


Eliminating Mother-to-Child Transmission

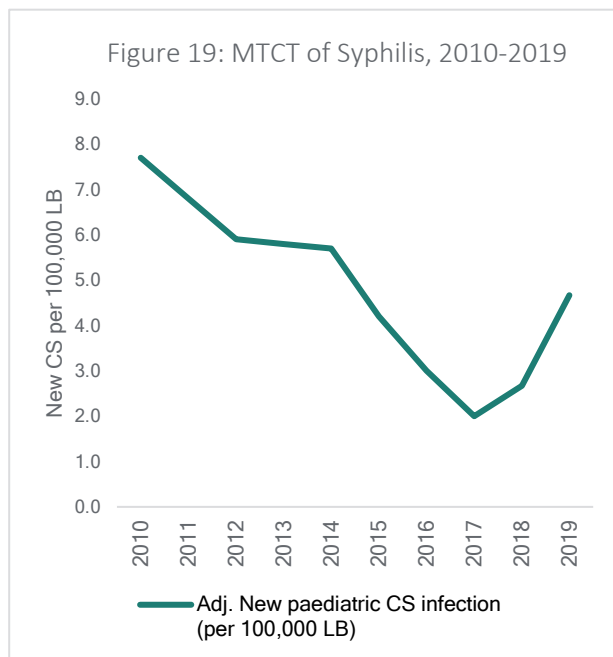
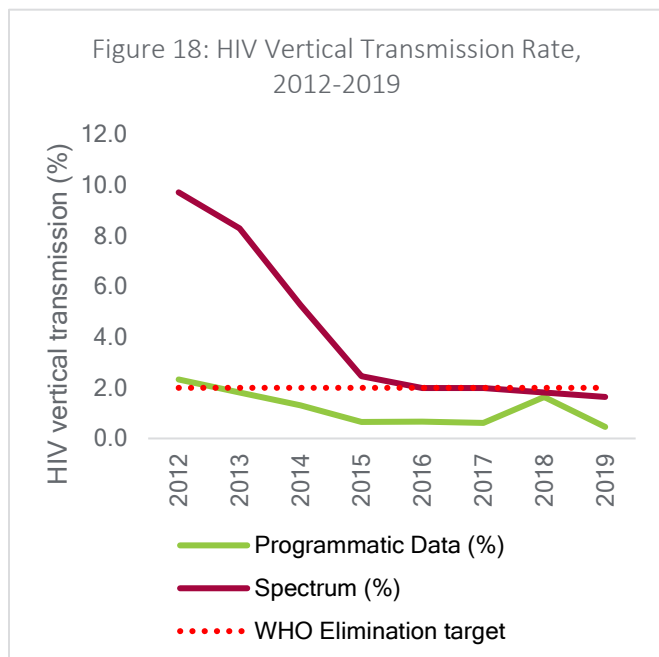


HIV and syphilis test coverage for antenatal mothers to prevent vertical transmission in Malaysia has persistently reached beyond 95% for more than a decade, with seroconversion rate for both HIV and syphilis remained below 0.1% (Figure 16). This wide screening coverage has been persistent throughout the country since the Prevention of Mother-to-Child Transmission (PMTCT) program was implemented in 1998. The PMTCT Program in Malaysia is based strongly around early detection and prompt treatment of HIV and syphilis for mother and baby, safer modes of delivery and safer infant feeding practices.

Malaysia became the first country in WPRO and first Muslim country globally to eliminate mother-to-child transmission of HIV and Syphilis in 2018

