



YEARS
OF VISION

ANNUAL REPORT 2022



mac.org.my

Produced by: Solving Lab Consultancy
Commissioned by: Malaysian AIDS Council

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The Malaysian AIDS Council (MAC) would like to acknowledge the Ministry of Health Malaysia, The Global Fund to Fight AIDS, Tuberculosis and Malaria, The Coalition Plus, United Nation agencies and other government agencies as well as our Affiliated Members for their continuous support throughout the year.

Special acknowledgement goes to the staff in the various departments at MAC who have dutifully contributed to the development of this annual report.

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PRESIDENT'S MESSAGE

The year of 2022 marked a significant milestone for the Malaysian AIDS Council (MAC) as we celebrated our 30th anniversary. This milestone offers a moment for us to reflect on our achievements and the challenges that lie ahead in our mission to end AIDS.

Starting as a coalition of just five Partner Organisations, MAC has grown substantially, now including 42 Partner Organisations. We are immensely grateful for the pioneering efforts of our early leaders, notably Datin Paduka Marina Mahathir, who laid a solid foundation for our growth and leadership in the national HIV response. Over the years, new community leaders have emerged, taking up the mantle with passion and determination to continue this important work. MAC owes much of its success to the support and hard work of these Partner Organisations, who form the backbone of our efforts. We thank you for your enduring partnership.

Over the past three decades, MAC has achieved numerous milestones and has seen the transformative impact of antiretroviral (ARV) therapy, which has changed the course of the epidemic and brought hope to millions of people living with HIV (PLHIV), including more than 100,000 of our fellow citizens. This life-saving medication has transformed what was once a fatal disease into a manageable chronic condition, enabling PLHIV to lead long, healthy lives. Our advocacy efforts in increasing the accessibility and affordability of ARV therapy have been crucial in this regard.

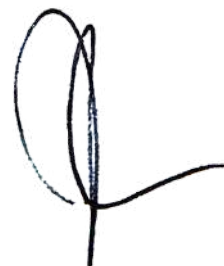
In recent years, we have observed a shift in the Malaysian HIV epidemic from one driven primarily by injecting drug use to one that is now mainly driven by sexual transmission. This shift has required us to adapt our strategies and expand our focus to address the changing dynamics of the epidemic. We need to intensify our educational and outreach programs to raise awareness about safer sex practices, newer HIV prevention strategies and to reduce the stigma associated with HIV testing and treatment.

I am particularly proud that MAC, alongside the Ministry of Health (MOH), has adopted a Harm Reduction approach in combating the spread of HIV. This is exemplified by the Needle Syringe Exchange Programme (NSEP), which has significantly reduced the number of new HIV cases among people who inject drugs (PWID). Through this program, we have distributed millions of sterile needles and syringes, and provided access to addiction treatment services, thereby reducing the harm associated with drug use and preventing the spread of HIV.

Similarly, our response to the sexual transmission of HIV must continue to be guided by evidence-based approaches and the principles of harm reduction. While moralistic discourses may have their place, they should not impede public health initiatives aimed at key affected populations such as Men Who Have Sex with Men (MSM), transgender individuals (TG), and Women at Risk (WAR). We must ensure that our interventions are inclusive and non-discriminatory, and that they address the specific needs and vulnerabilities of these populations. This includes providing comprehensive sexual education, promoting condom use, and ensuring access to pre-exposure prophylaxis (PrEP), post-exposure prophylaxis and other preventive measures.

As we look to the future, we are committed to sustaining and expanding our efforts to end AIDS in Malaysia. This will require continued collaboration with our partners, both locally and internationally, and the unwavering support of the government, donors, and the community. We must remain vigilant and adaptable, constantly assessing and responding to the evolving landscape of the epidemic.

I extend our heartfelt appreciation to the Ministry of Health for their partnership, as well as to our donors and supporters, both local and international, who have entrusted us and continue to support our mission to end AIDS. Your support has been instrumental in our successes, and we look forward to your continued partnership as we strive to achieve a Malaysia free of HIV.

A handwritten signature in black ink, consisting of a large, stylized 'R' followed by a horizontal line extending to the right.

Assoc Prof Dr Raja Iskandar Shah Raja Azwa
President, Malaysian AIDS Council



MALAYSIAN AIDS COUNCIL

The Malaysian AIDS Council (MAC) was initiated by the Ministry of Health (MOH) in 1989 and was registered in 1992 and has since been fulfilling the function of an umbrella organisation to support and coordinate the efforts of non-governmental and other organisations working on HIV and AIDS response in Malaysia.

MAC works in partnership with government agencies, the private sector, and international organisations in ensuring a committed and effective response to HIV and AIDS issues in Malaysia. Currently, MAC has 42 affiliated Partner Organisations. MAC and its Partner Organisations serve as the forefront voice for communities most affected by HIV and AIDS in the nation.

CORE VALUES

Values are standard, principles, or qualities that will outline how the EXCO, management, staff, and other relevant parties will conduct themselves in doing their business. It is important for the key stakeholders to be involved in defining these. The two most important values amongst others that need to be determined are as follows:

INTEGRITY

Integrity is a core value in all aspects of our professional and personal life. It includes impartiality, fairness, honesty, and truthfulness in all matters affecting our services. These qualities provide a basis for ethical decision making when members and staff face situations where a conflict between professional and private interest arises or where special concessions are requested.

RESPECT FOR DIVERSITY

Take pride in the diversity of the organisation's members and beneficiaries which encompasses people of different backgrounds, cultures and experiences. We should show respect and tolerance in the interactions with others and work together with openness and develop trust.

VISION

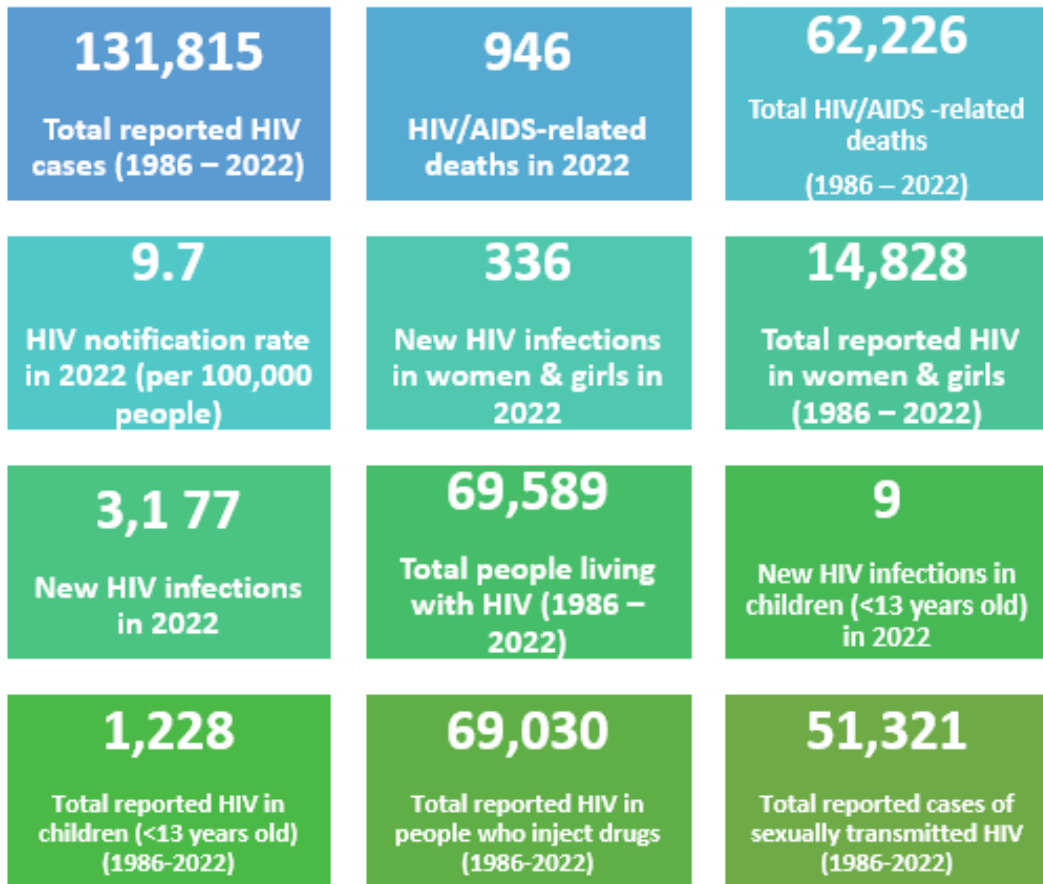
A society free from negative impacts of HIV/AIDS, where the AIDS epidemic is under control through comprehensive prevention, treatment, care, support, and impact alleviation services, particularly for the most vulnerable and marginalised populations.

