



MINISTRY OF HEALTH MALAYSIA

2025

GLOBAL AIDS MONITORING



**COUNTRY
PROGRESS REPORT :
MALAYSIA**



THE GLOBAL AIDS MONITORING REPORT 2025

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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

This report reflects our unwavering commitment and collective efforts to combat HIV/AIDS in Malaysia, aligning with the global and national strategies aimed at ending the epidemic. As we navigate the path toward the 2030 goal, it is imperative to acknowledge the progress we have made, the challenges we face, and the opportunities that lie ahead.

The themes of 2024, "Take the Rights Path" and "My Health, My Right," serve as powerful reminders of the importance of human rights, equity, and empowerment in our fight against HIV/AIDS. By strengthening health systems, ensuring resource allocation, and prioritizing marginalized communities, Malaysia can accelerate progress and make meaningful strides toward a future free from HIV/AIDS.

This document highlights our achievements across various domains — prevention, testing, treatment, research, and policy advocacy — while also emphasizing the need for continued innovation, multisectoral collaboration, and renewed dedication. Our collective resolve and sustained efforts are essential to creating a Malaysian society where everyone has access to quality care and support, with dignity and respect.

Together, let us work towards a future where HIV/AIDS is no longer a public health threat — a future where every individual's rights are upheld, and health is recognized as a fundamental human right. With determination and unity, we can turn this vision into reality.



A handwritten signature in black ink, consisting of a large, stylized 'I' followed by a series of loops and a final horizontal stroke.

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List of Abbreviations

Abbreviation	Full Term
AIDS	Acquired Immune Deficiency Syndrome
AEM	AIDS Epidemic Model
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
AZT	Zidovudine
CBT	Community Based Testing
CCM	Country Coordinating Mechanism
eMTCT	Elimination of Mother-to-Child Transmission
FSW	Female Sex Worker
GAM	Global AIDS Monitoring
GF	Global Fund
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IBBS	Integrated Bio-Behavioral Surveillance
KP	Key Population
MAC	Malaysian AIDS Council
MAF	Malaysian AIDS Foundation
MMT	Methadone Maintenance Therapy
MoH	Ministry of Health
MSM	Men Having Sex with Men
NGO	Non-Government Organization

List of Abbreviations

Abbreviation	Full Term
NSEP	Needle and Syringe Exchange Program
NSPEA	National Strategic Plan on Ending AIDS
OI	Opportunistic Infection
OST	Oral Substitution Therapy
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSE	Population Size Estimates
PWID	People Who Inject Drugs
STI	Sexually Transmitted Infection
TAPS	Treatment Adherence Peer Support
TB	Tuberculosis
TG	Transgender
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Overall

HIV/AIDS remains a significant public health concern in Malaysia, despite considerable progress made over the past few decades. Malaysia reported its first HIV cases in the late 1980s, and since then the number of people living with the virus has steadily increased. The main findings indicate a notable change in the patterns of HIV transmission in Malaysia, moving away from injecting drug use towards sexual transmission. This shift is particularly among key populations, including men who have sex with men (MSM), transgender women (TGW), and women at risk (WAR).



Within the broader context of global efforts to end AIDS, Malaysia faced significant challenges in 2024, notably concerning the rising prevalence of HIV among key populations. This increase underscored the urgent necessity for comprehensive and targeted intervention strategies to curb the epidemic and protect vulnerable groups.

This report aims to provide an overview of Malaysia's national HIV program for the year 2024. It examines the complexities and dynamics of the ongoing epidemic, highlights the key challenges encountered, and evaluates the strategic approaches implemented to address these issues. Furthermore, the report assesses the outcomes achieved through these interventions, emphasizing progress made toward fostering a healthier and HIV-resilient nation.

Indicator	Number
Cumulative number of reported HIV	137,608
Cumulative number of reported AIDS	32,681
Cumulative number of deaths related to HIV/AIDS	63,979
Estimated people living with HIV (Spectrum 2024)	83,937
Total number of people living with HIV (Surveillance data)	53,996
Reported new HIV infections	3,185
HIV notification rate (per 100,000 population)	9.4
People living with HIV receiving ART	50,694

By the end of 2024, it was estimated that 83,937 individuals were living with HIV in Malaysia (PLHIV). Out of these, 53,996 people, or 64%, were aware of their status and had been notified in the national surveillance system. As of December 2024, 94% of the individuals who were aware of their HIV status were receiving antiretroviral treatment (ART).

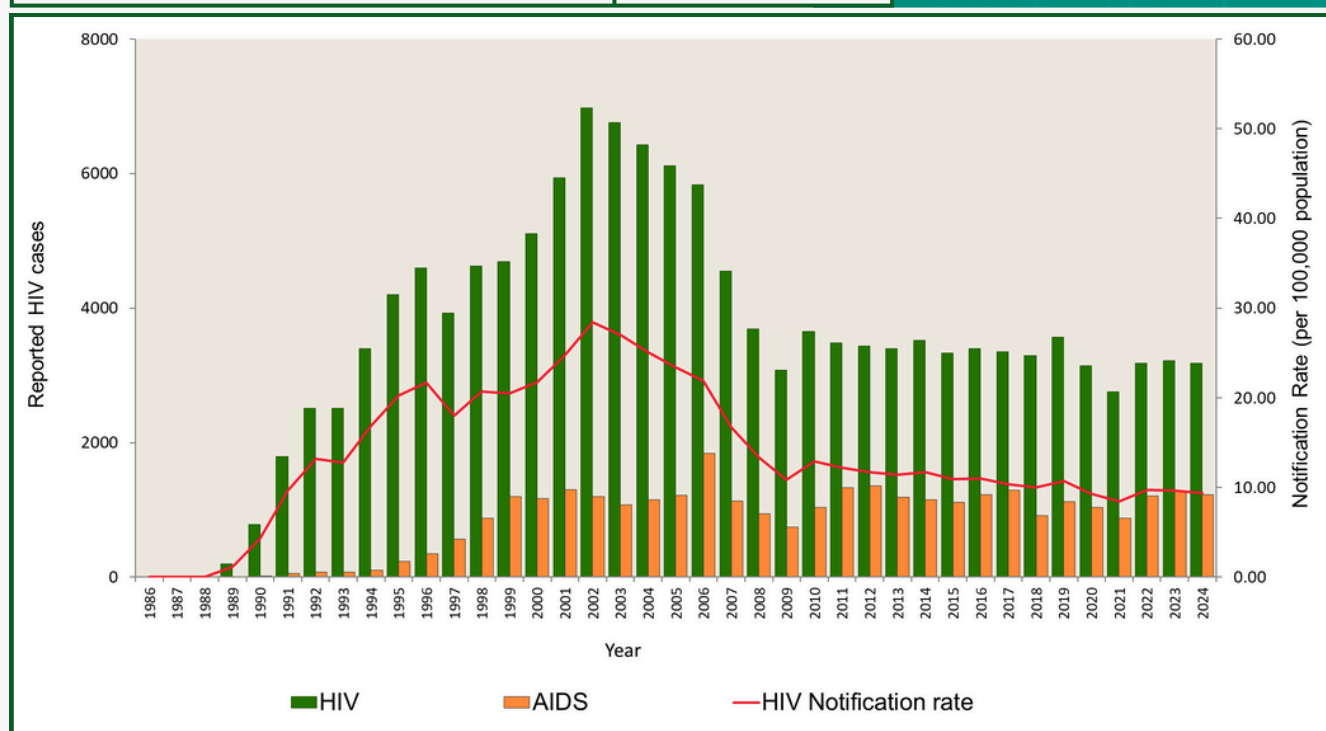


Figure 1: Reported HIV and AIDS in Malaysia, 1986-2024

The number of new HIV infections decreased by 54.4% from 6,978 cases in 2002 to 3,185 cases in 2024. Additionally, the estimated HIV incidence rate per 1,000 uninfected individuals steadily dropped from 0.43 in 1991 to 0.08 in 2024.

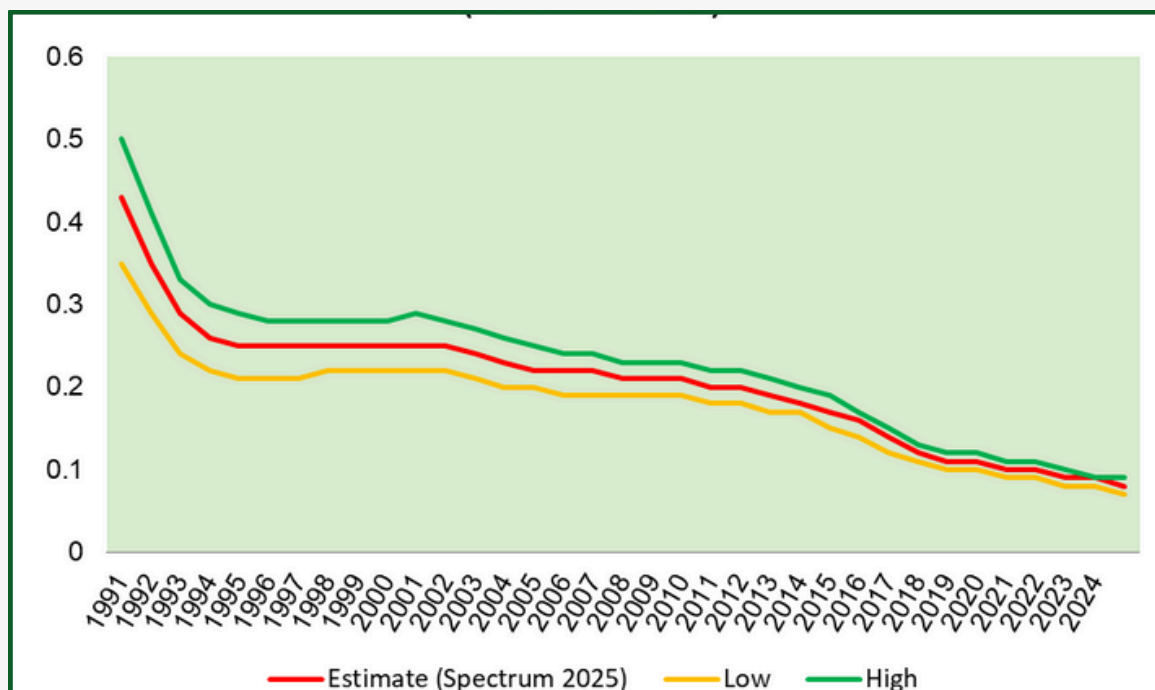


Figure 2: Estimated HIV incidence rate per 1000 uninfected population in Malaysia, 1991-2024

