Malaysian AIDS Council and
Malaysian AIDS Foundation

STRATEGIC PLAN

2026-2030

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Key Informants

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The Malaysian AIDS Foundation (MAF) has long championed the vision of a Malaysia where no one is left behind in accessing life-saving healthcare, social support, and human dignity. As we unveil the Strategic Plan 2026–2030, we reaffirm our commitment to advancing that vision with greater ambition, innovation, and sustainability.

This plan comes at a pivotal time. While scientific progress has transformed HIV into a manageable condition, the social determinants that shape health outcomes — poverty, stigma, gender inequalities, unstable financing, and gaps in community resilience — remain challenging realities. To respond effectively, our systems must evolve. MAF's role in mobilising resources, forging cross-sector partnerships, and sustaining community-led programmes is now more critical than ever.

The Strategic Plan places strong emphasis on building long-term, diversified financing models; strengthening governance and accountability; and embedding innovation — particularly digital and community-driven solutions — into every facet of our work. These priorities reflect our recognition that the sustainability of Malaysia's HIV response requires a bold shift toward resilient systems and empowered communities.

We are grateful to our donors, corporate partners, government ministries, and regional collaborators whose support has enabled us to serve some of the most vulnerable populations in Malaysia. Their continued partnership will be central to the success of this new strategic cycle. At the heart of this plan, however, are the communities themselves — whose courage, leadership, and lived experience continue to inspire and guide our mission.

With this Strategic Plan as our roadmap, MAF renews its dedication to advancing health equity, strengthening community systems, and ensuring that Malaysia's progress toward ending AIDS remains firm and unwavering, and deeply inclusive.

Foreword Message

President, Malaysian AIDS Council

Assoc Prof Dr Raja Iskandar Shah bin Raja Azwa

The Strategic Plan 2026–2030 represents a defining moment for the Malaysian AIDS Council (MAC) as we reimagine our role in a rapidly evolving health landscape. Over the past three decades, MAC has remained consistent and resolute in its mission to champion the rights, dignity, and well-being of people living with and affected by HIV. Today, as the needs of our communities expand beyond HIV alone, so too must our approaches, systems, and partnerships.

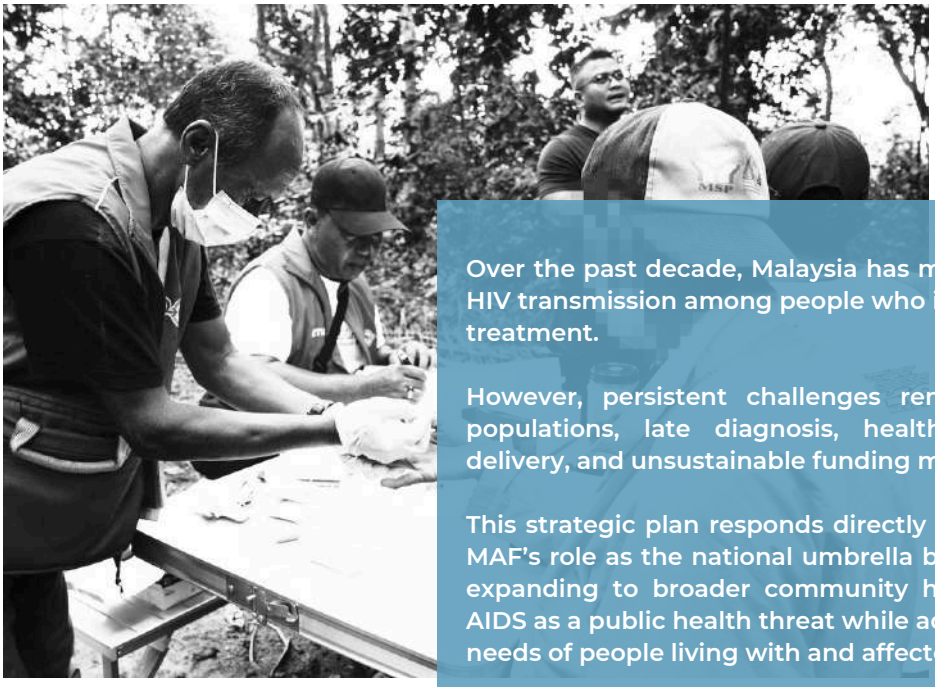
This strategic plan is the result of extensive consultations with communities, technical partners, government agencies, and civil society leaders across Malaysia. Their lived experiences, aspirations, and insights form the backbone of our strategic direction. We listened closely to communities who continue to face stigma, late diagnosis, and persistent barriers to essential services — and we recognised the urgent need for a more integrated, person-centred model of care.

In the next five years, MAC will prioritise three core commitments: strengthening community leadership, championing rights-based and evidence-driven health policies, and advancing inclusive, stigma-free access to prevention, treatment, and care. We will expand our scope to address intersecting health and social needs while ensuring that HIV remains central to our mandate. We will also deepen our engagement with both traditional and emerging partners, understanding that a unified, multisectoral response is essential for sustainable impact.

As we chart our path forward, I am reminded that our greatest strength lies not in institutions, but in people — the communities whose resilience has shaped Malaysia's HIV response for decades. With renewed focus and collective resolve, I am confident that this Strategic Plan will strengthen our journey toward health equity and bring us closer to ending AIDS as a public health threat in Malaysia.

Executive Summary

The MAC & MAF Strategic Plan 2026–2030 marks a transformative step forward in response to HIV and beyond, grounded in equity, inclusion, and sustainability. It is the result of a comprehensive consultative process involving MAC & MAF Secretariat, Executive Committee (EXCO), Board of Trustees (BOT), communities, partner organisations, key stakeholders, and regional experts.



Over the past decade, Malaysia has made significant progress in reducing HIV transmission among people who inject drugs and expanding access to treatment.

However, persistent challenges remain: rising infections among key populations, late diagnosis, healthcare stigma, fragmented service delivery, and unsustainable funding models.

This strategic plan responds directly to those realities. It reaffirms MAC & MAF's role as the national umbrella body coordinating HIV responses and expanding to broader community health efforts, committed to ending AIDS as a public health threat while addressing the wider health and social needs of people living with and affected by HIV.

Anchored in the principles of health equity, dignity and inclusion, the MAC & MAF Strategic Plan 2026–2030 is aligned with the Ministry of Health Malaysia's National Strategic Plan for Ending AIDS (NSPEA) 2016–2030, the UNAIDS global AIDS targets and the Sustainable Development Goals.

The Plan supports Malaysia's national HIV response by strengthening community-led prevention, testing, treatment and care; reducing stigma and discrimination; addressing inequalities; and building sustainable community systems and financing towards ending AIDS as a public health threat by 2030.

THEMATIC 1

People-centred Approaches in Integrated HIV and Health Responses

THEMATIC 2

Sustainability and Innovation for Community Resilience

THEMATIC 3

Inclusive Governance and Partnership for Collective Leadership

Thematic areas: These are the broad pillars of the strategic plan. Each thematic area defines a long-term focus for MAC & MAF's work. They reflect the organisation's core commitments and set the direction for all strategies and priority actions that follow *(Think of these as the 'big picture' goals we want to achieve).*

Vision and Mission

This strategy is not only a continuation of MAC & MAF's leadership but a re-imagining of how we respond to HIV and related health challenges and guide MAC & MAF and its partners in transforming HIV response to be more inclusive, adaptive, and future-ready.