MISSION

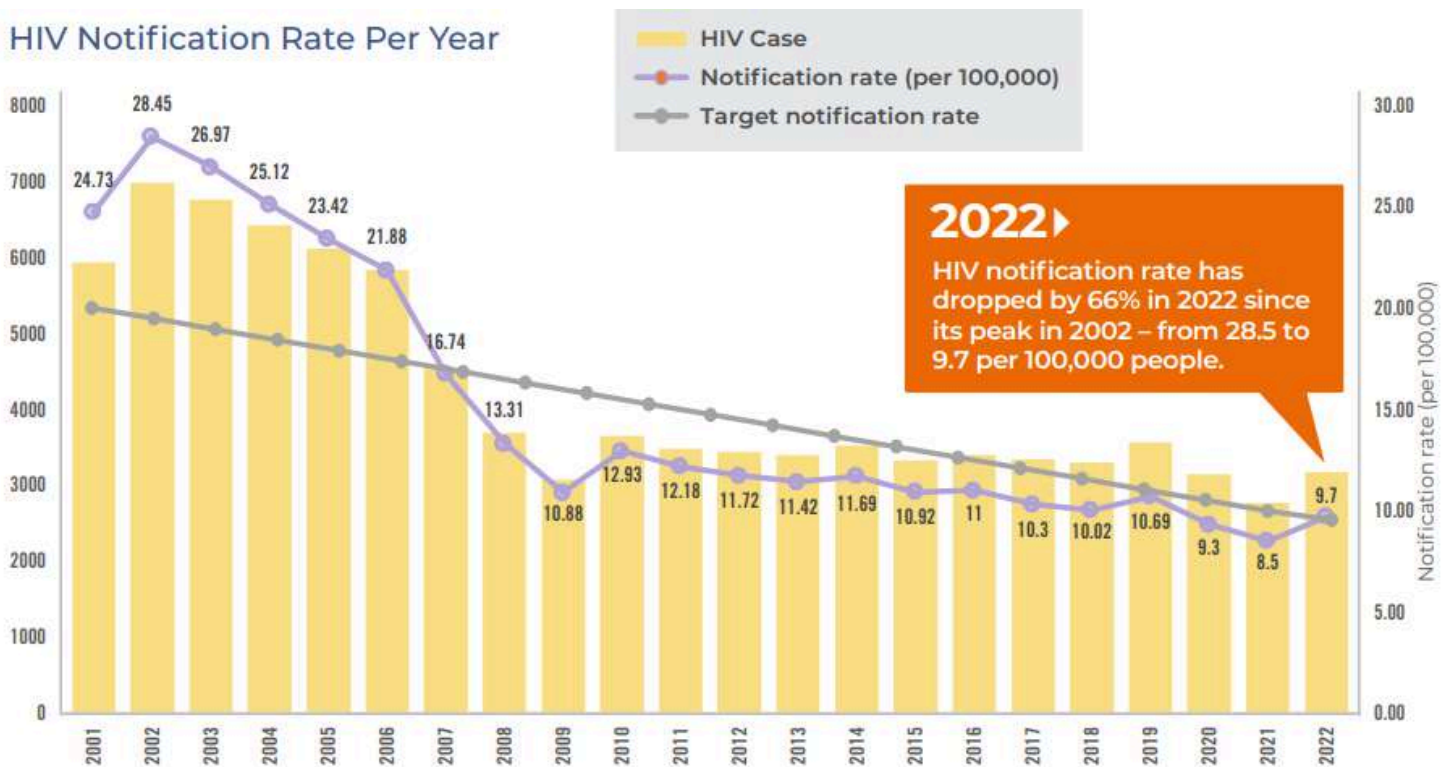
To represent, mobilise, and strengthen non-governmental organisations and communities to ensure political commitment and effective response in a supportive environment at national and local levels. In scaling up its unified efforts, MAC will work in partnership with the government, private sector, international organisations and people living with HIV.

OVERVIEW OF THE HIV & AIDS EPIDEMIC IN MALAYSIA

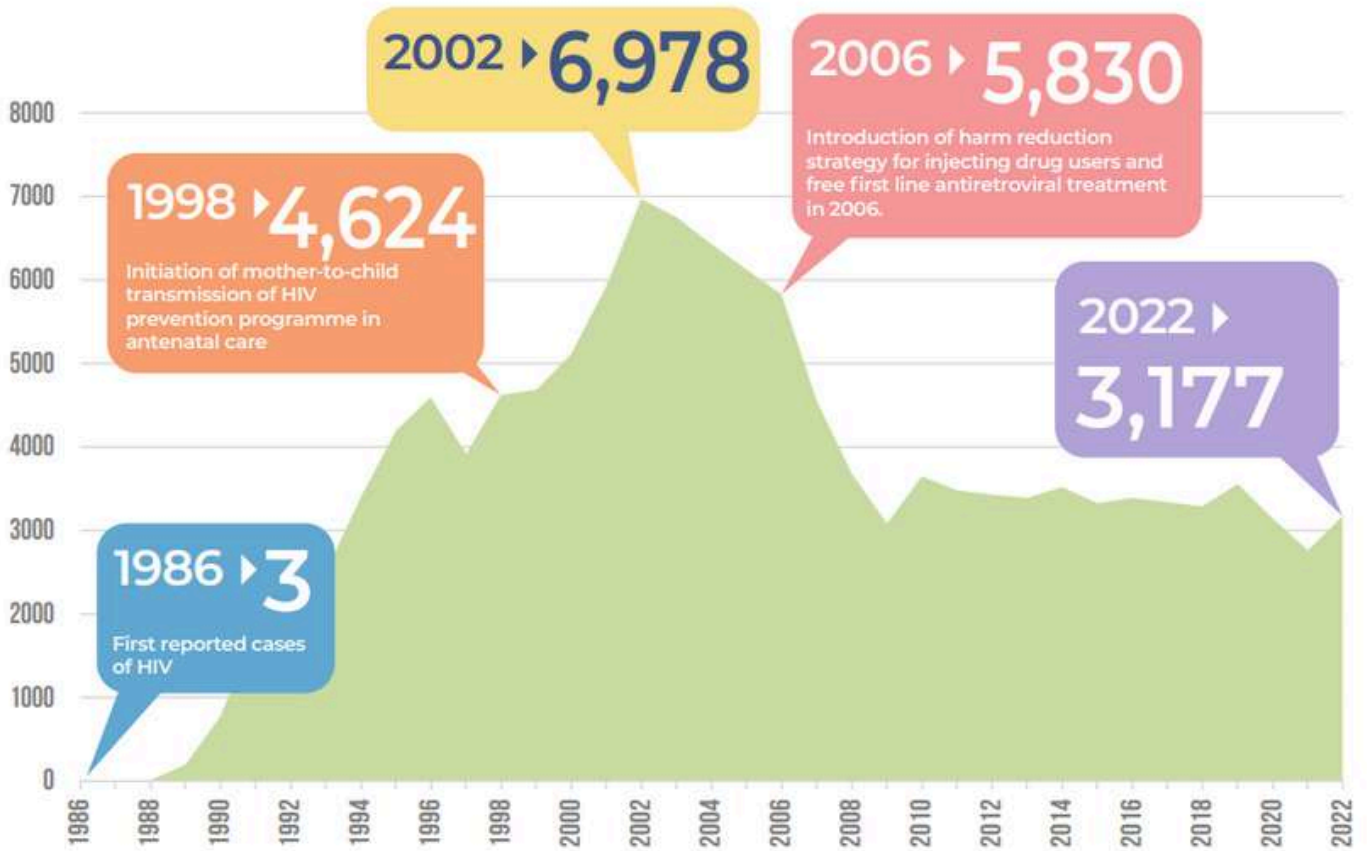
Source: HIV/STI Sector, Division of Disease Control, Ministry of Health Malaysia



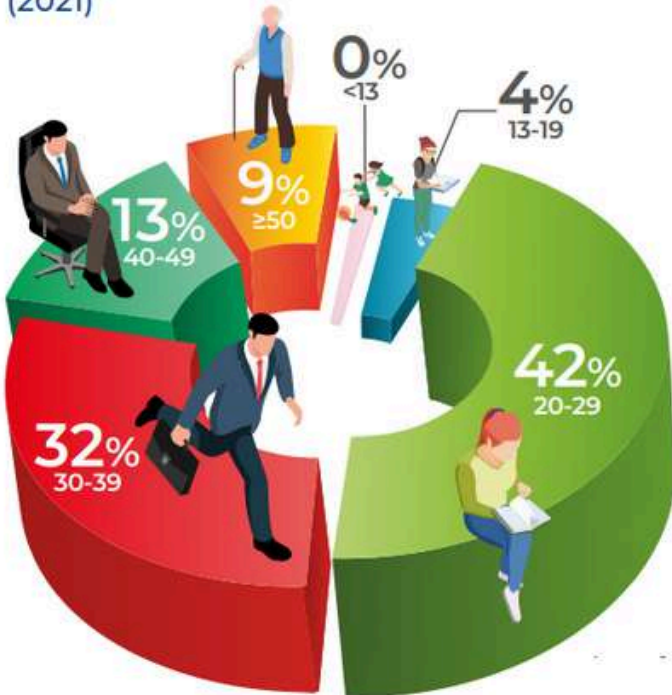
HIV Notification Rate Per Year



New HIV Cases (1986-2022)

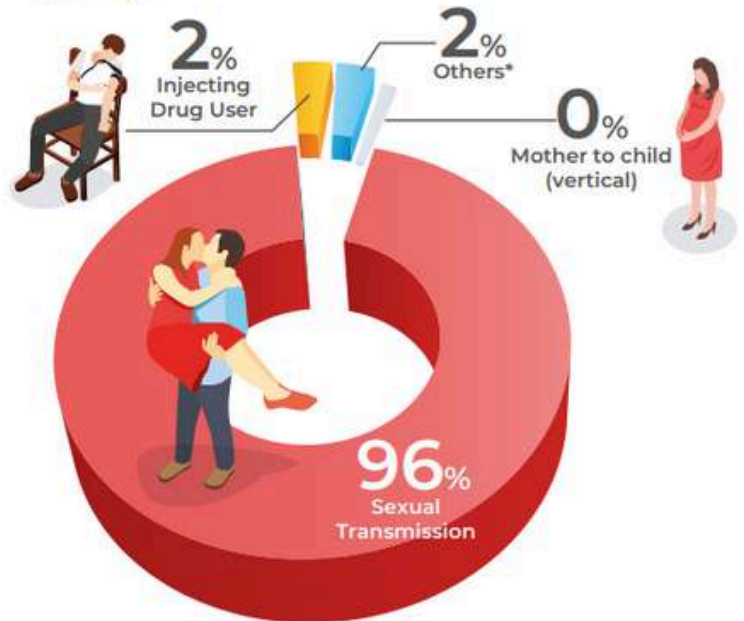


HIV Transmission by Age Group (2021)



