

Breaking Barriers: PrEPing for Tomorrow in Malaysia

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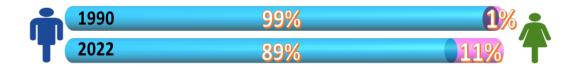
Key Recommendations AGENDA

HIV Landscape in Malaysia





HIV Landscape in Malaysia

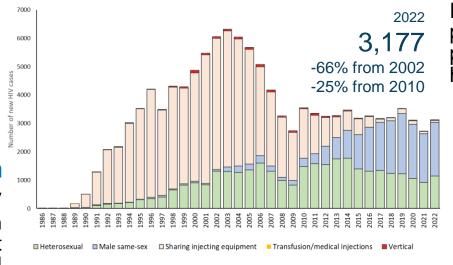


Concentrated epidemic

Malaysia is a country with a concentrated epidemic (WHO), with HIV prevalence above 5% among KPs including MSM, PWUD, Transgender and Woman at Risk.

A Shift in Mode of Transmission

Over the last 30 years, HIV transmission has been primarily driven by PWID. However, as of 2010, that has changed to predominantly sexual transmission. Of this, 60% are homosexuals, 36% heterosexuals, and only 2% PWIDs.



Source - National HIV Surveillance data, MoH Malaysia

A Shift in gender distribution

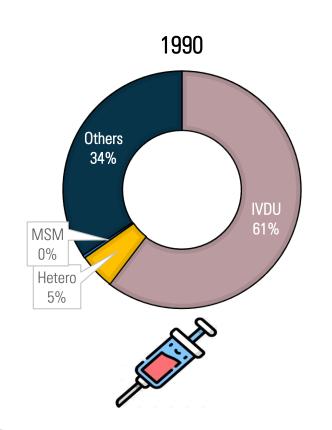
For the past three decades, HIV has primarily affected males; however, the proportion of females with the disease has risen from 1% to 11%.

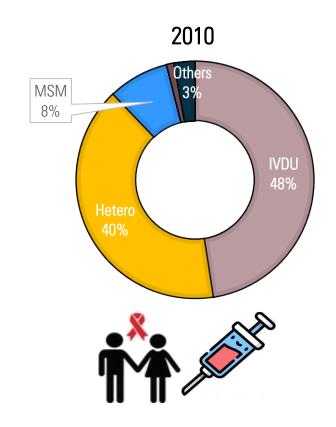
HIV affects younger individuals

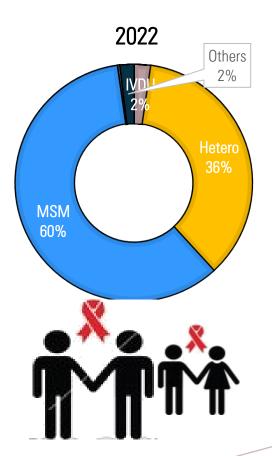
Recent surveillance reports that the majority of HIV cases (74%) are found in individuals aged 20 to 39 years old.



