National STD/AIDS
Control Programme
SRI LANKA

Annual Report 2021

National STD/AIDS Control Programme
Ministry of Health, Sri Lanka

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FOREWORD

The annual report of the National STD/AIDS Control Programme (NSACP) 2021, is a valuable resource to both the academic community and the public who are seeking information regarding the NSACP in Sri Lanka. The compilation of the 2021 annual report would not have been a success, without the sustained contribution of the staff attached to all Sexually Transmitted Diseases (STD) clinics and ART centers in Sri Lanka.

The NSACP has undertaken the salient task of achieving the sustainable development goal "Ending AIDS by 2030" along with other global stakeholders. As the main governmental institution which is responsible for the national response to HIV in Sri Lanka, the NSACP conducts curative and preventive services to the community while giving special emphasis to the most high risk groups (key population) and vulnerable population to STIs/HIV in the country. Furthermore, it gives the necessary guidance and support to other related stakeholders to reach the goal of ending AIDS.

The NSACP has undertaken crucial strides towards achieving national and international goals in relation to the prevention of STIs/HIV. The country has achieved the WHO certification for the Elimination of Mother to Child Transmission (EMTCT) of HIV and syphilis in 2019 and underwent successful revalidation in 2021. The NSACP further scaled up its electronic medical record system named Electronic Information Management System (EIMS) in 36 peripheral STD clinics island-wide during 2021. Furthermore, a piloting project of the new software named Prevention Information Management System (PIMS) was initiated in 2021. This is used to monitor the HIV prevention programme which is done in collaboration with non-governmental stakeholders. Moreover, the Online Reservation App (Know4Sure.lk) was upgraded in 2021.

However, COVID-19 pandemic adversely affected some of the community-based HIV prevention activities planned for 2021. Community-based testing and sexual health/condom promotion programmes in the country were more afflicted by it. Despite the challenges faced during the COVID 19 pandemic, the national programme continued its STD and ART services to the patients.

I am grateful to all the contributors for the annual report of NSACP 2021. The dedicated work of all the units of the NSACP is highly appreciated. The information available in this annual report will be invaluable to enhance the national response to STIs/HIV in Sri Lanka.

Dr. Rasanjalee Hettiarachchi,
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ABBREVIATIONS

ABC	abacavir
ABST	antibiotic susceptibility test
AEM	AIDS Epidemic Model
AIDS	Acquired Immune Deficiency Syndrome
ANC	antenatal clinic
ART	antiretroviral treatment
ARV	antiretroviral drugs
ATV/r	atazanavir/ritonavir
AZT	zidovudine
BB	Beach boys
BCC	Behaviour Change Communication
BH	Base Hospital
CART	Combined Antiretroviral Therapy
CBO	Community Based Organization
CD4	Cluster of differentiation
CDC	Center for Disease Control
CIN	cervical intraepithelial neoplasia
CMV	Cytomegalovirus
CSHW	Castle Street Hospital for Women
CVD	Cardiovascular Disease
DFM	Diploma in Family Medicine
DGH	District General Hospital
DGHS	Director General of Health Services
DMH	De Soysa Maternity Hospital for Women
DQA	Data Quality Assessment
DRV	Darunavir
DTG	Dolutegravir
DTM	Diploma in Transfusion Medicine
DU	Drug User
ECS	Early Congenital Syphilis
EFV	Efavirenz
EIA	Enzyme Immunoassay
EID	Early Infant Diagnosis
EIMS	Electronic Information Management System
ELISA	Enzyme Linked Immunosorbent Assay
EMTCT	Elimination of Mother To Child Transmission
EQA	External Quality Assessment
ETU	Emergency Treatment Unit
FHB	Family Health Bureau
FSW	Female Sex Worker
FTC	Emtricitabine
GFATM	Global Fund to fight AIDS, TB and Malaria
GH	General Hospital
GoSL	Government of Sri Lanka
HBsAg	Hepatitis B Surface Antigen
GVAC	Global Validation Advisory Committee
HCW	Health Care Worker
HCG	Human Chorionic Gonadotropin
HDL	High Density Lipoprotein
HIV	Human Immunodeficiency Virus
HIVST	HIV Self Test
HPV	Human Papillomavirus
HSS	Health System Strengthening
HSV	Herpes Simplex Virus
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
ICU	Intensive Care Unit
IDU	Injecting Drug User
IDV	Indinavir
IEC	Information, Education and Communication
KP	Key Population
LDL	Low Density Lipoprotein
LFU	Lost to Follow Up
LoI	Letter of Intent
LPV	Lopinavir
LPV/r	Lopinavir and ritonavir
MAC	Mycobacterium Avium Complex
MARP	Most At Risk Populations
MCH	Maternal and Child Health
MD	Doctor of Medicine
MDG	Millennium Development Goals
MDR	Multi Drug Resistance
MLT	Medical Laboratory Technologist
MO	Medical Officer
MoH	Ministry of Health
MOIC	Medical Officer in Charge
MS	Medical Student
MSM	Men Who Have Sex with Men
MTCT	Mother To Child Transmission
M&E	Monitoring and Evaluation
NAC	National AIDS Committee
NBTS	National Blood Transfusion Service
NDDCB	National Dangerous Drug Control Board
NCPA	National Child Protection Authority
NFM	New Funding Model
NGO	Non-Governmental Organization
NGU	Non-Gonococcal Urethritis
NIID	National Institute of Infectious Diseases (IDH)
NRL	National Reference Laboratory
NRTI	Nucleoside Reverse Transcriptase Inhibitor
NSACP	National STD/AIDS Control Programme
NS	Nursing Student
NSP	National Strategic Plan
NVC	National Validation Committee
NVP	Nevirapine
OI	Opportunistic Infections

OPD	Outpatient Department
PA	Particle Agglutination
PCR	Polymerase Chain Reaction
PCU	Primary Care Unit
PDHS	Provincial Director of Health Services
PE	Peer Educators
PEP	post exposure prophylaxis
PGC	Presumptive Gonococcal Infection
PHI	Public Health Inspector
PHLT	Public Health Laboratory Technician
PHNS	Public Health Nursing Sister
PLHIV	People Living with HIV
PMTCT	Prevention of Mother To Child Transmission
PI	Protease Inhibitor
PICT	Provider Initiated Counselling and Testing
PSE	Population Size Estimation
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RAL	Raltegravir
RDHS	Regional Director of Health Services
RVT	Regional Validation Team
SGOT	Serum Glutamic Oxaloacetic Transaminase
SGPT	Serum Glutamic Pyruvic Transaminase
SIM	Strategic Information Management
SOP	Standard Operational Procedures
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TDF	Tenofovir
TDR	Totally Drug Resistance
TG	Transgender
TOT	Training Of Trainers
TPPA	Treponema Pallidum Particle Agglutination Assay
TTI	Transfusion Transmissible Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children Emergency Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VDRL	Venereal Disease Research Laboratory Test
WAD	World AIDS Day
WHO	World Health Organization
XDR	Extensively Drug Resistant
3TC	Lamivudine

INTRODUCTION

The National STD/AIDS Control Programme (NSACP) of the Ministry of Health is the government organization which coordinates the national response to HIV and sexually transmitted infections (STDs) in Sri Lanka. It works in collaboration with other national and international stakeholders in controlling HIV in Sri Lanka.

The location of the NSACP, central clinic and the national reference laboratory of the programme is No. 29, De Saram Place, Colombo 10. The location of the Strategic Information Management (SIM) unit, Multi-sectoral collaboration unit, Sexual health promotion unit of the programme and GFATM project implementation is No. 26, Medi house building, Sri Sangaraja Mawatha, Colombo 10.

The administration of NSACP comes directly under the Ministry of Health while most of the district STD clinics come under the provincial health authorities. The national programme provides technical support to 41 districts STD clinics/Sexual health clinics which manage patients with sexually transmitted infections and sexual health-related problems and 31 ART clinics which provide treatment and care for the people living with HIV.

Vision: Contributing to a healthier nation free of new sexually transmitted infections including HIV, discrimination and AIDS-related deaths.

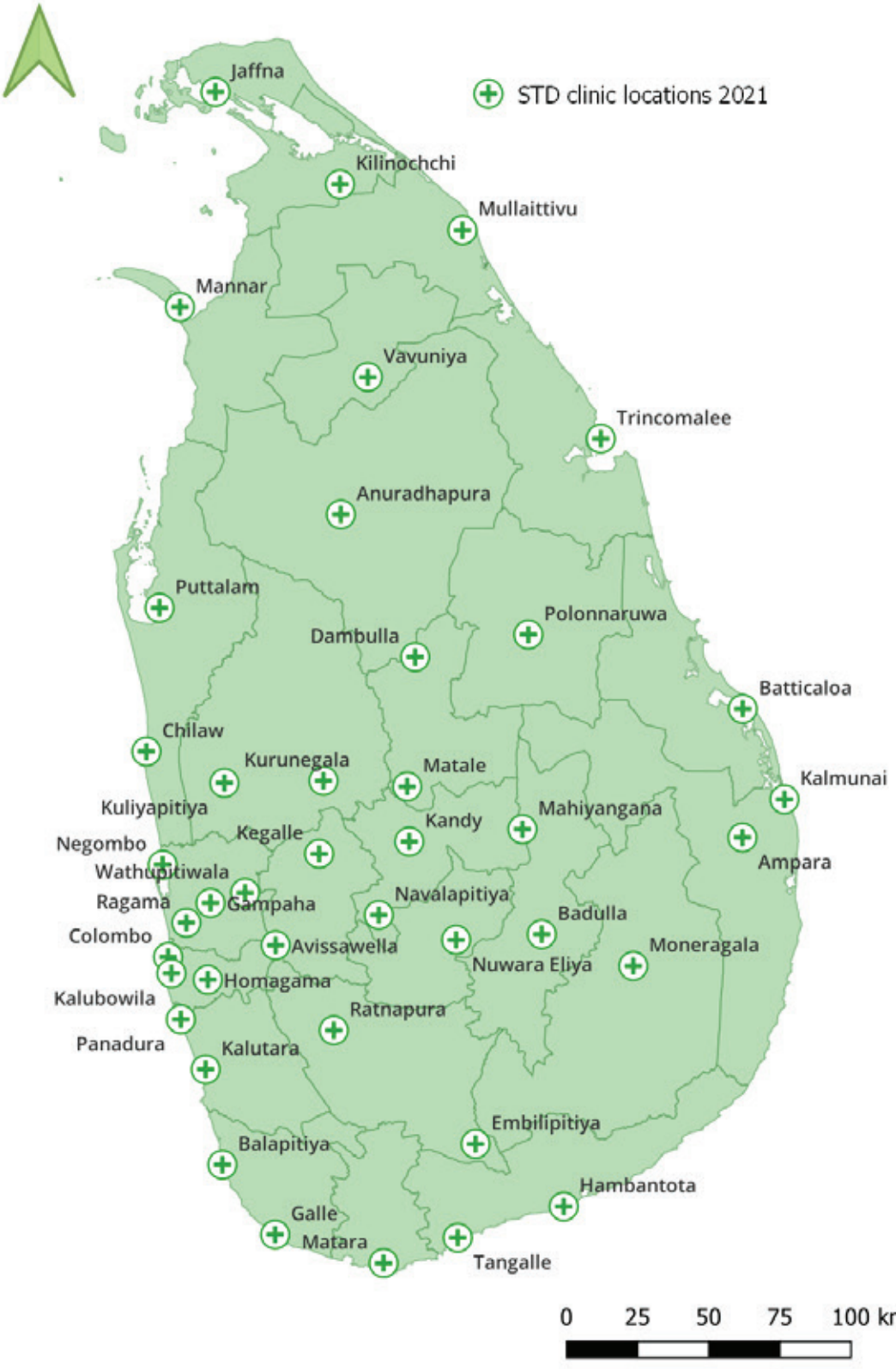
Mission: Quality sexual health services to prevent new HIV and sexually transmitted infections and provide comprehensive care and treatment services.

NSACP is accountable for the provision of curative and preventive STD/HIV and sexual health-related services to the community in Sri Lanka. In addition, NSACP provides training to the health staff, develops national guidelines and protocols related to the management of STIs/HIV, prepares strategic plans to end AIDS, generates strategic information, conducts national and district level surveillance and research related to STIs/HIV and sexual health-related problems, procure antiretroviral drugs/other health products and manage grants such as Global Fund in collaboration with district STD clinics.

While providing services to the community, NSACP focuses on conducting programmes to deliver services to most high-risk groups (key populations) and vulnerable groups for STIs/HIV in the country. With the support of other stakeholders, NSACP designs special programmes to address vulnerable and key population issues and promote STIs/HIV testing among them. Furthermore, by training health staff, NSACP ensures a friendly environment for key populations in the health sector allowing access to the services.

The national reference laboratory of NSACP provides all the necessary technical support and guidance to the district STD laboratories island-wide. The National Institute of Infectious Diseases (NIID) of Sri Lanka supports NSACP by providing inward clinical care for people living with HIV. Despite the COVID-related problems experienced in 2021, the staff of NSACP and its district clinics have made a special commitment to provide safe and high-quality service to the clients.

STD clinics in Sri Lanka 2021



Source: SIM unit/NSACP

Senior Management Team of NSACP

Standing left to right – Chandana Senavirathna, Dr. Darshanie Mallikarachchi, Dr. Hemantha Weerasinghe, Dr.Himali Perera, , Dr.Rasanajalee Hettiarachchi, Dr. Ariyaratne Manathunge, Dr. Geethani Samaraweera, Dr. Chandrika Jayakody, Dr. Jayanthi Elwitigala, Dr. S. Muraliharan, Dr. Sathya Herath.

Absent: Dr. Lilani Rajapaksa, Dr. Janaka Weragoda, Dr. Sriyakanthi Beneragama,

National programme area coordinators of NSACP

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Strategic Information Management	Dr. Ariyaratne Manathunge (Consultant Venereologist)
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	Dr Dilmini Mendis (Consultant Venereologist)
Training and Capacity Building	Dr. Himali Perera (Consultant Venereologist)
	Dr Geethani Samaraweera (Consultant Venereologist)

CURRENT STATUS OF THE HIV EPIDEMIC

Ariyaratne Manathunge[1]

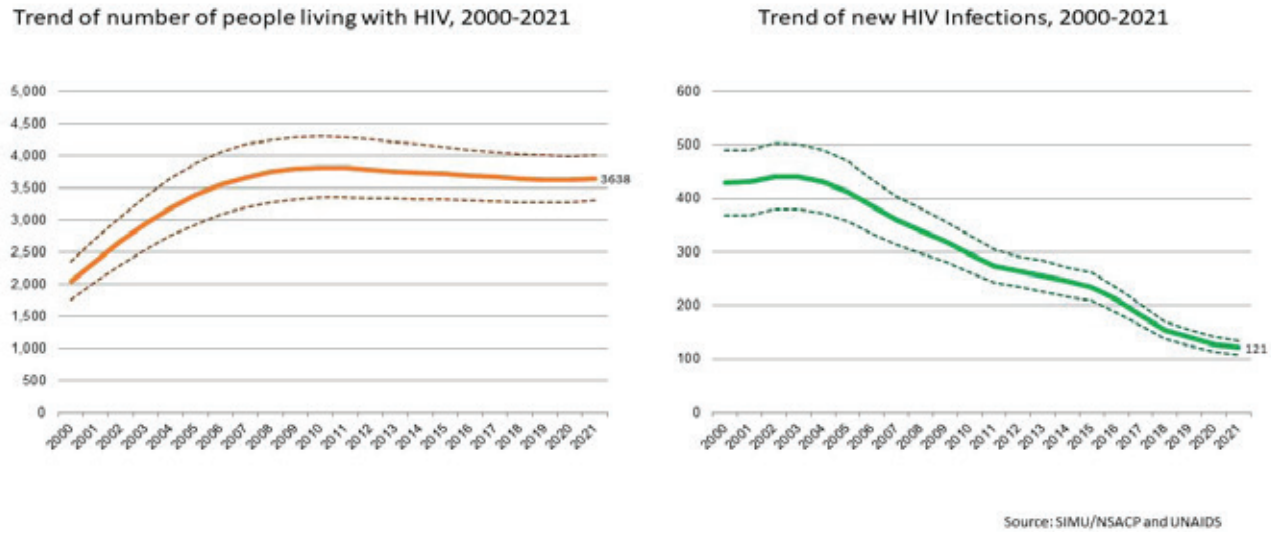
Sri Lanka continues to maintain a low-level HIV epidemic. The term 'low-level epidemic' is used for epidemics where HIV prevalence remains less than 1% in the general population and below 5% in any key population. In such a scenario, HIV estimations, HIV case reporting and monitoring of HIV programmatic data are vital to understand the HIV epidemic in the country.

These are the estimated figures for the HIV epidemic for 2021.

- People living with HIV - 3,600
- HIV prevalence among adults - 0.1%
- Adult HIV incident rate - <0.01%
- HIV incidence (per 1,000 uninfected) - <0.01
- New HIV infections - <200
- AIDS deaths - <100

The trends of estimated PLHIV and estimated new HIV infections for 2000-2021 are shown in the graph below.

Trends of estimated PLHIV and new HIV infections, 2000-2021



* Dotted lines indicate upper and lower estimates.

[1]Consultant Venereologist

Acknowledgement: *HIV case reporting data are collated by Dr Sriyakanthi Benergama and Dr Chathrini Gajadeera.*

HIV cascade analysis in 2021

The HIV/AIDS treatment cascade is visualizing the numbers of individuals living with HIV who are actually receiving the full benefits of the medical care and treatment they need. This concept is to identify issues and opportunities related to improving the delivery of services to persons living with HIV across the entire continuum of care, from diagnosis of HIV infection to initiation of antiretroviral therapy (ART), and eventual viral suppression.

Sri Lanka aims for HIV diagnosis, treatment and viral suppression rates to be 95%-95%-95% by 2025 as per the target set by UNAIDS (the Joint United Nations Programme on HIV/AIDS).

The cumulative reported PLHIV at the end of 2021 is 4,404. The total number of cumulative adjusted PLHIV deaths for the same period is 1,430.

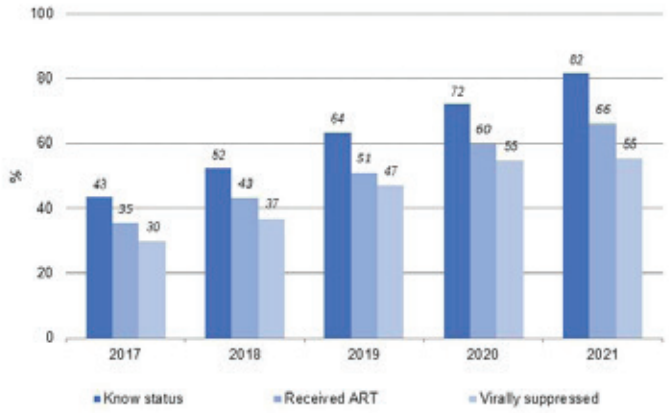
Therefore, the number of HIV diagnosed ("know status") and alive is 2,974. However, these are cumulative figures since 1987, and there can be gaps in the reported figures. A total 2,992 PLHIV are currently linked with HIV treatment and care services. Of these PLHIV, 2,402 are currently on antiretrovirals (ART), and 1,338 were having viral suppression as given in the HIV cascade graphs given below.

Trends of 95-95-95 targets, 2017-2021

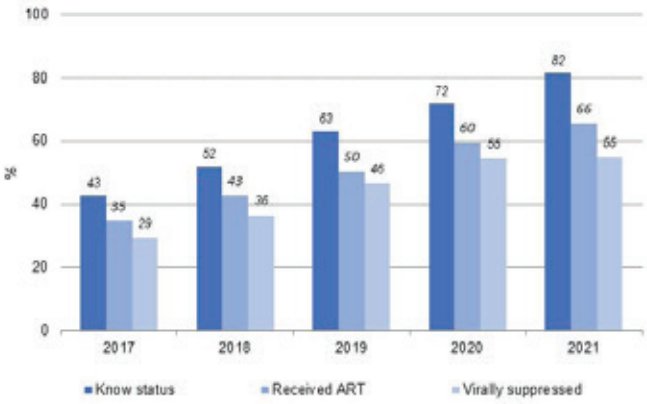
Below four graphs show the cascade analysis figures for all ages, men and women, adult (15+) men and women, adult (15+) women and adult men (15+) who are living with HIV. All these percentages have been calculated out of the estimated people living with HIV in the given year.

Cross-sectional HIV treatment cascade graphs by age and sex, 2017-2021

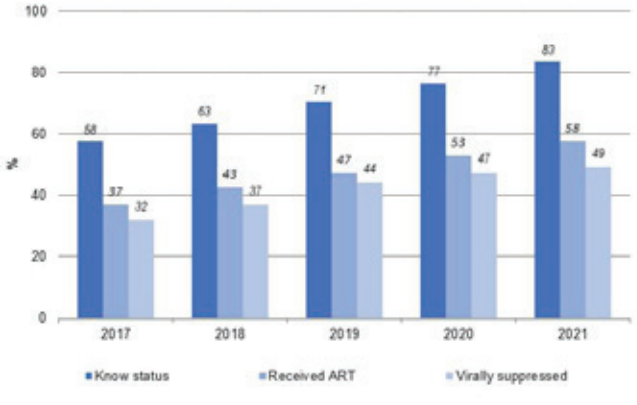
All ages men and women



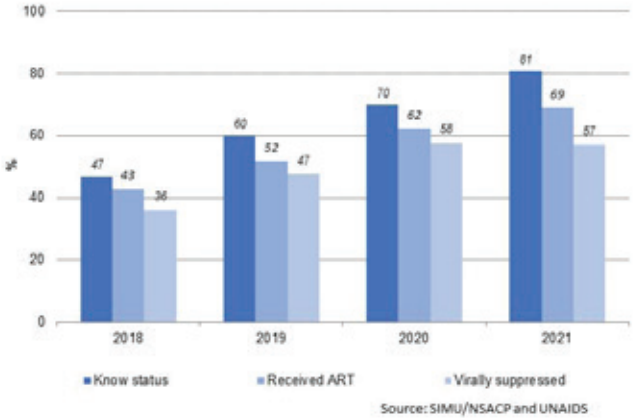
Adult (15+) men and women



Women 15+



Men 15+



Source: SIMU/NSACP and UNAIDS

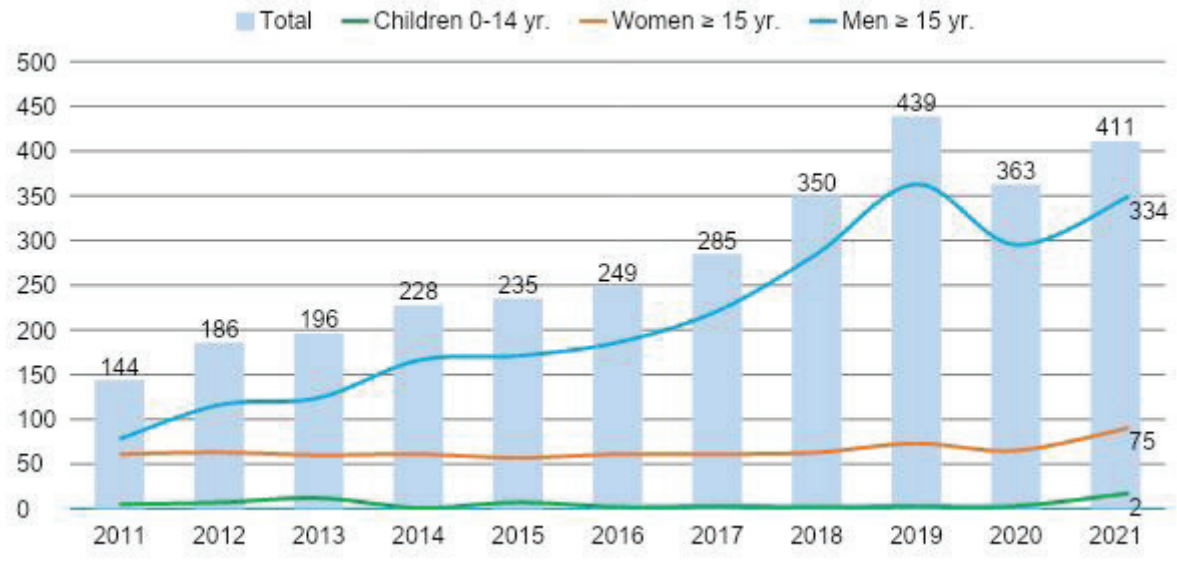
By the end of 2021, all four categories show that the percent of “know status” (HIV diagnosis) is over 80%. The highest percent i.e., among adult women (83%). The percentage for “received ART” 58% to 69%. The percentages of “virally suppressed” ranged from 49% to 57%. Both “received ART” and “virally suppressed” figures are highest in adult men and lowest in adult women. It is worthwhile to find out the reasons for this gender difference.

95-95-95 targets and achievement by 2021

HIV case report data

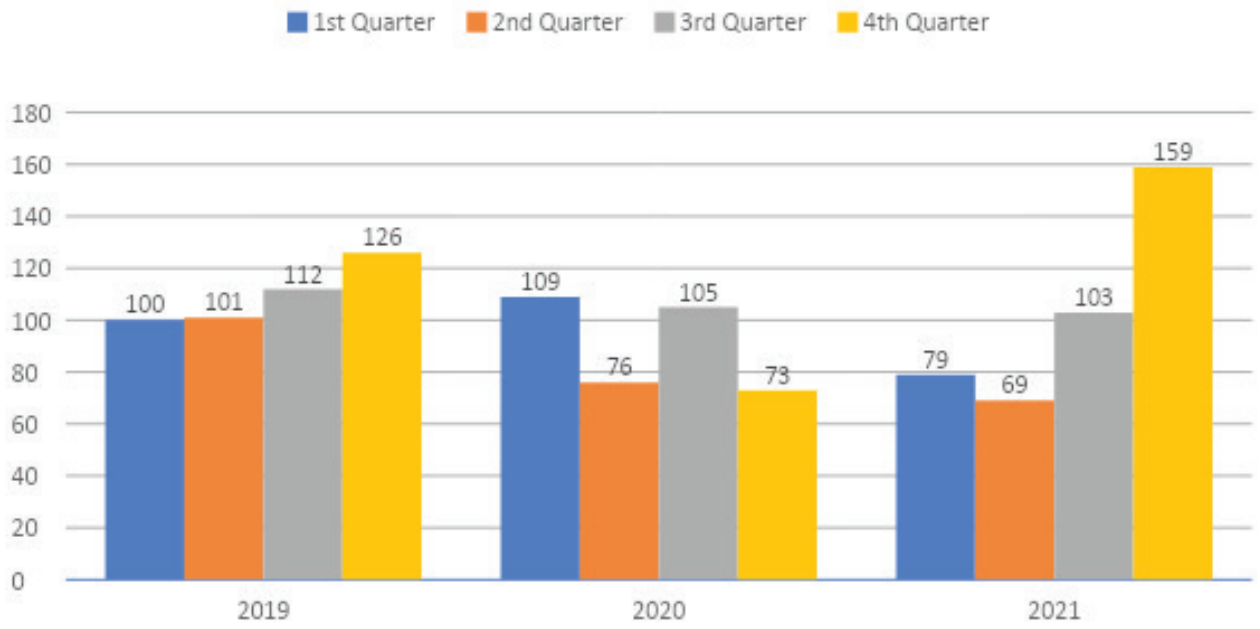
During 2021, 411 people living with HIV were newly diagnosed. This is a 13% increase from the previous year. The trend of HIV among women seems to be stable over the years. There were two children diagnosed with HIV following mother to child transmission that occurred 4 and 5 years earlier.

Trends of annually reported HIV cases by age and sex, 2011-2021



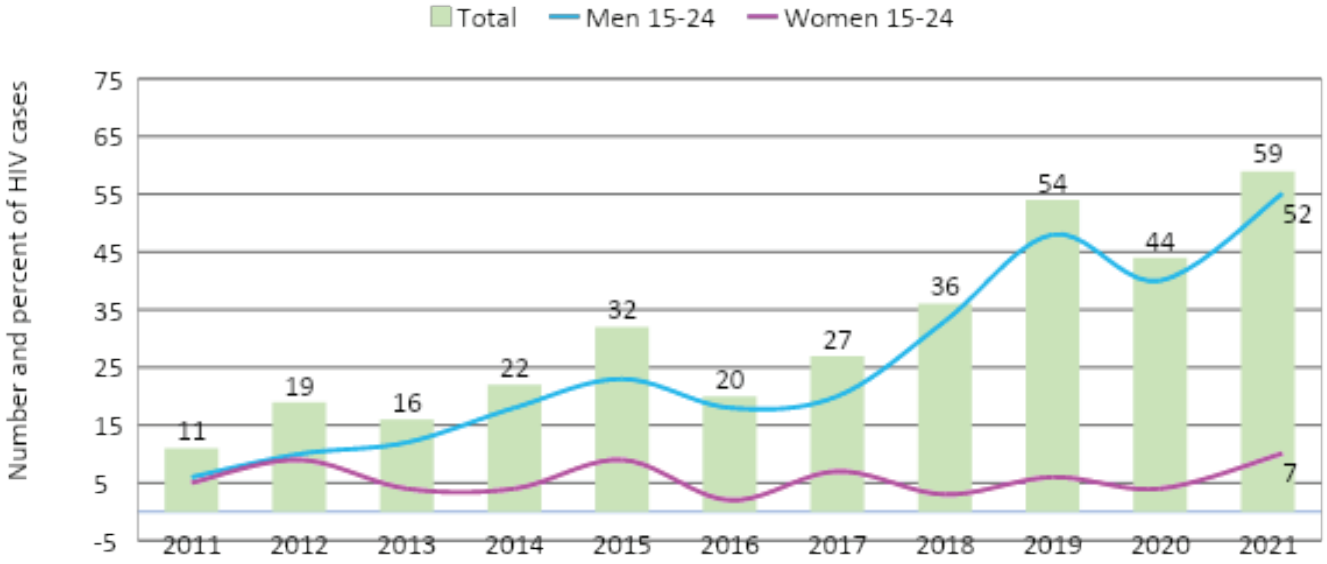
Below graph shows the number of quarterly reported HIV cases from 2019-2021. Over 150 cases per quarter reported for the first time during the 4th quarter of 2021.

Number of quarterly reported HIV cases, 2019-2021.



Number of reported young men and women living with HIV who are in the 15–24-year age group is given below. The trend of total reported PLHIV represents in the younger age group as well. Out of the 411 total cases reported in 2021, 14% (59 persons) were in the 15–24-year age group. Of this, the most (88%) were young men.

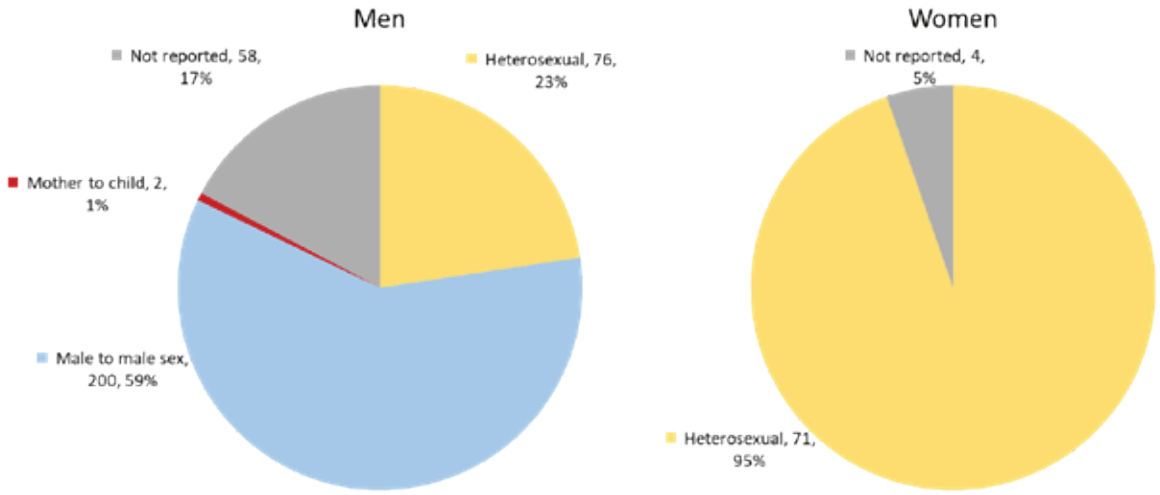
Number of reported young men and women living with HIV (15-24 years), 2011-2021



Probable mode of HIV transmission

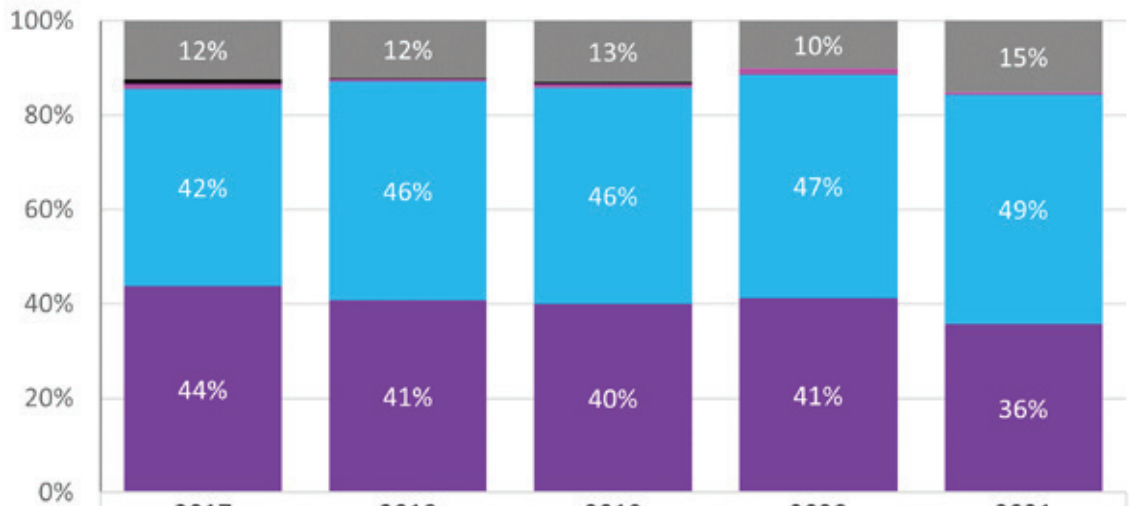
Below graphs show the number and % of probable mode of transmission among PLHIV reported during 2021 according to sex. Majority of men (59%) gives a history of gay or bisexual exposure. Twenty three percent gave only a heterosexual exposure. There were two children reported following mother to child transmission aged four and five years. Ninety five percent of women gave a history of heterosexual exposure. It is noteworthy that none of the reported PLHIV gave a history of injecting drug use.

Probable mode of HIV transmission among reported PLHIV in 2021 by sex



Below graph shows the trend of the probable mode of HIV transmission among reported PLHIV, 2017-2021. Male to male sex is the commonest mode of HIV transmission while in 12%-15% there were no data.

Percentage of probable mode of HIV transmission in reported PLHIV, 2017-2021

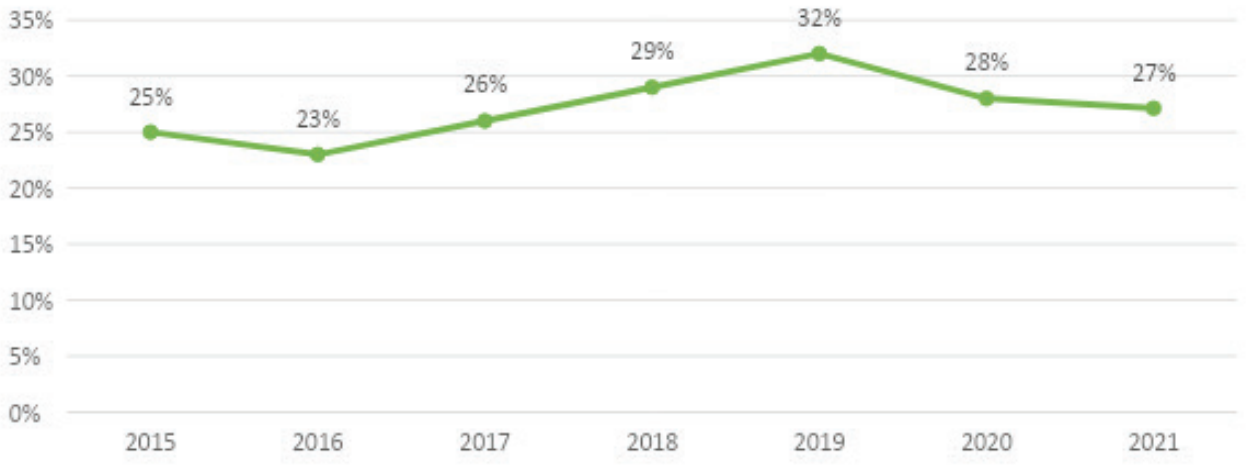


	2017	2018	2019	2020	2021
No Data	12%	12%	13%	10%	15%
IDU	1%	0%	0%	0%	0%
Mother-to-child	1%	1%	1%	1%	0%
Male to Male sex	42%	46%	46%	47%	49%
Heterosexual	44%	41%	40%	41%	36%

Trend of late diagnosis among PLHIV

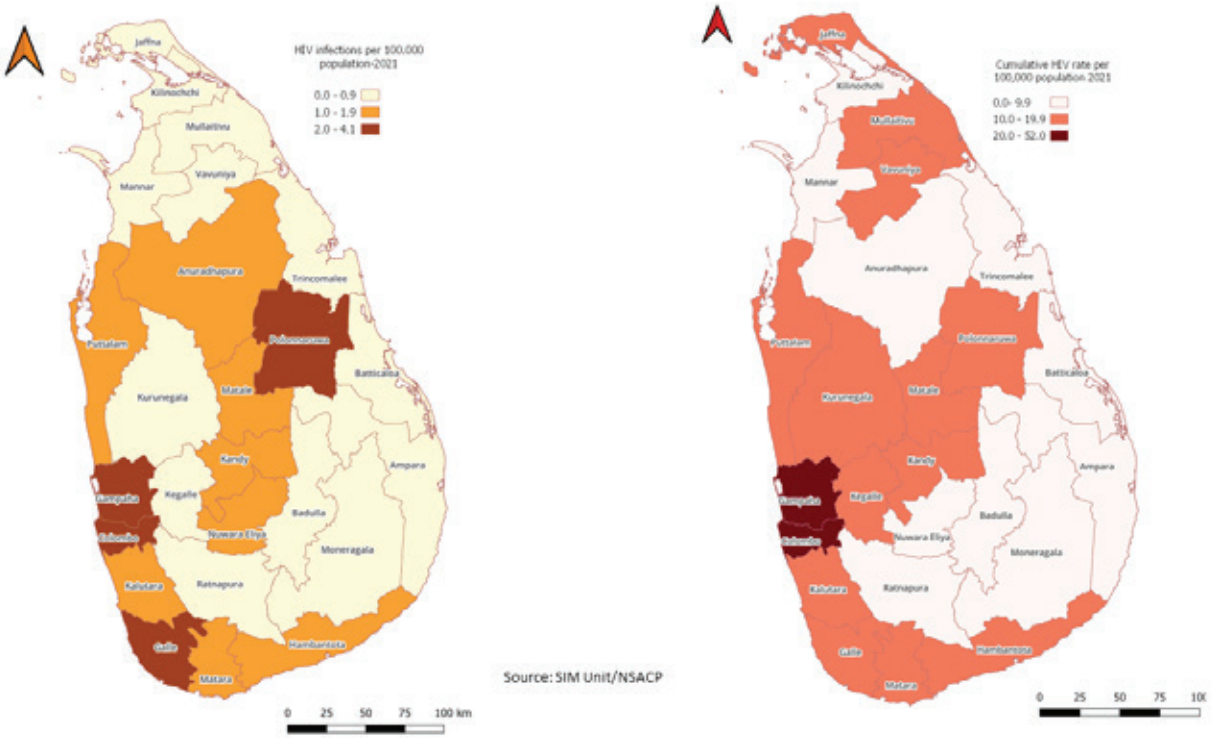
The following figure shows the CD4 Level of PLHIV who entered HIV care from 2015 to 2021. Low CD4 counts give an objective assessment of late diagnosis of HIV infection. The graph indicates that 27% of PLHIV who entered HIV care in 2021 were in a very late stage of the HIV infection. Scaling up HIV testing programmes by increasing public awareness will help to identify HIV infection at an earlier stage.

