HIV AND AIDS DATA HUB FOR ASIA-PACIFIC
EVIDENCE TO ACTION

Asia-Pacific

Country Reviews June 2011

MALAYSIA AT A GLANCE

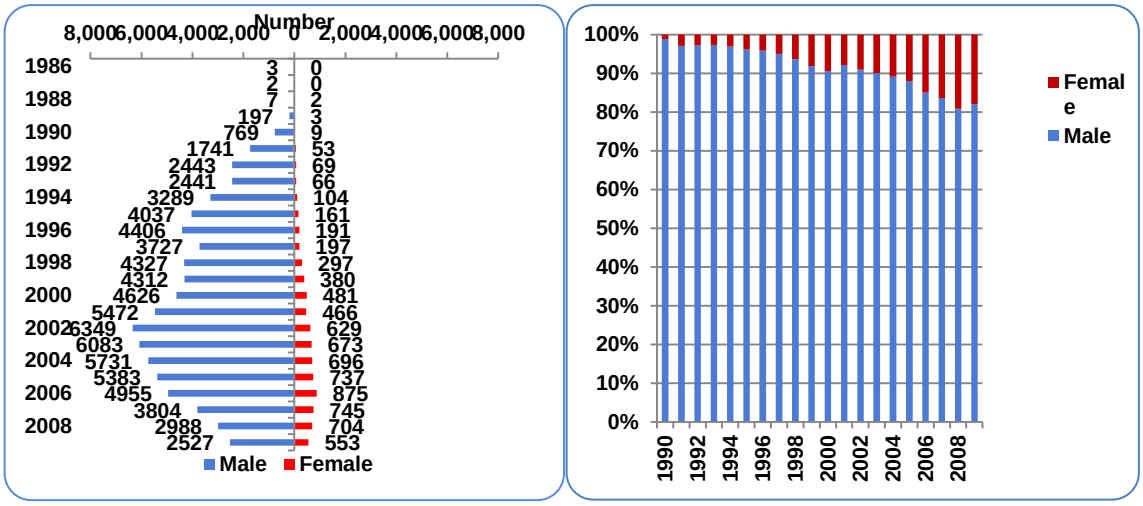
Total population (in thousands)	27,914 (2010)[1]
Annual population growth rate	1.5% (2010-2015)[1]
Population aged 15-49 (thousands)	15,082 (2008)[2]
Percentage of population in urban areas	72% (2010)[3]
Crude birth rate (births per 1,000 population)	20.4 (2008)[4]
Under-5 mortality rate (per 1,000 live births)	6 (2008)[5]
Human development index (HDI) - Rank/Value	57/0.744 (2010)[6]
Life expectancy at birth (years)	74.7 (2010)[6]
Adult literacy rate	92.1% (2005-2008)[6]
Ratio of girls to boys in primary and secondary education (%)	103 (2007)[4]
GDP per capita	14,011 (2009)[4]
Per capita total health expenditure (Int.$)	604 (2007)[5]

HIV EPIDEMIOLOGY AND TRENDS

The first reported case of HIV in Malaysia was in 1986. In 2009, HIV prevalence was 0.5% among adults aged 15-49[7]. As of December 2009, the Malaysian Ministry of Health reported a cumulative total of 87,710 HIV cases, and 15,317 AIDS cases of AIDS and 13,394 AIDS-related deaths[8]. Nearly half (45%) of cases were reportedly among those in the 30-39 year age group[9]. As shown in Figure 1 (a), the annual number of reported HIV infections has been decreasing steadily from a peak of almost 7 000 in 2002[10].

Figure 1 (a). Number of reported new HIV infections by gender, 1984-2009 (b) % distribution of reported new HIV infections by gender, 1990 - 2009

