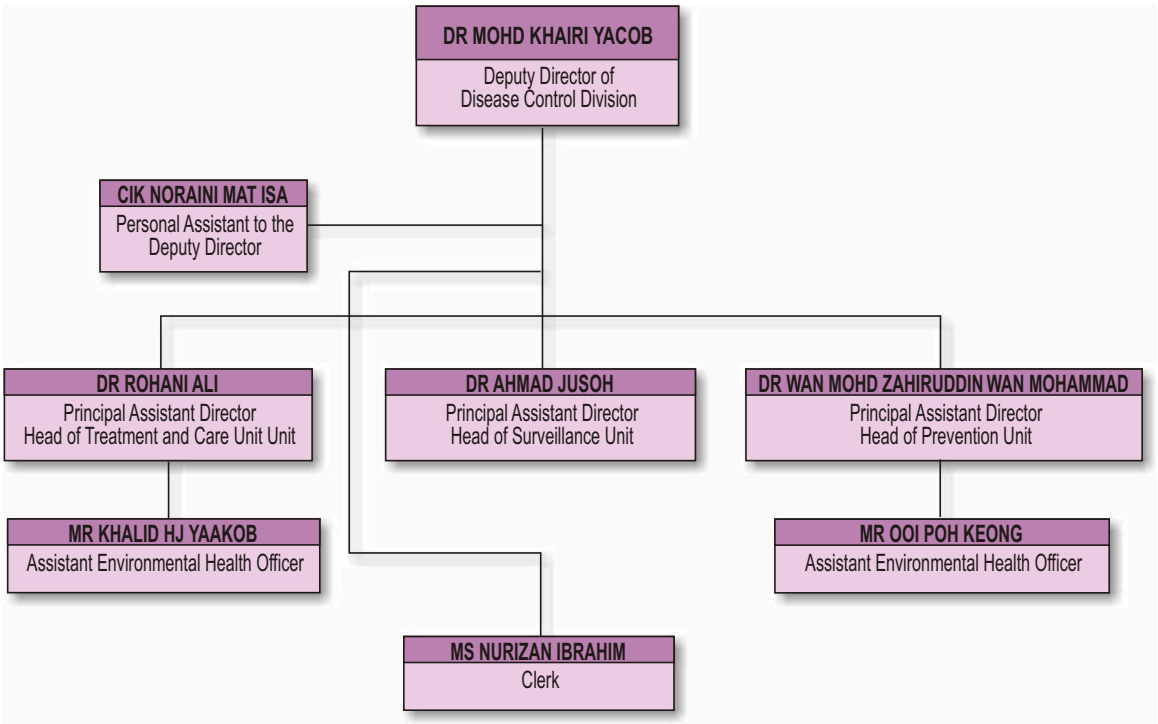
AIDS / STD SECTION

Contents

Organisational Chart

THE AIDS/STD SECTION
DISEASE CONTROL DIVISION



Background

In facing up the scourge of HIV/AIDS, the Malaysian Government has initiated actions well before the first case of HIV was detected in 1986. An inter-sectoral committee chaired by the Director General of Health, known as the **National HIV/AIDS Task Force** was formed in 1985, to be the body responsible for formulating policies, strategic action plans as well as coordinating the HIV/AIDS prevention and control programs in the country at that time. At every state in Malaysia, a **State Coordinating Committee on AIDS** was established and made responsible for implementing and coordinating AIDS prevention and control activities in the local arena. To further strengthen the National collaborative action on HIV/AIDS, the Government established an **Inter-Ministerial Committee**, which was chaired by the Honorable Minister of Health and assisted by the **National HIV/AIDS Technical and Coordinating Committees**, has taken over the function of the earlier National Task Force on HIV/AIDS. The committee is currently entrusted with advising the Cabinet on all matters pertaining to the prevention, control and management of HIV/AIDS in Malaysia. Following the restructuring of the Public Health Division in 1993, an AIDS/STD section was created under the Disease Control Division which serves as the secretariat to the Ministerial, Technical and Coordinating Committees on HIV/AIDS. This section is also responsible for planning, organizing, implementing, monitoring and evaluating the HIV/AIDS prevention and control programs, patient care and support services, as well as training and research activities. This section also coordinates the various outreach programs and activities carried out by the NGOs and provide the necessary technical and financial assistance.

VISION

To create a progressive and HIV-free community, based on public health principles and high moral values

MISSION

To provide excellent services with a high degree of professionalism and quality through commitment, dedication and teamwork

OBJECTIVES

1. To prevent HIV/AIDS transmission and control its spread
2. To minimize morbidity and suffering associated with the epidemic
3. To mobilize available national resources for the fight against HIV/AIDS
4. To promote and enhance local, national, regional and international collaboration and co-operation on HIV/AIDS

STRATEGIES

1. Information, education and communication on HIV/AIDS
2. Promotion of healthy lifestyle practices
3. Harm reduction for the vulnerable and the at-risk groups
4. Early detection of HIV infection
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

MAJOR MILESTONES IN ORGANIZATIONAL RESPONSE

1985

- An inter-sectoral committee, named "The National AIDS Task Force", chaired by the Director General of Health was formed to formulate policies, strategies, programmes/activities and coordinate AIDS prevention and control measures in the country.
- A "State Coordinating Committee on AIDS" was established in every state and made responsible for the implementation and coordination of AIDS prevention and control activities in the local arena.
- Routine notification of HIV/AIDS was initiated under Section 10 of act 342, which is the Preventive and Control of Infectious Diseases Act of 1988, "*All form of HIV infection (HIV, AIDS, AIDS death) as listed in Part II needs to be notified to nearest Medical Officer of Health*"

1986

- HIV screening programme was started in Malaysia.
- Stringent screening of blood products for HIV was implemented in the country. All donated bloods were subjected to mandatory HIV screening. Blood donation is still voluntary in this country. All imported blood and blood product has to carry HIV free certificate.
- Systematic data collection on HIV/AIDS and AIDS deaths was started.
- HIV/AIDS updates were made available to health and non-health personnel First 3 HIV cases including 1 AIDS death was notified and reported to Ministry of Health.

1988

- Mandatory notification of HIV/AIDS under Section 10 of ACT 342 was enforced.
- The Plan of Action for the control and prevention activities was first developed.
- Systematic HIV/AIDS surveillance programme was started
- The Ministry of Health Malaysia, in collaboration with The National Drug Agency (now National Anti Drug Agency), the Prisons and the Narcotic Department of Police Department came together to discus and address the high incidence of HIV among IDUs in the country.
- Issues of youth and HIV were jointly addressed with the cooperation of the Ministries of Education, Information, National Unity and Community Development, Youth and Sports as well as with the Islamic Religious Department.

1989

- Routine HIV screenings amongst drug users (including injecting drug users) and sex workers in correctional institutions was initiated. This screening was later expanded to include prisoners involved in high risk activities, foreign workers and patients with sexually transmitted diseases (STDs) and tuberculosis.
- Collaborative effort between the Ministry of Health and the Ministry of Education was started with the aim of introducing HIV/AIDS education in schools.

1990

- HIV/AIDS Counseling for health and non-health personnel that include all staff from National Drug Agency (now National Anti Drug Agency), Prisons and Religious Department was initiated.

1991

- A nation wide awareness campaign on HIV/AIDS (Prevent AIDS Now) was launched.

1992

- The Inter-Ministerial Committee on AIDS chaired by the Honorable Minister of Health was launched to further strengthen the collaborative approach in fighting HIV/AIDS. With this set-up the Minister of Health was made responsible to the cabinet on all matters related to HIV/AIDS. This committee is assisted by the "National Technical Committee" (responsible for all technical matters) and the "National Coordinating Committee" (responsible for collaborative efforts in the prevention and control of HIV/AIDS).

1993

- The Malaysian AIDS Council of NGOs (MAC), made up of all NGOs involved in HIV/AIDS work was form. Since then, MOH has been working closely with NGOs through the MAC in addressing issues pertaining to HIV/AIDS especially in matters pertaining to care and support as well as programs targeted at the vulnerable groups.
- Malaysia became a member of "The ASEAN Task Force on HIV/AIDS" (ATFOA)

1994

- Sentinel Anonymous HIV Surveillance system was introduced

1996

- A special HIV programme on Youth specifically, "PROSTAR" was launched. Using the concept of "Action by Youth, Through Youth, and For Youth", this programme was designed to enable young people to plan, organize and implement motivational and educational activities on matters related to the prevention and control of HIV/AIDS among their peer groups.
- A Collaborative effort with the Ministry of Education to form PROSTAR clubs in secondary schools was started.

1997

- Awareness and education campaigns on "Women and AIDS" were implemented.
- Modified syndromic approach (MSA) initiative launched. This is confirming her mandate to intervene broadly and assume the overall responsibility for providing curative and preventive health care for its citizens, the Malaysian Government through the Ministry of Health decided to integrate curative and preventive HIV/AIDS services into the Primary Health Care setting.

1998

- Developed and documented the "National Strategic Plan For The Prevention And Control Of HIV/AIDS"
- AIDS/STD Section of the Ministry of Health revised "The Plan of Action for the Prevention and Control of HIV/AIDS", with inputs from various relevant Ministries and Departments as well as the Non-governmental Organizations (NGOs).
- A programme for the prevention of Mother to Child transmission was initiated. Under this program free HIV testing and counseling services were given to all mothers attending antenatal services at Government health centers. Infected mothers and children detected under this program were guaranteed free anti-retroviral drugs for life.
- Routine voluntary screening at drug rehabilitation centres and other institutions was started and expanded to include other group not in "high risk: categories.
- First Consensus Epidemiology on HIV/AIDS in Malaysia was held. The consensus meeting was to estimate the HIV prevalence in the country was held with technical and financial assistance from the WPRO of the World Health Organization (WHO). The other non-health agencies in attendance included the Universities and NGOs.