Trend of PLHIV with CD4 <200 who entered HIV care 2015-2021



Below maps indicate the rate of newly reported HIV infections per 100,000 population (left side) and the rate of cumulatively reported HIV cases per 100,000 population (right side). Colombo and Gampaha districts showed the highest rates in both maps.

The annual rate of newly reported HIV infections and cumulative per 100,000

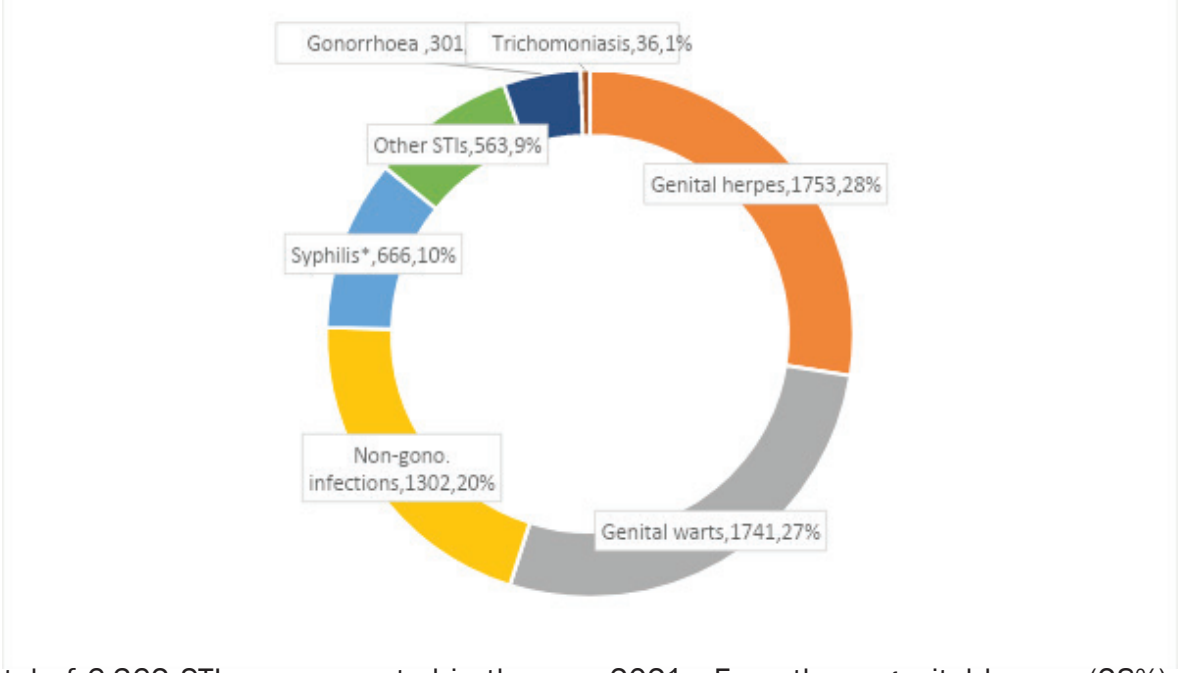


EPIDEMIOLOGY OF SEXUALLY TRANSMITTED INFECTIONS

Ariyaratne Manathunge[1], Piyumi Perera[1]

The National STD/AIDS Control programme, being the pioneer of the sexual health care provision in Sri Lanka, managed to provide STD care services islandwide despite the numerous challenges faced during the year 2021. The network of 41 STD clinics throughout the country continued to provide diagnostic and treatment services for patients who attended with sexually transmitted diseases. However, a downward trend continued in the detection of certain sexually transmitted diseases in this year as well.

No. and percent of STIs reported during 2021



A total of 6,362 STIs were reported in the year 2021. From them, genital herpes (28%) and genital warts (27%) were the most commonly reported two conditions. These were followed by non-gonococcal infections (20%), all types of syphilis (10%), and Trichomoniasis (1%). Another 9% consisted of other STIs.

Genital herpes (33%) and non-gonococcal infections (NGI) (29%) were the most common STIs among female attendees, whereas, male attendees most commonly presented with genital warts (30%) and genital herpes (22%) during this year.

[1]Consultant Venereologist

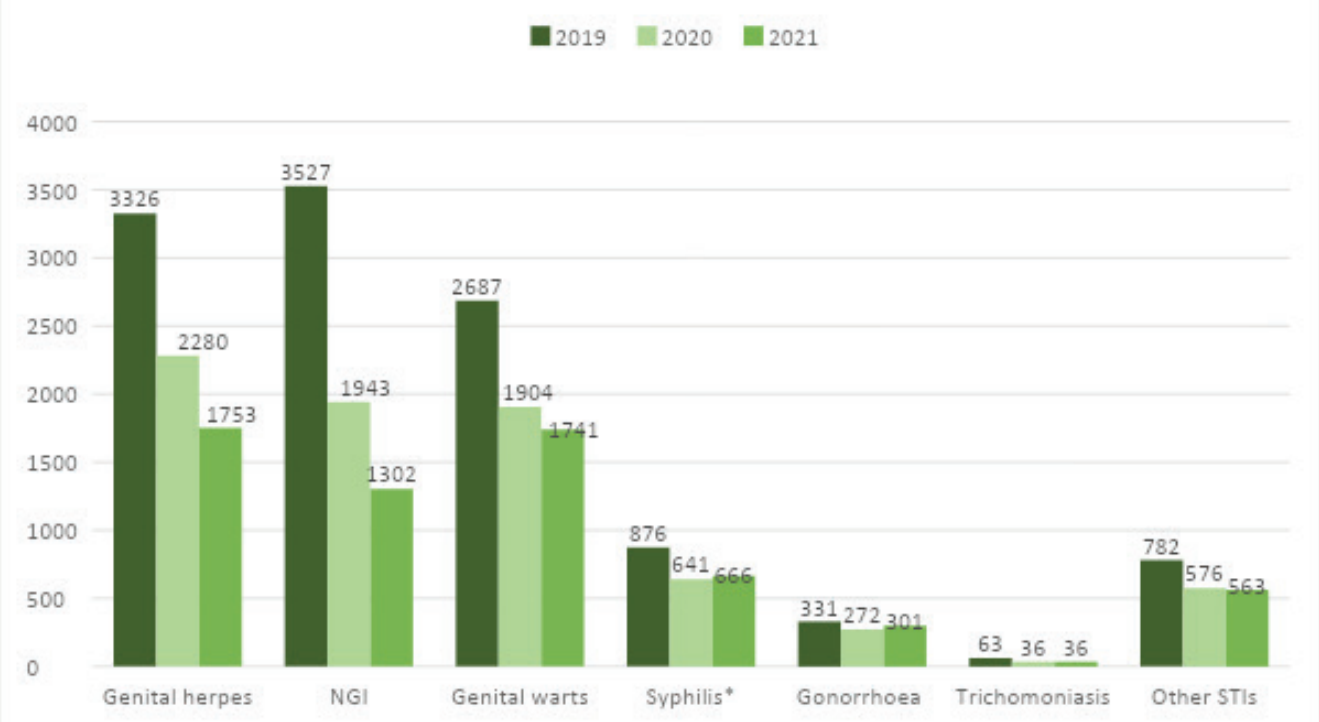
Diagnoses reported from STD clinics during 2021

Diagnosis	Male		Female		Total	
	No.	%	No.	%	No.	%
Genital herpes	711	22%	1,042	33%	1,753	28%
Genital warts	984	30%	757	24%	1741	27%
Non-gonococcal infections	402	12%	900	29%	1,302	20%
Syphilis*	459	14%	207	7%	666	10%
Gonorrhoea	255	8%	46	1%	301	5%
Trichomoniasis	5	0%	31	1%	36	1%
Other STIs	429	13%	134	4%	563	9%
Total STIs	**3,245**	**100%**	**3,117**	**100%**	**6,362**	**100%**

* All types of syphilis

Sri Lanka faced the biggest wave of the COVID-19 pandemic during the year 2021, rendering most sectors of the health service almost incapacitated in continuing routine services. Adding to this, the STD clinic attendances dropped down markedly resulting in lower numbers of reported STIs for this year. However, the reported number of all types of syphilis and gonorrhea shows a slight increase compared to the year 2020. A significant declining trend is shown for genital herpes, genital warts, and NGI from 2019 to 2021.

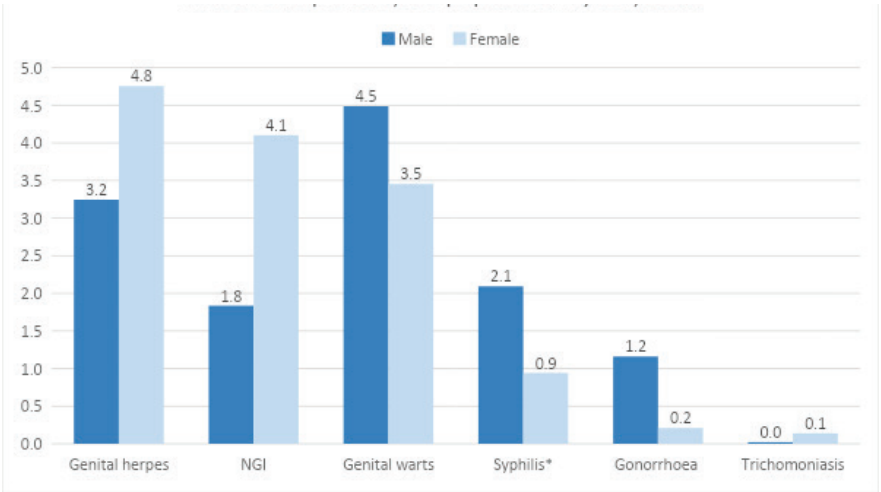
Number of STIs reported, 2019-2021



** All types of syphilis*

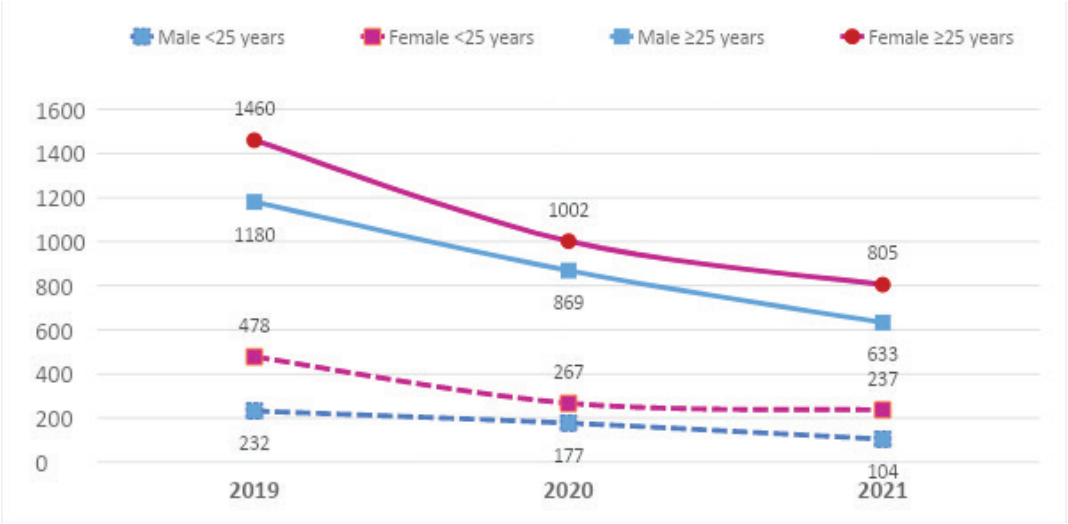
Higher rates of genital herpes, NGI, and Trichomoniasis have been reported among female attendees, and among the male attendees' higher rates were reported for genital warts, syphilis, and gonorrhea.

Rate of STIs per 100,000 pupulation by sex, 2021



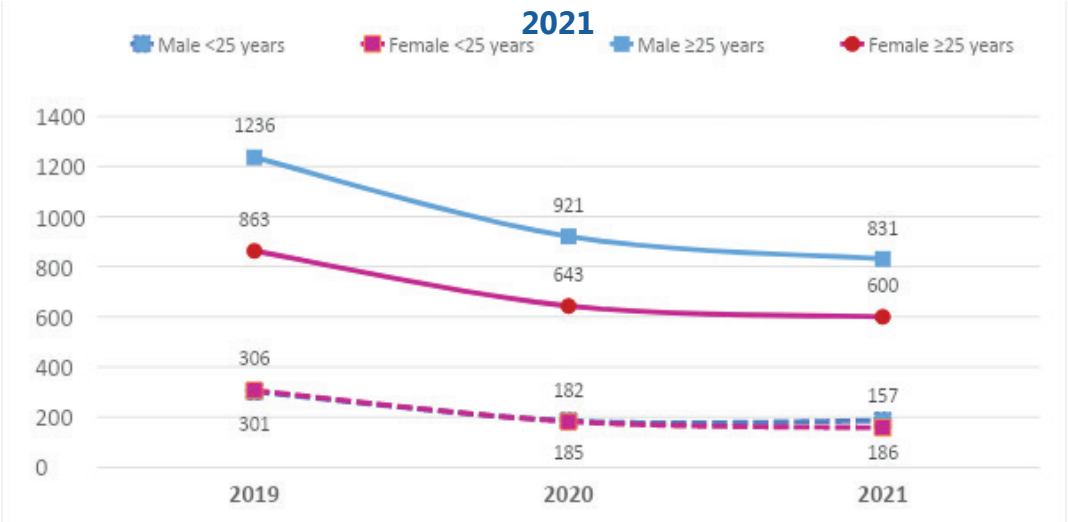
Among the genital herpes cases reported during 2021, the highest numbers were reported among the females of >25 years of age category followed by males of the same age category.

Number of genital herpes cases by age and sex, 2019 - 2021



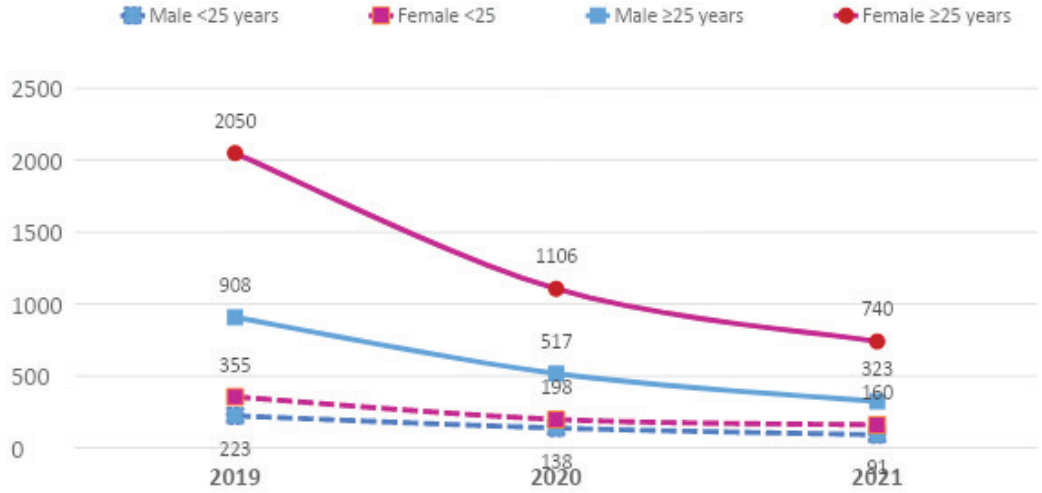
The highest number of genital warts were reported among males of >25 year age category during this year.

Number of genital wart cases by age and sex, 2019 - 2021



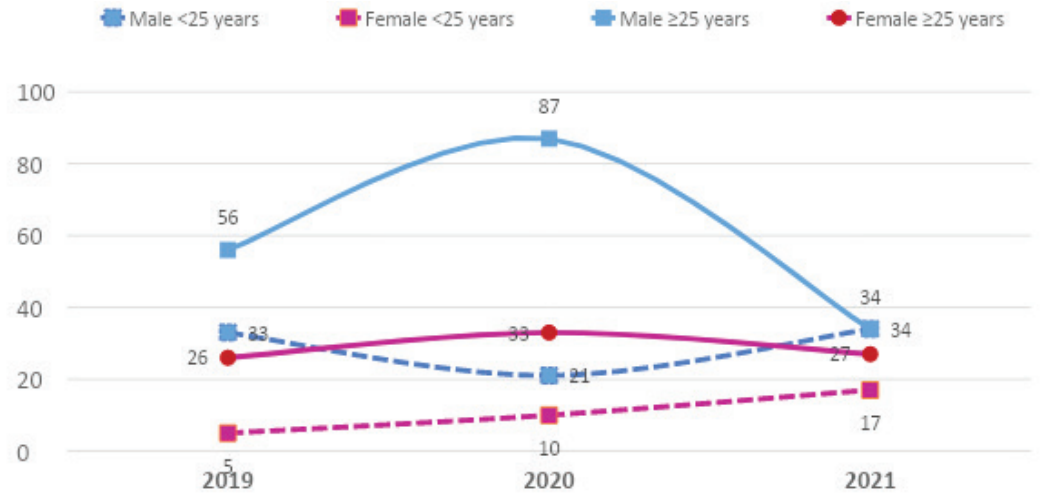
Among NGI cases reported during 2021, the highest numbers were reported among the females of >25 years age category followed by males of the same age category.

Number of cases with non-gonococcal infections by age and sex, 2019 - 2021



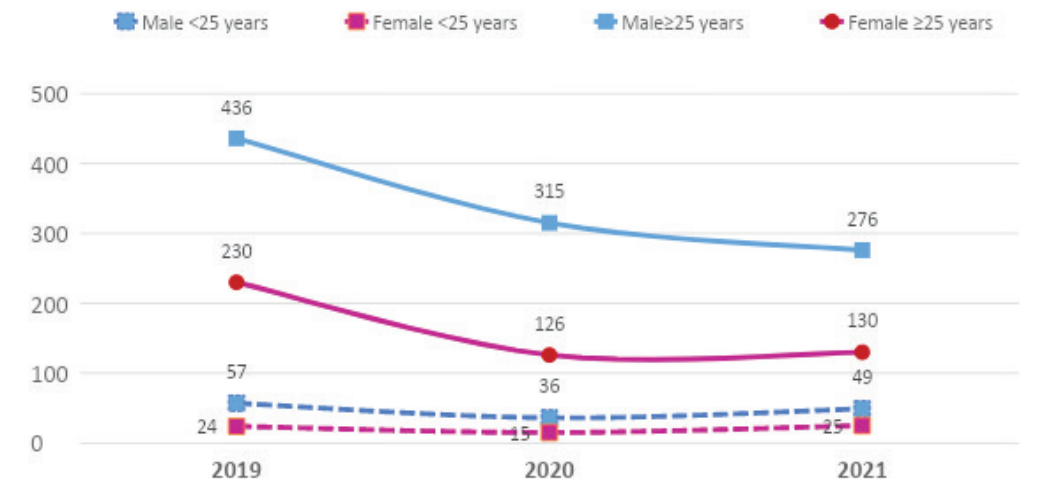
There is a noticeable drop in the number of early syphilis cases among the males of >25years age category in 2021 compared to the previous year. However, the number of early syphilis cases has been gradually increasing among the younger female population i.e. <25 years of age category from 2019 to 2021. More cases of early syphilis have also been reported among the young male population during this year.

Number of early syphilis cases by age and sex, 2019 - 2021



The reported number of late syphilis cases among males who are 25 years or more shows a decline in the year 2021 compared to the previous two years. The late syphilis cases reported in the rest of the age groups and among females remain stable compared to that of the year 2020.

Number of late syphilis cases by age and sex, 2019 - 2021

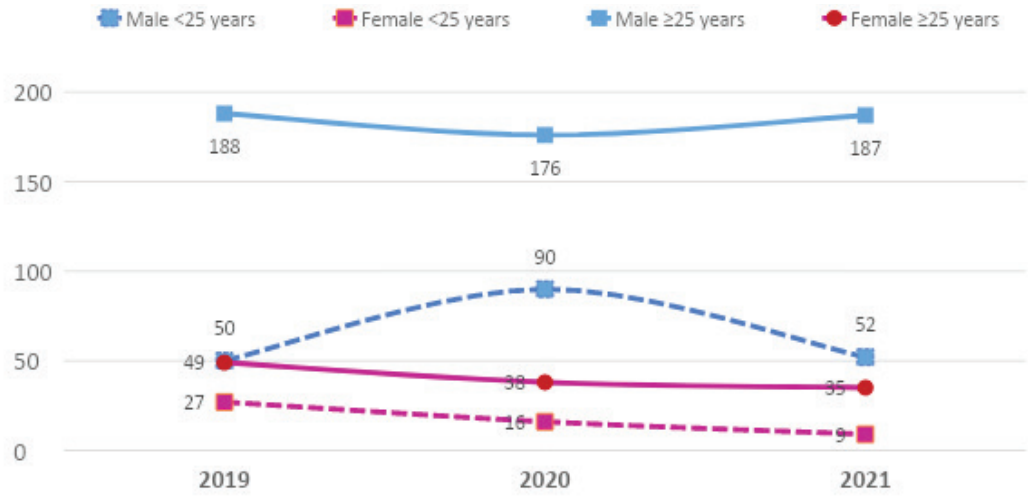


Congenital syphilis

	2019	2020	2021
Number of live births	319,010	301,706	284,848
Number of congenital syphilis cases	5	2	3
Annual rate of congenital syphilis per 100,000 live births	1.57	0.66	1.05

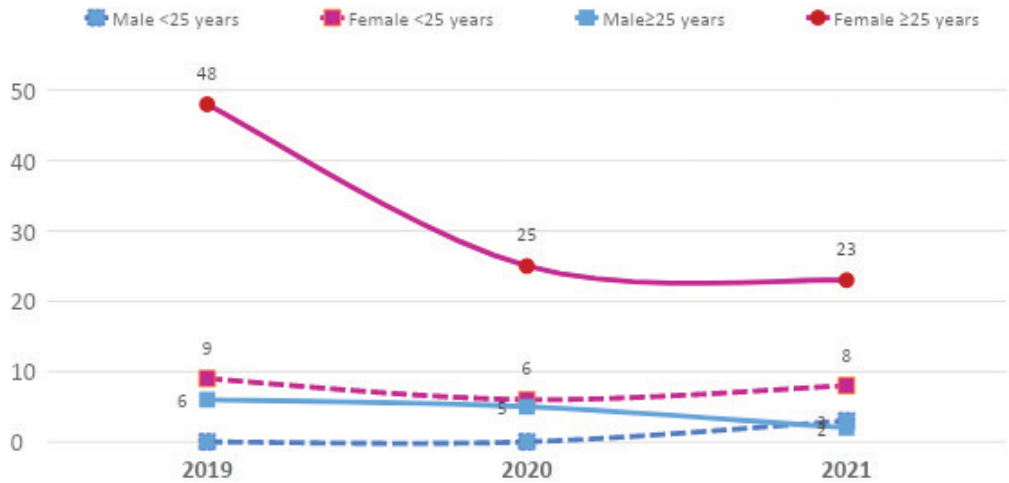
Three (03) cases of congenital syphilis were reported islandwide in the year 2021. In 2021, the annual rate of congenital syphilis per 100,000 live births showed a higher value compared to previous years. However, observed rates are considerably lower than the target given by the World Health Organization for the validation of elimination of mother-to-child transmission (EMTCT) of syphilis i.e., less than 50 congenital syphilis cases per 100,000 live births.

Number of gonorrhoea cases by age and sex, 2019 - 2021



Being an infectious STI, gonorrhea represents risky sexual behavior in the community. Therefore, tracking its cases is important in STI care and management. In the year 2021, a reduction in the number of reported cases of gonorrhea is evident among the younger male and female clinic attendees of both age categories. However, among the older male attendees, a rising number of cases is reported compared to the previous year.

Number of trichomoniasis cases by age and sex, 2019 - 2021



There is a marked decline in Trichomoniasis cases among females >25 years of age during the years 2020 and 2021. Among the younger male population, two cases have been reported in 2021 whereas no cases were reported during the past two years. The number of Trichomoniasis cases has been stable over the years for the rest of the male and female age categories.

SCALING UP OF STD SERVICES

Chandrika Jayakody [1]

The history of STD services in this country goes back to the eighteenth century and it was recommended to have 60 STD clinics by the WHO country visit team in 1960. Currently, there are 41 functioning STD clinics in the 25 districts island-wide. Almost all, except Mulllaitivu STD clinic are consultant-led STD clinics.

[1]Consultant Venereologist

Distribution of STD clinics

Province	District	STD clinic	Branch Clinic
Western Province	Colombo	Colombo Kalubowila Avissawella Homagama	Prison clinic in Welikada
	Gampaha	Ragama Gampaha Negombo Wathupitiwala	
	Kalutara	Kalutara Panadura	Horana
North Western Province	Kurunegala	Kurunegala Kuliyapitiya	Galgamuwa, Nikaweratiya, Dambadeniya
	Puttalam	Chilaw Puttalam	Marawila, Dankotuwa, Kalpitiya, Anamaduwa
Northern Province	Jaffna	Jaffna	
	Mannar	Mannar	
	Kilinochchi	Kilinochchi	
	Mullaitivu	Mullaitivu	
	Vavuniya	Vavuniya	
Eastern Province	Trincomalee	Trincomalee	
	Batticaloa	Batticaloa	BH Walachchenei, BH Kalawanchikudi
		Ampara Kalmunai	Mahaoya, Dehiaththakandiya Panama, BH Kalmunai North, BH Pottuvil
Uva Province	Badulla	Badulla Mahiyanganaya	Ella
	Monaragala	Monaragala	
Southern Province	Galle	Galle Balapitiya	
	Matara	Matara	
	Hambantota	Hambantota Tangalle	
Sabaragamuwa Province	Ratnapura	Ratnapura	BH Balangoda
	Kegalle	Kegalle	Warakapola/Mawanella
Central Province	Kandy	Kandy Nawalapitiya	BH Teldeniya, Dumbara Prison clinic
	Matale	Matale Dambulla	Wilgamuwa
	Nuwara Eliya	Nuwara Eliya	
North Central Province	Anuradhapura	Anuradhapura	Thambuththegama
	Polonnaruwa	Polonnaruwa	Thambuththegama, Bakamuna Medirigiriya, Welikanda, Aralaganwila Siripura

Out of all the above-mentioned clinics, Kuliyapitiya, Puttalam, Dambulla, Mahiyanganaya, Gampaha, Panadura and Avissawella were newly built container clinics. In addition to establishing these new clinics, the STD services have been expanded within certain districts by initiating branch clinics in district base hospitals. As the clients' feasibility and accessibility to the services are very important, special clinics such as evening clinics (out-of-hour clinics) and Sunday clinics were introduced in 2021 considering the clients' feasibility and accessibility to the services. These clinics mainly cater the services to high-risk populations and vulnerable populations.

The main services provided through the STD clinics are

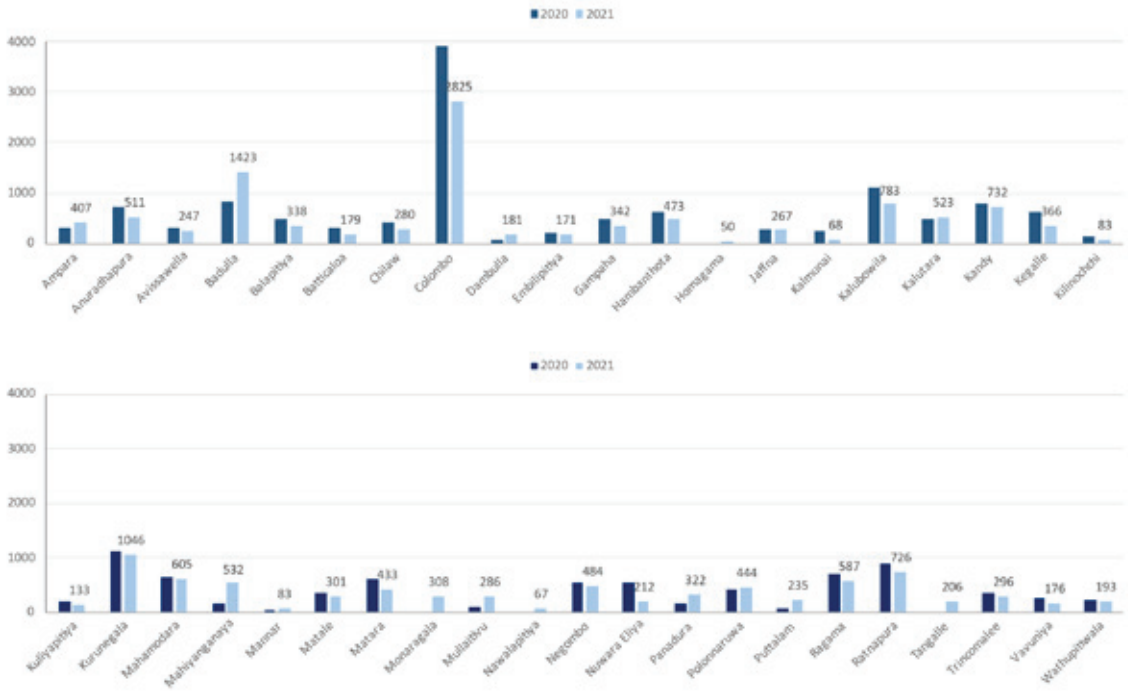
1. Comprehensive STI care and management
2. Diagnosis of HIV and linking to care
3. Contact tracing and partner notification services
4. Defaulter tracing services
5. Cervical cancer screening programme
6. Contraceptive services
7. Post exposure prophylaxis services following occupational exposures and sexual exposures
8. Pre exposure prophylaxis
9. Sexual health services
10. Counselling services

MONITORING OF STD SERVICES

Ariyaratne Manathunge[1], Nadeera Kumarasinghe[2]

National STD/AIDS Control programme provides treatment and care, prevention, and control of sexually transmitted infections through the Central STD clinic and 41 district clinics located island-wide. Despite the unexpected COVID 19 pandemic, the program was able to provide STI services to the key population groups and the general population of the country throughout the year 2021.

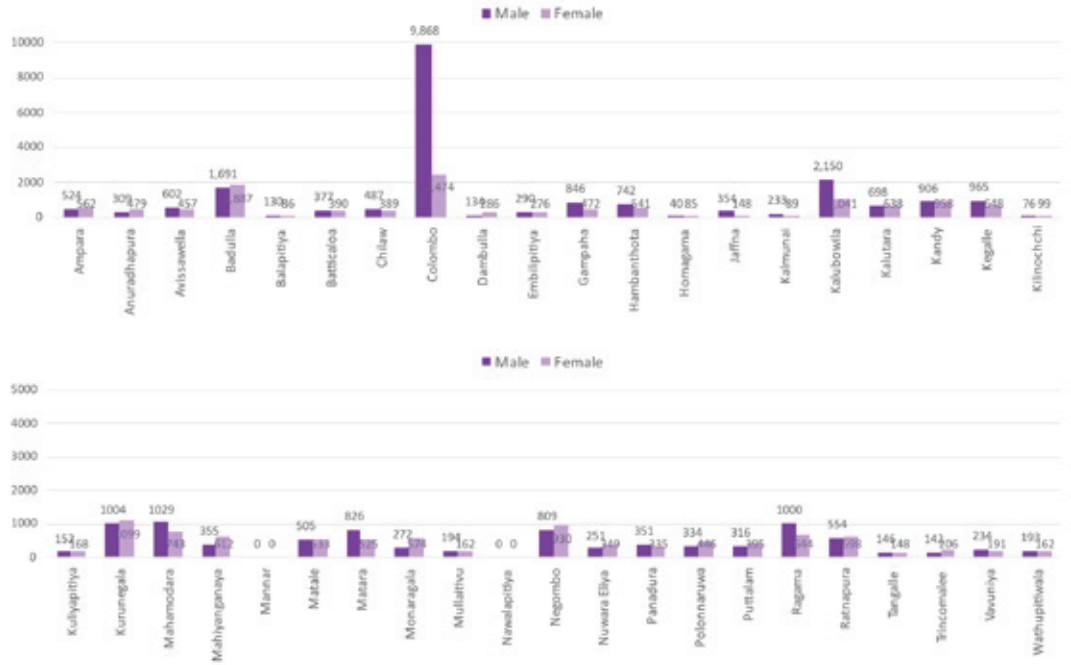
Number of new patients registered during 2020 and 2021



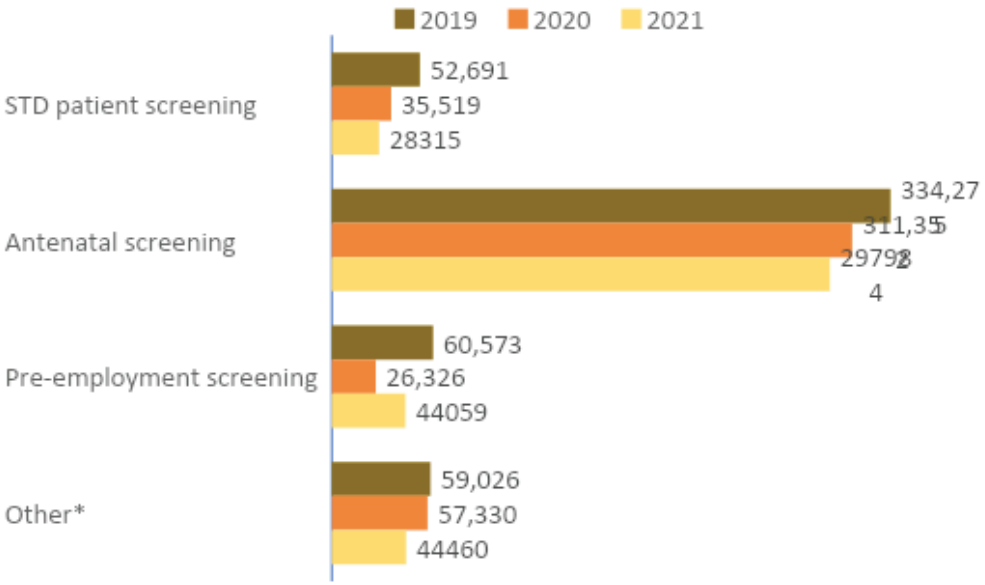
The above graph shows the number of new patients registered during 2020 and 2021. Overall, there is a reduction in patient registration from 19,865 in 2020 to 17,924 in 2021. However, few STD clinics reported higher numbers of new STD patients such as Ampara, Mahiyanganaya, Polonnaruwa and Puttalam in 2021.

The below graph shows the number of clinic visits made by STD patients by sex during 2021. A total of 51,240 clinic visits were reported by STD patients during the year. Of these clinic visits, 20,825 were by women and 30,089 by men. The highest number of STD patients' visits were at the Central STD clinic, Colombo followed by Badulla, Kalubowila, Kurunegala, Kandy, Ragama, Mahamodara, Negombo, Kegalle and Matara (top 10 clinics).

[1]Consultant Venereologist
[2]Acting Venereologist

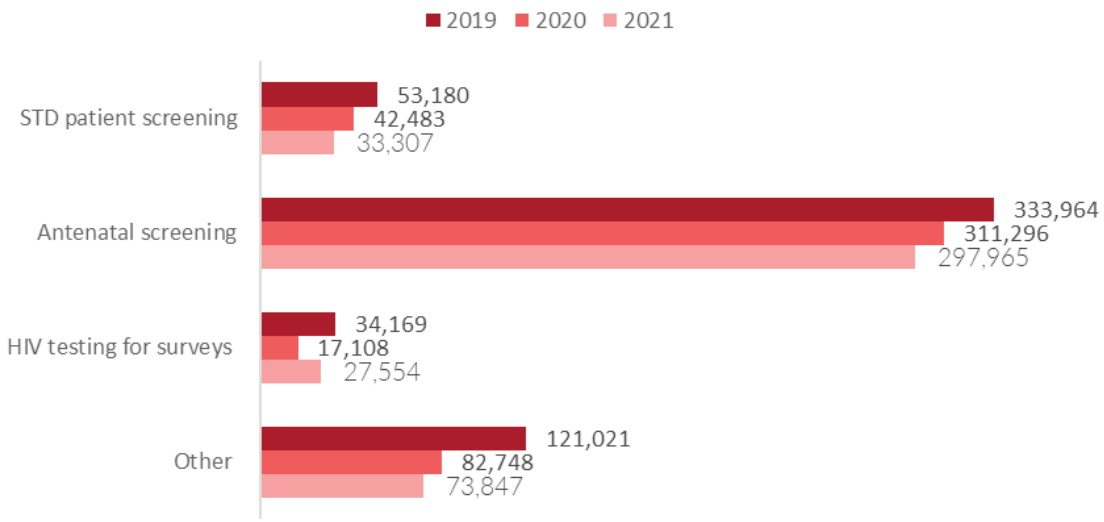


Number of clients screened for syphilis by category in 2019, 2020 and 2021



Syphilis screening with the VDRL test is an important laboratory service provided by STD clinics. Screening is done for STD clinic attendees, antenatal women, pre-employment screening and visa screening, etc. Among all the categories, antenatal VDRL screening has the highest number. STD clinic screening and “other” categories show a gradual decline in the number of VDRL tests since 2019. Pre-employment screening showed a 67% increase in numbers compared to 2020 despite the travel restrictions and lockdowns which continued in 2021 due to the COVID 19 pandemic.

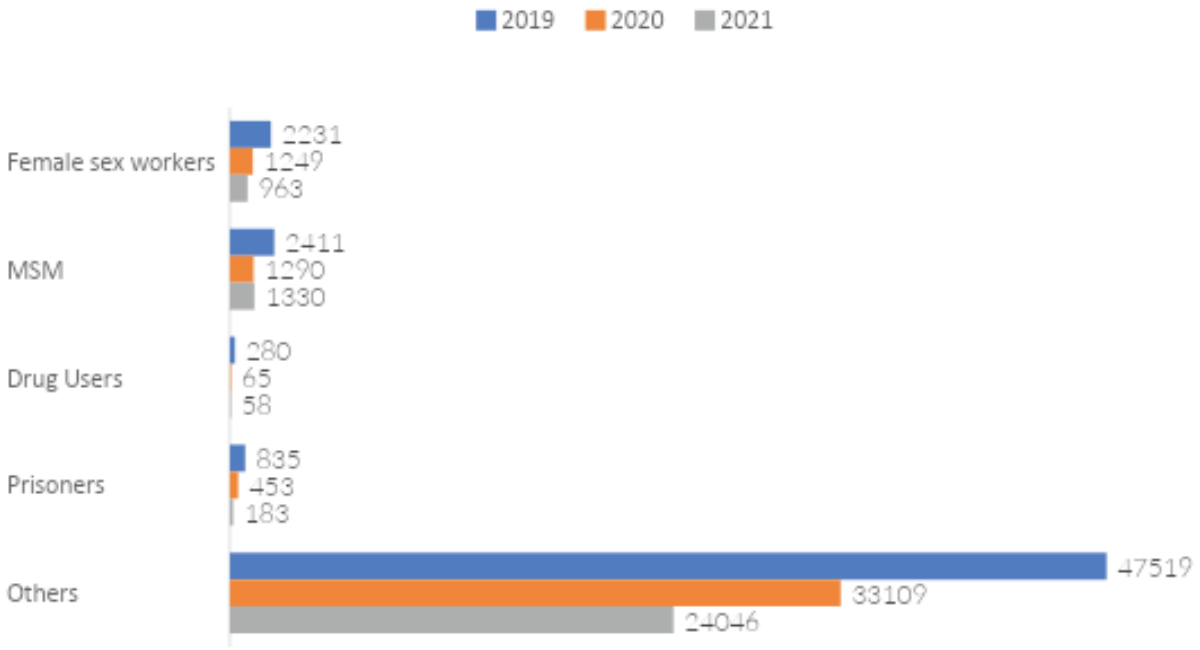
Number of clients screened for HIV by category in 2019, 2020 and 2021



The above graph shows the number of HIV screenings done in STD clinics for STD clinic attendees, antenatal mothers, HIV testing surveys, and other categories which comprise mainly pre-employment screening and visa screening.

