



**NATIONAL STD/AIDS
CONTROL PROGRAMME
SRI LANKA**

ANNUAL REPORT 2019



**MINISTRY OF
HEALTH
SRI LANKA**



**NATIONAL
STD/AIDS
CONTROL
PROGRAMME**



Annual Report 2019

National STD/AIDS Control Programme



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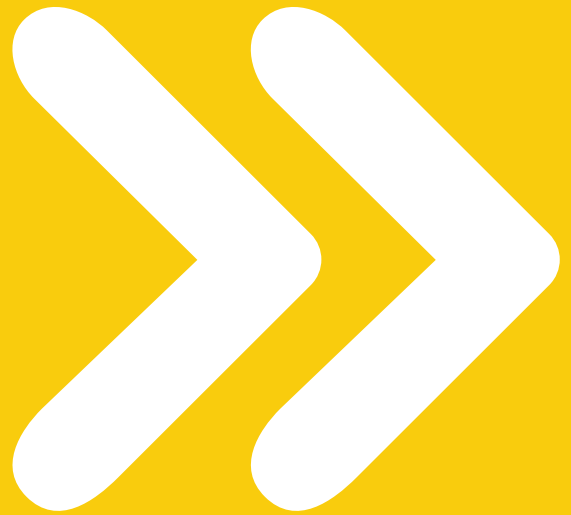
Strategic Information Management (SIM) Unit,
National STD/AIDS Control Programme.



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Welcome to our Annual Report



Sri Lanka has adopted the SDG target of “End AIDS by 2030” and has accepted the challenge of achieving this target five years before the rest of the world. National STD/AIDS Control Programme (NSACP) is the pioneer government institution in Sri Lanka which takes the leadership and decisions to guide the national response to HIV to reach this goal timely.

NSACP has taken important steps towards achieving national and international goals. The country has achieved the WHO certification for the Elimination of Mother to Child Transmission (EMTCT) of HIV and syphilis. Furthermore, HIV testing services have been rolled out throughout the country covering all the Base hospitals and above as well as community-based testing, with the introduction of rapid tests for HIV screening.

National STD/AIDS Control Programme (NSACP) also took initiatives to further expand implementation of the Electronic Information Management System.

The annual report of NSACP is the reliable reference document which summarizes all the activities conducted by the NSACP and the network of island-wide STD clinics. Publication of this Annual Report would not have been possible without the continuous support from the staff in STD clinics and ART centres throughout the year.

I would like to take this opportunity to thank all the contributors of this document. The dedicated work of the team of the Strategic Information Management (SIM) unit and the staff of all reporting units of the NSACP are highly appreciated. The information available in this document will be valuable to further strengthen the national response to HIV and STI in Sri Lanka.

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Abbreviations

ABC	abacavir	GoSL	Government of Sri Lanka
ABST	antibiotic susceptibility test	HBsAg	Hepatitis B Surface Antigen
AEM	AIDS Epidemic Model	HCW	Health care worker
AIDS	Acquired Immune Deficiency Syndrome	HCG	human chorionic gonadotropin
ANC	antenatal clinic	HDL	high density lipoprotein
ART	antiretroviral treatment	HIV	human immunodeficiency virus
ARV	antiretroviral drugs	HPV	human papillomavirus
AZT	zidovudine	HSS	health system strengthening
BB	Beach boys	HSV	herpes simplex virus
BCC	Behaviour Change Communication	HTC	HIV testing and counselling
BH	Base Hospital	HTS	HIV testing services
CD4	Cluster of differentiation	ICU	intensive care unit
CDC	Center for Disease Control	IDU	Injecting drug user
CIN	cervical intraepithelial neoplasia	IDV	indinavir
CMV	Cytomegalovirus	IEC	information, education and communication
CSHW	Castle Street Hospital for Women	KP	Key population
DFM	Diploma in Family Medicine	LDL	low density lipoprotein
DGH	District General Hospital	LFU	lost to follow up
DGHS	Director General of Health Services	LoI	letter of intent
DMH	De Soysa Maternity Hospital for Women	LPV	lopinavir
DQA	data quality assessment	LPV/r	lopinavir and ritonavir
DRV	darunavir	MAC	mycobacterium avium complex
DTM	Diploma in Transfusion Medicine	MARP	most at risk populations
DU	Drug user	MCH	maternal and child health
ECS	early congenital syphilis	MD	Doctor of Medicine
EFV	efavirenz	MDG	Millennium Development Goals
EIA	enzyme immunoassay	MLT	Medical Laboratory Technologist
EID	early infant diagnosis	MO	Medical Officer
EIMS	Electronic Information Management System	MoH	Ministry of Health
ELISA	enzyme linked immunosorbent assay	MOIC	Medical Officer in charge
EMTCT	Elimination of mother to child transmission	MS	Medical student
EQA	external quality assessment	MSM	Men who have sex with men
ETU	emergency treatment unit	MTCT	mother to child transmission
FSW	Female sex worker	M&E	monitoring and evaluation
FTC	emtricitabine	NAC	National AIDS Committee
GFATM	Global Fund to fight AIDS, TB and Malaria	NBTS	National Blood Transfusion Service
GH	General Hospital	NDDCB	National Dangerous Drug Control Board

NCPA	National Child Protection Authority	TDF	tenofovir
NFM	New funding model	TG	transgender
NGO	non-governmental organization	TOT	Training of trainers
NGU	non-gonococcal urethritis	TPPA	Treponema pallidum particle agglutination assay
NIID	National Institute of Infectious Diseases (IDH)	TTI	Transfusion transmissible infections
NRL	National Reference Laboratory	UNAIDS	Joint united nations programme on HIV/AIDS
NRTI	nucleoside reverse transcriptase inhibitor	UNICEF	United nations international children emergency fund
NSACP	National STD/AIDS Control Programme	UNFPA	United Nations Population Fund
NS	Nursing student	USAID	United States Agency for International Development
NSP	National strategic plan	VCT	Voluntary Counselling and Testing
NVP	nevirapine	VDRL	venereal disease research laboratory test
OI	opportunistic infections	VOG	Visiting Obstetrician and Gynecologist
OPD	Outpatient Department	WAD	World AIDS day
PA	particle agglutination	WHO	World Health Organization
PCR	polymerase chain reaction	3TC	lamivudine
PCU	Primary Care Unit		
PDHS	Provincial Director of Health Services		
PE	peer educators		
PEP	post exposure prophylaxis		
PEPFAR	US President's Emergency Plan for AIDS Relief		
PGC	presumptive gonococcal infection		
PHI	Public Health Inspector		
PHLT	Public Health Laboratory Technician		
PHNS	Public Health Nursing Sister		
PLHIV	People living with HIV		
PMTCT	Prevention of mother to child transmission		
PI	protease inhibitor		
PICT	provider initiated counselling and testing		
PSE	population size estimation		
PWID	people who inject drugs		
RAL	raltegravir		
RDHS	Regional Director of Health Services		
SGOT	serum glutamic oxaloacetic transaminase		
SGPT	serum glutamic pyruvic transaminase		
SOP	standard operational procedures		
SRH	sexual and reproductive health		
STD	sexually transmitted diseases		
STI	sexually transmitted infections		
TA	technical assistance		
TB	tuberculosis		





**EMTCT HIV
& SYPHILIS**
SRI LANKA



**World Health
Organization**

In accordance with normative standards established by WHO
and the recommendation of the Global Validation Advisory Committee

The World Health Organization

Certifies the validation of elimination
of mother-to-child transmission of HIV and syphilis as
a public health problem in

Sri Lanka

Dr Tedros Adhanom Ghebreyesus
Director-General

24 January 2020

Headquarters of the NSACP is situated at No. 29, De Saram Place, Colombo 10, while SIM unit, Multi-sectoral unit and GFATM project implementation unit are located at No. 22, Medi house building, Sri Sangaraja Mawatha, Colombo 10

1. Introduction

National STD/AIDS Control Programme (NSACP) of the Ministry of Health is responsible for coordinating the national response to HIV and sexually transmitted infections in Sri Lanka.

NSACP coordinates and collaborates with many national and international stakeholders. There is a network of 34 fulltime STD clinics which functions as the service delivery centers. Of these, 27 STD clinics provided antiretroviral treatment (ART) facilities during 2019. Furthermore, NSACP provides quality STI and HIV laboratory services through a comprehensive laboratory network. National and sub-national level monitoring and evaluation and surveillance are other important activities carried out by NSACP. NSACP provides

both preventive and clinical services for key populations as well as for the general population. Besides, it supports the National Institute of Infectious Diseases (NIID) of Sri Lanka to provide clinical care for people living with HIV.

NSACP was able to successfully coordinate and implement the task of obtaining validation certificate from the World Health Organization for the elimination of mother to child transmission of HIV and syphilis during 2019.



The NSACP is currently working towards achieving fast track targets to “End AIDS by 2025”.

Entrance to NSACP at 29, De Saram place, Colombo 10.



Main activities

National STD/AIDS Control Programme

Coordinating in the national response to the HIV epidemic

1. Carrying out HIV prevention interventions
2. Helping to create an enabling environment for STI and HIV prevention
3. Provision of clinical services for sexually transmitted Infections
4. Provision of treatment and care for people infected and affected by HIV
5. Provision of laboratory services for STI and HIV diagnosis and management
6. Condom promotion for STI and HIV prevention
7. Provision of counselling services for STIs and HIV
8. Prevention of mother to child transmission of HIV and syphilis
9. Training and capacity building of health and non-health staff
10. Carrying out HIV and STI surveillance
11. Researching STI and HIV
12. Carrying out monitoring and evaluation of STI and HIV services
13. Dissemination of Strategic information on STI and HIV



Sri Lanka was successful in obtaining WHO validation for the elimination of mother to child transmission (EMTCT) of HIV and syphilis during 2019.

Our Mission

Quality sexual health services for a healthier nation

Our Vision

Contributing to a healthier nation through sexual health promotion, emphasizing prevention, control and provision of quality services for sexually transmitted infections including HIV

Our Objectives

1. Prevention of transmission of sexually transmitted infections (STIs) including HIV
2. Provision of care and support for those infected and affected with STIs including HIV



Satisfied Customers

During 2019, over 27,000 persons newly registered for sexual health services.



Professional Staff

Our staff is highly skilled and sensitive in dealing with sexual health issues.



Quality Products

Over 500,000 persons were tested for HIV and syphilis during 2019.



Senior Management Team

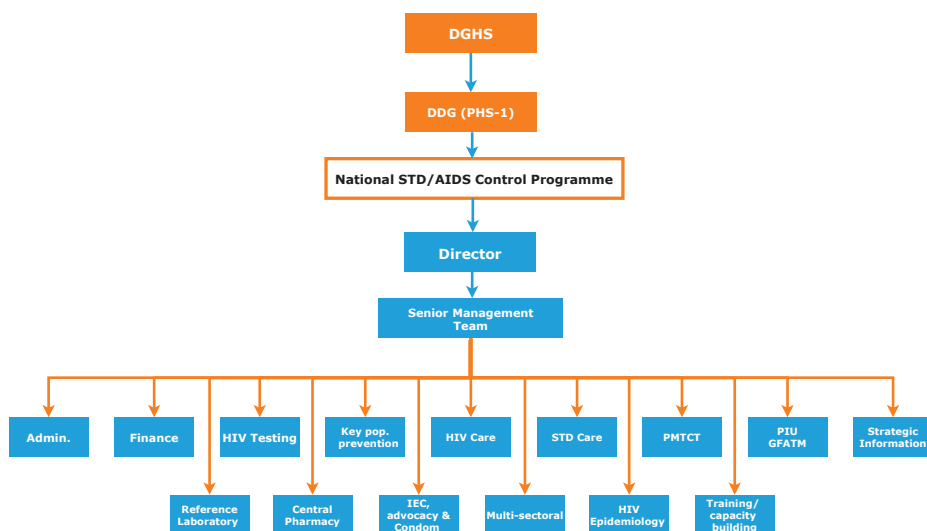


Sitting left to right- Dr Sathya Herath, Dr G. Weerasinghe, Dr Ariyaratne K. A. Manathunge, Dr R. Hettiarachchi, Dr L.I. Rajapaksa, Dr S. Benaragama, Dr J.P. Elwitiigala

Standing left to right - Dr C.T. Rathnayake, Mr R. Kahaduwaarachchi, Dr S. Muraliharan, Dr W.H.K. Weerasinghe, Dr C. Jayakody, Ms D.M.H.M Dissanayake, Ms J.K.D Jayawardena

National and District Organograms

National level organogram



District level organogram

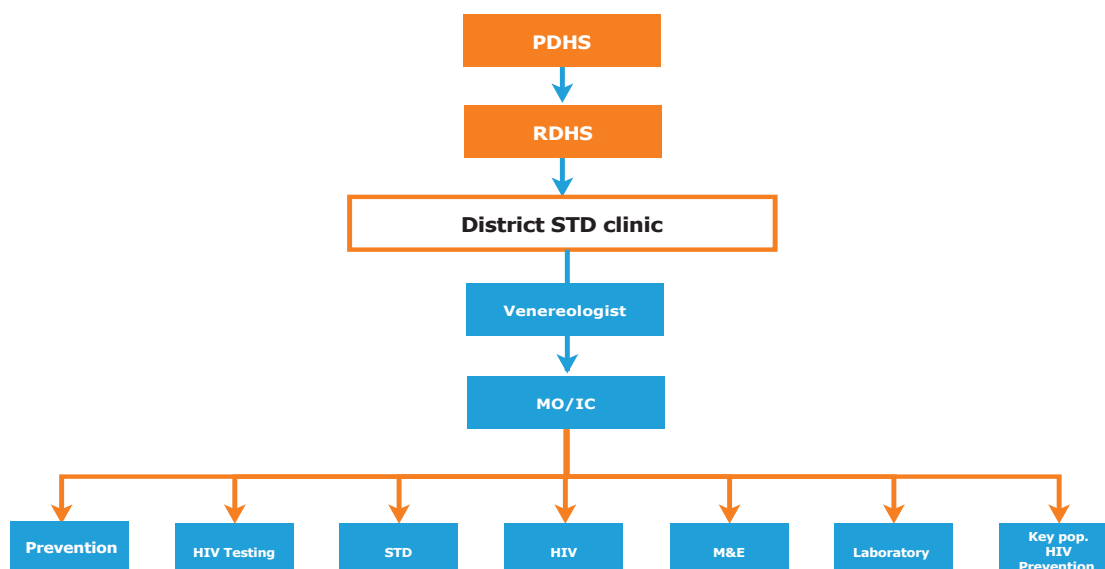




Photo After EMTCT RVT debriefing meeting at SLF, on 16/9/2019



Photo Media seminar on EMTCT at HEB, on 14/6/2019



Photo Demonstration of EIMS at STD clinic, Kalutara on 4/4/2019

2. EMTCT of HIV and syphilis

Validation of EMTCT of HIV and syphilis

The year 2019 was an important year for the Eliminated Mother to Child Transmission of HIV and Syphilis (EMTCT) of HIV and syphilis programme as Sri Lanka was certified by the World Health Organization as a country that eliminated mother to child transmission of HIV and syphilis. This is an important milestone in the health services of the country as it is a proof of the high quality maternal and child health services in the country.



What does the term “validation” mean?

According to the WHO, the term “validation” is used when a country has successfully met the criteria for eliminating mother-to-child transmission (EMTCT) of HIV at a specific moment in time.

Additionally, validation “implies that countries will also need to maintain ongoing, routine, effective programme interventions and quality surveillance systems to monitor EMTCT of HIV and syphilis.”





Validation process

The National validation committee met frequently to assess the preparedness for validation assessment at the central level as well as at the lowest-performing district level.

Four working groups continued to work in the four main domain areas. The following coordinators continued to lead the working groups.

Eligibility set-targets for Validation

Impact indicators for one year

- New paediatric HIV infections due to MTCT of ≤ 50 per 100 000 live births
- HIV MTCT rate of $< 2\%$ (non-breast feeding countries).
- New congenital syphilis of ≤ 50 per 100 000 live births

Process indicators for two years

- Population-level ANC coverage (at least one visit) of $\geq 95\%$
- Coverage of HIV testing of pregnant women of $\geq 95\%$
- Antiretroviral therapy (ART) coverage of HIV-positive pregnant women of $\geq 95\%$
- Treatment coverage of syphilis-seropositive pregnant women of $\geq 95\%$

Working Groups.



Treatment and care service

Dr Lilani Rajapaksa
Dr Irosha Nilaweera



Data management

Dr Ariyaratne K. A. Manathunge
Dr Kaushalya Kasturiaratchi



Laboratory

Dr Jayanthi Elwitigala
Dr Loshan Munasinghe



Human rights

Dr G. Weerasinghe
Ms K. Thalaisingham

Multidisciplinary approach

The EMTCT programme continued the multidisciplinary approach with the involvement of the Family Health Bureau (FHB), Maternal and Child Health (MCH) Services, provincial and regional health authorities, tertiary care hospitals, STD clinics and National Reference Laboratory (NRL) of NSACP. UN organizations, Non Governmental organizations, Key population and PLHIV organizations worked closely with the programme.

The working groups met regularly and improved respective domain areas. The following national level meetings were held to streamline the final preparatory processes under each domain.





Special one-day training was held in May 2019 at NSACP auditorium for MOIC/MOs/MLTs and PHIs to prepare them to face the validation team visit and the validation assessment. A meeting was held to introduce the preparatory steps for validation for district teams including STD and MCH teams in May 2019. The national symposium before the RVT visit was held at Sri Lanka Foundation Institute in July 2019 with the participation of all stakeholders. At the symposium, the programme coordinators discussed the overall preparedness in relation to the four domains, MCH service and MCH data, while representatives from provinces discussed regional level preparation for validation assessment. The colleges of Obstetricians and Pediatricians discussed their preparedness and representatives from private sector hospitals, FPA, key population (KP) organizations and PLHIV organizations presented their role and contribution in the elimination of mother to child transmission (EMTCT) of HIV and syphilis from Sri Lanka. This was a very successful symposium bringing together representatives from throughout the country to finalize and streamline the validation assessment process.

In June 2019, a media seminar was held at the Health Education Bureau on EMTCT of HIV and

syphilis programme in Sri Lanka with the participation of many media personnel. In August 2019, a special programme for non-governmental partners was held at NSACP to brief the KP, PLHIV organizations and NGOs working with NSACP on the validation assessment process. Six provincial review meetings and 16 district monitoring team meetings were held in 2019. These meetings allowed the understanding of the progress of the EMTCT programme and also identified the challenges and steps forward. The support extended by the provincial and district authorities and MO MCH has to be appreciated.

Programmes were conducted at NSACP to sensitize the health staff of NSACP, Institutional staff of major maternity hospitals in Colombo and the public health staff of MOH offices in Colombo district in May and June 2019. In the districts, the consultant venereologists continued capacity building of STD clinic health care workers, MCH staff and other institutional staff.

Mock Validation visits

Twenty-six STD clinics took part in mock validation assessments. During these visits, all components of the EMCT programme was assessed by a team including consultants and a feedback report was sent to the clinics to improve on areas requiring further strengthening. Eleven STD clinics had further supervisory visits from NSACP teams.

National EMCT of HIV and syphilis strategy-Second Edition

Following a consultative meeting held in February 2019, the second edition of the National EMCT of HIV and syphilis strategy was finalized and printed. All EMCT related published strategies, guidelines, handbooks, manuals, circulars, IEC materials were compiled into a folder and handed over to district representatives invited for the July EMCT symposium. All the material was also made available in the NSACP website.



Photo: Introducing Sri Lanka health sector and the country situation to the RVT at the FHB auditorium on 10/9/2019



Photo: Regional Validation and Secretariat team members in front of the NSACP



Photo: Dr Khin Cho Win Htin's mock validation visit to SIM unit 5/4/2019

Country Report on National EMTCT of HIV and syphilis

The report writing team met at NSACP and in Sri Lanka Foundation (SLF) and over 8 meetings and completed the compilation of the first draft of the country report. Dr Lilani Rajapaksa National coordinator of the EMTCT programme coordinated the report writing supported by the senior consultant Dr Iyanthi Abeyewickreme.

The report was developed based on the chapters submitted by the relevant coordinators; Dr G Weerasinghe, Dr K A M Ariyaratne, Dr Jayanthi Elwitigala, Dr Irosha Nilaweera, Dr Kaushalya Kasturiarachchi and Ms F.R.C. Thalaisingham.

Many other consultants contributed for developing the report such as Dr Ganga Pathirana, Dr Darshini Mallikarachchi, Dr Sanjeewa Godakandage, Dr Lasanthi Siriwardena, Dr Nimali Jayasuriya, Dr Shyama

Somawardhana, Dr Kapila Jayaratne, Dr Dulari Liyanage, Dr Indika Malwatte, Dr Anuruddha Karunaratne and Dr S. Muraliharan.

The final draft was further improved based on the guidance received from the WHO SEARO office and the report was finalized as the Sri Lanka EMTCT validation report. The effort taken has been appreciated by the Global Validation Committee of WHO Geneva. According to the formal letter sent by WHO, Geneva to the Minister of Health, Nutrition and Indigenous Medicine, the Sri Lankan validation report has been considered of a high standard and an example for a good quality report. The Global Validation Committee has requested permission from the country to share the report with other countries planning for EMTCT of HIV and syphilis validation.

The EMTCT country report was submitted to the WHO Regional Committee in July 2019 and a seven member Regional Validation Team (RVT) with two observers representing UN agencies and Regional Validation Secretariat visited the country in mid-September 2019. They assessed



the programme through site visits, interviewing key important people and by data triangulation centrally and peripherally. The programme was assessed under the four main domains. i.e. Programmes and Services, Laboratory Services, Data Management and Human Rights. The team visited many places including NSACP and FHB and did a thorough assessment in Colombo, Kurunegala and Vavuniya districts meeting all relevant stakeholders representing STD, MCH and key populations. The support extended by the Venereologists, CCP, MO-MCH, MOH, directors and VOG of main hospitals and RDHS and PDHS in these areas need to be appreciated. The directors, VOG, paediatricians, anaesthetists and infection control teams of main maternity units in De Soysa maternity hospital and Castle Street hospital for women in Colombo supported the validation process. The RVT assessment report was submitted to the Global Validation Committee (GVAC) in

October 2019. After considering the RVT report and following the successful interview by the GVAC with the RVT, the global validation committee of WHO certified Sri Lanka as a country that has eliminated mother to child transmission of HIV and syphilis.

MTCT of HIV

Sixteen (16) women living with HIV delivered in the year 2019. All 16 infants were started on nevirapine prophylaxis and early diagnostic tests were arranged including DNA PCR at birth, at 8 and 16 weeks. All mothers who received EMTCT services for HIV, delivered uninfected babies. None of the babies delivered in 2019 were infected with HIV.



Photo: EMTCT regional validation team debriefing meeting at SLF, on 16/9/2019

Children living with HIV

In the year 2019, two children were identified with HIV infection. They were two-and-half-years and a six-year and nine months olds from Kegalle and Polonnaruwa respectively. No newborns with HIV were reported during 2019.

UNICEF funded programmes

UNICEF provided funds worth Rs. 4,500,000.00 in 2019 through the Ministry of Health (MoH). UNICEF funds were used mainly for district EMTCT team reviews and supervisory visits of district STD clinics, reprinting of guidelines on the management of HIV infected pregnant women and management of syphilis infected pregnant women, printing of the second edition of EMTCT strategy, printing of flyers and leaflets on EMTCT, printing of the country report, and training of STD clinic laboratory staff. UNICEF also facilitated the final symposium held by NSACP for the countrywide representatives in appreciation of their hard work and dedication towards achieving a successful validation assessment of EMTCT of HIV and syphilis programme and to discuss the sustainability of the elimination status. UNICEF had been a strong supporter of the EMTCT programme since its commencement in 2013 and need to be identified as a major contributor to the successful validation of the EMTCT programme.

WHO Assistance

WHO has been supporting the programme through technical guidance since 2013. Visits of Dr Razia Pendse as the WHO regional advisor, SEARO in 2014, visit of two WHO consultants

from Thailand Dr Rangsimma and Dr Chonticha in 2016 and visit of Dr Richard Stein in 2017, facilitated the validation process immensely. In the year 2019, Dr Mukta, WHO regional Advisor SEARO visited the country in April to plan the validation process. WHO facilitated provincial EMTCT review meetings, domain meetings and country report writing meetings. The guidance received from the WHO country office, SEARO office and GVAC team need to be appreciated. The final preparatory symposium before RVT visit which was held in July was also facilitated by WHO.

Global Fund support

GFATM funding assistance was mainly for testing and key population (KP) programmes and these services were of immense help at different levels of patient management as well as during the validation process. Peer-led KP programmes and scaling up of testing services funded by GF were positive features to show that no one was left behind for service provision.

MTCT of syphilis

Since 2017, there was a marked decline of pregnant mothers diagnosed with syphilis until 2018. In 2018, there were 25 pregnant women with syphilis delivered. There were four miscarriages and one still birth due to meconium aspiration. During 2019, 45 pregnant women with syphilis. Mothers and babies received appropriate services. Two pregnant woman were treated with non-penicillin treatment during pregnancy and another received services after delivery. Babies born to inadequately treated women were treated for congenital syphilis.

Recommendations and way forward

The GVAC has identified areas to improve and has given some recommendations which are being implemented currently. It is planned to review the EMTCT programme in November 2021 to assess the sustainability of the successes achieved. It is important to maintain the interest shown by all stakeholders to achieve satisfactory impact and process indicators and to sustain the success in the coming years.

The support extended by all relevant parties throughout the year, starting from the MoH, FHB, provincial authorities, secondary and tertiary care hospitals, as well as STD clinics, has to be commended. Ministry of Health was the main sponsor of the programme and UN funding agencies such as UNICEF, WHO and GFATM supported to further strengthen the programme in 2019 to achieve the validation certification of elimination of mother to child transmission of HIV and syphilis.



Photo: National EMTCT coordinator Dr Lilani Rajapakse at HEB auditorium on 14/6/2019

Photo: Regional validation and secretariat members with WHO and MOH officials at SLF on 16/9/2019



Sitting (Left to Right): Dr Yuning Yang, Dr Chithramalee de Silva, Dr Rasanjali Hettiarachchi, Dr Paba Palihawadana, Dr Razia Pendse, Dr Mukta Sharma, Dr Iyanthi Abeyewickreme

Standing (Left to Right): M Sivasubramaian, Dr Manjula Danansuriya, Dr Antonio Gerbase, Dr Chhivun Mean, Dr Kamal Kant Sahdev, Dr Ye Yu Shwe, Gary Reid, Dr Wiwat Rojanapithayakorn, Dr Yujwal Raj Pinnamaneni, Dr Irosha Nilaweera, Dr Dilmini Kulatilake, Dr K. A. Manathunge Ariyaratne, Dr Lilani Rajapaksa, Dr G. Weerasinghe

Photo: At the end of an EMCTCT preparation retreat at Citrus Waskaduwa on 11/11/2017



Photo: Dr Lilani Rajapaksa with staff of the EMCTCT unit, NSACP



3. Status of the HIV epidemic 2019

The estimated number of people living with HIV (PLHIV) in 2019 is 3,600 (3,200-4,200). During 2019, the cumulative AIDS deaths were readjusted to compensate unreported AIDS deaths. Considering cumulative HIV diagnoses and readjusted AIDS deaths, the total number of PLHIV diagnosed and alive (who know their status) is 2,302 (64%) (cumulative reported number minus cumulative AIDS deaths) at the end of 2019. Out of the estimated PLHIV (3600, 100%) in 2019, only 1,845 (51%) have been started on antiretroviral treatment (ART), and 1,587 (44%) were having viral suppression as given in figure 3.1. These percentages have been calculated taking 3600 estimated PLHIV (100%) as the common denominator. Figure 3.2 indicates the progress of “know status”, “on treatment” and “viral load suppression” during last 3 years. Percentages of figure 3.2 have been calculated from the previous value as the denominator.



Estimated PLHIV in 2019 is 3,600 (3,200-4,200)

Figure 3.1 Cross-sectional HIV treatment cascade as of end 2019

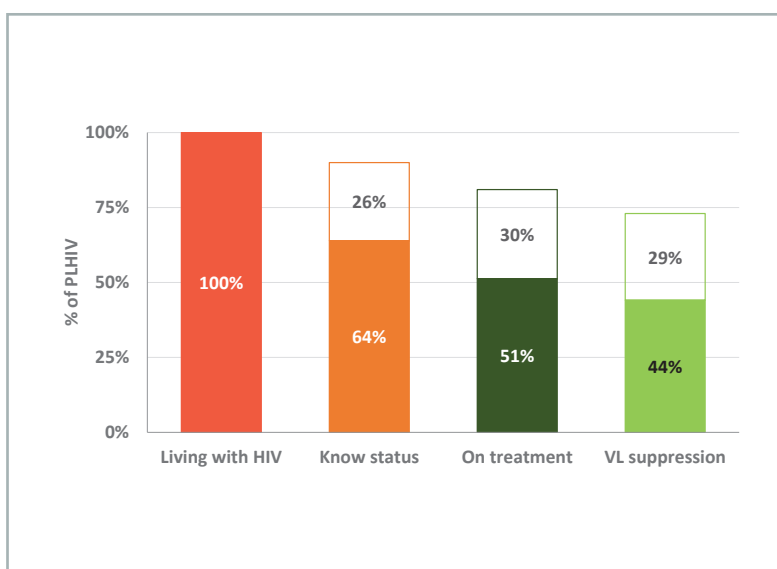


Figure 3.2 Progress of 90-90-90 values. 2017-2019

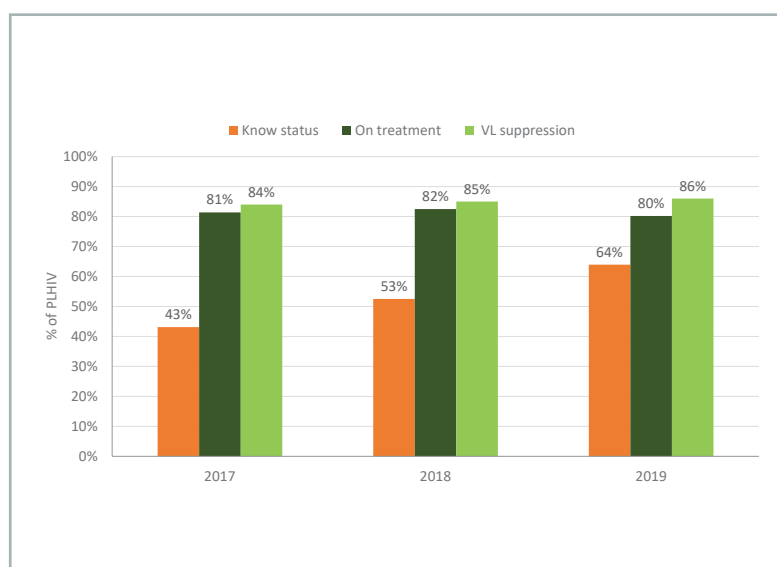


Figure 3.3 illustrates the status of the “know the HIV status”, “on treatment” and “viral suppression” at the end of 2019. To achieve 90-90-90 targets, Sri Lanka needs to further improve HIV testing and treatment services.