A SHIFT IN HIV MODE OF TRANSMISSION, 1990 - 2022









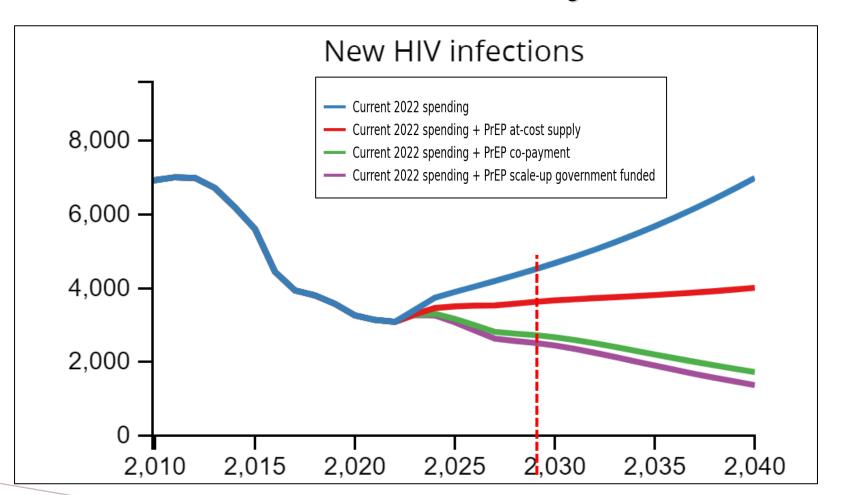
HIV PREVALENCE IN KP, IBBS 2012 - 2022

HIV Prevalence Among Key Populations, IBBS 2012-2022





Estimated New HIV Infections by PrEP Allocation

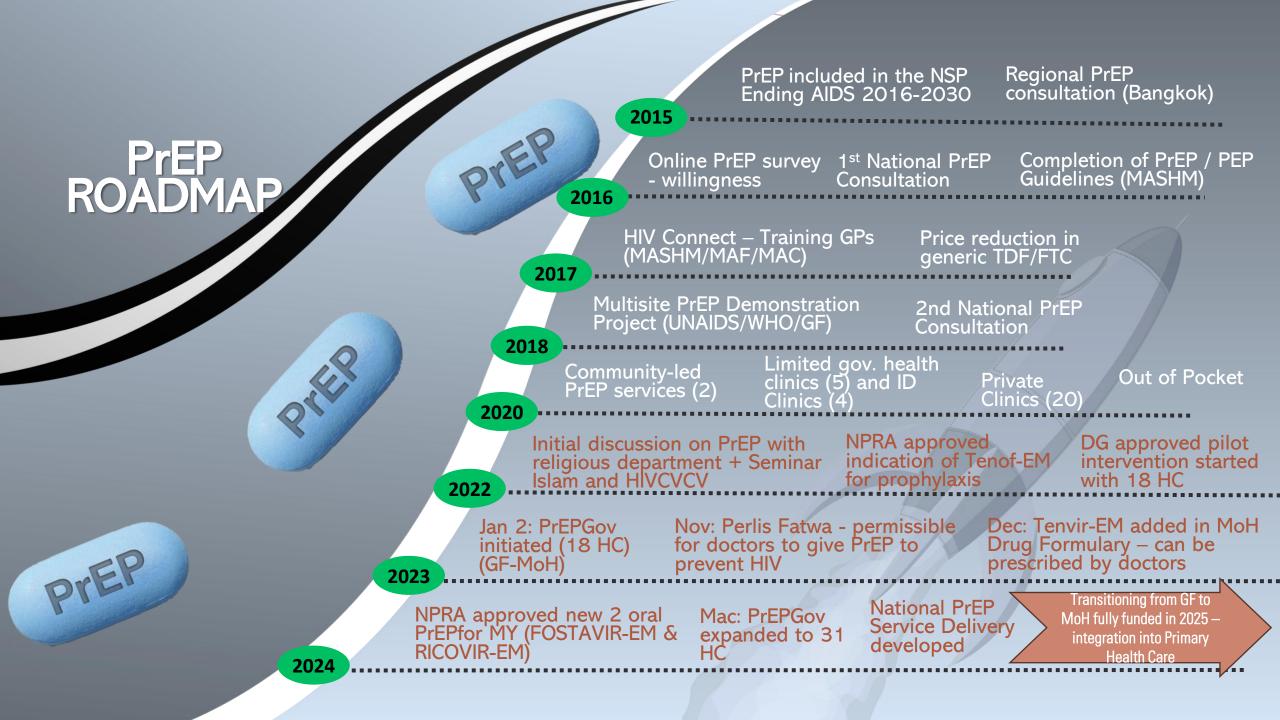


OPTIMA HIV: Burnet Institute Australia UNAIDS

PREP DELIVERY MODEL IN MALAYSIA

PrEPGov Project



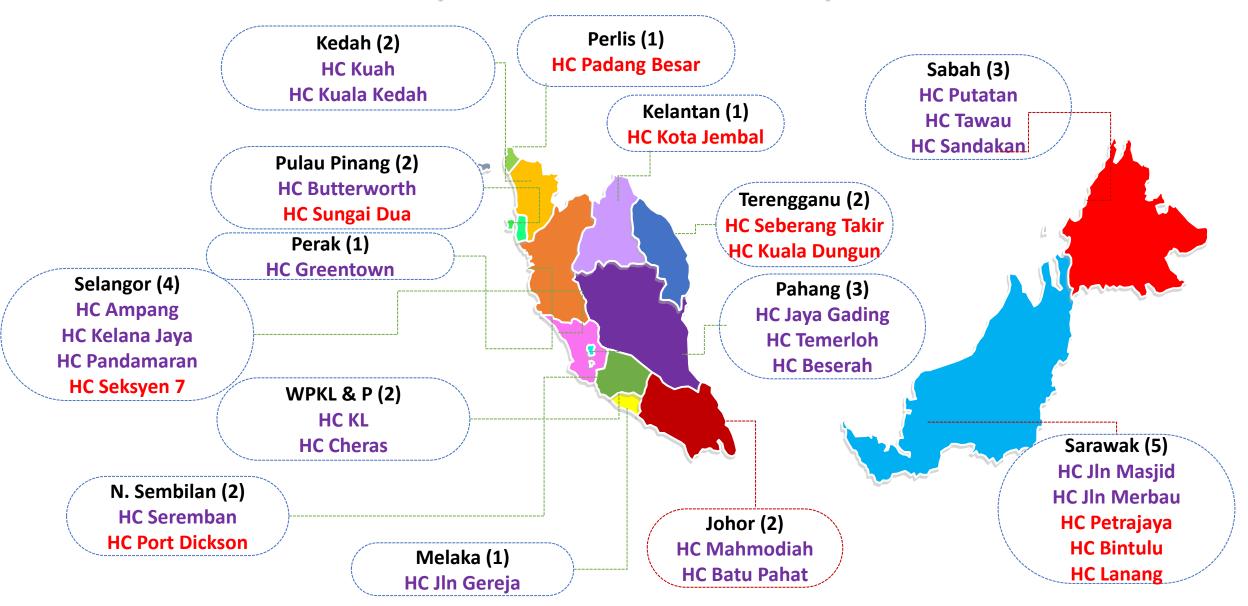


PrEP Gov sites (Jan 2023 – 2024)

2023: 21 HC

2024: 10 HC

Total: 31 HC





The Rationale for PrEP Scale-up

- **E** Effective HIV prevention for key population
- **©** Comprehensive HIV Prevention
- **Behavioral Change Support**
- Addressing Structural Factors
- Health Equity and Human Rights



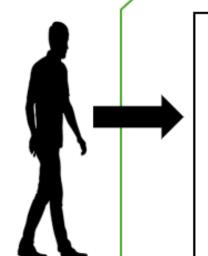


HIV PrEP Care Concept in Malaysia

At community At Health Clinic

PrEP advocacy

- Outreach
- CBT
- Self-test
- Awareness
- Demand creation



Initiation

- Clinical evaluation
- Intake counselling
- PrEP
 Prescription

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Adherence & retention

- Follow-up
- Patient reassessment
- PrEP refill
- Adherence counselling

PrEP Eligibility Criteria (at Primary Care)

Adult 18+

HIV seronegative

At substantial risk for HIV (in the past 6 months)

- Having sexual partner who are HIV + but not on ART in the last 6 months
- History of unprotected sex with at least 1 partner of unknown or HIV positive status
- Having sex with more than 1 partner with unknown HIV status
- Having sexual partner/s who have more than one risk factors
- History of STI
- History of recreational drug use for sex or transactional sex
- Sex worker
- Had used PEP

PrEP Care Program – Malaysia Model

M0 (Health Clinic)	M1 (Health Clinic)	M3 (at CBT/ST)	M6 (Health Clinic)	6 monthly (Health Clinic)
 Eligibility assessment Blood test PrEP counselling Risk reduction counselling 	 Inform test results Evaluate adherence level Advice on side effects if any Referral if needed Risk 		 Clinical assessment Blood test if needed Risk reduction counselling rvice is fully integ Health Care 	 Clinical assessment Blood test if needed Risk reduction counselling
	reduction counselling	Primary Health Care		

