



MINISTRY OF HEALTH MALAYSIA

MALAYSIA MEN'S HEALTH PLAN OF ACTION 2024-2030

**A STRATEGIC FRAMEWORK
FOR PROGRESS**

MINISTRY OF HEALTH MALAYSIA



**MALAYSIA MEN'S HEALTH PLAN OF ACTION 2024-2030:
A STRATEGIC FRAMEWORK FOR PROGRESS**



MINISTRY OF HEALTH MALAYSIA
2025

First print 2025

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Published by:
Family Health Development Division
Ministry of Health Malaysia
Level 7, Block E10, Parcel E
Federal Government Administrative Centre
62590 Putrajaya

Accessible at <https://fh.moh.gov.my>

e ISBN: 978-629-95865-3-1

ACKNOWLEDGEMENTS



The Ministry of Health Malaysia extends its sincere appreciation to all stakeholders who contributed to the development of this Plan of Action. The valuable expertise and collaborative efforts of government agencies, non-governmental organizations (NGOs), and researchers have been instrumental in shaping a comprehensive and effective approach to improving men's health in Malaysia.



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FOREWORD BY YB MINISTER OF HEALTH

Men's health is a vital component of our national health agenda. As fathers, sons, brothers, and partners, the well-being of men has a direct impact on families, communities, and the socio-economic fabric of Malaysia. Yet, for too long, men's health has not received the focused attention it deserves. Too many men delay seeking help, face stigma when addressing mental or reproductive health issues, or lack access to tailored healthcare services.

The Malaysia Men's Health Plan of Action 2024–2030 is a strategic step forward. It builds upon the foundation laid by the 2018–2023 POA and reflects our deepening understanding of the complex, gender-specific challenges that men face throughout the life course. This new Plan moves beyond awareness and outlines clear, actionable strategies across four critical domains, ranging from prevention, screening, and early detection of health problems, as well as research and evaluation.

It also sends a strong message: men's health matters. We are committed to ensuring that every man in Malaysia, regardless of age, background, or location, can access high-quality, male-friendly health services that respect their needs and circumstances.

I wish to express my sincere appreciation to all those who contributed to this plan, including health professionals, researchers, civil society organizations, government agencies, and partners from various sectors. Your dedication has helped shape a policy that will serve as a roadmap for real change.

Let us now move from planning to action. With coordinated implementation, robust monitoring, and sustained commitment, I believe this Plan will pave the way for a healthier, more equitable future for Malaysian men




YB DATUK SRI DR. DZULKEFLY AHMAD
MINISTER OF HEALTH, MALAYSIA

FOREWORD BY DIRECTOR GENERAL OF HEALTH, MALAYSIA

The health statistics concerning Malaysian men highlight an urgent need for action. Higher rates of non-communicable diseases, mental health issues, and delayed engagement with healthcare services remain persistent challenges that require targeted and sustained interventions. The Malaysia Men's Health Plan of Action 2024–2030 builds upon the lessons learned from the previous Plan of Action (2018–2023) and addresses emerging trends in men's health.

With four key focus areas — Health Promotion and Education, Screening and Early Detection, Service Accessibility, and Research — this plan offers a cohesive, data-driven response tailored to the evolving needs of Malaysian men. This plan not only underscores the need for targeted interventions but also highlights the importance of system-level transformation.

We must make our health services more male-friendly, reduce stigma associated with seeking help — particularly in relation to mental health and sexual and reproductive health — and harness digital tools to expand access and ensure continuity of care. For example, by integrating men's health modules into platforms such as MySejahtera, and developing dedicated virtual consultation spaces, we can eliminate traditional barriers to access, especially for working men and those residing in remote areas.

Effective implementation will require continuous collaboration across multiple sectors. Ministries, public and private healthcare providers, academic institutions, non-governmental organisations, and community groups all have critical roles to play. Only through coordinated efforts and shared responsibility can we achieve lasting and meaningful change.

As the Director-General of Health, I urge all stakeholders to utilise this Plan of Action as a strategic guide for transformative initiatives. Let us reaffirm our commitment to promoting health equity, ensuring that no segment of our population — including men — is left behind. Together, let us build a healthier and more resilient Malaysia.



YBHG. DATUK DR. MAHATHAR BIN ABD WAHAB
DIRECTOR GENERAL OF HEALTH, MALAYSIA



FOREWORD BY DEPUTY DIRECTOR GENERAL OF HEALTH (PUBLIC HEALTH)

The health of a nation is intrinsically linked to the well-being of its people — both women and men. While many health programmes have traditionally focused on maternal and child health, there is increasing recognition that men also face distinct health challenges requiring dedicated attention. In Malaysia, men are disproportionately affected by preventable chronic diseases, exhibit lower screening uptake, and often delay seeking treatment until their conditions become severe. Furthermore, issues such as mental health, sexual and reproductive health, and health-seeking behaviours among men have historically received insufficient policy and programme focus.

The Malaysia Men's Health Plan of Action 2024–2030 seeks to address this imbalance. It is more than a policy document — it is a national commitment to improving men's health through a structured, coordinated, and measurable framework. The Plan draws upon local data, global evidence, and multisectoral consultations to ensure relevance to real-world needs. It acknowledges that men's health is shaped by occupational roles, cultural norms, gender expectations, and socioeconomic factors.

