

# 2023 GLOBAL AIDS MONITORING

COUNTRY PROGRESS REPORT - MALAYSIA



Ministry of Health Malaysia

Disease Control Division



# The Global AIDS Monitoring Report 2023

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

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# Foreword

The year 2022 brought both triumphs and hardships as we continued our unwavering commitment to combating the HIV epidemic. Our nation's response to HIV/AIDS has been shaped not only by the dedicated efforts of government bodies, civil society organizations, healthcare professionals, and researchers but also by the incredible resilience and fortitude of the communities affected by HIV.

There were formidable challenges that confronted us during this period. The global economic slump, coupled with soaring inflation rates and budget constraints, exerted immense pressure on our ability to scale up and sustain our HIV programs. We had to navigate these financial obstacles while striving to ensure uninterrupted access to essential services and medications for those in need. These constraints served as stark reminders of the urgent need for continued investment and resource mobilization to effectively combat HIV/AIDS.

Furthermore, deep-rooted stigma and discrimination continued to be a major obstacle to our efforts. Despite significant progress in raising awareness and promoting acceptance, prejudice and discrimination against people living with HIV persisted within our society. These challenges reminded us that our fight against HIV/AIDS extends far beyond medical interventions; it necessitates a comprehensive and multifaceted approach that addresses societal attitudes, beliefs, and inequalities.

This report provides an account of our progress, setbacks, and ongoing efforts. It highlights the achievements made in areas such as prevention, testing and counseling, treatment and care, research and innovation, and advocacy and policy development. It also presents the data, trends, and analysis that enable us to assess the impact of our interventions and identify areas where further improvements are needed. Together, we can create a future free from HIV/AIDS, where all individuals are treated with dignity, compassion, and respect.



A handwritten signature in black ink, consisting of a large, stylized 'D' followed by several loops and a horizontal line at the bottom.

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# 1. Overall

In the landscape of global efforts to combat HIV, Malaysia, like many other nations, faced significant challenges and opportunities in the year 2022. As highlighted in the UNAIDS' Global AIDS Update 2022, the world witnessed an increase in HIV infections across 38 countries, with Malaysia being one of them. Within this context, Malaysia found itself grappling with rising HIV epidemics, particularly among key populations, emphasizing the urgent need for comprehensive intervention strategies.

Key populations in Malaysia continued to experience the harsh realities of stigma and discrimination, hindering early detection of HIV and the crucial linkage of newly diagnosed Persons Living with HIV (PLHIV) to essential care services. Moreover, the nation confronted persistent issues related to the healthcare infrastructure, including shortages in manpower and inadequacies in the public health system, which added to the complexities of addressing the HIV crisis.

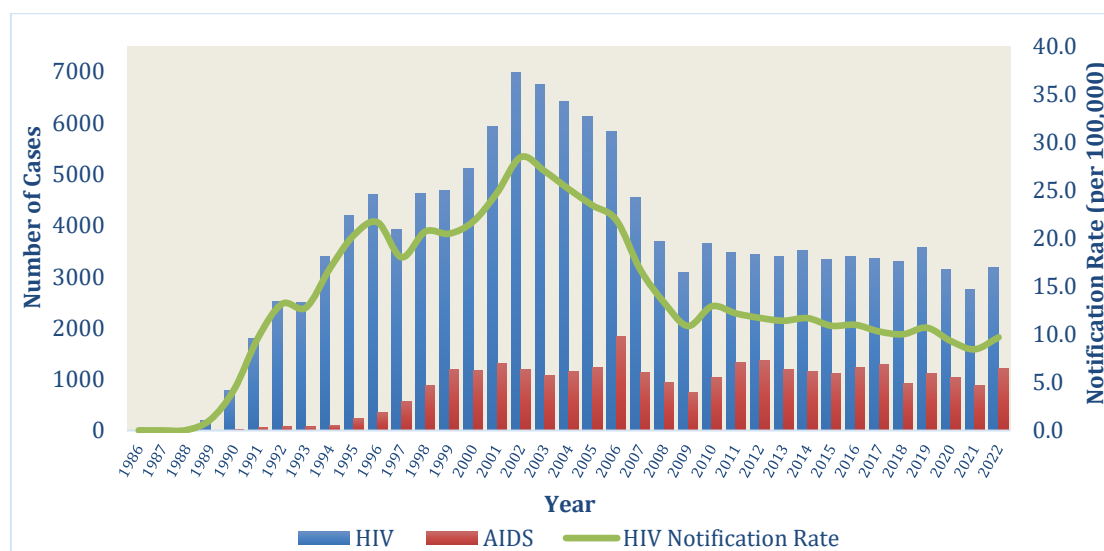
Despite these formidable challenges, the national HIV program in Malaysia displayed resilience and adaptability. The latter part of 2022 marked the easing of COVID-19 restrictions, allowing for the resumption of community-based HIV prevention activities by partner organizations—essential steps towards regaining momentum in the fight against HIV. This progress reaffirmed Malaysia's commitment to inching closer to the ambitious 95-95-95 targets, encompassing testing, treatment, and viral suppression, even in the face of systemic hurdles.

In this report, we delve into the intricacies of Malaysia's national HIV program for the year 2022, shedding light on the prevailing challenges, the strategies deployed to overcome them, and the outcomes achieved in the pursuit of a healthier, HIV-resilient nation.

**Table 1: overview of HIV epidemic, Malaysia 2022**

Indicator	Number
Cumulative number of reported HIV	131,815
Cumulative number of reported AIDS	30,174
Cumulative number of deaths related to HIV/AIDS	62,226
Estimated people living with HIV (Spectrum 2023)	86,142
Total number of people living with HIV (surveillance data)	69,589 <sup>1</sup>
Reported new HIV infections	3,177
HIV notification rate (per 100,000)	9.7
People living with HIV receiving ART as of December 2022	47,067

**Figure 1 Reported HIV and AIDS, Malaysia 1986 - 2022**



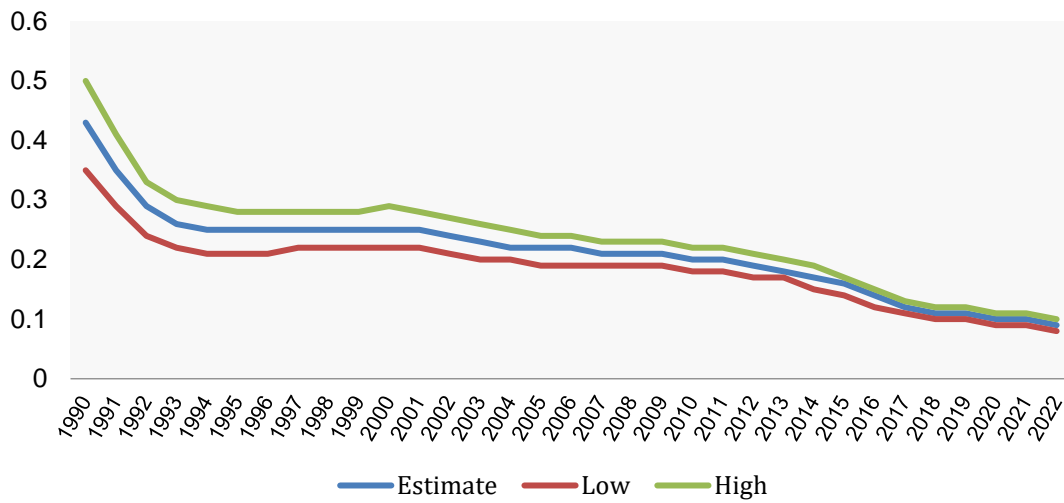
At the end of year 2022, there were estimated 86,142 people live with HIV (PLHIV) in Malaysia, 69,589 (81%) of whom were aware of their status and had been notified through the national surveillance system (Table 1). By December 2022, 68% of the reported PLHIV were receiving antiretroviral treatment (ART).

New HIV infection has declined by 65.8% from year 2002, with 6,978 cases new HIV notification (equivalent to 28 cases per 100,000 population), to 3,177 cases in 2022 (equivalent 9.7 cases per 100,000 population) (Figure 1), while the estimated HIV incidence rate per 1000 uninfected population had also gradually declined from 0.43 to 0.09 between 1990 and 2022<sup>2</sup>.

<sup>1</sup> Ministry of Health Malaysia performed a second review on the total PLHIV in 2021, taking into account previously unreported HIV-related deaths.

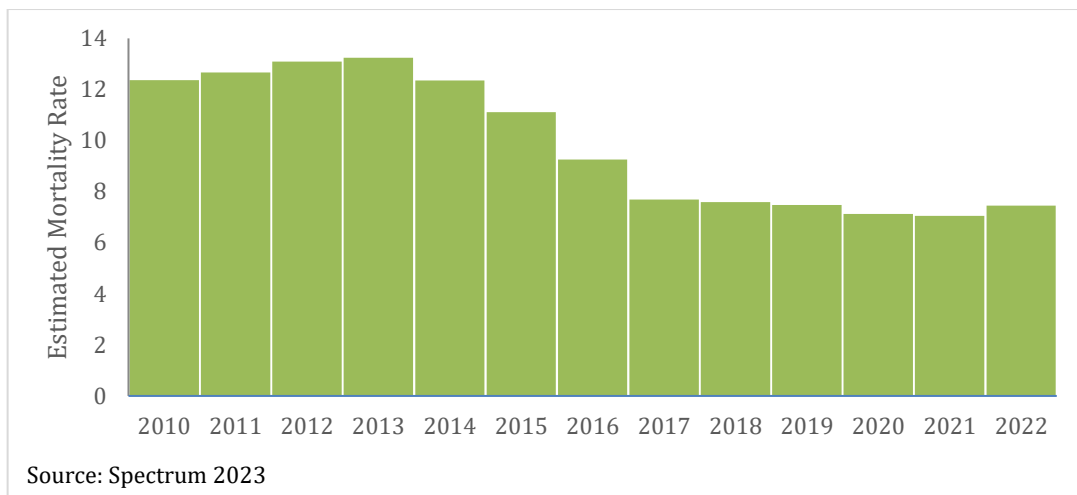
<sup>2</sup> Estimates from Malaysian AEM-Spectrum 2023