Source: Spectrum 2025

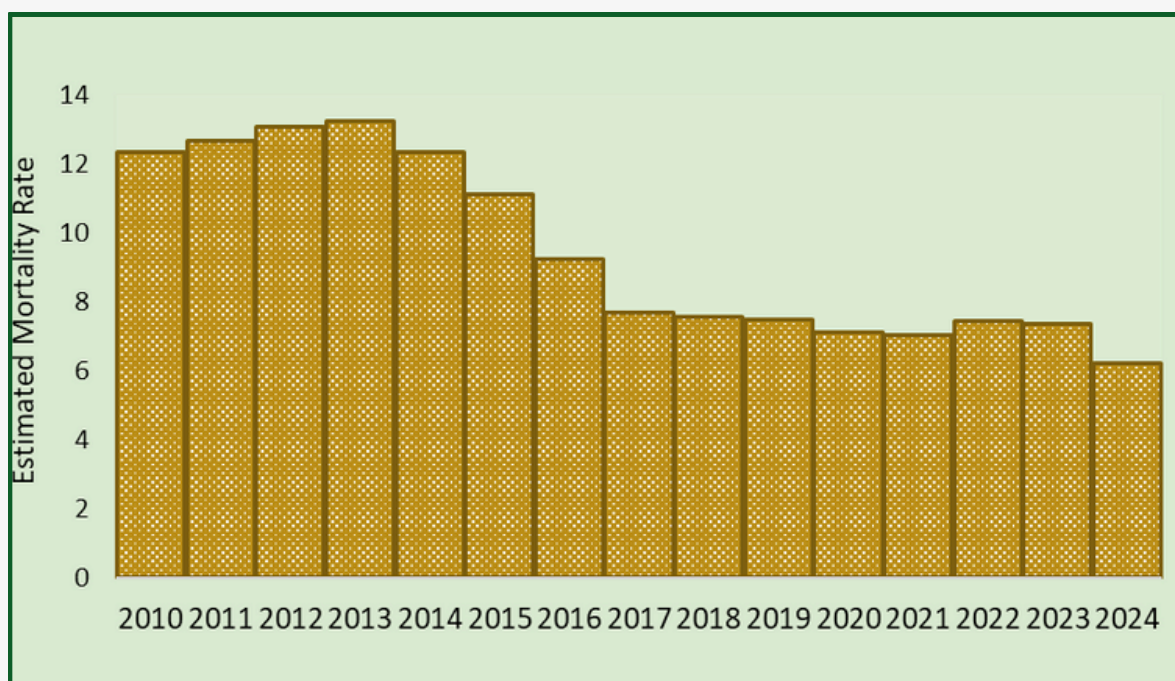


Figure 3: AIDS mortality per 100,000 population in Malaysia, 2010-2024

Source: Spectrum 2025

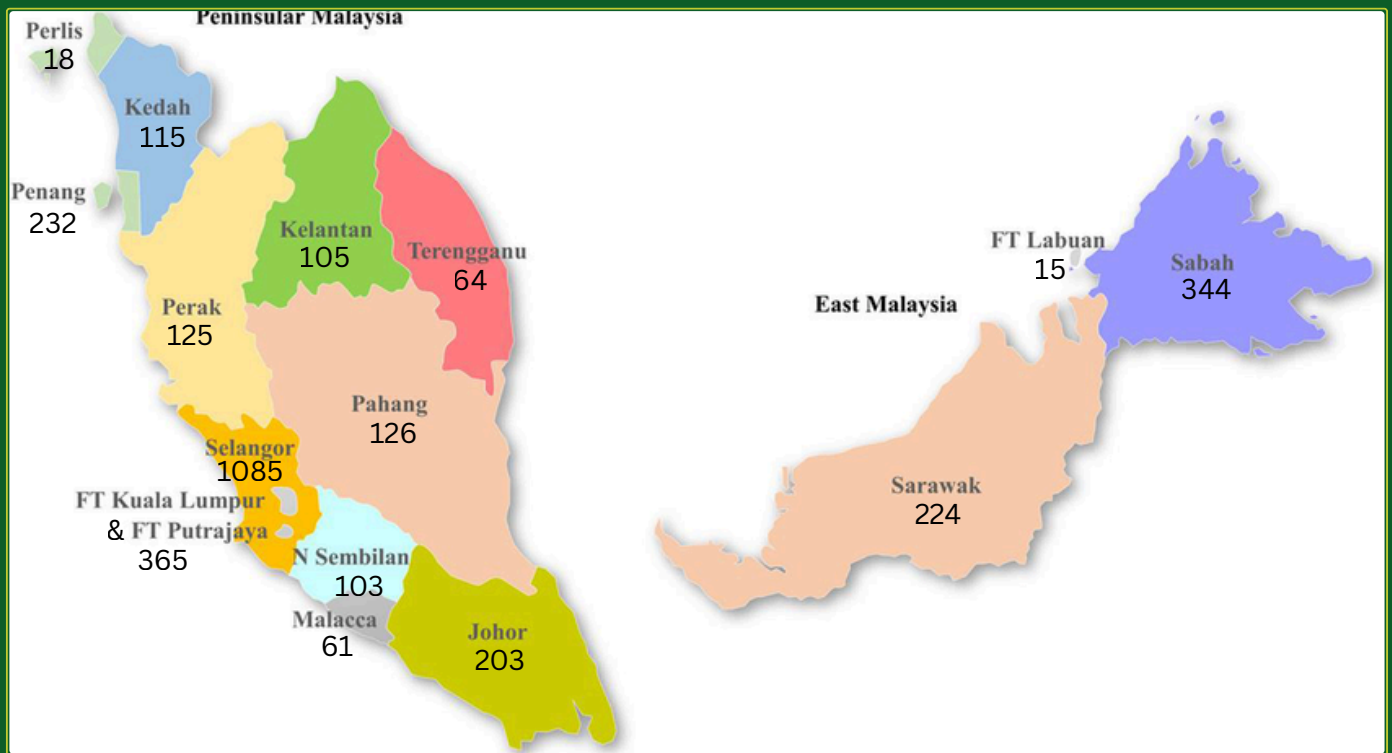


Figure 4: New HIV cases by state in Malaysia, year 2024.

More than half of the new HIV cases were reported from highly populated states like Selangor, the Federal Territory of Kuala Lumpur, and Sabah. Since the beginning of the HIV epidemic, the notification of HIV cases has consistently shown a significant male dominance, reaching a male-to-female ratio of 9.4 in 2024.

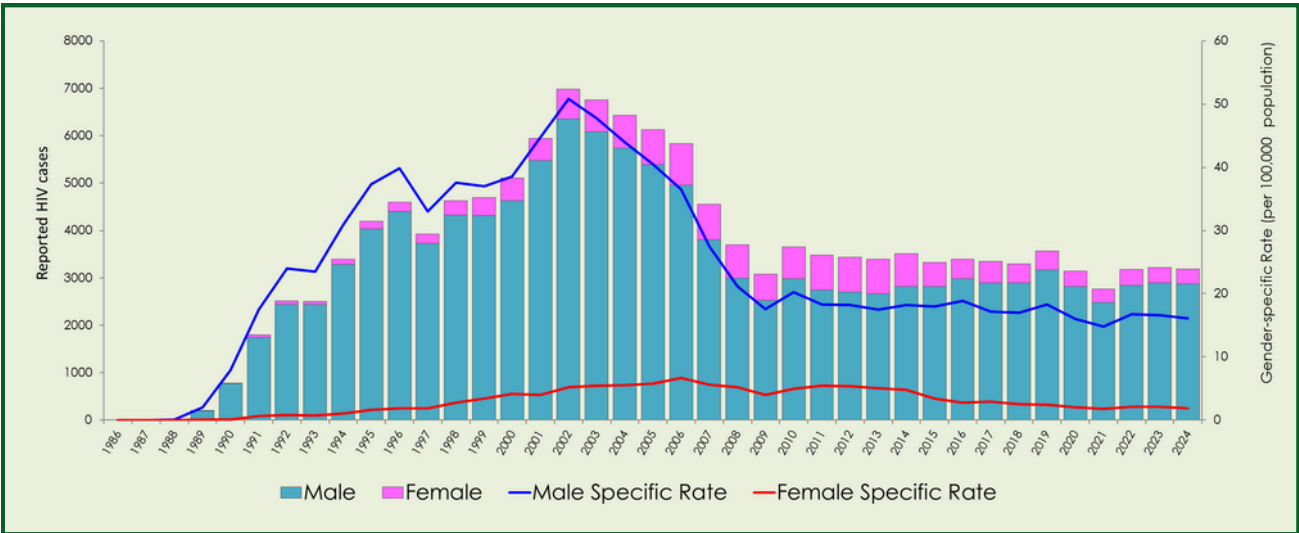
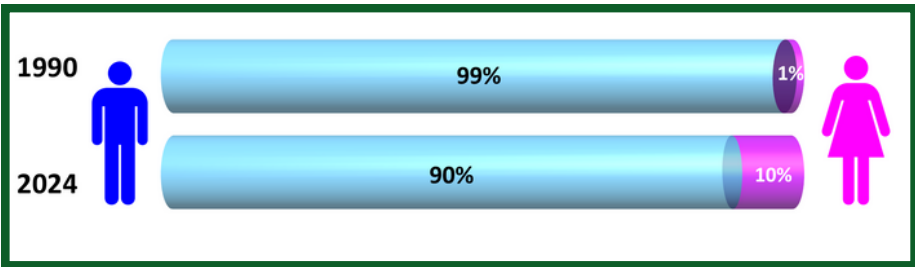


Figure 5: Distribution of reported HIV cases by gender in Malaysia, 1986-2024

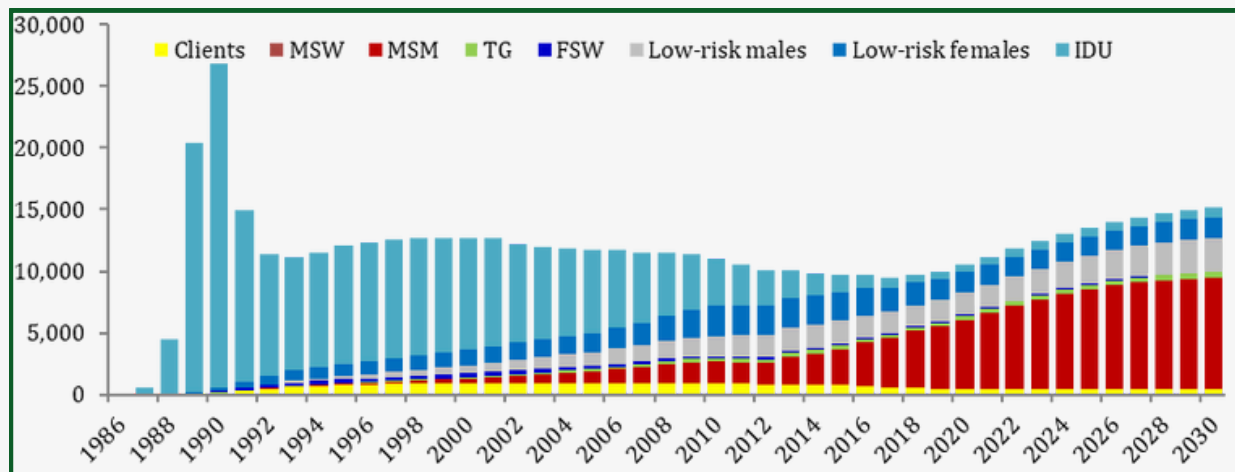


Figure 6: HIV infection trend by key population (projection using AEM) in Malaysia, 1986-2030

Initially, the HIV epidemic in Malaysia was primarily driven by people who inject drugs (PWID), followed by female sex workers (FSW), transgender individuals (TG), and men who have sex with men (MSM). Over the past decade, sexual transmission has emerged as the primary mode of transmission. Projections using the Asian Epidemic Modelling (AEM) suggest that by 2030, MSM will become the predominant key population affected by HIV in Malaysia (Figure 6). Supporting this projection, Figure 7 illustrates the trends in HIV transmission modes based on surveillance data, showing a decrease in the PWID-to-sexual transmission ratio from 3.95 in 2000 to 0.03 in 2024.