The Plan of Action outlines strategic interventions that are both evidence-based and practical, with a strong emphasis on health equity, male-friendly services, early intervention, and sustained engagement across the life course. Special attention is given to non-communicable diseases, sexual and reproductive health, mental well-being, and the barriers to access faced by working men, rural populations, and vulnerable groups.

I extend my deepest appreciation to all contributors — clinicians, researchers, implementers, and partner organisations — who played a role in bringing this Plan to fruition. As we move towards implementation, may this document serve as a catalyst for transforming the delivery of health services for men in Malaysia.



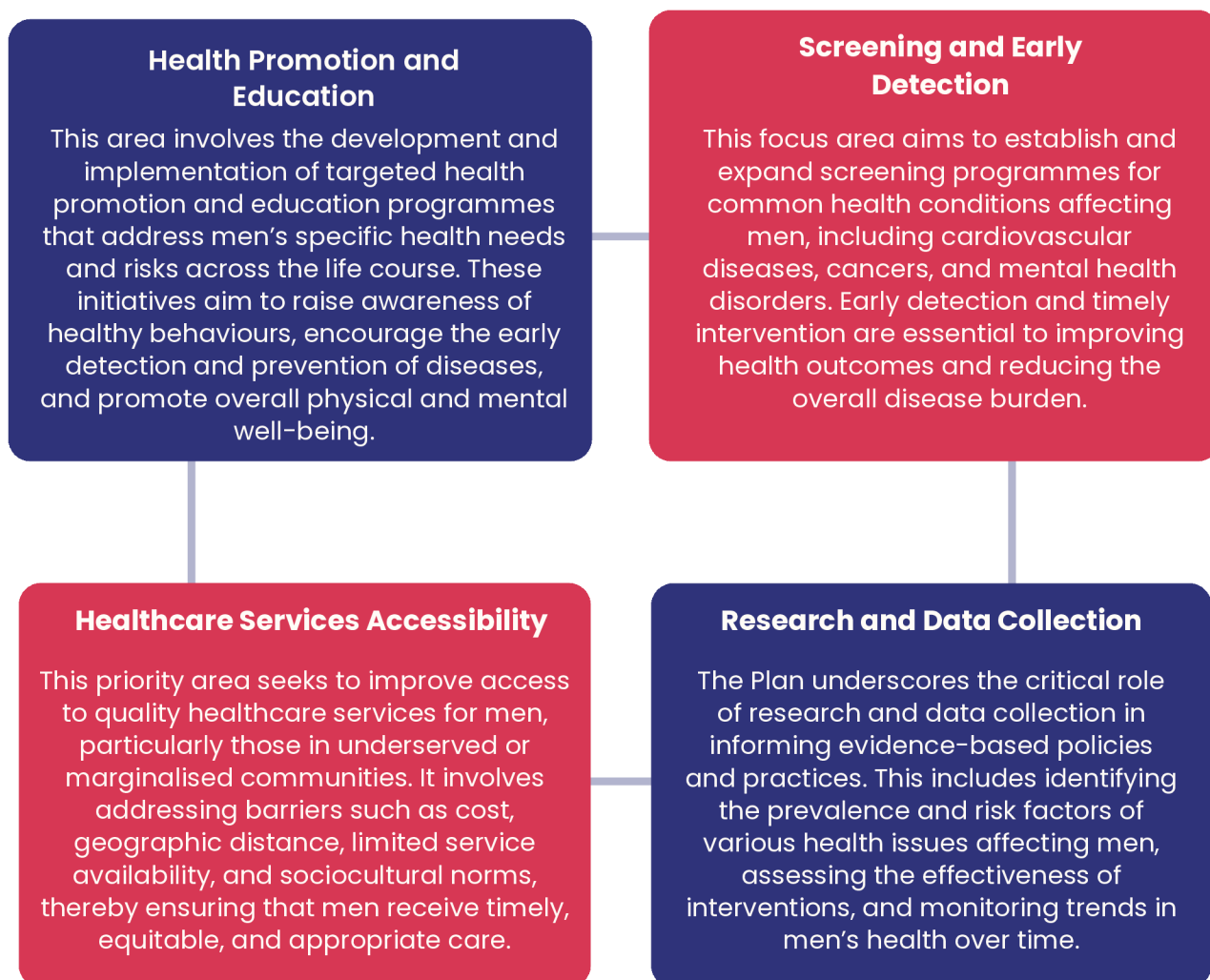
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DR ISMUNI BIN BOHARI
DEPUTY DIRECTOR GENERAL OF HEALTH (PUBLIC HEALTH)



EXECUTIVE SUMMARY

The Malaysia Men's Health Plan of Action 2024–2030 builds upon the foundation and lessons learned from the preceding Plan of Action (2018–2023), which demonstrated a combination of progress and persistent gaps in improving men's health outcomes. This updated Plan provides a strategic and coordinated framework to address priority health issues affecting men in Malaysia. It adopts a comprehensive and targeted approach to tackle the most pressing health challenges and focuses on four key areas:



The Malaysia Men's Health Plan of Action 2024–2030 adopts a life-course approach to health, recognising that men's health needs and risks evolve at different stages of life. It also underscores the importance of a gender-sensitive perspective, acknowledging that men and women experience health and illness differently. The Plan incorporates robust monitoring and evaluation mechanisms to ensure effectiveness, transparency, and accountability. By addressing priority health issues among men in Malaysia, the Plan seeks to enhance men's health and well-being, reduce health disparities, and promote healthy ageing.