**Figure 2 Estimated HIV incidence rate per 1000 uninfected population, Malaysia, 1990 – 2022**



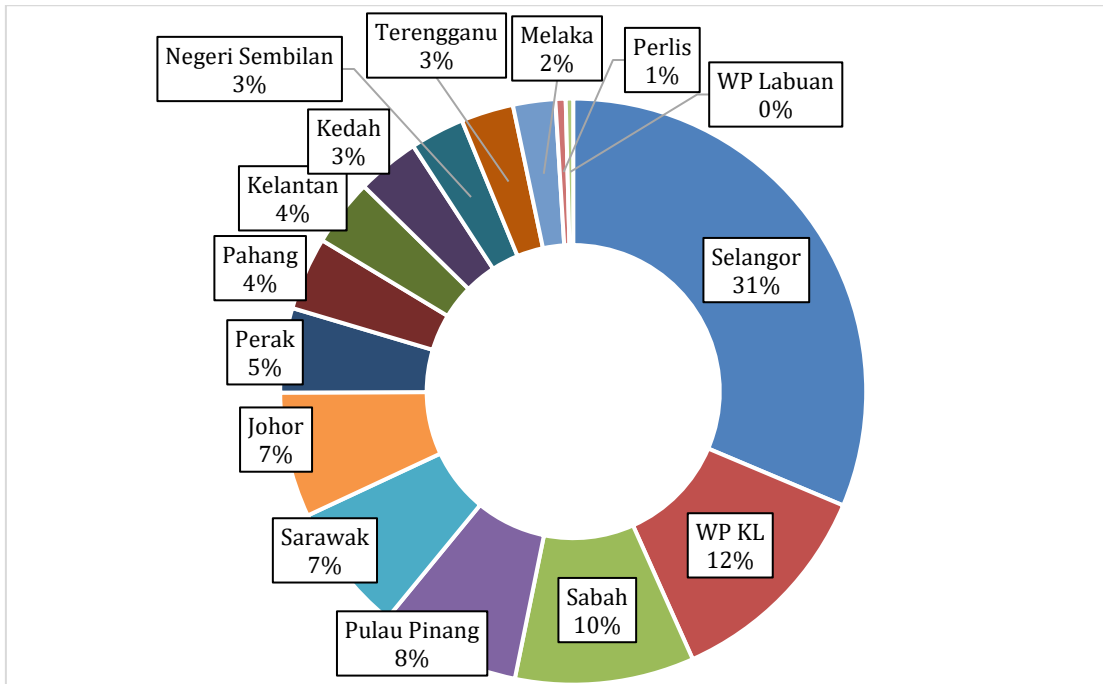
(Source: Spectrum)

**Figure 3 AIDS mortality per 100,000 population, Malaysia (2010 - 2022)**



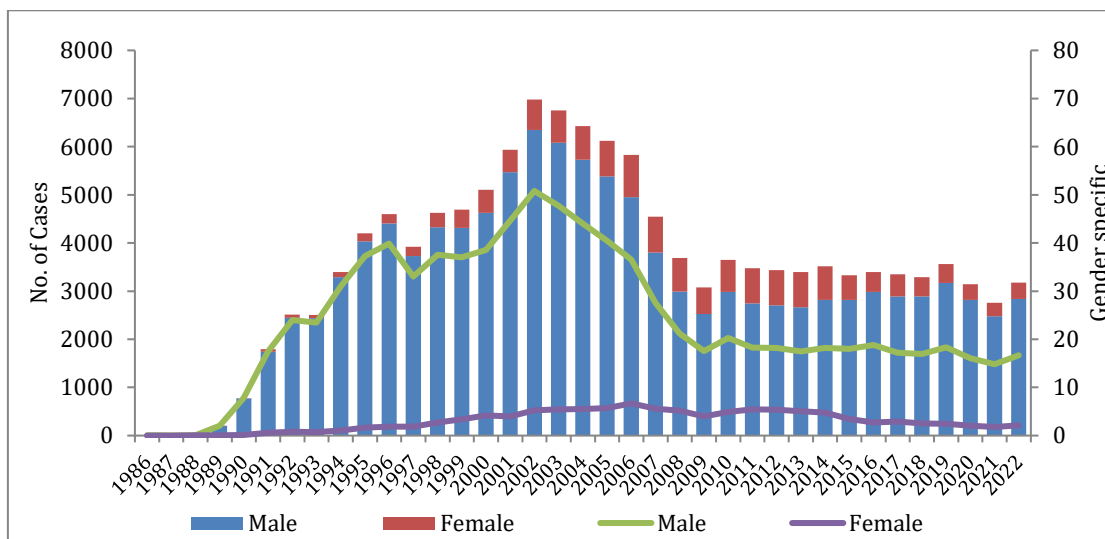
More than half of new HIV cases were notified from populous states such as Selangor, Federal Territory of Kuala Lumpur and Sabah (Figure 4).

Figure 4: People living in HIV in Malaysia by state, 2022



From the beginning of the HIV epidemic, HIV case notification has shown a male preponderance pattern, with male/female ratio of 7.5 in 2021 (Figure 5).

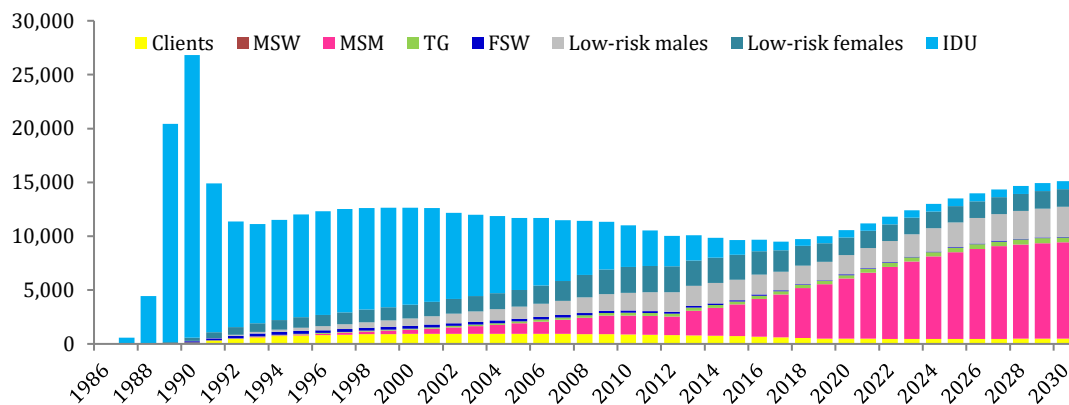
Figure 5: Distribution of reported HIV cases by gender, Malaysia 1986 - 2022



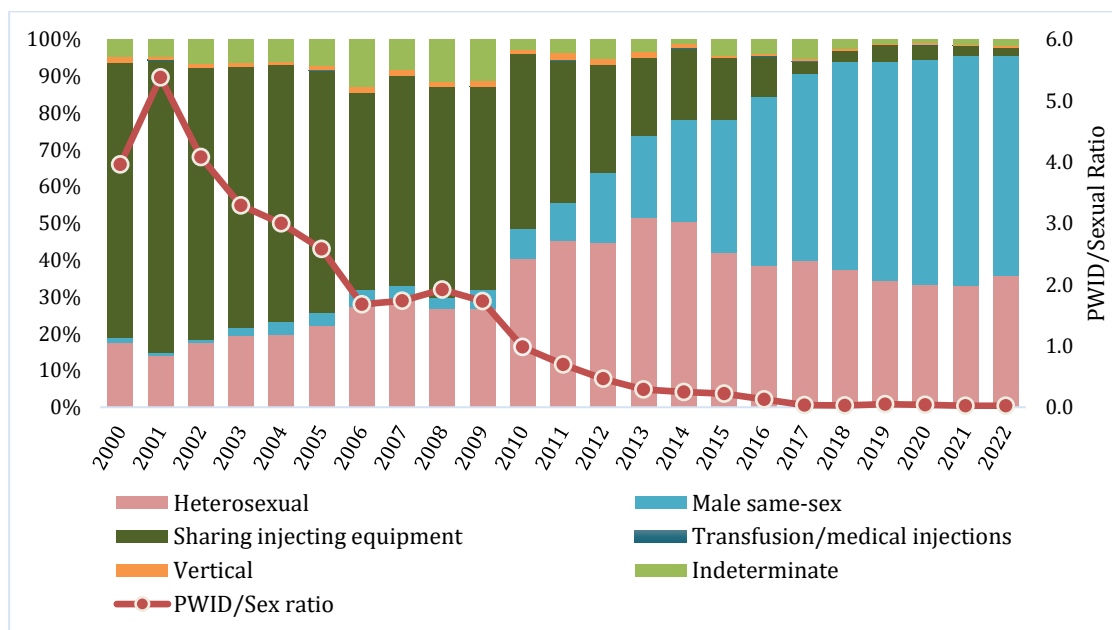
As mentioned previously, the initial driving force of HIV epidemic in Malaysia had been PWID followed by FSW, TG and MSM. In the last decade, sexual transmission became the main mode of transmission, and MSM is expected to become the main key population in

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 2022.

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

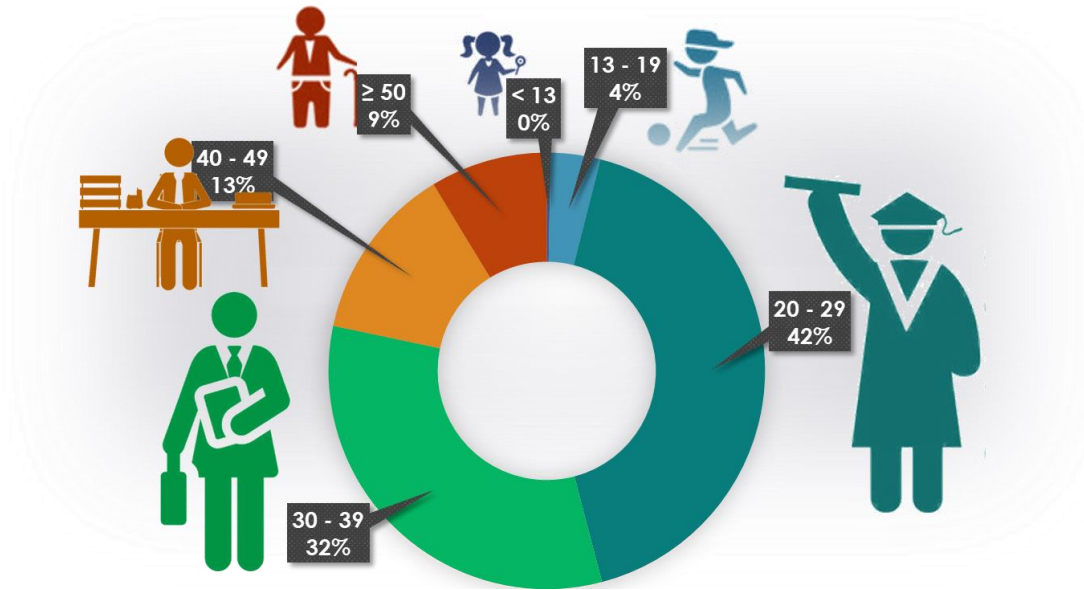


**Figure 7: Trend of HIV infection by mode of transmission, Malaysia 2000 - 2022**



More than three quarter of HIV new infections were reported among people aged 20 to 39 years old in year 2022 (Figure 8).