Risk Reduction Counselling



RISK REDUCTION COUNSELLING 'A-B-C-D' APPROACH



Drugs for prevention such as PrEP & PEP

A -Abstinence





 $\mathsf{D}-\mathsf{Do}$ not take drugs

B – Behaviour change В

C

C – Condom

SEAMLESS PREP CARE: ROLES OF COMMUNITIES

SERVICE LINKAGE

- Increase PrEP Uptake through existing services such as Outreach Programs for KPs, Community Based Testing, and HIV Self Testing
- Program led by CBOs in all states

GENERATING DEMAND

- Normalization of better health-seeking Behaviors among KP
- Peer motivation to use PrEP
- Online Health Promotion:
 - o via socmed Influencers
 - o Community Leaders/PrEP Ambassadors
 - o Close Collaboration with Clinics, Pharmacies and social networks of KPs
- o Continous Campaign



IMPROVING PREP ADHERENCE

- Formation of PrEP Navigator Network based at Primary Care focusing on PrEP Adherence
- Assisting PrEP Users in managing their PrEP usage

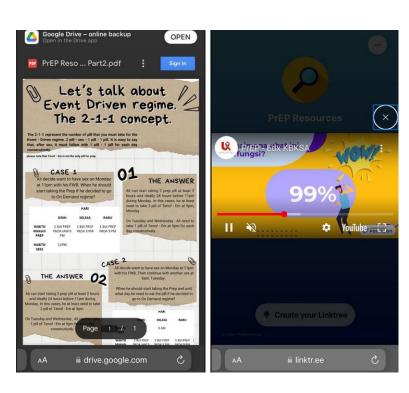
PREP ADVOCACY

- Debunk PrEP myths among KP, especially Transgender
- Reducing PrEP Shaming and Stigma among KPs
- Sensitization of HCP in reducing S+D against KPs in clinical setting
- Conduct PrEP awareness sessions such as Podcast and PrEP sessions with different stakeholders such as Churches, community/ religious leaders

CONTINUOS PREP EMPOWERMENT FOR COMMUNITY



Capacity building for Community Health Workers



Production of IEC Materials



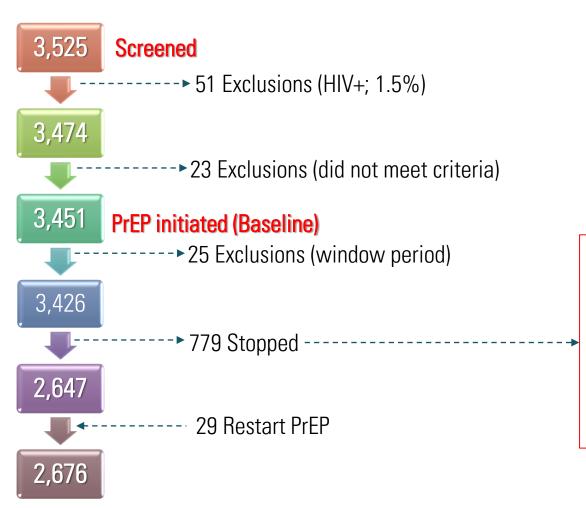
PrEP Champions – PrEP Navigators

BENEFIT OF PREP (PRELIM RESULTS)