Each thematic area is supported by three strategies[2] , with focused priorities[3] and priority actions[4] designed to:

- Expand access to rights-based, stigma-free services
- Promote innovative and resilient health delivery models
- Embed community voices into governance and decision-making

Vision Statement

We envision a world where communities most affected by HIV and health inequities in Malaysia and the region are thriving - leading people-centred, transformative responses to end AIDS and advance health equity, grounded in inclusion, accountability, and dignity.

Mission Statement

MAC & MAF catalyse bold, sustainable, community-led action on HIV and health equity – through movement-building, systems strengthening, innovative care models, policy advocacy, and strategic resource mobilisation in Malaysia and the region.

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2. **Strategies:** Under each thematic area, there are three strategies. Each strategy outlines a specific area of work or approach that MAC & MAF will priorities to achieve its thematic goals. *(These describe how we will focus our efforts in each area.)*

3. **Priorities:** Each strategy contains two priorities. These are specific directions or focus areas where MAC & MAF aim to create change *(These are what we want to change or improve).*

4. **Priority Actions:** Priority actions are the key actions MAC & MAF will pursue to realise each priority *(These outlines how we plan to act on our priorities).*

Our Values

At MAC & MAF, our work is grounded in the following values, which define how we work, relate to one another, and build a sustainable, community-rooted response organisation and foundation:

1/ Inclusivity, Equity, and Respect for Diversity

We are committed to creating inclusive spaces that welcome, respect, and elevate diverse voices - especially those historically marginalised in health systems and policymaking. We believe that embracing difference strengthens our shared work, and we actively work to advance equity by addressing structural barriers and promoting fairness in all that we do.

2/ Collaboration

We value collective action. We work in solidarity with communities, partners, and allies - locally and globally - to achieve shared goals and amplify each other's strengths. We believe that meaningful partnerships are foundational to lasting impact.

3/ Empowerment, Sustainability, and Capacity Strengthening

We believe in building power not for but with communities. We invest in the leadership, knowledge, experience, and capacities of individuals and networks, ensuring that our work is sustained by those most impacted. We are committed to strengthening community systems and movements that are resilient, self-led, and build to thrive over a long term.

4/ Transparency and Accountability

We operate with openness and integrity. We build trust by communicating clearly, sharing decision-making processes, and holding ourselves accountable to our communities, commitments, and values.

5/ Adaptability and Innovation

We embrace change and are open to new ways of thinking. We commit to learning from our work, responding to evolving contexts, and testing creative solutions that are grounded in community realities and evidence.

> **These values are not just aspirational - they guide our decisions, shape our culture, and define how we partner, advocate, and respond.**

Theory of Change

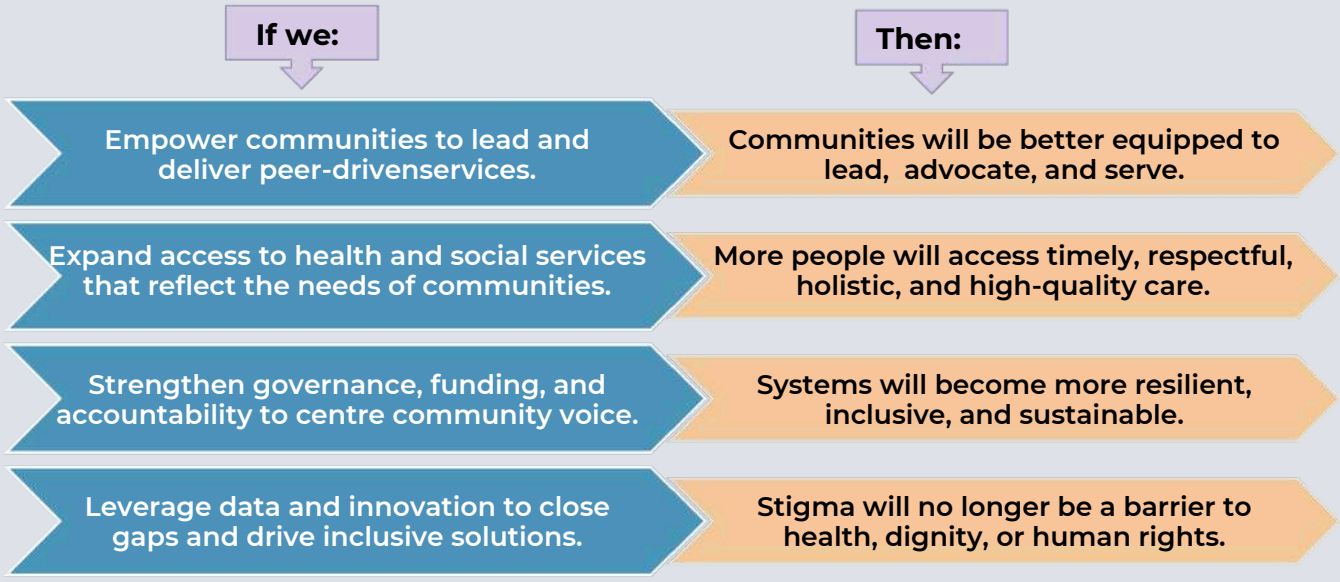
Why this Strategic Shift? The global landscape of HIV response and trend in Malaysia is at a turning point. International donors shifting priorities, and conventional approaches which often top-down, biomedical-centric, siloed, and fragmented no longer match the complexity of the current realities.

In Malaysia, we face a range of persistent and emerging challenges:

- Stigma and discrimination remain major barriers for people to access care.
- Late diagnosis remains high, especially among key populations.
- Services often unable to reach rural, migrant, undocumented, and young people.
- Community voices are underrepresented in decision-making.

At the same time there is momentum for change, new leadership, a governance review, and growing call for community-led, people-centred solutions. These shifts demand a reimagined response which puts people, equity, inclusion, resilience, and sustainability at its core.

The Change We Envision



This Theory of Change forms the foundation for the strategies in this plan. It explains why we are prioritising:

- Health equity and social justice
- Community resilience and innovation
- Stronger governance and leadership by the people most affected

This Theory of Change provides the foundation for the three thematic areas, guiding the strategic direction and priorities outlined in this plan.

Core Strategy Framework

Grouping Strategy 1–Strategy 9 across the three core Thematic Pillars

THEMATIC AREA 1
People-centred Approaches

S1: Integrated Health
Prioritizing unified care, wellness, and targeted interventions.

S2: Policy Advocacy
Influencing structural guidelines and health-promoting regulations.

S3: Community-led Programmes
Local actions managed directly by grassroots stakeholders.

THEMATIC AREA 2
Sustainability & Innovation

S4: Financing
Securing diverse revenue streams to back continuous programmatic runtimes.

S5: Resilience
Reinforcing systems against external shocks and changing landscapes.