Figure 8: Distribution of reported HIV cases by age group, Malaysia 2022



## 2. HIV Testing and Treatment

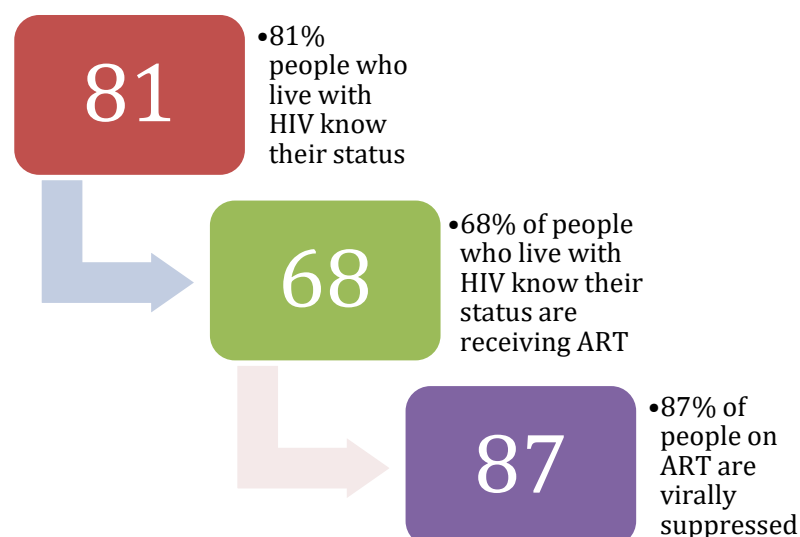
### 95–95–95 for HIV testing and treatment

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 (2022)

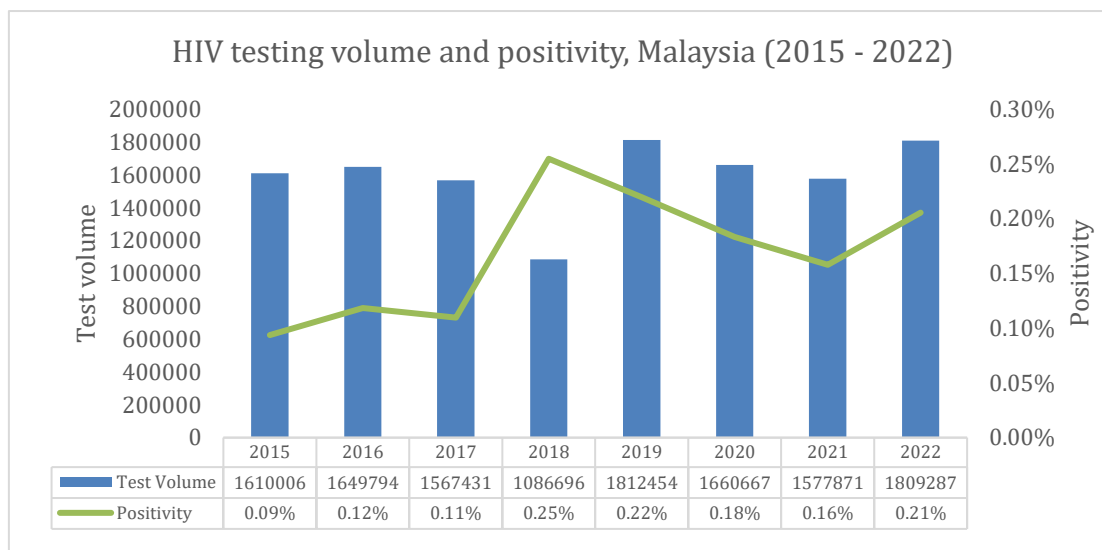
In regard to Malaysia's progress on the 95-95-95 treatment cascade target, by the end of 2022, 81% of the PLHIV were diagnosed to be HIV and knew their results. The treatment uptake among people diagnosed with HIV was 68% which indicated a gap in treatment and care, and out of those already on treatment, 87% became virally suppressed (Figure 9).

Figure 9: Progress towards 95-95-95 target, Malaysia (2022)



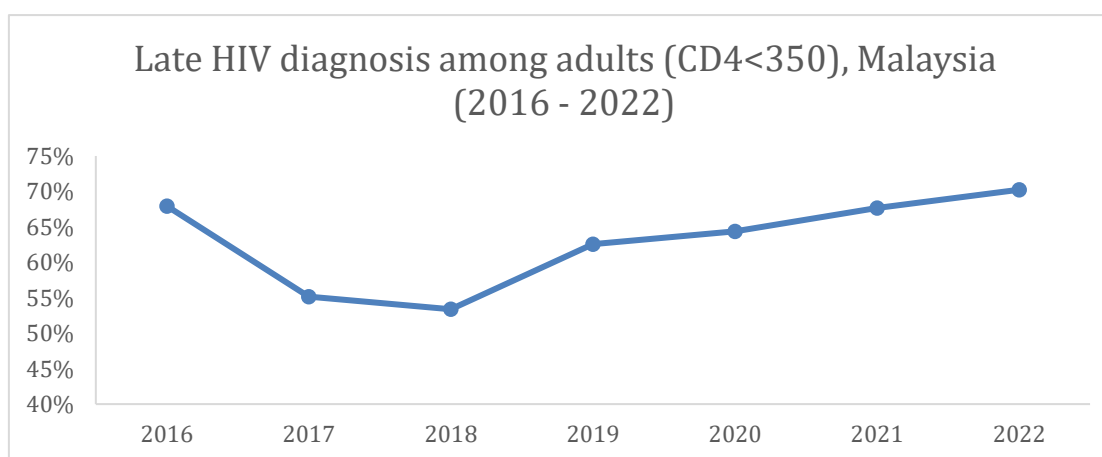
## HIV testing volume and positivity, Malaysia

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



## Late HIV diagnosis, Malaysia (2016 - 2022)

Figure 11 Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm3 in 2022



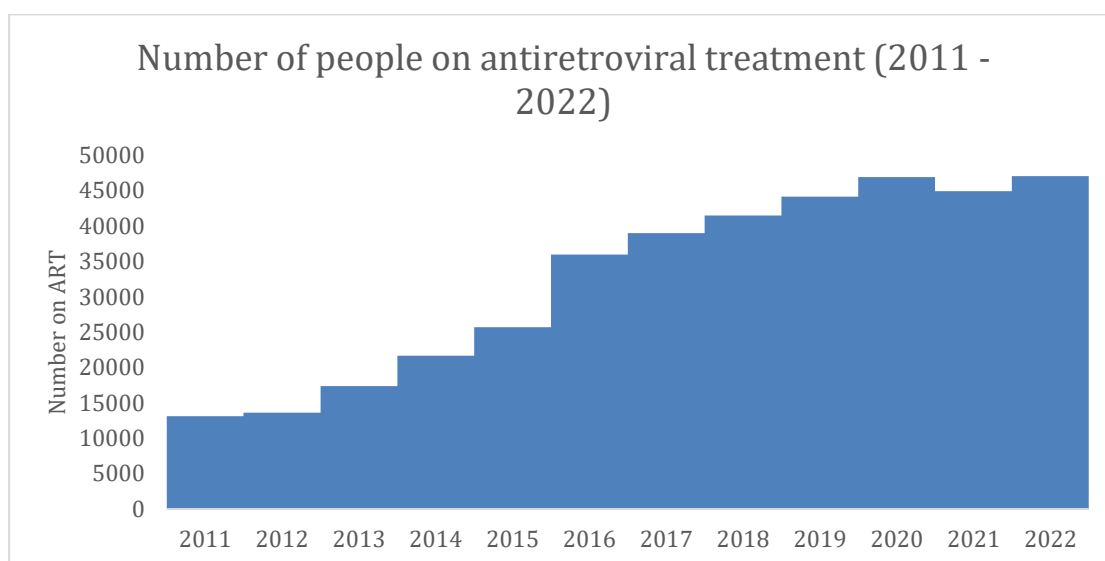
HIV testing programme in Malaysia continues to expand over the years. It now encompasses static facility-based testing as well as community-based testing which specifically targets hard-to-reach key populations. As a result, the proportion of PLHIV knowing their status had been slowly progressing towards 95%, although the progress had stalled in years 2020 – 2022 due to COVID-19 pandemic. In 2022, 70% of the new patients were diagnosed at a late stage. This reflected a need to increase population awareness so that people with high-risk behaviours would get tested at least annually.



## People living with HIV on antiretroviral therapy, Malaysia (2011-2022)

Initiating and retaining patient on ART treatment remained the biggest challenge. Between 2011 and 2018, there was 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 2022, the number on treatment increased modestly compared to 2020 – 2021.

Figure 12 Number of people on antiretroviral therapy



## People living with HIV on antiretroviral treatment who have suppressed viral load, Malaysia (2017-2022)

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

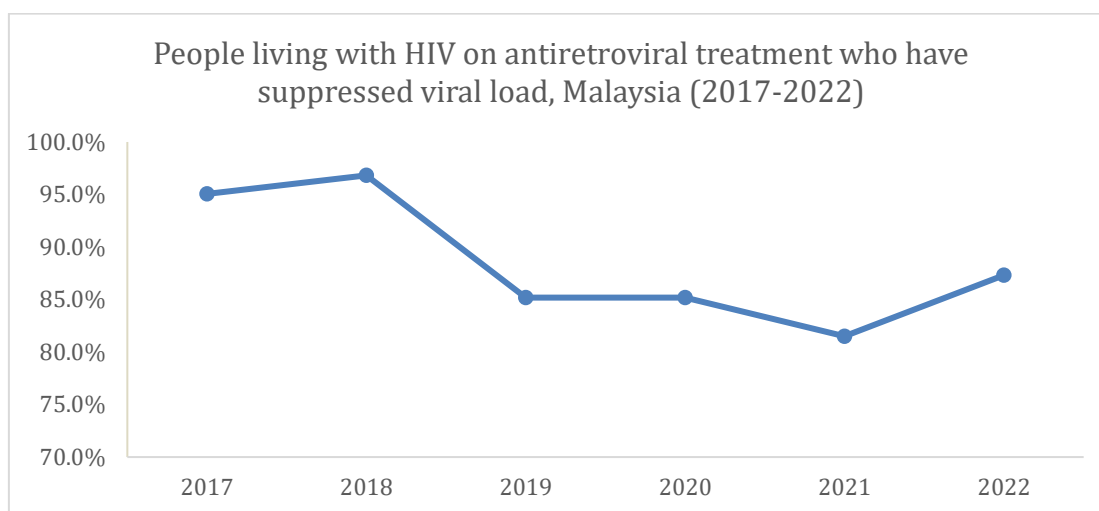
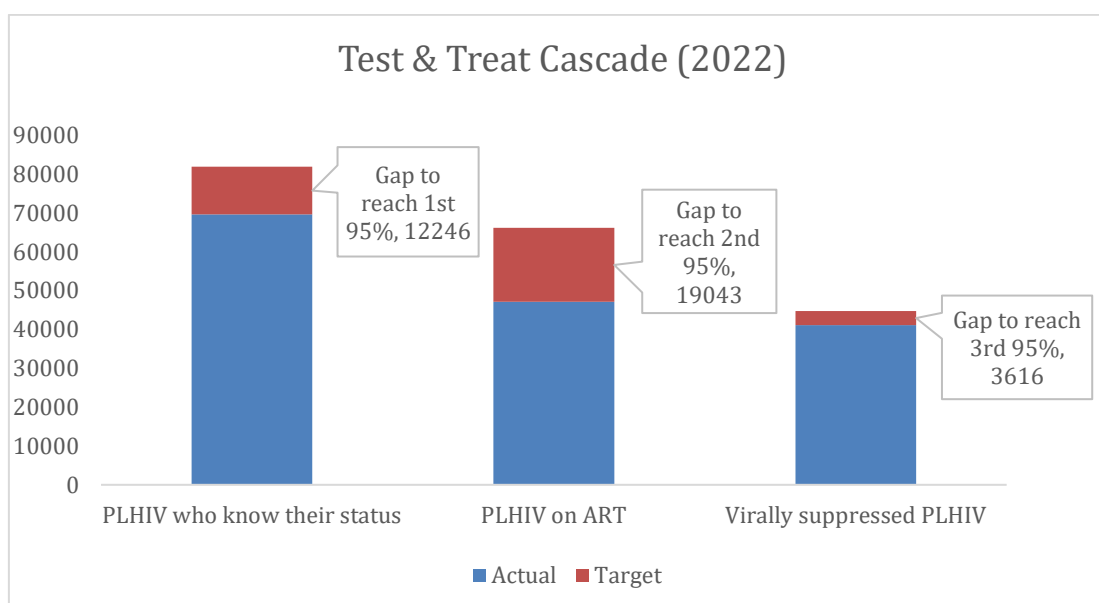


