NATIONAL
STD/AIDS
CONTROL
PROGRAMME

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ANNUAL REPORT 2012

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MINISTRY OF HEALTH | SRI LANKA

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Contents

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Foreword

The National STD/AIDS Control Programme (NSACP) is the focal point in the Ministry of Health, Sri Lanka, that is responsible for prevention and control of sexually transmitted infections (STI) including HIV. NSACP steers the national response to HIV epidemic with the involvement of several stakeholders.

Strategic Information collection and dissemination among all stakeholders is a key function of the NSACP. This report presents data collected and collated primarily from the STID clinics distributed island wide to describe the epidemiology of STI and HIV and to document programmatic efforts to control STI and HIV infection in Sri Lanka during the year 2012 to be used for future planning and monitoring & evaluation of programs. Regularly key information on STI/HIV/AIDS is disseminated via the NSACP website www.aidscontrol.gov.lk. This will be further facilitated by publication of this annual report.

I wish to thank the staff of all STD clinics who have submitted data regularly and the staff of NSACP who has worked tirelessly to compile this document.

Dr Sisira Liyanage
Director
National STD/AIDS Control Programme

25.03.2014

Acknowledgements

Contributors for writing articles: Dr K.A.M. Ariyaratne (Consultant Venereologist, NSACP) , Dr L.I. Rajapaksa (Consultant Venereologist, NSACP), Dr J. Vidanapathirana (Consultant Community Physician, NSACP), Dr. A.D. Karawita (Consultant Venereologist, Anuradhapura), Dr S. Beneragama (Consultant Epidemiologist, NSACP), Dr J. Elvitigala (Consultant Microbiologist, NSACP), Dr N. Punchihewa (Medical officer, NSACP), Dr C. Malavige (Medical officer, NSACP), Dr P. Weerasinghe (Senior Registrar, NSACP) , Dr S. Mananwatta (Consultant Microbiologist)

Contributors for GIS maps and graphs: Dr M.Y.M. Ajwath (Medical officer, Health Informatics, NSACP), Miss Nimali Magammana (Management Assistant, GFATM)

Edited by: Dr K. A. M. Ariyaratne (Consultant Venereologist, NSACP)

Abbreviations

ABC – abacavir

ART- antiretroviral treatment

ARV – antiretroviral drugs

AZT – Zidovudine

BB – beach boys

DU – Drug users

EFV – efavirenz

FSW – female sex worker

FTC – emticitabine

HIV – Human Immuno deficiency Virus

IDU – injection drug user

IDV – indinavir

LPV – lopinavir

MSM – men having sex with men

NGO – Nongovernmental organization

NNRTI – Non nucleoside reverse transcriptase inhibitor

NRTI – nucleoside reverse transcriptase inhibitor

NSACP – National STD AIDS Control Programme

NVP – nevirapine

OI – Opportunistic infections

PI – protease inhibitor

STI – Sexually Transmitted Infections

3TC – lamivudine

TDF – tenofovir

WHO – World Health Organization

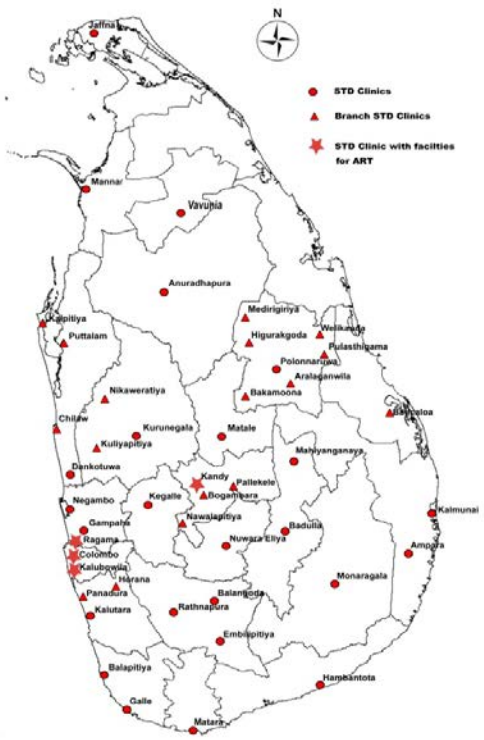
1.1 Introduction

The National STD/AIDS Control Programme (NSACP), Ministry of Health, spearheads the national response to HIV/AIDS in Sri Lanka and coordinates the implementation of HIV/AIDS National Strategic Plan and AIDS Policy. The headquarters of the NSACP is situated at 29, De Saram Place Colombo 10, Sri Lanka and provide both preventive and curative services and networks with 29 full-time STD clinics and 23 branch STD clinics (as of end 2012).

Objectives of National STD/AIDS Control Programme

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

The main components of the NSACP are; targeted interventions for prevention of STI/HIV among the key populations and also general population including youth and women, provision of treatment, care and support for those infected and affected with HIV, comprehensive care for STIs, provision of laboratory services, creating awareness and behaviour change communication, counseling and testing for HIV, prevention of mother to child transmission of HIV and syphilis, surveillance, research, monitoring and evaluation of STI and HIV services.

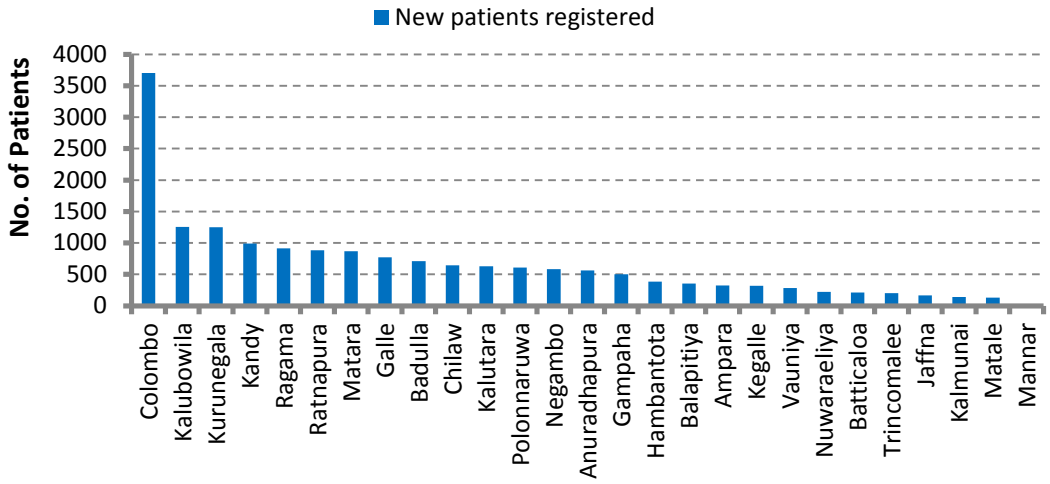


Ampara
Anuradhapura
Badulla
Balapitiya
Batticaloa
Chilaw
Colombo
Gampaha
Hambantota
Jaffna
Kalmunai
Kalubowila
Kalutara
Kandy
Kegalle
Kurunegala
Mahamodara
Mannar
Matale
Matara
Monaragala
Negambo
Nuwaraeliya
Polonnaruwa
Ragama
Ratnapura
Trincomalee
Vavuniya
Wathupitiwala

1.2 Data on STD clinic utilization

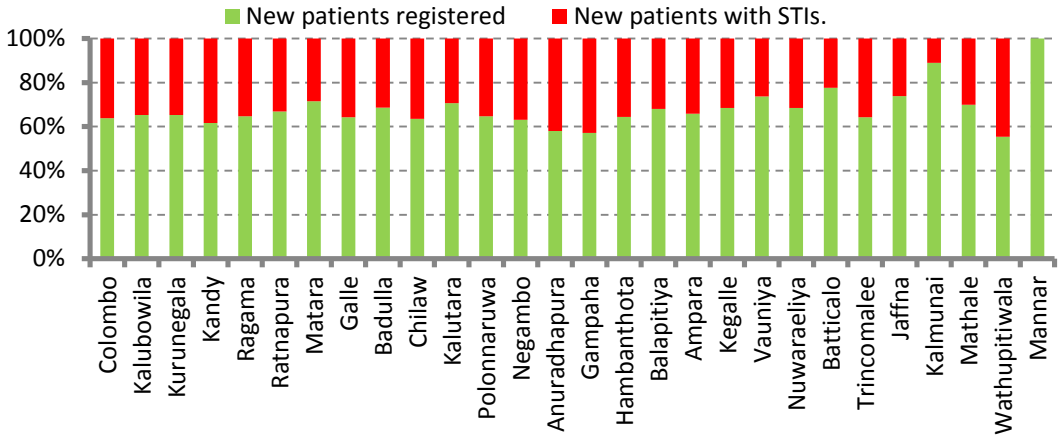
Various categories of people, including most at risk populations such as sex workers, MSM, drug users, clients of sex workers and also the general population including youth seek services from STD clinics. There are also referrals by clinicians in other specialities (neurology, gynaecology & obstetrics, ENT, dermatology etc). Preventive & curative services are provided free of charge by trained staff maintaining confidentiality of information.

Fig 1.1 **New Patients Registered of all STD Clinics during 2012**



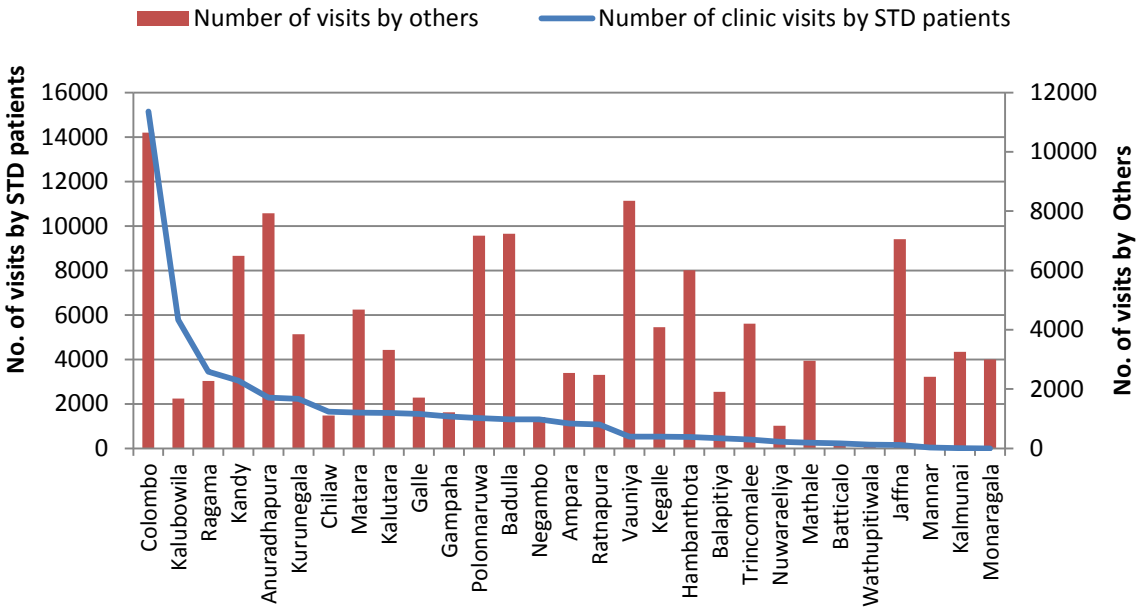
The figure 1.1 shows number of newly registered patients in each STD clinic during 2012.Colombo central STD clinic had over 3500 newly registered patients whereas Kalubowila, Kurunagala clinics had over 1000 new clinic attendees. Nearly half of the STD clinics provided services to over 500 new clients during this period.

Fig 1.2 **Percent of New clinic Attendees with STIs in 2012**



The figure given above (Fig 1.2) indicates the proportion of newly attended clinic attendees who had at least one sexually transmitted infections(STI). In almost all clinics, over 60-70% of new clinic attendees had multiple STIs during the year 2012.

Fig 1.3 **Clinic Visits by STD Patients and by Others clients in 2012**

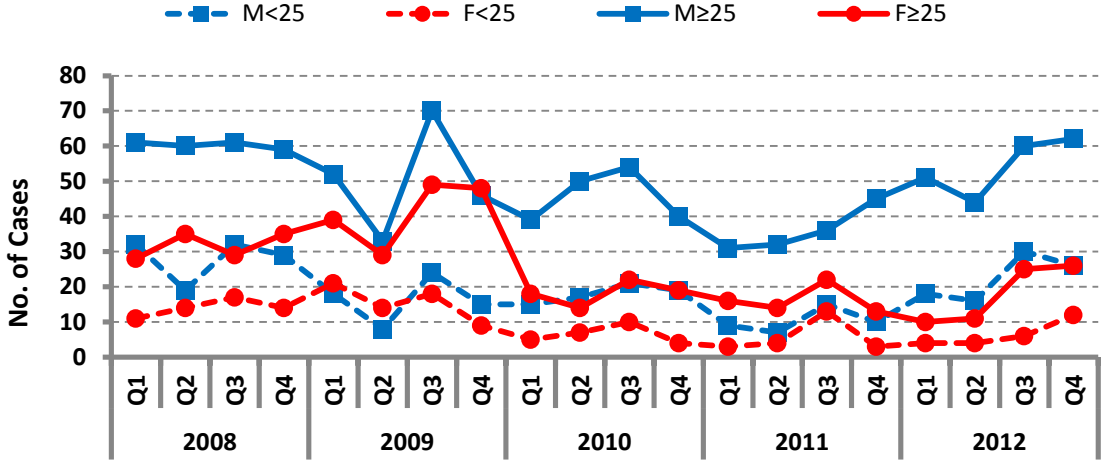


In addition to providing clinical services, STD clinics carry out pre-employment HIV screening as a requirement of the designate country, testing for syphilis as a medical requirement for confirmation in government services (this was a strategy initiated three decades ago to prevent the spread of syphilis in the country) and antenatal screening for syphilis. The figure 1.3, shows the profile of visits made by clients other than STD patients and the visits by STD patients.

1.3 Data on Sexually transmitted infections

1.3.1 Gonococcal infections

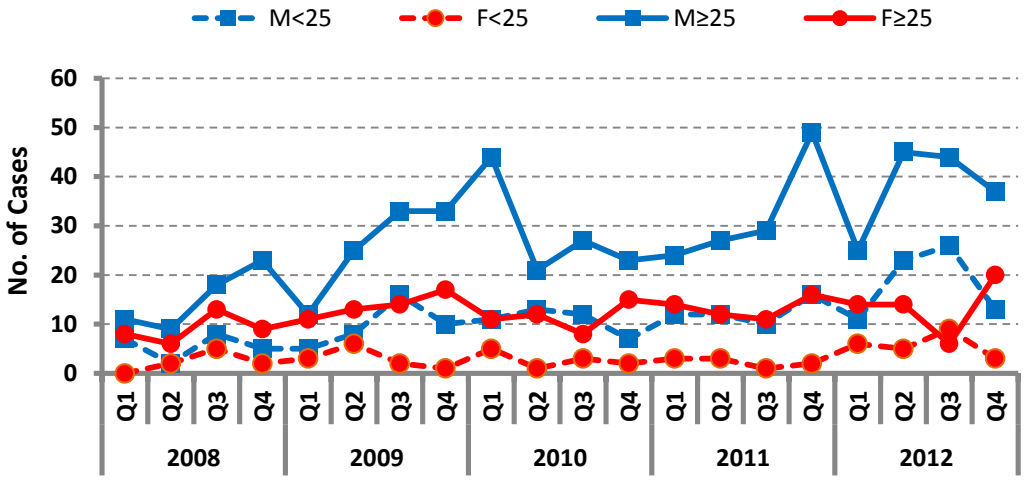
Fig 1.4 **Gonococcal infections in all STD Clinics during 2008-2012 by age and sex**



Age & Sex distribution of Gonorrhoea (including presumptive gonorrhoea) cases are, shown in figure 1.4. The highest number of cases of gonorrhea was diagnosed among males over 25 years of age followed by female over 25 years of age.

