The female face of HIV/AIDS

By Adeeza Kamarulzaman

ONLY a decade ago, Malaysia was facing an HIV/AIDS epidemic that was threatening to derail a generation. Injecting drug users were bearing the brunt of 70-80% of all new HIV infections and marginalised populations such as sex workers, transgender people and men who have sex with men were almost peripheral to the epidemic as far as decision makers were concerned.

How the face of the epidemic has changed!

To the Malaysian Government's credit we are beginning to sense that the epidemic amongst injecting drug users in Malaysia is beginning to stabilise.

The key factor in this turnaround has undoubtedly been the implementation of an ambitious (and at the time deeply controversial) national harm reduction programme that was underpinned by the provision of clean needles and opioid substitution therapy (methadone, buprenorphine) to People Who Inject Drugs (PWID).

Today, the number of new HIV infections amongst this affected group has almost halved.

New research to be presented at the upcoming 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention being held in Kuala Lumpur in June will confirm both the savings in terms of the number of new infections avoided and the financial costs associated with the rollout of the programme.

The provision of free antiretroviral drugs to people living with HIV has also been a major contributor to cutting AIDS-related deaths over the past decade and linked to that have been strong campaigns that have promoted the prevention of mother to child transmission (PMTCT).

HIV testing of pregnant women since 1998 has increased dramatically today and more than 75% of all pregnant women in Malaysia have access to antenatal care in public healthcare facilities.

In 2011, a total of 443,453 pregnant women in Malaysia attending antenatal care had an HIV screening, approaching nearly 100%.

Of the 310 pregnant women diagnosed HIV positive, 90% of them were receiving antiretroviral treatment. This will contribute greatly to the elimination of mother to child transmission and the global goal of zero babies born with HIV by 2015.

The figures compare most favourably with the region. The number of pregnant HIV positive women being offered an HIV test in East, South and South-East Asia is 50%, an untenable figure.

Across the three regions, it is equally unsatisfactory that only some 16% of HIV infected pregnant women receive antiretrovirals to prevent mother-to-child transmission of HIV.

The success of these programmes and campaigns in Malaysia - addressing the epidemic demonstrates the effectiveness of partnerships between the Government and NGOs such as the Malaysian AIDS Council, an organisation which decision makers rely on to promote the implementation of its programmes, particularly amongst marginalised communities.

Further inroads into the epidemic will require increased funding of organisations like the MAC - they are key to us beginning to talk about ending the epidemic in Malaysia.

For all this talk of optimism, however, there is a flip side to our success in confronting the epidemic.

As mentioned above, the implementation of harm reduction programmes since 2005 has drastically reduced the number of HIV infection through sharing needles.

For the first time sexual transmission is now the main driver of the epidemic.

Associated with this is a deeply concerning growing feminisation of the epidemic and the stigma linked to it.

While men still make up the bulk of cumulative HIV cases in Malaysia (95%), HIV infection among males has been declining relatively since 2003. (The exception to this has been the rate of rise in infections amongst men who have sex with men).

However, new HIV infections among females is the opposite - females now account for 21% of newly infected persons in 2011. A decade ago that figure was as low as 5%.

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The spike in new HIV infections among females is even more troubling when we take into account that close to 90% of HIV infections among women are related to heterosexual transmission.

It is clear that prevention, care and treatment campaigns have to fundamentally change and adapt to this new scenario if the HIV/AIDS epidemic in Malaysia is to be definitively stabilised.

Female injecting drug use is another case in point. Up until now all our research and programmes on injecting drug use have focused on men - we know very little about the dynamic of female drug use in Malaysia. But we ought to.

The same can be said too about female sex workers, transgender women and the female sexual partners of men who have sex with men and the huge barriers they face in accessing adequate service provision.

On this day, International Women's Day, it is worth reflecting that women the world over bear the disproportionate burden of the HIV/AIDS epidemic.

In Malaysia, too, many women are becoming susceptible to HIV infection or if they are HIV positive unnecessarily and unfairly neglected.

The Malaysian Government and community stakeholders have demonstrated over the past decade that working in partnership has made it possible to put a brake on the HIV/AIDS epidemic.

Stabilising the changing nature of the Malaysian epidemic will require more of the same.

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