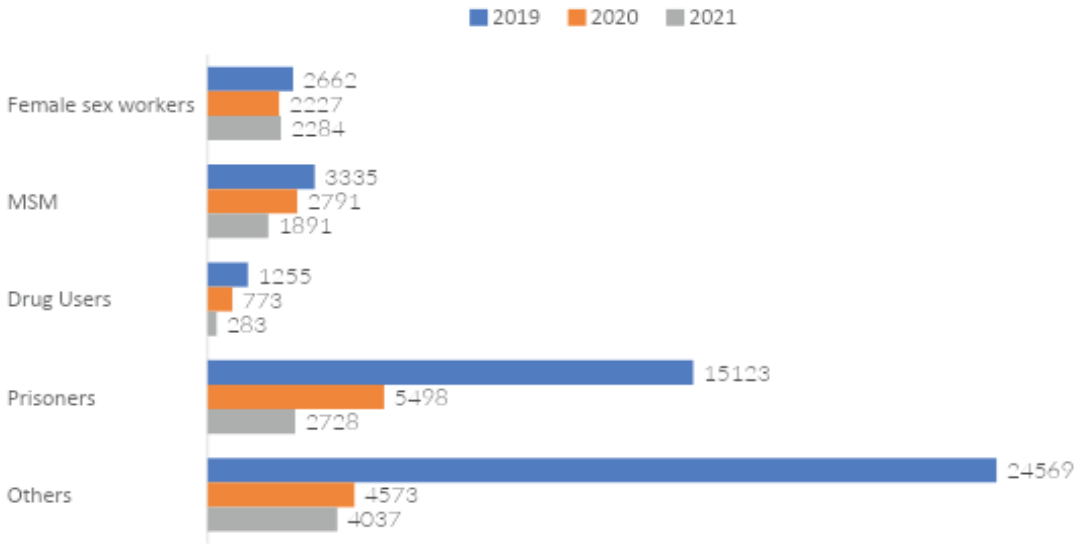
The number of HIV screening tests done among STD clinic attendees and antenatal mothers continued to show a downward trend since 2019. However, compared to 2021 data HIV testing for surveys has increased by 67%.

Number of clients tested for HIV within STD clinics by type of clients 2019, 2020 and 2021



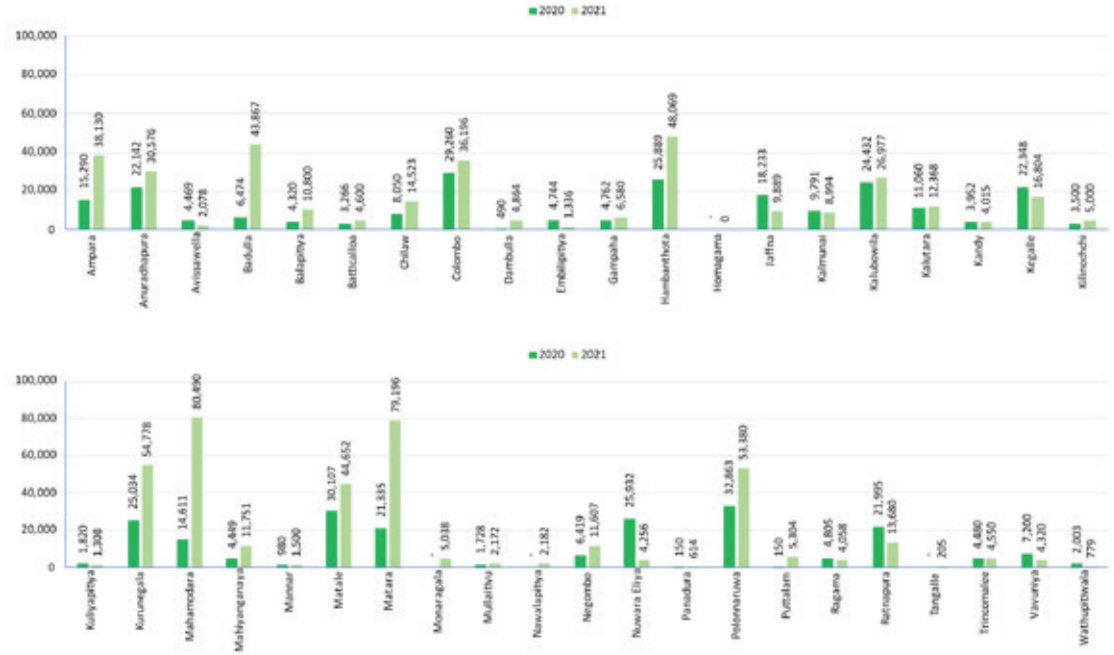
HIV testing among key population groups and others show a similar declining pattern in 2021 compared to the previous two years.

Number of HIV tests done in outreach programmes by type of clients, 2019 and 2021



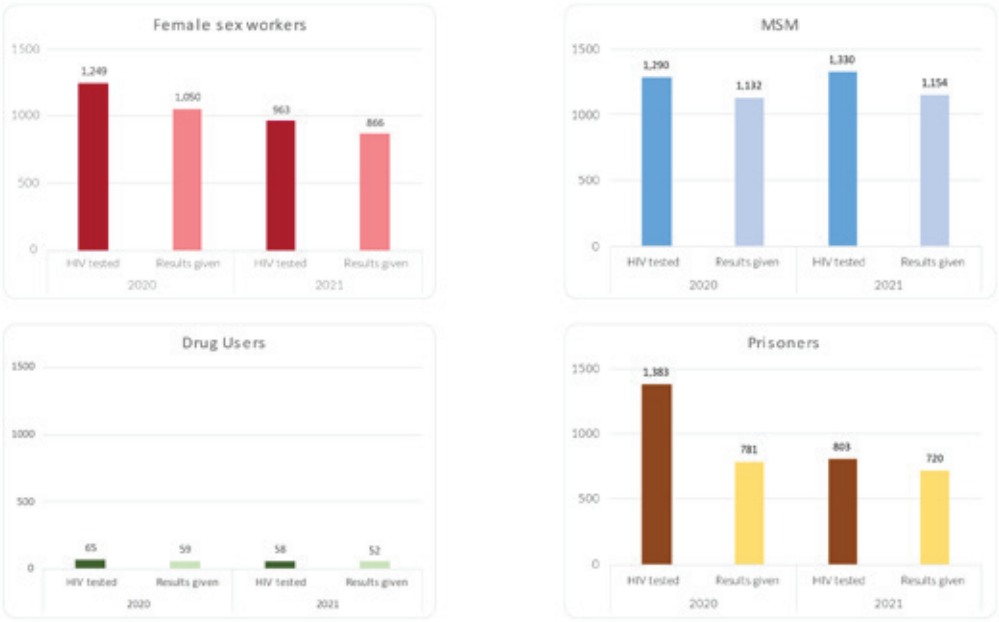
Outreach HIV testing is another important method to screen the key population groups who cannot be escorted to clinics for screening due to various difficulties. These programs were significantly affected by the travel restrictions which took place in the years 2020 and 2021. The screening of drug users shows a further 39% decrease from the 2019 figures. Similarly, screening of prisoners for HIV has decreased by 81% from 2019 to 2021.

Number of condoms issued in 2020 and 2021



The above graph shows the number of condoms issued in 2020 and 2021. In 2021, a total of 711,486 condoms were distributed from the island-wide STD clinics while it was only 428,533 in 2020. Therefore compared to 2020, 2021 condom distribution has increased by 66% .

Number of HIV tests done and results given for key populations in STD clinics.



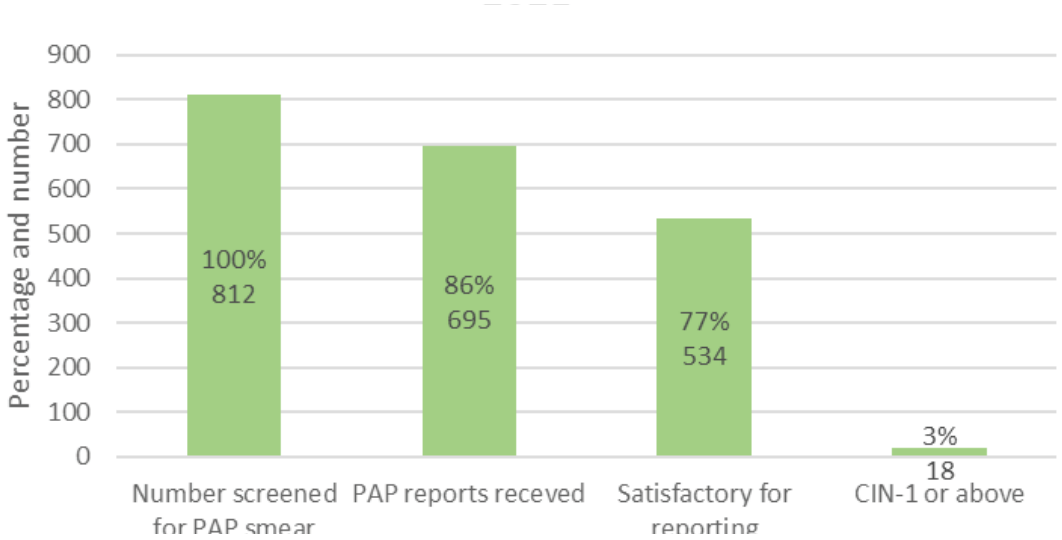
The above graph depicts the number of HIV tests done and results given for key populations (female sex workers, men who have sex with men, drug users, and prisoners) by STD clinics. HIV testing had been lower in 2021 compared to the previous year in all these key populations except in men who have sex with men (MSM).

Pap smear testing

In the year 2021, the Pap smear screening facilities were expanded further by initiating cervical cancer screening in seven STD clinics. The new clinics were Dambulla, Homagama, Mahiyanganaya, Panadura, Trincomalee, Vavuniya and Wathupitiwala. With that, a total of twenty-nine STD clinics provided pap smear screening at the end of 2021. Compared to previous two years, the total number of Pap smears performed in 2021 was reduced due to lower clinic attendance during the COVID-19 pandemic. A total of 812 Pap smears have been performed in 2021 and of these, a majority (52%) were performed in three STD clinics (Central clinic Colombo (30%), Kalubowila (15%) and Negombo (7%)).

A clinical audit was conducted on Pap smear screening among female clinic attendees at the central STD clinic, Colombo to describe the strengths and shortcomings of the cervical cancer screening programme. The need for training of the staff and a standardized national protocol was recommended to streamline the nationwide cervical cancer screening in STD clinics.

Summary of PAP smears done in STD clinics in 2021



Number screened for cervical cytology 2021

STD Clinic	Number	Percentage
Colombo	242	30%
Kalubowila	120	15%
Negombo	53	7%
Mahamodara	51	6%
Kandy	44	5%
Ragama	44	5%
Matale	36	4%
Polonnaruwa	31	4%
Kalutara	30	4%
Ratnapura	22	3%
Matara	22	3%
Kegalle	21	3%
Avissawella	19	2%
Anuradhapura	13	2%
Wathupitiwala	10	1%
Other Clinics	54	7%
Total	812	100%

HIV TESTING SERVICES INCLUDING HIV SELF-TEST

Nimali Jayasuriya[1] , Sathya Herath[2] , Geethani Samaraweera[1]

The goal of HIV testing services is to provide HIV tests for those who need it, deliver accurate, timely results and link clients to appropriate services based on their serostatus. Implementation of several HIV testing approaches in Sri Lanka has helped to achieve high levels of HIV testing coverage.

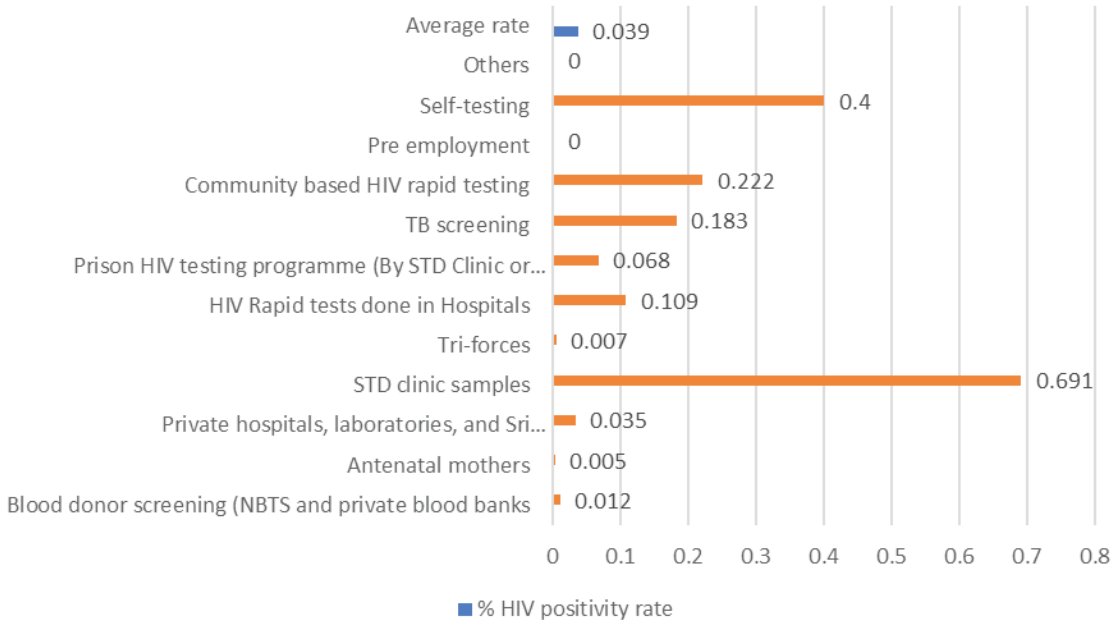
HIV testing services are provided to clients by the National STD/AIDS Control Programme through facility-based testing, community-based testing, drop-in centers and a self-testing approach. Facility-based testing is mainly available at government STD clinics and some hospital settings free of charge. Further, it is available at private hospitals and laboratories as well. Community-based testing services are provided by STD clinic staff or NGO partners. Prison outreach HIV testing services are carried out by trained prison staff members or by STD clinic staff through outreach activities.

Both facility-based and community-based HIV testing services were interrupted by the COVID-19 pandemic in 2021. Introduction of HIV self-testing played a critical role in ensuring the continuity of HIV testing services during this time, as it provided an opportunity to adhere to physical distancing guidance and reduce the risk of exposure transmission for both beneficiaries and health care providers.

HIV three test algorithm was practiced at most of the STD clinics to prevent unnecessary delay in initiation of ART. Confirmation of HIV diagnosis is aligned with the national HIV testing algorithm and HIV was confirmed by western blot or molecular testing.

[1]Consultant Venereologist

HIV positivity rate by category of testing, 2021



HIV testing services in 2021

Category of the samples tested for HIV	Number tested	Number positive	HIV testing rate (%)	% HIV positivity rate
Blood donor screening (NBTS and private blood banks	385,054	46	36.07	0.012
Antenatal mothers	305,168	15	28.59	0.005
Private hospitals, laboratories, and Sri Jayewardenepura GH	149,888	52	14.04	0.035
STD clinic samples *	33,307	230	3.12	0.691
Tri-forces	68,714	5	6.44	0.007
HIV Rapid tests done in Hospitals	9183	10	0.86	0.109
Prison HIV testing programme (By STD Clinic or Prison staff))	4,429	3	0.41	0.068
TB screening	6549	12	0.61	0.183
Community based HIV rapid testing	10809	24	1.01	0.222
Pre employment	27554	0	2.58	0.000
Self-testing	3500	14	0.33	0.400
Others **	63321	0	5.93	0.000
Total	10,67476	411	100	0.039

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

*** (others include rapid tests done by GPs and MOH etc.)*

The table and graph show the number of HIV tests carried out in the country in 2021 according to different testing categories.

Despite a decrease in the number of HIV tests conducted during the early and mid-part of the year due to the COVID-19 pandemic, the seropositivity rate has remained stable at around 0.04%. In 2021, a total of 10,67476 HIV tests were conducted across Sri Lanka with 411 confirmed cases. HIV testing has been routinely offered to all patients attending antenatal clinics and STD clinics. The majority of HIV diagnostic testing was conducted within the antenatal population and donated blood samples. Out of the total, 65% of tests were conducted in these settings. Thirty-six percent of HIV testing was carried out to screen donated blood (by both national blood transfusion service and private blood bank accounts) leading to the identification of 46 new HIV diagnoses. Private sector HIV testing also provides a significant contribution to HIV testing with a positivity rate of 0.03%. HIV screening among TB patients and rapid HIV screening in hospitals had a higher yield. A total of 10,809 tests were community-based testing, with 24 HIV confirmed positive cases. Overall HIV seropositivity rate during 2021 was 0.04. The highest seropositivity rate was reported in STD clinic attendees with a 0.7% seropositivity rate. Only 0.4% of tests were carried out on prison inmates in 2021. HIV self-testing has a high yield with a 0.4% seropositivity rate. HIV self-test positive cases mostly among assisted HIV self-testing in community-based testing.

HIV testing by STD clinics

The number of HIV testing in STD clinics includes all tests carried out by island-wide STD clinics. This includes voluntary clinic attendees, hospital referrals, court referrals, pre-employment testing, antenatal screening, and testing of the key populations. HIV ELISA (Ag/Ab), HIV rapid blood test (Ag/Ab), and particle agglutination tests were carried out as HIV screening tests at the STD clinics. HIV testing for the key population is done either by escorting to STD clinics by NGO partners or via outreach programs. Colombo, Ragama, and Kalutara STD clinics continued to have evening clinics to increase accessibility to HIV testing, especially for key populations. This new expansion of the HIV testing services was helpful to continue HIV testing for key populations. The table below shows the HIV testing among key population members conducted by STD clinics. HIV testing among key populations in 2021.

HIV testing among key population members conducted by STD clinics

Type of Key Population	Number tested in the STD clinic	Number tested by outreaching	Total
Prison inmates	183	2,728	2,911
Men having Sex with Men	1,330	1,891	3,221
Female sex workers	963	2,284	3,247
Beach Boys	43	322	365
Drug users	58	283	341
Trans gender women	114	327	441
Total	2,691	7,835	10,526

HIV testing through key population led HIV testing services in 2021

Type of key population	Case finder model (Hybrid model)			Peer-led targeted intervention model					
				PR1 (NSACP) programme			PR2 (NGO) programme		
	No. tested	HIV positive	% rate	No. tested	HIV positive	% rate	No tested	HIV positive	%rate
FSW	2,523	1	0.04	1,684	0	0	1,049	0	0
MSM	1,771	18	1.02	1,527	0	0	814	0	0
TG	557	0	0	50	0	0	-	-	-
PWID	-	-	-	139	0	0	287	0	0
BB	-	-	-	1694	2	0.12	-	-	-
Total	4,851	19	0.39	5,094	2	0.039	2,150	0	0

Summary of HIV testing through key population-led HIV testing services

Type of key population	Total tested	Total HIV positive	HIV positivity rate
FSW	5256	1	0.02
MSM	4112	18	0.44
TG	607	0	-
PWID	426	0	-
BB	1694	2	0.12
Total	12095	21	0.17

Community-based HIV testing

Community-based HIV testing was continued throughout the year 2021. Community-based outreach activities were carried out by trained outreach workers of NGO partners and STD clinic staff with NGO partners. Both HIV rapid testing and assisted self-testing were carried out in community-based testing and both methods had high yield. HIV seropositivity rate in rapid testing was 0.2%. Out of 14 confirmed cases of HIV self-tests 11 resulted due to community-based assisted HIV self-testing. Drop-in center facilities were available for FSW, MSM, PWID, and People who use drugs (PWUD) in 2021. Testing services in drop-in centers were dropped due to the COVID situation in the early part of the year and the total number tested was 1665.

HIV testing in hospital settings

HIV rapid testing services have been continued through hospitals by trained hospital staff. However, the number of tests done was reduced in the last two years due to the COVID pandemic. HIV seropositivity rate is much higher in 2020 when compared to 2021. Despite the low HIV positive numbers, in hospital-based testing, the positivity rate remains high among samples sent for STD clinics for HIV testing from hospitals. It is important to further strengthen hospital-based testing in order to diagnose symptomatic HIV patients without any delay and detect antenatal mothers who dropped out from initial antenatal screening.

HIV testing in TB control program

HIV rapid diagnostic tests are carried out by staff of chest clinics or blood samples of patients with tuberculosis are sent to STD clinics for laboratory-based HIV testing. In 2021 the HIV seropositivity rate among TB patients was 0.2%.

HIV self-testing

HIV self-testing was one innovative testing method introduced to reach the unreached populations. Introduction of HIV self-testing in the COVID pandemic catered an additional advantage of maintaining testing services in lock down periods. Availability of HIV self-testing (HIVST) helped to increase awareness & HIV testing for people who would not otherwise get an HIV test.

With initial work starting in early 2019, HIV self-test distribution was launched on December 01, 2020.

Progress in 2021

1. Video(s) on using oral based HIVST kit were developed in both local languages and embedded on website by NSACP, other websites; including You Tube

You Tube https://bit.ly/3tWGypU

fb https://bit.ly/3hGvDML

fb page https://bit.ly/3wkNTk

What's App: https://wa.me/message/BMXK2BT3PPFJH1

2. HIV self-test demonstration leaflets were developed in both local languages for distribution with kits.

3. Forms were developed for streamlining the monitoring and evaluation process.

   a.HIV self-test request form.

   b.HIV self-test stock management forms.

   c.HIV self-test receipt .

   d.HIV self-test feedback forms were developed.

4. Standard Operation Procedure (SOP) on HIV self-test was developed & distributed to kits distribution sites.

5. HIVST is incorporated in the National HIV testing guideline.

6. A detailed guidance on HIVST SoP was given to all district STD clinics.

7. Training programs were conducted for HIV self-testing introduction and usage for health care workers, NGO/CBO & Communities.

8. Virtual training of NSACP staff, key-population, organizations and other partners on HIVST implementation was conducted on 23rd April 2021 bringing the regional UNAIDS/WHO experts from India, real world experience from Philippines & Vietnam.

9. HIV ST/ PrEP hotline +94 71 637 9192 was introduced for placing orders & home delivery of kits. ACT4health Community center staff played a key role in inventory management and doorstep delivery of HIV ST in 2021.

10. Leveraging https://www.know4sure.lk for sharing information on HIVST and placing orders were successfully implemented.

11. HIVST were delivered to doorsteps by courier.

12. Kits were distributed using nearly 32 outlets in 2021.

As of 31 st of December 2021 a total of 7996/10000 (80%) HIVST kits were distributed to 32 sites across Sri Lanka, of which 16 were CBOs (5275 kits), 11 were government STD clinics (2475 kits) throughout Sri Lanka. Of the distributed kits, nearly 3500 individuals reported their results. A total of 17 self-tests were reactive, of which 14 reactive cases were reported through CBOs, one reactive reported through government STD clinic and two were reported by ordering through social media and hotline system. Of these reactive individuals 14 were confirmed being positive and linked to ART services.

13.Research proposal for "Acceptability & Feasibility of Blood based HIV self-testing among men and women – A community based study " was submitted to the Ethical Review Committee of the National Hospital and received approval.

Way forward to scale up HIV testing

The main challenge in 2021 is to regain the successes of HIV testing gained before the COVID-19 pandemic. There were few strategies identified and carried out to overcome obstacles due to COVID 19. To meet 95- 95-95 targets by 2025, the country needs to identify ways to scale up HIV testing and reach hidden key populations.

Distributing the HIV self-test kits in all districts and remote locations, streamlining courier service/home delivery and lack of manpower to establish the services within the program are the main challenges identified in improving HIV self-test service.

Following activities are planned for 2022 to achieve these targets:

- Train more NGO partners for rapid testing and to improve community-based testing .
- Support for registration of HIVST for availability in private pharmacies.
- Additional models of distribution of HIVST to pharmacies are to be explored.
- Increasing the delivery sites of HIVST.
- Improving courier services further to deliver HIVST.
- Integrating HIVST into available key population interventions.
- Supporting introduction of a variety of other HIVST (Blood based).
- Expanding online outreach testing.
- Scale up HIV testing in the prison setting by expanding HIV testing through trained prison staff at their premises by HIV rapid testing.
- Explore the possibilities of scaling up hospital-based testing.
- Strengthen index case testing.
- Provide a stigma free environment in all HIV testing settings.
- Taking timely decisions through HIV technical working group meetings to strengthen all aspects of the HIV testing services.
- Make HIV testing services a permanent agenda item in Provincial AIDS committee meetings.
- To link all positive cases to care services.
- To introduce HIV rapid testing to returnee migrants through healthy lifestyle clinics.

HIV TREATMENT AND CARE SERVICES

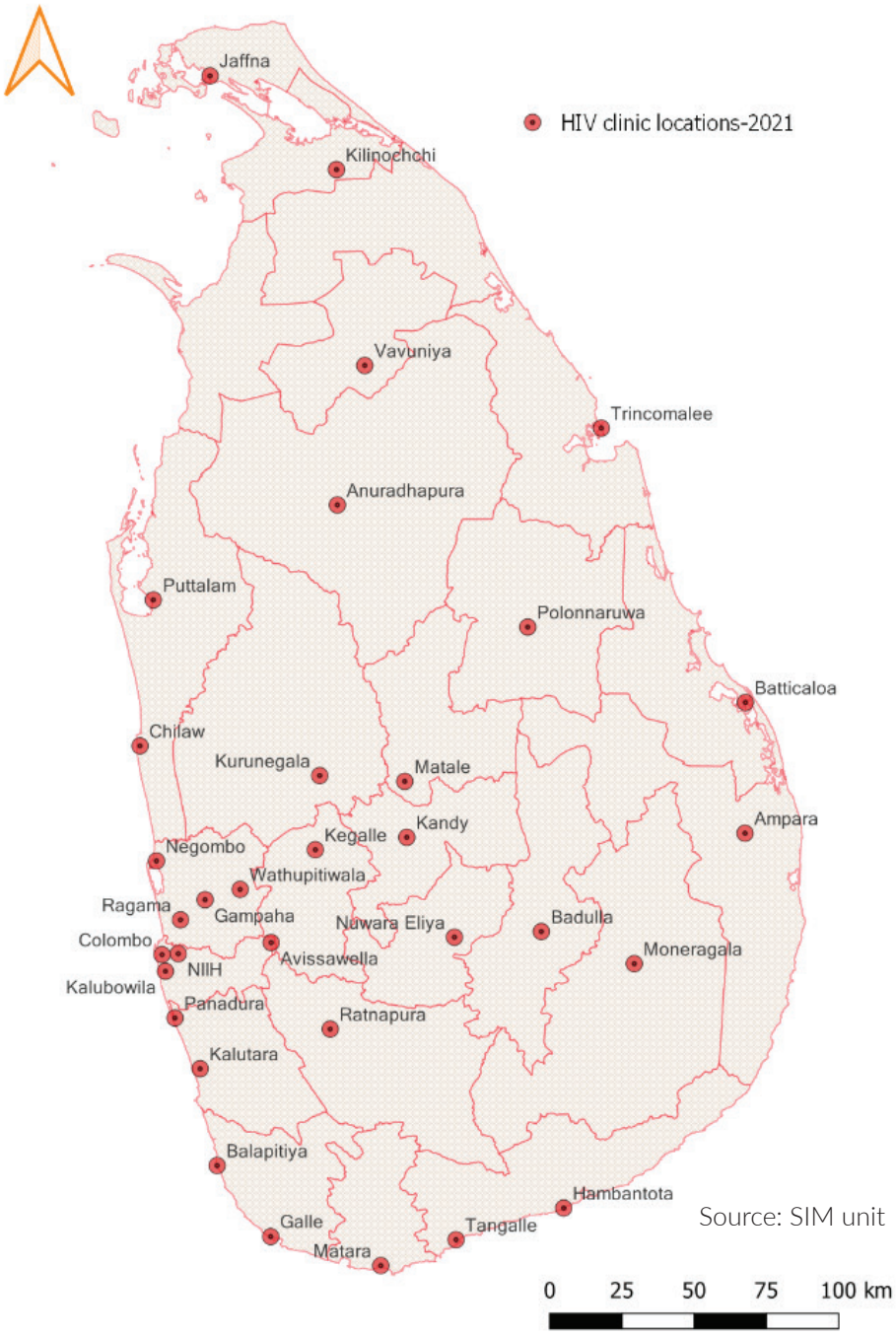
Himali perera[1], Ariyaratne Manathunge[1], K. Wirasinghe[2]

The National STD/AIDS control programme of the Ministry of Health is the sole provider of antiretroviral treatment (ART) in Sri Lanka, as private sector healthcare institutions are not providing this service. Except National Institute of Infectious Diseases (NIID), all other ART facilities are coming under the National STD/AIDS Control Programme.

ART is used to treat people living with HIV infection. These medications do not eliminate the HIV virus or cure HIV infection. However, when taken as a combination antiretroviral treatment (cART) the replication of the HIV virus can be effectively controlled. ART has been proven so successful that HIV has become a chronic disease in which progression to AIDS has become increasingly rare.

[1]Consultant Venereologist
[2]Acting Venereologist

ART Centers during 2021



During 2021, 419 people living with HIV (PLHIV) were registered in the HIV care services. These PLHIV consisted of males, females, and transgenders. A total of 329 were newly commenced on ART during the year 2021. ART services were scaled up to 31 out of 41 STD clinics in the country. However, 80% of all PLHIV registered in ten ART centers (Colombo, Ragama, Kandy, Kalubowila, Kurunegala, Mahamodara, NIID, Kalutara, Matara and Gampaha).

Next table shows HIV care services according to the clinic and outcome at the end of 2021. There is a total of 2,484 PLHIV registered in all ART centers island wide as of the end of 2021. Colombo central HIV clinic which is located in Colombo had the highest number 1,052 (42%) of PLHIV in care while Ragama had 246 (9.9%) and Kandy had 127 (5.1%) of PLHIV in care. The top 10 HIV clinics with the highest number of PLHIV under care are highlighted in green.

Number of people living with HIV by clinic and outcome as of end 2021

	Clinic	Pre-ART	ART	Re-enter	Stopped	Total	% of total
1	Ampara	-	1	-	-	1	0.0%
2	Anuradhapura	1	52	-	-	53	2.1%
3	Avissawella	-	15	-	-	15	0.6%
4	Badulla	-	24	-	-	24	1.0%
5	Balapitiya	4	8	-	-	12	0.5%
6	Batticaloa	-	10	-	-	10	0.4%
7	Chilaw	2	41	-	-	43	1.7%
8	Colombo	23	1,025	-	-	1,052	42.4%
9	Gampaha	2	61	-	-	63	2.5%
10	Hambantota	1	27	-	-	28	1.1%
11	IDH, Angoda	-	78	-	-	78	3.1%
12	Jaffna	-	41	-	-	41	1.7%
13	Kalmunai	-	3	-	-	3	0.1%
14	Kalubowila	7	113	-	-	120	4.8%
15	Kalutara	2	64	-	-	66	2.7%
16	Kandy	2	120	-	5	127	5.1%
17	Kegalle	-	38	-	-	38	1.5%
18	Kurunegala	7	87	-	2	96	3.9%
19	Mahamodara	3	78	1	-	82	3.3%
20	Matale	-	28	-	-	28	1.1%
21	Matara	2	62	-	-	64	2.6%
22	Monaragala	-	9	-	-	9	0.4%
23	Negombo	1	50	-	-	51	2.1%
24	Nuwara Eliya	1	10	-	-	11	0.4%
25	Panadura	-	7	-	-	7	0.3%
26	Polonnaruwa	3	34	-	-	37	1.5%
27	Puttalam	-	1	-	-	1	0.0%
28	Ragama	2	244	-	-	246	9.9%
29	Ratnapura	2	35	-	-	37	1.5%
30	Tangalle	-	1	-	-	1	0.0%
31	Trincomalee	1	11	-	-	12	0.5%
32	Vavuniya	-	17	-	-	17	0.7%
33	Wathupitiwala	4	7	-	-	11	0.4%
	Total	70	2,402	5	7	2,484	100.0%

Below table depicts a total number of 2,402 PLHIV who were on ART according to age group and gender. There were six transgender persons on ART. Most of the PLHIV were males (74%) with a male to female ratio of 3:1. Majority of PLHIV were in 25-49 years (66%). Only 2% were children and less than 15 years old.

Number of people living with HIV by age and gender as of end 2021

Age group	Female	Male	Transgender	Total	% Of total
0-4	-	2	-	2	0%
5-9	7	7	-	14	1%
10-14	10	13	-	23	1%
15-19	5	13	-	18	1%
20-24	15	73	-	88	4%
25-49	363	1,214	5	1,582	66%
50+	223	451	1	675	28%
Total	623	1,773	6	2,402	100%

Below table tabulates 11 ART regimens according to the frequency of use. However, there were 31 different ART regimens that have been used for PLHIV who were on ART. The commonest ART regimen was tenofovir, emtricitabine and efavirenz (69.7%) followed by tenofovir, emtricitabine dolutegravir (9.4%) and zidovudine, lamivudine, efavirenz (6.5%).

Number of people living with HIV by ART regimen and age as of end 2021

	ART regimen	Age group (years)		Total	% Of total
		<15	15+		
1	TDF+FTC+EFV	3	1,670	1,673	69.7%
2	TDF+FTC+DTG	4	223	227	9.4%
3	AZT+3TC+EFV	8	149	157	6.5%
4	TDF+FTC+LPV/r	-	77	77	3.2%
5	TDF+FTC+ATV/r	-	76	76	3.2%
6	TDF+FTC+RAL	-	43	43	1.8%
7	ABC+3TC+EFV	7	25	32	1.3%
8	AZT+3TC+LPV/r	11	13	24	1.0%
9	AZT+3TC+NVP	1	19	20	0.8%
10	AZT+3TC+DTG	-	18	18	0.7%
11	ABC+3TC+LPV/r	5	4	9	0.4%
12	Others	-	46	46	2.0%
Total		39	2,363	2,402	100.0%

TB/ HIV Co-infection during 2021

People living with HIV are more likely than others to get infected with TB. Worldwide, TB is one of the leading causes of death among people living with HIV. Among people with latent TB infection, HIV infection is the strongest known risk factor for progressing to TB disease. People infected with HIV who also have either latent TB infection or TB disease can be treated effectively. The first step is to ensure that people living with HIV are tested for TB infection.

As shown in the below table 1269 PLHIV were referred to chest clinics for TB screening. Of these 36 (2.8 %) were diagnosed as having latent TB, 19 (1.5 %) had pulmonary TB and 8 (0.6 %) had extrapulmonary TB. Four PLHIV were diagnosed with multi-drug resistant TB infection/ extensively drug-resistant TB or triple drug-resistant TB (MDR/XDR or TDR TB).

TB/ HIV Co-infection during 2021

Status of TB and HIV co-infection	Number
• Number of patients on anti-TB treatment at the time of diagnosis of HIV	54
• Number of HIV-positive patients having a past history of TB	15
• Number of HIV-positive patients referred for TB screening	1269
• Of the patients referred for TB screening, the number;	
– Latent TB infection	36
– Pulmonary TB (Sputum Smear +ve)	10
– Pulmonary TB (Sputum Smear -ve)	9
– Extra Pulmonary TB	8
– MDR/XDR or TDR TB	4
• Number of patients on INAH prophylaxis therapy (IPT)	166
• Number of patients on co-trimoxazole preventive therapy (CPT)	303

HIV/TB care and treatment collaboration and INAH prophylaxis

Weekly TB screening clinic is being conducted on Wednesdays at Colombo HIV clinic by the medical officers of Colombo chest clinic. INAH prophylaxis (IPT) is provided by the Colombo HIV clinic to make sure all services are under one roof. A guideline is being prepared by the chest Physicians with the inputs from Venereologists on the provision of INAH prophylaxis for PLHIV. In 2021, 166 PLHIV were given IPT.

Co-trimoxazole preventive therapy

All patients diagnosed with HIV infection who were having a CD4 count of < 350 cells per microliter were given co-trimoxazole 960 mg/day as preventive therapy. A total of 303 PLHIV were given cotrimoxazole preventive therapy (CPT).

HIV and Hepatitis co-infection

Below table shows the number tested and test positivity rates for hepatitis B and hepatitis C among diagnosed PLHIV in 2021.

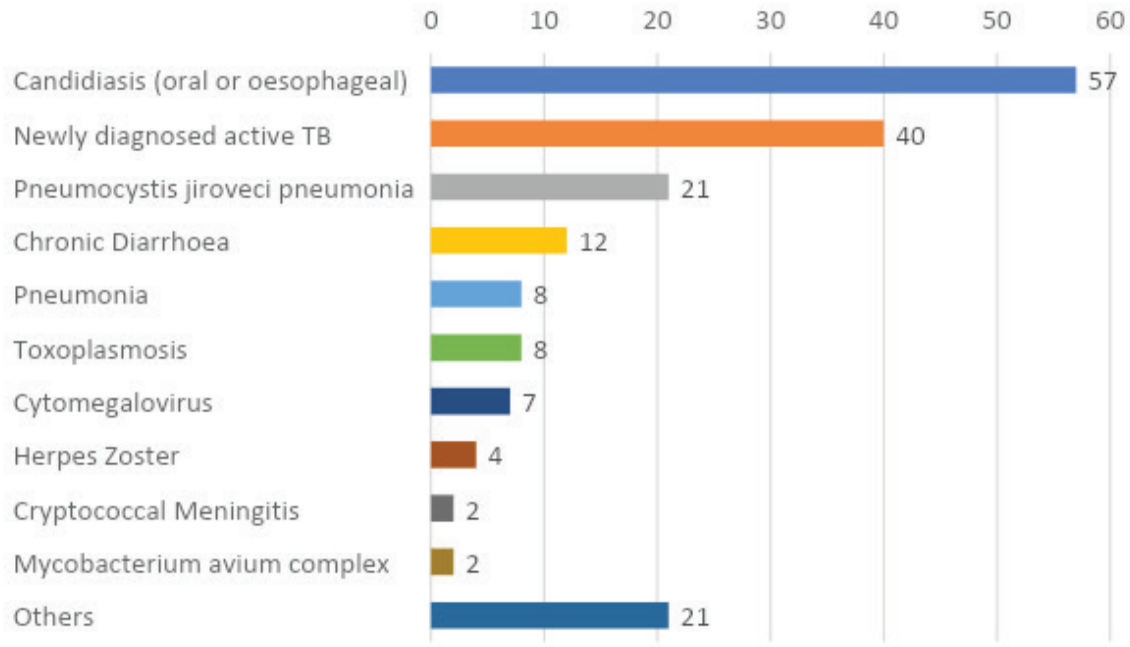
HIV and Hepatitis co-infection during 2021

	No. tested	No. positive	Test positivity rate
Hepatitis B	267	1	0.4%
Hepatitis C	246	2	0.8%

Opportunistic infections (OI) among PLHIV in 2021

The below figure shows the number of OIs reported from HIV clinics during 2021. The commonest OI was candidiasis (31.3 %) followed by tuberculosis (22.0 %) and Pneumocystis jiroveci pneumonia (11.5 %).

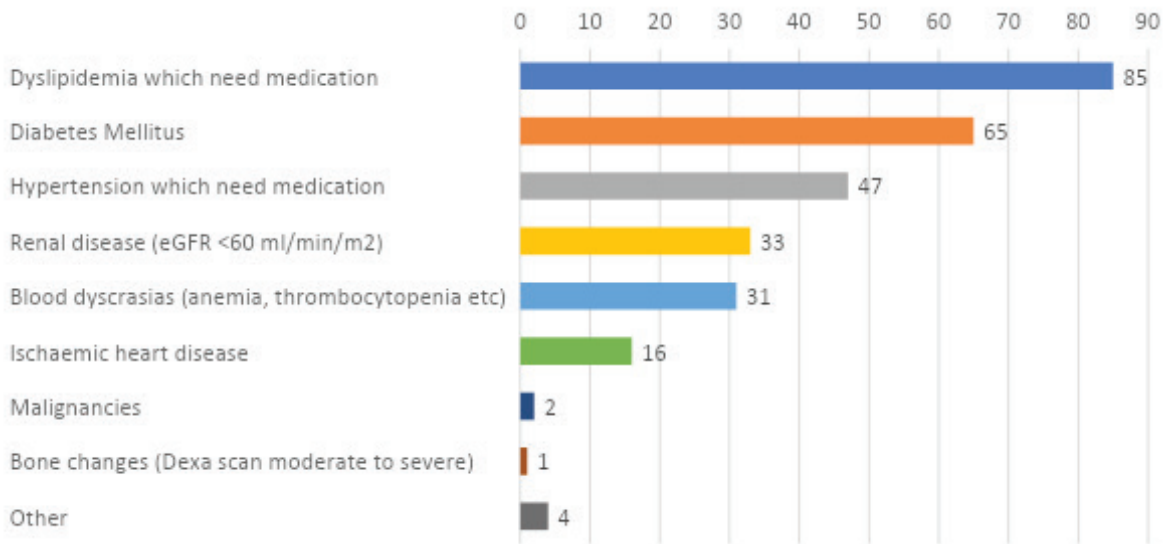
Number of opportunistic infections among PLHIV in 2021



Non-communicable diseases among PLHIV in 2021

The below figure demonstrates Non-communicable diseases (NCD) among PLHIV in 2021. Dyslipidemia (85, 30%) which needed medication was the commonest NCD detected among PLHIV. Out of all NCDs (65, 23%), were diabetes mellitus while, 33 (12%) were renal diseases (eGFR <60 ml/min/m2) and only 1 PLHIV had bone changes (Dexa scan moderate to severe)

Non communicable diseases among PLHIV in 2021



Sexually transmitted infections among PLHIV in 2021

Commonest STI in PLHIV was HSV (27%) while gonorrhea was the second most commonest (23%).