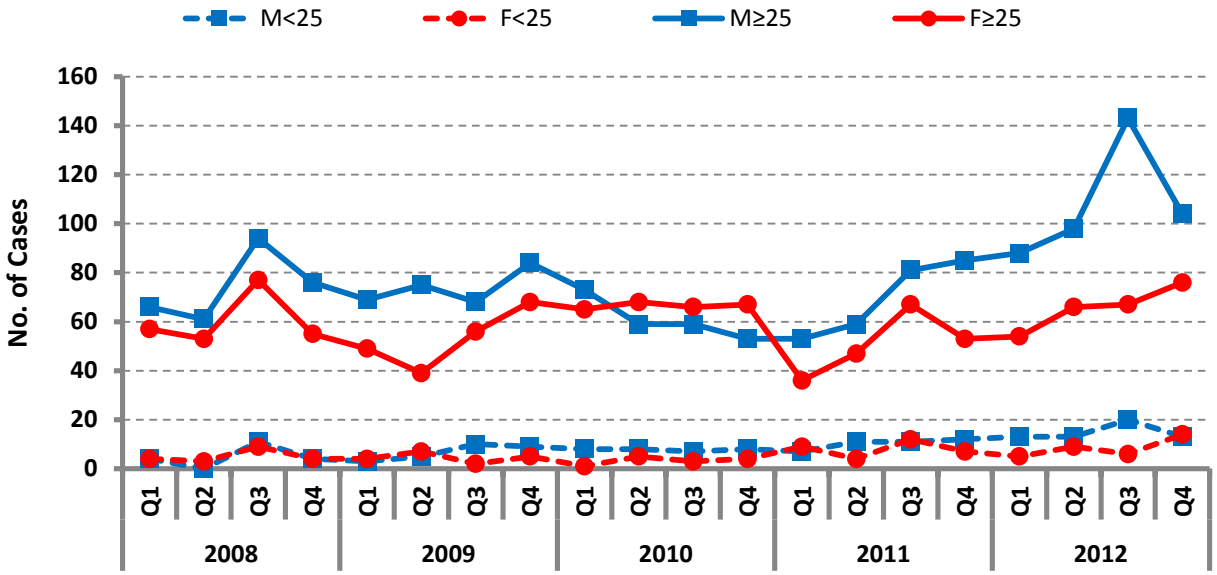
1.3.2 Syphilis

Fig 1.5 **Early Syphilis cases in all STD Clinics during 2008-2012 by age and sex**



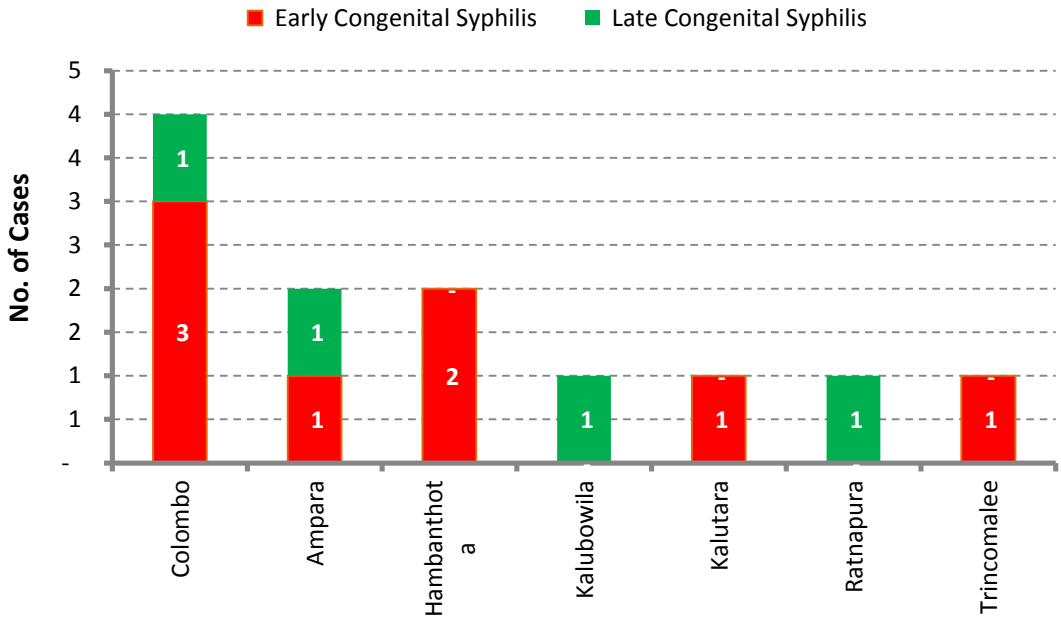
Early syphilis is infectious syphilis and reflects infections that were acquired recently (exposure has been within 2 years). Overall infections among males over 25 year age group are higher than in other age groups.

Fig 1.6 **Late Syphilis in all STD Clinics during 2008-2012 by age and sex**



Late syphilis is non-infectious and the reported cases of late syphilis are higher than the reported cases of infectious syphilis. The trend of late syphilis cases among those above 25 years of age has shown a gradual increase (Fig 1.6).

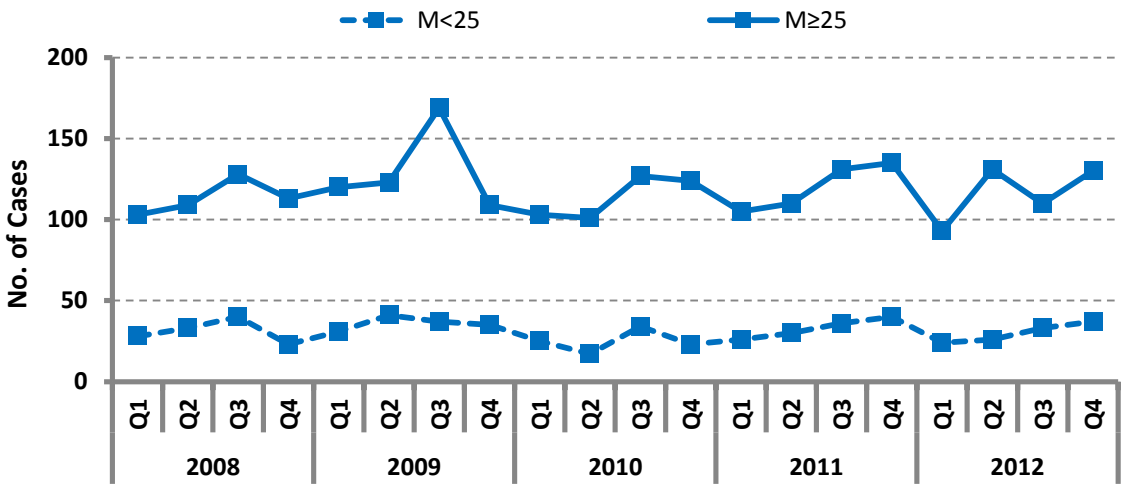
Fig 1.7 **Early & Late Congenital Syphilis in all STD Clinics during 2012**



The figure 1.7 shows the number of early & late Congenital Syphilis cases reported STD clinics during 2012.Colombo Central clinic reported three cases of confirmed early congenital syphilis and one case of late Congenital Syphilis. Sri Lanka has pledged to eliminate congenital syphilis by 2015.

1.3.3 Non-Gonococcal urethritis (NGU) in males

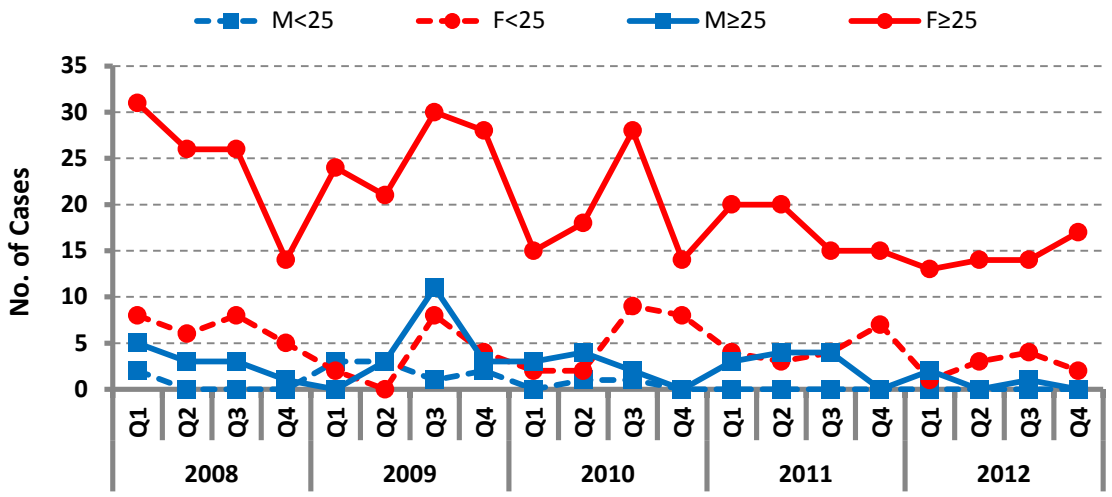
Fig 1.8 **NGU in males from all STD clinics during 2008-2012 by agegroup**



The figure 1.8 shows the trend of male non gonococal urethritis cases reported from all the clinics during last 5 years. The trend had been stable and number of cases in the older age group is higher than younger age group.

1.3.4 Trichomoniasis

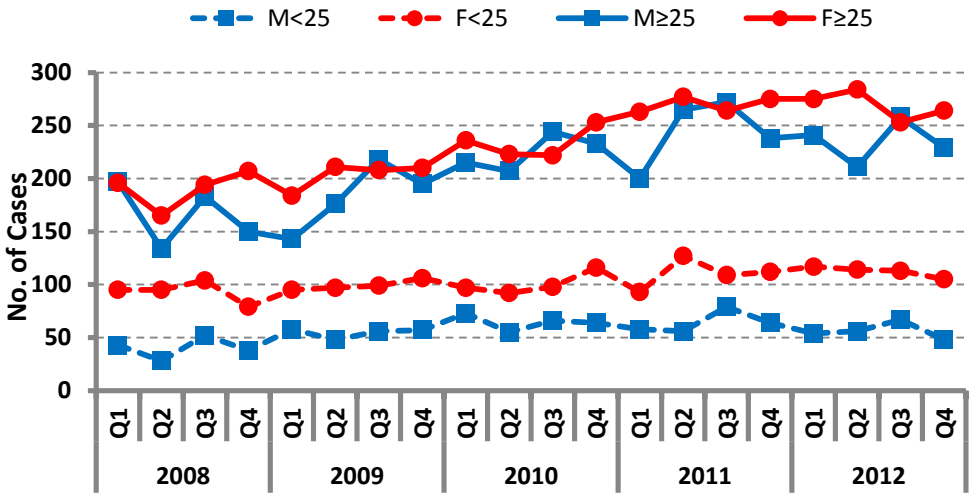
Fig 1.9 **Tricomonasis in all STD Clinics during 2008-2012**



The cases of Trichomoniasis are declining over the period of 2008 to 2012. The highest case load was among females over the age group of 25 years .

1.3.5 Genital Herpes

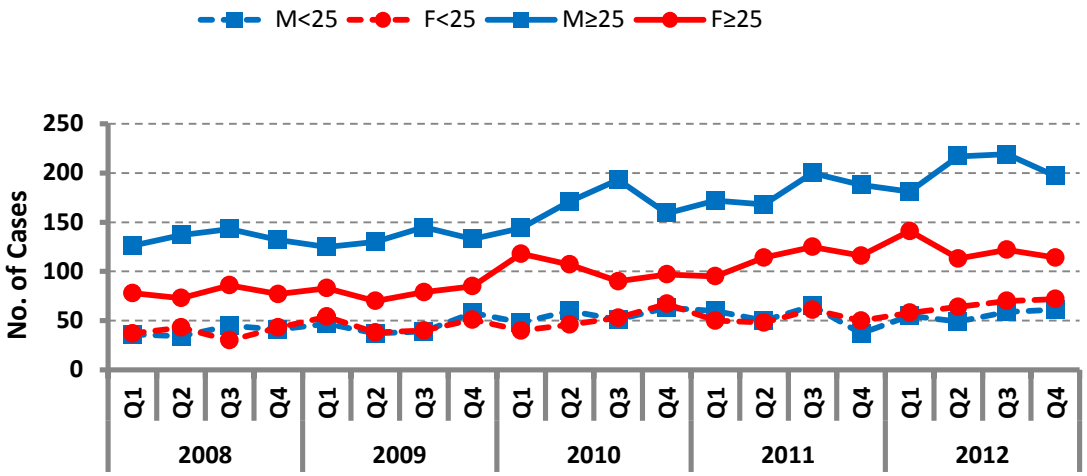
Fig 1.10 **Genital Herpes in all STD Clinics during 2008-2012**



The figure 1.10 shows the number of genital herpes cases from the all STD clinics according to the age & sex for the last five year period (2008 -2012). Genital herpes is the leading STI among males and females for the last several years. The highest number of cases were reported among males and females over 25 years. . However, the trend of males and females in the less than 25 years of age group remains stable over the five year period. More females cases were in this group (<25 years) compared to male.

1.3.6 Genital Warts

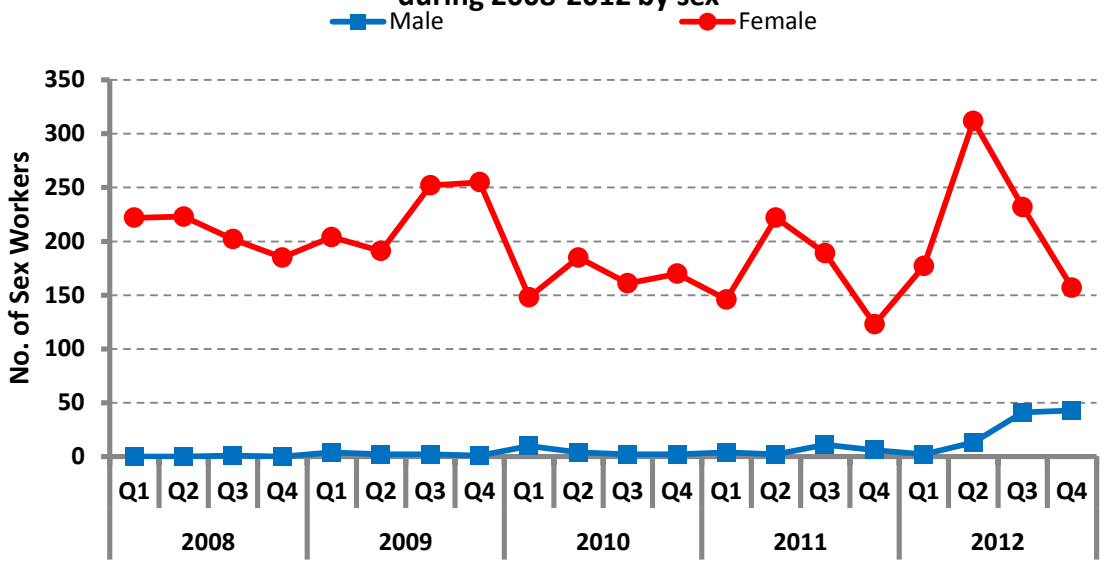
Fig 1.11 **Genital Warts in all STD Clinics during 2008-2012**



According to the figure 1.11, genital warts were reported more among males over the age group of 25 years during the years 2008-2012. The trend of both males and females is gradually increasing over this period. Both males and females in the age group of<25 years shows a fairly stable trend.

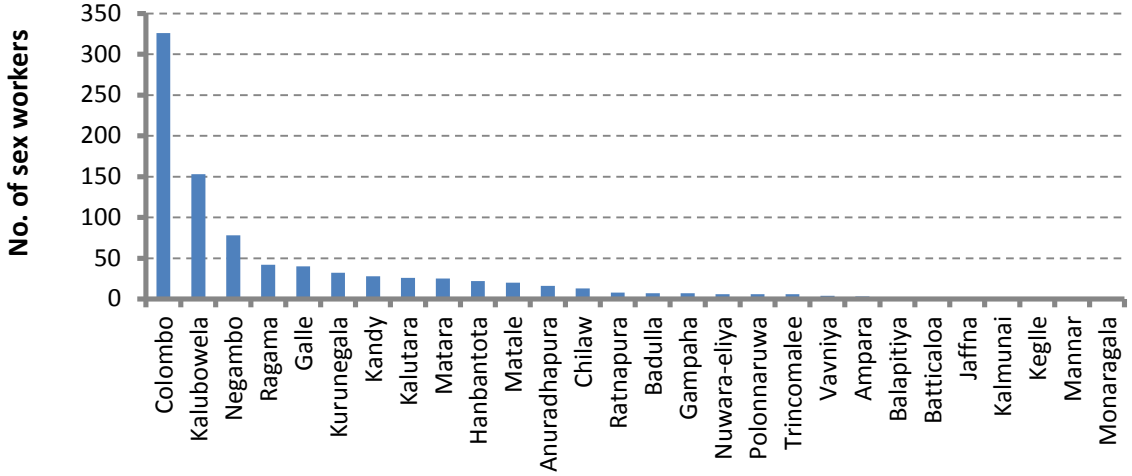
1.4 Data on Commercial Sex Workers who attended STD clinics

Fig 1.12 **No. of New Sex Workers Registered in all STD Clinics during 2008-2012 by sex**



This graph shows number of sex workers newly registered in all STD clinics over the last five years. The number of male sex workers is increasing since the beginning of 2012.