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ABBREVIATION AND ACRONYMS

A/KK	Outpatient Department/Primary Healthcare Clinics
AKRAB	Amanah, Kompeten, Rasional, Amanah, Bestari (Peer Support Group)
BPH	Benign Prostatic Hyperplasia
BKP	Disease Control Division
BPP	Medical Development Division
BKD	Digital Health Division
BPKK	Family Health Development Division
CVD	Cardiovascular Disease
DRE	Digital Rectal Examination
ED	Erectile Dysfunction
EMR	Electronic Medical Record
FELDA	Federal Land Development Authority
FELCRA	Federal Land Consolidation and Rehabilitation Authority
FMSA	Family Medicine Specialist Association
GLCs	Government-Linked Companies
HECC	Health Education Communication Centre
HIV	Human Immunodeficiency Virus
iFOBT	Immunochemical Fecal Occult Blood Test
JAKIM	Department of Islamic Development Malaysia
JKKK	Village Development and Security Committee
KK	Klinik Kesihatan (Health Clinic)
KKM	Kementerian Kesihatan Malaysia (Ministry of Health Malaysia)
KOSPEN	Komuniti Sihat Pembina Negara

ABBREVIATION AND ACRONYMS

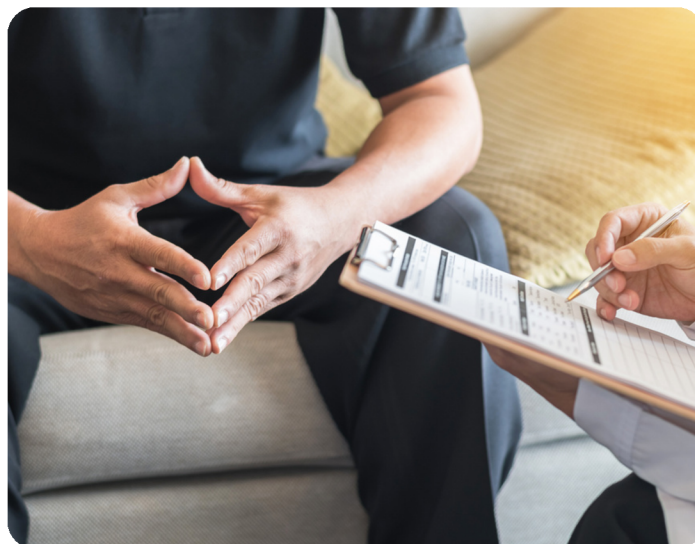
MA	Medical Assistant
MAKNA	National Cancer Council
MINDEF	Ministry of Defence
MMC	Malaysian Medical Council
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOHE	Ministry of Higher Education
MOSTI	Ministry of Science, Technology and Innovation
MOT	Ministry of Transport
MUA	Malaysia Urology Association
MSASAM	Malaysian Society of Andrology and Study of Aging Male
MWFCD	Ministry of Women, Family and Community Development
MyVAS	My Vaccine Administration System
NCD	Non-Communicable Diseases
NCEMH	National Centre of Excellence for Mental Health
NGO	Non-Governmental Organization
NHMS	National Health and Morbidity Survey
NIH	National Institutes of Health
NIOSH	National Institute of Occupational Safety and Health
NSPND	National Strategic Plan of Non Communicable Diseases

ABBREVIATION AND ACRONYMS

NPFDB	National Population and Family Development Board
OEHS	Occupational And Environmental Health Sector
OSCA	One Stop Centre for Addiction
PCaT	Prostate Cancer Training
PDE5i	Phosphodiesterase Type 5 Inhibitors
Peka B40	Skim Peduli Kesihatan for B40 Group
PERKESO	Social Security Organisation (SOCSO)
PSA	Prostate-Specific Antigen
PSD	Public Service Department
QMS	Queue Management System
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
TOR	Term of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UKK	Corporate Communication Unit
UMMC	University of Malaya Medical Centre
WOW	Wellness Of Workers
YBMK	Minister of Health

INTRODUCTION

Men in Malaysia play vital roles within their families, communities, and the nation's workforce. However, their health outcomes are often poorer than those of women, with higher rates of chronic diseases and premature mortality. In recognition of this pressing concern, the Ministry of Health Malaysia introduced the Men's Health Plan of Action (POA) 2018-2023¹ as a strategic response. The Plan aimed to address a wide range of health challenges through a comprehensive and structured approach, focusing on key areas such as non-communicable diseases (NCDs), sexual and reproductive health, mental health, and health screening.



Progress and Challenges: Insights from the National Health and Morbidity Surveys (NHMS)

The National Health and Morbidity Surveys (NHMS) have provided valuable data on men's health trends in Malaysia ^{2,3}

SMOKING

Although the prevalence of smoking decreased from 40.5% in 2019 to 35.7% in 2023, it remains a major public health concern due to its strong association with chronic diseases including cardiovascular disease, chronic obstructive pulmonary disease (COPD), and various cancers.