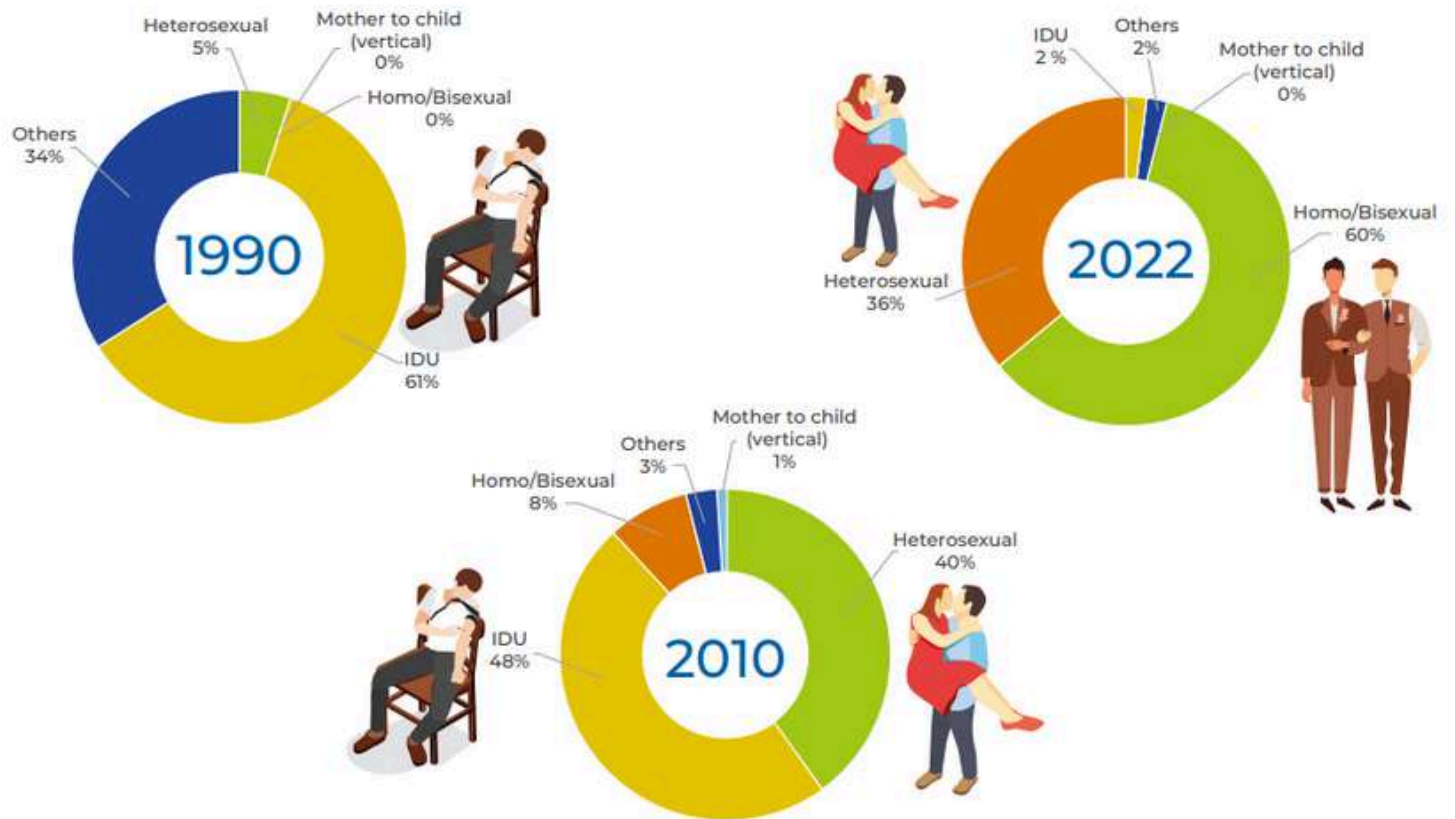
(% of 3,177 new infections)

HIV Transmission by Risk Factor (2022)

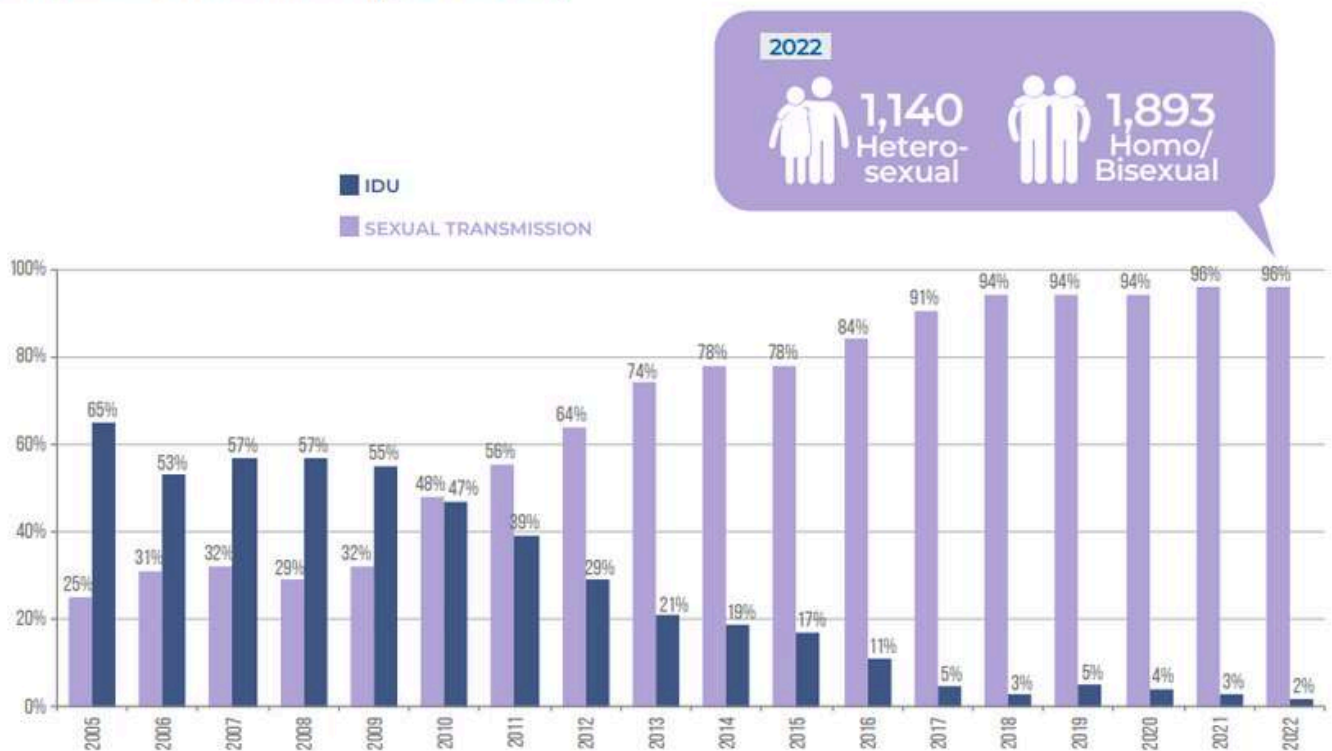


*Include blood transfusions, organ transplantations, needle stick injuries and no information.
(% of 3,177 new infections)

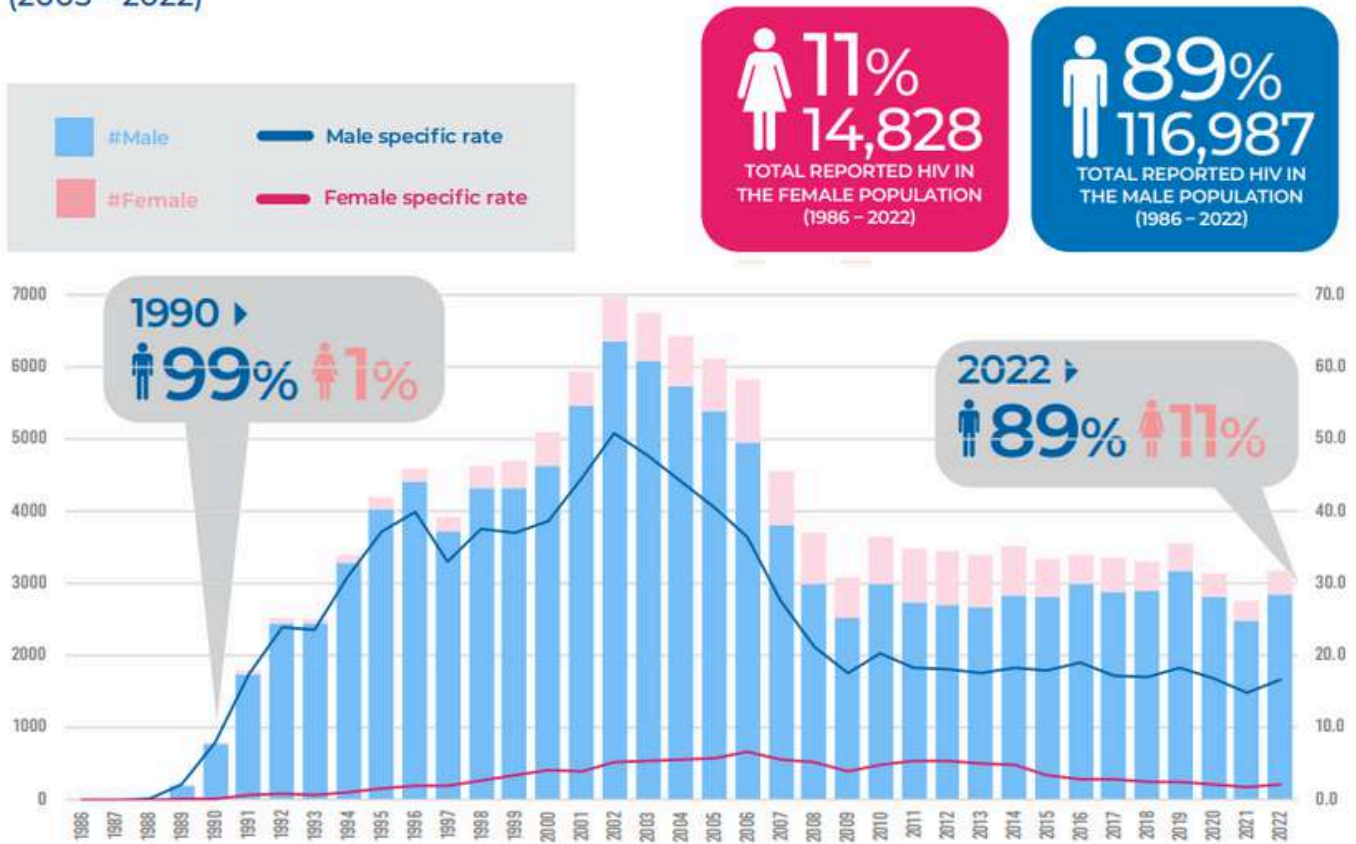
Changes in HIV Landscape (1990 – 2022)