1999

- The management of Modified Syndromic Approach to STI Management was introduced and integrated into the primary care services at Government health clinics

2000

- The management of HIV infected individuals was integrated into the Primary Health Care setting (April 2000)
- A pilot anonymous HIV screening services at health clinics in State of Johore was started. This is to further expand the "Voluntary HIV-Screening Services". The service was aimed at encouraging those with high-risk behavior to come forward for free client-friendly and anonymous HIV testing.
- Malaysia took part in discussion and signed the Millennium Declaration of the United Nation Leaders in September 2000.
- The second Consensus Epidemiology on HIV/AIDS in Malaysia was held.

2001

- Malaysia adopted the UNGASS Declaration of Commitment on HIV/AIDS in June.
- The 7th ASEAN Summit Declaration on HIV/AIDS that was initiated by Prime Minister was held and adopted in November.
- Voluntary Anonymous HIV-Screening Service was implemented in all health clinics in Johore by July.

2002

- "Code of Practice for Prevention of HIV/AIDS in the Work-place" was developed in collaboration with DOSH/ MAC/ UNAIDS.
- A pilot project of premarital HIV screening for Muslim couples was initiated with collaboration with JAKIM and Johore State Government

2003

- Scaling up "Voluntary Anonymous HIV Screening" nationwide
- Muslim Leaders' Action on HIV/AIDS was developed in collaboration with JAKIM/ EPU/ MAC/ UNDP.
- Behavioral Surveillance of HIV/AIDS initiative started.
- Increased Financial Support (up to RM4 Million a year) to MAC and affiliates for scaling up their complementary activities on prevention of HIV/AIDS.
- Target to provide anti-retroviral (ARV) treatment to 4,000 people living with HIV/AIDS (PLWHAs) by end of 2005 was set in accordance with 2 by 5 initiatives of WHO.
- Malaysia adopted "Doha Declaration" to import generic HIV drugs from India
- The third Consensus Epidemiology of HIV/AIDS in Malaysia was held.

2004

- Ministry of Health announced that they would give two ARV free to all the qualified patients in contrast to one previously given and provided free highly effective anti-retroviral therapy (HAART) to specific groups of people in June.
- The national strategic plan (NSP) was reviewed with the involvement of various government agencies, private sector, NGOs and International bodies in September in for next five years. This was the major and comprehensive review of NSP on AIDS in Malaysia so far.
- Adoption of new management model where hospitals with specialist will adopt hospitals without specialist and Health Centre with Family Medical Specialist (FMS) to facilitate the provision of HAART regimens.

AIDS/STD YEARLY ACTIVITIES

- **REGIONAL**
  - HIV Screening activities
    - Compulsory HIV screening of donated blood
    - Routine and voluntary HIV screening for inmates of drug rehabilitation and correctional institution
    - Routine HIV screening on inmates of the correctional and detention centers. Now expanded to all inmates as voluntary.
    - Routine HIV screening of "high risk" prisoners. Now expanded as voluntary to all prisoners.
    - Voluntary HIV screening of foreign workers.
    - Routine and voluntary HIV screening for antenatal mothers attending Government antenatal clinics.
    - Voluntary HIV screening for STD and TB patients
    - Voluntary HIV screening for the public (including the anonymous voluntary testing and premarital screening)
    - Routine and compulsory HIV screening of blood dependent patients
    - Voluntary HIV screening of contact of HIV infected person.
    - Voluntary HIV screening of military and police recruits
  - Meeting of Health Education and AIDS Officers
  - PROSTAR Convention as well as a National Jamboree

- **INTERNATIONAL**
  - World AIDS Day
  - International AIDS Conference
  - ASEAN Task Force on AIDS (ATFOA)

SCIENTIFIC PAPER PUBLISHED IN A PEER REVIEWED JOURNAL/TECHNICAL REPORTS/BULLETIN

• National sero-surveillance of blood donors & Sex-workers	1985
• Background study on knowledge of AIDS	1986
• Sentinel Surveillance:	
○ for pregnant mothers & STD patients	1994-96
○ Youth and HIV/AIDS	1996
• HIV Infection among Fishermen	1997
• Risk Behaviour of Drug Users at Rehabilitation Center	1998
• Sexually Transmitted Disease among the Adolescents	1998
• HIV-Prevalence among pregnant mother & sex-worker	2000
• The Impact of PROSTAR Program	2000
• HIV/AIDS and fishermen / Factory Workers	2001
• Comprehensive Approach In Treatment And Care Of HIV Positive Injecting Drug Users In Drug Rehabilitation Centre In Malaysia	2005

POLICIES ON HIV/AIDS

- Notification Of HIV/AIDS/Death
- Partner Notification
- Screening For HIV
- Testing
- Treatment For HIV/AIDS
  - Government is giving two drugs free to all HIV infected persons. Free Combination therapy is also given to the following clients appropriate:
    i. Antenatal mothers
    ii. Babies born to HIV infected mothers
    iii. Children
    iv. Blood transfusion dependents
    v. Health Care workers with occupational exposure to HIV contaminated blood
  - Treatment for all patients including injecting drug users
- Provision Of Medical Care And Counseling Services
- Contact Tracing
- Universal Precaution
- Health Education
- Safety of blood transfusion services thru mandatory screening of blood donors & donated blood; blood products to be used judiciously & imported blood to be certified
- Inmates of correctional centres facilities are subjected to HIV screening
- Informed consent to be obtained; pre & post test counseling to be given to individual undergoing HIV testing
- Religious and cultural values to be emphasised
- Foreign workers to be subjected to HIV screening
- Strengthening of collaboration with NGOs & international agencies
- Comprehensive services for people infected & affected by HIV/AIDS
- HIV at work place all workplace should have HIV/AIDS policies
- No breast feeding for positive mothers and to provide free milk to those who are poor for six months

LIST OF GUIDELINES / PROTOCOL / PLAN OF ACTION

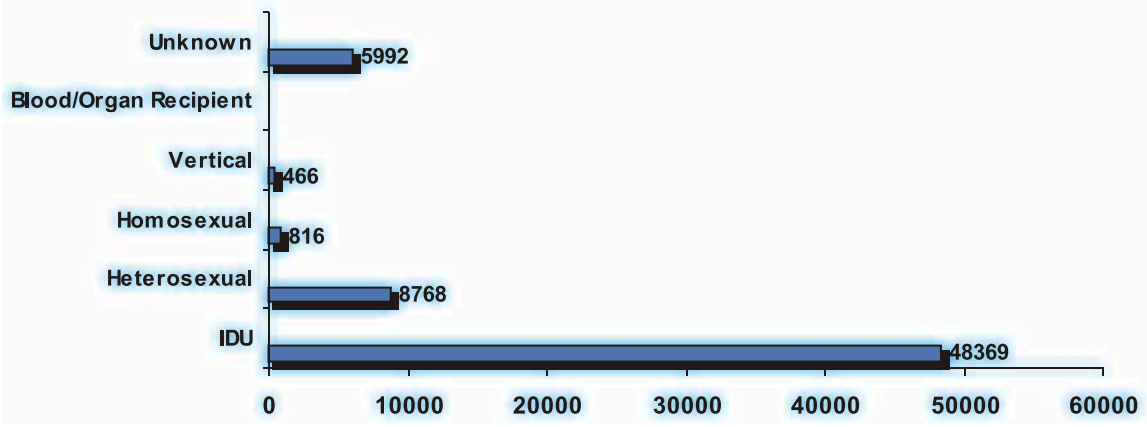
TITLE	DATE PRINTED
1. AIDS SERIES 1 (Guidelines On Counseling Of HIV Infection and AIDS)	January 1995
2. AIDS SERIES 2 (A Guide To AIDS Education Programme Infection and AIDS)	April 1995
3. AIDS SERIES 3 (Guidelines For The Management Of HIV Infection In Malaysia)	April 1995
4. AIDS SERIES 4 (Guidelines For Nursing Management Of People Infected With HIV/AIDS)	April 1995
5. AIDS SERIES 5 (Guidelines on the Management of Infected Health Care Workers)	August 1995
6. AIDS SERIES 6 (Universal Infection Control Precaution)	April 1995
7. STD SERIES 1 (Protocol For Management Of Sexually Transmitted Diseases For Doctors)	1996
8. STD SERIES 2 (Protocol For Management Of Sexually Transmitted Diseases (STD) For Paramedical Staff)	1996
9. STD SERIES 3 (Laboratory Manual Of Sexually Transmitted Diseases (STD)	1996
10. STD SERIES 4 (Surveillance For Sexually Transmitted Diseases)	1996
11. STD SERIES 5 (Guidelines On Counseling Of Sexually Transmitted Diseases)	1996
12. National Plan Of Action: Prevention and Control Of HIV/AIDS	1988 revised 1998
13. Strategic Plan for the prevention and control of HIV/AIDS	1998 revised 2004
14. Garispanduan Pengurusan Jenazah HIV/AIDS Bagi Orang-Orang Islam	Mei 1997
15. Garispanduan Pelaksanaan Program Ujian Saringan HIV Untuk Ibu Mengandung (Management Protocol For HIV Positive mother, Zidovudine Management Protocol for HIV infected Pregnant Mother & Protocol on Management of babies born with HIV positive mother)	August 1997
16. Guidelines For Health Care Worker (HCW) exposed to blood/etc. of HIV pts.	Feb. 1995