Smoking also adversely impacts reproductive health and significantly increases the burden on the national healthcare system.

OBESITY

The prevalence of obesity among men increased from 15.3% in 2019 to 17.9% in 2023, signalling a growing public health concern. This upward trend is particularly alarming, as obesity is a major risk factor for numerous non-communicable diseases (NCDs), including type 2 diabetes, cardiovascular disease, hypertension, and certain cancers. Obesity is also associated with a reduced quality of life, increased healthcare costs, and a higher risk of premature mortality.

DIABETES

The prevalence of diabetes among men declined from 18.2% in 2019 to 15.0% in 2023. However, a significant proportion (6.2%) of cases still go undiagnosed, emphasizing the importance of improved screening and early detection.

MENTAL HEALTH

A concerning trend is the doubling of depression rates among men from 2.0% in 2019 to 3.9% in 2023. This highlights the urgent need for increased attention to men's mental health, as mental health issues are often underreported.

These statistics underscore the necessity for proactive, gender-sensitive interventions to improve men's health outcomes.

Malaysia Men's Health POA 2024–2030: A Strategic Framework for Progress

Building on the achievements of the 2018–2023 plan and addressing emerging challenges, the Malaysia Men's Health Plan Of Action 2024–2030 aims to reduce health disparities among men by focusing on priority health issues.

Key Domain Areas:

Health Promotion and Education

- Implementing comprehensive health promotion campaigns targeting men.
- Developing educational materials and programs that address men's specific health needs and concerns.
- Promoting healthy lifestyles, including regular exercise, balanced nutrition, and stress management.
- Increasing awareness about the importance of preventive care and early detection of illnesses.



Screening and Early Detection

- Expanding access to health screenings for men, especially for NCDs and mental health issues.
- Encouraging men to participate in regular health check-ups.
- Promoting early detection and intervention for diseases to enhance treatment outcomes.

Healthcare Services Accessibility

- Addressing barriers to men's healthcare access, including financial difficulties, geographic challenges, and cultural sensitivities.
- Expanding the availability and affordability of healthcare services for men in both urban and rural areas.
- Enhancing the quality of healthcare services for men through training and capacity building of healthcare providers.



Research, Data Collection and Intersectoral Collaboration

- Conduct research to understand men's health needs and challenges better.
- Enhance data collection and monitoring systems to track progress and assess the effectiveness of interventions.
- Promote collaboration among government agencies, non-governmental organizations, and other stakeholders to address men's health issues comprehensively.



VISION

To enhance the overall health and well-being of men in Malaysia by reducing health disparities and promoting proactive health management through targeted policies, effective interventions, and multisectoral collaboration.

OBJECTIVES

Reduce Mortality and Morbidity

Decrease the incidence of leading causes of death among men.

Enhance Screening and Early Detection

Improve the early identification and treatment of non-communicable diseases (NCDs), mental health, and other health conditions.

Encourage Healthy Lifestyles

Promote the adoption of healthy behaviors.

Strengthen Healthcare Services

Provide accessible, appropriate, and male-friendly healthcare services.

IMPLEMENTATION OF FRAMEWORK

This Plan of Action outlines specific strategies, actions, and performance indicators for each domain. Its successful implementation relies on collaboration among the Ministry of Health, other government agencies, academic institutions, non-governmental organisations (NGOs), and the private sector. The detailed implementation framework is provided in the appendix.

SPECIFIC DOMAINS

1

DOMAIN 1: HEALTH PROMOTION AND EDUCATION

Health promotion and education are crucial for increasing awareness and promoting preventive measures. Strategies must be tailored to suit different stages of the male life course. The communication plan is guided by the Ottawa Charter for Health Promotion (1986) and the COM-B behavioural model.⁴



OBJECTIVE

To enhance public awareness, promote preventive behaviours, and deliver tailored health education.



PILLARS OF HEALTH PROMOTION AND INTERVENTION

The pillars of health promotion and intervention strategies are primarily based on the Ottawa Charter for Health Promotion (1986),⁵ and comprise five key components:

- a) Building healthy public policies
- b) Creating supportive environments
- c) Strengthening community action
- d) Developing personal skills
- e) Reorienting health service



STRATEGY FOR IMPLEMENTATION

The strategies for implementing the communication plan are informed by the COM-B behavioural model, which identifies Capability, Opportunity, and Motivation as core components influencing individual behaviour. This model emphasizes:



Capability: Improve knowledge and skills



Opportunity: Build supportive environments



Motivation: Promote positive behavior change

SPECIFIC DOMAINS

2

DOMAIN 2: SCREENING AND EARLY DETECTION

Early detection is a critical component in addressing men's health issues and improving health outcomes. This domain focuses on strengthening and expanding screening programmes for conditions such as colorectal cancer, cardiovascular diseases, mental health disorders, and prostate-related health concerns⁶



OBJECTIVE

To enhance early detection and timely intervention for NCDs, SRH issues, and other conditions, including mental health issues among men, and to reduce stigma.



