

Virtual Combination HIV Services for Sri Lanka

A Strategic Plan
2021-2024



National STD/AIDS
Control Programme
SRI LANKA

Virtual Combination HIV Services for Sri Lanka

A Strategic Plan 2021-2024

**A plan to integrate virtual education, clinical
and health promotion services for HIV and
STIs in Sri Lanka.**

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FORWARD

I am pleased to present the Virtual Combination HIV Services Strategic Plan 2021-2024 of the National STD/AIDS Control Programme (NSACP). This strategic plan will guide our response to web-based, online STI and HIV services to the people of Sri Lanka, especially for key populations who are at highest risk for HIV infection.

Sri Lanka aims to end AIDS by 2025 by reducing new HIV infections and AIDS related deaths by 90% as compared to figures in 2010. To achieve this, HIV and STI services must be scaled up by using virtual services to meet the growing phone, internet and App-based demand among Sri Lankans, and particularly among key populations who are most at risk for HIV infection

The NSACP Virtual Combination HIV Services Strategic Plan 2021-2024 describes how HIV prevention outreach and clinical services in Sri Lanka will transform in order to accommodate the ways that key populations for HIV are engaging for social and sexual contact, through Smartphone-Apps and web-based platforms.

The NSACP Virtual Combination HIV Services Strategic Plan 2021-2024 describes our priorities, our key action areas and the ways we will hold ourselves accountable, and measure our success.

I would like to take this opportunity to thank all the contributors to this document. The dedicated work of our clinical team is highly appreciated.

Dr. Rasanjalee Hettiarachchi
Director
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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
APP	Application online
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behaviour Change Communication
FSW	Female sex worker
GBV	Gender-based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV counselling and testing
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
KP	Key population for HIV
MSM	Men who have sex with men
MSW	Male sex workers
NGO	Non-government organization
NSACP	National STD/AIDS Control Programme
OW/PE	Outreach worker/peer educator
PEP	Post Exposure Prophylaxis
PLHIV	Person (people) living with HIV
PrEP	Pre-HIV exposure prophylaxis
PWID	People who inject drugs
PWUD	People who use drugs
SRH	Sexual and reproductive health
STI	Sexually transmissible infection
TB	Tuberculosis
TG	Transgender person
UN	United Nations
VCT	Voluntary counselling and testing

01 // INTRODUCTION

The *Virtual Combination HIV Services Sri Lanka Strategic Plan 2021-2024* outlines the key priorities of the National STD/AIDS Control Programme (NSACP) for virtual HIV, STI and reproductive health services linked to site-based clinical and health education services for the people of Sri Lanka.

This plan describes our strategic priorities, our key action areas, our key performance indicators and the measures we will use to assess our success. A capacity statement describes the strengths of our human resources and the areas for improvement we will develop in our people through the life of this strategy.

02 // ABOUT US

The National STD/AIDS Control Programme (NSACP) of the Sri Lankan Ministry of Health is the main government organization which coordinates the national response to sexually transmitted infections including HIV/AIDS in Sri Lanka. We collaborate with many national and international organizations such as the Global Fund to Fight Against AIDS, TB, and Malaria (GFATM) and UN organizations while providing leadership and technical support to 41 island-wide STD clinics and 29 ART centers.

03 // SITUATIONAL CONTEXT

The Government of Sri Lanka has set a goal to end the AIDS epidemic in Sri Lanka by 2025 (Ministry of Health, 2018). In order to achieve this goal, the National STD/AIDS Control Programme aims to innovate our health education and clinical service systems, including operating at the cutting edge of new internet and telecommunication technologies and transition to a more tailored design that offers highly personalised and responsive virtual-to-site-based HIV services for HIV and STI's.

The challenge is significant: Sri Lanka had an estimated 3,600 people living with HIV in 2019 of which 2,302 know their HIV positive status (NSACP, 2020). However, of these only 1,845 had started treatment and, of these, 1,587 had suppressed HIV viral load (NSACP, 2021:3).

In Sri Lanka, men are affected in greater numbers than women, and the burden of HIV infection is on key populations for HIV that include women who sell sex and their clients, men who have sex with men, transgender people and people who use or inject drugs. The highest HIV prevalence in Sri Lanka is among men who have sex with men (1.5 percent) followed closely by transgender people (1.4 percent), in particular male-to-female transgender people (NSACP, 2021:5). MSM will likely contribute to 50 percent of all new infections in the life of this strategy (NSACP, 2021:6). High levels of vulnerability exist for young MSM and trans people, as well those who are new to sex, sex work or drug use.

But key populations for HIV in Sri Lanka are vulnerable, not just to infection from HIV and STIs, but to social stigma and discrimination, to violence and intimidation. Key populations for HIV often

have less access to health, welfare and other social systems, that other Sri Lankans may more easily access. Our virtual-to-site-based health education and clinical services need to consider, be sensitive to, and anticipate the social stigma and discrimination experienced by key populations for HIV, and that act as barriers to sexual health seeking (NCSD, 2008, Turban, 2018, Simpson, 2019, Karyofyllis, 2020).

Despite these challenges, our success as a country have been impressive over the past decade. There were, in 2019, less than 200 new HIV infections in Sri Lanka, which is a significant reduction in infections from 2010, which were as high as 500 per year. There were fewer than 200 people with HIV who died from HIV-related causes in 2019, again a significant reduction in mortality rates, which, in 2010, was 500 per year (UNAIDS, 2020).

The Internet and Smartphone platforms are fast becoming the dominant way that Sri Lankans search for information, services, for friendships and relationships. Key populations for HIV in Sri Lanka, are also transforming the ways they utilise the internet and Smartphones for services, information, social and sexual connections (Tarandeep, 2017). Our HIV services need to adapt to these changes in the way that citizens are seeking services, information and connection to others. Sex workers are incorporating change to in their seeking out of clients through online strategies. This means they are moving away from venue and street-based work, to online work and online payment systems (Sanders, 2016). Online profiles on dating sites, video sex engagement online and even payment online through Apps are all now possible for both male, female and transgender sex workers (Rosser, 2011).

A recent UK study found that female sex workers operating online have more control over the sex work, were more satisfied with their working conditions, were more likely to report a sense that they were engaged in socially useful work and felt safer, when compared to street-based or brothel-based sex workers (Sanders, 2016). The available research suggests that Internet-based sex work is likely to become more, not less, popular in the future.

Increased reliance on Apps and dating sites means that communicative and engagement practices among gay men are in a process of "reformation" (Groves, 2014). For gay men and other MSM, private and themed chatrooms on dating Apps and up sites are quickly replacing static, physical locations for meeting for social and sexual networks.

There is evidence to show that having a presence in chatrooms and discussion groups allows HIV outreach workers to reach MSM, transgender people and women who sell sex more easily (Benetsch, 2006). For gay men and male sex workers too, finding clients, sexual and romantic partners may now require less reliance on or engagement with gay community or for meeting up at a physical location such as a bar or club.

