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An innovative approach for engaging key populations in HIV continuum of care in Malaysia: STI friendly clinic by the Ministry of Health, Malaysia**Shamala Chandrasekaran¹, N Aziz² and P Ellan¹**¹Malaysian AIDS Council & The Malaysian AIDS Foundation, Malaysia²Ministry of Health Malaysia, Malaysia

While the HIV continuum of care posits that early identification and treatment of HIV infection coupled with information and education about treatment and adherence, emotional management and healthy living with HIV could markedly decrease onward HIV transmission, Key Populations (KPs) at risk for HIV in Malaysia are undoubtedly challenged with stigma and discrimination in addition to prohibitive legal and socio religious environment that negatively impact their access to prevention, treatment and care services. To encourage the KPs access appropriate treatment and care services, Ministry of Health Malaysia (MOH) introduced the Sexually Transmitted Infection (STI) friendly clinics with the cooperation of the Malaysian AIDS council for the very first time in Malaysia. These clinics were specifically designed to focus on testing and management of STIs and HIV. The STI friendly clinic is unique in its approach of engaging government healthcare workers to provide quality medical care in a safe, friendly and stigma free environment for the KPs. Since its inception in 2016, 50 government healthcare providers were sensitized to provide STI/HIV friendly services to the KPs. There are now 23 STI friendly clinics throughout Malaysia which has reached out to more than 500 people-who inject drugs, sex workers, men who have sex with men and transgender population. Patients are treated mostly through the syndromic approach using the guidelines by the MOH. All patients with symptoms and complaints are tested for STIs. These clinics strive to ensure early identification, treatment adherence and regular testing among KPs with an enabling environment regardless of their sexual orientation, sex and gender identities. This approach is exemplary in addressing poor engagement of KPs at risk for HIV/STI infection in treatment and care services. Similar effort needs to be replicated widely in Malaysia to further witness a significant change in their engagement in HIV care continuum.

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