

## Introduction

In 1993 the AIDS/STD Section was formed after the directive from Cabinet as to strengthen the prevention and control of HIV/AIDS in this country.

**The objectives of the HIV/AIDS Control Programme are as follows**

1. To prevent HIV/AIDS transmission and to control its spread
2. To minimize the morbidity and suffering associated with the infection.
3. To mobilize the government and NGOs' resources in the fight against HIV/AIDS.
4. To promote and enhance international collaboration and co-operation.

**Strategy**

1. Provision of information, education and communication on HIV/AIDS
2. Promotion of healthy lifestyle practices
3. Early detection of HIV infection
4. Harm reduction for the vulnerable and at risk groups
5. Monitoring the situation through HIV surveillance and epidemiological measures
6. Provision of appropriate medical/health services and supportive care at institutional and community levels

# HIV / AIDS

## Situation in Malaysia

HIV/AIDS was not reported in this country until December 1986. As of end of December 2004, a cumulative total of 64,439 HIV infected individuals have been reported to the Ministry of Health Malaysia (inclusive of AIDS), of whom 9,442 were notified as AIDS cases and 7,195 have died.

The annual reported cases of HIV infection had increased from 778 cases in 1990, to 4,198 in 1995 and 6,978 in 2002. In 2003 and 2004 the number of reported new infection has reduced to 6,756 and 6,427 respectively.

HIV transmission in Malaysia continues to be mainly through sharing of needles among drug users (IDUs) (75.1%), followed by heterosexual (13.6%) and homo/bisexual route (1.3%) while 0.7% of the infections are attributed to vertical transmission. Only 25 cases were attributed to blood transfusion.

The male gender still represents the majority of the reported HIV infections and AIDS cases, i.e. 93.1% and 91.0% respectively. However the proportion of female being infected have been on the rise, from 1.2% (1990), 3.8% (1995) to 9.0% (2002). Majority of HIV infection were in the age group of 20 to 29 years old (36.2%) and 30 to 39 years old (42.7%).

# Major Milestones in Organizational Response

## I. ESTABLISHING NATIONAL POLICY MAKING BODY

In 1985 an Inter-Sectoral Committee, named the National AIDS Task Force chaired by the Director General of Health was formed, which was given the responsibility of formulating policies, strategies, programmes, activities and coordinating the AIDS Prevention and Control Programme in the country.

The Ministerial Level Committee on AIDS chaired by the Minister of Health, with membership consisting of Ministers from various Ministries is the highest policy making body in pertaining to issues related to HIV/AIDS was established in 1992. The last meeting was in 2002 in Kuala Lumpur.

The National Task Force was later replaced by National Coordinating Committee on AIDS chaired by Secretary General of Health and Technical Committee on AIDS chaired by Director General of Health in 1993.

At every State in Malaysia, a “State Coordinating Committee on AIDS” was established under the State Secretary and made responsible for the implementation and coordination of AIDS Prevention and Control activities in the local arena.

## **II. SCREENING OF BLOOD AND BLOOD PRODUCTS**

Stringent screening of blood and blood products for HIV has been established in the country since 1986. All blood donors are subjected to mandatory HIV screening. Currently Malaysia has 76 HIV screening centers throughout the country. In 2004, the HIV prevalence rate among the blood donors has been reported to be around 0.025%.

## **III. SURVEILLANCE OF HIV/AIDS**

AIDS has been gazetted as a notifiable infectious disease on 22 May 1985. Under section 10 of the Prevention and Control of Infectious Diseases Act 1988 (Act 342), HIV of all forms (HIV, AIDS and deaths) is listed in Part II of the first schedule which need to be notified to the nearest Medical Officer of Health. Therefore, a person infected with HIV has to be notified three times as if he/she undergoes the three stages above.

The HIV/AIDS surveillance program was initiated in 1988. Routine HIV screenings amongst drug users and sex workers in correctional institutions have been initiated as early as 1989. This was subsequently expanded to include prisoners involved in high risk activities, foreign workers and patients with sexually transmitted infections and TB infections. Through these surveillance activities, HIV/AIDS burden and trends are being constantly monitored.

Type of Surveillance carried out in this country are:

### **a) Passive Surveillance**

This is the mandatory notification of HIV/AIDS cases under the Act 342. The disease pattern under this surveillance mechanism is best reflected in AIDS cases in this country. This is the pattern of HIV/AIDS in this country if the Ministry does not have the active surveillance.

## **b) Active Surveillance**

This is the programme that the Ministry of Health with cooperation of “Agensi Anti Dadah Kebangsaan (AADK)”, “Jabatan Penjara Malaysia” and other agencies carry-out HIV screening as part of management of their HIV infected inmates or prisoners. Some programmes are carried out at facilities under the Ministry of Health. These programmes are:

- Voluntary HIV screening at Drug Rehabilitation Centres, Prisons and other rehabilitation centres (Appendix 1).
- Voluntary HIV screening of TB (Appendix 2).
- Voluntary HIV screening of pregnant mothers at Government antenatal clinics (Appendix 3).
- Mandatory confidential HIV screening of donated blood. (Appendix 4).
- Mandatory confidential HIV screening of foreign workers (Appendix 5).