Figure 3.3 Status of 90-90-90 targets as of end 2019

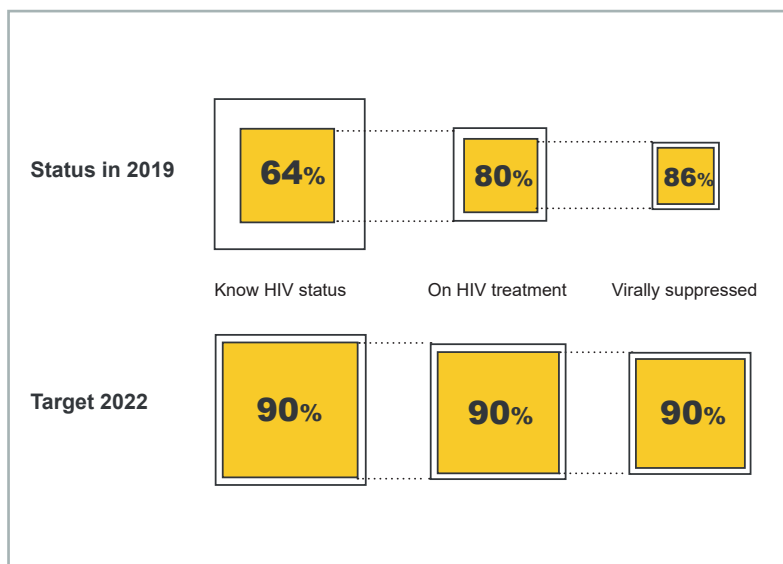
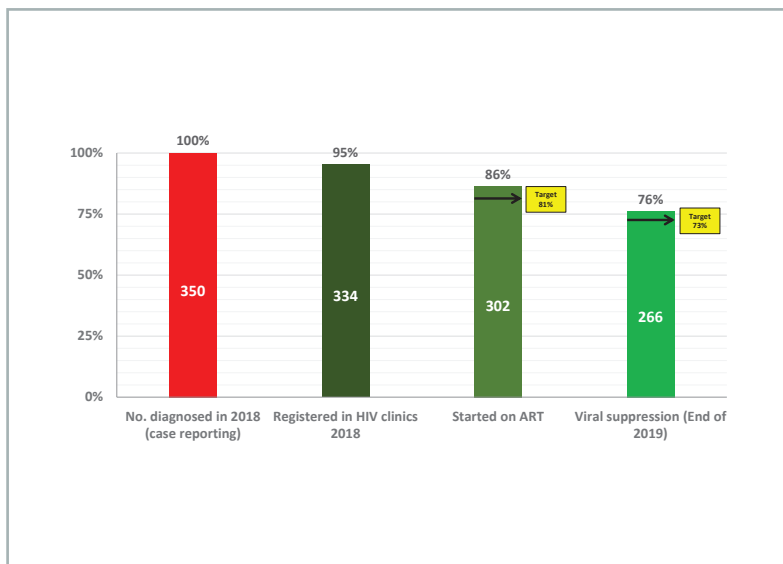


Figure 3.4 Longitudinal HIV cascade among PLHIV who initiated ART in 2018



Longitudinal treatment cascades

Since the cross-sectional HIV treatment cascade is dealing with cumulative numbers, there can be data issues. However, longitudinal treatment cascades which deal with the PLHIV diagnosed in one year are less likely to be affected by such data issues. Figure 3.4 is a longitudinal cascade of PLHIV who were diagnosed with HIV in 2018, which shows that 86% of PLHIV were on ART after 12 months and 76% had achieved viral suppression.

Figure 3.5 shows the trends of estimated new infections and reported annual HIV infections. Reported HIV infections show an increasing trend while estimated new HIV infections have peaked in the early 2000s and then show a gradually reducing trend.

Figure 3.6 shows the CD4 Level of PLHIV who entered HIV care from 2015 to 2019. CD4 counts give a more specific indication of the duration of HIV infection compared to the clinical picture. The graph indicates that 32% of PLHIV who entered HIV care in 2019 were in a very late stage with a CD4 count of less than 200. Also, over 50% of PLHIV are in late stage with CD4 counts less than 350. Therefore, over half of all newly diagnosed cases in 2019 must have been



Figure 3.5 Trends of estimated and reported HIV infections 1990-2019

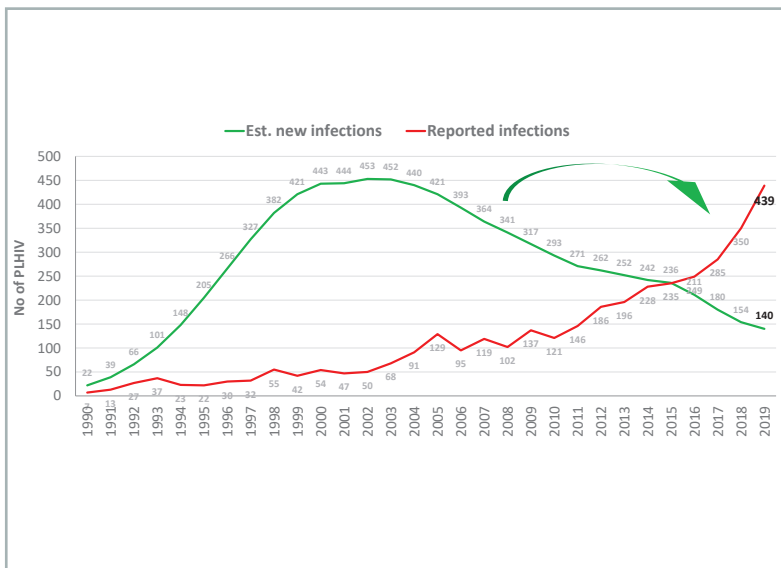
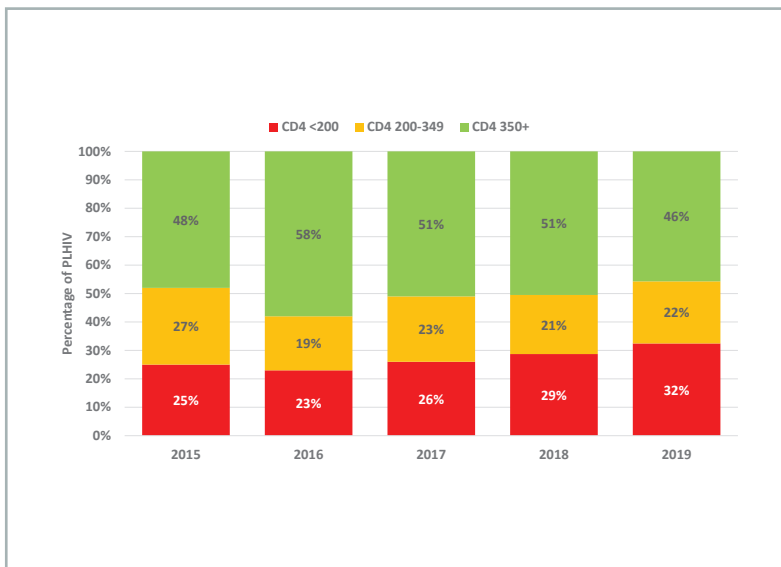


Figure 3.6 CD4 Level of PLHIV who entered HIV care 2015-2019



infected several years ago. These HIV infected persons may get detected by scaling up HIV testing programmes as well as by increasing awareness of the availability of HIV treatment services among the general public.

Reported data on HIV

HIV diagnosis is not a notifiable condition in Sri Lanka. However, because of the centralised HIV confirmatory system with Western Blot, all confirmatory HIV seropositive persons are reported, and basic epidemiological information is collected by NSACP.

The Figure 3.7 shows trends of reported HIV infections by age and sex since 2011. Children below 15 years of age are reducing in number over the years. During 2019, three pediatric HIV infections were detected who got infected 3 to 4 years ago due to mother-to-child transmission. The trend of adult female HIV infections is seen to be stable around 60 cases per year until 2018, followed

by a mild increase to 77 cases in 2019. However, during the same period, the trend of adult males has been increasing exponentially from 78 cases to 359 cases, which is a 460% increase. Therefore, the rising reported numbers are almost entirely due to increasing numbers in adult males.

In some countries, HIV infections among young adults are increasing. Figure 3.8 shows the trend of HIV infections in this age group in Sri Lanka, which fluctuates around 10%.

Figure 3.9 shows the probable mode of HIV transmission among HIV infected persons during the last seven years. In around 13% of the cases, details were not reported to ascertain the probable mode of HIV transmission. Since 2018, male-to-male sexual transmission is the most frequent mode of HIV

Figure 3.7 Trends of reported HIV infections by age and sex, 2011-2019

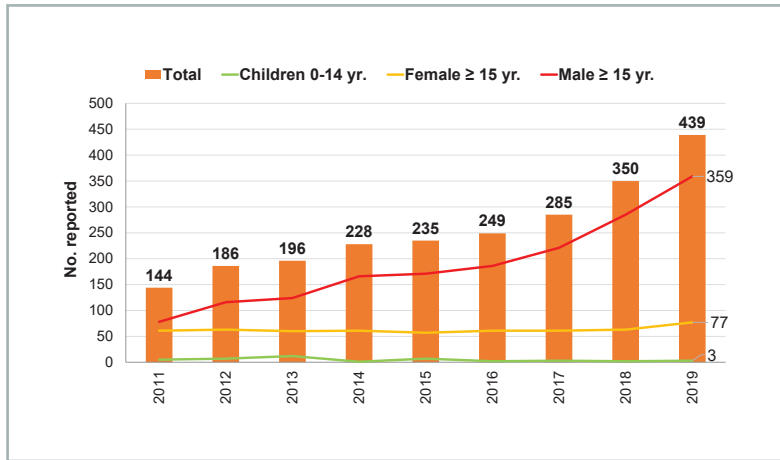


Figure 3.8 Percentage of young adults (15-24) among reported HIV infections 2010-2019

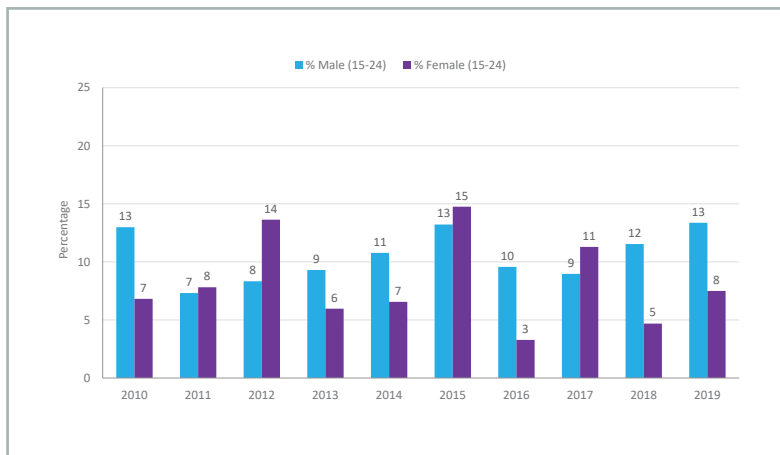
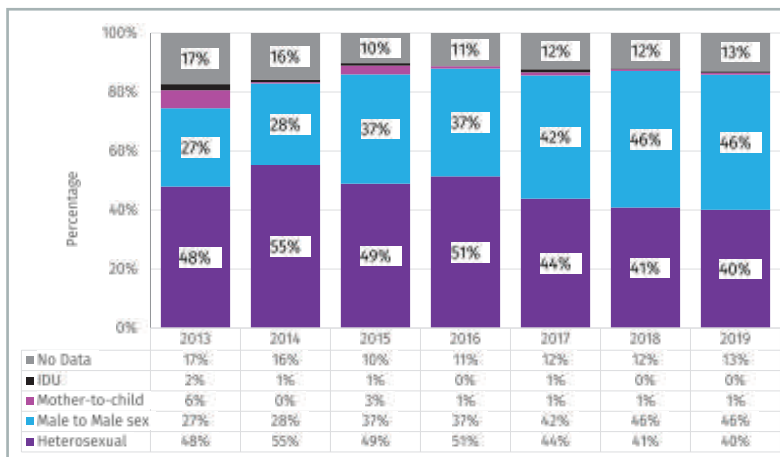


Figure 3.9 Probable mode of transmission among reported HIV infections 2013-2019



transmission. Very low rates of HIV transmission due to injecting drug use and mother-to-child HIV transmission are noticeable in the graph.

Figure 3.10 shows that the proportion of male-to-male HIV transmission among males is nearly 60% in 2019. Unprotected sexual intercourse among males is driving the HIV epidemic in Sri Lanka. In addition to condom promotion, biomedical interventions such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis following sexual exposure (PEPSE) should be initiated and scaled up in Sri Lanka.



Geographical distribution of HIV

Figure 3.11 indicates the distribution of newly reported HIV infections within the country in 2019. The highest number of new infections were reported from Colombo (108 cases) followed by Gampaha district. The rate of HIV infections per 100,000 was also highest in Colombo and Gampaha. The high rate of new infections in Mullaitivu can be explained by the very low population figures in the district (less than 100,000).

Figure 3.12 depicts the variation in the rate of newly reported HIV cases per 100,000 population within the period of the last 5 years. Colombo leads as the district with the highest incident case rate followed by Gampaha during the period.

Figure 3.10 Percentage of male to male transmission of HIV among reported males

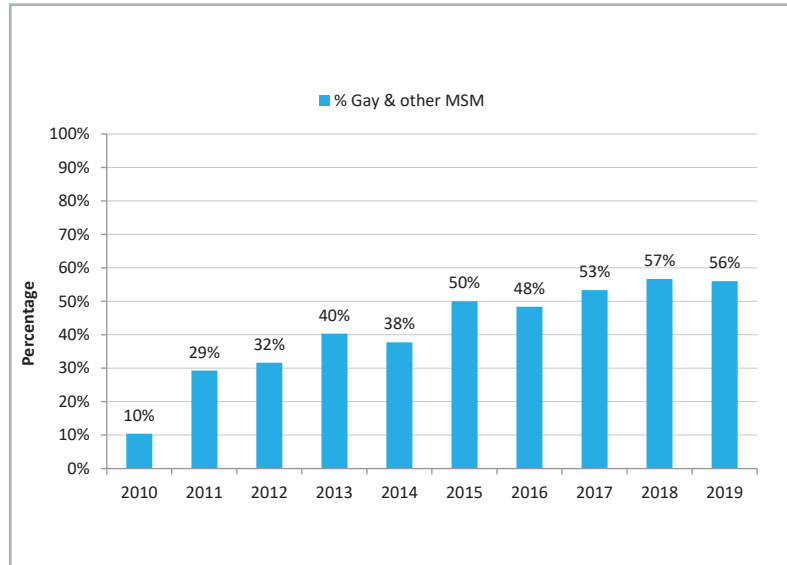


Figure 3.11 Number newly reported HIV infections and rate per 100,000 population in 2019

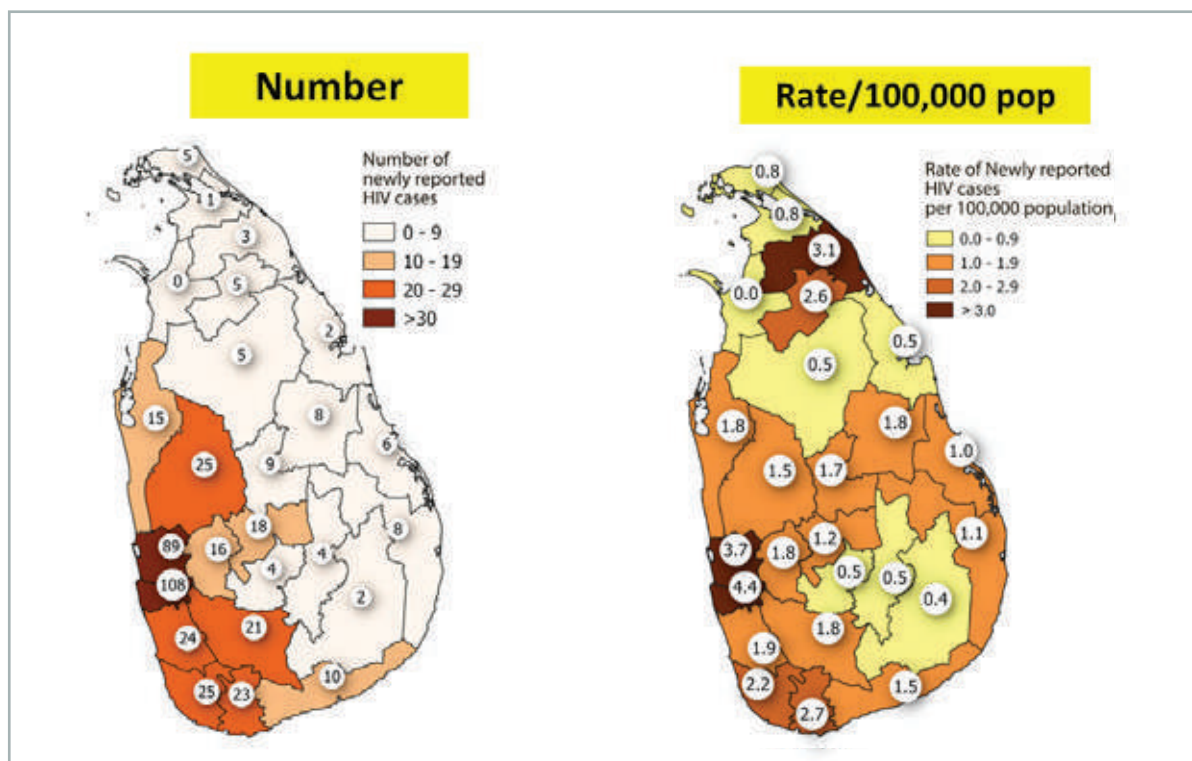


Table 3.1 shows the top ten districts with the highest rate of new HIV infections over the last 5 years. Colombo has consistently managed to secure its spot as the district with the highest number of newly diagnosed PLHIV followed by Gampaha throughout the period. Matara, Kalutara, Polonnaruwa, and Kegalle remained in the top ten list in the past 3 years consecutively.

Figure 3.12 Rate of newly reported HIV cases per 100,000 population, 2015-2019

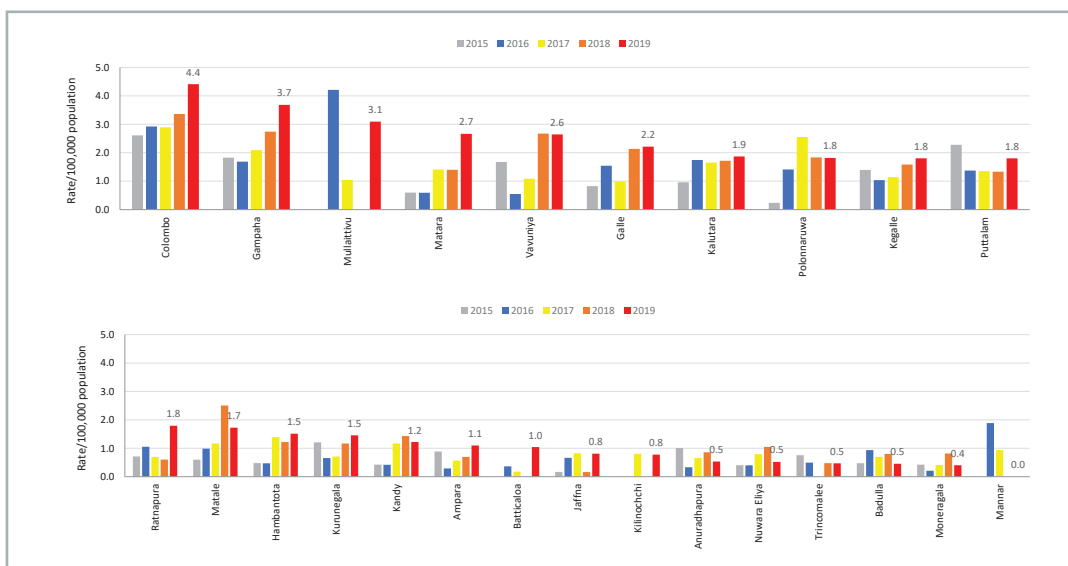


Table 3.1 Top ten districts with the highest rate of new HIV infections over the last 5 years.

	2015	2016	2017	2018	2019
1	Colombo	Colombo	Colombo	Colombo	Colombo
2	Gampaha	Gampaha	Gampaha	Gampaha	Gampaha
3	Vavuniya	Mullaītivu	Matara	Matara	Mullaītivu
4	Galle	Galle	Kalutara	Vavuniya	Matara
5	Kalutara	Kalutara	Polonnaruwa	Galle	Vavuniya
6	Kegalle	Polonnaruwa	Kegalle	Kalutara	Galle
7	Puttalam	Kegalle	Puttalam	Polonnaruwa	Kalutara
8	Kurunegala	Puttalam	Matale	Kegalle	Polonnaruwa
9	Ampara	Ratnapura	Hambantota	Matale	Kegalle
10	Anuradhapura	Mannar	Kandy	Kandy	Puttalam

Findings from the AIDS Epidemic Modeling (AEM)

After two years of the initial implementation of AEM findings, NSACP organized the second round of AEM modelling in 2020. The first workshop was conducted from 24th to 27th February 2020 in Hilton hotel, Colombo and the dissemination meeting was held on 28th March 2020 in Citrus Hotel, Waskaduwa to a wider audience. This section describes the results of PLHIV estimation done in 2020 using AEM and Spectrum in Sri Lanka.

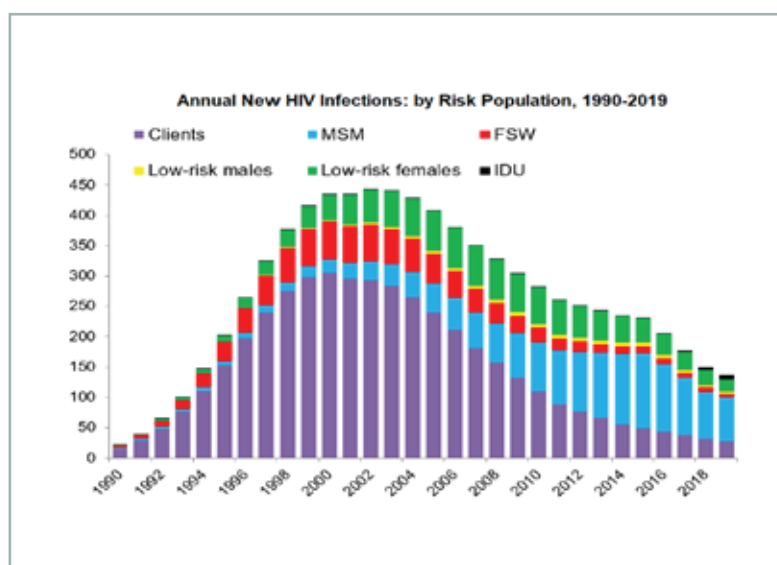
Table 3.2 Summary of AEM results in 2019-2025

	2019	2020	2021	2022	2023	2024	2025
New HIV infections	137	124	121	119	117	115	113
Current PLHIV	3,550	3,520	3,475	3,419	3,358	3,294	3,231
Annual AIDS deaths	169	155	166	175	178	178	176
Annual ART needs	3,550	3,520	3,475	3,419	3,358	3,294	3,231
Number on ART	1,668	1,776	1,775	1,772	1,767	1,760	1,752
Male-Female ratio	4.15	4.61	4.7	4.77	4.87	4.99	5.12
Cumulative infections	8,106	8,230	8,351	8,470	8,587	8,702	8,815
Cumulative deaths	4,556	4,711	4,877	5,052	5,230	5,408	5,584
Cumulative M/F ratio	2.93	2.94	2.96	2.98	3	3.01	3.03

AEM Baseline findings

AEM outputs include only the HIV epidemic among adults (age 15 years and over). Estimated annual new infections in 2019 are 137 and reduces up to 113 by 2025. Similarly, the estimated number of deaths due to the HIV epidemic in 2019 is 169 and increases over time. In line with new infections and deaths, the estimated number of PLHIV decreases over time from 3,550 in 2009 to 3,231 in 2025. The epidemic is transforming to a more and more male type epidemic which is due to MSM transmission.

Figure 3.13. Annual New HIV infections by Key populations



Summary of AEM results in 2019-2025

AEM baseline scenario generates national-level results on HIV epidemics with the assumption that the current situation and programme will continue for future years as well. Key outputs include but not limited to, estimated annual new infections, estimated number of PLHIV, annual deaths, annual ART requirement, etc. over time by risk groups and by mode of transmission.

Annual new infections by Key Populations

The proportion of new infections by MSM has steadily increased during the last 10 years, becoming the main driver of the epidemic. HIV infection among the clients of FSW appears to decrease over the period. The number of FSW with HIV has been reducing gradually. HIV among people

who inject drug users appears to be slightly rising since 2017, while HIV among low-risk females has been stable over the years.

Table 3.4 describes the estimated new infections in 2019 (total of 137) as a matrix of the “source of infections” vs “subpopulation”. It is important to highlight that out of 20 new infections among low-risk females, 14 transmitted from regular partners/spouses, 2 infected through casual sexual activities, and 4 infected through sex with MSM spouses who have bisexual behaviors.

Figure 3.14 Annual New HIV infections by Risk Population 2010-2025

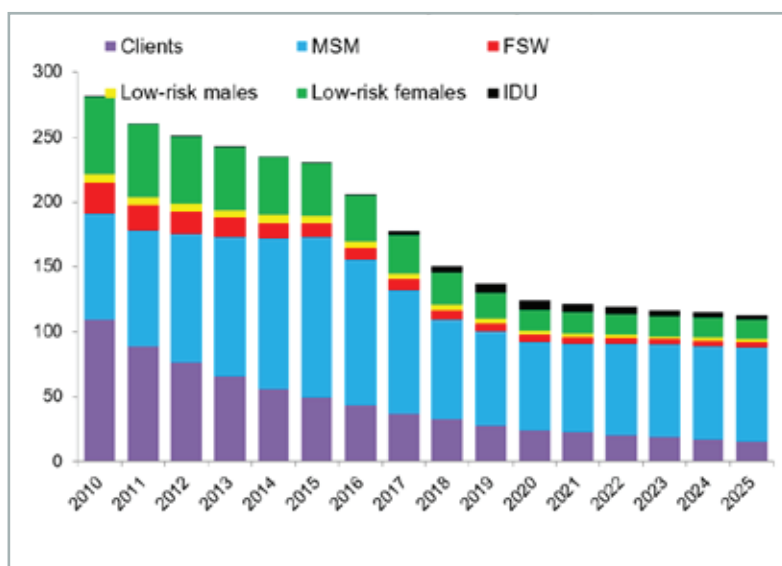
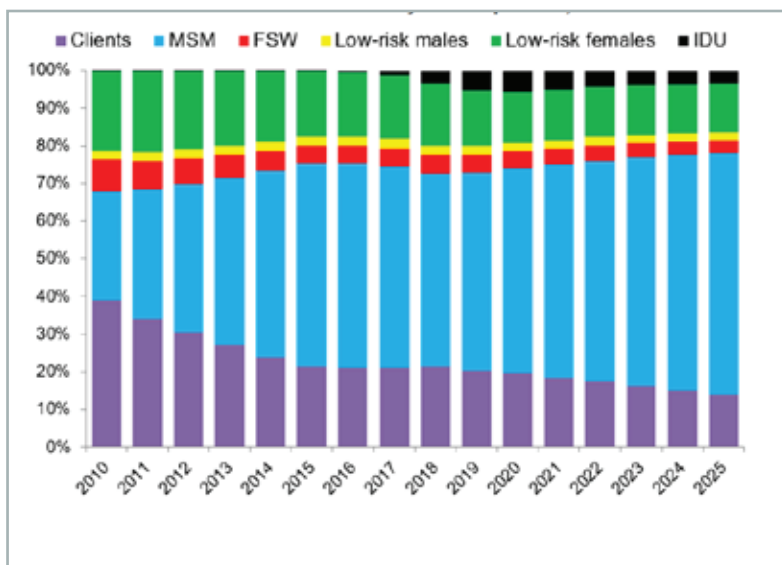


Figure 3.15 Proportion of New HIV infections by Risk population 2010-2025



Estimated number of adults living with HIV (PLHIV 15+)

AEM estimated 3,550 adult PLHIV in the country and out of them, 1,439 (41%) are high-risk males. High-risk males include clients of FSW (500), MSM (924), and male PWID (15). The number of high-risk females among PLHIV is considered being significantly low (4%) which includes 134 HIV positive FSW. Around one-third

of the PLHIV (31%) is considered to be low-risk males and balance 25% consists of low-risk females. Although the HIV prevalence is relatively low, almost 56% of the total PLHIV is coming from low-risk populations as the size of low-risk populations is very high.

Policy/Programme implications and recommendations from AEM

Figure 3.17 shows that the baseline scenario (HIV prevention and

Figure 3.16 Estimated adult new and current HIV infections in 2019

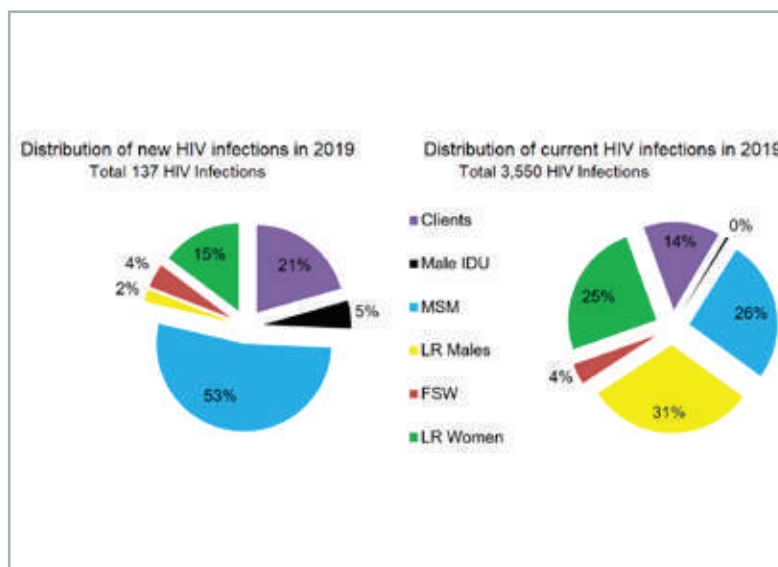


Figure 3.17 : New infections among adults, 2010-2030, baseline vs NSP scenarios

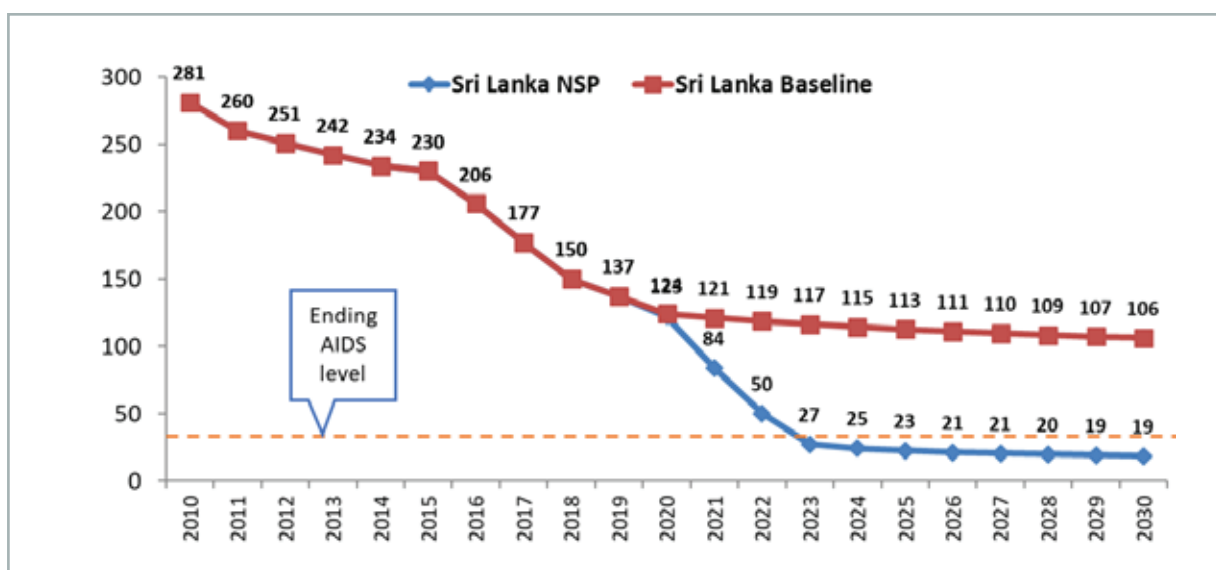


Table 3.4 Estimated new infections in 2019 as a matrix of the “source of infections” vs “subpopulations”.

Source of Infections	New Infections Occurring Among						Total (%)
	SW Clients	Male PWID	MSM	LR Males	FSW	LR Females	
Sex with FSW	28	-	-	-	-	-	28
Spouses/regular partners	-	-	-	3	-	14	18
Casual sex partners	-	-	-	-	-	2	2
Injecting drug use	-	7	-	-	-	-	7
Sex with MSM	-	-	72	-	-	4	77
Sex with clients of FSW	-	-	-	-	6	-	6
Total	28	7	72	3	6	20	137

treatment activities are done as of now) shows a continuous reduction in the HIV epidemic trend, but not sufficient to the “Ending AIDS by 2025”. National Strategic scenarios (achieving targets as set in the National Strategic Plan, 2018-2022) can produce the Ending AIDS impact by 2025 (New infections in 2010 is 280 while new infections from NSP scenarios will be 23 in 2025 which is more than 90% reduction from the year 2010).