STRATEGY FOR IMPLEMENTATION

The success of these screening programs depends on clear strategies and practical steps, including:



Integration of screening pathways



Surveillance



Community engagement and awareness



Reduce stigma surrounding men's health



Training and capacity building



Promote men-friendly workplace



Technology adoption



Enhance the availability of men's health services

SPECIFIC DOMAINS

3

DOMAIN 3: HEALTHCARE SERVICE ACCESSIBILITY

This domain focuses on improving the availability, appropriateness, and tailoring of healthcare services to meet men's specific health needs ^{12, 13, 14}



OBJECTIVE

To improve access to men's health services through innovative solutions and inclusive practices.



STRATEGY FOR IMPLEMENTATION



Leverage current technology



Improve screening participation through proactive engagement.



To create services more male-friendly.



Establish and enhance male-focused health services.

SPECIFIC DOMAINS

4

DOMAIN 4: DATA, RESEARCH AND EVALUATION

This domain focuses on strengthening evidence-based policymaking by expanding research priorities, improving data systems, and fostering cross-sectoral collaboration.



OBJECTIVE

To expand research efforts, improve data collection and utilisation, and strengthen intersectoral collaboration.



STRATEGY FOR IMPLEMENTATION



Integrate Men's Health into National Research Priorities



Enhance Research Capacity and Data Management



Conduct and Promote Research



Disseminate Research Findings



Establish Intersectoral Collaboration

APPENDICES



A. DOMAIN 1- HEALTH PROMOTION AND EDUCATION

No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies Responsible
1.	Develop Effective Policies	i) Whole Government/ Nation Approach a) Annual meeting to include men's health in the agenda of existing high-level platforms, e.g., MJM / Jawatankuasa Kabinet, such as J/K ANMS.	Frequency of meeting per year	3 times per year	- MOH (Health Education Division, Non-Communicable Diseases (NCD), Financial Division)
		b) Establish a National Technical Working Group (TWG) for Men's Health.	1 TWG established with TOR and appointment letter	2025	- MOH - Academic Institution - MWFC / Others
2.	Foster a supportive environment.	i) Personalized messages for men a) in existing MOH campaign (especially during Men's Health Month (June), Father's Day (June), International Men's Day (Nov) b) Healthy Nutrition - Reduce Sugar Campaign (includes targeted message for men) *Healthy Eating Campaign (includes targeted message for men)- (refer to National Plan of Action for Nutrition of Malaysia III 2016-2025, War on Sugar Plan Strategic 2024-2030) c) No Smoking/Vape Campaign (including targeted message for men) – refer to National Strategic Planning for Non-Communicable Disease- NSPNCD 2016-2025. d) Mental health campaign (anti-stigma messaging in screening campaigns.	Number of campaigns	Daily / weekly campaign (Jun, November)	- MOH (NCD, Nutrition Division, Health Education Division, NCEMH) - Ministry of Communications



No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies Responsible
		ii) International Men's Celebration, MOH a) Health promotion campaign: run, walk, exercise, etc. b) Social media campaign using <ul style="list-style-type: none"> a standard hashtag for all related posts: (Example): #GoForMensHealth, #SihatUntukLelaki, #HealthForMenn TikTok Challenge/ Reel/ Info valence / Infodemic: Fact or hoax information Special Message in Men's Department Store/Mall c) Conventional <ul style="list-style-type: none"> Radio / TV: Topic on men's health during the campaign month Advertisement d) Press Statement From YBMK e) Private Sector - Men's Health Campaign	Total of activity done/year	One activity/year (November)	<ul style="list-style-type: none"> MOH (NCD, Nutritional Division, Health Education Division, NCEMH) Ministry of Communication,
3.	Strengthen community action for health	i) Collaboration and advocating with Men's interest stakeholders. a) Based on interest, hobbies, occupation <ul style="list-style-type: none"> Example: Ministry of Sports / PERKESO / Football Club / Motorsport Club / Automotive Club / Armed Forces / Firefighters / 	Frequency of engagement per year	4 engagements annually	<ul style="list-style-type: none"> MOH (FHDD, HECC, NCD) Relevant stakeholder
		ii) Regular stakeholders' meetings	Frequency of meetings per year	4 times per year	<ul style="list-style-type: none"> MOH (Public Health Program to chair) Department of Occupational Safety and Health (DOSH), (Ministry of Human Resources) MITI MWFC MOE / MOHE NPFDB