## **c) Special studies / surveys**

These are special studies or surveys carried out by the Ministry of Health or other agencies targeted to commercial sex workers, STD patients, youths, injecting drug users, long distance lorry drivers, fishermen, factory workers, etc. (Appendix 6)

## **d) Behavioral Surveillance of HIV/AIDS**

This is special behaviour surveillance among high risk groups namely commercial sex workers and injecting drug users. It is a component of Second Generation of HIV/AIDS Surveillance System implemented world-wide proposed by the World Health Organization. It was implemented in April 2004 targeted to IDUs and commercial sex workers. The next behaviour survey will be conducted in 2006. It was found in the last base-line survey that knowledge of HIV/AIDS in injecting drug users and commercial sex workers were good at 79.5%. However, they were at risk of contracting HIV/AIDS because of long period of injecting drug (average 10 years), high rate of needle sharing

(71.5% ever share and 68% always share), did not clean their injecting equipment properly (79% use cold water) and short duration of changing their habit from chasing to injecting (2 years) in injecting drug users. IDUs on heroin tend to inject more than those on morphine. Although number of paid clients are low (10 clients per week), consistent condom use is still low (51% with paid clients and 17.7% with non pay clients) makes commercial sex workers in this country vulnerable to HIV/AIDS. It was also noted that the number of clients corresponded significantly to condom use (higher number of clients and higher consistent condom use). Anal sex, a high risk sexual practice, was found with high frequency in male sex workers (65%) and 10% in female sex workers (Appendix 7).

#### **e) Consensus on HIV Epidemiology**

This is an exercise to estimate the current HIV/AIDS epidemiology in Malaysia with technical and financial assistance of World Health Organization. The first consensus was conducted in 1998, the second in 2000 and the third in 2003. Government agencies from Ministry of Health and outside Ministry of Health, Universities and NGOs took part in the exercise. It was estimated that there were 52,329 people living with HIV in Malaysia in the year 2003. It was projected that there were more than 300,000 people living with HIV/AIDS in this country when the epidemic peaks in 2014 (Appendix 8).

#### **f) Sentinel Surveillance**

Sentinel surveillance was established in this country from 1994 to 1996 in groups of antenatal women, TB and STD patients. However, since specific method of reducing transmission from infected mother to child was available in 1997, the government decided to offer routine screening to all antenatal mothers in 1998. The others two groups were also converted from sentinel to routine.

#### **IV. Health Education and Promotional Activities on HIV / AIDS/ STD**

In the effort to prevent transmission of HIV / AIDS / STI through promotion of healthy lifestyle campaigns, the AIDS / STI Section of the Ministry of Health continues to implement and conduct media campaigns, specific programmes for youths, inmates of correctional institutions, forums / seminars and HIV counseling courses.

In 1991 a nation wide campaign on HIV/AIDS (Prevent AIDS Now) was launched.

Yearly event

- Launching of the World AIDS Day
- Convention PROSTAR
- Jamboree PROSTAR

#### **V. Establishment of The Inter-Ministerial Committee on AIDS**

To further strengthen the collaborative approach in fighting HIV/AIDS, in 1992 the government has established the Inter-ministerial Committee on AIDS chaired by Minister of Health which is made responsible to the cabinet on all HIV/AIDS matters. The Committee is assisted by National Technical and National Coordinating Committees on HIV/AIDS. These

two multi-sectoral committees advise the Inter-ministerial committee on technical matters and collaborative intervention relating to prevention and control of HIV/AIDS.

#### **VI. Establishment of The “Malaysian AIDS Council” of NGOs**

In 1993, the Ministry of Health initiated the formation of the Malaysian AIDS Council of NGOs (MAC) as an umbrella body for NGOs related or working to HIV/AIDS in this country. The aim is to complement the effort of the Ministry of Health and other Government agencies towards curbing the HIV/AIDS epidemic in the country especially among the vulnerable groups.

#### **VII. Prevention and Control Activities in Prison and Drug Rehabilitation Centres**

This programme was initiated by the Ministry of Health together with our counterparts from the Home Affairs Ministry in 1996. All new inmates admitted to the Drug Rehabilitation Centres and prisoners who have been identified as having high risk behaviours are required to go for HIV testing with pre-and post test counseling given. Screening is done after obtaining informed consent. (Appendix 1)

#### **VIII. PROSTAR (Healthy Youths Without AIDS Programme)**

A special focus for youth specific HIV program (PROSTAR) was launched in 1996. Using the concept of “Action By Youth, Through Youth, and For Youth”, this programme aims at creating young motivators to plan, organize and carry out motivational and educational activities on matters related to the prevention and control of HIV/AIDS to their peer groups.

The Government takes the leadership to create PROSTAR peer motivators nationwide, and a chain of 820 PROSTAR Clubs (115 District & 715 S. School Clubs) as an avenue to sustain the program (Appendix 9).

It was recognized that the youth with risky behaviour need to be addressed. In 2002 a module on “Remaja Harapan” (Giving Hope For Youth) was introduced. The “Remaja Harapan” training session has been implemented since 2003 targeting to school youths and youth with disciplinary problems. This module highlighted the issues of exploring one’s inner self, towards self excellence, team building, appreciating livelihood as a teenager and etc.

In 2004 “PROSTAR Youth Centre” was established to provide a one-stop centre that can provide services to youth and prevent them from getting involved in social ill activities and encourage them to practice health lifestyle. The PROSTAR Youth Centre has been acknowledged by UNICEF. They funded one of the centre in Pendang, Kedah. ASEAN member countries welcome and accept the concept to be adopted by them. Brunei already adopted the PROSTAR programme and Indonesia is in the process of integrating the programme.

