



## Fact Sheet: HIV and AIDS in Malaysia

**Population:** 28,859,154<sup>1</sup> (2011)

### HIV/AIDS related statistics

**Number of people living with HIV (2011):** 81,000

**New HIV cases in 2011:** 3,479 (6,978 in 2002)

**Deaths due to AIDS (2009):** 5,800 [4,500 – 7,200]

**HIV prevalence:** 0.5%

**Cumulative number of reported HIV infections since 1986:** 94,841

**Cumulative number of reported AIDS case since 1986:** 17,686

**Cumulative number of reported deaths related to HIV/AIDS since 1986:** 14,986

### Overview

The HIV epidemic in Malaysia is concentrated among key affected populations especially among injecting drug users (IDUs), female sex workers and the transgender population. There is also clear evidence based on operational research that the overlapping of injecting drug use and high risk sexual behaviour is occurring which results in increased HIV infection between the different populations.

In the earlier phase of the pandemic, IDU was the key driven factor. The implementation of harm reduction programmes since 2005 has reduced the number of HIV infections through sharing needles. In 2011 sexual transmission has superseded IDU as the main driven factor for the epidemic.

Males continue to represent the majority (90%) of cumulative HIV cases in Malaysia.

Amongst men, 48% acquired infection via injecting drug use and 47% through sexual transmission.

Most HIV infections amongst women occurred mainly through heterosexual transmission (87%).

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<sup>1</sup> World Bank data 2011

While the infection among males is showing a significant decline beginning in 2003, the female infection rate is showing the opposite trend.

Women and girls are increasingly getting infected with HIV and constitute around 21% of newly infected persons nationwide in 2011 compared to barely 5% ten years ago.

According to the UNAIDS Global Report 2012, the incidence rate of HIV infection among adults 15-49 years old has decreased between 26% to 49% from 2001 to 2011.

### **Key Affected Population**

- **Injecting Drug Users (IDUs)**

It is estimated that there are about 170,000 IDU in the country.

At the beginning of the epidemic, IDU was the main driver with 70-80% of all new reported cases in 1990s being attributed to injecting drug use. This has started to decline constantly in 2004, and reached 38.7% in 2011 signalling a rise in the proportion of sexually transmitted HIV.

National HIV detection among new injecting drug users (IDU) is projected to reduce from 11% in 2011 to 10% in 2015. The reduced rate indicates that on-going prevention programmes such as Needle Syringe Exchange Programme (NSEP) are effective preventive measures.

- **Sex workers**

A size estimation study of sex workers in Malaysia estimated the population of sex workers in Malaysia to be 60,000 comprising of 40,000 female sex workers (FSW) and 20,000 transgender (TG)<sup>2</sup>.

Sex workers account for approximately 0.6% of total reported cases or 611 of the 94,841 cases reported so far.

In comparison to the large proportion of injecting drug users reported to be infected with HIV, the number of HIV cases reported among sex workers is quite small. However, this is taken as a gross underreporting of this population as sex workers will not necessarily identify themselves as such and may not come forward for treatment. Current studies also only involve female and transgender sex workers. As it is, the situation with male sex workers is currently largely unknown as they are often hard to identify. As such, they are left out of existing outreach and intervention programmes.

- **Men who have sex with men (MSM)**

Under the existing classification in the HIV surveillance system, MSM are considered to be in the homosexual/bisexual category, and as of December 2011, there were 2,406 (2.5%) out of 94,841 cumulative number of HIV reported cases among this category. The current level of HIV testing among MSM is between 25 to 49%<sup>3</sup>

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<sup>2</sup> Lim HE, Ang CL and Teh YK. Size estimation for local responses in Malaysia for HIV prevention in sex work, 2010 (unpublished)

- **Transgender people (TG)**

It is estimated that there are about 20,000 TG in this country<sup>19</sup>. TG are often stigmatized and discriminated by society. It was previously unknown as to how many cases of HIV were seen or estimated within this population. However, after a survey conducted with the Transgender community in 2009, a better picture has emerged of this population. From this survey, it was found that the population was experiencing a HIV prevalence of 9.7%

- **Young population at risk**

To date, no national study or survey has been conducted to estimate the number of children affected by HIV in the country and to examine their vulnerabilities to HIV infection. Of the total 94,841 cumulative HIV cases since 1986, some 2,324 (2.4%) were individuals aged 19 years and below. In 2011, children and young people aged 19 years and under made up 3.5% (120) of 3,479 new reported HIV cases for that year, out of which 65 (54%) were aged under 13 years and acquired their infection through vertical transmission.