TITLE	DATE PRINTED
17. Manual Pengurusan Pesakit Kelamin melalui 'Modified Syndromic Approach' di Peringkat Penjagaan Kesihatan Primer	Mac. 1999. Revised edition, August 2000,
18. Garispanduan Pengendalian Jenazah Islam dari Aspek Kesihatan	2004 2000
19. Garispanduan Pengendalian Uri dari Aspek Kesihatan	1999
20. Garispanduan Perawatan Pesakit HIV di Rumah	2000
21. Trainers Guide and Reference Text for HIV /AIDS Counseling (English)	Jun 1999 revised 2001
22. Modul Kaunseling HIV/AIDS. Panduan Pengajar dan Teks Rujukan (Bahasa Malaysia)	2000
23. Panduan mengajar dan Rujukan untuk (Kaunselor Agensi Dadah kebangsaan)	Revised 1998
24. Panduan Mengajar dan rujukan Kaunselor (Jabatan Penjara Malaysia)	1997
25. Panduan Mengajar dan Rujukan Kaunselor (Guru guru)	1997
26. National Strategic Plan: Prevention and Control of HIV Infection, Malaysia	1998 revised 2000
27. Manual Latihan Pencegahan HIV/AIDS untuk Pendidik Rakan Sebaya (Prostar)	July 1996. Revised edition 1997, 2000
28. Modul latihan Wanitan dan AIDS	Mei 1998
29. Manual Pengurusan Pengidap HIV di Peringkat Penjagaan Kesihatan Primer	1999. Revised in 2001, 2004
30. Manual Pencegahan dan Kawalan HIV/AIDS di Institusi Penjara (Bahasa Malaysia)	2001
31. Manual Pencegahan dan Kawalan HIV/AIDS di Pusat Serenti (Bahasa Malaysia)	2001
32. Garispanduan Pencegahan Umum di Rumah (Bahasa Malaysia)	2002
33. Standar Precaution (Bahasa Inggeris)	2002
34. User Manual for HIV/STI Patient Registration System at Primary Health Care	2004
35. PROSTAR Training Manual (Bahasa Inggeris)	2005

1. HIV/AIDS EPIDEMIC IN MALAYSIA, 1986 2004

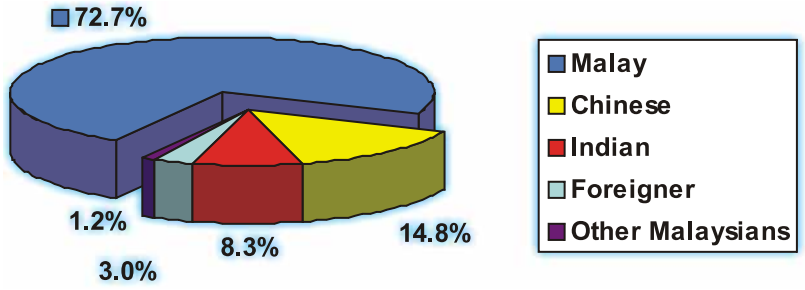
As of December 2004, cumulative cases of HIV infection reported to the Ministry of Health in Malaysia numbered 64,439. Of this number, 9,442 were AIDS cases and since the beginning of the epidemic 7,195 have died. Males remain the majority (93.0%) of the reported HIV infection and AIDS cases (91.0%).

Figure 1a: Reported Number HIV of Infections by Risk Factors, 1986-2004



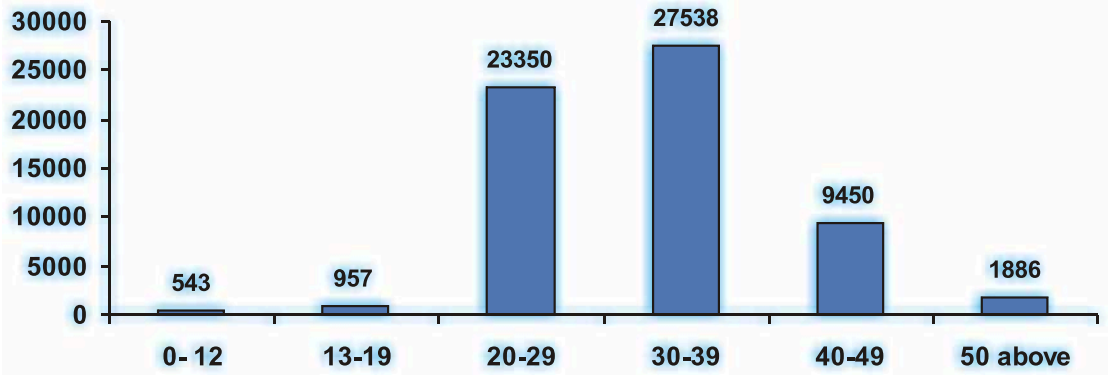
HIV transmission in Malaysia continues to be mainly driven by infection through sharing needles among injecting drugs (IDUs) (75.1%), followed by heterosexual (13.6%) and homo/bisexual route (1.3%). Only 0.7% and 0.04% of the infection are attributed to vertical transmission and blood transfusion respectively. **(FIGURE 1A)**

Figure 1b: Percentage of Reported HIV/AIDS by Ethnicity, Malaysia, 1986-2004



Out of the 64,439 reported cases of HIV infection, 46,806 (72.7%) occurred among Malays, followed by 9,532 Chinese (14.8%), 5,354 Indians (8.3%) and 1,912 foreigners (3.0%) (FIGURE 1B). Majority of HIV (79.0%) and AIDS (65.4%) cases were in the age group of 20 to 39 years (FIGURE 1C).

Figure 1c: Report Number HIV of Infections by Age Group, Malaysia, 1986-2004



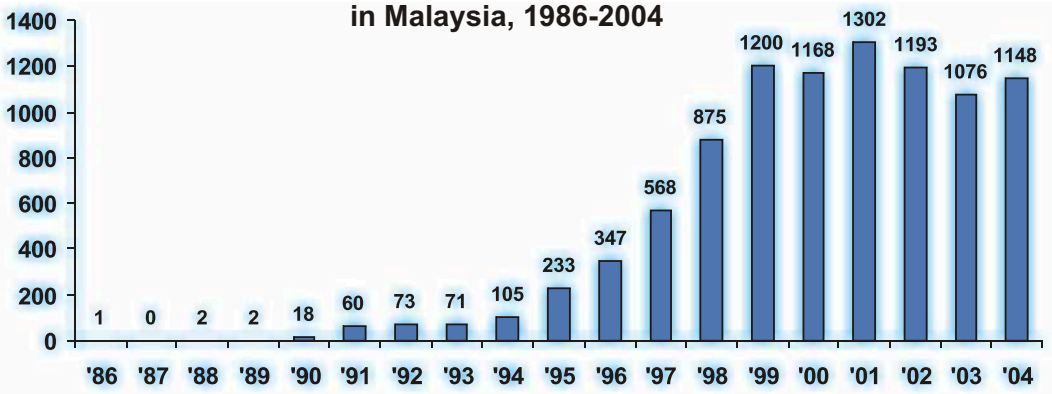
2. TRENDS OF HIV/AIDS IN MALAYSIA

2.1 REPORTED HIV/AIDS, 1986 - 2004

Figure 2a: HIV Infections (Including AIDS) in Malaysia, 1986-2004

There was a slight reduction (4.8%) from 6,756 to 6,427 in the number of reported HIV infections between 2003 and 2004 (FIGURE 2A). However, looking at the trend of the reported cases from 1986 till 2004, there were three virtual peaks noted in 1992, 1996 and 2002. Epidemiologically, a higher peak in a later year means that the source of transmission is localized and is continuing.

Figure 2b: Number of AIDS Cases in Malaysia, 1986-2004



On the other hand AIDS cases increased marginally by 6.7% from 1,076 in 2003 to 1,148 in 2004 (Figure 2b). The number of reported AIDS cases over the last five years seems to be leveling off, a condition that possibly reflects the availability of ARV treatment thus delaying the onset of AIDS in people infected with the HIV. The same has also been reported in most developed countries.

2.2 MODE OF TRANSMISSION

TABLE 2A: REPORTED HIV INFECTIONS BY RISK FACTORS, MALAYSIA, 2002-2004

Mode of Transmission	2002		2003		2004	
	No.	%	No.	%	No.	%
Injecting drug use (IDU)	5,176	74.2	4,796	71.0	4,478	69.7
Heterosexual	1,218	17.5	1,307	19.3	1,271	19.8
Homo/bisexual	51	0.7	151	2.2	222	3.5
Vertical	60	0.9	62	0.9	67	1.0
Blood recipient	5	0.1	1	0.0	0	0.0
Unknown	468	6.7	439	6.5	389	6.1
Total	**6,978**	**100**	**6,759**	**100**	**6,427**	**100**

Injecting drug use continues to be the main source of transmission in 2004 making up 69.7% of HIV infections. However, sexual transmissions have increased. Heterosexual transmission increased from 17.5% of total HIV infections in 2002 to 19.3% in 2003 and in 2004 it made up 19.8%. In the same period, homosexual/bisexual transmission increased from 0.73% to 2.2% and in 2004 it made up 3.5% of total reported HIV infections. Meanwhile vertical transmissions increased from 0.86% in 2002 to 1.04% in 2004. There were no reported cases of transmission through contaminated blood transfusion or organ donation in 2004 (TABLE 2A).

2.2.1 Heterosexual Transmission By State

In 2004, Kuala Lumpur and Kelantan reported the highest percentage of heterosexual transmission of the HIV infection (16.8% and 14.3%respectively). This was followed by Kedah (10.8%) and Pulau Pinang (9.5%). However when the 2004 figures are compared to 2003 figures Kelantan actually recorded an increase of 5.8%, followed by Sabah (4%)and Negeri Sembilan (2.3%) and Kuala Lumpur actually recorded a decline of 10.3% (TABLE 2B). However this is probably a reflection of the fact the antenatal mothers are now being tested in all public antenatal centers and therefore they are now picked up in the other states as well.

