National Strategic Plan for
ENDING AIDS IN MALAYSIA

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CONCLUSION

• HIV infections in Malaysia have been cut more than half from 2002 peak…*but in 2015 onwards - a flatline*…

• Malaysia has many good interventions in place – Harm Reduction Programme, PMTCT, prevention programmes for key populations, HIV screening programmes – premarital, TB/STI, prisoners, inmates of DRC, CBT…*but many PLHIV are still not getting ART*

• Changes in the epidemic pattern from predominantly PWID to increasingly sexual transmission - FSW, TG & MSM poses challenges in prevention effort – *persistent condom use seemed impossible*

• We all know the dual benefit of starting ART early (keeping PLHIV healthy and prevent sexual transmission)…*but still majority of PLHIV started late (median CD4 <300) and ART coverage (<40%) far from reaching gold-standard policy of treat all*

• To End AIDS in Malaysia…National Strategic Plan for Ending AIDS (NSPEA) 2016-2030
HIV epidemic today and tomorrow...

HIV epidemic based on surveillance system

HIV epidemic as projected using AEM

Ending AIDS target – 90% reduction of new infections from 2010
The changing trend of HIV transmission mode, Malaysia 2000-2016
Treatment cascade - Malaysia 2016

90-90-90 targets

- 90% of PLHIV diagnosed
- 90% of diagnosed PLHIV are on treatment
- 90% of PLHIV on treatment have suppressed viral load

Number of patients meeting targets:
- 95% of PLHIV diagnosed: 97,586
- 37% of PLHIV on treatment: 93,089
- 86.5% of patients on treatment: 36,293
- 90% retained on treatment: 31,393
- 76.9% with suppressed viral load: 25,804

**Number of patients on ART who ever have tested for VL in the last 12 months

* Number of patients on tested for VL and have VL of <1000 copies/ml in the last 12 months
Finding the best investment options to END AIDS in Malaysia

Malaysia will reach 90% reduction by 2021 if we embark on ‘Ending AIDS’ scenario.

‘Ending AIDS’ averts 5,022 infections in 2021

Malaysia will reach 90% reduction by 2021 if we embark on ‘Ending AIDS’ scenario.
## Investment impact: Cost-Effectiveness

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Business as usual</th>
<th>Accelerate treatment only</th>
<th>Scale-up prevention only</th>
<th>Scale-up PWID + treatment CD4&lt;350</th>
<th>Scale-up PWID + treatment CD4&lt;500</th>
<th>Ending AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
<td>2021</td>
<td>2021</td>
<td>2021</td>
<td>2021</td>
<td>2021</td>
</tr>
<tr>
<td>New infections</td>
<td>6,118</td>
<td>5,773</td>
<td>2,912</td>
<td>1,622</td>
<td>2,227</td>
<td>1,974</td>
</tr>
<tr>
<td>HIV averted</td>
<td>-</td>
<td>-</td>
<td>2,861</td>
<td>4,151</td>
<td>3,546</td>
<td>3,799</td>
</tr>
<tr>
<td>DALYs saved</td>
<td>-</td>
<td>-</td>
<td>76,000</td>
<td>110,000</td>
<td>94,000</td>
<td>100,000</td>
</tr>
<tr>
<td>GDP earned (USD)</td>
<td>-</td>
<td>-</td>
<td>798,000</td>
<td>1,155,000</td>
<td>987,000</td>
<td>1,050,000</td>
</tr>
<tr>
<td>Death averted</td>
<td>-</td>
<td>-</td>
<td>4,318</td>
<td>902</td>
<td>3,717</td>
<td>4,135</td>
</tr>
<tr>
<td>PLHIV on ART</td>
<td>15,614</td>
<td>16,477</td>
<td>86,142</td>
<td>14,641</td>
<td>17,455</td>
<td>15,614</td>
</tr>
<tr>
<td>Total Resource Need (2015-2021)(USD)</td>
<td>23 million</td>
<td>157.1 million</td>
<td>436.9 million</td>
<td>178.7 million</td>
<td>234.1 million</td>
<td>287.9 million</td>
</tr>
</tbody>
</table>

Every HIV infection averted in Malaysia saves an average of 27 DALYs, amounting to USD 285,580 GDP earned.
Investment impact: Return of investment

Total investment for ‘Ending AIDS’:
RM 1.1 billion in 5 years
- Prevention: RM 210 million (18%)
- ARV: RM 945 million (82%)

Save 644,000 Life years (DALY) equivalent of RM 25 billion (USD 6.8 billion) GDP

Invest 1 USD → Get 16 USD
Saving USD 6.4 billion!

Save lives + Save money
"UNLESS WE ACHIEVE WITH HIV, WE WILL NOT ACHIEVE THE SUSTAINABLE DEVELOPMENT GOALS."

AARON MOTSOALEDI  MINISTER OF HEALTH, SOUTH AFRICA
<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Testing and treatment to end AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 2</strong></td>
<td>Improving quality and coverage of prevention programmes among key populations</td>
</tr>
<tr>
<td>2.1 Prevention of HIV transmission through injecting drug use</td>
<td></td>
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<tr>
<td>2.2 Prevention of sexual transmission</td>
<td></td>
</tr>
<tr>
<td>2.3 Elimination of Mother to Child Transmission</td>
<td></td>
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<tr>
<td>2.4 Prevention of HIV among young key populations</td>
<td></td>
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<tr>
<td><strong>Strategy 3</strong></td>
<td>Reduction of stigma and discrimination</td>
</tr>
<tr>
<td><strong>Strategy 4</strong></td>
<td>Ensuring quality strategic information and its use by policy makers and planners through monitoring, evaluation and research</td>
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</table>
Strat 1. Test and treat to end AIDS

