National STD/AIDS Control Programme

SRI LANKA

Annual Report 2023

ISSN 2345-9018

Tel + 94 11 2667163
Fax + 94 11 2665277

29, De Saram Place,
Colombo 10, Sri Lanka

http://www.aidscontrol.gov.lk
infonsacpsim@gmail.com

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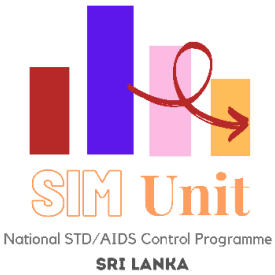
Compiled by

Strategic Information Management (SIM) Unit,

National STD/AIDS Control Programme.



Published by

National STD/AIDS Control Programme,

Ministry of Health,

Sri Lanka.

ISSN 2345-9018

Contents

Foreword

National STD/AIDS Control Programme (NSACP) is the pioneering government institution in Sri Lanka that leads and makes decisions to guide the national response to HIV, aiming to reach the Sustainable Development Goal (SDG) target of "End AIDS by 2030."

The programme has scaled up virtual HIV prevention services and introduced new HIV prevention measures such as PrEP and PEPSE across all base hospitals and higher-level facilities. Additionally, community-based testing was enhanced with the introduction of self-HIV testing and rapid tests for HIV screening. In 2023, NSACP took significant steps to prepare the country proposal for Global Fund support for 2025-2027.

NSACP supported the implementation of the Electronic Information Management System in STD clinics nationwide and ensured that outreach HIV services are fully monitored by the Prevention Information Management System (PIMS). People could access virtual HIV services through the "Know4sure.lk" website.

The Annual Report of NSACP serves as a reliable reference document, summarizing all activities conducted by NSACP and the network of STD clinics across the island. The publication of this annual report would not have been possible without the continuous support of the staff at STD clinics throughout the year.

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

Dr. Vindya Kumarapeli

Director (Acting)

National STD/AIDS Control Programme,

Ministry of Health

31.05.2024

Editor

Dr. Ariyaratne K.A. Manathunge

Contributors for writing

Dr. Ariyaratne K.A. Manathunge
Dr. Jayanthi Elwitigala
Dr. Geethani Samaraweera
Dr. Nimali Jayasuriya
Dr. Vino Dharmakulasinghe
Dr. Janaka Weragoda
Dr. Sathya Herath
Dr Piyumi Perera
Dr. Niluka Gunathilaka
Lakshan Fernando
Dr. S. Muraliharan
Dr. Kalpana Sugathadasa

Contributors for data collection

Dr. S. Muraliharan
Lakshan Fernando
Dr. Chathrani Gajaweera
Dr. Niluka Gunathilaka
Dr. Dilani Peter
Nimali Chandima
Chalani Chandrasiri
Pramod Wettasinghe
Amila Maduranga

Graphics

Dr. Ariyaratne K. A. Manathunge

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
AZT	zidovudine
BB	Beach boys
BCC	Behaviour Change Communication
BH	Base Hospital
CD_4	Cluster of differentiation
CDC	Center for Disease Control
CIN	cervical intraepithelial neoplasia
CMV	Cytomegalovirus
CSHW	Castle Street Hospital for Women
DDG - PHS	Deputy Director General - Public Health Services
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
FPA	Sri Lanka Family Planning Association
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
HCW	Health care worker
HCG	human chorionic gonadotropin
HDL	high density lipoprotein
HIV	human immunodeficiency virus

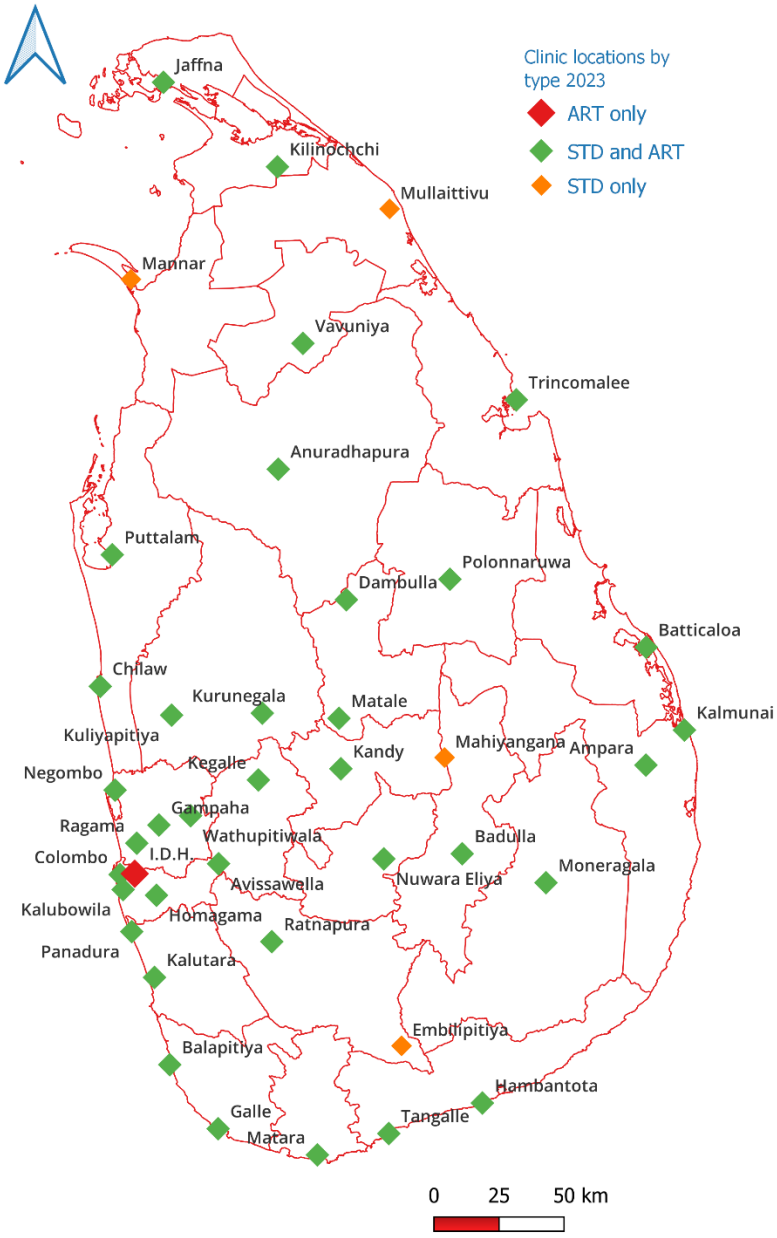
HPV	human papillomavirus
HSS	health system strengthening
HSV	herpes simplex virus
HTC	HIV testing and counselling
HTS	HIV testing services
IBBS	Integrated Biological and Behavioural surveillance
ICTA	information and communication technology agency
ICU	intensive care unit
IDU	Injecting drug user
IDV	indinavir
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
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	nongovernmental organization
NGU	non-gonococcal urethritis
NIID	National Institute of Infectious Diseases *(IDH)*
NNRTI	non-nucleoside reverse transcriptase inhibitor
NRL	National Reference Laboratory
NRTI	nucleoside reverse transcriptase inhibitor
NSACP	National STD/AIDS Control Programme
NS	Nursing student
NSP	National strategic plan
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
PEPFAR	US President's Emergency Plan for AIDS Relief
PGC	presumptive gonococcal infection
PHI	Public Health Inspector
PHLT	Public Health Laboratory Technician
PHNS	Public Health Nursing Sister
PLHIV	People living with human immunodeficiency virus
PMTCT	Prevention of mother to child transmission
PI	protease inhibitor
PICT	provider initiated counselling and testing
PSE	population size estimation
PWID	people who inject drugs
RAL	raltegravir
RDHS	Regional Director of Health Services
SGOT	serum glutamic oxaloacetic transaminase
SGPT	serum glutamic pyruvic transaminase
SOP	standard operational procedures
SRH	sexual and reproductive health
STD	sexually transmitted diseases
STI	sexually transmitted infections
TA	technical assistance
TAF	tenofovir alafenamide
TB	tuberculosis
TDF	tenofovir
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
VOG	Visiting Obstetrician and Gynecologist
WAD	World AIDS day
WHO	World Health Organization
3TC	lamivudine

Introduction

The Anti-Venereal Disease Campaign, established in 1952, was renamed the “National STD/AIDS Control Programme (NSACP)" in 1985, following the emergence of HIV/AIDS in the early 1980s. This shift marked an increased focus on HIV prevention and the provision of treatment and care for individuals living with HIV.

Clinic locations of National STD/AIDS Control Programme



The NSACP, under the Ministry of Health, coordinates Sri Lanka's national response to HIV and sexually transmitted infections, collaborating with various national and international stakeholders. Its administrative, clinical, and laboratory sections are located at No. 29, De Saram Place, Colombo 10, while units responsible for Strategic

Information Management, Multi-sectoral collaboration, and GFATM project implementation are based at No. 26, Ministry of Health Sub-office, Medi House building, Sri Sangaraja Mawatha, Colombo 10.