Fig 1.13 **Number of commercial Sex workers newly registered during 2012 by STD Clinic**

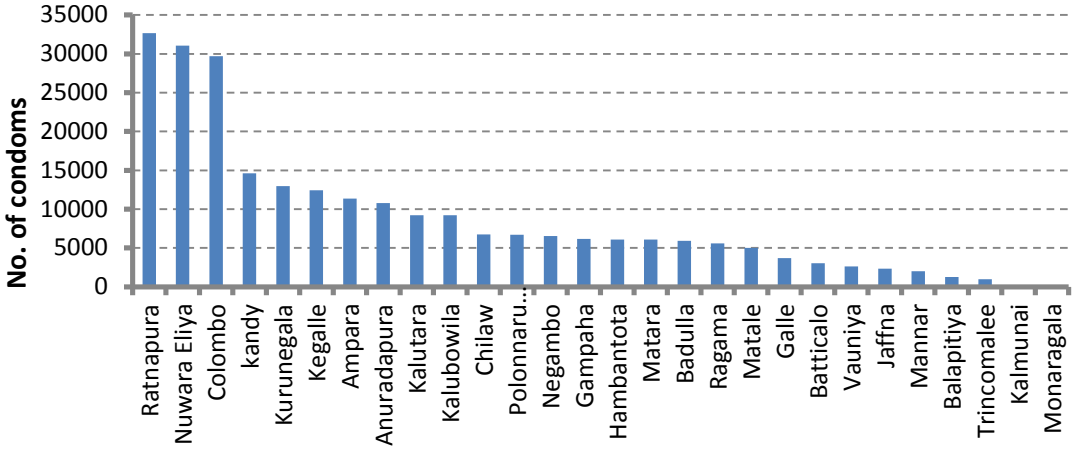


This graph shows new sex workers distribution of all STD clinics in 2012. Colombo central STD clinic has highest number of sex workers registered (326) whereas Kalubowila (153) and Negambo (78) reported higher numbers compared to other clinics. Some STD clinics registered very low number of sex workers during 2012.

1.5. Services provided by the STD clinics

1.5.1 Condom distribution

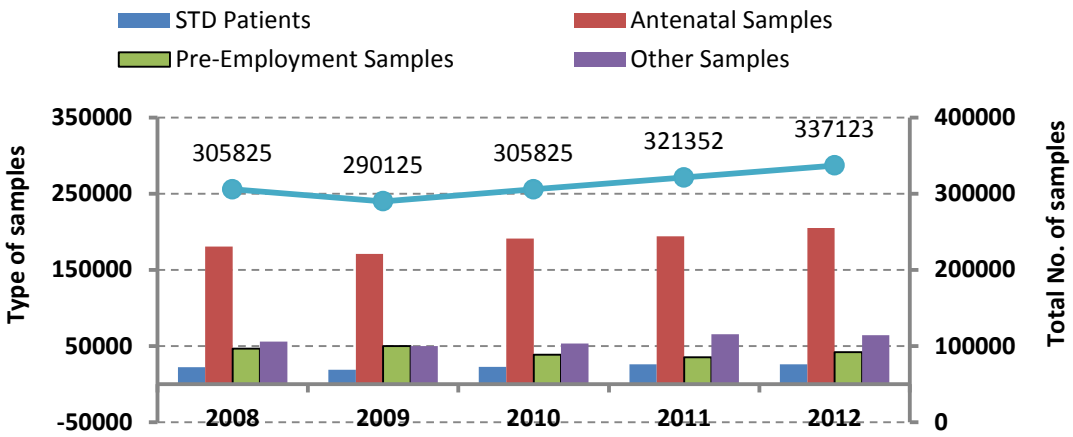
Fig 1.14 **Number of Condom issued of all STD Clinics during 2012 by STD clinic**



The figure 1.14 shows the number of condoms distributed by STD clinics. Rathnapura, Nuwara Eliya and Colombo STD clinics had issues over 30,000 condoms during 2012.

1.5.2 Screening for syphilis

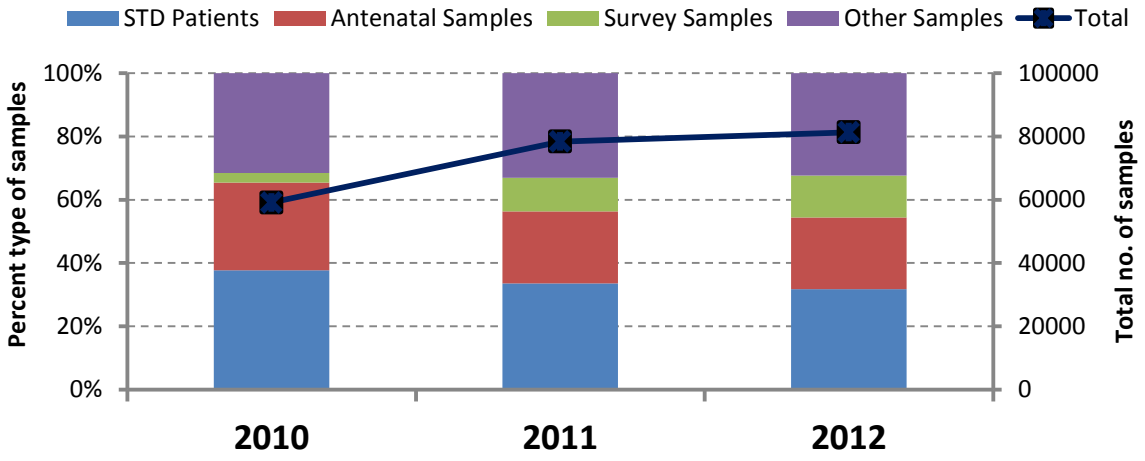
Fig 1.15 **Number and Type of Samples Screened for Syphilis in all STD Clinics 2008-2012**



The graph 1.15 shows numbers of the blood samples that were screened for Syphilis in all STD clinics during 2008-2012. Majority of these samples were from antenatal mothers.

1.5.3 Screening for HIV

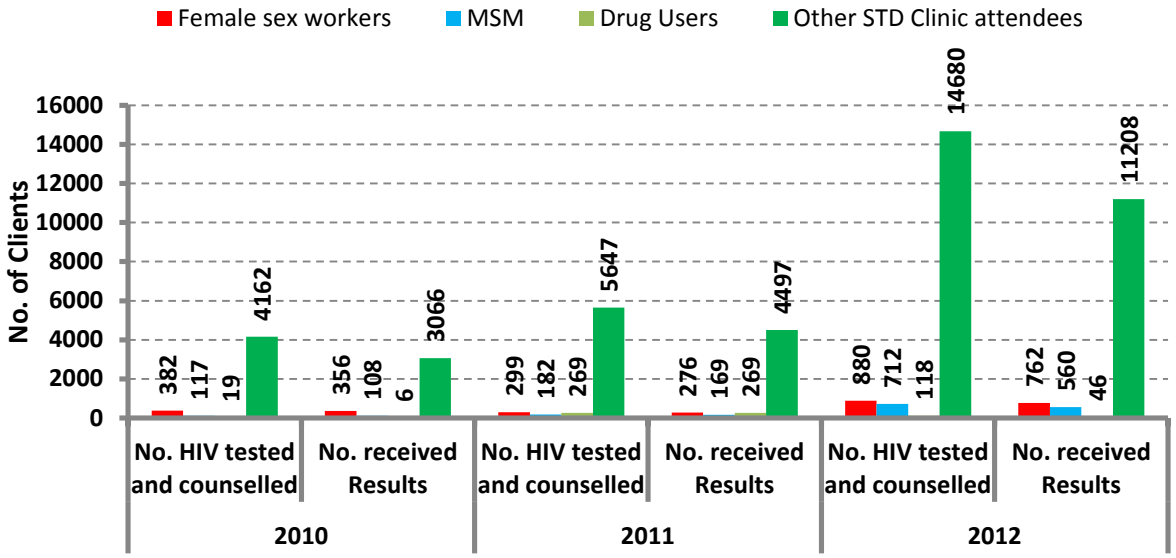
Fig 1.16 **Number of Samples Screened for HIV all STD Clinics 2010- 2012 by type of sample**



The figure 1.16 shows the HIV testing done in all STD clinics since 2010. The total number of HIV tests have increased gradually since 2010. Over 80,000 samples had been tested for HIV during 2012. As indicated by graph, HIV testing is carried out for antenatal, for surveys and other purposes (screening for visa, pre-employment etc) in addition to screening STD clinic attendees.

1.5.4 HIV testing and Counselling

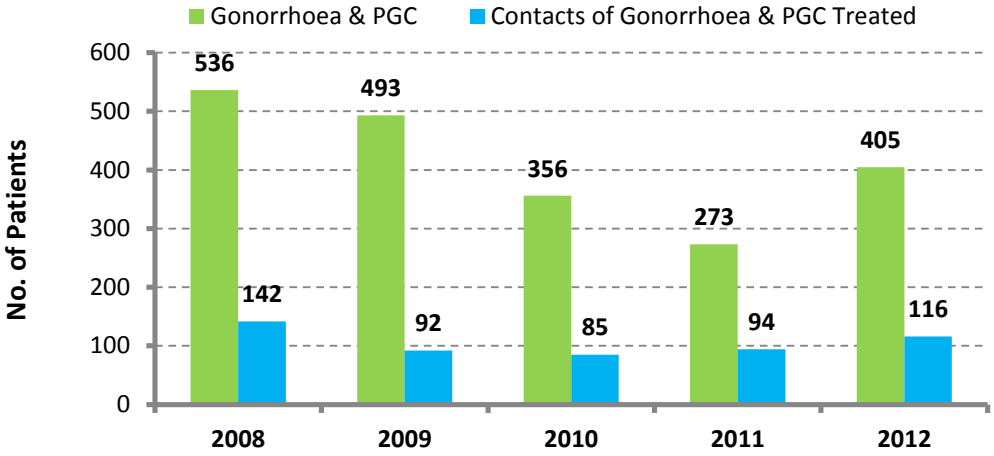
Fig 1.18 **HIV Testing and counselling in all STD Clinics in 2010-2012 by type of risk group**



The figure 1.18 shows the number of HIV testing and counseling and number who came to get the results of the HIV test. Only small number of most-at-risk groups came for HIV testing and counselling to STD clinics.

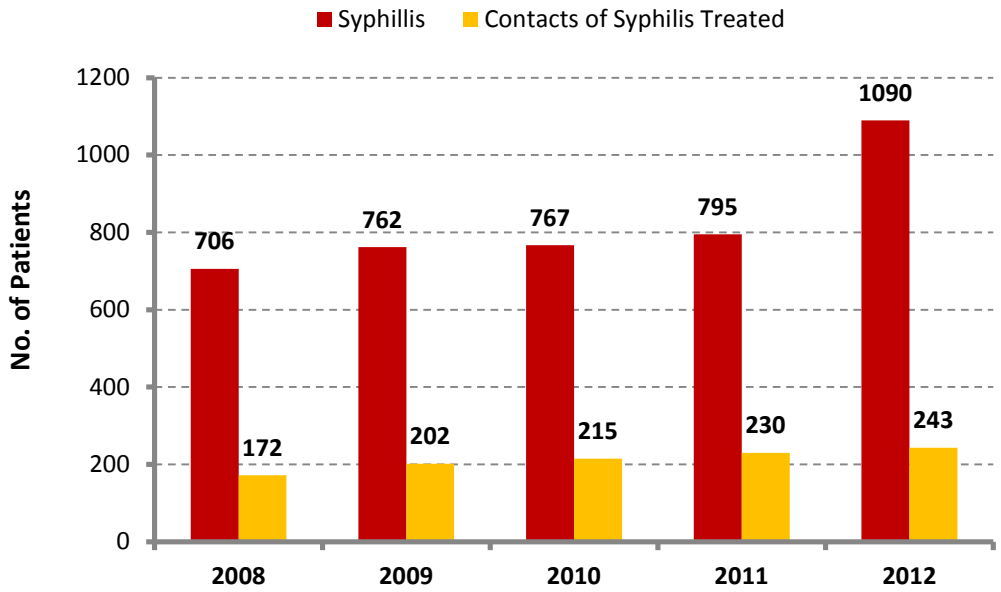
1.5.4 Partner notification (contact tracing) services

Fig 1.19 **Treatment of Contacts for Gonorrhoea of all STD Clinics -2008-2012**



Management of contacts of l STDs is an important duty of the STD clinic staff. The figure 1.19 shows the number of gonococcal infections and the number of contacts treated during 2008-2012.

Fig 1.20 **Treatment of Contacts for Syphilis in all STD Clinic 2008- 2012**



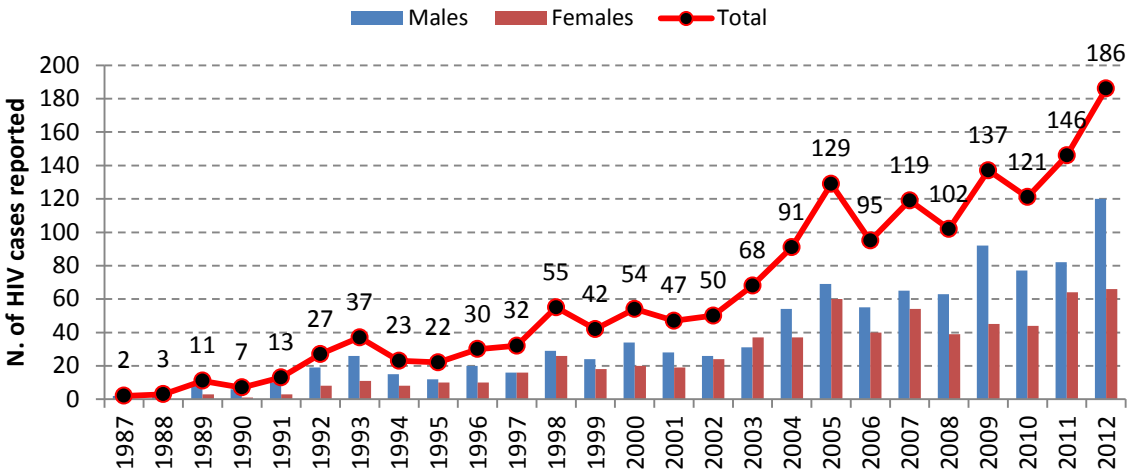
This table shows the number of syphilis cases and the number of contacts treated in all STD clinics. The number of contacts are less compared to the index cases as some of the index cases are single, difficulty in tracing primary contacts as they are very often sex workers or casual partners.

2. Epidemiology of HIV

2.1 HIV infections reported in Sri Lanka

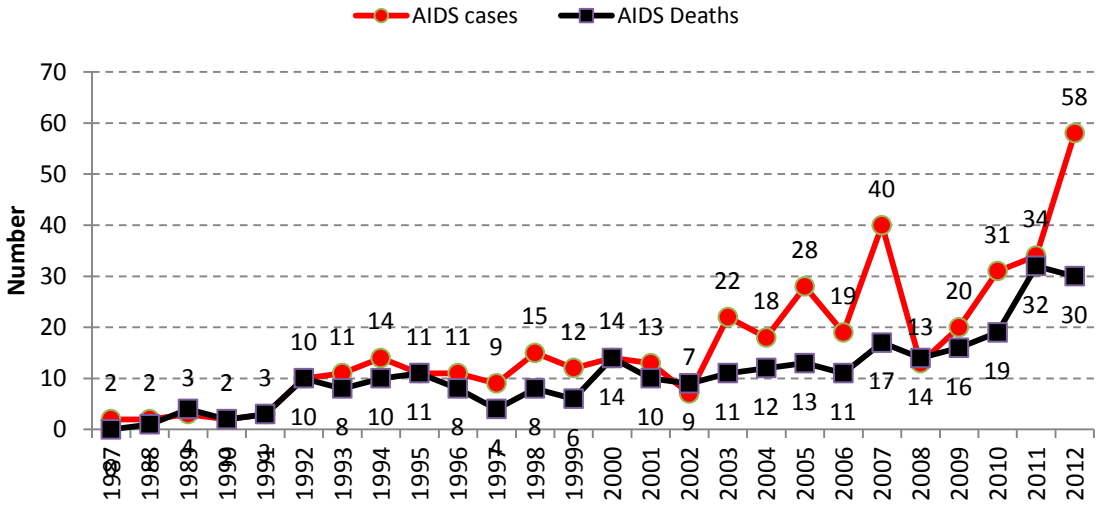
First Sri Lankan with HIV infection was reported in 1987. By end December 2012, a cumulative total of 1649 confirmed HIV infections were reported by the National STD/AIDS Control Reference Laboratory. Of them 981 were males (59.5%) and, 668 were females (40.5%). Approximately 80% of the reported HIV positives are in the productive age group (18-49 years). Nearly 432 have gone on to develop AIDS and a total of 283 deaths have occurred. Of the total reported number, 58 cases were children infected due to mother to child transmission of HIV.

Fig 2.1 **Annually repoted HIV cases during 1987-2012, by sex**



The figure 2.1 shows the gradual increasing trend of HIV positive infections reported to the NSACP. Some possible reasons for the increasing trend are: increasing new HIV infections, increasing detection of cases due to scaling up of HIV testing and improved reporting.