There is evidence that internet-use is more popular among the most vulnerable key populations, including teenagers and other young people (Bull, 2010), those who are relatively new to sex or to sex work and those who have never engaged with key population networks or communities (Groves, 2013).

Globally, it is virtual service models of engaging key populations for HIV that are being scaled up and found to be particularly helpful for highly stigmatized populations for HIV, like those described above (Tarandeep, 2017).

If our clinical health services don't adapt, there is the possibility that these vulnerable groups of key populations for HIV will be missed in Sri Lanka and may not receive essential health and welfare support and that could, in turn, increase the health vulnerabilities of these populations. In order to end AIDS in Sri Lanka by 2025, we must adapt to these changes and offer sensitive and responsive health information, education and clinical services online.

04 // A VISION FOR INTEGRATED VIRTUAL HIV SERVICES

Virtual HIV services that contribute to ending AIDS in Sri Lanka.

05 // WHO WE SERVE?

The people we serve include:

- Key populations and their partners who carry the burden of HIV in Sri Lanka.
- People living with HIV.
- Families and children affected by HIV.
- Vulnerable and highly mobile populations.

06 // WHY WE SERVE THEM?

Approximately 400 Sri Lankans are diagnosed with HIV each year and most are from key populations at risk for HIV including women who sell sex and their clients, men who have sex with men, transgender people and people who use and inject drugs. Key populations at risk for HIV are least likely to use health services. They fear prejudice that stops them returning to services. HIV-related human rights violations remain a problem for health access. To avoid these problems, key populations at risk for HIV are turning to the Internet for information and connection because it offers privacy and safety. NSACP services need to mirror this movement of key populations at risk of HIV to online engagement.

07 // HOW WE SERVE THEM?

The National STD/AIDS Control Programme designs innovations in health education, support and clinical services for HIV and STIs that aim to close gaps in health systems and focuses on minimising stigma and discrimination in local places where people live, so that they can live long and healthy lives with HIV and related diseases. In the absence of a cure for HIV, our approach can contribute to interrupting HIV transmission and the harms caused by HIV.

The Internet has changed how people purchase goods and services, access information and connect to communities. More than half the world's population access internet and related technologies (Tarandeep, 2017). In HIV health promotion, partners and governments must shift focus to online service. Globally, it is virtual models of engaging key populations for HIV that are being scaled up and linked to physical locations (Tarandeep, 2017). For this reason, the NSACP is prioritising delivering demand generation and linkage to HIV related services.

08 // HIV HEALTH SYSTEM ENABLERS

Healthcare is a fundamental need and right for Sri Lankans. Equitable access to healthcare can help to create equitable access to virtual-to-site-based HIV services in Sri Lanka. Enablers of HIV integrated virtual combination HIV health services for Sri Lanka, that will facilitate our success, include:

- A multidisciplinary workforce that is skilled, knowledgeable, sensitive and has a collective, non-judgemental attitude toward all key populations for HIV.
- Systems to rapidly learn, change and improve how we deliver services.
- Decriminalisation of sex work, sex between men and anal sex in Sri Lanka.

09 // OVERVIEW OF VIRTUAL COMBINATION HIV SERVICES

Virtual service delivery uses online (Internet-based) and offline (face-to-face) service systems to drive customers or clients to purchase goods or use services (Zhang et al, 2019). Virtual businesses use a variety of online marketing tools, engagement tools and channels that entice online customers to purchase goods and services, many of which are delivered to them face-to-face through couriers or involve meeting face-to-face to receive the service that was originally booked online (Chan et al, 2005).

In HIV, the goal of virtual-to-site-based service delivery is to

- a. Identify key populations at risk for HIV online (e.g., through dating sites and Apps, social media pages and social networks).
- b. Build trust and loyalty in these clients, and then;
- c. Encourage key populations to engage with virtual clinical and health promotion services through telehealth.
- d. Encourage key populations who require it to leave the online space to meet face-to-face and engage in direct HIV and sexual health services at clinics and hospitals.

Virtual health care, including telehealth, is becoming an essential component of health promotion and primary health care service delivery in multiple sectors and across the globe (Fera et al, 2020). A key priority in HIV programming is to transform health promotion and clinical service systems for key populations for HIV so that they incorporate both virtual demand generation, virtual service delivery, all is linked-to-face-to-face clinical and community health services.

Here are the key elements of a virtual-to-site based HIV service system emphasising demand generation and integrated virtual and face-to-face health service.

1. **KPs engage online** – KPs become aware of NSACP integrated HIV services through Google Ads, social media, and advertisements on dating sites.
2. **Online first contact** – [Virtual] Online team engages in first client contact through the know4sure.lk platform. Clients may undertake a risk assessment and then seek more information or make a booking to attend a clinic or hospital
3. **Peer online outreach** – [Virtual] Online chat, social media, online education and service support are all part of how online peer outreach staff generate demand and trust in the HIV service system. Team manage delivery of HIV commodities, HIV self-test kits and pre-

and-post screening support to key populations for HIV who are testing at home.

4. **Clinical HIV service delivery** – [Site-based] medical services do not need to change the way they currently deliver their services. Medical teams continue to provide face-to-face clinical services to key populations for HIV.
5. **Virtual HIV case management** –[Virtual] peer case managers meet with PLHIV face-to-face and “walk clients through” clinics and hospital services. They also provide virtual allied health care by engaging in ART adherence programming for individual PLHIV and providing virtual support to PLHIV.

The following section provides a detailed explanation of how this integrated virtual HIV services system functions and supports face-to-face, site-based clinical and community services that are currently provided by NSACP and its partners.

10 // CLIENT SERVICE PATHWAY LINKED TO SERVICE RESPONSE

The *client service pathway* visualises the steps that clients take as they walk through the service system. Each step is conceptualized from the point-of-view of the client.

Service responses describe the team that responds to client engagement at each step. Each step in the service response is conceptualized from the point of view of the service team responsible for meeting the client’s needs at that moment in time and what each of the teams provides to the client, as they “walk” the service pathway. The client service pathway, linked to service response, is visualised using the following pattern:



KPs engage online - Initial client awareness of the Know4Sure.lk project comes from online advertising, native social media posting or online chatroom engagement on dating sites, initiated by NSACP peer staff. First contact involves completing an HIV self-assessment through Know4Sure.lk.

How does this occur? Clients are searching online for information about HIV and sexual health or they are actively seeking or selling sex. They engage with advertising or social media postings that appears on social media sites or on dating sites and Apps. Clients directly engage through the HIV self-assessment tool or by talking with a NSACP peer worker who is available at the first point of call (see step two below) or who is present in chatrooms on dating sites and Apps (see step three below).

2**STEP TWO****Online first contact**

Online first contact with the project is through an HIV self-assessment linked to virtual hotline services. A stand-alone call centre inside the NSACP is staffed by peers from key populations for HIV. These staff work out-of-business-hours to engage with key populations who call the hotline and use its services. These staff also support medical staff at private health clinics in Sri Lanka who are administering HIV and STI testing services.