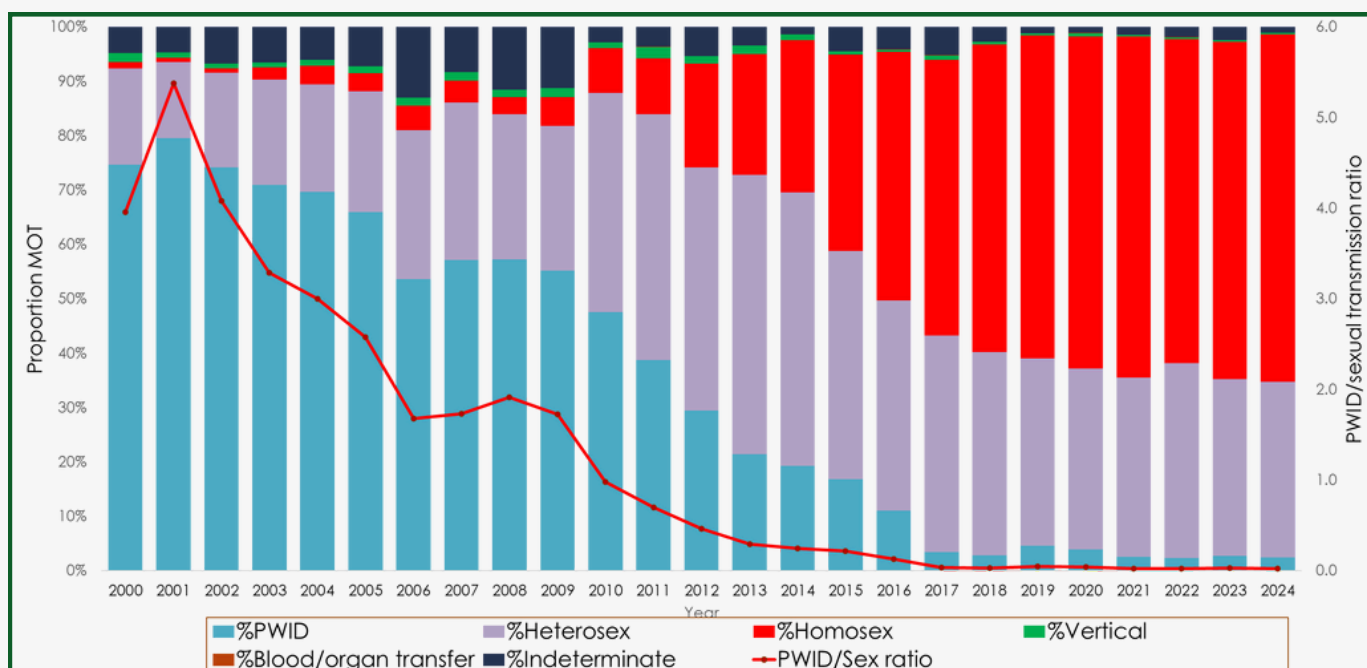


Figure 7: Trend of HIV infection by mode of transmission in Malaysia, 2000-2024

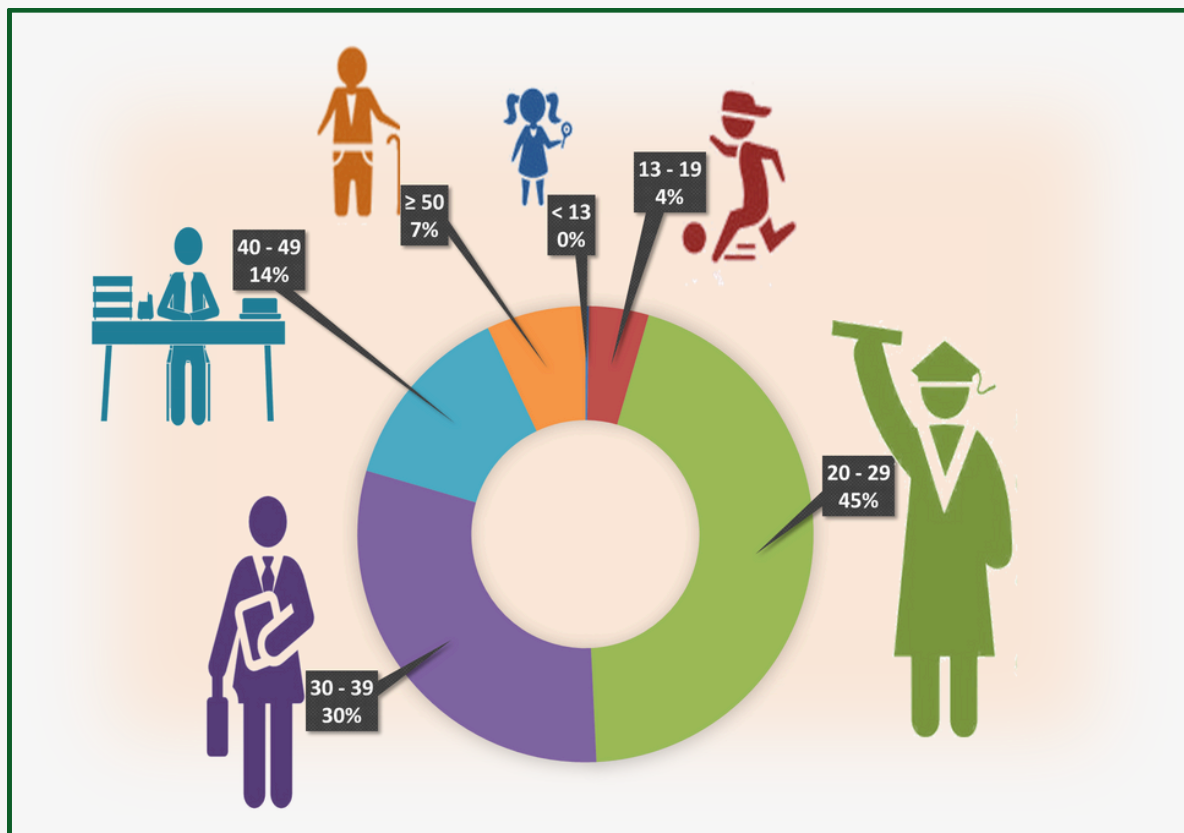


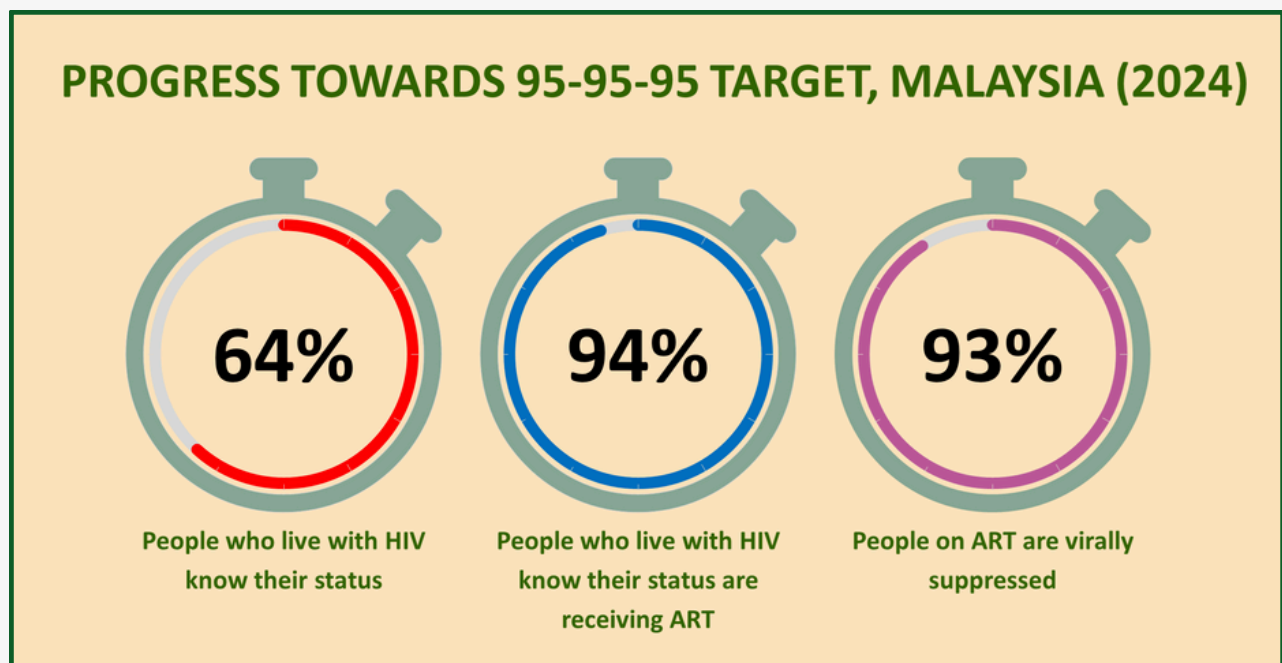
Figure 8: Distribution of reported HIV cases by age group in Malaysia, 2024

The figure highlights that the highest percentage of HIV-infected individuals in Malaysia is among young adults aged 20-29, comprising 45% of cases. This is followed by those aged 30-39, who account for 30%. These percentages reveal that most infections occur in younger adults, particularly those in their 20s and 30s.

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. These goals aim to ensure that 95% of people living with HIV (PLHIV) are diagnosed, 95% of those diagnosed are on antiretroviral therapy (ART), and 95% of those on ART achieve viral suppression.



Progress Towards 95-95-95 Target

Regarding Malaysia's progress on the 95-95-95 treatment cascade target, by the end of 2024, 64% of the PLHIV were diagnosed to be HIV and knew their results. The treatment uptake among people diagnosed with HIV was 94% which indicated a gap in treatment and care, and out of those already on treatment, 93% became virally suppressed.

The decline in the first 95 in 2024 was due to the use of a new, more accurate method for estimating PLHIV. This approach included recent PLHIV case estimates, mortality trends, updated case data, Spectrum model projections, and information on CD4 progression and ART uptake. (Details of analysis methodology will be explained in Chapter "UPDATES")

HIV Testing Volume and Positivity

HIV testing programs in Malaysia have steadily grown over the years, encompassing facility-based and community-based testing to target hard-to-reach key populations. Consequently, the percentage of people living with HIV who are aware of their status has gradually increased, moving closer to the 95% target.

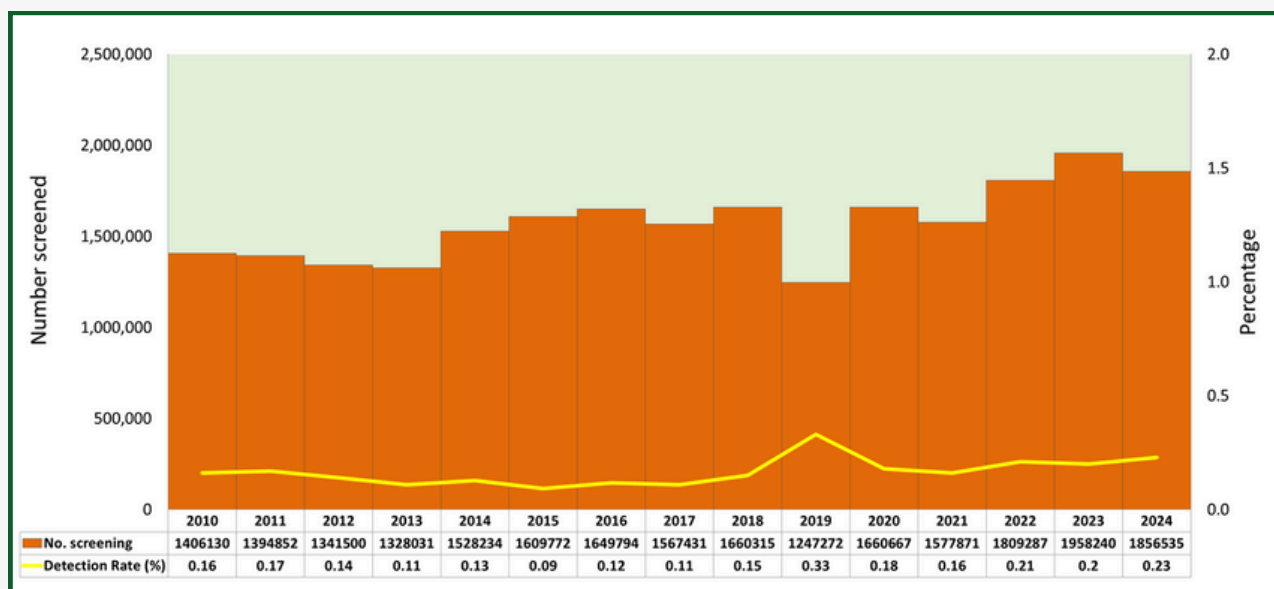


Figure 10: Number of HIV tests done and positivity rate in Malaysia, 2010-2024

Late HIV Diagnosis

According to the World Health Organization (WHO), a late HIV diagnosis is defined as a CD4 cell count below 350 cells/mm³ or an AIDS-defining event at the time of diagnosis. This means that individuals diagnosed late have a significantly lower number of CD4 cells compared to those diagnosed early. In 2024, 66% of patients were diagnosed at a late stage, showing a slight decrease compared to 2023 in Malaysia. There is a need to raise awareness, particularly among high-risk groups, to encourage annual testing.

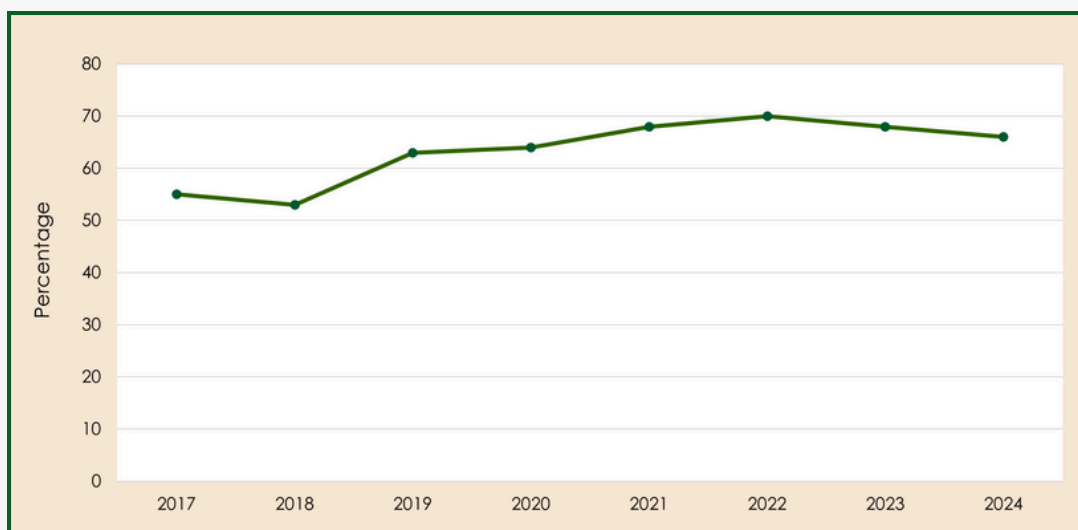


Figure 11: Late HIV diagnosis (CD4<350 cells/mm³) among adults in Malaysia, 2017-2024

People Living with HIV on Antiretroviral Treatment

From 2015 to 2018, the number of people on antiretroviral treatment (ART) was steadily increased, highlighting progress in treatment uptake. By 2019, the numbers peaked, showcasing significant success in initiating and retaining patients on ART. However, from 2019 to 2021, the figures stabilized, suggesting a halt in growth. This stagnation could be attributed to challenges such as disruptions caused by the COVID-19 pandemic impacting health services. From 2022 onwards, there was a resurgence, with a notable increase by 2024, reflecting recovery efforts or improved strategies for ART access.

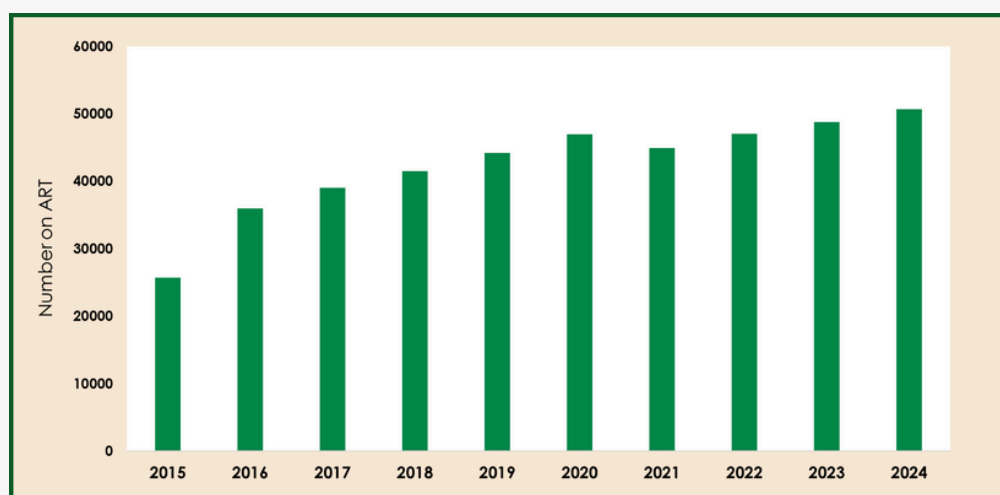


Figure 12: Number of people on antiretroviral treatment in Malaysia, 2014-2024

People Living with HIV on Antiretroviral Treatment Who have Suppressed Viral Load

According to the WHO, a suppressed viral load for HIV means the virus's replication is reduced, but it's still detectable by the test, with a viral load of less than or equal to 1,000 copies per mL according to UNAIDS and Aidsmap. It indicates that the virus's replication is suppressed, but the virus is still detectable. The percentage shows a steady upward trend, reaching more than 90% by 2024.

