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MALAYSIA'S MODEL FOR A SUSTAINABLE HIV RESPONSE:

Driving Change through National Ownership

Global Fund Case Study

Contents

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

Foreword

Through unwavering commitment, resilience and strong leadership, Malaysia has made remarkable progress in the fight against HIV over the past decade. These achievements are a source of pride for our nation and a clear demonstration of what we can accomplish when we work together.

Malaysia has created a solid HIV response through partnerships and collaborations across sectors, targeting all levels of society. By listening closely to the realities of people's lives, collecting and applying data responsibly and fostering innovation, we have implemented programmes that are both effective and compassionate. Our approach values individuals as people with dignity, stories and aspirations, not as anonymous statistics.

This journey began from a foundation of fostering strong connections between civil society and the Government. Today, that strategy has grown into shared national ownership, where diverse sectors contribute to a sustainable and inclusive response. But the journey is not over: Malaysia continues to learn and adapt, strengthening the resilience of our systems and expanding access so that eventually everyone can receive the care they need.

While the target of ending AIDS by 2030 is ambitious, we believe it is within reach. Coordinated efforts, smart investments and evidence-based strategies have already delivered solutions that are both innovative and practical. It is this spirit of shared responsibility that will position Malaysia as a global leader – one among the first nations to end the epidemic.

I would like to extend my sincere appreciation to the dedicated government officials, civil society leaders, community representatives and international partners, particularly the Global Fund, whose collaboration and commitment have been instrumental in bringing us to this point. Together, we look towards a future free of HIV and AIDS, for Malaysia and beyond.

The Honourable Lukanisman bin Awang Sauni

Deputy Minister of Health and Chairman of the Country Coordinating Mechanism Malaysia

Key Findings

01

Political commitment and long-term planning are essential to transition from donor dependency to national ownership.
Malaysia's early investments in national coordination bodies and strategic planning – starting even before its first reported HIV case – created a strong governance foundation. The National Strategic Plan for Ending AIDS, 2016–2030 reflects a bold and phased approach towards sustainability.

02

Social contracting can be a transformative model, not just a funding tool.
Malaysia first built this system in the 1990s with the understanding that community actors are central to care. This eventually expanded to HIV work where non-governmental organizations deliver HIV services through government support. Models like the KK Smart Partnership and the Differentiated HIV Services for Key Populations fostered trust, reduced stigma and embedded services in the public health system.

07

Leveraging funding support as a catalyst – not a crutch – can accelerate national readiness.
Rather than becoming dependent on external aid, Malaysia used Global Fund investments to build systems, test innovations and pilot reforms. With plans to fully exit Global Fund support by 2028, the country is demonstrating how transitions can be both strategic and sustainable.

06

Multisector collaboration unlocks resources and reinforces sustainability.
Partnerships with the private sector filled funding gaps and increased public trust in civil society organizations. Joint efforts like the Tripartite HIV Intervention Program expanded HIV services in underserved areas and demonstrated shared responsibility.

03

Integrating HIV services into primary healthcare enhances access and efficiency.
Decentralizing HIV care from tertiary to primary-level clinics while incorporating related services such as pre-exposure prophylaxis (PrEP), hepatitis C testing, tuberculosis care and STI treatment made it easier for people to receive care without discrimination. This integration improved the continuity of care and cost-effectiveness.

04

Innovation in service delivery can break access barriers and empower key populations.
Malaysia introduced approaches like HIV self-testing and community-based testing to meet people where they are. These models enhanced privacy, improved uptake and created new pathways for engagement among hard-to-reach groups.

