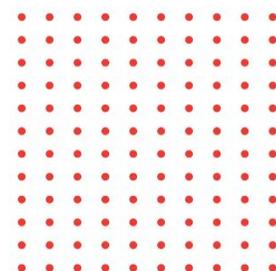


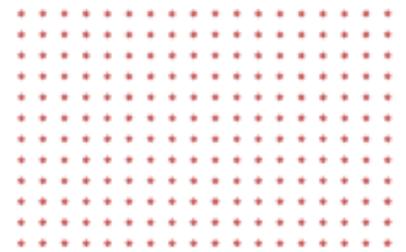


MALAYSIAN AIDS FOUNDATION

# IMPACT REPORT 2023



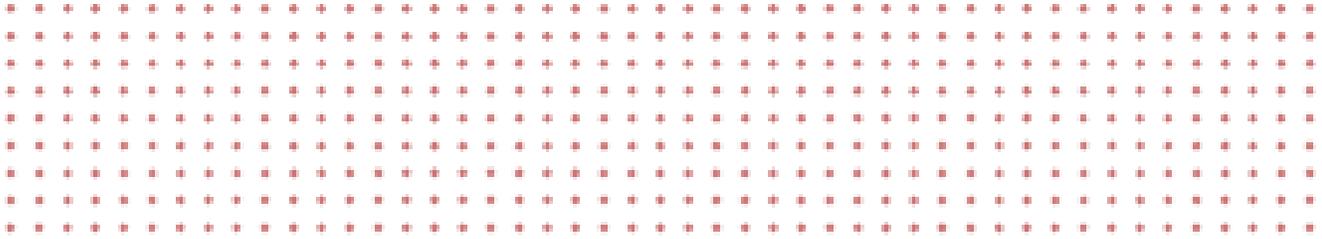
**The Malaysian AIDS Foundation Impact Report 2023 was prepared by PEMANDU Associates in partnership with Malaysian AIDS Foundation, together with the support of Humanize Malaysia, for the reporting years of 2018 to 2022.**



**Disclaimer**

*Unless otherwise stated, the appearance of individuals in this publication gives no indication of HIV status, sexual orientation, or gender identity.*

*While every reasonable care has been taken in preparing this document, Malaysian AIDS Foundation and PEMANDU Associates cannot be held responsible for any inaccuracies. All information and specifications are current at the time of publication and are subject to change as may be required.*



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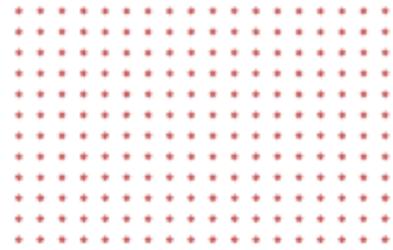
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# FOREWORD

Foreword by

**PROFESSOR DATO' DR. ADEEBA KAMARULZAMAN**

Chairman of The Malaysian AIDS Foundation



It is with great pleasure and a sense of purpose that the Malaysian AIDS Foundation (MAF) is introducing the Impact Report this year for our various HIV programmes. This report encapsulates our collective efforts, progress, and impact in the pursuit of a healthier, more sustainable future for all. At the heart of our mission lies a commitment to address the complex challenges posed by HIV/AIDS, and this report serves as a testament to the strides we have taken in the implementation of our programmes. The HIV programme has not only expanded its reach, but also deepened its impact on the lives of those affected by this global health crisis.

In a world where sustainable development is a shared responsibility, our organisation recognises the urgency of our work in contributing to the achievement of the Sustainable Development Goals (SDGs). The fight against HIV is not only a health imperative, but a crucial element in the broader spectrum of social and economic development. As you peruse through the following pages, you will discover the quantitative and qualitative outcomes of our efforts. From increasing access to testing

and treatment to implementing community-based initiatives, each section underscores our commitment to leaving no one behind in the journey towards a HIV-free world.

Importantly, this report reflects not only our successes, but also the challenges we face. It is through transparency and self-reflection that we pave the way for continuous improvement. As we celebrate our achievements, we are equally mindful of the work that lies ahead, and the innovative approaches required to overcome new obstacles.

I extend my sincere gratitude to our dedicated team, corporate partners, the government sector and of course, the communities that we serve. It is your unwavering commitment that propels us forward and reinforces our belief that sustainable change is possible.

Thank you for your continued support.

**PROFESSOR DATO' DR. ADEEBA KAMARULZAMAN**

CHAIRMAN

MALAYSIAN AIDS FOUNDATION

Foreword by

**EN. JASMIN JALIL**

Executive Director, Malaysian AIDS Foundation & Malaysian AIDS Council



Recently, an increasing number of companies have recognised the inherent value of engaging in Corporate Social Responsibility (CSR) partnership to foster a positive image among stakeholders and enhance their standing in Environmental, Social, and Governance (ESG) practices.

The landscape of philanthropy has evolved beyond traditional notions of charitable giving, transcending mere financial contributions to become a strategic tool for instigating lasting social change. Donors now seek ways to maximise the impact of their CSR investments, with success metrics increasingly measured through the lens of sustainability.

This paradigm shift necessitates adaptation from non-profit organisations, compelling them to align with the evolving priorities under the ESG framework. Embracing good governance, environmental stewardship and a commitment to social justice has become imperative. These principles align with the tenets of ESG and position organisations as forward-thinking entities committed to sustainability. On the flip side of this narrative, numerous companies have chosen to cultivate mutually beneficial

relationships with civil society partners where CSR initiatives have been strategically designed to promote sustainability.

To continue building trust and strengthen the strong partnership with donors, MAF must position sustainability at the centre and front of our AIDS response. In this regard, Pemandu Associates' support in evaluating the effectiveness of MAF's programmes is greatly appreciated as it provides insights into the extent of positive change brought about in the lives of the community.

We also want to ensure that our work is aligned with the Sustainable Development Goals (SDG) as we intensify our work to improve access to HIV treatment, prevention and care and lead efforts to reduce all forms of inequities associated with stigma and discrimination. These are significant social and public health determinants that have been recognised as major challenges within the framework of SDGs.

**JASMIN JALIL**

EXECUTIVE DIRECTOR

MALAYSIAN AIDS FOUNDATION & MALAYSIAN AIDS COUNCIL

# GLOSSARY

<b>AEM</b>	ASIAN EPIDEMIC MODELLING
<b>AIDS</b>	ACQUIRED IMMUNODEFICIENCY SYNDROME
<b>ARV</b>	ANTIRETROVIRAL
<b>CBT</b>	COMMUNITY-BASED TESTING
<b>CSR</b>	CORPORATE SOCIAL RESPONSIBILITY
<b>DHSKP</b>	DIFFERENTIATED HIV SERVICES FOR KEY POPULATIONS
<b>EMTCT</b>	ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION
<b>ESG</b>	ENVIRONMENTAL, SOCIAL AND GOVERNANCE
<b>GAM</b>	GLOBAL AIDS MONITORING
<b>HIV</b>	HUMAN IMMUNODEFICIENCY VIRUS
<b>ILO</b>	INTERNATIONAL LABOUR ORGANISATION
<b>MAC</b>	MALAYSIAN AIDS COUNCIL
<b>MAF</b>	MALAYSIAN AIDS FOUNDATION
<b>MOH</b>	MINISTRY OF HEALTH
<b>MSM</b>	MEN WHO HAVE SEX WITH MEN
<b>NCPI</b>	NATIONAL COMMITMENTS AND POLICY INSTRUMENT
<b>NSEP</b>	NEEDLE SYRINGE EXCHANGE PROGRAM
<b>NSPEA</b>	NATIONAL STRATEGIC PLAN FOR ENDING AIDS
<b>OST</b>	OPIOID SUBSTITUTION THERAPY
<b>PAL SCHEME</b>	POSITIVE AUDACIOUS LIVING SCHEME
<b>PMTCT</b>	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION
<b>PrEP</b>	PRE-EXPOSURE PROPHYLAXIS
<b>PWID</b>	PEOPLE WHO INJECT DRUGS
<b>SDG</b>	SUSTAINABLE DEVELOPMENT GOALS
<b>SFI</b>	SUSTAINABLE FINANCING INITIATIVE
<b>SHAPE</b>	SABAH/SARAWAK HEALTH ACCESS PROGRAMME
<b>SHI</b>	SOCIAL HEALTH INSURANCE
<b>SRH</b>	SEXUAL AND REPRODUCTIVE HEALTH
<b>STD</b>	SEXUALLY TRANSMITTED DISEASES
<b>STI</b>	SEXUALLY TRANSMITTED INFECTIONS
<b>TB</b>	TUBERCULOSIS
<b>TG</b>	TRANSGENDER
<b>TKTN</b>	TERATAK KASIH TOK NAN
<b>UHC</b>	UNIVERSAL HEALTH COVERAGE
<b>UNAIDS</b>	JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
<b>VCT</b>	VOLUNTARY COUNSELLING AND TESTING
<b>WHO</b>	WORLD HEALTH ORGANISATION

# MALAYSIAN AIDS FOUNDATION



The Malaysian AIDS Foundation (MAF) is a not-for-profit, non-governmental organisation that was formed in 1993. It was officially incorporated in 2003 under the Trustees Incorporation Act (1952). MAF has been leading HIV/AIDS Treatment, Care and Support programmes which include various aids for people living with HIV, especially women, single mothers, and children, to help them cope with the pressure of discrimination of living with HIV.

The Foundation raises funds every year to support its treatment, care and support programmes as well as financial assistance programmes such as the Paediatric AIDS Fund and Keep In School Scheme for new born babies, children and teenagers infected and affected by HIV, second-line treatment of HIV medication for underprivileged people living with HIV to purchase medication worth about RM800 a month, business assistance and job referrals for women and single mothers, One-Stop Centres which provide accommodation for those who have to stay overnight in towns to seek treatment in hospitals as well as HIV awareness programmes among youth. Since its incorporation, MAF has been actively focusing on five (5) key objectives as follows<sup>1</sup>:

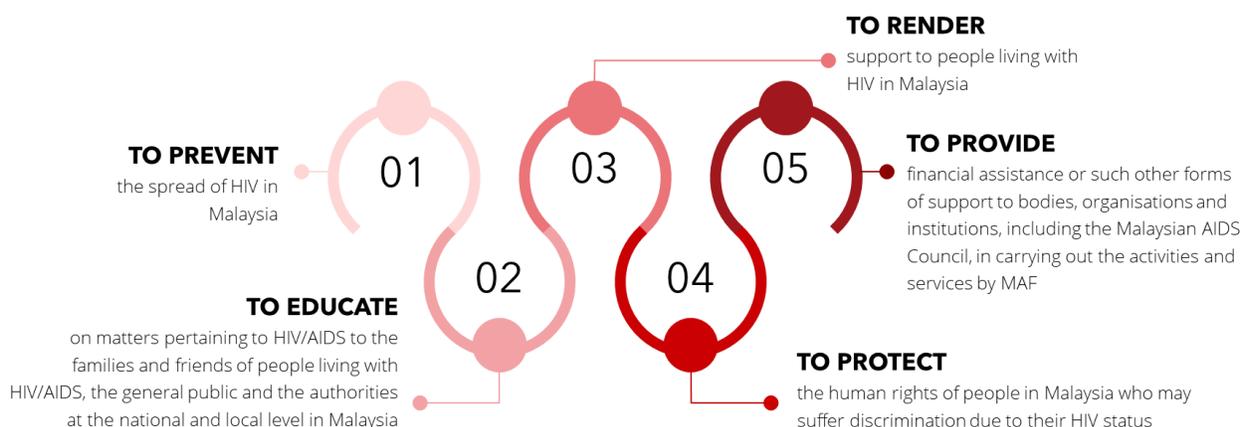
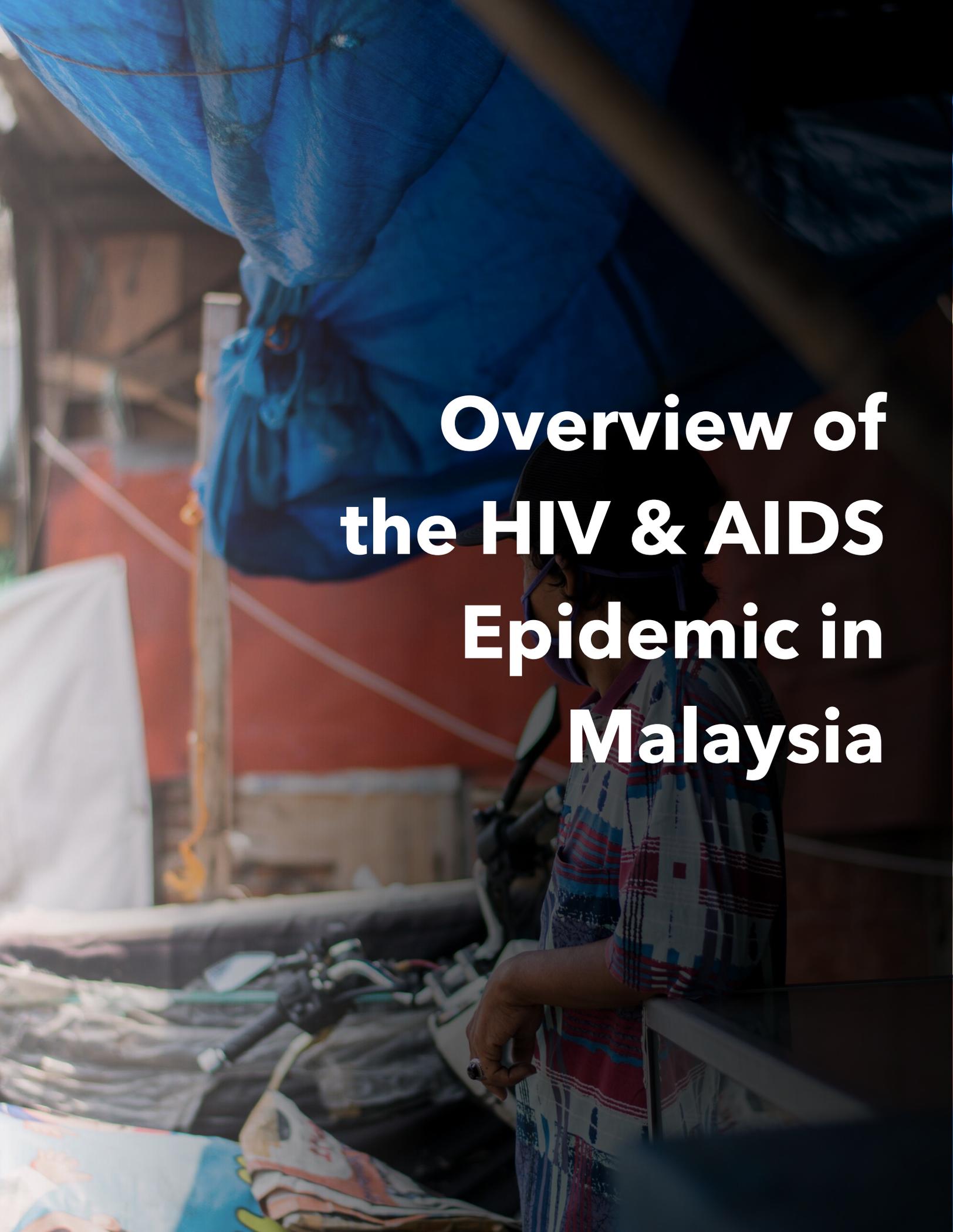


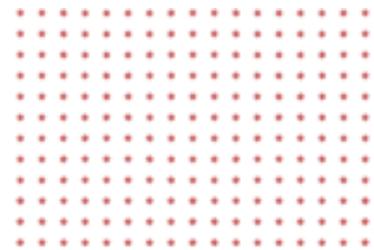
Figure 1: Five (5) Key Objectives of Malaysian AIDS Foundation

<sup>1</sup> <https://maf.org.my>

A woman wearing a patterned shirt and a headscarf is looking down in a cluttered outdoor setting. A large blue tarp is draped over the top of the scene. The background shows various items and structures, suggesting a makeshift or informal living space.

# **Overview of the HIV & AIDS Epidemic in Malaysia**

# OVERVIEW OF THE HIV & AIDS EPIDEMIC IN MALAYSIA



## Overview

Between 2002 and 2022, Malaysia has made great strides in combating the HIV and AIDS epidemic (Figure 2). Within this 20-year period, Malaysia saw 54% reduction in annual new HIV infections demonstrating an improvement in preventative efforts considering that testing efforts increased by 12.4% especially between 2015 and 2022 (Figure 3).<sup>2</sup>

### Reported new HIV cases, 1986-2022

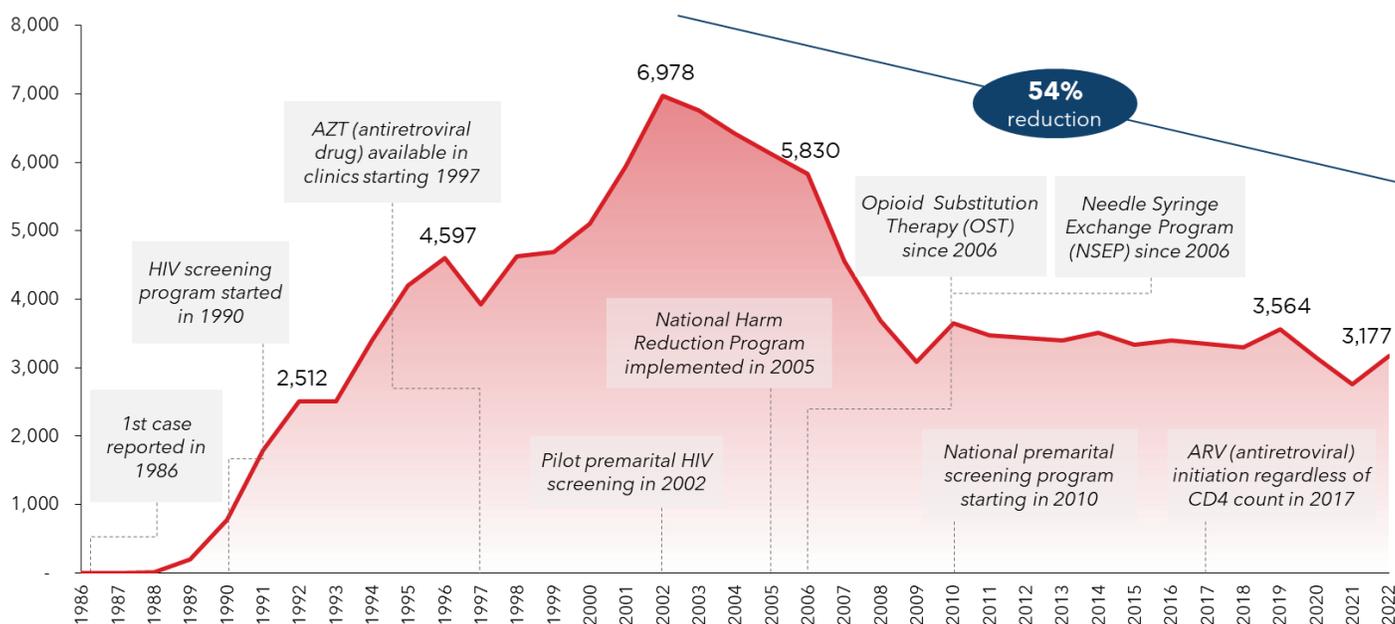


Figure 2: Reported New HIV Cases 1986-2021

Source: Malaysia HIV/AIDS Progress Report 2022; Malaysian AIDS Council

<sup>2</sup> 2023 Global AIDS Monitoring Country Progress Report - Malaysia

## HIV testing volume and positivity in Malaysia, 2015-2022

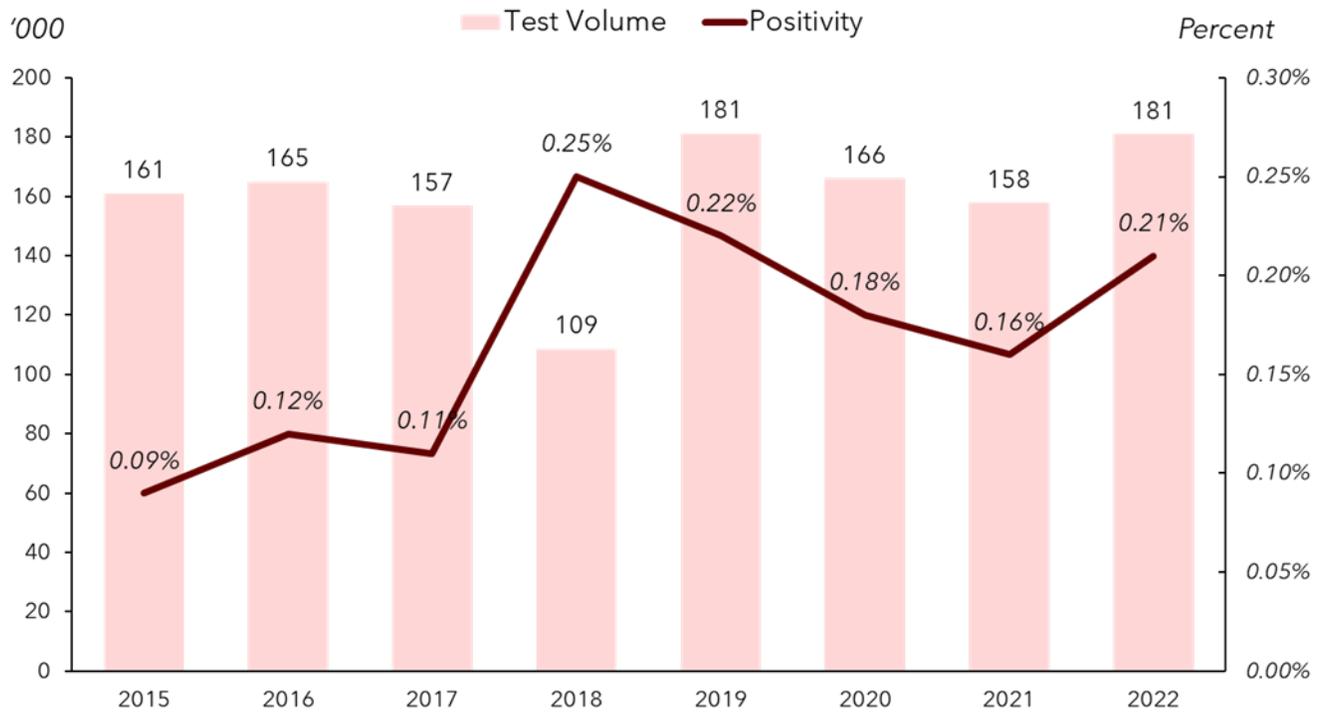


Figure 3: HIV testing volume and positivity in Malaysia, 2015-2022

Source: 2023 Global AIDS Monitoring Country Progress Report – Malaysia; Malaysian AIDS Foundation