1(a) **1(b)**

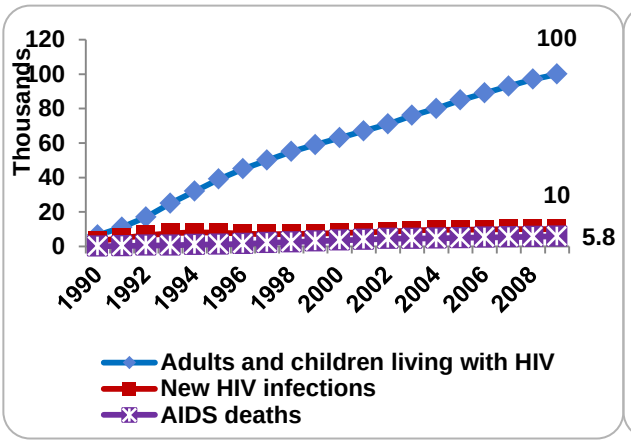


Source: Prepared by www.aidsdatahub.org based on Malaysia, AIDS/STI Sector, Ministry of Health, Malaysian AIDS Council, AIDS in Malaysia, 2009

According to the 2010 UNAIDS Report on the Global AIDS Epidemic, an estimated 10,000 people were newly infected with HIV and 5800 [4500 – 7200] died due to AIDS in 2009 (up from 3900 in 2001). By the end of 2009, an estimated 100,000 [83,000 – 120,000] adults and children (up from 67,000 in 2001) were living with HIV of which 11,000 [8600 – 15,000] were women 15 years and older[10]. The estimated adult prevalence rate was 0.5% [0.4% - 0.6%] in 2009 up from 0.4% [0.3% – 0.5%] in 2001[10].

Figure 1 (b). Estimated number of adult and children living with HIV, new infections and AIDS deaths 1990-2009 (c) Estimated number of adults (15+) living with HIV vs female (15+) living with HIV, 1990-2009

1(c)



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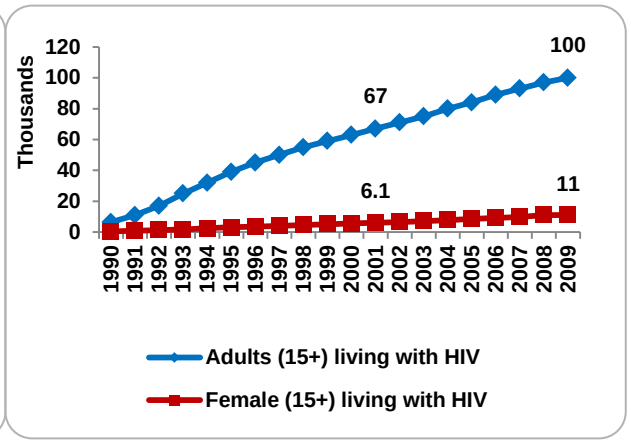


Source: Prepared by www.aidsdatahub.org based on UNAIDS, Report on the Global AIDS Epidemic, 2010

Surveillance system[11]:

- Though there is no monitoring and evaluation (M&E) department based within the HIV and AIDS framework of the Ministry of Health until 2009, fundamental M&E functions are conducted by the AIDS/STI Sector and National AIDS Registry was established and linked to e-notification system in 2009.
- HIV programme monitoring data are collected utilising a web-based National AIDS Registry, routine screening (e.g. antenatal, premarital), programmatic data from the Malaysian AIDS Council's Partner Organisations and the harm reduction programme (methadone maintenance therapy and needle and syringe exchange)
- M&E studies carried out in 2009 include: the Integrated Bio-behavioural Surveillance study among injecting drug users, sex workers, transgender persons; the Venue Day Time Survey among men who have sex with men; and the National Consensus Workshop on Estimates and Projections of the Malaysian HIV Epidemic.

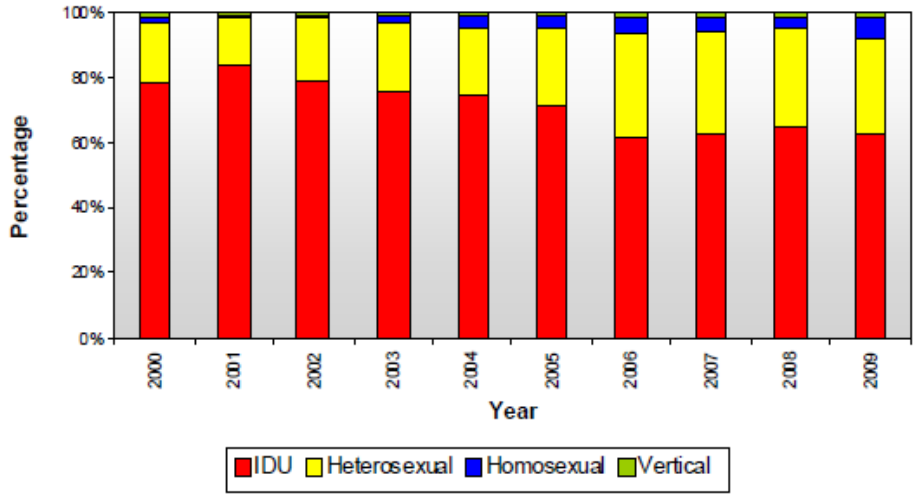
WHO IS AT RISK OF HIV IN MALAYSIA?