The NSACP oversees a network of 40 district sexual health clinics that offer full-time services. Among these, 36 STD clinics provide antiretroviral treatment (ART). Additionally, the National Institute of Infectious Diseases (NIID) in Angoda houses the only other ART facility in the country, bringing the total number of ART facilities in Sri Lanka to 37.

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

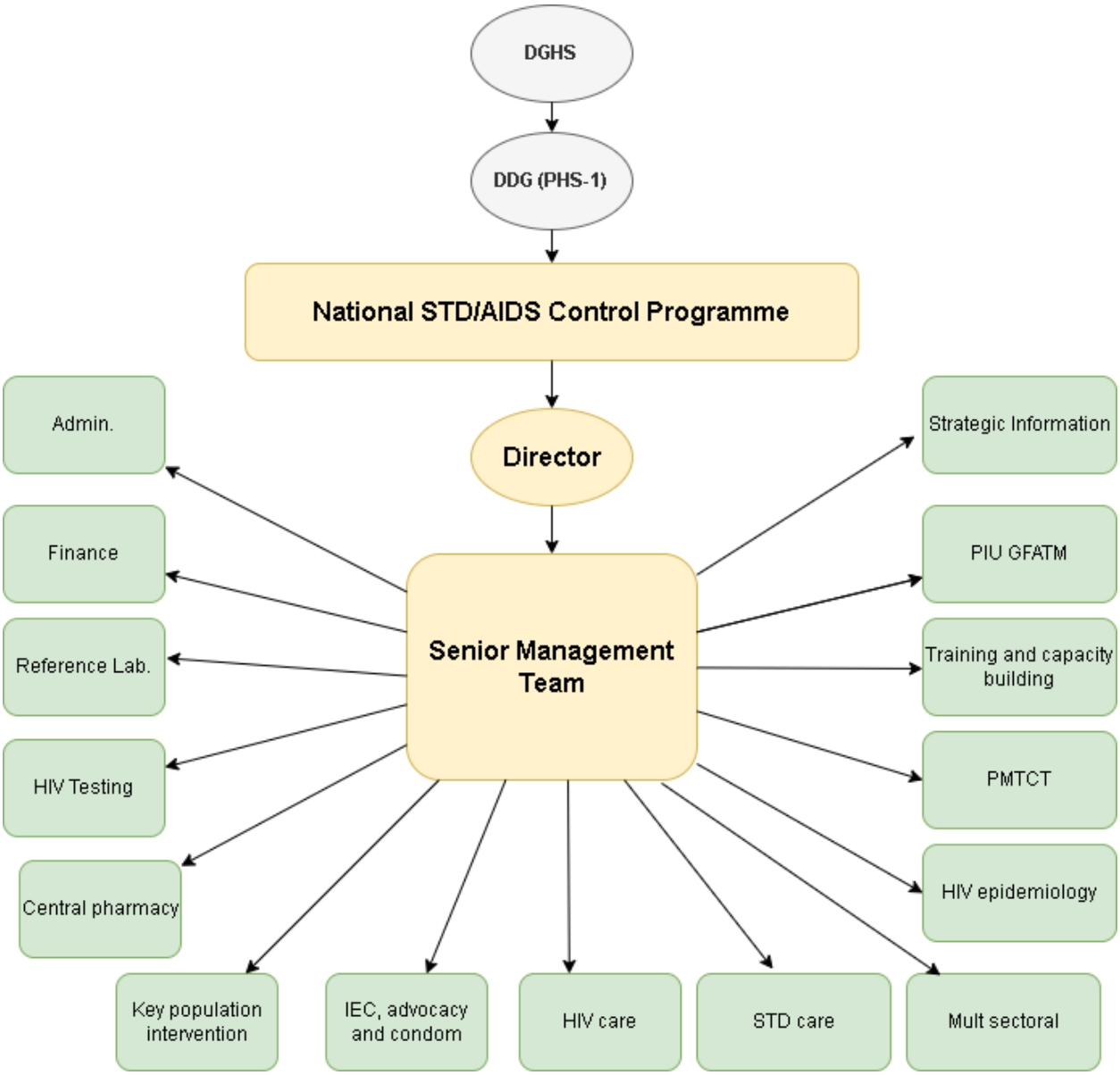
Mission: Quality sexual health services to prevent new HIV and sexually transmitted infections and provide comprehensive care and treatment services.

Objectives

- To prevent new infections of HIV/STI among key populations, vulnerable populations and the general population.
- To provide universal access to HIV/STI diagnosis and treatment, care and support services for those infected and affected by HIV/STI.
- To strengthen strategic information systems and knowledge management for an evidence-based response.
- To strengthen health systems at different levels and to ensure an effective multi-sector HIV/AIDS/STI response.
- To provide a supportive environment for easy access and delivery of HIV prevention, diagnosis, treatment and care services for all.

Administratively NSACP comes directly under the Ministry of Health while most of the district Sexual health clinics are under the administration of provincial health authorities. NSACP along with district Sexual health clinics provides preventive, clinical and laboratory services for key populations as well as the general population. Many preventive interventions will be implemented by the district sexual health clinics with support from the civil society, community-based organizations and communities adhering to the government policy of a decentralized rights-based HIV programme with multi-sectoral involvement and community participation. At the central level, NSACP is responsible for coordinating the programme areas, providing technical guidance, and monitoring and evaluating progress. Training of staff, development of guidelines, preparation of strategic plans, generation of strategic information, procurement of antiretrovirals/other health products, management of Global fund in collaboration with district Sexual health clinics, surveillance and other important activities carried out by NSACP.

Organogram of the National STD/AIDS Control Programme



National programme areas and coordinators of NSACP*

National Programme area	Name of the coordinator
Administration	Dr. Vindya Kumarapeli – Director (Acting) Dr. Sammani Hewagama (Acting Deputy Director) S.K. Liyanage (Administrative Officer)
Strategic Information Management	Dr. Ariyaratne K.A. Manathunge (Consultant Venereologist)
HIV Epidemiology	Dr. Sulfica Mohideen (Acting Community Physician)
HIV treatment and care	Dr. Umedha Jayasinghe (Consultant Venereologist)
STD care and EMTCT programme	Dr. Nimali Jayasuriya (Consultant Venerologist)
Training and Capacity building	Dr. Piyumi Perera (Consultant Venereologist)
Laboratory services	Dr. Jayanthi Elwitigala (Consultant Microbiologist) Dr. Vigeetha Withanage (Consultant Virologist)
HIV Testing	Dr. Geethani Samaraweera (Consultant Venereologist)
IEC, Advocacy and condom promotion	Dr. Vino Dharmakulasinghe (Consultant Venereologist)
Multisectoral collaboration	Dr. Janaka Weragoda (Consultant Community Physician)
Global Fund Project Implementation and KP programme	Dr. Sathya Herath (Consultant Community Physician)
Central pharmacy	G.A.S. Madushani (Chief pharmacist)
Finance	Roshika Samankumari (Accountant, NSACP) Chandana Senavirathne (GF Project Accountant)

* Updated as of 31st of May 2024

1. The status of HIV epidemic in 2023

Dr. Ariyaratne Manathunge[1] , Dr. Niluka Gunathilaka[2]

Human immunodeficiency virus (HIV) is a pathogen that targets the body's immune system. Transmission occurs through exposure to infected blood, semen, vaginal fluids, and breast milk. HIV infection can progress to acquired immunodeficiency syndrome (AIDS), characterized by a severe weakening of the immune system. AIDS can lead to numerous life-threatening infections and illnesses.

According to the World Health Organization (WHO), HIV remains a significant global public health concern, with an estimated 40.4 million [32.9–51.3 million] lives lost to the virus so far. Approximately 39.0 million [33.1–45.7 million] individuals are living with HIV worldwide.

The Sri Lankan HIV epidemic situation at the as of end 2023

Following are the estimated figures for the Sri Lankan HIV epidemic for 2023. These figures are generated by NSACP technical working group using AIDS epidemic model (AEM) and Spectrum software with the technical support of UNAIDS regional office and verified by UNAIDS Geneva HIV estimation team.

- People living with HIV - 4,700 (4,400 - 4,900)
- 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 estimated number of people living with HIV (PLHIV) as of the end of 2023 is 4,700 (range: 4,400-4,900). The cumulative total number of people diagnosed with HIV from 1987 to the end of 2023 is 5,705. The total number of adjusted deaths among all HIV cases up to 2023 is 1,553. Therefore, the total number of people diagnosed with HIV and alive by the end of 2023 is 4,151. Consequently, the knowledge of HIV status is 88%. This figure was calculated by subtracting the total number of adjusted deaths (1,553) from the cumulative number of reported HIV infections (5,705). Of the total estimated number of people living with HIV, 3,358 (81%) have started antiretroviral treatment, and of them, 86% are virally suppressed as of the end of 2023. Viral suppression is defined as having less than 1,000 copies/mL.