JAN - DEC 2023



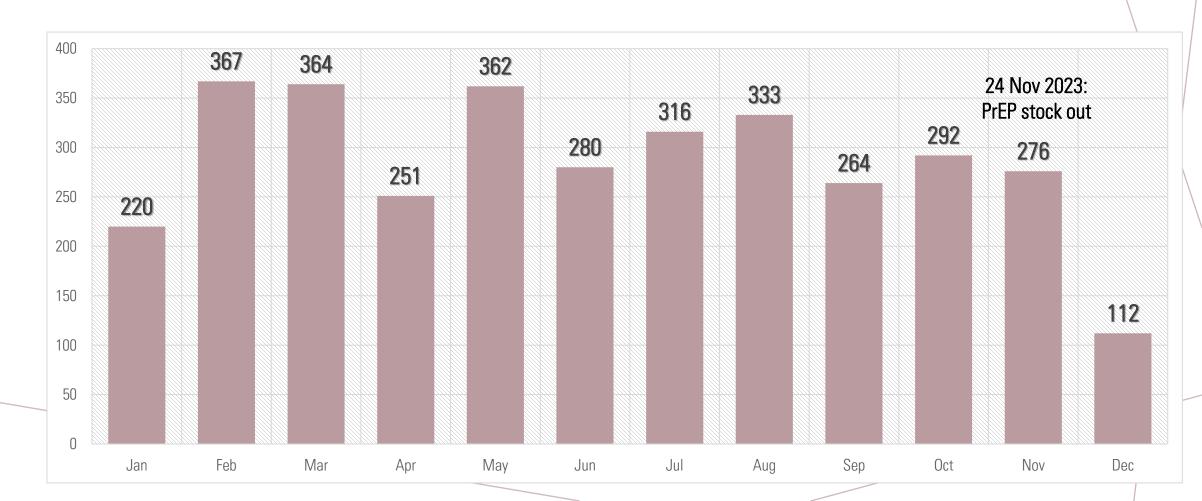
RESULTS (PRELIM)



- Breakthrough infection (6)
- LTFU (560)
- No longer at risk (99)
- Side effects (34)
- Unable to adhere to PrEP (30)
- Others (48)
- CrCl<60ml/min (2)

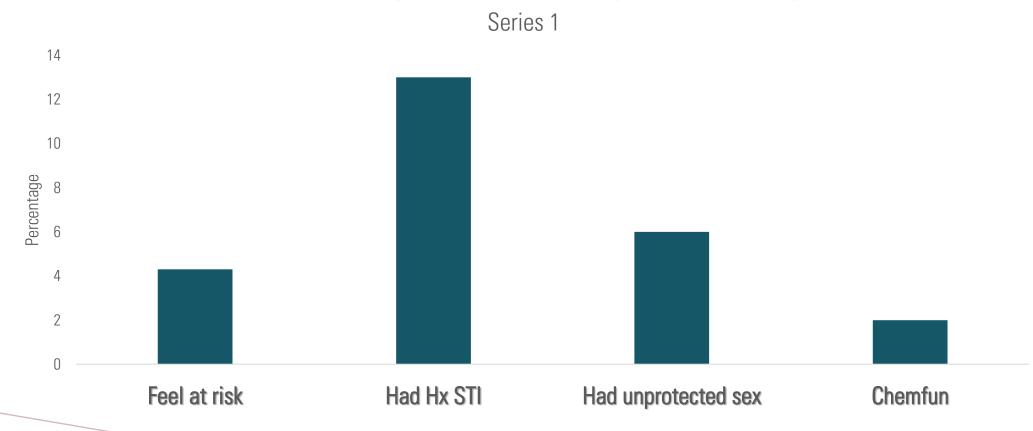


PREP ENROLMENT (JAN - DEC 2023), MALAYSIA (N = 3,451)