Malaysia is experiencing a concentrated HIV epidemic, which initially was driven by the sharing of injecting drug equipment but is now being increasingly transmitted sexually[11]. Also of note in Figure 1 (a) and (b) is the fact that women constitute an increasing proportion of infections (reaching 18% of reported new HIV infections in 2009)[10]. It has been postulated that this trend is due to the fact that fewer men are becoming infected via injecting drug use while more women are becoming infected through heterosexual intercourse.

The majority of cumulative HIV and AIDS cases from 1986 to 2009 was found amongst the Malays (71%), followed by the Chinese (14%) and the Indians (8%)[11]. The primary mode of HIV transmission varies by ethnicity. For instance, HIV acquired through injecting drug use is most commonly found in Malay and Indian ethnic groups. On the other hand, heterosexual transmission is most prevalent amongst Chinese Malaysians. Small proportions of cases are found among the indigenous population and those living in the East Malaysia states, Sabah and Sarawak.

Overall, the primary mode of HIV infection is through injecting drug use. However, there is ample evidence that heterosexual transmission has increased over the last few years followed by infections due to homosexual intercourse (Fig. 2).

Figure 2. Percent distribution of reported HIV/AIDS cases by mode of transmission, 2000-2009



Source: Malaysia, Ministry of Health, 2010, cited in UNGASS Country Progress Report, 2010

Injecting drug users

In 2009, there were an estimated 170,000 injecting drug users (IDUs) in Malaysia[12]. From 1986 to2009 there was a cumulative total of 61,947 reported cases of HIV among IDUs[11]. Cases are reportedly predominant amongst the young male population, especially amongst the Malay ethnicity[11]. Women represent only a fraction (around 2%) of the reported number of IDUs[11]. Overall, HIV prevalence among IDUs was 22.1% in 2009, up from the 11% reported in 2007[13].

A 2006 Behavioural Surveillance Survey (BSS) conducted among IDUs indicated that IDUs have overlapping sexual networks with other key affected populations[14]. In particular, of the 37% who had had sex in the last month prior to the survey, 15% had bought or sold sex in the last month, and 12% of the men had purchased or sold sex[14].

Female sex workers

As of December 2009, 563 women working as sex workers were detected as being HIV positive[11]. The 2009 Integrated Bio-behavioural Surveillance (IBBS) reported a 10.5 HIV prevalence among female sex workers (FSWs)[13].

Limited research has been done on FSWs in Malaysia. Sex workers exist underground due to prohibitive laws as well as stigma and discrimination within the society. Sex work venues vary from the streets to entertainment establishments such as fitness clubs and hairdressing salons[15]. A recent estimation in 2009 put the number of sex workers at 60,000, with direct sex workers making up 40% and indirect sex workers 60% of the total[16; 17]. Direct sex workers work full time and may be brothel-based or street-based. Indirect sex workers work mainly in entertainment outlets, massage parlours, spas and homes.

From the 2009 IBBS, the mean number of clients per FSW was 320 per year, although the median was 100, implying that there are outliers of FSWs with very high contact rates[18]. It has been estimated that about 8% of adult males have ever visited sex workers, and that the client population totalled 845,000 as of 2009[16].

The IBBS 2009 revealed that 10% of the FSWs surveyed reported symptoms of sexually transmitted infections, and 28% had been to a medical check-up[18]. A 2000 study (n= 208) supported by the World Health Organization (WHO) revealed that 41% of sex workers (including transsexuals) surveyed in Kuala Lumpur had at least one sexually transmitted infection (STI), while 30.1 % showed evidence of syphilis infection[19; 20].