S6: Innovation
Deploying modern operational tech and cutting-edge mechanisms.

THEMATIC AREA 3
Inclusive Governance & Partnership

S7: Governance
Securing organizational check-and-balance, transparency, and structure.

S8: Leadership Development
Training successive cohorts of program stewards and decision-makers.

S9: Partnerships
Expanding collaborative links across key institutional boundaries.

Strategy Alignment Matrix

Detailed routing framework connecting S1–S9 to specialized functional lead units

Code	Strategic Objective	Parent Thematic Area Alignment	Lead Functional Group(s)
S1	**Integrated Health**	Thematic 1: People-centred Approaches	**Programmatic Initiative**
S2	**Policy Advocacy**	Thematic 1: People-centred Approaches	**Leadership Advocacy + CSS + Program**
S3	**Community-led Programmes**	Thematic 1: People-centred Approaches	**Programmatic Initiative + CSS**
S4	**Financing**	Thematic 2: Sustainability & Innovation	**Resource Mobilisation**
S5	**Resilience**	Thematic 2: Sustainability & Innovation	**Resource Mobilisation + CSS**
S6	**Innovation**	Thematic 2: Sustainability & Innovation	**Resource Mobilisation + CSS + Program**
S7	**Governance**	Thematic 3: Inclusive Governance & Partnership	**Leadership Advocacy + Governance**
S8	**Leadership Development**	Thematic 3: Inclusive Governance & Partnership	**Leadership Advocacy + CSS + Program**
S9	**Partnerships**	Thematic 3: Inclusive Governance & Partnership	**Leadership Advocacy + CSS + Program + Resource Mobilisation**

Strategic Plan

A: Integrate HIV with Broader Health Services

- Conduct assessments to identify barriers.
- Develop roadmaps toward integrated health and social services.
- Train & co-design with communities.
- Pilot & scale-up models.

B: Apply HIV Innovations to Other Health Areas

- Identify, adapt, and document success stories.
- Leverage partnership with private healthcare.
- Co-design with communities and launch campaign.
- Provide sensitisation training for media.

A: Advocate for People-Centred, Right-based Health Policies

- Convene and facilitate multi-stakeholder dialogues to build consensus on integrated policies recommendations.
- Push for legal reforms to remove discriminatory barriers.
- Advocate for access to up-to-date treatment.
- Facilitate inclusive community consultations and lived experience forums.

STRAT
Advocating for
Health

STRATEGY 1
Advancing People-centred Approaches in Community Health

A: Convene Inclusive Platform for Co-Creation

- Establish regular multi-sectoral working groups with TOR and facilitation plans.
- Document and disseminate outcomes of dialogues.
- Provide capacity building and technical support to stakeholders and POs.

STRATEGY 9
Cultivating Muilti-Stakeholder Partnerships and Collaboration

B: Facilitate Cross-Sectoral Learning & Partnership

- Establish knowledge-sharing platforms and networks.
- Engage with academic institutions/think tank/for research.
- Organise national and international conferences, webinars, and workshops.
- Implement feedback loops and mechanisms.

STRATEGY 8
Nurturing a Culture of Inclusive Leadership Growth and Development

A: Enhance Leadership Through Training & Mentorship

- Conduct leadership need assessments.
- Establish mentorship/fellowship programmes.
- Create/organise external leadership workshops, seminars, forums, conferences, retreats.
- Integrate leadership development into the systems.

B: Enable Inclusive & Diverse Leadership

- Conduct awareness, sensitivity, and sensitisation trainings.
- Establish and facilitate leadership development opportunities.
- Develop and implement diversity, equity, and inclusion policies.

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STRATEGY 7
Enhancing Insitutional Governance and Accountability Systems

A: Strengthen Governance for Transparancy & Accountability

- Conduct governance revision on structure, policies, and practices.
- Finalise the governance framework.
- Establish governance feedback loop and mechanisms
- Organise capacity building and training session on orientation.

B: Establish Integrated Planning & Monitoring Systems

- Design and institutionalise participatory strategic planning process.
- Develop standardise MEL tools and dashboard.
- Train staffs and leadership on data collection, analysis and responses.
- Conduct periodic strategic review and adjustment.

n Framework

B: Align Policies with Global Movement

- Advocate for alignment of nation policies with global standards.
- Establish technical working group/advisory council.
- Tap into international training.

A: Emppower Community Leadership in Health Programmes

- Co-develop tailored toolkits, materials, guidelines.
- Provide capacity building tailored different needs of community-led organisations.
- Provide funding, technical assistant grants for pilot project. Led by communities.

B: Foster Peer & Community Support Networks

- Expand peer-led outreach and support groups.
- Link peer-led & support groups with healthcare and social services.
- Establish mentorship and peer learning exchange.

TEGY 2
People-centred
Policies

STRATEGY 3
Empowering Community-led Health Programmes

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STRATEGY 4
Securing Long-Term and Diversified Financing

THEMATIC 2
Sustainability and Innovation for Community Resilience

A: Secure Diverse Financing for Community Health

- Strengthen engagement with diverse funding partners.
- Conduct funding landscape and potential fundings.
- Explore and pilot innovation financing mechanisms
- Develop investment briefs, proposal, document impacts.

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STRATEGY 5
Strengthening Community and System Resillience

B: Mobilise Resources for Sustainable, Scalable Programmes

- Support community organisations to register as social enterprises/hybrid models.
- Strengthen financial management and literacy, proposal development and document impact.
- Identify and establish strategic partners.

STRATEGY 6
Embedding Innovation as Driver of Equity and Amplify Impact

A: Support Digital Innovation for Community Health

- Conduct assessment with community to identify digital health solutions.
- Leverage, pilot, scale-up digital/online tools/platforms.
- Collaborate with tech developers, academia, and health authorities.
- Develop digital/AI literacy capacity building.

A: Strengthen Adaptive Capacity of Community

- Develop and implement resilience-focused capacity building.
- Strengthen community surveillance systems and feedback loops.
- Establish emergency response protocol.

B: Foster Continous Improvement in Systems

- Review and introduce innovation tools for automation in operational structure.
- Establish participatory innovation hubs and working groups.

B: Invest in Community

- Invest in sustainable community infrastructures and systems.
- Facilitate community advisory boards and feedback mechanisms.
- Strengthen community health workforce.
- Provide structure training, certification, continuous development.

Thematic 1: People-centred Approaches in Integrated HIV and Health Responses

This thematic area reaffirms MAC & MAF's role as an umbrella body committed to advancing the HIV response while expanding its scope to address broader health and social issues that affect communities.

Building on MAC & MAF's longstanding expertise, this focus includes other pressing health concerns, equitable access to medicines, and the social determinants of health. At its core is a commitment to health equity, grounded in a rights-based, community-led model that centres people and their lived experiences.