Key Fast-tracking activities:

- Improve coverage and early access to quality HIV testing and treatment; point of care test; early initiation of ART
- Decentralize testing - community-based HIV screening, K1M,
- Decentralize treatment – scale up ART at primary care to reach 2nd 90
- Improve continuum of care and adherence to treatment – ‘Treatment Adherence Peer Support’
- Adopt single first line treatment and standardize treatment procedures
Ending AIDS Treatment Cascade

**Priority 1: ‘Test and Treat’**

Scale-up test and treatment for key populations: Health Clinics & CBT

Fast Track Target: 2020

- 90% Diagnosed
- 90% On treatment
- 90% Virally suppressed

2030

- 95% Diagnosed
- 95% On treatment
- 95% Virally suppressed

Of total PLHIV: 90% of...
Strat 2. Improving the quality and coverage of prevention programmes among key populations

Key fast-tracking activities:

(2.1) Prevention of HIV transmission through injecting drug use

- **Intensify and scale up HIV prevention for PWID – shifting to MMT**
  - ART for PWID who are still injecting drugs – to treat or not; case by case
  - Intensify targeted behaviour change initiatives for male and female PWID, emphasize risk reduction and promote safer sexual behaviours
  - Strengthen management of HIV prevention among drug users in prisons, in other detention facilities and drug rehabilitation centres, provide access to MMT and TB/HIV services.
Strat 2. Improving the quality and coverage of prevention programmes among key populations

Key fast-tracking activities:

(2.2) Prevention of HIV transmission through sexual

- Strengthen client-friendly VCT, STI and SRH services to key populations
- Build enabling environment for behavioural change through economic, welfare and religious aid.
- Awareness on HIV and other diseases (TB and STIs), among key populations and youth and their spouses and sexual partners.
- Expand and scale up HIV prevention for MSM and transgender persons (TG).
- Implement targeted and effective behaviour change communication interventions
- Study the feasibility and introduction of PrEP and PEP.
Strat 2. Improving the quality and coverage of prevention programmes among key populations

Key fast-tracking activities:

(c) eMTCT

• Maintain the provision of quality, comprehensive national PMTCT services

• Ensure all HIV-infected pregnant women and their HIV-exposed infants under the PMTCT programme receive ARV treatment, prophylaxis and breastfeeding education to reduce mother-to-child transmission of HIV.

• Ensure the availability of PMTCT in all ANC facilities including private health care facilities
Strat 2. Improving the quality and coverage of prevention programmes among key populations

Key fast-tracking activities:

(d) Young key population

- Enhance delivery of curriculum and co-curriculum related to HIV education & awareness in school and higher learning institutions.
- Strengthen awareness programme using interactive and multimedia to reach out adolescent and young people.
- Increase uptake of HIV testing among YKPs.
- Improve treatment adherence
Strat 3: Reduction of Stigma and Discrimination

Key fast-tracking activities:

• Strengthen multi-sectoral collaboration and coordination

• Consultations with relevant government entities and civil society, including engagement of private sector, on mainstreaming programmes to address stigma and discrimination and to ensure social protection.

• Continuous training among health care worker
Strategy 4: Ensuring quality strategic information and its use by policy makers and planners through monitoring, evaluation and research

Key fast-tracking activities:

• Plan, coordinate and manage the national M&E, research and surveillance systems

• Produce and disseminate timely and high quality data from research, integrated biological behavioural surveillance (IBBS), population size estimations and other studies.

• Consolidate and streamline mechanism for data collection from both private and public health facilities.

• Strengthen MOH M&E unit for effective coordinations
MALAYSIA – Realizing SDGs through ending AIDS

• Full operationalization & effective implementation of national, sub-national and local development plans

• Mobilize resources through innovative mechanism:
  - Ensure effectiveness and efficiency
  - People engagement at various level
  - Effective development cooperation at government, civil society, private sector, international institution and individual
## Vision for Malaysia reaching zero through fast tracking (2016 – 2020) and Ending AIDS (2021 – 2030)

<table>
<thead>
<tr>
<th>Vision</th>
<th><strong>Zero new infections – Zero discrimination – Zero AIDS related deaths</strong></th>
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<tr>
<td>Goal</td>
<td>Ending AIDS by 2030</td>
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<tr>
<td>Targets</td>
<td>95% of KPs tested for HIV and know their results</td>
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<tr>
<td></td>
<td>95% of PLHIV receive ART</td>
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<tr>
<td></td>
<td>95% of people on ART achieve viral suppression</td>
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<td></td>
<td>90% of key populations are reached by prevention services(^a)</td>
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<tr>
<td></td>
<td>Elimination of vertical transmission of HIV (&lt;2%)</td>
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<tr>
<td>Interim goal</td>
<td>Fast tracking 2016 – 2020 towards Ending AIDS</td>
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Take Home Message - To END AIDS in Malaysia......

- Current interventions work but we need to shift target and approach (sexual mitigation, Harm reduction)
- The way forward...Test and treat all...reduce sexual transmission by 97%...reduce death....reduce transmission/new infection
- Treatment target for every FMS in effort to achieve the 2\textsuperscript{nd} 90 and break the epidemic...achieve SDG..End AIDS
- Political will, workable policies and shared responsibilities able to transform our dream into reality
WE HAVE BENT THE TRAJECTORY OF THE AIDS EPIDEMIC

NOW WE HAVE FIVE YEARS TO BREAK THE EPIDEMIC OR WE RISK THE EPIDEMIC SPRINGING BACK EVEN STRONGER

Thank You