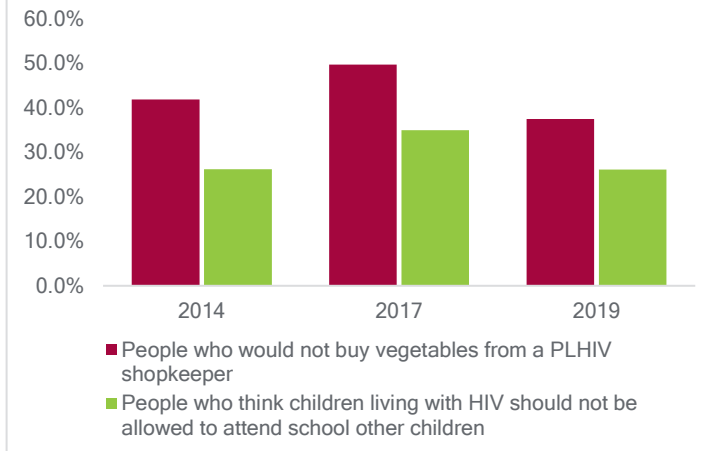


An estimated 99.3% of HIV-positive pregnant women were receiving ARV in 2019 resulted in 1.64% transmission rate of mother-to-child transmission (Figure 17). This vertical transmission rate for HIV has reached the WHO elimination target (less than 2.00%) in both programmatic and estimated (Spectrum) data since 2016 (Figure 18). Similarly, reported congenital syphilis have been less than 10 cases per 100,000 LB persistently since 2010, which is far below the elimination indicator of less than 50 cases per 100,000 LB (Figure 19).



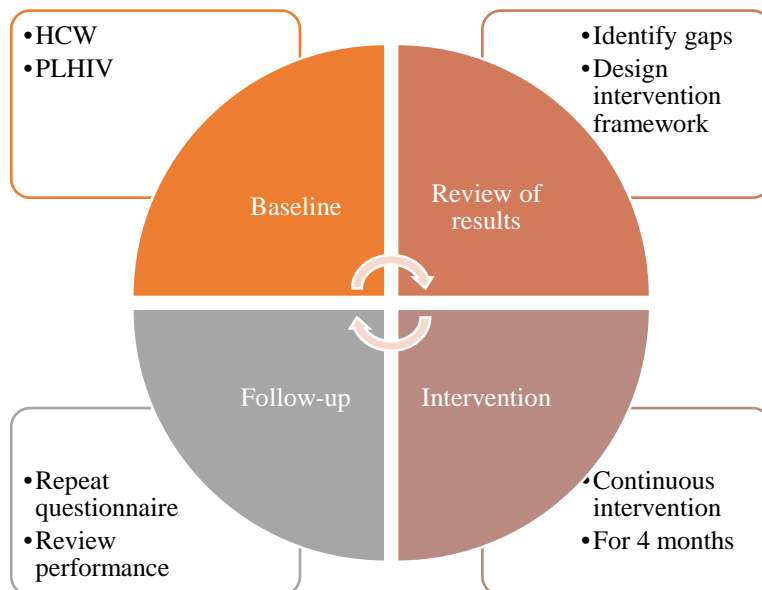
Confronting Stigma and Discrimination

Figure 20: Percentage of Person Aged 15 to 49 Years with Discriminatory Attitudes Towards PLHIV, 2014-2019



The level of stigma towards PLHIV in general population remained between 20% to 50% in the last three years (Figure 20). Almost a third (30%) Malaysian said they would avoid buying vegetables from a PLHIV vendor, and 26% Malaysian believed that children living with HIV should not be allowed to attend school with other children. Much still need to be done to eliminate stigma against PLHIV.

Stigma Reduction Initiatives

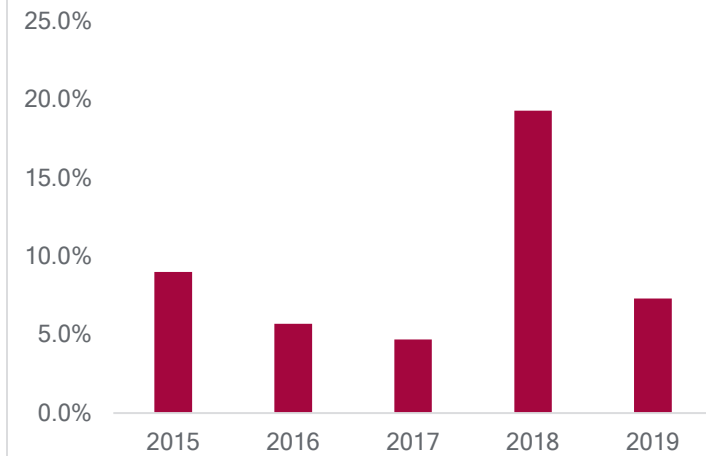


Starting mid-2020, a HIV-related stigma and discrimination reduction through a quality improvement approach in government healthcare facilities program were initiated and this program will be piloted at 6 states (Penang, Sarawak, Kuala Lumpur, Selangor, and Johor).