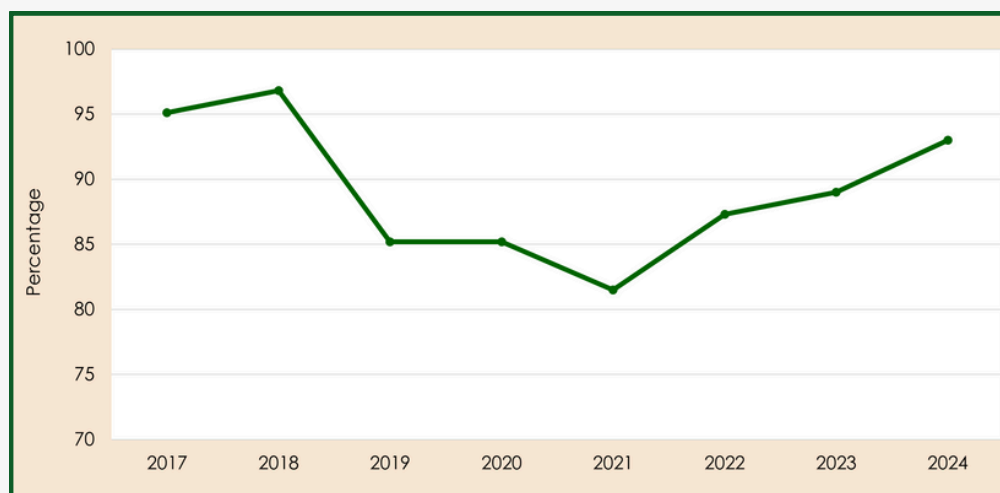


Figure 13: People living with HIV on antiretroviral treatment who have suppressed viral load in Malaysia, 2017-2024

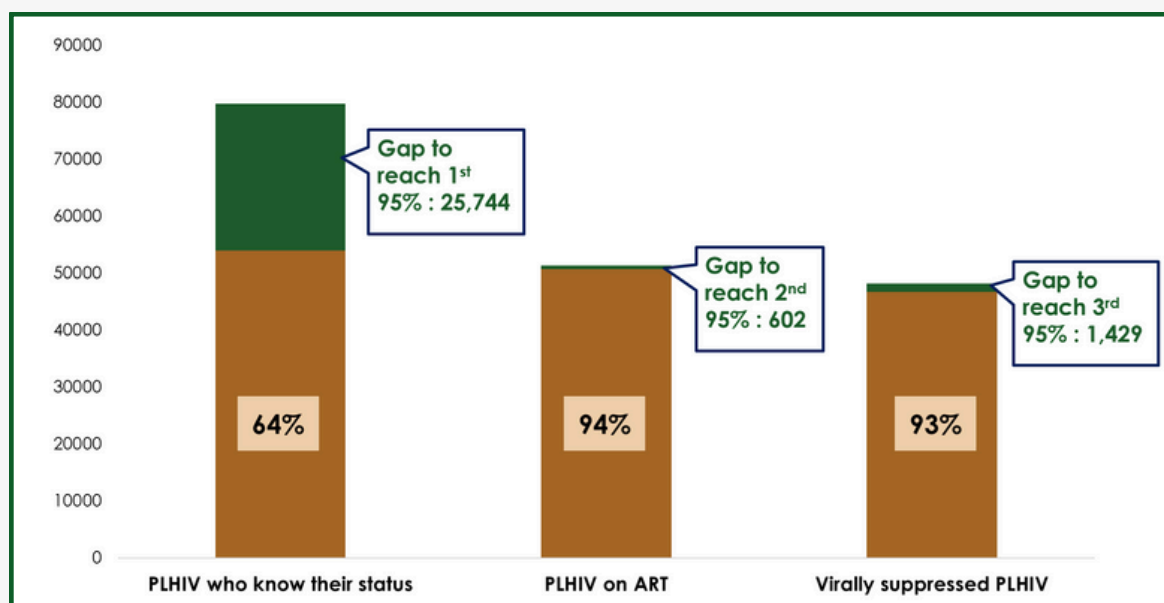


Figure 14: HIV testing and treatment cascade in Malaysia, 2024

Currently, 64% know their HIV status, which means about 25,744 more people need to get tested to reach 95%. Of those on treatment, 94% have already received ARV. Among those on treatment, 93% have their virus under control, and 1,429 more need to be virally suppressed to reach 95%. Overall, the numbers are close to the goal, but a few more people need to be reached at each stage.

AIDS Mortality Rate in Malaysia

Expansion of availability and accessibility of antiretroviral treatment to all PLHIVs had contributed to steady decline in AIDS mortality from 11.9 per 100,000 population in 2014 to 6.2 per 100,000 population in 2024.

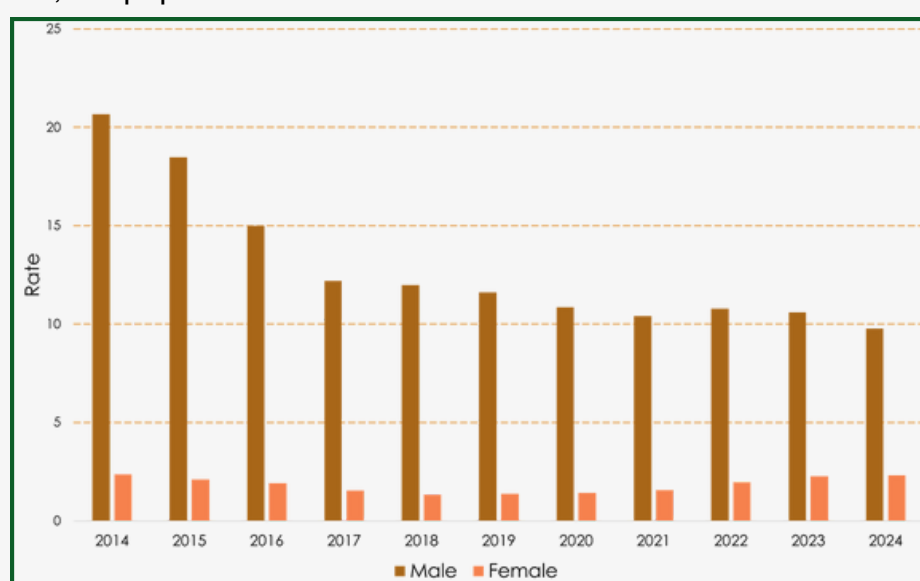


Figure 15: Total number of people who have died from AIDS-related causes per 100 000 population in Malaysia, 2014-2024

Source: Spectrum 2025

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]. Malaysia was among the early adopters of Prevention of Mother-to-Child Transmission (PMTCT) Program for HIV and syphilis in maternal and child health services. In 2018, the elimination of EMTCT of HIV and syphilis program of Malaysia was validated by WHO as the country has achieved the set targets for the years 2016 and 2017. Malaysia has been able to maintain the elimination indicators for the subsequent years - 2018, 2019, and 2022. The revalidation assessment by the GVAC was planned in 2026.

The aim of PMTCT program is mainly to prevent vertical transmission of HIV and syphilis. The PMTCT program in Malaysia is based strongly around early detection and treatment of HIV and syphilis for mother and baby, safer modes of delivery and safer infant feeding practices. These strategies also include timely commencement of antiretroviral (ARV) prophylaxis for HIV and excellent early neonatal follow-up for both HIV and syphilis [2].

Today, antenatal testing and treatment for HIV and syphilis are provided free-of-charge; and virtually all women have access to quality health services including contraception and births assisted by skilled attendants. In addition, to strengthen the PMTCT strategies, we have expanded the monitoring of HIV-positive and syphilis-positive infants to include information of their general well-being such as immunization status.

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

2. Maintaining the EMTCT of HIV and Syphilis in Malaysia, 2017 - 2020: Ministry of Health Malaysia



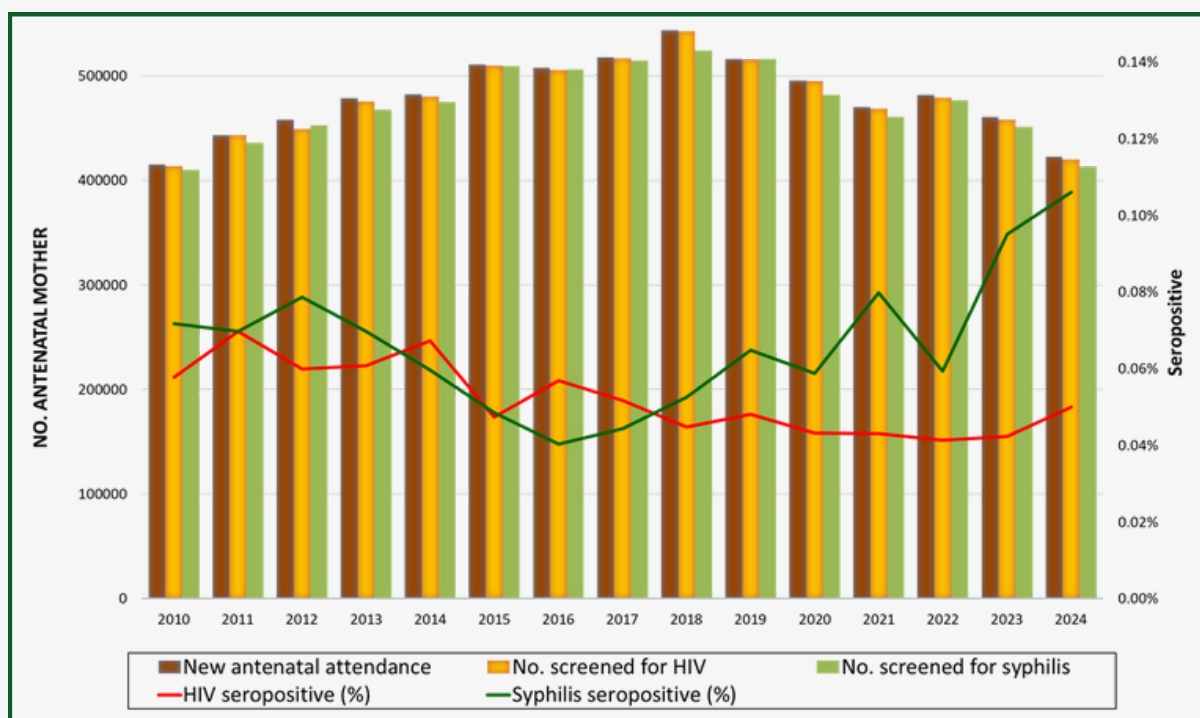


Figure 16: HIV and Syphilis screening coverage and seroconversion rate in Malaysia, 2010-2024

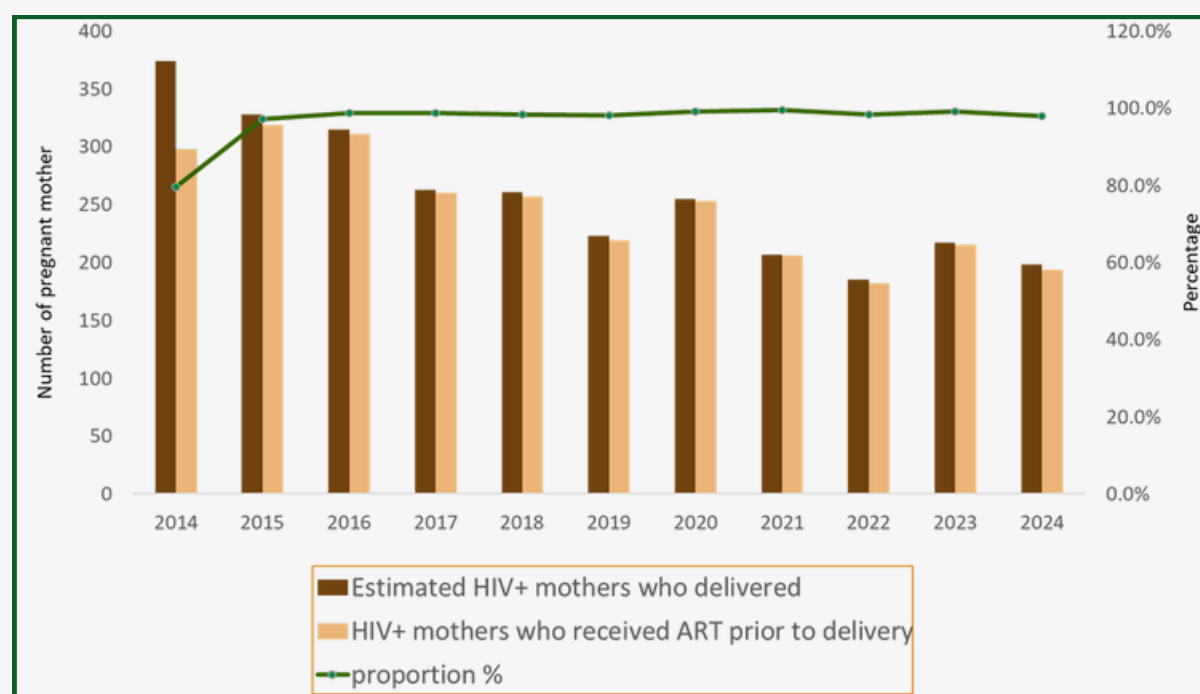


Figure 17: Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV

Source: Spectrum 2025

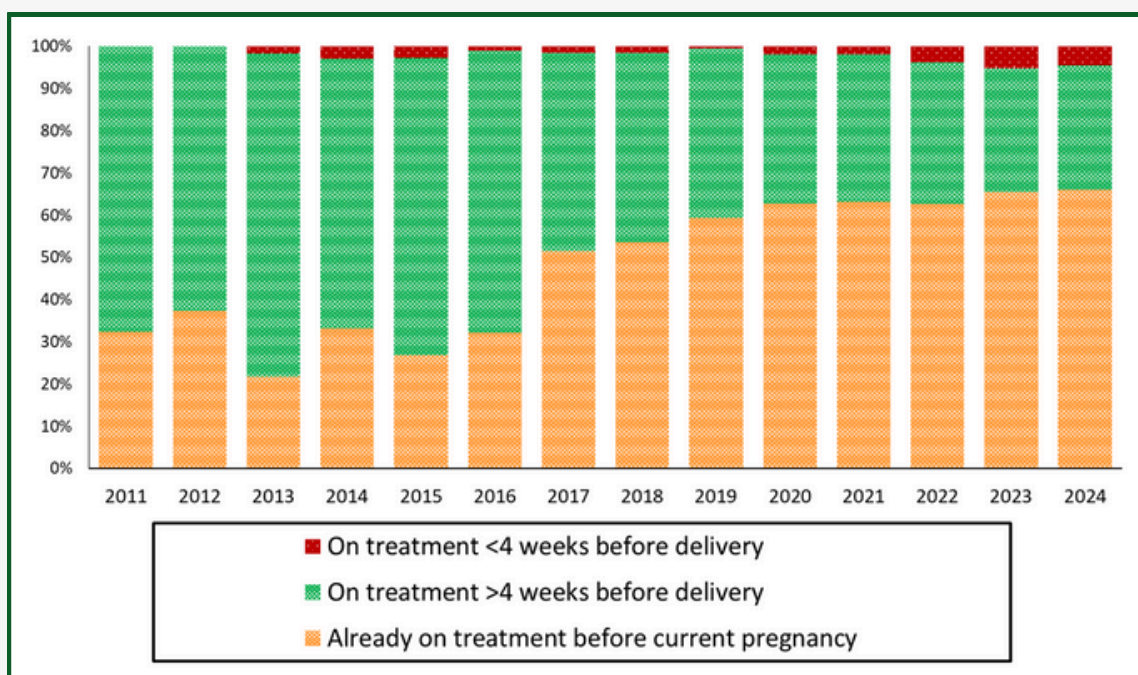


Figure 18: Percentage and timeframe of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV

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.