How does this occur? As discussed in step one, clients connect to the Know4Sure.lk website from adverts, health promotion marketing campaigns or by links provided by online peers. Clients undertake an HIV self-test. Once they receive a result, they either book in for a clinic visit or talk to an online NSACP peer worker. This 'first contact worker' helps the client to navigate through the service system by helping with advice on referrals in to clinics and hospitals and providing information on what virtual and courier services are available for the client to utilise.

3**STEP THREE****Peer online outreach**

Peer online outreach involves a team of peer workers who maintain a presence on social media, on dating sites, Apps and in chatrooms. This team provides education and HIV health promotion groups in the virtual space.

How does this occur? Online peer workers manage outreach through Apps, sites and social media channels. They provide online education and run online education groups and campaigns. They manage delivery of HIV self-test kits, pre-and-post-screen support and education and delivery of HIV commodities. HIV self-testing always connects people administering their self-test with online pre-and-post-test counselling staff. Peer online workers always call pre-and-post-test and always assess for PrEP and PrEP referral. Clients who receive a reactive test at home are called by this team and book in for a clinic visit for HIV confirmation testing. NOTE: over the life of this plan, self- testing for STIs will be integrated in to the virtual service system.

4**STEP FOUR****Clinical HIV services**

Clinical service delivery involves medical teams providing site-based medical services for HIV, STIs, TB and reproductive health.

Clients confirmed HIV positive start ART and participate in blood draw for CD4 testing and HIV viral load, which occurs on the same day as diagnosis is confirmed. A general health check is also undertaken as well screening and treatment for STIs, TB and reproductive health. Newly diagnosed PLHIV are referred to the virtual HIV case management team for follow-up support.

Clients confirmed HIV negative are assessed for PrEP, referred back to the online peer outreach team who discuss how to stay HIV free.

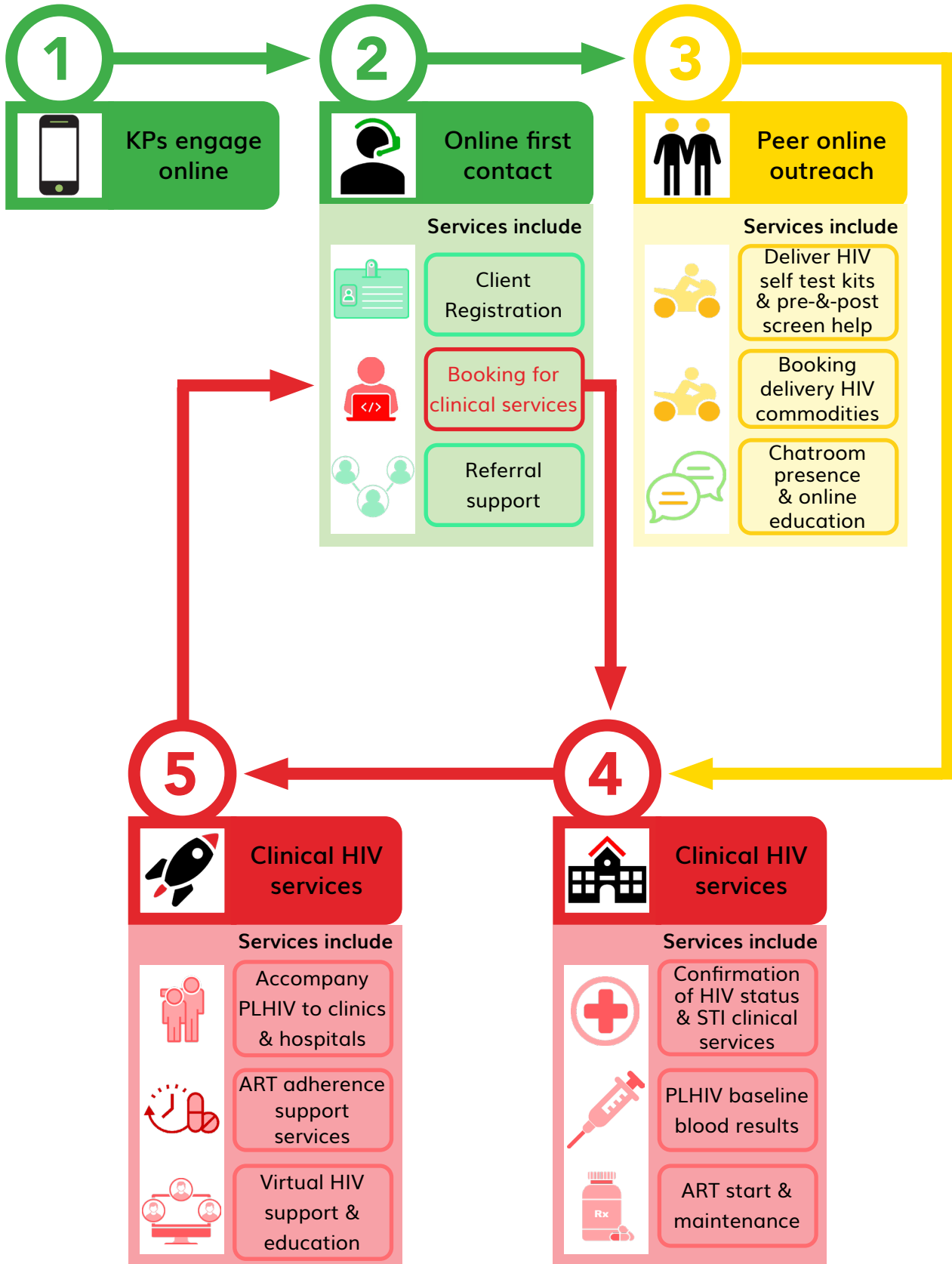
5**STEP FIVE****Virtual HIV case management**

Virtual HIV case management involves a team of virtual peer case managers who maintain online contact with newly diagnosed PLHIV. They provide new diagnosis support, ART start adherence support and connect newly diagnosed PLHIV to online support groups managed by this team. This team also supports those who initiate PrEP and provide PrEP support groups.

How does this occur? Newly diagnosed people with HIV are linked to the virtual HIV case management team. This team provides support for ART start and adherence. They provide new diagnosis support services online and connect newly diagnosed PLHIV to online groups.

The client service pathway and service response are visually described in the diagram below. Steps in **green** indicate first contact services. Steps in **yellow** indicate HIV prevention services. Steps in **red** indicate services for people living with HIV or who test positive for STIs. Note that elements 2, 4 and 5 merge in to a repeating cycle of service delivery for newly diagnosed PLHIV and those initiating PrEP. That is, clinic bookings managed by the first contact team (2), clinical service delivery managed by the clinical team (4) and virtual HIV case management delivered by the HIV case management team (5).

SERVICE PATHWAY AND SERVICE RESPONSE



11 // DEFINITIONS IN VIRTUAL COMBINATION HIV SERVICES

A series of definitions of service categories are provided in this section of the strategic plan.

SITE VISITOR

A site visitor refers to an individual who lands on the know4sure.lk website.