HIV and Other Infection

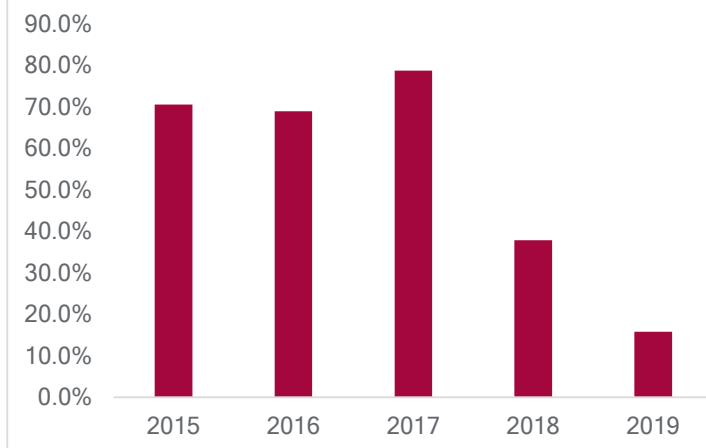
HIV and Tuberculosis co-infection

Figure 21: Proportion of Newly Enrolled PLHIV with Active TB, 2015-2019

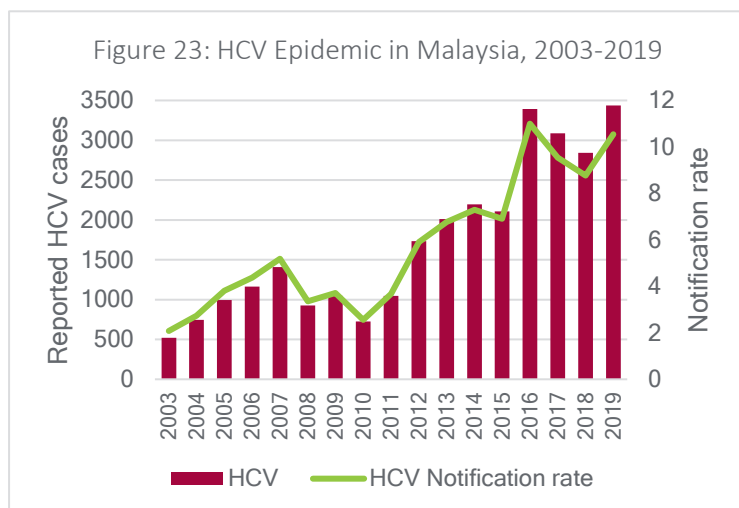


Tuberculosis is the leading killer of PLHIV. The risk of developing tuberculosis (TB) is estimated to be between 16-27 times greater in people living with HIV than among those without HIV infection. In Malaysia, proportion of newly enrolled PLHIV with active TB was 7.3% in 2019 compared to 19.3% in 2018 (Figure 21). However, in 2019, only 15.8% of PLHIV newly enrolled in HIV care was started on TB Isoniazid preventive therapy (IPT) (Figure 22). This data is far from WHO recommendation in which all PLHIV who are unlikely to have active TB (without any active tuberculosis symptoms) should be offered IPT.

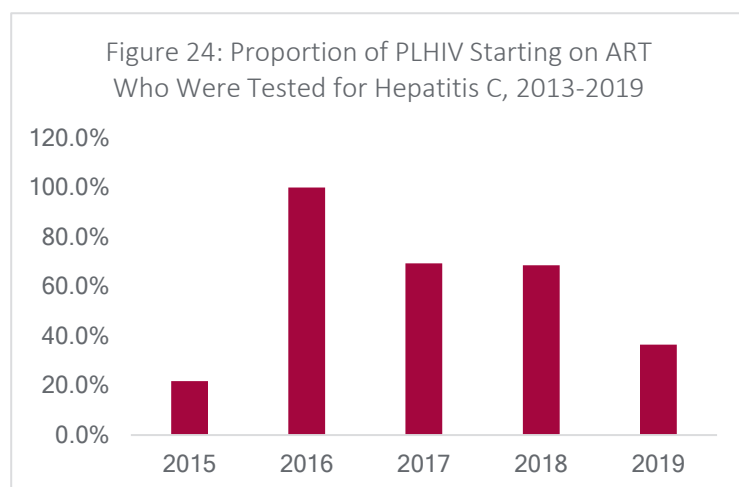
Figure 22: PLHIV Newly Enrolled in HIV Care Started on IPT, 2015-2019