Men who have sex with men

There are an estimated 173,000 men who have sex with men (MSM) in Malaysia[7]. HIV prevalence among this population was 3.9% in 2009[21]. This figure is lower than the prevalence of 7.1% reported in 2007, but sampling methods differed: 2009 prevalence was obtained through a venue-based study in Kuala Lumpur, while 2007 data was obtained from VCT site data[22; 23; 24].

Despite the fact that homosexual transmission accounted for 5.3% of new cases of HIV in 2009 and that MSM are key affected population in the region, data about MSM risk behaviours and vulnerability factors are highly insufficient. Also, due to social pressures, cultural context and the fear of facing stigma, MSM are often difficult to monitor and reach. Moreover, many are married or have female partners. In 2009, 16.1% of MSM reported having had sex with a female partner in the past six months[21].

Other subgroups

Transgendered persons, like MSM, are also stigmatized in Malaysia society. It is estimated that the transgender population size is 5,000[25]. The 2009 IBBS conducted among the transgender community was the first to capture biological and behavioural data with this population. From this survey, it was found that HIV prevalence among transgender persons was 9.3%[13]. The survey also revealed that approximately 80% of transgender persons sold sex at some point in the last year[13].

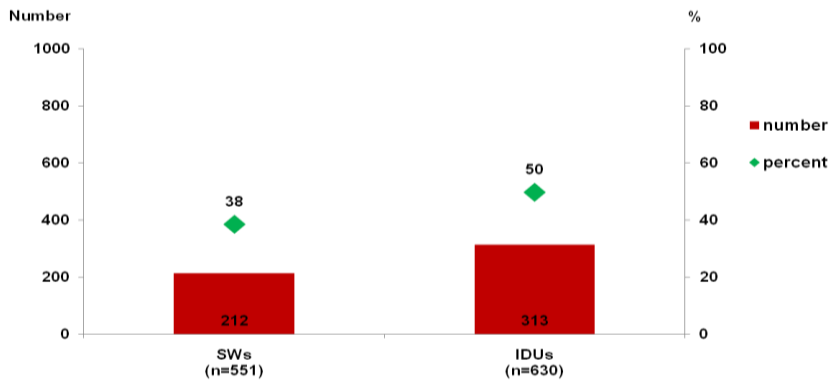
There are an estimated 1.6 million registered migrant workers and around 500,000 undocumented workers currently residing in Malaysia[26]. As of 2009, a cumulative total of 1,021,542 migrant workers were screened for HIV, of whom 0.06% were reported positive[27].

Knowledge, Vulnerability & Risk Behaviours

Knowledge about HIV

Comprehensive knowledge about HIV, based on standard UNGASS monitoring indicators, – that is, who are able to both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission – is low across all key affected populations. According to the 2009 IBBS, only 50% of IDUs, 39% of sex workers, and 36% of transgender persons surveyed had such comprehensive knowledge (MSM were not assessed) (Fig. 3)[13; 23]. Much higher levels of knowledge were reported among IDUs (98%) in 2002 and FSWs (78%) in 2004 but it could be because only those who attended HIV services were sampled[28].

Figure 3. Number and % of sex workers and IDUs with comprehensive HIV knowledge, 2009



Source: Prepared by www.aidsdatahub.org based on Malaysia, Integrated Bio-Behavioural Surveillance (IBBS), 2009, cited in UNGASS Country Progress Report, 2010