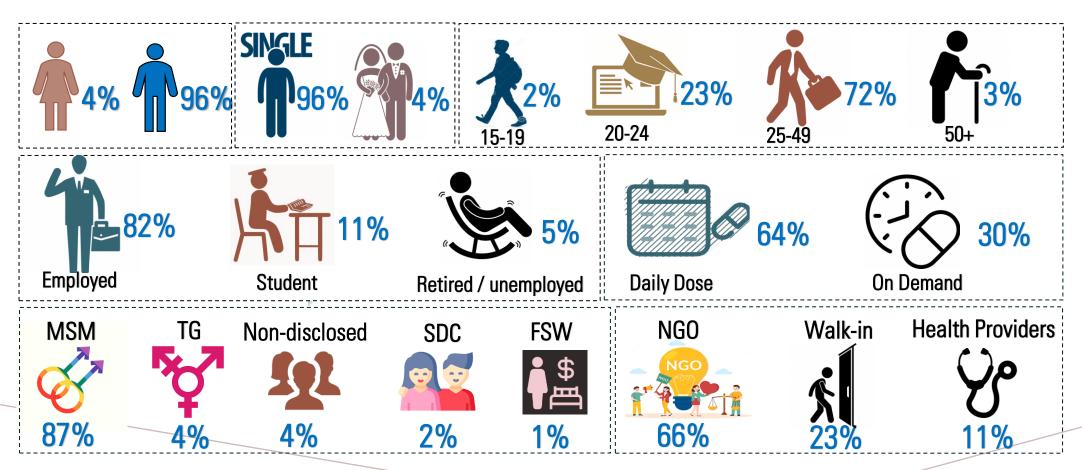


HIV RISK FACTORS PRIOR TO ENROLMENT (JAN - DEC 2023), MALAYSIA (N = 3,451)



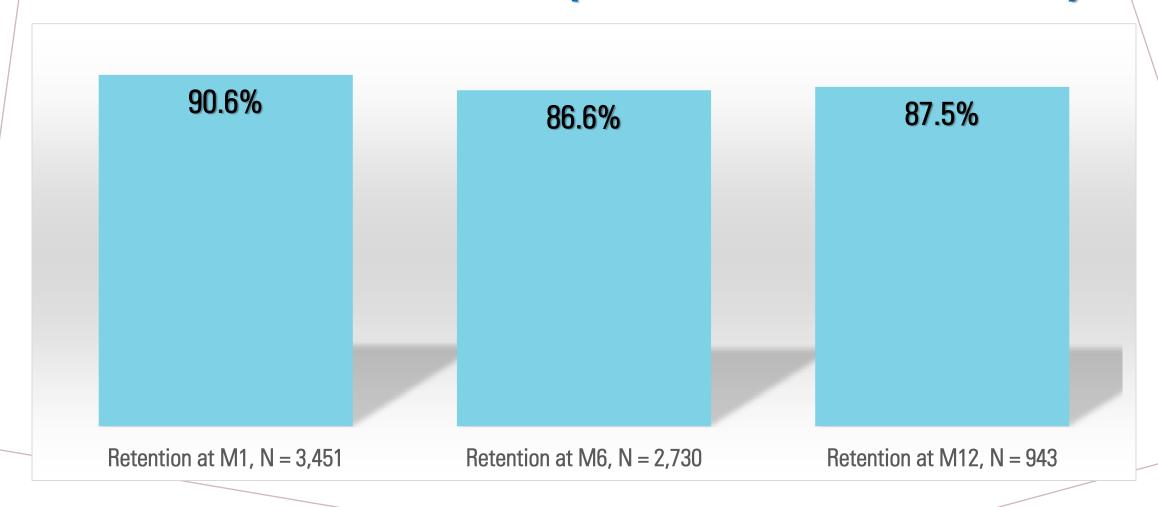


CLIENTS CHARACTERISTICS (N = 3,451)





PREP RETENTION RATE (AS OF 1ST APRIL 2024)



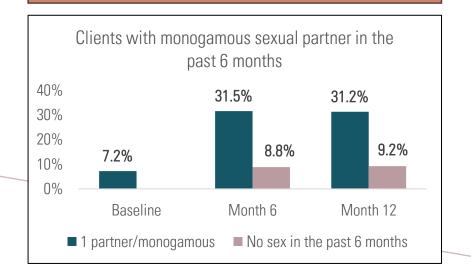


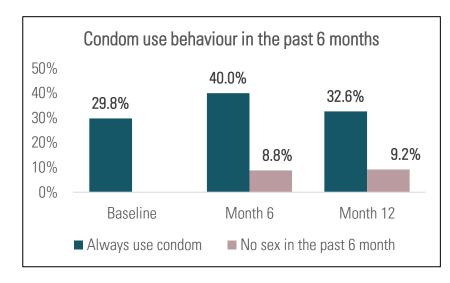
OUTCOME OF PREP PROGRAM, MALAYSIA (JAN-DEC 2023)