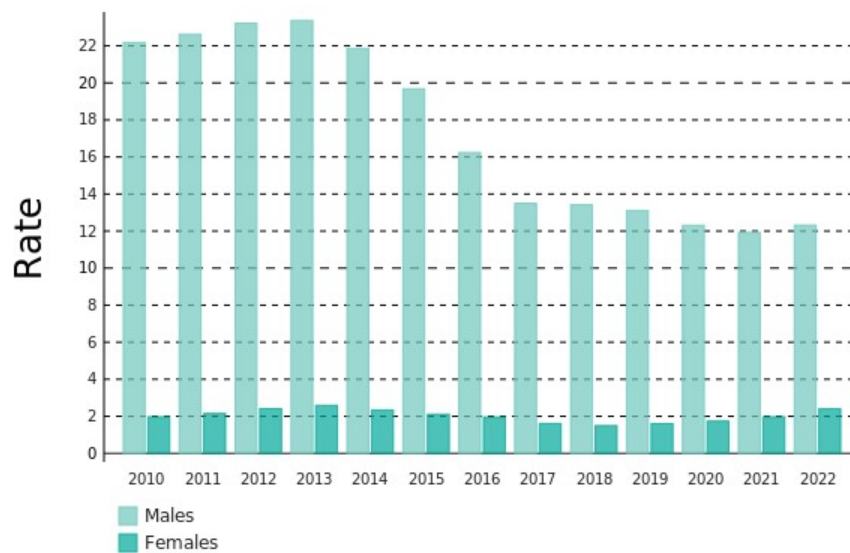
Figure 14: HIV testing and treatment cascade in Malaysia, 2022



Expansion of availability and accessibility of antiretroviral treatment to all PLHIVs had contributed to steady decline in AIDS mortality from 12.26 per 100,000 population in 2010 to 7.45 per 100,000 population in 2021 (Figure 15).

## 1.6 AIDS mortality rate per 100 000, Malaysia (2010-2022)

Figure 15 Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file Malaysia AEM-Spectrum 2023

# 3. End Paediatric AIDS and Eliminate Vertical Transmission

## **Eliminate new HIV infections among children**

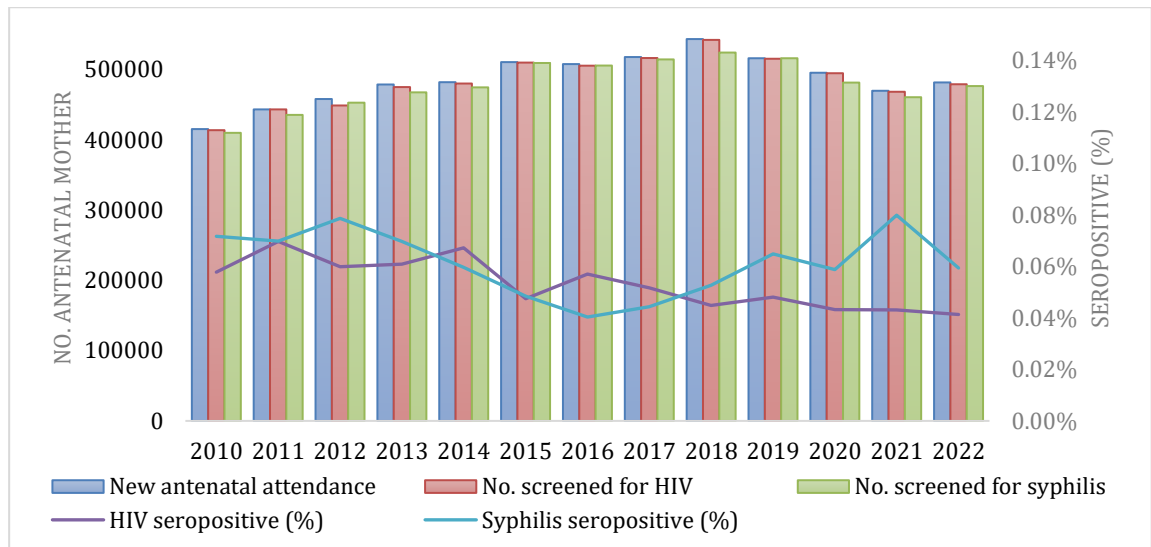
Prevention of Mother-To-Child Transmission (PMTCT) programme for HIV was implemented countrywide in 1998, whereas PMTCT of Syphilis had started a decade earlier. In line with the WHO guideline<sup>3</sup>, Malaysia adopted the programmatic target of less than 2.0% for HIV mother-to-child transmission rate, and a Congenital Syphilis case rate of ≤50 per 100 000 live births.

All HIV-exposed infants get free ARV prophylaxis and free replacement feeds for two years. The programme 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, subsequently leading to Malaysia being certified as the first country in Western Pacific Region having eliminated vertical HIV transmission. In 2022, Malaysia was able to maintain the mother-to-child-transmission of HIV rate at 1.82%.

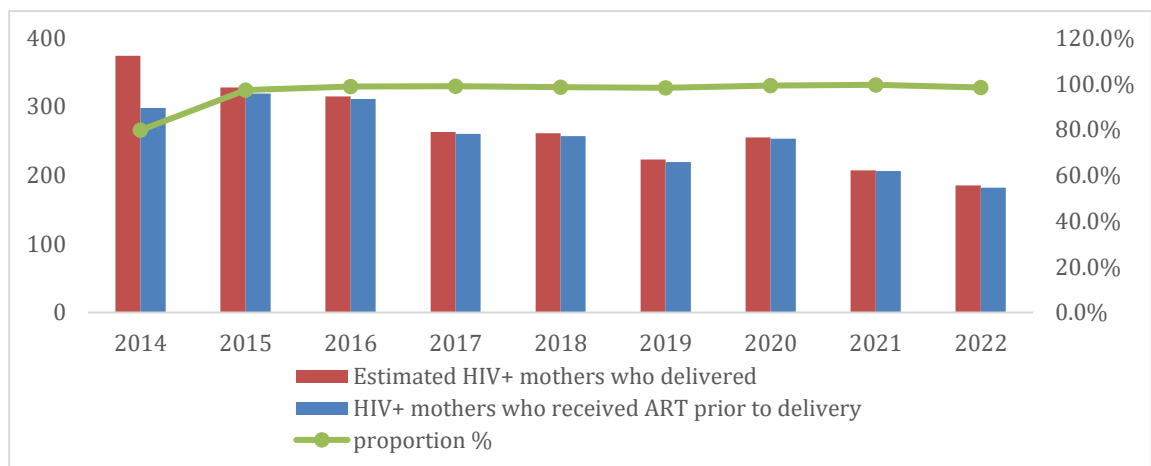
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<sup>3</sup> Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis, 2<sup>nd</sup> Edition. Geneva: World Health Organization; 2017 (<https://www.who.int/reproductivehealth/publications/emtct-hiv-syphilis/en/>)

**Figure 16: HIV and syphilis screening coverage and seroconversion rate (2010 – 2022)**

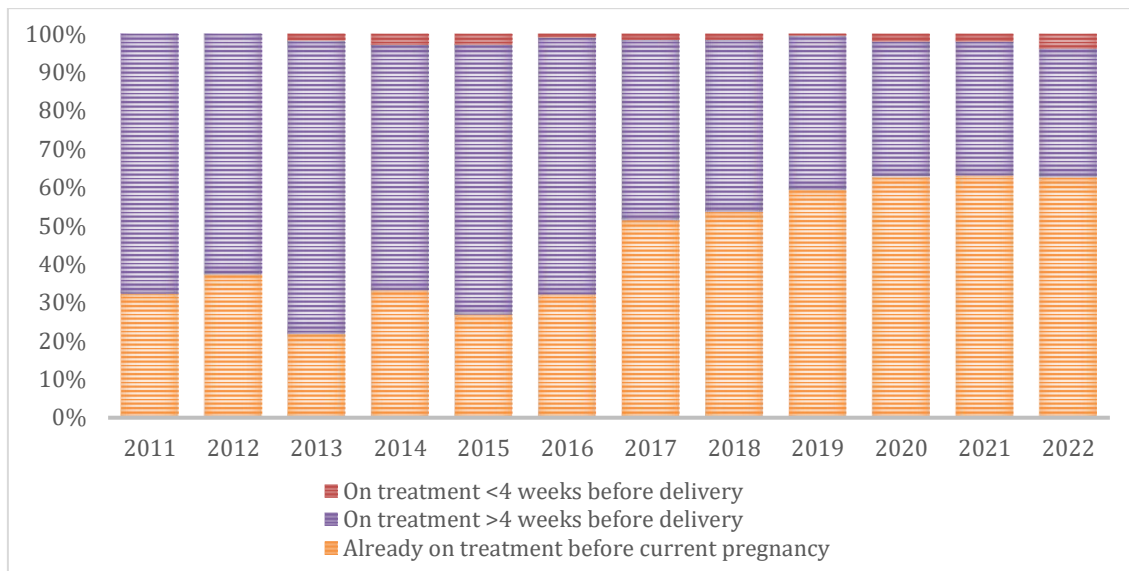


**Figure 17 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV**



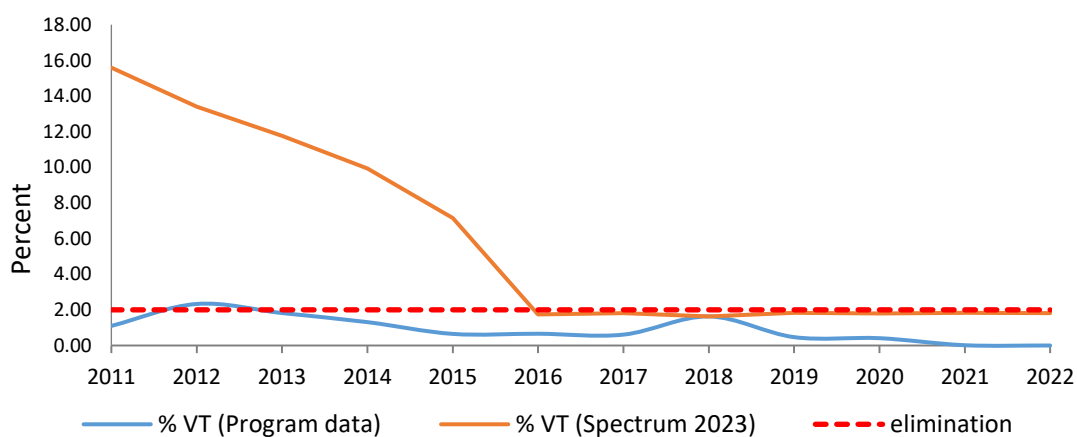
Source: Spectrum file Malaysia AEM-Spectrum 2023