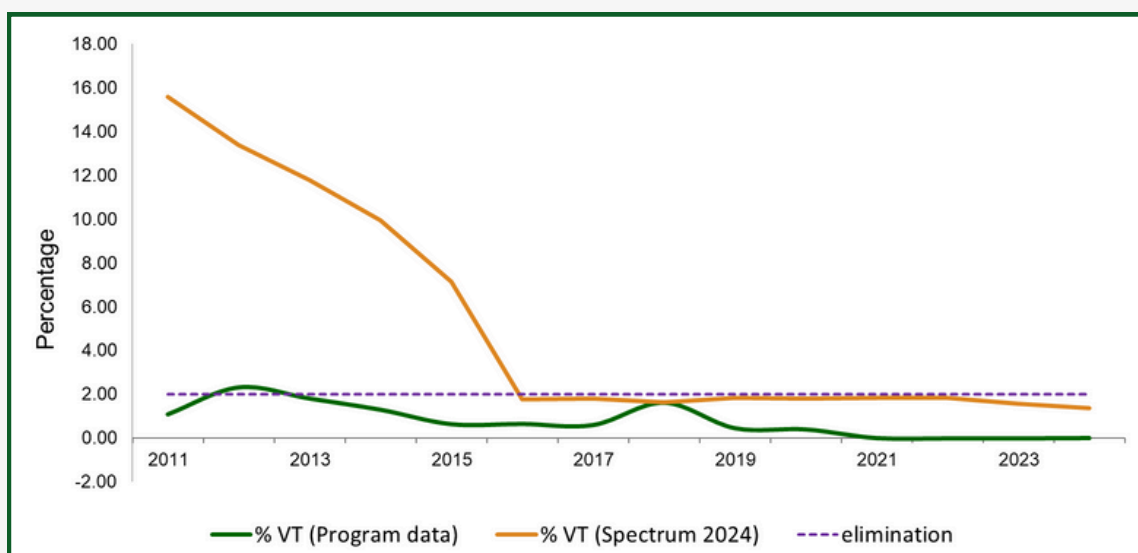


Figure 19: Vertical transmission rate of HIV in Malaysia, 2011-2024

Early Infant Diagnosis in Malaysia

Infant diagnosis is the testing of infants and children to determine their HIV status following possible exposure to HIV during pregnancy, delivery and postpartum. Early infant diagnosis is the testing of HIV-exposed infants before two months of age, to establish timely diagnosis and access to life-saving HIV treatment [1].

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 positive 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 99% in year 2024 with three of them diagnosed as new HIV infections among infants born to HIV positive mothers.

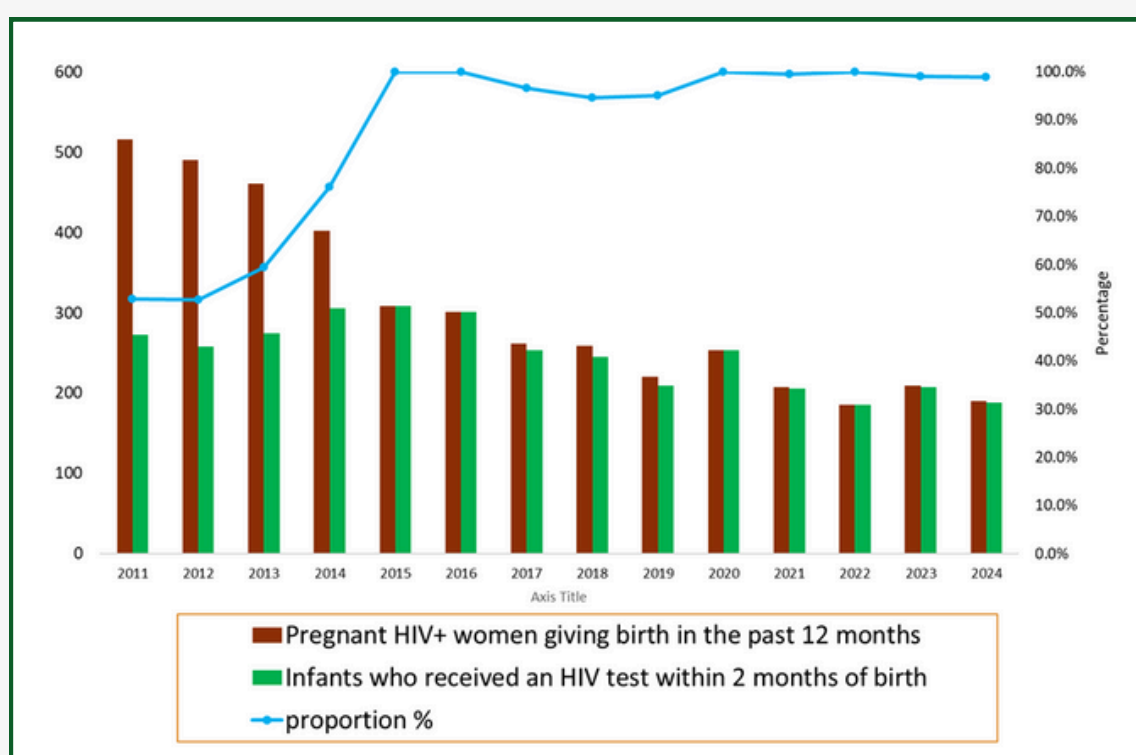


Figure 20: Infants who received an HIV test within two months of birth in Malaysia, 2011-2024

1. Updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring: March 2021. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Syphilis among Pregnant Women in Malaysia

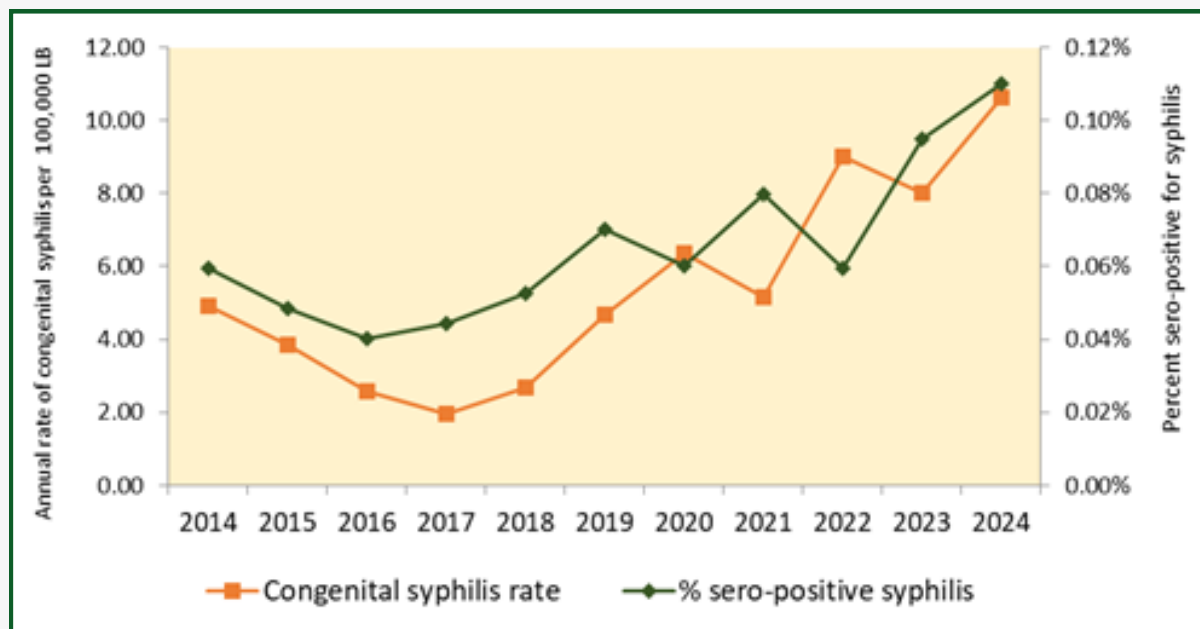


Figure 21: Seropositive syphilis mother and Congenital syphilis rate (live births and stillbirth) in Malaysia, 2014-2024

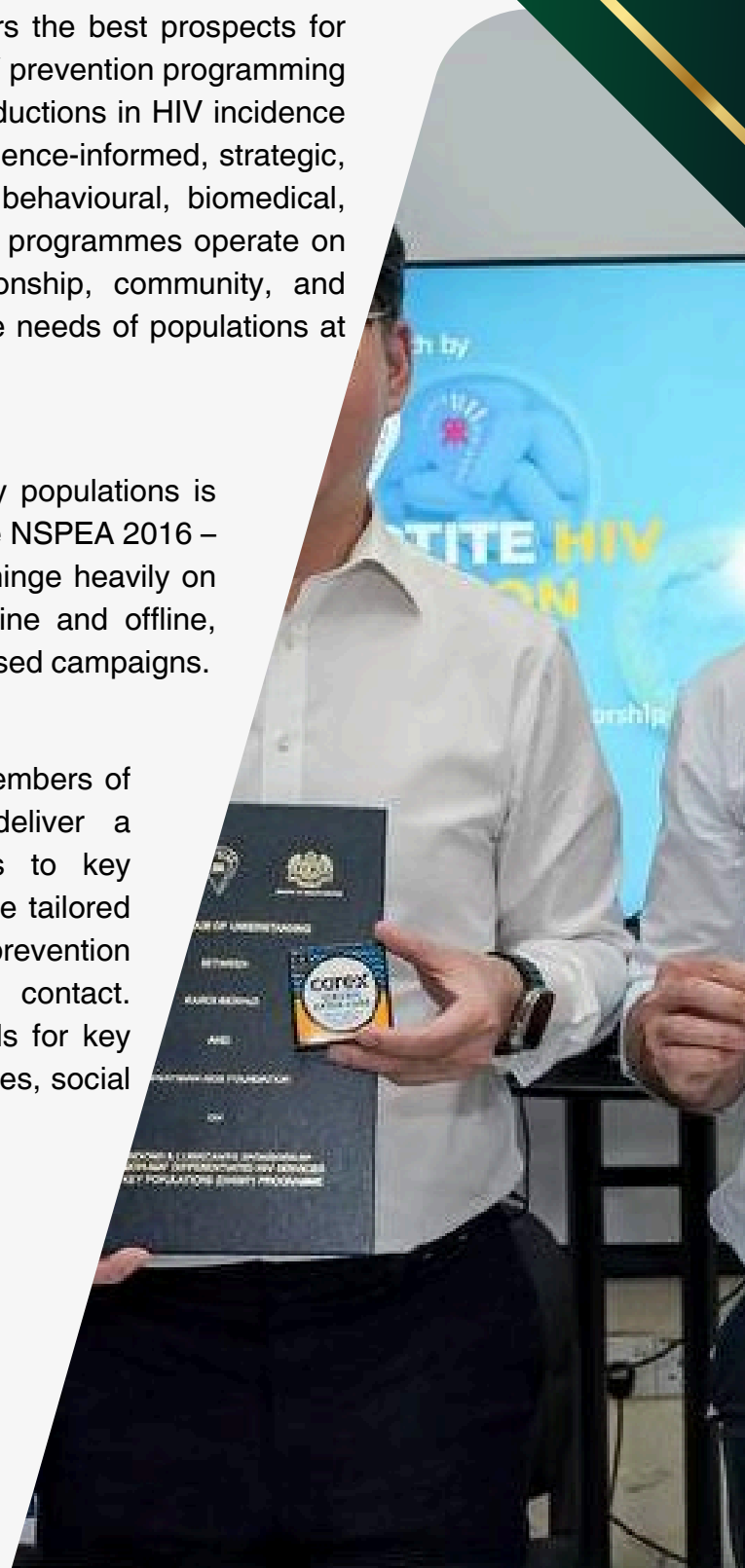
The trends in congenital syphilis rates and sero-positivity for syphilis from 2014 to 2024 show a continuous upward trend. The congenital syphilis rate, measured per 100,000 live births, starts lower in 2014 and rises steadily through fluctuations, peaking in 2024. Similarly, the percentage of individuals sero-positive for syphilis increases over the same period, indicating a growing prevalence by 2024. These trends highlight increasing public health concerns regarding syphilis during this time frame.

COMBINATION HIV PREVENTION FOR ALL

A "Combination prevention" approach offers the best prospects for addressing documented weaknesses in HIV prevention programming and for generating significant, sustained reductions in HIV incidence across diverse settings. It relies on the evidence-informed, strategic, and simultaneous use of complementary behavioural, biomedical, and structural prevention strategies. These programmes operate on various levels, such as individual, relationship, community, and societal, to address the specific but diverse needs of populations at risk of HIV infection.