Sexually transmitted infections among PLHIV in 2021

Sexually transmitted infections	Number	%
Genital herpes (newly diagnosed)	23	27%
Gonorrhoea	17	20%
Early syphilis	13	15%
Genital warts (newly diagnosed)	9	11%
Non-gonococcal infections	6	7%
Other STIs	17	20%
Total	85	100%

HIV-1 Drug resistance testing among patients with virologically failure during 2021

The below table shows that 21 reports were received, out of the 73 total samples sent to NARI, India for ART resistance testing during the year 2021 . Resistance to at least one NRTI was 43% while resistance to at least one NNRTI was 57% among ART resistance samples received in 2021. There was no PI resistance detected.

HIV-1 Drug resistance testing among patients with virological failure 2021

HIV-1 drug resistance	Number of patients
• Number of samples sent for ARV resistance testing	73
• Number of reports received	36
– Resistance to at least one NRTI	9
– Resistance to at least one NNRTI	12
– Resistance to at least one PI	1
– Resistance to at least any other drug category	0
– Resistance to more than one ARV	8
– No Resistance to ARV	6

Pre ART drug resistance surveillance survey

A pre-ART drug resistance (PDR) survey was carried out from January to July 2021 to understand the extent of pre-existing HIV drug resistance among patients initiating or reinitiating ART. Dried blood spot samples were sent to National AIDS Research Institution (NARI), India from all ART initiators and re-initiators. HIV protease and reverse transcriptase Pol gen regions were sequenced.

The overall prevalence of PDR to EFV/NVP was high among women (14.1%, 95% CI 6.1-29.4) compared to men (10.5% 95% CI 5.4-19.6) (p=0.340) and PI resistance was not observed.

A significant percentage of PLHIV (29%) initiated ART had a CD4 count <200 cells/mm3 . Therefore, the key recommendations were to strengthen systems for retention and need to test, link to care, and start ART earlier.

ART cohort analysis 2021

ART cohort analysis was done in 2021 for four cohorts of PLHIV who initiated ART in 2020 (12-month follow-up), 2019 (24-month follow-up), 2018 (36-month follow-up) and 2016 (60-month follow-up). The percentage of PLHIV alive and on ART at each follow-up period ranged from 81% to 90%. The percent of viral load suppression among PLHIV varied from 81% to 92%. Children less than 15 years were more likely to be alive and on ART as well as more likely to be virally suppressed compared to the older PLHIV in most of the cohorts.

ART Cohort Analysis - 2021

Table1: Outcome of people with HIV who started ART in 2020 (12 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	378	72	306	6	372
Status (outcome) after 12 months of starting ART						
b.	On 1st line regimen	336	61	275	6	330
c.	On 2nd line regimen	4	1	3		4
d.	Stopped for medical reasons (S)	0	0	0	0	0
e.	Lost to follow-up (F)	23	5	18	0	23
f.	Dead (D)	15	5	10	0	15
g.	Number alive and on ART(A) = [N - (S+D+F)]	340	62	278	6	334
h.	Percentage of persons alive and on ART (A/Nx100)	90%	86%	91%	100%	90%
i.	% of viral load suppression** among persons alive and on ART in 2021	81%	69%	84%	75%	81%

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

Table2: Outcome of people with HIV who started ART in 2019 (24 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	342	60	282	4	338
Status (outcome) after 24 months of starting ART						
b.	On 1st line regimen	278	50	228	3	275
c.	On 2nd line regimen	7	2	5	0	7
d.	Stopped for medical reasons (S)	2	0	2	0	2
e.	Lost to follow-up (F)	35	3	32	0	35
f.	Dead (D)	20	5	15	1	19
g.	Number alive and on ART(A) = [N - (S+D+F)]	285	52	233	3	282
h.	Percentage of persons alive and on ART (A/Nx100)	83%	87%	83%	75%	83%
i.	% of viral load suppression** among persons alive and on ART in 2021	92%	92%	92%	100%	92%

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

Table 3: Outcome of people with HIV who started ART in 2018 (36 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	301	58	243	4	297
Status (outcome) after 36 months of starting ART						
b.	On 1st line regimen	253	47	206	4	249
c.	On 2nd line regimen	6	1	5	0	6
d.	Stopped for medical reasons (S)	1	1	0	0	1
e.	Lost to follow-up (F)	23	7	16	0	23
f.	Dead (D)	18	2	16	0	18
g.	Number alive and on ART(A) = [N - (S+D+F)]	259	48	211	4	255
h.	Percentage of persons alive and on ART (A/Nx100)	86%	83%	87%	100%	86%
i.	% of viral load suppression** among persons alive and on ART in 2021	90%	86%	91%	100%	90%

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

Table 4: Outcome of people with HIV who started ART in 2016 (60 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	311	90	221	8	303
Status (outcome) after 60 months of starting ART						
b.	On 1st line regimen	244	75	169	7	237
c.	On 2nd line regimen	8	1	7	0	8
d.	Stopped for medical reasons (S)	2	0	2	0	2
e.	Lost to follow-up (F)	28	7	21	1	27
f.	Dead (D)	29	7	22	0	29
g.	Number alive and on ART(A) = [N - (S+D+F)]	252	76	176	7	245
h.	Percentage of persons alive and on ART (A/Nx100)	81%	84%	80%	88%	81%
i.	% of viral load suppression** among persons alive and on ART in 2021	86%	78%	90%	100%	86%

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

Prepared by,
Strategic Information Management Unit
National STD/AIDS Control Programme
Sri Lanka, 16th April 2022

HIV/AIDS deaths in 2021

There were a total of 49 deaths reported among PLHIV in 2021.Gampaha district reported the highest mortality of PLHIV (12 deaths) followed by Colombo district (11 deaths) in 2021.

The commonest cause of death of PLHIV was AIDS related opportunistic infections, while the second commonest were cardiovascular (CVD) and COVID. Out of the AIDS related opportunistic infections, the most common cause of death was pneumonia (07). There were six (06) COVID-19 related deaths in 2021. Pneumocystis carinii pneumonia was attributed to 5 deaths.

HIV/Psychiatry clinic

All PLHIV who are under care at the HIV clinics are assessed for psychological illnesses by the clinical staff during their clinic visit. They are counseled on maintaining a healthy mental status to achieve a greater immunological recovery. Early psychiatric illnesses and depressive illnesses are screened through PHQ 9 questionnaire which has been translated into Sinhalese and Tamil languages. Medical officers attached to islandwide ART centers were educated regarding the importance of screening for early psychiatric illness of PLHIV through a webinar named “Depression is a treatable vector for the HIV epidemic” conducted by a Consultant Psychiatrist at the National Institute of Mental Health in September 2021. The PHQ 9 questionnaires were sent to islandwide ART centers. If psychiatric illnesses are identified in PLHIV, they are referred to Tuesday psychiatric clinics held at the central HIV clinic or to relevant psychiatric clinics in their respective district hospitals.

HIV/Nutrition clinic

The nutritional status of PLHIV is assessed by the clinical staff at each clinic visit. If nutritional problems are detected, they are referred to Thursday nutritional clinic held at the central HIV clinic, attended by a trained medical officer in nutrition. PLHIV are counseled on maintaining a healthy lifestyle and eating a nutritionally balanced diet. Medical officers attached to islandwide ART centers are educated regarding the importance of nutrition for PLHIV through a webinar conducted by a Consultant Medical Nutritionist in July 2021.

Vaccination of PLHIV against Hepatitis B infection and COVID-19

All PLHIV were given Hepatitis B double doses of 40 micrograms at 0, 1, 2, and 6 months. Their hepatitis B surface antibody level is monitored. If the antibody levels are less than the required level (<10 IU) revaccination is done.

All PLHIV are advised to get their timely COVID-19 vaccination (Sinopharm, COVISHIELD, Sputnik V, or Pizer) including the third dose from a convenient immunization center. COVID-19 vaccination status is mentioned in patient records which are maintained at ART centers. A webinar was conducted on “COVID-19 vaccination in weaker immune systems“ in November 2021 to update the latest knowledge.

ART guideline new update

Some selected chapters of local ART guideline 2020 were changed in par with WHO consolidated guideline as an “interim update of the fourth edition” in 2021.

Training programmes conducted in HIV treatment and care

1. National level consultative training on ART new updates

The field of ART treatment is highly evolving worldwide. To keep on par with the trend, it is imperative that local Consultant Venereologists and trainees are updated on ART in a timely manner. National STD/AIDS Control Programme of Sri Lanka conducted four (04) virtual training sessions on ART new updates. The target group was consultant venereologists, acting venereologists, senior registrars, Registrars, diploma trainees, and medical officers. The training included first-line ART regimens, second and third-line regimes, monitoring patients on ART in children and adults, ART initiation in advanced HIV disease, treatment failure, ART resistance, specific instructions for prescribing new ART regimes, and OI prophylaxis.

2. Recent advances in ART and HIV care services based on new WHO guidelines

Two virtual training sessions were held to discuss the recent advances in ART and HIV care services based on new WHO consolidated guidelines published in 2021. These include HIV testing in clinic settings as well as in the field, laboratory-based HIV testing, antiretroviral therapy, EMTCT services, and discussion on general care. The target group was the consultant venereologists, senior registrars, registrars, diploma trainees, and medical officers attached to ART centers in Sri Lanka.

Meetings on HIV care and treatment services during 2021

- ART Subcommittee -Two meetings were conducted with the participation of all stakeholders (National Programme for TB and Chest Diseases, NSACP, WHO, PLHIV groups, and other supportive organizations
- ART Drug estimate committee meeting - It was conducted in the month of March to make ART estimates early in the year with the participation of Consultant Venereologists

3. Comprehensive HIV care services and differentiated HIV care model for PLHIV

Empowering PLHIV to maintain responsible behaviors leads to low community viral load in the country which is a timely need and would have an enormous impact on the national response to HIV to reach the goal of ending AIDS in 2030 in Sri Lanka. Virtual meetings were carried out for PLHIV organizations with the aim to spread the message to the rest of the membership through the participants. Therefore, the National STD/AIDS Control Programme of Sri Lanka conducted two training sessions on comprehensive HIV care services and differentiated HIV care models for PLHIV. The training included positive living, nutrition, COVID and HIV, sexually transmitted infections, non-communicable diseases, differentiated HIV care model, the importance of psychological aspects and counseling for PLHIV, ART drug adherence, virological failure, and resistance testing in PLHIV, safe sex, sero sorting, and related concerns.

4. National-level clinical monitoring meetings

Three virtual national-level clinical monitoring meetings were conducted covering all nine provinces islandwide. Consultant Venereologist from each district STD clinic participated and presented their data on monitoring of HIV care services and ART, TB/HIV co-infection status, and OI treatment.

5. Workshops of HIV care and treatment services during 2021

Workshop for the health staff of the private sector at Water's edge held physically at the end of the year and virtually at Lanka Hospital to cover topics such as basics of HIV, HIV-related stigma and discrimination.

COVID -19 pandemic and HIV services

The following measures were taken to maintain HIV care services including ART distribution during the COVID-19 pandemic and NSACP was able to provide satisfactory ART services during the year 2021.

1. ART centers were open daily during curfew hours.
2. ART centers provided additional stocks to be used for any PLHIV seeking ART services irrespective of the STD clinic under which they are registered.
3. PLHIV was requested to visit the closest ART center. If the visit was not possible, drugs were delivered home via courier services or sent by post.
4. All PLHIV who have failed to turn up on the given dates for follow-up visits were contacted by phone and appropriate ART services were arranged.
5. All foreigners with HIV who were stranded in the country and sought assistance were provided ART services
6. PLHIV organizations (eg: Lanka Plus) were also supported for delivering ART to their members.
7. The services of STD clinics including ART services and telephone numbers of all STD clinics were displayed on the NSACP website and on Facebook
8. Hotline numbers were displayed at ART centers for PLHIV to contact when necessary

PLHIV groups and other supportive organizations

There are three positive support groups for PLHIV.

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

Other supportive organizations

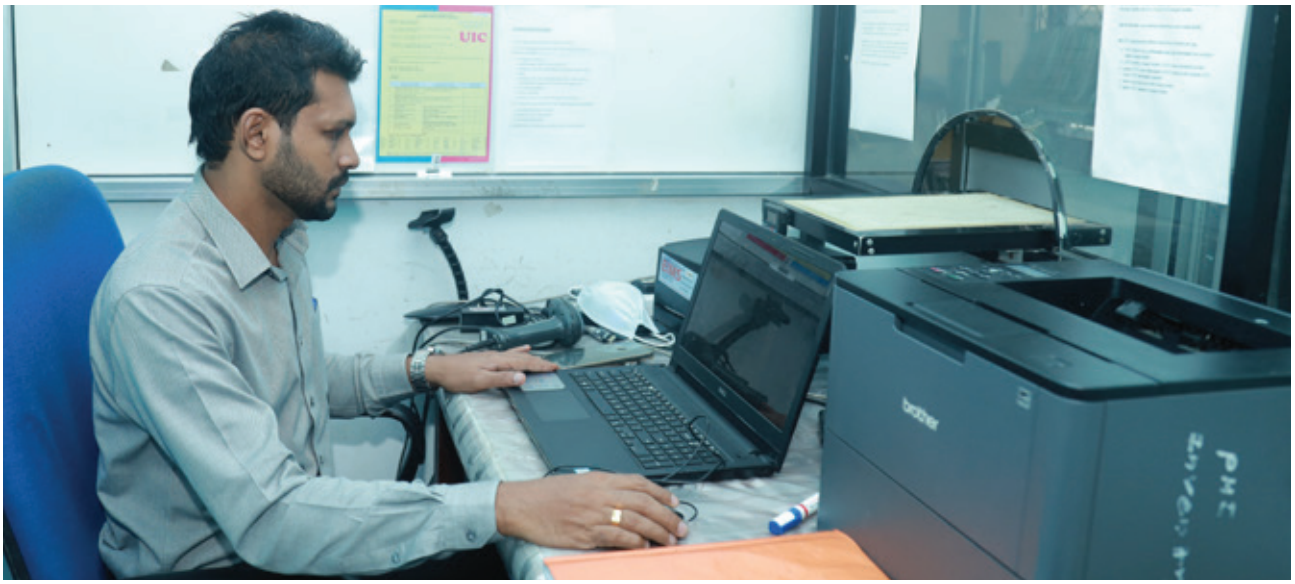
- FPA
- National AIDS Foundation
- Nest

These groups work closely with NSACP in the prevention and care services for HIV. They participate in relevant meetings organized by NSACP including the HIV care subcommittee. The National AIDS Foundation provides support for PLHIV regularly for pregnant women. These organizations supported the EMTCT revalidation process as well.

A sanitary package was distributed to all PLHIV by ART centers through the collaboration with UNFPA in 2021.

Challenges

Human resource issues and delays in ART procurement have affected the programme significantly. Preventive activities such as defaulter tracing and contact tracing are affected significantly due to the lack of human resources. As the numbers of PLHIV are increasing gradually, STD clinics need to be prepared to provide long-term care. The lack of space and lack of human resources are areas that need urgent attention from the authorities. Estimating the requirement of ARV drugs is a challenge, and the long procurement process further affects the continuous supply of ARV drugs. It is encouraging to note that the services for PLHIV have strengthened in quality through specialist services and increased in accessibility through islandwide network of STD clinics.



ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV AND SYPHILIS

Lilani Rajapaksa[1], Lasanthi Siriwardana[1], Dilmini Mendis[1]

Maintenance of validation of EMTCT of HIV and syphilis programme

Sri Lanka became the fourth country in the Asia Pacific region to Eliminate Mother to Child Transmission (EMTCT) of HIV and syphilis in 2019. Thailand, Malaysia and Maldives achieved this goal in 2015, 2017 and in 2018 respectively. Validation assessment was done in 2019 based on the data related to the years 2017 and 2018.

The year 2021 was an important year as the first assessment two years after validation to assess the maintenance of validation status was due in November 2021. It is expected to sustain the achievements of the EMTCT programme and address the recommendations suggested by the Global Validation Committee (GVAC) in 2019. Impact and process indicators for the years 2019 and 2020 were considered in the assessment for maintenance of validation.

The National Validation Committee (NVC) met several times during the year to discuss the improvements based on the recommendations of GVAC. Dr. Lasanthi Siriwardana coordinated meetings as the convenor for the NVC. The timeline was developed based on the plans submitted by FHB and NSACP.

Four working groups were reviewed under the leadership of consultants of FHB and NSACP.

Treatment and services	– Dr. L Rajapaksa, Dr. Sanjeewa Godakanda
Data Management	– Dr. K A Manathunge Ariyaratne, Dr. Kaushalya Kasturiratne
Laboratory	– Dr. Jayanthi Elwitigala
Human rights	– Dr. Sathya Herath, Dr. Chandrika Jayakody

Working groups developed chapters for the assessment report on maintenance of validation. Dr. Lasanthi Siriwardana and Dr. Anuruddha Karunaratne supported the finalization of the report.

The report on the maintenance of validation of the EMTCT programme was submitted to the WHO SEARO office through the minister of Health in September 2021. The report was further improved based

[1]Consultant Venereologist

Publications and IEC material

Guidelines on Management of pregnant women with syphilis were updated in 2021 including the latest recommendations of WHO. A softcopy of the guideline was shared with all relevant stakeholders. The training was conducted on the improvements for the consultant venereologists and other STD clinic staff members. Posters and leaflets on EMTCT services were reprinted with WHO funds and distributed among antenatal clinics throughout the country.

District and National reviews

Several meetings were held with consultants of FHB and NSACP regularly since January 2021 to discuss the process to face validation assessment in December 2021. This was important to highlight the importance of maintenance of validation while facing the COVID epidemic.

The maintenance of EMTCT services during the COVID epidemic was highlighted in the national reviews organized by FHB for MO-MCH and CCPs. District reviews were organized with the participation of all stakeholders in the district with the support of the WHO. National coordinator EMTCT and convenor of NVC joined the review meetings virtually. Training programmes were held for STD clinic teams and consultant venereologists on maintenance of validation.

Pregnant women with HIV in 2021

Sixteen women living with HIV delivered in the year 2021 and of this 10 pregnant women were identified as having HIV during antenatal screening. The other 6 were known women with HIV who became pregnant while on ART. All 16 infants were started on antiretroviral prophylaxis and early diagnostic tests were arranged including DNA PCR at birth. All mothers who received EMTCT services for HIV, delivered uninfected babies.

Paediatric HIV diagnoses in 2021

In the year 2021, 2 children were identified with HIV infection. These were from Matale and Chilaw and their ages were 3 years & 10 months and 5 years respectively.

MTCT of syphilis

During 2021, 60 pregnant women with syphilis delivered and all these pregnant women with syphilis received appropriate services. Two pregnant women were treated with the non-penicillin regimen. Three babies were managed as having congenital syphilis while others received prophylactic Benzathine Penicillin treatment.

Recommendations and way forward

In the year 2021, the EMTCT programme was further improved based on the recommendations of the GVAC. However, it was a challenging period as the priority of the ministry of health was controlling the COVID epidemic. It is important to maintain the interest shown by all stakeholders to achieve satisfactory impact and process indicators and to sustain the success in the coming years.

The support extended by all relevant authorities throughout the year, including the MoH, FHB, provincial authorities, secondary and tertiary care hospitals, as well as STD clinics, has to be commended. The Ministry of Health was the main sponsor of the programme and WHO and GFATM supported further strengthening the programme in 2021 to achieve the certification of maintenance of validation status of elimination of mother-to-child transmission of HIV and syphilis.

PRE-EXPOSURE PROPHYLAXIS (PREP)

Sathya Herath[1], Chandrika Jayakody[2]

Though Sri Lanka has been a low-HIV prevalence country, introducing and integrating PrEP with the program is timely for reasons of male predominant HIV epidemic, and most infections occur among men who have sex with men (MSM) with increasing HIV notifications among young MSM in recent years.

Given the lack of formal PrEP service in Sri Lanka, a pilot (entitled 'PrEP-4-SriLanka) was aimed to understand how the health system can integrate PrEP in existing HIV preventions, treatment services (acceptability) and to determine whether the high risk key populations (MSM & TG) will take up PrEP as feasible prevention approach.

The pilot was commenced in early 2019 starting with stakeholder discussions and first PrEP prescription took place on August 26.2020.

Year 2021 was marked as a year of scaling up of PrEP. The service provision of PrEP was progressed, scaled up and streamlined in 2021, despite the challenging COVID pandemic. Between September 2020 to December 2021,133 people (among them 12 Transgender Women (TGW) and 3 Transgender Men (TGM) were initiated on PrEP.

Progress in 2021

While continuing the activities commenced in 2019 & 2020 such as community mobilization, community demand generation and service activation geared training, there were special activities focused in 2021.

1. Community mobilization activities and demand generation activities were continued. Two days PrEP demand generation workshops for both MSM and TG groups and CBOs were conducted on February 16 and 17, 2021. Mysore sex worker PrEP pilot expert and sex worker communities shared their experience on how PrEP scaled up involving NGO/CBO communities.

2. Community PrEP evidence from Thailand is brought as knowledge sharing activity in 2021. Medical doctors, other health care staff and communities exchange their PrEP experience.

3. NSACP online platform https://know4sure.lk/ introduced booking systems for PrEP. This booking system facilitates clients to make booking for PrEP clinic.

4. A mobile hotline has been in operation get information and make booking to PrEP clinic (+9471 637 9192)

5. Pilot interim analysis was done twice, (biannual). Based on this evidence, PrEP implementation was

[1]Consultant Community Physician, [2]Consultant Venereologist

further intensified.

6. Interim analysis of the pilot revealed the importance of providing services through prevention and clinical care services and feasibility of integrating the most needed population namely KPs through existing prevention models.

7. .PrEP information materials were prepared and distributed in the clinic from early 2021.

8. 8.PrEP is decentralized to other STD clinics namely Ragama, Jaffna, Hambantota and Anuradapura in early 2021.

9. 9.NGO/CBO working in the KP prevention model (Gampaha and Colombo) were trained in August 2021 to refer clients for PrEP based on client's reported risk profiles. KP outreach workers refer clients; who do not use condoms at all / clients irregularly use condoms, close associates of recently identified people living with HIV and having negative HIV results, people in the closed sexual networks and using drugs are referred for PrEP.

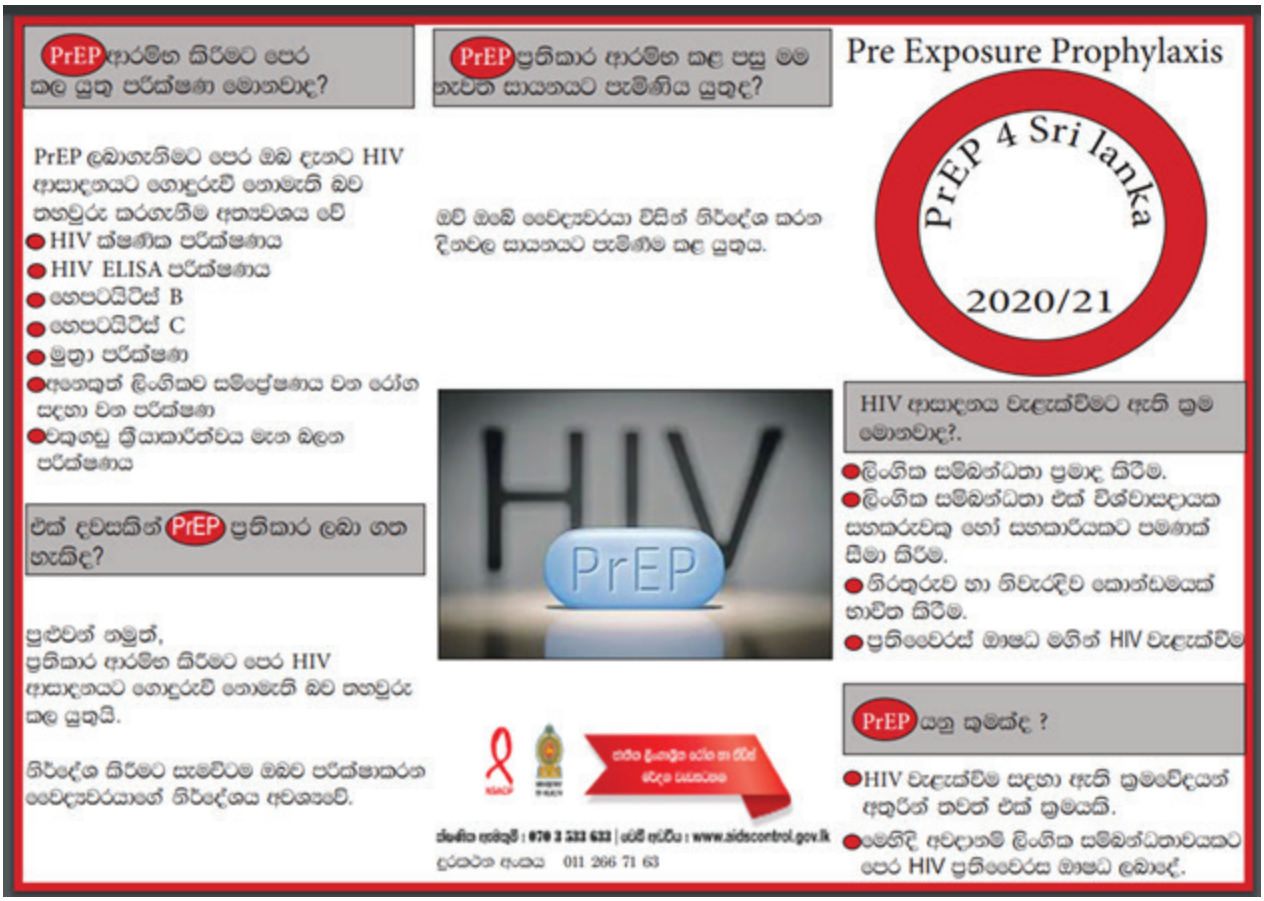
10. 10.As part of the pilot, a series of focus group discussions (FGD) were conducted in August to September 2021. FGD aims to assess their experience in PrEP provision; to better understand missed opportunities and bottlenecks in the service delivery. Prescribing doctors, nurses, public health inspectors, outreach workers, MSM and TG communities participated both in Colombo and Gampaha. Semi-structured questionnaires with open-ended questions, and prompt questions within those primary questions were included to focus on improving PrEP service delivery.

11. 11.Pilot interim analysis showing slow PrEP uptake and FGD indicating the requirement of flexible hours and minimum clinic waiting time pivoted Sunday PrEP clinics starting from October 2021. Further PrEP demand generation was continued by recognized social media campaigns.

12. 12. NSACP Participated and presented in the Asia-Pacific Workshop on PrEP Demand Generation (virtual) on November 23.2021. This conference was a learning opportunity to national scale up.

PrEP at STD clinic level

The PrEP pilot project was initiated at the STD clinic, Colombo in 2020 and it was continued in 2021 based on the pilot protocol. This PrEP service was made available during routine clinic hours and through special Sunday clinics considering the accessibility and feasibility of the key populations. Both event-driven and daily PrEP were given based on the client's need and all the clients were screened for HIV, Hepatitis B & C, and STIs and renal functions prior to prescribing drugs.Counseling, provision of Hep B vaccination, condom promotion, and awareness of PEPSI were some of the additional benefits given for the PrEP clients.
The refresher training was conducted virtually for medical officers and public health staff in the clinics to facilitate PrEP service provision. The new module was introduced to the existing EIMS to streamline data for monitoring and evaluation purposes. This PrEP service was introduced to several district STD clinics to cover the targets of the pilot project. The new leaflet was developed to provide the basic information on PrEP pilots to clients.



Challenges

1. Lack of awareness among all groups; healthcare staff and clients. Thus pilot initiation delayed and willingness to prescribe on part of clinicians was delayed
2. Poor risk perception/risk assessment by healthcare staff and clients
3. PrEP suitability ('eligibility'): daily dosing vs 2+1+1
4. Convenience
5. Travel to clinic/time waiting in clinic
6. COVID-19 and country situation (2019,2020 and 2021)

Future plan

- Expanding the PrEP service delivery in other sites
- Demand generation and scale up of PrEP through KP interventions and with the identification of key people for PrEP demand generation.
- Planning for accessibility (government, private sectors) and PrEP financing approaches for future

POST-EXPOSURE PROPHYLAXIS FOR HIV

Chandrika Jayakody[1]

Type of post exposure prophylaxis (PEP)	Occupational (in healthcare settings)	Non-occupational (sexual exposure)
Attended for PEP services	2,615	123
Started on PEP	54	24
Completed PEP 28 days	22	14
Attended for screening (3 months)	242	6
Number became positive for HIV	0	0

The use of post-exposure prophylaxis (PEP) is effective in reducing the risk of HIV infection after potential exposures such as occupational and sexual exposures.

The National STD/AIDS Control Programme and STD clinics have been offering post-exposure prophylaxis following occupational exposure (oPEP) since 2017. This service was mainly for the healthcare workers following accidental exposure to potentially hazardous material at their workplace. It is guided by the health circular (01-19/2017) on the management of health care workers following occupational exposure to blood and other body fluids.

The services for non-occupational post-exposure prophylaxis (nPEP) were initiated in 2020 and a new protocol was introduced. This treatment can reduce the risk of HIV infection after the virus has entered a person's body through sexual exposure. This service is available through the network of STD clinics islandwide.

Antiretroviral drugs are issued following detailed counseling on the importance of treatment along with their potential side effects. ART starter packs are available to use at predetermined 24-hour functioning units in hospitals (ie. emergency units and intensive care units) and these packs are helpful in initiating PEP during emergency situations specially out of STD clinic working hours. Post-exposure prophylaxis should be continued for 28 days with good adherence in order to prevent HIV transmission. A total of 2,615 clients attended STD clinics during 2021 for oPEP services. Of these PEP started in 54 clients and 22 completed the full 28-day course of ART. Of the clients (123) who attended nPEP services, 24 were started on ART but 14 completed the treatment. None of them become positive for HIV infection.

[1]Consultant Venereologist

Issuing of PEP through STD clinics in 2021

Clinic	Occupational		Non - occupational	
	No. of attended PEP	Started PEP	No. of attended PEP	Started PEP
Ampara	56	0	0	0
Anuradhapura	275	3	47	0
Avissawella	50	1	0	0
Badulla	138	5	0	0
Balapitiya	9	0	0	0
Batticalloa	39	0	0	0
Chilaw	24	0	1	1
Colombo	335	17	26	18
Dambulla	16	0	0	0
Embilipitiya	56	0	0	0
Gampaha	59	2	1	0
Hambanthota	75	1	0	0
Homagama	16	0	0	0
Jaffna	100	0	18	0
Kalmunai	13	0	1	0
Kalubowila	108	4	0	0
Kalutara	36	5	0	0
Kandy	247	2	0	0
Kegalle	106	1	0	0
Kilinochchi	16	1	0	0
Kuliyapitiya	11	0	3	0
Kurunegala	28	0	0	0
Mahamodara	29	2	0	0
Mahiyanganaya	45	1	11	0
Mannar	0	0	0	0
Matale	44	0	1	1
Matara	84	0	0	0
Monaragala	59	0	0	0
Mullaitivu	8	0	0	0
Nawalapitiya	8	0	7	0
Negombo	50	1	0	0
Nuwaraeliya	36	0	0	0
Panadura	45	0	2	0
Polonnaruwa	102	0	0	0
Puttalam	15	1	1	0
Ragama	138	6	0	0
Ratnapura	71	0	0	0
Tangalle	3	0	3	3
Trincomalee	0	0	0	0
Vavuniya	45	1	1	1
Wathupitiwala	20	0	0	0
Total	2615	54	123	24

HIV PREVENTION INTERVENTIONS FOR KEY POPULATION GROUPS

Sathya Herath[1]

Key Populations (KP) of interest in the National Strategic Plan are men having sex with men (MSM), Female sex workers (FSW), Transgender (TG), People who inject drugs (PWID), Beach boys (BB) & People in closed settings (Prison inmates).

There are two major categories of KP prevention interventions;

1. Health care workers provide HIV/STI preventions services directly

2. Health care workers provide services in collaboration with NGO/CBO and KPs.

KP interventions engaging NGO/CBO and communities are selected based on factors contribute to need of a high impact prevention programs, such as:

- KP size estimation of the district,
- HIV and STI cases reported by STD clinic,
- Qualitative information and value for money in operating eg:. presence of hotels, Spas, hot spots, popular tourism market/beaches, external/ internal migration, availability of NGO/CBO and communities.

[1]Consultant Community Physician

KP Unit/ NSACP

KP Unit/ NSACP oversee:

- Technical guidance for the correct implementation of the KP HIV prevention interventions in central, district clinics and NGO/CBO
- Support national and district level advocacy programs to cover Provincial & district health administrators, other department administrators, and police & community leaders to reduce KP related barriers in approaching services and create enabling environment
- Setting targets, conducting monthly progress reviews, monitoring targets achievement, NGO/ CBO & community engagement, initial & refresher staff training.

1. KP prevention interventions units in the Districts:
   In the districts, the STD clinic team headed by the consultant Venereologists provides KP prevention services. Some districts operate NGO/CBO supported KP involved (peer led) KP interventions. Below table indicates the districts and components of such KP interventions.
   KP supported KP intervention districts and components
   KP preventions services are fully attended by STD clinic health care team for all KP components in Ampara , Kalmunai,Batticaloa, Trincomalee, Vavuniya, Mannar, Mullativu, Killinochchi, Nuwara Eliya & Monaragala
   Health care teams provide prevention services by organized outreach programs and testing in the outreach locations (Community Based testing).

2. KP Prevention interventions in collaboration with NGO/CBO and Communities (Peer led models)

Component	Districts
MSM	Colombo, Gampaha, Kurunagala, Jaffna Anuradhapura, Galle, Kalutara, Hambantota, Kandy, Kegalle, Puttalam.
TG	Colombo, Gampaha, Jaffna
FSW	Colombo, Gampaha, Hambantota, Badulla, Anuradhapura, Galle, Kurunagala, Kalutara, Kandy, Matara, Polonnaruwa, Puttalam, Rathnapura
BB	Matara, Gampaha(Negambo), Puttlam, Galle, Kalutara
PWID	**Colombo, Gampaha**, Kalutara

Globally engaging NGO/CBO and Communities are one of the effective strategies for HIV prevention among KPs. Similar evidence has been used in Sri Lanka as “Peer led model”, the intention of having NGO/CBO collaboration is to facilitate both STD staff and KP unit staff work closely. Here NGO/CBO is playing the role of a Community based structure which promotes KP visibility in HIV/STI prevention programs within the districts. This model facilitates KPs being recognized by other public health programs, and other sectors within the districts.

Family Planning Association (FPA- SL)being the second Principal Recipient of the Global Fund grant in consequently two rounds, primarily engaged with “Peer led interventions”. Eleven districts in 2013-2015 and 13 districts in 2016-2018 started KP prevention models. Since then KP interventions were scaled up with more efficient outreach approaches. Interventions were improved after repeated program reviews and review of peer led programs.

Year 2019 was the turning point for KP interventions, where the NSACP for the first time planned to undertake “Peer led interventions' ' by district STD clinics. Majority of districts are transitioned from FPA-SL. Most interventions are currently funded by the Global Fund while the Government of Sri Lanka initiating its finance support since 2021 in few districts namely Badulla, Hambanthota (FSW component), Kurunagala (MSM component), Matara(BB component)& Jaffna (MSM & TG components).

There are different approaches (models) practiced in KP and HIV high burden and low burden districts separately. These approaches ensure sustainability when the donor fund comes to an end.

KP Unit of District clinics

KP unit was evolved to facilitate KP engagement in the districts. Unit is headed by the district consultant/ Medical Officer in charge. The staff consists of a management assistant per each district, outreach worker per KP component and 3 or more peer educators per component..

Services provided

1. Information education & communication on safe sexual practices, , safe injecting practices, harm reduction services during drug use
2. Condoms & lubricants promotion & distribution
3. HIV testing, counseling & linking for services (Community Based testing, Community Led testing & HIV self-testing; assisted or unassisted)
4. Referring clients for other services; STI screening, treatment, PrEP, PEPSE, Hepatitis B vaccination, Community based HCV treatment for PWIDs, and providing medication adherence support & support for mental wellbeing.
5. Applying innovative approaches in providing services; reaching the clients through online platforms and mobile applications

Monitoring and Evaluations

- Interventions are directly monitored by the district clinics within the districts.
- Monthly reviews are conducted collaborating with KP Unit/NSACP, KP Unit/ District clinic, and

NGO/CBO

- Indicators are monitored by the SIM unit quarterly and reported annually to national and international reporting entities.

Monitoring Indicators

1. Percentage of MSM, TG, FSW, BB and PWID reached with HIV prevention programs

Definition of KP MSM/FSW/TG/BB/PWUD/PWID) "Reach" for physical program

A KP (MSM/FSW/TG/BB/PWUD/PWID) is considered "Reached" when he/she is completed the following

- registered,
- educated on STI/HIV/BBV prevention and testing, (+/- and IEC/BCC/SBCC materials)
- provide condoms and lubricants
- Refer / escort for testing

Definition of KP MSM/FSW/TG/BB/PWUD/PWID) "Reach" for virtual program

A KP (MSM/FSW/TG/BB/PWUD/PWID) is considered "Virtually Reached" when he/she is completed the following

- Registered,
- Providing any of the following services
- Educated on STI/HIV prevention and testing
- Referred to services
- Delivered condoms, lubricants, HIV self-tests.

SIM Unit will monitor detail cascade of information for virtual reach.

2. Percentage of MSM, TG, FSW, BB, & PWID who have received an HIV test in past 12 months and know results

Community led HIV testing is promoted; Communities are trained to do HIV testing in the field. Test for triage algorithm is practiced to do HIV screening. Rapid Diagnostic Tests and HIV self-test are used (A0). People with reactive results (A0+) will be linked to STD clinics for confirmations. People with non –reactive results (A0-) will be recommended to do repeat testing as needed.

KP program Review in year 2021

The KP Program was reviewed by an international technical expert in 2021 with the following objectives and an action plan was developed to improve the KP interventions.

Goal and Objectives of the KP action plan

Goal: Prevent new HIV and STI infections among key populations

Objective #1: Use data to improve the design and implementation of HIV/STI prevention activities for key populations.

Objective #2: Implement a tailored approach to the delivery of HIV/STI prevention activities for key populations to increase the scale and quality of prevention interventions for them.

Objective #3: Increase the uptake and ongoing use of prevention activities among key populations.

Challenges

1. Optimizing the coverage and effectiveness of HIV/STI prevention among KP in Sri Lanka
2. Establishing Tailored approaches to each KP groups
3. COVID 19 pandemic situation in 2021.
4. Optimizing coordination with NGO/CBO/KP and health care staff
5. Optimizing quality of services.