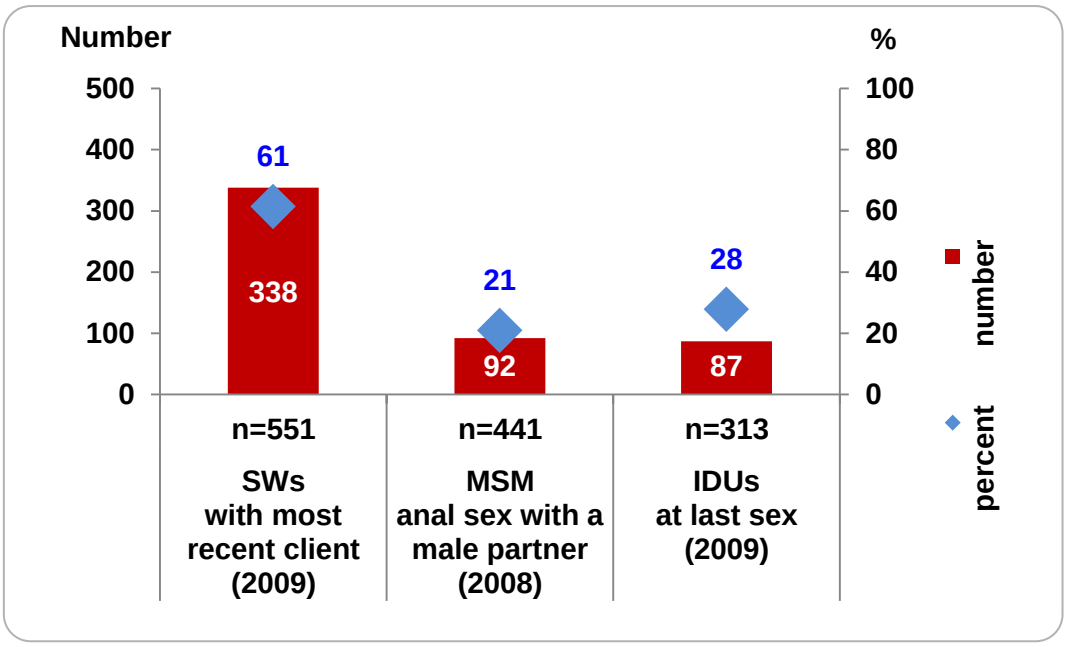
Levels of comprehensive HIV knowledge is also low among the general population of young people. A study of 6,000 national service trainees (aged 17-19 years) found that only 23% had comprehensive knowledge about HIV in 2008[29].

Condom use

Sixty-one percent of FSWs in the 2009 IBBS reported using a condom with their last client (up from 35% in the 2004 IBBS)[13]. Reasons cited by the respondents for using a condom were as follows: to protect oneself from sexually transmitted infections (95%); to prevent pregnancy (73%); and to heed clients' request (34%)[18]. Reasons for not using a condom included the lack of condom availability and the clients' refusal to wear one[18]. It was reported that clients paid more if condoms were not used[18].

Condom use is low among FSWs. However, condom use at last sex was even much lower among MSM (21%)[30] and IDUs (28%) in 2009[13] (Fig. 4). On the other hand, 94% of transgender persons reported the use of a condom during their last sexual encounter with a client during same period[13].

Figure 4. Number and % of key affected populations who reported the use of a condom at last sex, 2008 and 2009



Sources: Prepared by www.aidsdatahub.org based on Malaysia, Integrated Bio-Behavioural Surveillance (IBBS), 2009 and Malaysian AIDS Council/ PT Foundation VCT programme survey, cited in UNGASS Country Progress Report, 2010

Injecting behaviours

In 2009, 83% of IDUs reported using sterile injecting equipment at their last injection[13] – a marked increase from the only 28% reporting as such in 2004[31]. Also, 5.6% of FSWs and 3.1% of transgenders reported having injected drugs in the past year, while 11.7% of transgender had sexual partners who injected drugs[13].

NATIONAL RESPONSE

Law and policy implementation

The following are legal issues relating to HIV and AIDS in Malaysia:

- Male-to-male sex is criminalized by virtue of Section 377A of the Penal Code (Act No. 574) and, in certain states, by Sharia Law.
- The *Women and Girls* Protection Act prohibits the following[32]:
    - Procurement of a female for the purpose of sex work;
    - Detention of a female in a brothel or any other place against her will with the intent that she may be employed or used for the purpose of sex work;
    - Trafficking in female persons;
    - Management of a public place used for the purpose of sex work; and
    - Living off earnings of sex work.
- The *Minor Offenses Act* also includes, under the 'Idle and Disorderly Persons' section, a law that states that "every prostitute behaving in a disorderly or indecent manner in or near any public road or in any place of public resort" can be penalized[33].
- Malaysia retains the death penalty for offences related to drug trafficking.
- The possession of needles and syringes without a medical prescription is prohibited[11].
- Transgender persons are prosecuted under civil law as well as religious laws for cross-dressing offences[11].
- Stigma and discrimination against people living with HIV are persistent

Governance[11]

In 2005, as a result of strong advocacy work, the Government propelled an improved response to the epidemic by strengthening stronger political commitment and leadership at the highest level. The National Strategic Plan (NSP) 2006-2010 was developed to manage the country's response to HIV. The NSP has three main priorities:

- To secure commitment for the Harm Reduction Programme, specifically on the issue of needle exchange;
- To provide ARV treatment for first line and second line regimes; and
- To identify key affected populations and target HIV prevention programmes accordingly.