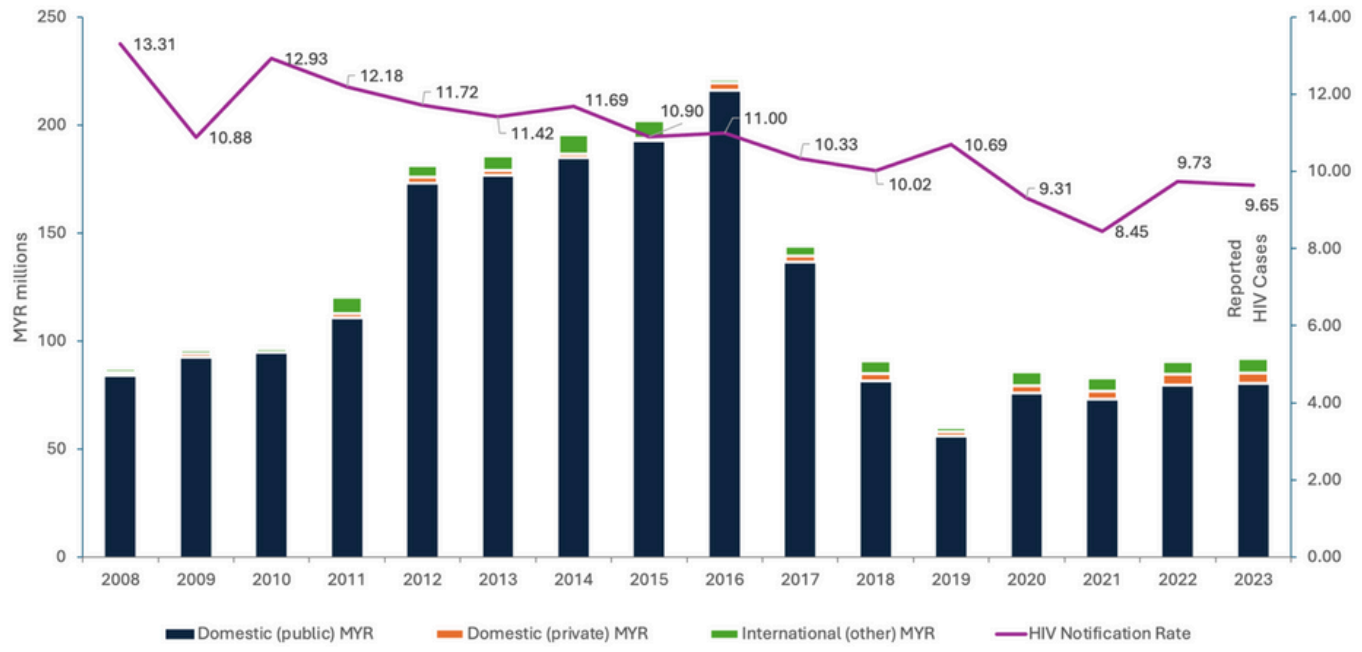
05

Strategic use of data strengthens impact and drives inclusive policymaking.
Malaysia used national population–based surveys and programme data to identify service gaps and ensure that resources were directed to the populations and regions most in need. Evidence from the National AIDS Registry, stigma surveys and PrEP pilot programmes enabled the Government to design targeted, community-sensitive policies that responded to real-world conditions. In addition, HIV programmatic data were integrated into the national health management information system and used in apps for HIV-related services.

Summary

Malaysia's HIV response began with remarkable foresight when the country established its National AIDS Task Force and National HIV/AIDS Surveillance System in 1985, even before the first HIV case was reported a year later. This early commitment has shaped a national approach grounded in sustainability, accessibility and cultural sensitivity.

Annual Investment in HIV/AIDS Programmes Compared to HIV Notification Rate, 2008–2023



Sources: programme investment 2021–2023;[11] 2020–2018;[9] 2016–2017;[6] 2015;[16] 2012–2014;[24] 2010–2011;[13] and 2008–2009;[25] HIV notification rate[23]

The Government began providing a variety of services and treatments to the population, including two harm reduction programmes and free antiretroviral therapy (ART). Then, as needs and situations shifted over time, the country incorporated external aid into its strategy, using it to strengthen cross-sectoral systems and collaboration to better meet changing realities.