[1] Consultant Venereologist

[2] Acting Consultant Community Physician

Figure 1.1 Status of 95-95-95 targets as of end 2023

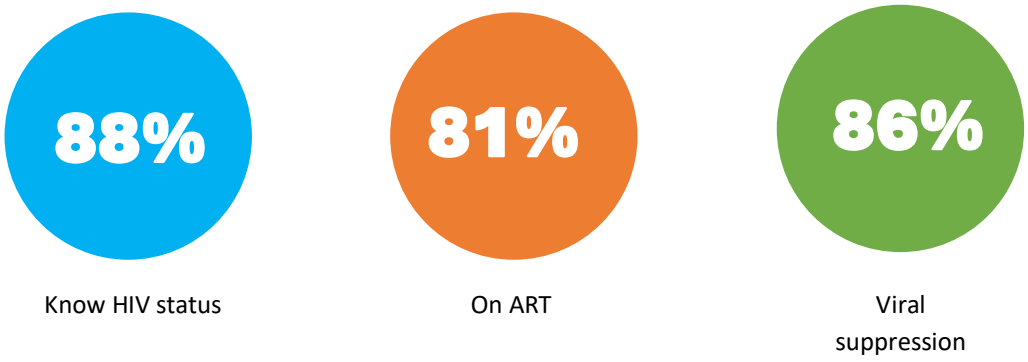
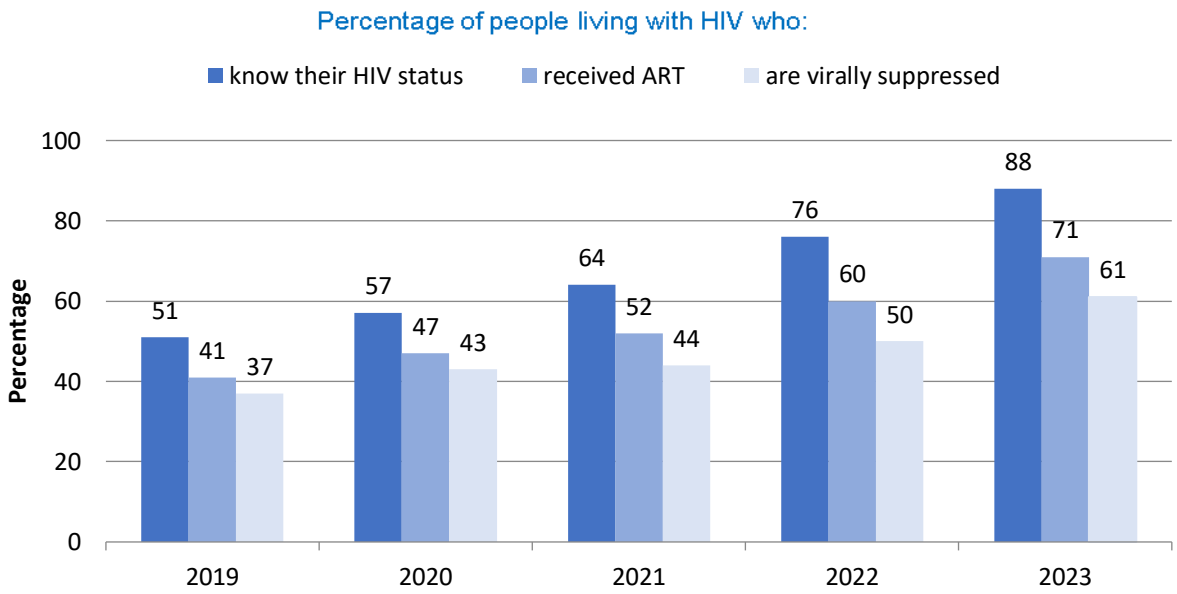
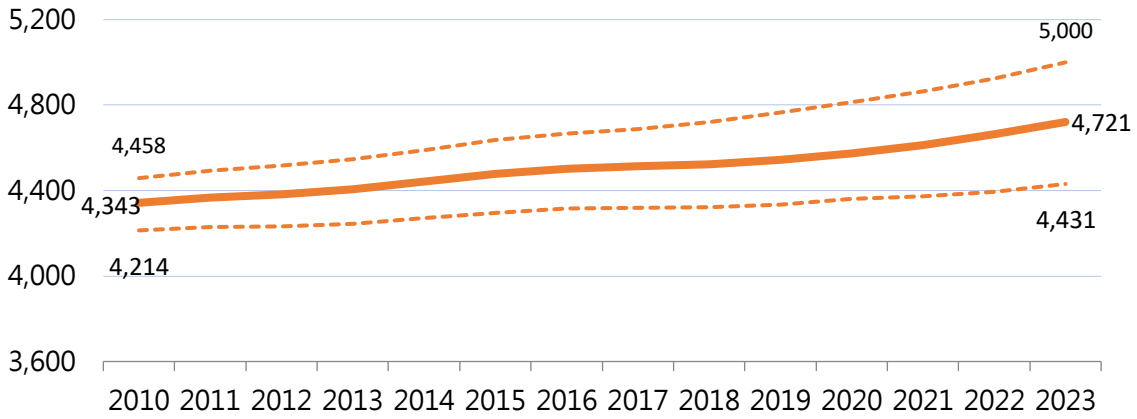


Figure 1.2 HIV testing and treatment cascade



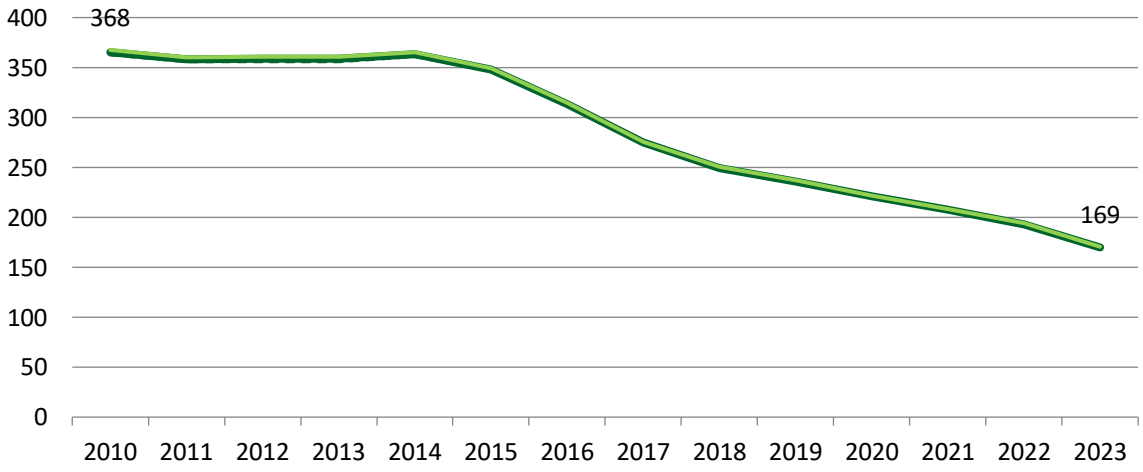
The graph in Figure 1.2 displays the HIV testing and treatment cascade from 2019 to 2023. It shows the percentages of people living with HIV who know their HIV status, have received antiretroviral therapy (ART), and are virally suppressed. Over the years, there has been a steady increase in all three categories. By 2023, 88% of people living with HIV knew their status, 71% had received ART, and 61% were virally suppressed. This upward trend highlights significant progress in HIV diagnosis, treatment, and management, leading to improved health outcomes for those living with HIV infection.

Figure 1.3 Estimated number of people living with HIV, 2010-2023



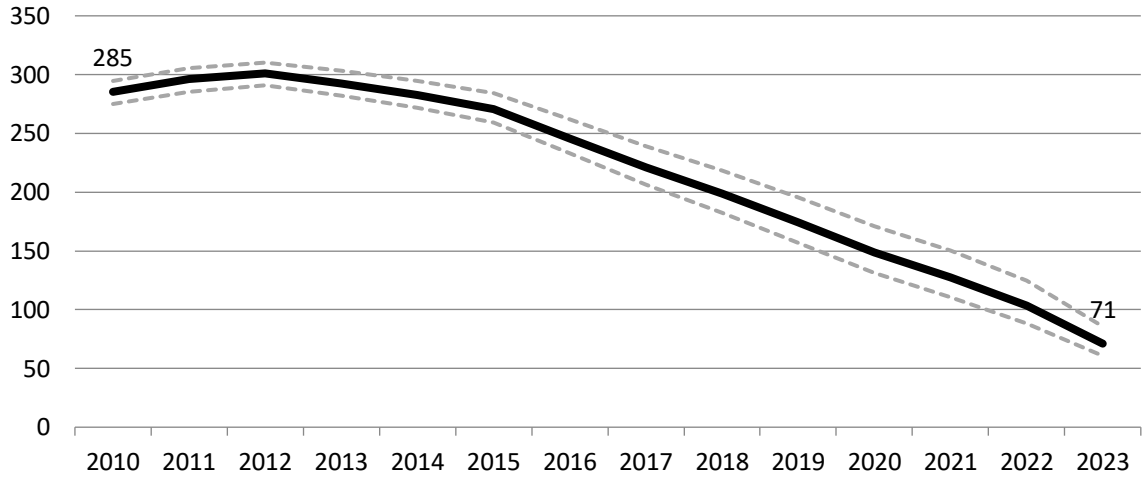
The graph in Figure 1.3 depicts the estimated number of people living with HIV from 2010 to 2023. The solid line represents the central estimate, while the dashed lines indicate the range of uncertainty. Over this period, there is a noticeable upward trend in the number of individuals living with HIV, rising from approximately 4,343 in 2010 to around 4,721 in 2023. The range of estimates also widens over time, highlighting the increasing variability and uncertainty in the data. This trend underscores the ongoing public health challenge posed by HIV and the importance of continued efforts in prevention, treatment, and monitoring of the epidemic.