Future Plans

1. Scaling up KP interventions coverage and effectiveness through by providing continuous mentoring
2. Integrating biomedical prevention and KP specific prevention approaches
3. Conducting regular monthly reviews on a fixed day
4. Scaling up community led testing, PrEP outreach
5. Scaling up virtual interventions
6. Scaling up home delivery of health commodities; HIV self-test via courier
7. Expanding Prevention Information Management System (PIMS)

VIRTUAL KEY POPULATION OUTREACHING

Sathya Herath[1]

Virtual/online reach is applying innovative approaches in providing services; reaching the clients through online platforms and mobile applications

Online /virtual approaches have been increasingly becoming popular since the recent past. Due to wider use of the internet for getting services, getting information, organizing appointments and testing services it has become popular, especially among young people.

Due to COVID 19 pandemic the online/virtual services were scaled up further. Though online/ virtual platform (know4sure.lk) has been in operation in Sri Lanka since 2018-2019, it became more popular in 2021. Various steps were taken to promote other virtual approaches; mobile applications.

A Strategic plan on online outreach of key populations in Sri Lanka was developed in 2021 with guidance of an international technical expert.

Know4sure.lk Progress in 2021

Know4sure.lk has been in use since 2019. This primarily helps to assess HIV risk, and helps to book HIV tests. SIM unit updated the know4sure with the latest version of ORA with the techical support through FHI360.

The year 2021 can be considered as the year in which the know4sure.lk platform became more socialized. It socialized as an online platform that did a lot of work on sexual health and rights, HIV /STI testing promoting, awareness and advocacy. The year 2021 can also be considered as the year with the most articles about this platform in the mainstream print media.

1. n 2021, shortcomings of this know4sure.lk web site were reviewed; the web site was updated with introducing many new services. A local IT expert was hired to create the data and design needed to upgrade the website.

2. Know4sure web site was promoted using Social media campaigns- Thinking Dots creative agency was chosen to launch know4sure's social media campaigns in 2021-2022.

3. A committee was appointed, having doctors, communication strategists, know4sure coordinators to review the social media campaigns, and designing the contents.

4. A poster campaign was launched targeting all high risk groups in 2021. Link -Click here for the

published images.

5. A song was created about HIV and STI testing, addressing privacy, without stigma and discrimination.

   https://fb.watch/eJAz5EUYtU/

   https://theleader.lk/featured/7409-faculty-of-sex-new

6. Campaigns on HIV self-testing and self-test delivery service were launched.

7. The video made on the occasion of World AIDS Day went viral on social media.

   Link - https://fb.watch/9Dk-0TA8Cx/

8. Newspaper articles on World AIDS Day video and know4sure platform were published

   Links -

   https://www.lankanewsweb.net/sinhala/127-general-news/98373-sex-positive- video-released-by-health-ministry-on-world-aids-day

   https://theleader.lk/news/9297-2021-12-02-09-16-54

   https://theleader.lk/featured/7409-faculty-of-sex-new

9. Appointment booking for PrEP clinics was launched.

Challenges

- COVID pandemic restricting clients online appointment booking and clinic visit. Due to the fact that a large number of people who had booked appointments could not come to the clinic, they had done the tests from other places and private clinics.
- Inability to identify clients who visited the clinic through know4sure. Taking care of services without knowing that they came through know4sure.
- Completing and finalizing the Know4sure website upgrade
- Sustaining ongoing social media campaigns.

Future Plans

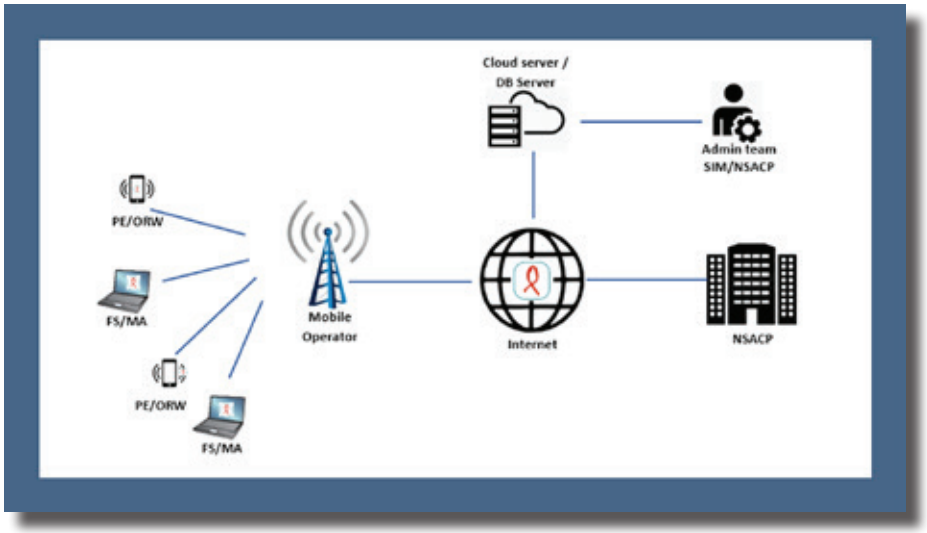
- Bringing more clients to the clinic and referral for tests.
- Promoting PrEP, PEP, HIV ST as a main strategy for promote the sexual health.
- Finding more HIV reactive cases increasing the testing via Know4sure.lk.
- Making Know4sure.lk the main social media platform for HIV STI awareness campaigns through social media on general public and vulnerable communities.
- Promote all new services introduced and drive clients to the clinic.
- nclusion of all district clinics in the know4sure website and expansion of services to direct people who need services to the nearest clinic all over Sri Lanka.
- Getting more users to the risk assessment and promote the responsibility of sexual health.
- Engaging with mainstream media to promote the know4sure.lk platform

PREVENTION INFORMATION MANAGEMENT SYSTEM (PIMS)

Ariyaratne Manathunge[1], Lakshan Fernando[2]

Prevention Information Management System (PIMS) is established to monitor key population-related HIV prevention programmes conducted by STD clinics and NGO partners under the peer-led intervention model. PIMS is initiated by the Strategic Information Management Unit of the National STD/AIDS control programme and is financially supported by the Global Fund (GF).

PIMS information flow



In 2019, NSACP received technical assistance from an international consultant to develop the terms of reference (TOR) for this software project in collaboration with key stakeholders involved in the Key population interventions. At present, a paper-based monitoring and evaluation (M&E) system monitors key population interventions in the country with peer-led intervention and unescorted visits to key populations. The staff of KP unit compile data according to the KP M&E data recording formats and send quarterly to SIM unit along with the STD quarterly return google sheet developed by the SIM unit of NSACP.

[1]Consultant Venereologist, [2]Senior Strategic Information Officer

A local external consultant was hired to prepare the software requirement specification (SRS) of PIMS and to provide technical support to software developers of the PIMS. A built-in dashboard will provide real-time progress of KP monitoring to programme management and implementers. PIMS was developed to meet data demand identified in the national HIV prevention M&E plan, a web and mobile-based software where users ranging from Management Assistants (MAs), outreach workers (ORWs) (both physical and virtual) and Peer Educators (PEs) can enter data and monitor from any location.

Functional modules of PIMS

1. Client management
2. Service statistics
3. Service provider performance monitoring
4. Stock Management
5. Aggregated service data capturing
6. Reporting engine

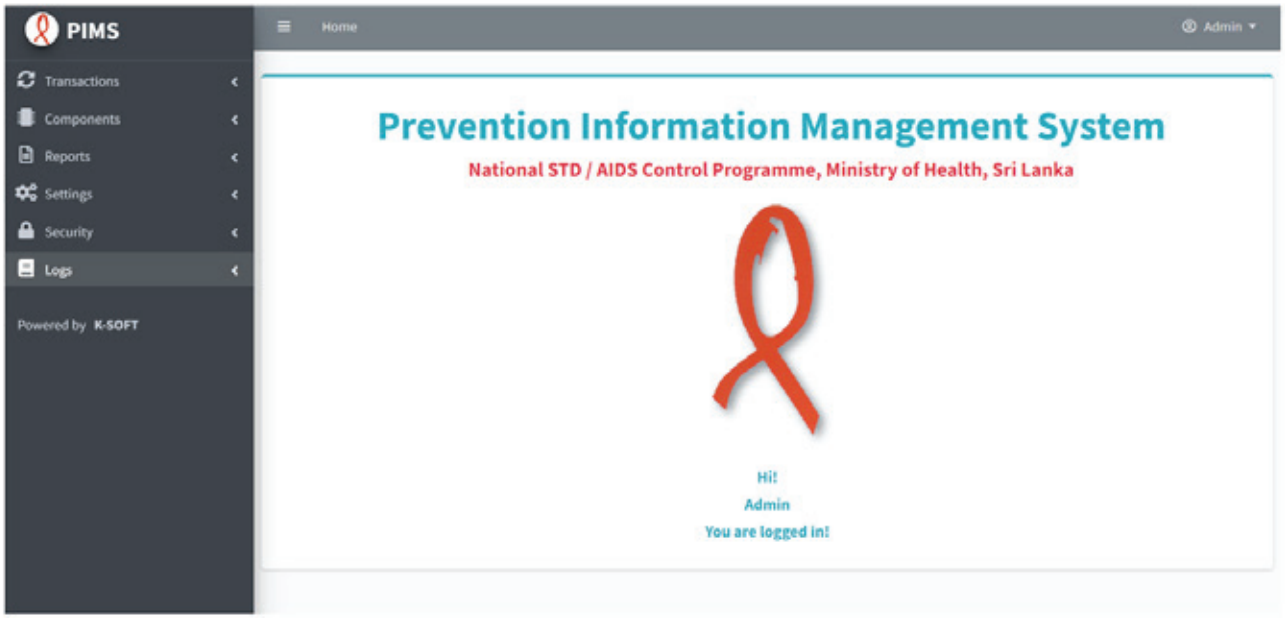
PIMS was launched on the 22nd of February 2022 at the Waters-edge Battaramulla with the presence of many distinguished guests and stakeholders.

Mobile App of PIMS

The mobile app is used by physical and virtual outreach workers and peer educators. Data entry at outreach makes things easier for the KP staff which was earlier done manually using five paper-based formats.

Website of PIMS

http://pims.aidscontrol.health.gov.lk/



The web part of PIMS is mainly for administrative staff which comprises management assistants of the KP unit, STD Clinic consultants and SIM unit /FPA staff. The web has the ability to run all the reports ranging from raw reports to cross-tabulation reports and all back-end admin level activities.

PIMS is currently rolled out in three locations, Kandy STD Clinic, FPA Sri Lanka (SSR) and Drug ser component Colombo. The staff are positively accepting the data entry process of the software and in the coming months with the expansion to other clinics, PIMS will see a paperless Key population monitoring and evaluation system in Sri Lanka.

LABORATORY SERVICES

Jayanthi Elvitigala[1]

The laboratory services of the National STD/AIDS Control Programme are targeted at detection and monitoring of STIs & HIV. The services are provided by the National reference laboratory (NRL)of NSACP and by 40 laboratories located in district HIV/STD clinics. These laboratories function in a network fashion being NRL at the apex. All the laboratories are located in the STD clinics of the relevant districts.

[1]Consultant Microbiologist

The NRL is headed by a consultant Microbiologist and supported by a team of medical officers. The laboratory provides its services with the coordinated efforts of medical laboratory technologists and public health laboratory technicians who provide technical services.

The referral services of NRL are extended to district STD clinics and it provides routine STI/HIV services to Colombo, Kalubowila & Negambo STD clinics at present. The biochemical and hematological tests are also taken care of the NRL for the People Living ith HIV (PLHIV)

Distributing test kits and reagents to district laboratories & facilitating the quality assurance in testing for STI and HIV, including HIV confirmatory testing for all public and private sector laboratories is among the key activities of NRL. Supporting the peripheral laboratories in the supply and calibration of essential equipment is another aspect of NRL activities. NRL immensely contributes to developing the programme, policy and standards for quality improvement of laboratories.

The laboratory is expected to work towards accreditation with the intention of maintaining its standards, especially for EMTCT validation. Infrastructure and human resources are big challenges in improving the quality management system of laboratories. These restrictions are big hindrances to the journey of accreditation.

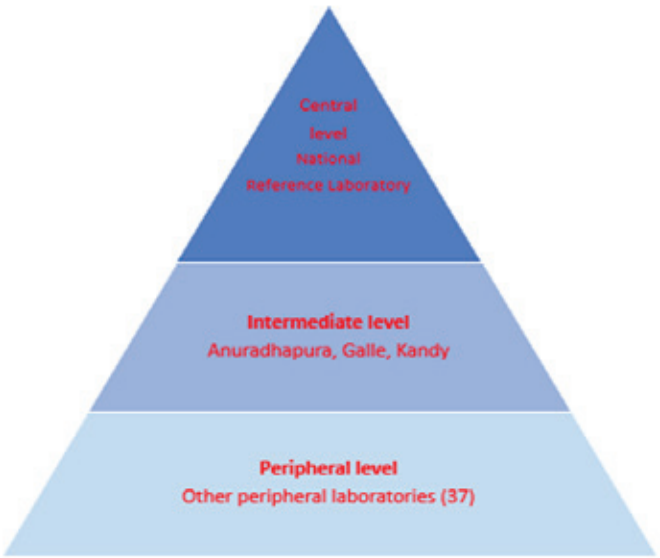
District STI/HIV Laboratories

There are 40 peripheral laboratories islandwide, located in district STD clinics. These are distributed with one or more laboratories per district. STD clinics in Anuradhapura, Galle, and Kandy are provided with more testing facilities to function as the intermediate level laboratories for STI & HIV. Testing facilities for CD4 for monitoring persons living with HIV (PLHIV) had been provided to another 6 clinics, one in each province.

All the district laboratories provide routine testing for the local clinic and outsource the specimens to NRL for referral services. All community testing programmes are supported by these laboratories for testing HIV. The district laboratory is responsible for the distribution of RDT to the health institutions and the community organizations in the district.

All district clinics are technically guided by the NRL for diagnosis and monitoring of sexually transmitted infections and HIV.

Diagrammatic presentation of the laboratory network



Seven additional clinics with the CD4 testing facility (one lab in each province) was added in 2020/2021 to the intermediate-level laboratories in the network.

Diagnosing HIV and STI

Currently, all the peripheral laboratories are capable of performing microscopy services for STI screening and for HIV, ELISA technique. All STD clinics are capable of performing screening and confirmatory tests for syphilis as well. All the clinics are provided with HIV rapid tests to screen for HIV using finger prick blood in field settings. The patient is referred to the nearest STD clinic for further management if the rapid test becomes reactive. The confirmatory test for HIV is performed only in the National Reference Laboratory of NSACP and it covers both public and private sectors. The NRL provides HIV confirmatory services to the National blood transfusion service and private sector laboratories free of charge.

All the district laboratories are capable of testing for Neisseria gonorrhoeae with microscopy and some laboratories with culture. The district laboratories perform microscopy services for the diagnosis of other STIs as well. The National Reference laboratory performs testing for antibiotic sensitivity for Neisseria gonorrhoeae species and also testing for HSV and Chlamydia with molecular facilities. The GeneXpert viral load testing facilities are available at NRL, Galle and Anuradhapura STD clinic labs. HIV DNA PCR facility for infant diagnosis is available only at the NRL CD4 testing facilities are available at NRL and 8 other provincial laboratories.

National Reference laboratory also performs testing for Hepatitis B, Hepatitis C, biochemical and haematological testing facilities for people living with HIV. The peripheral STD clinics do haematological and biochemical testing facilities from the closest hospital laboratories.

However in 2021, the NRL and district laboratories were functioning with the Covid 19 pandemic facing challenges such as limited staff and periods of lockdown that have accounted for a reduction in testing numbers. The NRL is performing CT/NG molecular testing (NAATS) since 2021. A major step taken by the National Reference Laboratory in 2021 is the initiation of establishing HIV drug resistance testing at NSACP.

Gonococcal culture statistics 2020 & 2021

	Gonococcal Culture Statistic 2020 & 2021					
	2020			2021		
	No of Tests	Positive	Positively Rate	No of Tests	Positive	Positively Rate
NSACP	3593	41	1.14%	2572	36	1.39%
Out Station	1479	08	0.54%	1025	10	0.97%
Total	5072	49	0.96%	3597	46	1.27%

Test Kits and Reagents Supply

Test kits for diagnosis and monitoring of HIV and syphilis are procured through MSD and distributed from the National Reference Laboratory of NSACP to district STD clinics.

Equipment

All the STD Clinics were assessed for their equipment requirement in 2020 and with the support of the Global fund some equipment was provided to relevant places. However, certain clinics were not accepting the new equipment due to their lack of space in laboratories. Equipment calibration was completed at all peripheral STD laboratories in 2021 with funds from GFATM.

Quality assurance in testing

Quality assurance is a key area that was under continuous improvement during the last few years in the National Reference Laboratory and peripheral laboratories.

Internal Quality Control & External Quality Assurance

Internal quality control (IQC) in External quality assessment (EQA) plays an important role in maintaining the quality of laboratory testing services.

It is essential for all the peripheral laboratories to participate in the EQA conducted by the NRL. EQA panels of HIV screening, syphilis, and microscopy are prepared from NRL, at NSACP and are sent to peripheral laboratories to maintain the high quality of testing in peripheral laboratories for STI. The NRL participates in EQA programmes conducted by some international organizations to maintain the quality of testing. The NRL participates in EQA for HIV screening and confirmatory testing conducted by the national reference laboratory for HIV in Australia, proficiency testing for syphilis serology under the purview of the Centers for Disease Control Atlanta, USA , and the quality assessment programme for Gonococcal Antimicrobial Susceptibility with the WHO collaborative center in Australia, EQA for CD4 tests conducted by Siriraj hospital, Mahidol university, Thailand and EQA for viral load testing with the National reference laboratory for HIV in Australia are some of the internationally conducted programmes participated by the NRL.

Establishment of drug resistance testing at the NRL

Drug resistance testing facility was decided to be established at the National Reference Laboratory with the support of the GFATM in 2021. The WHO also supported the NRL to develop this service by giving technical opinion through international technical experts. In 2021 all procurements were completed and the rest of the activities need to be completed in 2022. This service is still obtained by the National AIDS Research Institute of India.

External reviews and validations in 2021

External review of the National Reference Laboratory and the peripheral STD laboratories was successfully conducted by external consultants from WHO in October 2021. Laboratory component of EMTCT revalidation was also successfully conducted in 2021 and it contributed to receiving the EMTCT revalidation certification for Sri Lanka from WHO.

Challenges for laboratory system

There are many challenges that the laboratory system is facing, long-term and short-term. The absence of proper solutions has crippled the laboratory system in technical expansion and quality assurance. Inadequate space of the NRL and certain district clinic laboratories has become a restricting factor for improving the quality and quantity of the laboratory service . In addition, the lack of MLTs is a very critical issue for maintaining services in some district clinics. Highly active heavy clinics like Kalubowila, Negombo and distant clinics like Ampara do not have MLTs for years. Despite many requests made to appoint MLTs, these clinics are still without MLTs, paralyzing the whole system.

The necessary machinery for testing in a cost-effective manner is another essential feature of a laboratory system. High volumes of testing have to be handled with automation rather than manual. At present the laboratories in the western province including the NRL are with nonfunctioning ELISA machines for HIV screening. This is a major drawback in the system and it is essential to provide these laboratories with ELISA machines to maintain the quality of the laboratory service.

Fulfilling these gaps in the laboratory service would have a definite impact on the detection of HIV in the country.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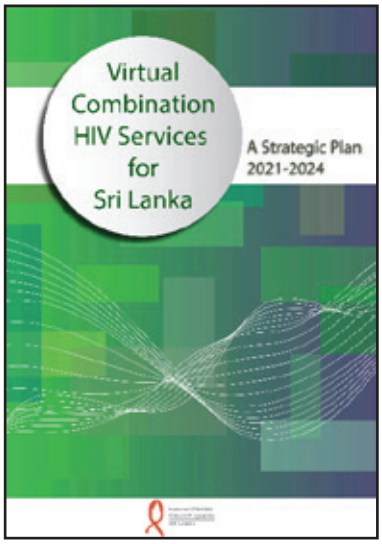
WORKING AREA

VIRTUAL STRATEGY DEVELOPMENT

Ariyaratne Manathunge[1], Lakshan Fernando[2]

Virtual platforms such as websites and mobile phone Apps are increasingly used by men who have sex with men, female sex workers and transgender women to find out sexual partners. Therefore, the National STD/AIDS Control Programme (NSACP) decided to use virtual space to provide HIV services through virtual platforms.



The SIM unit of NSACP took steps to develop a clear strategic plan to deliver virtual HIV services for key populations in Sri Lanka with clear goals and objectives. Funding support for this activity came from the Global Fund and International technical support was provided by Dr Scott Berry. This activity was completed during 2021. According to specialists in the field, Sri Lanka is the first country in the world to develop a comprehensive strategic plan for the Virtual HIV services.

The key elements of the virtual HIV service system emphasizing demand generation and integrated virtual and face-to-face health services are given below.

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

4. support are all part of how online peer outreach staff generate demand and trust in the HIV service system. The team manages the delivery of HIV commodities, HIV self-test kits, and pre-and-post screening support to key populations for HIV who are testing at home.

[1] Consultant Venereologist
[2] Senior Strategic Information officer

5. 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.

6. 5Virtual 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 people living with HIV.

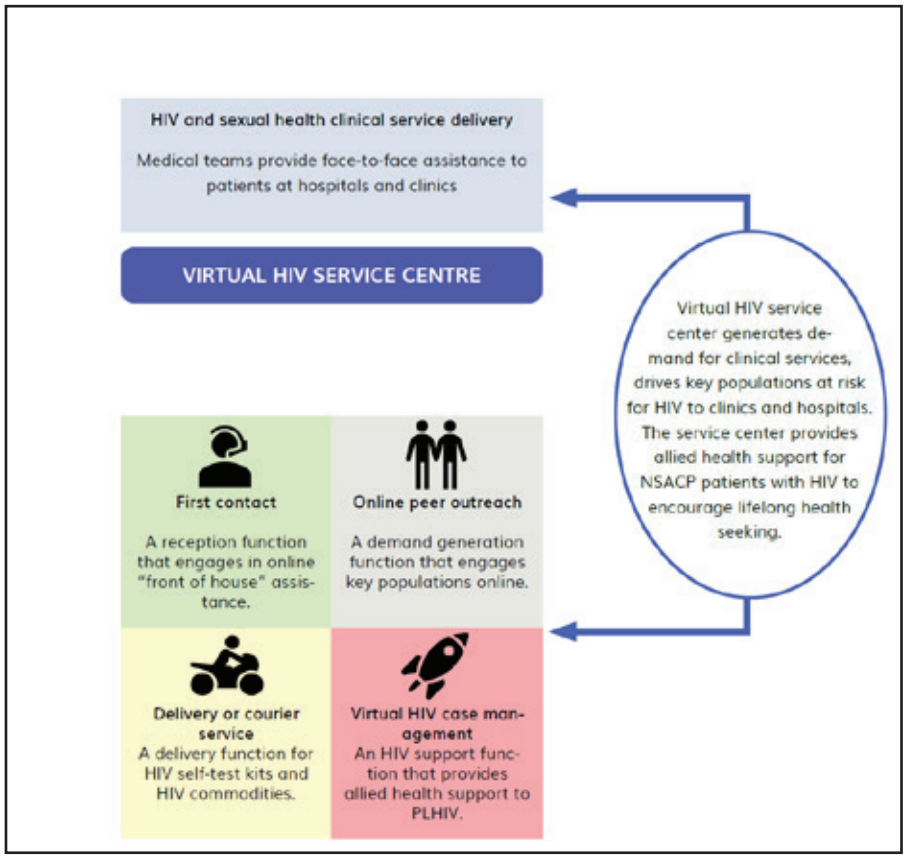
Human resources needed for virtual HIV services

The human resources need to facilitate virtual combination HIV services involves establishing a service center 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.

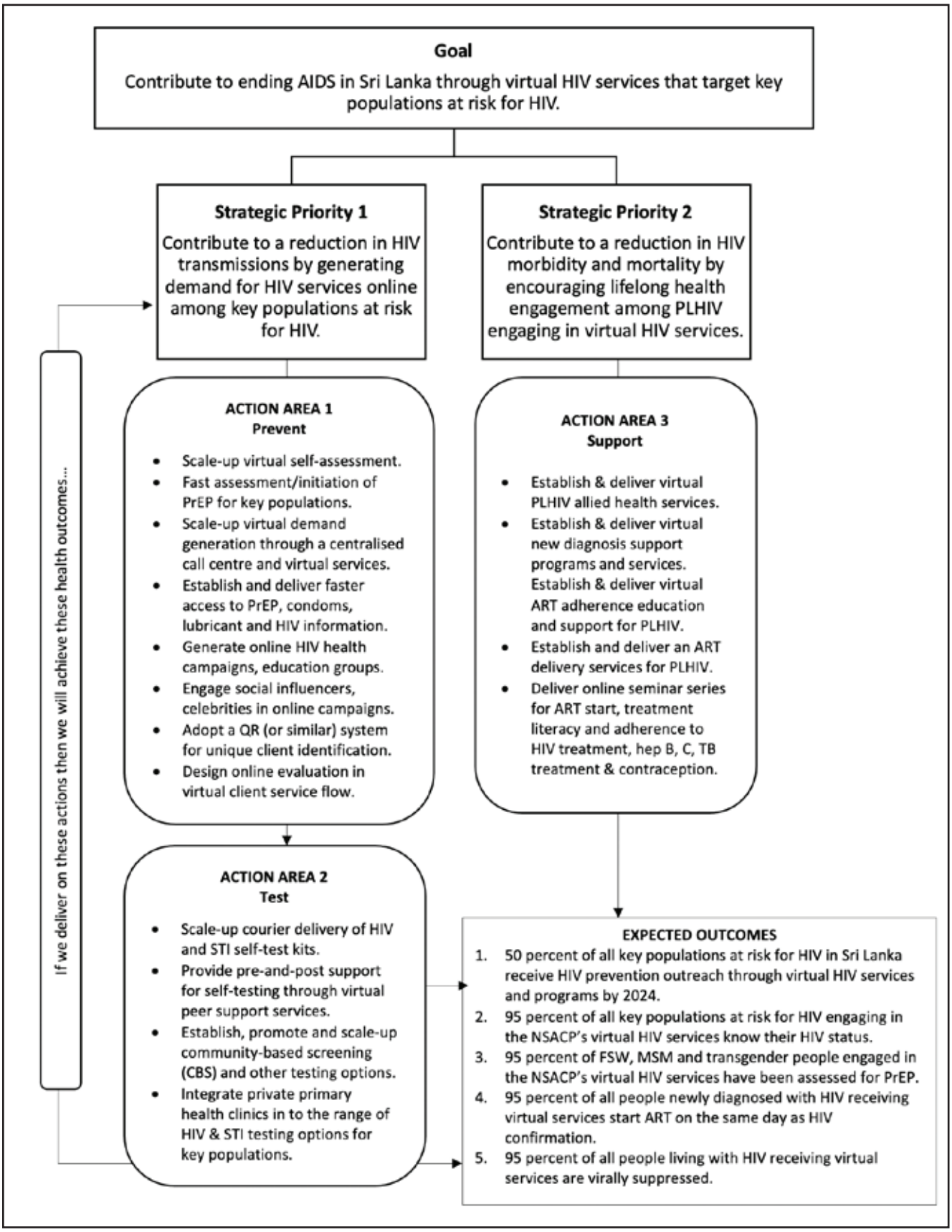
2. A virtual HIV prevention team works online to engage key populations for HIV, generate demand through online advertising, manages deliveries of HIV commodities, and engages in pre-and-post screen support for HIV self-testing.

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.



Results Framework of the virtual strategic plan

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.



CONDOM PROMOTION

Chandrika Jayakody[1] , Darshanie Mallikarachchi[1]

Correct and consistent use of condoms is identified as an important strategy in preventing HIV and STIs worldwide. The condom programming of the NSACP is to ensure a timely, consistent supply of condoms and lubricants for the country. With the intention of the above purpose, the condom committee was established to streamline the condom programming of the NSACP. The committee consists of the following members.

The committee is responsible for quantification and forecasting of the condoms and lubricants, procurement, quality assurance, planning for warehousing and storage, developing a distribution plan and data management.

In 2021, the condoms were procured through the Ministry of health and the GFATM as per the transition plan agreed by the global fund. The distribution was done through the network of STD clinics and the key population intervention projects done through the FPA, NGOs and CBOs. But the Covid 19 epidemic and lockdown of the country restricted the normal distribution as expected. However, the National programme has taken several steps to maintain uninterrupted condom distribution.

[1]Consultant Venereologist

Condom Pouches

Condom dispensers

There is a national target for the minimum distribution of condoms among key populations

FSW - 30 condoms per month

MSM - 15 condoms per month

TG - 15 condoms per month

DU - 5 condoms per month

To achieve this target, it is important to distribute an adequate number of condoms to KPs. The condom pouches were prepared to distribute an adequate number of condoms for KPs from the STD clinics. These pouches made it more attractive for the clients and convenient to carry the condoms and lubricants minimizing the stigma as it looks handy.

Condom and lubricant distribution among KPs through PR2 in 2021

No	KP Type	Distribution of Condoms	Distribution of lubricants
1	MSM	166,870	112,602
2	TG	65,185	27,828
3	FSW	458,539	21,401
4	PWID	34,599	-
	Total	725,193	161,831

This is a simple container which stores condoms and lubricants and can hang in places where there is high demand for condoms. The condoms and lubricants need to be uploaded regularly by a responsible person. This was very popular in hospital settings, army camps, some shopping complexes and public places. This would further expand the distribution of free condoms and lubricants to the target populations.

IEC related to condoms

Public awareness of the correct and consistent use of condoms is essential to reach the national target of reducing STIs and HIV. Therefore, conveying the correct information to the client, improving the knowledge of the condom among the health care personnel and challenging the myths and taboos related to condoms and lubricants would counteract the barriers of the condom programme.

A flipbook and a leaflet on condoms were developed to reduce the gap in conveying the correct information and to minimize myths and misconceptions about condoms in the public.

The leaflet on the condom was updated and printed with the financial support of FPA to distribute among the vulnerable and key populations.

Condom Review meetings

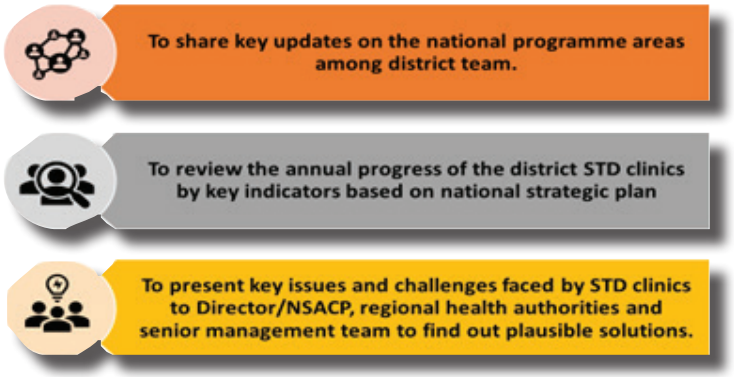
The review on the national condom programme was done at the STD clinic level and the KP intervention projects to identify the strengths and weaknesses of the existing programme with participation of district consultants.

ANNUAL REVIEW OF STI SERVICES

Chandrika Jayakody[1]

The annual review meeting of district STI/HIV care services is an important event, held each year to assess the performance of district STD clinics and to discuss vital issues related to the STD clinics islandwide. Due to restrictions in place during the COVID pandemic, the review meeting was conducted virtually. This year, a few amendments were made to the routine agenda of the annual review. Most importantly, regional and provincial directors actively participated in this review process. In addition, the routine review process was revised and the review meeting was conducted in 2 consecutive days. It was conducted with the participation of consultant venereologists, medical officers, and public health staff of STD clinics and relevant authorities at provincial and district level.

Prior to the annual review meeting, the agenda and review indicators were shared among district consultants with the aim of achieving the following programme objectives:



There was a sound representation from most of the stakeholders from the respective areas, the issues were discussed, and solutions were given then and there.

Conduction of District AIDS Committees (DAC) and Provincial AIDS Committee (PAC) meetings:
The mission is to “Prevent new HIV and sexually transmitted infections and provide comprehensive care and treatment services” according to the national strategic plan.

In order to achieve these goals and objectives, it was necessary to obtain support from the staff of the peripheral STD clinics, community-based organizations (CBOs), non government organizations (NGOs), networks of People Living with HIV (PLHIV), and representatives of key populations (KPs) in the district levels and also in the provincial levels.

District AIDS Committee (DAC), Provincial AIDS Committee (PAC), and National AIDS committee are organized to fulfill the above goal of the NSP with the help of relevant stakeholders.
Unfortunately, due to the COVID restrictions, DAC and PAC were conducted only in certain districts and provinces.

[1]Consultant Venereologist

MULTI-SECTORAL COLLABORATION

Janaka weragoda[1]

The Multisectoral Unit (MSU) of NSACP plans activities in liaising with the National HIV/STI Strategic Plan Sri Lanka and focuses on interventions directed towards key populations, vulnerable groups and the general population.

The MSU of the NSACP is responsible for planning, monitoring, evaluating, and implementing intervention strategies; provision of technical support for advocacy, risk communication, capacity building, awareness and training on behaviour change, promotion of safe sex and enabling a conducive environment for prevention of HIV/STI and internalization of HIV/STI related activities in multi-sectoral institutions.

The MSU coordinates and works in partnership with the public, private, and civil society organizations for enabling a conducive environment for the prevention of HIV/STIs in Sri Lanka. The main institutions/organizations the MSU work for HIV/STI prevention activities are the department of prison, tri-forces, Sri Lanka police, National child protection authority, Sri Lanka Bureau of Foreign Employment, tourist industry, youth council, youth corps, vocational training authority, education sector, Family Planning Association and many community-based organizations work for the welfare of PLHIV and key population groups.

Staff of multisectoral unit of NSACP

The multisectoral unit is headed by a Consultant Community Physician and the other staff consists of medical officers, an assistant coordinator, and other supportive staff.

Multisectoral subcommittee

The subcommittee on “prevention & Multisectoral coordination” is under the National AIDS Committee. This subcommittee meets once a year. The objective of the subcommittee is to review activities carried out in the previous year, plan HIV prevention activities for the next year and provide recommendations to the National AIDS Committee.

The stakeholders for this subcommittee are namely the prison authorities, Tri Forces, Sri Lanka police, youth sector, Department of education, tourist sector, child protection authority, Sri Lanka bureau of foreign employment, UNFPA, FPA, CBO of key population groups, PLHIV organizations and many other directorates including Ministry of health such as FHB, HPB, directorate of Mental Health etc.

For the year 2021, the subcommittee meeting was held in the month of November as a Virtual meeting due to the prevailing Covid- 19 pandemic situation in the country. The stakeholders shared their concerns and views about the multisectoral approach needed to prevent HIV and STIs in Sri Lanka.

[1]Consultant community physician

HIV and STI prevention programme in the prison sector

Prisons are globally identified as settings, which carry high risks of HIV. The national HIV/STI strategic plan of NSACP has identified prison inmates as a group of key populations in relation to HIV in Sri Lanka.

There are 30 prisons functioning all over the country. According to the prison statistics in 2020 an average of 24,000 prison inmates were occupying the prisons at any given time, and among them, around 1000 were female inmates. Annual total admissions to all prisons range from 125,000 to 150,000 and out of them the number of females ranges from 5500-6500.

In collaboration with the Department of prison, NSACP developed a policy for the prison sector known as the “Prison HIV prevention, treatment and care Policy”. The Goals of this Policy are to contribute to achieving the national HIV and AIDS policy goals.
The MSU conducted several activities in prisons in collaboration with the department of prison to minimize the HIV and STI burden within the prisons.

Advocacy for prison authorities, training of trainers on behaviour change communication for prison officers, training of peer leaders in prisons islandwide and life skills-based health education for young offenders are the main activities to prevent HIV/AIDS and STIs among the prison inmates. These interventions are based on the communication strategy developed for the prison sector. The Global Fund provided financial support for the prison programmes.

Prison Steering Committee

Prison HIV Steering Committee for HIV prevention gathered quarterly. The objective of the prison steering committee is to review the HIV prevention activities carried out, identify barriers for HIV prevention activities in prisons, find solutions to overcome barriers and plan future activities.

In the year 2021 three steering committee meetings were held at Prison headquarters, Welikada with the participation of relevant stakeholders from NSACP, the prison department and prison health authorities. Special attention was given to carrying out HIV prevention activities in prisons such as training programmes, health promotion activities, HIV testing for prison inmates, management of HIV-infected prison inmates during covid 19 pandemic situation.

Training of Trainer (TOT) programme

In 2021 NSACP trained a total of twenty (20) uniform officers from islandwide prisons as trainers in three-day training workshops conducted at the prison training school in Welikada.

Training of peer leaders

The peer leaders selected from new prison inmates were trained by prison welfare officers who were already trained as master trainers for HIV and STI prevention. In the year 2021 sixty peer leader programmes were conducted in all 30 prisons in the country and 1200 prison inmates were trained as peer leaders.

The trained peer leaders provide education/ health messages for other inmates through formal and informal ways. All peer leaders were given a peer leader badge as a recognition of the service they provide to their peers to improve awareness on HIV and STIs in prisons.

Training programmes on Life Skills for young offenders

In 2021, five training programmes were conducted in Mahara, Magazine, Walikada remand and Walikada-male prisons for young prison inmates aiming to improve knowledge and develop necessary life skills to minimize the risk of HIV and STI within and outside the prisons. One hundred and twenty-five (125) young

offenders participated in these programmes. In addition to resource persons from NSACP, resource persons from the directorate of mental health also contributed to these training programmes.

Prison HIV testing

NSACP along with district STD clinics provide HIV and STI testing services for prison inmates according to the HIV testing guidelines for the prison setup. The Multisectoral Unit promotes HIV testing in prison by organizing regular health education and peer leader training programmes.

To improve the HIV testing done by STD clinic staff, the Multisectoral Unit has trained prison health staff on HIV testing using rapid tests under the supervision of the Consultant Microbiologist in the National Reference Laboratory. A total of thirty-four (34) prison staff were trained from Welikada, Kalutara. Kuruwita, Mahara, and Negombo. At present HIV testing by prison staff is carried out in Kaluthara, Negambo, Polonnaruwa and Welikada prisons and the number of tests performed in the year 2021 by them was as follows; Kaluthara (135), Negambo (161), Polonnauwa (100) and Welikada (2222). A total of 2618 prison inmates were tested by the prison staff and eight (8) inmates were positive for HIV infection.
It has been planned to train the prison staff in all the prisons during 2022 to institutionalize HIV testing with the support of the relevant district STD clinics.

Prison-specific IEC material development and printing
Two new IEC materials were developed targeting HIV prevention in the prison setting.

- Development of a video clip on HIV pretest information for prison inmates:
- A video clip was developed to provide HIV pretest information for prison inmates in Sinhala and Tamil languages. The technical inputs for the production of the video were provided by the resource persons from NSACP.
- Carom boards with HIV Prevention health messages:
- One hundred (100) carrom boards were prepared with printed HIV Prevention health messages and distributed among all 30 prisons in the country.

Training of prison staff on “management of female prison inmates to eliminate mother to child transmission of HIV and Syphilis”

Sri Lanka was certified as a country which has eliminated mother-to-child transmission of HIV and syphilis. The female prison population in the country at any time ranges from 500-1200 and most of them are not convicted. Most of the female inmates are coming from underprivileged backgrounds and include key populations such as FSW and drug users with high behaviors for HIV and STI.

EMTCT services should be equally available even for the most marginalized and vulnerable women in the country. The NSACP took the initiative to provide quality EMTCT services to female prison inmates to ensure every woman of reproductive age including prison inmates receive the same care for EMTCT and no one is left behind.

The “Guide for the management of female prison inmates to eliminate mother to child transmission of HIV and Syphilis” was developed in 2019 and printed by NSACP in 2020. This guide was developed to facilitate the provision of quality EMTCT services to female prison inmates by health professionals and prison authorities and coordinated by the EMTCT unit and multisectoral unit of NSACP and the technical inputs were provided by NSACP, FHB, Prison medical staff, prison authorities and other relevant stakeholders.

Training of trainer’s programmes on EMTCT were conducted virtually in 2021 for eighty-one participants including consultant venereologists, district consultant community physicians and MO-MCH. After the TOT, these trainers trained prison health staff in 17 prisons where female inmates are placed.