Fig 2.2 **Annually Reported AIDS cases and AIDS deaths**



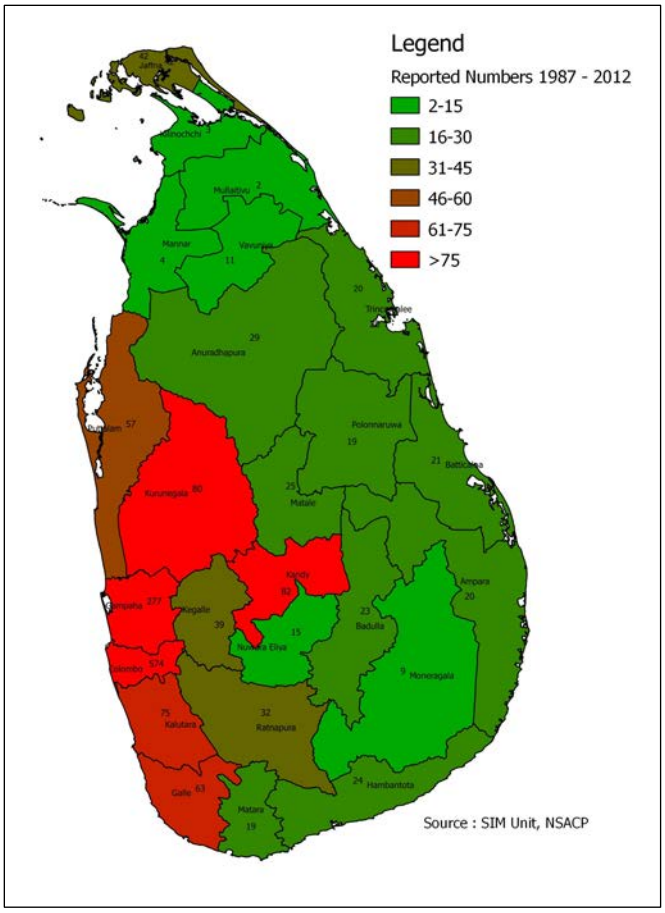
As shown in figure 2.2 increasing trend of diagnosis of AIDS cases and deaths is due to late detection of HIV infections at the advanced stages of infection or patients not presenting for treatment and care although diagnosed in the early stages. This can be minimised by increasing awareness among people to seek HIV testing following high risk behaviors and increasing clinical alertness among health professionals and scaling up HIV testing and counselling services.

Table 2.1 **Probable mode of HIV transmission in the reported cases (N=1222)**

Probable mode of transmission	Number	Percentage
Heterosexual	978	80.0
Homo/Bi-sexual	177	14.5
Injecting Drug Use	5	0.4
Blood transfusion	4	0.3
Mother to child transmission	58	4.4
Total (Not reported in 427or 26% of the total cases)	1222	100.0

The main mode of transmission among the majority (80.4%) was due to heterosexual exposures. Transmission due to male to male sex accounted for 14.5% and when compared with previous years an increasing trend is observed. It should be noted that transmission through donated blood remains at a negligible level to date due to HIV awareness programmes for blood donors, counselling and screening of donated blood.

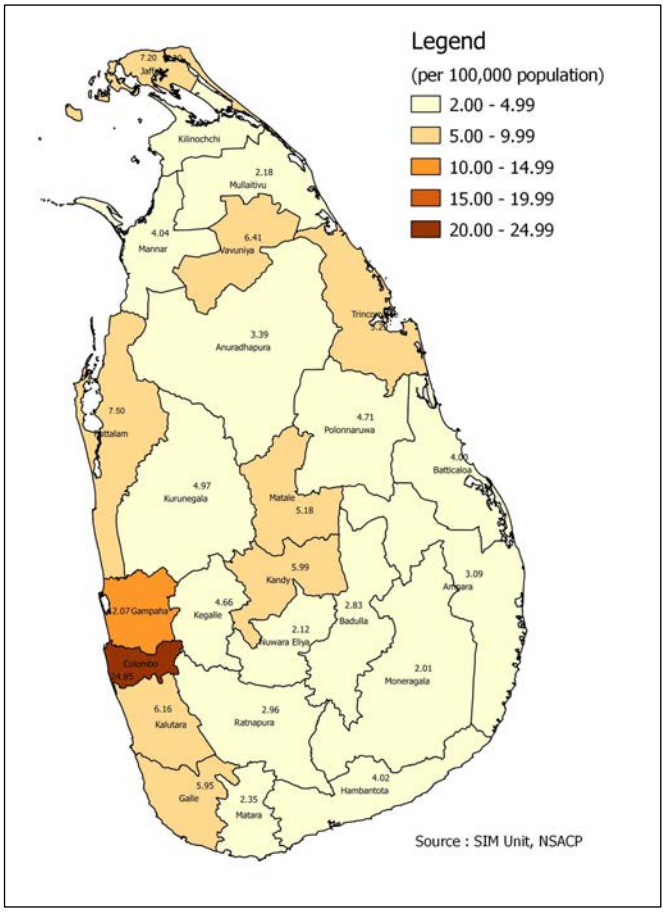
Fig 2.3 **Total Number of HIV cases reported by District during 1987-2012**



Majority of reported HIV cases are from districts in the Western Province, Central Province and North Western Provinces. However, these are more densely populated districts (Fig 2.3).

The figure 2.4 indicates the rate of HIV infection per 100,000. Colombo and Gampaha, districts have reported over 15 HIV cases per 100,000 population.

Fig 2.4 **Cumulative HIV Cases reported during 1987 -2012 per 100,000 population**



NSACP was able to collect data from a variety of sources and were able to observe that 651,000 HIV screening tests were carried out in 2012 giving a sero-positivity rate of 0.03%. Of these 58% of the tests were done in the government blood banks and 31% done in the private sector health institutions and laboratories. Of the total HIV tests, 11% were done in the STD clinics.

2.2 HIV Sentinel Surveillance in Sri Lanka

HIV sentinel sero-surveillance survey (HSS) has been conducted in Sri Lankasince 1990. Initially annual surveys were conducted among female sex workers, STD clinic attendees, TB patients, antenatal mothers and later expanded to include men who have sex with men and drug users. HSS yield very low HIV prevalence rates (< 1%) among all the key population groups over the years.

Most recent HIV sentinel surveillance survey was carried out in 2011 covering all 9 provinces. Sentinel groups for this round included female sex workers, men who have sex with men (MSM), drug users, STD clinic attendees and TB patients. As recommended by the World Health Organization to enhance survey validity and to minimize survey participation bias, unlinked anonymous testing was the method used in the HIV sentinel surveys.

Table2.2 Summary of the sentinel surveillance surveys, 2005-2011

Sentinel group	Year and the HIV sero prevalence rate					
	2005	2006	2007	2008	2009	2011
Female sex workers	(0%) 0/1136	(0.2%) 2/1,216	(0%) 0/1218	-	(0%) 0/1032	(0.2%) 2/1006
MSM	-	-	-	-	(0.48%) 2/411	(0.86%) 3/348
Drug users	-	-	-	(0.19%) 1/539	(0%) 0/1004	(0.24%) 2/831
STD Clinic attendees	(0.04%) 1/2272	(0.4%) 8/2,215	(0.08%) 5/2456	-	(0.15%) 4/2746	(0.2%) 6/3278
TB patients	(0.1%) 2/1528	(0.1%) 1/1,332	(0.08%) 1/1233	-	(0%) 0/1547	(0.13%) 2/1543
Military	(0%) 0/3200	(0%) 0/1200	(0%) 0/1241	-	(0%) 0/1380	(0%) 0/1200

As shown in the table 2.2 , in 2011 the sero-prevalence was 0.2% among FSWs, 0.86% among MSM and 0.2% among STD clinic attendees . The rate was low among TB patients and insignificant among service personnel and no significant changes in the HIV prevalence were noted over the years among the sub-populations.

According to the available evidence Sri Lanka continues to experience a “low level HIV epidemic” where HIV prevalence among any high risk group has not exceeded 5%.

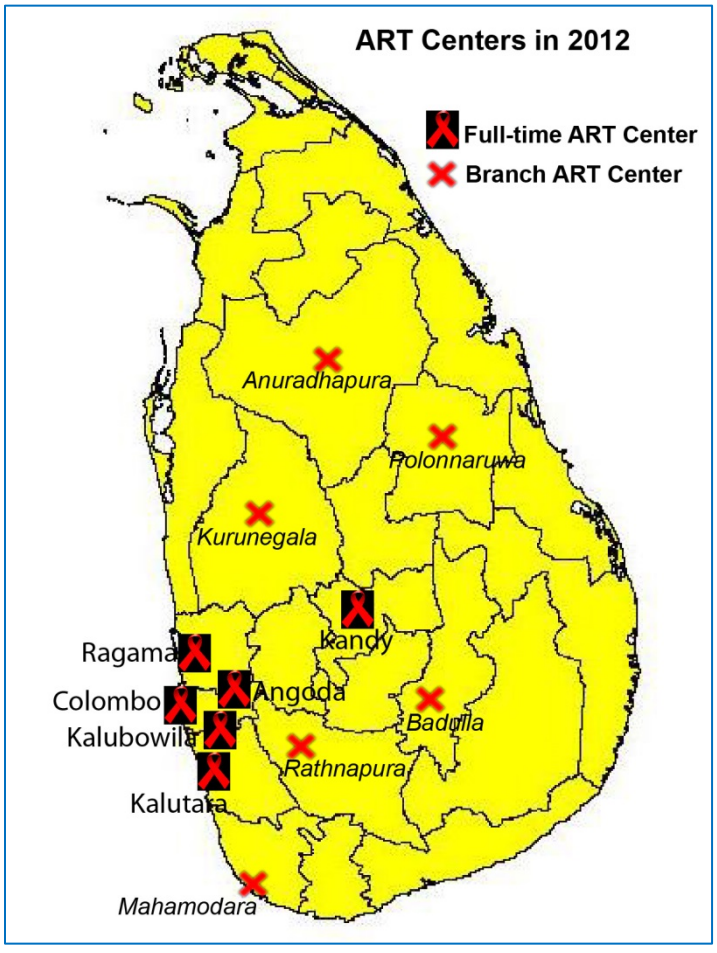
3. Treatment, Care and Support for people living with HIV

3.1 Summary of o ART programme in Sri Lanka

Specific drug treatment which can control HIV infection is known as antiretroviral treatment (ART). The National STD/AIDS Control Program (NSACP) introduced ART for people living with HIV (PLHIV) in December 2004. The WB funds were utilized to procure ARVs for the period of 2004 - 2008. Thereafter Global Fund provided necessary funds to procure ARVs since 2009.

At the beginning of the ART program PLHIVs whose CD4 Cell count <200/µL and those who were in WHO stage III and IV diseases were considered as eligible for starting ART. According to the WHO guidelines issued in 2010, Sri Lanka promptly changed these criteria to CD4 Count <350 cells/µL and patients who were in WHO stage III and IV diseases.

Fig: 3.1 ART centers as of end 2012



In 2012, based on the newer WHO suggestions, NSACP decided to initiate ARVs to HIV positive pregnant women, PLHIV with HIV negative spouses (sero- discordant couples) and most-at-risk populations (female sex workers, MSM, injecting drug users, prison inmates, and beach boys) irrespective of their CD4 Cell count and HIV Viral Load.

In 2012, there were six (6) ART centers in the country. Other than the center at the Base Hospital Angoda (Infectious Disease Hospital), all other centers are situated in STD clinics. The Colombo ART center situated in the National STD/AIDS Control Programme functions as the main center and networks with other centers. During 2012 the accessibility of the ART services was improved by conducting 6 Branch ART clinics on a monthly basis (Figure 3.1). Currently ART is available in Sri Lanka only via the public sector health care institutions. This gives the advantage of maintaining the standards of care and facilitates monitoring and evaluation of HIV treatment and care provision.

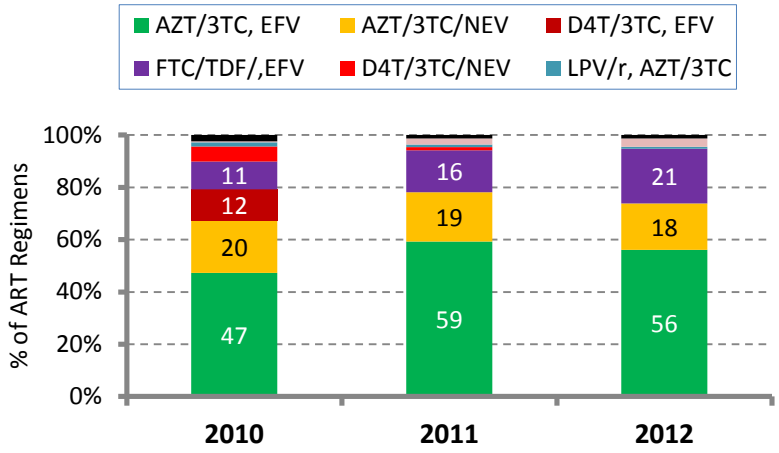
Table 3.1 shows the Antiretroviral drugs available during 2012 in Sri Lanka.

Table 3.1: Type of Antiretroviral drugs available and amounts dispensed in 2012

	Antiretroviral	**Type**	**Abbreviation**	**Amount dispensed in 2012**
1	Abacavir (300mg)	Tablet	ABC	1,648
2	Efavirenz (600mg)	Tablet	EFV	75,211
3	Zidovudine (300mg),	Tablet	AZT	1,700
4	Lamivudine (150mg)+zidovudine (300mg)	Tablet (FDC)*	3TC	135,635
5	Lopinavir (200mg)+ritonavir (50mg)	Tablet (FDC)	LPV/r	14,330
6	Lopinavir (100mg)+ritonavir (25mg)	Tablet (FDC)	LPV/r	960
7	Tenafovir (300mg)+emtricitabine (200mg)	Tablet (FDC)	TDF/FTC	28,918
8	Lamivudine (150mg)+zidovudine (300mg), nevirapine (200mg)	Tablet (FDC)	3TC/AZT/NVP	27,396
9	Abacavir (60mg)	Paediatric Tablet	ABC	780
10	Efavirenz (200mg)	Paediatric Tablet	EFV	3,604
11	Nevirapine (200mg)	Paediatric Capsule	NVP	72
12	Zidovudine (50mg/5ml)	Paediatric Syrup	AZT	91
13	Lamivudine (30mg)+zidovudine (60mg)	Paediatric Tablet (FDC)	3TC/AZT	18,780
14	Lamivudine (30mg)+zidovudine (60mg), nevirapine (50mg)	Paediatric Tablet (FDC)	3TC/AZT/NVP	11,041

(FDC**-Fixed Dose Combination)*

Figure 3.2 : Percentage of ARV Regimens Prescribed during 2010-2012

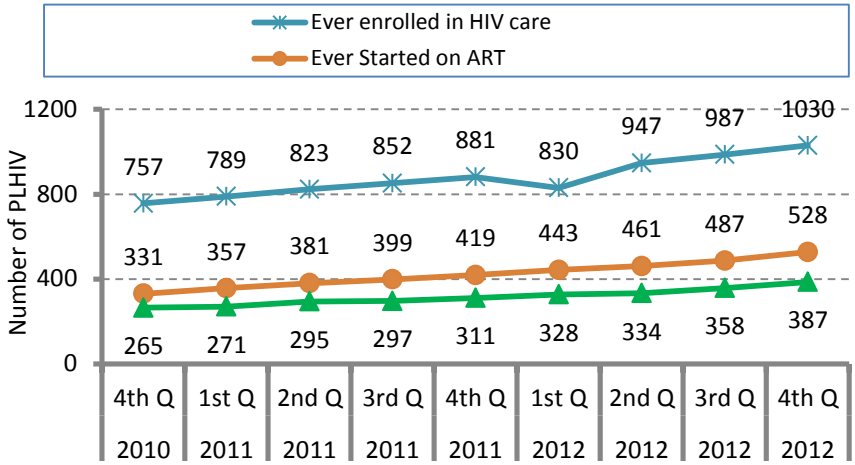


The HIV infection needs treatment with combination of 3-4 drugs. The percentage of these drug combinations or regimens used during last 3 years are given in the figure 3.2. As of end 2012, only first and second line ARV regimens were available in Sri Lanka. AZT+3TC+EFV is the main ARV regimen used and it accounts for 56% of all the regimens used in 2012. By 2012, all stavudine based regimens have been completely phased out as recommended by WHO. The percentage of a FTC+TDF+EFV based regimen introduced in 2010 has doubled by 2012.

During 2012, 39% of all PLHIV on ART were on a single pill a day fixed dose combination regimens.

Enrollment in HIV care and ART programme

Figure 3.3: Cumulative Number of PLHIV in HIV care and ART Programme (4th Quarter 2010-4th Quarter 2012)



There were a cumulative total of 1030 patients ever enrolled in HIV care (in all centers) at the end of year 2012. This amounts to 62% of the cumulative total of PLHIV reported in Sri Lanka (1649). Since the beginning of ART programme in 2004, 528 have ever started on ART. Of these, 387 (73.3%) were alive and on ART at the end of 2012.

Table 3.3 gives the number of PLHIV enrolled in the five main full time ART centers according to the pre-ART (not yet started on ART) and ART stage as of end 2012. Kalutara and branch ART center data are included in the Colombo ART center. Majority (76%) of the PLHIV are managed in the Colombo main ART center.