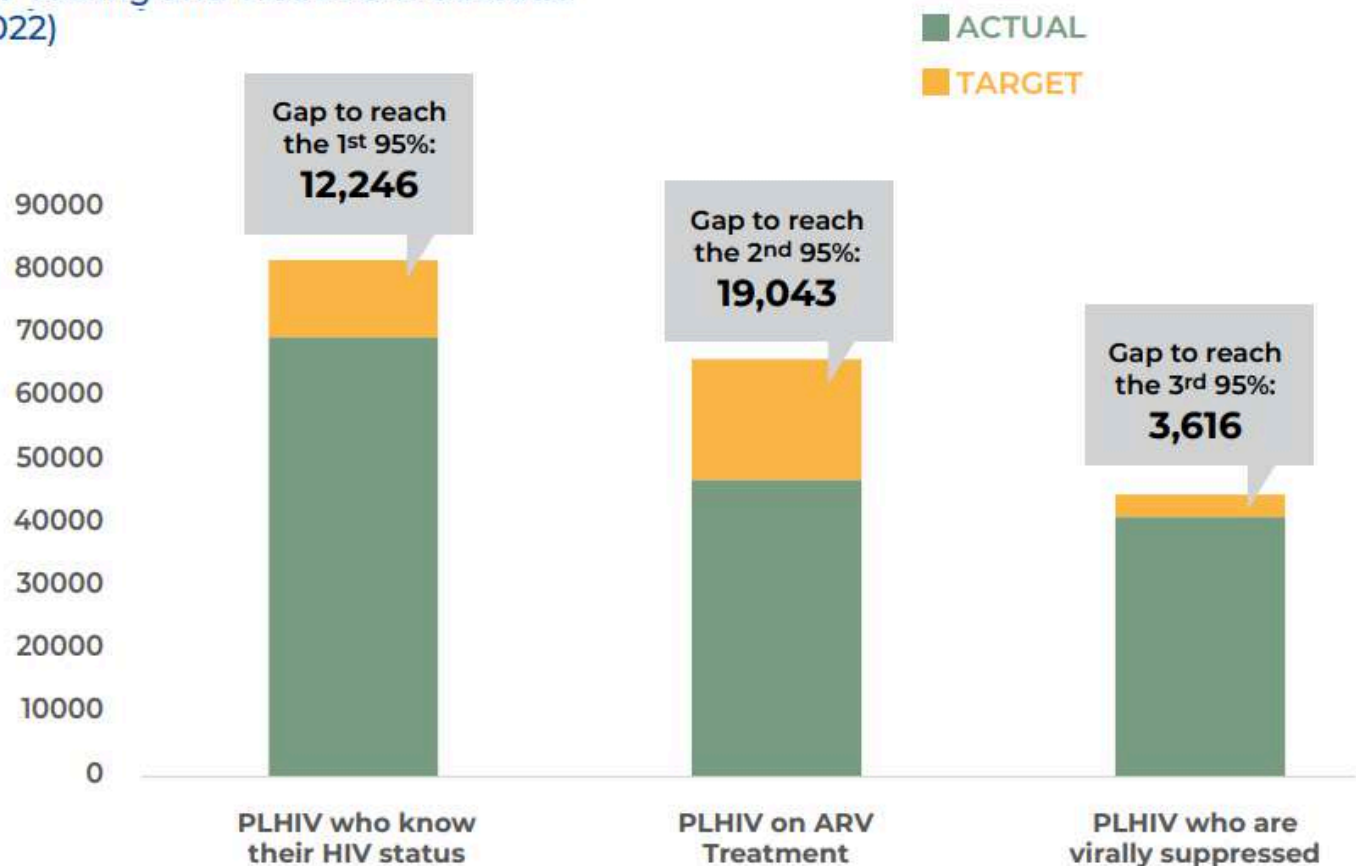
Comparison of New HIV Infections between Injecting Drug Use and Sexual Transmission (2005 – 2022)



HIV Transmission by Gender (2005 – 2022)



HIV Testing and Treatment Cascade (2022)



PRIORITY SDGS



Aligning MAC programs and activities with the Sustainable Development Goals.



PRIORITY SDG

Ensuring healthy lives, combating HIV/AIDS. MAC aligns its mission with universal health coverage, including sexual health services and harm reduction. MAC promotes HIV prevention, aiming to reduce transmissions and enhance health equity through integrated services for various health conditions, in line with SDG 3.



PRIORITY SDG

Focuses on achieving gender equality and empowering all women and girls. MAC works towards reducing gender disparities in HIV/AIDS by ensuring that women and girls have equal access to comprehensive sexual and reproductive health services, including HIV prevention methods.



PRIORITY SDG

Focuses on reducing inequalities within and among countries, addressing issues such as income inequality, social inclusion, and discrimination. MAC aligns its work with SDG 10 by advocating for health equity, fair access to healthcare services, and reducing discrimination against individuals affected by HIV/AIDS to lessen disparities in health outcomes.



PRIORITY SDG

Emphasizes promoting peaceful and inclusive societies, access to justice, and building effective institutions. MAC's efforts related to SDG 16 involve advocating for the protection of rights, access to justice, and combating discrimination against those impacted by HIV/AIDS to contribute to a more just and inclusive society.



STRATEGY 1

BUILDING A VALUE AND PRINCIPLE-DRIVEN ORGANISATION



EXECUTIVE COMMITTEE

2022-2024



HISHAM HUSSEIN
President

(Resigned the position on 30 August 2022)



**PROF. MADYA. DR. RAJA
ISKANDAR SYAH BIN RAJA AZWA**
President

*(Appointed as President on
26 November 2022)*



**DR. DINESH
MAHALINGAM**
Vice President



WOO KIN FAI
Honorary Secretary



**ELISHA KOR
KRISHNAN**

Assistant Honorary Secretary



**DR. MALLISE TONG
MUN WAH**

Honorary Treasurer



HAIRUDIN MASNIN

Committee Member



**DR. NUR AFIQAH BINTI
MOHD SALLEH**

Committee Member



DR. TAN WEI LONG
Committee Member



DR. YUWANA PODIN
Committee Member



ANDREW TAN TZE THO
Committee Member
Appointed on 26 November 2022

OUR TEAM

The Secretariat of the Council is responsible for managing daily activities that are central to the organization's mission. This includes administration of grants from both the Ministry of Health and third-party entities, fostering engagement with partner organizations, enhancing capacity building efforts, and reinforcing collaborative partnerships.



Manpower planning and development at MAC are efficiently managed in collaboration with Partner Organizations to improve Human Resource Practices. Human Resource Management aligns its priorities with MAC's vision and mission, supporting the organization's growth in service of the community at every stage.

SECRETARIAT



Tamayanty Kurusamy
Program Director

REGIONAL

Azahari Said, Technical Manager
Rehana Shah, Technical Manager
Kesheen Raj, Technical Officer
V. Sutha, Technical officer

STARTEGIC PROGRAMME DATA & EVALUATION

Syahirah Jhan Abdul Halil Khan, Manager
Noor Aliah Saiful, Analyst
Mohamed Yusoff Fasri Bin Abdullah, Officer
Shafina Darlila, Officer
Nur Areffah Mohd Redzuan, Officer

INTERNATIONAL GRANTS

T. Davindren, Portfolio Manager
P. Vijay, Officer
Chella Sri, Officer
Yap Kok Fei, Officer
Nurul Hidayah Binti Zulkipli, Officer (based in MOH)
Nazilie Nazri, Officer

GRANT MANAGEMENT

Nadrah Yusoff, Manager
P. Puvaneswary, Officer

MEDIA & DIGITAL

Fakrul Pauzi, Media Relation Lead
Muhammad Ashraf Fitri Ismail, Social Media Strategist



Parimelazhagan Ellan
Executive Director

HUMAN RESOURCE & STAFF DEVELOPMENT

S. Parimala Devi, Manager
Kesavan Joseph, Officer

INTERNATIONAL RELATION AND SPECIAL INITIATIVES

K. Anushiya, Head

ADVOCACY & COMMUNICATION DEVELOPMENT

V. Kavindharan, Officer



Nagappa Subramaniam
Operations Director

FINANCIAL MANAGEMENT

Nur Hazimah Jalaluddin, Manager
S. Kasturi, Asst. Manager – PFU
Siti Amira Mohd Shukeri, Senior Officer – AFU
Nor Farah Md Noor, Officer - AFU
Nurul Izzatie Muhammad, Officer – AFU
Thanaseelan, Officer – PFU
Kalaiselvi, Officer – PFU
Safiran Sanusi, Officer – PFU

ADMINISTRATION, RISK & COMPLIANCE

Goweri a/p Munusamy, Manager
Raudhah Najwa Idris, Senior Officer
Sharifah Suhartini Bt Engku Lambak, Admin Assistant
M. Suntaram, Admin Assistant cum Despatch