By the end of 2022, there were an estimated 86,142 people living with HIV (PLHIV) in Malaysia, 81%, or 69,589 of whom are aware of their status. During this same period, 47,067 people were reported to be receiving antiretroviral treatment (ART) equating to 68% ART coverage, indicating an understandably low increase of 4.8% in 2021 given the new cases between 2021 and 2022 increased by 13%.<sup>3</sup> Despite this notable achievement, further progress is required in ensuring that Malaysia is on track towards attaining the 95-95-95 target in the testing-treatment-viral suppression cascade.

<sup>3</sup> MOH 2023, '2023 Global AIDS Monitoring: Country Progress Report – Malaysia'.

## Distribution by Age and Key Populations

In the early stages of the epidemic, new rising HIV cases were primarily attributed by people who inject drugs (PWID), accounting for 70-80% of total reported cases annually. However, this trend has since shifted in 2010 where new cases were largely due to sexual transmission.<sup>4</sup>

### HIV mode of transmission, 2005-2022

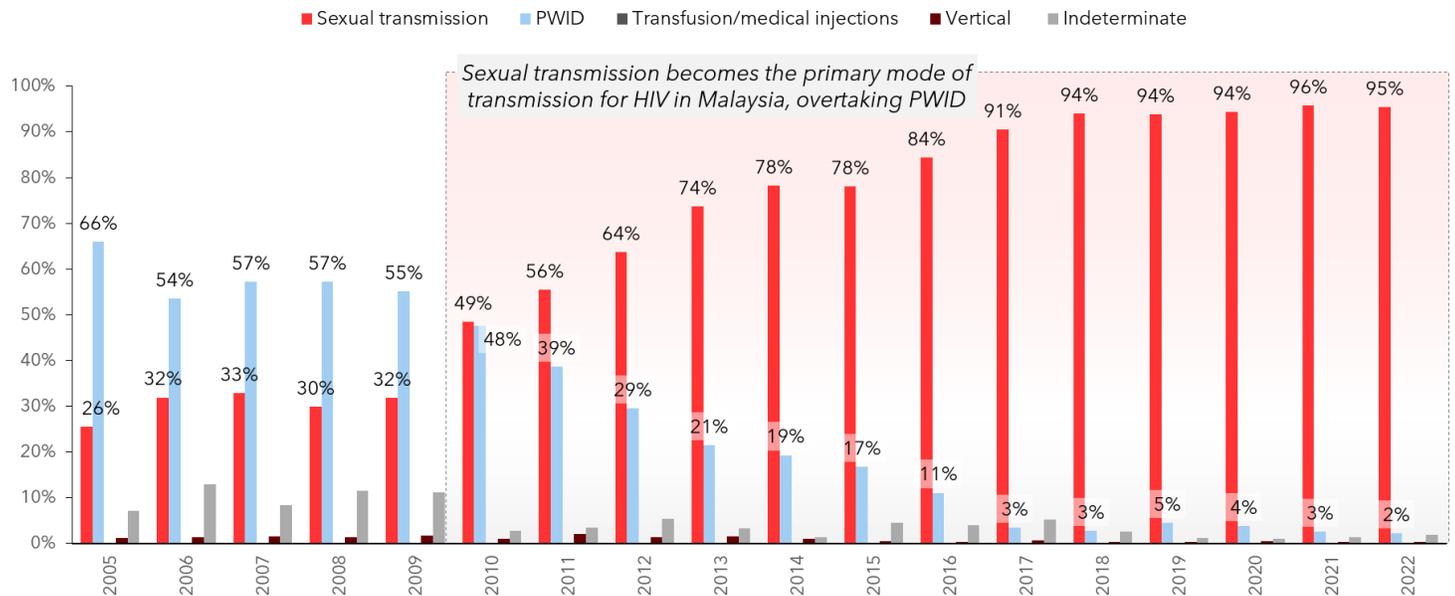


Figure 4: HIV Mode of Transmission, 2005-2022

Source: 2023 Global AIDS Monitoring Country Progress Report – Malaysia; Malaysian AIDS Foundation

In fact, the Asian Epidemic Modelling (AEM) projects that men who have sex with men (MSM) are most likely to be the key population that are vulnerable to HIV transmission in 2030 while the PWID/sexual transmission ratio is predicted to decline from 3.95 in 2000 to 0.02 in 2022.<sup>5</sup>

<sup>4</sup> MOH 2023, 2023 Global AIDS Monitoring: Country Progress Report – Malaysia.

<sup>5</sup> Ibid.

In terms of age distribution, over 74% of new HIV infections are reported among people aged 20-39 years old within this key population in 2022 overall indicating that further prevention and awareness efforts are required among the MSM key population and young adults aged 20 to 39.<sup>6</sup>

**Distribution of reported HIV cases by age group in Malaysia, 2000-2022**

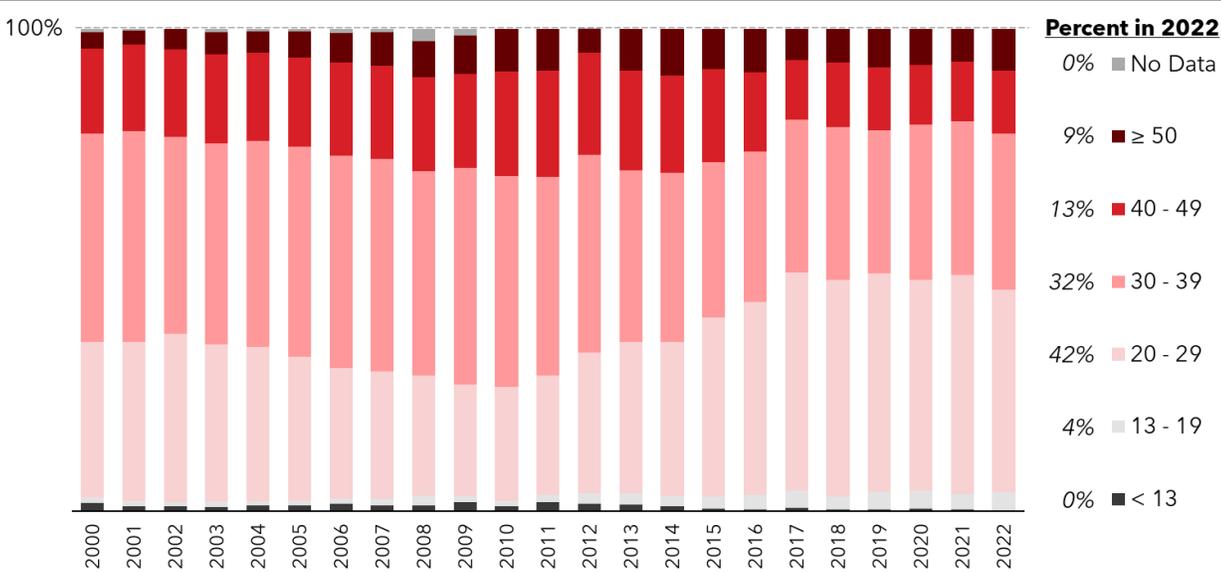


Figure 5: Distribution of reported HIV cases by age group in Malaysia, 2000-2022

Source: 2023 Global AIDS Monitoring Country Progress Report – Malaysia; Malaysian AIDS Foundation

In response to this, the Global Fund has funded for the availability of pre-exposure prophylaxis (PrEP) in select clinics across Malaysia thereby improving the distribution and accessibility to select public health clinics in addition to the government hospitals that were initially the only government facilities permitted to dispense the drug.<sup>7</sup>

<sup>6</sup> MOH 2023, '2023 Global AIDS Monitoring: Country Progress Report – Malaysia'.

The HIV testing programme in Malaysia, on the other hand, has shown continuous expansion over the years, now encompassing voluntary counselling and testing (VCT) at public health clinics as well as community-based testing (CBT) with specific focus provided to hard-to-reach key populations.<sup>8</sup> These efforts have led to the aforementioned 81% increase in the proportion of PLHIV knowing their status, thereby contributing towards reaching the national target that aims for 95% of people who are living with HIV that know their status.<sup>9</sup>

In 2022, however, 70% of new patients were diagnosed at a late stage (where a patient's CD4 count has fallen below 350) demonstrating further focus required on awareness towards the importance of regular testing especially among people with high-risk behaviours.<sup>10</sup>

## **Towards the Elimination of Paediatric AIDS: Mitigating Vertical Transmission from Mother to Child**

Attributing to the success in reducing new HIV cases was the Government's dedication in eliminating Mother-to-Child transmission. In 1998, the Ministry of Health implemented the Prevention of Mother-to-Child Transmission (PMTCT) programme for HIV countrywide. Since its introduction towards the end of 2006, an estimated 3 million pregnant women were screened, equating to 99.5% of all recorded pregnancies throughout this period.<sup>11</sup>

The programme also permitted all HIV-exposed infants to receive free ARV prophylaxis and free

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<sup>8</sup> MOH 2022, 2022 Global AIDS Monitoring: Country Progress Report - Malaysia.

<sup>9</sup> MOH 2023, 2023 Global AIDS Monitoring: Country Progress Report - Malaysia.

<sup>10</sup> Ibid; Malaysian AIDS Foundation 2023

<sup>11</sup> Ibid.

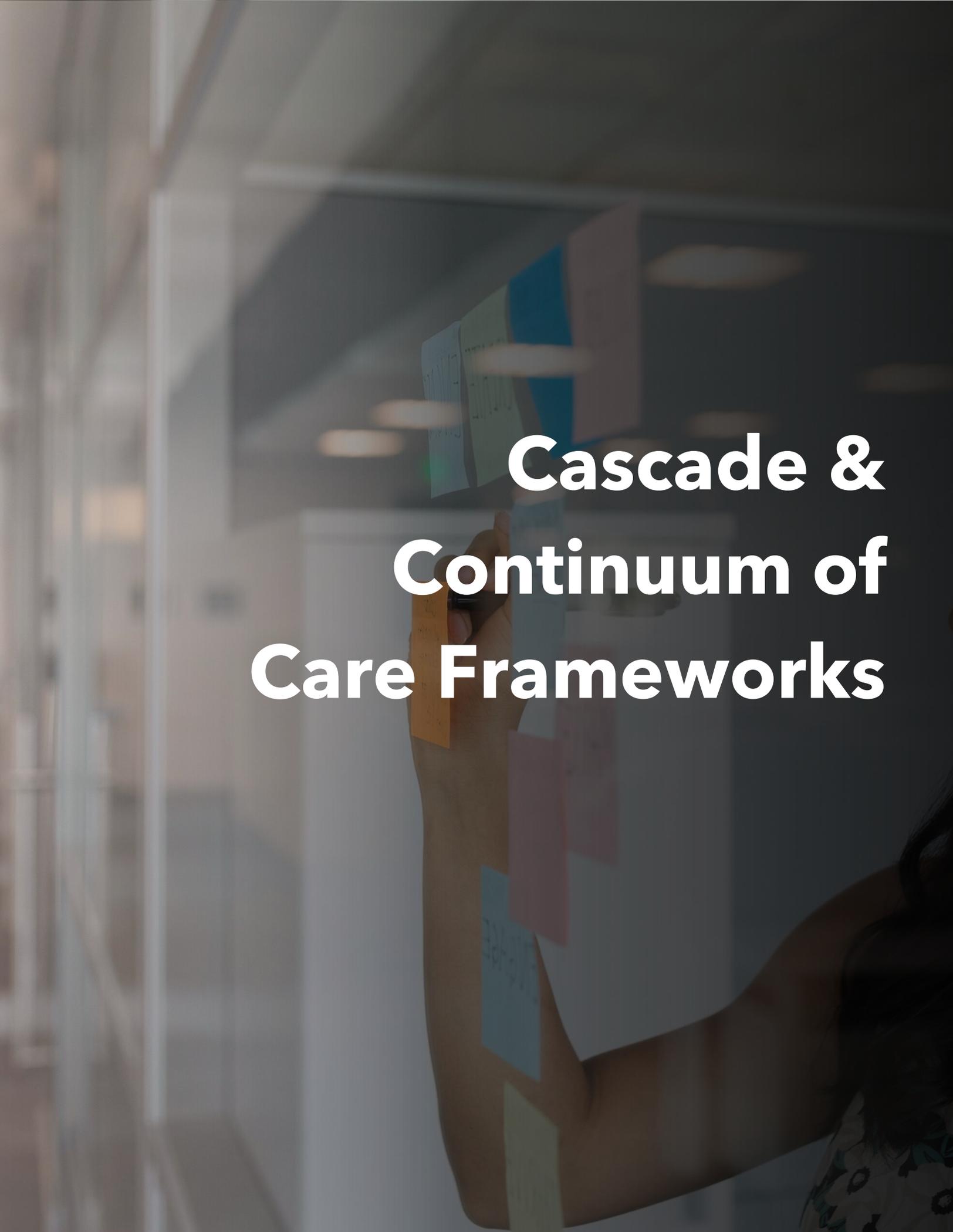
replacement feeds for two years.<sup>12</sup> By 2017, the programme averted more than 98% of vertical transmission in HIV-exposed infants, leading the country to be officially presented with the validation certificate for the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, marking Malaysia as the first country in the WHO Western Pacific Region certified for elimination in October 2018.<sup>13</sup> By 2022, Malaysia successfully suppressed mother-to-child transmission to 2%.<sup>14</sup>

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<sup>12</sup> Ibid.

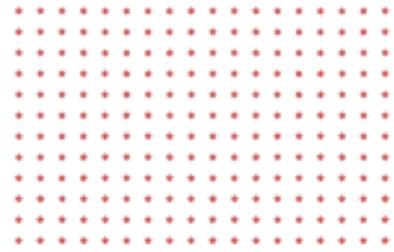
<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

A person's hand is shown holding a yellow sticky note against a glass wall. The wall is covered with several other colorful sticky notes in shades of blue, pink, and green. The background is a blurred office interior with a white door and ceiling lights. The text "Cascade & Continuum of Care Frameworks" is overlaid in white, bold font on the right side of the image.

# Cascade & Continuum of Care Frameworks

# CASCADE & CONTINUUM OF CARE FRAMEWORKS



This report will utilise two frameworks that outline the activities performed within the programmes under MAF, namely the Cascade of Care framework and the Continuum of Care framework. While often used interchangeably within the public health industry, this report identifies both the Cascade of Care framework and the Continuum of Care framework that, while may function independently, operates concurrently within this report.

## The Cascade of Care Framework

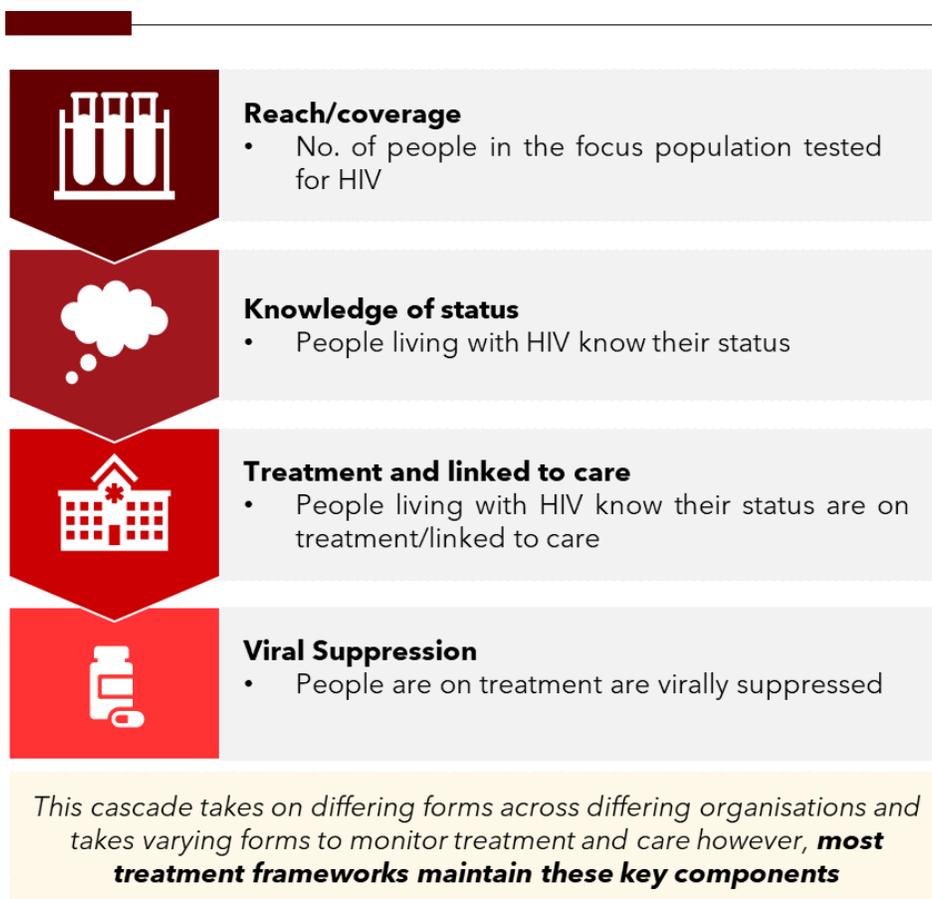


Figure 6: Overview of Cascade of Care Framework

The HIV Cascade of Care framework is a public health model that outlines the stages or steps that people living with HIV undergo from diagnosis to achieving or maintaining a low viral suppression load, to a degree that is ideally marked undetectable, through care and ARV treatment.<sup>15</sup> While often used interchangeably, and as the report will show, there are certain overlaps in components shared between the Continuum of Care and the Cascade of Care framework. Nevertheless, the Cascade of Care framework in this report is distinguished from the Continuum of Care framework as the latter covers a wider set of stages involved in showing care and treatment to people living with HIV beyond testing and treatment, to achieve a suppressed viral load and an improved CD4 count of 350 and above. In this report, the Cascade of Care framework draws references from the UNAIDS, the Minority HIV/AIDS Fund – a fund under the U.S. Government aimed to transform HIV prevention, care, and treatment – to describe and distinguish the distinct steps and accompanying indicators to monitor the progress in treatment and care provided by MAF to its beneficiaries. Through this framework, the report connects indicators and activities performed under each programme that relate to each step within the framework to the wider national 95-95-95 target.