- Sri Lanka is still a low-level HIV epidemic country with an adult HIV prevalence of less than 0.1%. The major mode of transmission in the past was from commercial sex work. The current major mode of HIV transmission is MSM activities. It will continue to remain the major mode of transmission in the future. Sri Lanka has not seen a major PWID epidemic. The contribution of MSM towards the HIV epidemic in the country is getting higher and higher. Since MSM is the major mode of transmission currently as well as in future, increasing prevention and treatment among MSM is the key to the future.
- Maintaining success in the FSW programme is necessary.

- ART Coverage is around 50%. The main reason for this low ART coverage is the low number of PLHIV who know their status (only 64% in 2019). In order to increase this level (the first 90 target), Sri Lanka needs to increase targeted HIV testing.
- Higher ART coverage will help to reduce all modes of HIV transmission especially reducing transmission among spouses. Higher ART coverage will reduce AIDS-related deaths significantly.
- HIV prevention among sero-discordant couples should be improved (Partner testing, Condom use and PrEP) as this will reduce transmission among sero-discordant couples.

A full technical report on the AEM process and the results can be found at this link. http://www.aidscontrol.gov.lk/images/pdfs/publications/other_doc/AEM-HIV-Estimation-Report-SriLanka-2019.pdf



Photo: The working group on AIDS Epidemic Model in Hilton on 26/2/2020

4. HIV Sentinel Survey 2019

National STD/AIDS control programme conducted the 14th round of HIV sentinel surveillance survey (HSS) during 2019. This survey was conducted for a period of 3 months starting from 1st October to 31st December 2019. The previous HSS was conducted in 2016.



Methods

The current HSS survey protocol included the same sentinel sites, sentinel groups and testing algorithms to enable comparison of HIV trends over time. Each of the nine provinces of the country was considered as a sentinel site. The sentinel groups included men who have sex with men (MSM), female sex workers (FSW), clients of sex workers, transgender women (TGW) and people who inject drugs (PWID).



Tests

The serological tests were performed by trained laboratory personnels using WHO approved test kits in the STD clinic laboratories. Testing for Hepatitis B and C were limited in many sentinel sites due to logistic issues.



Enrollment

A total of 3,554 participants were enrolled for the sentinel surveillance 2019. Only those who were above 18 years of age were eligible for the surveillance. The lowest mean age was seen among men who have sex with men, which was 29.9 years. The mean age of female sex workers was 36.6 years and among clients of female sex workers, it was 32.3 years.



Results

The highest HIV prevalence was seen among MSM which was 1.5%. Female sex workers and Clients of female sex workers showed a low prevalence which was 0.1%. There was one positive case of HIV among transgender women, giving rise to a prevalence rate of 1.4% as the number of total transgender women participated in the survey was only 74.



Table 4.1 Sentinel groups enrolled and their age

Sentinel group	Number enrolled	Age range	Mean age
Female sex workers	1,481	18-69	36.7
Men who have sex with men	825	18-69	29.9
Clients of sex workers	1,104	18-77	32.3
People who inject drugs	70	18-59	30.9
Transgender women	74	18-60	37.6

Table 4.2 HIV sero-prevalence among sentinel groups

Sentinel group	No. tested for HIV	No. positive	HIV prevalence
Female sex workers	1,466	1	0.1%
Men who have sex with men	822	12	1.5%
Clients of sex workers	1,097	1	0.1%
People who inject drugs	70	0	0.0%
Transgender women	74	1	1.4%

Table 4.3 All syphilis (TPPA) prevalence among sentinel groups

Sentinel group	No. tested for TPPA	No. positive	All syphilis prevalence
Female sex workers	1,361	24	1.8%
Men who have sex with men	748	24	3.2%
Clients of sex workers	1,026	16	1.6%
People who inject drugs	70	2	2.9%
Transgender women	45	6	13.3%

The prevalence data of all forms of syphilis (both active and inactive) among 3,250 participants of the sentinel surveillance are summarised in Table 4.3. The prevalence rate was highest among transgender women (13.3%) which was performed on a small sample, followed by MSM (3.2%) and people who inject drugs (2.9%). Table 4.4 shows the prevalence of active syphilis. Those who had a VDRL titre of $\geq 1:8$ were

considered as a proxy for active syphilis infection. Active syphilis was seen only among MSM (0.5%) and clients of female sex workers (0.3%) in the sentinel surveillance, and was not found among female sex workers, people who inject drugs or transgender women. As shown in table 4.5, 2635 Hepatitis B surface antigen tests were performed among the sentinel groups and only a female sex worker and a MSM

were tested positive for HBV. Table 4.6 shows a total of 2,567 Hepatitis C antibody tests were performed among the all groups. A client of female sex workers and five people who inject drugs were found to be positive for Hepatitis C. The prevalence rate was 7.4% among people who inject drugs, and the number tested was only 68.



Table 4.4 Active syphilis (VDRL \geq 1:8) prevalence among sentinel groups

Sentinel group	No. tested VDRL titre	No. with VDRL titre \geq 1:8	Active syphilis prevalence
Female sex workers	1,361	0	0.0%
Men who have sex with men	748	4	0.5%
Clients of sex workers	1,026	3	0.3%
People who inject drugs	70	0	0.0%
Transgender women	45	0	0.0%

Table 4.5 Hepatitis B sero-prevalence among sentinel groups

Sentinel group	No. tested for HBsAg	No. positive	HBV prevalence
Female sex workers	1,103	1	0.1%
Men who have sex with men	541	1	0.2%
Clients of sex workers	889	0	0.0%
People who inject drugs	69	0	0.0%
Transgender women	33	0	0.0%

Table 4.6 Hepatitis C sero-prevalence among sentinel groups

Sentinel group	No. tested for HCV Ab	No. positive	HCV prevalence
Female sex workers	1,106	0	0.0%
Men who have sex with men	511	0	0.0%
Clients of sex workers	869	1	0.1%
People who inject drugs	68	5	7.4%
Transgender women	13	0	0.0%

Conclusions

HIV sentinel surveillance survey covered five sentinel groups, i.e. men who have sex with men (MSM), female sex workers (FSW), clients of sex workers, transgender women and people who inject drugs (PWID). It was noted that the number of samples collected from transgender women and people who inject drugs were very small. Further, testing for Hepatitis B and C were limited in many sentinel sites due to logistic issues. According to the findings of the sentinel

surveillance survey 2019, Men who have sex with men (MSM) is the key population group with highest HIV prevalence (1.5%), Hepatitis B prevalence (0.2%) and active syphilis prevalence (0.5%), and their active and inactive syphilis prevalence also remain high (3.2%). Even though the numbers tested were small, the prevalence of Hepatitis C among people who inject drugs (7.4%) and active and inactive syphilis among transgender women (13.3%) were very high.



Details of STD clinic attendees - 2019

		New patients registered			Total new patients with STIs	Total clinic visits by STD patients	Total visits by others
		Male	Female	Total			
Central Province	Kandy	497	488	985	450	3,841	7,021
	Matale	152	238	390	233	1,202	1,810
	Nuwara Eliya	122	232	354	80	981	2,591
Eastern Province	Ampara	159	164	323	238	909	4,308
	Batticaloa	119	170	289	77	1,065	2,013
	Kalmunai	182	167	349	32	365	941
North Central Province	Trincomalee	154	168	322	52	156	8,492
	Anuradhapura	483	426	909	305	1,512	20,433
	Polonnaruwa	335	364	699	534	1,608	3,359
North Western Province	Chilaw	375	438	813	417	1,670	1,810
Western Province	Kuliyapitiya	114	80	194	68	238	298
	Kurunegala	767	1,025	1,792	1,069	3,393	5,521
	Jaffna	203	101	304	156	541	14,222
Northern Province	Kilinochchi	80	42	122	62	179	2,935
	Mannar	7	14	21	-	-	3,289
	Mullaitivu	21	30	51	18	172	1,926
Sabaragamuwa Province	Vavuniya	137	103	240	114	519	4,611
	Embilipitiya	132	120	252	160	861	350
	Kegalle	351	399	750	431	2,690	2,268
Southern Province	Ratnapura	503	436	939	353	2,509	2,767
	Balapitiya	363	270	633	258	1,079	1,868
	Hambanthota	444	366	810	376	1,730	6,267
UVA Province	Mahamodara	451	434	885	445	3,651	3,515
	Matara	363	261	624	328	2,098	8,019
	Badulla	289	329	618	353	1,862	9,218
Western Province	Monaragala	189	230	419	217	963	3,690
	Avissawella	175	234	409	256	1,377	551
	Colombo	5,062	2,556	7,618	3,312	25,655	9,671
Western Province	Gampaha	378	333	711	369	2,459	1,507
	Kalubowila	1,127	967	2,094	1,310	8,562	3,548
	Kalutara	460	720	1,180	567	4,390	3,438
	Negombo	342	540	882	522	3,565	2,816
	Ragama	623	408	1,031	634	4,372	1,882
	Wathupitiwala	144	145	289	205	542	952
Total		14,950	12,655	27,605	13,756	83,417	141,838

5. Sexually Transmitted Infections

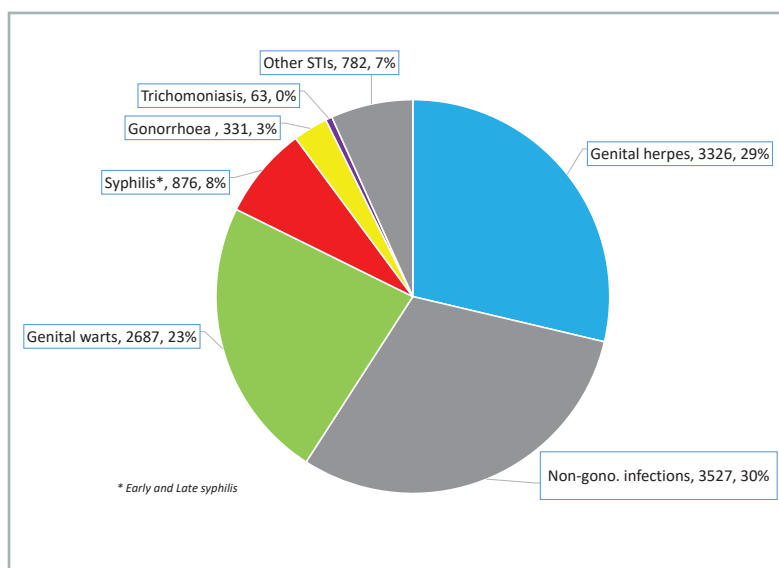
Prevention, control and provision of care for sexually transmitted infections (STI) are key measures undertaken by the National STD/AIDS control programme in Sri Lanka.

Early effective diagnosis and treatment of STIs will decrease morbidity and the likelihood of HIV transmission.

The main STIs reported during 2019 consist of non-gonococcal infections, genital herpes and genital warts. Compared to previous years, non-gonococcal infection has become the commonest STI during 2019 exceeding the proportion of genital herpes. Details of STIs reported and sex distribution of patients are described in the figure 5.2 and table 5.1 given below. Non-gonococcal infections, genital herpes and trichomoniasis were reported more among females, while genital warts, syphilis and gonorrhoea occurred more among males.

Figure 5.1 Full-time STD and ART clinics in Sri Lanka, 2019



Figure 5.2 Number and percentage of STIs reported during 2019**Table 5.1 STIs reported from STD clinics during 2019 by sex**

Diagnosis	Male		Female		Total	
	No.	%	No.	%	No.	%
Genital herpes	1,388	26%	1,938	32%	3,326	29%
Non-gonococcal infections	1,122	21%	2,405	39%	3,527	30%
Genital warts	1,518	28%	1,169	19%	2,687	23%
Syphilis*	582	11%	294	5%	876	8%
Gonorrhoea	277	5%	54	1%	331	3%
Trichomoniasis	6	0%	57	1%	63	1%
Other STIs	547	10%	235	4%	782	7%
Total STIs	5,440	100%	6,152	100%	11,592	100%

* Both early and late syphilis

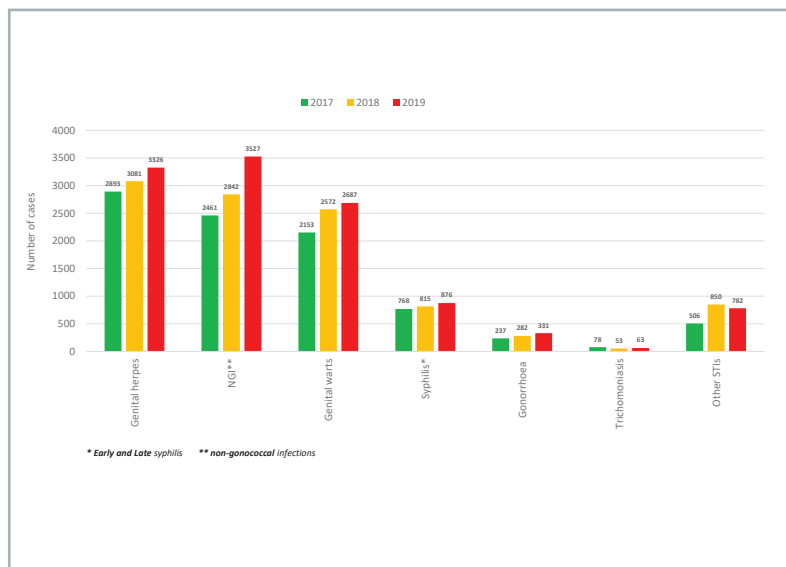
Figure 5.3 illustrates the trend of different STIs reported from 2017 to 2019. Genital herpes, non-gonococcal infections and genital warts were the commonest STIs reported in all three years and there is an increasing trend in all the STIs during the period. The number of patients diagnosed with non-gonococcal infections has slightly exceeded that of genital herpes in 2019, becoming the commonest STI.



Genital herpes

Figure 5.4 graph shows the number of reported genital herpes among males and females from 2010 to 2019, quarterly. Genital herpes continuously remains as one of the commonest STIs during the past years with a female predominance. The higher rates of symptomatic disease and recurrence rates among females than males would be the underlying causes for this occurrence. The number of herpes diagnosis has gradually increased over the period among both males and females with some fluctuations. A total number of 3,326 patients

Figure 5.3 The trend of reported STIs, 2017-2019

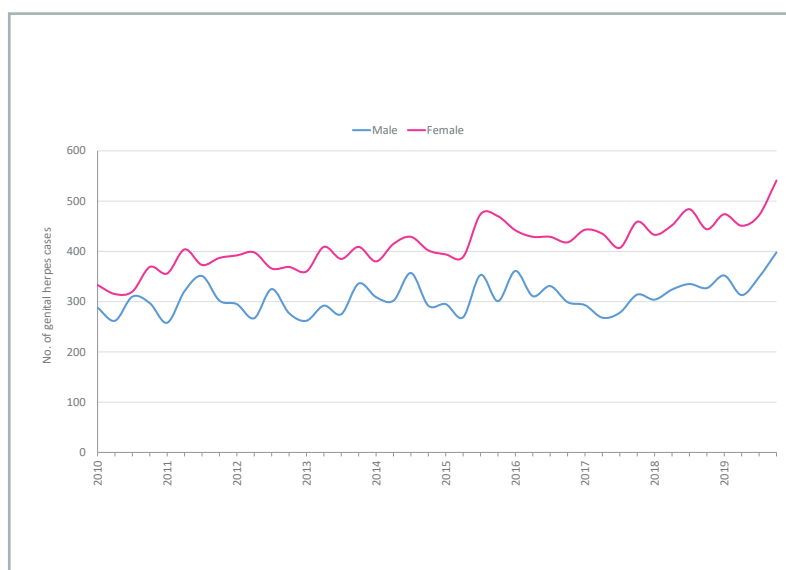


were diagnosed with genital herpes in 2019, with 1,938 females and 1,388 male patients.

Genital warts

Figure 5.5 graph illustrates the total number of quarterly diagnosed genital wart cases from 2010 to 2019 among males and females. It is noticeable that the diagnosis of warts has been higher in males throughout the period and an upward trend of diagnosis can be observed with fluctuations. During 2019, 1,518 males and 1,169 females were reported as having genital warts with a total of 2,687 patients.

Figure 5.4 Quarterly reported cases of genital herpes by sex, 2010 – 2019



Non-gonococcal urethritis and cervicitis

Non-gonococcal urethritis and cervicitis are caused by several infective organisms other than *Neisseria gonorrhoeae*. *Chlamydia trachomatis* is one of the commonest causative agents for non-gonococcal infections. Since the specific diagnostic methods for chlamydia were not regularly available during

2019, a tentative diagnosis was arrived using the microscopic examination. Figure 5.6 shows the number of quarterly diagnosed non-gonococcal infections among males and females from 2010 to 2019. The reported cases were more in females throughout the duration with a slight upward trend in both sexes. During 2019, there were 3,527 cases of non-gonococcal infections reported in Sri Lanka as the most reported STI which contributed to 30% of total reported STI burden in the country.



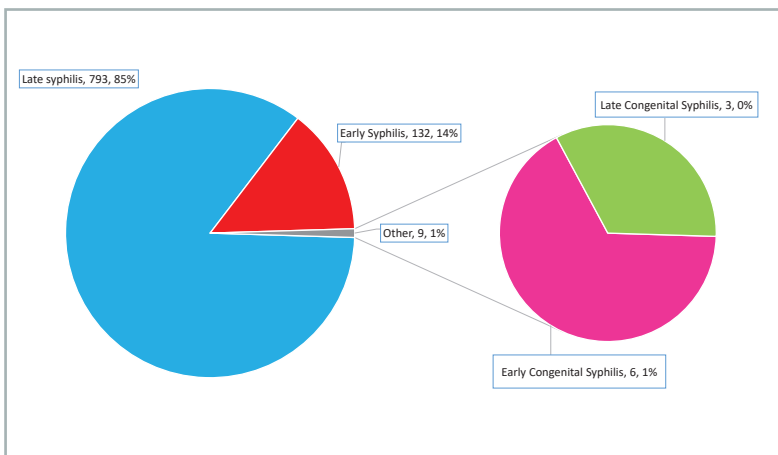
Figure 5.5 Quarterly reported cases of genital warts, 2010 – 2019



Figure 5.6 Quarterly reported cases of non- gonococcal urethritis and cervicitis, 2010 – 2019



Figure 5.7 Types of syphilis infections reported in 2019



Chlamydia trachomatis

The specific diagnostic facilities for chlamydia was not consistently available at the STD clinics during 2019 similar to previous years. Therefore all those cases of Chlamydia trachomatis were categorised under non-gonococcal infections.

Syphilis

Figure 5.7 illustrates the numbers and percentages of diagnosed syphilis patients in 2019, in different categories. Most of the syphilis cases were asymptomatic late syphilis (85%) that was infected over two years ago. Early syphilis cases (14%) represent syphilis patients that got infected during the past two years. Only nine cases of syphilis were due to mother to child transmission (congenital syphilis). Of these, six cases were among children who are less than two years old (early congenital syphilis).

Figure 5.8 shows the trends of early and late syphilis from 2010 to 2019 in males and females quarterly. There had always been more males compared to female syphilis cases. Although there is a gradual decline of reported syphilis cases, slightly upward trends are seen in 2019.

Gonorrhoea

Figure 5.9 shows trends of reported gonorrhoea cases in males and females during the last decade. Similar to syphilis, gonorrhoea cases are seen more in males than females. During 2019, there were 277 males and 54 females diagnosed as having the gonococcal infection. It is noticeable that there is a significant upward trend of gonorrhoea infections among males during 2019.

Trichomoniasis

Trichomoniasis is a curable sexually transmitted infection caused by a protozoan. The number of reported cases of trichomoniasis is low compared to other STIs. The number of annually reported cases of trichomoniasis are depicted in figure 5.10. The total number of reported trichomoniasis cases are low compared to other STIs throughout the last decade. It is seen more among females and there is a gradual decline in reported number of female patients during the last four years.

Figure 5.8 Quarterly reported cases of early and late syphilis, 2010-2018

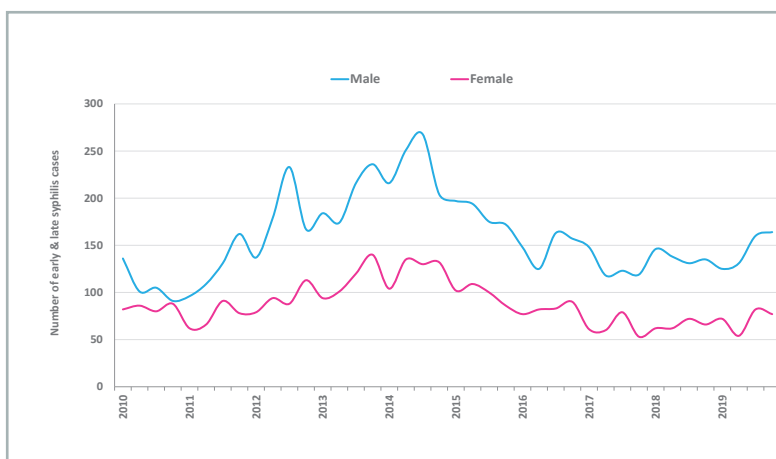


Figure 5.9 Quarterly reported cases of gonorrhoea by sex, 2010-2019

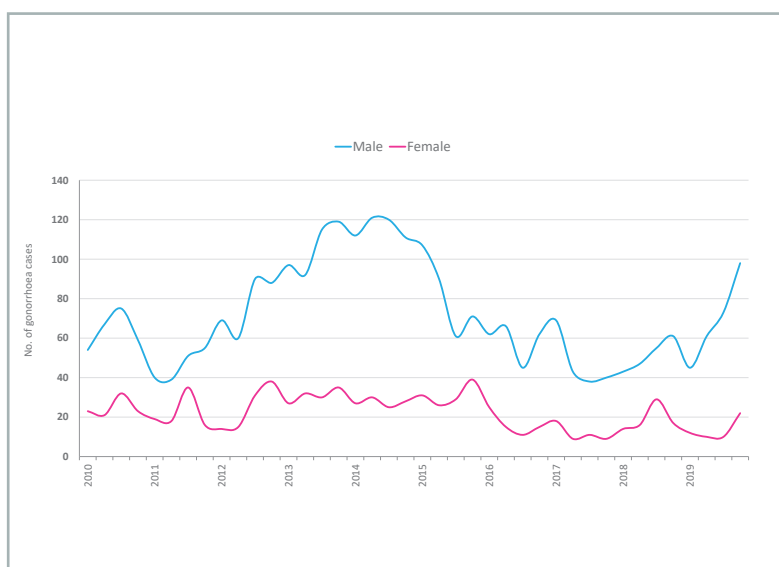
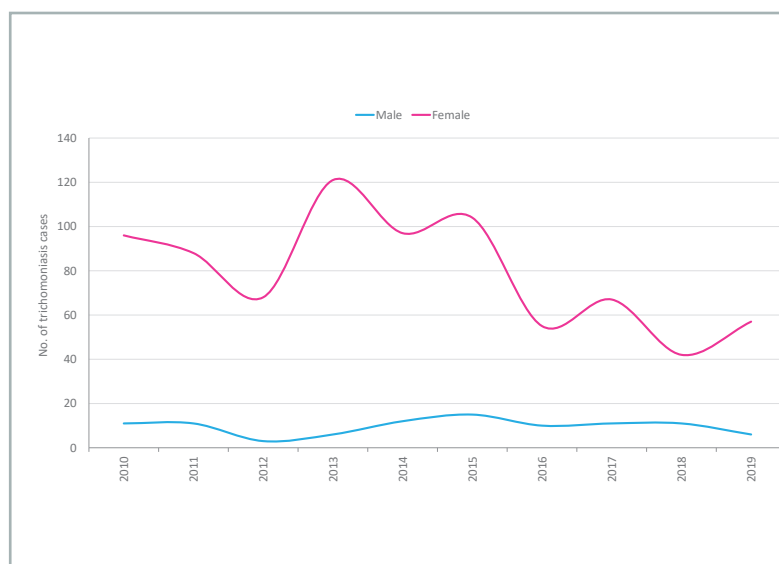


Figure 5.10 Annually reported cases of trichomoniasis by age and sex, 2010-2019



Monitoring and Evaluation of STD services

Monitoring and evaluation of the services provided by the STD clinics are one of the important tasks of the Strategic Information Management unit of the NSACP. During 2019, 34 STD clinics functioned full time, and amongst them, 26 had the capacity to prescribe ART for the PLHIV. There were 27 ART facilities in 2019 including the National Institution of Infectious Diseases (IDH) which also functions as an ART facility.

The network of STD clinics provide services to a range of populations such as the general population as well as key and vulnerable populations. At present, the monitoring and evaluation of STD services are mainly carried out using a paper-based recording and reporting system. The new electronic information management system (EIMS) which was initiated in 2018 was further developed and implemented in number of STD clinics during 2019. Software development and hardware procurement for the EIMS were funded by the Global Fund. Staff training and rolling out of this system to other district STD clinics were carried out during 2019. EIMS is

expected to replace the paper-based system soon, enabling establishment of a more efficient method of monitoring and evaluation.

Figure 5.11 illustrates the number of new STD patients registered in all STD clinics during 2017, 2018 and 2019. As expected, the central clinic, Colombo had registered substantially more STD patients for services when compared to other clinics. Kalubowila, Kurunegala, Kalutara and Ragama STD clinics are also among the top five clinics for newly registered STD patient numbers, and each had over 1000 new STD patients registered for the year 2019.

Even though the overall provision of curative services by STD clinics had increased in 2019, several clinics have had lesser number of consultations in comparison to 2018, which needs to be taken into consideration when taking future programmatic decisions.

Figure 5.12 depicts the number of clinic visits by STD patients versus clinic visits by others during 2019. The reasons for these other visits included pre-employment and visa screening, ANC blood

Figure 5.11 Total number of new STD patients registered during 2017, 2018 and 2019

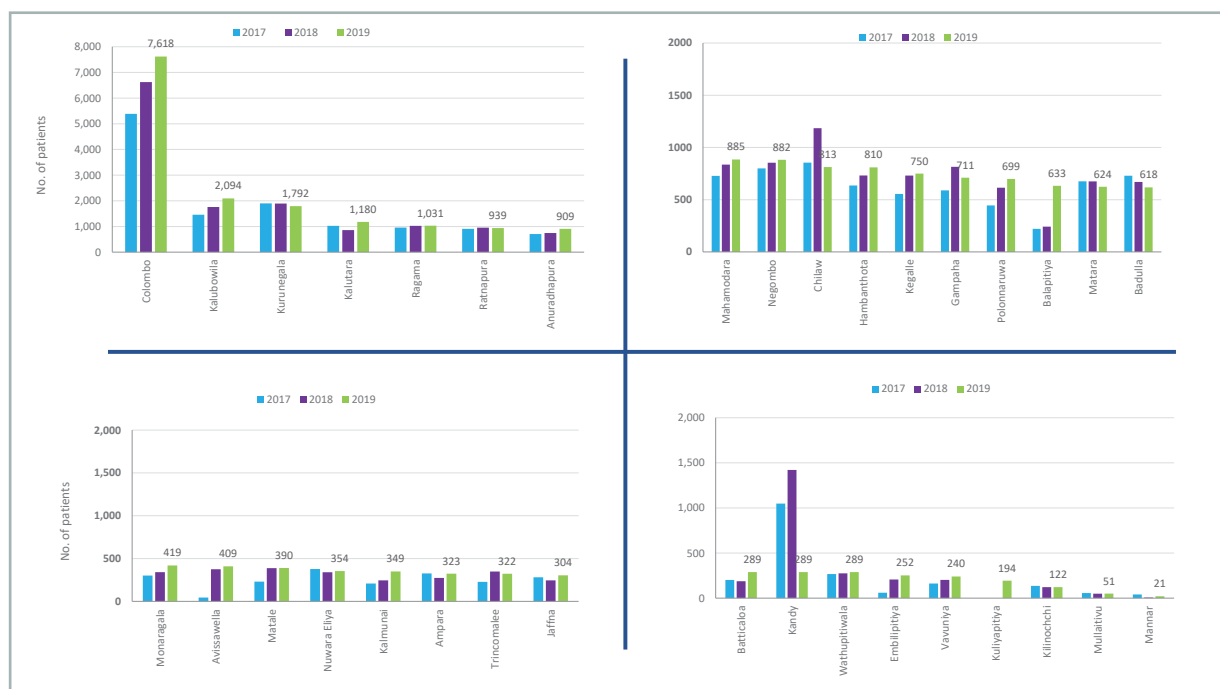
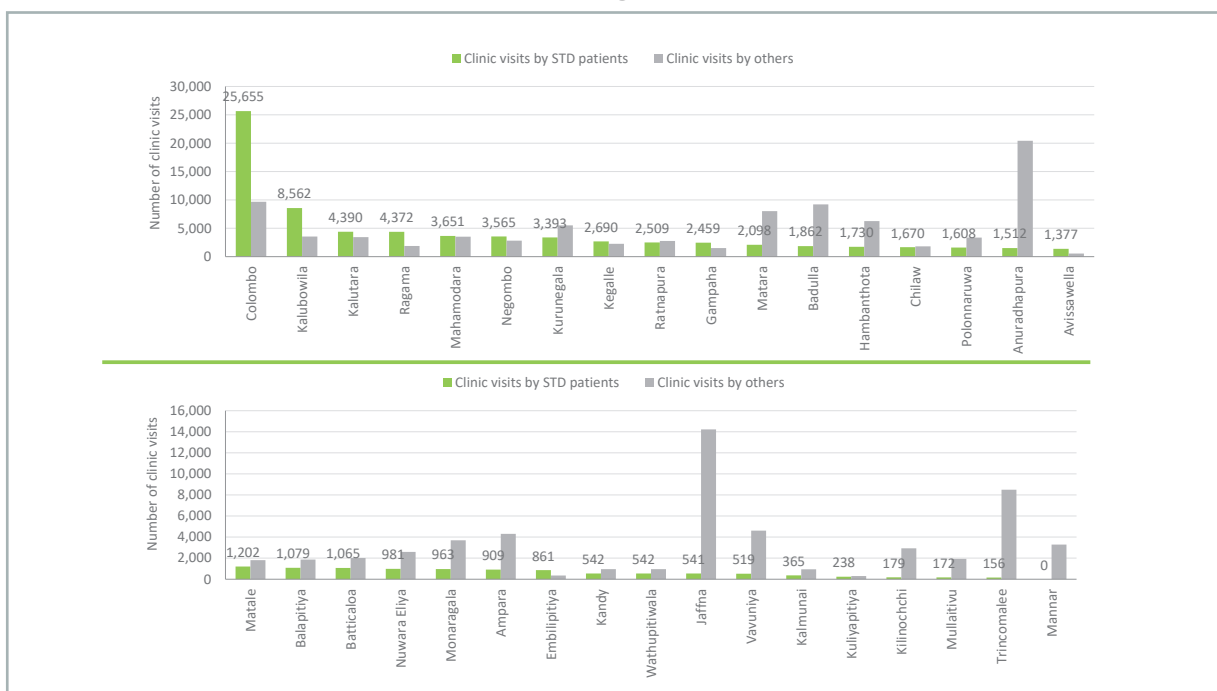


Figure 5.12 Number of clinic visits for STD consultations and other clinic visits during 2019



testing and blood testing on OPD basis etc. During the year 2019, a total of 83,417 clinic visits were generated by all the STD clinics for STI patients. The central clinic, Colombo had provided more than 25,000 consultations for STD patients in 2019. This was followed by STD clinics in Kalubowila, Kalutara, Ragama, Mahamodara and Negombo in

the same year. The National STD/AIDS Control programme provides screening facilities for syphilis for a range of clients, such as the STD clinic attendees, ANC mothers and those who come for pre-employment screening and other category consisting of visa screening, surveys, ward referrals etc. Figure 5.13