SELF-RISK ASSESSMENT

People at risk for HIV access the know4sure.lk website and complete a self-risk assessment for HIV that is available in the know4sure.lk platform. This activity can be done anonymously without providing their mobile numbers. Based on the answers given to risk assessment tool, their estimated HIV risk is provided by the know4sure.lk platform. They are then prompted to either (i) make a booking with a clinic or (ii) talk to a peer online or (iii) receive health products such as condoms, lubricants or HIV self-test kits.

REGISTRATION

If a know4sure.lk visitor opted to receive any services, they are prompted to provide their mobile phone number which will be automatically verified by the system. Once the phone number has been verified, the client is registered in the system. Then the visitor is prompted to generate a unique identification code and prompted to reassess the HIV risk for information management purposes. Once a client is booked for a service, an online outreach worker or NSACP staff will connect with the client to confirm the service and then proceed with whatever they need to do.

VIRTUAL REACH

Virtual reach is service activity that involves registration in the know4sure.lk platform, undergone self-risk assessment and receive at least one of the following services i.e. (i) make a booking in a clinic for services (ii) receive any one of the health products such as condoms, lubricants or HIV self-test kits.

TEST AND KNOW THE HIV RESULT

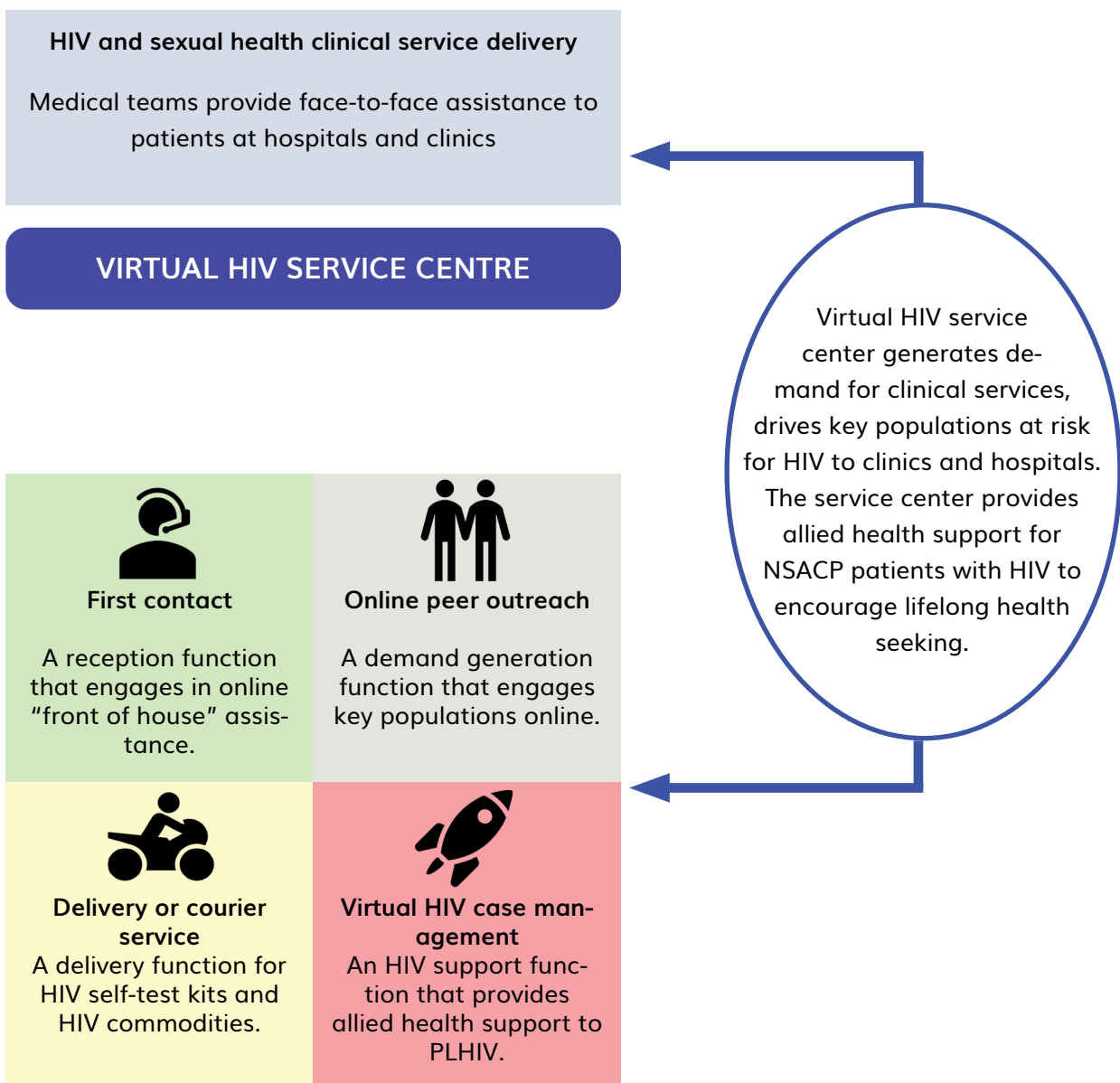
Test and know the HIV result is a service that involves one of a series of service options:

- i. Unassisted HIV self-test where the client uses videos and other online resource to self-administer the test and understand the result.
- ii. Assisted HIV self-test where assisted means virtual support provided to an individual client and a service provider from the NSACP, who assists the client through the HIV self-test process and explains the result.
- iii. Community-based screening (CBS) where an HIV screening test is administered in the field and the result is explained by either a public or private medical professional or a trained HIV peer worker.
- iv. Clinically administered HIV testing where a patient attends an NSACP or other public health facility for confirmation of HIV testing through 3 serial rapid tests or Western Blot testing.

12 // HUMAN RESOURCES - VIRTUAL COMBINATION HIV SERVICES

The human resources needed to facilitate virtual combination HIV services involve establishing a service centre to engage key populations at risk for HIV online, generating demand for medical services and encouraging lifelong health seeking among PLHIV.

1. **Medical teams** provide services the same way as they currently do. However, a program to incorporate private health care clinics represents a key innovation in our strategy.
2. A **virtual HIV prevention team** works online to engage key populations for HIV, generate demand through online advertising, manages deliveries of HIV commodities, engages in pre-and-post screen support for HIV self-testing.
3. Within the HIV prevention team, a **virtual HIV case management** team provides allied health services and adherence counselling support to people living with HIV.



In the next section, strategic priorities are described, along with key action areas and key performance indicators for each action area.

13 // STRATEGIC PRIORITIES & KEY ACTIONS 2021-2024

Strategic Priority 1: Contribute to a reduction in HIV transmission by generating demand for HIV services using virtual to site-based systems targeting key populations at risk for HIV.

Strategic Priority 2: Contribute to a reduction in HIV morbidity and mortality by encouraging lifelong health seeking among PLHIV engaged in virtual HIV services.

KEY ACTION AREAS 2021-2024



KEY ACTION AREA 1 – PREVENT

Virtual HIV prevention services will generate increased demand for virtual, face-to-face and site-based clinical and health promotion services among key populations at risk for HIV. Virtual prevention will work closely with local community-based teams who are providing HIV prevention outreach through field work. Services will include virtual education to prevent HIV transmission, giving key populations the tools, they need to use condoms, start PrEP and to test and treat for HIV, health education campaigns online and virtual support and education group programs.