The Cascade of Care framework employed within this report consists of four key areas:

- **Reach/coverage**

This area within the framework overlaps with the Cascade of Care framework, wherein testing for HIV is encouraged and is aimed to be performed on among key, high-risk populations. The ultimate goal of this area is to ensure that individuals from key populations are aware of their HIV status.

- **Knowledge of status**

Acquiring knowledge of one's HIV status is the second, and equally as integral component, within the Cascade of Care framework. This component marks the beginning of the journey

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<sup>15</sup> Minority HIV/AIDS Fund, U.S. Government 2022, 'HIV Care Continuum'.

for many people living with HIV towards seeking for care and treatment. This component, similar to the first component on reach/coverage, is commonly rife with stigma, thereby connecting this framework to the Continuum of Care framework which also looks into policies that aims to minimise discrimination against people living with HIV and the emphasis that living with HIV is not the end, but simply an area in life that requires collaboration between the individual, the healthcare industry, government, and, the private sector, to jointly overcome.

- **Treatment and linked to care**

Treatment and, overall, for an individual living with HIV to be linked to care, similar to 'linkage to care' within the Continuum of Care framework, marks another key area within the Cascade of Care as this component embodies the crucial step in ensuring that people living with HIV are receiving ARV treatment required to not only prolong their lives, but, when successful, allows for people living with HIV to live fulfilling lives.

- **Viral Suppression**

This final component within the framework marks the ultimate goal for every individual living with HIV. Similar to the Continuum of Care framework, this step allows for the virus to be suppressed thus minimising the risk of the virus overtaking the immunity of the individual while minimising the risk of transmission between people.

## The Continuum of Care Framework

The Continuum of Care framework is a comprehensive approach designed to combat HIV/AIDS by addressing the entire spectrum of the disease, from prevention to treatment and care. It emphasises the importance of early diagnosis, linkage to care, retention in care and achieving and maintaining viral load suppression to ultimately eradicating the epidemic.

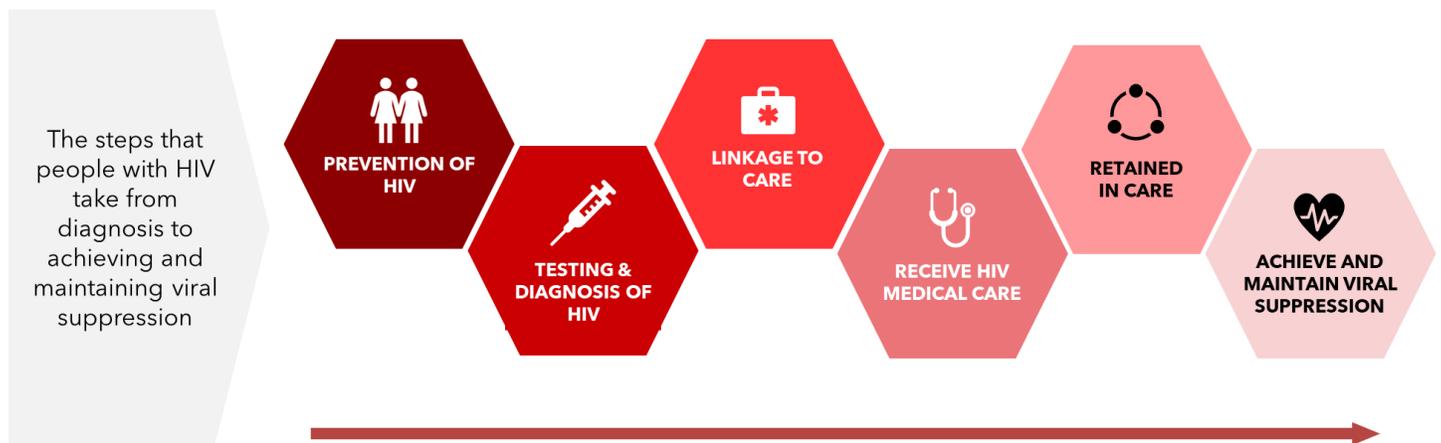


Figure 7: Overview of Continuum of Care Framework

- **Prevention:** The First Line of Defence

Prevention is the cornerstone of the continuum of care, as it aims to halt the spread of HIV/AIDS before it occurs. This involves promoting safer sex practices, encouraging the use of condoms, and providing access to pre-exposure prophylaxis (PrEP). PrEP is a medication that can be taken by HIV-negative individuals to significantly reduce their risk of contracting the virus.

- **Testing:** The Gateway to Care

Early diagnosis is crucial to linking people with HIV to care and treatment services. The Continuum of Care emphasises expanding access to HIV testing, encouraging people to get tested regardless of their risk factors, and promoting routine testing for high-risk populations.

- **Linkage to Care:** Bridging the Gap

Once diagnosed, individuals with HIV need to be promptly linked to care and treatment services. This involves providing information about available resources, facilitating appointments, and addressing any barriers that may prevent individuals from seeking care.

- **Retention in Care:** The Path to Viral Suppression

Retention in care is essential for ensuring that people with HIV continue to take their medication as prescribed and receive the necessary support services. This involves providing ongoing care management, addressing adherence challenges, and addressing any social or psychological issues that may hinder treatment adherence.

- **Viral Load Suppression:** The Key to Prevention and Well-being

Viral load suppression is the goal of HIV treatment, as it prevents the virus from being transmitted to others and significantly improves the health of individuals with HIV. The Continuum of Care emphasises achieving and maintaining viral load suppression through effective antiretroviral therapy (ART) and adherence counselling.

The Continuum of Care framework extends beyond the 5 key steps to encompass a holistic approach to HIV/AIDS eradication. It includes:

- **Access to Antiretroviral Therapy (ART):** ART is a crucial component of HIV treatment, and the Continuum of Care promotes universal access to ART for all individuals living with HIV.
- **Adherence to Treatment:** Adherence to ART is essential for achieving and maintaining viral load suppression. The Continuum of Care emphasised providing adherence counselling, addressing barriers to adherence, and promoting medication reminders.
- **Psychosocial Support:** People living with HIV often face psychosocial challenges, such as stigma, discrimination, and depression. The Continuum of Care promotes the integration of psychosocial support services into HIV care to address these challenges.

- **Community Engagement:** The continuum of care recognises the importance of community engagement in HIV prevention care and support. It encourages collaboration with community organisations, healthcare providers and government agencies to tailor interventions to local needs.

The Continuum of Care framework is not a static model but rather an evolving strategy that adapts to new knowledge and challenges in the fight against HIV/AIDS. As research progresses and new interventions emerge, the framework will be updated to ensure it remains the most effective tool for eradicating the epidemic.

The framework provides a comprehensive and adaptable approach to HIV/AIDS eradication. By focusing on prevention, early diagnosis, linkage to care, retention in care and viral load suppression, the framework aims to break the cycle of HIV transmissions and improve the lives of individuals living with HIV. <sup>16</sup>

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<sup>16</sup> HIV.gov The Continuum of Care Framework, <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum/>.

The Centre for Disease Control and Prevention, Understanding the HIV Care Continuum, <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum/>.

# ALIGNMENT WITH UN SUSTAINABLE DEVELOPMENT GOALS

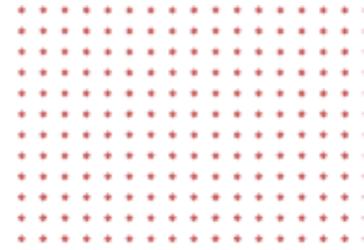


Figure 8: UN SDG Goals Mapped Against MAF Programmes

Source: Malaysian AIDS Foundation; PEMANDU Associates Analysis

The United Nations (UN) Sustainable Development Goals (SDG) are a universal call to action that aims to end poverty, protect the planet, and to improve the lives and prospects of every individual worldwide. In its effort to improve the health and lives of people living with HIV in Malaysia, the Malaysian AIDS Foundation, through all 7 of programmes analysed in this report, is aligned, and aims to meet 9 out of 17 of the UN SDGs, specifically:

- Goal 1: End Poverty,
- Goal 2: Zero Hunger,

- Goal 3: Good Health and Well-being,
- Goal 4: Quality Education,
- Goal 5: Gender Equality,
- Goal 8: Decent Work and Economic Growth,
- Goal 10: Reduced Inequalities,
- Goal 11: Sustainable Cities and Communities, and;
- Goal 17: Partnerships for the Goals

### **Goal 1: End Poverty**

Goal 1: End Poverty, aims to eradicate poverty for all people everywhere by 2030.<sup>17</sup> According to the United Nations, poverty manifests in many forms, however its causes are largely due to unemployment, social exclusion, and high vulnerability of certain populations to diseases, disasters and other phenomena which prevents these populations from being productive.<sup>18</sup>

According to the International Labour Office, HIV/AIDS and poverty in resource/poor settings share bi-directional linkages wherein, HIV/AIDS is at the same time, a cause and an outcome of poverty while, inversely, HIV/AIDS can often times be the cause and lead to poverty.<sup>19</sup> On an individual level, HIV/AIDS causes impoverishment by rendering, especially a working-adult, to become chronically ill, in need of treatment and care, and overall, unable to work. In cases where the person living with HIV is the sole or main income-earner of the household, the increased need for medical care then leads to increased expenditure within the household, causing the household to expend their savings

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<sup>17</sup> United Nations n.d., "Goal 1: End poverty in all its forms everywhere", <https://www.un.org/sustainabledevelopment/poverty/>.

<sup>18</sup> Ibid.

<sup>19</sup> International Labour Office 2005, 'HIV/AIDS and poverty: the critical connection', [https://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@protrav/@ilo\\_aids/documents/publication/wcms\\_120468.pdf](https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_120468.pdf), p. 1.

and lose their assets in order to purchase the medical care required to sustain and improve the health of the person living with HIV.<sup>20</sup>

Given the linkage between HIV and poverty, the programmes analysed within this report, specifically the MyLady Assistance Scheme and the Sabah/Sarawak Health Access Programme (SHAPE), are aligned with supporting SDG Goal 1. As a programme that focuses on providing women either living with HIV and/or women and single mothers that have lost their partners to HIV interest-free loans to enable these women to start their own businesses, the MyLady Scheme provides its beneficiaries the opportunity to escape poverty by enabling them to have a new form of income. The Sabah/Sarawak Health Access Programme (SHAPE), on the other hand, assists underprivileged people living with HIV in rural areas by providing transportation and covering transportation costs to travel to medical centres thereby reducing the impact of the cost on their expenses.

## **Goal 2: Zero Hunger**

Goal 2: Zero Hunger aims to end hunger, achieve food security, improve nutrition and to promote sustainable agriculture.<sup>21</sup> Similar to Goal 1: End Poverty, HIV and food insecurity also share a bi-directional linkage wherein living with HIV can exacerbate an individual's exposure to food insecurity while food insecurity, which often comes in tandem with poor nutrition, can exacerbate the effects of the virus.<sup>22</sup> As such, and although unrelated on the component to promote sustainable agriculture, the Paediatric AIDS Fund aligns with the other main components of Goal 2 that include aims for universal access to safe and nutritious food, as well as to end all forms of malnutrition. The Paediatric AIDS Fund thus aligns with these goals by providing its beneficiaries with the funding required to ensure that underprivileged children living with HIV or/and children living with a parent, or parents, living with HIV, have access to food.

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<sup>20</sup> Ibid.

<sup>21</sup> United Nations n.d., "Goal 2: Zero hunger", <https://www.globalgoals.org/goals/2-zero-hunger/>.

<sup>22</sup> UNAIDS 2008, 'HIV, food security and nutrition', *UNAIDS Policy Brief*, p. 1.

### **Goal 3: Good Health and Well-being**

Goal 3: Good Health and Well-being aims to ensure healthy lives and to promote well-being for all at all ages. Among the chief targets of this goal is to end the epidemic of HIV.<sup>23</sup> Naturally, this goal is most aligned with MAF and its activities, wherein six out of seven of MAF's programmes analysed in this report, namely, (1) the Medicine Assistance Scheme (PAL Scheme), (2) the Shelter Home Programme, (3) the Paediatric AIDS fund, (4) Sabah/Sarawak Health Access Programme (SHAPE), (5) Teratak Kasih Tok Nan (TKTN) and (6) the Differentiated HIV Services for Key Populations (DHSKP), are directly concerned with the Cascade and Continuum of Care framework. These programmes align directly with Goal 3 given that the nature of all six projects are involved in either providing the treatment required to suppress the viral load of its beneficiaries, testing to determine their HIV status, and are also heavily involved in the promotion to prevent the spread of HIV.

### **Goal 4: Quality Education**

Goal 4: Quality Education aims to ensure inclusive and equitable quality education and to promote lifelong learning opportunities for every individual worldwide.<sup>24</sup> Under this goal are six targets that, in summary, aims to ensure equal access to education for children and adults alike.<sup>25</sup> The Paediatric AIDS fund, thus directly aligns with Goal 4 as the programme focuses, not only on providing allowance for food to underprivileged children living with HIV and children that have a parent/parents living with HIV, rather, the programme also provides allowance to these children for their schooling needs in hope that the children under the programme will have access to quality primary education.

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<sup>23</sup> United Nations n.d., "Goal 3: Good Health and well-being", [https://sdgs.un.org/goals/goal3#targets\\_and\\_indicators](https://sdgs.un.org/goals/goal3#targets_and_indicators).

<sup>24</sup> United Nations n.d., "Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all", [https://sdgs.un.org/goals/goal4#targets\\_and\\_indicators](https://sdgs.un.org/goals/goal4#targets_and_indicators).

<sup>25</sup> Ibid.

## **Goal 5: Gender Equality**

Goal 5: Gender Equality aims to achieve gender equality and to empower all women and girls. One of its targets aspires to ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.<sup>26</sup> As such, the MyLady Scheme aligns with this goal given that the programme aims to provide equal opportunities for the women under this scheme through its interest-free loan, allowing its beneficiaries to become entrepreneurs.

## **Goal 8: Decent Work and Economic Growth**

Goal 8: Decent Work and Economic Growth is a goal that aspires to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.<sup>27</sup> Target 8.5 out of the goal's 10 targets aims to achieve full and productive employment and decent work for all women and men, including persons with disabilities, and equal pay for work of equal value.<sup>28</sup> Aligned with this particular target, are two programmes analysed in this report, namely the Shelter Home Programme and the MyLady Assistance Scheme. Both programmes provide training where, in the case of the Shelter Home, is vocational training. The MyLady Scheme, on the other hand, provides entrepreneurial training including lectures from invited key speakers from notable organisations such as *Majlis Amanah Rakyat* (MARA) and *Suruhanjaya Syarikat Malaysia* (SSM) to name a few.

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<sup>26</sup> United Nations n.d., "Goal 5: Achieve gender equality and empower all women and girls", [https://sdgs.un.org/goals/goal5#targets\\_and\\_indicators](https://sdgs.un.org/goals/goal5#targets_and_indicators).

<sup>27</sup> United Nations n.d., "Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all", < <https://sdgs.un.org/goals/goal8>>.

<sup>28</sup> Ibid.

## **Goal 10: Reduced Inequalities**

Goal 10: Reduced Inequalities aims to reduce inequality within and among countries.<sup>29</sup> While most policies under this goal tend to focus on policies and regulation for improved equal opportunities, target 10.2 which aims to empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status by 2030, aligns most with the Shelter Home Programme, the Paediatric AIDS Funds, and the MyLady Assistance Scheme.<sup>30</sup> This is because two out of the three programmes, namely Shelter Home Programme and MyLady, through its funding and training provides avenues for the beneficiaries to attain equal employment opportunities and avenues for income generation. With the case of the Paediatric AIDS Fund however, the funding mechanism allows for the children under its sponsorship to attain primary education in hopes that will lead to a better future.

## **Goal 11: Sustainable Cities and Communities**

Goal 11: Sustainable Cities and Communities, on the other hand, aligns with the Shelter Home Programme and the Teratak Kasih Tok Nan (TKTN) programme.<sup>31</sup> As a goal that aims to make cities and human settlements inclusive, safe, resilient, and sustainable, both programmes align in its overall objective as both, the Shelter Home Programme and TKTN provides shelter and half-way home facilities to its beneficiaries. In the case of the Shelter Home Programme, beneficiaries not only have a secure place of accommodation until they are prepared to depart, rather, they are also provided with support sessions including vocational training to ensure that beneficiaries are sustainably independent. Likewise, under TKTN, beneficiaries are also provided support sessions however, with more focus provided to psychological well-being.

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<sup>29</sup> United Nations n.d., "Goal 10: Reduce inequality within and among countries", <https://sdgs.un.org/goals/goal10>.

<sup>30</sup> Ibid.

<sup>31</sup> United Nations n.d., "Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable", <https://sdgs.un.org/goals/goal11>.

## Goal 17: Partnerships for the Goals

The final SDG Goal that MAF finds its programmes in alignment with is Goal 17: Partnerships for the Goals, which is aligned with TKTN. While TKTN is categorically, an MAF programme, the programme employs a multisectoral approach, involving different ministries, non-governmental organisations, and the private sector, including the Malaysian Ministry of Health, *Jabatan Kesihatan Negeri Sarawak*, *Hospital Umum Sarawak*, *Klinik Kesihatan Jalan Masjid*, *Klinik Kesihatan Sri Aman*, *Baitulmal Negeri Sarawak* and *Jabatan Kebajikan Masyarakat Negeri Sarawak*. As a goal that focuses on strengthening the means of implementation and to revitalise the Global Partnership for Sustainable Development, the collaboration between MAF and its collaborators through TKTN aligns with target 17.16 which aims to enhance the Global Partnership for Sustainable Development, completed by multi-stakeholder partnerships that mobilise and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries.<sup>32</sup>

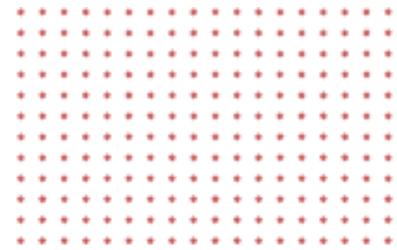
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<sup>32</sup> United Nations n.d., "Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development", [https://sdgs.un.org/goals/goal17#targets\\_and\\_indicators](https://sdgs.un.org/goals/goal17#targets_and_indicators).



**Programme  
Assessment  
& Impact**

# PROGRAMME ASSESSMENT & IMPACT



## Programme 1: Medicine Assistance Scheme (PAL Scheme)

ARV treatment has demonstrated significant success in suppressing virus replication, controlling HIV infections, preventing transmission, and protecting unborn children thereby lending the treatment as an integral component in ensuring the sustainability of a country's AIDS response. More importantly however, the treatment is key to improving the overall health and quality of life for PLHIV, allowing them to embark on their journey towards recovery and living a normal life. Despite its importance, ARV treatment remains largely inaccessible to many PLHIV due to various socioeconomic and physical barriers. The PAL Scheme commenced in 1998 with MAF's own funding. Since 2013, Yayasan Sime Darby (YSD) has become the main funder for the PAL Scheme, subsequently joined by PERKESO, MAIWP, and MAIPk.

### Impact

To mitigate this, MAF introduced the Medicine Assistance Scheme to provide support to underprivileged PLHIV that are experiencing socioeconomic and physical barriers in attaining ARV treatment. Between 2018 and 2022, MAF was able to cumulatively support 197 PLHIV in receiving their 2nd line ARV treatment - a medical regiment that people living with HIV must undergo to survive in cases where first-line ARV has failed to suppress their viral loads or, in lesser cases, where side effects of the first-line were overwhelmingly intolerable for the person, placing them at a higher mortality risk. In 2018, the programme had reached to 85 beneficiaries, expanded to 100 beneficiaries in 2021 and grew to 144 beneficiaries in 2022. Overall, the programme reached the indicator set by the funders.