Figure 1.4 Estimated number of new HIV infections, 2010-2023



New HIV infections represent the HIV infections that occurred during a given year. The graph in Figure 1.4 illustrates the estimated number of new HIV infections from 2010 to 2023. The data shows a significant downward trend in new infections over this period. In 2010, the estimated number of new HIV infections was 368. This number remained relatively stable until 2014, after which it began to decline steadily. By 2023, the estimated number of new HIV infections had decreased to 169. This decline reflects the effectiveness of HIV prevention and treatment strategies, highlighting progress in reducing the incidence of new HIV infections.

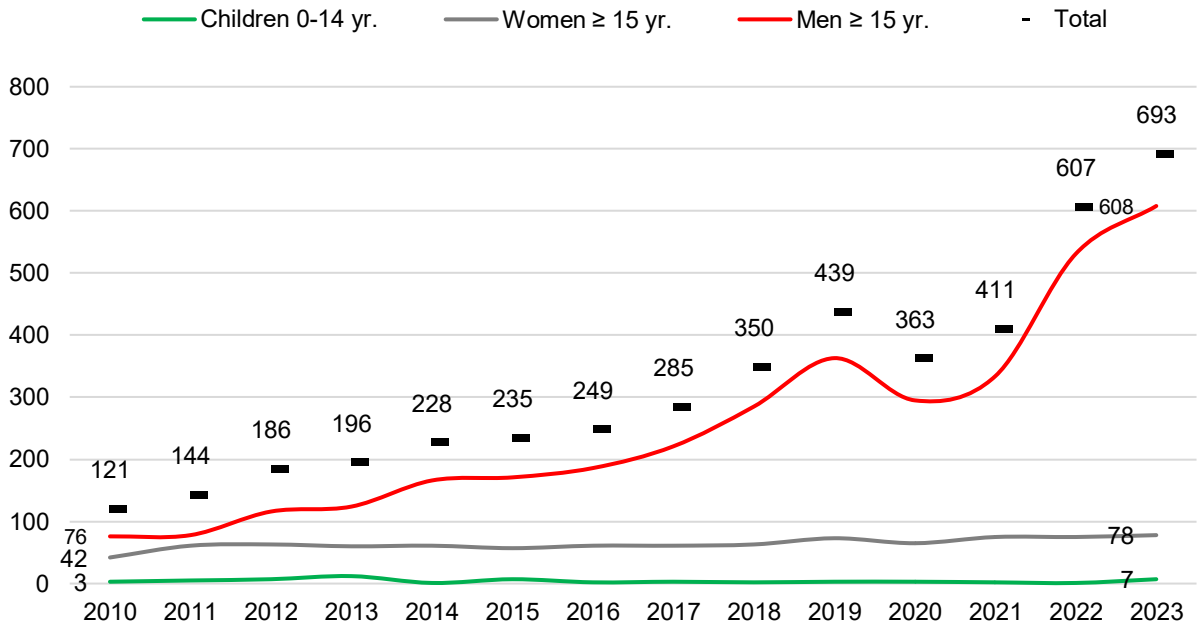
Figure 1.5 Estimated number of AIDS-related deaths, 2010-2023



The graph in Figure 1.5 shows the estimated number of AIDS-related deaths from 2010 to 2023. The trend indicates a significant decline in the number of deaths over this period. In 2010, the estimated number of AIDS-related deaths was around 300. This number peaked slightly and then began a steady decrease. By 2023, the estimated number of AIDS-related deaths had dropped to below 100. The solid line represents the central estimate, while the dashed lines indicate the range of uncertainty. This decline highlights the advancements in HIV treatment and care, which have significantly reduced the mortality rate associated with AIDS.

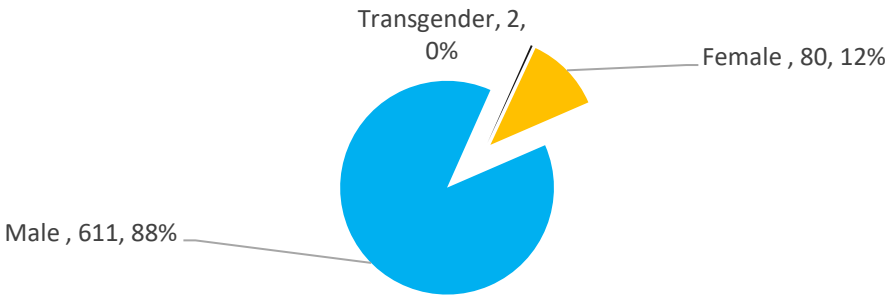
HIV case notification data

Figure 1.6 Trends of HIV case notifications by age and sex 2010-2023



The graph in Figure 1.6 illustrates the trends in HIV case notifications by age and sex from 2010 to 2023. The data shows a significant increase in HIV cases among men aged 15 years and older, rising from 76 cases in 2010 to 608 cases in 2023. In contrast, the number of cases among women aged 15 years and older and children aged 0-14 years has remained relatively stable over the same period. The total number of HIV cases reported increased from 121 in 2010 to 693 in 2023, indicating a notable rise in the overall HIV notifications, primarily driven by the increase in cases among adult men.

Figure 1.7 Gender Distribution of New HIV Infections - 2023



The pie chart in Figure 1.7 shows the gender distribution of new HIV infections in 2023. The majority of new infections occurred in males, accounting for 613 cases or 88% of the total. Females represented 80 cases, or 12% of the total, while transgender individuals accounted for 2 cases, making up 0% of the total. This distribution highlights a significant difference in new HIV infections by gender, with males being the most affected group.

Table 1.1 Number and % of reported HIV diagnoses by age and sex - 2023

Age groups	Female		Male		Total	
	No.	%	No.	%	No.	%
0-14	2	3%	5	1%	7	1%
15-24	12	15%	92	15%	104	15%
25-29	6	8%	120	20%	126	18%
30-49	44	55%	302	49%	346	50%
>50	16	20%	94	15%	110	16%
Total	80	100%	613	100%	693	100%