Strategy 1: Advancing People-centred Approaches in Community Health Programmes

	PRIORITY ACTIONS[5]
Priority A: Integrate HIV responses with broader health services to address the social and structural barriers that affect communities	• **Conduct comprehensive assessments to identify barriers** (e.g. stigma, languages, legal, trust, logistics) – for equitable access to information, prevention, testing, treatment, and care. • **Develop roadmaps toward achieving integrated health and social services[6], inclusive of the needs and roles of different communities, and stakeholders** – focus on different needs of the communities[7], geographical, public/ private/ community healthcare providers. • **Train and co-design integrated services delivery models with communities** – for public/ private/ community healthcare providers, with practical case studies, role-plays, address barriers, and evaluation to ensure competence in integrated services. • **Pilot and scale-up integrated service delivery models** (e.g. one-stop static/online clinic - private/ public/ community, digital/physical outreach) – priorities regular testing, PrEP, treatment, linkage, with other health and social services.

	PRIORITY ACTIONS
Priority B: Tailor/Apply the successful approaches from HIV programmes to improve care in other areas of health that matter to communities.	• **Identify, adapt, and document the success stories/ models/impact** (e.g. CHWs, peer navigators, mobile/online testing, one-stop centre, social enterprise) – to deliver the integrated health and social services for communities. • **Leverage partnership with private healthcare providers** (e.g.hospital, clinic, pharmacy, lab) that have been engaged in HIV programme - to implement integrated health and social services. • **Co-design with communities and launch targeted communication and awareness campaign** on the integrated health and social services via testing entry points, community meetings, social media, podcast, and peer educators. • **Provide on-going sensitisation training/workshop for media practitioners** (mainstream and social media) to create awareness, shift narrative on integrated health and social services, and address stigma on the affected communities.

5. **Priority Action** is presented in bold, followed by examples and explanations in regular text. These supporting details are included for reference during drafting but will be moved to the Annex in the final version to ensure the published strategic plan remains clear, focused, and easy to read.
6. **Integrated health and social services:** not limited to HIV,Hepatitis, SRHR,harm reduction, MHPSS, shelter, tertiary care, welfare, support group, livelihood, and financial assistance.
7. **Communities:** key, high-risk and other priority populations: MSM, transgender, PWID, sex workers, PLHIV, partners of key populations, clients of sex workers, chemsex users, adolescents and youth, individuals with multiple sexual partners migrants, refugees, stateless persons, rural populations, pregnant women, survivors of gender-based violence.

Strategy 2: Advocating for People-centred Health Policies

	PRIORITY ACTIONS
Priority A: Advocate for national policies that promote an integrated people-centred, rights-based approach addressing health priorities that matter to communities	• **Convene and facilitate inclusive, ongoing multi-stakeholder dialogues to build consensus on right-based, people-centred health approaches and co-develop integrated policy recommendations** with national/ state/ local agencies, politicians, partner organisations, communities and networks, embassies, UN agencies, academic institutions, private healthcare and companies, experts, and other platforms[8] • **Push for legal and regulatory reforms to remove discriminatory barriers and ensure inclusive access to essential health and social protections** and services remove barriers to access, law that discriminate against or criminalise communities, restrict harm reduction, mental health support, gender and social norms, employment and workplace, health/medical insurance for PLHIV. • **Advocate for access of up-to-date treatment** to ensure all PLHIV (including non-citizen) able to access the current available treatment at the point of detection, receive treatment literacy, and have better adherence. • **Facilitate inclusive community consultations and lived experience forums** to ensure the voices of affected communities are directly involve in the policy content, priorities, and implementation plans.

	PRIORITY ACTIONS
Priority B: Ensure health policies are aligned with global health equity movements, on the social determinants of health, gender equity, and elimination of stigma and discrimination	• **Advocate for alignment of national policies with global standards of prevention, care, and treatment, equitable access for all**, including non-citizens, supported by essential programmes and services. • **Establish technical working group/advisory council** comprised of policymakers, communities, academia, to conduct policy reviews and gap analysis, and provide guidance on alignment opportunities and advocate for national policy adaptation that reflect global priorities. • **Tap into the international training for policymakers, healthcare providers, and communities** on the application of people-centred, gender-sensitive, and stigma-reduction lenses in policy development, budgeting, and service delivery systems.

8. **Other platforms:** CSO-SDG Alliance, CSO Platform for Reform, Coalition of Malaysian NGOs (COMANGO)

Strategy 3: Empowering Community-led Health Programmes

	PRIORITY ACTIONS
Priority A: Empower community-led organisations to lead the design, delivery, and monitoring of inclusive and integrated health programmes	• **Co-develop tailored toolkits, materials, and guidelines through collaborative partnerships** with the community-led organisations,public/ private healthcare and cooperation, to support the integration people-centred health and social services. • **Provide capacity building tailored to different needs of the community-led organisations** on programme design, result-based management, budgeting, participatory research, data and MEL for integrated health and social services. • **Provide funding, technical assistant grants to support pilot project led by communities,** expansion of the people-centred integrated health and social services, with flexible financing models that reflect evolving scope of services, particular on underserved areas.

	PRIORITY ACTIONS
Priority B: Foster peer-led and community networks that provide support, promote dignity, uplift individuals, and address intersecting health and social vulnerabilities	• **Expand, invest, and strengthen tailored peer-led outreach and support groups models (digital/physical)** for different communities to improve access of the integrated health and social services, with a focus on trust-building, safe-space, empowerment, and navigations of complex systems. • **Link peer-led initiatives and support groups with healthcare and social services** through referral systems, case management, ensuring individuals with complex needs receive comprehensive, coordinated cares. • **Establish mentorship and peer learning exchange** between community-led organisations and groups to foster collaborations on services delivery, stigma-reductions, and shared knowledge and resources.

Thematic 2: Sustainability and Innovation for Community Resilience

This thematic area focusesonbuilding future-ready systems that are sustainable, resilient, and driven by continuous innovation. To maintain progress in HIV and promote broader health equity, MAC & MAF will embed sustainable financing, strengthen adaptive systems, and support forward-looking models that centre communities.

Innovation will be fostered not only through technology, but also through service delivery, governance, and community engagement. A truly resilient health system must sustain progress, stay relevant amid evolving contexts, and consistently deliver inclusive, community-centred care.

Strategy 4: Securing Long-Term and Diversified Financing

	PRIORITY ACTIONS
Priority A: Design and secure diverse financial resources from public, private, and international sources to support integrated community health priorities	• **Strengthen engagement with diverse funding partners including government ministries[9], private sectors, embassies, domestic and international donors and philanthropic organisations,** (e.g. tripartite intervention programme) to align investment and promote co-financing of integrated health and social services. • **Conduct a comprehensive funding landscape and mapping current and potential fundings** a across the health and social services to identify gaps, efficiency, duplications, and opportunities (pooled fund, blended finance models, social contracting) for integration and sustainability. • **Explore and pilot innovation financing mechanisms (digital/physical)** – e.g. health impact bonds, social enterprise models, crowd funding, pooled community health and social funds, to diverse revenue streams and ensure sustainability. • **Develop compelling investment cases and briefs, funding proposal, document impacts** to negotiate multi-sectoral partnerships, and manage diversified funding portfolios effectively.