**Figure 18 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.

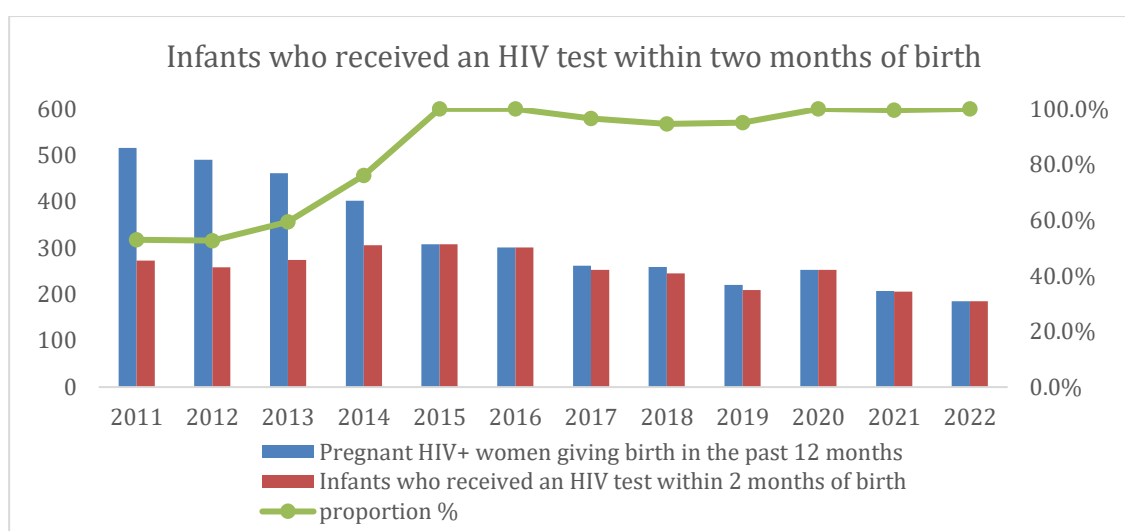
**Figure 19: Vertical transmission rate of HIV, Malaysia (2011-2021)**



## Early infant diagnosis, Malaysia (2011-2022)

Since the inception of the national PMTCT programme, 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 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 100% in year 2021 with no new HIV infections among infants born to HIV+ mothers<sup>4</sup>.

Figure 20 Early infant diagnosis

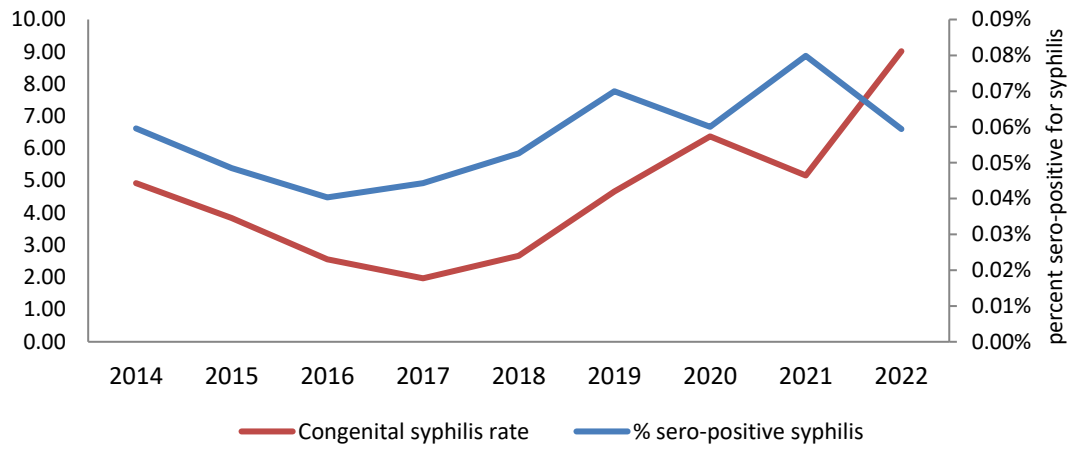


## Syphilis among pregnant women, Malaysia (2022)

Malaysia has been able to maintain a low syphilis MTCT rate at below 10 cases per 100,000 live births (Figure 21). 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 2022.

<sup>4</sup> HIV-exposed infant who has two concordant EID (PCR) positive at birth (0-2 weeks) and 6 weeks of life

Figure 21 Seropositive syphilis mother and Congenital syphilis rate (live births and stillbirth), Malaysia (2014-2022)





# 4. 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 prioritized 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.

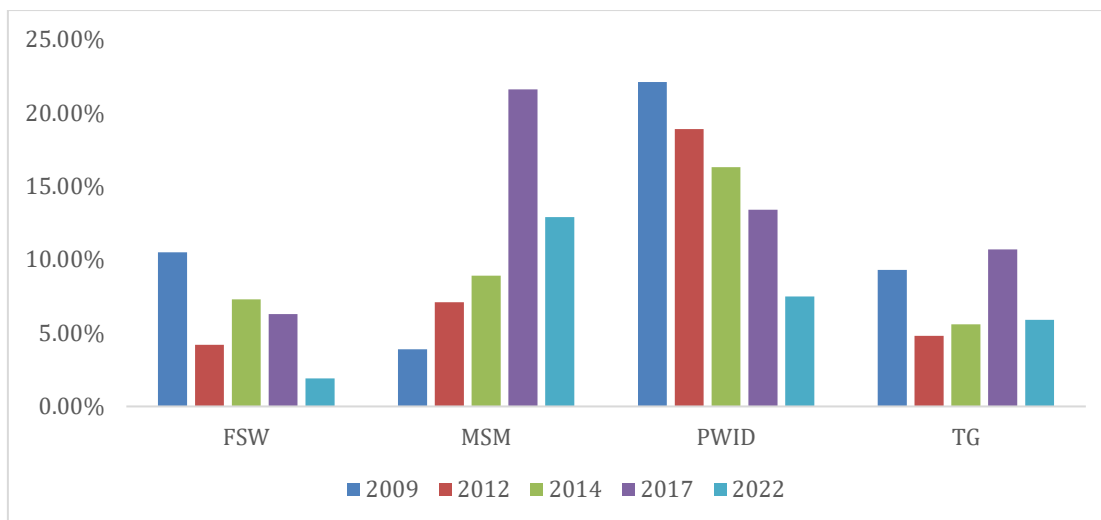
Trained HIV outreach workers, who are members of key population-led organizations, will deliver a defined package of prevention services to key populations. The prevention package will be tailored for each population with regard to types of prevention commodity distributed and frequency of contact. Outreach 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 22). This finding was encouraging, especially given the increased number of key population who had been tested in the past 12 months (Figure 23).

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 24), increased condom use (Figure 25) as well as proportion of key populations reporting having received a combined set of HIV prevention interventions (Figure 26). Contrary to other key populations, responses from PWID showed reduced uptake of condom, emphasizing 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 (2011-2022)

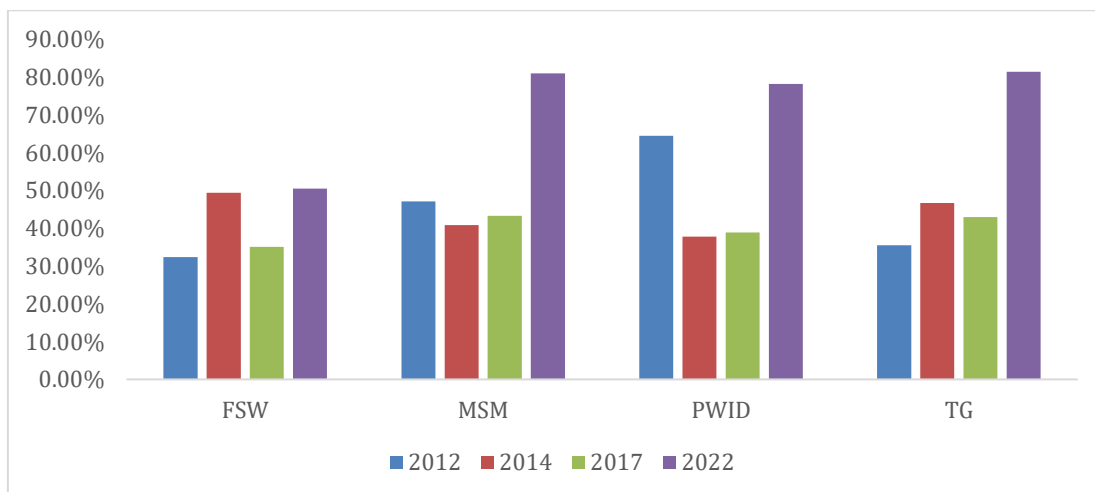
Figure 22 Percentage of specific key populations living with HIV



Source: IBBS Malaysia

## HIV testing among key populations, Malaysia (2012-2022)

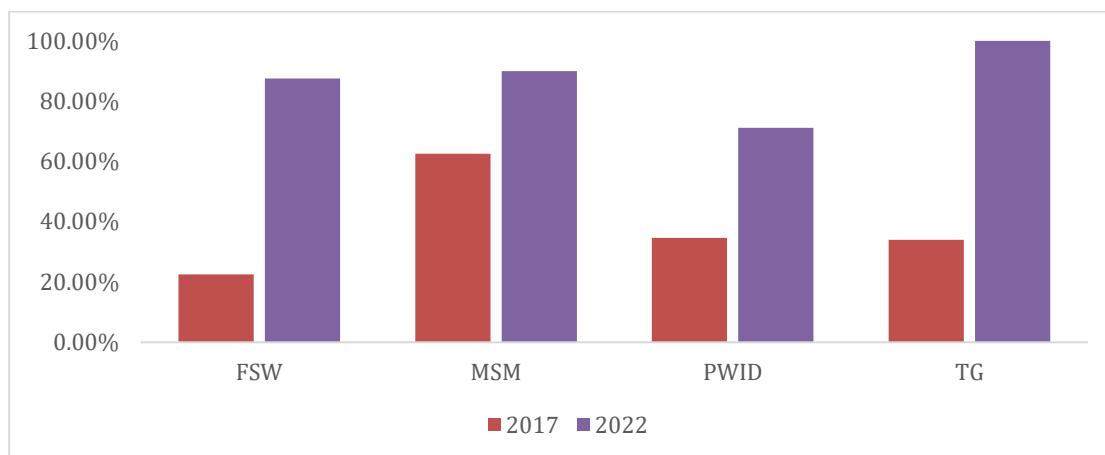
Figure 23 Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