Figure 5.13 Number Screened for Syphilis in 2015-2019



represents number of patients tested for syphilis from 2015 to 2019 in different categories namely, STD clinic patients, pre-employment screening and antenatal screening. There had been a slight decline in total number of syphilis testing in 2019 in comparison to 2018.

tests carried out from 2015 to 2019. Out of a total of 542,334 HIV screening tests in 2019, 53,180 tests were carried out among STD clinic patients. There is an increase of almost 52,000 tests in the total number of HIV screening tests conducted when compared to that of 2018. Increase in the number of HIV testing for surveys has mainly contributed

Figure 5.14 illustrates number of HIV screening

Figure 5.14 Number Screened for HIV 2015-2019



Figure 5.15 Number screened for HIV and results received by Key populations in 2017- 2019

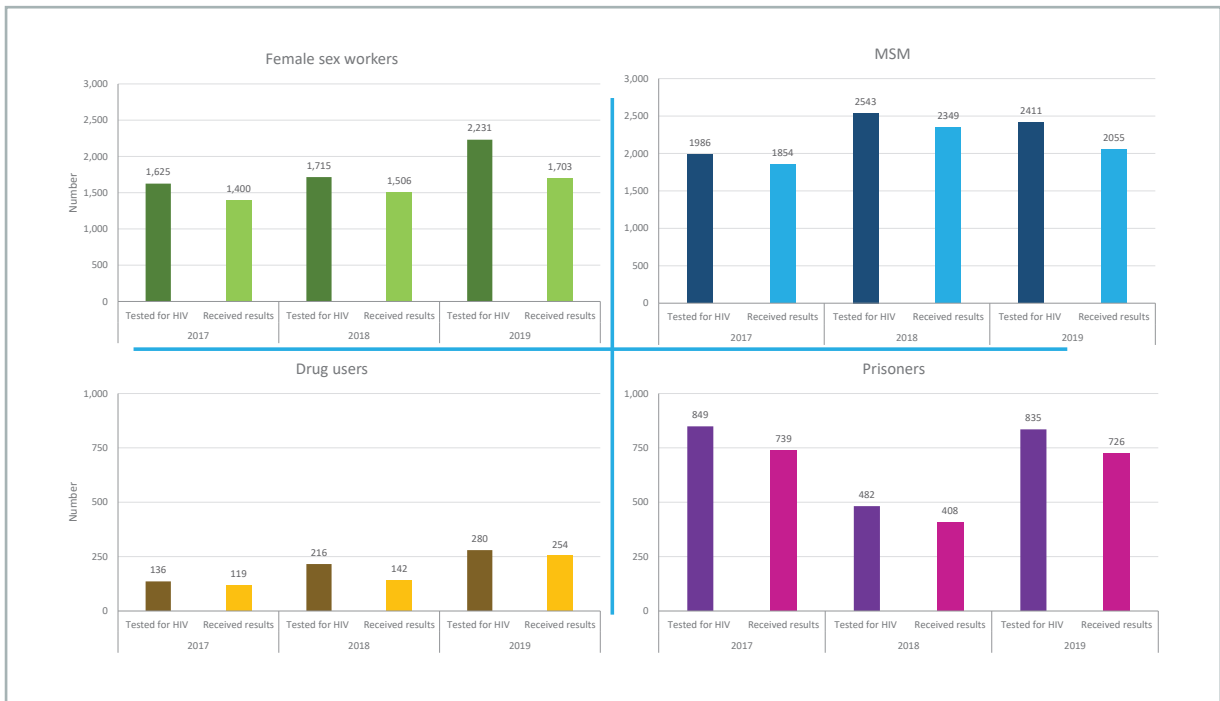
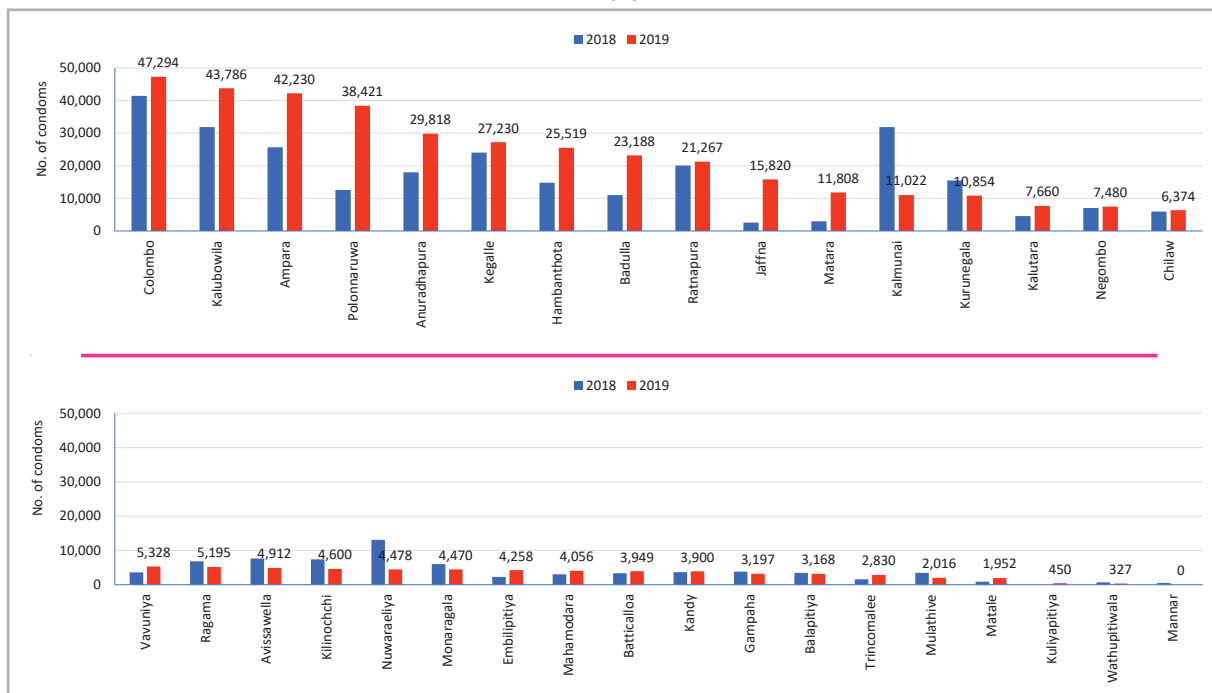


Figure 5.16 Number of condoms distributed by STD clinics in 2018 and 2019



for this rise with some increment in STD clinic screening. However, there was a decline in number of HIV screenings done at antenatal clinics in comparison to 2018.

Figure 5.15 depicts the number of key populations including prisoners who underwent screening for HIV and number received their results during the period of 2017 and 2019. According to the above data, the number of testing was increased in all key population categories in 2019 compared to the previous years except with MSM. There was a significant increase in number of tests done



A photo story from **Mullaitivu** STD clinic

A photo story from **Negombo** STD clinic

among prisoners and FSW. Figure 5.16 illustrates number of condoms distributed by STD clinics in 2018 and 2019. In 2019, the number of condoms distributed were increased in comparison to 2018 in most of the clinics while the highest number was distributed from the central clinic, Colombo. However, there was a significant decline in distribution of condoms in certain STD clinics such as Kalmunai and Nuwara Eliya compared to 2018.

Pap smear screening for STD clinic attendees

During 2019, twenty-one STD clinics provided pap smear screening for the female STD clinic attendees. A total of 2,295 pap smears have been performed in 2019 and of these, 70% were performed at three STD clinics i.e. Colombo Central STD clinic (36%), Kalubowila (25%) and Mahamodara (9%) STD clinics. Of the total PAP smear tests done during 2019, results were received in 1963 cases, and 1700 samples (74%) were satisfactory for reporting during 2019. Of these, 32 (2%) samples showed CIN 1 or above changes (Figure 5.18).

Figure 5.17 Number of PAP smears done at STD clinics 2017-2019

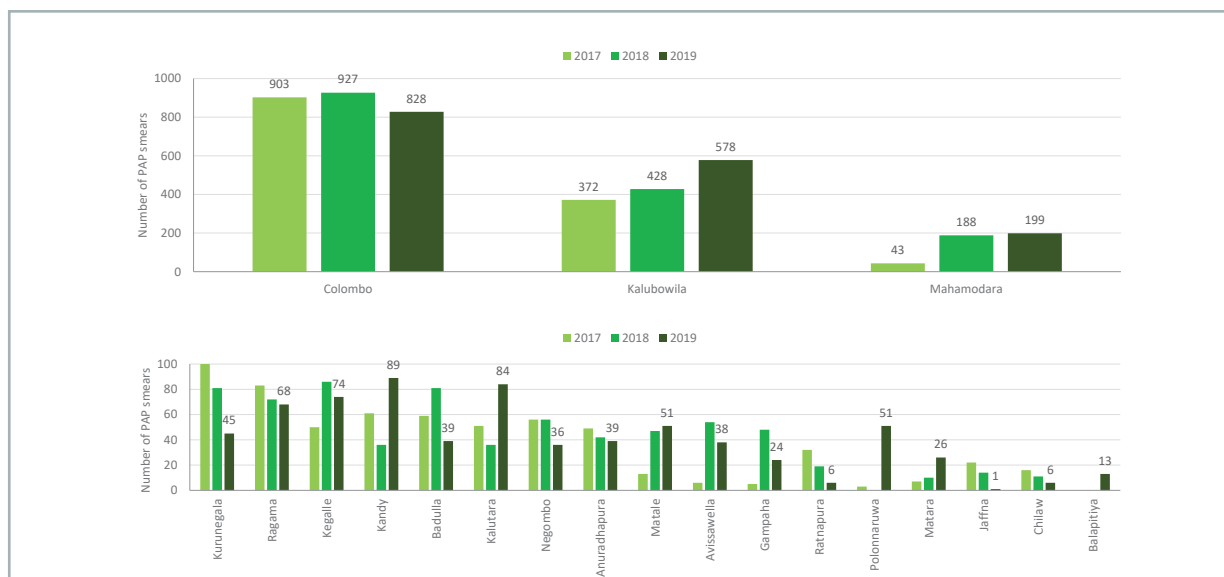
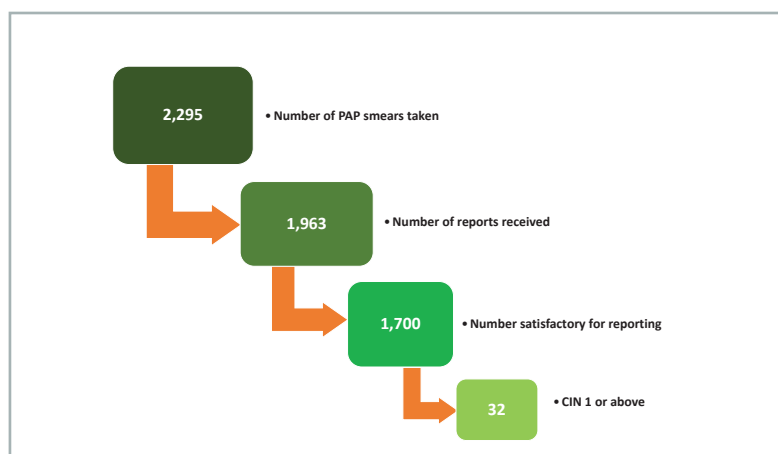


Figure 5.18 Outcome of PAP smear samples done in 2019



6. HIV testing services

National STD/AIDS Control Programme is providing HIV testing services as facility base testing or through outreach testing. Outreach testing is carried out mainly by rapid testing, but in certain situations, blood is drawn in the field and samples are tested in the STD clinic

laboratories by serological testing. Confirmation is done by Western blot or by a molecular testing in special instances. The algorithm for confirming the diagnosis of HIV with three rapid tests was introduced for outreach testing in the latter part of 2019 and this is yet to be implemented.

These are some of the main HIV testing populations/areas in Sri Lanka.

1. STD clinic attendees
2. Key population testing through an outreach service from STD clinics
3. ANC mothers
4. TB patients
5. Government hospital testing
6. Private sector labs
7. Blood donors
8. Prison inmates

Besides, some general practitioners in Colombo and Gampaha districts provide rapid testing services for their clients in collaboration with the government STD clinics in the area. The test kits are provided to general practitioners free of charge by NSACP.

Outreach testing services are provided by STD clinics in collaboration with NGO partners. In the drop-in centers (DIC), HIV testing is carried out by NGO staff. Prison outreach HIV testing services are provided by STD clinics by visiting prisons. At the same time, some prisons are provided with rapid HIV test kits for testing inmates by prison healthcare staff.

HIV testing services in 2019

HIV testing service provision was significantly improved in 2019 in terms of numbers as well as in the diversity of methods used. The table 6.1 shows the number of HIV tests carried out in the country in 2019 according to the testing category.

A total of 439 HIV positive persons were identified in 2019. Similar to previous years, the highest number of HIV tests have been carried out for blood donors and antenatal women. HIV rapid testing in the government hospitals gave the highest HIV positivity rate of 0.25%.



Table 6.1 Number of HIV tests and positivity rates in 2019

Category of the samples tested for HIV**	Number tested	% HIV positivity rate
Antenatal mothers	333,964	0.00%
Blood donor screening (NBTS and private blood banks)	444,915	0.01%
Tri-forces	63,946	0.01%
Prison HIV testing programme	17,024	0.06%
HIV rapid tests done in hospitals	22,625	0.25%
TB clinic screening	7,690	0.13%
STD clinic samples*	193,247	0.10%
Drop-in-centre	722	0.00%

* STD clinic samples include; clinic attendees, pre-employment screening, outreach samples and testing of contacts

** Details of samples tested in the private sector laboratories are not available.

HIV Testing at STD clinics

HIV testing in STD clinics include testing carried out among STD clinic attendees all over the country (voluntary, hospital referrals and court referrals), pre-employment testing and

testing of the key populations (escorted by NGO partners, tested at the outreach programmes in collaboration with NGO partners, or outreach programmes carried out by STD clinic staff themselves). The table 6.2 below shows the HIV testing among key population members conducted by STD clinics.

Table 6.2 HIV testing with provision of results among key populations by all STD clinics in 2019

Type of Key population	Number tested by outreaching	Number tested in the STD clinic	Total
Prison inmates	16,189	835	17,024
Female sex workers	2,662	2,231	4,893
Men having sex with men	3,335	2,411	5,746
Transgender women	451	130	581
Drug users	1,255	280	1,535
Beach boys	747	72	819
Total	24,639	5,959	30,598

HIV testing at hospital settings

HIV rapid tests were introduced to the hospital settings in 2018 with the idea of further strengthening HIV testing by improving accessibility and availability. Hospital based HIV

testing has remarkably improved during 2019 where total of 22,625 patients were tested and 56 HIV positive persons were diagnosed. Apart from KP specific interventions, hospital HIV testing had the highest positivity rate which indicates the importance of further diversifying HIV testing services.

Key population led HIV testing services

Key population led HIV testing was remodeled during 2019 and it yielded excellent results. Two models were used during 2019 as described below.

1. Case finder model

This was introduced in 2018 on a pilot basis to Puttalam and Kalutara districts and was initiated in Colombo and Gampaha Districts in 2019 which have the highest HIV burden of the country. The case-finding approach was integrated with the traditional peer-led targeted intervention services. A total of 4,822 persons were tested with 41 getting

screening reactive results. Of these, 32 were confirmed as HIV positive resulting in a very high positivity rate of 0.96%.

2. Peer-led targeted intervention model

Peer-led targeted interventions were implemented in 13 districts in 2019. A total of 3,260 tests were carried out using this model. Global fund supported programmes were carried out in 12 districts and 2,384 persons were tested. Government funded programmes were in place in 5 districts and 876 individuals were tested for HIV through that programme. However there were no positives detected through this model.

Table 6.3 HIV testing among key populations through key population led HIV testing services in 2019

Key population	Case finder model (Hybrid model)		Peer-led model			
	No. of HIV tests	No. HIV Positive	GF funded		GoSL funded	
			No. of HIV tests	No. HIV Positive	No. of HIV tests	No. HIV Positive
FSW	1,674	4	1,030	0	106	0
MSM	2,707	24	632	0	516	0
TG	441	4	0	0	91	0
DU/IDU	-	-	137	0	0	0
BB	-	-	585	0	163	0
Total	4,822	32	2,384	0	876	0

HIV testing in the drop-in centers

Community-based HIV testing services were continued throughout the year 2019 in the drop-in facilities for FSW, MSM and people who use drugs. A total of 664 persons were tested (722 tests) and only 1 was found to be positive. However, that person was later found to be a known HIV positive individual who had defaulted treatment.



Table 6.4 HIV testing among key populations through community-based testing in drop-in centers in 2019

Type of key population	Number of clients tested	Number of tests done	Number Positive
Female Sex Workers	202	228	0
Men who have sex with men/TG	195	200	0
Drug users	267	294	0
Total	664	722	0

Use of mobile applications for HIV testing

The NSACP launched a new intervention in collaboration with USAID/FHI 360 through 'LINKAGES' in 2019 to introduce the Internet peer-education. Two full-time online outreach workers operated from NSACP premises, who interacted with KPs through various social media apps to educate KPs on HIV and encourage them for HIV testing. To support this activity, a special mobile application named 'Know4sure' was introduced in 2019 through which KPs can assess their HIV risk and book an appointment online for HIV testing. The Internet-based peer educators interacted with KPs in Colombo District and referred the clients to NSACP or to General Practitioners who provided HIV testing services. A total of 81 individuals were tested through this application in 2019 and 03 were confirmed HIV positive with a very high positivity rate of 3.7%. Though the numbers are small, it was identified as a promising method due to the high yield of HIV cases. Therefore, the plan is to further strengthen the method to detect more HIV positives through this project.

HIV testing through General Practitioners (GP)

This activity was initiated in collaboration with the Sri Lanka College of General Practitioners, Independent Medical Practitioners Association and USAID/ FHI 360 through 'LINKAGES' in 2018. A total of 72 general practitioners from Colombo and

Gampaha districts are registered to provide rapid HIV testing services by the end of 2019. These general practitioners were assigned to designated STD clinics in each district via the '**Pulse clinic**' mobile application. A total of around 1200 HIV rapid tests were carried out through this method during the year with no confirmed HIV positives.

Review of HIV testing services

In 2019, HIV testing service reviews were being carried out in all 9 provinces of the country with the participation of Provincial Directors of health services, Regional Directors of Health Services, medical consultants, doctors, nurses, lab technicians and NGO partners (a total of 737 persons). The new HIV testing algorithms and revised HIV testing guidelines were introduced during these reviews.

HIV testing guideline

During 2019, the HIV testing guideline published in 2015 was reviewed, revised and reprinted. The revised guidelines will be distributed to relevant institutions in 2020.



A study on HIV rapid test implementation at the National Hospital Sri Lanka

Though the hospital testing has been remarkably improved since 2018 island-wide, HIV rapid testing services need to be strengthened in the National Hospital of Sri Lanka (NHSL). By the end of 2019,

around 3,000 tests were carried out with 12 reactive screening tests and 8 confirmed positives. The final results are pending.

Way forward to scale up HIV testing

In achieving 90-90-90 targets followed by 'Ending AIDS in Sri Lanka in 2025', it is crucial to scale up and strengthen the HIV testing services. Therefore, the following activities are planned for 2020 to achieve these targets;

- HIV rapid testing to be performed for all STD clinic attendees to reduce the turnaround time of HIV test results. This is planned to be initiated at the Colombo STD clinic.
- Evening HIV testing services are to be initiated at the Colombo STD clinic, three days a week from 5 pm – 8 pm to increase the flexibility and accessibility of testing services.
- Case finder model (hybrid model) is to be introduced to the second tier of districts.
- Increase the service provision through '**Know4sure**' mobile application by increasing the number of workers.
- Explore the methods to scale up HIV testing at healthcare settings and index case testing.
- Make HIV testing services a permanent agenda item in Provincial AIDS committee meetings.





7. HIV treatment and care services

During 2019, 439 persons were newly diagnosed with HIV infection and 409 persons were registered in the HIV care services. A total of 341 were newly started on ART during the year. These PLHIV comprised of 80% males and there were 2 transgender persons. PLHIV received ART services from 26 out of 34 STD clinics in the country. During 2019, only Kalmunai and Mullaitivu were without specialist services. Infectious Diseases Hospital, Angoda [National Institute of Infectious Diseases (NIID)] continued inpatient and outpatient HIV care services including ART services as the only ART facility outside STD clinic network of NSACP. HIV care services in Northern and Eastern provinces were developed in 2019. Consultants were appointed to STD clinics in Trincomalee, Ampara, Batticaloa, Jaffna, Kilinochchi, Vavuniya and Mannar. This helped to improve services markedly to persons living with HIV in these provinces.

Number of PLHIV in HIV care in HIV clinics during 2019

There were 1,947 patients receiving HIV care services from government HIV clinics at the end of 2019 and of this, 1,845 have been started on antiretroviral treatment (ART). Of this, 42 (2%) were children aged less than 15 years. Colombo HIV clinic had the highest number of PLHIV receiving ART followed by Ragama, IDH, Kandy, Kalubowila, Kurunegala, Galle and Kalutara. These eight clinics had provided services to over 80% of all PLHIV on ART.

Figure 7.1 ART facilities in the country - 2019



Table 7.1 Percentage distribution of PLHIV on ART

(N=1845)

HIV clinic	Female	Male	Total	Percent
Colombo	221	642	863	46.8%
Ragama	45	143	188	10.2%
IDH	37	54	91	4.9%
Kandy	33	58	91	4.9%
Kalubowila	17	67	84	4.6%
Kurunegala	22	41	63	3.4%
Galle	20	42	62	3.4%
Kalutara	13	33	46	2.5%
A'pura	13	24	37	2.0%
Gampaha	9	27	36	2.0%
Negombo	10	26	36	2.0%
Matara	8	27	35	1.9%
Jaffna	17	15	32	1.7%
Ratnapura	9	20	29	1.6%
Chilaw	5	22	27	1.5%
Kegalle	5	20	25	1.4%
Polonnaru.	11	10	21	1.1%
Matale	9	11	20	1.1%
Badulla	6	10	16	0.9%
Hambantota	2	10	12	0.7%
Nuwara Eliya	2	6	8	0.4%
Vavuniya	5	3	8	0.4%
Batticaloa	3	3	6	0.3%
Avissawella	1	2	3	0.2%
Monaragala	3	-	3	0.2%
Balapitiya	-	2	2	0.1%
Kilinochchi	1	-	1	0.1%
Total	527	1,318	1,845	100%

Table 7.2 Age and sex of PLHIV on ART

Age in years	Female	Male	Total	%
<5	3	1	4	0.2%
5-9	3	11	14	0.8%
10-14	10	14	24	1.3%
15-19	8	8	16	0.9%
20-24	17	61	78	4.2%
25-49	306	897	1,203	65.2%
50+	180	326	506	27.4%
Total	527	1,318	1,845	100.0%

Table 7.3 Types of ART regimens by sex

Type of ART regimens	Female	Male	Total	%
1st-line ART regimen	390	1,091	1,481	80.3%
1st-line ART regimen (substituted)	110	175	285	15.4%
2nd-line ART regimen	18	41	59	3.2%
2nd-line ART regimen (substituted)	9	11	20	1.1%
Total	527	1,318	1,845	100.0%

Majority (65.2%) of the PLHIV on ART were in the 25-49 age group followed by 50+ age group (27.4%). The proportion of children less than 15 years (2.3%) and that of youth aged 15-24 (5.1%) were low. According to the treat all policy, all newly diagnosed PLHIV

Table 7.4 ART regimens by age

ART regimen	Age in years		Total	%
	<15	15+		
TDF+FTC+EFV	5	1344	1349	73.1%
AZT+3TC+EFV	13	147	160	8.7%
TDF+FTC+LPV/r	1	79	80	4.3%
TDF+FTC+RAL	-	58	58	3.1%
TDF+FTC+ATV/r	-	51	51	2.80%
AZT+3TC+NVP	2	37	39	2.1%
ABC+3TC+EFV	6	24	30	1.6%
AZT+3TC+LPV/r	9	20	29	1.6%
ABC+3TC+LPV/r	6	6	12	0.7%
AZT+3TC+RAL	-	9	9	0.5%
AZT+3TC+ATV/r	-	5	5	0.3%
ABC+3TC+RAL	-	4	4	0.2%
ABC+3TC+ATV/r	-	3	3	0.2%
TDF+FTC+RAL	-	3	3	0.2%
TDF+FTC+DRV/r	-	3	3	0.2%
TDF+FTC+NVP	-	3	3	0.2%
AZT+3TC+DRV/r	-	2	2	0.1%
TDF+FTC+RAL+LPV/r	-	2	2	0.1%
ABC+FTC+NVP	-	1	1	0.1%
RAL+3TC+DRV/r	-	1	1	0.1%
TDF+FTC+RAL+DRV/r	-	1	1	0.1%
Total	42	1,803	1,845	100.0%



who were linked to HIV care were offered ART. First-line ART regimens or substituted 1st-line ART regimens were used by 95.7% of PLHIV on ART. There were only 4.3% on the 2nd-line or substituted 2nd-line ART regimens.

ART services were offered according to the national guidelines on ART use published by NSACP in 2016. The preferred 1st-line ART regimen is TDF+FTC+EFV fixed-dose combination and 73.1% of the patients were on this regimen, while 8.7% were on AZT+3TC+EFV and 4.3% were on AZT+3TC+LPV/r regimens.

The long time taken for the procurement process remained a concern in the year 2019. The procurement review committee which functions as the National quantification working group met regularly and decided on the ARV needs of the country.

Venereologists participated in the TB advisory committee to improve services with regard to TB and HIV management.

HIV care subcommittee was strengthened as the HIV testing, Laboratory, Counselling and HIV care subcommittee in 2019. The subcommittee met quarterly and the following decisions were taken to improve comprehensive care services.

1. **Defaulters who are drug users** – A meeting was held with Director/mental health and the Sri Lanka College of Psychiatrists to discuss the ways to improve adherence to ART by drug users. It was decided to manage drug user PLHIV by the venereologists in coordination of psychiatrists and all heroin using PLHIV are to be referred to psychiatrists followed by case discussions with relevant stakeholders. A guide was developed by the college of psychiatrists which was improved further with the inputs from venereologists. The document was circulated among venereologists.
2. **Pre ART drug resistance surveillance** - This activity is planned to be conducted in 2020 utilizing funds available through GF. TOR was developed and planned to identify a consultant to conduct the surveillance in 2020.
3. **ART toxicity surveillance** – Formats were developed to monitor ARV drug toxicity. A register is maintained at the Colombo HIV clinic and reporting from ART centres islandwide needs to be regularised.
4. **HIV and TB collaboration** – Weekly TB screening clinic is being conducted on Wednesdays at Colombo HIV clinic by the Medical Officers of Colombo chest clinic. INAH prophylaxis is provided from Colombo clinic to provide services under one roof. District STD clinics are interested to issue INAH with ART to improve adherence to treatment. This service needs to be established in district clinics in 2020.
5. **INAH prophylaxis** – A guideline is being prepared by the chest physicians on provision of INAH prophylaxis for PLHIV. Currently, PLHIV screened at Colombo receive INAH prophylaxis and in other districts, the decision whether to start INAH is based on the judgement of the chest physician. Some issues have been noted with early commencement of INAH as this might delay initiation of ART due to issues such as liver toxicity etc. Following discussions with chest physicians, it was decided to start ART and to introduce INAH later.
6. **Inbound migrants health services** – MoH has issued a circular regarding HIV care services including free ART for inbound migrants with residence visa. There were some issues in the management of these PLHIV, such as provision of the report when confirmed positive and maintenance of confidentiality. According to the circular, those who are screened positive for HIV will be referred to the NSACP for

confirmation, treatment and follow-up as outpatients all free of charge. However, the Health Protection Plan (HPP) will not cover hospitalisation other than for emergency care in the government sector. Hence, these issues need to be addressed and a meeting has been planned with the quarantine unit of MoH.

7. **Human resource** – Several STD clinics do not have the required health staff and this has affected laboratory work and preventive activities such as defaulter tracing and contact tracing significantly.
8. **Delay in ART initiation** - Reasons for delays have been identified and action will be taken to ensure rapid initiation of ART.
9. **Opportunistic infection (OI) data** – Need to streamline reporting of OI data from clinics.
10. **Increase in youth with HIV**- Though the percentage remains the same, the actual numbers of youth (15 – 24 years) infected with

HIV has increased considerably over the years. Many of these infections occurred through MSM exposures. Implementation of the National HIV communication strategy is vital to reach the youth through regular media and social media.

11. **Pre-exposure prophylaxis for HIV (PrEP)**- PrEP has already been introduced to the HIV negative partners of sero discordant couples until the positive partners' viral load become undetectable. The negative partner is screened for HIV/STI prior to PrEP and consistent condom use is encouraged. NSACP is taking action to initiate PrEP for high-risk MSM to prevent new HIV infections in the country

ART Cohort Analysis 2019

Among the PLHIV who were started on ART in 2018, 89% were alive and on ART after 12 months of ART initiation. Of them, 90% had viral suppression of less than 1000 copies/ml. **(See Annex 1 for the full report)**

Table 7.5 Outcome of people with HIV who started ART in 2018 by age* and sex

	All			Female			Male		
	<15	15+	All	<15	15+	All	<15	15+	All
a. Number who initiated ART in 2018 (N)	4	298	302	1	58	59	3	240	243
Status (outcome) after 12 months of starting ART									
b. On 1st line regimen	4	260	264	1	50	51	3	210	213
c. On 2nd line regimen	0	6	6	0	0	0	0	6	6
d. Stopped (S)	0	1	1	0	1	1	0	0	0
e. Lost to follow-up (F)	0	16	16	0	5	5	0	11	11
f. Dead (D)	0	15	15	0	2	2	0	13	13
g. Number alive and on ART(A) {N- (S+D+F)}	4	266	270	1	50	51	3	216	219
h. Percentage of persons alive and on ART (A/N*100)	100%	89%	89%	100%	86%	86%	100%	90%	90%
i. % of viral load suppression** among persons alive and on ART at the end of 2019	50%	90%	90%	100%	93%	94%	33%	90%	89%

*Age at ART initiation in years ** <1000/ml among VL available



NSACP conducted following clinics within the HIV clinic, Colombo

- **Adolescent clinic** : Adolescent clinic was started in July 2019 and it was conducted on Saturdays to increase accessibility for school-going children.
- **TB screening clinic**: PLHIV were screened for TB at the chest clinic conducted at NSACP. NPTTCD facilitated the provision of these services and provided isoniazid stocks regularly for isoniazid prophylaxis.
- **The psychiatry clinic**: PLHIV were provided psychiatric services under the guidance of Consultant Psychiatrist from the National Institute of Mental Health (NIMH). Clinics were held once in two weeks and some drugs such as sertraline, clonazepam and risperidone were made available at the NSACP pharmacy.
- **The nutrition clinic**: This was conducted in collaboration with the Nutrition Unit, National

Hospital Colombo and these services are provided on every Tuesday for PLHIV who are underweight and/or have non-communicable diseases.

Defaulter tracing and contact tracing

During 2019, the defaulter tracing of all PLHIV registered since 1987 have been completed by the Public Health Inspector attached to Colombo HIV clinic. There were challenges especially in cases where PLHIV have changed their residence. Few unreported deaths were also identified during the defaulter tracing.

Contact tracing will provide an opportunity to identify undiagnosed PLHIV in the community and also gives the highest yield from the HIV testing. Contact tracing needs to be improved under the theme Index case testing. Newly diagnosed PLHIV provide details of many contacts through mobile Apps such as Grinder.

PLHIV groups

There are three positive support groups for PLHIV

- Positive women's network
- Positive hopes alliance
- Lanka Plus

These groups work closely with NSACP in prevention and care services. They participate in regular meetings of the programme including the HIV care subcommittee. The National AIDS Foundation provides support to PLHIV regularly including services for pregnant women. Resource persons from NSACP conducted programmes on positive living for PLHIV with the help of PLHIV support groups and FPA. These organizations supported the EMTCT validation process as well.

Capacity building of Health care workers

Number of training programmes for health care workers were continued in the year 2019 stressing the issue of stigma and discrimination. Programmes were conducted for healthcare

workers in public hospitals, private practitioners and physicians to increase awareness on available services, encourage HIV testing and linking PLHIV with services.