TABLE 2B: REPORTED HIV INFECTIONS THROUGH HETEROSEXUAL TRANSMISSION BY STATES, 2003/04

States	2003		2004		
	No.	%	No.	%	% Change
Kelantan	112	8.6	182	14.3	5.8
Sabah	46	3.5	96	7.6	4.0
Negeri Sembilan	19	1.5	48	3.8	2.3
Kedah	113	8.6	137	10.8	2.1
Pulau Pinang	115	8.8	121	9.58	0.7
Perak	116	8.9	120	9.4	0.6
Johor	74	5.7	78	6.1	0.5
Melaka	36	2.8	38	3.0	0.2
Sarawak	54	4.1	55	4.3	0.2
Terengganu	56	4.3	49	3.9	-0.4
Perlis	49	3.7	30	2.4	-1.4
Selangor	70	5.4	45	3.5	-1.8
Pahang	95	7.3	59	4.6	-2.6
Kuala Lumpur	352	26.9	213	16.8	-10.2
TOTAL	**1,307**	**100**	**1,271**	**100**	

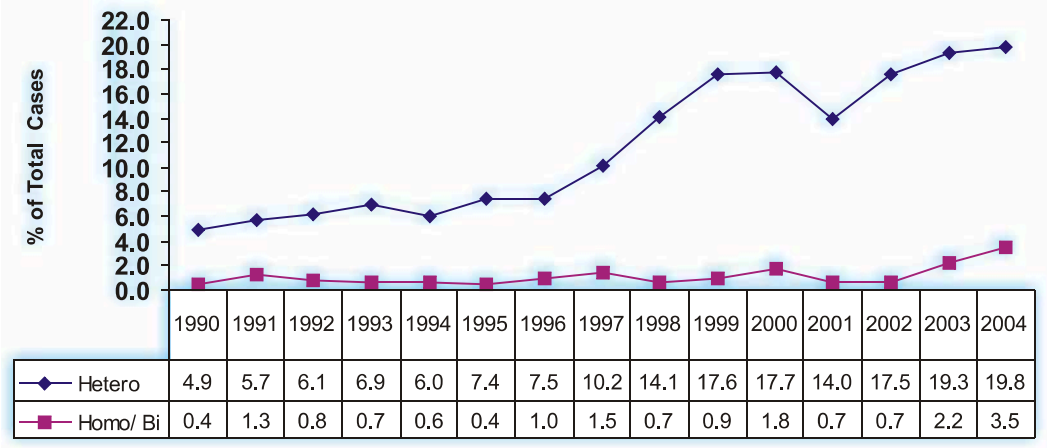
2.2.2 Homo/bisexual Transmission

Over the last five years since 2000, there has been a steady increase in the reported cases transmitted through homo/bisexual transmission (from 62 cases in 2000 to 222 cases in 2004) (FIGURE 2C). In 2004, more than half (54.5%) of reported HIV infections transmitted homosexually or bisexually were from Selangor and another 17.15% from Kuala Lumpur. This high concentration of such cases in Selangor and the Federal Territory of Kuala Lumpur is due to the fact that gays and transsexuals tend to congregate in the Klang valley where there are anonymous, more employment opportunities as well as entertainments centers to cater to their needs (TABLE 2C). The rise in the number of new infection through this route could also be due to the fact that the gay and transsexual community may be becoming more complacent because the availability of ARVs at a fraction of their previous cost. In fact some may even mistake the ARVs for a cure.

TABLE 2C: REPORTED HIV INFECTIONS THROUGH HOMO/BISEXUAL TRANSMISSION BY 5 MOST COMMON STATES, 2004

States	No. N=222	(%)
Selangor	121	54.5
Kuala Lumpur	38	17.1
Perak	13	5.9
Kedah	9	4.1
Johor & Serawak	8	3.6

Figure 2c: Proportion of Reported HIV and AIDS Cases between Homo/bisexual & Heterosexual, Malaysia, 1990-2004



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Hetero	4.9	5.7	6.1	6.9	6.0	7.4	7.5	10.2	14.1	17.6	17.7	14.0	17.5	19.3	19.8
Homo/ Bi	0.4	1.3	0.8	0.7	0.6	0.4	1.0	1.5	0.7	0.9	1.8	0.7	0.7	2.2	3.5

2.2.3 HIV Infection Acquired Through Contaminated Blood

Reported number of HIV infections through contaminated blood transfusion in year 2003 has reduced tremendously from 5 cases in year 2002 to only 1 case, and in the year 2004, no case was reported. This was due to more stringent blood donation and transfusion procedures taken by all relevant parties especially at the blood bank and hospitals.

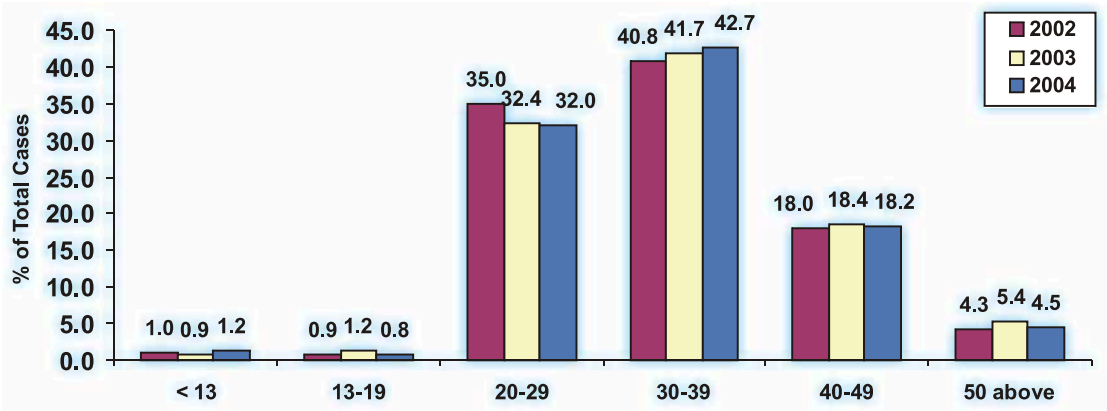
2.2.4 Vertical Transmission

The reported cases via vertical transmission (mother-to-child transmission) have shown a slight increased by 8.1% (from 62 in year 2003 to 67 cases in year 2004). Kelantan, Selangor and Johor have reported the highest number of vertical cases, i.e 21, 6 and 5 cases respectively. Majority of these cases were detected through the Prevention of Mother-to-Child HIV Transmission (PMTCT). This may indicate some possibilities such as lack of awareness on available medical treatment for them, significantly low numbers of children support and care groups or presence of stigma among the parents themselves.

2.3 HIV AND AGE GROUPS

IV infection was still predominant among young people aged 20-29 years and 30-39 years as in previous years. There was a reduction in the proportion of reported HIV cases in the 20 to 29 age group from 35% in 2002 to 32.4% in 2003 and 32% in 2004 but an increase over the same period in the 30 to 39 age group (FIGURE 2D).

Figure 2d: Proportion of Reported HIV Infections by Age Groups, 2002-2004



2.4 HIV BY ETHNICITY

The reported cases via vertical transmission (mother-to-child transmission) have shown a slight increased by 8.1% (from 62 in year 2003 to 67 cases in year 2004). Kelantan, Selangor and Johor have reported the highest number of vertical cases, i.e. 21, 6 and 5 cases respectively. Majority of these cases were detected through the Prevention of Mother-to-Child HIV Transmission (PMTCT) programmed. This may indicate some possibilities such as lack of awareness on the availability of medical treatment for them, significantly low numbers of children support and care groups or the fear of stigma among the parents themselves.

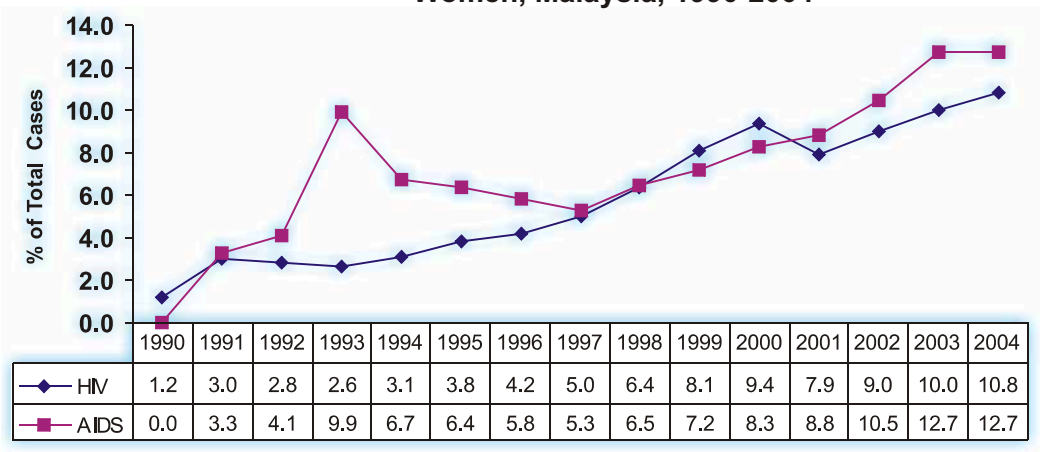
TABLE 2D: REPORTED HIV INFECTIONS BY RTHNIC GROUPS, 2003/2004

Ethnic	2003		2004		% Changes
	No.	%	No.	%	
Malay	4,845	7.17	4,740	73.8	2.0
Chinese	988	14.6	786	12.4	-2.2
Indian	508	7.5	468	7.3	-0.2
Sarawakian ethnics	38	0.6	34	0.5	-0.1
Sabahan ethnics	30	0.4	70	1.1	0.7
Orang Asli	3	0.0	0	0.0	0.0
Other Malaysians	58	0.9	35	0.5	-0.4
Foreigners	286	4.2	284	4.4	0.2
Total	**6,756**	**100**	**6427**	**100**	

2.5 HIV AND WOMEN

The number of HIV infection among women has increased from 9 cases (1.2%) in 1990 to 696 (10.8%) cases in 2004, while within the same period, AIDS cases have increased from none to 146 cases (FIGURE 2E). The increase of HIV among women is more significant after 1998, with the implementation of routine HIV screening among pregnant mothers through the PMTCT program at public health clinics, which contributes about 20% to the total number of the cases among women each year. In year 2004, Kelantan reported the highest number of HIV cases among women (TABLE 2C).