Figure 1.8 Percentage of newly reported HIV diagnoses by age and sex, 2023

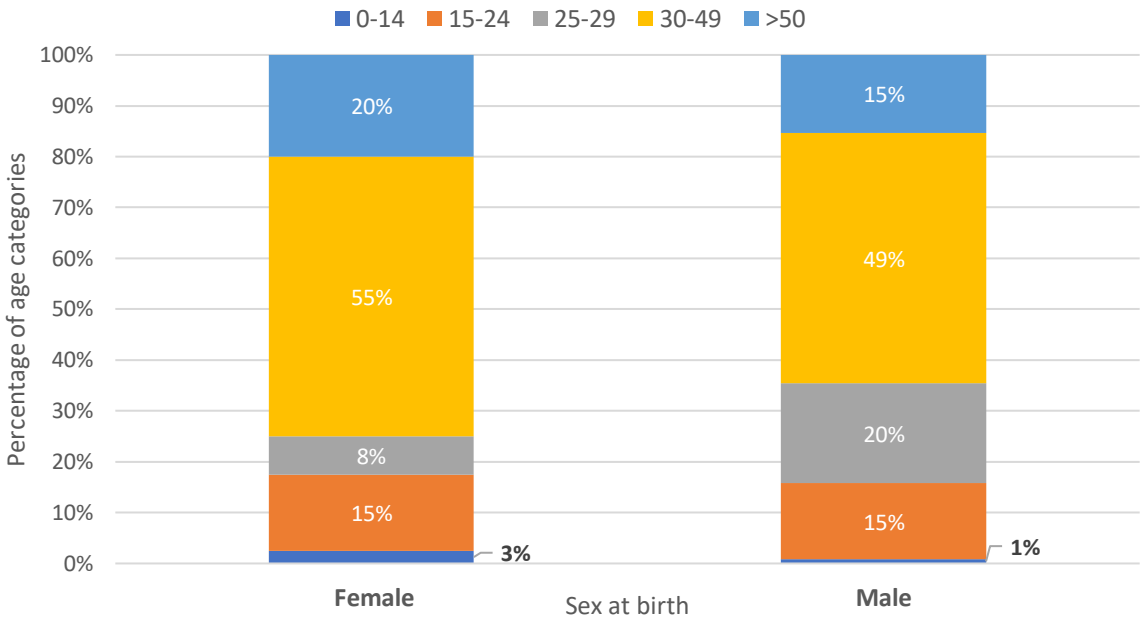
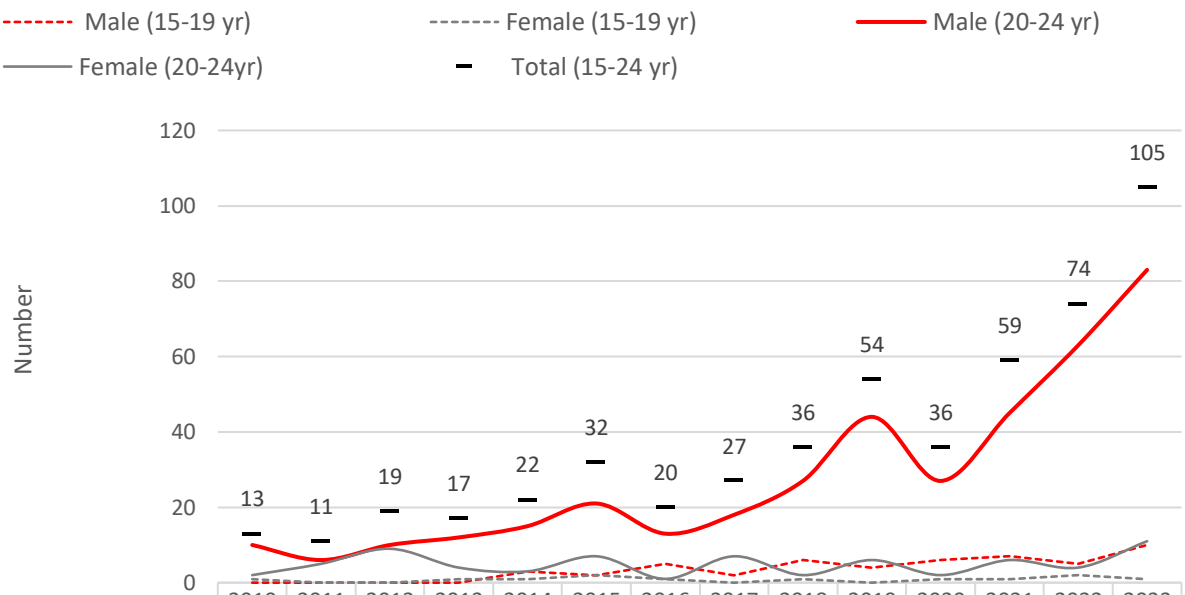


Table 1.1 and the bar chart titled Figure 1.8 shows the distribution of new HIV diagnoses across different age groups for females and males. For females, the highest percentage of diagnoses is in the 30-49 age group (55%), followed by >50 (20%), 15-24 (15%), 25-29 (8%), and 0-14 (3%). For males, the 30-49 age group also has the highest percentage (49%), with 25-29 at 20%, 15-24 at 15%, >50 at 15%, and 0-14 at 1%. Notably, the percentage of diagnoses in the 25-29 age group is higher among males (20%) compared to females (8%). This chart highlights a higher proportion of new HIV diagnoses among older adults (30-49 years) for both sexes.

Figure 1.9 Number of young people by age and sex among reported HIV infections, 2010-2023



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Male (15-19 yr)	0	0	0	0	3	2	5	2	6	4	6	7	5	10
Female (15-19 yr)	1	0	0	1	1	2	1	0	1	0	1	1	2	1
Male (20-24 yr)	10	6	10	12	15	21	13	18	27	44	27	45	63	83
Female (20-24yr)	2	5	9	4	3	7	1	7	2	6	2	6	4	11
Total (15-24 yr)	13	11	19	17	22	32	20	27	36	54	36	59	74	105

Figure 1.9 illustrates a clear upward trend in HIV cases among youths aged 15-24. Total cases rose from 13 in 2010 to 105 in 2023, with males aged 20-24 experiencing the most significant increase, reaching 83 cases in 2023. Males aged 15-19 and females aged 20-24 also showed rising trends, though less pronounced. Females aged 15-19 remained relatively stable with minor fluctuations. The graph highlights a notable gender disparity, with males consistently reporting higher cases than females, particularly in the older age group.

The graph underscores the growing challenge of HIV infections among young people, particularly among males aged 20-24. The data suggests a need for targeted interventions and sustained public health efforts to address this rising trend. Understanding these patterns is crucial for developing effective prevention and treatment strategies to curb the spread of HIV in this vulnerable age category.

Figure 1.10 Young men and women as a percentage of all diagnosed cases annually, 2019-2023

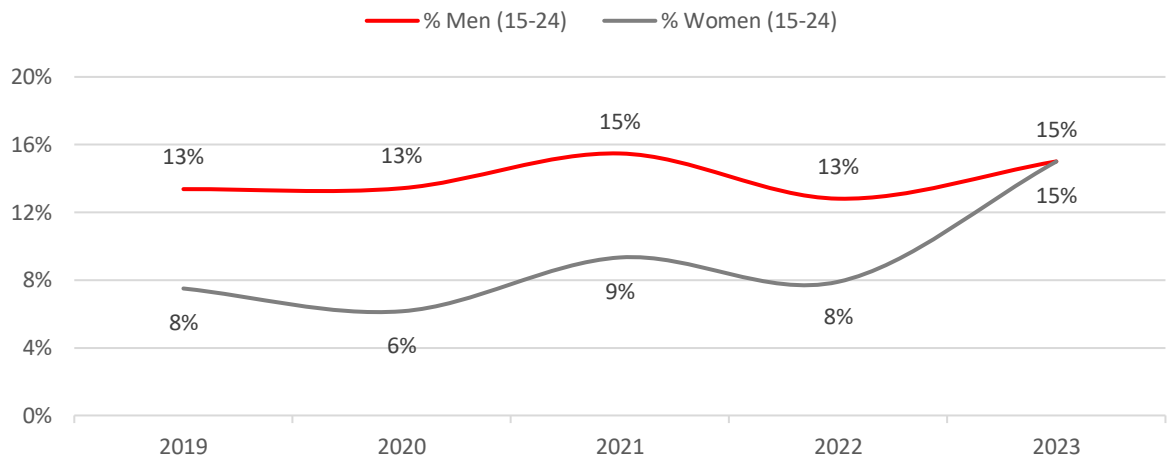


Figure 1.10 illustrates the percentage of HIV diagnoses among young adults (15-24 years) compared to all diagnosed cases each year from 2019 to 2023.

The red line represents the percentage of young men, which starts at 13% in 2019, increases to 15% in 2021, dips to 13% in 2022, and rises again to 15% in 2023. The grey line represents the percentage of young women, which starts at 8% in 2019, decreases to 6% in 2020, then gradually increases to 9% in 2021, 8% in 2022, and sharply rises to 15% in 2023.

This figure shows the percentages of young men and women diagnosed with HIV in 2023, both reaching 15%.

Figure 1.11 Probable mode of transmission among reported HIV infections, 2023

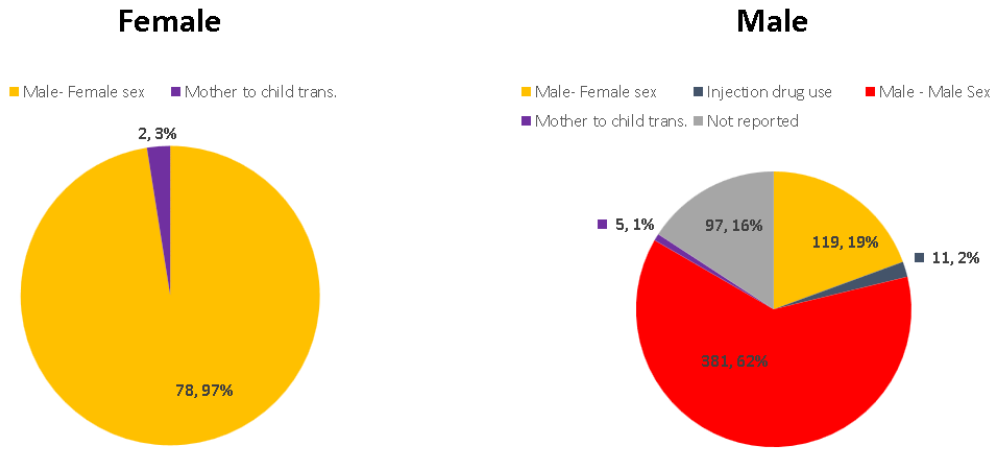


Figure 1.11 displays the distribution of HIV transmission modes for females and males. For females, the majority of HIV infections are attributed to heterosexual transmission (97%, 78 cases), with a small percentage resulting from mother-to-child transmission (3%, 2 cases).