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 22). This finding was encouraging, especially given the increased number of key populations 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 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, 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

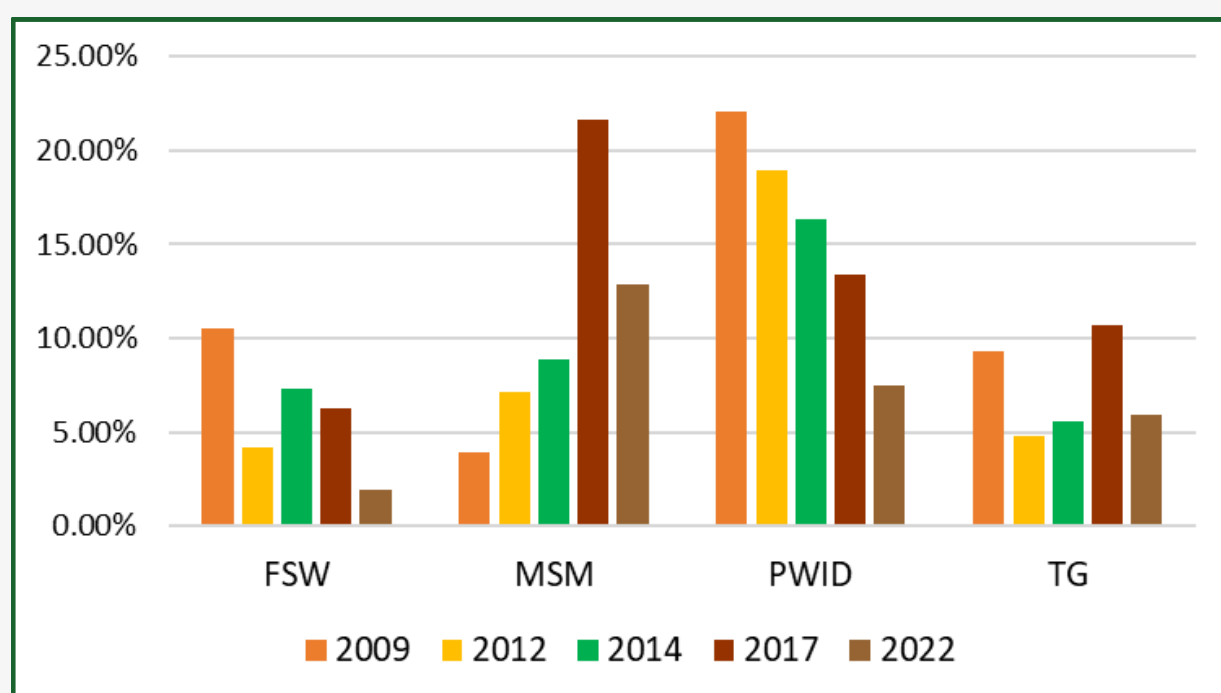


Figure 22: Percentage of specific key populations living with HIV in Malaysia

Source: IBBS Malaysia

HIV Testing among Key Populations

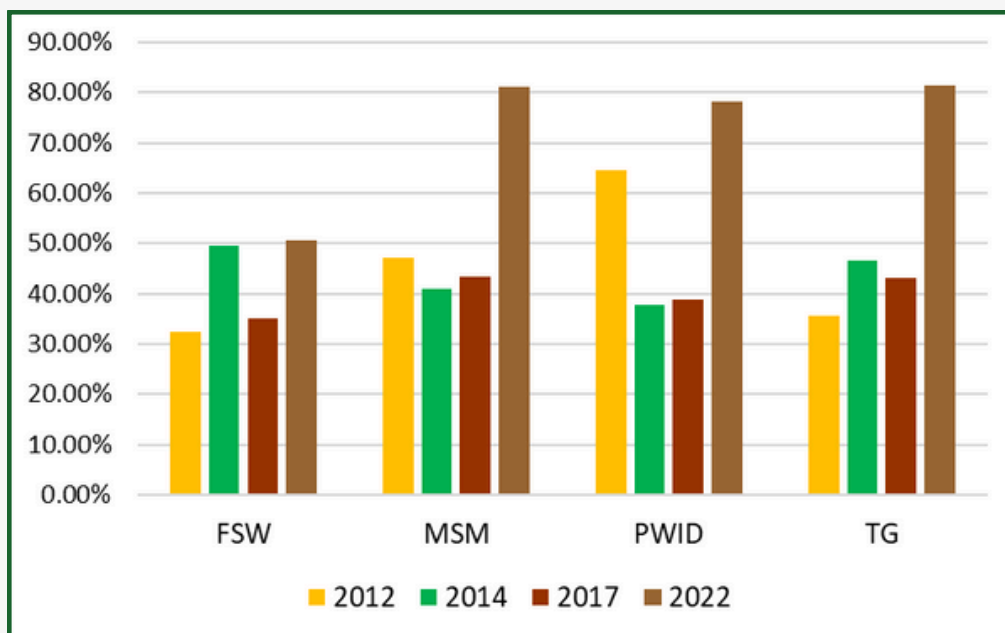


Figure 23: Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status in Malaysia

Source: IBBS Malaysia

Antiretroviral Therapy Coverage among PLHIV in Key Populations

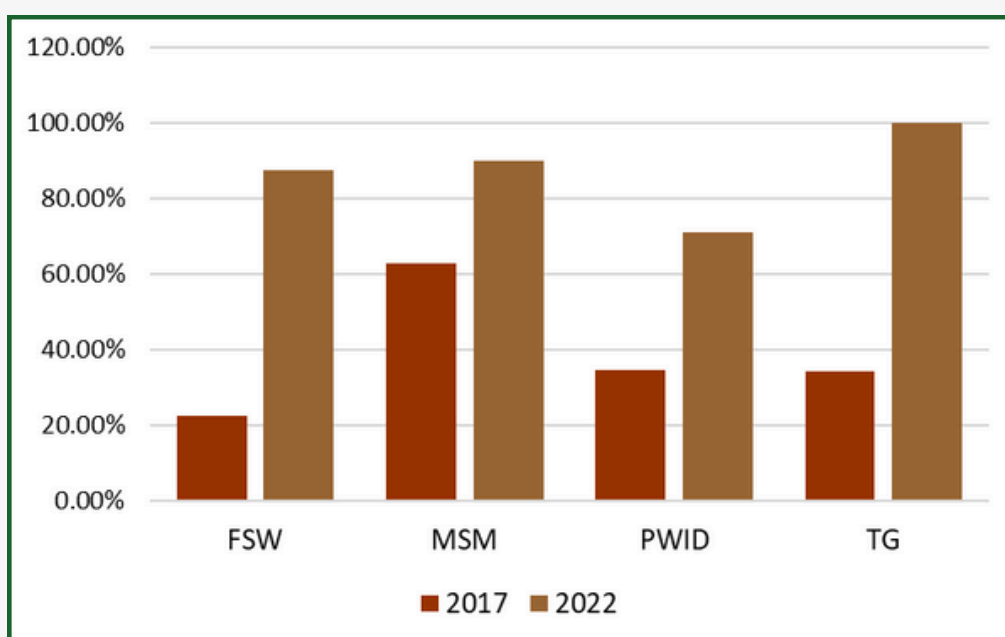


Figure 24: Percentage of people living with HIV in a key population receiving antiretroviral therapy in the past 12 months in Malaysia

Source: IBBS Malaysia

Coverage of HIV Prevention Programmes among Key Populations

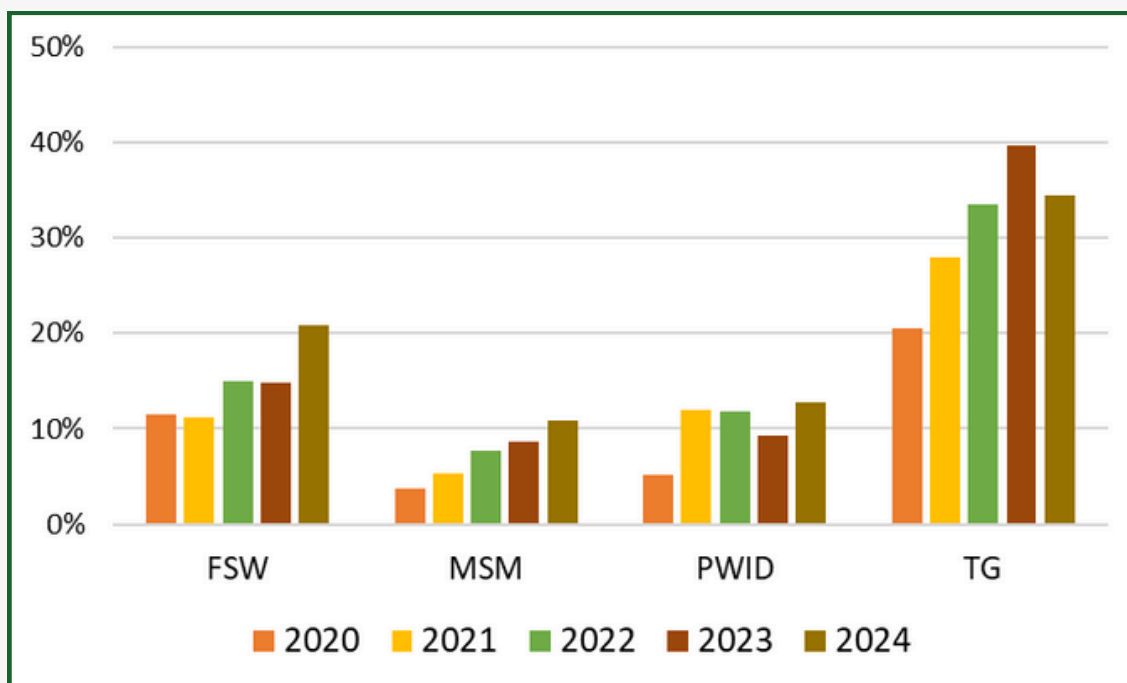


Figure 25: Percentage coverage of HIV prevention programs or interventions among key populations in Malaysia, 2020-2024

HIV intervention coverage among key populations in Malaysia aims to reduce transmission and improve health outcomes. The percentage coverage varies depending on the specific intervention and population. Generally, efforts focus on increasing access to HIV testing, condom and lubricant distribution, counselling on condom use and safe sex, opioid substitution therapy, or new, clean needles or syringes (PWID), testing for STIs, access to an antiretroviral therapy (ART), risk reduction strategies or method dan healthy sex life (abstinence and fidelity).

The increase in HIV intervention coverage in 2024 can be largely attributed to the launch of the TestNow website, a self-testing program that allows individuals to perform HIV tests privately and conveniently. This program aims to reach more key populations who might face barriers to accessing traditional testing services, such as stigma, discrimination, or limited healthcare access. By offering a user-friendly online platform for ordering and guiding self-testing kits, the program encourages more people to know their HIV status, leading to higher overall testing rates. Additionally, this platform has been integrated with other HIV prevention programs. (Details are elaborated in Chapter “UPDATES”).

Overall, while significant progress has been made, continuous efforts are required to reach higher coverage levels among key populations for effective HIV control in Malaysia.

Harm Reduction Programme for People Who Inject Drugs (PWID) in Malaysia

Harm reduction strategies in Malaysia had transformed with the rise of Opioid substitution therapy (OST), gradually replacing the Needle-Syringe Exchange Program (NSEP). Opioid substitution therapy (OST) programs have been implemented at selected government and private health facilities since 2006.

The number of needles and syringes distributed per PWID per year reached its highest point in 2016, then progressively declined over the years to a low point in 2024. This trend aligns with the observed reduction in new HIV cases among PWID. Meanwhile, the percentage of PWID on OST saw a rapid increase from 2016, reaching nearly 100% in 2022, which signifies a substantial expansion in treatment coverage. Although a slight decline is expected in 2024, overall, needle distribution has decreased, while OST coverage has increased significantly, indicating shifts in intervention approaches and resource allocation during this period. The decline in needle distribution can be attributed not only to a reduced demand, as PWIDs increasingly transition entirely to OST, but also to changes in drug use patterns, resulting in lower needs for needle and syringe distribution.

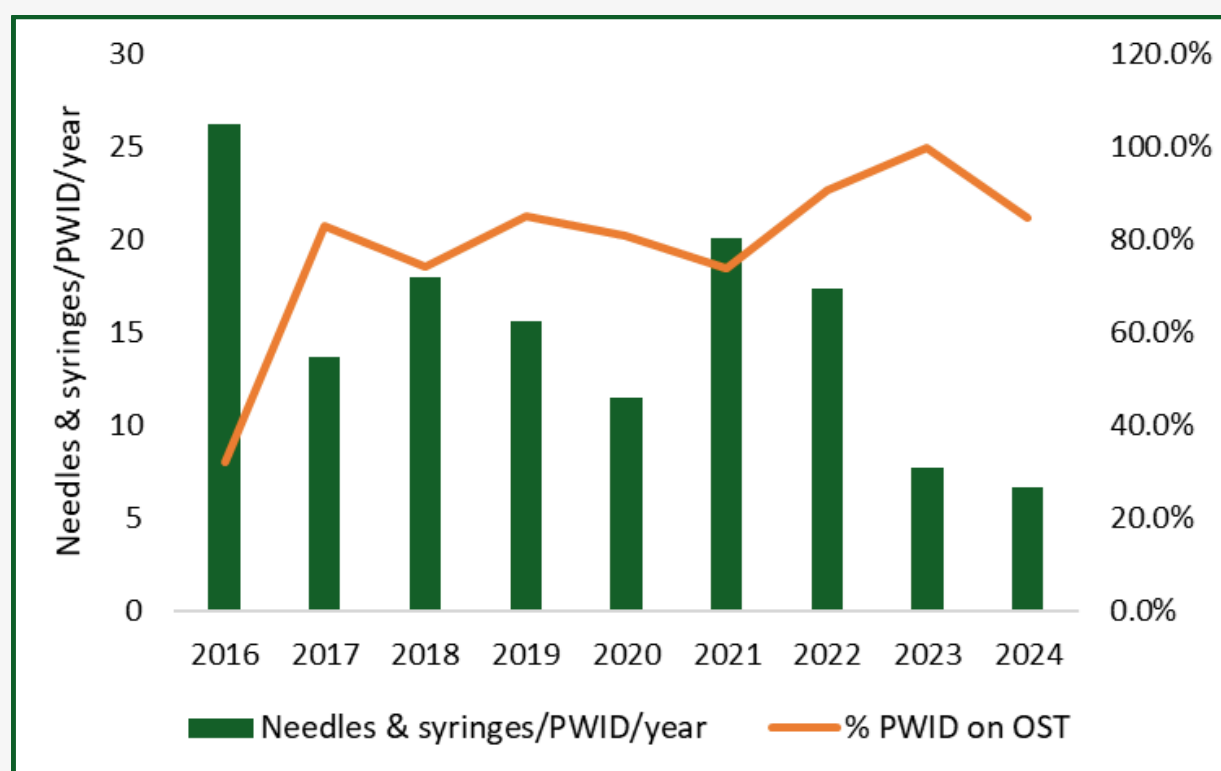


Figure 26: Needle-syringe exchange programme (NSEP) and Opioid Substitution Therapy (OST) Coverage among PWID in Malaysia, 2016-2024