Challenges

During 2019, NSACP scaled up HIV care services by increasing number of ART centers in the country from 22 to 27 including many clinics in the Northern and Eastern provinces. Human resource issues and delay in ART procurement has affected the programme significantly. As the numbers of PLHIV are increasing gradually, STD clinics need to be prepared to provide long-term care. The lack of space and lack of human resources are areas which need urgent attention of the authorities. Estimating the requirement of ARV drug is a challenge, and the long procurement process further affects the continuous supply of ARV drugs. However, it is encouraging to note that the services for PLHIV have strengthened in quality through specialist services and increased in accessibility through island-wide network of STD clinics.

Photo Healthcare team of HIV clinic, Colombo



8. Post-exposure prophylaxis for HIV

Post-exposure prophylaxis (PEP) for HIV refers to taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected.

To be effective, PEP must be started at least within 72 hours after a possible exposure to HIV. PEP should be taken once or twice daily for 28 days. While on PEP the client is closely monitored for any changes of biochemical indices. PEP is effective in preventing HIV when administered correctly, but not 100%.

National STD/AIDS control programme predominantly provides post-exposure prophylaxis (PEP) for prevention of HIV transmission for the healthcare workers following an exposure to potentially hazardous material (occupational exposure). PEP is also provided for non-occupational exposures after assessing the risk for a person.

NSACP provides starter packs of PEP to identified 24-hour functioning units of many hospitals as it is optimal to start PEP within 2 hours of the exposure or as soon as possible.

PEP which contains antiretroviral drugs are always issued following a thorough counselling of the importance of taking PEP and the possible side effects. Post-exposure prophylaxis should be continued for 28 days with good compliance to prevent HIV by the exposed individuals.

A total of 4,125 persons attended for PEP services following exposures during 2019. Of them, 3,820 (93%) were occupational exposures and 305 (7%) were non-occupational exposures. Eighty-three persons were started on PEP. Out of those who started with PEP, only 39 people (47%) have completed PEP for 28 days. Of 4,125 persons attended for PEP services, only 303 (7%) attended for a HIV test after 3 months.

Figure 8.1. Summary of PEP provided for occupational exposures in 2019

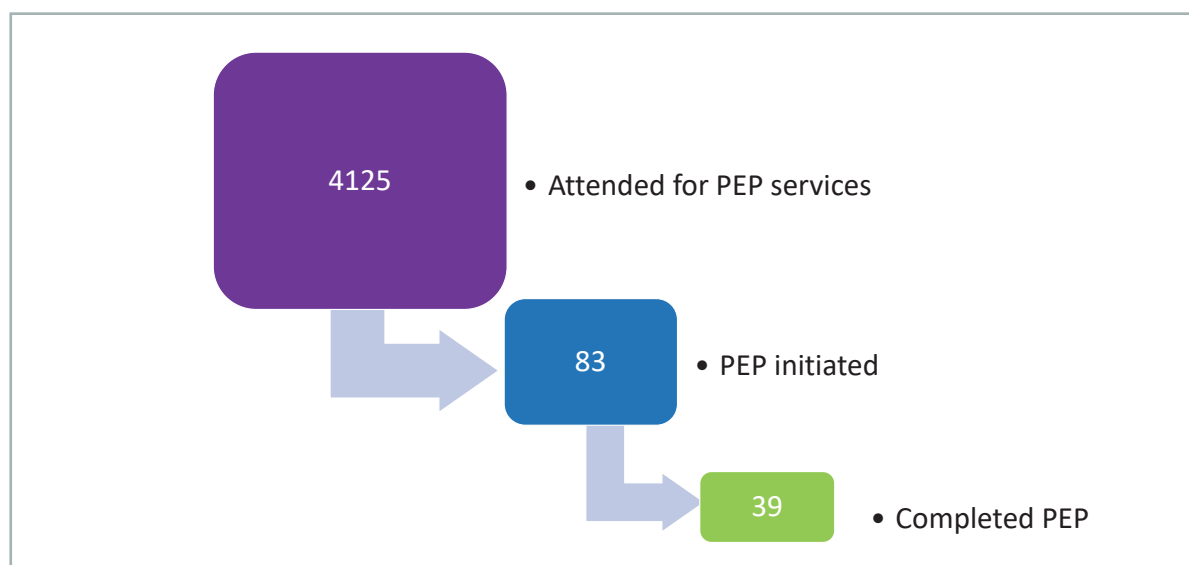


Table 8.1. Location information of ART for PEP in Sri Lanka during 2019

District	Institution	Unit of location	Contact Number
Ampara	DGH- Ampara	STD clinic	063 2224239
		PCU	063 2222661
	BH Dehiattakandiya	ETU	027 2250344
	Ashroff Memorial Hospital	STD clinic	067 2223660
Anuradhapura	TH – Anuradhapura	Medical ICU	025 2222261 Ext. 700/701
		STD clinic	025 2236461
	BH- Thambuththegama	Medical ward	025 2276262
	BH – Padaviya	Medical ward	025 2253261
	DH – Madavachchiya	Medical ward	025 2245661
Badulla	PGH – Badulla	ETU/ ICU	055 2222261 Ext. 322
		STD clinic	055 2222578
	BH – Welimada	Ward 04 – medical ward	055 2222578
	BH – Diyathalawa	ETU	057 2245161, 057 2229061
	BH – Mahiyanganaya	ETU	055 4936722
Batticaloa	TH Batticaloa	STD clinic	065 2057078
Colombo	National Hospital of Sri Lanka	OPD room number 08	011 2691111 Ext. 2417
	Lady Ridgeway Hospital	Indoor dispensary	011 2693711-2 Ext. 219, 242
	De Soysa Maternity Hospital	Emergency theatre (OT2)	011 2696224-5 Ext. 326
	Castle Street Hospital	Intensive care unit (ICU)	011 2696231-2 Ext. 2230
	National Eye Hospital	Room 4 (OPD)	011 2693911-5 Ext.231
	TH- Sri Jayawardenapura	Indoor pharmacy	011 2802695-6 Ext.3032
	TH- Kalubowila	Infection control unit (7am-4pm)	011 2763261 Ext. 129
		OPD room number 20 (after 4pm)	011 2763261 Ext. 218
	NIID - IDH	STD clinic	011 4891055
		Infection control unit	011 2411284 Ext.264
BH - Homagama	Ward 03	011 2411284 Ext. 210	
	PCU	011 2855200 Ext. 224	
Galle	TH Mahamodara	STD clinic	091 2245998
		Indoor dispensary	091 2222261, 091 2234951
		ETU	091 2232267, 091 2232176
	BH- Balapitiya	STD clinic	091 2256822
		ETU	091 2258261
	BH- Elpitiya	ETU	091 2291 261
Gampaha	TH Ragama	SICU	011 2960224 Ext. 258
		STD clinic	011 2960224
	DGH – Gampaha	PCU	033 2222261 Ext. 200
		STD clinic	033 2234383
	DGH- Negombo	MICU	031 2222261 Ext. 439
	BH – Wathupitiwala	ICU	033 2280261
STD clinic		033 2280261	
Hambantota	DGH – Hambantota	PCU	047 2222247
		STD clinic	047 2222247



cont., **Table 8.1. Location information of ART for PEP in Sri Lanka during 2019**

District	Institution	Unit of location	Contact Number
Jaffna	TH- Jaffna	ETU	021 2222261
		STD clinic	021 2217756
Kalutara	GH - Kalutara	Accident and emergency unit	034 2222261, Ext.250
		STD clinic	034 2236937
	BH - Panadura	ETU	038 2222261 Ext.243
	BH- Horana	PCU	034 2261261 Ext.1135
Kandy	TH- Kandy	ETU	081 2233338, 081 2234208
		STD clinic	081 2203622
	BH - Gampola	ETU	081 2352261
	DBH- Teldeniya	ETU	081-2374055
	BH - Nawalapitiya	ETU	054 2222261
Kegalle	TH- Kegalle	ETU	035 2222261
		STD clinic	035 2231222
	BH - Mawanella	ETU	035 2247835
	BH - Karawanella	ETU	036 2267374
	BH - Warakapola	ETU	035 2267261
Kilinochchi	BH -Kilinochchi	ETU	021 2285329
		STD cClinic	021 2283709
Kurunegala	TH - Kurunegala	STD clinic	037 2224339
		A&E, ICU	037 2233909
	BH - Kuliyaipitiya	A&E	037 2281261
	BH - Nikawaratiya	ICU	037 3378060
	BH - Dambadeniya	PCU	037 2266592
	BH - Galgamuwa	PCU	037 2253061
Matale	DGH - Matale	STD clinic	066 2053746
Matara	DGH - Matara	ETU	041 2222261 Ext.161
		STD clinic	041 2232302
Monaragala	DGH Monaragala	Primary care unit	055 2277024
		STD clinic	055 2276826
	BH- Bibila	PCU	055 2265461 Ext. 135
	BH- Wellawaya	PCU	055 2274861 Ext. 159
	BH- Siyambalanduwa	PCU	055 2279460 Ext. 109
Mullaitivu	DG-H Mullaitivu	STD Clinic	021 2061412
Nuwara Eliya	GH- Nuwara Eliya	OPD	052 2234393
		STD clinic	052 2223210
	BH- Dickoya	OPD	051 2222261
	BH- Rikillagaskada	OPD	081 2365261
Polonnaruwa	GH- Polonnaruwa	ETU	027 2222384
		STD clinic	027 2225787
Puttalam	DGH- Chilaw	PCU	032 2223261
		STD clinic	032 2220750



cont., **Table 8.1. Location information of ART for PEP in Sri Lanka during 2019**

District	Institution	Unit of location	Contact Number
Ratnapura	PGH - Ratnapura	ICU	045 2225396, Ext. 225, 337
		STD clinic	045 2226561
	BH - Balangoda	Ward 02 (Medical ward)	045 2287261 Ext. 273
	BH - Embilipitiya	OPD	047 2230261
Trincomalee	GH- Trincomalee	STD clinic	047 2230261
		ETU	026 2222261
Vavuniya	DGH- Vavuniya	STD clinic	026 2222563
		ETU	024 2224575
		STD Clinic	024 2224575



A photo story from
Hambantota STD clinic



A photo story from
Balapitiya STD clinic



A photo story from
Kalmunai STD clinic

9. Condom Promotion

Condom promotion comprises of education, demonstration and distribution of condoms

Condoms are identified as physical barriers that can reduce the risk of acquisition of HIV and STIs. This makes condoms a highly effective strategy to reduce the risk of HIV transmission when used consistently and correctly.

Condom promotion has been proven to have following advantages:

1. Increase condom use prevent HIV/STI and facilitate to save the capital sum that is to be spent on treatment and care following the disease.
2. Change of the environment which will increase availability, accessibility, and acceptability of condom use.

Many players promote condoms in the country for different purposes, which include health departments, community-based organizations, and healthcare organizations.

Family Health Bureau (FHB) promotes condoms as a family planning method. Private sector promotes condoms on a commercial basis, which nevertheless, contributes to the above stated sexual and family planning objectives.

NSACP promotes condoms through its island-wide network of STD clinics and peer-led targeted intervention programmes. Peer-led targeted programmes help to distribute free condoms in diverse venues among key populations.



Condom Card



Condom dispenser



NSACP has several responsibilities over condom promotion.

1. Evaluation of condoms and lubricants

The evaluation of condoms and lubricants prior to approval by National Medicines Regulatory Authority (NMRA) is carried out by the NSACP.

Many varieties of condoms and lubricants that are manufactured and produced by various companies are evaluated at the NSACP. An evaluation report is forwarded to NMRA stating the suitability or if not reason for rejecting the product. Following the approval from the NSACP the NMRA provide the final decision of providing the recommendation.

2. Distribution of condom dispenser

During the World AIDS Day 2019, 500 condom dispensers were distributed to be placed in public places as a measure to increase the availability and the accessibility of free condoms and lubricants to the public. It further promotes safe sex as well as a social venture to remove the taboo around purchasing condoms.

It is a simple, self-operating container, which can be accommodated in a limited space. Each condom dispenser can occupy 100 condoms and lubricants.

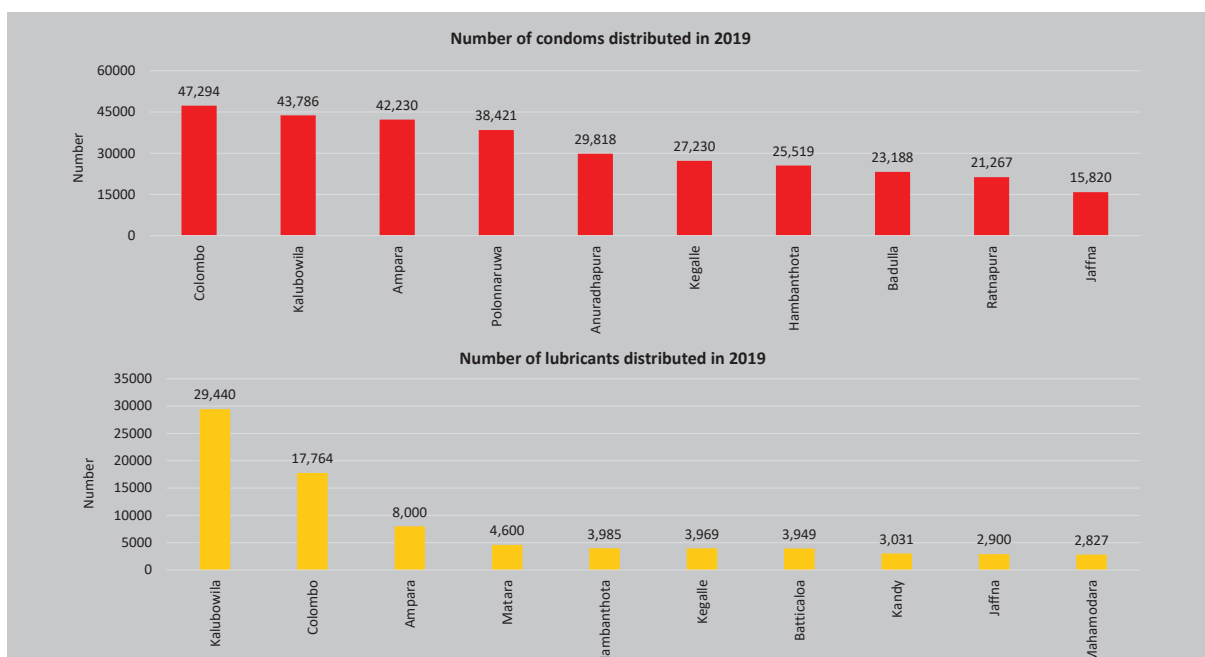
There is an identified responsible person to maintain the condom dispensers to make sure that it always has a sufficient stock of condoms.

A condom card was developed to further aware the public on condoms and how to use it. There is an additional card holder which is attached to the condom dispenser and it has to be filled with condom cards that can be taken by needy people.

The condom dispensers were distributed islandwide through peripheral STD clinics. The main locations identified by the clinics were hospitals, RDHS offices, MOH office, tri-force camps, police stations, supermarkets, filling stations, construction sites, hotels, SPAs, economic centers and public toilets. One hundred dispensers were fixed in hotels of Colombo municipal council area during 2019.



Figure 9.1 Top-ten STD clinics according to the distribution of condoms and lubricants in 2019



10. Laboratory services



Photo Microscopy lab at NRL/NSACP

The laboratory services for Sexually Transmitted Infections (STI) and HIV are provided by the National reference laboratory (NRL) of the NSACP and the laboratories of the district STD clinics. NRL is the apex body of the laboratory network of the NSACP and provides technical guidance for STD clinic laboratories of the country.

There are 27 peripheral laboratories located in island wide district STD clinics. Of these laboratories of STD clinics in Anuradhapura, Galle and Kandy are considered as intermediate level laboratories with testing facilities available for monitoring persons living with HIV.

The NRL and the peripheral STD laboratories conducted a range of activities in 2019. The coordinated efforts of the Microbiologist, Medical Offices, Medical Laboratory Technologists and Public Health Laboratory Technicians were contributed to all these services.

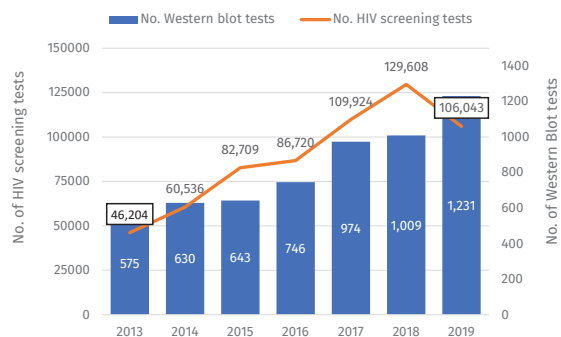
Diagnosing of STI and HIV

At present all the peripheral laboratories can perform routine HIV screening using the ELISA technique. The tests for screening and confirmation of syphilis are available in laboratories of all STD clinics.

Rapid strip test, an Ag/Ab combo test for HIV was widely promoted for HIV screening in the field setting as well as in hospital settings in 2019. The distribution of test kits to the general practitioners and NGOs was another move to promote testing. The confirmatory test for HIV is centralized in the NRL for both the public and private sectors. NRL provides HIV confirmation services to the National blood transfusion service and to private sector laboratories free of charge.



Figure 10.1 HIV screening tests and confirmatory tests done in NRL 2013-2019



The distribution of test kits to the general practitioners and NGOs was another move to promote testing. The confirmatory test for HIV is centralized in the NRL for both the public and private sectors. NRL provides HIV confirmation services to the National blood transfusion service and to private sector laboratories free of charge. Figure 10.1) shows the number of HIV screening tests and HIV confirmatory tests done at NRL from 2013 to 2019. There is a gradual increase in the confirmatory tests while the number of HIV screening tests performed by NRL has dropped significantly in 2019 as the peripheral STD clinic laboratories have started performing HIV screening tests.

Viral load, Early infant diagnosis (EID) and HIV drug resistance testing

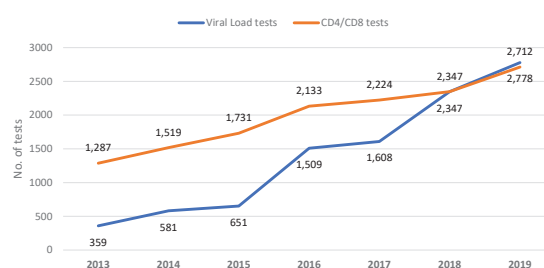
The GeneXpert viral load testing facilities are available at NRL, Galle and Anuradhapura STD clinic labs. HIV DNA PCR facilities for infant diagnosis is available only at the NRL. Services for HIV drug resistance testing are provided by NRL sending samples to the National AIDS Research Institute of India.



Decentralization of CD4 testing

Currently, CD4 testing facilities are available at NRL, Galle, and Kandy STD clinic laboratories. Besides, new CD4 machines were distributed among seven peripheral STD clinics i.e. Kurunegala, Anuradhapura, Kalutara, Batticaloa, Nuwara Eliya, Badulla and Kegalle in 2019.

Figure 10.2 Viral load and CD4 assays performed at NRL from 2013 to 2019



Biochemistry and Haematology tests

The biochemical and haematological testing facilities are offered by NRL for people living with HIV. The peripheral STD clinics are providing those services from the closest hospital laboratories.

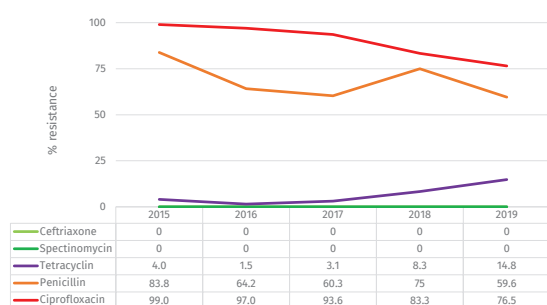
Microscopy laboratory at NRL

Summary of microscopy tests performed by the Public Health Laboratory Technicians in 2019 are given in table 10.2.

Reagent supply for testing

Test kits for diagnosing and monitoring of HIV, syphilis, and gonorrhoea are distributed from NRL. To facilitate the EMTCT validation process of Syphilis and HIV, the supply chain management was streamlined in 2019. Series of workshops were conducted for the peripheral laboratory staff including Venereologists to strengthen the supply management chain.

Figure 10.3 Antimicrobial resistance pattern of *Neisseria gonorrhoea* 2015-2019



Monitoring of the antimicrobial resistance pattern of *Neisseria gonorrhoea* is a very important function of any laboratory service supporting a STD control programme. NRL performed 63 GC ABST tests in 2019. Above graph indicate the antimicrobial resistance pattern of *Neisseria gonorrhoea* from 2015-2019 reported from NRL. Only ceftriaxone and spectinomycin were shown no resistance to *Neisseria gonorrhoea* samples tested at NRL. However, antibiotic sensitivity is not available for cefixime which is the first-line treatment for gonococcal infections at all STD clinics.

Quality assurance in testing

Quality assurance is the key area that was stressed upon for improvement throughout the last few years. In 2019, quality improvement workshops were conducted among laboratory personals of both NRL and peripheral laboratories through the CDC/CIMA project. Attempts were taken to strengthen the quality assurance in all phases of laboratory analysis.

Pre-Analytic phase

- The unique sample receiving register was introduced among all the STD clinics in 2019
- A pre-analytical survey was conducted at NRL and sensitizing programmes for sample

collection procedures were conducted for healthcare workers including MOH staff specifically targeting the EMTCT validation process.

- Cool boxes were distributed to establish proper sample transport.
- A sample collection manual was distributed to all peripheral and MOH clinics.

Analytic phase

- Calibration of laboratory equipment was completed at all the peripheral STD laboratories.
- Equipment management guideline was established.
- Guideline for stock management for syphilis and HIV test kits and reagents further strengthened.
- Guideline for STD clinic laboratories for reagent transport, storage, and usage was introduced.
- Equipment survey completed, gap identified, and essential equipment was purchased and



distributed. e.g. VDRL shakers

- Proper IQC was established in the laboratories and EQA strengthened.
- Series of workshops were conducted for laboratory staff for final preparedness of EMTCT validation.
- Training on Early Infant Diagnosis with DBS conducted for laboratory personals of NRL.
- Training on CD4 testing was conducted for peripheral Medical laboratory staff as well as for Venereologists.
- Webinars were conducted through eLearning platform for laboratory personals of NRL.

External quality assessment (EQA)

EQA is an integral component of a laboratory to ensure accurate results. Therefore, the NRL participates in the external quality assessment programmes twice a year to maintain the high quality of testing.

- The NRL participates in EQA for HIV screening and confirmatory testing conducted by the national reference laboratory for HIV in Australia.
- Proficiency testing for syphilis serology is under the preview of the Centers for Disease Control Atlanta, USA and is performed once every two months.
- The quality assessment programme for Gonococcal Antimicrobial Susceptibility is carried out with the WHO collaborative center in Australia.
- NRL participates in EQA for CD4 tests conducted by Siriraj hospital, Mahidol university, Thailand.
- EQA for viral load testing was introduced to the system in 2019 with the National reference laboratory for HIV in Australia.
- External Quality Assurance in peripheral laboratories.
- QA panels of HIV screening, syphilis, and

microscopy tests are prepared from NRL, NSACP, and send to peripheral laboratories once a year to maintain the high quality of testing in peripheral laboratories for STI.

Post analytic phase

A two-day workshop on fundamentals of data management and laboratory statistics was held in April 2019 to implement proper laboratory data management systems. The training sessions were conducted by the expertise representing Christian Medical College Vellore, India under CDC/CIMA project.

Laboratory supervision visits in 2019

Laboratory supervision visits were conducted at peripheral STD clinic laboratories to improve the quality management systems of those laboratories. Eight laboratories were inspected by a supervision team from the NRL in 2019, i.e. Vavuniya, Gampaha, Ragama, Chilaw, Kalutara, Negombo, Hambanthota, Mahamodara and Anuradhapura.

Lab assessment for EMTCT validation

Several documents were prepared to streamline the laboratory activities for EMTCT validation. Introduction of ANC sample collection register to all STD clinic laboratories brought uniformity to laboratory activities. The introduction of order forms for requesting items from NRL was another milestone in streamlining the supply chain of laboratories. Though there are more gaps to be filled in the laboratories for optimal function, the STD laboratory network was able to face EMTCT assessment successfully in September 2019 and contributed to the goal of achieving the EMTCT validation certification from the WHO.

Table 10.1 Number of all tests performed at NRL, 2017 - 2019

Category	Test	Year		
		2017	2018	2019
HIV	HIV Ag/Ab test	109,924	129,608	106,043
	Western Blot	974	1006	1231
	CD4/CD8 Count	2,224	2,347	2,773
	Early Infant Diagnosis	33	74	0
	Drug Resistance	51	49	40
	Viral load Assay	1,608	2,315	2,712
	GeneXpert viral load	-	-	220
STD/RH	VDRL	89,392	108,718	68,468
	TPPA	12,237	24,288	14,321
	GC culture	7,575	8,618	10,064
	GC ABST	63	24	63
	HBsAg	964	1,630	2,069
	HCV Ab	-	-	530
	Cervical cytology	903	927	-
	PCR CT/NG	-	-	16
	PCR HSV	-	-	315
	Pregnancy test	136	164	74
Biochemistry	SGPT	1,651	2,528	2,059
	SGOT	1,601	2,505	2,046
	Full Blood Count	1,650	2,140	2,200
	S. Creatinine	1,132	2,073	1,666
	Blood Urea	1,113	2,071	1,615
	Alkaline Phosphatase	1,461	1,750	1,878
	Cholesterol	644	662	601
	Blood Sugar	734	655	761
	Triglycerides	641	647	597
	HDL	633	646	595
	LDL	633	646	595
	ESR	288	474	392
	Serum Bilirubin	236	394	152
	Direct Bilirubin	236	300	99
Indirect Bilirubin	236	300	99	

Table 10.2 The workload of NRL and peripheral STD microscopy laboratories, 2019

Place of testing	Total dry smears	Total wet smears	Urine tests	EQA samples	Total
NRL lab	12,204	6,190	5,578	4,162	28,134
Peripheral labs	34,053	12,722	4,357	-	51,132
Total	46,257	18,912	9,935	4,162	79,266

Photo NRL team at NSACP on 25/1/2017



Photo Gonorrhoea culture section at NRL/NSACP



11. Highlights of CDC-CMAI project

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been providing technical assistance (TA) to the National STD/AIDS Control Program on laboratory system strengthening since 2017. Christian Medical Association of India (CMAI) is the CDC's (Center for disease control and prevention) implementing partner for this initiative. The overall goal of the project was to strengthen the HIV and STD laboratory network under NSCAP. The collaborative initiative has resulted in substantial improvements in many technical aspects and the major activities completed in 2019 are summarised below.

Workload analysis

A workload analysis was a three-day exercise which conducted in February 2019 to measure the required number of staff based on their current workload and to develop an action plan for efficient manpower utilization in the lab. The analysis was conducted in concurrence with all the section heads and the staff.



The specific objectives of the CDC-CMAI project:

1. To build the capacity of the National Reference Laboratory (NRL) towards achieving accreditation.
2. To provide TA for the implementation of External Quality Assurance Programme for HIV and syphilis.
3. To strengthen lab data management and reporting.

Photo CDC-CMAI review cum project closeout meeting at NSACP on 31/11/2019



Table 11.1 Workload analysis of NRL staff

Section at NRL	Current manpower	Estimated manpower	Workforce issues	WISN ratio	Workload pressure
Lab reception	2	1	Excess	2	None
Microscopy	7	4	Excess	1.7	None
Syphilis serology	6	5	Excess	1.2	None
HIV serology	8	8	No issues	1	Normal
Gonococcal	2	2	No issues	1	Normal
Biochemistry	2	1	Excess	2	None
Total	27	21	Excess	1.3	None

Competency assessment

A competency assessment was conducted for all NRL staff using a questionnaire to assess the technical competency of the laboratory staff working in NRL during February 2019. The scores were evaluated and shared with the Microbiologist for necessary action. A meeting was held with sectional senior Medical Laboratory Technologists (MLT) on how to conduct competency assessment using a practical questionnaire and direct observation of tests for junior MLTs. The senior

MLTs were sensitized towards direct observation and marking and calculation of scores.

Internal audit

An internal audit for the NRL was conducted for two days in February 2019, as a part of the preparatory process for accreditation. The assessment was conducted by three external assessors. The internal audit was conducted as per ISO15189 requirements. Report was compiled by the auditors and shared with Director and NRL team of NSACP.

Photo CDC-CMAI review cum project closeout meeting at NSACP on 31/11/2019



CDC team visit & review meeting

The CDC India Country Director Dr Timothy Holtz and the Senior staff associated with the Sri Lanka Technical Assistance project had a review meeting with the Ministry of Health and NSACP officials on 26th February 2019 in which the findings of workload analysis were presented.

Sample collection training program

Officials from CDC/DGHT-India, CMAI and NSACP inaugurated the sample collection training program for the laboratory staff in Sri Lanka in January 2019. A training module on sample collection techniques was released during the function.

On evaluation, the pre-training and post-training scores were found to be 12.3% and 17.8% respectively.

Workshop on Fundamentals of Data Management and Laboratory Statistics

A two-day workshop on fundamentals of data management and laboratory statistics was held in April 2019. The training sessions were conducted by the experts from Christian medical College Vellore, India for laboratory staff of NRL and peripheral STD Laboratories. Participants from CMAI included Dr. Sarika Mohan, Dr. Edwin Sam and Dr. P. Mahalingam.

Mock validation assessment for EMCT

In view of WHO EMCT validation, an assessment of laboratory was conducted by consultants of CMAI on 17th February 2019. The assessment was done using EMCT validated tool and all areas of the laboratory were covered. This assessment revealed gaps and priority areas were identified for actions.

Training workshop on Quality Assessment

To ensure accurate reporting of test results, an

initiative was taken by NRL to impart training to doctors at STD clinics and who supervise and authorize test results. This was held on in June 2019. The training specifically focused on practical learning on how to view inaccurate test results and how QC works in a laboratory.

Training Programme on Molecular Techniques at CMC Vellore

To enable advanced learning on molecular techniques for MLTs and Medical officers of NRL, a training programme was organized at CMC Vellore with the support of CMAI project for six days (17th- 22nd Sep'2019) in CMC, Vellore and National institute for neurosciences in Bangalore (NIMHANS) in India.

End-line assessment

An end-line assessment was conducted to assess the current structure, systems and quality of services provided by the HIV/STD laboratory network and understand the improvement from the baseline and midterm findings. The same five sites (i.e. National Reference Laboratory, Colombo and four STD clinic laboratories at Mahamodara, Kalutara, Kurunegala and Ragama) were included in this end-line assessment. The assessment was carried out using the same HIV lab assessment tool developed by CDC in collaboration with National AIDS Control Organisation (NACO), India.

CDC project review cum close out meeting

A review cum project closeout meeting was held in October 2019. Dr Paba Palihawadana, DDG PHS-1, chaired this meeting. The CDC Laboratory Branch Chief, Dr Sunita, presented the progress of CDC/ CMAI project support to NRL since 2017. The CDC team assured the NRL team for continuous offsite technical assistance through CMC Vellore even beyond the project period.



Photo CDC-CMAI review cum project closeout meeting at NSACP on 31/11/2019



Photo CDC-CMAI review cum project closeout meeting at NSACP on 31/11/2019



12. Targeted interventions

There are three ways of implementing targeted interventions for key populations as part of the prevention efforts of the national response to the HIV/AIDS epidemic in Sri Lanka. Namely they are the Traditional or Peer led targeted interventions, STD clinic supervised targeted interventions and the newly rolled out hybrid/ case finder model in the Colombo and Gampaha districts. Sri Lanka is also in the process of transitioning funding responsibilities to the government from donor agencies.

Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka has committed to take-over the financial responsibility of implementation of peer-led targeted intervention programme in a phased-out manner (through the agreement between Government of Sri Lanka and Global Fund). Through this agreement the Government has committed to take over programmes implemented in following districts in 2020;

1. Jaffna - peer-led interventions for men having sex with men and transgender women
2. Kurunegala - peer-led interventions for men having sex with men
3. Matara - peer-led interventions for beach boys
4. Hambantota - peer-led interventions for female sex workers
5. Badulla - peer-led interventions for female sex workers

With the current COVID-19 pandemic, securing resources for key populations interventions which is vital will be more challenging than foreseen.