Figure 2e: Proportion of HIV and AIDS Cases among Women, Malaysia, 1990-2004



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
HIV	1.2	3.0	2.8	2.6	3.1	3.8	4.2	5.0	6.4	8.1	9.4	7.9	9.0	10.0	10.8
AIDS	0.0	3.3	4.1	9.9	6.7	6.4	5.8	5.3	6.5	7.2	8.3	8.8	10.5	12.7	12.7

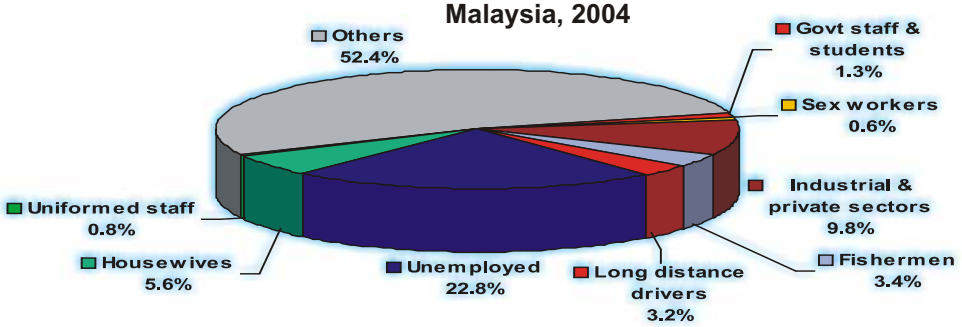
TABLE 2C: REPORTED HIV INFECTIONS AMONG WOMEN IN FIVE STATES WHERE IT WAS HIGHEST, 2004

States	No. Of Cases	Proportion (%) of Cases
Kelantan	145	54.5
Selangor	98	17.1
Kuala Lumpur	86	5.9
Kedah	51	4.1
Pulau Pinang	50	3.6

2.6 REPORTED HIV/AIDS BY OCCUPATIONAL GROUPS

Of the 6,427 HIV/AIDS cases reported in 2004, 3,366 (52.4%) had odd-job workers or did provide data on employment. Meanwhile, 468 (22.8%) were unemployed, 363 (5.6%) cases were housewives, 633 (9.8%) were industrial or private sector workers, 217 (3.4%) were fishermen, and 208 (3.2%) were long distance drivers. Since there was no proper screening among sex-workers, only 40 (0.6%) cases detected were sex workers by occupation (FIGURE 2G)

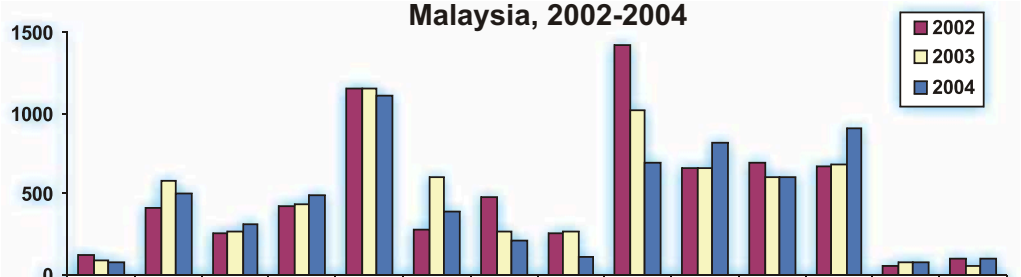
Figure 2g: HIV Cases by Occupations, Malaysia, 2004



2.7 HIV/AIDS BY STATES

From the 6,427 HIV cases reported in the year 2004, Selangor reported the highest number of HIV infection in year 2004, that is 1,104 cases (17.7%) followed by Kelantan, 906 cases (14.1%) (FIGURE 2H). This may actually reflect the place where the infection has been diagnosed (mostly from DRC and prisons, many of which are situated in the state) and not by the place of residence. However, when compared to the previous year, Sabah reported more cases compared to the previous year (increased by 101.9%), followed by Kelantan (32.4%) and Pahang (24.8%). But there is reduction of reported cases from Melaka (reduction of 56.9%) followed by Kuala Lumpur (33.7%) and Johor (32.2%).

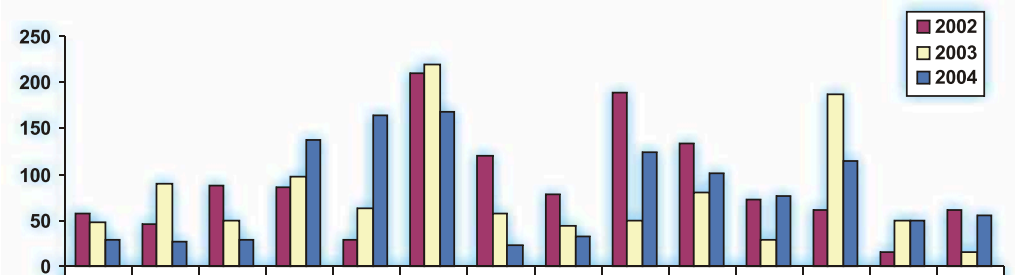
Figure 2h: HIV Infections by States, Malaysia, 2002-2004



	Prs	Ked	Pen	Per	Sel	KL	NS	Mel	Joh	Pah	Ter	Kel	Sar	Sab
2002	125	412	255	425	1152	279	485	254	1421	655	690	677	51	97
2003	88	582	266	439	1155	599	265	269	1020	657	605	684	75	52
2004	81	506	308	496	1104	397	217	116	691	820	606	906	74	105

Figure 2I shows that Kuala Lumpur and Selangor had reported the highest number of AIDS cases in 2004, that is 167 (14.5%) and 165 (14.4%) and respectively with Sabah, Selangor and Johor having the highest increase of reported case which is +266.7%, +162% and +153 % respectively when compared to 2003. However, there is also reduction of reported case in Kedah (reduction of -70%) and Negeri Sembilan (-60%). Higher number of AIDS cases reported in these in Kuala Lumpur and Selangor maybe due to the availability of medical treatment and referral centers for AIDS patients, i.e. Hospital Kuala Lumpur and Hospital Kajang.

Figure 2i: AIDS Cases by States, Malaysia, 2002-2004



	Prs	Ked	Pen	Per	Sel	KL	NS	Mel	Joh	Pah	Ter	Kel	Sar	Sab
2002	57	46	88	85	28	209	120	79	188	133	72	62	16	62
2003	47	90	49	97	63	220	57	43	49	81	29	187	49	15
2004	28	27	28	138	165	167	23	32	124	102	76	115	50	55

3. HIV/AIDS PROGRAMS

3.1 PREVENTION OF MOTHER-TO-CHILD-TRANSMISSION (PMTCT) PROGRAM

A total of 2,161,748 antenatal mothers have been screened between 1998 and 2004 out of 2,624,023 eligible cases (82.3%). Proportion of mothers screened increased from 49.7% in 1998 to 97.6% in 2004 due to increasing number of clinics taking part in the program.

In 2004, 377,016 or 97.6% of antenatal mothers who attended the government clinics throughout the country were screened for HIV compared to 361,152 (96.5%) in 2003. The number of infected mothers detected under this program declined by 22% from 177 cases in 2003 to 141 in 2004. Nonetheless the proportion of antenatal mother testing positive was 0.036% slightly lower than 0.047% in 2003.

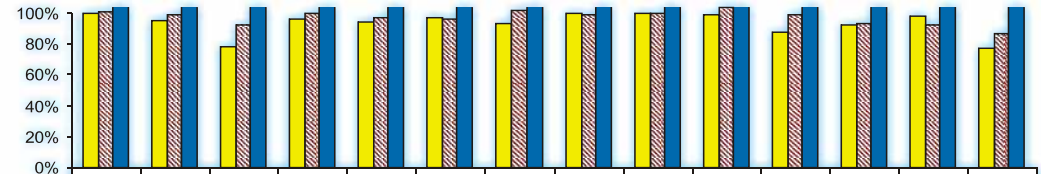
TABLE 3A: PREVENTION Of MOTHER-TO-CHILD-TRANSMISSION (MTCT) PROGRAM, MALAYSIA, 1998 2004

YEAR	1998	1999	2000	2001	2002	2003	2004	TOTAL
No. Attendance of Antenatal Mothers (ANC Mothers)	323.90.2	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**
% Screened	49.7	66.3	82.3	87.5	92.8	96.5	97.6	**82.3**
No. of ANC Mothers Detected HIV Positive	56	89	85	79	141	177	138	**757**
% of Mothers' Positive	0.0348	0.0322	0.0296	0.0230	0.0392	0.047	0.036	**0.035**
Babies delivered (by Dec 2003)	56	89	85	79	141	152	-	**602**
No. of Babies HIV Positive	3	5	3	1	5	8	-	**25**
% of Babies Positive	5.35	5.62	3.53	1.26	3.55	3.95	-	**3.88**

3.1.2 PMTCT Program by States: Coverage of screening in 2004

Coverage of HIV screening among antenatal mothers in government clinics in all states in 2004 were high, ranging from 96.3% in Sabah to 101.1% in Negere Sembilan. There were antenatal mothers registered in Melaka but screened in Negere Sembilan in 2004 and pushed the percentages in the state to more than 100%. Mothers registered in Kedah continued to be screened in Perlis and make the percentages of mothers screened in Perlis higher than 100%. At the same time, moping exercised carried out in the state of Kedah and make the percentages higher than 100%. (Figure 3a)