	PRIORITY ACTIONS
Priority B: Mobilise diverse resources to ensure continuity and scale of community-led programmes	• **Support community organisations to register as social enterprises or hybrid models**, and enabling them to generate income through services, training, or consultancy for self-sustaining. • **Strengthen financial management and literacy, proposal development, of community organisations, and document success stories and impact** of community-led programmes to increase competitiveness and attract funders. • **Identify and establish strategic partners** (e.g. training/academic institutions, philanthropic, CSR platforms) to support community-led integrated health and social services.

9. **Government agencies:** not limited to Ministry of Health, Ministry of Education, Ministry of Higher Education, Ministry of Finance, Ministry of Women, Family and Community Development, Ministry of Youth and Sport, Social Welfare Department, Religious authorities/Faith-based organisations, SUHAKAM.

Strategy 5: Strengthening Community and System Resilience

	PRIORITY ACTIONS
Priority A: Strengthen the capacity of community-led programmes to address ongoing needs and adapt to future health challenges	• **Develop and implement resilience-focused capacity building programmes** for community organisations incorporating trauma-informed care, crisis/emergency preparedness, risk communications, sensitisation of communities, and MHPSS. • **Strengthen community surveillance systems and feedback loops** by training frontline workers, and CHWs in early detections, data collections, and reporting to relevant health and social authorities. • **Establish emergency response protocols/partner with humanitarian actors, rapid deployment team, and secure contingency resources** within community networks to ensure timely support and response during crisis/emergencies.

	PRIORITY ACTIONS
Priority B: Invest in community infrastructure, governance, and management systems to support continuity, accountability, and leadership of locally driven health responses	• **Invest in sustainable community infrastructures and systems** (e.g. community health centres, digital health platforms, MEL, supply chain to ensure continuity and access to essential health and social services. • **Facilitate the establishment of community advisory boards and feedback mechanisms** that enable inclusive dialogue, trust-building, leadership development, and co-creation of responsive health and social interventions. • **Strengthen community health workforce** by supporting recruitment, talent retention, pairing mentorship and supportive supervision, and cultivating volunteerism especially among the young people and youth advocate. • **Provide/Engage structured training, recognised certification, continuous professional development programmes for communities** in area of MHPSS, SRHR, harm reductions, stigma mitigations, social works, human rights, gender sensitivity, ethic, MEL, with recognised training/academic institutions.

Strategy 6: Embedding Innovation as Driver of Equity and Amplify Impact

	PRIORITY ACTIONS
Priority A: Support innovation in digital health to enhance access, monitoring, and user experience across community health services	• **Conduct needs assessment with community stakeholders to identify gaps and opportunities for digital health solutions** (e.g. social media, MEL, mobile health) that improve accessibility and quality of care. • **Leverage, pilot, and scale-up digital tools/online platforms** (e.g. chat box, peer support apps, online forum, podcast, collaboration with social media platforms) to expand peer networks, wider outreach, support and care, and **integrate with AI to analysis, design, chat, and create awareness, engagement and fun interactions.** • **Collaborate with technology developers, academic institutions, and health authorities** to co-design ethical, privacy-compliant, and user-friendly digital health innovations. • **Develop digital/AI literacy and capacity building programmes** for communities and beneficiaries to optimise adoption and use of technology-based interventions.

	PRIORITY ACTIONS
Priority A: Foster a culture of continuous innovation in policy, financing, and service delivery to support inclusive, effective, and responsive interventions, performances, and impacts	• **Review and introduce innovation tools for automation in operational structure** (financing/accounting, human resource, management, MEL) to increase efficiency, mitigate duplication of programme design and funding, timely analysis and responses. • **Establish participatory innovation hubs and working group by leveraging cross-sector partnerships** (private, academia, technology companies, and communities) to co-create and design, share insights, review progress, and provide feedback loop mechanism and learning.

Thematic 3: Inclusive Governance and Partnership for Collective Leadership

This thematic area focuses onstrengthening MAC/MAF's governance and leadership to build a more effective and accountable organisation. It includes establishing clear structures for decision-making, accountability, and leadership development at all levels.

With strong systems in place, MAC/MAF will be better positioned to shape the broader health ecosystem through cross-sector partnerships, inclusive policy engagement, and resource mobilisation that supports an integrated and equitable health response.

Strategy 7: Enhancing Institutional Governance and Accountability Systems

	PRIORITY ACTIONS
Priority A: Strengthen governance structure to promote transparency, accountability, and clear decision-making processes	• **Conduct governance revision** by reviewing existing governance structures, policies, and practices to identify gaps, opportunity related to transparency, and accountability, relevant to current context, and progressive environment. • **Finalise the comprehensive governance framework** that clearly outlines roles, responsibility, accountability, and decision-making processes for all levels of the organisations and partner organisations. • **Establish governance feedback loop and mechanisms** to encourage staffs, and partners to report concerns, suggestions, advice, and accountable to the partners organisations with confidentiality and safely. • **Organise capacity building workshops and training sessions** to orient leaderships and staffs, and partner organisations including key stakeholders, on the governance framework, expected standard of transparency and accountability.

	PRIORITY ACTIONS
Priority B: Establish institutional systems that integrate learning, strategic planning, result-based monitoring, and timely reporting	• **Design and institutionalise a participatory strategic planning process** involve key stakeholder, communities, Secretariat, EXCO, and BOT to ensure inclusive planning and align with the current health and social priorities. • **Develop standardised monitoring, evaluation, and learning (MEL) tools and dashboards/templates** to tract progress against strategic objectives and key actions indicators. • **Train staffs and leadership on data collection, analysis, and responses** for adaptive management, ensuring decision are informed by evidence and feedback. • **Conduct periodic strategic reviews and adjustment, integrate feedback loops and mechanisms** based on MEL, stakeholders and communities feedback, and changes of the health and social landscape.

Strategy 8: Nurturing a Culture of Inclusive Leadership Growth and Development

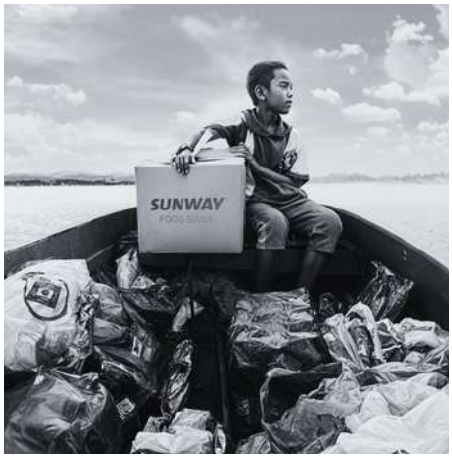
	PRIORITY ACTIONS
Priority A: Enhance leadership capacity at all levels through targeted training, mentorship, and structured development pathways	• **Conduct comprehensive leadership need assessments** across all levels and partner organisations to identify gaps, opportunities, and development priorities. • **Establish mentorship/fellowship programmes** (attachment/ study visit) pairing leaders with experienced mentors and reverse mentorship (young leaders can also share perspectives with senior leaders) to provide guidance, support, and knowledge transfers. • **Create/organise and engage external leadership workshops, seminars, forums, conferences, and retreats** to build skills, foster networking, exposure, encourage collaborative learning and cross-sector partnerships. • **Integrate leadership development** into performance management and career progression frameworks.