Source: IBBS Malaysia

## Antiretroviral therapy coverage among people living with HIV in key populations, Malaysia (2017–2022)

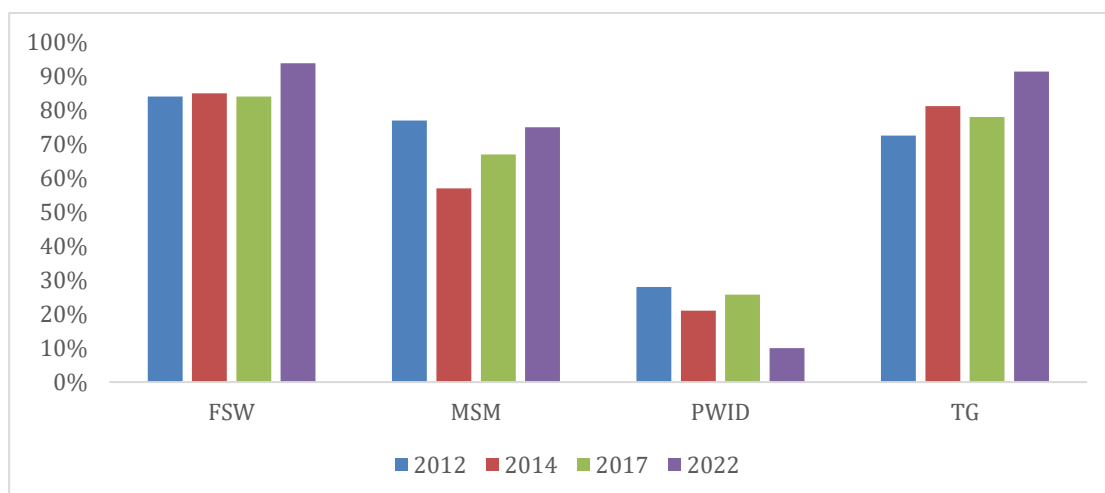
Figure 24 Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months (IBBS 2017)



Source: IBBS Malaysia

## Condom use among key populations, Malaysia (2012-2022)

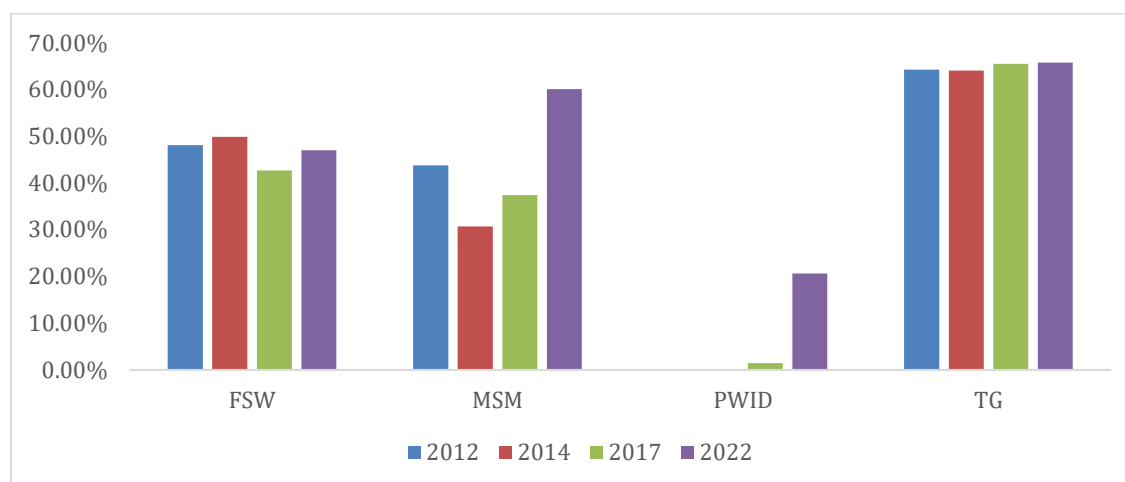
Figure 25 Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



Source: IBBS Malaysia

## Coverage of HIV prevention programmes among key populations, Malaysia (2012-2022)

Figure 26 Percentage of people in a key population reporting having received a combined set of HIV prevention interventions <sup>5</sup>



Source: IBBS Malaysia

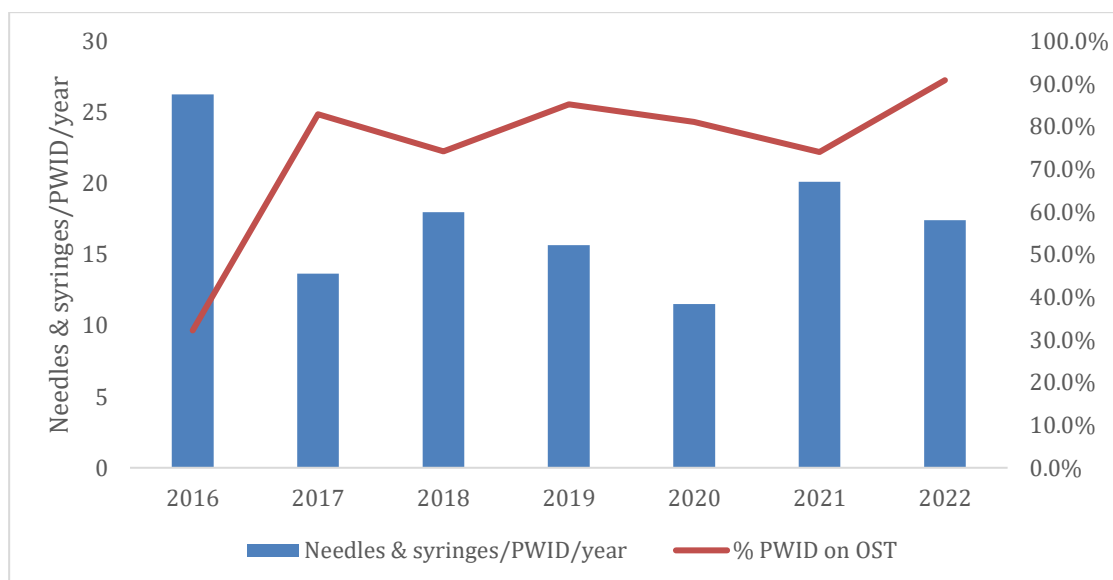
## Harm reduction programme for people who inject drugs, Malaysia (2016-2022)

Opioid substitution therapy (OST) programme had been implemented at selected government and private health facilities since 2006. By the close of 2022, 91% of PWID were enrolled in OST (Figure 27).

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. 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. COVID-19 restrictions were subsequently lifted in stages since 2021, resulting in a modest recovery in the number of needles and syringes distributed to PWID by 16% in 2022 compared to 2020.

<sup>5</sup> 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).

**Figure 27 Needle-syringe exchange programme (NSEP) and Opioid Substitution Therapy (OST) Coverage among PWID, 2016 - 2022**



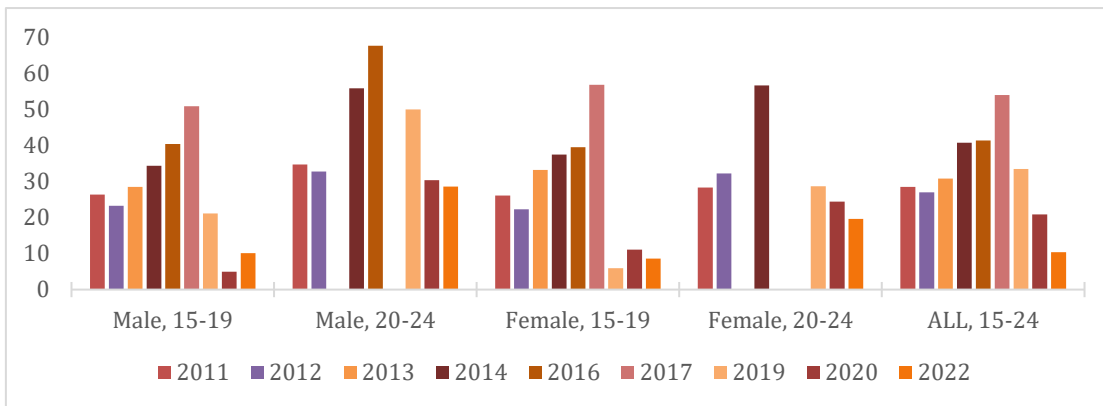
## Young people: knowledge about HIV prevention

In Malaysia, young people are the driving force for STI, thereby potentially perpetuating the HIV epidemic<sup>6</sup>. It is imperative to equip young individuals with comprehensive knowledge about HIV and AIDS. This knowledge empowers them to adopt behaviors that reduce the risk of HIV and STI transmission.

In 2022, a survey was conducted among young people aged between 15 and 24 years old in Malaysia on knowledge on HIV. Only 10% respondents demonstrated an accurate comprehension of both preventive methods for sexual HIV transmission and were able to reject major misconceptions about how HIV spreads (Figure 28). This underscores the urgent need for targeted educational initiatives aimed at enhancing the HIV literacy among young Malaysians.

<sup>6</sup> 77% of newly diagnosed PLHIVs were aged between 20 to 39 years (national HIV surveillance data, 2022). 67% of reported Syphilis cases were between 20 to 39 years old (national Syphilis surveillance data, 2022)

**Figure 28 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?".

# 5. Realize Human Rights and Eliminate Stigma and Discrimination

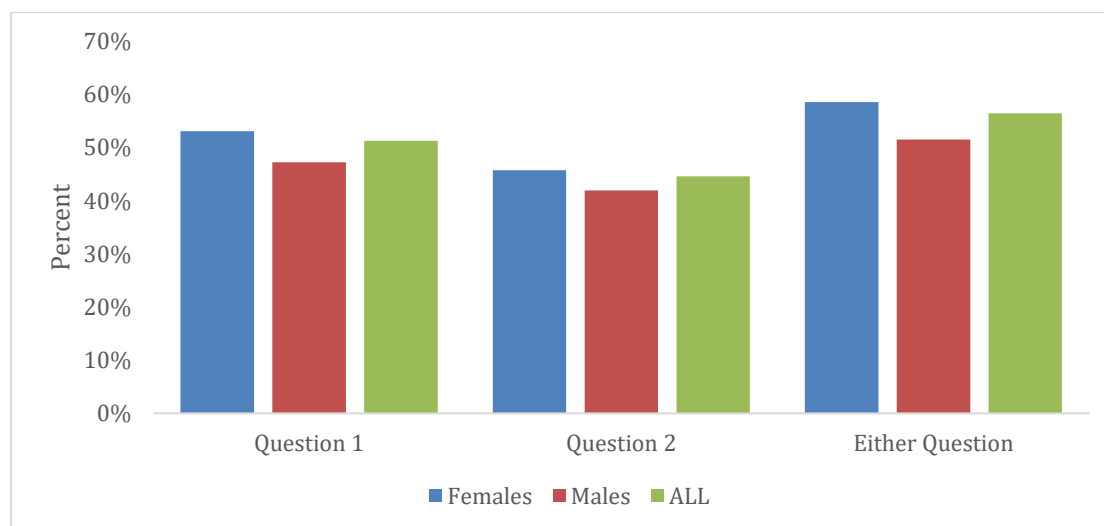
**Ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination, including by promoting greater policy coherence and coordinated action through whole-of-government, whole-of-society and multisectoral response; Ensure that all services are designed and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

To assess the discriminatory attitudes towards the PLHIV, we conducted an online survey in 2022 among the general population. 2449 respondents aged between 15 to 49 years participated in this survey. Half of the respondents said they would not buy vegetables from a seller with HIV. Likewise, 45% of respondents believed that children living with HIV should not be allowed to attend school with other children. This signified escalating prevalence of stigma and discrimination directed at PLHIV within the community (Figure 29).