I. Peer-led targeted interventions

National STD/AIDS Control Programme (NSACP) has commenced peer-led targeted interventions programme since 2011 (through round 9 Global fund grant 2011-2015) in collaboration with community based / led organizations to provide a sexual health services package (behaviour change information, promotion of care seeking behaviour and HIV testing and provision of means of prevention, specially condoms and lubricants) for key populations.

Peer led targeted interventions are implemented by community based or community led organizations at the field level in 13 districts under the supervision of Family Planning Association of Sri Lanka with Global Funding support.

Around 9,000 members of key populations were reached, and 7,185 persons were escorted for services of STD clinics or visited DICs. Over three million (334,631) condoms were distributed among members of different key populations under this programme in 2019. The reach target was missed, and testing targets were all below previous years as the programme had a late start in 2019 and partly due to the escort payment being withheld.



Table 12.1 Achievements of the peer-led targeted interventions by PR1 and PR2 during 2019

Key population	Prevention interventions				
	Reaching with services			Escorting to STD clinics and DICs (tested for HIV)	Distribution of condoms in 2019
	Target	Achievements			
		Number	%		
FSW	8,771	3,834	44%	2,629	198,071
MSM	6,584	3,453	52%	3,264	78,055
BB	2,276	1,479	65%	540	52,331
PWUD/ID	192	245	135%	385	3,155
TGW	116	333	287%	367	3,019

II. Targeted interventions under the direct supervision of STD clinics

Targeted interventions under the supervision of STD clinics with Global Funding support took place in 5 districts : Jaffna, Kurunegala, Matara, Hambantota and Badulla.

Table 12.2 Targets and reach for Targeted interventions under the supervision of STD clinics

Districts	Key Population	Targets	Reached	HIV tested
Jaffna	MSM	285	287	287
	TGW	18	91	91
Kurunegala	MSM	768	362	229
Badulla	FSW	356	45	45
Matara	BB	59	172	163
Hambantota	FSW	273	61	79

III. Case Finder Model (Hybrid Model)

In the case finder model, case finders actively engage in finding other cases in the community once a new index HIV patient is identified. This model was carried out in Colombo and Gampaha districts. There were 21 peer educators and 21 case finders in Colombo district. Gampaha district had 18 peer educators and 18 case finders. The case finder model

proved to be the most efficient model in identifying new HIV cases through which 32 cases were detected amongst key population groups in 2019. In the coming year it is hoped that the hybrid model will be expanded as a second tier to more selected districts- Kalutara, Kandy, Galle and Kurunegala based on the case detection rate and number of HIV cases currently managed in these districts.



Know4sure.lk

The Know4sure.lk is an innovative E-Platform that allows members of the general public to be able to do a self-risk assessment and link in for HIV testing either through the NSACP or through a General practitioner (GP).

Table 12.3 Data from the Know4sure.lk Platform

	2019 (4 months)	2020 (targets)
Landed on website	39,955	119,000
Completed the risk assessment	12,316	36,000
Booked an Appointment (NSACP/GP)	219	657
Tested (Total)	81	240
NSACP	60	180
GP	21	60
HIV positives	3	10



Photo Linkages Sri Lanka Project Dissemination event in Kingsbury on 22/10/2019



Photo Demonstrating RDT for General Practitioners in Galle Face on 21/4/2018



Photo Linkages Sri Lanka Project Dissemination event in Kingsbury on 22/10/2019



13. USAID-FHI 360 partnership

Highlights of the LINKAGES project

The U.S. Agency for International Development (USAID) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) continued to collaborate with the Government of Sri Lanka to accelerate the government efforts to End AIDS in Sri Lanka by 2025.

The USAID-funded Linkages across the Continuum of HIV Services for Key Populations Affected by HIV - LINKAGES Project led by FHI 360, continued to work in close collaboration with the National STD/AIDS Control Programme (NSACP) and local civil society organizations (CSOs) to support the adoption of several community-led approaches and technological innovations to improve service coverage and quality for at-risk and key populations.

The project was implemented in partnership with the National STD/AIDS Control Programme (NSACP) of the government of Sri Lanka, and local civil society organizations (CSOs) namely – Alcohol Drug Information Center (ADIC), Communities Strength for Development Foundation (CSDF) and Saviya Development Foundation (SDF), and several others.

LINKAGES Sri Lanka core package of approaches to increase reach, testing and quality of services are indicated here.

Reach and testing

- Online outreach strategies to reach young, at-risk populations
- Engagement of private providers to offer counseling and HIV screening
- “Due list” used by CSO partners to prioritize HIV testing among registered KPs who had not tested for six months
- EPOA (enhanced peer outreach approach) to increase reach and testing

Quality of HIV Services

- Client feedback systems for monitoring the quality of outreach and clinic-based services
- SBCC tools and capacity building to improve the quality of peer-led outreach
- Community engagement and linkages to social protection and livelihood support for KP members to address stigma and discrimination
- Improvements to organizational capacity of local CSOs
- Data management and analysis dashboard for routine monitoring and decision-making



Photo One of the many formative project meetings held on 4/12/2017

Key Highlights

The USAID-FHI 360 partnership accomplished the below results over two years of technical assistance partnership under LINKAGES:

- Reached 40,000 people through the Know4sure.lk online outreach intervention, through which 12,316 undertook anonymous risk self-assessments; 81 persons sought testing for HIV; and three persons tested positive
- Trained 146 providers from the private sector on providing HIV services to KP members, 71 of whom currently offer HIV screening services
- Prepared “due list” of KP individuals who had not been tested for six months, and mobilized 2,393 FSW and 255 MSM and trans women from the list for HIV testing
- Using the enhanced peer outreach approach (EPOA), reached and tested 378 KP individuals who had never been reached through existing peer-led outreach interventions
- Developed and implemented community and clinic-based client feedback systems to learn KP perspectives on the quality and use of STI and HIV services, condom use, and exposure to stigma and violence
- Developed social and behavior change communication (SBCC) capacities and toolkit to improve the quality of interpersonal communication and online outreach with KP members
- Developed a National Key Population Programme Monitoring Dashboard and key indicators to inform programmatic decision-making, address supply-chain issues, and link KP members to HIV testing
- Built capacity of local CSO partners through the establishment of three learning sites to support improvements in HIV testing services and KP programming



Photo Linkages Sri Lanka Project Dissemination event at Kingsbury on 22/10/2019



LINKAGES Sri Lanka Project Dissemination Event

Government of Sri Lanka – USAID

HIV/AIDS Technical Assistance Partnership for Key Population Programming in Sri Lanka

October 21, 2019, Colombo, Sri Lanka



To formally close the partnership agreement between the US Government and Government of Sri Lanka, the third Partnership Advisory Committee (PAC) meeting was held on 22nd October 2019, under the chairmanship of Secretary, MoH. Other senior officials from the MoH, NSACP, United Nations Fund for Population (UNFPA), Family Planning Association of Sri Lanka (FPASL) and Global Fund participated in the meeting and expressed their appreciation

for the range of innovations and new interventions that were supported by FHI 360 through USAID and PEPFAR funding. In the meeting, it was acknowledged that through its collaboration with LINKAGES, NSACP has adopted a variety of approaches to increase reach and HIV testing of KPs. Capacity building on these approaches in the three CSO learning sites has equipped the CSOs to pass on these skills to other CSO partners. This cascade of learning will aid in future

scale-up of the interventions introduced through LINKAGES. Also, technological innovations including the National Key Population Dashboard and facility-based client feedback system will help NSACP improve national programme planning, monitoring and, ultimately service delivery. NSACP’s continuous collaboration with the CSOs and the private sector will be essential for scaling up of these approaches and tools to fast-track progress toward the first 90% of the 90-90-90 goals.





Highlights

Celebrations of EMTCT achievements at Waters Edge on 10/12/2019



14. Multisectoral response

The multisectoral unit (MSU) of NSACP coordinates and works in partnership with public, private and civil society organizations, get their support and commitment, enabling a conducive environment for prevention of HIV and STIs in Sri Lanka. The unit provides technical support for advocacy, capacity building, awareness and internalization of STI and HIV prevention activities for these institutions.

The multisectoral Unit plans activities in parallel with the National Strategic Plan for HIV prevention and gives priority to interventions directed towards key populations and vulnerable groups. In 2019, multisectoral subcommittee meetings were held with the participation of all

stakeholders and shared their experience and views about the multisectoral approach for the prevention of HIV and STIs in Sri Lanka.

Prison sector HIV prevention programme

NSACP has identified prison inmates as one of the key population groups for HIV transmission, and a multisectoral unit conducted several activities in collaboration with the department of prisons on HIV and STIs for prison staff as well as for prison inmates. According to the annual report of the prison department, on average, around 20,000 prison inmates are occupying the prisons in Sri Lanka each day and of them, 500 to 800 are female inmates.



Photo HIV prevention programme in prison sector on 14/10/2019



Advocacy and awareness programs, training of trainers and life skill-based education were used in the prison sector to prevent HIV/AIDS and STIs among the prison community in Sri Lanka. The interventions were based on a communication strategy developed for the prison sector. The new funding model of the Global Fund provided financial support for the prison programs. The multisectoral unit concentrated more on young offenders when planning health education activities and allocate a major part of its budget for them. MSU worked with the mental health unit and communication specialists to deliver successful programs for young people. In 2019 training programs on Life Skills for young offenders were conducted at Wataraka, Pallansena, Badulla, Thaldena, Angunakolapalassa, Matara and Ambepussa prisons, and 481 young offenders participated.

Training of trainer (TOT) programme

In 2019 NSACP trained a total of 120 rehabilitation officers and uniform officers from island-wide prisons in 3-day comprehensive training workshops conducted at the prison training school in Welikada. Each trainer trained forty (40) prison peer educators selected from the new inmates

on behaviour change communication and a total of 2400 prisoners were trained by rehabilitation officers in 30 prisons island-wide during 2019 in two rounds. All peer leaders were given a peer leader badge as a recognition of the service they provided for their peers to improve HIV and STI awareness inside the prison.

All activities were overseen by the Prison HIV Steering Committee which consists of members from the department of prisons and National STD/AIDS Control Programme (NSACP) and chaired by the Commissioner General of prisons. The committee had quarterly meetings during 2019 at the prison headquarters in Welikada and discussed the progress of the activities and issues related management of HIV infected prison inmates. In 2019 the committee took an important decision to manage HIV infected prison inmates in all prisons according to the Prison HIV prevention, treatment and care policy in all situations without transferring patients to a specific prison based on their HIV status. With this decision, all previous internal orders in this regard were cancelled. Annual review of the prison sector HIV programme was held in Sri Lanka Foundation Institute (SLFI) Colombo in 5th and 6th December 2019. In this meeting, trained officers gave their feedback on

the peer leader training programmes and other HIV prevention activities conducted by them in their prison setups. 170 officers from all 30 island-wide prisons participated and had an opportunity to discuss the challenges that they faced in carrying out peer leader training. DDG (PHS 1) chaired the meeting and Commissioner General of prisons, commissioners of rehabilitation, superintendents of prison, additional secretary of the ministry of justice, director/NSACP and relevant consultants attended the review.

The prison department gave their full contribution to the commemoration of the World AIDS Day 2019. Hundred prison inmates and the prison dancing troupe joined the walk organized by NSACP in Colombo and participated in activities conducted by other prisons across the country. The multisectoral unit conducted an art competition for young offenders in parallel with the World AIDS Day activities which allowed young prisoners to show their knowledge and skills about HIV. 150 young offenders between the age of 15 to 24 participated in the competition and selected 100 posters were displayed for the public in an exhibition stall at the town hall. First, second and third winners of the competition were awarded certificates at the main World AIDS Day event to give them a social recognition to build up self-confidence.

HIV testing in prisons

NSACP along with district STD clinics provide HIV and STI testing services for prison inmates according to the HIV testing guidelines for the prison setup. Multisectoral unit promotes HIV testing in prison through regular health education and peer leader training. Voluntary HIV testing is promoted in prison while formal and informal discussions are carried out by peer educators. During 2019, thirty-one mobile HIV testing clinics were held per month by 20 STD clinics. Pretest

information was provided to prison inmates as groups before testing and they were given a chance to make an informed decision regarding testing. Either a rapid HIV test or serological test was carried out for syphilis and HIV for those who consented for testing. Negative test results were conveyed to the prisoners by the prison medical officer through post-test counselling. Positive screening results were conveyed individually by a trained medical officer of the relevant STD clinic giving special attention to maintaining confidentiality. They were immediately referred to the relevant STD clinic for confirmation and further management. During 2019, a total of 15,958 inmates underwent voluntary HIV testing in the prisons. Of them, 6 inmates were confirmed as HIV positive (0.04%).

To increase the number of tests and support the existing HIV testing by STD clinic staff, the multisectoral unit arranged training for prison health staff on HIV rapid test under the supervision of Consultant microbiologist in National Reference Laboratory. Total of 34 prison staff trained from Welikada, Kalutara, Kuruwita, Mahara and Negombo. Prison commissioner agreed to provide necessary support and trained staff to start HIV rapid testing with the support of the local STD clinic.

IEC material for prisons

The multisectoral unit developed and distributed prison specific IEC materials on request to the department of prisons. A poster with HIV prevention message was developed, printed and distributed to all 30 prisons. A 250 "Daam" boards with specific health promotion messages were designed by the MSU, made in Mahara prison by prison inmates themselves and distributed to all prisons.

EMTCT guide for prison

During 2019, NSACP achieved another important milestone by successfully eliminating mother to child transmission of HIV and syphilis in Sri Lanka. Regional Validation team of WHO visited Welikada prison during the validation process and they were satisfied with the available services. They also appreciated the way services delivered to prison inmates, respecting human rights. However, in view to regularize and uplift the EMTCT services further, NSACP decided to develop a guide for the provision of EMTCT services within the prisons. The guide is aimed to ensure every woman in reproductive age including prison inmates to receive the same care for EMTCT and no one is left behind. The multisectoral unit coordinated the activity to make sure all stakeholders are involved, and the guideline is in the final stage of development.

HIV prevention programme for tri-forces

HIV prevention interventions for the tri-forces have been identified as a priority area in the NSP considering their vulnerability factors. The multisectoral unit continued to conduct awareness programs for tri forces to promote HIV testing while promoting safe sexual behaviors. The participants were trained as trainers and

TOT programmes were carried out using the available training modules. A three-day training was carried out at army hospital Narahenpita and the trainers were provided with all necessary communication material to carry out programmes in their respective duty stations through formal and informal communication methods. During the year 2019, 136 tri-force personnel were trained as trainers through these programmes and these trainers were able to conduct 228 awareness programmes and educated 20,126 tri forces personals about HIV and STI during 2019.

The Tri-forces actively participated in commemorating the World AIDS Day 2019. NSACP facilitated these initiatives by providing communication material (posters, banners and leaflets) to distribute among the camps island wide.

A special world AIDS day commemoration programme was held at Naval base, Trincomalee which included a street drama, an advocacy programme for Navy officers and HIV testing programme with the support of the local STD clinic. Awareness programme on sexual health promotion and HIV prevention also was conducted by resource persons from the Multisectoral unit for 100 lady officers at the air force base Katunayake.



Photo HIV testing programme in the prison sector on 31/7/2019

HIV prevention programme in the Police sector

Police officers often work 228 with members of the key populations especially drug users and female sex workers during their duties. They have a vital role in creating a conducive environment for HIV prevention among key populations. It could be challenging for police officers to support the national campaign for its preventive measures among key population groups while implementing the existing laws. NSACP has identified this as an important issue and has been working with police for a long time to overcome the challenges. Regular advocacy programs are conducted for high-rank officers from all over the country. During 2019 four such advocacy programmes are being done for high ranking police officers at Anuradhapura, Gampaha, Kalutara and Matale. Besides, with the aim of internalizing HIV prevention programme into the police department, selected police officers from island-wide police stations were given two-day training as trainers. During 2019, 155 officers were trained as trainers through three such programmes held at Sri Lanka Foundation Institute. IEC material (banners, posters and leaflets) were distributed to the police divisions across the country via public health unit of the police to commemorate World AIDS Day.

Youth sector HIV prevention programmes

Multisectoral unit gives priority to educate and empower young people on the prevention of STIs and HIV in its annual work plan. Three training of trainer programmes were conducted for the Youth Corps officers from the island wide youth centers. A total of 150 Youth Corps officers were trained and the necessary communication materials were provided to carry out programmes by them at the peripheral level. These trainers were instructed to implement HIV/STD programmes in their respective areas, using both formal and informal methods. Around 12,000 youth are trained each year as youth corps by the Youth Ministry in 49 Youth Corp centers island wide.

Multisectoral unit conduct training of trainer programmes for members of youth councils covering every district of the country. In 2019, two workshops were conducted in Sinhala medium and Tamil medium. Through the programmes 148 officers from the Youth Councils were trained on behaviour change communication to promote safe sex and HIV testing among youth. All these officers were provided with DVDs with lectures and tele-films on HIV prevention. Banners, posters and leaflets on sexual health promotion were distributed among the youth. Both youth corps and members of youth councils actively participated in world aids day walk with NSACP in Colombo.

Trained youth corps and youth council members revealed they face challenges in delivering awareness programmes at the field level, because of the social values and norms of parents and adults, especially in rural areas. This issue was discussed in the multisectoral subcommittee and decided to advise youth corps and youth council officers to collaborate with the district STD clinics and area MOH for necessary support and guidance.

HIV programmes for Child Protection Officers

Multisectoral unit continued to work with the National Child Protection Authority in 2019. Two training of trainers programmes were conducted on behavioural change communication for sexual health promotion, and 44 officers and district coordinators of the Child Protection Authority were trained. The feedback received from participants indicated that the knowledge gained in training was important for the officers to conduct field awareness programs and to identify children at risk for sexual infections and do the necessary referrals.

Following the unfortunate disaster on the Easter Sunday 2019, there was an almost complete breakdown in the tourist industry in Sri Lanka and this, in turn, hurt continuing NSACP activities with the tourist sector in 2019.

Address stigma, discrimination and violence against PLHIV and Key population groups

The stigma and discrimination towards PLHIV and key populations groups have a very significant negative impact on HIV prevention and care services provided by the NSACP. To achieve the national target of ending AIDS in 2025 addressing stigma and discrimination is identified as a priority area in the national strategic plan 2018-2022. Multisectoral unit conducted 21 workshops for health care workers in both the public and private sector with financial support from GFATM. One-day workshops were conducted for health staff in both public and private sectors with the aim of minimizing stigma and discrimination towards PLHIV and key population groups. A total of 1035 health care workers from government and private sector, including doctors, nurses, supportive staff, reception and administrative staff participated in the workshops.

Implementation of National Condom Strategy

The National Condom strategy was finalized in 2017 by NSACP and in 2019 the first stakeholder meeting was held to discuss the implementation steps with relevant stakeholders. After getting inputs from key population groups, FPA, members from tri-forces, youth council and police, 4 skill-building workshops were carried out to improve micro-skills related to condom use. Workshops were conducted by the multisectoral unit with the support of FPA and 229 key population members were trained. Following the completion of workshops, a second stakeholder meeting was conducted to discuss the outcome of the workshops and suggestions were made for improvement.

Working with university students

A formal education on sexual health is so far not included in the school curriculum in Sri Lanka. Few

studies showed knowledge on STIs is low among young people making them vulnerable for HIV and STIs. Out of 439 new HIV diagnoses in 2019, 12% (54) belonged to the 15-24 age group. Therefore, NSACP recognizes the importance of educating young people on sexual health and try to reach this vulnerable group in all possible instances. In 2019, the multisectoral unit worked together with Sri Jayawardhanapura University and conducted two sessions on sexual health, HIV and STIs for the first-year students of medical and engineering faculty as a part of their introductory course.

Research and publications

The research on the **“knowledge, attitudes on STI and current sexual practices among newly recruited youth in the National Youth Corp institutions in Sri Lanka”**.

The above research was completed, printed and distributed in 2019. The study was conducted among 15-24 year old youths, attending to the National youth Corps covering all 25 districts of the country and 3042 participants completed the survey. Only 10.2% of study participants had a comprehensive knowledge of HIV infection while 59% had a satisfactory level of knowledge on symptoms, treatment and preventive methods about HIV.

The majority (87%) were not aware that the age of consent for sex is 16 years. One-fourth of the participants (26%) reported having sex ever in their life and among them, one third reported having sex with casual partners. Out of those who reported having sex only with commercial partners. 56% reported consistent condom use.



15. Global Fund related activities

Introduction

International funding for the prevention of HIV and STI is mainly coming from the Global Fund. Sri Lanka is in a transition stage considering the income status and the low HIV burden in the country. The funding from Global Fund is in transition during the 2020-2022 allocation period.

The total grant cycle allocation to Sri Lanka is USD 6,948,043. National STD/AIDS Control programme (NSACP) being the principal recipient-1, received a grant on behalf of the Ministry of Health which was USD 3,346,218 (48% of the total allocation). The Family Planning Association (FPA) of Sri Lanka directly received the remaining 52% of the grant value to independently implement HIV interventions in Sri Lanka. For the year 2019, the NSACP was allocated USD1,439,527 and the financial absorption was 31%.

As per the goal of Ending AIDS by 2025, interventions were mainly directed towards preventing new infections of HIV/STI among key populations, vulnerable populations, and the general population. Strategies for reducing new infections include providing universal access to HIV/STI diagnosis and treatment, care and support services for those infected and affected by HIV/STI and strengthening strategic information systems.

As Global Fund has been supporting the HIV response for the past decade, the time has come for a smooth transition to the government funding in the years to come. Therefore, the grant is designed as a transition grant, so that transitions of many components and activities were featured in 2019.

Photo Meeting on KP intervention by STD clinics at NSACP on 8/10/2019



KP interventions by STD clinics

Global fund focusses its funding on high impact interventions such as supporting key populations (KP) namely, female sex workers (FSW), men having sex with men (MSM), transgender (TG), Beach Boys (BB), people who Inject Drugs (PWID) and people in closed settings (prisoners) and their partners. Peer-led targeted interventions for key populations were introduced in Sri Lanka to maintain the current low HIV epidemic level. The year 2019 was a turning point for the government STD clinics where “social contracting” of KP organizations were done the first time. This was piloted at three STD clinics since 2018. Under this gradual transition, routine peer-led interventions that were carried out by the FPA and NGO/CBO were gradually taken over by the district STD clinics. There are KP intervention units/ locations identified in selected districts justified through the population size estimation (PSE). There were 5 districts identified

to be transitioned from the FPA in 2019 and 6 components identified to operate in these 5 STD clinics.

The STD clinic-led KP interventions in 2019

1. Kurunagala - MSM
2. Badulla - FSW
3. Hambanthota - FSW
4. Jaffna - TG and MSM
5. Matara - BB

These KP interventions were managed by separate human resources recruited through identified Non-governmental/ community-based organizations which have previous experience with KP programmes.

Staff composition of the KP unit supervised by the consultant/ Medical Officer in charge of the STD clinic.

1. Management Assistant (1 per district)
2. Outreach worker (1 per district)
3. Peer educators (3 per each KP component).

KP interventions are used to educate and provide

Photo Meeting on KP intervention by STD clinics at SLF on 10/10/2019



services to the Key populations who are identified as driving the HIV epidemic in the country. This programme is monitored through a separate set of coverage indicators for programme reach and HIV testing for each KP based on the assigned targets. The information management system is using a Unique Identifier Code (UIC) to each KP. Although the KP interventions in STD clinics were funded by Global Fund in 2019, the government of Sri Lanka is preparing to take over the funding from 2020 according to a transition plan.

Community-Based interventions for PWID and partners

People who inject drugs (PWID) were identified as a key population with low HIV programme coverage by IBBS. To fulfill this gap, a community-based PWID program was initiated in August 2019. Outreach clinics were conducted in Colombo Municipal Council covering the 47 wards. The objective of this programme was to enable PWID to access the essential package of services (targeted information, education, and communication for PWID, HIV testing and counseling, diagnosis and referral services for the treatment of viral hepatitis and other STIs, to improve the practice of use of clean needles and syringes by the distribution of the needle safe boxes, and to improve condom and lubricant use) and to monitor and prevent adverse consequences due to unsafe injection practices. A group of healthcare workers were recruited to conduct this outreach programme. These healthcare workers visited identified places and screened PWID and PWUD (people who use drugs) for HIV, Hepatitis B, Hepatitis C, and syphilis. This programme successfully covered Slave Island, Hunupitiya, Maradana, Dematagoda, Wanathamulla, and Mattakkuliya in 2019. An unexpected number of hepatitis C cases were identified which provided additional challenges to the programme.

Treatment of HCV and the prevention of needle sharing posed challenges in the absence of specific interventions for drug dependence. However, work has been initiated with gastroenterologists and pursued further support from the mental health team.

Prison Interventions

Peer-led awareness and HIV/STI testing in all thirty prisons in Sri Lanka are financed by Global Fund and implemented through the multisectoral unit of the NSACP.

Pre-Exposure Prophylaxis

The introduction of PrEP is another strategy that will help in achieving the Ending AIDS in Sri Lanka. “PrEP-4-SriLanka” is a pilot demonstration project that will offer oral pre-exposure prophylaxis (PrEP) to individuals at high risk for acquiring HIV. This pilot project, funded by the Global Fund, will involve prescribing of PrEP by clinicians at STD clinic in Colombo. The pilot project is expected to guide the scaling-up of PrEP to the rest of the country. A practical approach is being undertaken to ensure the initiation of PrEP on the same day of their initial visit to the clinic. All arrangements have been made to commence the pilot project in April – May 2020. The main populations that are being targeted are MSM and transgender women. Participants will be recruited using a referral system involving both the health sector and KP communities.

A community awareness campaign with the theme of “PrEP prevents” was held on 1st of December, 2019, in parallel with World AIDS Day 2019. Nearly 3000 KP members participated in this event.

Procurements through Global Fund

Sixty percent of Global Fund allocation is for

procurements of condoms, lubricants, rapid diagnostic tests, viral load, CD4 equipment and cartridges. Funds were allocated to procure CD4 machines to each province of the country to enhance services to PLHIV.

Similarly, HIV, Hepatitis B, and C rapid diagnostic tests (RDT) and antiretroviral drugs for PrEP have been funded by the Global Fund. This facilitated smooth community-based testing interventions throughout the year. Moreover, the GF supported viral load testing, DNA PCR, and resistance testing in 2019.

Research operational and special studies

Global Fund funded 13 research studies on HIV and STI in 2019. Quality research will provide a guide to make better decisions. Funding has encouraged researchers in initiating and implementing researches.

Addressing stigma, discrimination, and violence on key populations

The meetings of legal and ethical subcommittees of the national AIDS committee were funded by GF. These meetings looked into the legal and ethical aspects of KP related work. Development of stigma and discrimination forms and HIV drug compliance forms for HIV infected children were facilitated through the legal and ethical subcommittee in

2019.

An advocacy programme on how to report non-stigmatizing information in the media was held in 2019 which was attended by nearly 100 media personnel.

Health management and information system

Continued development of EIMS developed under the 2016-18 grant took place in 2019 by expanding the system to the district STD clinics. Standardized recording and reporting systems were further improved with the EIMS.

Provincial and district AIDS committees

Provincial and district AIDS committees are conducted with the participation of provincial and district directorates, multisectoral government officials, NGO/CBOs and other relevant stakeholders. During 2019, the main task of these committees were to do advocacy and awareness of EMTCT validation processes.

Moreover, recommendations from these committees were brought to the national level decision making through the National AIDS Committee.



Photo Team of GF Project Implementation Unit



Provision of support the annual scientific conference

Annual HIV conference is an important event conducted by the National STD/AIDS Control Programme in collaboration with the Sri Lanka College of Sexual Health and HIV Medicine to update the knowledge and professional skills of healthcare workers in the field of HIV and STI. Participants were exposed to internationally renowned experts in the field as well as to local professionals to get an overall understanding of new developments in the field providing an international conference experience to the professionals.

HIV self-testing

HIV self-testing is expected to cover the HIV testing gap in Sri Lanka and help the country's goal of Ending AIDS epidemic by 2025. HIV self-testing intended to reach the populations that do not attend clinic services. The Initial steps for the pilot project on HIV self-testing

were taken in the year 2019 with financial support from the Global Fund. The pilot project on HIV self-testing will target key populations especially, MSM, TG, FSW at the PrEP implementation sites and NGO drop-in centers (DIC).

Monitoring Grant activities

Physical and financial progress of Global Fund grant activities were closely monitored by regular monthly meetings by the Director, NSACP, as well as by regular oversight and country coordinating mechanism (CCM) meetings held once in every two-months. The latter meetings are guided by the Director General of Health Services and Secretary of the Ministry of Health. Moreover, annual progress is monitored through a set of coverage, impact and outcome indicators. Physical and financial progress is reported to the Global Fund country office annually, and the programme is regularly audited by Local Funding Agent of Sri Lanka (LFA), annual external audit and government audits.

Photo CSDF team with M&E consultant, Olga Varetska





EMTCT validation team's visits to district level facilities



Vavuniya STD clinic

Kurunegala STD clinic



16. Training and capacity building



Photo Training on data management supported by VHS-CDC project at Galle Face, on 7/8/2019

Training and capacity programmes consist of pre-service, in-service, refresher, undergraduate, postgraduate and international training.

Pre-service training

There were two pre-service training programmes conducted among the healthcare workers of STD clinics during 2019. All healthcare workers should undergo mandatory training, within six months of enrolment to the clinics. Medical officers attached to the STD clinic should undergo compulsory two months of theory and practical training at NSACP, Colombo. Other major health staff such as nursing officers, public health nursing sisters, matrons, medical laboratory technicians, pharmacists, public health laboratory technicians, dispensers and public health inspectors undergo two weeks of training

which consist of theory, practical, case discussion, small group discussion and outreach work. Supporting staff such as attendants, Saukya Karya Sahayaka and Lab orderly are also given one-week training at NSACP. During 2019, there were four such programmes conducted which were consisted of relevant theory and hands-on experience, especially in the laboratory and clinic settings.

In-service training

A training programme on counselling relevant to STD and HIV was conducted in November 2019. This was a 4-day training targeting Medical Officers, Nursing Officers and Public Health Inspectors. The programme



Training unit of National STD/AIDS Control Programme conducts comprehensive training programmes to all categories of STD clinic staff throughout the year based on the annual training plan.

was consistent with the theory on counselling and practical sessions such as role-plays and small group discussions. School health nursing officers, airport health staff and infectious control training nurses were given a one-day training programme on STIs and HIV.

International training

Several international training programmes were conducted in 2019. Fourteen staff from different STD clinics including consultants, medical officers, PHI, Pharmacists, PHNS attended a data management programme in India. Eleven MLTs attended in a laboratory quality improvements workshop in India and two consultants Venereologists participated in SAARC Regional Training on antiretroviral Therapy in Nepal.

Undergraduate training

Nineteen (19) student groups from Colombo medical faculty and three (3) student groups from Kothalawala defense university attended one-week and two-week training at NSACP respectively. They received theory and practical experiences during their appointment. Series of lectures were delivered to PHLT students

from NIHS Kalutara and NTS students from Colombo according to their objectives and curriculum.

Postgraduate training

Postgraduate training of venereology has been conducted since 2002 in collaboration with the Postgraduate Institute of Medicine (PGIM), University of Colombo. Diploma trainees, MD trainees and post-MD trainees in venereology are trained under the supervision of consultants in NSACP and other STD clinics that are accredited by PGIM. Trainees in other specialities such as diploma trainees of microbiology, family medicine and child health, MD trainees of microbiology, virology, community medicine, forensic medicine and dermatology were also exposed to STD and HIV management during their attachments to the NSACP.

Special Training Programmes

A three-day residential workshop was conducted on operational research methodology for Venereologists and Medical Officers. A workshop on Scientific writing also conducted as three days residential workshop for the same participants. Further, four data management training programmes were conducted as residential workshops for medical officers, PHIs, MLTs, nursing officers and pharmacists during 2019.