Today, Malaysia's response to the concentrated HIV epidemic is guided by the National Strategic Plan for Ending AIDS, 2016–2030, with the goal of meeting the UNAIDS 95-95-95 targets. The country also aims to reach 90 per cent of key populations with effective prevention options. Because of the need to adapt to shifting transmission patterns, Malaysia has launched innovative programmes to increase access to pre-exposure prophylaxis (PrEP) treatment, improved its monitoring and evaluation mechanisms and integrated HIV services into primary healthcare – the first point of contact to health services for many individuals.

The country is now transitioning towards a more transformative approach. Multisector partnerships have demonstrated how private sector involvement can amplify existing efforts, especially in underserved areas. Social contracting has become a powerful tool to build sustainable, community-led solutions and foster trust between civil society and the Government.

Malaysia's desire for national ownership and leadership demonstrates how ending AIDS is not just a public health goal but a shared societal responsibility.

The Challenge

Malaysia's successful HIV response sits at a critical intersection of public health, governance and social inclusion. The country currently faces a concentrated epidemic affecting four key populations: men who have sex with men, transgender persons, female sex workers and people who inject drugs. In recent years, sexual transmission has overtaken injecting drug use as the primary mode of transmission, with men who have sex with men now representing the most impacted group.

These evolving dynamics have brought a set of complex challenges to the forefront – challenges that Malaysia has been working to address through long-term reform and innovation.

Reaching Key Populations

Reaching key populations with interventions is a challenge due to limited access in remote areas and uneven service delivery. Continued efforts to improve condom use, HIV testing and awareness, along with the better integration of services like tuberculosis screening, are essential to an inclusive and effective response.

Monitoring and Evaluation Gaps

Gathering detailed disaggregated data is crucial for a targeted and effective HIV response. Data collection needs to be continuous and standardized across sectors.

Improving Policies and Regulations

Policies and regulations need to evolve to meet current demands and anticipate future ones. Adapting task shifting methods, streamlining processes and expanding the scope of practice for healthcare providers will create more opportunities for successful implementation.

Reducing Stigma and Discrimination

Societal prejudices and discrimination persist against people living with HIV and key populations. These create major barriers to the early detection of HIV and affect their access to essential healthcare services.

With the evolution of the epidemic, shaped by shifting transmission trends, legal and social constraints and the need to sustain political and financial commitment in a transitioning context, Malaysia has continuously refined its approach as part of a broader effort to build a more resilient, inclusive and sustainable HIV response system, reflecting a long-term vision of national ownership and shared responsibility.

Malaysia's Journey Towards a Sustainable, Nationally Owned HIV Response

Malaysia's HIV response began with decisive action, establishing national systems even before its first reported HIV case in 1986. Over time, the country transitioned from punitive approaches to progressive harm reduction policies, pioneered early models of social contracting and moved decisively towards decentralizing HIV care.

> *Corporate investment goes beyond just giving funds. What we are doing is increasing and enhancing institutional capacity and capabilities in order for the NGOs to be sustainable.*

Dr. Yatela Zainal Abidin
Chief Executive Officer
Yayasan Sime Darby

When infections peaked in 2002, the Government responded with the Harm Reduction Programme, introducing methadone maintenance therapy and the Needle Syringe Exchange Program. Recognizing the need to scale these efforts, Malaysia partnered with the Global Fund in 2009, leveraging successive grant cycles and support from Health Equity Matters to expand HIV self-testing and the Harm Reduction Programme, ultimately reaching over 95 per cent of people who inject drugs. The Harm Reduction Programme is still a major cornerstone of Malaysia's HIV prevention strategy. Through multicountry initiatives like the Sustainable HIV Financing in Transition Program, Sustainability of HIV Services for Key Populations in Asia-1 (SKPA-1) and Sustainability of HIV Services for Key Populations in Asia-2 (SKPA-2), Malaysia advanced inclusion by bringing key populations into the Ministry of Health's (MOH) decision-making, expanded access to PrEP and championed data-driven policies, including drug decriminalization.