STRATEGY 2

PROVIDING LEADERSHIP, POLITICAL & ORGANISATIONAL COMMITMENT TO THE AIDS RESPONSE



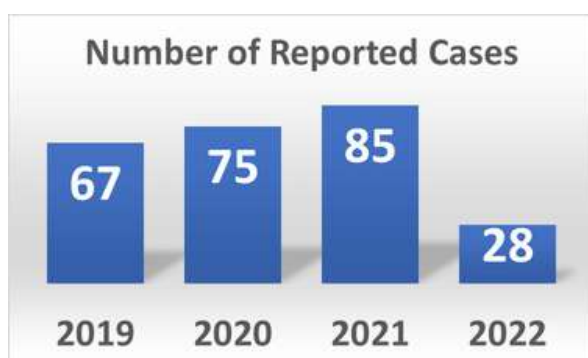
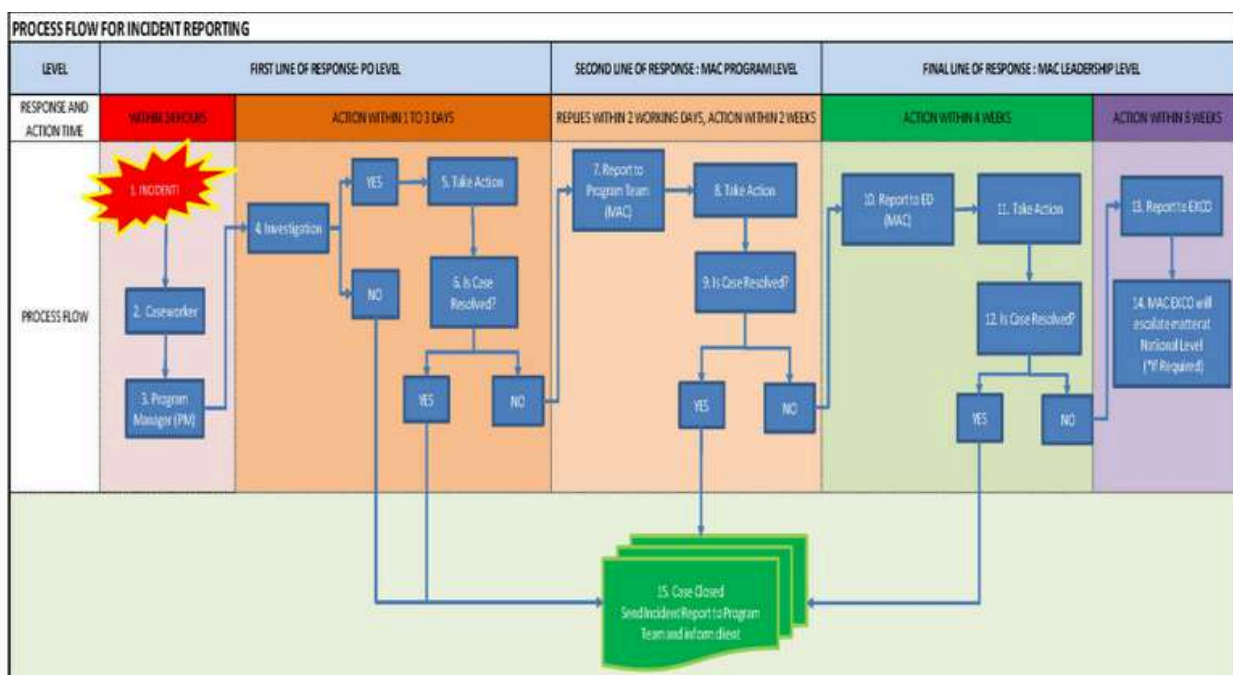
INCIDENT REPORT MANAGEMENT (IRD)

This mechanism can help those affected to channel their grievances and, in the process, assist in building cases for higher-level advocacy, involving multiple stakeholders. From January to Dec 2022, a total of 28 cases were reported to MAC.

The cases are related to issues at healthcare setting, workplace and institution of higher learning. It is also important to note that the cases related to stigma and discrimination for raid & arrest key population were also reported.

MAC advocates for the rights of PLHIV by engaging with the relevant stakeholders. Dialogues with relevant Government agencies and other stakeholders to increase sensitization, awareness, and commitment to HIV and AIDS.

'Incident Report Mechanism' (Process Flow for Incident Reporting)



STRATEGY 3

COMMUNITY SYSTEMS STRENGTHENING



PREVENTION, TREATMENT, SUPPORT & CARE PROGRAMMES TARGETING **KEY POPULATION**



The National Strategic Plan on Ending AIDS 2016-2030 has been pivotal in guiding the Malaysian AIDS Council (MAC) and its partners to implement impactful prevention programs for key populations. The primary objective of NSPEA is to monitor the HIV and AIDS response toward achieving the 95-95-95 targets set by UNAIDS. These targets include ensuring 95% of key populations are tested for HIV, 95% of PLHIV are on ART, and 95% of PLHIV on ART adhere to treatment for suppressed viral load.

The core principle of the strategies and resulting interventions is to establish a seamless continuum of prevention, treatment, and care services. In 2022, the focus remains on establishing effective connections to HIV prevention, case management, treatment, and support services. The emphasis is on early detection of HIV infections in as many individuals as possible and successfully linking them to care and treatment services. Those who test negative are directed towards prevention services.

DIFFERENTIATED HIV SERVICES FOR KEY POPULATIONS (DHSKP)



In 2019, the Ministry of Health (MOH) introduced the Differentiated HIV Services for Key Populations (DHSKP) model. Projects previously funded by various donors have transitioned and merged into the DHSKP framework.

Unlike the previous segmented approach, which included projects like the Treatment Adherence Peer Support Programme (TAPS), HIV Continuum of Care Home, Needle and Syringe Exchange Programme (NSEP), and prevention programs for Sex Workers, Transgender individuals, and Men Who Have Sex With Men, the DHSKP model provides multiple service options tailored to individual client needs across all stages of the HIV service continuum. This integrated model offers three distinct modalities for service delivery.

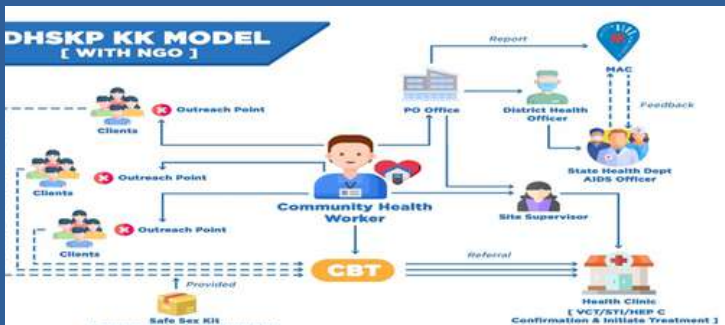
DHSKP MODELS

Non-Governmental Organization/Community-Based Organization implements the DHSKP model in collaboration with Klinik Kesehatan (KK).

- The NGO/CBO office, clinics, and outreach area are in close proximity.
- Outreach workers and Case Workers operate from the NGO office.
- Daily activities are overseen by the NGO management.



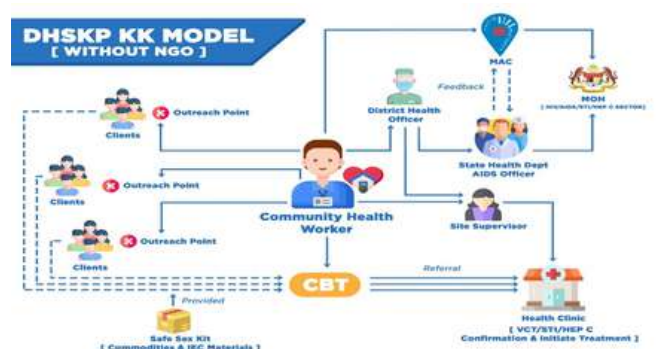
Clinic-based DHSKP (KK Model) supported by a Non-Governmental Organization



- Collaboration between MOH and CBO
- Administration costs covered by KK with no NGO space expenses (funds redirected to expand outreach)
- Implementation in small towns
- Daily activities of Outreach Workers (ORW) and Case Workers (CW) overseen by clinic staff (site supervisor)
- Reporting handled by the NGO (Program Manager/Program Coordinator).

DHSKP KK Model without NGO/CBO Engagement

- Absence of NGOs in the state.
 - Technical oversight managed by the State Health Department through the State AIDS Officer and MAC.
 - Recruitment, Training & Support conducted by the State AIDS Officer & MAC.
 - Transitional setup for long-term sustainability and local NGO ownership.
- KK model with NGO/CBO engagement in smaller districts.



KEY PLAYERS



COMMUNITY HEALTH WORKER (CHW)

- Raising Awareness among Key Populations at risk of HIV.
- Enabling access to community-friendly HIV counseling, testing, and care.
- Promoting and facilitating access to Harm Reduction programs, STI, Hepatitis C testing, and treatment.
- Acting as a Bridge between individual clients and clinical staff by assisting People Living with HIV (PLHIV) in accessing treatment.
- Empowering PLHIV to take control of their health.
- Offering Social Support by supporting newly diagnosed individuals living with HIV.

SITE SUPERVISOR

Providing direct supervision to CHWs, typically a Medical Assistant in the clinic.

DOCTOR

Providing direct supervision to CHWs, typically a Medical Assistant in the clinic.