Table 3.2: Number of PLHIV in HIV care according to Pre-ART and ART stage as of end 2012 by the ART Centre

ART Centre	Pre-ART		ART		Total	
	Number	%	Number	%	Number	%
Colombo	185	87.3	268	69.3	453	**75.6**
B.H. Angoda	4	1.9	54	14.0	58	**9.7**
Ragama	11	5.2	32	8.3	43	**7.2**
Kandy	7	3.3	27	7.0	34	**5.7**
Kalubowila	5	2.4	6	1.6	11	**1.8**
Total	**212**	**100.0**	**387**	**100.0**	**599**	**100.0**

Figure 3.4: Number of PLHIV enrolled in HIV care according to Pre-ART & ART Stage at the end of each Quarter

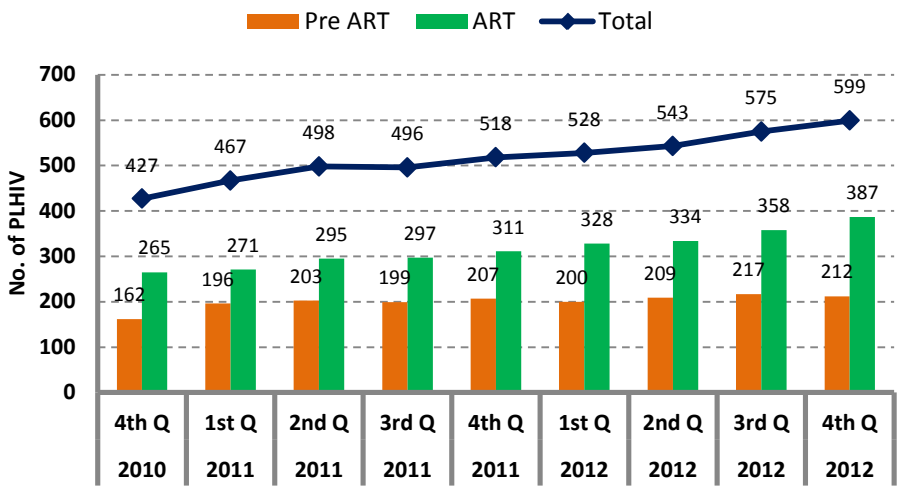


Figure 3.5 shows the quarterly cumulative trends of PLHIV on pre-ART and ART stages in Sri Lanka as of end 2012.

Fig: 3.5 Number of PLHIV who started on HIV care during each quarter by Age and Sex

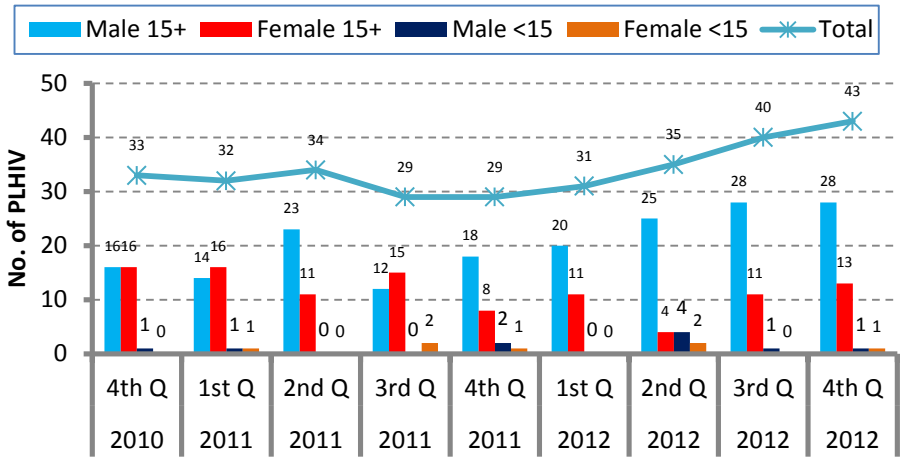
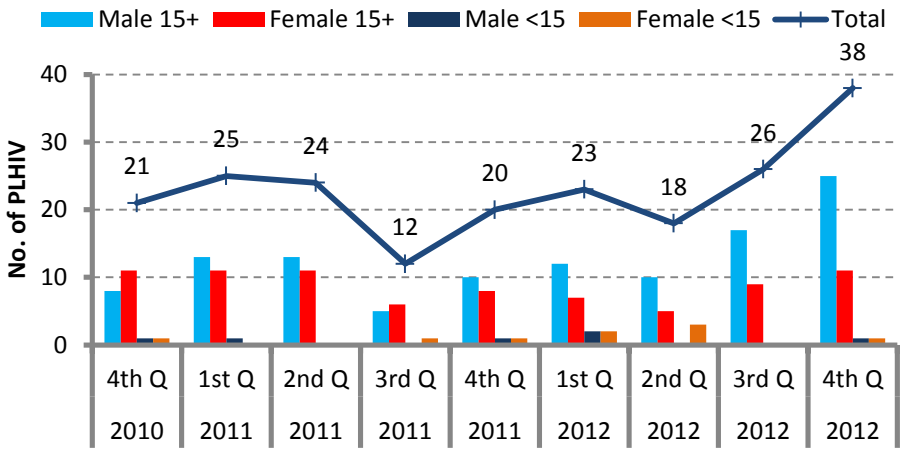


Figure 3.6: Number of PLHIV who started ART during each quarter by Age and Sex



1. Outcomes on ART

* Death of Patients (includes only those on ART)

  There were a total of eighty one (81) deaths reported at the end of year 2012.

* Transferred out

  According to the ART register there were a cumulative number of Twenty Six (26) patients were transferred out at the end of year 2012.

* Loss to Follow up

  There were a total of Thirteen (13) patients who lost to follow up during this period.

* Stopped ART

  Altogether Three (3) patients stopped ART during this follow up period of 2012.

* Currently on ART

- *On Original 1st Line Regimen*

  Out of the Three Hundred & eighty Seven (387) patients who were currently on ART at the end of year 2012, majority remained in the original first line ART regimen and it was 232.

- *On Substituted 1st Line Regimen*

  One hundred and thirty one (131) patients were on substituted 1st line regimen at the end of year 2012.

- *On Switched 2nd Line Regimen*

  Twenty Four (24) patients were on switched 2nd line regimen at the end of year 2012.

* Re-entered into ART care

  None of the patients who were loss to follow up re-entered into HIV care during this follow up period.

2. **Details of Opportunistic Infections in the year**

- There were a wide variety of opportunistic infections detected during the period of year 2012.
- Oral/Oesophageal Candidiasis (51 patients) was the commonest OI identified while Tuberculosis (23 patients) was reported as the second commonest OI.
- Pneumocystis jirovecii Pneumonia was identified in twenty two (22) patients while CMV retinitis was detected in eight of the follow up patients.
- Less commonly reported opportunistic infections were MAC infection, bacterial pneumonias and toxoplasmosis.
- Several other OIs reported but the numbers were not significant.

3. **Data related to Prevention of Mother To Child Transmission (PMTCT)**

The 4 strategies identified by WHO/UNICEF for eMTCT are being implemented by the NSACP. According to the PMTCT register a total of twelve pregnant women were enrolled for care during the period of 2012. All of them were above 25 years of age. Five of them were on ART during this year and were on highly active combination drug regimens. Out of this, four were on ART for their own health in other words they were eligible for treatment due to their disease status as the treatment for the disease status.

4. **Data related to HIV/TB Co- infection**

- According to the TB screening register, patient record, pre-ART & ART registers, two male and one female patient were already on Anti Tuberculosis Treatment (ATT) at the time of diagnosis of HIV infection.
- One HIV positive male patient had a past history of tuberculosis.
- A total of one hundred and three (103) patients were referred for TB screening during this period. Out of them eighteen (18) patients were identified as having active tuberculosis with pulmonary or extra pulmonary.
- Twenty eight (28) patients were on DOTs therapy in year 2012.
- Ten were on INAH prophylaxis.
- A total of seventy (70) patients were on Cotrimoxazole preventive therapy including four pediatric patients.

❖ Based on the above evidence the ART care in the country appears to be well on track with WHO strategies.
❖ Needs further attention on scaling up of screening for HIV among those who show evidence of TB.
❖ Effective strategies need to be identified to retain patients in HIV care programmes.

3.2 Post exposure prophylaxis for HIV

Availability of post exposure prophylaxis (PEP) for HIV in Sri Lanka

Post exposure prophylaxis for HIV following occupational injuries in healthcare settings has been available in various parts of the country since 2008. During the year 2012 it has been scaled up and drugs for PEP is now available in twenty eight government hospitals and nine STD clinics in the country. PEP is offered after counseling and according to guidelines issued by NSACP.

Table 3.3 Availability of ART for PEP in the country during the year 2012

District	Hospitals / STD Clinics	Exact Location	Contact No./Extension
Colombo	National Hospital of Sri Lanka	ETU[1]/OPD[2]	011 2691111 Ext.2429
	Lady Ridgway Hospital	Indoor dispensary	011 2693711-2 Ext.219, 242
	De Soysa Maternity Hospital	Theatre	011 2696224-5 Ext.326
	Castle Street Hospital for Women	Intensive Care Unit(ICU)	011 2696231-2 Ext.230
	Eye Hospital	Room 4A Injection room	011 2693911-5 Ext.231
	TH[3]- Sri Jayawardenapura	ETU[1]	011 2802695-6 Ext.3018, 3019
	TH[3]- Kalubowila	ETU[1]	011 2763261 Ext.277
	STD[4] Clinic- Kalubowila	STD Clinic	011 4891055
	National Institute for Mental Health	Pharmacy	011 2578234-5 Ext.222
	BH[5]- Angoda(IDH[6])	Infection control unit	011 2411284 Ext.264
Gampaha	TH[3] – Ragama	ICU	011 2959261 011 2957199 Ext.258
	STD[4] Clinic – Ragama	STD Clinic	011 2960224
	DGH[7] – Gampaha	Primary Care Unit(PCU)	033 2296897 Ext.112, 113 033 2234385
	DGH[7] – Negambo	MICU	031 2222261 Ext.104
	Chest Hospital - Welisara	OPD[2]/ETU[1]	011 2960509 011 2958271 Ext.349
Kalutara	GH[8] – Kalutara	Accident & emergency unit	034 2222261 Ext.250
	STD[4] Clinic - Kalutara	STD Clinic	034 2236937
	BH[5] – Panadura	ETU[1]	038 2222261 Ext.243
	BH[5]– Horana	Theatre	034 2261261 Ext.319
Kurunegala	TH[3] – Kurunegala	ICU-Accident & Emergency	037 2233906 Ext.907, 208
Kandy	TH[3] – Kandy	ETU[1]	081 2233338, 081 2234208
	STD[4] Clinic – Kandy	STD Clinic	081 2203622
Kegalle	STD[4] Clinic – Kegalle	STD Clinic	035 2231222
NuwaraEliya	GH[8]NuwaraEliya	PCU/STD Clinic	052 2234393Ext.321
Badulla	PGH[9] – Badulla	ETU[1]	055 2222261 Ext.322
	STD[4] Clinic – Badulla	STD[4]Clinic	055 2222578
	BH[5] – Diyathalawa	ICU	057 2229061 Ext.357
Galle	TH[3] – Karapitiya	Pharmacy/ETU[1]	091 2232250 Ext.7813
	STD[4] Clinic – Galle	STD Clinic	091 2245998
Matara	DGH[7] – Matara	ETU[1]	041 2222261 Ext.161
	STD[4] Clinic – Matara	Clinic	041 2232302
Anuradhapura	TH[3] - Anuradhapura	Medical ICU	025 2236461 025 2222261 Ext.1251
Polonnaruwa	GH[8] - Polonnaruwa	Infection control unit	027 2222384 Ext.121
Ratnapura	STD[4] Clinic - Ratnapura	Clinic	045 2226561
	GH[8] - Ratnapura	ICU	045-2225396 Ext.225, 337
	BH[5] - Embilipitiya	ICU	047-2230261 Ext.126, 129
Monaragala	STD[4] Clinic - Monaragala	Primary Care Unit	055-2276261 Ext.215, 213

Central STD clinic, Colombo, offered PEP services for 200 health care workers during the year 2012. The source blood samples were tested for HIV using a WHO recommended Rapid test. Of the 200 healthcare workers, 19 healthcare workers were given ART for post exposure prophylaxis. Table 2.4 gives the different ART regimens given for these 19 healthcare workers.

Table 3.4 PEP Regimen given following occupational exposure during 2012

PEP regimen	Number of healthcare workers
AZT + 3TC	7
AZT + 3TC + EFV	3
AZT + 3TC + LPV/r	9
Total	**19**

Follow up HIV testing at 6 weeks, 3 months and 6 months after the initial accidental injury is recommended. Uptake of follow up testing by health care workers was not satisfactory. Only six healthcare workers came for follow up visits and all six were HIV negative at the end of the follow up period.

At present post exposure prophylaxis following sexual exposure is available for HIV negative partner of sero-discordant couples usually following accidental condom ruptures. During 2012 antiretroviral prescribed for two such patients. Both were given Lopinavir based triple ART regimens (AZT + 3TC + LPV/r and TDF + FTC + LPV/r).Follow up HIV serology of both were negative at three months following the exposure.

4. Laboratory services

The Reference Laboratory is situated in the headquarters of the NSACP. In addition, peripheral STD clinics have their own laboratories situated within their clinics. The Reference Laboratory of NSACP provides laboratory services to the Central STD clinic Colombo and functions as a reference laboratory to all the other peripheral STD clinic laboratories and private sector laboratories in the country.

Statistical data of tests performed in 2012 are given in detail in the table 5.1. The Reference Laboratory of NSACP extends its services to provide viral load assay and CD4 count assay for people living with HIV. The new viral load assay (Real time PCR) method has been introduced during the year 2012 which can be considered an important event in the laboratory molecular test development. In order to improve treatment and care services for the people living with HIV (PLHIV), full blood count analyzer and an electrolyte analyzer were also introduced to the laboratory. These are useful to monitor response to antiretroviral treatment. Early diagnosis of babies born to HIV infected mothers by DNA PCR to the routine diagnostic services during year 2012.

Routine screening of antenatal mothers for syphilis and HIV at the De Soysa Matiernity Hospital has been carried out for many years. During the year 2012 this service was extended to include all antenatal mothers attending Castle Street Hospital for Women. In addition, peripheral STD laboratories conduct majority of antenatal syphilis screening tests in their respective provinces.

To improve the HIV testing services, four ELISA machines were supplied to STD clinics in Chilaw, Kalutara, Hambanthota and Polonnaruwa during the year 2012. This will significantly improve the HIV testing facilities in a cost effective manner.

Other than the routine diagnostic testing, the Reference Laboratory contributes to STD and HIV surveillance and research activities on a regular basis and carries out all the HIV and syphilis testing for HIV sentinel surveillance.

Table 4.1 : Number of tests carried out the Central STD Laboratory Colombo during 2012

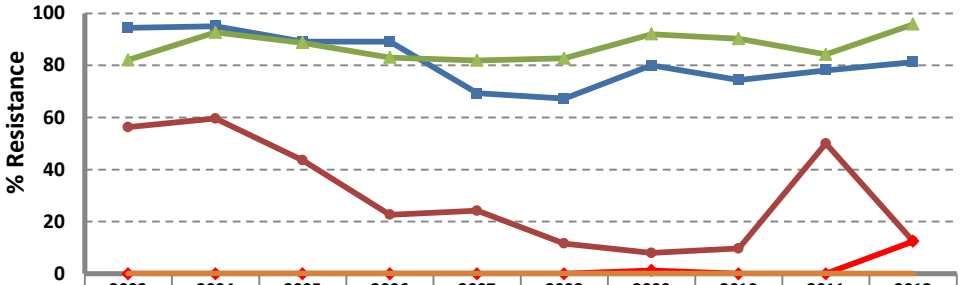
Name of the Test	Number of Tests	Name of the Test	Number of Tests
HIV EIA	38,798	HSV 1-IgM	67
HIV PA	1,159	HSV 1-IgG	113
HIV RAPID	1,270	HSV 2-IgM	67
Western blot	551	HSV 2-IgG	113
HIV - viral load	181	Blood sugar	315
CD 4 count	992	Bilirubin	527
VDRL	56,993	SGOT	528
TPHA/TPPA	9,228	SGPT	528
Syphilis EIA	36	ALP	319
Syphilis ELIZA IgM	46	Serum creatinine	663
G.C. culture	6,225	Blood urea	663
G.C. culture for A.B.S.T.	48	Lipid profile	87
Hepatitis B S antigen	2,320	Total cholesterol	112
Cervical cytology	1,299	HDL	85
Urine HCG for pregnancy	92	LDL	85

To maintain high quality of the services rendered, as an ongoing routine activity, the Reference Laboratory participates in following External Quality Assessment Programmes,

1. External Quality Assessment conducted by the National Reference Laboratory of Australia twice every year for HIV antibody testing.
2. Proficiency testing for Syphilis serology conducted by CDC Atlanta, USA twice every year
3. Gonococcal Antimicrobial Susceptibility Programme quality assessment conducted by WHO collaborative center in Sydney, twice every year
4. Quality Control for CD4 testing by WHO once in 2 months.

As required by a national reference laboratory, the Reference Laboratory of NSACP conducts External Quality Assessment Programmes on HIV serology, syphilis serology and microscopy. All STD clinic laboratories, blood banks and some private hospitals participate in these programmes where they are assessed periodically and advised accordingly.