This journey has been strengthened by Malaysia's strategic use of epidemiological data and the growing involvement of the private sector. Data from efforts like the National AIDS Registry, the 2021 Malaysia Stigma Evaluation Survey and the Integrated Bio-Behavioural Surveillance Surveys of 2009, 2012, 2014, 2017 and 2022 have enabled precise, targeted interventions. In addition, HIV programmatic data were integrated into the national health management information system and used in apps for HIV-related services. Partnerships with the private sector, such as with Yayasan Sime Darby, have bridged funding gaps and built the institutional capacity of civil society organizations like the Malaysian AIDS Council (MAC). Such private sector collaborations have also enhanced the credibility of non-governmental organizations and helped position them as trusted partners in addressing social challenges alongside the Government. This leadership has also encouraged others, increasingly guided by corporate social responsibility and environmental, social and governance priorities, to join the national HIV response, amplifying its reach, impact and sustainability across the country.

Timeline of National Response Milestones and Major Funding and Interventions

1985
- National AIDS Task Force formed by the Government
- National HIV/AIDS Surveillance System

1986
- First case of HIV infection detected in Malaysia

1988
- First National Plan of Action on AIDS

1992
- Inter-Ministerial Committee on HIV/AIDS
- National Coordinating Committee on AIDS (NCCA) replaces the National AIDS Task Force
- MAC established by the Government

1993
- Start of MOH annual funding to MAC with MYR 4 million/USD 867,000 (MYR 200 million/USD 43.3 million as of 2024)
- AIDS/STI Section created during MOH restructure (National AIDS Programme Secretariat) to oversee the national AIDS/STI programmes
- MAF established by MAC

1996
- Paediatric AIDS Fund (PAF) launched by MAF
- First Red Ribbon Gala by MAF

1998
- Revised National Plan of Action on AIDS
- Medicine Assistance Scheme launched by MAF (rebranded to Positive, Audacious Living (PAL) Scheme in 2011, funded by Yayasan Sime Darby since 2013)
- Prevention of Mother-to-Child Transmission (PMTCT) programme

2000
- Cabinet Committee on AIDS (CCA)

2003
- Memorandum of Understanding for financial support between MOH and MAC

2005
- Harm Reduction Programme - methadone maintenance therapy (MMT)

2006
- Harm Reduction Programme - Needle Syringe Exchange Programme (NSEP)
- First National Strategic Plan for HIV and AIDS, 2006-2010
- Free ART to all People Living with HIV

2008
- Red Ribbon Celebrity Supporters programme launched

2009
- ART programme includes prisons and detention centres
- National Coordinating Committee on AIDS Intervention replaces the Cabinet Committee on AIDS
- Country Coordinating Mechanism (CCM)
- National AIDS Registry

2010
- Antiretroviral threshold extended the CD4 cell count to 340mm^3

2011
- Second National Strategic Plan on HIV and AIDS, 2011-2015
- First Global Fund grant awarded to MAC in July, ended December 2013

2012
- MAF hosted the Red Ribbon Gala

2014
- Global Fund grant awarded in January, ended June 2016 (for scaling up HIV prevention among most-at-risk)
- Malaysia successfully achieved its Millennium Development Goal 6 target

2015
- Third National Strategic Plan for Ending AIDS, 2016-2030
- GO-NGO (Government-non-governmental organization) Smart Partnership (KK Model)

2016
- Global Fund grant awarded in July, ended December 2018 (for scaling up HIV prevention among most-at-risk)

2017
- Sustainable HIV Financing in Transition Program through Health Equity Matters, ended December 2018
- Antiretroviral cell count threshold removed entirely
- Teratak Kasih Tok Nan launched

2018
- Sabah Health Access Programme (SHAPE) launched
- Malaysia officially certified for the elimination of mother-to-child transmission of HIV and syphilis, becoming the first country in the WHO Western Pacific Region to achieve certification

2019
- Differentiated HIV Services for Key Populations (DHSKP) started by MOH
- Sustainability of HIV Services for Key Populations in Asia (SKPA-1) launched by Health Equity Matters, ended December 2021
- Global Fund grant awarded in July, ended June 2022 (for DHSKP)
- MyLady Assistance Scheme launched
- MAF hosted the Red Ribbon Gala

