

Editorial

PrEP Implementation for Key Populations in Malaysia

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Malaysia being a multi-ethnic nation and predominantly Muslim, faces a complex HIV/AIDS situation with a particular emphasis on key populations due to stigma on both the disease and social-cultural factors [1]. To mitigate the further spread of HIV, PrEP has emerged as a promising preventive measure worldwide. However, it poses various challenges on usage and implementation in this country. Men who have Sex with Men (MSM) individuals face significant barriers to accessing healthcare services including PrEP [2]. On the other hand, MSM and transgender individuals' knowledge and awareness of PrEP were found to be limited [2-4]. All of this painted the ongoing challenges of managing and reducing the elevated risk of HIV transmission among the key populations.

Stigma and discrimination related to HIV and sexual identity remain pervasive in the country [1]. The general stigma around HIV by society becomes a significant hurdle not only in treating HIV but also in prevention efforts. This barrier deters high-risk individuals from seeking PrEP intervention and essential services to help manage their risk [2], which continues to drive the population to stay hidden and underground [5].

Access to PrEP is a primary concern in Malaysia where it is limited, particularly outside urban areas. Equitable access to a wider area is critical in prevention efforts to allow high-risk individuals to protect themselves from potential transmission. Furthermore, the lack of awareness and education around the subject, both among the healthcare providers and the general population [2,6]. The role of mental health providers is equally important to reinforce and normalize the phenomena to support better reach and understanding of HIV and its prevention measures. Mental health practitioners were found to have limited knowledge and training on HIV [7] which perpetuates the stigma and optimization of support to the community. At pres-

ent, healthcare professionals are inadequately trained to support individuals who are considering PrEP [8,9] which limits the support and counseling process for willing individuals.

Another concern around PrEP is the availability of long-acting injectables over oral medication options for PrEP users. Currently, only oral PrEP is made available and accessible to individuals in Malaysia. This poses concern over adherence and strategies to support PrEP users in adhering to their medication to avoid reduced effectiveness or drug resistance [10]. A more robust monitoring and evaluation framework is needed to track PrEP uptake, adherence, and outcomes effectively [11] to ensure the intervention is beneficial and helpful in managing HIV transmission.

Promising developments in PrEP usage and implementation is seen on the ground. Malaysia's Ministry of Health introduced the National Strategic Plan Ending Aids 2016-2030 [12] to facilitate access across the country in their overarching approach to reduce HIV transmission. The plan has shown success in supply chain management to increase the efficiency of drug distribution to the targeted population [13].

With evidence demonstrating the efficacy of PrEP in high-risk populations, the distribution of PrEP underline potential benefits in risk reduction for key populations [14], especially with the rising new case of HIV infection among MSM community in the country [11]. PrEP usage may contribute to reducing the stigma associated with HIV through the normalization of its usage. This opens the opportunity to diminish the fear and discrimination linked with HIV and encourage more people to seek prevention and treatment. Overall cost reduction in the Malaysian healthcare system to treat HIV can also be seen when PrEP is made accessible and appropriately targeted [2,11].

In conclusion, Malaysia's HIV/AIDS situation, particularly among key populations, presents unique challenges that require tailored approaches for prevention and treatment. The successes in PrEP usage and implementation, such as introducing a strategic implementation plan and supply chain improvements, are commendable. However, challenges, including stigma, access barriers, adherence issues, and the need for provider training, persist. Malaysia has made strides in its efforts to embrace PrEP, but it is crucial to continue the push for wider adoption. Collaboration between government entities, healthcare professionals, community organizations, and researchers is paramount to overcoming these challenges. The latest research articles underscore the urgency of prioritizing PrEP as a pivotal component of Malaysia's HIV prevention strategy. By doing so, the nation can significantly reduce the burden of HIV and create a healthier and more inclusive future for all.

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