The Cabinet Committee on HIV/AIDS (CCA) was established under the current NSP and is chaired by the Deputy Prime Minister. The Malaysian AIDS Council sits on this Committee as well. In 2009, the CCA was restructured and is now known as the National Coordinating Committee on AIDS Intervention (NCCAI) chaired by the Minister of Health. Civil society is also represented in this Committee.

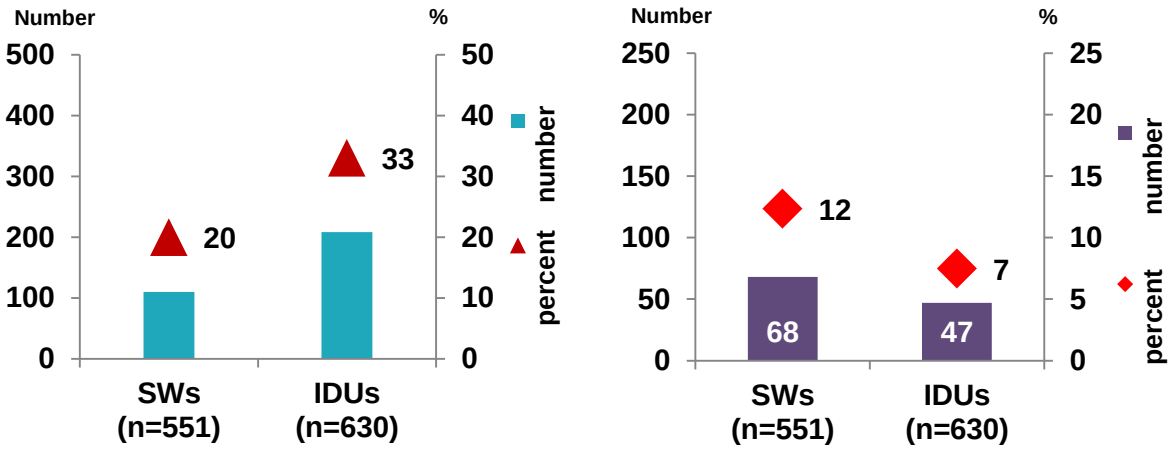
To address the emerging concern related to women and girls becoming infected and the sexual transmission of HIV, the Government established a multi-sectoral Taskforce on Women, Girls and HIV. The Task Force, whose members also include civil society and academia, has been mandated to provide recommendations to the government to address the socio-behavioural and economic issues related to the feminisation of the epidemic. The Task Force is chaired by the Ministry of Women, Family and Community Development.[13]

HIV Prevention Programmes

Malaysia first developed a screening program in 1986 and, in 2009, 1,047 public and 6,580 private health facilities were providing VCCT services[34; 35]. A total of 662,062 people (aged 15 and above) received HIV testing and counselling in 2009[35].

In 2009, approximately 20% of FSWs and 33% of IDUs reported having received an HIV test in the last 12 months and knew the result (Fig. 5)[13]. Comparatively, 12% FSWs and only 7% of IDUs surveyed in the 2009 IBBS had been reached with HIV prevention programmes[38]. Meanwhile, 65% of transgender persons had been reached with HIV prevention programmes[23].