2021
- MAF hosted the Red Ribbon Gala

2022
- Sustainability of HIV Services for Key Populations in Asia (SKPA-2) launched by Health Equity Matters
- Global Fund grant awarded in July, ended June 2025 (for DHSKP)
- MAF hosted the Red Ribbon Gala

2023
- Drug Policy Programme established
- MAC Care Portal launched
- PrEPGOV pilot launched
- MAF hosted the Red Ribbon Gala
- Tripartite HIV Intervention Program (THIP)
- TestNow launched

2024
- National Task Force on Decriminalisation established by MOH
- Mid-Term Review of Third National Strategic Plan for Ending AIDS, 2016-2030
- MAF hosted the Red Ribbon Gala

2025
- Global Fund grant awarded in July, ending in June 2028 (for DHSKP)

Harnessing the Power of Social Contracting

Malaysia's HIV response has been notably strengthened through its long-standing commitment to social contracting, which has empowered communities and ensured sustainability. Used since the 1990s, this approach has allowed non-governmental organizations to deliver critical services under different ministries that complement the Government's goals, including those related to HIV, while maintaining national ownership and respecting local sensitivities. In 2024 alone, over 60 non-governmental organizations operated under this model for HIV services, primarily coordinated by MAC.

A key milestone in this journey was the development of the Klinik Kesihatan Smart Partnership Model, also known as GO-NGO (Government–non-governmental organizations) Smart Partnership or "KK Model", piloted in 2015 and adopted nationally in 2022. The KK Model enabled non-governmental organizations to work within MOH clinics at no cost, fostering trust, reducing stigma and ensuring client-centred service delivery. This was also the first model to transition the Global Fund-funded Harm Reduction Programme towards domestic funding.

Building from the KK Model, Malaysia launched the Differentiated HIV Services for Key Populations (DHSKP) in 2019. DHSKP streamlined services by assigning non-governmental organizations to provide comprehensive care to specific geographic areas and integrating service delivery within MOH facilities. As of 2023, this model expanded coverage across all 13 states and started transitioning towards full MOH financing, with a 7-million-ringgit (MYR) allocation (USD 1.5 million) in 2023. The role of outreach workers, now called community health workers, diversified into a wider range of services, including HIV, sexually transmitted infection (STI) and hepatitis C testing (community-based testing and HIV self-testing) and PrEP delivery. DHSKP has helped achieve a 66 per cent drop in new HIV infections since the 2002 peak and proved to be cost-effective, with a 30 per cent reduction in National Strategic Plan implementation costs.

> *It's worth remembering that Malaysia is by and large a very conservative society. By having this institutionalized social contracting model, we have buy-in from the Government, healthcare professionals and others in terms of viewing HIV as beyond a medical condition but also a social condition.*
>
> **Prof. Adeeba Kamarulzaman**
> Chairman
> Malaysian AIDS Foundation

As funding allocation became stagnant, especially after COVID-19, multisector collaboration became the new funding mechanism. In July 2023, Malaysia launched the Tripartite HIV Intervention Program, a partnership between the Government, through MOH, civil society, through the Malaysian AIDS Foundation (MAF), and the private sector, through Yayasan Sime Darby. Its first projects are expanding HIV services in underserved areas like Sarawak and Miri. This included opening the Teratak Kasih Tok Nan Miri Branch, a one-stop support centre for people living with HIV. Complementary efforts such as TestNow, the latest iteration of a self-testing and online resource initiative developed with MAC, MAF, MOH and the Global Fund, showcase how social contracting fosters innovation and inclusivity.

MAF has also raised significant funds through its annual Red Ribbon Gala, modelled after the Foundation for AIDS Research Gala, which raises around MYR 2.3 million (USD 500,000) annually, totalling MYR 10 million (USD 2.1 million) over six years.
Together, these initiatives highlight how the country is using social contracting not just as a financing tool but as a transformative framework to drive equity, sustainability and national ownership in its HIV response.