#### **IX. Intergrating the Management of STD in Primary Care Through Modified Syndromic Approach of STI Management**

In 1996 the management of STI was integrated into the primary care setting. It was in 1999 the Modified Syndromic Approach of STI Management was introduced. The syndromes adopted were Vaginal Discharge Syndrome, Urethral Discharge Syndrome and Genital Ulcer Syndrome. Currently more than 120 Health Clinics are implementing the management of STI (sexually transmitted infections) using this approach. This programme is currently undertaken to encourage the public to seek treatment for STIs at the Primary Health Care Level (Appendix 10).

## **X. Development Strategic Plan of Action on HIV/AIDS of Action on HIV/AIDS**

The Strategic Plan and the Plan of Action for the Prevention and Control of HIV/AIDS was developed in 1988 with the input from various relevant Ministries, Departments and Non-governmental Organisations (NGOs). In 2000 the AIDS / STD Section of the Ministry of Health made a revision of the Plan of Action for the Prevention and Control of HIV/AIDS.

In September 2004, series of workshops were conducted to formulate the new Strategic Plan (work plan for 2005 to 2009) with the assistance of a consultant from WHO. It was developed with various government agencies, Malaysian AIDS Council, private sector and representatives from WHO, UNDP and UNICEF.

## **XI. Prevention of Maternal to Child Transmission**

A program of HIV voluntary testing for pregnant mothers was introduced in 1998 as part of the national intervention to reduce HIV transmission from mother-to-child. Besides offering free HIV-testing and counseling services, this program also provides free antiretroviral drugs to every infected pregnant mother and her baby.

The programme is very successful. The coverage of antenatal mother attending government clinics is currently 96.5% with a percentage of 0.035% mothers being detected positive. Out of the delivered babies 3.82% were positive.

## **XII. Integration Management of HIV at The Health Centres (PPHIV)**

In order to decentralise the management of HIV patients, from hospital based setting to Primary Care Level and to promote and upgrade the best care for HIV patients, the Ministry of Health is currently integrating the management of HIV

patients in Health Centres since year 2000. This programme is being implemented in stages. Currently more than 240 “Klinik Kesihatan” are offering this service which includes risk assessment, HIV testing, counseling, medical examination, treatment, follow-up, case notification, contact tracing, referral, and home visit by trained clinic personnel. In 2004, there were 7,685 clients that utilized these clinics, out of which 770 were HIV positive (Appendix 10).

### **xiii. Voluntary Anonymous HIV-Screening Services**

To further expand the “ Voluntary HIV-Screening Services “, MOH introduced a pilot anonymous HIV-screening service at health clinics in State of Johor in year 2001 which is now implemented nationwide. The service aims to encourage those with risk behavior to come forward for a free and client-friendly anonymous HIV testing (Appendix 11).

### **xiv. Adoption of UNGASS Declaration of Commitment**

- Adoption of UNGASS Declaration of Commitment (June 2001)
- ASEAN Declaration on HIV/AIDS (Nov. 2001)

### **xv. Anti Retroviral Treatment of HIV/AIDS**

Treatment of AIDS patient started way back in 1996. These patients were mainly seen in specialist clinics. To increase the number of patients on treatment, Malaysia has set a target of treating 4,000 patients by 2005. Before the “3 by 5” initiative announced by the UNAIDS/WHO, Malaysia has already taken steps to increase the number of HIV/AIDS patient accessibility treatment and ARV.

a) Reducing drug price

- The Ministry of Health has actively negotiated with Multilateral Companies to reduce the price of AR in Malaysia.
- In 2003 Malaysia has adopted the Doha Declaration based on Public Health interest and importing generic HIV drugs from India.
- The cost of HAART per patient per month has been reduced to between RM188 to RM400 (depending on the types of ARV used) as compared to RM 700 to RM 800 per month in 2001 and 2002

b. Increase accessibility to ARV

- Previously MOH provide one ARV free to those for treatment. In June 2004 the Minister of Health announced giving 2 ARV free.
- Currently categories of patients receiving free treatment (3 ARVs) are children, patient infected through contaminated blood/blood products, pregnant women diagnosed during antenatal screening, government servants and health staff infected through occupational exposure.

c. Training of Physicians and Family Medicine Specialist

- Efforts have been made to increase the number of Infections Diseases training (ID) physician, physicians and Family Medicine Specialist. Currently we have 4 ID physicians and another 7 under training. About 20 physicians all over the country are participating in HIV/AIDS management and 67 FMS have under gone attachment training.

d. Setting target and adoption of “Klinik Kesihatan” by hospitals

- In July 2004, at the “Mesyuarat Khas KPK” in Ipoh, the Director General of Health has instructed all State Director to increase the number of HIV/AIDS patient on treatment in their hospitals.

- In November 2004, a dialogue between State Director, State Physician, State AIDS Officer, and programme managers, to increase the no. on ARV treatment. A model of Hospital with physician adopting hospital without physician and Health centres with FMS as partner was presented. All states were asked to set targets on number on ARV treatment.