## No. of patients receiving 2nd-line ARV treatment

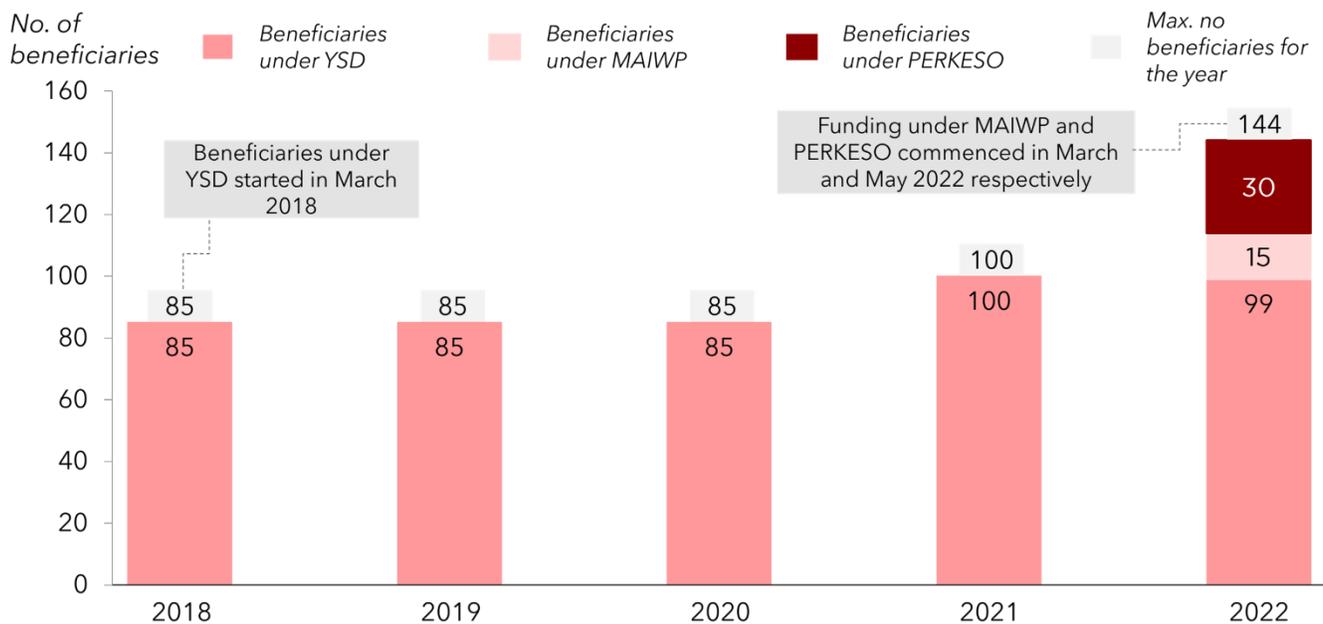


Figure 9: No. of patients receiving 2<sup>nd</sup>-line ARV treatment

Source: Malaysian AIDS Foundation

In some instances, the programme fell short of attaining its 100 beneficiaries per month target, for example, in December 2022, only 99 beneficiaries received treatment (Figure 9). Throughout the implementation of the programme, MAF encountered various challenges in the distribution of medicine, including the demise of beneficiaries and changes in phone numbers, rendering them unreachable by both the Secretariat and hospital focal point. However, in the case of December 2022, the client's inability to collect the medicine was due to his incarceration.

Currently, MAF has a reporting mechanism in place that utilises online tools, such as real-time communication mechanisms, Google Forms, and Microsoft Excel Online, to track the collection of medication. This system functions well in tracking the collection of medication in real time. In the future, other monitoring tools, such as dedicated online software specifically designed to monitor progress and reporting, could be employed to track the collection of medication if the programme increases its number of beneficiaries.

YSD's steadfast commitment spans over a decade, and the impact of YSD's support has acted as a catalyst for the remarkable growth of MAF, prompting more major Malaysian corporations to prioritise HIV/AIDS issues and engage in meaningful corporate social responsibility partnerships with MAF. Notable collaborators include Sunway Berhad, Yayasan PETRONAS, PERKESO, the Islamic Religious Council of the States, Karex Berhad, and others, all contributing to the vital cause of ensuring access to essential medication. This support aims to bridge the critical gap in access to necessary medications by providing treatment every alternate month. The collective effort is essential to achieving the shared goal of ending AIDS by 2030.

It is important to note that PLHIV with a history of first-line treatment failure are known to have a higher risk of having a lower CD4 count due to the high viral load during earlier treatment failure, and it will take time for the individual to rebuild their CD4 count to a level greater than 350 (this process could take up to a few years after the initiation of second-line ARV). However, with effective second-line ARV treatment, the viral load of the PLHIV will be suppressed to an undetectable level. Hence, continuous adherence to effective second-line treatment will be the key to ensuring these beneficiaries' well-being and longevity in life.

## No. of beneficiaries with an undetectable viral load and a CD4 count of 350 and higher under Yayasan Sime Darby

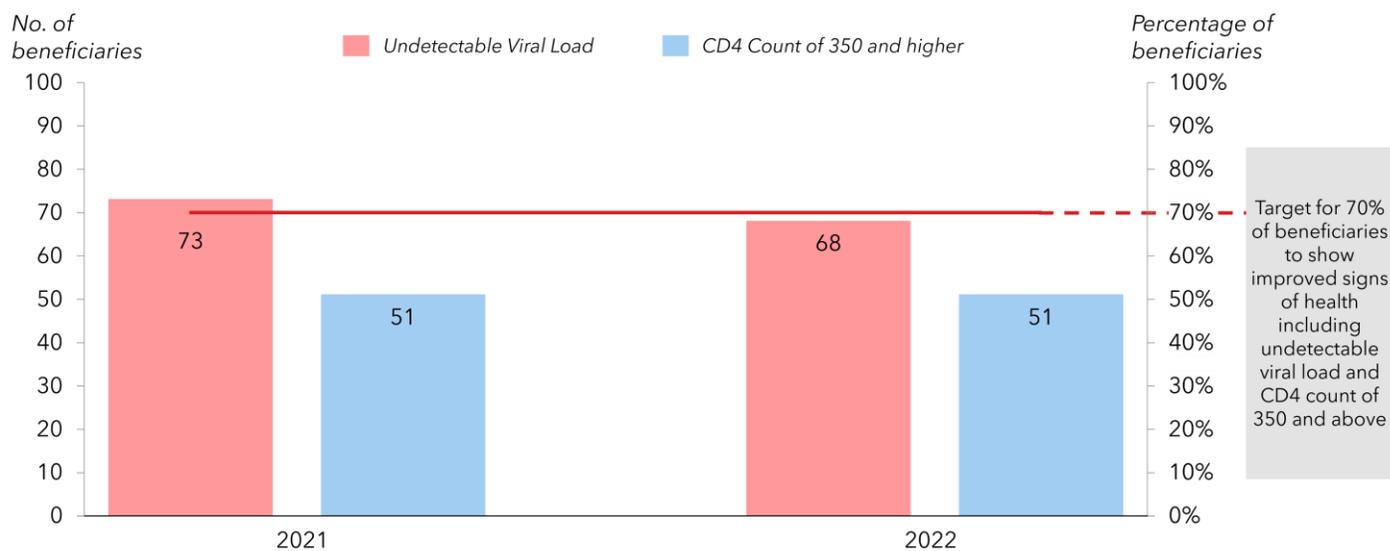


Figure 10: No. of beneficiaries with an undetectable viral load and a CD4 count of 350 and higher under Yayasan Sime Darby

Source: Malaysian AIDS Foundation

## No. of beneficiaries with an undetectable viral load and a CD4 count of 350 and higher under MAIWP

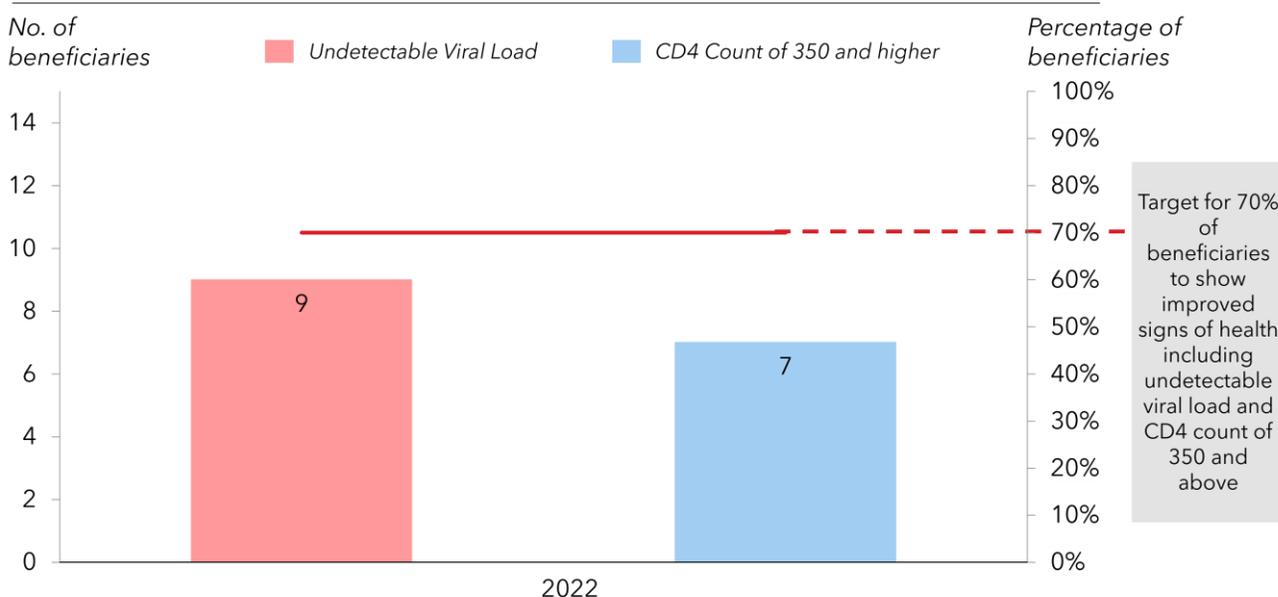


Figure 11: No. of beneficiaries with CD4 count of 350 and higher and undetectable viral load under MAIWP

Source: Malaysian AIDS Foundation

## No. of beneficiaries with an undetectable viral load and a CD4 count of 350 and higher under PERKESO

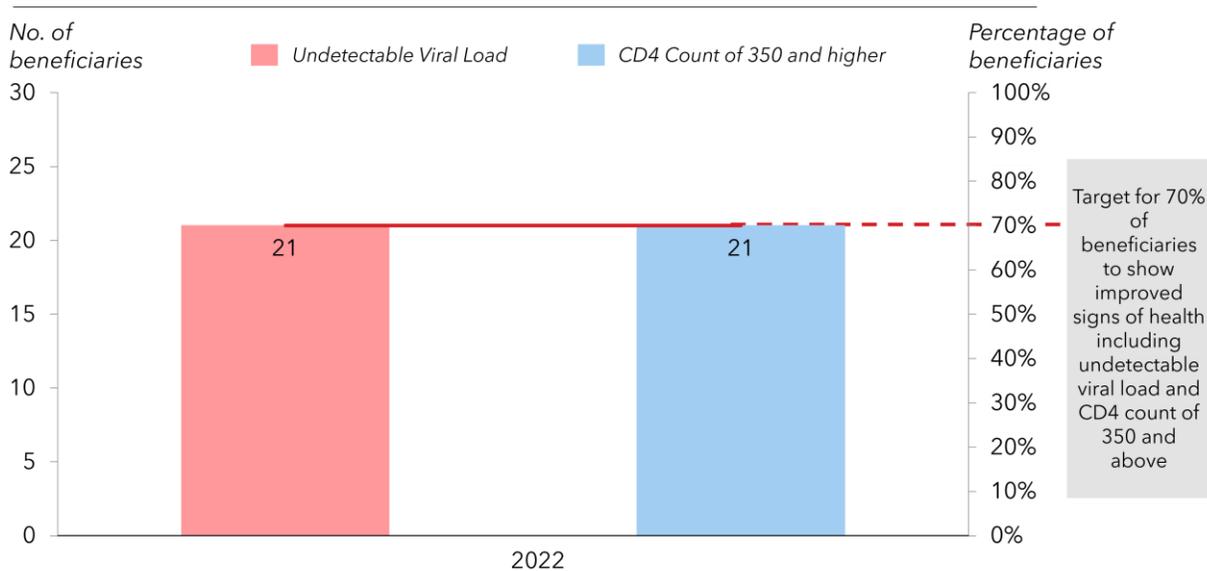


Figure 12: No. of beneficiaries with an undetectable viral load and CD4 count of 350 and higher under PERKESO

Source: Malaysian AIDS Foundation

Under Yayasan Sime Darby, 73 beneficiaries showed an undetectable viral load in 2021 while 68 beneficiaries showed an undetectable viral load in 2022. Similarly, 51 people attained a CD4 count of at least 350 in 2021 and in 2022 out 100 beneficiaries respectively (Figure 10). This shows that the programme has contributed greatly to the overall health and longevity of each beneficiary as over 73% and 68% of beneficiaries were virally suppressed. Although the number of virally suppressed beneficiaries decreased between the two years displayed, this is mainly due to the increase in the number of beneficiaries not reporting their viral load test results that is, from 9 beneficiaries that were not reporting their viral load in 2021 to 25 in 2022. As such, increased efforts to strengthen the beneficiaries' health data collection should be implemented for the programme to monitor its impact to the health outcome of the beneficiaries. Additionally, given that 68-73% of beneficiaries were able to achieve an undetectable viral load and only 51% of beneficiaries were able to attain a CD4 count of at least 350 in 2021 and 2022, consistent monitoring will also be required to ensure that the health of beneficiaries is maintained.

Close and consistent monitoring over the health of beneficiaries should also be applied to beneficiaries under the Federal Territory Islamic Religious Council (MAIWP) where 60% of beneficiaries showed an undetectable viral load in 2022 and only 47% of beneficiaries showed a CD4 count of 350 and above. While this rate is encouraging, this meant that 9 people out of the 15 who are receiving treatment under MAIWP had their HIV progression suppressed and have a reduced risk of transmitting to others. As MAIWP beneficiaries were still new to the programme, it will take time for their viral load to reach undetectable level. Hence, close monitoring is needed to ensure the beneficiaries reach the undetectable VL in coming years.

Most promising however, is the number of beneficiaries with an undetectable viral load among *Pertubuhan Keselamatan Sosial* (PERKESO) beneficiaries in 2022 where over 70% of the funder's beneficiaries achieved an undetectable viral load (Figure 12).

While there remains some ways to go for the programme to achieve the 95% target set out by the Global UNAIDS and the Malaysia National Strategic Plan Ending AIDS 2016-2030 which aims for 95% of people who are on treatment to be virally suppressed, the rates of virally suppressed people under YSD in both 2021 and 2022 demonstrate the programme's contribution to the national and global target. MAF through the support of YSD, has been advocating the need for a more affordable second-line treatment in the country to ensure sustainable solution for PLHIV to live productively. We are now seeing the price of dolutegravir, a more expensive HIV drug has its price dropped substantially since 2018, providing opportunity for PAL scheme to support more beneficiaries. Thus, demonstrating that this programme deserves further support for its continuation. Overall, and while efforts to suppress the viral load and to increase the CD4 count of MAF beneficiaries remains ongoing, it is clear that the efforts performed by funders of the PAL Scheme, Yayasan Sime Darby,

Federal Territory Islamic Religious Council (MAIWP) and *Pertubuhan Keselamatan Sosial* (PERKESO) have contributed greatly to the overarching national target on the third '95' which is to ensure that 95% of people on ART treatment are virally suppressed.

## The Turning Point in Saleha's Life



Saleha (not her real name) is a 37-year-old mother from Sungai Sumun, Perak, who is living with HIV. She was diagnosed with HIV in 2011 when she was pregnant with her son. Fortunately, he is not infected as Saleha had started treatment immediately after her diagnosis. However, she suffered severe side effects from her first-line medication and her condition continued to deteriorate. The doctor then advised her to go on second-line treatment, but Saleha could not afford the new medication because of her financial situation. Due to her poor health, Saleha was unable to work and had to depend on her husband's meagre income as a farmer. His earnings are hardly enough to support the family, let alone to buy her expensive medication.

Fortunately, in 2014, Saleha qualified as a beneficiary of the PAL Scheme, a programme run by the Malaysian AIDS Foundation, where she received free second-line HIV treatment. Her CD4 count increased significantly from 373 to 674 and her viral load reached an undetectable level by 2018.

Saleha's health greatly improved, and she was able to help her husband earn more money for the family by working on their small farm where they grow their own vegetables and fruits to be sold at the local market.

Saleha continues to grow stronger by the day and is now able to lead a normal life. She feels blessed by this turn of events for her and the family.

"I am so thankful that I still get to live every day because of the help that I received from the PAL Scheme. I want to thank Yayasan Sime Darby for sponsoring the programme and also the Malaysian AIDS Foundation for being there for me when I needed help the most," said Saleha.

## Programme 2: Shelter Home Programme

MAF recognises the strife and discrimination faced by PLHIV that often manifests in forms of eviction from the family home, deprivation of family support and an increased risk of homelessness even in cases of extreme need for medical care and support. To ensure that PLHIV facing deteriorated support and homelessness, MAF has funded 10 homes and halfway home facilities that provide shelter to PLHIV and around-the-clock treatment and care to advance stage patients.

The funding provided to these treatment homes and halfway home facilities aims to treat and rehabilitate PLHIV under the programme's care by nursing patients back to health, provide vocational training and job placement thereby ensuring that patients are self-empowered and self-sustaining, allowing them to depart the home to make way for new patients that will require the same treatment and care in the future.

### Impact

Between 2019 and 2021, the Shelter Home programme showed an overall improvement in three out of four of its key indicators, specifically, in (1) the total number of residents provided shelter through the programme, (2) the number of PLHIV provided shelter in the homes and (3) number of support sessions held.

**Shelter Home Continuum of Care Performance 2019-2021**

NO	Indicators	Measure	Year	Target	Performance	Year	Target	Performance	Year	Target	Performance	2019 vs 2021 (Analysis)
1	No. of homes supported	No. of homes		10	10		10	10		10	10	0%
2	No. of residents provided shelter	Total no. of residents	<b>2019</b>	-	434	<b>2020</b>	-	379	<b>2021</b>	-	310	-28.6%
3	No. of PLHIV provided shelter	Total no. of PLHIV		-	220		-	206		-	166	-25%
4	Support sessions held	No. of support sessions		-	513		-	493		-	462	-9.9%

Table 1: Shelter Home Continuum of Care Performance 2019-2021

Source: Malaysian AIDS Foundation

At face value, the programme's performance appears to have declined in 2021, given that the programme had 28.6% more total residents in 2019, as indicated in Table 1. Similarly, the support sessions also showed a decrease, with the programme having 9.9% more sessions in 2019. Despite facing challenges, including a reduction in the number of beneficiaries due to funding constraints—which has become more pronounced and formidable, especially in the context of the Covid-19 pandemic—MAF continues its efforts. The organisation remains committed to supporting 10 shelter homes in rehabilitating residents, empowering them with the tools and skills necessary for self-sufficiency outside of the programme.

As such, this report recommends for an additional indicator, specifically, the number of residents that depart from the shelters as a result of becoming self-sufficient and no longer requiring assistance from the programme for shelter or additional training. This would allow for the homes to monitor the progress, output and efficiency of its support sessions in rehabilitating its residents. Additionally, this report recommends that the Shelter Home Programme tracks newcomers annually as an indicator separate from the initial 'number of residents provided shelter'. This would allow for the shelters and its funders to distinguish between residents that continue to require support and identify additional methods that may be employed that will further enhance their rehabilitation and independency from the programme in the future.

**Shelter Home Cascade of Care Performance 2019-2021**

NO	Indicators	Measure	Year	Performance	Year	Performance	Year	Performance
1	No of PLHIV on HAART	Total no. of PLHIV		141		130		100
2	% of PLHIV receiving HAART through the programme	% of % of PLHIV receiving HAART through the programme that are residents in the shelters	<b>2019</b>	64.1%	<b>2020</b>	63.1%	<b>2021</b>	60.2%

*Table 2: Shelter Home Cascade of Care Performance 2019-2021*

Source: Malaysian AIDS Foundation

Apart from the key four continuum of care indicators, the Shelter Home Programme focuses on one main cascade of care indicator that is, the number of PLHIV that are receiving highly active antiretroviral therapy (HAART) through the programme. Between 2019 to 2021, it is clear that the programme maintained a steady rate of between 60-64% in providing HAART to its residents living with HIV. The gap of 35-39% of residents living with HIV not receiving treatment were mainly due to under-reporting in M&E system of MAF. In some cases, there were beneficiaries who were still not ready to initiate the treatment due to health and other reasons (Table 2). Moving forward, there is a need to develop a reporting mechanism in addressing this gap.