Integrating HIV Services into Primary Healthcare

Malaysia has made significant strides in integrating HIV services into its primary healthcare system, ensuring that they are part of a comprehensive, community-based approach. What began with targeted programmes like the Prevention of Mother-to-Child Transmission programme in 1998 evolved into a comprehensive, client-centred approach that shifted from tertiary care to primary care in 2000.

Such primary healthcare services eventually included treatment under the Harm Reduction Programme started in 2005 and free, widespread ART access by 2006. These services have been delivered through a well-structured primary healthcare network, involving government clinics, community health workers and strategic non-governmental organization partnerships. Initiatives like the KK Model and the DHSKP have brought services closer to communities, reduced stigma and increased efficiency while integrating co-infection management for tuberculosis, hepatitis C and STIs into primary care. By decentralizing care from tertiary to primary levels, primary healthcare clinics became key players in the treatment initiation, follow-up and continuation of care.

> *The decision-making that leads to a successful and affordable public health or HIV response doesn't happen by chance. There must be high-level commitment to adopt the required reforms as we've seen in Malaysia, and importantly, to maintain the momentum of these.*

Eamonn Murphy
Regional Director
UNAIDS, Asia Pacific, Eastern Europe and Central Asia

A standout success has been the progressive integration of PrEP into the national HIV prevention strategy. Recognizing that the majority of new HIV infections are sexually transmitted, Malaysia incorporated PrEP into its ART guidelines in 2017 and has since worked to expand access beyond self-paid, private clinics. In January 2023, MOH launched the PrEPGov pilot project, making PrEP free and accessible at primary care facilities, growing from 18 sites to 31 by the end of 2024. Supported by the Global Fund and Health Equity Matters, the initiative reached over 4,400 individuals by May 2024, with an impressive HIV prevention rate of 99.8 per cent. This effort not only removes financial barriers but also provides critical data to inform national scale-up plans and sustainable funding as part of Malaysia's goal to reach 50,000 high-risk individuals with PrEP by 2030.

Innovative models like pharmacy-led PrEP delivery have further diversified access, allowing individuals to seek support in more discreet, accessible settings that are usually seen as the first point of contact for health advice. Piloted at six pharmacies in Klang Valley from October 2023 to 2024, this approach showed strong initial uptake, with 98 per cent of participants starting PrEP. While challenges remain, these pilots demonstrate Malaysia's commitment to creative, data-driven and inclusive solutions.

Overall, Malaysia's steady integration of PrEP and broader HIV services into its primary healthcare system reflects a positive, long-term vision for equitable and sustainable healthcare for all.

Impact

Ridwan's Story

Ridwan's first introduction to the DHSKP programme wasn't as a peer navigator but as a client, grappling with the emotional weight of his newly discovered HIV status. The compassion, guidance and persistence he saw from the programme's staff lit a spark. After recovering, he knew he wanted to give back.

In 2019, Ridwan took his first step into that mission, joining as a case worker under the Global Fund. Today, he serves as a peer navigator at Klinik Kesihatan Kuala Lumpur, helping referred clients access STI and HIV consultations, testing and treatment. His work does not stop there. He checks in on their progress, follows up on appointments and makes sure no one feels alone in their journey.

Since his start, he has served several hundred clients – mostly people living with HIV – and held over 2,000 sessions. One story stays with him. A man, newly diagnosed with HIV and overwhelmed, met with Ridwan to understand what came next. At first, the man believed his diagnosis had closed the door on a future with a family. But after learning about viral suppression treatment, he realized the life that he dreamed of could still be possible. Today, he is married and has two children. For Ridwan, this is a reminder of the resilience people can reclaim when given the right support.

His work underscores why ground-level engagement is essential to Malaysia's HIV response. It is slow, patient work, especially when confronting stigma within the country's Muslim majority, but it bridges the gap between policy and lived reality. By speaking the social and cultural language of the communities they serve, healthcare workers like Ridwan can encourage more people to get tested. Every test, every conversation, is another step towards managing and treating HIV and AIDS more effectively across the country.