HIV and STI prevention programme for Tri-Forces

Tri-forces; Sri Lanka Army, Sri Lanka Navy and Sri Lanka Air-force have been identified as the vulnerable groups for HIV infection. HIV prevention activities for Tri-Forces have been identified

as one of the important areas by NSACP considering their vulnerability for HIV. Many advocacy and training programmes were planned with the objective of internalizing preventive activities such as continuous training and testing for HIV in Tri-forces.

Though the planned training programme could not be continued during the year 2021 due to COVID 19 pandemic, already trained trainers were able to continue educational activities. A total of 46,975 army personnel, 20,106 naval officers, and 1633 air force officers were tested for HIV during the year 2021.

HIV and STI prevention programme in the Police sector

Police officers are identified as important stakeholders in HIV prevention activities. As law enforcement officers, they work with key populations, especially commercial sex workers, drug users, transgender and prison inmates, especially those who are remanded in custody.

Unnecessary harassment and arrests will drive the key population to hide from society and distract from awareness activities and health-seeking behaviours. This adversely affects HIV prevention activities. It could be challenging for police officers to support the prevention activities of the national campaign while adhering to the existing legal frame.

Thus, the Sri Lanka police play a vital role in creating a conducive/supportive environment for HIV prevention testing, treatment, and care services. Therefore, NSACP works closely with the department of police to advocate and educate police officers about HIV, stigma and discrimination related to HIV, and their role is crucial in HIV prevention activities within the existing legal framework in the country.

The advocacy programmes for police officers

The advocacy programmes were conducted at both the central and district levels with the objective of reducing human rights-related barriers for HIV services, reducing stigma and discrimination and creating a supportive environment for HIV prevention activities in the country.

Advocacy programmes at the central level were conducted for high-rank police officers with the participation of NSACP, Sri Lanka police, Human Rights Commission and FPA as resource persons. At district level 9 police advocacy programmes were conducted by district STD clinics.

HIV and STI prevention programmes for the youth

The MSU works closely with National Youth Services Council, the National Youth Corps and many other youth organizations such as Youth Advocacy Network Sri Lanka (YAN Sri Lanka), Youth Action Network (YAN), Rotaract Club-IIT etc.

Youth corps and youth council officers collaborate with the district STD clinics and area MOH for necessary support and guidance in delivering awareness programmes at the field level. Youth leader training camps are conducted in every Divisional Secretariat by Sri Lanka Youth Council and youth officers keep close contact with the community.

The multisectoral unit carries out awareness and TOT programmes on sexual and reproductive health including behaviour change for HIV/STI prevention. In collaboration with the Family Health Bureau, these activities are carried out for youths. In the year 2021 due to Covid 19 pandemic situation in the country, physically gathered training programmes could not be conducted.

There are about forty-nine (49) Youth Corp centres islandwide. Around one thousand two hundred youth were educated through 39 training programmes in the year 2021, by the youth officers trained by NSACP.

Programmes for National Child Protection Officers

The national child protection authority (NCPA) is one of the main stakeholders of the MSU. The MSU developed a handbook in both Sinhala and Tamil languages named “Adolescent Awareness Handbook on HIV/STI for child protection officers” and a flashcard on condom promotion to guide and to use while counselling the youth on sexual and reproductive health issues in the field. The booklet also provides information on sexual challenges and HIV and STI prevention. Two online workshops in Sinhala language were conducted for one hundred and fifteen (115) district and divisional child protection officers and programme assistance of NCPA to familiarize the booklet.

Education sector - HIV and STI prevention programme

The NSACP has identified the education sector as one of the important sectors for HIV prevention, especially with the gradual increase of new HIV diagnoses among 15 to 24-year-old individuals. The Multisectoral Unit continued to work on HIV prevention among school children by liaising with the Family Health Bureau and the National Institute of Education.

General Public

The MSU with financial support from WHO developed two short video clips and static posts to promote HIV testing & treatment and to challenge stigma & discrimination.

Programmes for key and vulnerable populations

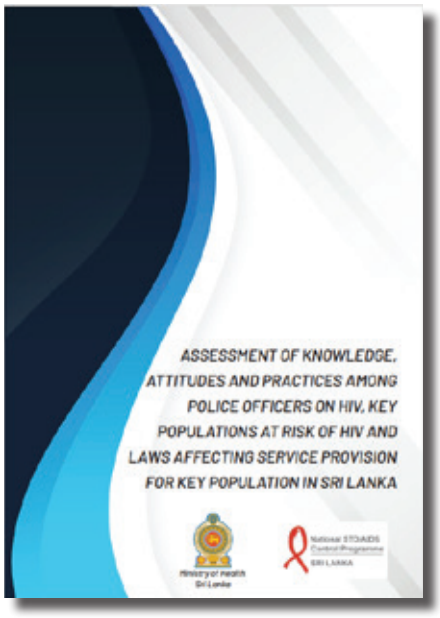
The promotion of condom use among key populations and youth is one of the most important HIV prevention interventions. Based on the findings of the situation analysis of condoms in Sri Lanka, the multisectoral unit of NSACP designed a condom micro skill development workshop for the young key population. One-day workshops were conducted in Kurunegala and Colombo and almost 100 participants representing KP groups participated in these programmes. The financial support for the programmes was provided by UNFPA.

POLICE SURVEY SUMMARY

Geethani Samaraweera[1], Janaka Weragoda[2]

An islandwide survey has been conducted among police officers in 2021 in order to assess the effectiveness of existing programs conducted by NSACP in collaboration with Sri Lanka Police and to plan and improve the program to create a supportive environment for key populations in Sri Lanka. A copy of the survey is available at:

http://www.aidscontrol.gov.lk/images/publications/research_documents/Final-copy-Police-survey.pdf)



The title of the survey is “Assessment of Knowledge, Attitudes, and Practices among police officers on HIV, key populations at risk of HIV, and laws affecting service provision for the key population in Sri Lanka”.

Introduction and Justification

Creating an enabling environment for the key population and PLHIV is one of the five main strategic directions mentioned in the national strategic plan of the NSACP. Currently, there are certain laws existing in the country that are interpreted and imposed negatively upon key populations thus acting as barriers for HIV prevention, testing, treatment, and care services.

As law enforcement officers, police officers play a key role in implementing the existing laws. Therefore, sensitizing the police officers on these legal issues and making them partners in the public health

[1]Consultant Venereologist
[2]Consultant Community Physician

response toward HIV/AIDS prevention is a priority in Sri Lanka. In this background, several educational and advocative interventions have been implemented with the Sri Lanka Police. However, a proper evaluation of the knowledge of police officers and the effectiveness and weaknesses of the existing programme was never conducted earlier in a formal manner. Therefore, this survey was carried out among islandwide police officers with the financial support of the global fund. The aim of this survey was to describe the knowledge and attitudes among police officers about HIV, key populations at risk of HIV, and laws affecting HIV service provision for key populations in Sri Lanka, and to assess their current practices related to such laws.

Methods

A descriptive cross-sectional study was conducted among a sample of police officers representing all nine provinces of the country. The sample was selected by stratified cluster sampling with a sample size of 900. The 90 clusters each comprising 10 police officers were selected from nine provinces proportionate to the number of police officers in each province and the required number of clusters were randomly selected from each province. An expert-validated, pretested self-administered questionnaire was used for data collection. The questionnaire comprised sections on knowledge on HIV and AIDS, key populations and laws related to key populations, attitudes towards key populations and practices on laws related to key populations. Data were analyzed using standard descriptive methods, chi-square test and binary logistic regression. Ethical clearance was obtained from the Ethical Review Committee of the Postgraduate Institute of Medicine.

Results

A total of 817 police officers participated in the study. The mean age of the study population was 42 years and 79% were males. The majority have been working in Sri Lanka police for more than 10 years and nearly 50% (396) had worked in the Crime Branch.

Overall knowledge score had a mean of 61 (SD =16) Higher overall knowledge was seen in participants with the designation of senior officers (OR=1.2, p=0.003), those who had prior experience working in the crimes branch (OR=1.5, p=0.021) and those who had attended a training programme on HIV/AIDS (OR=1.5, p=0.001). The total percentage attitude score had a mean value of 58% (SD =12). A large majority (94%) agreed or strongly agreed that when a female sex worker makes a complaint to the police about sexual harassment, it should be accepted. Similarly, 79% agreed or strongly agreed that as police personnel they should act to prevent harassment against transgender individuals. A remarkable percentage either agreed or strongly agreed that arresting and detaining sex workers (32%) and drug users (24%) is a solution for reducing HIV/AIDS. Attitude towards same-sex behaviour was negative in a majority (72%). Participants who had higher knowledge were 1.6 times more likely to have good attitudes (p=0.006).

Majority of the participants reported not having engaged in negative practices toward KPs during last year. Only 5% reported that they have produced condoms as a proxy measure to prove sex work, 1.5% reported that they have arrested a transgender woman for ‘cheating by personation’ (cross-dressing), while 2.6% had arrested a person for engaging in homosexual behaviour during the last one-year period. Of the sample, 41% had participated in an HIV/AIDS awareness programme and of them, 86% felt that the programmes were useful.

Conclusions and recommendations

In conclusion, the study findings highlight that the police officers have a satisfactory Knowledge of HIV/AIDS and its transmission but the knowledge on key populations and the laws that negatively affect key populations and HIV prevention services were not adequate. Having Non-discriminatory attitudes towards key populations when providing services was a positive finding of the survey. However, the belief among the majority of police officers that arresting and detaining key populations could help HIV prevention is a wrong and negative finding which could adversely affect HIV/AIDS prevention and control activities in the country. On the other hand, despite these negative attitudes only minorities impose existing laws negatively on key populations which may be a positive effect of the ongoing awareness and advocacy programs.

With these findings, it could be recommended that future awareness programmes for police officers should focus more on improving the knowledge and attitude gaps identified. Scaling up the awareness programmes for better coverage and incorporating them into pre-service training of police officers, are highly recommended.

The way forward

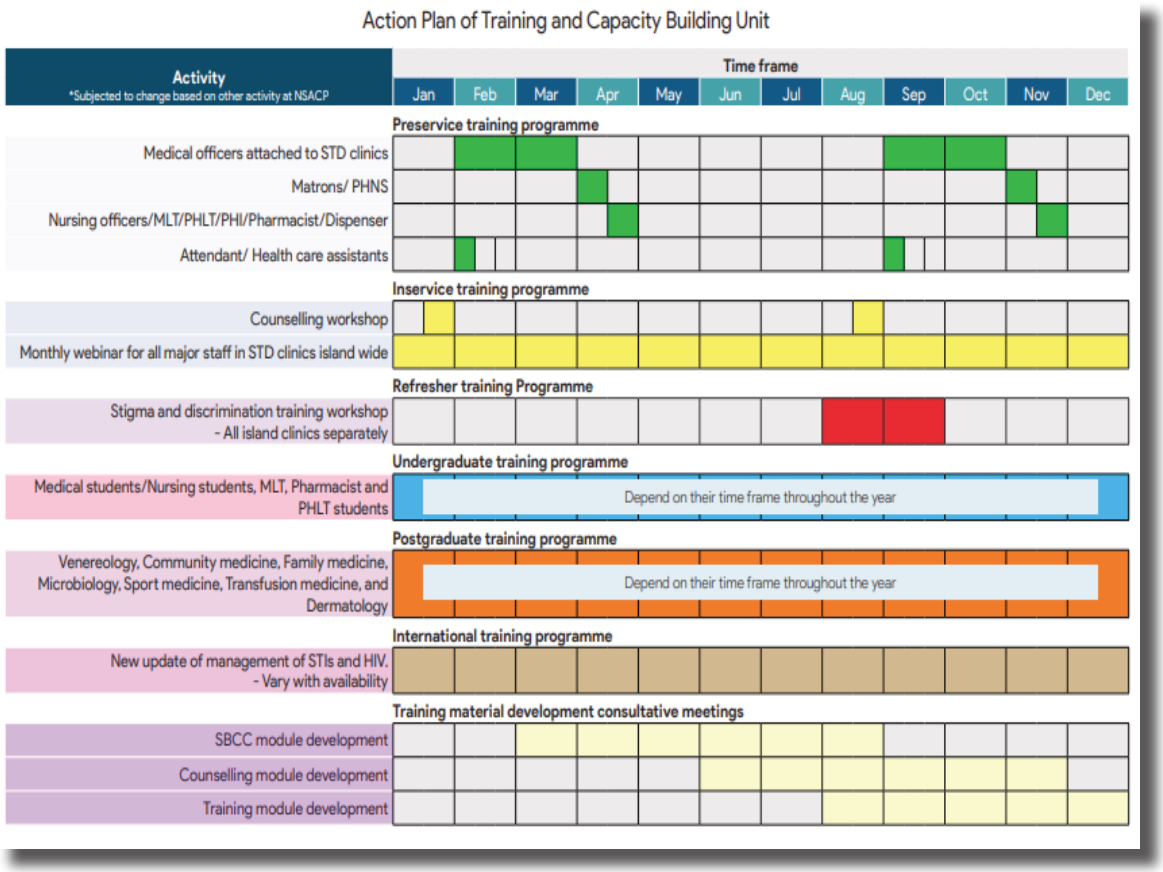
A workshop has been arranged with the stakeholders from NSACP, Ministry of Health, Sri Lanka Police representatives from key populations, and NGO/ CBOs working in the field. The findings of the survey were shared among all stakeholders and the way forward has been discussed.

The major decisions that have been taken during the dissemination meeting are as follows;

- To Incorporate HIV /AIDS and STI into the pre-service/recruitment training curriculum of police officers including the following topics
- HIV/AIDS: Epidemiology of HIV/AIDS, its transmission and prevention, key populations and legislation affecting prevention among KPs, and the police officer's role in its prevention
- Conduct In-service training/ awareness sessions on HIV and related issues for all levels of police officers by district STD clinics using Saturday classes at police stations.
- In-service training programs should focus more on improving the knowledge on key populations, laws affecting service provision, and improving the skills of police officers in executing existing laws and policies without impeding the public health goals of HIV/AIDS prevention in KPs.
- Use multiple communication channels such as leaflets, booklets, lectures, videos, etc. to update knowledge on HIV and related issues to improve coverage of awareness among the police officers.

TRAINING AND CAPACITY BUILDING

Himali Perera[1], Geethani Samaraweera[1], Kanchana Wirasinghe[2]



"Annual action plan 2021" of the Training and capacity building unit of the National STD/AIDS Control Programme is given above.

Training unit of the National STD/AIDS Control Programme is involved in conducting comprehensive training programmes and development of training material. These training are targeted at all categories of STD clinic staff undergraduate and postgraduate trainees, throughout the year based on an annual training action plan. These programmes consist of pre-service, in-service, refresher, undergraduate, postgraduate and international training. During the year 2021, most of the training components were done virtually due to the prevailing COVID -19 pandemic in Sri Lanka. Training materials were developed and compilation of the Social Behavioral; Change Communication module, Counseling module and two trainer modules for pre-service training of STD staff was completed.

[1]Consultant Venereologist
[2]Acting Venereologist

Monthly Webinars

With the aim of continuous medical education, the Training and capacity building unit was able to conduct 10 monthly webinars for the first time in its history. It covered a wide range of topics in relation to STI and HIV. Some of the topics that were discussed were “Urethritis and Mycoplasma genitalium”,”how to approach drug-using patient living with HIV”, “HIV and Nutrition”, “Revalidation of EMTCT of HIV and syphilis”, “palliative care in AIDS patients", “Depression is a treatable vector for the HIV epidemic”, “All about TB and HIV”, “The deadly Duos, Covid-19 and vaccination in individuals with weaker immune systems” etc. These were conducted by internationally and nationally renowned speakers and had an enthusiastic response from online participants. It catered for all postgraduate trainees and major staff attached to Islandwide STD clinics in Sri Lanka.

Pre-service training

All health care workers should undergo mandatory training within six months of enrolment to the STD clinics. Medical officers attached to the STD clinic should undergo compulsory two months of theory and practical training at NSACP, Colombo. Other major health staff such as nursing officers, public health nursing sisters, matrons, medical laboratory technicians, pharmacists, public health laboratory technicians, dispensers and public health inspectors undergo two weeks of training which consist of theory, practical, case discussion, small group discussion and outreach work. Supporting staff such as attendants, Saukya Karya Sahayaka and Lab orderly are also given one-week training at NSACP. Pre-service training programmes were conducted virtually for the first time for major staff attached to island-wide STD clinics during early 2021.

Training of future healthcare providers is an important aspect of training and capacity building. The above picture shows a training session for the medical student in the STD clinic in Kandy.

Refresher training

Training and awareness program for health care workers to reduce stigma and discrimination towards Key populations

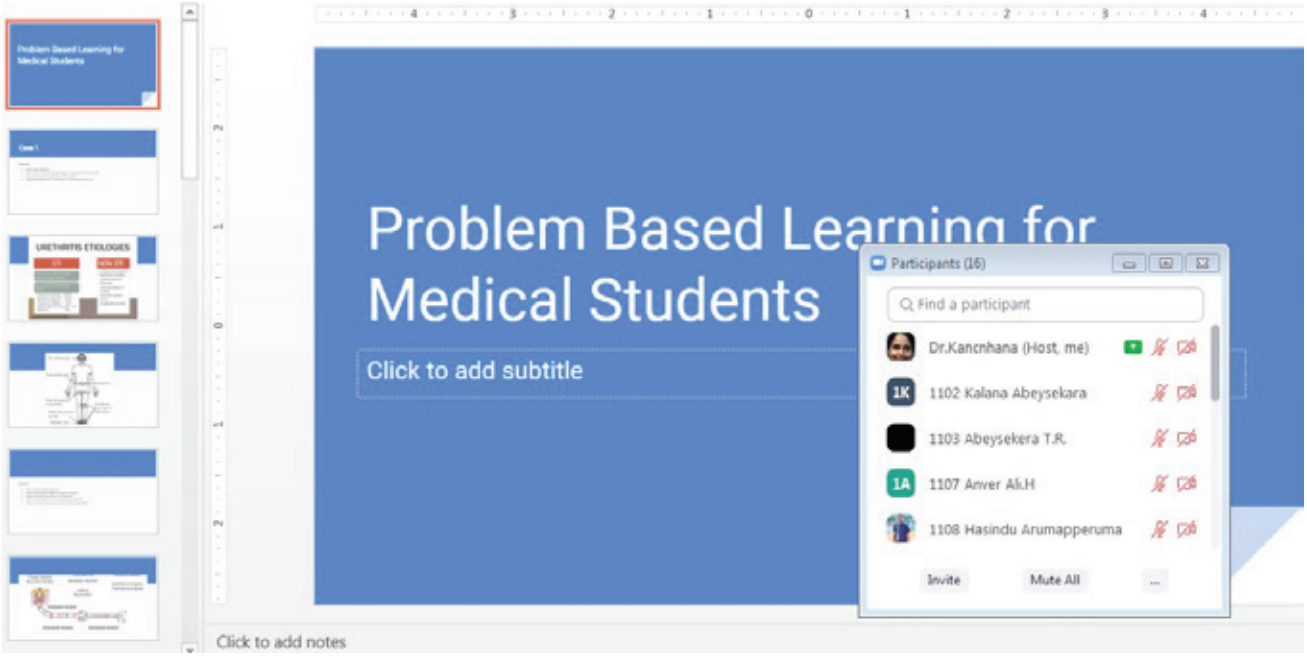
The training and capacity building unit of NSACP has planned island wide workshops for healthcare workers to reduce stigma and discrimination towards key populations, under the financial support of the global fund. A total of 43 programs have been conducted with the participation of 1085 participants covering 20 districts out of 25 districts. The programs were conducted as one day activities with case scenario based participatory learning. Due to the Covid 19 epidemic some programs were conducted virtually, but the majority participated in workshops physically.

According to the opinion of the participants majority felt that having this type of workshop focusing on stigma and discrimination and case scenario-based learning were very effective in stigma reduction than general awareness programs. The main challenge they faced during the workshop was the difficulty of getting participation from more workers due to busy working schedules and only 25 participants could be accommodated. The participants suggest having more similar programs on a regular basis in the future.

Undergraduate training

Twelve student groups from Colombo medical faculty attended one-week training at NSACP throughout the year. They received theory and problem-based learning on virtual platforms during their appointment, due to the COVID -19 pandemic.

Online PBL for student groups from Colombo medical faculty



Postgraduate training

Postgraduate training of Venereology has been conducted since 2002 in collaboration with the Postgraduate Institute of Medicine (PGIM), University of Colombo. Diploma trainees, MD trainees and post-MD trainees in Venereology are trained under the supervision of consultants at NSACP and other district STD clinics that are accredited by PGIM. Trainees in other specialties such as diploma trainees of Microbiology, Family medicine and Child health, MD trainees of Microbiology, Virology, post MD Community medicine, MD General medicine, Forensic medicine, and Dermatology were trained for the management of STD and HIV.

Guideline and module development

The main aim of the training and capacity building unit of NSACP is to train health care workers to provide good quality services via STD clinics. As a result, compilation of the Social Behavioral; Change Communication module, counseling guideline for pre-service trainer purposes, major staff and minor staff manuals were completed in 2021.

Number of training programmes conducted during 2021

Broad category of HCW	Type of HCW	Number of programmes	Approximate number of participants
A.HCW trainees (pre-service & in-service)	Medical Officers	48	1222
	Nursing Officers	32	1162
	Laboratory Staff	5	63
	Other	62	1820
B. Undergraduate/basic HCW trainees	Medical Students	134	2124
	Nursing Students	21	1276
	Laboratory Staff	3	36
	Other	9	357
C. Postgraduate/Post basic HCW trainees	Venereology	16	115
	Community Medicine	8	98
	Dermatology	1	2
	Nursing Officers	1	35
	Other	16	496
D. NGO related training	NGO Staff	13	174
	Pear educators	5	53
	Other	9	1352

IEC AND ADVOCACY PROGRAMMES

Chandrika Jayakody[1], Darshanie Mallikarachchi[1]

Awareness on STI/HIV is very important for prevention. It is a very cost-effective and high-yielding method to minimize the transmission of STIs/HIV. The following activities were carried out during 2021 within the constraints of the COVID pandemic.

1. IEC subcommittees
2. Development of flipbooks
3. Development of Standard Operational Procedure (SOP)
4. Development of a condom leaflet
5. Development of video clips and posters on stigma and discrimination
6. Conduction of district and provincial AIDS Committee meetings
7. Media campaigns

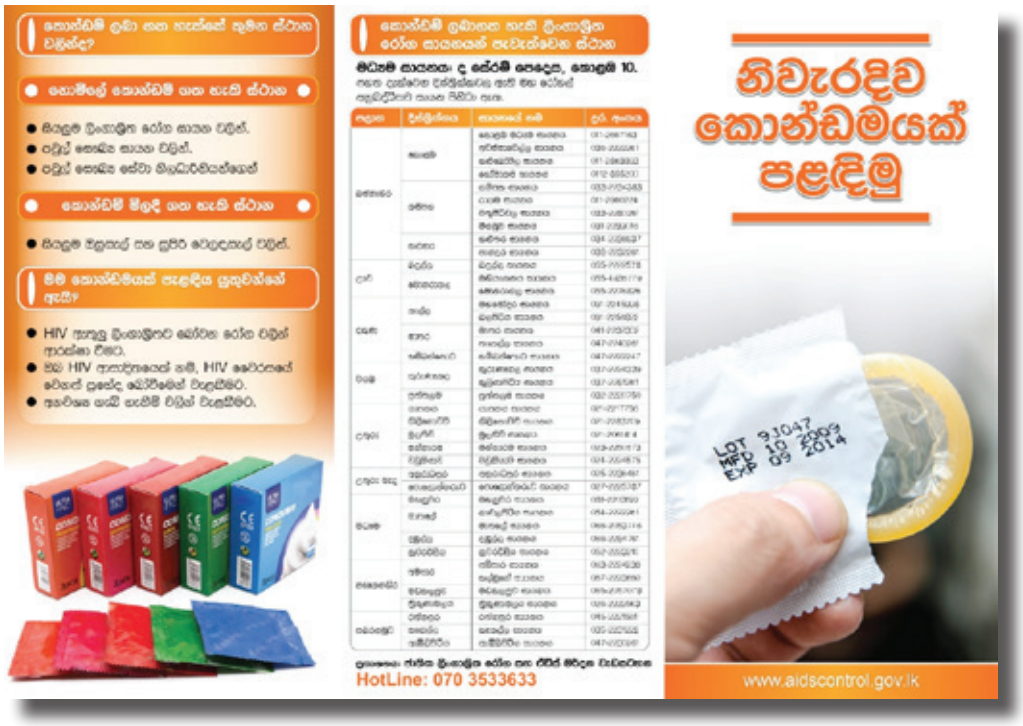
IEC subcommittee meetings

The information, Education, and Communication (IEC) subcommittee is one of the subcommittees of the national AIDS committee. It gathers every quarter to discuss and develop national activities on HIV/STI prevention The subcommittee consists of multiple stakeholders including health and non-health government sectors, private sectors, and Non -Governmental Organizations. It is chaired by Dr. Kapila Sooriyaarachchi, Head of health promotion unit; Department of public health-CMC and the secretary is the national coordinator for IEC, Advocacy, and condom promotion unit. In the year 2021 three subcommittee meetings were conducted physically at the auditorium of NSACP and decisions were taken to continue the important IEC activities under the COVID restrictions.

Development of a condom leaflet

Strengthening preventive strategies in STI and HIV care is a need of the moment while moving towards the goal of Ending AIDS in Sri Lanka. This new leaflet on condoms was designed to be disseminated among key population groups to scale up consistent and correct use of condoms. The financial support for the artwork, translation, and printing of the leaflet was done by FPA, Sri Lanka.

[1]Consultant Venereologist



Development of video clips and 2 posters on stigma and discrimination

Stigma and discrimination towards the key affected populations is one of the major factors that hinder them from reaching health services. According to NSP, the aim is to see a “Country free of new HIV infections, discrimination, and AIDS-related deaths”. It was decided to develop communication material to minimize stigma and discrimination towards key population groups including people living with HIV. Two banners and a short video were developed with the involvement of all the relevant key stakeholders.

Conduction of District AIDS Committees (DAC) and Provincial AIDS Committee (PAC) meetings

The mission is to “Prevent new HIV and sexually transmitted infections and provide comprehensive care and treatment services” according to the national strategic plan.

In order to achieve these goals and objectives we need the support from the staff of the peripheral STD clinics, community-based organizations (CBOs), non government organizations (NGOs), networks of People Living with HIV (PLHIV), and representatives of key populations (KPs) in the district levels and also in the provincial levels.

District AIDS Committee, Provincial AIDS Committee, and National AIDS committee are organized to fulfill the above goal of the NSP with the help of relevant stakeholders.

Unfortunately, due to the COVID restrictions, DAC and PAC were conducted only in certain districts and provinces.

Media campaigns

The media campaign was identified as one of the best ways of making the community aware of STIs/HIV. While mass media was used to make people aware of STIs/HIV even in the past, social media has been identified as one of the latest and most effective methods of reaching the community including youths, high-risk, and vulnerable groups for STIs/.HIV infection.

Due to the COVID pandemic, most people have remained at home and engaged in social networks through mobiles. Hence NSACP decided to make high-risk and vulnerable groups, especially youths and the unreached population aware of STIs/HIV through social media especially by using the official Facebook pages of the NSACP. Therefore, NSACP shared various messages on STIs/HIV testing, prevention, treatment, and massages that challenge stigma and discrimination related to STIs/and HIV through FB pages. Furthermore, several television programmes, radio programmes, and newspaper articles were done on STIs/HIV to make the community aware of these infections.

WORLD AIDS DAY

Darshanie Mallikarachchi[1], Kanchana Wirasinghe[2]

Each year World AIDS Day (WAD) is celebrated on the 1st of December all over the world to raise awareness, challenge prejudice, and support the infected. Furthermore, it is an important opportunity for the stakeholders of the HIV response to realise their duties in achieving the goal of ending AIDS in 2030. The National STD/AIDS Control Programme (NSACP) along with stakeholders join hands to organize activities to achieve common goals each year.

As the COVID 19 epidemic was one of the main health concerns in 2021, "End inequalities End AIDS End pandemics" was selected as the global theme to commemorate WAD 2021. Under the same theme, NSACP alone with its stakeholders organized the following parallel activities island-wide to commemorate WAD 2021.

1. Advocacy meeting
2. Press conference
3. Island-wide banner campaign
4. Social media campaign
5. Virtual interactive sessions for youths-
6. HIV testing programme covering hotspots
7. Prison drama competition
8. A Debate competition for young people
9. Development of a video clip to promote STD services
10. Awareness campaign through district STD clinics

Advocacy Programme

The National AIDS Committee meeting was conducted as a special advocacy meeting to commemorate the WAD 2021. The Minister of Health Dr Keheliya Rambukwella was the chief guest of this event. The officials of the Ministry of Health and representatives of other stakeholders of the national HIV response in Sri Lanka have participated in this meeting. Consultants at NSACP presented the latest data related to HIV infection in the country and a discussion was conducted on the activities needed to implement and streamline to end AIDS in the country by 2030.

[1]Consultant Venereologist
[2]Acting Venereologist

Press conference

A press release and a press conference were conducted by the NSACP in collaboration with the Health Promotion Bureau to raise awareness of HIV/AIDS and its impact at the national level. Media representatives participated in this event and key messages related to HIV infection were disseminated to the public. These messages included factors related to HIV prevention such as safer sex, treatment as prevention, pre-exposure prophylaxis, post-exposure prophylaxis and services available for testing and treatment and the importance of challenging and discrimination to control ending AIDS by 2030.

Island-wide banner campaign

Island-wide banner campaign to make the community aware of HIV was conducted using 1200 banners with important messages to the public. These banners were developed in Sinhala, Tamil and English and were displayed in public places all over the country to promote awareness and highlight the following aspects.

1. Theme of the WAD 2021
2. Message to show that HIV treatment can prevent HIV transmission
3. Message to challenge stigma and discrimination related to HIV

Social media campaign

As social media is one of the best ways to give messages to the community/hidden KPs and vulnerable groups, a decision was taken to share HIV-related messages via FB pages and other social media. Three video clips done by celebrities were prepared and shared on FB pages and the video clips were boosted to increase the reach.

Interactive sessions for youths on STIs/HIV and sexual health

In the first session, HIV/AIDS and stigma and discrimination related to HIV were discussed by two consultants and in the second session, STIs and factors related to sexual health were discussed by another two consultants in this speciality.

HIV testing programme covering hotspots

With the support of the Family Planning Association, Sri Lanka, NSACP conducted several outreach programmes to test key groups for HIV infection. Awareness on STIs/HIV was given to key groups by the doctors, nurses, and PHIs who participated in this programme and condoms were distributed free of charge among the participants.

Prison drama competition

A drama competition among prison inmates was conducted to make them aware of HIV infection. All the prisons in the country were informed about this competition and 15 prisons participated in this competition. They were requested to get the technical support they need for scriptwriting from the closest STD clinic. The judging panel included three judges from NSACP and prison and the first, second and third winners received certificates and prizes.

A debate competition for young people

To commemorate World AIDS Day, UNFPA Sri Lanka together with the NSACP organized a debate competition for young people conducted at BMICH, Colombo. The students of Law College participated in the debate Following topics were selected for the debate

1. Can condom promotion for HIV control be effective in Sri Lanka

2. In Sri Lanka`s legislation a barrier for high-risk communities accessing HIV services.

One topic was debated in Sinhala while the other one was in English. The winners received prizes and certificates.

Development of a video clip to promote STD services

With the support of UNFPA, a video clip was developed to promote STD services to the community. This video clip was shared on the official Facebook pages of the NSACP.

Awareness campaign through district STD clinics

The island wide World AIDS Day programmes would not have been a reality, if not for the immense support given by the staff of district STD clinics. The financial and technical support was provided by the NSACP to launch the awareness programme. The public awareness was raised by using various IEC materials and outreach programmes considering the restrictions of COVID-19 outbreak to achieve the fruitful outcome.

World AIDS day activities carried out by peripheral STD clinics

STD clinic	World AIDS Day activities
Ampara	Awareness programme and training regarding HIV rapid testing for general practitioners
Anuradhapura	HIV awareness and advocacy program for RDHS staff HIV testing program in Anuradhapura hospital ward patients
Avissawella	Awareness programme for Avissawella hospital staff regarding HIV rapid testing and post exposure prophylaxis.
Badulla	District clinic specific review and annual plan for 2022 to target to end AIDS by 2025
Batticaloa	Printed and distributed 1000 eco-friendly reusable bags with HIV prevention and testing messages targeting the hidden key population and the general public Printed HIV testing and prevention messages in clear files and distributed them among clinic patients Awareness program and HIV testing among hotel workers in Batticaloa district
Balapitiya	Awareness programme for police officers
Chilaw	Awareness programme for hospital staff on HIV/arranged through the clinical society
Gampaha	Awareness programme and HIV testing among Minuwangoda municipal council workers
Galle	Awareness programme for hospital staff on prevention of STD/HIV
Dambulla	Awareness programme on stigma and discrimination for staff at Dambulla hospital
Embilipitiya	Awareness programme for hospital staff on stigma and discrimination
Hambantota	Stigma and discrimination workshop for hospital staff at Hambantota DGH and BH Tissamaharama Short video clip competition among the youths in the district of Hambantota
Homagama	Awareness programme for hospital staff on stigma and discrimination
.Jaffna	Awareness programme on key populations for police officers based in Jaffna police headquarters. Awareness programme and training regarding HIV rapid testing for prison officers. Jaffna prison HIV testing. Advocacy program for district stakeholders Awareness programme and leaflet distribution at the Jaffna hospital

Kandy	Awareness programme on stigma and discrimination for staff at teaching hospital Kandy Awareness programme on prevention of HIV for two garment factories HIV testing of garment factory workers Awareness programme on prevention of HIV for youth corps Advocacy program for provincial stakeholders
Kalmunai	Advocacy programme and awareness programme on stigma and discrimination for staff at base hospital Kalmunai north and district level stakeholders HIV rapid testing for general population in OPD base hospital Kalmunai Awareness programme on prevention of HIV for school students above grade 9 Advocacy program for district stakeholders Awareness programme on HIV/AIDS for staff at Saindamaradu hospital Printing an authentic mug to commemorate the world AIDS day 2021
Kalubowila	Awareness programme conducted for the staff of done at Kothalawala Defense University Hospital
Kalutara	HIV awareness and Testing programme for patients attending Outpatient Department (OPD) at DGH, Kalutara Awareness programme for workers in hotel industry in Kalutara
Kegalle	Awareness programme under the patronage of Sabaragamuwa Governor Hon. Tikiri Kobbekaduwa and the Kegalle Regional Director of Health services Dr. Asela Perera. Essay competition on "The responsibility of youth in ending AIDS in Sri Lanka" organised by the STD clinic Kegalle among the O/L and A/L school children of Kegalle district Mobile HIV testing was carried out in 5 selected areas of the district.
Kilinochchi	Awareness programme for youth in Kilinochchi vocational training institute (NAITA)
Kurunegala	Awareness programme for hospital staff , KP, media , general population on stigma and discrimination, prevention of HIV A parade was organised to commemorate the AIDS day with the participation of key populations, an AIDS day sticker was distributed. Awareness program and HIV screening of street vendors in Kurunegala, Galgamuwa and Nikarwaratiya areas

Kuliyapitiya	Advocacy program for police officers of Kuliyapitiya and Meegahakotuwa police divisions, AIDS day awareness and leaflet distribution in Kuliyapitiya
Mahiyanganaya	Awareness programme for field workers (Gramasewaka and other grassroot workers) in Hasalaka, Awareness program for police officers , conducted at the police training school
Mannar	Advocacy program on ending AIDS by 2025 for district stakeholders
Matale	Awareness programme on “Bridging the gap in HIV testing” to Matale clinical society. More than 100 doctors participated including 30 consultants, Stigma Discrimination workshop for Nursing offices
Matara	Awareness programme on HIV for prison health care workers. Awareness programme and leaflet distribution in Matara town HIV testing for key populations including beach boys. Awareness programme for hospital staff on stigma and discrimination Advocacy program on ending AIDS by 2025 for district stakeholders Rapid HIV testing and leaflet distribution in Matara Bus stand
Mullaitivu	Advocacy program on ending AIDS by 2025 for district stakeholders Advocacy program for provincial stakeholders with the participation of CBO/NGO
Monaragala	Awareness programme for hospital staff on stigma and discrimination
Nuwaraeliya	Awareness programme for hospital staff on stigma and discrimination
Nawalapitiya	Awareness programme for hospital staff on stigma and discrimination
Negombo	Conducting an awareness programme for factory workers in BOI to commemorating the World AIDS Day 2021 Awareness programme and HIV testing in OPD of Negombo hospital
Panadura	Awareness programme for hospital staff on stigma and discrimination Awareness programme on stigma and discrimination for police
Puttalam	Advocacy program on ending AIDS by 2025 for district stakeholders
Polonnaruwa	Four awareness and HIV testing programs for garment factory workers in Polonnaruwa
Ragama	Awareness programme for hospital staff on stigma and discrimination
Rathnapura	Advocacy program on ending AIDS by 2025 for district stakeholders
Tangalle	Awareness programme for hospital staff on stigma and discrimination Advocacy program on ending AIDS by 2025 for district stakeholders
Trincomalee	Advocacy program on ending AIDS by 2025 for district stakeholders
Vavuniya	Public Awareness programme in Vavuniya hospital and AIDS Day walk to commemorate World AIDS day 2021 in Vavuniya.
Wathupitiwala	Awareness and HIV testing programs for five police divisions in Wathupitiwala

World AIDS Day awareness campaign in Batticaloa

HIV testing for hotel workers in Batticaloa

Awareness programme for youths in Kalmunai

Health staff training in Hambantota

The winners of the essay competition themed "The responsibility of youth in ending AIDS in Sri Lanka" organized by the STD clinic Kegalle among the O/L and A/L school children of Kegalle district

EXTERNAL REVIEW

Geethani Samaraweera[1], Buddhika Perera[1]

A review of the National response to the STI and HIV epidemic in Sri Lanka was conducted by an external team of experts in 2021. The goal of the review is to perform an in-depth analysis of the implementation of the National Strategic Plan (NSP), 2018 – 2022 with the aim to illustrate the progress made toward reaching the targets and goals defined in the NSP 2018 to 2022 and to provide recommendations for the development of a new strategic plan for the next five-year period from 2023 -2027. Due to the ongoing COVID 19 epidemic, the review was conducted virtually.

To oversee the process of the external review, a steering committee consisting of 23 members was appointed. The members included relevant stakeholders involved in national response to HIV and STI epidemic in Sri Lanka; namely representative from National STD/AIDS Control program (NSACP), the ministry of health, key population groups, World health organization (WHO), people living with HIV (PLHIV), and non-governmental organizations (NGO)/ community-based organizations (CBO). The review team was selected by the steering committee from the curriculum vita sent by WHO. Six working groups were formulated by the steering committee to support 6 thematic areas. Each working group was guided by two co-focal points appointed by the steering committee. The main responsibilities of the working groups were to facilitate the desk review and organize virtual field reviews with the respective reviewers.

The review team consisted of five international consultants, Dr. Swarup Sarkar, Prof. Rajesh Kannangai, Dr. Richard Steen, Prof. B.B. Rewari and one local consultant Dr. Dulani Samaranayake. Dr. Swarup Sarkar was appointed as the team leader.