Photo Training WS on scientific writing supported by CDC-VHS project at The Blue Wave, Wadduwa on 25/5/2019



Table 16.1 Training and Capacity building activities by STD clinic staff

Broad category	Type of trainees	Number of programmes	Approximate number of participants
A. Healthcare worker trainees (pre-service & in-service)	Medical Officers	90	1396
	Nursing Officers	74	2140
	Laboratory Staff	19	134
	Other	205	7461
B. Undergraduate/basic HCW trainees	Medical Students	159	1700
	Nursing Students	69	5619
	Laboratory Staff	16	31
	Other	16	457
C. Postgraduate/Post basic HCW trainees	Venereology	14	52
	Comm. Medicine	11	110
	Dermatology	2	6
	Nursing Officers	3	52
	Other	17	102
D. NGO related training	NGO Staff	27	644
	Peer educators	16	300
	Other	24	409




Photo NSACP staff sensitization workshop on 18/10/2019

Photo Training WS on data management supported by VHS-CDC project at Galle Face, on 7/8/2019

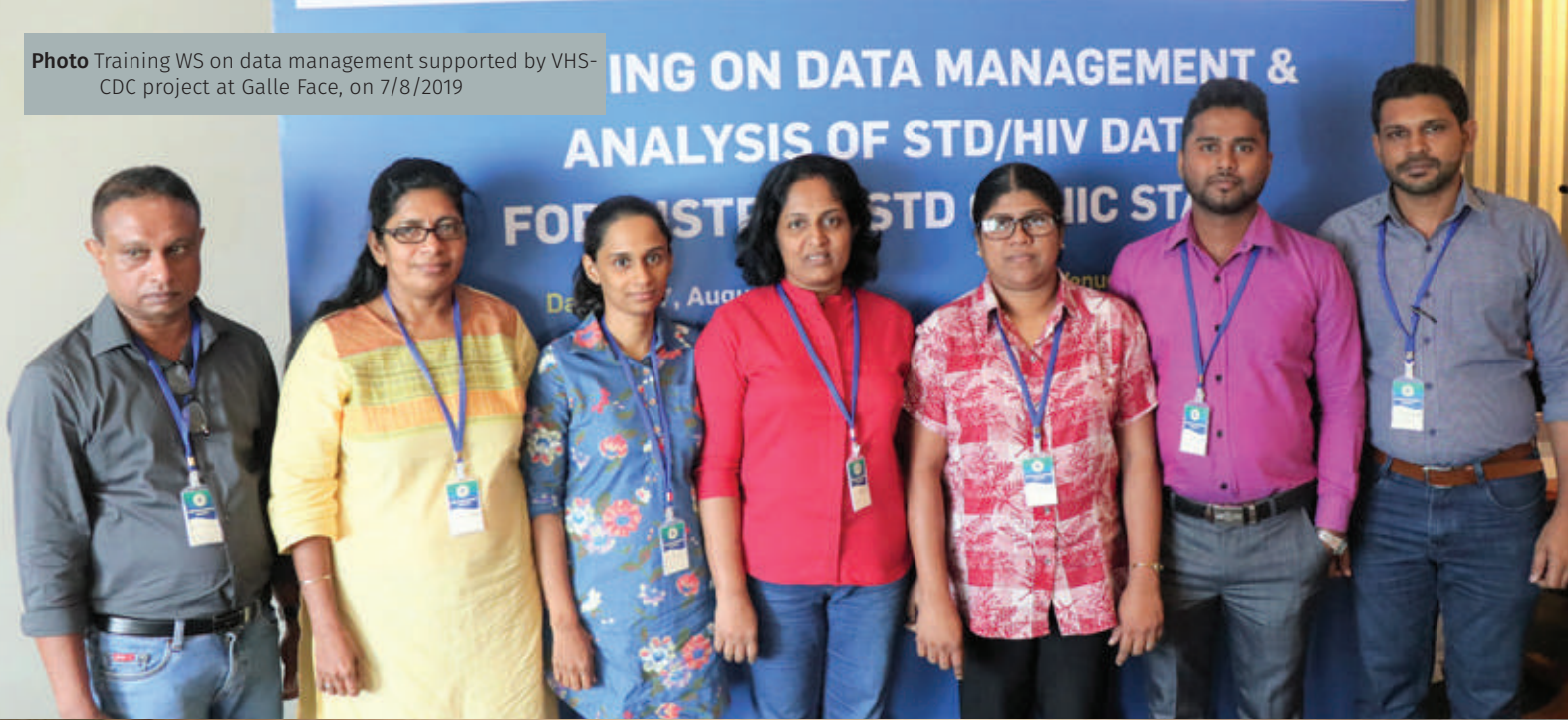


Photo Training on operational research supported by VHS-CDC project at Pledge Scape, Negombo on 30/3/2019



Photo Training on data management supported by VHS-CDC project at Galle Face, on 7/8/2019



17. Highlights of the VHS-CDC project

Photo Data management workshop supported by VHS-CDC project at Hyatt Regency, Chennai on 18/6/2019



Voluntary Health Services (VHS), the implementing partner of PEPFAR/CDC/DGHT-India, has been providing technical assistance (TA) to improve Strategic Information Management (SIM) at NSACP since 2016. The overall goal is to strengthen the national HIV response in Sri Lanka by improving strategic information management. VHS-CDC project has been providing TA in the following three key areas.

1. TA on Capacity Building

VHS-CDC project has conducted eight training programs on themes such as Operational

Research, Scientific Writing, Data Management, DHIS-2, and EIMS. In addition to conducting training programs, the VHS-CDC project has provided follow-up on mentoring to the trained personnel and held 3 follow-up meetings with the trained teams for their experience sharing and technical guidance. The capacity-building efforts have been contributed to the development of 11 abstracts, six operational research proposals. Overall, technical assistance has contributed to the capacity building of the SIM team, NSACP and district STD clinic teams in the entire country.



2. System Strengthening

- Conducted a situational assessment of the Strategic Information Management System of the NSACP.
- Assessment of training needs and development of a training plan for Strategic Information in NSACP. Also, the mapping of resources on trainers and training institutions were conducted.
- Developed technical report on comprehensive dashboard indicators on STD/HIV for standardizing the indicators, to be used by other stakeholders for the HIV prevention programmes. Feasibility assessment was also conducted for the development of the NSACP dashboard.
- Shared the India experiences on software development including PALS and IMS for the evolving comprehensive EIMS. Capacity building programmes were conducted for the Sri Lankan team on transitioning from paper-based EIMS for the roll-out of EIMS and strengthening reporting.
- The staff of the SIMU team was capacitated on DHIS-2, contributed to the development of DHIS2 in the context of Sri Lanka with local indicators and started analyzing the data. As a result of this training, one of the trained personnel is emerging as an international trainer on DHIS2.
- NSACP website was reviewed and provided a comprehensive plan for enhancing it further by integrating social media outreach programmes and dissemination.
- VHS-CDC project has collaborated with NSACP and extended strategic technical assistance in conducting “AIDS Epidemic Modelling and Spectrum Workshop”. Besides, support was extended in organizing a two-day meeting on “Dissemination of AIDS Epidemic Model & Discussions on achieving Ending AIDS by 2025”.

This was identified as helpful in developing the AIDS epidemic model, which is vital in planning the achievement of “Ending AIDS by 2025”.

3. TA on Documentation and Dissemination

CDC-DGHT-India assisted VHS-CDC project has contributed to the development of resource books on data management and operational research and brought out eight training reports and formed eight e-groups and facilitated in sharing resource materials and follow-up.

- Documentation of existing and emerging best practices in Sri Lanka under NSACP (7 best practices).
- Brought out best practices series publications on best practices in Sri Lanka under NSACP (7 separate publications).
- Strategic support for the development of 18 abstracts including 7 abstracts on best practices.
- Documented and disseminated the regional best practices in South-East Asia in the context of Sri Lanka.
- Provided TA to conduct symposium on best practices in Sri Lanka and facilitated in the dissemination of best practices through oral and e-posters by NSACP.
- Provided TA and support for presenting the best practices on Sri Lanka in two international forums and facilitated dissemination at the international level.
- Documented and contributed to the development of 16 products including six technical reports, eight training reports and two resource books which will be remained as reference material and provided those to the libraries.
- The products developed as a part of technical assistance have been uploaded on the NSACP website for dissemination.

- VHS-CDC project in close coordination with SIMU developed a comprehensive document on TA to NSACP, “Approaches, Learning, Experiences, Recommendations and Triumphs for dissemination”.

The technical publications and reports produced jointly by the VHS-CDC project and NSACP are also available in the NSACP website from the following link.

http://www.aidscontrol.gov.lk/index.php?option=com_content&view=article&id=19&Itemid=139&lang=en#pepfar-and-cdc-supported-vhs-cdc-project-documents-on-si-technical-reports

Dissemination cum transition Meeting

VHS-CDC project, CDC and NSACP jointly conducted a dissemination cum transition meeting on 23rd December 2019 at NSACP auditorium. Mr Brian

Kolodziejski (Deputy Director, CDC/DGHT-India), Mr Lokesh Upadhyaya (Associate Director for Management and Operations CDC/DGHT-India), Ms Srilatha Sivalenka (Public Health Specialist CDC/DGHT-India), Dr Joseph D Williams (Director projects VHS), Dr T Ilanchezhian (Senior Technical Advisor VHS) and NSACP officials participated in this meeting. During this meeting, experiences and achievements were shared and handed over the products to NSACP.

SIM team of NSACP appreciates the support given by Dr Joseph D Williams, Dr T Ilanchezhian, Mr Suneel Kumar Chevva (M&E Officer), Ms T. Sudha (Senior Programme Associate), Kamalakar Bysani (Manager Finance) and Mr S. Sathyaraju (Associate Manager Finance) who coordinated this technical assistance project.



Photo National dissemination cum transition meeting of VHS-CDC project at NSACP on 23/12/2019



INTERNATIONAL TRAINING
ON DATA MANAGEMENT AND AN
OF HIV/AIDS DATA

Date: 16-18, July

Venue: Chennai, India

Photo Data management workshop supported by VHS-CDC project at Hyatt Regency, Chennai on 18/6/2019



Photo Visit to Mahabalipuram Chennai on 19/6/2019

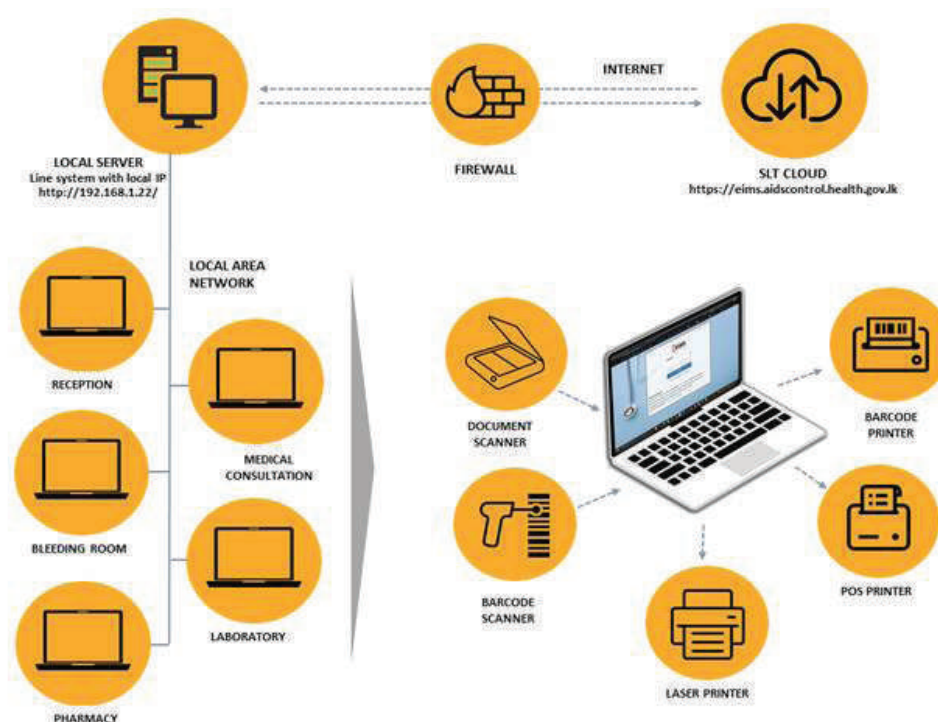


Photo DHIS 2 training supported by VHS-CDC project at Colosseum, Dar es Salaam on 27/7/2019



18. Electronic Information Management System

Major Activities in 2019



A functional diagram of the EIMS

Development of an Electronic Information Management System to National STD/AIDS Control Programme

National STD/AIDS Control programme initiated development of an Electronic Information Management system (EIMS) during 2017. This project is funded by GFATM through Ministry of Health, Nutrition & Indigenous Medicine.

Objective of the EIMS is to Develop an automated Electronic Information Management System (EIMS) for NSACP which gives timely information for efficient patient management and monitoring of

HIV care and ART Programme.

EIMS Software was developed and installed to Sri Lanka Telecom cloud server in 2018 with the domain name of <https://www.eims.aidscontrol.health.gov.lk/>. Electronic Information Management System (EIMS) can be accessed online (with cloud server) as well as offline (with local server) All the hardware needed for the entire STD clinics has been procured.





Photo EIMS training supported by VHS-CDC project at Galle Face on 6/12/2019

Components of EIMS

1. STD Clinic Management System
2. HIV care, ART management and Monitoring System
3. Laboratory Information Management System
4. Pharmacy Management System
5. Reporting Module
6. Epidemiology module
7. Queue Management System

During the year 2019, the system was implemented at the NSACP central clinic, STD clinic Kalutara and STD Clinic Balapitiya. The modules of registration, STD Clinic Management System, HIV care, Laboratory Information Management System and Pharmacy Management System was implemented and modifications were done to the system depending on the users feedbacks.

Distribution of hardware to the peripheral STD clinics was also carried out during 2019. A technical support team from the SIM unit visited the STD clinics island wide to install the systems and to guide the users.

Implementation of this new system has been a challenging process due to various factors such as logistic issues faced by the peripheral clinics like deficiencies in infrastructure, lack of IT knowledge in the staff and limited human resource in the SIM unit which slowed down the installation process of the EIMS in distant areas. The unstable network connection at the NSACP has also been identified as a drawback. However the SIM unit is doing its level best to overcome these challenges and ensure smooth functioning of the system.



Photo Meeting with EIMS developers at SIM unit/NSACP on 5/11/2019



Photo EIMS training supported by VHS-CDC project at Galle Face on 6/12/2019



Photo EIMS installation in Matale STD clinic on 16/10/2019

19. E-Learning System for the EIMS

For the ongoing training of staff at island wide STD clinics

The Electronic Information Management System (EIMS) would replace the current paper-based information management system. EIMS comprises of several modules from patient-registration to report-generation which requires a wide variety of users of the system ranging from Venereologists, Medical Officers, Nursing Officers, Public health staff, laboratory staff, and pharmacy staff.

During 2019, efforts were made to train the staff on EIMS, including organising multiple workshops. However, the training needs to be continuous considering the rapid turnover of the staff and frequent updates of the EIMS. Thus, the need for an e-learning system was strongly felt to ensure the sustainability of training on EIMS. During 2019, NSACP developed an E-Learning System for the

EIMS (ELS) as the traditional method of training has been found to be less efficient as it demands more time and resources. The World Health Organization funded this activity.

The E-Learning System was developed using the Moodle learning platform, which is a free and open-source software. It is composed of 11 course modules with various dynamic learning content covering all the aspects of the EIMS to ensure continuous learning. It also encompasses assessments at the end of each course module to evaluate the learning progress of the staff. Each user will be given a separate user name and password to login to the system to access modules related to their respective functional area.



E-Learning system for EIMS

This ELS is accessible through <http://eims.nsacp.headstartcloud.com/>

The SIM unit staff was trained on administrating and content management of the system by the developers in December 2019. All the categories of users including The Consultants, Medical officers, PHNSs, Nursing Officers, PHLTs, MLTs, PHIs and Pharmacy staff at NSACP and peripheral STD clinics, were introduced to ELS during the EIMS training workshops conducted by the SIM unit.

Currently, the E-learning system of NSACP is fully functional, and it is accessible through the URL <http://eims.nsacp.headstartcloud.com/>. It is also available android and iOS platforms for mobile devices through play store or app store.

The E-Learning System was developed using the Moodle learning platform, which is a free and open-source software. It is composed of 11 course modules with various dynamic learning content covering all the aspects of the EIMS to ensure continuous learning.

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දුරකථන : 0112 667 163
Hot Line : 0703 533 633

20. IEC and advocacy programmes

Lectures, exhibitions, workshops and IEC related other activities



Information, education, communication (IEC) and advocacy are integral parts of the National STD/AIDS control programme, as sexually transmitted infections are a special category of diseases that needs well-organized targeted interventions without causing unnecessary stigma in the society. As a result of the advancement of technology, novel methods of communication strategies are available to promote awareness to the public. A well-planned communication strategy will help to acquire a better response to disease prevention. National STD/AIDS control programme in collaboration with the island wide

peripheral STD clinics conducted a series of IEC and advocacy programmes at various levels.

During the year 2019, a total of 2226 IEC programmes conducted covering 214,330 participants Island wide. These programmes included lectures, exhibitions, workshops and IEC related other activities.

Obtaining the WHO validation certificate for the elimination of mother to child transmission of HIV and syphilis was a major success of the NSACP and relevant stakeholders during 2019. IEC and advocacy unit of NSACP worked together with the EMTCT unit during the preparation of IEC messages to the public and healthcare workers.



Photo Media seminar on EMTCT at HEB on 14/6/2019

EMTCT related activities

1. Development of a logo

2. Preparation of a flyer

A flyer was prepared to provide awareness of this important event to all government and private hospitals.

3. Development of poster for hospital health staff

Development of the video
A video containing health education messages were broadcasted in television channels and public places like railway stations, supermarkets and private hospitals

4. Organizing the media seminar

and arrange the public awareness through mass media (Radio/ Television/Newspaper) about EMTCT of syphilis and HIV programme as well as the availability of free services in the primary care setting.

5. Arranging the awareness programme on EMTCT

validation process for the leaders of the trade unions under the Ministry of Health to increase awareness and update knowledge on the current situation.

Sri Lanka has reached the targets set by World Health Organization for, Elimination of Mother to Child Transmission (EMTCT) of HIV and Syphilis !




The WHO Regional Validation Team will visit Sri Lanka during August/September 2019 to assess our EMTCT services.

Let's prepare for the validation.

What is expected from Hospital & Maternal and Child Health Services?

- Offer HIV and VDRL testing for all pregnant mothers before 12 weeks of gestation.
- Refer all pregnant women with positive screening test for HIV or VDRL to STD clinic.
- Provide appropriate services to all pregnant women with Syphilis or HIV including institutional care without stigma and discrimination.
- Offer HIV rapid test, and VDRL test to any untested pregnant women at the time of delivery.
- Contact nearest STD clinic for appropriate management of mothers with syphilis and HIV.

Your support is necessary to face validation process successfully!

A message from Ministry of Health

For further information, visit <http://www.aidscontrol.gov.lk>



Photo Media seminar on EMTCT at HEB on 14/6/2019

21. World AIDS Day 2019

“Communities make the difference”



Each year World AIDS Day (WAD) is celebrated all over the world on the first of December. This year marks the 31st anniversary of World AIDS Day. National STD/AIDS Control programme in collaboration with its stakeholders commemorated WAD raising awareness on HIV/AIDS and educating on preventive measures.

The international theme for this year was “Communities make the difference”. A common logo was introduced to maintain the unique identity of the programme. The main objectives of the programme were,

- To ensure community involvement to make the difference in the HIV epidemic to end AIDS by 2025
- To ensure community awareness on HIV, preventive strategies and promotion of HIV testing and condoms

The organizing committee included multisectoral representation and chaired by NSACP, launched an island wide campaign to raise public awareness on this epidemic. The activities planned out by the NSACP were,

1. A walk on the World AIDS day
2. A public meeting on the World AIDS day
3. Press conference
4. Social media campaign
5. Island wide banner campaign
6. Awareness campaign through peripheral clinics
7. HIV testing among vulnerable and high-risk populations



One of the major activities in the 31st anniversary of World AIDS Day commemoration was the World AIDS Day walk, which commenced from the Campbell Park with nearly 2,000 participants representing key populations, vulnerable populations and the general public.

World AIDS day Walk

All participants marched to the front lawn of Colombo Municipal Council (CMC). The parade comprised of many entities such as brass bands of the tri-forces and police, two "Papare" bands, traditional dancing teams etc. All the partners and stakeholders working towards the prevention of HIV and representatives from communities of people living with HIV participated in the event with much enthusiasm. Participants wore caps and t-shirts pinned with red ribbons, developed for this event, which displayed health education messages. The participants carried over 100 banners and 75 placards which included health education messages. The Director General of Health Services along with many other distinguished invitees participated in this event.





லோக ஸ்டீபிள் டேயசு
உலக எயிட்ஸ் தினம்
World AIDS Day

2019

ಶಿವಶಿவ சிவಶಿவ. வெணசக ஸரலு, சிவசக டுரலு.

வேமம், மாற்றத்தை
வாம், HIV ஒழிப்போம்



World AIDS day meeting

Following the walk, a meeting was conducted at the front lawn of CMC. Director General of Health Services was the chief guest for the meeting. An oath was taken by all the participants to prevent HIV and End AIDS by 2025. For the first time in history, the representatives of HIV activist groups representing key groups recited their World AIDS day messages. There was a cultural show organized by MOH office staff and transgender communities to entertain the gathering. A short film representing the achievements with regards to HIV/AIDS was also broadcast to the participants.



Press conference

One of the main aims of the World AIDS Day activity 2019 was to pledge community support to end AIDS by 2025. The press conference was organized to disseminate the health messages among the general public.

The press conference was organized by the NSACP in collaboration with the Health Promotion Bureau. This was organized for all mass media representatives. The media was informed about the theme of the WAD 2019. "How the communities should support to destigmatize the disease as well as people living with HIV". At the same time, the media publicity for the WAD walk was obtained through this press conference.

Banner campaign

The island wide banner campaign was carried out by exhibiting banners in public places to promote awareness and to highlight the theme for the year 2019. These banners were prepared in Sinhala, Tamil and English languages by the NSACP with the technical support of the Health Promotion Bureau and was funded by Hatton National Bank. These banners were displayed all over the country during this period.

Social media campaign

The online campaign was planned by the NSACP, ten weeks ahead of the World AIDS day. Each week was named with a special topic relevant to HIV/AIDS. The theme for each week was decided as follows. e.g. WAD theme 2019, HIV statistics in Sri Lanka, methods of HIV transmission and proper use of condoms. Well organized tailor made, attractive HIV messages were uploaded weekly.

HIV testing among vulnerable and high-risk populations

In parallel to World AIDS day activities, HIV testing campaign was carried out focusing on key populations and vulnerable populations. There were 20 testing sites in and around Colombo and HIV rapid test was used in all outreach programmes.

Night HIV testing was carried out using a mobile lab with the participation of healthcare staff of NSACP. These mainly targeted the access of the population in unreachable settings.

Railway stations, police stations, factories, cinema hall and Immigration office were some of the places where the testing happened.



A photo story from
Kurunegala STD clinic



Awareness campaign through peripheral clinics

Unless the cooperation from district STD clinics, it was impossible to launch the uniform series of World AIDS day activities throughout the island. The financial and technical support was provided by the NSACP to launch the following activities. In addition to these, T-shirts were given for the staff of all the STD clinics. A meeting was held at NSACP with the participation in Consultants, Medical Officers and PHIs in all the STD clinics before distribution to achieve a more fruitful outcome.

1. Minimizing stigma and discrimination against key populations

Each STD clinic was given Rs. 77,000 to utilize organizing the awareness programme for key populations highlighting the theme and sharing more meaningful event for them.

2. Promotion of provider-initiated HIV testing among health care settings

A PowerPoint presentation on this topic was prepared by NSACP to maintain the uniformity of the activity in all the healthcare settings.

The main target groups were consultants and

doctors in OPD/ETU and inward settings. This can be further used to promote HIV testing in private hospitals.

3. Condom promotion campaign

Each clinic was given ten condom dispensers to place in SPAs/ Hotels or any other hotspots and 5000 condoms and lubricants. In addition to these, condom cards (visiting card size) were given to promote condoms to be kept in the condom dispenser.

4. Banner campaign

Each clinic was given banners with different themes to display in health care settings, police stations and other public places.

The Global Fund supported providing funds for clinics, above mentioned meetings, the printing of condom cards and development of condom dispensers.

A photo story from
Kandy STD clinic





22. Annual review 2019

Reviewing the National response to HIV and STI control and prevention, 2019

Similar to previous years, the annual review of the National response to HIV and STI control and prevention for 2019 was held on 28th and 29th of February 2020 at Citrus hotel, Waskaduwa. It was attended by over one hundred and fifty stakeholders.



The objectives of the annual review

- Review the progress of programmes implemented during 2019
- To disseminate findings of the AIDS epidemic model
- To discuss issues and challenges in implementation of programme activities in 2019
- To agree on a plan for 2020
- To streamline a plan for ending AIDS in Sri Lanka



The sessions

- Review of NGO progress in districts including successes and outcomes of the Case Finding Model (CFM)
- Dissemination of findings of the AIDS Epidemic Model
- Address by UN partners and Government stakeholders
- STD clinic progress presentations
- National STD/AIDS Control Programme Co-ordinator update
- Road map to ending AIDS by 2025



The session on NGO progress was carried out by implementers of FSW, MSM, DU, TG and BB components of the Family Planning Association of Sri Lanka (FPA-SL) which is the Principal recipient-2 of the Global Fund along with other Sub recipients.

AIDS Epidemic Model (AEM) was developed by the local HIV estimation working group with the technical assistance of an international consultant to estimate and project HIV epidemic trends in Sri Lanka. The findings and recommendations were disseminated among relevant stakeholders during this review meeting.



The consultants of NSACP who are responsible for different programme areas presented the achievements during 2019 and plans for 2020. Some of the highlights of those plans were as follows.

1. Continue peer led targeted interventions with donor aid transitioning process taking place.
2. Scale up Hybrid/Case finding model
3. Increase hospital-based HIV testing for inward patients
4. Communication Strategy to be used as a form of social marketing for HIV testing
5. Connecting for care following HIV screening re-activity/ confirmation and keep persons on ART minimizing defaulting
6. Rapid initiation of ART within 2 weeks as far as possible.
7. Improve contact tracing and index case testing for higher yield of PLHIV
8. Decentralizing viral load and CD4 testing facilities
9. District level laboratories to be strengthened to provide quality assured services



The forum came to a closure with all stakeholders agreeing to provide their fullest support towards ending AIDS by 2025.



23. Publications during 2019

NSACP strives for producing quality publications



The NSACP is the main technical body responsible for guiding the national response to HIV and STD. Similar to previous years, it produced several publications during 2019. This year the focus was more on preparing guidelines (ie. Management of STDs and HIV testing) and publications on Elimination of Mother to Child Transmission of HIV/ AIDS and Syphilis i.e. The strategy for elimination of mother to child transmission of HIV and syphilis in Sri Lanka and National Validation Report of elimination of mother to child transmission of HIV and syphilis in Sri Lanka. The second edition of the STD Management guidelines was a long-awaited publication while the latter two publications aided in achieving the WHO validation of EMCT for Sri Lanka.

The list of NSACP publications during 2019- in alphabetical order

- Annual report – 2018
- EMCT National Validation Report –Sri Lanka
- Evidence on the Knowledge and Attitudes of Sri Lankan Youth on Sexual and Reproductive Health and their Current Sexual Practices
- National HIV Testing Guidelines
- Sample collection manual for EMCT
- Sample collection manual for STD and HIV Clinics
- Sexually Transmitted Diseases Management Guidelines – Second Edition
- The strategy for elimination of mother to child transmission of HIV and syphilis in Sri Lanka



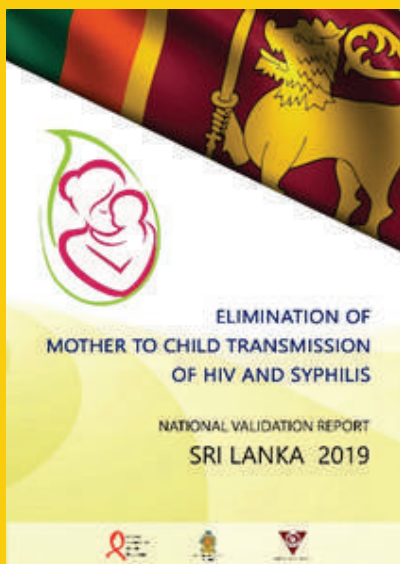


Annual Report 2018

Early in 2019, the annual report of NSACP was published by aggregating data and information collected from over 30 service delivery centres (STD and ART centres).

Annual report 2018 highlights activities conducted by NSACP and peripheral STD clinics while giving useful insight about the HIV and STI epidemic situation of the country.

This year it included information on NSACP and international collaborations which supported the national response. This report is referred by all the stakeholders and the funding agencies to gather information and data on the Sri Lankan context.



National Validation Report - EMTCT of HIV and Syphilis

The National validation report was one of the publications which attracted significant attention in the year 2019.

It showcases the strenuous and extensive work carried out by the National STD/AIDS Control Programme (NSACP) in collaboration with the Family Health Bureau (FHB), together with stakeholders towards achieving the elimination of EMTCT of HIV and syphilis. It was the principal document that backed the successful validation process of EMTCT of HIV and syphilis.

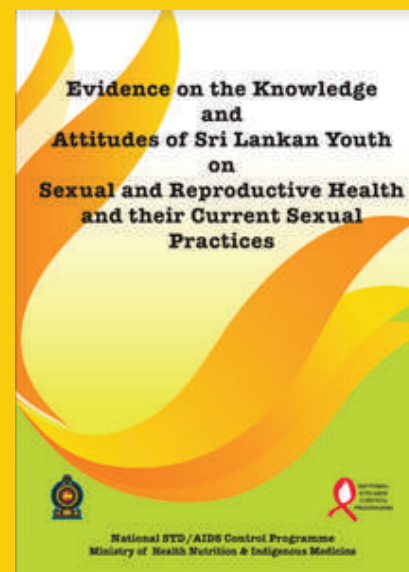
It is noteworthy that this publication received a high level of recognition by the international community involved in the validation process. This is planned to be used as a model for other countries applying for EMTCT status.



Evidence on the knowledge and attitudes of Sri Lankan Youth on sexual and reproductive health and their current sexual practices

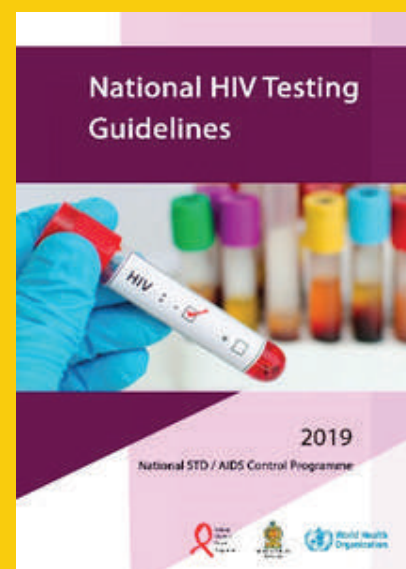
This publication presents recent evidence of sexual health and STI in youth. It includes findings from two research projects.

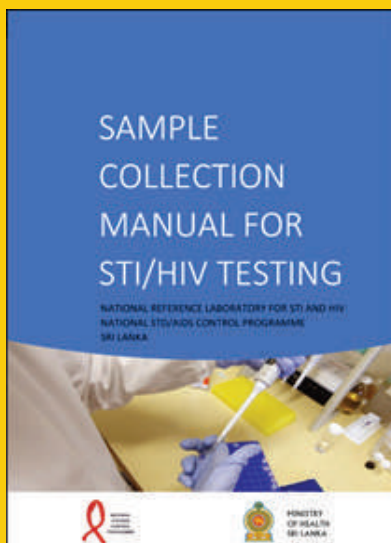
1. Knowledge & attitudes on sexually transmitted infections and current sexual practices among newly recruited youth in island-wide youth training institutes in Sri Lanka
2. Views of youth, implementers of youth programmes & policy-making personnel on sexual & reproductive health services in Sri Lanka



National HIV Testing Guidelines 2019

The new edition of National HIV testing guidelines was published in mid-2019. The national HIV testing guideline will be the key document that sets principles and arrangements for HIV testing in Sri Lanka. This will help expand testing services throughout the country which will lead to achieving the goal of the first 90 of 90-90-90 targets (90% of people living with HIV know their sero-status)





Sample collection manual for STI/HIV testing

The sample collection manual for STI/HIV testing was published in 2019 to fulfill the long-felt need as a guiding document for sample collection, transport and storage in the STI and HIV field. This manual was prepared as an initial step of the journey towards accreditation of laboratories for STI and HIV.