## **Programme 3: Paediatric AIDS Fund**

MAF recognises that children born with HIV or raised by caretakers living with HIV are commonly raised in deprived households where some, live in extreme destitution caused by stigma permeating within their local community. MAF provides relief to these families in the form of cash assistance of RM100 per month to these children and their family to cover the following basic, but important everyday needs:

1. Basic school needs, such as uniforms, books, school supplies for school-aged children.
2. Critical food items e.g., formula milk for infants & nutritious meals for young children.

## **Impact**

The Paediatric AIDS Fund (PAF) has been a beacon of hope for children living with HIV/AIDS. Guided by the unwavering belief that no child should be deprived of a normal childhood due to HIV, the PAF has been instrumental in providing comprehensive support to these young individuals, enabling them to thrive amidst the challenges they face.

Between its inception in 2017 to end of 2019, MAF in conjunction with GSK Pharmaceutical was able to support 100 young children up to the age of 12 yearly - and cumulatively over the 3-year grant, had supported 148 young children.

These young children were screened and shortlisted according to a series of criteria that included a household income of less than RM2000 as well as children living with or affected by HIV. Beneficiaries were able to redeem RM100 per month within a limited category of items that included basic needs.

Due to its criteria of serving beneficiaries until the age of 12, when beneficiaries hit the age of 13, the programme did see a few dropouts - which were recorded at 8 in 2017, 15 in 2018 and then 13 in 2019. However, the programme managed to consecutively meet its target of providing aid to 100 beneficiaries each year by recruiting new beneficiaries to be enrolled in the following year.

At the heart of the PAF's mission lies the recognition that children living with HIV/AIDS have immediate needs that require immediate solutions. Through the fund's multifaceted approach, these urgent and basic needs are addressed, ensuring that the children and their families can navigate the complexities of their situation with a sense of stability and hope.

The PAF recognises that the journey of a child living with HIV/AIDS is ongoing, requiring long-term support and care. Successful applicants receive financial assistance for an initial period of twelve months, with the possibility of continuation based on progress reviews and the availability of MAF funds. This commitment to continuity ensures that children have a reliable source of support as they navigate their unique circumstances.

The PAF provides a lifeline to children living with HIV/AIDS by offering crucial financial assistance and sponsorship basic care.

The PAF's support extends beyond immediate medical needs, recognising the importance of holistic well-being for children living with HIV/AIDS. The fund provides direct financial contributions to meet their basic needs, such as food, clothing, and schooling expenses. This assistance helps alleviate the financial strain on families and ensures that children can focus on their education and personal development.

The programme has a significant positive impact on the lives of HIV/AIDS-affected children in Malaysia. By providing financial assistance for food, household items and other essential needs, the programme has helped to improve the living standard of these individuals and families. This is evident in the changing spending patterns of the beneficiaries over time. In 2017, beneficiaries spent 98% of the program funds on food items, indicating a dire need for necessities. However, over the following two years, the proportion of spending on food items decreased, corresponding to an increase in spending on household items. This shift indicated the programme's effectiveness in addressing the beneficiaries' immediate food needs, allowing them to allocate more resources towards other household necessities.

The programme's impact is further evident in the composition of the beneficiaries. In all three years, the majority of beneficiaries were made up of Malay individuals, reflecting the demographic composition that aligns with the majority of the Malay population in Malaysia. It effectively emphasises the consistently lower number of HIV infections compared to HIV affected individuals. This trend is attributed to the effectiveness of the government-run PMTCT programme (Prevention Mother-to-Child Transmission). Additionally, it acknowledges the success of the PAF programme in reaching and assisting both HIV infected and HIV affected individuals, thereby contributing to the overall improvement of their well-being.

The Malaysian AIDS Foundation's Paediatric AIDS Fund has demonstrated remarkable effectiveness in addressing the needs of HIV/AIDS affected children and adults in Malaysia. Over the 3 years, a total grant amount of RM398,400 was utilised to provide essential financial assistance to beneficiaries enabling them to meet their basic needs and improve their overall quality of life. In conclusion, the programme has proven to be a valuable resource for HIV/AIDS affected children, leading them to have healthy and fulfilling lives.

### Elevating our youths who are growing up with HIV



Puan Khadijah, a 43-year-old mother of three, has faced numerous challenges in her life, including an HIV diagnosis, her husband's paralysis, and financial struggles. Despite these difficulties, she remains resilient and determined to provide for her family.

Puan Khadijah was diagnosed with HIV 10 years ago during her third pregnancy. She immediately began antiretroviral (ARV) treatment and is grateful that her daughter is HIV-negative. However, her two sons are infected with the virus.

Four years ago, Puan Khadijah's husband suffered a stroke that left him paralysed. He also has kidney failure and heart problems. As a result, Puan Khadijah had to quit her job to care for him.

The family's financial situation is precarious. They rely on zakat (a form of Islamic tithing) for RM300 per month, which is not enough to cover their expenses. Fortunately, the Malaysian AIDS Foundation (MAF) provides Puan Khadijah's children with financial assistance through the Paediatric AIDS Fund (PAF).

## **Programme 4: MyLady Assistance Scheme**

The MyLady Assistance Scheme is an economic empowerment scheme aimed at empowering women living with HIV and single mothers that have lost their partners to HIV. MAF recognises that this key population are susceptible to falling into poverty due to a lack of technical skills required to attain work and access to capital that would be required to start a business.

As such, MAF aims to support these women by providing loans worth RM5,000 without interest, empowering them to become home-grown entrepreneurs. The loan is accompanied by a generous repayment term of two years and a basic entrepreneurial and business development training programme, thus providing them the tools to thrive and grow their business.

### **Impact**

Women with HIV/AIDS in Malaysia face a multitude of challenges, including stigma and discrimination, which can significantly hinder their ability to secure employment and overcome economic barriers. The stigma associated with HIV/AIDS often leads to social isolation and exclusion, making it difficult for women to access job opportunities and integrate into the workforce. Moreover, the fear of disclosure and the associated discrimination can deter women from seeking employment altogether. This lack of employment opportunities further exacerbates their economic vulnerability, trapping them in a cycle of poverty and limited access to essential resources. Addressing these challenges requires a multifaceted approach that includes comprehensive education and awareness campaigns to combat stigma and discrimination, as well as targeted employment support programmes that provide women with the skills and resources, they need to secure sustainable livelihoods.

The MyLady Assistance Scheme, introduced by the Malaysian AIDS Foundation (MAF) and funded by Yayasan Petronas, is a special empowerment programme that provides women living with HIV from underprivileged backgrounds with the much-needed support to start and run their own businesses. The scheme offers participants zero-interest microcredit loans of RM5,000, along with business training and skill development workshops, to help them achieve financial independence and improve their quality of life.

Launched in 2021, the MyLady Assistance has been instrumental in empowering a cumulative of 39 women living with HIV, enabling them to establish sustainable livelihoods and break the cycle of poverty. The programme's success lies in its holistic approach, which not only provides financial assistance, but also equips participants with the necessary skills and knowledge to manage their businesses effectively.

The Scheme's focus on women between the ages of 18-60 suggests that it is effectively catering to women at a critical state in their lives when they face additional challenges such as caring for children or elderly parents. The high proportion of beneficiaries comprising Bumiputera's indicate the scheme's successful reach towards marginalised communities that are disproportionately affected by HIV/AIDS.

The concentration of beneficiaries currently falls within the states of Selangor and Kuala Lumpur, however, suggests that the scheme's outreach efforts could be expanded to other states through better marketing and increased community outreach initiatives. By increasing awareness of the scheme in other areas, MAF could empower more women living with HIV/AIDS to achieve economic independence and improve their overall well-being.

The MyLady Assistance has had a positive impact on women beneficiaries, as evidenced by the improvement in repayment performance between Batch 1 and Batch 2. The percentage of beneficiaries with no arrears increased from 87% to 93%, while the percentage of defaulters decreased from 13% to 7%. This suggests that the scheme is successfully helping women to become more financially stable and manage their businesses more effectively.

In addition to the quantitative data, there are also several qualitative benefits that women beneficiaries have reported. These benefits include:

- Increased financial literacy and business management skills
- Improved access to capital and financial resources
- Enhanced entrepreneurial spirit and self-confidence
- Greater economic independence and empowerment
- Improved quality of life and well-being
- Reduced poverty and social exclusion

Overall, the MyLady Assistance is a valuable programme that is helping to improve the lives of women living with HIV in Malaysia. The scheme provides them with the financial resources, skills, and support they need to start and run their own businesses, which is leading to greater economic independence, improved quality of life, and reduced poverty.

There are additional recommendations for the MyLady Assistance that will widen its reach and allow for a more holistic and comprehensive programme catered towards economic development:

- Continue to provide high-quality and comprehensive training: Offer workshops and seminars on business development, financial management and entrepreneurship specifically tailored

to the needs of women with HIV, covering topics such as market identification, business plan development, marketing strategies and financial literacy.

- Promote market linkages: Connect beneficiaries with potential customer and suppliers to expand their market reach and increase their business opportunities.
- Advocate for policies changes: Engage with policymakers and government agencies to advocate for supportive policies that promote women's economic empowerment and address the specific needs of women with HIV/AIDS.

Furthermore, to enhance the effectiveness of this scheme, it is crucial to incorporate a comprehensive monitoring framework that encompasses various indicators. Additional indicators can be added to enhance the assessment of the programme's impact and identifying areas for improvement moving forward. Such indicators include:

- Poverty Reduction Rate: Tracking the proportion of beneficiaries who have moved out of poverty provides direct measure of the programme's ability to alleviate financial hardship.
- Employment Creation: Monitoring the number of jobs created by beneficiaries' businesses offers insights into the programme's contribution to economic empowerment.
- Income Generation: Assessing the average income generated by beneficiaries' businesses would give an indication on the programme's effectiveness in improving financial well-being.
- Financial Independence: Evaluating the proportion of beneficiaries who have achieved financial independence, defined as the ability to sustain their livelihoods without external support, measures the programme's long-term impact.

- Donor Dependence: Tracking the programme's reliance on donor funding over time provides insights into its sustainability and ability to generate self-sufficiency.

By following these recommendations, the MyLady Assistance can continue to make a positive impact on the lives of women living with HIV in Malaysia and gain valuable insights into the socio-economic background and the issues that plague women living with HIV.

### From Living with HIV to Empowered Businesswoman

Amidst the whirlwind of emotions and life's unpredictable turns, Zahra, a woman of resilience and unwavering love for her family, stood tall despite the challenges that life had thrown her way. Diagnosed with HIV during her pregnancy, Zahra faced stigma, discrimination, and the loss of her husband to brain tumor. However, she never lost sight of her determination to build a better life for her son.



Despite her hardships, Zahra found solace in her family's unwavering support, which fueled her courage to continue treatment and pursue her dreams. However, as her health deteriorated and the cost of second-line treatment became a financial burden, Zahra's hope began to dwindle.

With the MyLady Assistance Scheme, Zahra found a beacon of light. The vocational skills training and financial aid provided a lifeline, allowing her to expand her family's food stall business and nurture her ambitions of opening a restaurant. Zahra's story is a testament to the indomitable human spirit, a tale of resilience and unwavering love of a mother.

## **Programme 5: Sabah (SHAPE Hope Borneo Project)**

Access to government health facilities has been an ongoing issue for people living in the rural areas of Sabah. To alleviate this issue, MAF has commenced the Sabah Health Access Programme (SHAPE), an initiative funded by both the Sunway Group and Yayasan Petronas, that aims to provide underprivileged people living with HIV and other chronic diseases (such as Thalassemia and End Stage Renal Disease) transportation and cash to cover high transportation and other logistical-related costs to ensure they will attain access to appropriate healthcare facilities and treatment required.

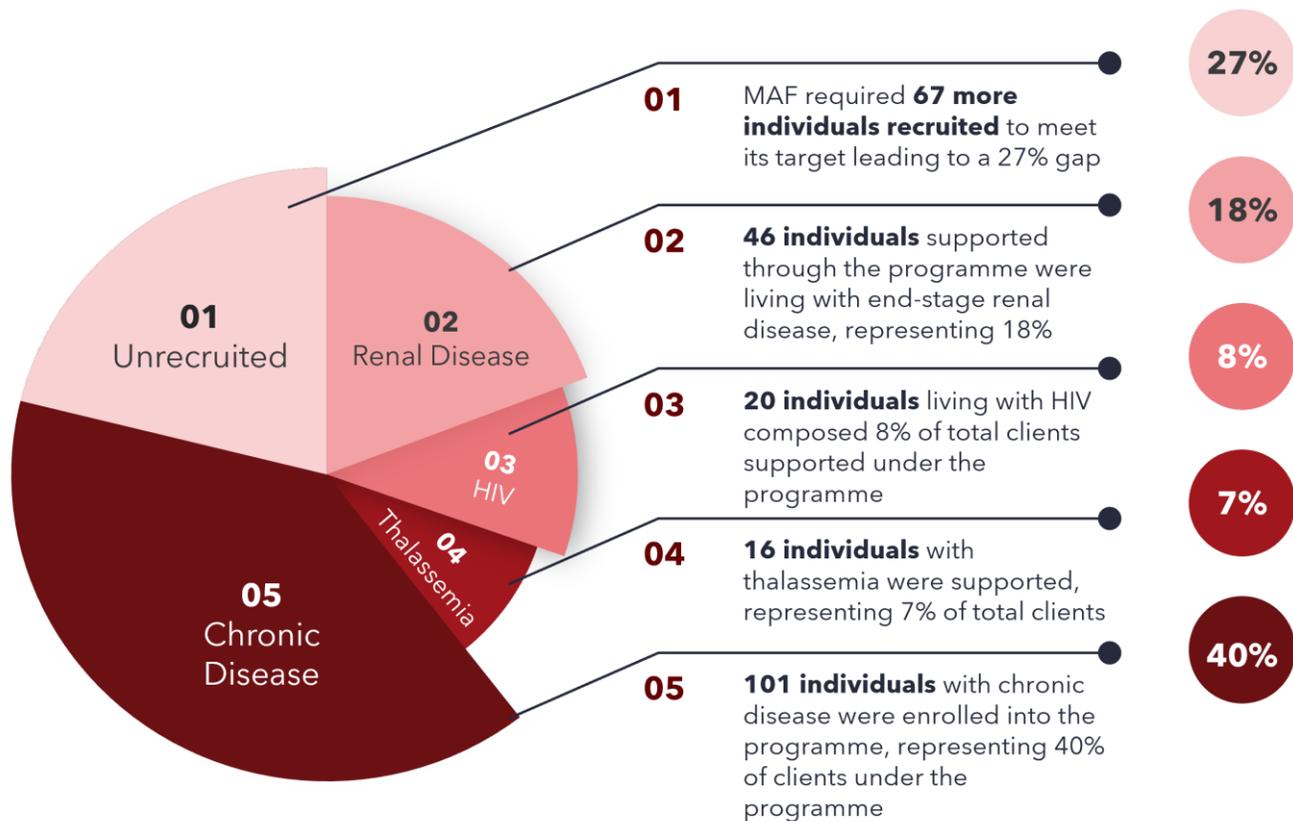
### **Impact**

The programme's provision of financial assistance and transportation subsidies has been a lifeline for many HIV/AIDS patients in Sabah. These funds help to alleviate the financial burden of living with the disease, enabling patients better access to healthcare and medication. This, in turn, contributes to improved health outcomes, reduced transmission rates and enhanced quality of life for those living with HIV/AIDS.

The programme's engagement with key stakeholders such as hospitals, clinics and social welfare departments has been instrumental in expanding access to care for patients. By forging strong partnerships with these organisations, SHAPE Sabah has ensured that patients receive the comprehensive care they need to enable them to attend regular checkups, timely treatment and ongoing support.

SHAPE Sabah has recognised the unique challenges faced by HIV/AIDS patients in remote areas of Sabah. The programme's outreach efforts, which include collaborations with local healthcare providers and community organisations have helped to reach these underserved populations, ensuring that they too benefit from the program's services.

## Breakdown of beneficiaries by diseases

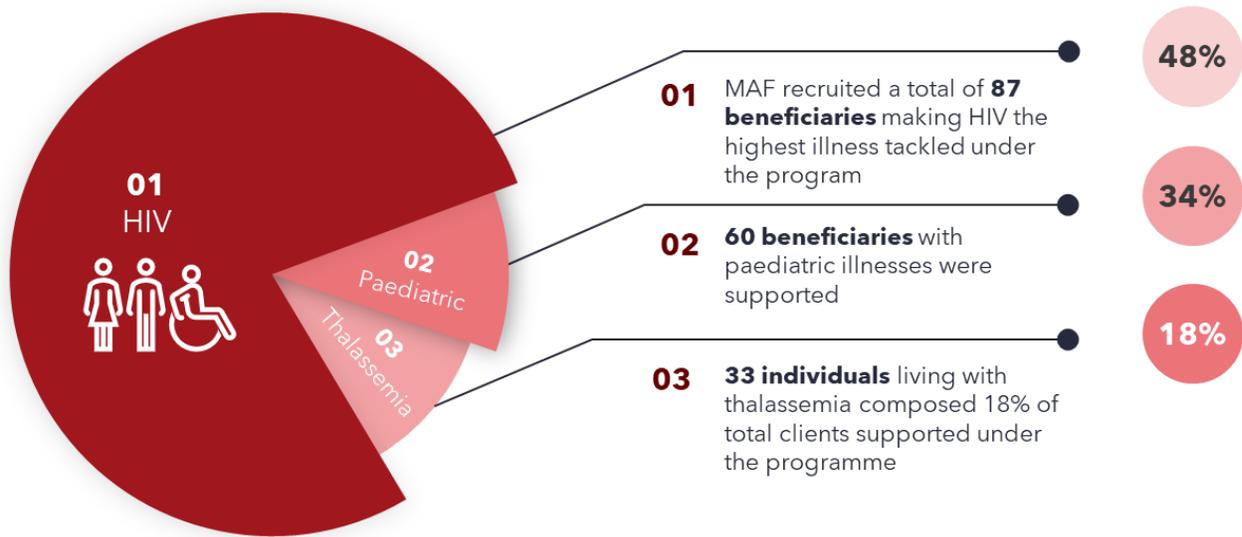


13Figure: Breakdown of Beneficiaries by Diseases under Sunway Berhad

Source: Malaysian AIDS Foundation

The program funded by Sunway Berhad aimed to recruit beneficiaries consisting of HIV, Thalassemia, End Stage Renal Failure and other chronic disease patients, with a goal of 250 beneficiaries per year - with relative targets broken down based on area. The programme has made significant headway in its goal of recruiting 250 beneficiaries per year, with 183 beneficiaries recruited as of March 2022, representing 73% of the target. This achievement is commendable given the challenges faced by the program, including low staffing levels, remote locations, and limited understanding of the program among some potential beneficiaries.

## No. of beneficiaries categorised by diseases



14Figure: Breakdown of Beneficiaries by Diseases, Yayasan Petronas

Source: Malaysian AIDS Foundation

Under the funding from Yayasan Petronas, the project aimed at targeting 180 beneficiaries in 2022. By November 2022, the project had successfully targeted 87 beneficiaries with HIV, 33 beneficiaries with thalassemia and 60 with paediatric illnesses resulting in a 100% success rate for beneficiary targeting of the project.