### **Antiretroviral treatment (ARV)**

Malaysia is already and will continue to provide affordable access to clinical care through the public health system. Two significant achievements have been accomplished: first, the availability and provision of first line ARV treatment at no cost for those who need it and second, the availability of ARV treatment for incarcerated populations, specifically for prisoners with HIV as well as inmates in drug rehabilitation centres. Currently, the second line regime is also heavily funded by the government.

The harm reduction programme, comprising the Needle Syringe Exchange Programme (NSEP) and the Opiate Substitution Therapy (OST), remains the cornerstone of the Malaysian Government's HIV prevention strategy.

### **HIV Screening**

Malaysia started introducing HIV screening in 1985. Currently, all government health facilities are providing free HIV screening facilities. The Anonymous HIV Voluntary Screening programme was piloted in 2001 and later expanded nationwide in 2003. Since 2011, as many as 19,804 people accessed this facility to obtain their HIV status out of which 57% were males and 65% were between the age of 20 and 39.

### **Prevention of Mother to Child Transmission (PMTCT) Programme**

The Prevention of Mother to Child Transmission (PMTCT) programme was piloted in 1997 and implemented nationwide in 1998 in all government health facilities. The programme incorporates HIV screening utilising an opt-out approach. Approximately more than 75% of all pregnant women nationwide have access to antenatal care in public healthcare facilities.

In 2011, a total of 443,453 pregnant women attending antenatal care had HIV screening.

## **Recent Trends in the Epidemic**

### **a) HIV/TB Co-Infection**

Around 16,000-20,000 new cases of Tuberculosis (TB) are reportedly annually in Malaysia; PLHIV are particularly vulnerable to TB because of their weakened immune system.

From 1990 to 2011, the number of HIV/TB co-infections reported nationwide has increased from 6 to 1,630 cases. In an effort to reduce morbidity and mortality of TB/HIV co-infection, the government started Isoniazid prophylaxis in 2011.

### **b) Increase proportion of HIV acquired through sexual transmission**

Even though at the moment injecting drug use remains the main mode of HIV transmission in Malaysia, there is clear evidence that sexual transmission is becoming a major factor. Compared to 2000, when infection through injection drug use for 70-80% of all new HIV cases, this proportion was 38.7% in 2011.

### **c) HIV and Women**

From 1986 to the end of 2011, 9,494 women and girls in Malaysia have acquired HIV, and about 45% of these cases were reported from 2005 to 2011. These data show how the profile of the epidemic in Malaysia has slowly moved from almost entirely male to having a higher proportion of female cases. This trend is strongly linked to women and heterosexual transmission.

### **d) Multiple risk behaviours**

There is a clear overlap between use of injecting drugs and sex work. Also, sexual risk behaviour related to use of drugs should not be considered within the bounds of sex work. While the impact of drugs in sexual behaviour may vary, there are a number of effects related to drug use that could contribute to risky sexual behaviour. A nationwide study among sex workers conducted by the United Nations Population Fund (UNFPA) and the Federation of Reproductive Health Associations of Malaysia (FRHAM) in 2008/2009 revealed that 16% of sex workers were using drugs while 13% were ex-drug users; close to 29% of them were injecting drug users and about a third shared needles with their friends and husbands.<sup>4</sup>

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<sup>4</sup> HIV and Sex Work. Investing in Sexual and Reproductive Health and Rights. UNFPA & FRHAM. 2010

## Sources

This material was prepared by the IAS 2013 Communications Department using the following sources:

[Country Progress Report - UNGASS 2012](#)

[UNAIDS Global Report 2012](#)

[National Commitments and Policies Instrument \(NCPI\) - 2012](#)