KEY ACTION AREA 2 – TEST

To ensure that 95 percent of all key populations and PLHIV know their HIV status by 2025 we will make it easier for key populations to test for HIV, STIs and access sexual and reproductive health services. Self-testing for HIV and STIs linked to online pre-and-post-test counselling is essential. We will link HIV negative people to preventive services such as condom delivery, assessment for PrEP and PEPSE.

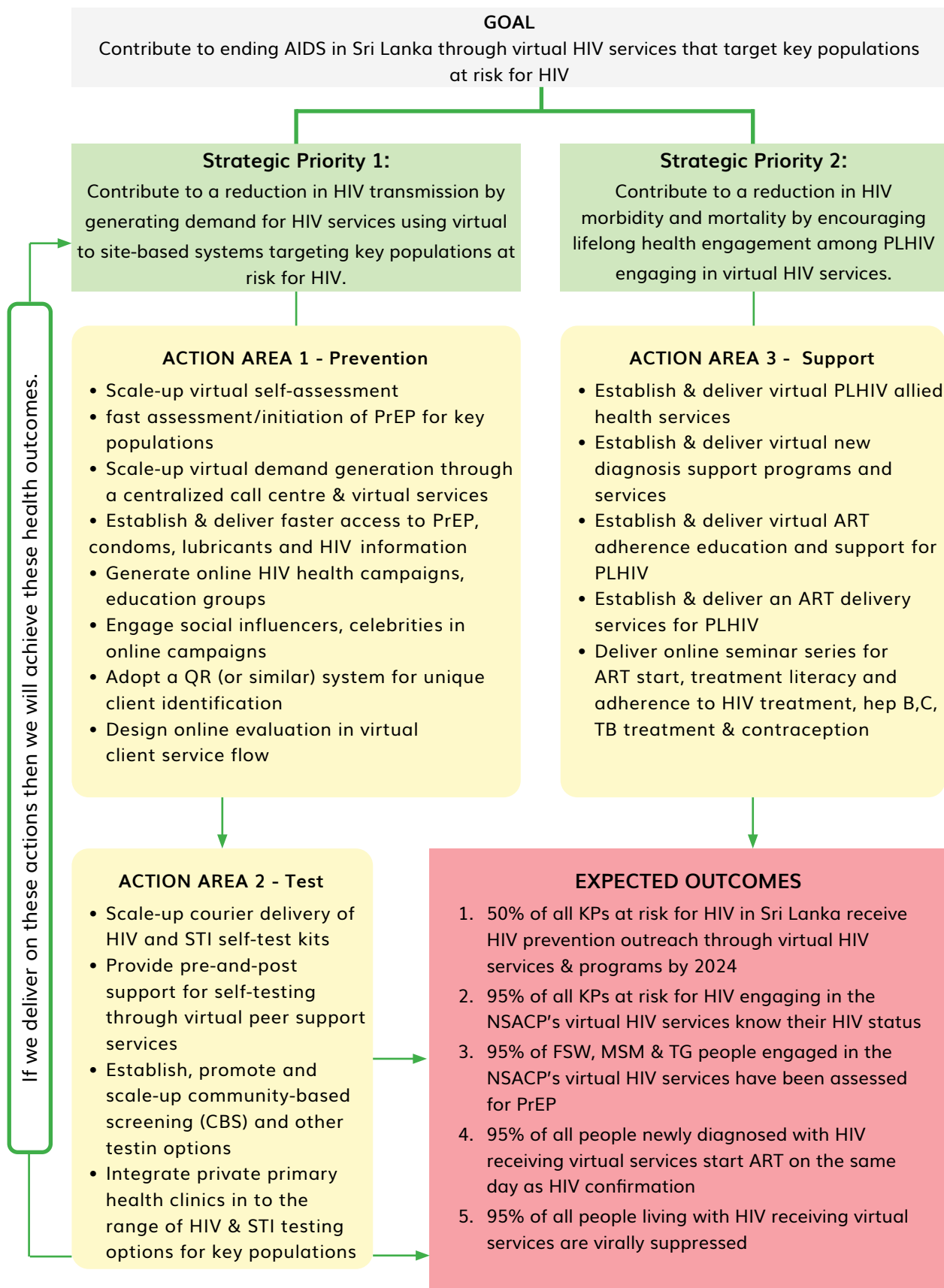


KEY ACTION AREA 3 – SUPPORT

To ensure that 95 percent of all PLHIV are virally suppressed we need to make ART start faster and easier to adhere to over the long term. We will support newly diagnosed PLHIV to start ART on the same day as HIV diagnosis. We will establish online systems for virtual case management, adherence and multi-month dispensing through ART home delivery, especially in crisis situations. We will support those initiating PrEP and provide virtual assistance to adhere to PrEP regimes.

14 // RESULTS FRAMEWORK

The results framework provides a visual depiction of the goals, strategic priorities, areas for direct action and expected outcomes that will be achieved during the life of this strategic plan.



15 // ACTION AREAS 2021-2024

From 2021 to 2024 the National STD/AIDS Control Programme will focus upon scale-up of HIV virtual services to contribute to ending AIDS in Sri Lanka by 2025.

Strategic Priority 1: Contribute to a reduction in HIV transmission by generating demand for HIV services using virtual to site-based systems targeting key populations at risk for HIV.



ACTION AREA 1 PREVENT

Effective HIV prevention outreach involves the provision of IEC and BCC, condoms and lubricant, HIV screening and testing, as well as assessment and provision of PEPSE and PrEP. It requires being in the right places, at the right times of day, and engaging key populations for HIV through online websites and dating Apps

Our commitments in this action area include to:

- Scale-up virtual self-assessment to assist key populations at risk for HIV to know their risk of acquiring or transmitting HIV to others.
- Fast assessment and initiation of PrEP and PEPSE for key populations at risk for HIV who are engaged in virtual HIV services.
- Scale-up virtual demand generation by increasing virtual access to peers from key population at risk for HIV through a centralised online call centre and a virtual service presence on dating Apps and sites, in chatrooms.
- Establish and deliver free, virtual commodities distribution service to facilitate faster and easier access to PrEP, condoms, lubricant and information about HIV.
- Generate online HIV health campaigns, groups and education that is sex-positive¹.
- Engage social influencers, celebrities, leaders in online campaigns.
- Adopt a unique identification coding system to ensure that individual clients can be tracked through a unique client code tracking system.
- Design online evaluation systems in virtual client service flow for automatic review after contact, assessment and improvement of services.

OUTCOME 1: 50 percent of all key populations at risk for HIV in Sri Lanka receive HIV prevention outreach through virtual HIV services and programs by 2024.