> *We have strong values in our nation, our society, but at the same time, we are human. So because we are human, we do not run away from the nature of humanity.*
>
> *The most difficult thing to get every individual to understand when taking charge of their health is acceptance. Because when people experience contradiction with their values and their nature, that's internal stigma.*

Ridwan
Peer Navigator at Government Health Clinic, Kuala Lumpur

Milestones in Malaysia's Fight Against HIV/AIDS

Elimination of Mother-to-Child Transmission of HIV and Syphilis[11]

Malaysia was the first country certified in the World Health Organization Western Pacific Region in October 2018

PWIDs:
18.9%[2012]
↘ 7.2%[2023]

Successes of the Harm Reduction Programmes

Significant decline in HIV prevalence among people who inject drugs from 18.9% in 2012 to 7.2% in 2023[23]

New HIV:
28.5[2002]
↘ 9.6[2023]

Significant Reduction in New HIV Infection Rate

Dropped by 66% in 2022 since the peak in 2002,[33] falling from 28.5 to 9.7 per 100,000 people;[23] further declined to 9.7 per 100,000 population in 2023[11]

AIDS-Related Deaths:
12.6[2010]
↘ 7.45[2021]

Steady Decline in AIDS-Related Deaths[10]

Mortality rate declined from 12.26 per 100,000 population in 2010 to 7.45 per 100,000 population in 2021

-50%

Achieved Millennium Development Goal 6 Target[15]

By 2014, Malaysia reduced new HIV infections by half, achieving a 50% reduction of notified infections between 2000 and 2017

97%

of PWIDs reported using clean injecting equipment in 2012[23]

90%

of PWIDs were on opioid-substitution therapy in 2023[23]

91%

of PWIDs reported never sharing needles in the past 12 months in 2023[23]

Increased Condom Use Among Key Populations

73%

of men who have sex with men reported preferring to use a condom for HIV prevention in 2022[21]

Condom Use:
75%[2022]
56%[2009] ↗

Condom use with recent partners among men who have sex with men increased from 55.6% in 2009 to 75% in 2022[23]

Significant Progress Towards the UNAIDS 95-95-95 Treatment Targets

64%

of people living with HIV (PLHIV) were diagnosed and knew their status by the end of 2024[12]

94%

of PLHIV who know their status are receiving ART by the end of 2024[12]

93%

of people on ART achieved viral suppression by the end of 2024[12]

Improved ART Coverage and Adherence Rates Among Key Population

91.1%

of men who have sex with men who knew their HIV status were receiving ART in 2023[23]

88%

of female sex workers who knew their HIV status were receiving ART in 2023[23]

100%

of transgender women who knew their HIV status were receiving ART in 2022[23]

Multisector Collaboration: Support Highlights

1. HIV STI/Hepatitis C Prevention Programmes Grant
- Who: MOH, MAF and MAC
- What: MOH allocated MYR 7 million / USD 1.5 million to finance healthcare service packages for key populations in 45 locations under the DHSKP modality and provided advanced funds of MYR 2 million / USD 430,000 to MAC and MYR 4.9 million / USD 1 million to MAF.
- When: 2023

2. Medicine Assistance Scheme
- Who: MAF with Federal Territory Islamic Council
- What: The cycle of sponsorship of MYR 210,000 / USD 45,000 benefited 25 individuals from the Al-Riqab Asnaf group living with HIV in Kuala Lumpur.
- When: 2023

3. Social Security Organization
- Who: Perkeso (Government social security organisation)
- What: Committed MYR 306,000 / USD 66,000 to support 30 Perkeso members requiring second-line ART.
- When: Third-year extension (as of 2023)

4. Shelter Home Programme
- Who: MAF
- What: Funded 10 homes and halfway home facilities that provide shelter to people living with HIV and around-the-clock treatment and care to advance stage patients.
- When: Since 2009

5.Paediatric AIDS Fund
- Who: MAF with GSK Pharmaceutical
- What: Provides cash assistance of MYR 100 / USD 22 per month to children born with HIV and their families
- When: Since 2017

6. MAC Care Portal
- Who: MAC and MOH
- What: The portal serves as an online platform where individuals can report issues and complaints related to HIV and AIDS in Malaysia.
- When: Since 2023