No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies Responsible
					<ul style="list-style-type: none"> - NGOs / MSASAM - Protect Health - MMA - Third-party administrator
		iii) Community Outreach: Promoting Health Screenings for Men a) Collaborating with religious organizations, for example, Muslim Men during Friday prayers.	Frequency of engagement each year	4 engagements per year	<ul style="list-style-type: none"> - MOH - JAKIM, - Religious State authorities/body, MCCBCHST, Tzu Chi - MWFC
		iv) Engage community leaders, NGOs, and influencers to promote mental health awareness (e.g., K-Mindset Programme, Men's Safe Space).	Frequency of engagement each year	4 engagements per year	<ul style="list-style-type: none"> - MOH (NCEMH) - MWFC
4.	Education and capacity building.	i) Capacity Building for Healthcare Providers a) Training healthcare personnel on the men's health screening package (to define what the men's health screening package includes - NCD, ED, BPE, Prostate Cancer, Mental health). b) Understanding healthy masculinity in men (e.g., menLUAH - how to be better men)	i) Number of training sessions conducted annually (target: minimum one session/year per level: HQ, state, district, facility) ii) Percentage of trained healthcare personnel in government clinics iii) Number of private GPs who attend the training	i) Baseline ii) at least 50% over 5 years. iii) baseline line	<ul style="list-style-type: none"> - MOH clinics - MMA - Private GP - Alaminda Health Centre - NPFDB (HQ KL, Penang, JB, Melaka, Dungun, Sarawak, Jalan Raja Laut (KL)) - NGO (MSASAM, FMSA) - MMA
		ii) Capacity Building for the community: Conduct community-based education sessions on: Recognising symptoms related to men's health issues a) Promoting help-seeking behaviour b) Understanding and advocating healthy masculinity (e.g., menLUAH concept)	Number of activities done per year	One / year	<ul style="list-style-type: none"> - MOH (FHDD, HECC, NCD, Digital Health Division) - NGO (Alaminda Health Centre, FMSA, MMA, MSASAM)
		iii) Health Education Materials a) Develop or update health materials to be easily accessible online and at health facilities. b) Dedicated link: infosihat	Number of materials developed	5 materials per year	<ul style="list-style-type: none"> - MOH (HECC, Digital Health, UKK.)
		iv) Develop psychoeducation materials on men's mental health and coping strategies. Include modules on stress management and emotional resilience.	Number of materials developed	5 materials/year	<ul style="list-style-type: none"> - MOH (NCEMH, HECC) - Alaminda Health Centre

B. DOMAIN 2- SCREENING AND EARLY DETECTION

No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
1.	Development of health screening system	i) To establish a national screening registry that includes a men's health screening module through a suitable platform (MySejahtera, MyVAS/ CCMS) - to add results of screening, e.g., PSA test, referral status a) enable/integrate data from other existing CCMS, TPCOHIS, ACM, etc	One integrated screening registry that includes the men's health screening module	2025-2030	- MOH (Digital Health, FHDD)
2.	Development of health screening package	i) Development of a screening package for men's health a) Incorporate the Men Screening Tool into the integrated National Health Screening module. b) Establish the screening tool on the digital platform (MySejahtera/ MyVAS). c) Integrate mental health screening (e.g., depression, anxiety) into men's health screening modules (MySejahtera, MyVAS).	One Integrated Screening Module	2025 / 2026	- MOH (Digital Health, FHDD, NCD, NCEMH)
3.	Health Screening for workers upon work entry	i) Medical Check Up a) upon work entry (Public/Private) or annually (requirement for annual increment/performance appraisal) *Screening tools- (Men's health screening package- NCD, ED, BPE, Prostate Ca, Mental health)	Number of activities per year	one per year	- MOH (NCD - Public Service Department (PSD) - Ministry of Human Resources,
4.	Health Screening for Drivers	i) Assessment of Eye, Hearing, and Dementia for Elderly Driving Fitness	Once a year	2025-2030	- MOT - Road transport Department (JPJ) - MOH
5.	Development of a Shared Decision-Making Module for Prostate Cancer Evaluation	i) Development of a National Shared Decision-Making Module based on the UMMC PCaT to support prostate cancer early detection program.	Number of modules developed	2025/2026	- MOH (FHDD, Counselling unit, Medical) Development Division / Urologist/ IHSR / IPTK/ HECC) - UMMC - MSASAM
6.	Enhancing the implementation of the recommended screening package through primary care facilities, collaboration, and partnerships with other agencies	i) Health screening and intervention activities in primary care facilities, MOH	i) Percentage of male population underwent screening in primary care facilities	i) 5% male population coverage for screening ii) Baseline (Trending)	- MOH (FHDD)



No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
			ii) Percentage of males with risk factors who underwent an intervention program		
		ii) Health screening activities and intervention in the workplace	i) Number and percentage of males screened in KOSPEN WOW programs. ii) Percentage of males with risk factors who underwent an intervention program iii) Number and percentage of males screened in SOCSO programs	i) 95% of men are screened out of the total number of eligible male workers in participating KOSPEN WOW workplaces each year. ii) Baseline (Trending) for intervention iii) 50 % males screened out of the total number of eligible male SOCSO contributors who received an invitation or were offered to participate in the SOCSO health screening program (e.g., HSP) during the year.	- MOH (Digital Health, NCD, FHDD) - SOCSO
		iii) Health screening activities in the community (e.g., KOSPEN Community, outreach activities).	i) Number and percentage of males screened in KOSPEN / outreach programs. ii) Percentage of males with risk factors who underwent an intervention program	i) 10% of males are screened out of the total number of eligible adult males (aged 18 and above) residing in the KOSPEN locality per year. ii) Baseline (Trending) for intervention	- MOH (NCD, FHDD) - NGO - NPFDB
7.	Strengthening specific SRH problems for early detection	i) Screening for erectile dysfunction among those over 40 without comorbidities, and include individuals with comorbidities regardless of age during primary care health checkups.	i) Percentage of men diagnosed with ED attending the primary care facilities ii) Percentages of males with severe score detected with IIEF-5	i) Baseline (%): Number of males diagnosed with ED based on IIEF-5 out of total males attending primary care clinics ii) Baseline (%): Number of males with severe score (IIEF 5) of the total males screened / scored using IIEF 5	- MOH (FHDD) - MOE - Private Healthcare Facilities - ProtectHealth Corp - MSASAM
		ii) Early detection for LUTS at the primary care clinics	Percentages of males with severe score detected	Baseline (%): Number of males with severe score (IPSS) of the total males with LUTS symptoms screened/scored using IPSS	- MOH (FHDD)