#### **xvi. Treatment of HIV Positive Drug Users in Institution**

It was also agreed during the Technical Committee on HIV/AIDS Meeting in Jan.04, to start a pilot project treating HIV positive drug users in Pusat Serenti. This project is being implemented in KK Serendah with inmates coming from Pusat Serenti Serendah and Rehab. Centre in KL (Serendah Project). Currently 88 HIV positive drug users are on follow-up and 11 already on HAART. Currently Cawangan AIDS is in the process of expanding to another 5 clinics in Selangor and also other states eg, Johor, Malacca and Negeri Sembilan.

#### **xvii. Collaboration With National, International Agencies including NGOs**

##### **a) Collaborative Efforts with Other Government Agencies**

##### **1. Pre Marital HIV Screening**

In November 2001 Pre Marital HIV Screening was piloted in the state of Johore, is under the jurisdiction of the State Religious Department of Johor with the collaboration from the State Health Department.

The main objective of the program is to ensure that couples who plan to get married will know the HIV status of the partners and will be given appropriate medical and religious counseling upon knowing the HIV status (Appendix 12).

## 2. Code of Practice for Prevention of HIV/AIDS in the Work-place

In 2002 a Code of Practice for Prevention of HIV/AIDS in the Work-place was developed in collaboration with DOSH /MAC / UNAIDS to address the issue of HIV/AIDS at the work place. Following that the Ministry of Health further assist DOSH in development of training module, training of trainers and road shows.

## 3. Islam and HIV Muslim Leaders' Action on HIV/AIDS

- The project involves Islamic religious leaders to enhance awareness, combat the spread of HIV virus and improve care and support for those infected and/or affected by the HIV virus was initiated in 2003 in collaboration with JAKIM/EPU/ MAC/UNDP.
- An international conference workshop was organized
- A module on HIV and Islam for Islamic Leaders was produced
- Provide assistance in training of the Muslim communities

## b) ASEAN Collaboration on HIV/AIDS

- The Ministry of Health Malaysia will continue to work with other countries around the region to update information on WV / AIDS and STIs through regional meetings, seminars, dialogue sessions and forums. (some of the regional annual forums/meetings include the BIMS Conference, The Border Conference, ASEAN Task Force on AIDS Meeting)
- Malaysia joined ASEAN Task Force on HIV/AIDS (ATFOA) in 1993 Activities that Malaysia undertake and organized for ASEAN are:
  - HIV/AIDS Prevention in the Work-place
  - Participation of Non-health sectors on HIV/AIDS Prevention and Control
  - Islamic Approach in the Fight Against HIV/AIDS.
  - Pre-departure, Post-arrival and Reintegration HIV/AIDS programmes for migrant workers.

### c) Collaboration with NGOs

The Ministry of Health continues to get full support and involvement from the relevant agencies in complementing the efforts made by the Government to combat the AIDS scourge. In line with the national policy, more than RM 14.2 million has been provided to the NGOs to supporting their efforts in AIDS prevention and control from 1993 till 2001. From 2002 for the next 10 years the government has increased financial support up to RM 4 Million a year to MAC & Affiliates for scaling up their complementary action on HIV/AIDS.

Activities carried out:

- Grass-root activities Such as Forum, Seminars, Workshops, Conference and HIV/AIDS education for general public , community leaders, youths and women
- Outreach, Drop-in Center & Care and support
- This project includes provision of counseling, shelter and social support to sex workers, drug users, orphans and youths.
- Communication Project
- Production of IEC materials and resource centre
- Training and education for MAC staff and affiliates
- Care and Support such as home visit, legal support and financial aid

# Appendixes

Appendix 1

Appendix 2

Appendix 3

Appendix 4

Appendix 5

Appendix 6

Appendix 7

Appendix 8

Appendix 9

Appendix 10

Appendix 11

Appendix 12

# Appendix 1

Screening of HIV in Drug Rehabilitations Centers (Pusat Serenti) and Prisons in Malaysia: 2001, 2002, 2003 and 2004

	PUSAT SERENTI (no. (%))				PRISONS (no. (%))			
	2004	2003	2002	2001	2004	2003	2002	2001
No of Admission	12,478	12,961	16,292	11,060	82,197	81,930	54,699	43,772
No of HIV Screening Done								
On Admission	11,790 (94.5%)	12,808 (98.8%)	12,532 (76.9%)	8,740 (79.0%)	52,586 (64.0%)	54,996 (67.1%)	37,819 (69.1%)	27,160 (62.0%)
After 6 month (of HIV negative cases)	3,443 (35.8%)	2,299 (21.5%)	2,504 (20.0%)	1,916 (17.3%)	4,003 (8.0%)	3,246 (6.3%)	1,440 (3.8%)	2,174 (5.0%)
Re Screened on Pre-release	4,844 (41.1%)	2,469 (67.9%)	1,421 (11.3%)	1,157 (61.7%)	13,680 (27.5%)	1,816 (11.2%)	2,450 (6.5%)	3,034 (na)
No of HIV Positive Detected								
On Admission	2,164 (18.4%)	2,093 (16.3%)	2,101 (16.8%)	1,436 (16.4%)	279.9 (5.3%)	3,759 (6.8%)	3,076 (8.1%)	3,113 (11.5%)
After 6 month	81 (2.4%)	49 (2.1%)	83 (3.3%)	75 (3.9%)	30 (0.7%)	39 (1.2%)	99 (6.9%)	62 (2.9%)
Re-screened on Pre-release	2 (0.1%)	25 (1.0%)	19 (1.3%)	7 (0.6%)	1 (0.03%)	2 (0.1%)	7 (0.3%)	3 (0.3%)
Total Number of HIV Cases Detected (%)*	2,247 (19.1%)	2,167 (16.9%)	2,203 (17.5%)	1,518 (17.4%)	2,830 (5.4%)	3,800 (6.9%)	3,173 (8.4%)	3,178 (11.7%)