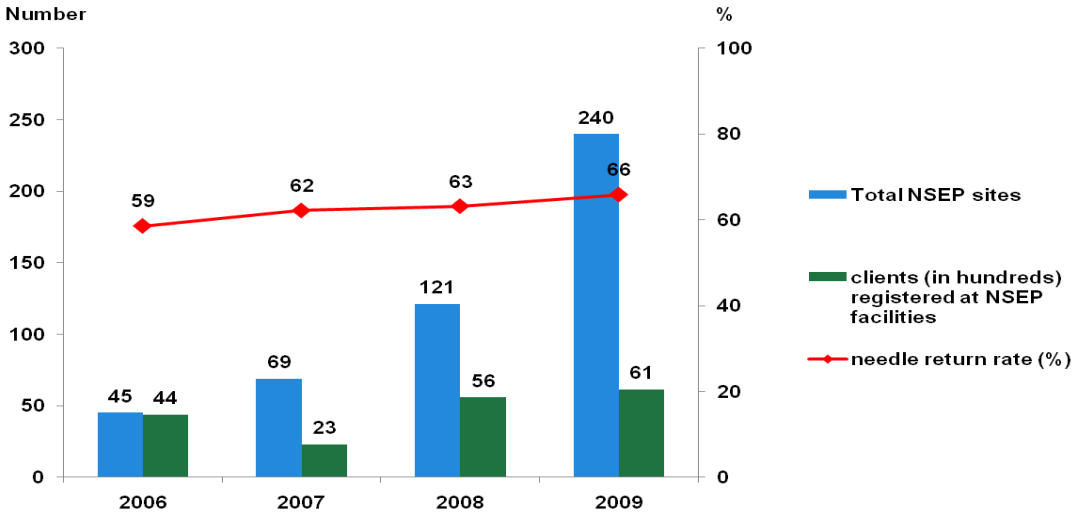
Figure 5 (a). Number and % of sex workers and IDUs who received an HIV test in the last 12 months and knew the results, 2009 : (b) Number and % of sex workers and IDUs reached with HIV prevention programme, 2009



Source: Prepared by www.aidsdatahub.org based on Malaysia, Integrated Bio-Behavioural Surveillance (IBBS), 2009, UNAIDS (2010), Report on the Global AIDS Epidemic

Prior to 2005, opioid substitution therapy and needle exchange programs were consistently rejected by the Malaysian government on the basis of its zero tolerance and drug-free policy, despite the fact that the HIV epidemic was largely driven by IDU[36]. However, in 2005, the government consented to the implementation of pilot methadone maintenance therapy and needle/syringe exchange programs[36]. These were eventually scaled up and – as of 2009 – 0.95 opioid substitution therapy sites per 1,000 IDUs were established, and there were 1.4 needle and syringe programme sites per 1,000 IDUs, with an average of 14.7 needles/syringes distributed by such programmes per IDU per year[35]. As shown in Figure 6, the total number of needle and syringe exchange programme sites had increased dramatically over the 2006 to 2009 period, now reaching 6,100 clients[11]. The needle return rate also had increased steadily to 66% in 2009[11].

Figure 6. Number of needle and syringe exchange programme (NSEP) sites, client registration and needle return rate, 2006-2009



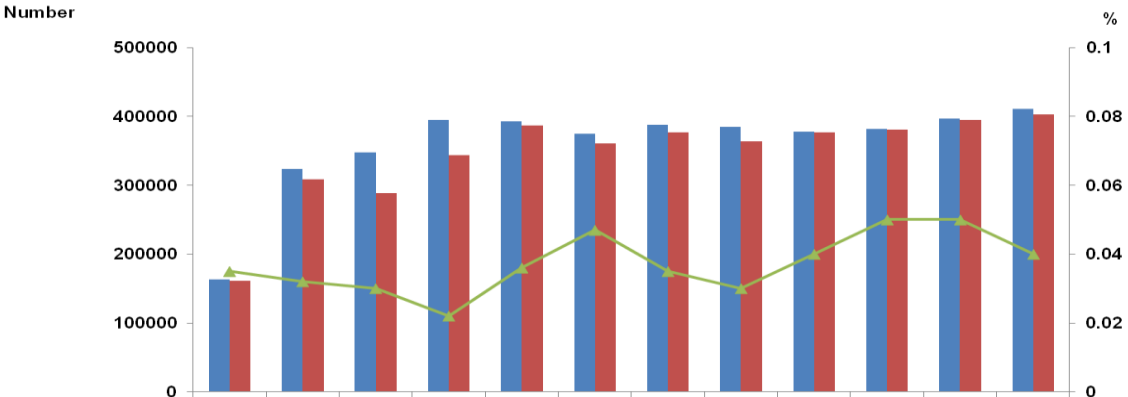
Source: Prepared by www.aidsdatahub.org based on Malaysia, UNGASS Country Progress Report, 2010

Antiretroviral treatment, Prevention of Mother-to-Child Transmission

In 2009, 1,255 out of 7,627 health facilities were providing antiretroviral therapy (ART), with 9,962 adults and children receiving ART (up from 8,197 in 2008)[34; 35] and 37% of adults and children with advanced HIV infection received ART[11].