Figure 4.2: Gonococcal Resistance Pattern 2003-2012



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Penicillin	94.4	95.1	89.2	89.2	69.3	67.3	80	74.4	78.1	81.3
Tetracyclin	56.31	59.63	43.6	22.7	24.2	11.6	8	9.72	50	12.5
Ciprofloxacin	82.1	92.7	88.7	83.01	81.9	82.7	92	90.2	84.2	95.8
Cefuroxime	0	0	0	0	0	0	1.3	0	0	12.5
Ceftriaxone	0	0	0	0	0	0	0	0	0	0
Spectinomycin	0	0	0	0	0	0	0	0	0	0

The National reference Laboratory has been conducting the Gonococcal Antimicrobial Surveillance in Sri Lanka for many years. During the year 2012, there were 5 high level resistant cases of gonorrhoea to cefuroxime axetil, which exceeded 5% resistance level to the recommended first line treatment. As a result, the treatment guideline for uncomplicated gonorrhoea was changed from Cefuroxime to Cefixime in November 2012.

The National Reference Laboratory organized teaching and training activities related to STD and HIV diagnostics. In-service training programmes were conducted during 2012 in order to update the knowledge of laboratory staff working in the Reference laboratory as well as in the peripheral STD laboratories.

Microscopic Services

Table 4.2 – Tests carried out by the Central & Peripheral STD Microscopic Laboratories for the 2012.

Clinic	Dry Smears	Wet Smears	Urine Tests	External Quality Assessment Smears	Total
Central Laboratory in Colombo	8,553	5,002	1,213	3,823	18,591
Peripheral STD Laboratories	22,770	9,499	989	-	33,258
Grand Total	**31,323**	**14,501**	**2,202**	**3,823**	**51,849**

5. Multi-Sectoral HIV Prevention programmes during 2012

An important strategy of the National STD/AIDS Control Programme is to develop partnerships with non-health sectors to plan and implement programmes for the prevention and control of STIs including HIV. These activities include the optimizing of HIV prevention services, promotion of STI care and HIV testing.

5.1 HIV Prevention among Prisoners

An Island wide life skills based education programme named “A New Light for life of Prison Inmates” is implemented with GFATM funds.

HIV prevention Prisons programme also includes advocacy programmes, skills building of welfare officers and medical staff on sexual health promotion. Peers selected among prison inmates were trained to reach out to fellow prisoners through formal and informal sessions using a variety of communication methods. Flip charts, telefilms, posters and leaflets were designed in all three languages as resource material. The peers have developed leadership qualities for prevention of HIV. An STD clinic was set up at the Welikada prison hospital. Special two day life skill training was carried out for young offenders and juvenile prisoners and staff relevant to these institutions were given special training. A positive outcome of all these interventions was more than 5000 prison inmates having had voluntary HIV testing and counseling. External reviews have observed that Peer leader interactive behavior change communication package was effective in HIV/AIDS prevention among prison inmates.

5.2 Police sector HIV prevention programme

The National STD/AIDS Control Programme is carrying out skill building and awareness programmes for police officers with the support from UNFPA with the aim to,

1. To improve knowledge and attitudes with regard to HIV/AIDS prevention among police officers
2. To develop positive attitudes towards condoms as a medical device
3. To improve harassment-free law enforcement practices for sex workers

This programme has helped to create an enabling environment to promote HIV prevention activities among sex workers. As a result arbitrary arrest of sex workers for being in procession of condoms has been reduced and the use of condom as a HIV prevention tool has been understood. The partnership and commitment from the Police department is commendable.

During 2012, training of trainers programmes were held using module based participatory training and a total of 685 male and female police officers from Police Training Colleges and Police Academies, Women and Child's Bureau (including North & East Provinces) were trained. Necessary training tools with IEC materials (educational telefilms and lectures) were provided to trainers to be used as resource material to maintain a uniform standard.

One day awareness programmes were conducted for Island wide OICs, vice OICs (who are handling High risk target groups) and OICs of women and children sections during year 2011 and 2012. These programmes were mainly focused on the role of Police in HIV/AIDS prevention and the current laws related to sex work in Sri Lanka. These programmes were done with commitment from Provincial level Police authorities and a total of 1296 officers from island wide were trained**.**

A booklet was developed on "Laws concerning sex work in Sri Lanka and HIV/AIDS prevention" for all police OICs and Vice OICs Island-wide. This book contains the current Laws on sex work in Sri Lanka and current verdicts of the court cases in relation to sex work in Sri Lanka.

Some of the high rank officers of the Police department, Director and coordinating officer of the NSACP underwent a training course in India sponsored by UNFPA to understand the interactions between Police and the sex worker projects in India to prevent HIV/AIDS . The "HOT line system" for Police officers for HIV/AIDS prevention in Delhi police headquarters was also observed. This study tour created positive commitment by the Sri Lankan Police department for HIV/AIDS prevention programme in Sri Lanka.

5.3 HIV prevention programme for Armed forces

A total of 289 trainers from the health services of the three Armed Forces were trained using a Sexual & Reproductive Health Module with the support of the Family Planning Association of Sri Lanka to carry out HIV prevention programmes and act as counselors for reproductive health issues.

Relevant communication materials and Flip charts, telefilms, Documentary were distributed all divisions of Armed Forces to be used during both formal and informal sessions with their colleagues.

5.4 HIV prevention programme for Road Sector (Kanthale-Trincomalee Road Section)

National STD/AIDS Control Programme implemented the HIV prevention Programme for World Bank Funded Road Sector Assistance Project.

The objective of these trainings was to improve knowledge and attitudes on HIVAIDS and promotion of safe sexual behaviours among road workers in the Kanthale-Trincomalee Highway. A needs assessment was carried out by the NSACP and followed by advocacy programmes for planners and contractors. Selected peer workers were trained on HIV prevention for two days through participatory based workshops. Training was given by considering the educational level and trained them to use appropriate communication materials.

These Trainers conducted both informal sessions with their colleagues using the communication materials which have been given by the NSACP. Monitoring and evaluation for these peer leaders were be done by the project office of the Road Sector.

Table 5.1 Communication materials developed during 2012

Communication material	Distribution
Posters in all three language	Prisons, Police stations, STD clinics, Armed forces and health institutions, NGOS and CBOs
Leaflets in all three language	Prisons, Police stations, STD clinics, Armed forces and health institutions, NGOS and CBOs
Training modules for trainers in Prison sector on HIV/AIDS prevention	Trainers among prison sector
	Medical professionals in prison sector
Telefilm and song on HIV prevention	Prisons, Police stations, STD clinics, Armed forces and health institutions, NGOS and CBOs
Documentary on HIV named “Suwatharaniya”	Prisons, Police stations, STD clinics, Armed forces and health institutions, NGOS and CBOs
Telefilm for Prison inmates named “PinawanaPina”	Prisons, Police stations, STD clinics, Armed forces and health institutions, NGOS and CBOs
Flip charts	Prisons, Police stations, STD clinics, Armed forces and health institutions, NGOS and CBOs
Training modules for trainers in Prison sector on HIV/AIDS prevention	All trainers in Armed Forces
Hand book on Laws concerning sex work in Sri Lanka and HIV/AIDS prevention	All Island Police stations
Hand book for school children on HIV prevention and promotion of sexual and reproductive health (Heta Supipena Youn Kakula)	All Island teacher trainers
Booklet on Positive living	To PLHIV groups

6. HIV Prevention Project in the Plantation areas

The plantation sector project is one of the three project areas identified under the HIV prevention component of the GFATM grant round 6. National STD/AIDS Control Programme outsourced this project to Alliance Lanka, an NGO. The phase I of the plantation sector project was officially started by Alliance Lanka on 15th June 2008 and was completed on 15th June 2010. However, due to a number of management issues, the phase II of the project had to be carried out by the National STD/AIDS Control Programme itself, and the activities of the projects were completed at the end of December 2012. The objective and main activity areas of the project are outlined below.

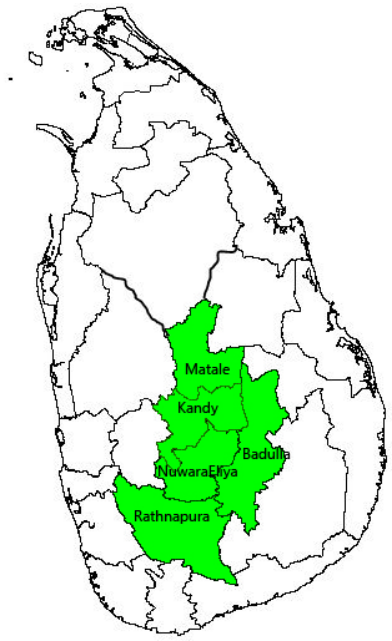
Objective and main activity areas of the project

Objective: Prevent the transmission of HIV infection among planation workers by creating awareness and behavior change.

Main activity areas:

- Baseline data collection on knowledge attitude and practice relevant to HIV epidemic
- Creating awareness of plantation workers through counselors and peer educators
- Provision of HIV counseling and testing services through network of trained counselors and established VCT centers
- Strengthening of plantation sector health system for the syndromic management of STIs
- Behaviour change communication through trained counselors, STD clinic staff and through outreach radio-video programmes
- Provision of condoms
- Post interventions survey for the evaluation the project.

Figure 6.1: Project Area of the Plantation Sector HIV Project



This project has covered selected sixty plantation estates in 5 districts (Ratnapura, Badulla, Kandy, Matale and Nuwara Eliya) and over 100,000 people in these estates benefited from the project through various activities which included the training of 57 counselors, 923 peer leaders and establishment of 26 VCT centers. Furthermore, the plantation sector health systems were strengthened for the syndromic management of STI, by training estate medical assistants (EMA) and estate medical officers (EMO) and by provision of essential drugs and treatment guidelines. Behaviour change communication (BCC) activities were carried out in all plantation estates at three levels.

- Level 1 - by peer educators and trained counselors
- Level 2 - through STD clinic staff,
- Level 3 - through mass scale radio–video programme

The 3rd level was implemented via Uva Radio. In addition, educational material such as billboards, leaflets, booklets, flash cards, banners, posters, DVDs etc. were distributed among the plantation workers for awareness rising on HIV.

Overall project performance for the duration June 2008- December 2012

The achievement of the project is measured by Global fund indicators. The targets and performance of the overall project activities are shown in the table below.

Table 6.1: Achievement Indicators of the plantation sector HIV prevention project.

Indicator Name	Target	Achievement	Achievement
Number of estates reached by BCC activities	60	60	**100 %**
Number of condoms distributed to plantation workers	3,800,000	2,333,633	**61 %**
Number of people in 15-49 year old plantation workers receiving HIV counseling	12,500	21,293	**170 %**
Number of plantation workers receiving counseling and testing including the provision of results in the newly established VCT centers	400	4,869	**1,217 %**

7. Training and Capacity building

7.1. In-service and Pre-service training of healthcare workers

Pre-service training of STD clinic staff was carried out regularly during the year 2012. Thirty seven major staff

members of district STD clinics including 9 medical officers were trained in training courses extending from 2 weeks to 2 months.

Medical students of the Faculty of Medicine Colombo were trained in 12 groups each consisting of 16-20 students, each group had one week training which included daily clinical sessions as well as lecture discussions. 25 medical students of the Kotelawala Defense Academy too were given training for 2 weeks. Student nurses from the Nurses Training School, 8 groups consisting of 13-15 in each, had weekly training in STD and HIV.

One hundred and fifteen Postgraduate trainees of Diploma in Child health, MD paediatrics, MSc and MD community Medicine, Microbiology, virology, dermatology, forensic medicine and diploma in family medicine were given training.

Under GFATM project several workshops were conducted in the year 2012. Fifty one major staff members and fifty two supportive staff members of the STD clinics island-wide were given training to make services accessible to community especially to most-at-risk population. Ninety STD clinic staff members were given training in counselling and testing. Eight workshops were conducted on comprehensive care for PLHIV for health care workers in 8 major hospitals in the country.

Table 7.1 **Training Programmes carried out in 2012**

Name of the Training Programme	Duration of training	Number trained
Pre service Training for Medical Officers in STD (MO/STD)	2 months	09
Pre service Training for MO/ STD the Prison Hospital	1month and 5days	03
Pre service Training for STD Staff –Nursing Officers	1- 2 weeks	03
	1 day	01
Pre service Training for STD Staff -MLT	2 weeks	03
	2 days	01
Pre service Training for STD staff-PHI	2 weeks	11
Pre service Training for STD Staff – PHLT	2 weeks	06
Pre service Training for supportive staff	3 days	08
Training for supportive staff (Funded by GFATM)	2 days (2 programmes)	53
Training for major staff (Funded by GFATM)	3 days (2 programmes)	51
Counseling Training for STD staff (Funded by GFATM)	4 days (3 programmes)	90
Medical Students Colombo Medical Faculty	5 days	196
Medical Students of Kotalawala Defense Academy	10 Days	25
Nursing Students	4-5 days	111
Postgraduate Medical training in Community pediatric	1 day (2 programmes)	27
Postgraduate Medical training in Dermatology	4 days	05
Postgraduate Medical training in Virology	2 weeks -3 months	04
Postgraduate Medical training in Forensic Medicine	1 week	02
Postgraduate Medical training in Microbiology	2 weeks	09
Postgraduate Medical training in Community Medicine	1 day	30
Postgraduate Medical training in Social Pediatrics	1 day	38

7.2 . Postgraduate medical training in venereology

Consultants in the National STD/AIDS Control programme initiated and coordinate the postgraduate medical training in venereology in collaboration with the Postgraduate Institute of Medicine and Ministry of Health.

The Postgraduate Diploma in Venereology course was commenced on 19th July 2002. This was followed by commencement of MD Venereology course in 2003. A total of 68 have followed the course and 64 were successful in the Postgraduate Diploma examination. Currently 6 trainees are undergoing Postgraduate Diploma in Venereology training. The Diploma in Venereology is the stepping stone to the MD in Venereology.

Twenty one trainees have completed MD venereology examination and local post MD training including nine trainees who are currently undergoing overseas training in UK and Australia. Eight have completed local and overseas training. Major part of the clinical training is given at the NSACP.

The Consultant Venereologists contribute immensely in coordinating and conducting lectures and giving clinical training in the course Postgraduate diploma in Venereology and MD Venereology. Three examinations are conducted each year including selection examination for Postgraduate diploma in Venereology, Postgraduate diploma in Venereology examination and MD Venereology.

Table 7.2 Summary of Postgraduate Venereology Training

Year	No. of Diploma trainees (Date Commenced)	No. of MD Trainees (Date Commenced)	No. of Post MD Trainees (Date Commenced)
2002	08 (19.07.2002)	-	-
2003	07 (01.08.2003)	-	-
2004	07 (01.11.2004)	07 (01.01.2004)	-
2005	06 (02.11.2005)	04 (01.01.2005)	-
2006	06 (01.11.2006)	-	02 (01.07.2006)
2007	05 (01.11.2007)	03 (01.01.2007)	04 (02.07.2007)
2008	06 (03.11.2008)	07 (01.01.2008)	01 (01.07.2008)
2008	-	04 (01.08.2008)	-
2009	04 (03.11.2009)	04 (01.07.2009)	03 (01.07.2009)
2010	06 (03.11.2010)	05 (01.08.2010)	05 (01.07.2010)
2011	07 (01.11.2011)	05 (01.08.2011)	04 (01.02.2011)
2012	06 (01.11.2012)	05 (01.08.2012)	04 (01.02.2012)

8. Interventions for Most at risk populations

8.1 Background

As a low prevalent country , Sri Lanka long recognized the need for targeting the key drivers of the HIV epidemic , female sex workers, men who have sex with men , drug users particularly injecting drug users and beach boys with prevention interventions in order to reduce HIV transmission . Though outreach programmes aiming at changing risk behaviours and promoting STI care seeking behavior of these hidden populations were conducted through NGO s & government STI clinics over the years , the coverage has been very low. Despite provision of free STI services (STI screening, provider initiated /voluntary HIV testing , condom promotion) through a network of 29 public STI clinics , it was noted that the take up of these services by high risk groups particularly MSM also was poor. Nevertheless the fact that the KAP would be best reached through the NGOs /CBOs was acknowledged ,lack of capacity of NGOs in terms of funds, human resource and a favorable environment such as discriminating attitudes of care givers , punitive laws etc were some of the barriers for scaling up of preventive services. Furthermore a major constraint for planning /resource allocation /generating funds was lack of strategic information on population size and risk behaviours of the key populations at risk(KAP) .

In this scenario Government of Sri Lanka received a grant, 12.76 million USD from the global fund to scale up targeted interventions for most at risk populations and to provide care and treatment to people living with HIV. The funds are jointly utilized by 2 principal recipients, to implement a HIV project for a period of 5 years from 2011-2015 .

The National STD/AIDS control Programme of the Ministry of health as the principle recipient one (PR1) is responsible for

- Advocacy for creating a conducible environment to conduct targeted interventions for MARP
- Procure and provide health products (condoms, lubricants) to MARP
- To generate strategic information (National population size estimation of KAP & Integrated biological behavioral surveillance)
- Providing care and treatment services to PLHIV including ARV, reduce stigma & discrimination in health care settings .