No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
		iii) Early detection of prostate cancer	Percentage of men referred to hospitals for TRO prostate cancer	Baseline (%): Number of males referred to hospitals TRO prostate cancer out of the total number of male with LUTS	- MOH (FHDD)
8.	Strengthening and improvement of follow-up care and data tracking for individuals	i) Improve and integrate documentation of men's health data into existing systems (MySejahtera, MyVAS, EMR).	Men's health follow-up surveillance integrated into existing digital health tracking systems (e.g., MySejahtera, MyVAS, EMR)	By 2030, at least 50% of public clinics offering men's health screening services will have integrated follow-up tracking using MySejahtera or EMR.	- MOH (Digital Health, NCD, FHDD)
		ii) Referral mechanism – to increase utilization of appointment system (Currently, 83% KK using MySejahtera Appointment module)	Percentage of patients attending appointments after referral	Baseline: Number of referred patients who attended their appointment. out of the total number of patients referred and given an appointment	- MOH (Digital Health, NCD, FHDD)

C. DOMAIN 3- HEALTHCARE SERVICE ACCESSIBILITY

No.	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
1.	To enhance access to health services for men	i) Development of a patient navigation platform (website and digital tools) to guide men through men's health, offering user-friendly access points and tailored content. Platform Options: a) ScreenMen – A dedicated men's health awareness and screening platform (Engagement & MOU with Universiti Malaya). b) InfoSihat (MOH version) – The Ministry of Health's official health information platform. c) MySihatPal – (https://mysihatpal.com.my/) Note: Integrate the chosen platform into MySejahtera to ensure broad reach and easy access for men seeking health and disease information.	i) Development milestone - Patient navigation platform/guideline developed ii) Utilization - Percentage of men who accessed and completed the module **Assuming Number of accessed / population > 17yo (If possible, to get gender and age of visitor for better analysis) [using IP address counter]	i) One national patient navigation platform finalised and launched by 2027 ii) 50% of men who accessed and completed the module (wellness/ health promotion) and self-screening module over total website visitors	- MOH (FHDD, NCD, - UM Primary Care Division
		ii) Direct online booking for men's health services at designated health facility centres through MySejahtera. a) Explore integrating MySejahtera's Clinic Appointment System with the current Queue Management System (QMS) to offer a smoother, faster, and more user-friendly experience for men seeking timely care.	Percentage of men's health service appointments scheduled through MySejahtera	Baseline: Number of men's health service appointments made via MySejahtera) out of the total number of men's health service appointments made at designated health facilities	- MOH (FHDD-Primary Health) - QMS developer/ provider
		iii) For those not accessible to the MySejahtera app, promote access to the nearest health facilities (GP or KK) for the NCD/ Men's Health Screening program in the community a) Mapping of Men's friendly clinics (MOH, LPPKN, GP) b) Distribution of mapping to relevant facilities	i) A centralized, frequently updated national directory of men-friendly clinics that are geotagged for public access. ii) Dissemination of the mapping database or directory	i) End 2027 ii) Mid-2028	- MOH (FHDD, NCD, HECC) - NPFDB - GP - Private Labs
		iv) To promote virtual consultation dedicated to men a) Prioritise - better access for men - increase slots b) 50% slots dedicated to men's appointments c) target men when giving / awareness pamphlet/slip to promote virtual consultation to men (e.g., working men) d) Use KOSPEN WOW to promote the virtual clinic	i) Number of men who used the virtual consultation (Total male patients who completed at least one virtual session) ii) The number of working men who used the virtual consultation (Subset of above: men aged 18-59 who reported being employed)	i) Baseline - (Engage stakeholders and health facilities in 2026, implementation by 2027) ii) Implementation in 2027	- MOH (Digital health, FHDD, NCD)