¹“Sex positive” campaigns use images and language that is non-judgmental and accepting of the kinds of sex that key populations engage in. Sex and sexual expression are viewed as a natural and healthy aspect of human life, including the sex that key populations at risk for HIV engage in (including anal sex and sex exchanged for goods, cash or safety). Sex positive campaigning uses images that are not pornographic but desirable to key populations at risk for HIV. (From “Sex Positivity” Women and Gender Advocacy Center. Colorado State University, 2020)



ACTION AREA 2 TEST

Effective HIV testing through virtual services involves providing easy access to HIV screening, pre-and-post-screen virtual support and education and to HIV confirmatory testing. The goal is to ensure that 95 percent of all people who screen for HIV through virtual services go on to know their HIV status. We will also ensure that key populations who test negative for HIV are prompted to repeat HIV screening in the future. The most likely reason for poor testing coverage is the difficulty reaching hidden key populations. Virtual HIV prevention will assist us identify and serve hidden key populations such as young people and those new to sex, sex work and drug-use online.

Our commitments in this area include to:

- Establish, promote and scale-up courier delivery of HIV and STI self-test kits.
- Provide pre-and-post support for self-testing through videos, brochures and virtual peer support services delivered by real people from key populations at risk for HIV.
- Establish, promote and scale-up community-based screening (CBS) and other testing options through virtual HIV services.
- Integrate private primary health clinics into the range of testing options available to key populations for HIV through know4sure.lk.

OUTCOME 2: 95 percent of all key populations at risk for HIV engaging in the NSACP's virtual HIV services know their HIV status.

OUTCOME 3: 95 percent of FSW, MSM and transgender people engaged in the NSACP's virtual HIV services have been assessed for PrEP.

16 // KEY PERFORMANCE INDICATORS (KPIs) FOR STRATEGIC PRIORITY 1

The KPIs listed here outline measurable targets for the delivery of strategic action described in this plan to the end of 2024. We will independently evaluate our performance every year and use the results of these evaluations to further improve our results.

TARGETS FOR VIRTUAL HIV REACH²

No	KPI	Strategic Priority	Action Area	Indicator level	2021	2022	2023	2024
1.1	Number of FSW reached through virtual outreach and education services.	1	1	Output	6,000 reached (40% of PSE).	10,000 reached (60% of PSE)	15,500 reached (80% of PSE).	15,500~ reached (80% of PSE).
1.2	Number of MSM reached through virtual outreach and education.	1	1	Output	12,000 reached (27% of PSE).	16,000 reached (35.2% of PSE).	22,000 reached (39% of PSE).	22,000 reached (39% of PSE).
1.3	Number of TG reached through virtual outreach and education services.	1	1	Output	500 reached (50% of PSE)	670 reached (60% of PSE).	1,010 reached (85% of PSE).	1,010 reached (85% of PSE).
1.4	Number of PWID reached through virtual outreach and education.	1	1	Output	800 reached.	1,250 reached.	1,620 reached.	1,620 reached.
1.5	Number of beach boys reached through virtual outreach and education.	1	2	Output	700 reached (60% of PSE).	1,150 reached (74% of PSE).	1,400 reached (80% of PSE).	1,400 reached (80% of PSE).

²Definition of virtual outreach: KPs have (i) registered in the system, (ii) undergone a self-risk assessment and have received one or more of the following services: HIV information & education, condom & lubricant delivery, booked in for HIV self-testing, community-based screening or clinic-based screening and HIV confirmation.

CLIENT SATISFACTION AND QUALITY RATING

No	KPI	Strategic Priority	Action Area	Indicator level	2021	2022	2023	2024
1.6	Number of KPs who report satisfaction with HIV virtual services.	1	1	Output	90% satisfaction rates reported.	90% satisfaction rates reported.	90% satisfaction rates reported.	90% satisfaction rates reported.

TARGETS FOR VIRTUAL HIV REACH²

No	KPI	Strategic Priority	Action Area	Indicator level	2021	2022	2023	2024
1.7	PrEP uptake by key populations using virtual services during the reporting period.	1	1	Output	Number of eligible FSW, MSM and TG initiated oral PrEP in the reporting period.	Number of eligible FSW, MSM and TG initiated oral PrEP in the reporting period.	Number of eligible FSW, MSM and TG initiated oral PrEP in the reporting period.	Number of eligible FSW, MSM and TG initiated oral PrEP in the reporting period.
18	PrEP continuation (at 3 months) by key populations using virtual services in the reporting period.	1	1	Output	% of PrEP users who continued oral PrEP for 3 months after initiating.	% of PrEP users who continued oral PrEP for 3 months after initiating.	% of PrEP users who continued oral PrEP for 3 months after initiating.	% of PrEP users who continued oral PrEP for 3 months after initiating.
1.9	Key populations using virtual services who are currently on PrEP.	1	1	Output	Number of KPs who received oral PrEP at least once in reporting period.	Number of KPs who received oral PrEP at least once in reporting period.	Number of KPs who received oral PrEP at least once in reporting period.	Number of KPs who received oral PrEP at least once in reporting period.

TARGETS FOR STI SCREENING AND TREATMENT SERVICES

No	KPI	Strategic Priority	Action Area	Indicator level	2021	2022	2023	2024
1.10	Syphilis, gonorrhoea and chlamydia screening coverage among KPs using virtual services.	1	1	Output	Number of FSW, MSM and TG screened for syphilis, gonorrhoea and chlamydia in the reporting period.	Number of FSW, MSM and TG screened for syphilis, gonorrhoea and chlamydia in the reporting period.	Number of FSW, MSM and TG screened for syphilis, gonorrhoea and chlamydia in the reporting period.	Number of FSW, MSM and TG screened for syphilis, gonorrhoea and chlamydia in the reporting period.
1.11	Syphilis, gonorrhoea and chlamydia treatment coverage among KPs using virtual services.	1	1	Output	Number of FSW, MSM and TG seropositive treated for syphilis, gonorrhoea and chlamydia in the reporting period.	Number of FSW, MSM and TG seropositive treated for syphilis, gonorrhoea and chlamydia in the reporting period.	Number of FSW, MSM and TG seropositive treated for syphilis, gonorrhoea and chlamydia in the reporting period.	Number of FSW, MSM and TG seropositive treated for syphilis, gonorrhoea and chlamydia in the reporting period.

TARGETS FOR HIV TESTING AND KNOWING HIV STATUS FROM VIRTUAL HIV SERVICES

No	KPI	Strategic Priority	Action Area	Indicator level	2021	2022	2023	2024
1.12	Number of FSW tested from HIV virtual services who know their HIV status.	1	2	Output	3,000 ^ tested from virtual services and know their HIV status.	4,800* tested from virtual services and know their HIV status.	8,100 tested from virtual services and know their HIV status.	10,800 tested from virtual services and know their HIV status.
1.13	Number of MSM tested from HIV virtual services who know their HIV status.	1	2	Output	6,000 ^ tested from virtual services and how their HIV status.	8,000* tested and know their HIV status.	11,700 tested and know their HIV status.	16,200 tested and know their HIV status.
1.14	Number of TG tested from HIV virtual services who know their HIV status.	1	2	Output	300 ^ tested and know their HIV status.	440* tested and know their HIV status.	584 tested from virtual outreach and know status.	792 tested from virtual outreach and know their HIV status.
1.15	Number of PWID tested from HIV virtual services who know their HIV status.	1	2	Output	400 ^ tested from virtual services and know their HIV status.	360* tested from virtual services and know their HIV status.	563 tested from virtual services and know their HIV status.	729 tested from virtual outreach and know their HIV status.
1.16	Number of beach boys tested from HIV virtual services who know their HIV status.	1	2	Output	350 ^ tested from virtual services and know their HIV status.	1,150 reached (74% of PSE).	1,400 reached (80% of PSE).	No data at time of writing.