  Family planning association (Sarvodaya during Phase 1) as the principal recipient two (PR2) is mainly responsible for carrying out the component of targeted interventions for MARP through NGO/CBO as sub recipients/sub-sub recipients using a peer-led approach . The activities are

- Capacity building of NGO/CBO, peer educators
- delivery of a sexual health package including BCC , distribution of condoms and & referral of KAP to STI services for VCT/STI screening

  The progress of the activities of the phase one of the GF HIV Project during 2012 is outlined below.

Advocacy programs by NSACP

National level advocacy programs were conducted to explain the objectives and introduce the targeted interventions programme to key stakeholders .Table 1& 2 describes the progress made in 2012.

Table 9.1 Number of Advocacy meetings for MARP during 2012

Type of advocacy programme	Number of meetings	Number participated
FSW	8	350
MSM	8	348
Beach boys	10	426
Drug users	5	122
Total	31	1246

Advocacy meetings for drug users were aimed at agreeing on the elements of the HIV risk reduction package. The outcome was to include the BCC, ART, STI services, condom promotion , Hep B and C screening, HIV testing, TB services in the risk reduction package. While no consensus was reached on the provision of opioid substitution therapy (OST) to drug user in Sri Lanka yet, a decision was made to conduct a literature search on OST in 2013 to decide on initiating OST to drug users in Sri Lanka and thereafter to conduct a pilot study.

9. Financial sources and details of expenditure categories- 2012

Ministry of Health and Global Fund were the main financial sources for the activities carried out by the National STD/AIDS Control Programme during 2012 (48% each). Developmental partners from UN (UNFPA, WHO and UNAIDS) had contributed 4%. The Ministry of Health allocations shown below are the funds allocated to the Central STD clinic of the National STD/AIDS Control programmes. Health ministry expenditure for the peripheral STD clinics and their programmes are borne by the respective Provincial Authorities and are not included in the table given below. Similarly Global Fund contributions for HIV prevention programmes conducted through the NGO Principal recipient are not included here.

Figure 9.1 Global Fund Contribution by Cost categories during 2012

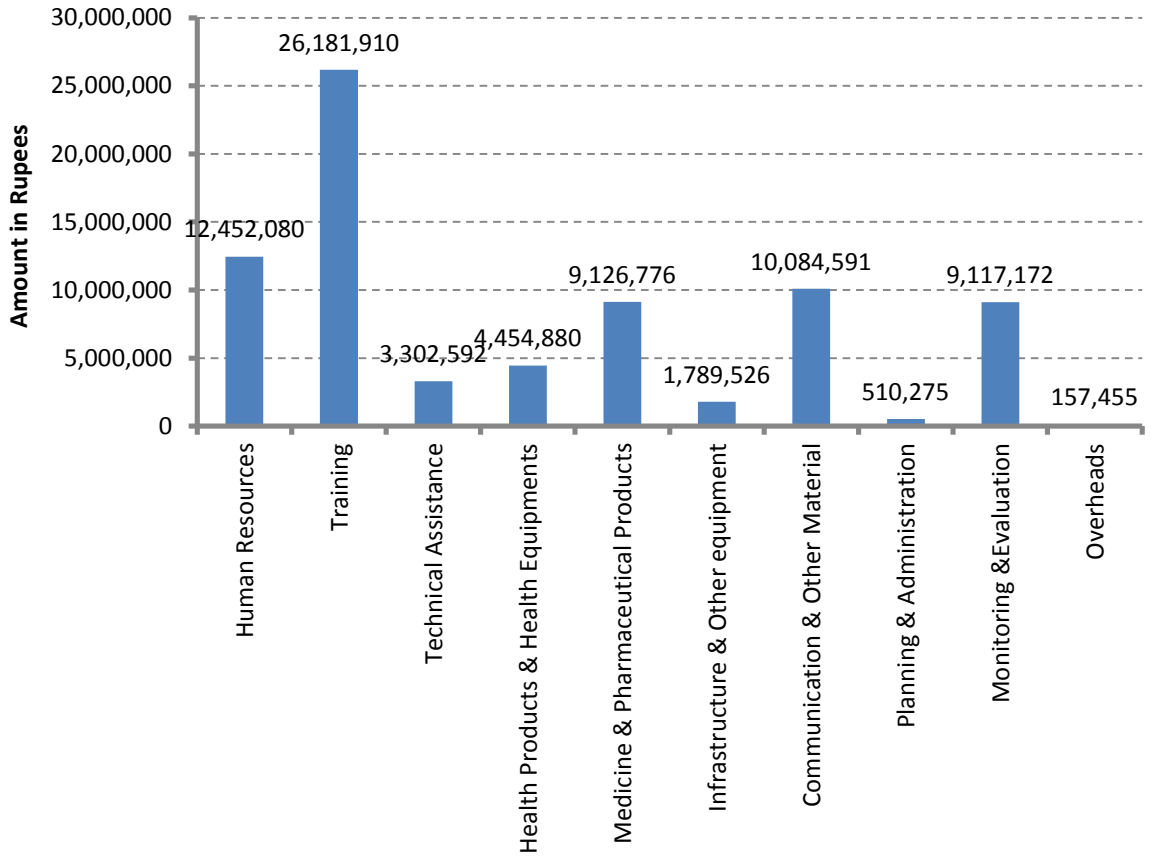


Table 9.1: Financial sources and details of expenditure categories- 2012

Source of Funds	Description	Amount, Rs.	Sub Total
Ministry of Health (Recurrent Expenditure)	Salaries& Wages	32,768,937	**77,867,675**
	Overtime & PH Allowance	4,398,765	
	Other Allowance	22,764,628	
	Travelling Charges	209,891	
	Stationary & Office Requirements	420,865	
	Fuel	1,073,956	
	Waste Management	144,985	
	Vehicle Maintenance	240,314	
	Machine Maintains	1,297,700	
	Building Maintains	469,678	
	Postal & Communication	1,083,704	
	Electricity & Water	5,775,687	
	Security & Cleaning	3,592,052	
	Loan Interest	890,862	
Ministry of Health (Capital Expenditure)	Clinic Equipment	2,280,787	
	Laboratory	164,280	
	Building Construction	290,584	
Global Fund	Human Resources	12,103,876	**113,752,154**
	Training	27,241,368	
	Technical Assistance	3,387,509	
	Health Products & Health Equipment	31,740,469	
	Medicine & Pharmaceutical Products	13,685,055	
	Infrastructure & Other equipment	3,355,573	
	Communication & Other Material	10,875,736	
	Planning & Administration	9,712,389	
	M&E (Mainly survey contracts)	659,998	
	Overheads	990,179	
UNFPA	Payments viaNSACP	2,643,220	**5,754,262**
	Payments via Ministry of Health	3,111,042	
WHO	PIMS (A delayed payment from 2011)	2,464,250	**2,464,250**
UNAIDS	National AIDS Committee meetings	59,994	**59,994**
		Grand Total Rupees	**163,323,438**

Annex 1

Consolidated master sheet of Reason for attendance for New patients - 2012															
STD Clinic	Contact of patients			Voluntarly			Referal from magistrate/court			Others			Total		
	Male	Female	**Sub Total**	Male	Female	**Sub Total**	Male	Female	**Sub Total**	Male	Female	**Sub Total**	Male	Female	**Grand Total**
Ampara	35	9	**44**	61	18	**79**	18	28	**46**	69	87	**156**	183	142	**325**
Anuradhapura	15	24	**39**	118	42	**160**	14	22	**36**	199	129	**328**	346	217	**563**
Badulla	74	26	**100**	96	60	**156**	27	95	**122**	119	212	**331**	316	393	**709**
Balapitiya	5	4	**9**	23	7	**30**	32	34	**66**	97	153	**250**	157	198	**355**
Batticalo	16	12	**28**	11	5	**16**	91	74	**165**	7	3	**10**	125	94	**219**
Chilaw	31	27	**58**	61	70	**131**	18	171	**189**	114	151	**265**	224	419	**643**
Colombo	137	115	**252**	1,190	453	**1,643**	42	250	**292**	925	592	**1,517**	2,294	1,410	**3,704**
Galle	17	31	**48**	135	90	**225**	42	94	**136**	166	195	**361**	360	410	**770**
Gampaha	27	26	**53**	69	40	**109**	4	47	**51**	115	175	**290**	215	288	**503**
Hambanthota	12	4	**16**	73	17	**90**	129	26	**155**	71	53	**124**	285	100	**385**
Jaffna	-	2	**2**	53	11	**64**	40	32	**72**	19	7	**26**	112	52	**164**
Kalmunai	6	12	**18**	6	7	**13**	-	-	**-**	44	63	**107**	56	82	**138**
Kalubowila	19	28	**47**	305	124	**429**	16	92	**108**	323	347	**670**	663	591	**1,254**
Kalutara	36	23	**59**	80	54	**134**	101	44	**145**	124	169	**293**	341	290	**631**
Kandy	43	39	**82**	211	122	**333**	8	23	**31**	243	300	**543**	505	484	**989**
Kegalle	-	1	**1**	84	46	**130**	35	63	**98**	46	41	**87**	165	151	**316**
Kurunegala	89	69	**158**	303	169	**472**	13	81	**94**	195	329	**524**	600	648	**1,248**
Mannar	1	-	**1**	-	-	**-**	16	7	**23**	1	-	**1**	18	7	**25**
Matale	5	7	**12**	24	15	**39**	7	15	**22**	30	25	**55**	66	62	**128**
Matara	37	23	**60**	81	24	**105**	176	277	**453**	101	150	**251**	395	474	**869**
Monaragala	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**	-	-	**-**
Negombo	25	17	**42**	75	54	**129**	21	94	**115**	138	160	**298**	259	325	**584**
Nuwaraeliya	13	4	**17**	44	8	**52**	2	6	**8**	40	103	**143**	99	121	**220**
Polonnaruwa	6	4	**10**	261	284	**545**	7	9	**16**	17	22	**39**	291	319	**610**
Ragama	43	42	**85**	167	65	**232**	45	65	**110**	257	228	**485**	512	400	**912**
Rathnapura	13	23	**36**	175	135	**310**	72	130	**202**	119	217	**336**	379	505	**884**
Trincomalee	5	3	**8**	18	6	**24**	8	32	**40**	77	50	**127**	108	91	**199**
Vauniya	18	8	**26**	30	8	**38**	19	19	**38**	128	51	**179**	195	86	**281**
Total	**728**	**583**	**1,311**	**3,754**	**1,934**	**5,688**	**1,003**	**1,830**	**2,833**	**3,784**	**4,012**	**7,796**	**9,269**	**8,359**	**17,628**

Source : QSTDR/SIMU/NSACP/27.06.2013

Consolidated master sheet of HIV Testing for STD Clinic attendees -2012										
STD Clinic	Sex workers		MSM		Drug Users		Other STD Clinic Attendees		Total	
	No. tested for HIV	No. came to receive HIV	No. tested for HIV	No. came to receive HIV	No. tested for HIV	No. came to receive HIV	No. tested for HIV	No. came to receive HIV	No. tested for HIV	No. came to receive HIV
Ampara	4	3	2	2	0	0	254	249	**260**	**254**
Anuradhapura	82	66	145	98	0	0	152	140	**379**	**304**
Badulla	5	4	3	3	1	1	1216	400	**1225**	**408**
Balapitiya	1	1	41	27	0	0	155	126	**197**	**154**
Batticalo	0	0	0	0	0	0	1	0	**1**	**0**
Chilaw	10	10	4	4	0	0	131	131	**145**	**145**
Colombo	321	312	176	134	1	0	4099	3388	**4597**	**3834**
Galle	45	34	33	5	0	0	318	286	**396**	**325**
Gampaha	11	7	13	12	0	0	143	72	**167**	**91**
Hambanthota	23	22	1	1	0	0	565	407	**589**	**430**
Jaffna	0	0	0	0	0	0	90	90	**90**	**90**
Kalmunai	0	0	0	0	0	0	0	0	**0**	**0**
Kalubowila	154	154	99	98	23	22	1026	1004	**1302**	**1278**
Kalutara	10	10	24	24	0	0	41	41	**75**	**75**
Kandy	63	49	23	23	11	11	666	666	**763**	**749**
Kegalle	11	11	0	0	0	0	206	173	**217**	**184**
Kurunegala	24	0	0	0	0	0	769	4	**793**	**4**
Mannar	0	0	0	0	0	0	342	243	**342**	**243**
Matara	34	28	7	7	0	0	948	743	**989**	**778**
Mathale	10	9	0	0	0	0	134	131	**144**	**140**
Monaragala	0	0	0	0	0	0	0	0	**0**	**0**
Negambo	46	43	14	14	0	0	218	204	**278**	**261**
NuwaraEliya	5	5	0	0	3	3	70	67	**78**	**75**
Polonnaruwa	6	6	17	17	0	0	1055	1055	**1078**	**1078**
Ragama	48	24	97	81	0	0	1478	1149	**1623**	**1254**
Ratnapura	51	51	13	10	82	12	542	386	**688**	**459**
Trincomalee	5	3	0	0	0	0	20	15	**25**	**18**
Vauniya	4	4	0	0	0	0	16	16	**20**	**20**
Total	**973**	**856**	**712**	**560**	**121**	**49**	**14655**	**11186**	**16461**	**12651**
Source : QSTDR/SIMU/NSACP/27.06.2013										

Consolidated master sheet of Types of IEC/BCC/Awareness Programmes -2012										
STD Clinic	**Lectures**		**Exhibitions**		**Workshops**		**Other (specify)**		**Total**	
	Number of Programmes	Approximate number of	Number of Programmes	Approximate number of	Number of Programmes	Approximate number of	Number of Programmes	Approximate number of	Number of Programmes	Approximate number of participants
Ampara	56	4340	6	6500	0	0	1	250	63	11090
Anuradhapura	144	11935	2	2720	1	50	4	1110	151	15815
Badulla	32	1980	2	113	2	55	7	447	43	2595
Balapitiya	14	1705	5	9400	0	0	0	0	19	11105
Batticalo	21	1757	0	0	1	50	4	200	26	2007
Chilaw	101	7750	1	800	5	245	1	50	108	8845
Colombo	628	4168	14	188,968	7	215	113	188	762	193539
Colombo	476	11534	12	448607	86	3301	777	12969	1351	476411
Galle	20	803	0	0	0	0	0	0	20	803
Gampaha	111	8396	1	1000	0	0	0	0	112	9396
Hambanthota	49	3263	0	0	2	76	0	0	51	3339
Jaffna	23	713	0	0	2	50	22	550	47	1313
Kalmunai	6	390	0	0	0	0	1	200	7	590
Kalubowila	16	674	10	1155	10	355	33	255	69	2439
Kalutara	33	3430	2	600	0	0	0	0	35	4030
Kandy	174	9644	0	0	14	560	1	1200	189	11404
Kegalle	81	8078	2	1300	0	0	13	87	96	9465
Kurunegala	70	4637	2	5000	21	1603	17	706	110	11946
Mannar	0	0	1	1000	1	0	13	618	15	1618
Matara	98	7223	0	0	1	44	0	0	99	7267
Mathale	18	1547	0	0	0	0	0	0	18	1547
Negambo	12	1245	0	0	2	110	1	50	15	1405
NuwaraEliya	64	3450	1	20000	8	450	8	600	81	24500
Polonnaruwa	31	4492	0	0	1	50	2	350	34	4892
Ragama	50	4013	0	0	4	200	9	1194	63	5407
Ratnapura	153	10435	3	1420	1	30	0	0	157	11885
Trincomalee	41	2795	0	0	2	150	2	200	45	3145
Vauniya	188	11345	0	0	1	103	0	0	189	11448
Total	**2710**	**131742**	**64**	**688583**	**172**	**7697**	**1029**	**21224**	**3975**	**849246**