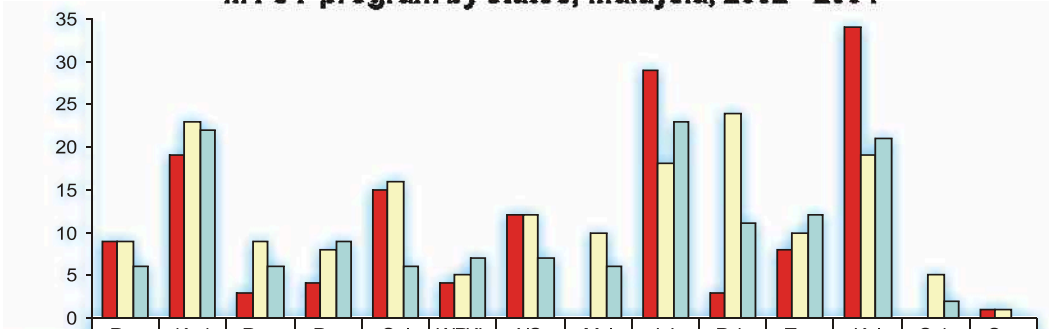
Figure 3a: Percentage of ANC Mothers Screened in MTCT Program by States, Malaysia, 2002, 2003 and 2004



	Prs	Ked	Perak	Pen	Sel	KL	NS	Mel	Joh	Pah	Ter	Kel	Sab	Sar
2002	99.9%	95.0%	78.6%	95.9%	94.2%	97.5%	93.0%	100.0%	99.8%	99.3%	88.1%	92.3%	97.7%	77.4%
2003	101.3%	99.1%	92.1%	99.6%	97.6%	96.1%	101.7%	98.9%	99.8%	104.0%	99.0%	93.4%	92.8%	87.2%
2004	100.9	100.6	99.9	99.1	98.9	95.7	101.1	98.1	100	100	100	95.3	90	96.3

Johor has reported the highest number (23) of pregnant mother detected HIV positive in year 2004, with Kedah reported the second highest with 22. States of Pahang, Melaka and Sabah have reported significantly more cases in year 2004. Meanwhile Kelantan, Terengganu and Perak were states that persistently reporting high number of positive cases since 2002 (Figure 3b).

Figure 3b: Number of Positive Antenatal Mothers reported in MTCT program by states, Malaysia, 2002 - 2004

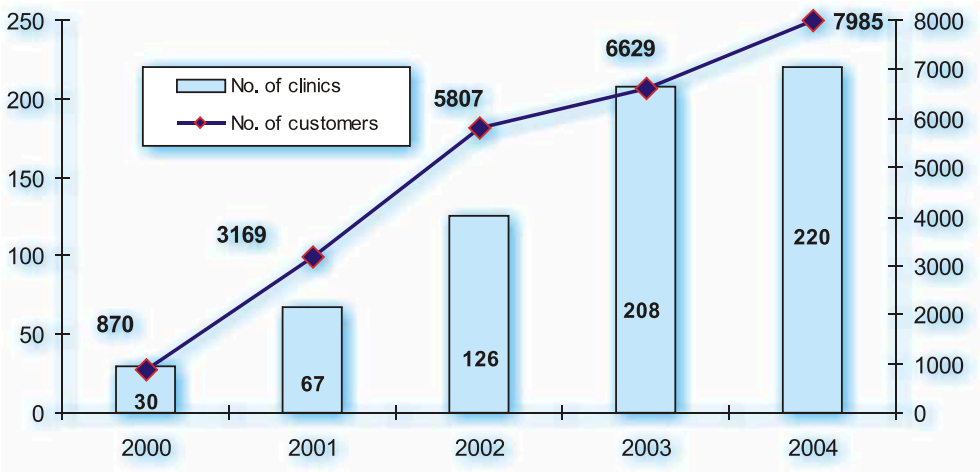


	Prs	Ked	Pen	Per	Sel	WPKL	NS	Mel	Joh	Pah	Ter	Kel	Sab	Sar
2002	9	19	3	4	15	4	12	0	29	3	8	34	0	1
2003	9	23	9	8	16	5	12	10	18	24	10	19	5	1
2004	6	22	6	9	6	7	7	6	23	11	12	21	2	0

3.2 HIV MANAGEMENT AT PRIMARY HEALTH CARE (PPHIV)

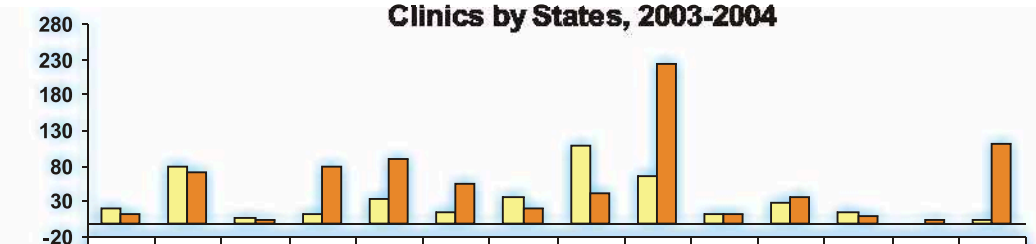
Voluntary HIV counseling and testing (VCT) is one of the key components of HIV prevention and care programmes. When placed within care programmes, HIV test results and follow-up counseling enables those infected to be referred to care and support services. In addition, wide access to VCT can lead to greater openness about HIV/AIDS and thus reduces stigma and discrimination. The management of HIV-positive individuals at the primary care level, in PPHIV clinics in this country has served to provide an entry point for HIV care and support services, where those tested positive through VCT can access anti-retroviral as well as other HIV/AIDS services related health services. Management of opportunistic infections, prophylaxis treatment and anti-retroviral therapy are given when indicated. For those who require hospitalization, or those with symptoms of AIDS, referral is made to the nearest hospital for further management.

Figure 3c: No. of PPHIV clinics and clients attending PPHIV clinics, 2000 - 2004



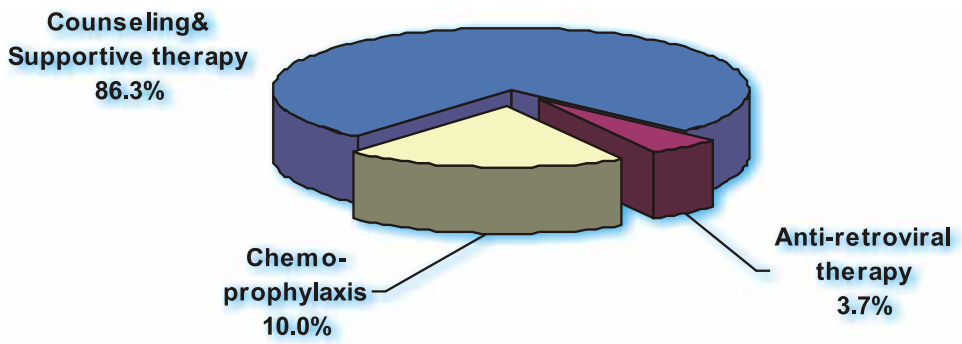
Since this program was implemented in 2000, the number of clients attending these clinics has increased annually. Throughout year 2004, there were 7,985 clients availed themselves to services at 220 PPHIV clinics compared to 6,629 in 208 such clinics in year 2003 (figure 3c). Under this program 770 HIV cases were managed in 2004, out of which 674 cases were new confirmed HIV cases detected or referred to the clinics. Pahang had reported the highest number of HIV cases managed at the clinics (225 cases) followed by Kuala Lumpur (112) and Selangor (90) (Figure 3d). Of the 7,985 cases seen in 2004, 86.3% of the HIV patients received counseling and supportive therapy while 10.0% were given chemoprophylaxis for opportunistic infection and the other 3.7% received anti-retroviral therapy (Figure 3e).

Figure 3d: No. of HIV-positive Cases managed at the PPHIV Clinics by States, 2003-2004



	Prs	Ked	Pen	Per	Sel	NS	Mel	Joh	Pah	Ter	Kel	Sbh	Swk	WPKL
2003	21	78	8	12	33	16	37	108	67	13	28	14	0	5
2004	13	70	4	79	90	56	21	41	225	12	35	9	3	112

Figure 3e: Type of Management for HIV Patients at the Clinics, 2004



3.3 ANONYMOUS VOLUNTARY HIV SCREENING

The number of individuals who came to government health clinics (Klinik Kesihatan) for anonymous voluntary HIV screening in year 2004 throughout the country has increased tremendously from 5,234 in 2003 to 9,388 in 2004. The characteristics of clients who came for voluntary screening are shown in Table 3c where more than half (59.3%) of those who came for anonymous voluntary HIV screening were male, eight out of ten (83.7%) were between the ages of twenty and thirty-nine, three quarters (75.3%) Malays and eight out of ten (79.0%) did not provide any data on possible mode of transmission. However, the rate of positive cases detected HIV declined from 1.3% in year 2003 to only 0.8% in 2004 (Table 3b). Of those who tested positive, 90.3% were males, 76.4% were in the age range of twenty and thirty-nine, 91.7% Malays and 68.1% were reported to have been infected through the sharing of needles and another 11.1% through heterosexual transmission.