	PRIORITY ACTIONS
Priority B: Enable inclusive leadership from diverse background, age, gender to lead and shape organisational governance	• **Conduct awareness, sensitivity, and sensitisation trainings** for all leaders and staff including partner organisations, key stakeholders, to build understanding of inclusive leadership principles and cultural competencies. • **Establish and facilitate leadership development and opportunities through dialogues, platforms, and forums** focus on equity and intersectionality where voices from communities can be heard, empower diverse candidates, and contribute to decision-making processes. • **Develop and implement diversity, equity, and inclusion policies and mechanism** with communities representations in leadership, and governance frameworks.

Strategy 9: Cultivating Multi-Stakeholder Partnerships and Collaboration

Priority A:	**PRIORITY ACTIONS**
Convene inclusive platforms with government, private sector, and community-based organisations to co-create integrated strategies for community health.	• **Establish regular schedule of multi-sectoral working groups with clear terms of reference and facilitation plans** to ensure inclusive, transparent, and productive dialogues, for health and social policies development, and implementation. • **Document and disseminate outcomes of dialogues** including agreed policy, action points, and accountability measures, to the key stakeholders and partner organisations. • **Provide capacity building and technical supports** to key stakeholders and partner organisations to enhance their ability to contribute effectively in governance processes.

Priority B:	**PRIORITY ACTIONS**
Facilitate cross-sectoral knowledge exchange and collaboration at national and international level to strengthen partnerships and deepen collective understanding	• **Establish knowledge-sharing platforms and networks** that connect government agencies, private sector partners, civil society, academia, and communities for regular exchange of best practices and innovations. • **Engage with academic institutions/think tank/ research institutes for research** to utilise the existing data and mobilise the current data and generate information and evidence, impact for decision and policy making process. • **Organise national and international conferences, webinars, and workshops** focused on integrated health and social trends, research findings, and policy developments. • **Implement feedback loops and mechanisms** to gather input from diverse stakeholders on governance and leadership processes and use the insights to refine policies and strategies.



Strategic Plan Implementation Roadmap (2026–2030)

Thematic 1: People-centred Approaches in Integrated HIV and Health Responses

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 1 **People-centred Approaches in Integrated HIV and Health Responses**	**STRATEGY 1** **Advancing People-centred Approaches in Community Health Programmes.**	**1.1 Priority A:** Integrate HIV responses with broader health services to address the social and structural barriers that affect communities	1.1.1 National HIV Programme - DHSKP Service Expansion/Comprehensive Package for Key Populations & integrating STIs, Hepatitis B & C, Mental Health (including chemsex)in service delivery. - Conduct programmatic need assessment, need for health services	2026 - 2028
			1.1.2 Capacity Building for Community Health Workers - Training on HIV and STI Prevention and Treatment Literacy	2026: 40 2027: 30 2028: 170
			1.1.3 Capacity Building for Community Health Workers - Training on Chemsex and MHFA	2026: 30 2027: 30 2028: 150
			1.1.3 Paralegal Workshop - Training for CHWs and community members and "Know Your Rights."	2026: 2 Trainings - To rub Paralegal workshop before end of 2026 2027: 3 Trainings 2028: 4 Trainings
			1.1.4 Digital Innovation - HIVST services delivery intergrated with CBO services through self-pick up	2026 - 2028
			1.1.5 Digital Innovation - Integrated Digital Directory for HIV and Community-related services	2026 - 2028
			1.1.6 Digital Innovation - Establishment of Digital Outreach team to provide online-based outreach contents and services i.e para-counseling and referral	2026
			1.1.7 Trans-Health - Pilot and strengthen trans-inclusive healthcare services	June 2026 - Through SASEA platform, 4 Malaysian HCWs has been trained by IHRI for transgender competent care training in Bangkok Jan 2027 - Piloting 2 sites on providing HIV integrated services with gender affirming care March 2027 - Revised handbook on transgender competent care training module Jan 2028 - Expanding 2 more sites on providing HIV integrated services with gender affirming care
		1.2 Priority B: Tailor/Apply the successful approaches from HIV programmes to improve care in other areas of health that matter to communities.	1.2.1 Initiatives for Youth - Establishement Student-led outreach and referral (Pilot in 5 Universities)	2026: 5 universities
			1.2.2 Initiatives for Youth - Student-led outreach scale-up to 10 Universities	2026: July 10 Universities
			1.2.3 Establishment of Private HIV Service Delivery Coalition / Partnership - Expansion of PrEP, STIs and HIV services at GPs and Pharmacies complimenting the public health services.	2026 - 2028

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 1 **People-centred Approaches in Integrated HIV and Health Responses**	**STRATEGY 2** **Advocating for People-centred Health Policies**	**2.1 Priority A:** **Advocate for national policies that promote an integrated people-centred, rights-based approach addressing health priorities that matter to communities.**	2.1.1 Advocating for Integration of Health Services - Establishment of One-stop centre for Key Populations at Klinik Kesihatan (PrEP, OSCA, STICF- CLinic, HIV Treatment)	2026 - 2027
			2.1.3 Law and Policy Reform - Policy Reform for Personal drug-use and possesions	2028
			2.2.4 Improving Health Access - TLD as first-line HIV treatment	2026
		2.2 Priority B: **Ensure health policies are aligned with global health equity movements, on the social determinants of health, gender equity, and elimination of stigma and discrimination.**	2.2.1 HIV & Workplace - Advocate and develop an updated management of HIV at workplace policy	2026 -The Guidelines on Prevention and Management of HIV/AIDS at the Workplace 2026 were revised and officially launched by the Department of Occupational Safety and Health, Ministry of Human Resources, in collaboration with MAC/MAF and the Ministry of Health in June 2026 -Conduct HIV 101 and Workplace HIV Management training programs to promote awareness and facilitate adoption of the Guidelines among employers and employees - 5 training and 2 seminars completed 2027 - Expand Workplace HIV training to more workplaces such as corporate sectors, government agencies 2028 - Support the adoption of Workplace HIV Management practices by at least by 10 companies - Strengthen the implementation of HIV & Islam initiatives through continued stakeholder engagement and training
			2.2.2 Stigma and Discrimination Reduction - Data collection on S&D for PLHIV through MySES (Malaysian Stigma Evaluation Survey)	2026: The MySES Report remains pending and is currently on hold at MoH 2027: Findings shared with stakeholders and policy makers 2028: MySES findings utilised for advocacy and policy engagement
			2.2.4 Stigma & Discrimination Reduction: Explore development of guidance/fatwa discouraging discrimination towards PLHIV through engagement with religious stakeholders	2026: Awaiting for finalisation of the MySES Report to support discussion with JAKIM and Pejabat Mufti Wilayah on the development of a non-discriminatory fatwa, informed by research findings and evidence 2027: Draft guidance discussion 2028: Follow-up engagement
			2.2.5 Stigma & Discrimination Reduction: Conduct HIV & Islam workshops including Pengurusan Jenazah training with JAKIM and partners	2026: - The HIV & Islam Manual was revised and officially launched by JAKIM in collaboration with MoH, MAC & MAF in February 2026 - 2 workshops completed (Sabah/Sarawak) 2027: 3 workshops 2028: 4 workshops
			2.2.7 Stigma and Discrimination Reduction - S&D Reduction through Quality Improvement (QI) Initiatives with MOH Sector-HIV and MOH-NIH	2026: 2 sessions - To run Paralegal workshop before end of 2026 2027: 2 sessions 2028: 3 sessions