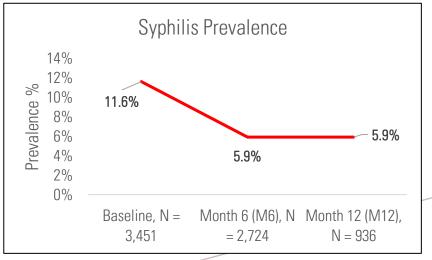
HIV seroconversion

6 cases (0.2%)

- Non-compliant (5 DD + 1 OD)
- Single
- Employed





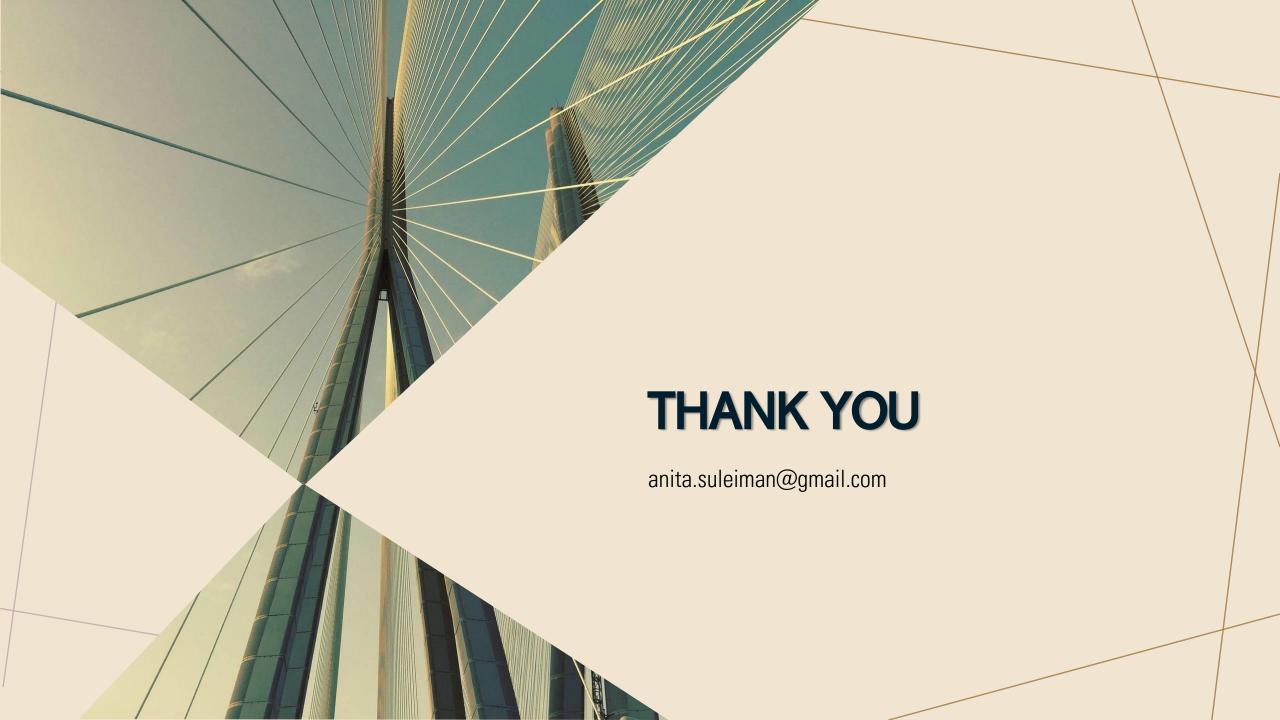




CONCLUSION

- Low HIV seroconversion demonstrates the effectiveness of the PrEP program.
- PrEP program led to positive behavioural change —>
 increasing consistent condom use that lead to lower
 prevalence of syphilis, maintaining monogamous relationship
- High retention rates showcasing strong adherence and program commitment.
- Strong collaboration with community the key to sustaining and improving health outcomes and preparing for future challenges.
- Risk reduction counselling is crucial for long term behavior change – adherence counseling + psychosocial and psychospiritual







PrEP or Condom? IBBS 2022