No.	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
			iii) Number of clinics that provided promotional materials. iv) The number of virtual services (e.g., medical consultation, DM education, physiotherapy, OT, pre-DM program, men's health topics (SRH))		
		v) Extend Mobile Health Clinics/ team service mainly to rural areas. to include men's health screening.	i) Number of men attending the mobile clinic for men's health screening (e.g., BP, glucose, IIEF-5, IPSS, BMI, mental health)	Yearly trending Baseline: 2025-2030	- MOH - NPFDB (HQ KL, Penang, JB, Melaka, Dungun, Sarawak, Jalan Raja Laut (KL)) - GLC/ NGO - National Cancer Society of Malaysia (NCSM)
		vi) Extend the scope of workplace health screening by broadening the coverage via KOSPEN WOW, SEHATI SOCSO and private panel clinics. (Increase number of companies registered for workplace health screening)	i) Number of workplaces or companies participating in workplace men's health screening	Baseline: monitoring from 2025 to 2030	- MOH (NCD) - SOCSO - Private GP - Private Labs - ProtectHealth - Third party administrator - All governmental agencies
2.	To create male-friendly healthcare facilities and services	i) To allocate male healthcare workers for male-specific services (to provide a male doctor upon request by patients if available)	Number of clinics with men's health team/district	i) One health clinic that provides a dedicated men's health team per district	- MOH - MOE - MINDEF - Private clinics/ hospitals
		ii) To improve the module for the school health team to deliver male-specific cancer awareness for self-testicular examination, smoking/vaping, and STDs - Collaboration between MOH and Universities for the male-specific cancer awareness programme	i) Module developed ii) Number of awareness programs per district iii) 50% of schools within a district covered (with self-testicular examination and STDs) over 5 years ● One university/college per year	i) Develop 1 male-specific cancer awareness module on top of existing content ii) 1 awareness programme (that includes male-specific cancer awareness) conducted per year per district	- MOH (HECC, FHDD) - MOHE (universities & colleges) - MOE - School health team - Health education officers
3.	Enhancing early detection for prostate cancer	i) Improve access to PSA testing	Number of main hospitals, private health facilities, and private laboratories conducting PSA testing	iii) Baseline	- MOH (FHDD, Medical Development Division) - MOE

No.	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
					<ul style="list-style-type: none"> - Private Health Facilities - Private Laboratory - ProtectHealth Corp - MSASAM
4.	Enhance access to urology services. (Uro:pop ratio Malaysia Total: 146 Ratio: 1:232,465 Singapore Total: 140 Ratio: 1:40,264 Thailand Total : 653 Ratio: 1:109,800)	i) To increase the number of urologists	Number of urologists produced	20 per year by 2030 (currently average 10 per year)	<ul style="list-style-type: none"> - MOH (FHDD, Medical Development Division) - MOE - MUA (Malaysia Urology Association) - MSASAM
		ii) Urologist in all major public hospitals and visiting urologist at district hospitals (currently 11 public MOH hospitals with urologists and 7 hospitals with visiting urologists).	Number of hospitals with urology services	iv) 100% by 2030	<ul style="list-style-type: none"> - MOH - (FHDD, Medical Development Division) - MOE - MUA (Malaysia Urology Association) - MSASAM



D. DATA, RESEARCH AND EVALUATION

No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
1.	To expand research and enhance data collection	i) Systematic review/meta-analysis to identify research gaps	Number of systematic reviews/ meta-analyses: One in 5 years	2026-2030	- MOHE - MOH - Private institution
		ii) Incorporate men's health in health research priorities. a. Men's health demand (To be included in the coming NHMS)	To be included in the next Malaysian plan / NIH research priorities.	2024-2030	- MOHE - MOH - NGO - Prostate Cancer Society, National Cancer Society, Urological Cancer Trust Fund - MOSTI - MSASAM
		iii) Mapping funding for men's health research (men's health cluster)	i) The total amount allocated for men's health research annually ii) Number of grants or funded projects focused on men's health topics	2024-2030	- MOHE - MOH - NGO - Prostate Cancer Society, National Cancer Society, Urological Cancer Trust Fund - MESTECC - MOF - NPFDB
		iv) Promote men's health research among researchers based on current statistics and research gaps. <i>Platforms: Conference e.g. Men's Health Conference, Persidangan Kebangsaan Konsortium Hospital Universiti Awam Malaysia, symposium etc.</i>	i) Incorporate Men's Health in the conference theme: 1 conference per year ii) Number of engagements: Yearly	2024-2030	- MOHE - MOH - NGO - MOSTI - CRM
		v) Sharing session with top management of relevant agencies (e.g., PERKESO, ProtectHealth, KPWK) to present research findings on gender equity and men's health for policy and program translation.	i) Frequency: Yearly seminar/ meeting	2026-2030	- MOH - PERKESO - PROTECTHEALTH - MWPCD - NGO - MSASAM



No	Strategies	Action / Activities	Performance Indicators	Target / Time Frame	Agencies responsible
		vi) Strengthening Multisectoral Data Governance and Research Collaboration a. Utilise existing data/ platforms b. Standardised reporting/ analyses of routine data stratified by gender c. Collaborative research initiatives d. Data standardization and sharing e. Resource optimisation	i) To establish a steering committee (for a selected programme/ initiative) ii) Number of Intersectoral collaboration meetings: twice per year	2024-2030	- MOHE - MOH - PERKESO - ProtectHealth - LPPKN - MESTECC - DOSM - KBS - KPWK - NGO - e.g. National Cancer Society Prostate Cancer Society Malaysia, MAKNA
		vii) Evaluate the existing men's health initiatives/programmes	i) Number of programmes evaluated per year (in terms of feasibility, effectiveness, outcome)		- MOH - NIH (IPTK, IKU, IHM, IHSR) - Universities - NPFDB - MSASAM
2.	Men's Health Clearing House	i) To re-establish and ensure the sustainability of the clearinghouse as a men's health data repository.	Frequency of Database updates: At least twice per year	2025-2030	- MOHE - MOH - ProtectHealth - NGO/ MESTEC

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e ISBN 978-629-95865-3-1



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