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 1 **People-centred Approaches in Integrated HIV and Health Responses**	**STRATEGY 3** **Empowering Community-led Health Programmes**	**3.1 Priority A:** Empower community-led organisations to lead the design, delivery, and monitoring of inclusive and integrated health programmes	3.1.1 Community System Strengthening - Establishment of MyINCLUSION (Chemsex core team network)	2026
			3.1.2 Community-Led Monitoring and Responses - Development of CLM for OSCA clinic	2026 - 2027
			3.1.3 Community-Led Monitoring and Responses - Establishment of One-Stop Centre/Community Centre for PWIDs-centred programs	2026 - 2028
		3.2 Priority B: Foster peer-led and community networks that provide support, promote dignity, uplift individuals, and address intersecting health and social vulnerabilities.	3.2.1 Community System Strengthening - Establishment of PLHIV Support Group Network through "Positive Living Program"	2027
			3.2.2 Community System Strengthening - Establishment of Community Crisis Response Network for Legal-related matters	2026 - 2028
			3.2.4 Legal and Financial aids - Establishment of Legal emergency fund	2026 - 2028
			3.2.5 Legal and Financial aids - Establishment of Pro-bono lawyers network	2026 - 2028
			3.2.6 Community System Strengthening - Establish platform / communication channel for other KPs network to engage with DHSKP IPs, MAC & MAF.	2028

Thematic 2: Sustainability and Innovation for Community Resilience

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 2 Sustainability and Innovation for Community Resilience	**STRATEGY 4** **Securing Long-Term and Diversified Financing**	**4.1 Priority A:** Design and secure diverse financial resources from public, private, and international sources to support integrated community health priorities.	4.1.1 Sustainability - Develop the objective of the long term financial sustainability.	2026-2028
			4.1.2 Sustainability - Identify feasible funding diversification targets	2026: 20% 2027: 35% 2028: 50%
			4.1.3 Sustainability - Leverage personal and team networks under direct leadership to secure funding and partnerships.	2026: 5 new strategic partnerships, with a combine grant value target of RM2 million.
			4.1.4 Sustainability - To plan and organise fundraising events & programme that will secure the funding for both MAC & MAF income.	2026: RM5 million
			4.1.5 National Replenishment Plan (NRP) 2028 - 2030 Establish a National HIV Replenishment Initiative as a structured financing platform to support community-based HIV prevention and differentiated services during the post-Global Fund transition.	Initiative established and operational by 2026
			4.1.6 National Replenishment Plan (NRP) 2028 - 2030 Mobilise private-sector and philanthropic contributions through ESG-aligned Replenishment commitments to replace Global Fund prevention financing.	Minimum RM4 million per year or RM 12 million for 3 years (2028–2030)
			4.1.7 National Replenishment Plan (NRP) 2028 - 2030 Engage international partners and agencies to provide catalytic, transitional, or technical support aligned with domestic financing priorities.	2 international partners engaged during transition period
			4.1.8 National Replenishment Plan (NRP) 2028 - 2030 Leverage matching and catalytic financing mechanisms to crowd in corporate and institutional donors.	1:1 matching achieved between public commitment and private contributions
			4.1.9 National Replenishment Plan (NRP) 2028 - 2030 Strengthen governance, transparency, and accountability of pooled financing through existing national mechanisms (MOH oversight and CCM).	Annual reporting and independent audit completed during transition period
			4.1.10 Social Enterprise - Establishment of Social Enterprise for diversification of HIV funding sources.	2027-2030
			4.1.11 Social Enterprise - MAC MAF Social Enterprise for PrEP and HIVST services as part of the sustaibility of the services. Exploring co-payment model.	2027-2030
			4.1.1 Sustainability - Develop the objective of the long term financial sustainability.	2026-2028

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 2 Sustainability and Innovation for Community Resilience	**STRATEGY 4** **Securing Long-Term and Diversified Financing**	**4.2 Priority B:** Mobilise diverse resources to ensure continuity and scale of community-led programmes.	4.2.1 TCS Programme - To run a successful Treatment, Care & Support Programme	2026: Estimation of 2,500 beneficiaries in all programmes
			4.2.2 TCS Programme - To ensure that all beneficiaries receive meaningful and measurable impact from the programmes implemented.	Atleast 75% of the participants in the run programme report engaged.
			4.2.3 Shelter Home Programme intiatives - Support the operation of HIV shelter home as part of the community system strengthening	2026-2027
			4.2.4 Partner Organizations Sustainability - Strengthen proposal development capacity of Partner's Organisations (POs) for domestic and international funding	2026: Two POs trained
			4.2.5 CSR Funding Diversification - Engage private sector & CSR funding	2026: 2 2027: 3 2028: 4

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 2 Sustainability and Innovation for Community Resilience	**STRATEGY 5** **Strengthening Community and System Resilience**	**5.1 Priority A:** Strengthen the capacity of community-led programmes to address ongoing needs and adapt to future health challenges.	5.1.1 Capacity Building for CSOs - Training on Program, operation and financial Management.	2026 - 2027
			5.1.2 Capacity Building for CSOs - CBOs inter-state cross learning	2026 - 2027
			5.1.3 Co-developing Aid Programme with Partners - Develop aid programs in partnership with Partner Organisation/ Implementing Partners	2026
			5.1.4 Organizational Strengthening - Review and update financial policies & SOP	2026
			5.1.5 Organizational Strengthening - Strengthen Delegation of Authority (DOA)	2026
			5.1.6 Organizational Strengthening - Enhance audit readiness & response	2026–2028
			5.1.7 SASEA Platform - Strengthen Community-Led Monitoring (CLM) for HIV & Health Services in India & Indonesia	Jan 2026 -Dec 2028
		5.2 Priority B: Invest in community infrastructure, governance, and management systems to support continuity, accountability, and leadership of locally driven health responses.	5.2.1 Community Research - Establishment of Strategic Information Unit at MAC/MAF	2026 - 2028
			5.2.2 Borneo Expansion - Develop a transit home in Borneo.	2026
			5.2.3 Community Development - To develop a sustainability programme with Partner Organisation/ Implementing Partner	2026
			5.2.4 Community Development - Digital advocacy workshops with the community	2027 2028: Stakeholder
	STRATEGY 6 **Embedding Innovation as Driver of Equity and Amplify Impact**	**6.1 Priority A:** Support innovation in digital health to enhance access, monitoring,and user experience across community health services.	6.1.1 Digital Innovation - Online and almost real-time Data collection tool (MyVAS)	2026
			6.1.2 Digital Innovation - Development of TESTKUL Portal - intergrated with other community health services	2026
			6.1.3 Digital Incident Reporting - Develop user digital friendly incident report form	2026
			6.1.4 Digital Innovation - Integrating all MAC MAF Digital Health platform under one stop centre eg. PROTECTNOW	2026 - 2028
		6.2 Priority B: Foster a culture of continuous innovation in policy, financing, and service delivery to support inclusive, effective, and responsive interventions, performances, and impacts.	6.2.1 Mentoring and Coaching - On-going monitoring and programmatic review through Mini TRP and TRP	2026 - 2028
			6.2.2 Adoption of New HIV Technologies - Community preparedness for long-acting HIV technologies	2026 - 2028
			6.2.3 Organization Development - Mental health assessment programs - Mental Health Policy	2026 - 2028
			6.2.4 Organization Development - Safety Policy under DOSH (Occupational Safety and Hazards)	2027