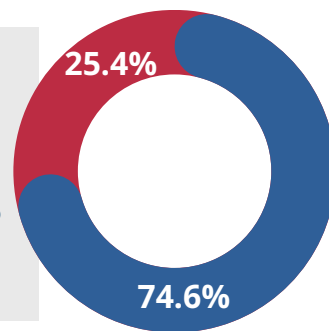
PROGRAM PERFORMANCE

90 DHSKP PROJECTS

PEOPLE WHO INJECTS DRUGS(PWID)

Unique Clients
11,406

- Unique Clients from KK Model based: 8,505
- Unique Clients from NGO Model: 2,901



Total Client Screened for HIV 6,543

HIV TESTING
8,143

- Total Community Based Testing: 7,471
- Total Voluntary Counseling Testing: 672
- Tested reactive: 36
- On ARV Treatment: 9



METHADONE THERAPY IN HEALTH CLINICS

5,152 opiate clients

- 602 MMT Referral
- 574 enrolled in MMT
- 138 MMT retention clients (*including clients enrolled in MMT Jul - Dec 2021*)



SEXUAL TRANSMISSION PROGRAMS

FEMALE SEX WORKERS (SW)

Unique Clients
3775

Total Client Screened for HIV 2,914
HIV TESTING 3,555

- Total Community Based Testing: 3,021
- Total Voluntary Counseling Testing: 534
- Tested reactive: 3
- On ARV Treatment: 3

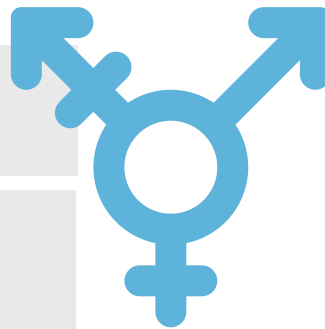


TRANSGENDER (TG)

Unique Clients
5,260

Total Client Screened for HIV 3,872
HIV TESTING 4,959

- Total Community Based Testing: 4,326
- Total Voluntary Counseling Testing: 633
- Tested reactive: 69
- On ARV Treatment: 40



MEN WHO HAVE SEX WITH MEN (MSM)

Unique Clients
18,421

Total Client Screened for HIV 14,431
HIV TESTING 17,252

- Total Community Based Testing: 15,655
- Total Voluntary Counseling Testing: 1,597
- Tested reactive: 689
- ARV Treatment: 339



PROCUREMENT DISTRIBUTION

NEEDLES DISTRIBUTION



652,701

- needles distributed to clients
- 501,628 needles distribute to the clients from KK Model based.
- 151,073 needles distribute to the clients from NGO Model based.

CONDOMS DISTRIBUTION



772,086

condoms distribute to the clients

Female Sex Workers (FSW)

157,164

Transgender (TG)

267,399

Men Who Have Sex with Men (MSM)

339,387

People Who Inject Drugs (PWID)

8,136

STAKEHOLDER ENGAGEMENTS



Actively engaging and collaborating with various stakeholders to enhance HIV-related initiatives.

Interaction with Multilateral Agencies regarding HIV Related Programs:

- Establishing partnerships and interactions with international organizations to support and enhance HIV-related programs.

Collaboration with stakeholders involves:

- Participation in Community-Based Testing initiatives.
- Contributing to the organization of events such as the World AIDS Celebration.
- Involvement in the implementation of the Klinik Kesehatan Model, which includes Methadone Maintenance Therapy (MMT), HIV, and STI Screening & Treatment within Health Clinic Settings.



STRATEGY 4

MOBILISING RESOURCES



MOBILISING RESOURCES



The Ministry of Health Malaysia, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), and the Coalition Plus are the major donors that are currently funding the implementation of HIV and AIDS programmes in Malaysia through MAC's funding mechanism.



The Global Fund
To Fight AIDS, Tuberculosis and Malaria



BEST PRACTICES

SOUTH ASIA & SOUTH EAST ASIA (SASEA)

PLATFORM



TEMAN PROJECT

Global data show that 1 out of 4 detainees is HCV positive while the prevalence of HIV among inmates is estimated at 3% (UNODC, 2020). In Malaysia, almost 15% of HIV cases and almost 50% of HCV cases were detected among newly admitted inmates to prisons (Malaysian Prisons Department, 2020). Statistics from the Malaysian Prisons Department also show that most of the prisoners are those convicted of drug offenses, and some of them are injecting drug users (PWIDs) who are at high risk of contracting HIV and HCV. The majority of these PWIDs are those who use opiate drugs. Teman project is a risk reduction project for people returning to the community after incarceration on using a client centred step-by-step approach.

TEMAN provides a range of counselling and prevention strategies to tailor the program to the unique strengths and resources of each individual. Under the current GF grant, MAC is implementing Teman project in 6 sites from July 2022 as listed below:

- Penjara Machang, Kelantan (Sahabat)
- Penjara Marang, Terengganu (Karisma)
- Penjara Bentong, Pahang (Komited)
- Penjara Seberang Perai, Penang (AARG)
- Penjara Kajang, Selangor (Insaf Murni)
- Penjara Wanita Kajang, Selangor (Insaf Murni)

The briefing with the prison staff and inmates was conducted from 2 to 9 August 2022 and the training for the case workers was conducted on 15th August 2022.

FAQ
REGARDIN
MONKEY

கம்மையெ

அடிக்கடி

கப்பும்

விகள்

FAQ
MENGENAI
MONKEYPOX

关于猴
常见问

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nya ke tak?

: Is it dangerous?

binar kerjasama di antara
aysia (MAM) dan The Malaysian
edicine (MASHM)

2022

M - 3:30 P.M

Council myaidscouncil



www.mac.org.my

Dr. Mohd No
Pakar Penyakit
Hospital Tengku Ampu

MONKEY POX AWARENESS

Since May 2022, nearly 32,000 monkeypox cases had been reported across 82 non- endemic countries 98% are from MSM (men sex with men). Based from the case study conducted by J.P. Thornhill across 16 countries from April - June 2022, this disease spreads 99% among the male population and 96% among the MSM population.

The call for action :

- Creating awareness among KPs about Monkeypox : Two sessions was conducted through virtual and hybrid on 28th July and 12th August 2022. This session also attended by spa/massage operators and community health workers.
- Educating the KPs through pamphlets and MAC social media platforms : IEC material through collaboration with MAHSM were developed (in 4 languages). After consulting with community, the two version (English and BM) were published in MAC social media. Another two version (Tamil and Mandarin) will be published by mid September 2022.
- Engagement with SPA/ Sauna Operators : Spa/sauna operators in the klang valley area was invited to the monkey pox awareness session on 12th August 2022. MAC is in the midst of designing posters with QR code to place in the spa/sauna centres.
- Referral to Sentinel Treatment sites : Eventhough it's not an outbreak in Malaysia, MOH has already identified few sites for treatment; KK Section 7, Shah Alam, KK Kelana Jaya, KK Kuala Lumpur, KK Cheras, Red Clinic and Poliklinik MUC, Bukit Bintang.

FINANCIAL REPORT

SUMMARY

1

The actual income realized for YR 2022 is RM15,951,161 compared to the YR 2021 of RM11,847,122 increased by RM4,104,039 (35%). The unrestricted income for the year– RM31,896 (1%) vs restricted income–RM15,919,292 (99%).

2

The actual income surged by RM4.10 mill was primarily contributed by Global Fund – Differentiate HIV Services for Key Populations(DHSP) YR 2022 RM7,182,617 vs YR 2021 RM2,731,830. The new grants received during YR 2022 are Coalition Plus for South Asia Strategic Hub, South Asia South East Asia (SASEA) & International Testing Week and Gilead - HIV Treatment Cascade Study. Notwithstanding the increase, MAF Operational Grant was reduced from RM 500K in YR 2021 to RM 398K in YR 2022 and project grant that were closed in 2022 are AFAO- SKPA project and Coalition Plus – HCV Project.

3

The actual expenditure for year 2022 stands at RM14,816,146 compared to year 2021 RM14,582,279 increased marginally by RM 233,868 (2%).

4

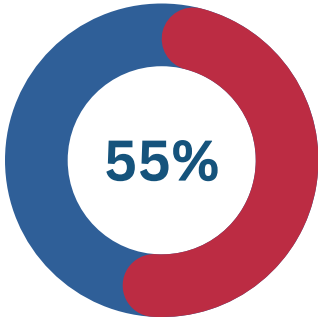
The actual income compared to the actual expenditure, recorded net surplus of RM 1,135,015 compared to 2021 deficit of RM (2,735,157). The surplus in YR 2022 was a result of increased GF grant received.

5

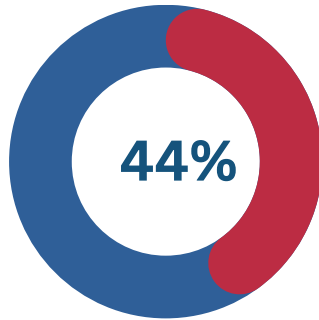
In Auditor's opinion, the audited financial statements give a true and fair view of the financial position of the Council as at 31 December 2022.