^ 50% of the virtual reach target for 2021.

* 50% of the total annual testing target for key population at risk of HIV according to the 2022 to 2024 HIV Performance Framework.

Would be very useful to ask David Hales to look in to STI targets that could be added – even just general targets would be of assistance.

Strategic Priority 2: Contribute to a reduction in HIV morbidity and mortality by encouraging lifelong health seeking among PLHIV engaging in virtual HIV services.



ACTION AREA 3 SUPPORT

The AIDS Epidemic Model for Sri Lanka estimates that, of the 3,475 people living with HIV in 2021, only 1,775 are currently taking antiretroviral treatment for HIV in 2021 (NSACP 2021:5). Support for people living with HIV through virtual services will rapid HIV screening to confirmation testing and will support rapid ART start for newly diagnosed PLHIV. Allied health is a term used to describe non-medical personnel who assist doctors to engage clients in prevention, diagnosis and treatment of illness.

Our commitments in this area include to:

- Establish a virtual PLHIV allied health service system that includes peer support, virtual HIV case management and adherence and health education sessions for people living with HIV
- Establish and deliver a virtual new diagnosis support service.
- Establish and deliver ART adherence assistance and support for PLHIV.
- Establish an ART home delivery service for PLHIV stable on HIV treatment.
- Deliver online seminar series for ART start, treatment literacy and adherence among a range of related health issues for PLHIV.

OUTCOME 5: 95 percent of all people newly diagnosed with HIV receiving virtual services start ART on the same day as HIV confirmation.

OUTCOME 6: 95 percent of all people living with HIV receiving virtual services are virally suppressed.

17 // KEY PERFORMANCE INDICATORS (KPIs) FOR STRATEGIC PRIORITY 2

The KPIs listed here outline measurable targets for the delivery of strategic action described in this plan to the end of 2024. We will independently evaluate our performance every year and use the results of these evaluations to further improve our results.

No	KPI	Strategic Priority	Action Area	Indicator level	2021	2022	2023	2024
2.1	No. of PLHIV newly diagnosed through virtual service delivery.	2	3	Outcome	At least 1% of all those tested through virtual service diagnosed with HIV.	At least 1% of all those tested through virtual service diagnosed with HIV.	At least 1% of all those tested through virtual service diagnosed with HIV.	At least 1% of all those tested through virtual service diagnosed with HIV.
2.2	No. of PLHIV newly diagnosed through virtual service who start ART on same day as HIV confirmation.	2	3	Output	95% of all newly diagnosed PLHIV same-day ART start through virtual service.	95% of all newly diagnosed PLHIV through virtual service.	95% of all newly diagnosed PLHIV through virtual service.	95% of all newly diagnosed PLHIV through virtual service.
2.3	No. of newly diagnosed PLHIV retained in care for up to 12 months through virtual services.	2	3	Output	95% of all newly diagnosed PLHIV retained in care through virtual service.	95% of all newly diagnosed PLHIV through virtual service.	95% of all newly diagnosed PLHIV through virtual service.	95% of all newly diagnosed PLHIV through virtual service.

^50% of target for all PLHIV in 2022.

*50% of the total annual testing target for key population at risk of HIV according to the 2022 to 2024 HIV Performance Framework.

18 // NSACP CAPACITY STATEMENT

The National STD/AIDS Control Programme (NSACP) of the Sri Lankan Ministry of Health is the main government organization which coordinates the national response to sexually transmitted infections including HIV/AIDS in Sri Lanka. We collaborate with many national and international organizations such as the Global Fund to Fight Against AIDS, TB, and Malaria (GFATM) and UN organizations while providing leadership and technical support to 41 island-wide STD clinics, of which 29 clinics provide ART services. National Institute of Infectious Diseases, Angoda is the only other ART facility in the country.

MEDICAL AND CLINICAL CAPACITY

We employ specialist in Venereology, medical officers, nursing officers, public health inspectors, medical laboratory technologists, public health laboratory technicians, pharmacists and administrative officers and allied health professionals who work together to respond to HIV and sexually transmitted infections in Sri Lanka.

Our capacity is strong in the clinical diagnosis, management and treatment of HIV and STIs.

- Each year we provide sexual health services to 20,000-25,000 new clients every year.
- Each year we test approximately 500,000 people for HIV.
- As of end 2020, we manage approximately 2000 people living with HIV in clinical care and treatment across Sri Lanka.

KEY POPULATION EXPERIENCE, EFFECTIVENESS AND SENSITIVITY

The NSACP team has a long history of experience working with people who use and inject drugs, female sex workers, men who have sex with men and transgender people. We maintain close professional partnerships with key population-led community-based groups and organisations. We maintain a network of professional health service civil society and private sector organisations.

At the time of writing, we need to develop our capacity to work directly with key populations at risk for HIV with more sensitivity and more client-centered values. Over the life of this plan, we will:

- Employ a robust team of community-based peer practitioners who will work within the NSACP to provide virtual combination HIV services coordinated with stand-alone hospitals and clinics across Sri Lanka.
- Develop innovative partnerships with our community-based civil society and private sector organisations to increase our responsiveness and effectiveness working with key populations at risk for HIV.
- Use virtual client satisfaction and quality service surveys to increase the quality of our customer service responses, to further tailor our services to the preferences and the needs of diverse key populations at risk for HIV.

TECHNOLOGY CAPACITY

Virtual and telehealth service modalities represent a new and innovative method of engaging key populations at risk for HIV in Sri Lanka. We have managed to maintain a strong partnership with FHI360 through the development of know4sure.lk and this partnership has assisted our emerging leadership of virtual services. This is an area in which we need to work hard to develop our capacity further. Over the life of this plan, we will:

- Partner with private sector groups who have expertise in virtual and telehealth service

design, implementation and management.

- Develop our capacity for online health promotion social marketing campaigning.
- Bring technology capacity in to the NSACP by employing experts in web and App design, online marketing and advertising and telehealth service delivery.
- Partner with private sector groups who have expertise in online customer satisfaction systems and the virtual management of unique client identification systems.

MANAGEMENT, COORDINATION AND LEADERSHIP

The NSACP has a long and successful history of leadership and governance in cooperation with the Government of Sri Lanka.

The NSACP has also increased in capacity to coordinate and lead multisectoral approaches to HIV and sexually transmitted infections by partnering with civil society and private sector organisations.

We need to further develop our capacity by designing and implementing successful partnerships with private sector organisations, including private clinics.