\* % Number of HIV Cases Detected = Total Number of HIV Cases Detected ÷ Number Screened

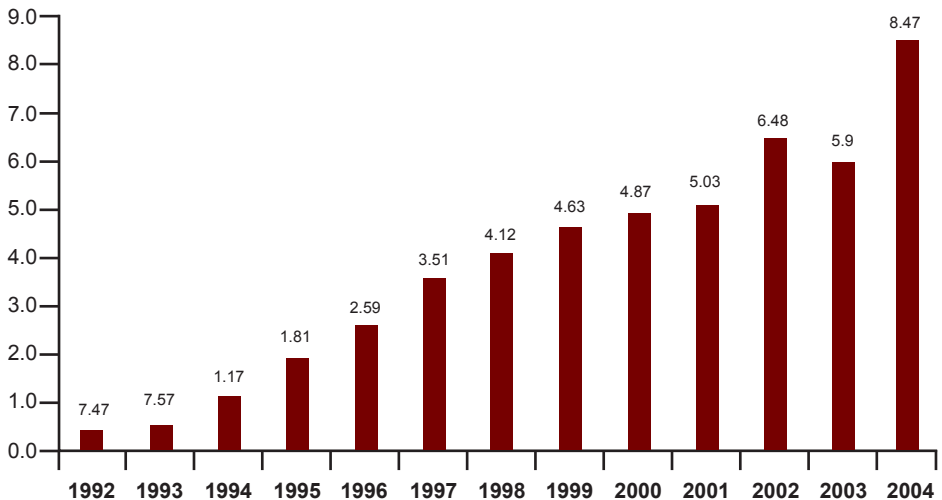
## Appendix 2

Number of TB Cases, TB and HIV, Proportion of TB & HIV and Proportion of TB & HIV Death, Malaysia : 1998-2004

	1998	1999	2000	2001	2002	2003	2004
TB Cases	14,115	14,908	15,057	14,830	14,362	15,912	14,299
TB & HIV	582	690	734	746	932	939	1211
% TB + HIV Cases	4.12	4.63	4.87	5.03	6.48	5.90	8.47

Source : Unit TB, Division of Disease Initial

Percentage of HIV infection among tuberculosis (TB) patients, Malaysia, 1992 - 2004



## Appendix 3

Prevention of Mother - to - Child - Transmission (MTCT) Programme, Malaysia, 1998 - 2004

YEAR	1998	1999	2000	2001	2002	2003	2004	TOTAL
No. of Attendance of Antenatal Mothers	323,902	416,400	347,979	392,139	387,208	374,386	386,037	2,624,023
No. of ANC Screened	161,087	276,000	286,390	343,030	359,411	361,152	377,016	2,161,748
Percentage Screened	49.7	66.3	82.3	87.5	92.8	96.5	97.6	82.3
No. of ANC Mother Detected HIV positive	56	89	85	79	141	177	138	757
Mothers' Positive	0.0348%	0.0322%	0.0296%	0.0230%	0.0392%	0.0490%	0.0366%	0.035%
Babies delivered (by Dec 2003)	56	89	85	79	141	152	-	602
No. Babies HIV Positive	3	5	3	1	5	8	-	25
Percentage of Babies Positive	5.35	5.62	3.53	1.26	3.55	3.95	-	3.88

No. of antenatal mothers screened and detected positive with HIV in Prevention of Mother - To - Child Transmission programme, by States, 1998 - 2004