INCOME & EXPENDITURE SUMMARY

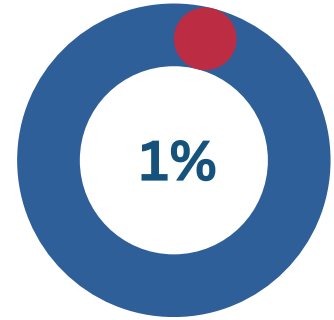
INCOME: RM15,951,000



EXTERNAL GRANT
RM8,760,000

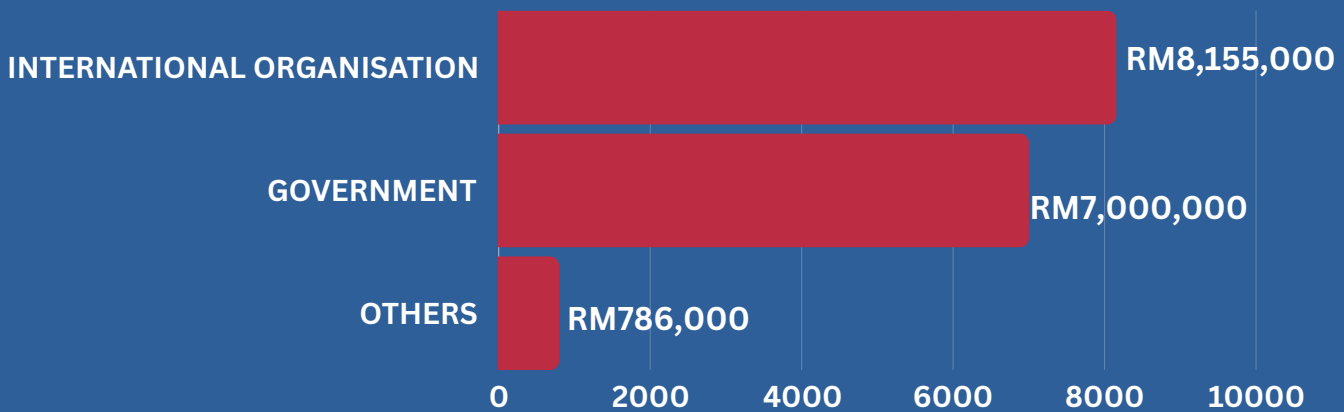


GOVERNMENT GRANT
RM7,000,000

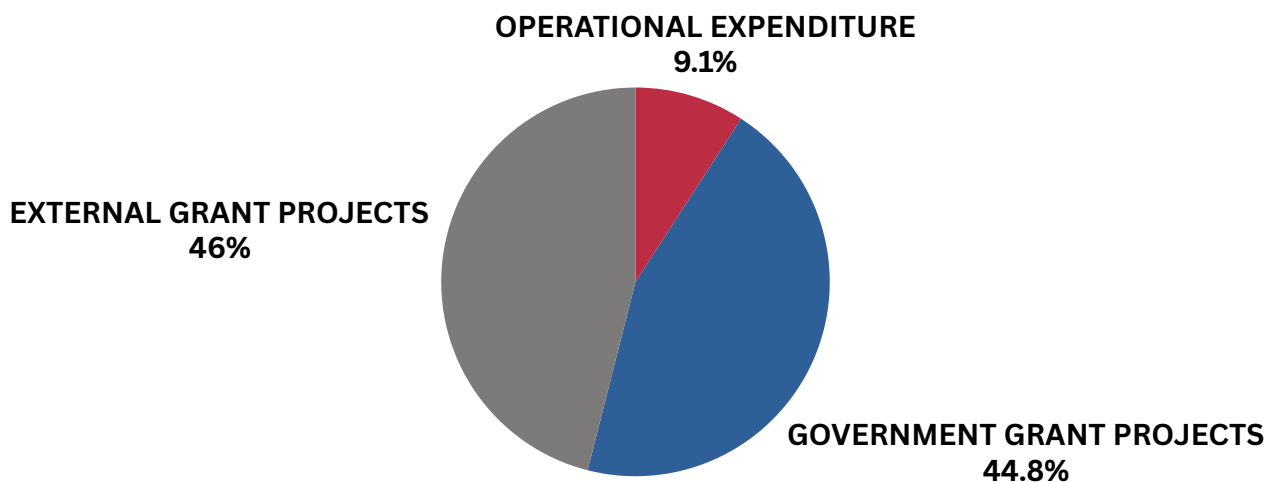


OTHER INCOME
RM191,000

SOURCES OF REVENUE BY SECTORS



EXPENDITURE: RM14,816,000





30
YEARS

OUR PRESIDENTS

1992-2022



DATUK DR. SUBRAMANIAM
1992-1994



DATIN PADUKA MARINA MAHATHIR
1994-2005



**PROF. DR. ADEEBA
KAMARULZAMAN**
2006-2009



TAN SRI MOHD ZAMAN KHAN
2010-2012



DATUK DR. RAJ KARIM
2012-2016



EN. BAKHTIAR TALHAH
2016-2020



DATO' DR. CHRISTOPHER LEE
2020- April 2022



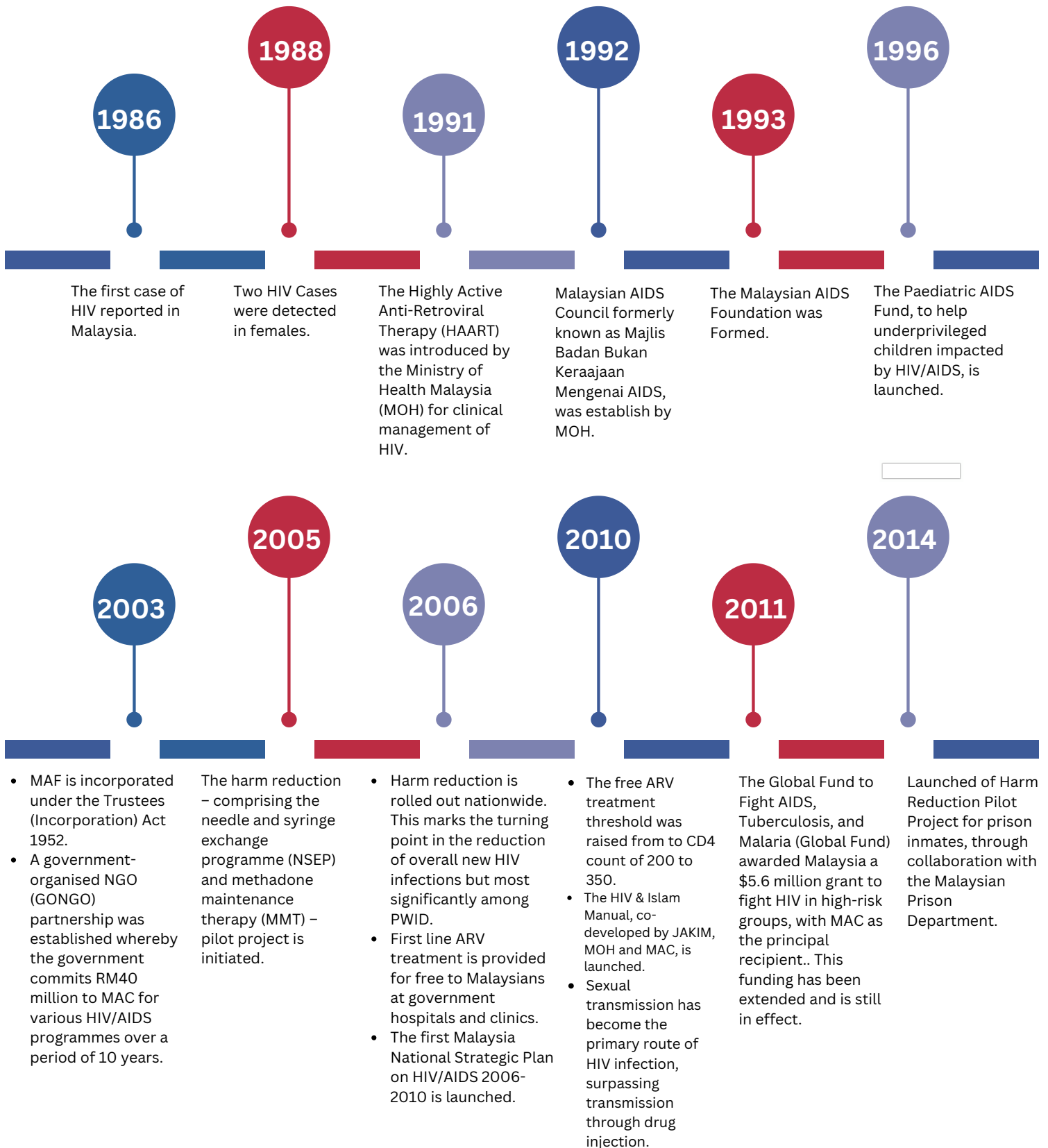
EN. HISHAM HUSSEIN
May - Aug 2022

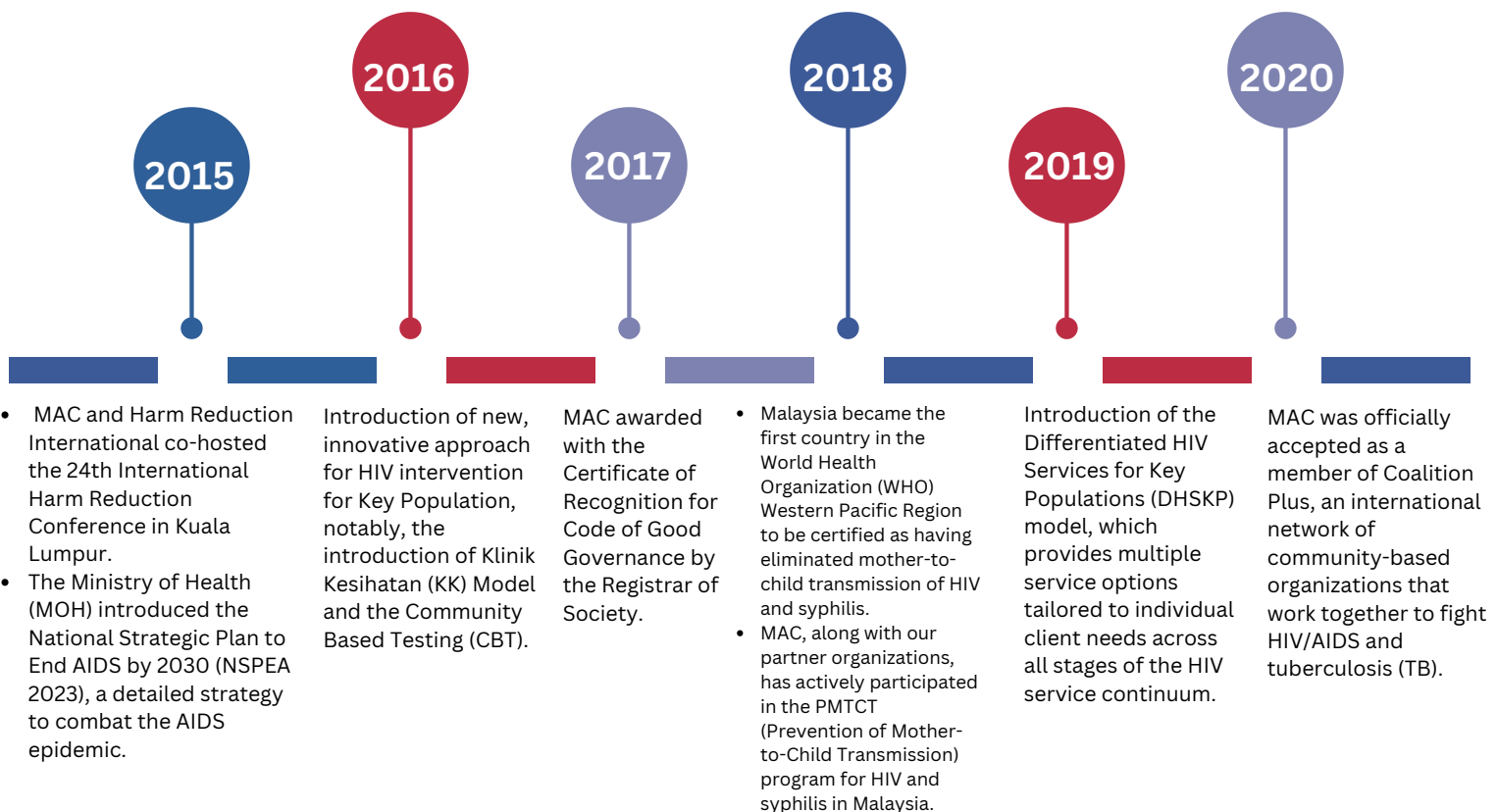
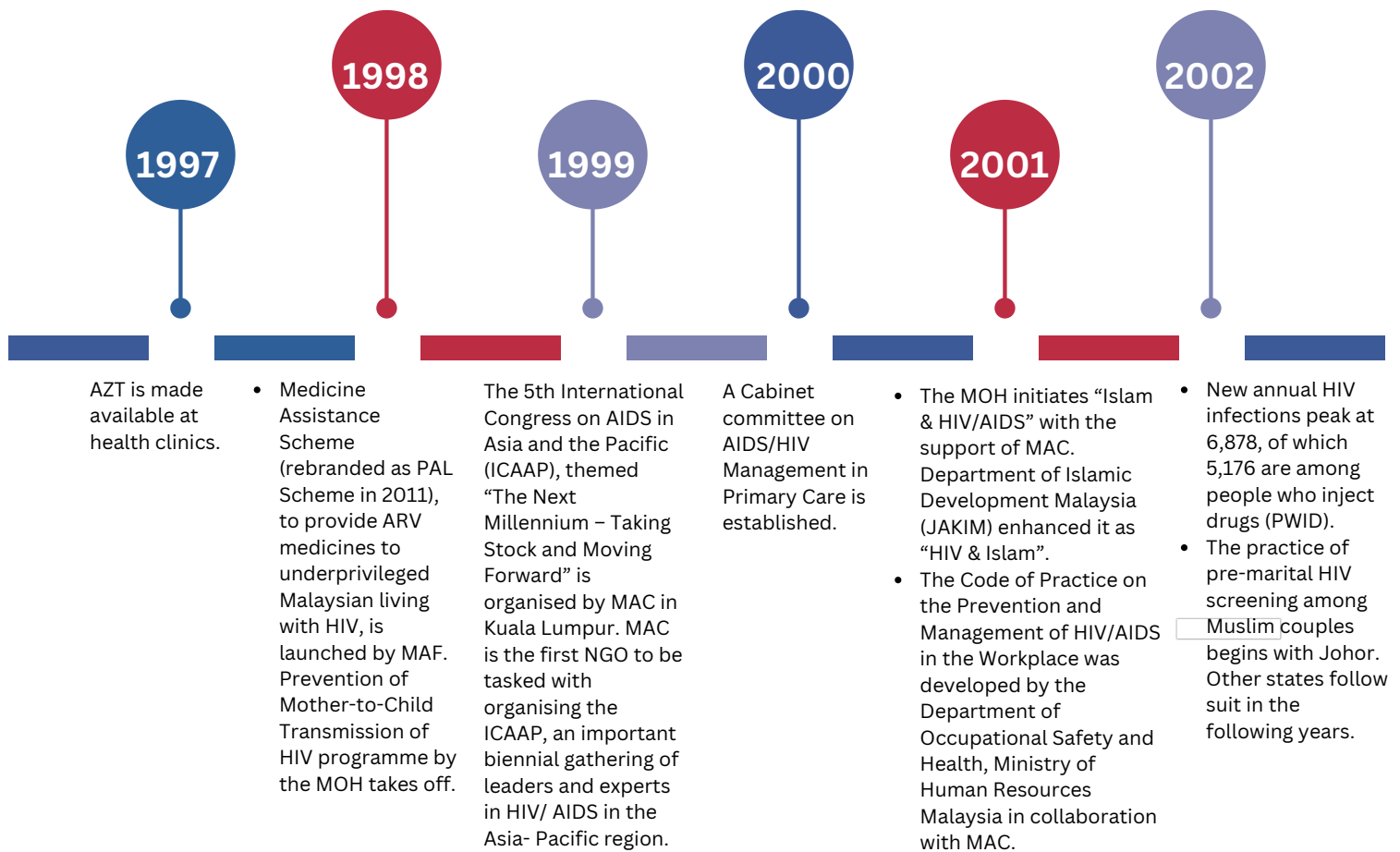


**PROF. MADYA DR. RAJA
ISKANDAR SHAH BIN RAJA AZWA**
Nov 2022

YEARS OF VISION

1992-2022







30 years
Our journey
continues

BENGKEL PEMANTAPAN KERJA
PENGURUS - PENGURUS PROGRAM
MAJLIS AIDS MALAYSIA DENGAN KERJASAMA
KEMENTERIAN KESIHATAN MALAYSIA
11HB - 14HB DISEMBER 2013

Pejabat Urusan
**PROJEK
NSEP**

OVERVIEW OF HIV
Disair
Oleh
TIN PADI
MARINA M
7 F
RI 1998
S KIN

PARTNER ORGANISATIONS

1.	AIDS Action and Research Group (AARG)	Penang
2.	Buddhist Missionary Society Malaysia (BMSM)	Kuala Lumpur
3.	Catholic Welfare Services (CWS)	Kuala Lumpur
4.	Community AIDS Service Penang (CASP)	Penang
5.	Drugs Intervention Community Malaysia @ KOMITED Malaysia	Pahang
6.	Federation of Reproductive Health Association Malaysia (FRHAM)	Selangor
7.	Harapan Komuniti Bhd	Selangor
8.	Kelab Sahabat META (KSM)	Negeri Sembilan
9.	Kuala Lumpur AIDS Support Services Society (KLASS)	Kuala Lumpur
10.	Majlis Belia Malaysia (MBM)	Kuala Lumpur
11.	Majlis Kebajikan Kanak-Kanak Malaysia (MKKM)	Kuala Lumpur
12.	Majlis Peguam /Bar Council Malaysia (Bar Council)	Kuala Lumpur
13.	Malaysian Christian Association for Relief (Malaysian Care)	Kuala Lumpur
14.	Malaysian Consultative Committee of Buddhism, Christianity, Hinduism, Sikhism and Taoism (MCCBCHST)	Kuala Lumpur
15.	Malaysian Indian Youth Council (MIYC)	Selangor
16.	Malaysian Medical Association (MMA)	Kuala Lumpur
17.	Malaysian Red Crescent Society (MRCS)	Kuala Lumpur
18.	National Council of Women's Organisations Malaysia (NCWO)	Selangor
19.	Obstetrical & Gynaecological Society of Malaysia (OGSM)	Kuala Lumpur