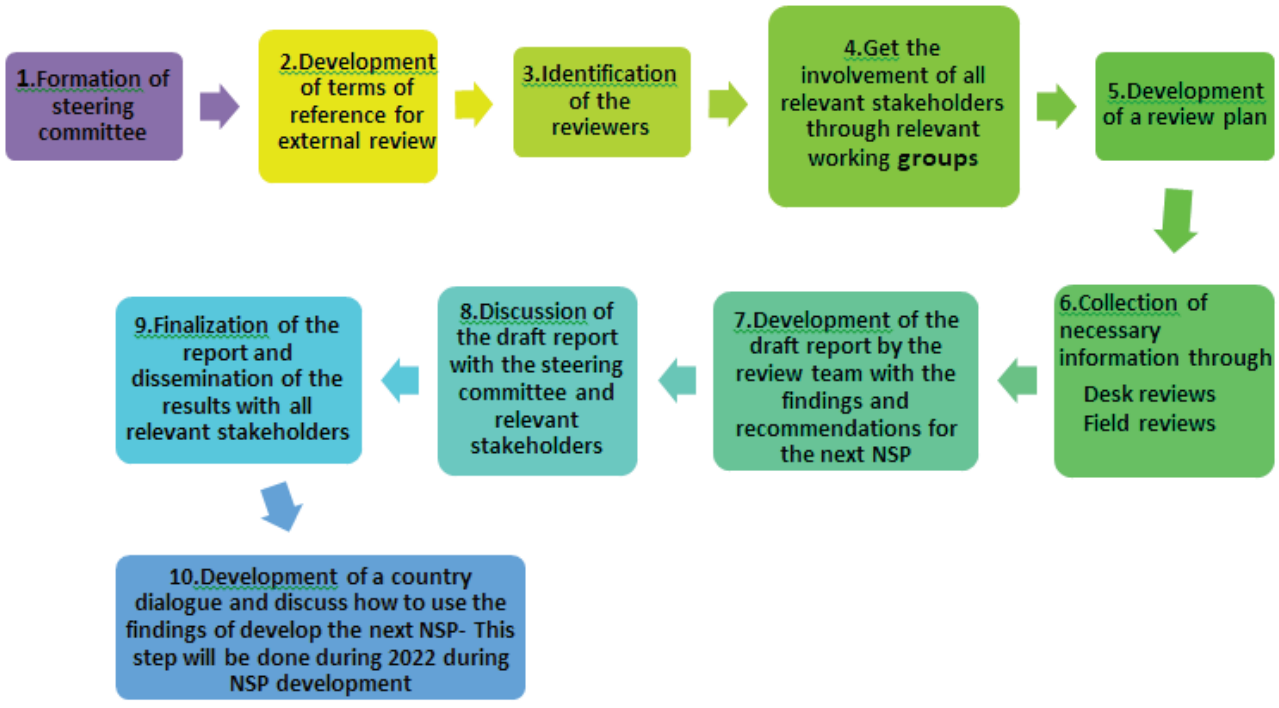
[1] Consultant Venereologist

The list of reviewers, their respective thematic areas and the focal points for each thematic area are given in the table below.

Thematic area	Responsible external reviewer	Focal point/points
Prevention interventions (SD 1)	Mr. David Hales Dr. Richard Steen Dr. Dulani Samaranayake	Dr. Sriyakanthi Beneregama Ms. Nadeeka Fernandupulle
STI treatment and care (SD 2)	Dr. Richard Steen	Dr. Chandrika Jayakody
HIV treatment and care (SD 2)	Prof. B.B. Rewari	Dr. Himali Perera
HIV/STI Laboratory diagnosis (SD 2)	Prof. Rajesh Kannangai	Dr. Jayanthi Elvitigala Dr. Dilmini Mendis
Strategic information management and epidemiological analysis (SD 3)	Mr. David Hales	Dr. K.A. Manathunge Ariyaratne Mr. Suchira Suranga
Health Systems Strengthening (SD 4)	Dr. Swarup Sarkar	Dr. Rasanjalee Hettiarachchi Dr. Chithran Hathurusingne
Supportive environment (SD 5)	Dr. Dulani Samaranayake	Dr. Ajith Karawita Dr. Janaka Weragoda

SD- Strategic Directives

The main steps of the external review process are given below



The key findings and the recommendations of the external review 2021 are as follows.

Status of the STI/HIV epidemic in Sri Lanka

- The number of new infections and deaths due to HIV and HIV prevalence shows a declining trend over the last 10 years because of the expanding and increasing ART coverage.
- Achievement of EMTCT along with the strong health infrastructure and ability to implement large-scale targeted interventions could be identified as the strengths of the HIV response in the country.
- The trends of STIs show a sharp decline over the years but a number of reported syphilis cases show a slight increase since the year 2000.
- However, ending AIDS by 2025 or even 2030 would remain difficult due to poor coverage of services for key populations.
- The number of new HIV infections among MSM and TG is reported to be increasing and the targeted 80% coverage of services to these key populations was not being achieved.
- The new HIV infections among FSWs, and their clients show a declining trend indicating the positive impact of the available interventions. However, due to law coverage of the services the sustainability of the above gains remain questionable.
- There is inadequate data on the prevalence of STI especially gonorrhea and syphilis and viral hepatitis
- Interventions for PWID like safe needle programmes are lagging far behind.
- Significant proportion of people are lost to follow up before initiation of ART leading to a lost opportunity to get the benefits of treatment as prevention
- The poor ability to reach “hidden” and marginalized communities remains a key issue

Strategic Direction 1 (SD1): Prevention of HIV/STI; Key observations

- According to 2018 population size estimations, a high proportion of KPs are found in four districts: namely Colombo, Gampaha, Galle and Kandy. In addition, adding another 12 districts will cover around 80% of KPs giving an opportunity to prioritize KP interventions to these districts.
- The coverage of KP interventions specially prevention interventions remain low with less attention given to CBT over the past 5 years. However, introduction of the case finder model has led to significant improvement in HIV testing.
- Reluctance of KPs to attend to STI/HIV care services remains a major challenge
- with persistent stigma and discrimination for KPs in the society leading to more and more KPs being” hidden”.
- The prevention interventions mainly focused on provision of commodities like condoms and lubricants and dissemination of simple messages. but there are no well organized client centered

approaches. not enough include provision of are mainly HIV specific and less attention has been put on STI prevention.

- CBOs remain important partners for KP interventions but their capacity still remains poor. The relationship between STD clinics staff and CBOs is not favorable in some clinics leading to reduced ability to serve KPs effectively.
- The introduction of HIV self-testing and virtual outreaching are important developments which has the potential to reach “unreached/ hidden” KPs
- HIV training among migrant workers seems insufficient. There is no established mechanism to provide HIV testing for returnee migrants
- The current interventions for young people are insufficient
- There was regular training for the tourism industry till 2018 but no training programs have been onducted since then. Further there is no established mechanism to follow up the HIV related activities among tourism industry workers

Recommendations

- Take steps to assure sufficient funding for KP program
- Improve coverage of KP services
- Tailor prevention approaches to districts based on need
    1. IBBS at district level
    2. District level microplanning
    3. Distribution of funding, staffing
- Identify specific barrios at district level in accessing STI and HIV services and address them and maximize STI service utilization
- Assure provision of quality services- without stigma and discrimination
- Consider needs of KPs in planning programs- outreach programs as needed by KPs
- Strengthen relationship with NGO CBO with district clinics, Capacity building of NGO CBO
- Assure the programs are planned based on local knowledge
- Strengthen the collaboration with Triforce and improve HIV testing among them
- Establish a system to provide HIV prevention and care services to returnee migrants
- Establish a mechanism to collaborate district STD clinic with youth training centers and assure adequate HIV/ STI related training in youth training centers
- Ensure that all private blood banks are registered with NBTC and undergo regular monitoring to assure universal provision of safe blood.

Strategic Direction 2 (SD2): Treatment, Diagnosis and Care

Key Observations

- HIV confirmation is still done using western blot leading to long turnaround time for HIV diagnosis. NSACP is in the process of implementation of three test algorithm after validation of three test algorithm.
- There is diversification of HIV testing through introducing hospital base testing, CBT testing, online outreach testing, outreach testing by STD clinic staff and trained community workers and HIV self testing
- Despite that many districts were unable to reach the KP testing targets thus lagging behind UNAIDS 90-90-90 targets highlighting the importance of improving access to HIV testing
- Facilities to diagnose STI other than syphilis are minimal. Only 5 centers apart from NRL have facilities for gonococcal culture
- STI service uptake by KPs is poor
- There are 30 centers providing antiretroviral therapy to PLHIV in the country and the treatment guidelines follow WHO treat all policy.
- Of those who are on treatment 17% are not virally suppressed thus remain as a source of transmission to others.
- There is a 9% gap of HIV screening among TB patients.
- Initiation of ART and Cotrimoxazole prophylaxis is not up to the recommendation by the national guideline

Recommendations

- Decentralization of HIV testing by the introduction of three rapid tests or ELISA test with two rapid tests based on facilities following WHO verification
- The Community Based Testing should be provided across the country or extended to at least to 10 additional districts
- Immediate implementation of the plan for expansion of gonococci culture in peripheral STD clinic laboratories.
- Decentralization of other STI diagnoses at the peripheral laboratories should be done by introducing point of care testing with multiplex assays.
- Effort to introduce HPV molecular detection for screening of cervical and anal cancers
- genotypic HIV-1 drug resistance testing in the country at the NRL,
- Plan and implement elimination of hepatitis as a public health problem and also the elimination of mother-to-child transmission of Hepatitis
- Improve STI service uptake by KPs, promote regular medical examinations for KP 'to stay healthy

- External quality assurance systems for viral load testing and CD4+ testing at the peripheral STD laboratories should be immediately implemented by the NRL.
- Improvements of laboratory infrastructure
- Improve viral load testing by introducing point of care viral load testing at district ART centers and perform at least one viral load test per year
- A differentiated and decentralized HIV service delivery model needs to be put in place
- Introduction of HIV rapid tests to TB clinics to improve HIV screening among TB patients to reduce the gap of 9%.
- All HIV /TB co infected persons must get ART and CPT as per guideline

SD 3: Strategic Information Management System; Key Observations

- One of the hallmarks of the SIM unit is its own strong commitment to learn from its experiences in the country as well as from broader international experience.
- The Electronic Information Management System (EIMS) and Prevention Information Management System (PIMS) are tentatively scheduled to be completed at the end of 2021, but have been an extended process — due partly to COVID-related delays
- There is a lack of data about outreach activities, client experience at STD clinics and the overall amount of data on KPs and the use of that data to improve HIV/STI programmes is limited.
- Engaging Provincial Health Authorities and STD clinic directors to get their support and participation in data management is a challenge.
- Despite the longstanding issues with stigma and discrimination in the country, there is limited data and understanding of its drivers.

Recommendations

- Use of data at clinic and community level
- Collect data on STD clinic operations
- Collection, analysis and use of local data
- Review the wide range of HIV and STI indicators
- Research to improve frontline HIV/STI programmes.
- Underscore the importance of NSACP and the SIM unit's plans and efforts to monitor and assess the use of EIMS and PIMS.
- Virtual Combination HIV Services
- KP involvement in monitoring and research.

SD 4: Health System Strengthening: Key Observations

- Specific projections show that targets set in the NSP (2018-2022) of the NSACP may also remain unachieved.
- The government has been able to establish STD clinics in each district, ART centers in the districts have been supervised as planned
- Training has been conducted digitally during the Covid pandemic period and the National AIDS Committee has met regularly as planned
- Poor financing of the programme particularly of the KP programmes and utilization of the allocated resources from international agencies like the Global Fund.
- Relative poor utilization of GF resources also makes these programmes underfunded

Recommendations

- There is a need for political attention to the fact that Sri Lanka, otherwise well-positioned to meet SDG indicators, is likely to fail to meet SGD 3.3 indicators, mainly due to a lack of progress on HIV and TB.
- High-level political commitment is yet to be translated into financial commitment and availability of resources.
- A framework for HIV that provides denominators and monitoring indicators for estimating resource need and output and outcome at a local level.
- Technical support facilities for mentoring KP program based on evidence
- Recruitments to be adjusted and tailored to provincial needs while ensuring that funding is sustained from the provincial and or central government.
- Given the key significance of the KP programme in reaching the target for ending AIDS, Community System Strengthening needs to be revisited

SD5: Supportive environment: Key observations

- According to the views of the members of PLHIV networks
    - Their views are heard in these subcommittees.
    - Clinic infrastructure have not been developed to cater to the increasing numbers of HIV patients
    - Stigma and discrimination in
- STD/HIV clinics are much less
- Other health care settings are lesser than previous times but still exist
- The Constitution of the Democratic Socialist Republic of Sri Lanka 1978, recognizes equal fundamental human rights for all

- National HIV/AIDS Policy of 2011 recognizes the rights of the PLHIV and specifies promotion, protection, respect and measures to be taken to eliminate discrimination and combat stigma to provide an enabling environment to seek relevant services.
- There are some laws in Sri Lanka that adversely affect key populations such as section 365 and 365 A of the Penal code, Vagrants ordinance, Brothel ordinance and section 399 of the Penal code
- There is limited progress with regard to amendments to the existing punitive laws that adversely influence HIV control
- Advocacy programmes have been conducted for higher officials in the police and media personals
- Government sector provides condoms free of charge
- There is no legal restriction to keep condoms. However, myths and poor attitudes towards condom use still persist in the society, and may hinder their use

Recommendations

- Continue and scale up advocacy and training for the police officers
- Capacity building programmes for health care staff, specifically addressing stigma and discrimination, should be continued according to an annual plan.
- Training programmes planned for the STD clinic staff on stigma and discrimination should be conducted and strengthened further
- Advocate officials of the Prisons Department for making condoms available in prison settings.

GLOBAL FUND SUPPORTED ACTIVITIES

Sathya Herath[1]

NSP Strategic Direction	Strategy/Activities supported by Global Fund
Prevention	NGO/CBO supported Peer-led HIV prevention program for Key population (KP)- Salaries & incentives
	Prison Peer-led HIV prevention Program
	Biomedical Prevention - Pre-exposure prophylaxis (PrEP) for MSM & TG
	Community-Based interventions & Harm Reduction Interventions for People who inject drugs (PWID)
	Differentiated HIV testing services for KP – Procurement, procurement supply chain managing of HIV, Syphilis, Hepatitis B &C Rapid Diagnostic Tests, HIV Self Tests,
	Condom programing to KP – Procurement of male & Female condoms, Lubricants.
	Addressing stigma, discrimination, violence, Initial, Re fresher training programs, advocacy programs, KP interventions reviews, supervisions, program implementers meetings, information material printing, and facilitating outreach activities.
Diagnosis, treatment and care	Improve Coverage of STI services, Improve ART adherence &monitoring – Training & meetings, regular meetings of subcommittees.
	Scaling up quality laboratory Services- Procurement of CD4, Viral Load cartridges, Establishment of Drug Resistance Services in Sri Lanka.
	Emergency procurement of Anti Retro Viral medications, Procurement of PrEP medications.
Strategic information management system	Health management information systems and M&E – establishing and maintenance of Program monitoring & routine reporting – Electronic Information Management System (EIMS) & Prevention Information Management System (PIMS), End term program review, Transitional Readiness Assessment,
Health systems strengthening	Grant & Program Management costs (Human resources & other costs)
	Hiring International & National Technical assistance for scale-up of PrEP, HIV Self-Test, Harm reduction interventions for PWID, assist in HIV drug resistance surveillance & establishment of HIV drug Resistance Services at National Reference Laboratory, End Term Review of the NSACP.
Supportive Environment	Programs to reduce human rights-related barriers to HIV services, Survey among police officers regarding legal barriers to KP, Advocacy programs to advocacy level media editor's on - Reporting non-stigmatizing information in the media

[1]Consultant Community Physician

Activity Progress in 2021

While continuing the routine activities, NSACP focused on scaling up new interventions. The following are noteworthy among other routine interventions mentioned in the Table of GF-supported activities.

1. Scale-up of Pre Exposure Prophylaxis
2. Scale-up of HIV self-Tests
3. Launching of Needle Syringe Exchange Services for People who inject drugs
4. Introducing Prevention Information Management System (PIMS)

Establishing ART Drug Resistance Services at the National Reference Services

The program was successful in submitting the concept note for the new Global Fund grant and received timely approval. The new grant for 2022-2024 is a single Principal Recipient grant. Total grant value is USD 63,87,963 with NSACP receiving USD 47,28,059 (74%) and the Family Planning Association (Sub Recipient) receiving USD 16,59,903 (26%).

Total Financial absorption was 83% and the table below indicates finance use according to the activities by cost groups.

Finance absorption by cost grouping in 2021

Costing Dimension (Cost Grouping or Cost Input)	Budget	Actual Expenditure	Budget vs Actual Variance	Absorption Rate
Human Resources (HR)	$2,24,678	$1,92,946	$31,731	86%
Communication Material and Publications (CMP)	$25,527	$12,355	$13,172	48%
Indirect and Overhead Costs	$1,12,859	$77,924	$34,935	69%
Travel-related costs (TRC)	$1,16,069	$63,202	$52,866	54%
External Professional Services (EPS)	$2,95,344	$2,38,220	$57,124	81%
Health Products - Non-Pharmaceuticals (HPNP)	$85,869	$87,616	($1,747)	102%
Health Products - Equipment (HPE)	$3,20,980	$3,15,688	$5,291	98%
Procurement and Supply-Chain Management costs (PSM)	$52,938	$36,895	$16,043	70%
Infrastructure (INF)	$6,30,571	$5,11,006	$1,19,564	81%
Non-health equipment (NHP)	$1,49,583	$1,40,387	$9,196	94%
Total	$20,14,416	$16,76,240	$3,38,177	83%

PUBLICATIONS OF 2021

Darshanie Mallikarachchi[1] , Kanchana Wirasinghe[2] , Gayan Mahakumbura[2]

The NSACP is the main technical body accountable for guiding the national response to HIV and STDs. Compared to previous years the number of publications is limited due to the prevailing pandemic and ongoing economic crisis in the country. Regardless of these difficulties, the NSACP managed to produce several publications during the year 2020. This year the focus was diverted more towards enhancing the skills of service providers of STI/HIV clinics of NSACP.

Publications for 2021 are given below in alphabetical order.

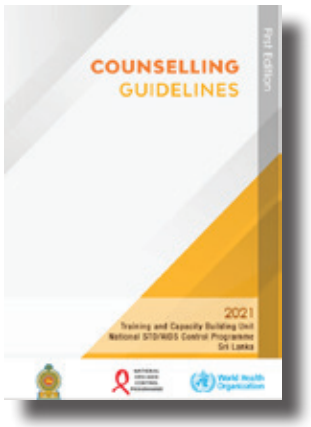
- Annual report – 2020
- Counseling Guidelines
- Flip Books
    - A. Sexually transmitted infections
    - B. HIV
    - C. Condoms
- Social Behaviour Change Communication for HIV prevention module
- STD Trainer manual for major staff
- STD Trainer manual for minor staff
- Standard Operational Procedure (SOP) guidelines

Annual report – 2020

Annual report 2020 emphasizes activities conducted by NSACP and its peripheral STD clinics. It provides useful intuition about the HIV and STI epidemic situation in the country. The annual report 2020 was published early in 2021 and relevant data and information were amassed from over 30 service delivery centers (STD and ART centers) in the country.

[1]Consultant Venereologist
[2]Acting Venereologist

Counseling Guidelines



The book provides the necessary instructions to healthcare professionals providing counselling for HIV and STI patients. This guideline is relevant for all health care settings and it covers all important aspects of counselling such as; theoretical perspectives, managing patients, preventing stigma & discrimination, and specific counselling for key populations.

Flip Books

Flipbooks were designed to reach three main areas including STD care, HIV care, and condom promotion. All three books were written in English, Sinhala, and Tamil languages. The main purpose of developing these flipbooks was to streamline the delivery of health education messages to our clients by the public health staff at the STD clinic. Therefore, the medical officers, PHNs and PHIs could refer to these books during the health education and counselling sessions at the clinic. Financial support for the development of these flipbooks was rendered by WHO.

Social Behaviour Change Communication for HIV prevention module

This module provides a guide to medical officers who train other categories of staff at the STD clinics and NGO workers who closely work with the most at-risk population in society. Thus, the health care workers who work for the prevention and control of HIV are the ultimate beneficiaries of this module. This module has been developed based on the module developed by USAID, PEPFA, LINKAGE, and FHI 360, and it was modified to suit the local needs.

STD Trainer manual for major staff

This manual covers content necessary for pre-service training of major staff attached to islandwide STD clinics in Sri Lanka. It was designed according to the format of WHO trainer modules and is user friendly. It includes session objectives that are easy to use, time duration to complete the session, training materials, and training methods.

STD Trainer manual for minor staff

This manual covers content necessary for pre-service training of minor staff attached to islandwide STD clinics in Sri Lanka. It was designed according to the format of WHO trainer modules and is user friendly. It also follows the same format as the major staff training manual.

Standard Operational Procedure (SOP) guidelines

National STD and AIDS control programme is providing quality sexual health services including STI and HIV care. The SOP for HIV/ STI care, prevention, and support services are a reliable source of reference to both programmatic and clinical service providers at the programme and its island-wide network of sexual health clinics and other stakeholders. This new guideline was revised by the experts in the field of Venereology and prepared as a guiding manual for the national and district level service providers in sexual health clinics. Financial support for this activity was given by WHO.

FINANCIAL SUMMARY

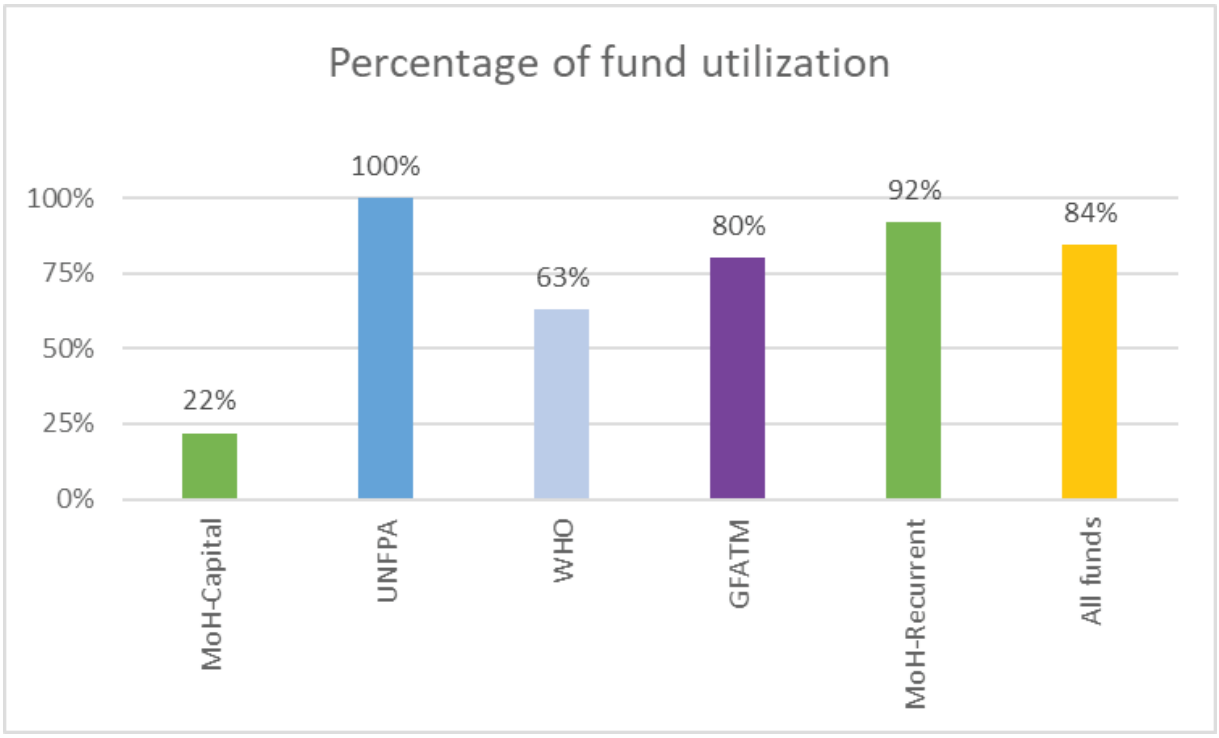
S. Muraliharan[1], Ariyaratne Manathunge[2]

Financial Source	Description	Fund Allocation (LKR)	Fund Utilization (LKR)	% utilization
1. Capital Expenditure				
Ministry of Health	Building Construction	16,246,997	5,265,139	32%
	DDG (PH)1	20,000,000	1,510,900	8%
	Furniture & Office Equipment	1,330,160	1,329,944	100%
	Construction	2,907,837	2,850,610	98%
	Service Agreement	2,369,111	1,772,272	75%
	Training Programme(GPS)	168,000	90,600	54%
	Subtotal	19,883,264	4,383,135	22%
UNFPA	Workshops, programmes etc.	912,480	912,480	100%
WHO	Workshops, review meetings. training module	5,836,886	3,679,045	63%
GFATM	Human Resources (HR)	44,645,749	38,336,168	86%
	Travel related costs (TRC)	23,064,028	12,560,539	54%
	External Professional Services (EPS)	58,687,793	45,842,407	78%
	Health Products - Non-Pharmaceuticals (HPNP)	17,063,057	17,086,083	100%
	Health Products - Equipment (HPE)	63,781,906	61,136,464	96%
	Procurement and Supply-Chain Management	10,519,285	7,539,761	72%
	Infrastructure (INF)	125,300,794	95,166,046	76%
	Non-health equipment (NHE)	29,723,611	25,688,270	86%
	Communication Material and Publications (CMP)	5,072,514	2,458,997	48%
	Indirect and Overhead Costs	22,426,318	14,237,600	63%
	Subtotal	400,285,055	320,052,335	80%
Total Capital Expenditure		426,917,685	329,026,995	77%
2. Recurrent Expenditure				
Ministry of Health	Personal Emoluments	178,127,563	168,684,350	95%
	Travelling Expenses	700,000	539,092	77%
	Supplies	7,400,000	4,452,452	60%
	Maintenance Expenditure	3,420,000	3,207,538	94%
	Services	18,600,000	15,973,588	86%
	Electricity & Water	7,500,000	3,033,432	40%
	Other	8,000,000	5,111,457	64%
	Transfers	700,000	694,037	99%
	Reagents	11,000,000	5,273,306	48%
	Training Allowances	120,000	68,000	57%
	Antiretroviral drugs	140,892,029	140,892,029	100%
	Sub total	376,459,592	347,929,282	92%
Grand Total		803,377,277	676,956,276	84%

[1] Medical Officer-Planning, SIM unit
[2] Consultant Venereologist

The above table shows the allocation and utilization of funds by NSACP during 2021. Utilization of funds allocated by Global fund is high as some of the major projects such as conducting the drug resistance establishment and development of a prevention information management system (PIMS) for NSACP were completed in this year which were planned to be completed in 2020. The government of Sri Lanka (GoSL) has been funding 100% of all of the recurrent expenses completely over the years. However, it should be noted that the funds allocated by the Ministry of Health of GoSL for peripheral STD clinics through the provincial allocations have not been captured in the budget shown below.

The figure below shows the fund utilization during 2021. The low fund use of the Ministry of Health capital budget is due to cash flow issues due to the financial crisis in the country. Overall fund utilization was 84%.



CONTACT INFORMATION OF STD CLINICS

Central province

1 Dambulla STD clinic

Address	STD clinic, District Base Hospital, Dambulla.
Email	stdclinicdambulla@gmail.com
Telephone	066-2284761 (GH)
Contact person	Dr.Anuradha Perera (Acting Venereologist)

2 Kandy STD clinic

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

3 Matale STD clinic

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

4 Nawalapitiya STD clinic

Address	STD clinic , District General Hospital, Nawalapitiya
Email	NA
Telephone	054-2222261 (GH)
Contact persons	Dr. Subashini Jayasuriya (Acting Venereologist)

5 Nuwara Eliya STD clinic

Address	STD clinic, District General Hospital, Nuwara Eliya.
Email	stdnuwaraeliya@gmail.com
Telephone	052-2223210
	052-2222261 (GH)Ext: 345
Fax	052-2223476 (GH)
Contact persons	Dr. D.O.C.De Alwis (Venereologist)*
	Dr. A.Sampath (MO/IC)
	*On foreign leave

Eastern Province

1 Ampara STD clinic

Address	STD clinic, District General Hospital, Ampara.
Email	std2ampara@gmail.com
Telephone	063-2224239
Fax	063-2222988 (RDHS Office)
Contact person	Dr. Piyumi Perera (Venereologist)
	Dr. Sampath Prasanna Dematapaksha (MO/IC)

2 Batticaloa STD clinic

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

3 Kalmunai STD clinic

Address	STD clinic, District General Hospital, Sainthamaruthu, Sainthamaruthu.
Email	stdkalmunai@gmail.com
Telephone	067-2223660
Fax	067-2223660
Contact person	Dr. Randima Wijesekara (Acting Venereologist)*
	Dr. M.N.M.Thilshan (MO/IC)
	*On foreign leave

4 Trincomalee STD clinic

Address	STD clinic, District General Hospital, Trincomalee.
Email:	shctrinco@gmail.com
Telephone	026-2222563
Fax	026-2222563
Contact person	Dr. Heminda Wijayasinghe (Acting Venereologist)*
	Dr. A.Devarajah (MO/IC)

* on overseas leave

Eastern Province

1 Ampara STD clinic

Address	STD clinic, District General Hospital, Ampara.
Email	std2ampara@gmail.com
Telephone	063-2224239
Fax	063-2222988 (RDHS Office)
Contact person	Dr. Piyumi Perera (Venereologist)
	Dr. Sampath Prasanna Dematapaksha (MO/IC)

2 Batticaloa STD clinic

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

3 Kalmunai STD clinic

Address	STD clinic, District General Hospital, Sainthamaruthu, Sainthamaruthu.
Email	stdkalmunai@gmail.com
Telephone	067-2223660
Fax	067-2223660
Contact person	Dr. Randima Wijesekara (Acting Venereologist)*
	Dr. M.N.M.Thilshan (MO/IC)

4 Trincomalee STD clinic

Address	STD clinic, District General Hospital, Trincomalee.
Email:	shctrinco@gmail.com
Telephone	026-2222563
Fax	026-2222563
Contact person	Dr. Heminda Wijayasinghe (Acting Venereologist)*
	Dr. A.Devarajah (MO/IC)

* on overseas leave

North Central Province

1 Anuradhapura STD clinic

Address	STD clinic, Room No 11, Teaching Hospital, Anuradhapura
Email	stdclinic.anuradhapura@gmail.com
Telephone	025-2236461
	071-8103001
Fax	025-2225616 (TH)
Website	https://sites.google.com/view/sexual-health-anuradhapura/home
Contact person	Dr. Ajith Karawita (Venereologist)
	Dr Thilani Rathnayake (Venereologist)
	Dr. Ravi Herath (MO/STD)
	Dr. Hema Weerakoon (MO/STD)

2 Polonnaruwa STD clinic

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

North Western Province

1 Chilaw STD clinic

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

2 Kuliyapitiya STD clinic

Address	STD clinic, Teaching Hospital, Kuliyapitiya.
Email	stdclinicKuliyapitiya@gmail.com
Telephone	037-2281261
Contact person	Dr.Vino Dharmakulasinghe (Venereologist)

3 Kurunegala STD clinic

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

4 Puttalam STD clinic

Address	Unit 13, Base Hospital Puttalam,Puttalam.
Email	stdputtalama@gmail.com
Telephone	0322 265 261 (GH)
	Dr. Priyantha Batagalla (Venereologist)
Contact person	Dr. Geethika Namarathna (MO/IC)

Northern Province

1 Jaffna STD clinic

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

2 Kilinochchi STD clinic

Address	STD clinic, District General Hospital, Kilinochchi.
Email	stdkilinochchi@gmail.com
Telephone	021-2283709
	021-2285329 (GH)Ext: 194
Fax	021-2285327 (GH)
Contact persons	Dr. Damindu Thanthrige (Acting Venereologist)*
	Dr. Elankumaran Velayathapillai (MO/IC)
	*On foreign leave

3 Mannar STD clinic

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

4 Mullaitivu STD clinic

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

5 Vavuniya STD clinic

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

Sabaragamuwa Province

1 Kegalle STD clinic

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

2 Ratnapura STD clinic

Address	STD clinic, Teaching Hospital Ratnapura.
Email	stdclinic.ratnapura@gmail.com
Telephone	045-2221561 (Venereologist)
	045-2226561
Contact persons	Dr.Upuli Abeyrathna (Acting Venereologist)
	Dr. H.A.K.A. Jayarathne (MO/STD)

3 Embilipitiya STD clinic

Address	STD clinic, District General Hospital, Embilipitiya.
Email	stdclinic.embilipitiya@gmail.com
Telephone	047-2230261 (GH)
Fax	047-2230141
Contact persons	Dr. Inoka Munasinghe (Acting Venereologist)*

* On overseas leave

Southern Province

1 Balapitiya STD clinic

Address	STD clinic, Base Hospital, Balapitiya.
Email	stdbalapitiya@gmail.com
Telephone	091-2256822
Fax	091-2256410 (BH)
Contact persons	Dr Anuruddha H Karunaratne (Acting Venereologist)*
	Dr. H.D.Fernando (MO/IC)

2 Galle STD clinic

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

3 Tangalle STD clinic

Address	STD clinic , Base hospital, Tangalle.
	stdclinictangalle@gmail.com
Telephone	047-2240261
	Ext: 220
Contact person	Dr. Rachini Perera (Acting Venereologist)

4 Hambantota STD clinic

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

5 Matara STD clinic

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

* On overseas leave

Uva Province

1 Badulla STD clinic

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

2 Mahiyanganaya STD clinic

Address	STD clinic, Room 22, Base Hospital, Mahiyanganaya.
Email	stdclinicmahi@gmail.com
Telephone	055-4936779
Fax	055-2223750
Contact person	Dr. Chathurika Wickramarathne (Acting Venereologist)

3 Monaragala STD clinic

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

* On overseas leave

Western Province

1 Avissawella STD clinic

Address	STD clinic, Room 5, OPD Complex, Base Hospital,Avissawella.
Email	stdavissawella@yahoo.com
Telephone	036-2222003
	036-2222261/62 (BH)
	Ext: 228
Contact person	Dr. Gayani Nanayakara (Venereologist)
	Dr. Ayesha Rupasinghe (MO/STD)

2 Colombo Central STD clinic (National STD/AIDS Control Programme)

Address	29, De Saram Place, Colombo 10.
Email	info@aidscontrol.gov.lk
Telephone	011-2667163 (Exchange)
Hot lines	011-2695420 (Female clinic)
	011-2-695430 (Male clinic)
Fax	011-2665277
Contact persons	Dr. R.Hettiarachchi (Director)
	Dr. L.I.Rajapaksa (Venereologist/Deputy Director)*
	Dr. K.A.Manathunge Ariyaratne (Venereologist)
	Dr. S.Benaragama (Epidemiologist)
	Dr. J.P.Elwitigala (Microbiologist)
	Dr. Sathya Herath (Community Physician)
	Dr. Himali P. Perera (Venereologist)**
	Dr. Chandrika .Jayakody (Venereologist)*
	Dr. Geethani Samaraweeera (Venereologist)
	Dr. Janaka Weragoda (Community Physician)
	Dr Dilmini Mendis (Venereologgist)**
	Dr Darshanie Mallikarachchi (Venereologist)**
	Dr Nimali Jayyasuriya (Venereologist)

*retired, **On overseas leave

3 Gampaha STD clinic

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

4 Homagama STD clinic

Address	OPD Building, Base Hospital, Homagama.
Telephone	011-2855200
Contact person	Dr. Shanika Jayasena (Acting Venereologist)

5 Kalubowila STD clinic

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

6 Kalutara STD clinic

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

7 Negombo STD clinic

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

8 Panadura STD clinic

Address	STD clinic, Base Hospital, Panadura.
Telephone	038-2232261
Contact person	Dr. Kokilanthi Dharmaratna (Acting Venereologist)
	Dr. Wasantha Perera (MO/IC)

9 Ragama STD clinic

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

10 Wathupitiwala STD clinic

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

(Photos of Peripheral STD clinics

ANNEX-1

1.1 Reported infectious syphilis cases, 2019-2021

Province	Clinic	2019			2020			2021		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	NA	NA	NA	1	1	2	1	0	1
	Kandy	0	0	0	1	0	1	3	1	4
	Matale	0	0	0	0	0	0	0	0	0
	Nawalapitiya	NA	NA	NA	0	0	0	0	0	0
	Nuwara Eliya	1	2	3	2	0	2	0	1	1
Eastern Province	Ampara	0	0	0	0	0	0	1	0	1
	Batticaloa	9	1	10	7	6	13	8	4	12
	Kalmunai	0	0	0	0	0	0	0	0	0
	Trincomalee	2	0	2	4	4	8	1	1	2
North Central province	Anuradhapura	0	0	0	0	0	0	0	0	0
	Polonnaruwa	0	0	0	3	0	3	1	1	2
North Western Province	Chilaw	4	1	5	0	0	0	0	0	0
	Kuliyapitiya	0	0	0	0	0	0	1	0	1
	Kurunegala	0	0	0	0	0	0	4	0	4
	Puttalam	NA	NA	NA	0	0	0	1	0	1
Northern Province	Jaffna	9	1	10	1	1	2	6	3	9
	Kilinochchi	0	0	0	1	0	1	1	1	2
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	2	1	3
	Vavuniya	1	1	2	4	3	7	1	1	2
Sabaragamuwa Province	Embilipitiya	0	0	0	0	0	0	1	0	1
	Kegalle	0	0	0	0	0	0	0	0	0
	Ratnapura	1	1	2	1	0	1	2	1	3
Southern Province	Balapitiya	1	0	1	12	1	13	1	1	2
	Hambanthota	2	2	4	3	1	4	3	0	3
	Mahamodara	2	0	2	3	0	3	7	3	10
	Matara	2	1	3	9	2	11	5	1	6
	Tangalle	NA	NA	NA	0	0	0	0	0	0
UVA Province	Badulla	12	9	21	0	6	6	5	5	10
	Mahiyanganaya	NA	NA	NA	1	0	1	0	0	0
	Monaragala	2	3	5	-	-	-	9	5	14
Western Province	Avissawella	0	0	0	1	1	2	3	0	3
	Colombo	22	4	26	17	7	24	31	4	35
	Gampaha	1	0	1	5	2	7	4	0	4
	Homagama	NA	NA	NA	0	0	0	0	0	0
	Kalubowila	9	3	12	11	0	11	12	0	12
	Kalutara	2	1	3	3	2	5	4	3	7
	Negombo	3	0	3	3	1	4	1	2	3
	Panadura	NA	NA	NA	0	0	0	2	0	2
	Ragama	4	1	5	15	4	19	11	3	14
	Wathupitiwala	0	0	0	0	0	0	3	2	5
Total		89	31	120	108	42	150	135	44	179

ANNEX-1

1.2 Reported late syphilis cases, 2019-2021

Province	Clinic	2019			2020			2021		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	NA		NA	0	0	0	0	2	2
	Kandy	11	7	18	17	7	24	14	2	16
	Matale	3	3	6	6	1	7	3	3	6
	Nawalapitiya	NA	NA	NA	0	0	0	0	0	0
	Nuwara Eliya	10	6	16	3	4	7	7	7	14
Eastern Province	Ampara	5	5	10	2	4	6	3	2	5
	Batticaloa	7	5	12	12	1	13	11	4	15
	Kalmunai	2	0	2	1	0	1	1	0	1
	Trincomalee	4	2	6	4	0	4	8	5	13
North Central province	Anuradhapura	11	8	19	10	5	15	3	1	4
	Polonnaruwa	17	5	22	7	6	13	6	6	12
North Western Province	Chi law	7	5	12	9	4	13	11	5	16
	Kuliyapitiya	0	0	0	1	0	1	0	1	1
	Kurunegala	21	24	45	14	10	24	21	11	32
	Puttalam	NA	NA	NA	2	1	3	1	1	2
Northern Province	Jaffna	5	0	5	16	10	26	11	7	18
	Kilinochchi	1	0	1	1	1	2	0	2	2
	Mannar	0	0	0	1	1	2	1	1	2
	Mullaitivu	0	1	1	0	0	0	0	0	0
	Vavuniya	7	2	9	2	2	4	2	3	5
Sabaragamuwa Province	Embilipitiya	3	2	5	0	0	0	3	2	5
	Kegalle	6	4	10	10	3	13	7	0	7
	Ratnapura	11	6	17	13	4	17	9	8	17
Southern Province	Balapitiya	7	2	9	22	3	25	1	0	1
	Hambanthota	14	1	15	14	7	21	11	3	14
	Mahamodara	33	14	47	16	9	25	19	12	31
	Matara	17	11	28	11	3	14	6	4	10
	Tangalle	NA	NA	NA	1	0	1	1	0	1
UVA Province	Badulla	5	4	9	6	1	7	10	4	14
	Mahiyanganaya	NA	NA	NA	0	0	0	4	2	6
	Monaragala	2	1	3	_	_	_	1	3	4
Western Province	Avissawella	3	2	5	2	1	3	5	0	5
	Colombo	184	85	269	68	29	97	75	30	105
	Gampaha	6	4	10	6	2	8	14	4	18
	Homagama	NA	NA	NA	0	0	0	0	3	3
	Kalubowila	26	15	41	22	7	29	20	3	23
	Kalutara	11	13	24	9	8	17	9	6	15
	Negombo	11	7	18	12	4	16	10	7	17
	Panadura	NA	NA	NA	0	1	1	6	2	8
	Ragama	39	7	46	23	3	26	15	5	20
	Wathupitiwala	4	3	7	7	1	8	3	0	3
Total		493	254	747	350	143	493	332	161	493