## Recruitment against target set

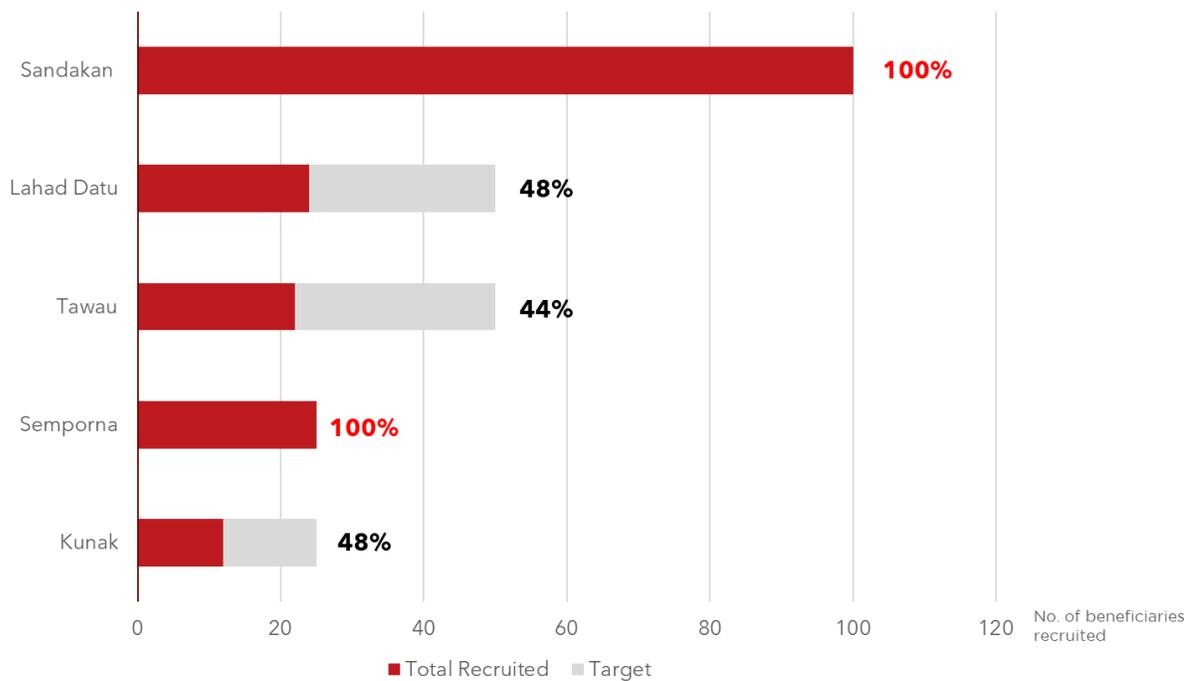


Figure 15: Analysis of Recruitment against Target Set

Source: Malaysian AIDS Foundation

The programme's impact is particularly evident in Sandakan and Semporna, where the beneficiary recruitment quota had been met at 100%. This success can be attributed to the programme's strong partnerships with local healthcare providers and its efforts to reach out to potential beneficiaries. This is coupled with the ongoing trend showcasing the strong recruitment initiative under the programme.

## Increase in No. of Beneficiaries Recruited between November 2021 - March 2022

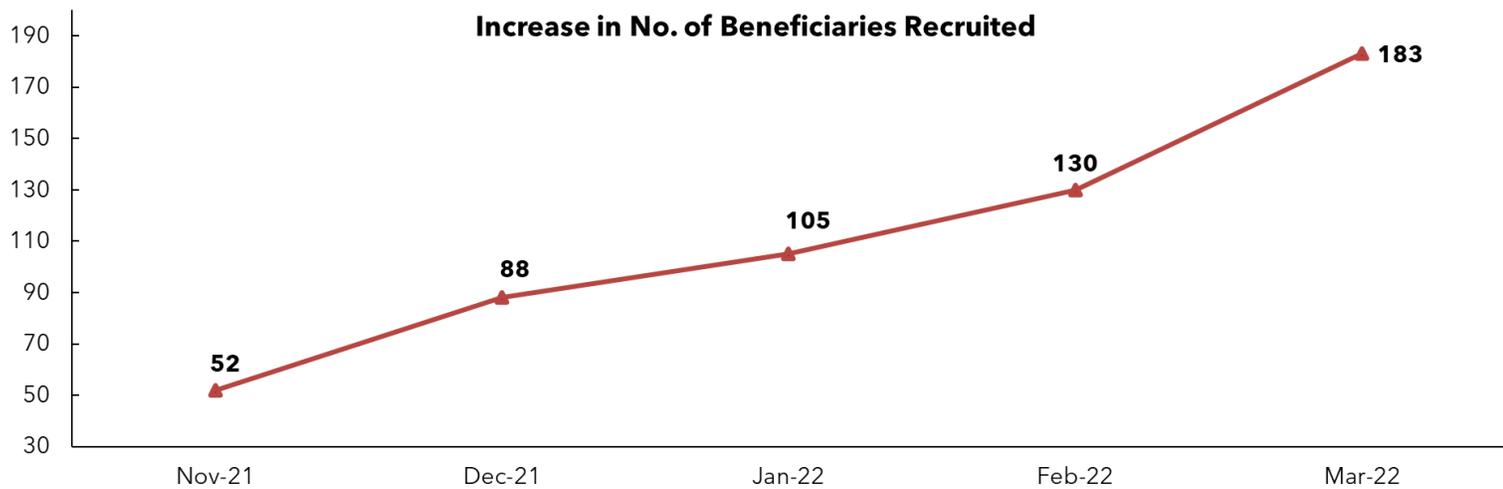


Figure 16: No of Beneficiaries Recruited under Sunway Berhad

Source: Malaysian AIDS Foundation

However, there is still room for improvement in beneficiary recruitment. The remaining districts - Lahad Datu, Tawau and Kunak were lagging behind in terms of recruitment which are all still below 50% of the set targets. In order to address the issue, the programme developed a plan to increase communication with hospitals and clinics in those districts, as well as to seek support from key stakeholders such as the Sabah State Medical Social Work Department and the Sabah State Social Welfare Department.

The SHAPE Sabah programme had demonstrated prudent budget management practices, achieving a 44% budget utilisation as of March 2022 for Sunway Berhad. This is a testament to the programme's careful planning and execution. Majority of the programme's expenses had been allocated to transportation subsidies for beneficiaries amounting to RM34,500. This reflects the programme's commitment to ensuring the beneficiaries have access to the necessary healthcare services.

The programme's underspend as of March 2022 was primarily due to the delay in disbursement of transportation subsidies to beneficiaries from January to March 2022. The delay was attributed to verification processes involved in ensuring the proper disbursement of funds. The programme had managed to increase the budget utilisation to 80.7% by December 2022. The underutilisation from April 2022 to December 2022 was attributed to the low recruitment of beneficiaries. This largely stemmed from the recommendation rates provided by partner medical facilities who referred beneficiaries to the programme. Moving forward, it is recommended for the programme to diversify its recruitment efforts by collaborating with more entities to increase referrals rates and by conducting community outreach programmes to increase awareness of the programme and its benefits.

The project under the funding of Yayasan Petronas, however, did see a budget utilisation rate of 50.2% as of December 2022. While this demonstrates responsible spending, there's also an opportunity to maximise the impact of available resources. To further amplify the project's reach and effectiveness, the following steps were taken by the team to increase proper utilisations of resources towards increase in beneficiaries:

**1. Enhancing patient participation:** The high transportation costs were a key determinant for beneficiaries throughout the project in 2022. By increasing the transport subsidy rate, we were able to ease the financial burden on patients, encouraging greater engagement. This was widely well received by beneficiaries and resulted in an increase of participation. Additionally, the introduction of a refreshment subsidy helped improve the overall patient experience, boosting participation and satisfaction. The additional refreshment subsidy had been implemented to alleviate the financial burden on patients. Access to affordable refreshments during hospital visits contributed to a more comfortable and supportive environment for patients, especially during their follow-up

appointments. This initiative not only addressed the physical needs of patients, but also recognised the importance of their well-being beyond medical treatments.

**2. Expansion of patient network:** The team reached out to an additional 5-7 clinics and hospitals to broaden the project's reach and allow more patients to benefit from its services. This wider network also diversified the patient pool, enriching the project's data and insights.

Overall, the SHAPE Sabah programme has had a positive impact on the lives of people living with chronic diseases in Sabah. The programme's recruitment efforts have been successful in reaching a significant number of beneficiaries and demonstrated sound financial management practices, ensuring effective utilisation of resources.

## Homelessness and Living with HIV



Din, a 58-year-old man living with HIV in rural Sabah, exemplifies resilience and determination in the face of adversity. Diagnosed with HIV in 2012, Din lost his vision due to an eye infection and now struggles with mobility issues. Despite these challenges, he remains independent, taking care of himself and contributing to his community.

Widowed and without children or relatives to support him, Din found solace in a mosque near his village. His unwavering spirit shines through as he continues to perform daily chores, wash his clothes, and prepare his meals, refusing to succumb to dependency.

Din's journey is not without its struggles. His deteriorating health makes it difficult for him to walk properly, and he has resorted to using a makeshift cane fashioned from a broomstick. Yet, amidst these challenges, Din finds gratitude in the support he receives from SHAPE, which provides financial assistance for his treatment and connects him with a network of peers living with HIV who offer motivation and hope.

## **Programme 6: Teratak Kasih Tok Nan (TKTN) & Sarawak Health Access Programme (SHAPE Sarawak)**

Teratak Kasih Tok Nan is a holistic support programme under the Sarawak Government supported by MAF that allows for PLHIV to receive ARV treatment, mental health therapy, and gain access to support groups through a one-stop centre. The programme also provides prevention and awareness training to its beneficiaries, equipping them with the knowledge required to suppress the spread of HIV. In tandem with TKTN, is the Sarawak Health Access Programme (SHAPE Sarawak) that provides similar services to SHAPE Sabah wherein underprivileged people in Sarawak living with HIV and other chronic diseases, such as those that are at an end-stage renal as well as those living with other non-communicable, chronic diseases, requires transportation and cash to cover high transportation and other logistical-related costs to ensure they will attain access to appropriate health care facilities and treatment required.

### **Impact**

The TKTN programme, alongside the Sarawak Health Access Programme (SHAPE) programme, which will henceforth be addressed as TKTN & SHAPE Sarawak, is primarily concerned with indicators that categorically fall under the continuum of care framework such as, (1) the enrolment of patients diagnosed with a chronic disease, including those living with HIV, (2) number of new clients, (3) number of existing clients, (4) number of patients that underwent community-based testing (CBT), (5) the percentage of PLHIV on ARV treatment, (6) adherence to ARV treatment, (7) number of support group sessions, and (8) number of clients residing in halfway homes provided under the TKTN programme

The latest reporting period provided, that is in March 2022, showed that TKTN enrolled 138 patients. Of these 138, over 25% are people living with HIV, 24% are people with end-stage renal disease while the 51% of people receiving support through this programme had differing diagnosis such as Thalassemia, paediatric illnesses, and other non-communicable, chronic diseases (Figure 17).

### Enrolment of patients categorised by type of disease as of March 2022

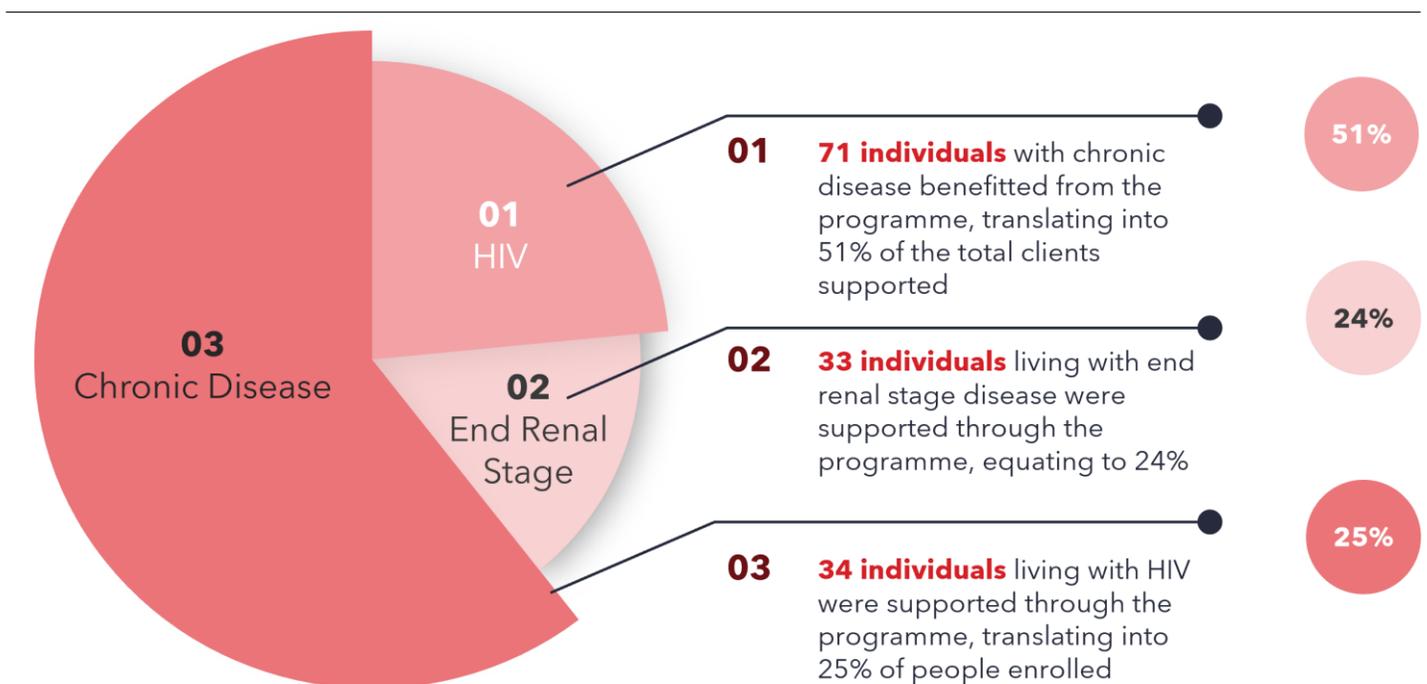


Figure 17: Enrolment of patient categorised by type of disease as of March 2022 under Sunway Berhad

Source: Malaysian AIDS Foundation

While the SHAPE programme had reached out to a substantial amount of people, the programme required 62 more people to meet its target of enrolling 200 people in Sarawak during this reporting period. However, this shortfall in meeting the target is due to the infancy of the programme in Sarawak and the laggard recruitment process in the MAF-Sarawak Branch Team. Ideally, upon the

completed establishment and recruitment of the required manpower for the MAF-Sarawak Branch Team, the programme will be able to enrol 200 beneficiaries.

The TKTN programme, at the end of the reporting period, unfortunately was unable to meet its set target in reaching 120 new clients and 120 existing clients who are living with HIV in 12 months. As of March 2022, the TKTN programme was attended by 79 new clients, while 81 existing clients attended TKTN activities such as support groups and counselling sessions. Although TKTN was able to meet its half year target of new clients which is set at 60 people living with HIV, further promotional efforts may be required to ensure that TKTN will reach its set target for both new and existing clients in the future. This recommendation also applies for the TKTN target that aims to reach 120 clients undergoing CBT as only 31 clients underwent CBT, leading to a shortfall of 74%. Further promotion would benefit clients given that the programme has the tools and manpower required including a trained nurse, and testing kits for Hepatitis C that are sponsored by *Jabatan Kesihatan Negeri Sarawak*.

The underperformance for certain indicators, however, were understandable due to external factors such as the number of clients staying at the halfway homes which aims for 50 clients to stay at TKTN in 12 months. However, due to the travel restrictions brought on by the COVID-19 pandemic, only 17 clients stayed in TKTN. As travel restrictions are now lifted and Malaysia is largely vaccinated, it is predicted that this indicator will see improved performance in the future.

Despite this, the programme not only reached its target that aims for 90% of clients living with HIV to be on treatment, but the programme also successfully ensured that all 34 of its clients that are living with HIV received treatment and are adhering to the treatment. The programme also successfully carried out 40 support group sessions, surpassing its initial target of 30 virtual and physical sessions to be held by the programme.

## The Story of Bright



Bright cultivated an unwavering spirit of self-reliance, diligently pursuing his education amidst financial constraints. Bright's meagre part-time income struggled to meet the demands of rent and daily expenses. Seeking financial solace, he ventured into the world of sex work, a decision that would alter his

life's trajectory. Amidst this tumultuous period, Bright met Aryan, a customer who became his partner.

Aryan's gentle nudge prompted Bright to seek an HIV test, a step he had long avoided. The diagnosis plunged him into a state of despair, casting a shadow of uncertainty over his future. Seeking solace and guidance, Bright turned to Teratak Kasih Tok Nan, a one-stop centre for PLHIV. Within the walls of Teratak Kasih Tok Nan, Bright found a haven of acceptance, support, and treatment. The unwavering compassion of Kak Vic, Kak Sab, and Kak Liya, the centre's coordinators, nurtured a sense of community within Bright. He actively participated in workshops, gaining knowledge and tools to manage his HIV and live a fulfilling life.

Grateful for the second chance at life bestowed upon him by Teratak Kasih Tok Nan, Bright has emerged as a passionate advocate for HIV awareness, particularly within his own community. His story serves as a testament to the transformative power of resilience, support, and self-acceptance, illuminating the path towards realising one's dreams, even in the face of adversity.

## **Programme 7: Differentiated HIV Services for Key Populations (DHSKP)**

The Differentiated HIV Services for Key Populations (DHSKP) is a wide-ranging intervention programme that covers prevention, treatment and support for HIV, STIs, and Hepatitis C that aims to reduce transmission and mitigate impact of HIV among key populations in Malaysia. Supported and financed by the Ministry of Health (MOH), the DHSKP programme supports and falls in line with 'Strategy 1: Testing and Treatment to End AIDS' under the National Strategic Plan for Ending AIDS 2016-2030 (NSPEA 2016 - 2030) which aims to end AIDS by integrating HIV treatment and testing services in other related services such as tuberculosis (TB), VCT, opportunistic infections (OIs), PMTCT, SRH and Hepatitis B and C testing. This strategy adopts a decentralised approach in ending AIDS where, at the centre of this approach, is the expanded accessibility of healthcare services and care through a variety of healthcare facilities. These facilities act as nodes within the greater healthcare network that connects clients and patients to other relevant healthcare facilities and clinics throughout their journey of care. These nodes include community-based healthcare facilities, primary healthcare and hospital-based care, all of which are linked to form a network of facilities, ensuring that PLHIV are continuously cared for. The DHSKP programme thus supports this network and the strategy by providing linking PLHIV to comprehensive healthcare service packages for key populations across 45 locations nationwide that not only test and treat HIV, but include testing and screening service for HIV, STI and Hepatitis C.

# Impact

## Rate of unique clientele reached under DHSKP

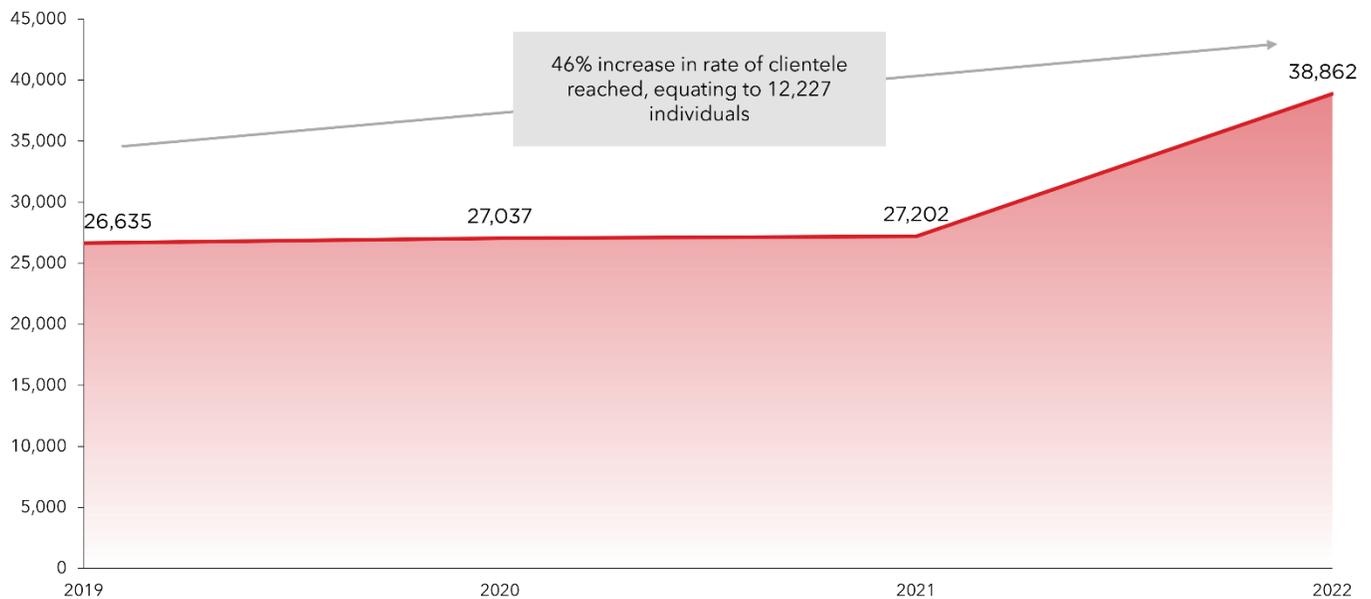


Figure 18: Rate of unique clientele reached under DHSKP

Source: Malaysian AIDS Foundation

Through its wide network of locations, the DHSKP has reached a substantially wide network of clients that span across at-risk key populations including people who inject drugs (PWID), female sex workers, transgender (TG) people and men who have sex with men (MSM). During its initial establishment in 2019, the programme made an impressive reach of over 26,635 clients. By 2022, however, this reach grew by over 46%, providing services to over 38,862 clients (Figure 18). Given the comprehensive nature of the programme, DHSKP has several indicators that track the reach and impact of its programme that, as previously mentioned, include other non-HIV related activities such as testing for STIs and the provision of methadone for people who inject drugs. This impact, however, will focus on its indicators that fall under, or are closely related to the 'Cascade of Care' framework for ending AIDS. These indicators include (1) the aforementioned unique clientele

reached, (2) the percentage of clients screened for HIV, and (3) percentage of clients that have initiated ARV treatment.