This surge in discriminatory attitudes aligns with the outcomes of our HIV-related knowledge survey (refer Figure 28). The data showed lack of HIV literacy among the younger population, pointing towards a broader issue of inadequate awareness about HIV within society.

The general population's limited understanding of HIV had likely contributed to misconceptions and discriminatory beliefs towards PLHIV among our respondents, indicating a pressing need for targeted educational initiatives.

**Figure 29 Discriminatory attitudes towards PLHIV among general population (aged 15 to 49 years) by gender <sup>7</sup>**



## Malaysia Stigma Evaluation Survey (MySES) 2021

In 2021, the first national study on stigma and discrimination faced by PLHIVs, the Malaysia Stigma Evaluation Survey (MySES) was conducted. This was a quantitative study which used an online survey questionnaire. Participation from the PLHIV community was sought to ensure that all issues pertaining to HIV-related stigma and discrimination were being thoroughly examined and addressed. A total of 1107 respondents above 15 years old participated in the survey.

Internalized stigma was prevalent among the MySES 2021 respondents, with 70.1% reporting feeling ashamed because of their PLHIV status (Figure 30).

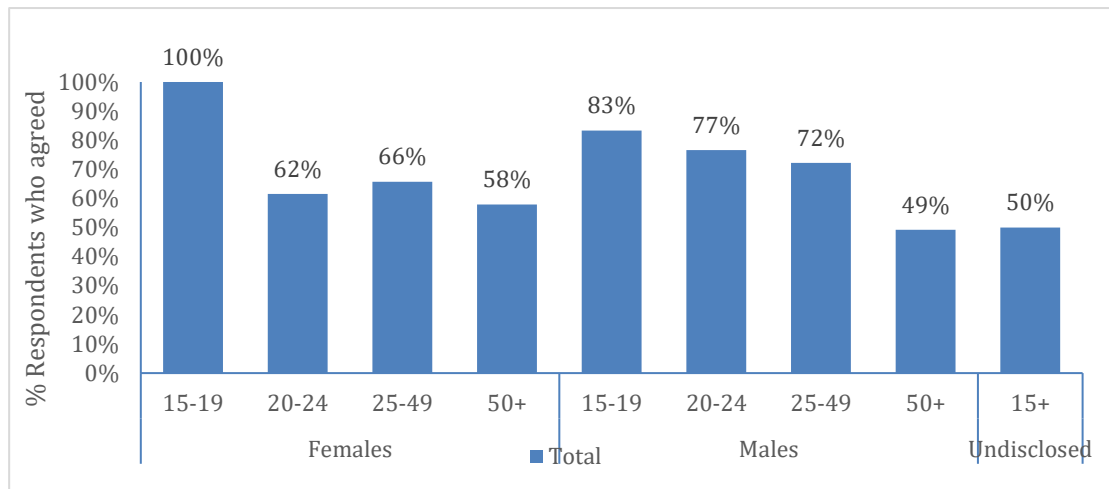
Respondents were also asked about their experiences of HIV-related stigma and discrimination in the 12 months leading up to the date of survey. 9.5% had suffered at least one of the three enacted stigma in their household or community <sup>8</sup> (Figure 31). In contrast, almost half of the respondents reported experiencing at least one form of stigma and discrimination within health-care settings (Table 2).

<sup>7</sup> 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?"

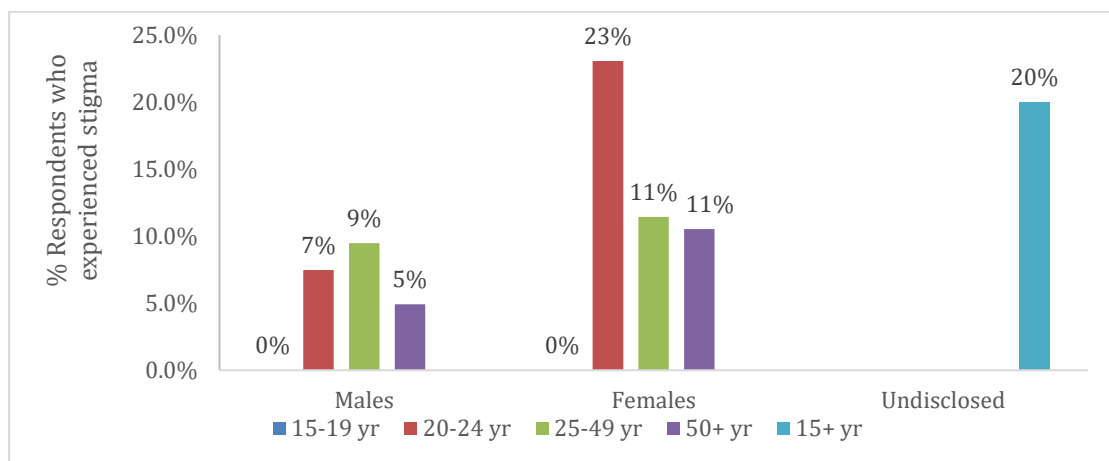
<sup>8</sup> Experience stigma or discrimination 1 – "People had talked badly about me because of my HIV status"; 2 – "Someone else disclosed my HIV status without my permission"; 3 – "I had been verbally insulted, harassed or threatened because of my HIV status"



**Figure 30 Internalized Stigma: Feeling Ashamed Because of HIV Status, by Gender and Age (2021)**



**Figure 31 People living with HIV report experiencing stigma and discrimination in community settings (2021)**



**Table 2 Experience of HIV-related discrimination in health-care settings, disaggregated by type**

Type	Respondents who experienced discrimination (n/%)
'Denial of care due to HIV status'	28 (2.53%)
'Advised not to have sex because of HIV status'	515 (46.52%)
'Talked badly or gossiped about because of HIV status'	33 (2.98%)
'Verbal abuse because of HIV status'	13 (1.17%)
'Physical abuse because of HIV status'	2 (0.18%)
'Avoidance of physical contact because of HIV status'	69 (6.23%)
'Telling others about HIV status without consent'	27 (2.44%)

# 6. 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, HIV response in Malaysia rely heavily on domestic public funding (>80%). In 2022, the total expenditure for HIV response was RM90.5 million (USD20.5 million) (Table 3). Majority of the funding came from domestic fund (93%). 75% of the funding was spent on NSPEA strategy 1, testing and treat to reduce the gap on the first and second 95 of HIV treatment cascade.

Table 3: Source of approximate AIDS expenditure, 2020 - 2022

Source of funding	2020 (RM)	%	2021 (RM)	%	2022 (RM)	%
Domestic Public	75,830,930	88	73,199,598	88	79,662,620	88
Domestic Private	3,444,475	4	3,605,839	4	4,922,228	5
International	6,587,757	8	6,129,134	7	5,893,536	7
<b>Total</b>	<b>85,863,162</b>	<b>100</b>	<b>82,934,572</b>	<b>100</b>	<b>90,478,384</b>	<b>100</b>

**Table 4: AIDS Spending category - Approximate total expenditure from domestic (public & private) and international sources, 2020 - 2022**

<b>Strategies / indicator</b>	<b>2019 (RM)</b>	<b>%</b>	<b>2020 (RM)</b>	<b>%</b>	<b>2022 (RM)</b>	<b>%</b>
<b>Treatment, care and support</b>	<b>42,526,230</b>	<b>70.8</b>	<b>65,593,214</b>	<b>76.4</b>	<b>68,009,674</b>	<b>75.2</b>
<b>Prevention of HIV transmission</b>	<b>11,388,544</b>	<b>19.0</b>	<b>9,761,898</b>	<b>11.4</b>	<b>4,905,031</b>	<b>5.4</b>
<b>Social protection</b>	<b>56,259</b>	<b>0.1</b>	<b>96,946</b>	<b>0.1</b>	<b>193,065</b>	<b>0.2</b>
<b>Gender programmes</b>	<b>51,988</b>	<b>0.1</b>	<b>33,645</b>	<b>0.0</b>	<b>31,170</b>	<b>0.0</b>
<b>Programmes for children and adolescents</b>	<b>460,872</b>	<b>0.8</b>	<b>144,814</b>	<b>0.2</b>	<b>217,778</b>	<b>0.2</b>
<b>Community mobilisation</b>	<b>337,140</b>	<b>0.6</b>	<b>1,180,431</b>	<b>1.4</b>	<b>763,716</b>	<b>0.8</b>
<b>Governance and sustainability</b>	<b>5,105,925</b>	<b>8.5</b>	<b>8,910,758</b>	<b>10.4</b>	<b>15,918,217</b>	<b>17.6</b>
<b>Critical enablers</b>	<b>88,606</b>	<b>0.1</b>	<b>36,441</b>	<b>0.0</b>	<b>193,835</b>	<b>0.2</b>
<b>TB/HIV coinfection</b>	<b>33,600</b>	<b>0.1</b>	<b>105,016</b>	<b>0.1</b>	<b>245,898</b>	<b>0.3</b>
<b>Total</b>	<b>60,049,163</b>	<b>100%</b>	<b>85,863,162</b>	<b>100%</b>	<b>90,478,384</b>	<b>100%</b>

# 7. 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.**

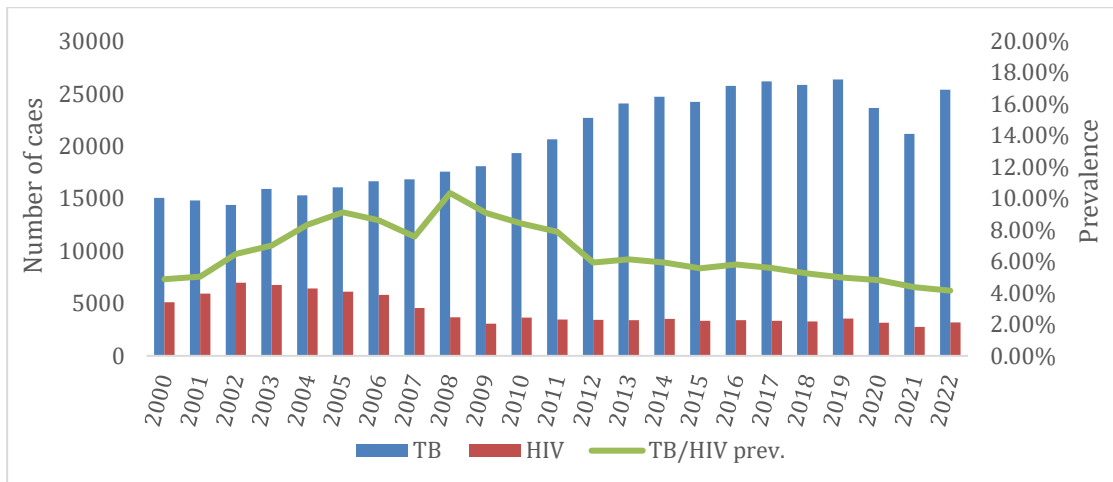
Commonly reported coinfections among PLHIVs are tuberculosis, blood-borne viral hepatitis and sexually transmitted infections. Among the coinfections, tuberculosis is of particular importance because annually, more than 1000 PLHIVs are diagnosed with TB disease. Furthermore, TB is the number two (2) cause of death among communicable, maternal, neonatal & nutritional diseases<sup>9</sup>.