For males, the predominant mode of transmission is male-male sex (62%, 381 cases), followed by male-female sex (19%, 119 cases), injection drug use (2%, 11 cases), mother-to-child transmission (1%, 6 cases). However, in 97 (16%) males the probable mode is not reported. This figure highlights the differences in transmission modes between females and males, with male-male sex being the leading transmission mode for males.

Figure 1.12 Percentage of all diagnosed HIV cases by mode of transmission, 2019- 2023

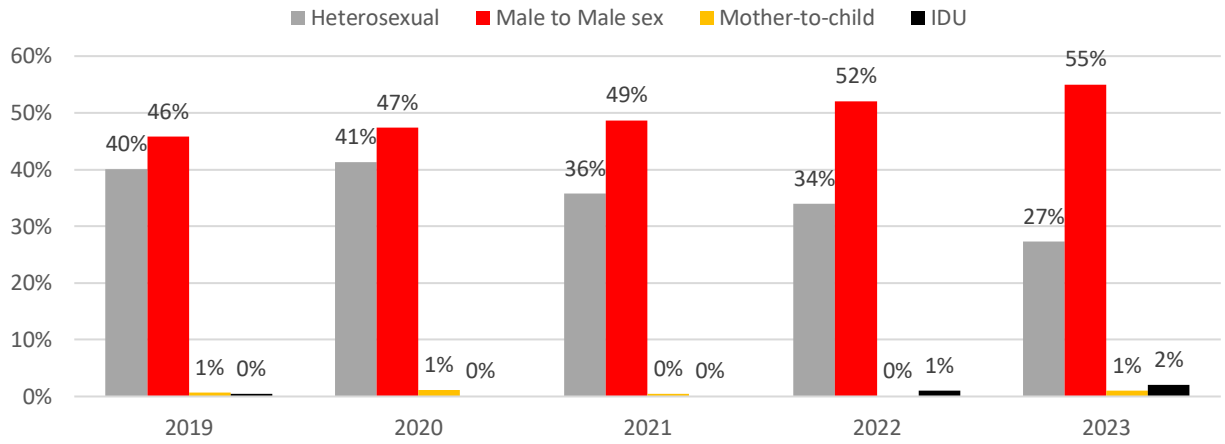


Figure 1.12 illustrates the distribution of HIV transmission modes over five years. The modes of transmission are categorized as heterosexual, male-to-male sex, mother-to-child, and injection drug use (IDU).

From 2019 to 2023, male-to-male sex is the predominant mode of transmission, increasing from 46% in 2019 to 55% in 2023. Heterosexual transmission remains significant but shows a decreasing trend, starting at 40% in 2019 and dropping to 27% in 2023. Mother-to-child transmission remains very low, consistently at 1% or 0%. Injection drug use (IDU) is also low, remaining at 0% or 1% until 2023, when it rises to 2%.

This figure highlights the increasing significance of male-to-male sex as a mode of HIV transmission over the observed period.

Figure 1.13 Number of mother-to-child transmitted HIV cases by year of birth, 2010-2023

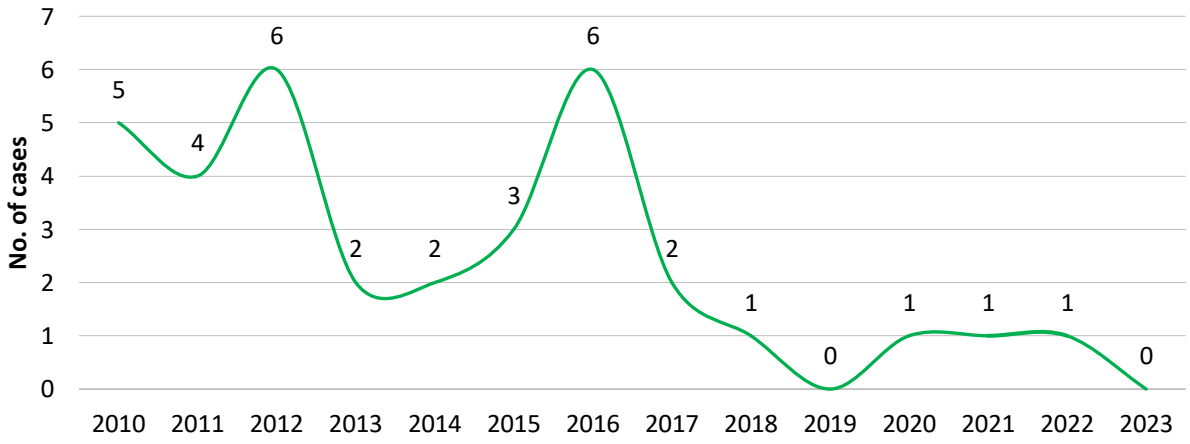


Figure 1.13 shows the annual number of HIV cases transmitted from mother to child over the specified period. The graph starts with 4 cases in 2011, peaks at 6 cases in 2012 and 2016, and then shows a general decline.

Overall, the trend indicates a decrease in mother-to-child transmission of HIV over the years due to activities such as testing and treating antenatal women and newborns of infected mothers. This shows the success of EMTCT programme scaled up since 2013.

Figure 1.14 Percentage of CD4 count closer to the diagnosis of HIV infection, 2020-2023

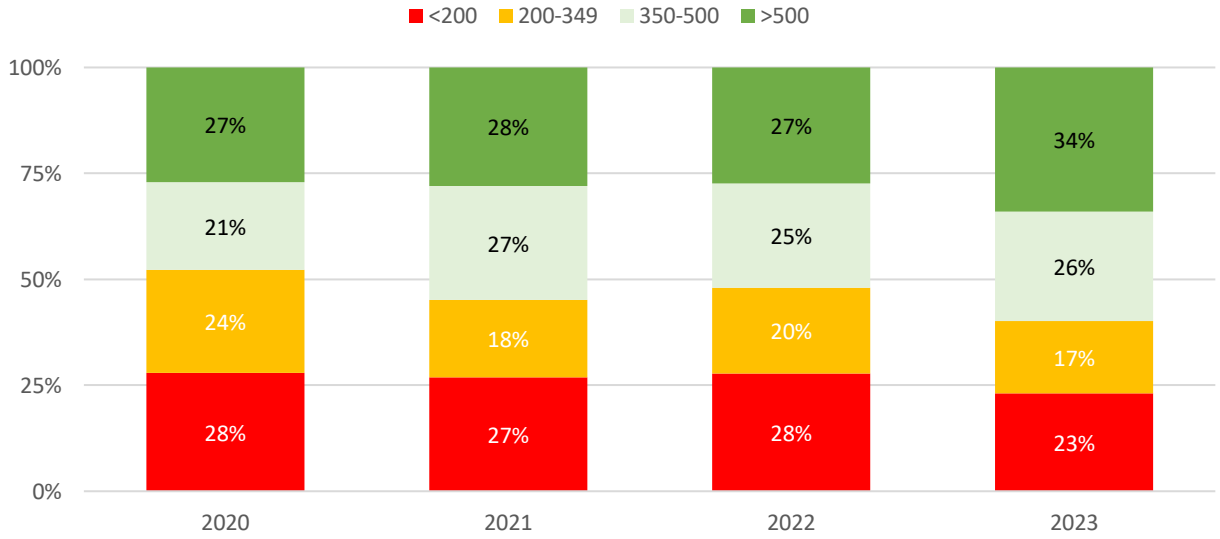


Figure 1.14 illustrates the distribution of CD4 counts among newly diagnosed HIV patients over four years. CD4 counts are categorized into four ranges: <200 , 200-349 , 350-500, and >500 per cells/mm3 of blood.

This figure indicates a gradual increase in the proportion of newly diagnosed HIV patients with higher CD4 counts (>500) over the years, suggesting earlier diagnosis and possibly better health status at the time of diagnosis.

However, nearly half or more patients have had CD4 counts less than 350 cells/mm^3 each year, indicating late presentation at the time of diagnosis. This highlights a significant portion of patients being diagnosed at a stage where their immune system is already significantly compromised.

2. Epidemiology of Sexually Transmitted Infections

Dr. Ariyaratne Manathunge[3]

Sexually transmitted infections (STIs) remain a critical public health challenge around the world, and Sri Lanka is no exception. In 2023, the country experienced some changes in the epidemiology of STIs, with an increase in the incidence of some infections. This chapter provides an overview of the STI landscape in Sri Lanka during the past year.