Thematic 3: Inclusive Governance and Partnership for Collective Leadership

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 3 **Inclusive Governance and Partnership for Collective Leadership**	**STRATEGY 7:** **Enhancing Institutional Governance and Accountability Systems**	**7.1 Priority A:** Strengthen governance structure to promote transparency, accountability, and clear decision-making processes.	7.1.1 Organizational Development - Develop and implement SOP for Shelter Home Programme Management	Q3 2026
			7.1.2 Organizational Development - Conduct Joint monitoring and evaluation site visits to the shelter homes from the programmatic, finance, and governance aspects also with Programme Officers (POs) to assess programme implementation, governance, compliance, and identify areas for improvement.	2 visits annually
			7.1.3 Organizational Development - Develop, endorse, and publish EXCO Charter and Organisational Charter on the organisation's website	By June 2027
			7.1.4 Organizational Development- Develop and implement Conflict of Interest policy and annual declaration process for the PO and IP's	Developed and circulated 2026
			7.1.5 Organizational Development - Require annual COI declaration by Board members, EXCO members, staff, and relevant stakeholders	Developed and circulated 2026
		7.2 Priority B: Establish institutional systems that integrate learning, strategic planning, result-based monitoring, and timely reporting.	7.2.1 Organization Development - Develop a strategic plan dashboard for tracking KPIs and progress	Annually
			7.2.2 Organization Development - Conduct quarterly/ strategic performance review meetings	Quaterly
			7.2.3 Organization Development - Develop and implement AMLA Policy	2026 - 2027
			7.2.4 Organization Development - Develop and implement Gender Policy	2026 - 2027
	STRATEGY 8: **Nurturing a Culture of Inclusive Leadership Growth and Development**	**8.1 Priority A:** Enhance leadership capacity at all levels through targeted training, mentorship, and structured development pathways	8.1.4 Advocacy Crisis Response Training: Conduct Advocacy Case Management & Crisis Response Training for handling sensitive	2026
			8.1.5 Workplace HIV Sensitisation: Organise Workplace HIV Sensitisation Workshops and Code of Practice engagement sessions with companies	2026: 5 companies 2027: 8 companies 2028: 10 companies
		8.2 Priority B: Enable inclusive leadership from diverse background, age, gender to lead and shape organisational governance.	8.2.2 Multi-Sector Inclusive Governance Engagement:Promote inclusive leadership participation involving government agencies, healthcare sector, NGOs, religious stakeholders and community leaders through strategic platforms including CCM.	2026: 3 engagements 2027: 4 engagements 2028: 4 engagements

THEMATIC	STRATEGY	PRIORITY	ACTIVITIES / ACTION PLAN	TIMELINE
THEMATIC 3 **Inclusive Governance and Partnership for Collective Leadership**	**STRATEGY 9:** **Cultivating Multi-Stakeholder Partnerships and Collaboration**	**9.1 Priority A:** Convene inclusive platforms with government, private sector, and community-based organisations to co-create integrated strategies for community health.	9.1.1 Partnership Development - To develop a Tripartite Partnership between Govt, NGO and Corporate	Sabah State Government
			9.1.2 CCM Strategic Engagement: Strengthen Country Coordinating Mechanism (CCM) engagement involving government, private sector and community leaders	2026: 4 engagements 2027: 4 engagements 2028: 4 engagements
			9.1.3 Strategic Stakeholder Collaboration: Conduct strategic engagement sessions with ministries, healthcare stakeholders and community organisations. Eg: JAKIM, MoHR, MoHE, MoE, KPWKM, KDN, PDRM, etc	2026: 4 sessions 2027: 4 sessions 2028: 4 sessions
			9.1.4 Partner Organisation Collaboration: Strengthen collaboration with NGOs and community-led organisations	2026: 4 activities
			9.1.5 Support Fundraising Initiatives: Strengthen Replenishment Initiative advocacy and Ikatan Merah sustainability platform	2026: 3 sessions 2027: 4 sessions 2028: 4 sessions
			9.1.6 Partnership Development - Strengthen engagement with embassies to mobilise funding	2026: 2 embassies engaged
			9.1.7 Partnership Development - University Alliance in Addressing HIV among Young People	2026 - 2028
			9.1.8 Partnership Development - Developing Technology companies partnerships to Ending AIDS	Annually
		9.2 Priority B: Facilitate cross-sectoral knowledge exchange and collaboration at national and international level to strengthen partnerships and deepen collective understanding.	9.2.1 Research - Developing Research Strategic Focus & Action Plan to guide MAC MAF in prioritizing research agenda to inform evidence-based programme development &	Annually
			9.2.3 Conference and Summit - Orgnize and participate in knowledge sharing conferences for community members	2026 - 2028
			9.2.4 MAC Care: Share MAC Care evidence and advocacy findings with stakeholders	2026: 2 reports 2027: 2 reports 2028: 2 reports
			9.2.5 National/International Advocacy Dialogue: Organise national/international advocacy dialogues and harm reduction discussions. eg: Harm Reduction RTD, hilantropist Forum or Replenishment Summit	2026: 2 sessions 2027: 2 sessions 2028: 2 sessions

Governance & Strategic Oversight Directive

Ensuring Agility, Accountability, and Continuous Alignment

This Strategic Plan function as a living operational roadmap. Implementation is subject to periodic oversight by the respective Thematic group lead and annual strategic plan progress review by the MAC & MAF board.

In alignment with Strategy 7 (Priority B), this document will undergo systematic periodic reviews and adaptive revisions throughout the 2026–2030 cycle to ensure sustained responsiveness to global public health standards and community priorities.

Glossary

AIDS	Acquired Immunodeficiency Syndrome
BOT	Board of Trustees
CHWs	Community Health Workers
CSR	Corporate Social Responsible
EXCO	Executive Committee
HIV	Human Immuno-deficiency Virus
MAC	Malaysian AIDS Council
MAF	Malaysian AIDS Foundation

MEL	Monitoring, Evaluation, and Learning
MHPSS	Mental Health and Psychosocial Support
MSM	Men who have Sex with Men
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
SRHR	Sexual Reproductive Health and Rights
UN	United Nations

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