To combat coinfections, several policies are in place for the care of PLHIVs. These include Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for PLHIVs, Intensified TB case finding among PLHIVs, TB infection control in HIV health-care settings, Co-trimoxazole prophylaxis, Hepatitis B and C screening, treatment and management in HIV clinics.

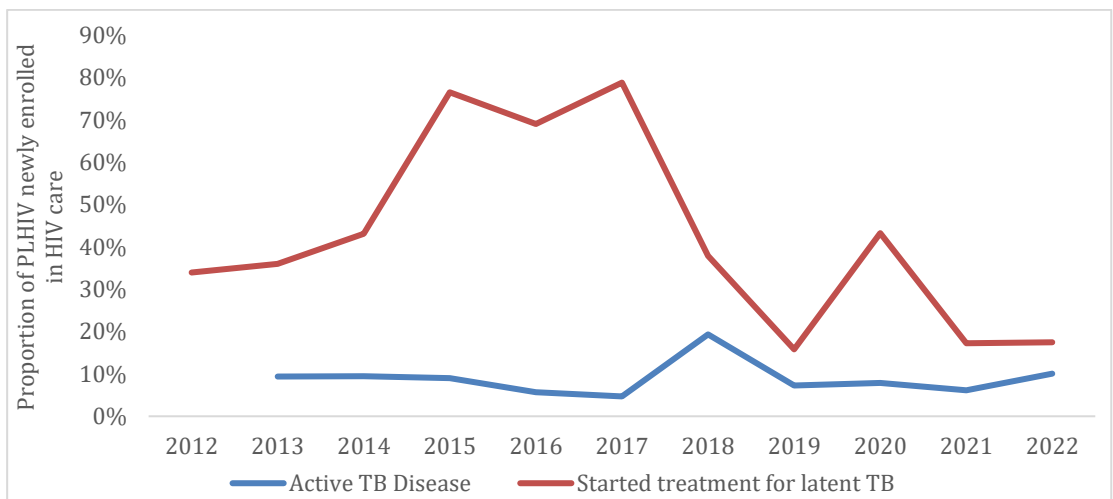
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<sup>9</sup> Stop TB Partnership. (2021). Tuberculosis Situation In 2019 ([http://www.stoptb.org/resources/cd/MYS\\_Dashboard.html](http://www.stoptb.org/resources/cd/MYS_Dashboard.html))

**Figure 32: New TB, HIV and TB/HIV Prevalence, Malaysia (2000 - 2022)**

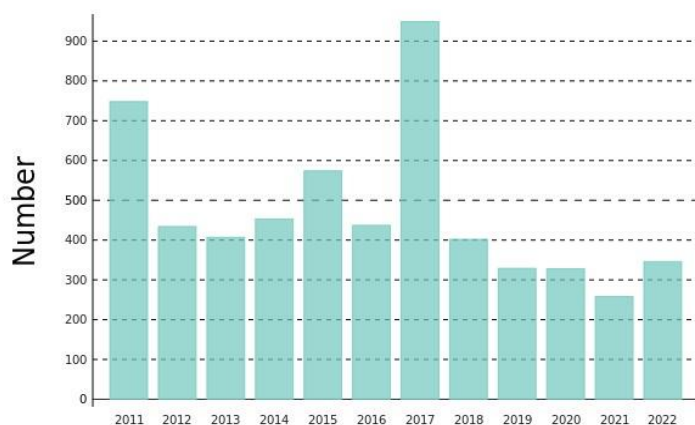


**Figure 33: Proportion of PLHIV newly enrolled in HIV care with active TB disease and started on TB preventive therapy, Malaysia (2012 - 2022)**



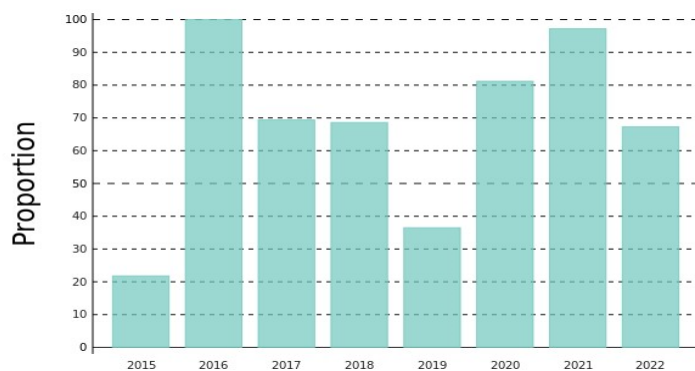
## Co-managing TB and HIV treatment, Malaysia (2011-2022)

Figure 34 Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



## Hepatitis testing, Malaysia (2015-2022)

Figure 35 Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)

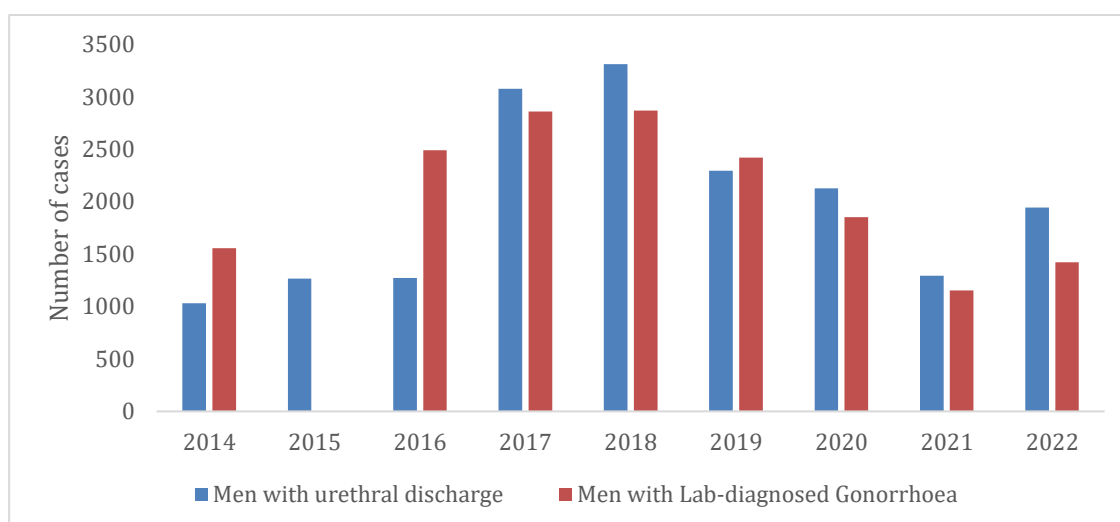


## Sexually transmitted infections, Malaysia (2011-2022)

Sexually transmitted infections are markers of unprotected sexual intercourse. STI surveillance facilitates the surveillance of HIV by sexual transmission, and ongoing high-risk sexual activity.

Generally, reported urethral discharge syndrome and laboratory-confirmed Gonorrhoea among men older than 15 years had increased since 2016 (Figure 36). This uptick in reported cases could be attributed, in part, to the implementation of STI Client-Friendly Clinic services within primary care health facilities, which enhanced access to STI care among key populations, thereby facilitating early disease detection and notification.

**Figure 36** 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 - 2022)



# 8. The Way Forward

In realizing 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 number of new HIV cases. With all the initiatives, HIV infections has declined from peak in 2002 (28 per 100,000) to a plateau since 2009 (11 per 100,000). At the end of 2022, HIV new case notification was at the level of 9.7 per 100,000 population.

The Ending AIDS by 2030 health goal is based on a mathematical model that estimates that HIV epidemic will end if adequate PLHIVs attain viral suppression. To ensure Malaysia's vision of ending AIDS by 2030, which is a mere nine years away, at least 95% of PLHIVs must be diagnosed, 95% of them must be on treatment, and 95% must be viral-suppressed. This is dependent on identifying undiagnosed individuals, linking and retaining them in care.

The current HIV treatment cascade of 83-66-82 demonstrated that there were still gaps and challenges that need immediate attention. Among the challenges were:

1. Expansion of HIV testing services at the community level i.e. CBT and self-testing
2. Improving surveillance of population-at-risk through continuous data collection at static health facilities and community outreach locations. Constantly updated estimation and projection of key populations, risk behaviour as well as coverage of prevention programme were needed to inform subsequent strategic planning.

Main activities planned for 2023 to address some of these challenges are:

1. HIV Self Test
2. Provision of PrEP at primary care

## 8.1 HIV Self-Test

The Ministry of Health will launch the HIV Self-Test Program as a collaborative project with the Global Fund, targeting young people and key populations, while emphasizing the essential 5C principles of HIV testing: Consent, Confidentiality, Counselling, Correct Results, and Connection to Care.

It aims to simplify the HIV testing process by enabling individuals to order free test kits directly from the Ministry's website (in development). The website will function as an all-in-one platform that provides up-to-date information about HIV, step-by-step



instructions on how to effectively order and use the test kit to accuracy and privacy, as well as referral to resources such as NGO workers and health facilities. Additionally, the Ministry will publish guides on crucial regulations for manufacturers and retailers, addressing product registration, and a comprehensive list of registered and licensed HIV self-test products, fostering a streamlined and accessible approach to HIV self-testing in Malaysia.

## **8.2 PrEPGov2023 – a pilot study**

In light of Malaysia's shifting HIV epidemiologic dynamics, traditional prevention methods have faced challenges in stemming new infections driven by sexual transmission. Recognizing the urgency of the situation, the Ministry of Health has taken a proactive step by incorporating pre-exposure prophylaxis (PrEP) into the national response. Since 2017, PrEP has been a crucial component of the Malaysian Antiretroviral Therapy guidelines, although limited accessibility due to cost has hindered widespread adoption. To bridge this gap, PrEPGov2023, a pilot study in collaboration with Global Fund, is set to commence at 18 government health clinics in January 2023, and data collection is expected to be complete by 31 December 2023.

PrEPGov2023 represents a significant milestone in Malaysia's fight against HIV. By providing PrEP at primary care facilities, this endeavor not only aims to bolster PrEP uptake among at-risk individuals but also serves as a research endeavor. Through analysis of data on client sociodemographic, sexually transmitted disease, HIV status and risk behaviour, the Ministry will gauge the feasibility and acceptability of PrEP provision at government health facilities, laying the groundwork for potential continuous funding as part of the nation's efforts to End AIDS by 2030.