Figure 7 shows the proportion of ANC attendees tested for HIV, as well as the fluctuating trend in HIV prevalence among pregnant women. For the period of 2007 – 2009, 0.05% of pregnant women tested positive for HIV[37]. In terms of prevention of mother-to-child transmission (PMTCT), as of 2008, 3,176 health facilities were providing antenatal care services, with 263 providing ANC and VCCT services and ARVs for PMTCT[35]. In 2009, 100% of pregnant women living with HIV reportedly received ARVs for PMTCT, while 2.7% of infants born to HIV infected mothers were themselves HIV infected[11].

Figure 7. Number of ANC attendees, number tested for HIV and % HIV positive among pregnant women, 1998-2009



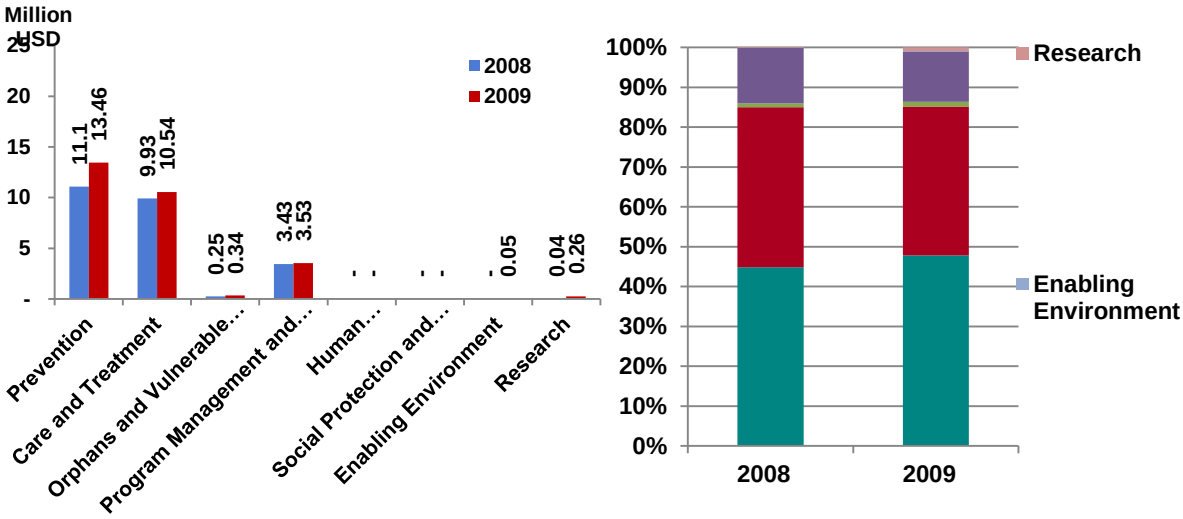
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
ANC attendees	162960	323902	347979	394534	393173	374386	388037	385352	377735	381686	396951	410980
# tested for HIV	161087	308641	288390	343891	387208	361152	377018	363399	377153	380702	394873	403287
% HIV positive	0.035	0.032	0.03	0.022	0.036	0.047	0.035	0.03	0.04	0.05	0.05	0.04

Source: Prepared by www.aidsdatahub.org based on Malaysia, Ministry of Health, 2010, cited in UNGASS Country Progress Report, 2010

ECONOMICS OF AIDS

Overall spending for AIDS had increased from USD 24.3 million in 2008 to USD 27.7 million in 2009[38]. The big majority (98.8% and 98.4% respectively in 2008 and 2009) of total AIDS spending was financed by domestic sources[38]. In terms of spending by activity, prevention initiatives received the highest proportion of funding followed by care and treatment activities and program support costs (Fig. 8)[39].

Figure 8 (a) Amount and (b) Percent distribution of total HIV expenditures by major spending category, 2008 and 20098 (a)



Source: Prepared by www.aidsdatahub.org based on UNAIDS, Report on the Global AIDS Epidemic, 2010

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