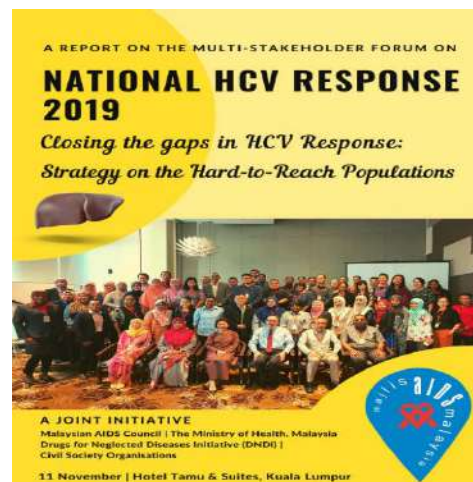
HIV and Hepatitis C co-infection



Hepatitis C virus (HCV) is a bloodborne virus transmitted through direct contact with the blood of an infected person. It is estimated that HCV affects 2-15% of people living with HIV worldwide (and up to 90% of those are people who inject drugs (PWID)). In Malaysia, the national surveillance data showed that HCV is on the rise with notification rate of 10.55 in 2019 (Figure 23). While reported HIV/HCV co-infection was 518 cases or 15.1% of total HCV cases in 2019. Out of which, only 19.2% of PLHIV co-infected with HCV were on treatment for HCV (Figure 24).

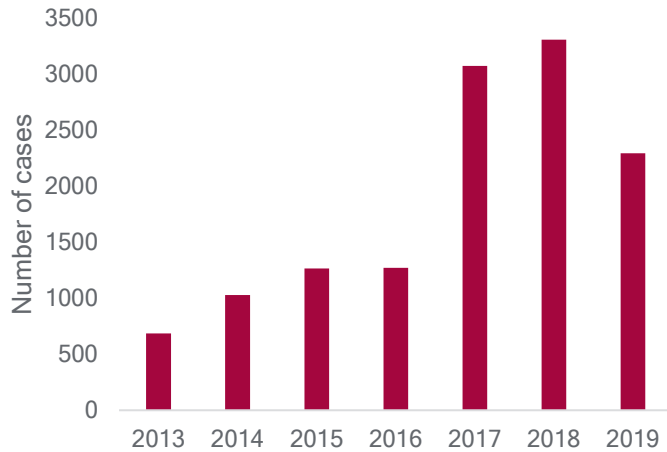


National Strategic Plan for Hepatitis B and Hepatitis C, 2019-2023 was developed with an objective to decrease the transmission of viral hepatitis, limit the complications and to reduce the socioeconomic impact of viral hepatitis



Sexually Transmitted Infection

Figure 25: Number of Men Reporting Urethral Discharge in the Past 12 Months, 2013-2019



Similar to HIV, STIs are spread predominantly by sexual contact, including vaginal, anal and oral sex as well as through non-sexual means such as via blood or blood products. Some STIs can spread vertically from mother to child during pregnancy and childbirth. Majority of STIs are asymptomatic hence, the surveillance for urethral discharge is used to provide early warning of the epidemic potential of HIV from sexual transmission and ongoing high-risk sexual activity.

Figure 26: Safe Sex Practices at Last Sex, IBBS 2012-2017



Figure 25 shows an alarming increase of reported urethral discharge in men with 2296 cases in 2019. This trend is consistent with the data in Figure 26 where safe sex practices at last sex among MSM are less than 80% for all 3 cycles of IBBS surveys. When used correctly and consistently, condom is one of the most effective methods of protection against STIs and HIV.

Investing to End an Epidemic

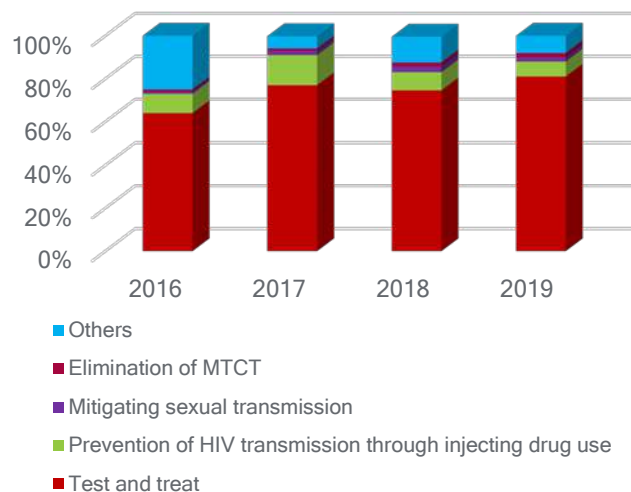
Figure 27: HIV Resources Availability, by Source, 2017-2019



Since the beginning of the epidemic, more than 90% of the investment for HIV responses is from domestic purse (Figure 27). The Global Fund to Fight against AIDS, Tuberculosis and Malaria (the Global Fund) added some 2%-4% of total national responses for HIV since 2011.