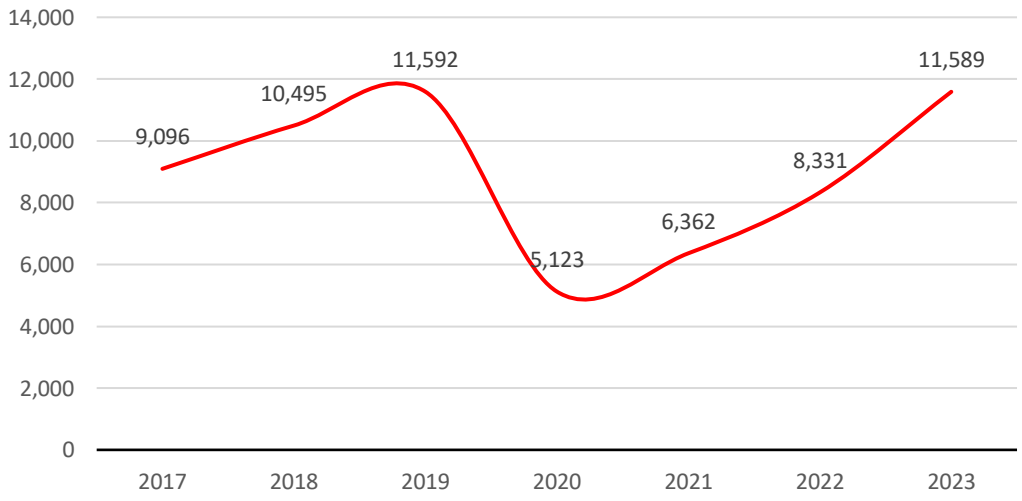
Increased urbanization, changes in sexual behavior, and gaps in the accessibility and availability of healthcare services are among the key drivers that affect the situation of STI epidemic. Furthermore, the impact of the COVID-19 pandemic on healthcare systems has had residual effects, including disruptions in routine STI screening and treatment services, which have further exacerbated the situation.

This chapter delves into the specific epidemiological patterns observed over the year, providing detailed statistics and analyses of the most common STIs, including gonorrhea, chlamydia, syphilis, and other STIs.

By understanding these epidemiological trends and the associated challenges, public health authorities can better design and implement targeted interventions and prevention strategies. These may include enhanced screening programs, improved access to treatment, and comprehensive sex education initiatives aimed at reducing the spread of STIs. The ultimate goal is to mitigate the impact of STIs on the health of Sri Lanka's population and to move towards a healthier future.

Addressing the multifaceted challenges of the STI epidemic requires a sustained commitment to both prevention and treatment, ensuring that all individuals have the knowledge and resources needed to protect their sexual health.

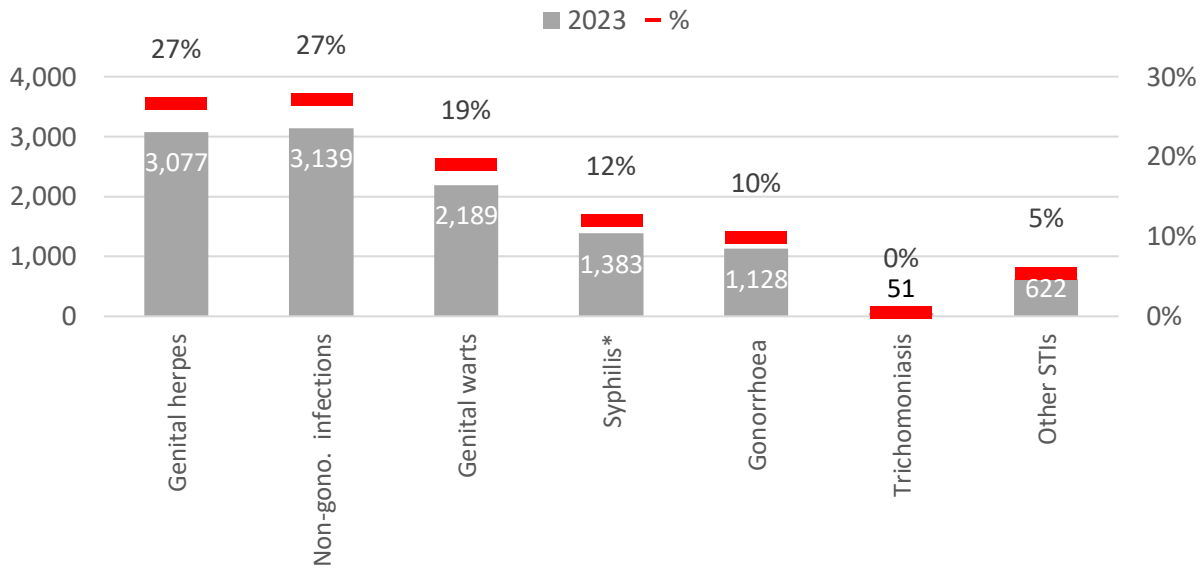
Figure 2.1 Trend of number of reported all STIs, 2017-2023



[3] Consultant Venereologist

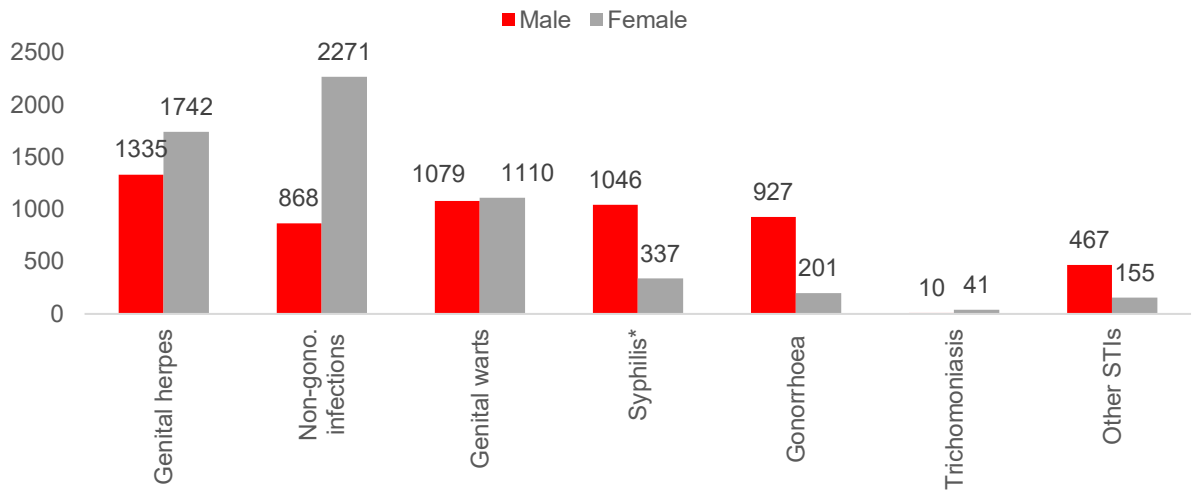
Figure 2.1 illustrates the fluctuating trend in the total number of reported sexually transmitted infections (STIs) in Sri Lanka from 2017 to 2023. Starting at 9,096 cases in 2017, the numbers rose steadily to a peak of 11,592 in 2019. A significant dip occurred in 2020 and 2021, with reported cases plummeting to 5,123 in 2020, largely due to the impact of the COVID-19 pandemic. During this period, healthcare systems were heavily burdened with the management and containment of the virus, leading to disruptions in routine healthcare services, including STI screening and treatment programs. Lockdowns, social distancing measures, and restrictions on movement also likely contributed to reduced access to healthcare facilities and a decline in the reporting of cases. Additionally, changes in sexual behavior during the pandemic may have influenced STI transmission rates. Following this dip, the number of reported STIs began to rise again, reaching 6,362 cases in 2021, 8,331 in 2022, and 11,589 in 2023, nearly returning to the peak level observed in 2019.

Figure 2.2. Number and % of STIs reported in 2023



The figure 2.2 shows the number and percentage distribution of various sexually transmitted infections (STIs) reported in Sri Lanka for the year 2023. Genital herpes and non-gonococcal infections each account for 27% of the total cases, with 3,077 and 3,139 reported cases, respectively. Genital warts represent 19% of the cases, with 2,189 reported. Syphilis accounts for 12% with 1,383 cases, while gonorrhea represents 10% with 1,128 cases. Trichomoniasis has the lowest incidence, with 51 cases making up less than 1% of the total, and all other STIs account for 5% with 622 reported cases.

Figure 2.3 Number of reported STIs by sex 2023



* Early and late of syphilis

Figure 2.3 shows the number of sexually transmitted infections (STIs) reported in Sri Lanka for the year 2023, broken down by sex. For genital herpes, 1,335 cases were reported in males and 1,742 in females. Similarly non-gonococcal infections had a higher number in females, with 2,271 cases compared to 868 in males. Genital warts were nearly evenly distributed between the sexes, with 1,079 cases in males and 1,110 in females. Syphilis showed a higher number in males, with 1,046 cases versus 337 in females. Gonorrhea was more in males, with 927 cases, compared to 201 in females. Trichomoniasis had relatively few cases, with 10 in males and 41 in females. Other STIs accounted for 467 cases in males and 155 in females. This data highlights the gender differences in the prevalence of various STIs in 2023.

Table 2.1 Diagnoses reported from STD clinics during 2023.