Annex-1

1.3 Reported gonorrhoea cases, 2019-2021

Province	Clinic	2019			2020			2021		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	NA	NA	NA	0	0	0	1	0	1
	Kandy	3	0	3	6	1	7	2	0	2
	Matale	0	1	1	0	2	2	1	1	2
	Nawalapitiya	NA	NA	NA	0	0	0	0	0	0
	Nuwara Eliya	4	1	5	3	3	6	6	4	10
Eastern Province	Ampara	0	1	1	5	1	6	3	0	3
	Batticaloa	1	0	1	10	4	14	3	1	4
	Kalmunai	0	1	1	1	0	1	1	1	2
	Trincomalee	3	0	3	4	1	5	4	0	4
North Central province	Anuradhapura	11	3	14	2	1	3	8	1	9
	Polonnaruwa	16	4	20	10	3	13	9	11	20
North Western Province	Chilaw	4	0	4	3	0	3	6	2	8
	Kuliyapitiya	0	0	0	0	1	1	2	0	2
	Kurunegala	3	3	6	4	0	4	6	0	6
	Puttalam	NA	NA	NA	0	0	0	1	0	1
Northern Province	Jaffna	10	0	10	10	2	12	13	0	13
	Kilinochchi	3	0	3	5	2	7	0	1	1
	Mannar	0	0	0	0	0	0	1	0	1
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	7	0	7	6	4	10	3	1	4
Sabaragamuwa Province	Embilipitiya	0	1	1	2	0	2	1	2	3
	Kegalle	5	3	8	1	0	1	6	0	6
	Ratnapura	2	0	2	1	0	1	1	0	1
Southern Province	Balapitiya	1	0	1	10	1	11	0	0	0
	Hambanthota	13	6	19	8	2	10	1	3	4
	Mahamodara	10	0	10	3	0	3	2	0	2
	Matara	12	0	12	10	1	11	2	1	3
	Tangalle	NA	NA	NA	0	0	0	0	0	0
UVA Province	Badulla	5	0	5	2	2	4	2	1	3
	Mahiyanganaya	NA	NA	NA	1	0	1	0	0	0
	Monaragala	2	1	3	_	_	_	0	1	1
Western Province	Avissawella	2	0	2	4	0	4	3	0	3
	Colombo	64	20	84	60	8	68	71	6	77
	Gampaha	4	0	4	8	0	8	14	0	14
	Homagama	NA	NA	NA	0	0	0	1	1	2
	Kalubowila	34	4	38	28	4	32	48	6	54
	Kalutara	12	3	15	3	0	3	4	0	4
	Negombo	16	1	17	4	0	4	10	1	11
	Panadura	NA	NA	NA	1	0	1	6	0	6
	Ragama	30	1	31	12	1	13	12	0	12
	Wathupitiwala	1	0	1	2	0	2	6	1	7
Total		278	54	332	229	44	273	260	46	306

Annex-1
1.4 Reported non gonococcal cases, 2019-2021

Province	Clinic	2019			2020			2021		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	NA	NA	NA	3	2	5	0	8	8
	Kandy	22	69	91	19	38	57	18	42	60
	Matale	13	84	97	7	84	91	4	48	52
	Nawalapitiya	NA	NA	NA	0	0	0	0	0	0
	Nuwara Eliya	0	0	0	2	5	7	2	5	7
Eastern Province	Ampara	6	3	9	1	2	3	23	16	39
	Batticaloa	1	7	8	7	3	10	1	0	1
	Kalmunai	8	2	10	1	2	3	2	0	2
	Trincomalee	0	0	0	4	4	8	4	8	12
North Central province	Anuradhapura	20	9	29	21	20	41	13	29	42
	Polonnaruwa	42	36	78	16	30	46	17	25	42
North Western Province	Chilaw	2	60	62	0	16	16	2	14	16
	Kuliyapitiya	0	0	0	1	2	3	2	0	2
	Kurunegala	111	230	341	76	151	227	24	76	100
	Puttalam	NA	NA	NA	1	1	2	2	4	6
Northern Province	Jaffna	21	0	21	8	0	8	11	2	13
	Kilinochchi	8	4	12	9	10	19	0	1	1
	Mannar	0	0	0	2	0	2	0	0	0
	Mullaitivu	0	0	0	1	0	1	0	0	0
	Vavuniya	9	3	12	7	3	10	3	7	10
Sabaragamuwa Province	Embilipitiya	13	35	48	13	39	52	15	22	37
	Kegalle	23	16	39	7	23	30	4	3	7
	Ratnapura	12	18	30	5	2	7	3	1	4
Southern Province	Balapitiya	21	25	46	16	14	30	5	10	15
	Hambanthota	15	33	48	8	23	31	5	10	15
	Mahamodara	14	34	48	10	33	43	14	18	32
	Matara	10	16	26	18	29	47	4	18	22
	Tangalle	NA	NA	NA	0	2	2	7	6	13
UVA Province	Badulla	7	21	28	8	25	33	7	30	37
	Mahiyanganaya	NA	NA	NA	11	12	23	12	111	123
	Monaragala	8	31	39	_	_	_	4	43	47
Western Province	Avissawella	14	7	21	6	0	6	3	0	3
	Colombo	253	856	1109	112	326	438	82	156	238
	Gampaha	19	115	134	12	65	77	7	33	40
	Homagama	NA	NA	NA	2	1	3	1	5	6
	Kalubowila	337	450	787	171	188	359	78	58	136
	Kalutara	15	15	30	8	17	25	8	24	32
	Negombo	34	119	153	10	46	56	6	58	64
	Panadura	NA	NA	NA	6	13	19	11	10	21
	Ragama	69	100	169	49	79	128	19	46	65
	Wathupitiwala	4	13	17	4	4	8	3	11	14
Total		1131	2411	3542	662	1314	1976	426	958	1384

Annex-1
1.5 Reported herpes cases, 2019-2021

Province	Clinic	2019			2020			2021		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	NA	NA	NA	0	2	2	3	8	11
	Kandy	33	99	132	26	72	98	19	53	72
	Matale	30	46	76	19	29	48	15	16	31
	Nawalapitiya	NA	NA	NA	0	0	0	2	7	9
	Nuwara Eliya	2	17	19	4	16	20	7	14	21
Eastern Province	Ampara	11	29	40	20	23	43	23	25	48
	Batticaloa	15	12	27	7	12	19	3	11	14
	Kalmunai	1	8	9	1	7	8	3	5	8
	Trincomalee	6	19	25	8	13	21	9	6	15
North Central province	Anuradhapura	39	62	101	36	64	100	25	47	72
	Polonnaruwa	44	78	122	29	46	75	24	33	57
North Western Province	Chilaw	47	51	98	35	34	69	28	17	45
	Kuliyapitiya	9	11	20	10	8	18	8	10	18
	Kurunegala	84	152	236	47	71	118	54	58	112
	Puttalam	NA	NA	NA	1	6	7	1	16	17
Northern Province	Jaffna	8	20	28	12	7	19	5	11	16
	Kilinochchi	12	9	21	7	12	19	4	1	5
	Mannar	0	0	0	3	0	3	0	0	0
	Mullaitivu	3	2	5	0	1	1	3	7	10
	Vavuniya	10	25	35	13	11	24	9	13	22
Sabaragamuwa Province	Embilipitiya	32	32	64	21	37	58	17	30	47
	Kegalle	39	91	130	48	61	109	41	45	86
	Ratnapura	53	60	113	33	59	92	25	51	76
Southern Province	Balapitiya	37	47	84	43	27	70	11	19	30
	Hambanthota	33	51	84	30	36	66	16	24	40
	Mahamodara	48	83	131	40	57	97	23	34	57
	Matara	39	62	101	27	50	77	11	21	32
	Tangalle	NA	NA	NA	1	2	3	6	8	14
UVA Province	Badulla	44	72	116	21	38	59	23	39	62
	Mahiyanganaya	NA	NA	NA	8	23	31	16	23	39
	Monaragala	15	58	73	_	_	_	7	22	29
Western Province	Avissawella	33	42	75	40	27	67	19	21	40
	Colombo	262	186	448	161	106	267	109	86	195
	Gampaha	49	61	110	34	32	66	19	26	45
	Homagama	NA	NA	NA	0	9	9	1	5	6
	Kalubowila	173	171	344	95	93	188	63	62	125
	Kalutara	34	91	125	44	78	122	17	62	79
	Negombo	54	64	118	29	41	70	25	42	67
	Panadura	NA	NA	NA	8	17	25	13	19	32
	Ragama	90	93	183	65	44	109	31	40	71
	Wathupitiwala	23	49	72	18	30	48	14	14	28
Total		1412	1953	3365	1044	1301	2345	752	1051	1803

Annex-1

1.6 Reported genital wart cases, 2019-2021

Province	Clinic	2019			2020			2021		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	NA	NA	NA	5	7	12	6	13	19
	Kandy	47	60	107	40	28	68	37	40	77
	Matale	13	18	31	22	14	36	17	13	30
	Nawalapitiya	NA	NA	NA	0	0	0	0	6	6
	Nuwara Eliya	5	0	5	5	7	12	1	4	5
Eastern Province	Ampara	30	21	51	23	18	41	23	15	38
	Batticaloa	7	5	12	7	3	10	4	4	8
	Kalmunai	2	3	5	2	0	2	6	2	8
	Trincomalee	12	3	15	6	9	15	16	10	26
North Central province	Anuradhapura	41	27	68	50	51	101	40	31	71
	Polonnaruwa	50	37	87	31	21	52	22	25	47
North Western Province	Chilaw	60	43	103	27	22	49	20	14	34
	Kuliyapitiya	13	9	22	17	10	27	14	13	27
	Kurunegala	76	88	164	46	54	100	105	71	176
	Puttalam	NA	NA	NA	8	6	14	27	12	39
Northern Province	Jaffna	23	8	31	22	16	38	33	11	44
	Kilinochchi	9	0	9	3	2	5	1	1	2
	Mannar	0	0	0	0	1	1	0	1	1
	Mullaitivu	0	2	2	0	0	0	3	0	3
	Vavuniya	18	13	31	8	5	13	12	9	21
Sabaragamuwa Province	Embilipitiya	19	14	33	24	15	39	15	11	26
	Kegalle	49	62	111	54	36	90	37	28	65
	Ratnapura	29	35	64	34	32	66	23	43	66
Southern Province	Balapitiya	17	16	33	29	23	52	12	7	19
	Hambanthota	57	30	87	42	29	71	29	20	49
	Mahamodara	51	65	116	27	20	47	30	34	64
	Matara	44	32	76	48	32	80	26	19	45
	Tangalle	NA	NA	NA	5	3	8	10	7	17
UVA Province	Badulla	30	35	65	26	32	58	21	25	46
	Mahiyanganaya	NA	NA	NA	7	19	26	12	12	24
	Monaragala	17	15	32	_	_	_	5	11	16
Western Province	Avissawella	29	27	56	26	30	56	17	17	34
	Colombo	327	135	462	160	70	230	164	65	229
	Gampaha	56	48	104	49	41	90	24	30	54
	Homagama	NA	NA	NA	7	9	16	3	6	9
	Kalubowila	127	88	215	86	44	130	67	36	103
	Kalutara	107	103	210	50	45	95	48	33	81
	Negombo	59	58	117	36	30	66	24	15	39
	Panadura	NA	NA	NA	9	15	24	12	10	22
	Ragama	100	65	165	66	43	109	48	31	79
	Wathupitiwala	13	19	32	10	16	26	9	8	17
Total		1537	1184	2721	1117	858	1975	1023	763	1786

Annex-1

1.7 Reported trichomonasis cases, 2019-2021

Province	STD Clinic	2019			2020			2021		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	NA	NA	NA	0	0	0	0	0	0
	Kandy	0	0	0	0	1	1	0	0	0
	Matale	0	0	0	0	1	1	0	0	0
	Nawalapitiya	NA	NA	NA	0	0	0	0	0	0
	Nuwara Eliya	0	0	0	0	0	0	0	1	1
Eastern Province	Ampara	0	0	0	0	0	0	0	0	0
	Batticaloa	0	0	0	0	0	0	4	0	4
	Kalmunai	0	0	0	0	0	0	0	0	0
	Trincomalee	0	0	0	0	0	0	0	0	0
North Central province	Anuradhapura	0	1	1	0	0	0	0	1	1
	Polonnaruwa	0	1	1	0	0	0	0	1	1
North Western Province	Chilaw	0	0	0	0	0	0	0	0	0
	Kuliyapitiya	0	0	0	0	1	1	0	0	0
	Kurunegala	0	6	6	0	1	1	0	0	0
	Puttalam	NA	NA	NA	0	0	0	0	0	0
Northern Province	Jaffna	0	0	0	0	0	0	0	0	0
	Kilinochchi	0	0	0	2	1	3	0	0	0
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	0	0	0	0	0	0	0	1	1
Sabaragamuwa Province	Embilipitiya	0	0	0	0	0	0	0	0	0
	Kegalle	0	1	1	0	2	2	0	1	1
	Ratnapura	0	1	1	0	2	2	0	2	2
Southern Province	Balapitiya	0	0	0	0	2	2	0	0	0
	Hambanthota	0	1	1	0	0	0	0	4	4
	Mahamodara	0	0	0	0	0	0	0	0	0
	Matara	0	0	0	0	0	0	0	0	0
	Tangalle	NA	NA	NA	0	0	0	0	1	1
UVA Province	Badulla	0	5	5	0	8	8	0	3	3
	Mahiyanganaya	NA	NA	NA	0	1	1	0	0	0
	Monaragala	0	0	0	-	-	-	0	0	0
Western Province	Avissawella	0	0	0	0	0	0	0	0	0
	Colombo	4	20	24	1	9	10	0	10	10
	Gampaha	0	2	2	0	1	1	0	1	1
	Homagama	NA	NA	NA	0	0	0	0	0	0
	Kalubowila	2	15	17	2	1	3	0	3	3
	Kalutara	0	0	0	0	0	0	0	1	1
	Negombo	0	3	3	0	0	0	0	0	0
	Panadura	NA	NA	NA	0	1	1	1	1	2
	Ragama	0	1	1	0	1	1	0	0	0
	Wathupitiwala	0	0	0	0	0	0	0	0	0
Total		6	57	63	5	33	38	5	31	36

ANNEX-2

2.1 Number of clinic attendees and details of clinic attendances for STD clinics during 2021

Province	District	New patients registered			Total new patients with STIs	Total clinic visits by STD patients	Total visits by others
		Male	Female	Total			
Central Province	Dambulla	60	121	181	61	420	227
	Kandy	351	381	732	363	1,864	777
	Matale	139	162	301	191	1,038	352
	Nawalapitiya	26	41	67	23	-	67
	Nuwara Eliya	88	124	212	76	600	212
Eastern Province	Ampara	196	211	407	370	1,086	455
	Batticaloa	80	99	179	68	767	160
	Kalmunai	38	30	68	34	322	70
	Trincomalee	116	180	296	101	348	315
North Central Province	Anuradhapura	250	261	511	294	896	511
	Polonnaruwa	182	262	444	231	780	453
North Western Province	Chilaw	147	133	280	135	876	348
	Kuliyapitiya	57	76	133	50	320	133
	Kurunegala	423	623	1,046	278	2,103	1,414
	Puttalam	77	158	235	108	711	247
Northern Province	Jaffna	176	91	267	134	502	224
	Kilinochchi	35	48	83	33	175	110
	Mannar	42	41	83	12	-	20
	Mullaitivu	155	131	286	17	356	286
	Vavuniya	89	87	176	80	425	192
Sabaragamuwa Province	Embilipitiya	91	80	171	90	566	241
	Kegalle	199	167	366	216	1,613	588
	Ratnapura	380	346	726	227	1,152	901
Southern Province	Balapitiya	171	167	338	94	216	669
	Hambanthota	252	221	473	220	1,283	582
	Mahamodara	338	267	605	246	1,772	668
	Matara	273	160	433	212	1,351	600
	Tangalle	105	101	206	73	294	206
UVA Province	Badulla	706	717	1,423	277	3,578	1,511
	Mahiyangan-aya	242	290	532	321	967	911
	Monaragala	118	190	308	170	846	2,658
Western Province	Avissawella	117	130	247	140	1,059	308
	Colombo	2,041	784	2,825	1,189	12,342	3,334
	Gampaha	195	147	342	165	1,318	467
	Homagama	15	35	50	35	125	51
	Kalubowila	489	294	783	418	3,191	1,494
	Kalutara	258	265	523	260	1,336	732
	Negombo	183	301	484	269	1,739	661
	Panadura	157	165	322	159	686	322
	Ragama	341	246	587	319	1,862	698
	Wathupitiwala	103	90	193	114	355	213
Total		9,501	8,423	17,924	7,873	51,240	24,388

Annex-2

2.2 Number of clinic attendees and the reason for attendance among new STD clinic attendees in 2021

Province	Clinic	Contact of patients	Voluntarily	Referral from magistrate/court	Others
Central Province	Dambulla	21	46	82	32
	Kandy	28	246	137	321
	Matale	23	87	57	134
	Nawalapitiya	3	3	17	44
	Nuwara Eliya	19	17	56	120
Eastern Province	Ampara	21	132	61	193
	Batticaloa	19	5	27	128
	Kalmunai	3	15	20	30
	Trincomalee	11	17	102	166
North Central province	Anuradhapura	32	188	38	253
	Polonnaruwa	13	204	108	119
North Western Province	Chilaw	41	112	30	97
	Kuliyapitiya	0	26	32	75
	Kurunegala	16	350	195	485
	Puttalam	15	51	95	74
Northern Province	Jaffna	20	31	37	179
	Kilinochchi	6	8	17	52
	Mannar	6	13	8	56
	Mullaitivu	1	22	24	239
	Vavuniya	13	23	45	95
Sabaragamuwa Province	Embilipitiya	11	76	50	34
	Kegalle	29	160	99	171
	Ratnapura	30	124	318	254
Southern Province	Balapitiya	24	70	47	197
	Hambanthota	19	122	146	186
	Mahamodara	55	132	84	334
	Matara	30	161	78	164
	Tangalle	3	19	65	66
UVA Province	Badulla	27	146	99	1151
	Mahiyanganaya	63	199	30	240
	Monaragala	20	38	119	131
Western Province	Avissawella	7	68	72	100
	Colombo	108	1776	34	907
	Gampaha	21	148	28	145
	Homagama	5	6	7	32
	Kalubowila	44	421	81	237
	Kalutara	50	219	223	190
	Negombo	41	90	135	218
	Panadura	14	79	51	178
	Ragama	33	189	78	287
	Wathupitiwala	3	51	13	68
Total		948	5890	3045	8182

Annex-2

2.3 Number of patients with confirmed syphilis diagnoses completing treatment in 2021

Province	STD clinic	Number of diagnosed with syphilis	Number completed treatment	No. of pregnant women diagnosed with syphilis	No. of pregnant women completed treatment
Central Province	Dambulla	2	2	0	0
	Kandy	21	19	1	1
	Matale	5	4	2	2
	Nawalapitiya	1	1	0	0
	Nuwara Eliya	16	15	7	7
Eastern Province	Ampara	5	5	0	0
	Batticaloa	24	24	4	4
	Kalmunai	1	1	0	0
	Trincomalee	14	11	3	2
North Central province	Anuradhapura	4	3	0	0
	Polonnaruwa	13	12	2	2
North Western Province	Chilaw	15	13	2	2
	Kuliyapitiya	2	2	0	0
	Kurunegala	5	3	1	1
	Puttalam	2	1	0	0
Northern Province	Jaffna	27	24	7	7
	Kilinochchi	4	4	1	1
	Mannar	7	7	1	1
	Mullaitivu	3	1	0	0
	Vavuniya	8	7	0	0
Sabaragamuwa Province	Embilipitiya	4	3	2	2
	Kegalle	7	1	0	0
	Ratnapura	22	20	2	1
Southern Province	Balapitiya	1	1	0	0
	Hambanthota	17	15	3	3
	Mahamodara	41	38	2	2
	Matara	16	14	3	3
	Tangalle	1	1	0	0
UVA Province	Badulla	23	23	2	2
	Mahiyanganaya	0	0	0	0
	Monaragala	18	18	2	2
Western Province	Avissawella	8	7	0	0
	Colombo	143	101	9	9
	Gampaha	21	17	1	1
	Homagama	3	3	0	0
	Kalubowila	34	31	1	1
	Kalutara	18	17	2	1
	Negombo	20	20	0	0
	Panadura	10	10	0	0
	Ragama	31	27	1	1
	Wathupitiwala	6	5	0	0
Total		623	531	61	58

Annex-2

2.4 Samples screened for HIV infection during 2021

Province	Clinic	No. screened for HIV (ELISA, PA, RAPID)				No. confirmed HIV positive				
		STD pt. samples	Ante-natal samples	Pre emp. samples	Other samples	STD pt. samples	Ante-natal samples	Pre emp. samples	Other samples	Total
Central Province	Dambulla	264	5	258	125	-	-	-	-	-
	Kandy	1,316	14,260	458	6,966	14	-	-	6	20
	Matale	498	7,454	742	1,488	4	-	-	-	4
	Nawalapitiya	1	-	-	-	1	-	-	-	1
	Nuwara Eliya	349	9,521	846	913	4	1	-	1	6
Eastern Province	Ampara	484	4,209	-	290	-	-	-	-	-
	Batticaloa	159	8,309	761	1,169	2	-	-	-	2
	Kalmunai	88	8,701	201	673	3	-	-	-	3
	Trincomalee	335	8,340	1,354	539	2	2	-	2	6
North Central province	Anuradhapura	720	13,363	2,506	9,190	6	1	-	-	7
	Polonnaruwa	701	5,772	555	5,175	7	-	-	1	8
North Western Province	Chilaw	1,280	13,051	193	355	8	-	-	-	8
	Kuliyapitiya	108	-	-	4	-	-	-	-	-
	Kurunegala	1,209	21,762	15	713	3	-	-	2	5
	Puttalam	286	14	247	160	-	-	-	-	-
Northern Province	Jaffna	409	6,522	530	3,832	6	-	-	1	7
	Kilinochchi	83	2,908	339	773	-	-	-	-	-
	Mannar	-	2,386	405	130	-	-	-	1	1
	Mullaitivu	341	1,209	-	16	-	-	-	-	-
	Vavuniya	495	2,609	1,032	287	1	-	-	-	1
Sabarag-amuwa Province	Embilipitiya	420	8	141	480	-	-	-	-	-
	Kegalle	1,359	9,675	3	800	6	-	-	-	6
	Ratnapura	1,724	15,228	1,911	1,863	4	-	-	-	4
Southern Province	Balapitiya	502	4,589	25	1,052	-	-	-	-	-
	Hambanthota	670	9,930	607	2,777	11	-	-	2	13
	Mahamodara	1,472	8,480	1,041	2,782	17	-	-	-	17
	Matara	1,289	9,994	2,003	1,641	7	1	-	-	8
	Tangalle	307	9	100	259	1	-	-	-	1
UVA Province	Badulla	2,941	9,455	2,759	510	3	1	-	1	5
	Mahiyangan-aya	351	2,077	399	90	-	-	-	-	-
	Monaragala	378	8,358	769	2,249	1	-	-	-	1
Western Province	Avissawella	345	29	413	161	6	-	-	-	6
	Colombo	6,956	46,276	4,752	24,279	88	5	-	79	172
	Gampaha	471	12,920	914	322	4	1	-	-	5
	Homagama	60	-	-	9	-	-	-	-	-
	Kalubowila	1,163	139	1,084	1,441	18	-	-	4	22
	Kalutara	1,171	15,403	17	1,349	8	-	-	-	8
	Negombo	896	6,546	455	1,015	11	2	-	-	13
	Panadura	60	1	2	89	1	-	-	-	1
	Ragama	1,530	8,362	-	1,791	30	1	-	8	39
	Wathupitiwala	220	91	51	523	9	-	-	2	11
Total		33,411	297,965	27,888	78,280	286	15	-	110	411

Annex-2

2.5 Samples screened for syphilis - 2021

Province	Clinic	Number screened for syphilis				Number confirmed positive for syphilis			
		STD	ANC	Pre-Emp.	Other	STD	ANC	Pre-emp.	Other
Central Province	Dambulla	333	5	257	120	7	0	0	2
	Kandy	1,103	14,250	3,070	2,282	25	1	0	6
	Matale	457	7,451	725	1,364	9	2	1	13
	Nawalapitiya	1	0	0	0	1	0	0	0
	Nuwara Eliya	350	9,553	697	725	40	7	2	9
Eastern Province	Ampara	494	4,209	679	233	5	0	0	0
	Batticaloa	159	8,309	761	1,169	21	4	0	0
	Kalmunai	83	8,700	201	484	2	0	0	1
	Trincomalee	337	83,35	1,320	520	8	3	0	8
North Central province	Anuradhapura	720	13,363	5,381	4,778	4	0	0	0
	Polonnaruwa	709	5823	555	4,120	12	2	0	0
North Western Province	Chilaw	855	13,051	852	393	19	2	0	1
	Kuliyapitiya	105	0	10	2	1	0	0	1
	Kurunegala	1,665	21,762	1,727	410	15	1	0	9
	Puttalam	286	14	383	160	3	0	0	0
Northern Province	Jaffna	411	6,522	1,203	3,776	21	7	1	22
	Kilinochchi	72	2,908	339	637	3	1	0	0
	Mannar	0	2,386	405	130	0	1	2	4
	Mullaitivu	350	1,217	0	0	3	0	0	0
	Vavuniya	456	2,602	1003	184	6	0	1	0
Sabaragamuwa Province	Embilipitiya	253	6	110	201	4	2	0	1
	Kegalle	942	9,660	1,816	214	21	0	1	2
	Ratnapura	1,738	15,224	1,911	1,926	19	2	0	10
Southern Province	Balapitiya	449	4589	26	587	9	0	0	0
	Hambanthota	282	9,930	1,612	1,825	14	3	0	5
	Mahamodara	1,323	8,465	3,123	524	41	2	2	2
	Matara	798	9992	1843	3	28	3	0	0
	Tangalle	274	12	103	79	0	0	0	0
UVA Province	Badulla	1401	9443	1823	2	20	2	1	0
	Mahiyanganaya	999	2077	157	160	1	0	0	0
	Monaragala	378	8373	769	2249	14	2	1	3
Western Province	Avissawella	362	29	413	29	8	0	0	0
	Colombo	6,076	46,276	5,629	13,042	278	9	2	337
	Gampaha	478	12,920	903	206	19	1	0	2
	Homagama	48	1	112	5	3	0	0	0
	Kalubowila	1,166	139	1,084	372	41	1	0	1
	Kalutara	902	15,388	1,375	310	42	2	0	0
	Negombo	938	6545	456	557	42	0	0	7
	Panadura	56	2	40	18	6	0	0	0
	Ragama	1,146	8362	709	468	78	1	0	12
	Wathupitiwala	188	91	341	169	5	0	0	0
Total		29,143	29,7984	43,923	44433	898	61	14	458

Annex-2

2.6 Samples tested for cervical cytology (PAP smears) during 2021

Province	Clinic	Number screened for cervical cytology	Total number of reports received	Number satisfactory for reporting	Number reported as CIN-1 or above
Central Province	Dambulla	1	1	0	0
	Kandy	44	44	35	0
	Matale	36	36	31	0
	Nawalapitiya	0	0	0	0
	Nuwara Eliya	0	0	0	0
Eastern Province	Ampara	0	0	0	0
	Batticaloa	4	5	3	0
	Kalmunai	0	0	0	0
	Trincomalee	2	2	2	0
North Central province	Anuradhapura	13	5	5	0
	Polonnaruwa	31	31	31	0
North Western Province	Chilaw	0	0	0	0
	Kuliyapitiya	0	0	0	0
	Kurunegala	1	1	0	0
	Puttalam	3	0	0	0
Northern Province	Jaffna	0	0	0	0
	Kilinochchi	0	0	0	0
	Mannar	0	0	0	0
	Mullaitivu	0	0	0	0
	Vavuniya	2	2	2	0
Sabaragamuwa Province	Embilipitiya	0	0	0	0
	Kegalle	21	19	17	0
	Ratnapura	22	14	12	0
Southern Province	Balapitiya	3	1	0	0
	Hambanthota	6	4	4	0
	Mahamodara	51	27	19	0
	Matara	22	17	17	0
	Tangalle	0	0	0	0
UVA Province	Badulla	3	2	2	0
	Mahiyanganaya	2	2	0	0
	Monaragala	8	9	9	0
Western Province	Avissawella	19	15	15	0
	Colombo	242	250	140	9
	Gampaha	9	8	8	0
	Homagama	1	1	1	0
	Kalubowila	120	113	102	4
	Kalutara	30	21	8	0
	Negombo	53	26	37	0
	Panadura	9	9	8	2
	Ragama	44	23	20	3
	Wathupitiwala	10	7	6	0
Total		812	695	534	18

Annex-2
2.7 Condom and lubricants distribution 2019-2021

Province	Clinic	2019		2020		2021	
		Number of condoms	Number of lubricants	Number of condoms	Number of lubricants	Number of condoms	Number of lubricants
Central Province	Dambulla	NA	NA	490	-	4,864	-
	Kandy	3,900	3,031	3,952	11,900	4,015	360
	Matale	1,952	1,670	30,107	1,890	44,652	720
	Nawalapitiya	NA	NA	-	-	2,182	-
	Nuwara Eliya	4,478	-	25,932	200	4,256	-
Eastern Province	Ampara	42,230	-	15,290	900	38,130	3,775
	Batticaloa	3,949	-	3,266	1,100	4,600	700
	Kalmunai	11,022	-	9,791	80	8,994	670
	Trincomalee	2,830	-	4,480	1,113	4,550	842
North Central province	Anuradhapura	29,818	-	22,142	2,000	30,576	4,080
	Polonnaruwa	38,421	-	32,863	1,000	53,380	-
North Western Province	Chilaw	6,374	605	8,050	5,170	14,523	2,735
	Kuliyapitiya	450	400	1,820	1,350	1,308	450
	Kurunegala	10,854	200	25,034	3,900	54,778	10,181
	Puttalam	NA	NA	150	10	5,304	90
Northern Province	Jaffna	15,820	2,900	18,233	6,700	9,889	1,295
	Kilinochchi	4,600	1,000	3,500	4,500	5,000	-
	Mannar	-	-	980	-	1,500	-
	Mullaitivu	2,016	900	1,728	200	2,172	200
	Vavuniya	5,328	1,600	7,200	1,600	4,320	800
Sabaragamuwa Province	Embilipitiya	4,258	-	4,744	20	1,336	110
	Kegalle	27,230	3,969	22,348	2,800	16,804	2,500
	Ratnapura	21,267	500	21,995	6,600	13,680	150
Southern Province	Balapitiya	3,168	1,300	4,320	200	10,800	800
	Hambanthota	25,519	3,985	25,889	9,790	48,069	11,100
	Mahamodara	4,056	2,827	14,611	3,960	80,490	11,180
	Matara	11,808	4,600	21,335	2,650	79,196	5,358
	Tangalle	NA	NA	40	8	205	73
UVA Province	Badulla	23,188	170	6,474	800	43,867	-
	Mahiyanganaya	NA	NA	4,449	986	11,751	800
	Monaragala	4,470	315	-	-	5,038	305
Western Province	Avissawella	4,912	15	4,469	52	2,078	173
	Colombo	47,294	17,764	29,260	5,956	36,196	7,400
	Gampaha	3,197	590	4,762	800	6,580	365
	Homagama	NA	NA	-	-	-	-
	Kalubowila	43,786	29,440	24,432	11,350	26,977	7,665
	Kalutara	7,660	2,000	11,060	-	12,368	4,850
	Negombo	7,480	2,050	6,419	1,500	11,607	200
	Panadura	NA	NA	150	98	614	2
	Ragama	5,195	415	4,805	310	4,058	260
	Wathupitiwala	327	-	2,003	234	779	486
Total		428,857	95,215	428,573	91,727	711,486	80,675

Annex-2
2.8 HIV Testing and Counselling for Key populations-2021

Province	Clinics	Sex Workers		MSM		Transgender	
		HIV testing at STD clinic	HIV testing by outreach	HIV testing at STD clinic	HIV testing by outreach	HIV testing at STD clinic	HIV testing by outreach
Central	Dambulla	0	0	1	0	0	0
	Kandy	32	707	46	519	0	0
	Matale	7	39	5	0	0	0
	Nawalapitiya	0	0	0	0	0	0
	Nuwara Eliya	0	0	5	0	0	0
Eastern	Ampara	12	0	16	0	0	0
	Batticaloa	2	0	5	0	0	0
	Kalmunai	0	0	13	0	2	0
	Trincomalee	3	0	0	0	0	0
North Central	Anuradhapura	79	100	108	23	0	0
	Polonnaruwa	17	0	2	0	0	0
North Western	Chilaw	28	6	3	3	0	0
	Kuliyapitiya	2	0	1	0	0	0
	Kurunegala	34	0	10	0	3	0
	Puttalam	17	0	24	0	0	0
Northern	Jaffna	0	0	46	98	20	29
	Kilinochchi	1	5	0	0	1	0
	Mannar	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0
	Vavuniya	0	0	0	0	0	0
Sabaragamuwa	Embilipitiya	3	0	11	0	0	0
	Kegalle	9	10	34	95	0	0
	Ratnapura	9	62	18	82	0	0
Southern	Balapitiya	68	0	64	0	0	0
	Hambanthota	40	116	23	77	2	27
	Mahamodara	70	49	75	12	0	0
	Matara	14	167	20	0	0	0
	Tangalle	0	0	1	0	0	0
UVA	Badulla	0	0	0	0	0	0
	Mahiyanganaya	1	0	3	0	0	0
	Monaragala	4	0	7	0	0	0
Western	Avissawella	4	0	29	0	0	0
	Colombo	422	485	426	206	78	40
	Gampaha	4	0	37	0	1	0
	Homagama	0	0	0	0	0	0
	Kalubowila	39	383	154	147	1	90
	Kalutara	10	0	41	22	2	0
	Negombo	23	40	32	44	2	14
	Panadura	5	0	15	0	0	0
	Ragama	0	68	57	309	2	77
	Wathupitiwala	0	47	5	254	0	50
Total		959	2,284	1,337	1,891	114	327

Annex-2

2.9 Cont., HIV Testing and Counselling for Key populations-2021

Province	Clinics	Beach boys		PWID or Drug users		Prisoners		Others	
		HIV testing at STD clinic	HIV testing by outreach	HIV testing at STD clinic	HIV testing by outreach	HIV testing at STD clinic	HIV testing by outreach	HIV testing at STD clinic	HIV testing by outreach
Central	Dambulla	-	-	-	-	5	-	166	17
	Kandy	-	-	-	-	-	-	-	-
	Matale	-	-	-	-	-	-	-	299
	Nawalapitiya	-	-	-	-	-	-	-	-
	Nuwara Eliya	-	-	-	-	-	-	1,142	-
Eastern	Ampara	-	-	2	-	-	-	1,688	-
	Batticaloa	-	-	-	-	2	-	1,266	-
	Kalmunai	-	-	-	-	-	-	158	2
	Trincomalee	-	-	-	-	2	-	-	7
North Central	Anuradhapura	-	-	-	-	3	-	-	925
	Polonnaruwa	-	-	2	-	-	-	-	-
North Western	Chilaw	7	-	-	-	-	-	587	-
	Kuliyapitiya	-	-	-	-	-	-	55	24
	Kurunegala	-	-	-	-	-	-	359	-
	Puttalam	-	4	-	-	-	-	227	39
Northern	Jaffna	-	-	2	-	-	465	951	-
	Kilinochchi	-	-	1	-	-	-	1,256	115
	Mannar	-	-	-	-	-	-	-	-
	Mullaitivu	-	-	-	-	-	-	-	-
	Vavuniya	-	-	-	-	11	43	484	-
Sabaragamuwa	Embilipitiya	-	-	-	-	8	-	866	-
	Kegalle	-	-	-	-	-	160	-	-
	Ratnapura	-	-	-	-	17	50	2,806	182
Southern	Balapitiya	11	-	-	-	-	-	615	-
	Hambanthota	-	-	2	-	3	602	-	487
	Mahamodara	19	-	-	-	34	-	1,656	-
	Matara	2	223	-	-	35	51	188	690
	Tangalle	-	-	-	-	10	-	94	152
UVA	Badulla	-	-	-	-	21	-	-	-
	Mahiyanganaya	-	-	-	-	-	-	1	-
	Monaragala	-	-	-	-	9	119	361	330
Western	Avissawella	-	-	-	-	-	330	975	-
	Colombo	-	-	22	96	2	521	2,602	442
	Gampaha	-	-	3	-	-	-	1,118	57
	Homagama	-	-	-	-	-	-	-	-
	Kalubowila	-	-	4	-	1	-	2,127	-
	Kalutara	2	42	9	-	7	387	215	-
	Negombo	2	53	2	123	8	-	795	105
	Panadura	-	-	8	-	-	-	297	188
	Ragama	-	-	1	64	5	-	1,011	-
	Wathupitiwala	-	-	-	-	-	-	100	-
Total		43	322	58	283	183	2,728	24,166	4,061

Annex-2

2.10 Details of the awareness programmes conducted by STD clinics in 2021

Province	Clinic	Lectures		Exhibitions		Workshops	
		Number of Programmes	Number of participants	Number of Programmes	Number of participants	Number of Programmes	Number of participants
Central Province	Dambulla	-	-	-	-	1	35
	Kandy	84	5,527	-	-	8	280
	Matale	26	1,085	-	-	1	30
	Nawalapitiya	4	121	-	-	-	-
	Nuwara Eliya	19	574	-	-	2	100
Eastern Province	Ampara	75	6,689	-	-	18	981
	Batticaloa	14	735	-	-	-	-
	Kalmunai	30	1,473	-	-	5	330
	Trincomalee	10	211	-	-	-	-
North Central province	Anuradhapura	18	907	-	-	-	-
	Polonnaruwa	23	8,610	-	-	-	-
North Western Province	Chilaw	5	200	-	-	-	-
	Kuliyapitiya	3	140	-	-	1	45
	Kurunegala	25	698	-	-	-	-
	Puttalam	9	264	-	-	-	-
Northern Province	Jaffna	6	165	-	-	2	53
	Kilinochchi	6	280	-	-	-	-
	Mannar	5	189	-	-	-	-
	Mullaitivu	11	538	-	-	-	-
	Vavuniya	50	2,135	-	-	-	-
Sabaragamuwa Province	Embilipitiya	1	25	-	-	-	-
	Kegalle	24	1,526	-	-	19	511
	Ratnapura	5	380	-	-	-	-
Southern Province	Balapitiya	1	75	-	-	-	-
	Hambanthota	35	1,336	-	-	5	98
	Mahamodara	1	35	-	-	-	-
	Matara	8	252	-	-	-	-
	Tangalle	6	335	-	-	5	225
UVA Province	Badulla	10	865	-	-	-	-
	Mahiyanganaya	46	1,522	-	-	1	187
	Monaragala	44	2,616	-	-	-	-
Western Province	Avissawella	3	160	-	-	1	50
	Colombo	4	10	-	-	3	150
	Gampaha	3	135	-	-	-	-
	Homagama	1	25	-	-	-	-
	Kalubowila	24	684	-	-	4	155
	Kalutara	15	1,280	-	-	-	-
	Negombo	27	613	-	-	-	-
	Panadura	16	634	-	-	6	373
	Ragama	1	25	-	-	-	-
	Wathupitiwala	6	800	1	100	-	-
Total		704	43,874	1	100	82	3,603

FOR MORE INFORMATION

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