TABLE 3B: ANONYMOUS VOLUNTARY HIV SCREENING PROGRAM, 2001- 2004

YEAR	2001*	2002*	2003	2004
No. of cases screened	1,760	1,404	5,234	9,488
Np. of case reactive by rapid test (%)	41 (2.3%)	34(2.4%)	231 (4.2%)	203 (2.2%)
No. of cases confirmed HIV positive (%)	30 (1.7%)	23 (1.6%)	70 (1.3%)	72 (0.8%)

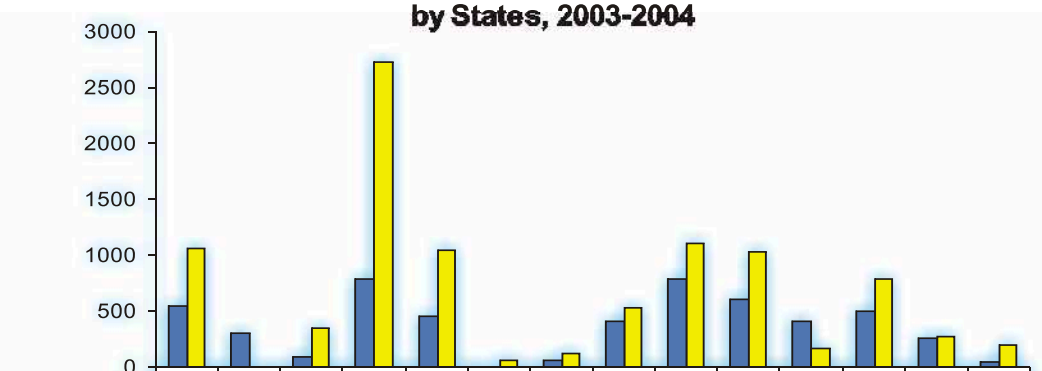
*Pilot project in Johor state

TABLE 3C: CHARACTERISTICS OF CASES SCREENED AND DETECTED POSITIVE FROM THE ANONYMOUS HIV SCREENING PROGRAM, MALAYSIA, 2004

Characteristics	No. of clients (%) (n = 9,438)	No. of HIV detected (%) (n = 72)
Gender		
Male	5593 (59.3%)	65 (90.3%)
Female	3845 (40.7%)	7 (9.7%)
Age groups		
13-19	966 (10.2%)	0 (0.0%)
20-29	3249 (3434%)	24 (33.3%)
30-39	2768 (29.4%)	31 (43.1%)
40-49	1438 (15.2%)	15 (20.8%)
50 above	934 (9.9%)	2 (2.8%)
No data	83 (0.9%)	0 (0.0%)
Ethnic groups		
Malays	7109 (75.3%)	66 (91.7%)
Chinese	925 (9.8%)	5 (6.9%)
Indian	529 (5.6%)	1 (1.4%)
Sarawak ethnics	141 (1.5%)	0 (0.0%)
Sabahan ethnics	47 (0.5%)	0 (0.0%)
Others Peninsular	521 (5.5%)	0 (0.0%)
Foreigners	62 (0.7%)	0 (0.0%)
No Data	104 (1.1%)	0 (0.0%)
Risk factors		
Injecting drug use	599 (6.3%)	49 (68.1%)
Needle prick injury	2 (0.02%)	0 (0.0%)
Blood recipients	4 (0.04%)	0 (0.0%)
Organ Donor	0 (0.0%)	0 (0.0%)
Homosexual/bisexual	217 (2.3%)	3 (4.2%)
Heterosexuals	1120 (11.9%)	8 (11.1%)
Vertical	40 (0.4%)	(0.0%)
No Data	7456 (79.0%)	12 (16.7%)
Total	**9,438 (100.0%)**	**72 (100.0%)**

Figure 3f shows that there was an increased in the number of individuals who came for anonymous screening at the health clinics as compared to the previous year, especially Perak, Perlis, Selangor and Pahang. Kelantan has the highest cases of HIV positive detected through the program (23), followed by Pahang (17) and Johor (16).

Figure 3f : No. of Cases Screened Anonymously for HIV by States, 2003-2004



	Prs	Ked	Pen	Per	Sel	KL	NS	Mel	Joh	Pah	Ter	Kel	Sar	Sab
Year 2003	549	304	90	788	462	0	61	408	795	600	406	506	263	44
Year 2004	1060	0	343	2726	1046	68	123	525	1106	1026	172	781	269	193

3.4 MANAGEMENT OF SEXUAL TRANSMITTED INFECTIONS (STI) THROUGH MODIFIED SYNDROMIC APPROACH (MSA)

In year 2004, there were 2,631 STI related cases seen at the health clinics as compared to 1,722 cases in 2003 (an increment of 53%). Based on syndromes, about 31.7% of the patients presented with vaginal discharge, followed by urethral discharge (9.7%) and genital ulcers (1.7%). A large proportion of them (56.9%) were asymptomatic cases that were referred from antenatal clinics and family planning centers (Table 3d).

TABLE 3D: STI CASES MANAGED AT HEALTH CLINICS BASED ON CLINICAL SYNDROMES, 2004

	Number of cases	Percent(%)
Vaginal Discharge	835	**31.7**
Urethral Discharge	256	**9.7**
Genital Ulcers	44	**1.7**
Asymptomatic Cases	1,496	**56.9**
TOTAL	**2,631**	**100.0**

Nearly 18% of cases were males while majority (83%) was females. Majority of these patients were from age groups of 20 to 39 years (63.6%). Malays were the predominant ethnic group (57.7%) followed by Chinese (13.7%), Bumiputra Sarawak (5.2%) and Bumiputra Sabah (6.6%).

All STI cases seen at the healthy clinics were also sent for laboratory investigation to confirm the diagnosis based on their etiological agents. Results of some of the diagnosis showed that majority (35.6%) of the patients were diagnosed as candidiasis, followed by gonorrhea (12.8%) and non-specific urethritis (10.9%) (Table 3e).

TABLE 3E: STI CASES MANAGED AT HEALTH CLINICS BY ETIOLOGICAL DIAGNOSIS, 2004

	Number of cases	Percent (%)
Candidiasis	520	**35.6**
Gonorrhea	188	**12.8**
Syphilis	90	**6.2**
Non-Specific Urethritis	160	**10.9**
Trichomoniasis	46	**3.1**
Herpes	2	**0.1**
Other STIs	228	**15.6**
TOTAL	**1,462**	**100.0**

3.5 HIV/AIDS PREVENTION AND CONTROL PROGRAMS IN PRISONS AND DRUG REHABILITATION CENTERS (PUSAT SERENTI)

Ministry of Health, with collaboration from the Prison Department and National Drug Agency, has implemented many preventive and educational activities on HIV/AIDS for the prisoners and inmates. These activities include

- HIV screening program on admission, after 6 month and pre-release. Screenings for HIV have been strengthened with the increased supply of rapid test kits.
- HIV/AIDS education and training for counselors have been carried out throughout the year.
- Tuberculosis screening and treatment (including referrals) for prisoners and inmates who were tested HIV positive.

In 2004, of the 12,317 admitted to drug rehabilitation centers 11,806 or 95.9% were tested on admission, 3,400 (35%) tested after 6 months and another 4,732 (49.1%) tested just before release. Of those who were tested on admission 16.3% tested positive, 2.2% after 6 months and another 0.4% just prior to release. Meanwhile 53,092 representing 64.7% of total admissions to prisons were also tested on admission, another 7.7% tested after 6 months and 5.6% just prior to release. On admission 5.2% of those tested were found to be positive. 0.8% after 6 months and another 0.4% just prior to release (TABLE 3F).

TABLE 3F: SCREENING OF HIV IN DRUG REHABILITATIONS CENTERS (PUSAT SERENTI) AND PRISONS IN MALAYSIA, 2004

		PUSAT SERENTI no. (%)	PRISONS no. (%)
1.	**NO. OF ADMISSION**	12,317	82,084
2.	**NO. OF HIV SCREENINGS DONE**		
	2.1 On Admission	11,806 (95.9)	53,092 (64.7)
	2.2 After 6 Month (on HIV-ve cases)	3,400 (35.0)	3,892 (7.7)
	2.3 Re-scteened on pe-release	4,732 (49.1)	2,842 (5.6)
3.	**NO. OF HIV-POSITIVE DETECTED**		
	3.1 On Admission	2,092 (16.3)	2,774 (5.2)
	3.2 After 6 Month	76 (2.1)	30 (0.8)
	3.3 Re-screened on per-release	2 (1.0)	1 (0.04)
	TOTAL (%)	**2,170 (18.4%)**	**2,805 (5.3)**

HIV-infected individuals are known to be at high risk of having tuberculosis (TB) and transmission rate of TB may be high in institutionalized places like prisons. Under this program, prisoners or inmates who were detected HIV-positive were also screened for tuberculosis (TB) by chest x-ray and those detected to have TB were treated accordingly. There were 149 (8.2%) TB cases detected among the HIV-positive cases in the prisons and 154 cases (13.3%) in the Pusat Serenti in the year 2004.

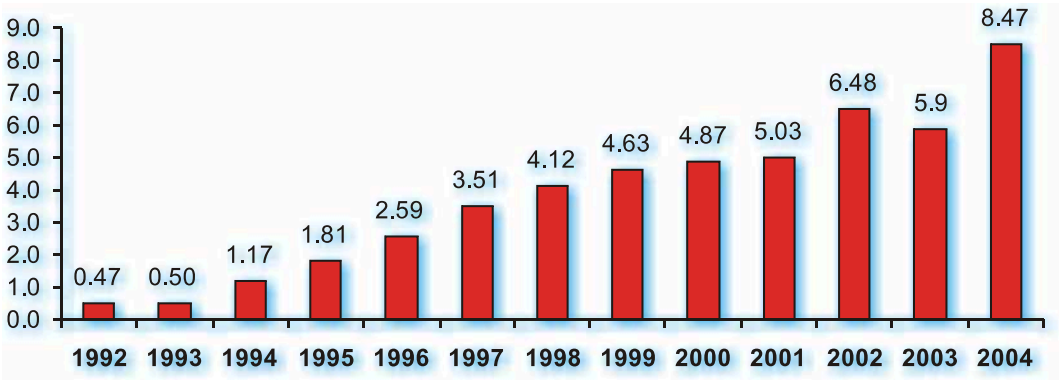
TABLE 3G: TUBERCULOSIS (TB) SCREENINGS AMONG HIV-POSITIVE IN PRISONS AND PUSAT SERENTI, MALAYSIA, 2004

	P. SERENTI	PRISONS
No. HIV Cases Detected	2,170	2,805
No. HIV Cases Screened for TbB (%)	1,157 (53.3)	1,828 (65.1)
No. of Tb Cases Diagnosed	154	149
% HIV Cases Diagnosed as TB	13.3	8.2

3.6 HIV SCREENING AMONG TUBERCULOSIS (TB) PATIENTS

Tuberculosis patients have been routinely screened for HIV infection in Malaysia since 1990. In year 2004, there was an increased in the rate of HIV infection detected among TB patients from 5.9% to 8.47% (Figure 3g).