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 2024, the total expenditure for HIV response was RM93 million (USD20.8 million). 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 1: Source of approximate AIDS expenditure, 2022 - 2024

Source of funding	2022 (RM)	%	2023 (RM)	%	2024 (RM)	%
Domestic Public	79,662,620	88.0	80,541,564	87.6	80,003,067	86
Domestic Private	4,922,228	5.4	4,775,295	5.2	6,012,516	6.5
International	5,893,536	6.6	6,638,163	7.2	6,981,661	7.5
Total	90,478,384	100	91,955,021	100	92,997,245	100

Table 2: AIDS Spending category – Approximate total expenditure from domestic (public & private) and international sources, 2022 - 2024

Strategies / indicator	2022 (RM)	%	2023 (RM)	%	2024 (RM)	%
Treatment, care and support	68,009,674	75.2	69,445,622	75.5	69,141,533	74.4
Prevention of HIV transmission	4,905,031	5.4	12,766,903	13.9	13,315,096	14.3
Social protection	193,065	0.2	111,075	0.1	100,705	0.1
Gender programmes	31,170	0.0	51,480	0.1	58,743	0.1
Programmes for children and adolescents	217,778	0.2	205,226	0.2	227,483	0.2
Community mobilisation	763,716	0.8	253,381	0.3	789,379	0.9
Governance and sustainability	15,918,217	17.6	8,618,112	9.4	8,904,425	9.6
Critical enablers	193,835	0.2	222,401	0.2	132,364	0.1
TB/HIV coinfection	245,898	0.3	280,818	0.3	327,516	0.4
Total	90,478,384	100	91,955,021	100	92,997,245	100

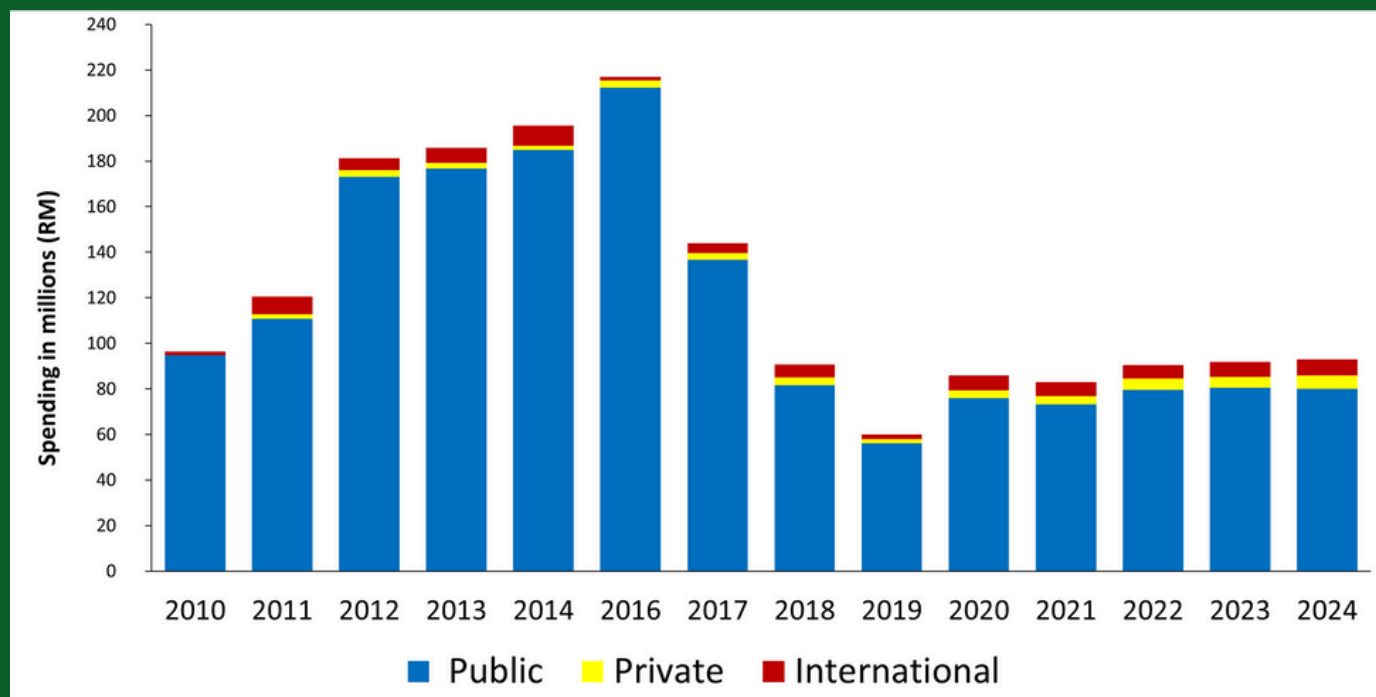


Figure 27: Total AIDS funding by year in Malaysia, 2010-2024

Ministry of Health to increase allocation for HIV/AIDS prevention programme

Highlights - Dicipta: 10 Disember 2024 02:18 PM



Yayasan AIDS Malaysia Photo

The Ministry of Health of Malaysia (KKM) has increased the allocation of an additional RM1 million for the Differentiated HIV Services for Key Populations (DHSKP) programme in order to finance the HIV/AIDS prevention programme, starting in 2025. This addition made the total annual allocation for the programme increase to RM8 million. (Paper cutting from the BeritaRTM dated 10 December, 2024)

UNIVERSAL HEALTH COVERAGE AND INTEGRATION

Universal health coverage (UHC), rooted in the WHO's 1948 declaration that health is a human right, means all people can access quality health services without financial hardship. It involves ensuring everyone, including marginalized groups like children, LGBT individuals, people with diseases, drug users, sex workers, and young women affected by HIV, is covered. The coverage should include a full range of health priorities, such as HIV prevention, treatment, and care, with services of good quality. It should be financed as much as possible through greater public financing for healthcare, including through social health insurance contributions, and general government revenues. Reducing out-of-pocket expenses so that accessing healthcare doesn't depend on one's ability to pay.

Commonly reported coinfections among people living with HIV (PLHIV) include tuberculosis, blood-borne viral hepatitis, and sexually transmitted infections. Tuberculosis is the leading infectious cause of death among people living with HIV. Reducing morbidity and mortality from HIV-associated TB requires strong collaboration between TB and HIV services at all levels with fully integrated, people-centered models of care.

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

- * Tuberculosis Preventive Therapy (TPT) 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.

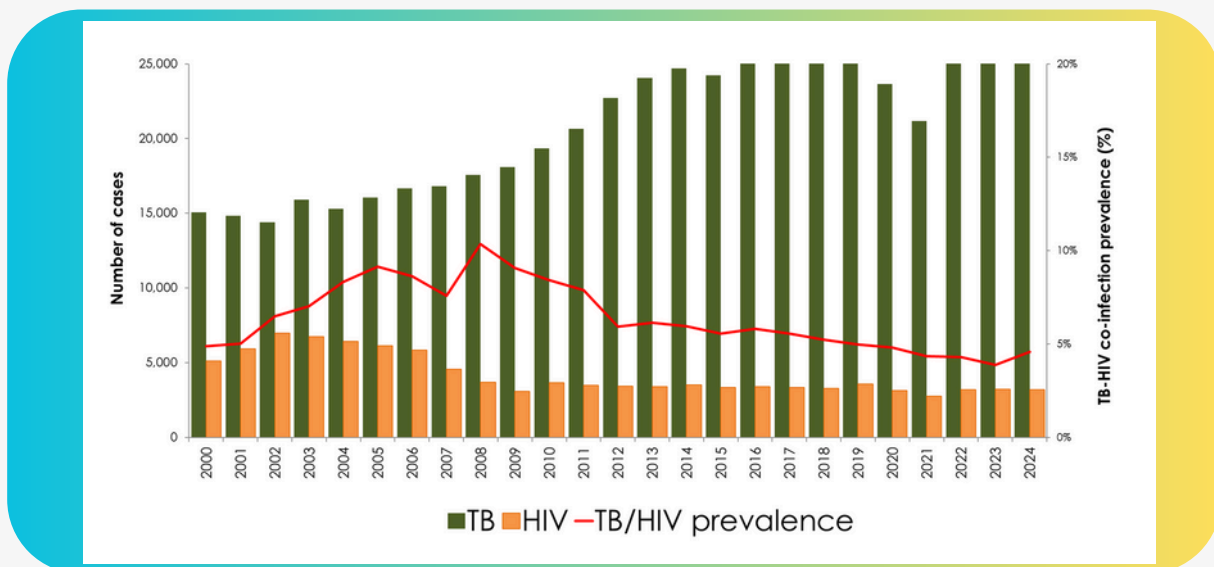


Figure 28: New TB, HIV and TB/HIV Prevalence in Malaysia, 2000-2024

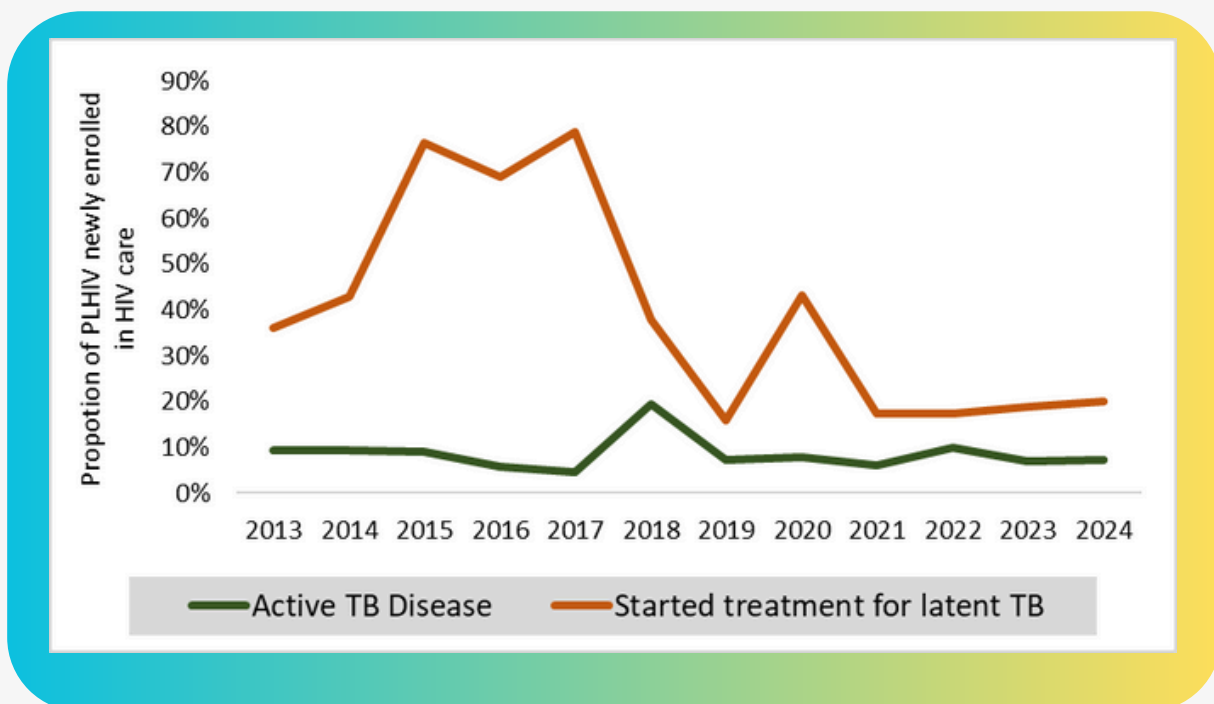


Figure 29: Proportion of PLHIV newly enrolled in HIV care with active TB disease and started on TB preventive therapy in Malaysia, 2013-2024

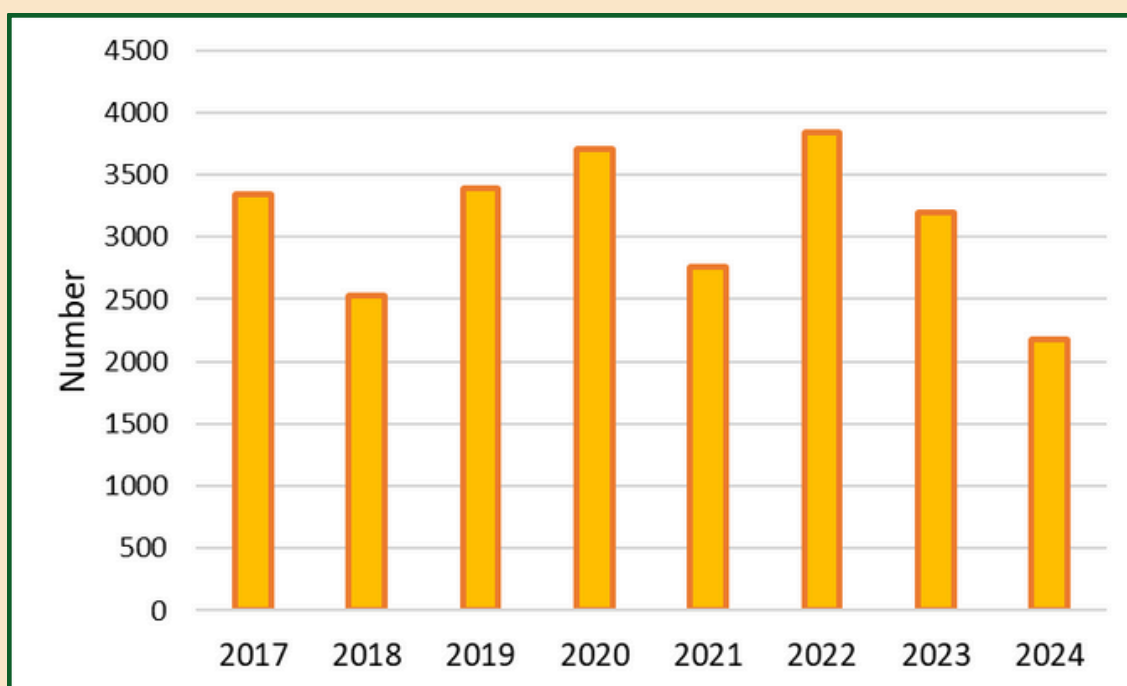


Figure 30: Proportion of people starting antiretroviral therapy who were tested for Hepatitis C Virus (HCV) in Malaysia, 2017-2024

Multiple HCV treatment studies using DAA therapy have demonstrated sustained virologic response (SVR) rates in individuals with HIV and HCV coinfection that are comparable to those with HCV mono-infection, providing convincing evidence that persons with HIV and HCV coinfection should no longer be considered a “treatment-refractory” population as they were known to be in the interferon era [1].