Source : QSTDR/SIMU/NSACP/27.06.2013

Consolidated master sheet of New Diagnosis -2012																		
STD Clinic	Infectious Syphilis			Late syphilis			Early Congenital Syphilis			Late Congenital Syphilis			Gonorrhoea & PGC			Opthalmia neonatorum		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	2	0	2	4	3	7	1	0	1	0	1	1	1	0	1	0	0	0
Anuradhapura	0	0	0	16	5	21	0	0	0	0	0	0	18	13	31	0	0	0
Badulla	6	2	8	6	7	13	0	0	0	0	0	0	7	3	10	0	0	0
Balapitiya	0	0	0	4	0	4	0	0	0	0	0	0	2	4	6	1	0	1
Batticalo	4	5	9	3	0	3	0	0	0	0	0	0	6	1	7	0	0	0
Chilaw	0	0	0	4	0	4	0	0	0	0	0	0	2	0	2	0	0	0
Colombo	96	30	126	222	131	353	1	2	3	0	1	1	75	18	93	0	2	2
Galle	15	1	16	23	20	43	0	0	0	0	0	0	15	2	17	0	0	0
Gampaha	1	0	1	13	6	19	0	0	0	0	0	0	5	1	6	0	0	0
Hambanthota	0	0	0	17	8	25	2	0	2	0	0	0	15	4	19	0	0	0
Jaffna	1	0	1	0	0	0	0	0	0	0	0	0	4	0	4	0	0	0
Kalmunai	3	0	3	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Kalubowila	20	4	24	40	17	57	0	0	0	1	0	1	24	9	33	0	0	0
Kalutara	4	2	6	13	10	23	1	0	1	0	0	0	6	0	6	0	0	0
Kandy	14	2	16	30	14	44	0	0	0	0	0	0	18	13	31	0	0	0
Kegalle	3	2	5	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0
Kurunegala	2	2	4	19	26	45	0	0	0	0	0	0	3	4	7	0	0	0
Mannar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Matara	12	7	19	10	3	13	0	0	0	0	0	0	7	2	9	0	0	0
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mathale	0	0	0	0	0	0	0	0	0	0	0	0	3	1	4	0	0	0
Negambo	6	5	11	6	8	14	0	0	0	0	0	0	5	1	6	0	0	0
NuwaraEliya	2	3	5	0	0	0	0	0	0	0	0	0	17	15	32	0	0	0
Polonnaruwa	0	0	0	6	2	8	0	0	0	0	0	0	17	0	17	0	0	0
Ragama	26	9	35	29	15	44	0	0	0	0	0	0	14	2	16	0	0	0
Ratnapura	4	1	5	18	11	29	0	0	0	1	0	1	15	4	19	0	0	0
Trincomalee	3	1	4	0	0	0	1	0	1	0	0	0	19	1	20	0	0	0
Vauniya	0	0	0	7	11	18	0	0	0	0	0	0	5	0	5	0	0	0
Total	**224**	**76**	**300**	**490**	**297**	**787**	**6**	**2**	**8**	**2**	**2**	**4**	**306**	**98**	**404**	**1**	**2**	**3**

Source : QSTDR/SIMU/NSACP/27.06.2013

Consolidated master sheet of New Diagnosis -2012									
STD Clinic	**HIV infection**			Genital Herpes			Genital Warts		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	1	0	1	14	21	35	21	12	33
Anuradhapu	0	0	0	58	47	105	66	48	114
Badulla	0	1	1	33	70	103	13	17	30
Balapitiya	1	1	2	26	41	67	15	11	26
Batticalo	0	0	0	1	6	7	6	2	8
Chilaw	5	1	6	39	58	97	34	21	55
Colombo	46	7	53	195	225	420	233	115	348
Galle	7	5	12	34	66	100	37	36	73
Gampaha	2	1	3	45	74	119	32	32	64
Hambanthot	0	0	0	23	26	49	25	8	33
Jaffna	1	1	2	11	7	18	3	4	7
Kalmunai	0	0	0	2	4	6	0	1	1
Kalubowila	2	1	3	128	166	294	102	86	188
Kalutara	2	0	2	37	71	108	27	36	63
Kandy	2	1	3	80	107	187	63	45	108
Kegalle	0	0	0	11	16	27	22	21	43
Kurunegala	1	4	5	94	109	203	71	66	137
Mannar	0	0	0	0	0	0	0	0	0
Matara	1	0	1	54	77	131	26	22	48
Monaragala	0	0	0	0	0	0	0	0	0
Mathale	0	0	0	7	20	27	5	7	12
Negambo	3	1	4	32	44	76	45	24	69
NuwaraEliy	0	0	0	10	6	16	7	9	16
Polonnaruw	0	0	0	31	54	85	30	27	57
Ragama	11	3	14	58	70	128	72	55	127
Ratnapura	4	3	7	74	102	176	49	36	85
Trincomalee	0	0	0	23	18	41	17	6	23
Vauniya	0	0	0	39	13	52	15	2	17
Total	**89**	**30**	**119**	**1159**	**1518**	**2677**	**1036**	**749**	**1785**

Consolidated master sheet of New Diagnosis -2012														
STD Clinic	Chancroid		Trichomonasis			Candidiasis			Bacterial Vaginosis			Other STI		
	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ampara	0	0	0	0	0	33	34	67	0	5	5	23	0	23
Anuradhapu	0	0	0	0	0	24	24	48	0	27	27	19	6	25
Badulla	0	0	0	4	4	17	80	97	0	30	30	8	5	13
Balapitiya	0	0	0	1	1	18	27	45	0	24	24	18	25	43
Batticalo	0	0	0	0	0	3	3	6	0	0	0	10	8	18
Chilaw	0	0	0	1	1	19	46	65	0	39	39	11	5	16
Colombo	0	0	1	30	31	273	235	508	0	322	322	110	8	118
Galle	0	0	0	3	3	42	46	88	0	37	37	1	8	9
Gampaha	0	0	0	1	1	66	141	207	0	101	101	2	4	6
Hambanthot	0	0	0	0	0	1	20	21	0	6	6	55	10	65
Jaffna	0	0	0	0	0	0	1	1	0	0	0	0	2	2
Kalmunai	0	0	0	0	0	2	0	2	0	1	1	2	1	3
Kalubowila	0	0	0	6	6	91	160	251	0	85	85	25	16	41
Kalutara	0	0	0	0	0	35	40	75	0	26	26	5	4	9
Kandy	0	0	0	12	12	25	126	151	0	106	106	10	11	21
Kegalle	0	0	0	0	0	17	27	44	0	13	13	3	7	10
Kurunegala	0	0	1	1	2	29	79	108	0	21	21	4	1	5
Mannar	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Matara	0	0	0	4	4	9	65	74	0	56	56	19	4	23
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mathale	0	0	0	0	0	1	5	6	0	3	3	2	2	4
Negambo	0	0	0	1	1	22	67	89	0	74	74	16	9	25
NuwaraEliy	0	0	0	0	0	10	6	16	0	3	3	0	0	0
Polonnaruw	0	0	0	0	0	2	9	11	0	32	32	44	81	125
Ragama	0	0	0	1	1	76	97	173	0	74	74	18	7	25
Ratnapura	0	0	1	3	4	57	58	115	0	54	54	2	6	8
Trincomalee	0	0	0	0	0	5	4	9	0	1	1	9	3	12
Vauniya	0	0	0	0	0	1	1	2	0	0	0	5	0	5
Total	**0**	**0**	**3**	**68**	**71**	**878**	**1401**	**2279**	**0**	**1140**	**1140**	**421**	**233**	**654**

Annex II-Clinic and Medical Staff details in the STD clinics during 2012

Ampara District

1. STD clinic – Ampara
Address: STD clinic, District General Hospital, Ampara
Email: stdclinic.ampara@gmail.com
Telephone: 063-3-636301

Medical Staff information: Ampara	
Dr. Lalindi Hathurusinghe	Medical Officer
Dr. RRAB Kushari Jayawardana	Medical Officer

2. STD clinic – Kalmunai
Address: STD Clinic, Base Hospital A, Kalmunai
Email: stdclinic.kalmunai@gmail.com
Telephone/Fax: 067-2-223660
RDHS office Fax: 067-2-222711

Medical Staff information: Kalmunai	
Dr. S M A Azees	Medical Officer

Anuradhapura District

STD clinic - Anuradhapura
Address: STD clinic, Teaching Hospital,Anuradhapura
Email: stdclinic.anuradhapura@gmail.com
Telephone: 025-2236461
Fax: 025-2236461

Staff information: Anuradhapura	
Dr. Nalin Premadasa	Medical Officer

Badulla District

STD clinic – Badulla
Address: STD clinic, Provincial General Hospital, Badulla
Email: stdclinic.badulla@gmail.com
Telephone: 055-2-222578

Medical Staff information:Badulla	
Dr. HG Chrishan Vethanayagam	Medical Officer In Charge
Dr. DMP Dissanayake.	Medical Officer

Batticaloa District

STD clinic – Batticaloa
Address: STD clinic, Teaching Hospital, Batticaloa
Email: stdclinic.batticaloa@gmail.com
Telephone: 065-2-222261

Medical Staff information: Batticaloa	
Dr. Sopanaa Susil	Medical Officer

Colombo District

STD clinic - Colombo
Address: National STD/AIDS Control Programme , 29, De saram Place, Colombo 10
Email: stdclinic.colombo@gmail.com
Telephone: 011-2-667163
Hotlines: 011-2-695420 (Female), 011-2-695430 (Male)
Fax: 011-5-336873

Medical Staff Information: Colombo	
Dr. Sisira Liyanage	Director
Dr. RMPLI Rajapakse	Venereologist
Dr. C Wickramasuriya	Venereologist
Dr. KAM Ariyaratne	Venereologist
Dr. G Weerasinghe	Venereologist
Dr. S Benaragama	Epidemiologist
Dr. JP Alwitigala	Microbiologist
Dr. HMJP Vidanapathirana	Community Physician
Dr. LHNNM Punchihewa	Medical Officer
Dr. CM Jayalath	Medical Officer
Dr. C N Malavige	Medical Officer
Dr. NSS DE Silva	Medical Officer
Dr. ALTP Amarawickrama	Medical Officer
Dr. MYM Ajwath	Medical Officer (Tem)

STD clinic – Kalubowila
Address: STD Clinic, Teaching Hospital, Kalubowila
Email: stdclinic.kalubowila@gmail.com
Telephone: 011-4-891055
Fax: 011-4-891055

Medical Staff Information: Kalubowila	
Dr. Nalaka Abeygunasekara	Venereologist
Dr. Sumudu Perera	Medical Officer
Dr. Ajitha Wijewardana	Medical Officer
Dr. Nishamani Wijeratne	Medical Officer

Galle District

1. **STD clinic – Balapitiya**
   Address: STD Clinic, Base Hospital, Balapitiya
   Email: stdclinic.balapitiya@gmail.com
   Telephone: 091-3-094667

Medical Staff information: Balapitiya	
Dr. PHD Sarath Nihal	Medical Officer

2. **STD clinic –Mahamodara**
   Address: STD clinic, Teaching Hospital, Mahamodara
   Email: stdclinic.mahamodara@gmail.com
   Telephone: 091-2-245998

Medical Staff information: Mahamodara	
Dr. MHF Fahumia	Medical Officer
Dr. J.Hettiarachchi	Medical Officer
Dr. Channa Liyanage	Medical Officer

Gampaha District

1. **STD clinic – Negambo**
   Address: STD clinic, Base Hospital, Negambo
   Email: stdclinic.negambo@gmail.com
   Telephone: 031-2-224156

Medical Staff information: Negambo	
Dr. Laianal Hlahakon	Medical Officer

2. **STD clinic – Ragama**
   Address: STD clinic, Teaching Hospital, Ragama
   Email: stdclinic.ragama@gmail.com
   Telephone: 011-2-960224
   Fax: 011-2-960224

Medical Staff information: Ragama	
Dr. RGJD Ranathunge	Venereologist
Dr. MR Seneviratne	Medical Officer
Dr. PSK Batagalla	Postgraduate Trainee
Dr. Samadhi thilakaratne	Medical Officer(tem)
Dr. Prithi Perera	Medical Officer(tem)

3. **STD clinic – Gampaha**
   Address: STD Clinic, Base Hospital, Gampaha
   Email: stdclinic.gampaha@gmail.com
   Telephone: 033-2-234383

Medical Staff information: Gampaha	
Dr. CT Rathnayake	Venereologist
Dr. SC Kumari	Medical Officer
Dr. Jayantha Amarasinghe	Medical Officer

4. **STD clinic – Wathupitiwala**
   Address: STD Clinic, Base Hospital, Wathupitiwala
   Telephone: 033-2-280261
   Fax - 0332280927

Medical Staff information:Wathupitiwala	
Dr. DPGN Dhanuska	Medical Officer

Hambantota District

STD clinic – Hambantota
Address: STD clinic, Base Hospital, Hambantota
Email: stdclinic.hambantota@gmail.com
Telephone: 047-2-222247

Medical Staff information: Hambanthota	
Dr. ALG Nalin Chaminda	Medical Officer

Jaffna District

STD clinic – Jaffna
Address: STD Clinic, Teaching Hospital, Jaffna
Email: stdclinic.jaffna@gmail.com
Telephone: 021-2-222261

Medical Staff information: Jaffna	
Dr. C Ganeshalingam	Medical Officer Incharge(relief)

Kalutara District

STD clinic – Kalutara
Address: STD Clinic, District General Hospital, Kalutara
Email: stdclinic.kalutara@gmail.com

Telephone: 034-2-236937
Fax: 034-2-236937

Medical Staff information: Kalutara	
Dr. Himali Perera	Venereologist
Dr. DM Abeyratne	Medical Officer
Dr. AV Ilangaratne	Medical Officer

Kandy District

STD clinic – Kandy
Address: STD clinic, P.O. Box 207, Kandy
Email: stdclinic.kandy@gmail.com
Telephone: 081-2-203622
Fax: 081-2-203622

Medical Staff information: Kandy	
Dr. Ganga Pathirana	Venereologist
Dr. KAS Jayawardane	Medical Officer In charge
Dr. TN Thennakoon	Medical Officer
Dr. RL Karunarathne	Medical Officer
Dr. Nirmala Rodrigo	Medical Officer
Dr. JMCH Jayawardana	Medical Officer
Dr. R.Jagath	Senior Registrar

Kegalle District

STD clinic - Kegalle
Address: STD clinic, District General Hospital Kegalle
Email: stdclinic.kegalle@gmail.com
Telephone: 035-2-231222

Medical Staff information: Kegalle	
Dr. MA Sunethra Buddhadasa	Medical Officer Incharge

Kurunegala District

STD clinic – Kurunegala
Address: STD Clinic, Teaching Hospital, Kurunegala
Email: stdclinic.kurunegala@gmail.com
Telephone: 037-2-224339
Fax: 037-2-224339

Medical Staff information: Kurunegala

Dr. Nihal Edirisinghe	Medical Officer Incharge
Dr. WCPG Weerasena	Medical Officer
Dr. SPKHK Senarath	Medical Officer

Mannr District

STD clinic – Mannar
Address: STD clinic, District General, Hospital Mannar
Email: stdclinic.mannar@gmail.com
Telephone: 023-2-250573
Fax: 023-2-250573

Medical Staff information: Mannar	
Dr. Priyadharshan	Medical Officer

Matale District

STD clinic - Matale
Address: STD clinic, District General Hospital, Matale
Email: stdclinic.matale@gmail.com
Telephone: 066—2222261-extention 146

Medical Staff information: Matale	
Dr. Azam	Medical Officer

Matara District

STD clinic - Matara
Address: STD clinic, District General Hospital, Matara
Email: stdclinic.matara@gmail.com
Telephone: 041-2-232302
Fax: 041-2-232302

Medical Staff information: Matara	
Dr. SA Chandrasena	Medical Officer
Dr. K. Ratnayake	Medical Officer

Monaragala District

STD clinic- Monaragala
Address: STD clinic, District General Hospital, Monaragala
Email: stdclinic.monaragala@gmail.com
Telephone: 055-2-276261
Fax: 055-2-276700

Medical Staff information: Moneragala	
Dr. FD Mujithaba	Medical Officer

Nuwaraeliya District

STD clinic – Nuwaraeliya
Address: STD clinic, District General Hospital Nuwaraeliya
Email: stdclinic.nuwaraeliya@gmail.com
Telephone: 052-2-223210

Medical Staff information: Nuwera Eliya	
Ms. AGLK Wimalasena	Nursing Officer

Polonnaruwa District

STD clinic – Polonnaruwa
Address: STD clinic, District General Hospital, Polonnaruwa
Email: stdclinic.polonnaruwa@gmail.com
Telephone: 027-2-225787

Staff information: Polonnaruwa	
Dr. Nihal Jayaweera	Medical Officer Incharge

Puttalam District

STD clinic – Chilaw
Address: STD clinic, District General Hospital, Chilaw
Email: stdclinic.chilaw@gmail.com
Telephone: 032-2-220750

Medical Staff information: Puttalam	
Dr. WDS Amarasiri	Medical Officer

Ratnapura District

STD clinic – Ratnapura
Address: STD clinic, Provincial General Hospital Ratnapura
Email: stdclinic.ratnapura@gmail.com
Telephone: 045-2-226561

Medical Staff information: Ratnapura	
Dr. Azmi Thaibdeen	Medical Officer Incharge
Dr. H D M H Dissanayaka	Medical Officer

Trincomalee District

STD clinic – Trincomalee
Address: STD clinic, District General Hospital, Trincomalee
Email: stdclinic.trincomalee@gmail.com
Telephone: 026-2-222261

Medical Staff information: Trincomalee	
Dr. K Sunmugathas	Medical Officer

Vavuniya District

STD clinic – Vavuniya
Address: STD clinic, District General Hospital, Vavuniya
Email: stdclinic.vavuniya@gmail.com
Telephone: 024-2-224575
Fax: 024-2-224575

Medical Staff information: Vavuniya	
Dr. K Chandrakumar	Medical Officer Incharge(acting)

For More information, Contact:

National STD/AIDS Control Programme,

29, De Saram place,

Colombo 10.

Sri Lanka.

E-mail: info@aidscontrol.gov.lk

WWW.aidscontrol.gov.lk

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