Compared to the year 2012 to 2016, the total amount of expenditure for HIV responses decreased by more than 30% in 2017. This is due to the reduction in the price of ARV medication by more than half in 2017.

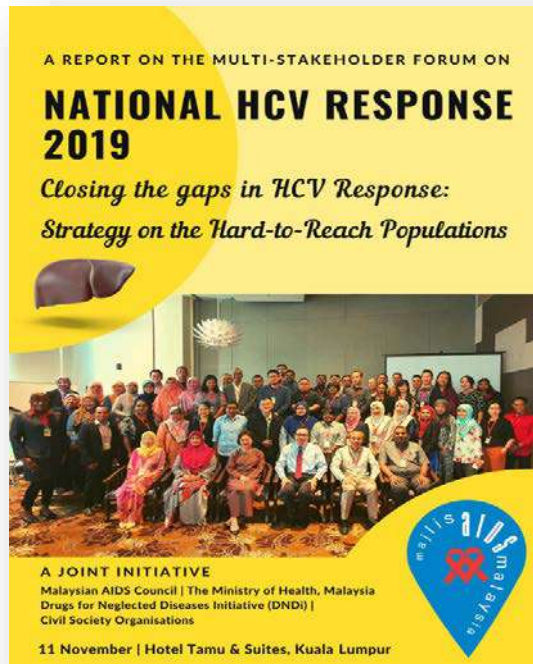
Figure 28: AIDS Spending by Category, 2016-2019



Since the beginning of the implementation of National Strategic Plan For Ending AIDS (NSPEA 2016-2030) in 2016, more than 70% of the total funding were spent on 'test and treat' strategy as knowing one's status is the first step in preventing infection (through behavior modification) and treatment reduce onward transmission through sexual to uninfected partner by 96%. We

aimed to first reduced the gap on the first and second 90 of HIV treatment cascade (Figure 28).

2019 galleries



Multi-stakeholder Forum on National HCV Response 2019 - "Closing the gaps in HCV Response: Strategy on the Hard-to-Reach Populations"

Training of Trainers (ToT): Stop the Stigma and Discrimination Towards PLHIV, PLHCV & Key Populations (HOPE) Module for Healthcare Worker, Cameron Highlands, Pahang





Stigma & Discrimination Among HCW Towards PLHIV Reduction Through Quality Improvement Initiatives Meeting with Stakeholders

Site visit at Persatuan Cahaya Harapan Kedah/Perlis at Langkawi Island



Community-based testing (CBT) by accredited personnel/NGO

Joint-visit MOH-MAC to Methadone Maintenance Therapy Clinic at Terengganu



Joint visit MOH-MAC to NGO Baitul Cakna, Terengganu

AEM & Spectrum Workshop: Update on 2019 data for National and Subnational Analysis at Langkawi Island with MOH, MAC, Dr Wiwat Peerapatanapokin, Consultant from East-Centre Hawaii and Dr Khin Cho Win Thin, Data Specialist from UNAIDS





*Updates Medical Seminar for
Plantation Paramedics, Port
Dickson, Negeri Sembilan*

*Development of Stop the Stigma
and Discrimination Towards PLHIV,
PLHCV & Key Populations (HOPE)
Module for Healthcare Worker at
Kuala Lumpur*



*Strengthening of
PROSTAR Program
Workshop, Fraser Hill,
Pahang*

WORLD AIDS DAY 2019 ACTIVITIES



World AIDS Day in Perak -

World AIDS Day in Perak



World AIDS Day in Perak



World AIDS Day in Pahang

World AIDS Day in Johor



World AIDS Day in Melaka



HIV/STI/Hepatitis C Section
Disease Control Division
Ministry of Health Malaysia
Tel: +60 3 8883 4387
Fax: +60 3 8883 4285
www.moh.gov.my