### Differential between annual target of clients with unknown HIV status screened vs actual annual performance

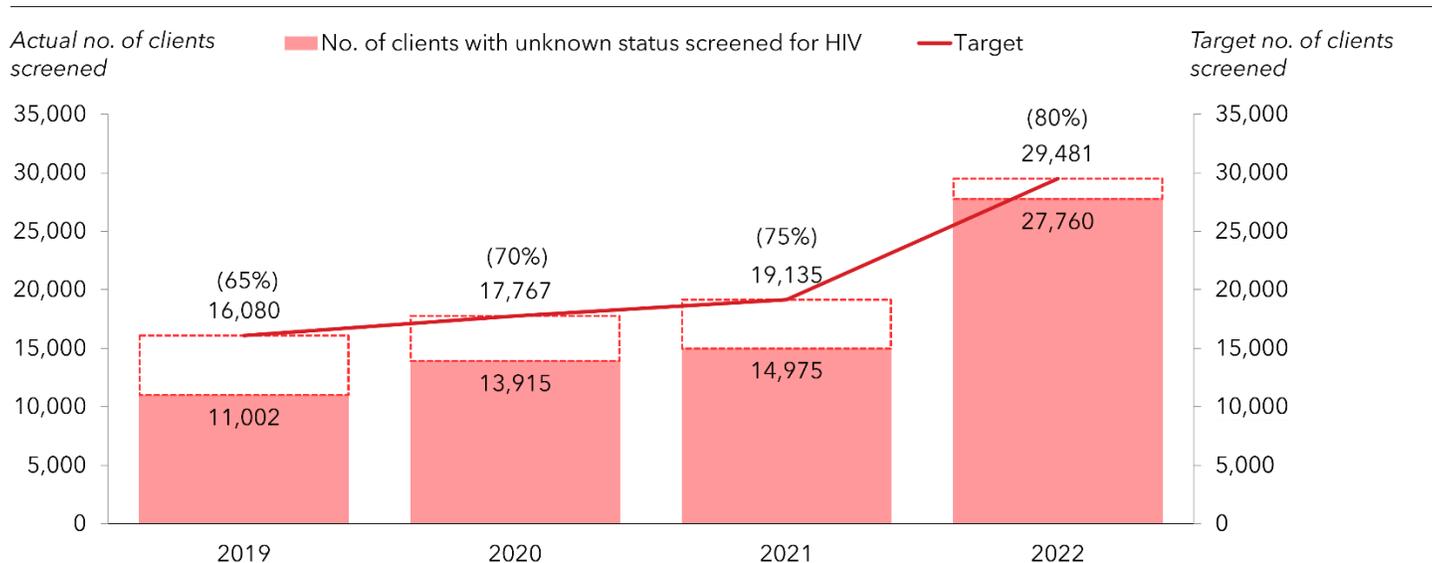


Figure 19: Differential between annual target of clients with unknown HIV status screened vs. annual performance

Source: Malaysian AIDS Foundation

In its efforts to screen HIV clients, DHSKP has implemented a moving target within this indicator which initially aimed for at least 65% of its clients with unknown HIV status in 2019 to over 80% of this pool of clients to be screened by 2022. Unfortunately, since the introduction of this target in 2019, the DHSKP fell short in meeting its target. In 2019, only 45% of the programme’s total clients with an unknown HIV status were screened of HIV (Figure 19). By 2020 and 2021, where the targets for screening were increased to 70% and 75% respectively, the DHSKP programme continued to sit below its target at 55% and 59%. In 2022, this percentage grew to 75%, however based on the new target set at 80%, the indicator continued to underperform. In actual numbers of people, MAF

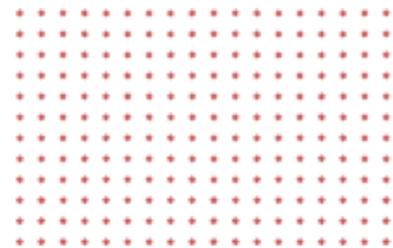
performed exceedingly well in screening clients. For example, in 2019, even though only 45% of clients with an unknown HIV status were screened for HIV, this translated into 11,002 people. Similarly, in 2022, where the rate of screening clients with an unknown HIV status has grown to 75%, equated to 27,760 people. Despite the lag its set annual targets, the growth between 2019 to 2022 translated into a 70% growth under this indicator thereby showcasing the significant reach in testing under this programme. This underperformance is also anticipated to improve in 2023 onwards as a new policy has been introduced in February 2022 that would further expand community-based testing, thus widening the reach for testing clients through the programme.

The final indicator under the DHSKP programme is the percentage of clients that have initiated ARV treatment - an indicator that was introduced a year after indicators such as the number of unique clientele reached and percentage of total clients with unknown HIV status screened for HIV. Since the introduction of the indicator to the programme in 2020 until 2022, the percentage of clients that have initiated ARV treatment has declined by 47%. While the laggard performance may allude to a poor reach in distributing ARV treatment among clients under the programme, this, however, is not the case. The decline seen in the programme instead is due to the effectiveness of the programme in enabling individuals living with HIV to receive HIV treatment independently through the comprehensive care package distributed through under DHSKP, thereby successfully meeting one of the main objectives to decentralise care.



# International Benchmarks

# INTERNATIONAL BENCHMARKS



## Global AIDS Monitoring 2023

Source: UNAIDS

### About the UNAIDS

The Joint United Nations Programme on HIV and AIDS (UNAIDS) was initially established in 1994 by a resolution of the UN Economic and Social Council. Since its launch in January of 1996, UNAIDS continues to be guided by a Programme Coordinating Board (PCB) with representatives composing of 22 governments from all geographic regions (including the likes of USA, Australia, China, Thailand, and India), the UNAIDS Cosponsors and five representatives of non-governmental organisations, including associations of people living with HIV.

As the global body leading the charge against AIDS worldwide, the UNAIDS' mainly functions to provide strategic direction, advocacy support, coordinates and provides technical support to governments, the private sector and communities in delivering life-saving HIV services, thereby assisting countries towards achieving a series of Fast-Track commitments enshrined within the *2016 United Nations Political Declaration on Ending AIDS* which is an agreement that aims to end AIDS as a public health threat by 2030. At the centre of these Fast-Track commitments are three overarching targets:

1. Reducing new HIV infections to fewer than 500,000 by 2020.
2. Reducing AIDS-related deaths to fewer than 500,000 by 2020.
3. Eliminating HIV-related stigma and discrimination by 2020.

It is the UNAIDS' main objective and key vision in achieving zero new HIV infections, zero discrimination and zero AIDS-related deaths, with the principle that no one is left behind. The UNAIDS also plays a key role in supporting countries to meet its commitment to the 2016 United Nations Political Declaration on Ending AIDS commitments whereby countries aim to end AIDS as a public health threat by 2030. The organisation supports a series of Fast-Track commitments.

To achieve these targets, the organisation launched two key initiatives: the **90-90-90 initiative and the 95-95-95 initiative**. Through the 90-90-90 initiative, the UNAIDS aims for 90% of people living with HIV to be cognisant of their status, 90% of people who are aware of their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads by 2020. More recently, the UNAIDS introduced the 95-95-95 targets which aims for:

1. 95% of the people living with HIV know their HIV status by 2025.
2. 95% of people who know their HIV-positive status are accessing treatment by 2025.
3. 95% of people on treatment have suppressed viral loads by 2025.

By end of 2016, the total number of people living with HIV stood at 36.7 million wherein 70% of people living with HIV know their HIV status, 77% of people knew their HIV-positive status have access to treatment, and 82% of people on treatment have suppressed viral loads.

## Overview

The Global AIDS Monitoring 2023 is designed to be utilised by national AIDS programmes and partners as **a framework to assess the state of a country's HIV and AIDS response** and to **measure a country's progress towards achieving its national HIV targets**. UNAIDS encourages countries to integrate these indicators and questions into their ongoing monitoring efforts as well as to report comprehensive national data through the Global AIDS Monitoring (GAM) process.

Through this, countries will contribute towards monitoring the global progress towards ending the HIV epidemic and achieving the commitments and global targets set out in the United Nations Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.

## Functions of document/framework

The document covers 56 indicators, some of which, most notably include:

1. HIV incidence.
2. HIV prevalence among key populations.
3. People living with HIV on antiretroviral therapy.
4. Condom use segmented by type of key vulnerable populations.
5. Rate of HIV testing among key populations, needles, and syringes.
6. People living with HIV receiving multi-month dispensing of antiretroviral medicine.
7. Domestic budget for HIV.
8. Antiretrovirals: unit prices and volume.

Integral to GAM is the National Commitments and Policy Instrument (NCPI), a tool to measure progress in developing and implementing policies, strategies and laws related to the HIV response. The NCPI was crafted to be utilised accompanied in tandem with two key activities:

1. Consultations and dialogues between key stakeholders at the national level, especially between government, communities, and civil society to capture their perspectives on the AIDS response.
2. Collect data on the policy and legal environment related to the AIDS response.

The responses collected using the NCPI will allow for users of the tool to monitor targets and provide context on the progress made towards achieving global targets. The NCPI should be completed and submitted as part of GAM reports every two years to allow for amendments to be made to laws, policies, and regulations.

## Sample of Key Indicators

No.	Indicator	Calculation
1	<b>HIV Incidence</b>  Number of people newly infected with HIV in the reporting period per 1,000 uninfected people	<b>Rate: (Numerator x 1000) / Denominator</b>  Where, <b>Numerator</b> <ul style="list-style-type: none"><li>No. of people newly infected during the reporting period</li></ul> <b>Denominator</b> <ul style="list-style-type: none"><li>Total number of uninfected population (or person-years exposed)</li></ul>
2	<b>Estimates of the size of key populations</b>  Number of people engaging in the specific behaviour that put the given population at risk for HIV transmission or a proxy for those types of behaviour, encapsulating the following: <ul style="list-style-type: none"><li>a. Sex workers</li><li>b. Gay men and other men who have sex with men</li><li>c. People who inject drugs</li><li>d. Transgender people</li><li>e. Prisoners</li></ul>	Not Applicable

# WHO Consolidated HIV Strategic Information Guidelines

Source: World Health Organisation

## About the World Health Organisation

The World Health Organisation (WHO) was established in 1948 and is a specialised agency of the United Nations. Its primary mission is to promote and protect global public health. The WHO works towards achieving this goal by coordinating international health efforts, setting health standards and guidelines, conducting research, providing technical assistance to countries and monitoring health trends and emergencies worldwide.

With a focus on disease prevention, healthcare access, and equitable healthcare for all, the WHO plays a pivotal role in addressing health challenges, providing guidance during public health crises, and advancing the well-being of people across the globe.

WHO's first critical contribution lies in its development and promotion of evidence-based guidelines and policies. These guidelines help countries shape effective strategies to reduce HIV transmissions, expand access to testing and treatment, and improve the quality of those living with HIV. By providing a comprehensive framework for addressing the epidemic, WHO empowers countries to make informed decisions in their fight against HIV. HIV remains a major global health issue, with an estimated 39.0 million people living with HIV at the end of 2022, two thirds of whom (25.6) are in the WHO African region.

WHO's targets include by 2025, 95% of all people living with HIV (PLHIV) should have a diagnosis, 95% of those should be taking life-saving antiretroviral treatment (ART) and 95% of PLHIV on treatment should achieve a suppressed viral load for the benefit of the person's health and for reducing HIV transmission.

## Overview

These guidelines seek to optimise and align national reporting used to assess countries' progress towards the 2030 95-95-95 HIV Fast Track goals and towards Sustainable Development Goal 3.3, which calls for ending the HIV epidemic. Specifically on programme management, these guidelines seek to strengthen programme's ability to identify and close gaps in service access, coverage, and quality across HIV services cascade, from primary prevention to knowing one's HIV status to viral suppression.

In the context of programme monitoring, these guidelines aim to enhance and harmonise the national reporting systems. This standardisation services the purpose of evaluating each country's advancement towards the ambitious **2030 95-95-95 HIV Fast Track objectives**, which entail ensuring 95% of individuals living with HIV are aware of their status, 95% of those aware of their HIV-positive status receive the appropriate treatment and 95% of those on treatment achieve viral suppression.

These targets are not only integral to the global HIV response but also align with Sustainable goal 3.3, which advocates for the eradication of the HIV epidemic by reducing its incidence.

## Functions of document/framework

1. The document presents a set of essential aggregate indicators and guidance on choosing, collecting, and systematically analysing strategic information to manage and monitor the national health sector response to HIV.
2. To provide critical evidence that programme directors require to make informed decisions that improve programmes at all levels.

3. Documentation of outputs, outcomes and impact which is crucial to the focus and sustainability of programmes.
4. Ensure availability of information at the central level to the accountability and transparency of decision-making by policy maker.

## Sample of Key Indicators (Under National Core Indicators)

No.	Indicator	Calculation
1	<b>Condom Use</b> % of people who used a condom during their last high-risk sex act in the last 12 months	<p><b>For General Public:</b></p> <p>Where,</p> <p><b>Numerator</b></p> <ul style="list-style-type: none"> <li>Number of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabitating (non-regular) partner in the last 12 months</li> </ul> <p><b>Denominator</b></p> <ul style="list-style-type: none"> <li>Number of respondents who report having had sex with a non-marital, non-cohabitating partner in the last 12 months</li> </ul>
2	<b>PrEP uptake</b> % of eligible people who initiated oral PrEP during the reporting period	<p><b>For General Public:</b></p> <p><b>Numerator</b></p> <ul style="list-style-type: none"> <li>Number of people who initiated oral PrEP during the reporting period</li> </ul> <p><b>Denominator</b></p> <ul style="list-style-type: none"> <li>Number of people who were newly offered PrEP during the reporting period</li> </ul>

# **Global Health Sector strategies on, respectively, HIV, viral Hepatitis, and sexually transmitted infections for the period 2022 - 2030**

*Source: World Health Organisation*

## **Overview**

The global health sector strategies for 2022 - 2030, addressing HIV, viral hepatitis, and sexually transmitted infections, provide a comprehensive roadmap for the health sector to strategically combat these health challenges.

Their primary objective is to work towards the ambitious goal of ending the epidemics of AIDS, viral hepatitis B and C, and sexually transmitted infections by the year 2030. Building on the experiences and insights gained from the preceding 2016 - 2021 strategies, the 2022 - 2030 plans consider recent changes in epidemiology, technology, and the broader context.

They aim to facilitate cross-learning between these disease areas, harness innovative approaches, and integrate new knowledge into the responses to these health issues. The strategies advocate for both shared and disease-specific actions at the country level over the next eight years, with the support of WHO and collaborative partners. It is emphasised that each country should identify the populations most vulnerable and develop context-specific actions that align with their unique epidemiological and healthcare settings.

This approach, while adhering to fundamental human rights principles, should prioritise equitable access to healthcare and evidence-based practices. The strategic underscore the pivotal role of the health sector in putting an end to these epidemics and acknowledge the necessity of a "Health in All Policies" approach that transcends sectoral boundaries to address systemic barriers and accelerate progress.

Furthermore, the strategies advocate for a more targeted focus on the populations most affected and at risk for each of these diseases, aiming to address disparities effectively. They also highlight the importance of synergies within the framework of universal health coverage and primary healthcare and contribute to the broader objectives of the 2030 Agenda for Sustainable Development.

## **Function of document/framework**

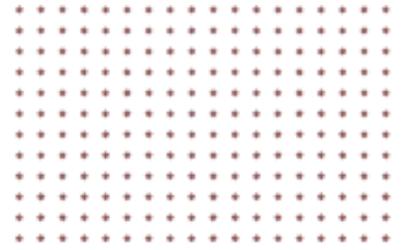
The document provides a set of recommended indicators, with differentiated approach for countries:

1. To provide in one place the recommended indicators across the spectrum of health sector HIV services.
2. These guidelines aim to strengthen the analysis and use of data at each stage - in other words cascade analysis.
3. To guide through assessment of performance across a set of related core services to identify gaps at all levels of the health system.
4. To provide an updated technical guideline for pre-exposure prophylaxis (PrEP), prevention of adolescent girls and young women, HIV testing, antiretroviral treatment (ART), viral load, tuberculosis (TB) / HIV and elimination of mother-to-child transmission (EMTCT).

## Sample of Key Indicators

No.	Indicator	Calculation
1	<p><b>HIV Incidence</b></p> <p>Number of people newly infected with HIV in the reporting period per 1,000 uninfected people</p>	<p><b>Rate: (Numerator x 1000) / Denominator</b></p> <p>Where,</p> <p><b>Numerator</b></p> <ul style="list-style-type: none"> <li>No. of people newly infected during the reporting period</li> </ul> <p><b>Denominator</b></p> <ul style="list-style-type: none"> <li>Total number of uninfected population (or person-years exposed)</li> </ul>
2	<p><b>Estimates of the size of key populations</b></p> <p>Number of people engaging in the specific behaviour that put the given population at risk for HIV transmission or a proxy for those types of behaviour, encapsulating the following:</p> <ol style="list-style-type: none"> <li>Sex workers</li> <li>Gay men and other men who have sex with men</li> <li>People who inject drugs</li> <li>Transgender people</li> <li>Prisoners</li> </ol>	<p>Not Applicable</p>

# INTERNATIONAL BENCHMARKS: THE ASEAN COMMITMENT



## ASEAN's Commitments to Combating HIV/AIDS: Ending Inequalities and Getting on Track to End HIV/AIDS by 2030

The Association of Southeast Asian Nations (ASEAN) has recommitted to accelerating progress towards ending AIDS as a public health threat by 2030. At the 40<sup>th</sup> and 41<sup>st</sup> ASEAN Summits, Member States pledged to strengthen community-led responses and increase financing for the HIV response.

ASEAN's stance and commitments to combating HIV/AIDS are aligned with the **2021 UN Political Declaration on HIV and AIDS** and the **2021 - 2026 Global AIDS Strategy** and targets. ASEAN's focus on ending inequalities, strengthening community-led responses, and financing the fight against HIV/AIDS are essential to achieving these goals.

ASEAN Member States have committed to removing barriers to HIV services by **improving policy and legal environments**. This includes taking steps to reform discriminatory and punitive laws that criminalise key populations and block adolescents from accessing HIV prevention, testing and treatment and restrict the entry, stay and residence of people living with HIV.

ASEAN has recognised the importance of **community and peer-led interventions** in combating HIV/AIDS. Member States have agreed to continue investing in community-led service delivery,

including adopting, and implementing social contracting policies. ASEAN has also committed to supporting community-led monitoring and research.

Furthermore, ASEAN Member States have committed to addressing HIV response financing shortfalls by **raising sufficient domestic and international financial resources** to fill gaps. They have also agreed to develop and implement plans to transition from external to domestic funding. ASEAN has also committed to regional cooperation for research, sharing good practices, joint interventions, and strategising for improved access to health commodities.