We will develop new and innovative partnerships, new contracting and service arrangements that increase the role that non-clinical partners play in our virtual service provision to key populations at risk for HIV.

19 // REFERENCES

1. Anand T, Nitpolprasert C, Phanuphak N. Online-to-offline models in HIV service delivery. (2017) *Curr Opin HIV AIDS*. 2017 Sep;12(5):447-457. doi: 10.1097/COH.0000000000000403. PMID: 28682799; PMCID: PMC5642119.
2. Benotsch Eric G. PhD, Valerie J. Wright BS, Terri A. deRoos Cassini BS, Steven D. Pinkerton PhD, Lance Weinhardt PhD & Jeffrey A. Kelly PhD (2006) Use of the Internet for HIV Prevention by AIDS Service Organizations in the United States, *Journal of Technology in Human Services*, 24:1, 19-35, DOI: 10.1300/J017v24n01_02
3. Bull, S., Pratte, K., Whitesell, N., Rietmeijer, C., & McFarlane, M. (2009). Effects of an Internet-based intervention for HIV prevention: the Youthnet trials. *AIDS and behavior*, 13(3), 474–487. Retrieved from: <https://doi.org/10.1007/s10461-008-9487-9>.
4. Chan, Calvin & Pan, Shan L. (2005). Intertwining offline and online channels in multi-channel public service delivery: a case study. *Academy of Management Proceedings*. 2005. C1-C6. 10.5465/AMBPP.2005.18783340.
5. Fera, Bill. Korba, Casey. Shukla, Maulesh. (2020). The future of virtual health. Deloitte. Retrieved from: <https://www2.deloitte.com/us/en/insights/industry/health-care/future-of-virtual-health.html>.
6. Grov, C., Breslow, A. S., Newcomb, M. E., Rosenberger, J. G., & Bauermeister, J. A. (2014). Gay and bisexual men's use of the Internet: research from the 1990s through 2013. *Journal of sex research*, 51(4), 390–409. Retrieved from: <https://doi.org/10.1080/00224499.2013.871626>.
7. Hong Y, Li X, Fang X, Lin X, Zhang C. Internet use among female sex workers in China: implications for HIV/STI prevention. *AIDS Behav*. (2011). Feb;15(2):273-82. doi: 10.1007/s10461-010-9846-1. PMID: 21082341.
8. Javed, Lubna. (2013). Online Marketing through Consumers: A study of effectiveness of various tools. *British Journal of Management*. Vol.1. 11-19.
9. Karyofyllis Zervoulis, David S. Smith, Rhiannon Reed & Sokratis Dinos (2020). Use of 'gay dating apps' and its relationship with individual well-being and sense of community in men who have sex with men, *Psychology & Sexuality*, 11:1-2, 88-102, DOI: 10.1080/19419899.2019.1684354
10. Lievrouw, L A (2014). Materiality and media in communication and technology studies: An unfinished project. In T. Gillespie, P J Boczkowsky and K A Foot (eds), *Media technologies: essays on communication, materiality and society*. Cambridge MA: MIT Press.
11. Luger, Lisa (1998): HIV, AIDS prevention and class and socioeconomic related factors of risk of HIV infection, WZB Discussion Paper, No. P 98-204, Wissenschaftszentrum Berlin für Sozialforschung (WZB), Berlin. Retrieved from: <https://www.econstor.eu/bitstream/10419/47417/1/280059256.pdf>.
12. Mackay, Harvey (2016). The Importance of Consistency. *Uexpress*. Retrieved from: <https://www.uexpress.com/harvey-mackay/2016/4/25/the-importance-of-consistency>.
13. Ministry of Health, Government of Sri Lanka (2017). National HIV/STI Strategic Plan 2018-2022. National AIDs/STD Control Programme (NSACP). October 2017. Colombo. Retrieved from: <https://www.aidscontrol.gov.lk/images/pdfs/publications/stratergies/NSP-HIV-2018-22-Sri-Lanka.pdf>.
14. National Coalition for STD Directors. (2008). National Guidelines for Internet-based STD and

HIV Prevention: Accessing the power of the internet for public health. Washington DC. Retrieved at: <https://www.ncsddc.org/wp-content/uploads/2020/03/ncsd-guidelines-for-internet-STD-and-HIV-prevention.pdf>.

15. National STD/AIDS Control Programme Sri Lanka (2020). Annual Report 2019. Colombo. Retrieved from: https://www.aidscontrol.gov.lk/images/pdfs/publications/NSACP_Annual-Report_2019.pdf.
16. National STD/AIDS Control Programme Sri Lanka (2021). Funding Request Sri Lanka to the Global Fund – Allocation Period 2022-2024. Colombo.
17. Payne, Lauren (2021). The Importance of Consistency in Social Media Marketing. Retrieved from: <https://www.auburnadvertising.com/articles/86-the-importance-of-consistency-in-social-mediemarketing>.
18. Rosser, B. R., Wilkerson, J. M., Smolenski, D. J., Oakes, J. M., Konstan, J., Horvath, K. J., Kilian, G. R., Novak, D. S., Danilenko, G. P., & Morgan, R. (2011). The future of Internet-based HIV prevention: a report on key findings from the Men's INternet (MINTS-I, II) Sex Studies. *AIDS and behavior*, 15 Suppl 1(Suppl 1), S91–S100. <https://doi.org/10.1007/s10461-011-9910-5>.
19. Sanders T, Connelly L, King LJ. On Our Own Terms: The Working Conditions of Internet-Based Sex Workers in the UK. *Sociological Research Online*. (2016); 21(4):133-146. doi:10.5153/sro.4152
20. Shangwei, Wu and Janelle Ward (2018). The mediation of gay men's lives: A review of gay dating app studies. *Sociology Compass*. Wiley Online Library. Retrieved from: <https://onlinelibrary.wiley.com/doi/full/10.1111/soc4.12560>.
21. Simpson, Jon. (2019). Why Content Consistency is Key to Your Marketing Strategy. *Forbes*. Retrieved from: <https://www.forbes.com/sites/forbesagencycouncil/2019/02/11/why-content-consistency-is-key-to-your-marketing-strategy/?sh=5f6493674ef5>.
22. Turban Jack (2018). We need to talk about how Grindr is affecting gay men's mental health. Apr 4 2018. Retrieved from: <https://www.vox.com/science-and-health/2018/4/4/17177058/grindr-gay-men-mental-health-psychiatrist>.
23. Weishan Miao, Lik Sam Chan, Domesticating Gay Apps: An Intersectional Analysis of the Use of Blued Among Chinese Gay Men, (2021). *Journal of Computer-Mediated Communication*, Volume 26, Issue 1, January 2021, Pages 38–53, <https://doi.org/10.1093/jcmc/zmaa015>.
24. Zhang, Sha & Pauwels, Koen & Peng, Chenming. (2019). The Impact of Adding Online-to-Offline Service Platform Channels on Firms' Offline and Total Sales and Profits. *Journal of Interactive Marketing*. 47. 10.1016/j.intmar.2019.03.001.



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