20.	Penang Family Health Development Association (PFHDA)	Penang
21.	Persatuan Cahaya Harapan Negeri Kedah/Perlis	Kedah
22.	Persatuan Insaf Murni Malaysia	Selangor
23.	Persatuan Kebajikan Karisma Malaysia (KARISMA)	Pahang
24.	Persatuan Paramedik Perladangan Malaysia (<i>formerly known as The Estates Hospital Assistants Association Malaysia (EHAAM)</i>)	Johor
25.	Persatuan Pembantu Perubatan Malaysia (PPPM)	Putrajaya
26.	Persatuan Pengamal Perubatan Alami Malaysia (PPPAM)	Selangor
27.	Persatuan Perantaraan Pesakit Kelantan (SAHABAT)	Kelantan
28.	Persatuan Perubatan Islam Malaysia (PPIM)	Kuala Lumpur
29.	Pertubuhan Kebajikan Intan Zon Kehidupan Johor Bahru (ILZ)	Johor
30.	Pertubuhan Kesihatan dan Kebajikan Umum Malaysia (PKKUM)	Kuala Lumpur
31.	Pertubuhan Komuniti CAKNA Terengganu (KCT)	Terengganu
32.	Pertubuhan Pembangunan Kebajikan Dan Persekitaran Positif Malaysia (SEED)	Kuala Lumpur
33.	Positive Living Community (PLC)	Selangor
34.	PT Foundation (PT)	Kuala Lumpur
35.	Sabah AIDS Awareness Group Association (SAGA)	Sabah

36.	Sabah AIDS Support Services Association (KASIH)	Sabah
37.	Sarawak AIDS Concern Society (SACS)	Sarawak
38.	Selangor & Wilayah Persekutuan Family Reproductive Health Association (SWP FREHA)	Kuala Lumpur
39.	St. John Ambulance Malaysia (SJAM)	Kuala Lumpur
40.	The Buddies Society of Ipoh	Perak
41.	Women's Aid Organisation (WAO)	Selangor
42.	Youth With A Mission Malaysia (YWAM)	Penang

ACKNOWLEDGEMENT & SPECIAL REMARKS

**CENTRE OF EXCELLENCE FOR RESEARCH IN AIDS (CERIA), UNIVERSITY MALAYA
COALITION PLUS**

COMMUNITY REPRESENTATIVES

COUNTRY COORDINATING MECHANISM (CCM) MALAYSIA

DEPARTMENT OF ISLAMIC DEVELOPMENT MALAYSIA (JAKIM)

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GLOBAL FUNDS)

GOVERNMENT & PRIVATE HEALTH CLINICS

HUMAN RIGHTS COMMISSION OF MALAYSIA (SUHAKAM)

INSTITUTE FOR HEALTH SYSTEMS RESEARCH (IHSR)

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

STATE & DISTRICT HEALTH DEPARTMENTS

MALAYSIAN AIDS FOUNDATION

MALAYSIAN SOCIETY OF HIV MEDICINE (MASHM)

MINISTRY OF HEALTH MALAYSIA

NATIONAL ANTI-DRUGS AGENCY (AADK)

POLIS DIRAJA MALAYSIA (PDRM)

PRISON DEPARTMENT OF MALAYSIA

TECHNICAL WORKING GROUP MEMBERS


UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

UNIVERSITY OF SCIENCE MALAYSIA (USM)

WORLD HEALTH ORGANISATION (WHO)



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