One example of ASEAN's commitment to combating **HIV/AIDS is the ASEAN Regional Framework on HIV and AIDS for Key Populations (2021 - 2025)**. This framework provides a roadmap for ASEAN Member States to improve the health and well-being of key populations and to reduce HIV transmissions among these groups.

The framework includes several key commitments, such as:

1. Ensuring that key populations have access to HIV prevention, treatment, care and support services without stigma or discrimination.
2. Creating a supportive environment for key populations to live and work in.
3. Working with key populations to develop and implement HIV programmes.

The ASEAN Regional Framework on HIV and AIDS for Key Populations is a significant step forward in ASEAN's efforts to end the AIDS epidemic. It demonstrates ASEAN's commitment to addressing the root causes of HIV transmission and to ensuring that everyone has access to the services they need to stay healthy and live a fulfilling life.

Additional updated statistics from the ASEAN region:

1. In 2021, there were an estimated 1.9 million people living with HIV in ASEAN countries and an estimated 78,000 new HIV infections.
2. Key populations account for an estimated 90% of new HIV infections in ASEAN.

The COVID-19 pandemic has disrupted HIV prevention, treatment, and care services in ASEAN, leading to an increase in new HIV infections and AIDS-related deaths in some countries. ASEAN's stance and commitments to combating HIV/AIDS are ambitious but achievable. By focusing on ending inequalities, strengthening community-led responses, and financing the fight against HIV/AIDS, ASEAN can achieve its goal of ending AIDS as a public health threat by 2030.<sup>33</sup>

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<sup>33</sup> UNAIDS "Ahead of World AIDS Day, ASEAN countries recommit to ending inequalities and accelerating progress to end AIDS <  
[https://www.unaids.org/en/resources/presscentre/featurestories/2022/november/20221125\\_asean\\_ending-inequalities-AIDS](https://www.unaids.org/en/resources/presscentre/featurestories/2022/november/20221125_asean_ending-inequalities-AIDS).

## Thailand: A model for Combating HIV / AIDS

Thailand has made remarkable progress in combating HIV/AIDS, becoming a model for other countries in the region and beyond. Thailand has spearheaded the integration of HIV services into its Universal Health Coverage (UHC) programme establishing a sustainable financing mechanism for the HIV response by substantially raising investments in key population and community-led health services.<sup>34</sup>

Among their impressive list of achievements include:

1. **Eliminated mother-to-child HIV transmission:** Thailand was the first country in the Asia-Pacific region to be validated as having eliminated mother-to-child HIV transmission in 2016. This achievement is a testament to the country's strong commitment to providing comprehensive and accessible HIV prevention and treatment services to pregnant women and their babies.
2. **Integrated HIV services into Universal Health Coverage (UHC):** Thailand has integrated HIV services into its UHC scheme, ensuring that all people living with HIV have access to life-saving treatment and care, regardless of their ability to pay. This has made HIV response more sustainable and equitable.
3. **Leveraged innovative approaches to reach key populations:** Thailand has leveraged innovative approaches to reach key populations, such as men who have sex with men, people who inject drugs and sex workers, who are disproportionately affected by HIV. These approaches include legalising over-the-counter sales of HIV self-

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<sup>34</sup> UNAIDS "Thailand hosts global HIV meetings to showcase AIDS response leadership" [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/december/20221211\\_global-meeting#:~:text=The%20Thailand%20HIV%20response&text=Thailand%20has%20made%20considerable%20progress,child%20HIV%20transmission%20in%202016.](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/december/20221211_global-meeting#:~:text=The%20Thailand%20HIV%20response&text=Thailand%20has%20made%20considerable%20progress,child%20HIV%20transmission%20in%202016.)

test kits, scaling up same-day treatment initiation for newly diagnosed people, and successfully rolling out a pre-exposure prophylaxis (PrEP) programme.

4. **Focused on public health and tackled stigma and discrimination:** Thailand's focus on public health and its efforts to tackle stigma and discrimination have been essential to its success in combating HIV/AIDS. The country has investment heavily in HIV prevention and awareness campaigns, and it has worked to create a more supportive environment for people living with HIV.

As a result of these efforts, Thailand has been quoted to be on track to meet and exceed the 2025 95% testing and treatment targets by the UNAIDS Country Director, Patchara Benjarattanaporn. The key priority now is to get people diagnosed earlier and further reduce new infections.

Among some of the country's more notable initiatives that greatly contributed to its rapid achievements in combating HIV/AIDS include:<sup>35</sup>

1. **A civil society campaign to promote condom usage:** The Population Development Association (PDA), a notable NGO in the field of family planning and sponsored by the US Agency for International Development conducted extensive condom distribution efforts. They were key in training 320, 000 rural schoolteachers over the course of 5 years to educate students and initiated the Miss Condom Beauty Contest encouraging frequenters of go-go bars to use condoms.
2. **A Ministry of Public Health programme aimed at preventing spread of HIV (100% condom programme):** Thailand launched a pilot programme that leveraged screening to identify areas of high infection rates, incentivised condom uses in commercial sex work establishments and evolved into a nation programme distributing 60 million free condoms annually.

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<sup>35</sup> BMC "Common factors in HIV / AIDS prevention success: lessons from Thailand" <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08786-6>.

3. **A universal Prevention of Mother-to-Child Transmissions (PMTCT) programme:**

The availability of PMTCT services through both the public and private systems vis-a-vis the maternal and child health programme – and inclusion of expectant pregnant migrant mothers – is something that distinguished Thailand from other countries in the region where most births take place outside the public system. The World Health Organisation (WHO) certified Thailand's elimination of mother-to-child transmissions of both HIV and syphilis in June 2016.

Thailand's comprehensive nationwide HIV/AIDS prevention programme was ground-breaking, earning recognition as the first in ASIA from the UN. Its success led to its inclusion in the **Joint United Nations Program on HIV/AIDS (UNAIDS) Best Practices Collection**. This programme's effectiveness serves as a beacon of hope for other nations facing similar challenges.

Thailand's success in combating HIV/AIDS is a testament to the country's strong commitment to public health, its innovative approaches to reaching key populations, and its efforts to tackle stigma and discrimination. Thailand's experience serves as a valuable benchmark for other countries in the region and beyond.

## Vietnam: Benchmarking Vietnam's Commitments to Combating HIV/AIDS

Vietnam has made significant progress in combating HIV/AIDS in recent years. According to the UNAIDS 2022 Global HIV/AIDS Statistics, the estimated number of people living with HIV in Vietnam in 2021 was 240,000, a decrease of 29% since 2010. The number of new HIV infections in 2021 was estimated to be 11,000, a decrease of 58% since 2010. The AIDS-related death rate in Vietnam has also declined significantly from 1.1 per 100,000 people in 2010 to 0.4 per 100,000 people in 2021.<sup>36</sup>

Vietnam's significant progress in addressing the HIV/AIDS epidemic can be largely attributed to the Sustainable Financing Initiative (SFI), funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR). Vietnam is dedicated to improving HIV care for its citizens by utilising domestic resources to boost enrolment in social health insurance (SHI), enhance HIV prevention and testing initiatives, and broaden access to ART. Since 2016, the Government of Vietnam has secured \$4.9 million in additional PEPFAR funding to build on the work begun under SFI.

SFI played a critical role in supporting the Government of Vietnam through:

1. Provided technical assistance to the Ministry of Health and Vietnam Social Security to integrate HIV services into SHI and the public health system.
2. Assisted the Government of Vietnam centralising government plans and finances for antiretroviral (ARV) procurement, payment, and reimbursement through SHI.
3. Support evidence-based research and advocacy for increasing funding for HIV response.

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<sup>36</sup> BMJ "Using strategic information for action: lessons from the HIV / AIDS response in Vietnam" <https://gh.bmj.com/content/3/5/e000793>.

SFI Contributed to a Sustainable HIV Response by:

1. Leveraging \$2.4 million from local government for SHI premiums and co-payments for ARVs.
2. Increased budget execution and SHI commitments for ARVs by \$15.4 million and saved \$2 million through improved procurement processes.
3. Integrated 99.7% of HIV facilities into the SHI reimbursement system.

Vietnam's transition from a donor-driven HIV response system to one integrated into the country's public system illustrates how a sustainable domestic HIV response can be achieved. As Vietnam progresses towards self-reliance, ongoing efforts are required to incorporate pre-exposure prophylaxis (PrEP) and other HIV prevention services into SHI, while maintaining a focus on high-quality SHI implementation.<sup>37</sup>

Approximately 70% of the total costs for antiretroviral drugs in HIV care and treatment programme had been covered by SHI by 2022 and will continue to be sustained in the next phase.

Other notable achievements in combating HIV/AIDS in Vietnam can be attributed to several other factors, including:

1. **Strong government commitment and leadership:** The Vietnamese government has made HIV/AIDS a top priority and has invested heavily in prevention, treatment, and care programmes. The government has also created a favourable legal and policy environment for HIV/AIDS prevention and response.
2. **Effective prevention programmes:** Vietnam has implemented a range of effective prevention programmes, including comprehensive sexuality education for youth,

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<sup>37</sup> PEPFAR "Vietnam Country Operational Plan 2020" <https://www.state.gov/wp-content/uploads/2020/07/COP-2020-Vietnam-SDS-Final-.pdf>.

condom promotion and harm reduction programs for people who inject drugs and sex workers.

3. **Private Sector Engagement:** Engagement of over 150 private companies and collaborators who have participated in HIV/AIDS control and prevention programmes, contributing to a total of over \$12.6 million in the last decade.

Vietnam's achievements in combating HIV/AIDS are impressive, but there are still some challenges that need to be addresses. For example, the is still a stigma associated with HIV in Vietnam, which can prevent people from getting tested and accessing treatment. Additionally, there are some populations that are at higher risk of HIV infection, such as people who inject drugs, sex workers and men who have sex with men. These populations need targeted prevention and support services.

Overall, Vietnam has made significant progress in combating the HIV/AIDS pandemic. The government's commitment to HIV/AIDS prevention, treatment, and care has been essential to this progress. Vietnam's experience can serve as a model for other countries that are working on combating the HIV/AIDS pandemic.

## Philippines: How the Philippines is Combating HIV/AIDS

The Philippines is making significant progress in their fight against HIV/AIDS in recent years. This is largely due to the **Philippine HIV and AIDS Policy Act of 2018 (Republic Act 11166)**, which expanded access to HIV testing and treatment. The law also allows for the screening of minors 15 - 17 years old without parental consent, which is crucial for early detection and intervention.

Community-based organisations (CBOs) have also played a vital role in expanding HIV screening. They have introduced self-testing and community-based screening, which have made HIV testing more accessible and convenient for people. In addition, the Philippines has moved from centralised HIV diagnosis confirmation by Western blot to a decentralised rapid HIV diagnostic algorithm (rHIVda), which has significantly decreased waiting time for HIV confirmation and facilitated linkage to care.<sup>38</sup>

Another important achievement is the rollout of newer antiretroviral agents and pre-exposure prophylaxis (PrEP). These advances in HIV treatment and prevention have been made possible by the government's commitment to addressing the HIV epidemic, as well as the tireless efforts of CBOs and other stakeholders.

The seventh AIDS Medium Term Plan (2023 - 2028) aims to expand access to combination prevention services to expand access to combination prevention services and to address social, gender inequalities and stigma. This plan is essential to achieving the Philippines goal of ending AIDS as a public health threat by 2030.

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<sup>38</sup> National Library of Medicine "The State of the HIV Epidemics in the Philippines: Progress and Challenges in 2023" <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10224495/>.

Successful initiatives taken by the Philippines in combating HIV/AIDS:

1. **Increased HIV testing:** The number of people tested for HIV in the Philippines has increased significantly in recent years. In 2018, there were over 6 million HIV tests performed, compared to just over 2 million in 2010. This increase in testing has led to earlier detection and treatment of HIV which is essential for improving health outcomes.
2. **Expanded access to ART:** The number of people living with HIV (PLHIV) in the Philippines who are on antiretroviral therapy (ART) has also increased significantly. In 2021, over 96% of PLHIV in the Philippines who knew their status were on ART. This is a major achievement, as ART can help PLHIV live long and healthy lives.
3. **Reduced HIV transmission:** The number of new HIV infections in the Philippines has declined by over 50% since 2010. This is due to several factors, including increased HIV testing, expanded access to ART, and effective prevention programmes.

Despite these successes, there are still some challenges that need to be addressed in the Philippines to fight against HIV/AIDS. For example, there is still a stigma associated with HIV, which can prevent people from getting tested and accessing treatment.

Additionally, there are some populations that are at higher risk of HIV infection, such as people who inject drugs, sex workers, and men who have sex with men. These populations need targeted prevention and support services.

Overall, the Philippines has made significant progress in combating HIV/AIDS. The government's commitment to addressing the HIV epidemic, as well as the tireless efforts of CBOs and other stakeholders, have led to real and measurable results. The Philippines is now on track to achieve its goal of ending AIDS as a public health threat by 2030.

## Indonesia: Indonesia's initiatives in combating the spread of HIV/AIDS

According to the UNAIDS 2022 Global HIV/AIDS Statistics, the estimated number of people living with HIV (PLHIV) in Indonesia in 2021 was 540,000, a decrease of 20% since 2010. The number of new HIV infections in 2021 was estimated to be 16,000, a decrease of 42% since 2010. The AIDS-related death rate in Indonesia has also declined significantly, from 2.5 per 100,000 people in 2010 to 1.5 per 100,000 people in 2021.

The International Labour Organisation (ILO) is critical in providing support to the Indonesian Ministry of Manpower, among which includes the launch of its HIV/AIDS National Action Plan (NAP) to accelerate the achievement of Ending AIDS by 2023. The ILO has provided support to the Ministry of Manpower in the creation of a **National Action Plan on Preventing and Handling HIV / AIDS at Workplace for 2024 - 2028** as a guideline in the prevention of HIV/AIDS at workplaces in 27 districts and cities nationwide.<sup>39</sup>

The implementation of the NAP at a district and city level is hoped to eliminate the stigma and discrimination against people living with and affected by HIV/ AIDS. The NAP aims to accelerate the achievement of the HIV fast-tracks **95-95-95** and the **three Zeros**.

The NAP outlines three priority targets:

1. A minimum of 500 companies from HIV high-risk sectors on the first year of the implementation with an additional 100 companies for the next year onward have a good understand about HIV/AIDS, implement a programme on HIV/AIDS prevention and handling and develop a non-discriminatory company policy.

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<sup>39</sup> UNAIDS "Successfully expanding the rollout of PrEP in Indonesia"  
[https://www.unaids.org/en/resources/presscentre/featurestories/2022/september/20220901\\_prep-indonesia](https://www.unaids.org/en/resources/presscentre/featurestories/2022/september/20220901_prep-indonesia).

2. Around 5% from companies above facilitate voluntary HIV/AIDS test, support, and care, in coordination with health services if needed.
3. All the companies under point one implement non-stigma and discriminatory policies by not making HIV test as requirement for job recruitment, placement, promotion, and contract extension and by having a reporting mechanism on stigma and discrimination.

Furthermore, through **a special initiative funding from the US Government**, through PEPFAR, USAID and through UNAIDS, is improving treatment for Indonesians living with HIV and supporting Indonesia reach its HIV treatment targets.

The external support provided to Indonesia to reach treatment acceleration targets, with a focus on providing technical assistance to 26 cities and districts aims to:

1. Improve the capacity of national stakeholders to use strategic information effectively in support of HIV treatment acceleration.
2. Integrate PrEP and community-based HIV self-testing into national HIV policy and programming for scaled implementation.
3. Enhance the capacity of networks of PLHIV and key populations to spearhead community-led monitoring and advocacy in support of HIV treatment acceleration.
4. Strengthen protection of PLHIV and members of key populations from HIV-related stigma and discrimination.

Furthermore, the **rollout of PrEP in Indonesia in 2021 as a pilot project** to provide new HIV prevention options and to reduce new HIV infections among key populations plays a vital role in the country's agenda to reduce the spread of HIV/AIDS. The project expanded to 21 districts in 2022 with the aim of getting 7000 people on to PrEP.

Part of the expansion included a second round of training sessions conducted across nine cities (Bogor City, Bogor Regency, Depok, Bekasi, Tangerang, Batam, Balikpapan, Samarinda and Sidoarjo) - it was recorded that over 120 service providers from 24 hospitals and 47 outreach workers from local communities took part.

Despite these successes, Indonesia still faces several challenges in combating the HIV/AIDS epidemic. One key challenge is the stigma associated with HIV. This stigma can prevent people from getting tested and accessing treatment. Another challenge is the lack of awareness about HIV/AIDS prevention and treatment. Additionally, some populations in Indonesia are at higher risk of HIV infection, such as people who inject drugs, sex workers, and men who have sex with men. These populations need targeted prevention and support services.

# CONCLUSION

As a whole, the Impact Report 2023 finds that the assessed programmes have contributed to the overall progression of Malaysia in ending AIDS and its national goal towards achieving the internationally recognised 95-95-95 target, which aims for 95% of people who are living with HIV to know their status, 95% of people who know that they are living with HIV to receive life-saving ARV treatment, and that 95% of people who are receiving treatment to be virally suppressed. The programmes, namely (1) the Medicine Assistance Scheme (PAL Scheme), (2) the Shelter Home Programme, (3) the Paediatric AIDS fund, (4) the MyLady Scheme, (5) Sabah/Sarawak Health Access Programme (SHAPE), (6) Teratak Kasih Tok Nan (TKTN) and (7) the Differentiated HIV Services for Key Populations (DHSKP), have contributed to this national aspiration by addressing differing aspects that compose both the Cascade of Care framework and Continuum of Care framework thereby playing a major role in enabling the country to move towards its goal to end AIDS.

The Medicine Assistance Scheme, for example, deals directly with the distribution of 2<sup>nd</sup> line ARV treatment to its beneficiaries which forms, not only the key components within the Cascade of Care framework, but further contributes towards the second '95' target that aims for 95% of people who know that they are living with HIV to receive life-saving ARV treatment. Despite this contribution, its pool of beneficiaries remains small in comparison to the sizeable number of people currently living with HIV in Malaysia that, as of 2022, currently stands at 86,142 and, where an undetermined number of people are in need of 2<sup>nd</sup> line ARV treatment in cases where 1<sup>st</sup> line treatment is ineffective. To render this programme more effective, improved monitoring systems, including live tracking for the collective of 2<sup>nd</sup> line medication is required. However, the main barrier that is currently preventing the programme from acquiring a larger pool of beneficiaries derives from a funding perspective. Funders and donors for each and every programme have shown immense generosity in their giving

to MAF. However, it has become clear that for the Foundation to have a larger impact on the end goal of eliminating AIDS, the Foundation is in need for increased funding to ensure a larger, more significant contribution to the overall landscape. This too is the case with the Paediatric AIDS fund and the MyLady Assistance, whereby the impact of these programmes, and while not directly applicable to the 95-95-95 target, holds significant weight in the individual lives of its beneficiaries. In the case of these programmes, further funding will also allow for these programmes to carry out more life-changing activities for its clients.

The Shelter Home, SHAPE, TKTN and DSHKP programmes, on the other hand, have also shown that continued collaborations between the Foundation, its funders and the Government are key to ensuring success and that future collaborations are required to widen the catchment in clients. In doing so, it is hoped that more individuals from key populations not only become aware of their status and are receiving life-sustaining treatment, but that their viral loads are suppressed thereby reaching the ultimate goal of preventing this virus from spreading further. As such, the programmes within this report have largely shown to be both impactful in both the lives of the individuals under each programme, and impactful to the wider national aspiration to end AIDS by 2030.

# ACKNOWLEDGEMENT

Our heartfelt gratitude to all our partners for supporting us in our mission to end AIDS.

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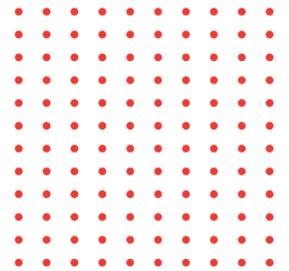
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**Malaysian AIDS Foundation**  
No 12, The Boulevard Shop Office  
Jalan 13/48A, Off Jalan Sentul  
51000 Kuala Lumpur, Malaysia.  
T +603 4047 4222  
F +603 4050 4478