State	1998			1999			2000			2001			2002			2003			2004		
	Screened	Pos	%	Screened	Pos	%	Screened	Pos	%	Screened	Pos	%	Screened	Pos	%	Screened	Pos	%	Screened	Pos	%
	Perlis	5,368	2	0.0373%	4,160	3	0.0721%	3,690	3	0.0813%	3,797	9	0.2370%	3,892	9	0.2312%	3,712	9	0.2425%	3,574	6
Kedah	4,053	4	0.0987%	14,230	6	0.0422%	13,211	9	0.0681%	29,348	18	0.0613%	29,951	19	0.0634%	30,316	23	0.0759%	30,986	22	0.0710%
Perak	13,089	8	0.0611%	17,038	7	0.0411%	15,010	0	0.0000%	25,553	7	0.0274%	22,805	4	0.0175%	23,297	8	0.0343%	28,840	9	0.0312%
P Pinang	10,083	5	0.0496%	19,437	7	0.0360%	16,995	7	0.0412%	17,119	4	0.0234%	18,507	3	0.0162%	18,666	9	0.0482%	18,262	6	0.0329%
Selangor	24,705	5	0.0202%	48,077	10	0.0208%	41,165	7	0.0170%	47,695	5	0.0105%	52,873	15	0.0284%	55,984	16	0.0286%	57,190	6	0.0105%
WPKL	0	0	0.0000%	6,407	5	0.0780%	9,956	2	0.0201%	9,394	2	0.0213%	9,271	4	0.0431%	9,299	5	0.0538%	9,467	7	0.0738%
N Sembilan	8,114	7	0.0863%	14,534	1	0.0069%	12,898	4	0.0310%	14,820	4	0.0270%	14,379	12	0.0835%	15,009	12	0.0800%	14,497	7	0.0483%
Melaka	6,935	1	0.0144%	11,997	4	0.0333%	11,785	2	0.0170%	10,683	1	0.0064%	11,100	0	0.0000%	11,376	10	0.0879%	11,432	6	0.0525%
Johor	36,743	9	0.0245%	48,362	20	0.0414%	51,150	21	0.0411%	50,217	10	0.0199%	48,220	29	0.0601%	45,259	18	0.0398%	50,136	23	0.0459%
Pahang	18,599	5	0.0269%	26,840	6	0.0224%	25,454	4	0.0157%	24,593	2	0.0081%	22,043	3	0.0136%	22,703	24	0.1057%	22,522	11	0.0488%
Terengganu	4,445	3	0.0675%	11,477	7	0.0610%	21,583	13	0.0602%	23,052	8	0.0347%	20,352	8	0.0393%	18,546	10	0.0539%	18,547	12	0.0647%
Kelantan	17,917	7	0.0391%	26,591	13	0.0489%	26,076	12	0.0460%	25,882	7	0.0270%	25,656	34	0.1325%	24,749	19	0.0768%	25,731	21	0.0816%
Sabah	5,518	0	0.0000%	12,896	0	0.0000%	10,501	0	0.0000%	34,938	2	0.0057%	52,053	0	0.0000%	46,315	5	0.0108%	45,589	2	0.0044%
Sarawak	7,391	0	0.0000%	13,954	0	0.0000%	26,916	1	0.0037%	25,939	0	0.0000%	28,309	1	0.0035%	31,690	1	0.0032%	40,223	0	0.0000%
Malaysia	161,087	56	0.0348%	276,000	89	0.0322%	286,390	85	0.0296%	343,030	79	0.0230%	359,411	141	0.0392%	361,152	177	0.0490%	377,016	138	0.0366%

## Appendix 4

### Screening of Donated Blood, Malaysia 2001 - 2004 by State

State	Donated Blood Screened				HIV Positive			
	2004	2003	2002	2001	2004	2003	2002	2001
Johor	48,816	45,938	46,706	38,926	13 (.027)	15 (.033)	9 (.019)	12 (.031)
Kedah	26,252	22,496	24,473	20,456	3 (.011)	4 (.018)	14 (.057)	9 (.044)
Kelantan	12,175	11,905	11,583	11,276	9 (.073)	14 (.117)	17 (.147)	18 (.159)
Melaka	8,840	24,255	23,580	21,986	4 (.045)	7 (.029)	3 (.013)	2 (.009)
N Sembilan	13,898	14,689	13,387	12,466	1 (.007)	1 (.006)	3 (.022)	2 (.016)
P Pinang	22,753	26,893	23,892	26,330	3 (.013)	7 (.026)	7 (.29)	4 (.015)
Pahang	18,588	21,889	21,945	20,031	8 (.043)	10 (.046)	10 (.045)	7 (.035)
Perak	35,672	33,470	32,258	31,571	6 (.017)	7 (.021)	11 (.034)	9 (.028)
Pertlis	1,974	4,928	4,724	4,867	1 (.050)	1 (.020)	0	1 (.021)
Selangor	15,092	17,278	16,130	15,412	8 (.053)	6 (.035)	10 (.062)	1 (.006)
Terengganu	12,124	11,048	10,357	9,413	5 (.041)	7 (.063)	3 (.029)	6 (.064)
WPKL	108,821	98,937	96,975	87,263	22 (.020)	20 (.020)	26 (.027)	16 (.018)
Peninsular	325,005	333,726	325,741	299,997	83 (.025)	99 (.030)	113 (.035)	87 (.029)
Sabah	69,692	52,074	52,374	32,121	23 (.033)	34 (.063)	29 (.055)	17 (.053)
Sarawak	35,766	34,516	38,173	23,975	1 (.002)	1 (.003)	3 (.008)	1 (.004)
Malaysia	420,463	420,316	416,557	356,093	107 (.025)	134 (.032)	145 (.035)	105 (.029)

Source : National Blood Centre, Kuala Lumpur

## Appendix 5

Screening of Foreign Workers in Malaysia : 2001, 2002, 2003, and 2004

Year	Screened	Unfit		HIV		
		Number	%	Number	% Unfit	% Screened
1998	565,737	24,415	4.39	178	0.729	0.0315
1999	545,222	13,930	2.55	80	0.574	0.0146
2000	525,681	10,538	2.00	98	0.930	0.0186
2001	500,133	9,264	1.85	91	0.982	0.0182
2002	402,831	8,826	2.20	122	1.382	0.0303
2003	716,157	18,562	2.60	286	1.541	0.0399
2004	909,273	25,106	2.80	337	1,340	0.0317
<b>Total</b>	<b>4,158,034</b>	<b>110,641</b>	<b>2.66</b>	<b>1,192</b>	<b>1.077</b>	<b>0.0287</b>