Figure 3g: Percentage of HIV Infection among Tuberculosis (TB) patients, Malaysia, 1992 - 2003



Data from TB/Leprosy Unit, Ministry of Health, 2004

3.7 HIV SCREENING OF DONATED BLOOD

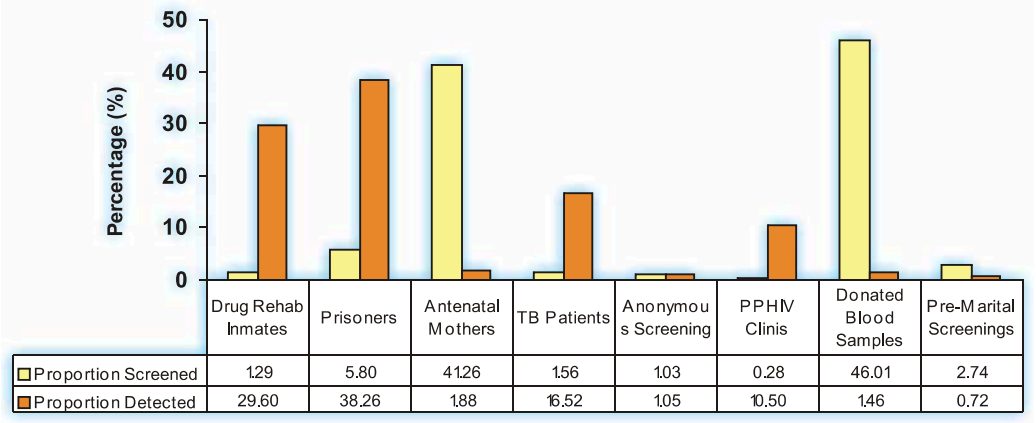
Routine screening of all donated blood in Government Blood Centers had started in 1987. This concept was extended to all teaching hospitals under Ministry of Education such as University Malaya (UM), Universiti Kebangsaan Malaysia (UKM), University Science Malaysia (USM) and University Malaysia Sarawak (UNIMAS). Out of 420,463 donated blood screened for HIV antibody in 2004, 107 of them found to be infected by HIV (0.03%) and varies from 0.07% in Kelantan to 0.002% in Sarawak (Table 3h).

JABLE 3H: NUMBER OF DONATED BLOOD SCREENED FOR HIV ANTIBODY, NUMBER CONFIRMED POSITIVE AND PERCENTAGES OF DONATED BLOOD CONFIRMED INFECTED BY STATE, MALAYSIA 2004.

State	Donated Blood	HIV Positive	% HIV Positive
Johor	48,816	13	0.03%
Kedah	26,252	3	0.01
Kelantan	12,175	9	0.07%
Melaka	8,840	4	0.04%
N Sembilan	13,898	1	0.01
P Pinang	22,753	3	0.01
Pahang	18,588	8	0.04%
Perak	35,672	6	0.02%
Perlis	1,974	1	0.05%
Selangor	15,092	8	0.05%
Terengganu	12,124	5	0.04%
WPKL	108,821	22	0.02%
Peninsular Malaysia	**325,005**	**83**	**0.02%**
Sabah	69,692	23	0.03%
Sarawak	35,766	1	0.00%
Malaysia	**420,463**	**107**	**0.02%**

3.8 SOURCE OF HIV SCREENINGS AND DETECTED CASES, 2004

Figure 3h: Proportion of HIV Screening and Cases detected based on Screening Programs, Malaysia 2004



	Drug Rehab Inmates	Prisoners	Antenatal Mothers	TB Patients	Anonymous Screening	PPHIV Clinis	Donated Blood Samples	Pre-Marital Screenings
Proportion Screened	1.29	5.80	41.26	1.56	1.03	0.28	46.01	2.74
Proportion Detected	29.60	38.26	1.88	16.52	1.05	10.50	1.46	0.72

Referring to the Figure 3h above, major proportions of HIV screenings were mainly from routine HIV screenings for the donated blood samples and also among the antenatal mothers in PMTCT program, which attributed to about 87%. However, these two screening programs, which may represent the general populations, have showed a very low detection rate of HIV cases. Major sources of detected HIV cases were from the Drug Rehabilitation Centers and the prisons, while cases from other VCT centers such as PPHIV clinics and anonymous centers also contributed most of the cases.

BUDGET FOR DIVISIONAL ACTIVITY AIDS CONTROL AND PREVENTION, 2004

No	States Health Department	Total (RM)
1	BKP (AIDS/STD)	3,884,824
2	PERLIS	275,000
3	KEDAH	857,000
4	P. PINANG	565,000
5	PERAK	774,000
6	SELANGOR	1,025,000
7	N. SEMBILAN	528,000
8	MELAKA	432,000
9	JOHOR	893,000
10	PAHANG	842,000
11	TERENGGANU	464,000
12	KELANTAN	638,000
13	SARAWAK	573,000
14	SABAH	571,000
15	DB KUALA LUMPUR	200,000
16	JKWP KUALA LUMPUR	75,000
17	W.PERSEKUTUAN LABUAN	85,000
	TOTAL	**12,681,824**

Special Report

MALAYSIAN AIDS COUNCIL OF NGOs MAC

MAC has grown from a very small to a medium sized organization, and MAC's growth has also resulted in the expansion of its affiliate base. MAC currently has 39 Partner Organizations.

Some of our key activities for 2004 include:

1. International AIDS Memorial Day

International AIDS Memorial Day was commemorated on the 9th of May 2004 with the theme "Turning Remembrance into Action". A total of 26 events were organized by 16 POs, with a total grant of RM71,360 from the MAC/MoH grant. Over 300 community reps attended the closed-door event at the Grand Ballroom of Dynasty Hotel.

For the first time, the working committee was comprised of PWAs and members of the community, and MAC's role was merely to provide logistical and administrative support. The event was emceed by 2 PWAs and included a performance by young people affected by the issue, sharing sessions, poem readings, music shows, a multimedia presentation of HIV/AIDS milestones, as well as a remembrance quilt.

An interesting fact about this year's IAMD was that more than 50% of the participants were individuals who were attending an IAMD for the very first time. A total of 26 POs organized related IAMD events nationwide, utilizing the MAC/MoH IAMD grant allocation.

2. World AIDS Day

The two-year theme for World AIDS Day (WAD) for 2004-5 is 'Women, Girls and HIV/AIDS'. In commemoration of this event, MAC joined forces with the following POs, the Women AID Organization (WAO), Sisters In Islam (SIS) and The Body Shop in an on-going programme: 16 Day Activism Against Gender Violence (VaW).

Generally, the VaW campaign is organized by WAO on a yearly basis, and encompasses international days such as WAD and Human Rights Day. Since the two campaigns had overlapping objectives, MAC utilized the VaW platform as a WAD commemoration.

A survey was developed to gauge the level of knowledge and understanding of Malaysian women on their vulnerabilities to HIV/AIDS, report of the 3,092 respondents analyzed by Dr. Mary Huang of UPM will be available in 2005.

AIDS/STD 2004 CALENDAR ACTIVITIES

MONTH	DATE	AKTIVITY	VENUE
FFEBRUARI	2	10th ASEAN Minister of Health Meeting	Langkawi
MAC	13-16	National Level PROSTAR Jamboree	Kedah
	19-25	International Conference on the Reduction of Drug Melbourne Related Harm	
	29/3-2/4	HIV/AIDS Consultation Workshop For ESEA	Bangkok
APRIL	19-20	3rd SEAPRO-WPRO Bi-Regional Partners Meeting on Harm Reduction among IDUs	Melbourne
MEI	4	Workshop Group Counseling: 12 Step	Melaka
	9	International AIDS Memorial Day (IAMD)	Kuala Lumpur
	17-22	57th World Health Assembly (WHA)	Geneva, Switzerland
JUN	9	Meeting of United Nation Theme Group on HIV/AIDS	Wisma UN
JULAI	10-12	2nd Asia-Pacific Ministerial Meeting on HIV/AIDS	Bangkok
	11-15	National Level Counseling Course on HIV/AIDS	Kelantan
	11-16	15th International Conference on AIDS	Bangkok, Thailand
	19-20	States AIDS Officer Meeting	Terengganu
OGOS	15	Managing Heroin Dependant in General Practice (Manual Driven Management)	Kuala Lumpur
	18-20	2nd Bilateral Meeting on Health Between Malaysia	Pahang and Brunei
	23-27	3rd Workshop on Improving of Care in Family Planning and Sexually Transmitted Infection Control	Phnom Penh
SEPTEMBER	2-3	1st Bilateral Meeting on Health Between Malaysia and Indonesia	Kuala Lumpur
	12	Officiate Ceremony of National Kembara PROSTAR	Kuala Lumpur
	14	Seminar on Implementation of code on Prevention and Management of HIV/AIDS at Workplace	Sabah
	22-25	'Malaysia National Strategic Plan on HIV/AIDS" Preparation Meeting	Melaka
NOVEMBER	8	Dialogue session between Director General of Medcine with States Director on Strategy for Upscalling ARV Treatment.	Kuala Lumpur
	21-24	12th ASEAN Task Force on AIDS (ATFOA) Meeting	K. Lumpur
	27	Celebration of World Health Day; Diabetes, Mental Health and AIDS, National level	Melaka
DISEMBER	10-11	Moving in of Disease-Control Division to Putrajaya	Putrajaya
	10-12	Rockfeller Foundation Project; Regional Workshop Under ASEAN	Bali,Indonesia
	20-23	Counseling Course on HIV/AIDS for MOH Counselor Officer	Selangor

AIDS/STD 2004 ACTIVITIES

JAMBORI PROSTAR PERINGKAT KEBANGSAAN KALI KE - 2 TASIK PEDU, KEDAH DARUL AMAN




KEMBARA PROSTAR PERINGKAT KEBANGSAAN 12 SEPTEMBER 2004, KUALA LUMPUR




HARI AIDS SEDUNIA, PERINGKAT KEBANGSAAN
27 TO 28 NOVEMBER 2004, MELAKA

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