Hepatitis C treatment in HIV-positive individuals is crucial due to the accelerated progression of liver disease in co-infected patients. Antiviral therapy for HCV is highly effective and is recommended for most individuals co-infected with HCV [2]. Direct-acting antiviral (DAA) regimens are the standard of care, offering high cure rates with fewer side effects than older interferon-based treatments.

In Malaysia, HCV treatment is primarily provided free of charge at government health facilities. The government has implemented initiatives to increase testing and access to treatment, including the decentralization of care to primary healthcare centers. While treatment is available, challenges remain in reaching all individuals affected by HCV, particularly vulnerable populations.

1. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C, American Association for The Study of Liver Disease (AASLD)
2. Chen TY, Jain MK. Treatment of Hepatitis C in HIV-Infected Patients: Moving Towards an Era of All Oral Regimens. *AIDS Patient Care STDS*. 2015 Jun;29(6):329-37. doi: 10.1089/apc.2014.0247. PMID: 26020726; PMCID: PMC4490630.

Sexually Transmitted Infections in Malaysia

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. However, the reduction of cases in 2021 is mainly due to the COVID-19 pandemic.

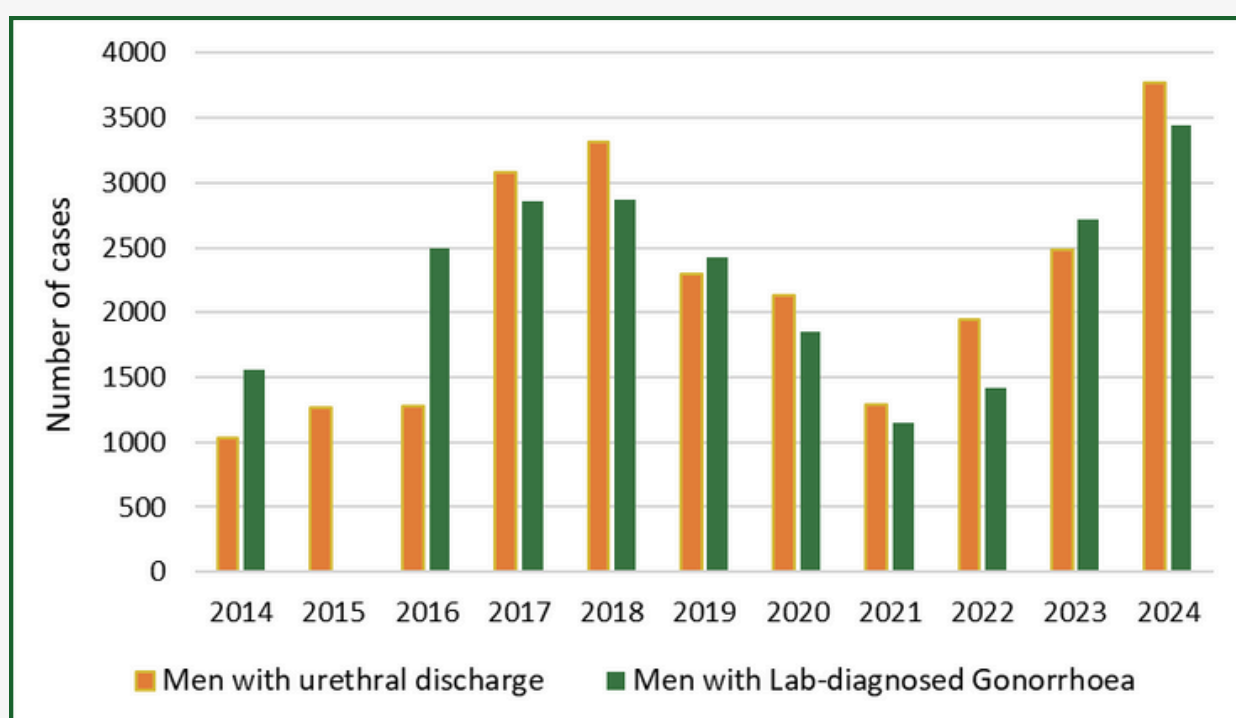


Figure 31: Number of men reporting urethral discharge in the past 12 months and number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months in Malaysia, 2014-2024

UPDATES

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 9.4 per 100,000 population in 2024. 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 five 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.

In 2024, a new approach was implemented to enhance the accuracy of estimates for people living with HIV (PLHIV), resulting in a more precise assessment of the treatment cascade.

1 METHODOLOGY FOR ESTIMATING NEW PLHIV AND DEATHS IN MALAYSIA

The methodology for estimating new PLHIV cases and deaths in Malaysia employs a cohort-based approach that combines reported HIV data with mortality trends. It integrates national surveillance data, such as annually collected reports of new HIV diagnoses, with estimates generated by the Spectrum model, a widely used global epidemiological tool for projecting HIV trends.



Data Sources and Classification

The process involves analyzing CD4 count levels to assess disease progression and collecting data on whether individuals have started antiretroviral therapy (ART) or remain untreated, which are critical factors in determining survival rates. Additionally, mortality estimates are adjusted based on CD4 status and ART status, acknowledging that death rates vary depending on disease stage and treatment. Spectrum projections provide survival probabilities for both treated and untreated individuals, enabling a comprehensive and accurate assessment of the HIV epidemic and mortality patterns within the country.

ANALYTICAL PROCESS

1

Tracking New HIV Diagnoses Over Time

- For each yearly cohort of new diagnoses, individuals are followed over time.
- The baseline cohort starts with a specific number of cases (e.g., 1,000 individuals in a given year).

2

Disease Progression and Mortality Estimation

- Within each cohort, individuals are categorized based on CD4 count levels (e.g., high to low).
- Without ART, survival probabilities are estimated using known mortality rates for different CD4 levels.
- If ART is initiated, survival rates improve, and death rates among ART recipients are separately tracked.

3

Cohort-Based Survival Analysis

For each cohort, individuals move between the following:

- From diagnosis to ART initiation or remaining untreated.
- From untreated status to death (if no ART is received).
- From ART initiation to survival or ART-related mortality.

Over time, cumulative deaths are calculated by summing up mortality figures within and across multiple yearly cohorts.

4

Cumulative Death Estimates

The total number of PLHIV deaths is derived from:

- Deaths among untreated individuals (based on estimated survival rates).
- Deaths among ART recipients (adjusted for treatment impact).

5






Final Data Consolidation

The individual cohort estimates are aggregated into

- Annual new PLHIV cases.
- Annual HIV-related deaths.

The methodology also accounts for yearly variations in CD4 progression and treatment uptake trends.

Summary for Estimating New PLHIV and Deaths in Malaysia

-  Data is stratified by CD4 count, ART status, and survival probabilities to better understand the progression and outcomes of HIV infection.
-  Individuals are categorized based on their CD4 levels, which reflect the severity of the disease, and their ART status, indicating whether they are receiving treatment or not.
-  Mortality rates are then applied separately for those on ART and those off ART, acknowledging that treatment significantly influences survival chances.
-  The Spectrum model serves as a foundational tool that provides initial baseline estimates of HIV trends and mortality, but these estimates are further refined and adjusted using real-world Malaysian data to ensure they accurately reflect the local epidemic dynamics.
-  This approach enables more precise modeling of the HIV treatment cascade and mortality outcomes specific to Malaysia.



2 HIV SELF-TESTING

Malaysia introduced an HIV self-testing program in December 2023 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.

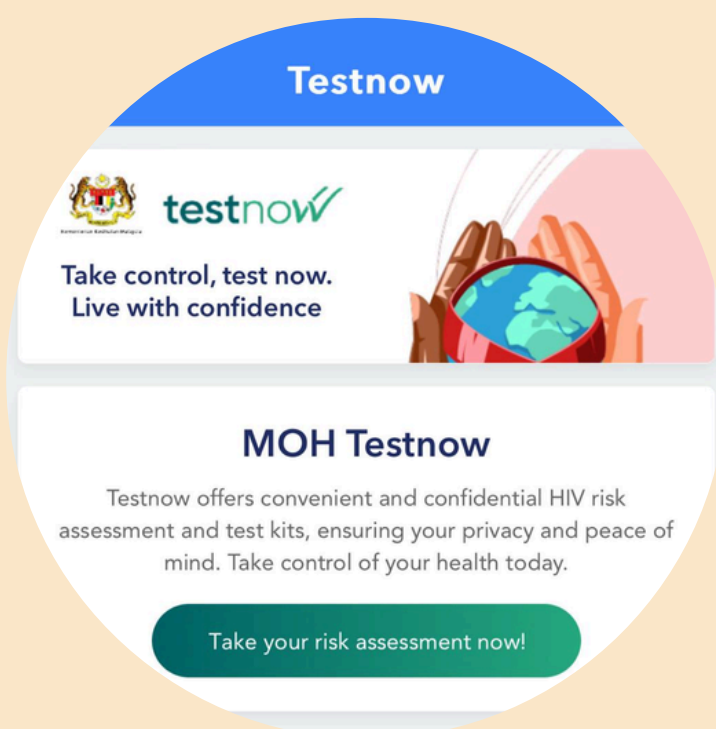


IMBAS SEKARANG

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<https://linktr.ee/protectnow>

contactus@mac.org.my



From December 2023 until June 2025, the website received 188,425 visits with an average of 324 visitors per day. Out of these visitors, approximately 50,000 individuals completed the self-risk assessment. Among them, 75% were aged between 18 and 35 years. Additionally, 55% had never been tested for HIV, and 13% were categorized as high risk for HIV.

3 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Malaysia commenced Pre-Exposure Prophylaxis (PrEP) pilot project for HIV prevention in January 2023 at 18 Health Clinics under the Ministry of Health Malaysia (MOH) with a duration of 12 months. 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.

Findings showed that out of the 3,451 PrEP users involved, only 15 individuals (0.4%) tested positive for HIV during the study period. However, further investigation revealed that all of these individuals did not adhere to the prescribed PrEP regimen, which likely contributed to their infections. The HIV sero conversion among PrEP clients is much lower as compared to other country such as Thailand (3.73 %), China (0.37 %), Kenya & Uganda (0.35 %) and Australia (0.31 %).

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 the inclusion of PrEP as part of a comprehensive HIV prevention strategy in Malaysia is crucial, promoting abstinence and fidelity among those engaged in high-risk activities remains challenging. This underscores the importance of adopting a multidimensional, client-focused, and shared-care approach that integrates biomedical, behavioral, and structural interventions.



OTHER FINDINGS

In addition to directly reducing the risk of HIV infection through PrEP medication intake, the positive impact of the PrEP Program can be seen through significant changes in user behavior. Some key achievements recorded include:

01

An increase of 9.8% in the percentage of clients practicing abstinence from sexual intercourse in the past six months.



02

Consistent condom use increased from 29.2% among new users to 41.5% at the 6-month, and 37.6% at 12 months.



03

The percentage of clients with only one sexual partner and who rarely changed partners also increased from 22.2% at the start of the program to 37.2% after 6 months, and 36.2% after 12 months of PrEP usage.



Galleries 2024



*Training of trainers (ToT):
Stop the Stigma and
Discrimination Towards
PLHIV, PLHCV & Key
Populations (HOPE) Module
for Healthcare Worker @
Pangkor Island, Perak.*

*Training on Module HERO
(Healing and Recovery) for
Methadone Treatment @ Sekincau,
Selangor.*



*Workshop On HIV Prevention,
Treatment, Care And Support For
People Who Use Stimulant Drugs @
Cyberjaya.*



Review and Updates of the Comprehensive Inmate Care Program Guidelines (HIV, Hepatitis C, and Methadone Treatment) @ Ministry Of Health, Putrajaya.



Training Session on Healthy Youth Program Without AIDS (PROSTAR) Inter Agensi 2024 @Port Dickson, Negeri Sembilan.

Workshop on Updates in Code of Practice on Prevention and Management of HIV/AIDS at the Workplace @ Port Dickson, Negeri Sembilan





AEM & Spectrum Workshop: Update on 2024 data for National and Subnational Analysis with MOH, MAC, Dr. Wiwat Peerapatanapokin, Consultant from East-Centre Hawaii and Dr. Ye Yu Shue, Strategic Information Advisor Data from UNAIDS @ Port Dickson, Negeri Sembilan.

Regional Workshop on HIV Estimates and Projections for Asia and the Pacific @ Bangkok, Thailand.



Seminar on Screening and Treatment Management of Hepatitis C at the National Level for the Year 2024 @ Putrajaya.





Workshop on Respondent-Driven-Sampling (RDS) Data Analysis by Dr Ali Mirzazadeh, Associate Professor, University of California, San Francisco @ Kuala Lumpur.

Research Implementation Workshop on Integrated Biological and Behavioural Surveillance (TBBS) Lite 2024 @ Kuching, Sarawak.



Refresher Course for Managing Sexually Transmitted Infections (STI) 2024 @ Putrajaya.

PREP ACTIVITIES



*Joint-Visit MOH-MAC
to PrEP Clinic @ Klinik
Kesihatan Padang
Besar, Perlis*



*Workshop on PrEP
Guidelines @ Genting
Highland, Pahang*



*Joint-Visit MOH-MAC
to PrEP Clinic @ Klinik
Kesihatan Kota Jembal,
Kelantan*



*Training Session on PrEP
Management to PrEP
Navigator @ Kuala
Terengganu, Terengganu*

WORLD AIDS DAY 2024



“Take the rights path,
My Health My Rights

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