# Appendix 6

## Studies on HIV prevalence among specific risk groups in Malaysia

Risk groups	Sites	Year	Source/Study	HIV Prevalence
Sex workers	Kuala Lumpur	2000	Prevalence surveys of commercial sex workers in Kuala Lumpur, 1999-2000. WHOPR and MOH Malaysia Publication, 2001.	11.5% (n = 208)
Long Distance Drivers	Pahang, Kelantan and Terengganu (east-coast region)	2000	HIV sero-prevalence and behaviour among long distance drivers in Peninsular Malaysia. Annual Report 2001, MOH Malaysia.	3.7% (n = 906)
IDU	Peninsular Malaysia	1998	Epidemiology of HIV among Drug Users in Peninsular Malaysia. MOH, Malaysia, 2000.	19.0% (n = 1,950)
Fishermen	Pahang, Perlis and Kedah	1998	HIV sero-prevalence and behaviour risk among fishermen. MOH Malaysia, 2000.	1.7% (n = 542)
Factory workers	Selangor, Negeri Sembilan and Malacca (central region, Malaysia)	2001	Study on HIV sero-prevalence and risk factors among factory workers. MOH Malaysia, 2002.	0.0% (n = 3,000)

# Appendix 7

Brief Finding of Base-line Behaviour Surveillance Survey : Malaysia 2004

Average Number of Injection taken per day (ANIPD) by type of drug taken and state

ANIPD	Morphine		Heroin		TOTAL	
	KL/JHR	KLTN <sup>¥</sup>	KL/JHR	KLTN <sup>¥</sup>	KL/JHR	KLTN <sup>¥</sup>
<1	3	49	18	0	21	0
1-2	1	50	83	16	84	16
3-4	5	49	349	24	354	24
>4	3	0	126	10	129	10
Total	12	148	576	50	588	50

\*: p value for trend in Kelantan is 0.0001

IDU on Heroin tend to inject more

Always Condom Use With Pay and Non Pay Client, BBS Malaysia 2004

Number of Client	Pay	Non Pay
Less than 1	58.9%	14.7%
1 per day	61.1%	30.3%
2 per day	86.5%	
3 per day	83.6%	66.7%
4 per day	87.5%	
More than 4	81.1%	

Proportion of condom use by type of sex workers and sexual orientation, BSS Malaysia 2004

	Vaginal		Oral		Anal		Combination (VOA)	
	P	C	P	C	P	C	P	C
Female	99.8	44.5	52.1	25.2	10.1	40.5	22.8	16.7
Male	90.0	80.0	91.5	55.6	65.1	71.4	42.0	100.0
Trans	11.0	50.0	97.8	56.8	93.1	74.9	1.6	41.7
Total	79.0	45.2	74.8	44.4	50.8	71.5	7.0	29.6

Note : P - Practices  
C - Consistent Condom Use

Health Seeking Behaviour Among IDU,  
BSS Malaysia 2004

Gender	N*	Took HIV Test	Voluntary
Male	778 (98.2%)	615 (77.6%)	130 (21.1%)
Female	7 (87.5%)	6 (85.7%)	5 (83.3%)
Total	785 (98.1%)	621 (79.1%)	135 (21.7%)

Health Seeking Behaviour Among CSW,  
BSS Malaysia 2004

Gender/Sex Orientation	N*	Took HIV Test	Voluntary
Male	40 (4.7%)	18 (45.0%)	4 (22.2%)
Female	435 (51.4%)	186 (42.6%)	125 (67.2%)
Trans	370 (43.9%)	154 (41.6%)	112 (72.7%)
Total	845 (100.0%)	358 (42.4%)	241 (67.3)



# Appendix 9

## Performance of PROSTAR Programme by State, 2004

States	PRS Training		PRS Activities		PROSTAR Clubs			
	Session	PRS	Session	Coverage	District Club	House	School	Total
Terengganu	100	5,086	520	66,172	7 (5/2)	7	89	96
Pahang	174	12,913	531	69,741	12 (12)	9	87	99
Perlis	33	1,595	82	8,480	1 (1)	0	18	19
Kedah	112	6,061	704	263,174	11 (11)	10	181	192
Penang	39	2,566	326	45,657	5 (5)	5	38	43
Perak	171	12,675	384	34,427	11 (11)	5	4	15
Selangor	131	9,160	569	80,056	10 (10)	5	91	101
N.Sembilan	73	3,387	264	22,709	7 (7)	5	39	46
Melaka	43	2,902	180	25,464	9 (3/6)	2	44	53
Johor	178	9,634	472	31,947	9 (9)	10	71	80
Sabah	79	2,571	907	84,303	10 (9/1)	1	25	35
Sarawak	65	3,349	300	28,956	10 (1/9)	7	59	69
W.P	22	1,839	102	15,364	3 (1/2)	1	47	50
Cawangan AIDS	9	2,721	0	0	1 (1)	0	0	1
Kelantan	51	2,184	311	24,216	11 (11)	10	20	31
<b>Total</b>	<b>1,280</b>	<b>78,643</b>	<b>5,652</b>	<b>800,666</b>	<b>117 (96/21)</b>	<b>77</b>	<b>813</b>	<b>930</b>