7. Towards Ending AIDS by Malaysian Businesses
- Who: MAF
- What: A specialized training programme by MAF, also known as TeamB, to guide employers on addressing HIV and AIDS within the workplace.
- When: Since 2016

01 Government & Malaysian AIDS Foundation Support

1. Social Contracting Starts
- Who: Malaysian Government and non-governmental organizations.
- What: The Government introduces a policy for fund allocation to non-governmental organizations that complement government objectives.
- When: Since the 1990s

2. Teratak Kasih Tok Nan Projects
- Who: MAF with Sarawak state government and Sunway Group
- What: A holistic support programme under the Sarawak government supported by MAF that allows for people living with HIV to receive ART and mental health therapy, and gain access to support groups through a one-stop centre.
- When: Since 2017

3. Sarawak Health Access Programme
- Who: MAF with MOH, Sarawak state government, Sunway Group and CIMB Foundation
- What: Awards cash incentives to low-income patients diagnosed with HIV and other forms of chronic diseases to help cover the high cost of travelling and other logistical expenses.
- When: Since 2018

4. Sabah Health Access Programme
- Who: MAF with MOH, Sunway Group and Yayasan Petronas
- What: Supports underprivileged people living with HIV and other chronic diseases such as thalassemia and end-stage renal disease by providing transportation and cash assistance to cover high transportation and logistical costs.
- When: Since 2018

5. TestNow
- Who: MOH with MAC, MAF and the Global Fund
- What: Increased accessibility to HIV self-test kits, allowing individuals to discreetly assess their HIV status.
- When: Since 2023

02 Social Contracting

1. Condom Sponsorship for DHSKP Programme
- Who: From Karex Berhad to DHSKP (MAF/MOH)
- What: Donated 700,000 condoms worth MYR 1.05 million / USD 227,000 to the MAF and MOH.
- When: Since 2023

2. PAL Scheme
- Who: Yayasan Sime Darby
- What: Gave 100 low-income people living with HIV subsidized ART, prescribed and dispensed at 18 government hospitals throughout Malaysia.
- When: Since 1998

3. MyLady Assistance Scheme
- Who: Yayasan Petronas
- What: A sustainability grant supporting the entrepreneurial activities of women living with HIV through a microcredit loan programme.
- When: Since 2019

4. Leadership in Advocacy Grant
- Who: Yayasan Sime Darby
- What: Supports the operational costs of a joint advocacy secretariat for MAF and MAC.
- When: Fourth cycle to end June 2026

03 Private Sector Support

Future Plans

Malaysia's HIV response is entering an exciting new phase – one shaped by national leadership, innovation and a commitment to long-term sustainability. With a clear roadmap to fully transition to domestic funding in 2025 and exit Global Fund support by 2028, the country is investing in strategic partnerships, financial planning and system-wide integration of successful initiatives.

Leaders in Malaysia are also global leaders in the HIV response. The most important thing for Malaysia going forward is to continue to not only lead its own response but also share within the region what they've done, what has worked, what they learned and how they adapted.

Bryan Morris

Fund Portfolio Manager
The Global Fund

Efforts like the national PrEP programme are being mainstreamed into primary healthcare, ensuring that HIV services become a seamless part of the broader health system. At the same time, Malaysia's unique approach to leveraging Global Fund support as a catalyst – rather than a crutch – positions it as a model for other transitioning countries, particularly those navigating similar cultural and religious contexts.

The future of Malaysia's HIV response lies in bold, inclusive strategies that empower communities and reinforce national resilience. Social contracting through programmes like DHSKP and the Tripartite HIV Intervention Program has built a strong foundation for community-led service delivery, while rising private sector engagement and plans for HIV-focused social enterprises offer promising avenues for innovation and impact.

Scaling up PrEP access, reducing barriers for key populations and strengthening collaboration across sectors will be critical to sustaining momentum. With continued dedication and collective action, Malaysia is well on its way to ending AIDS by 2030 and offering valuable lessons for the global health community.

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