It is expected that this manual to be a cornerstone in improving the quality of laboratory testing of HIV and STI.



Standard operational procedures to implement outreach services for people who use drugs (PWUD) and people who inject drugs (PWID)

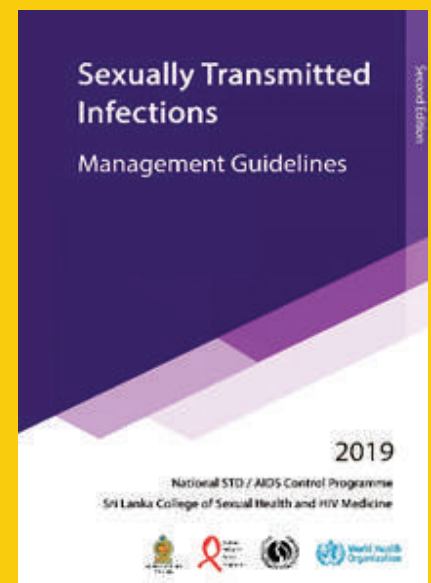
People who use drugs (PWUD) and People who inject drugs (PWID) have been identified as key population groups with regards to HIV transmission. This publication addresses the methodology in conducting outreach services for the People Who Use Drugs (PWUD) and People Who Inject Drugs (PWID) which is a timely need.



Sexually Transmitted Diseases Management Guidelines – Second Edition

The Sexual Transmitted Disease Management Guideline was published in 2019 replacing the previous STI Management guidelines in 2000. All the chapters were re-edited and many new chapters have been added to this guideline.

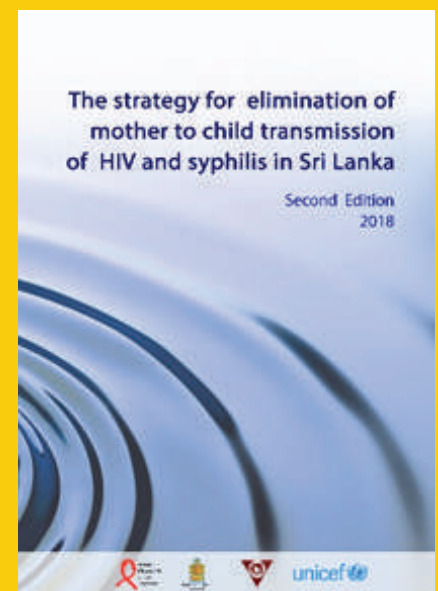
The updated/revised guidelines address sexually transmitted infections in children, management of adult victims of sexual assault, emergency contraception, health education, counselling, and recordings/reporting thereby providing a more comprehensive tool to address the expanding needs of STI service delivery.

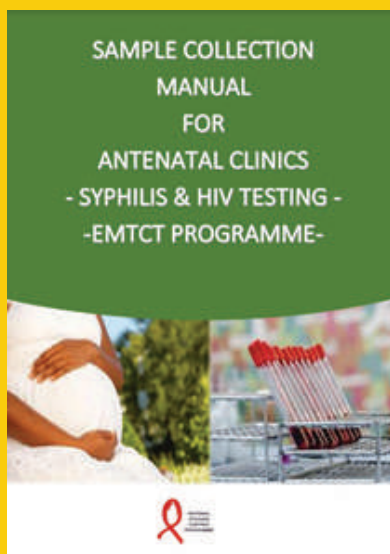


The strategy for elimination of mother to child transmission of HIV and syphilis in Sri Lanka

The strategy for elimination of mother to child transmission of HIV and syphilis in Sri Lanka was published in early 2019 as a guide to the EMTCT validation process.

It served as a reference document by healthcare workers all over the country when managing pregnant women with HIV/ syphilis. This publication summarizes the status of HIV and syphilis in the country, policies, and strategies related to EMTCT and outlines the management and services for pregnant women with HIV and syphilis.





Sample collection manual for antenatal clinics – Syphilis & HIV testing, EMTCT Programme

This manual was published along with the sample collection manual for STI/HIV testing to guide all the staff in blood collecting sites for obtaining good quality samples and handling the samples in storage and transport.

The knowledge of healthcare workers is further strengthened by this manual to match particular tasks or special situations, they need to handle in EMTCT. This is useful for healthcare workers who are involved in the sample collection, storage and transport.

Photo Inauguration of CMAI-CDC project meeting at NSACP on 31/10/2019



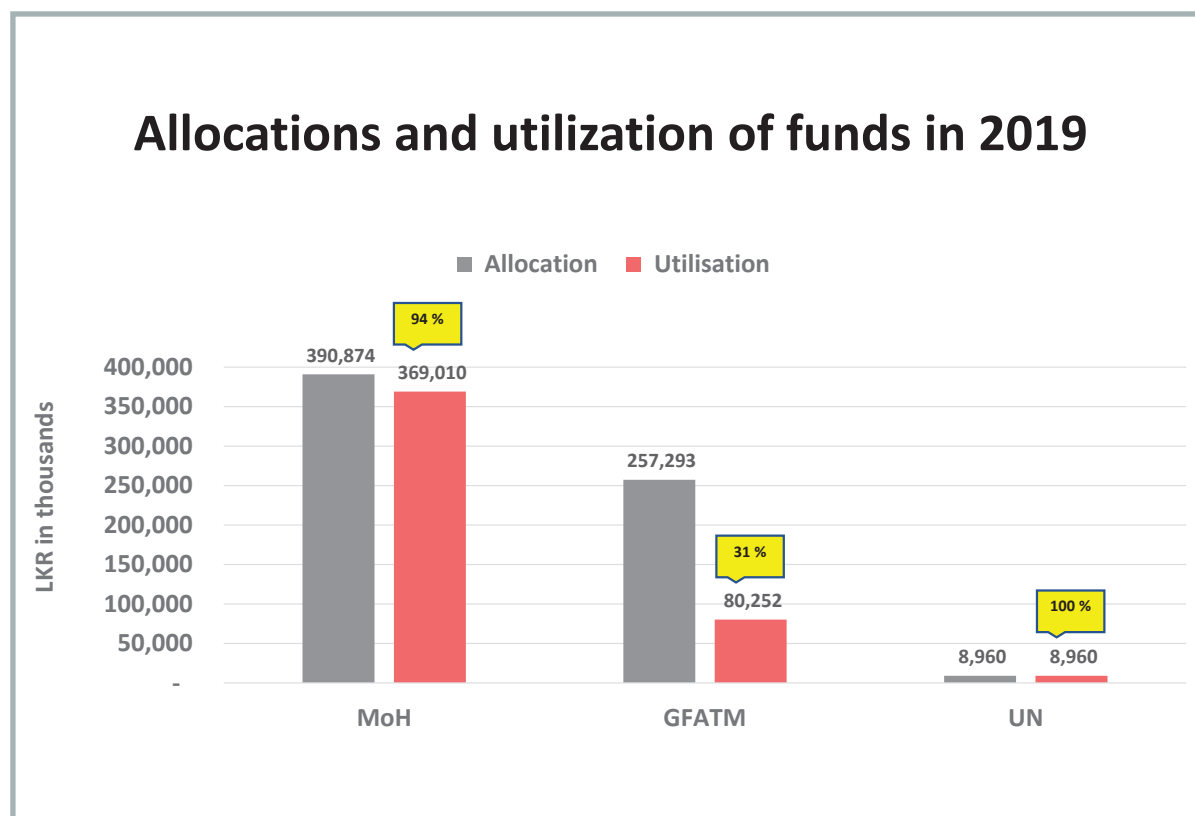
24. Financial summary 2019

These financial figures show allocation and utilisation of funds by NSACP during 2019. Utilisation of funds allocated by Global Fund is reduced as the new funding cycle was started in 2019 and some activities initiated in this year will be continue to 2020 and 2021.

Government of Sri Lanka (GoSL) has been fund-

ing 100% of the recurrent expenses over the years.

However, it should be noted that the funds allocated by the Ministry of Health of GoSL for peripheral STD clinics through the provincial allocations have not been captured in the budget given in this chapter.



Summary financial details during 2019

Financial source	Description	Fund allocation (1000 LKR)	Fund utilisation (1000 LKR)	% utilisation
1. Capital expenditure				
MoH	Building constructions	38,402	33,519	87%
	Training	36	36	100%
	Training and Research	387	387	100%
	DDG (PH)1	25,000	16,637	67%
	Service agreements	2,827	2,563	91%
	Repairing of vehicles	1,896	1,789	94%
	Furniture/office equipment	7,023	6,425	91%
	MoH Sub total	75,571	61,356	81%
UNFPA	Workshops, programmes and printing	1,012	1,012	100%
WHO	Consultations, reviews, training	3,377	3,377	100%
UNICEF	PMTCT	4,571	4,571	100%
	UN Sub total	8,960	8,960	100%
GFATM	Human Resource (HR)	35,835	23,046	64%
	Travel related costs (TRC)	24,277	13,307	55%
	External professional services (EPS)	49,930	11,457	23%
	Health products (HPNP)	25,813	1,826	7%
	Health products- equipment (HPE)	18,601	18,261	98%
	Procurement related (PSM)	13,324	3,349	25%
	Infrastructure (INF)	4,904	159	3%
	Non-health equipment (NHE)	50,671	4,189	8%
	Publications (CMP)	1,899	678	36%
	Indirect and overhead costs	32,038	3,980	12%
	GF Sub total	257,293	80,252	31%
Total capital expenditure		341,823	150,568	44%
2. Recurrent expenditure				
MoH	Personal emoluments (salaries etc.)	152,298	147,997	97%
	Travelling, stationary etc	550	545	99%
	Fuel & supplies	7,765	6,908	89%
	Maintenance expenditure	2,950	2,862	97%
	Electricity and water	7,500	7,069	94%
	Security, cleaning service and other	7,275	6,841	94%
	Loan interest/transfers	660	645	98%
	Antiretroviral drugs	103,610	103,610	100%
	Other drugs	12,307	12,307	100%
	Medical/ Surgical Items	20,388	18,872	93%
		Recurrent Sub total	315,303	307,655
Total capital and recurrent		657,126	458,222	70%

(* LKR to USD conversation rate taken as LKR 178.7374= 1 USD for GF funds)

25. Contact information 2019

Central Province

Kandy STD clinic	
Address	STD clinic, P.O. Box 207, Kandy
Email	stdclinic.kandy@gmail.com
Telephone	081-2203622
Fax	081-2203923
Contact Persons	Dr (Ms.) Ganga Pathirana (Venereologist) Dr Anuradha Perera (Acting Venereologist) Dr M.I.M. Lareef (MO/IC)

Matale STD clinic	
Address	STD clinic, District General Hospital, Matale
Email:	stdclinic.matale@gmail.com
Telephone	066-2053746
Contact persons	Dr Jagath Ranawaka (Acting Venereologist) Dr K. W. K. K. A. Bandara (MO/IC)

Nuwara Eliya STD clinic	
Address	STD clinic, General Hospital, Nuwara Eliya
Telephone	052-2223210 052-2222261- Ext 345 (GH Nuwara Eliya)
Fax	052-2223476 (GH Nuwara Eliya)
Contact persons	Dr D.O.C. de Alwis (Acting Venereologist) Dr D.S. Tissa Seneviratne (MO/IC)



Eastern Province

Ampara STD clinic	
Address	STD clinic, General Hospital, Ampara
Email:	std2ampara@gmail.com
Telephone	063-2224239
Fax	063-2222988 (Ampara RDHS Office)
Contact person	Dr Sampath Mahagamage (Acting Venereologist) Dr (Ms.) Sakunthala de Soyza (MO/IC)

Batticaloa STD clinic	
Address	STD clinic, Health friendly Center, 1st floor of Chest Clinic, Hospital Rd, Batticaloa.
Email:	stdbatti@gmail.com
Telephone	065-2057078
Fax	065-2224401 (TH Batticaloa)
Contact persons	Dr A. Azraan (Acting Venereologist) Dr Pamini Achchuthan (MO/IC)

Kalmunai STD clinic	
Address	STD clinic, Ashrooff Memorial Hospital, Kalmunai
Email:	stdkalmunai@gmail.com
Telephone	067-2223660
Fax	067-2223660
Contact person	Dr H. P. N. Jeewani (MO/IC)

Trincomalee STD clinic	
Address	STD clinic, General Hospital, Trincomalee
Email:	stdunit2@gmail.com
Telephone	026-2222563
Fax	026-2222563
Contact person	Dr Priyantha Batagalla (Acting Venereologist) Dr A Devarajah (MO/IC)

North Central Province

Anuradhapura STD clinic	
Address	STD clinic, Teaching Hospital, Anuradhapura
Email:	stdclinic.anuradhapura@gmail.com
Telephone	025-2236461, 071 8103001
Fax	025-2225616 (TH Anuradhapura)
Website	https://sites.google.com/view/sexual-health-anuradhapura/home
Contact person	Dr Ajith Karawita (Venereologist) Dr Ravi Herath (MO) Dr Hema Weerakoon (MO)

Polonnaruwa STD clinic	
Address	STD clinic, General Hospital, Polonnaruwa
Email:	stdclinicpolonnaruwa1@gmail.com
Telephone	027-2225787
Fax	027-2225787
Contact Persons	Dr Waruni Pannala (Acting Venereologist) Dr Indra Peris (MO/IC)

A photo story from
Colombo STD clinic



North Western Province

Chilaw STD clinic

Address	STD clinic, General Hospital, Chilaw
Email:	std.rdhspsu@gmail.com
Telephone	032-2220750
Fax	032-2223200 (GH Chilaw)
Contact persons	Dr. Umeda Jayasinghe (Venereologist) Dr N. R. Amarajeewa (MO/IC)

Kuliyapitiya STD clinic

Address	STD clinic, Teaching Hospital, Kuliyapitiya
Email:	std.Kuliyapitiya@gmail.com
Telephone	037-2281261 Ext : 415
Fax	-
Contact person	Dr Prageeth Premadasa (Venereologist)

Kurunegala STD clinic

Address	STD clinic, Teaching Hospital, Kurunegala
Email:	stdclinic.kurunegala@gmail.com
Telephone	037-2224339
Fax	037-2224339
Contact persons	Dr Shayama Somawardhana (Venereologist) Dr P.G.N.M. Jayathilaka (MO/IC)

A photo story from
Chilaw STD clinic



Northern Province

Jaffna STD clinic	
Address	STD clinic, Teaching Hospital, Jaffna
Email:	stdclinic.jaffna@gmail.com
Telephone	021-2217756
Fax	021-2222262 (TH Jaffna)
Contact persons	Dr Dulari Llyanage (Acting venereologist) Dr. A. Rohan (MO/IC)

Kilinochchi STD clinic	
Address	STD clinic, District General Hospital, Kilinochchi
Email:	stdkilinochchi@gmail.com
Telephone	021-2283709 021-2285329 (BH Kilinochchi)- Ext. 194
Fax	021-2285327 (BH Kilinochchi)
Contact persons	Dr. Chathurika Wickramaratne(Acting Venereologist) Dr Tilanka Devapura (MO/IC)

Mannar STD clinic	
Address	STD clinic, District General Hospital, Mannar
Email:	stdclinic.mannar@gmail.com
Telephone	023-2250573
Fax	023-2250748 (Mannar RDHS Office)
Contact persons	Dr Subhashini Jayasuriya (Acting Venereologist) Dr Osmand Tenny (MO/IC)

Mullaitivu STD clinic	
Address	STD clinic, District General Hospital, Mullaitivu
Email:	stdaidscontrolprogramme.mtv@gmail.com
Telephone	021-2061414
Contact person	Dr A. Dayalan (MO/IC)

Vavuniya STD clinic	
Address	STD clinic, District General Hospital, Vavuniya
Email:	stdclinic.vavuniya@gmail.com
Telephone	024-2224575
Fax	024-2222892 (Vavuniya RDHS Office)
Contact persons	Dr. Damidu Thanthri(Acting Venereologist) Dr K. Chandrakumar (MO/IC)

Sabaragamuwa Province

Kegalle STD clinic

Address	STD clinic, District General Hospital, Kegalle
Email:	stdunit.kegalle@gmail.com
Telephone	035-2231222
Fax	035-2231222
Contact persons	Dr C. Hathurusinghe (Venereologist) Dr Lilanthi Dayananda (MO/IC)

Rathnapura STD clinic

Address	STD clinic, Teaching Hospital Ratnapura
Email:	stdclinic.ratnapura@gmail.com
Telephone	045-2221561(Venereologist's phone) 045-2226561
Fax	-
Contact persons	Dr Darshani Mallikarachchi (Venereologist) Dr K. Upasena (MO/IC)

Embilipitiya STD clinic

Address	STD clinic, District General Hospital, Embilipitiya
Telephone	047-2230261
Fax	047-2230141
Contact persons	Dr Inoka Munasinghe (Acting Venereologist)

A photo story from
Rathnapura STD clinic



Southern Province

Balapitiya STD clinic	
Address	STD clinic, Base Hospital, Balapitiya
Email:	stdbalapitiya@gmail.com
Telephone	091-2256822
Fax	091-2256410 (BH Balapitiya)
Contact persons	Dr Vino Dharmakulasinghe (Acting Venereologist) Dr M.W. Prasad de Silva (MO/IC)

Galle STD clinic	
Address	STD clinic, Teaching Hospital, Mahamodara, Galle
Email:	mahamodara.std@gmail.com
Telephone	091-2245998
Fax	091-2232088
Contact persons	Dr Darshani Wijewickrema (Venereologist) Dr Ashoka Jayasuriya (MO/STD)

Hambantota STD clinic	
Address	STD clinic, General Hospital, Hambantota
Email:	stdclinic.hambantota@gmail.com
Telephone	047-2222247
Fax	047-2222247
Contact persons	Dr Indika Jayawardana (Acting Venereologist) Dr L.K.H.M. Jayaruwan (MO/IC)

Matara STD clinic	
Address	STD clinic, No 43, General Hospital, Matara
Email:	stdclinic.matara@gmail.com
Telephone	041-2232302
Fax	041-2232302
Contact persons	Dr Nimali Jayasuriya (Venereologist) Dr Sunethra Kandambi(MO/IC)

Uva Province

Badulla STD clinic	
Address	STD clinic, Room No 73, Daya Gunasekara Mawatha, Badulla
Email:	stdclinic.badulla@gmail.com
Telephone	055-2222578
Fax	055-2222578
Contact persons	Dr Nirosan Jayasekara (Venereologist) Dr R.D. Sugathadasa (MO/IC)

Monaragala STD clinic	
Address	STD clinic, District General Hospital, Monaragala
Email:	monaragalastd@gmail.com
Telephone	055-2276826
Fax	055-2276700 (RDHS Monaragala), 055- 2276912 (GH Monaragala)
Contact person	Dr Piumika Godakandaarachchi (Acting Venereologist) Dr S.A.S. Pradeep Kumara (MO/IC)

A photo story from
Balapitiya STD clinic



Western Province

Awissawella STD clinic	
Address	STD clinic, Room 5, OPD Complex, Base Hospital, Avissawella
Telephone	036-2222261/62 – BH Avissawella (Ext. 228) 036-2222003
Contact person	Dr Gayani Nanayakkara (Venereologist) Dr Ayesha Rupasinghe (MO/STD)

Colombo Central STD clinic (National STD/AIDS Control Programme)	
Address	29, De Saram Place, Colombo 10
Email	info@aidcontrol.gov.lk
Telephone	011-2667163 (Exchange)
Hot lines	011-2695420 (Female clinic) 011-2-695430 (Male clinic)
Fax	011-2665277
Contact persons	Dr R. Hettiarachchi (Director) Dr L.I. Rajapaksa (Venereologist/Deputy Director) Dr K.A. Manathunge Ariyaratne (Venereologist) Dr S. Benaragama (Epidemiologist) Dr J.P. Elwitigala (Microbiologist) Dr Sathya Herath (Community Physician) Dr Himali P. Perera (Venereologist) Dr W.C.J.K. Jayakody (Venereologist) Dr. Geethani Samaraweera (Venereologist)

Gampaha STD clinic	
Address	STD Clinic, District General Hospital, Gampaha
Email:	stdclinic.gampaha@gmail.com
Telephone	033-2234383
Fax	033-2222179 (GH Gampaha)
Contact persons	Dr Priyantha Weerasinghe (Venereologist) Dr Jayantha Amarasinghe (MO/IC)

Western Province *contd.*

Kalubowila STD clinic	
Address	STD clinic, Room 43, Sunandarama Road, Kalubowila
Email:	stdclinic.kalubowila@gmail.com
Telephone	011 -2763893
Contact person	Dr Nalaka Abeygunasekara (Venereologist)
	Dr. D. M. M. P. K. Pathiraja (Acting Venereologist)
	Dr S.K.A. Ranwella (MO)

Kalutara STD clinic	
Address	STD clinic, General Hospital, Nagoda, Kalutara
Email:	stdclinic.kalutara@gmail.com
Telephone	034-2236937
Fax	034-2236937
Contact persons	Dr (Ms.) Manjula Rajapaksha (Venereologist)

Negombo STD clinic	
Address	STD clinic, District General Hospital, Negombo
Email:	stdclinic.negombo@gmail.com
Telephone	031-2239016
	031-2222261(GH Negombo)
Contact persons	Dr Dilmini Mendis (Venereologist)
	Dr Shriyantha De Silva (MO/IC)

Panadura STD clinic*	
Address	STD clinic, Base Hospital, Panadura
Telephone	038-2232261
Contact person	Dr Thanuja Pieris (Acting Venereologist)

* New clinic started in early 2020



Western Province contd.

Ragama STD clinic

Address	STD clinic, Room 70, Teaching Hospital, Ragama
Email:	stdclinic.ragama@gmail.com
Telephone	011-2960224
Fax	011-2960224 011-2959266 (TH Ragama)
Contact persons	Dr Jayadari Ranatunga (Venereologist) Dr . Chamantha Wijerathna (MO/STD)

Wathupitiwala STD clinic

Address	STD clinic, Base Hospital, Wathupitiwala
Email:	stdcampaign.bswathupitiwala@yahoo.com
Telephone	033-2280261- Ext 255
Fax	033-2280927
Contact person	Dr. C. Dileka Sonnadara (Acting Venereologist) Dr. P.G. Nayani Dhanuska (MO/STD)

A photo story from
Wathupitiwala STD clinic



Annexures

Annexure Table 1 ART Cohort Analysis 2019

A. Outcome of people with HIV who started ART after 12 months									
	All			Female			Male		
	<15	15+	All	<15	15+	All	<15	15+	All
a. Number who initiated ART in 2018 (N)	4	298	302	1	58	59	3	240	243
Status (outcome) after 12 months of starting ART in 2019									
b. On 1st line regimen	4	260	264	1	50	51	3	210	213
c. On 2nd line regimen	0	6	6	0	0	0	0	6	6
d. Stopped (S)	0	1	1	0	1	1	0	0	0
e. Lost to follow-up (F)	0	16	16	0	5	5	0	11	11
f. Dead (D)	0	15	15	0	2	2	0	13	13
g. Number alive and on ART (A) {N- (S+D+F)}	4	266	270	1	50	51	3	216	219
h. % of persons alive and on ART (A/N*100)	100%	89%	89%	100%	86%	86%	100%	90%	90%
i. % of viral load suppression among them at the end of 2019	50%	90%	90%	100%	93%	94%	33%	90%	89%

B. Outcome of people with HIV who started ART after 24 months									
	All			Female			Male		
	<15	15+	All	<15	15+	All	<15	15+	All
a. Number who initiated ART in 2017 (N)	5	271	276	3	63	66	2	208	210
Status (outcome) after 24 months of starting ART in 2019									
b. On 1st line regimen	5	244	249	3	55	58	2	186	188
c. On 2nd line regimen	0	5	5	0	2	2	0	3	3
d. Stopped (S)	0	0	0	0	0	0	0	0	0
e. Lost to follow-up (F)	0	10	10	0	3	3	0	7	7
f. Dead (D)	0	12	12	0	3	3	0	9	9
g. Number alive and on ART(A) {N- (S+D+F)}	5	249	254	3	57	60	2	192	194
h. % of persons alive and on ART (A/N*100)	100%	92%	92%	100%	90%	91%	100%	92%	92%
i. % of VL suppression among them at the end of 2019	80%	83%	83%	100%	84%	84%	50%	83%	82%

C. Outcome of people with HIV who started ART after 36 months									
	All			Female			Male		
	<15	15+	All	<15	15+	All	<15	15+	All
a. Number who initiated ART in 2016 (N)	10	301	311	1	89	90	9	212	221
Status (outcome) after 36 months of starting ART in 2019									
b. On 1st line regimen	10	247	257	1	79	80	9	168	177
c. On 2nd line regimen	0	6	6	0	1	1	0	5	5
d. Stopped (S)	0	3	3	0	0	0	0	3	3
e. Lost to follow-up (F)	0	23	23	0	4	4	0	19	19
f. Dead (D)	0	22	22	0	5	5	0	17	17
g. Number alive and on ART(A) {N- (S+D+F)}	10	253	263	1	80	81	9	173	182
h. % of persons alive and on ART (A/N*100)	100%	84%	85%	100%	90%	90%	100%	82%	82%
i. % of VL suppression among them at the end of 2019	89%	96%	96%	100%	96%	96%	88%	96%	95%

D. Outcome of people with HIV who started ART after 60 months									
	All			Female			Male		
	<15	15+	All	<15	15+	All	<15	15+	All
a. Number who initiated ART (N)	4	148	152	1	38	39	3	110	113
Status (outcome) after 60 months of starting ART									
b. On 1st line regimen	2	114	116	0	32	32	2	82	84
c. On 2nd line regimen	1	3	4	1	0	1	0	3	3
d. Stopped (S)	0	1	1	0	0	0	0	1	1
e. Lost to follow-up (F)	0	18	18	0	2	2	0	16	16
f. Dead (D)	1	12	13	0	4	4	1	8	9
g. Number alive and on ART(A) {N- (S+D+F)}	3	117	120	1	32	33	2	85	87
h. % of persons alive and on ART (A/N*100)	75%	79%	79%	100%	84%	85%	67%	77%	77%
i. % of VL suppression among them at the end of 2019	100%	90%	91%	100%	90%	91%	100%	90%	90%

Annexure Table 2 Reason for attendance among new STD clinic attendees in 2019

Province	STD Clinic	Contact of patients			Voluntarily			Referral from magistrate/court			Others		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Kandy	35	10	45	260	71	331	15	82	97	187	325	512
	Matale	10	14	24	57	35	92	6	37	43	79	152	231
	Nuwara Eliya	23	5	28	31	27	58	12	29	41	56	171	227
Eastern Province	Ampara	11	6	17	85	38	123	12	34	46	51	86	137
	Batticaloa	2	5	7	8	3	11	1	75	76	108	87	195
	Kalmunai	3	5	8	90	87	177	5	16	21	84	59	143
	Trincomalee	4	5	9	22	8	30	20	70	90	108	85	193
North Central province	Anuradhapura	11	15	26	263	212	475	47	26	73	162	173	335
	Polonnaruwa	25	28	53	241	235	476	17	42	59	52	59	111
North Western Province	Chilaw	43	23	66	145	174	319	15	35	50	172	206	378
	Kuliyapitiya	0	0	0	71	24	95	3	3	6	40	53	93
	Kurunegala	91	47	138	340	256	596	62	201	263	274	521	795
Northern Province	Jaffna	6	6	12	27	3	30	14	32	46	156	60	216
	Kilinochchi	1	0	1	26	8	34	0	6	6	53	28	81
	Mannar	0	0	0	3	2	5	3	11	14	1	1	2
	Mullaitivu	6	1	7	5	4	9	1	12	13	9	13	22
	Vavuniya	7	4	11	36	18	54	17	40	57	77	41	118
Sabaragamuwa Province	Embilipitiya	12	13	25	74	49	123	28	23	51	18	35	53
	Kegalle	63	38	101	175	109	284	3	26	29	110	226	336
	Ratnapura	18	19	37	190	96	286	126	149	275	169	172	341
Southern Province	Balapitiya	36	13	49	111	50	161	12	57	69	204	150	354
	Hambanthota	16	7	23	164	126	290	78	58	136	186	175	361
	Mahamodara	41	29	70	147	71	218	50	61	111	213	273	486
	Matara	21	14	35	153	66	219	66	26	92	123	155	278
UVA Province	Badulla	17	15	32	66	37	103	79	98	177	127	179	306
	Monaragala	13	4	17	36	20	56	74	81	155	66	125	191
Western Province	Avissawella	12	19	31	43	26	69	7	59	66	113	130	243
	Colombo	148	101	249	3353	814	4167	52	38	90	1,509	1,603	3,112
	Gampaha	43	26	69	155	78	233	26	43	69	154	186	340
	Kalubowila	101	55	156	707	260	967	36	311	347	283	341	624
	Kalutara	106	130	236	224	252	476	59	217	276	71	121	192
	Negombo	35	37	72	103	154	257	29	163	192	175	186	361
	Ragama	25	41	66	207	66	273	41	76	117	350	225	575
	Wathupitiwala	3	1	4	39	33	72	4	19	23	98	92	190
Total		988	736	1,724	7,657	3,512	11,169	1,020	2,256	3,276	5,638	6,494	12,132

Annexure Table 3 Contact treatment for syphilis, gonorrhoea, non gonococcal infections during 2019

Province	STD Clinic	Contacts of syphilis treated			Contacts of gonorrhoea treated			Contacts of non-gonococcal treated		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Kandy	0	0	0	0	0	0	1	1	2
	Matale	0	3	3	1	0	1	2	1	3
	Nuwara Eliya	7	1	8	1	0	1	0	0	0
Eastern Province	Ampara	5	7	12	0	1	1	4	0	4
	Batticaloa	2	4	6	0	0	0	0	0	0
	Kalmunai	2	0	2	0	1	1	3	0	3
	Trincomalee	1	2	3	0	0	0	0	0	0
North Central province	Anuradhapura	8	11	19	2	5	7	0	0	0
	Polonnaruwa	1	4	5	0	1	1	10	17	27
North Western Province	Chilaw	3	0	3	0	1	1	0	1	1
	Kuliyapitiya	0	0	0	0	1	1	0	0	0
	Kurunegala	3	0	3	0	1	1	0	1	1
Northern Province	Jaffna	6	1	7	0	0	0	7	0	7
	Kilinochchi	0	0	0	0	0	0	0	0	0
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	0	1	1	0	0	0	0	0	0
	Vavuniya	2	1	3	1	0	1	0	0	0
Sabaragamuwa Province	Embilipitiya	0	1	1	0	1	1	18	10	28
	Kegalle	4	2	6	0	3	3	11	11	22
	Ratnapura	4	3	7	0	2	2	14	9	23
Southern Province	Balapitiya	2	0	2	0	0	0	0	1	1
	Hambanthota	7	1	8	9	6	15	5	2	7
	Mahamodara	4	1	5	0	0	0	5	1	6
	Matara	2	3	5	0	0	0	1	1	2
UVA Province	Badulla	7	7	14	0	0	0	0	0	0
	Monaragala	2	1	3	0	1	1	15	5	20
Western Province	Avissawella	1	0	1	0	2	2	6	10	16
	Colombo	13	11	24	3	11	14	97	36	133
	Gampaha	0	1	1	0	0	0	26	14	40
	Kalubowila	10	3	13	12	5	17	183	217	400
	Kalutara	8	6	14	3	1	4	3	2	5
	Negombo	9	4	13	1	2	3	11	11	22
	Ragama	1	1	2	1	2	3	3	5	8
Wathupitiwala	0	1	1	0	0	0	0	0	0	
Total		114	81	195	34	47	81	425	356	781

FOR MORE INFORMATION, CONTACT;

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