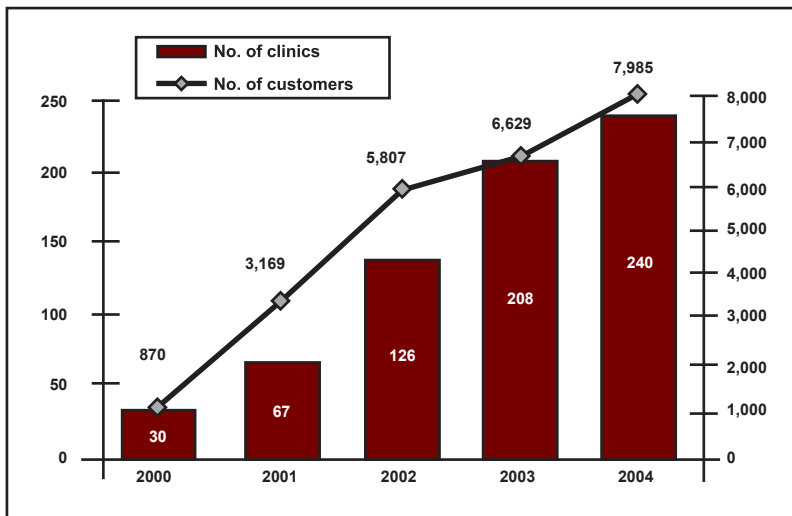
No. of Peer Educators (PRS) Trained by Ethnicity until 2004	
Ethnic	No. of PRS Trained
Malay	67,562 ( 85.91 % )
Chinese	6,252 ( 7.95 % )
India	3,971 ( 5.05 % )
Others	858 ( 1.09 % )
<b>TOTAL</b>	<b>78,643</b>

## Appendix 10

No of STI cases managed at health clinics based on clinical syndromes through *Modified Syndromic Approach* (MSA) program, 2002 - 2004

	2002	2003	2004
VAGINAL DISCHARGE	472	652	835
URETHRAL DISCHARGE	229	202	256
GENITAL ULCERS	125	87	44
ASYMPTOMATIC CASES/ OTHERS	357	750	1,496
<b>TOTAL</b>	<b>1,183</b>	<b>1,722</b>	<b>2,631</b>

No. of PPHIV clinics and cases attending, 2000 - 2004



## Appendix 11

Number of HIV cases detected from Anonymous Voluntary HIV Screening, Programme 2001-2004

Year	2001*	2002*	2003*	2004
No. of Cases Screened	1,706	1,404	5,234	9,448
No. of Cases Found reactive (HIV rapid test-kit) (%)	41 (2.4%)	70 (1.3%)	34 (2.4%)	238 (2.5%)
No. of HIV Cases Confirmed positive (%)	30 (1.7%)	23 (1.6%)	70 (1.3%)	77 (0.8%)

Pilot project in Johor State only.

Number of HIV case detected from anonymous Voluntary HIV Screening Programme, 2003 and 2004 by States

State	2003			2004			Average (%)
	Screened	Pos	Rate	Screened	Pos	Rate	
Perlis	546	1	0.18%	1,060	3	0.28%	0.25%
Kedah	289	1	0.35%	304	1	0.33%	0.34%
Perak	754	3	0.40%	2,726	6	0.22%	0.26%
Penang	87	0	0.00%	90	0	0.00%	0.00%
Selangor	442	3	0.68%	1,046	0	0.00%	0.20%
WPKL	-	-	-	68	0	0.00%	0.00%
N. Sembilan	183	2	1.09%	123	0	0.00%	0.65%
Melaka	392	1	0.26%	525	4	0.76%	0.55%
Johor	795	27	3.40%	1,106	16	1.45%	2.26%
Pahang	600	0	0.00%	1,026	17	1.66%	1.05%
Terengganu	392	0	0.00%	406	0	0.00%	0.00%
Kelantan	528	30	5.68%	781	23	2.94%	4.31%
Sabah	262	0	0.00%	269	0	0.00%	0.00%
Sarawak	44	2	4.55%	193	0	0.00%	0.84%
<b>MALAYSIA</b>	<b>5,314</b>	<b>70</b>	<b>1.32%</b>	<b>9,723</b>	<b>70</b>	<b>0.72%</b>	<b>1.02%</b>

## Appendix 12

### Pre-Marital HIV Screening in Johor : 2001 - 2004

Age Group	2001	2002	2003	2004	Total
13-19	125	1,083	1,188	1,100	3,496
20-29	2,484	17,316	17,534	17,742	55,076
30-39	496	4,126	4,038	4,179	12,839
40-49	111	1,192	1,257	1,324	3,884
>49	67	674	734	723	2,198
<b>Total</b>	<b>3,283</b>	<b>24,391</b>	<b>24,751</b>	<b>25,068</b>	<b>77,493</b>
<b>Ethnic</b>					
Malay	3,255	23,702	24,187	24,582	75,726
Chinese	7	58	70	71	206
Indian	6	135	95	88	324
Others	15	496	399	327	1,237
<b>Total</b>	<b>3,283</b>	<b>24,391</b>	<b>24,751</b>	<b>25,068</b>	<b>77,493</b>
<b>Gender</b>					
Male	1,793	13,112	13,229	13,229	41,363
Female	1,490	11,279	11,522	11,839	36,130
<b>Total</b>	<b>3,283</b>	<b>24,391</b>	<b>24,751</b>	<b>25,068</b>	<b>77,493</b>
<b>Test Result</b>					
Reactive	2	34	71	53	160
Non Reactive	3,281	24,357	24,680	25,015	77,333
<b>Total</b>	<b>3,283</b>	<b>24,391</b>	<b>24,751</b>	<b>25,068</b>	<b>77,493</b>
<b>Confirmation Test</b>					
Positive	2	30	56	37	125
Negative	0	3	8	16	27
<b>Total</b>	<b>2</b>	<b>33</b>	<b>64</b>	<b>53</b>	<b>152</b>