Diagnosis	Male		Female		Total	
	No	%	No	%	No.	%
Genital herpes	1,335	23%	1,742	30%	3,077	27%
Non-gonococcal infections	868	15%	2,271	39%	3,139	27%
Genital warts	1,079	19%	1,110	19%	2,189	19%
Syphilis*	1,046	18%	337	6%	1,383	12%
Gonorrhoea	927	16%	201	3%	1,128	10%
Trichomoniasis	10	0%	41	1%	51	0%
Other STIs	467	8%	155	3%	622	5%
Total STIs	**5,732**	**100%**	**5,857**	**100%**	**11,589**	**100%**

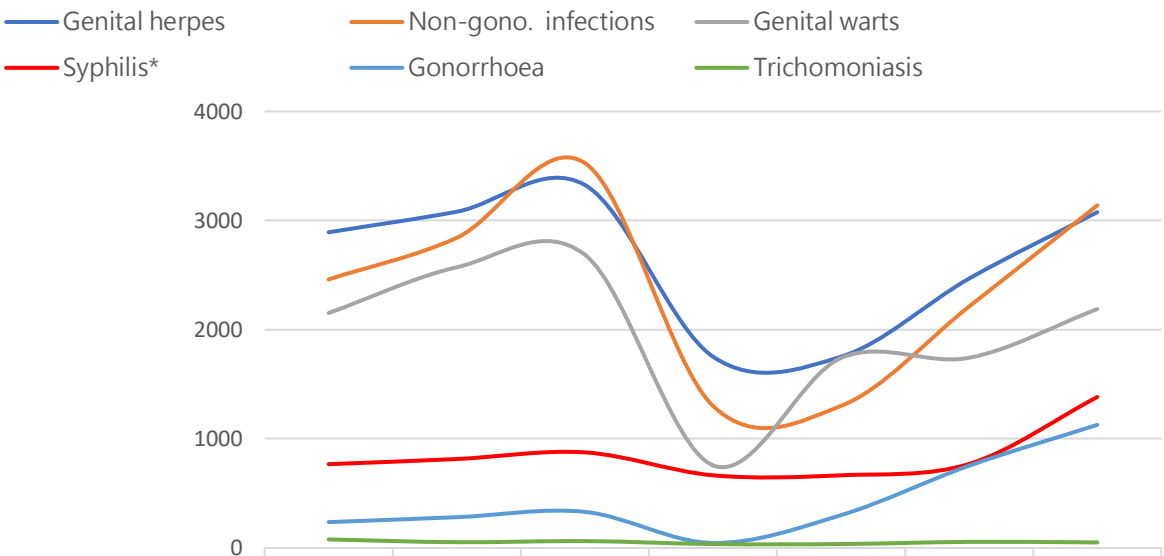
* Early and late of syphilis

The table 2.1 shows the distribution of sexually transmitted infections (STIs) in Sri Lanka by sex. It highlights the burden of different STIs among males and females, providing insights into gender disparities in STI occurrences.

Genital herpes and non-gonococcal infections were the most reported STIs, each accounting for 27% of total cases, with a higher incidence observed in females for both infections. Genital warts were almost equally common in both sexes, making up 19% of total cases. Syphilis and gonorrhea were also more reported in males than females. Trichomoniasis was the least reported infection, with very few cases in both sexes. Other STIs combined made up 5% of the total cases.

In total, there were 11,589 reported STI cases in 2023, with a nearly equal distribution between males and females.

Figure 2.4 Trend of number of reported STIs, 2017-2023



	2017	2018	2019	2020	2021	2022	2023
Genital herpes	2893	3081	3326	1753	1753	2469	3077
Non-gono. infections	2461	2842	3527	1302	1302	2213	3139
Genital warts	2153	2572	2687	757	1741	1743	2189
Syphilis*	768	815	876	666	666	770	1383
Gonorrhoea	237	282	331	46	301	754	1128
Trichomoniasis	78	53	63	36	36	56	51

* Early and late syphilis

Figure 2.4 illustrates the annual trends of various sexually transmitted infections (STIs) in Sri Lanka. Between 2017 and 2019, there was a noticeable increase in cases of genital herpes, non-gonococcal infections, and genital warts, reaching peaks of 3,326, 3,527, and 2,687 cases respectively in 2019. However, in 2020 and 2021, there was a significant decline in the reported numbers for these STIs, with genital herpes dropping to 1,753 cases and non-gonococcal infections to 1,302 cases in 2020. This decline can be attributed to the COVID-19 pandemic, which caused major disruptions in healthcare services, reducing access to STI screening and treatment.

From 2021 onwards, the number of reported cases began to rise again as healthcare services resumed normal operations. By 2023, genital herpes cases had increased to 3,077, non-gonococcal infections to 3,139, and genital

warts to 2,189. Similarly, syphilis cases, which had remained relatively stable around 800 cases per year until 2019, dropped to 666 in 2020 and 2021 but surged to 1,383 by 2023. Gonorrhea followed a comparable pattern, with a low of 46 cases in 2020, rising significantly to 1,128 by 2023.

Trichomoniasis maintained relatively low numbers throughout the period, with slight fluctuations, peaking at 78 cases in 2017 and dropping to 51 cases by 2023. Overall, the trends highlight the significant impact of the COVID-19 pandemic on STI reporting and the subsequent recovery in healthcare service delivery, which led to an increase in reported cases post-2021.

Syphilis

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. It progresses through distinct stages.

Early Syphilis

Early syphilis refers to the initial stages of the infection, which include primary, secondary syphilis and early latent syphilis. During the primary stage, a painless sore called a chancre appears at the site of infection, typically within three weeks of exposure. This sore heals on its own, but if untreated, the infection progresses to the secondary stage. Secondary syphilis is characterized by skin rashes, mucous membrane lesions, and flu-like symptoms. These symptoms may resolve without treatment, but the bacterium remains in the body, which is called early latent syphilis. Duration of early syphilis is within two years of infection with early latent syphilis as defined by the World Health Organization.

Figure 2.5 Number of early syphilis cases by sex and age 2019 - 2023

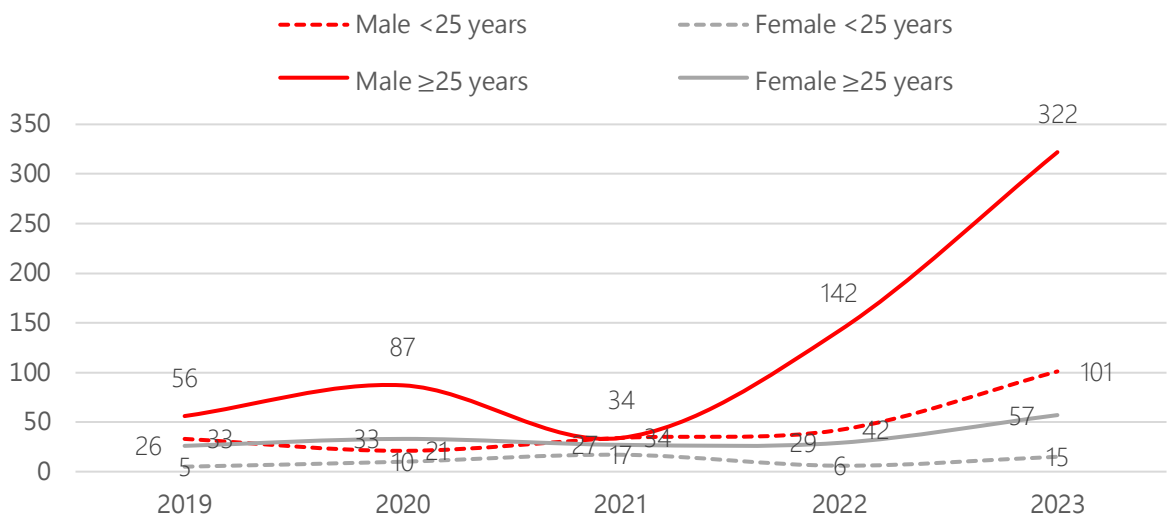


Figure 2.5 shows the trends in reported early syphilis cases among different age and sex groups in Sri Lanka. The data indicates a notable increase in syphilis cases, especially among males aged 25 years and older. In this group, cases rose from 56 in 2019 to a significant peak of 322 in 2023. Males under 25 years also saw an increase, from 33

cases in 2019 to 101 in 2023. For females aged 25 years and older, the number of cases remained relatively low but showed a slight increase from 26 in 2019 to 57 in 2023. Females under 25 years experienced minimal fluctuation, with cases increasing slightly from 5 in 2019 to 15 in 2023. The overall trend highlights a sharp rise in early syphilis cases among older males, while the increases in other groups were more moderate. This suggests a need for targeted public health interventions focusing on this demographic to address the growing incidence of early syphilis among males.

Late Syphilis

Late syphilis occurs two years after the initial infection if it is not treated. It can affect multiple organ systems, including the heart, blood vessels, brain, nerves, eyes, liver, bones, and joints.

Figure 2.6 The trend of late syphilis cases by sex and age 2019 -2023

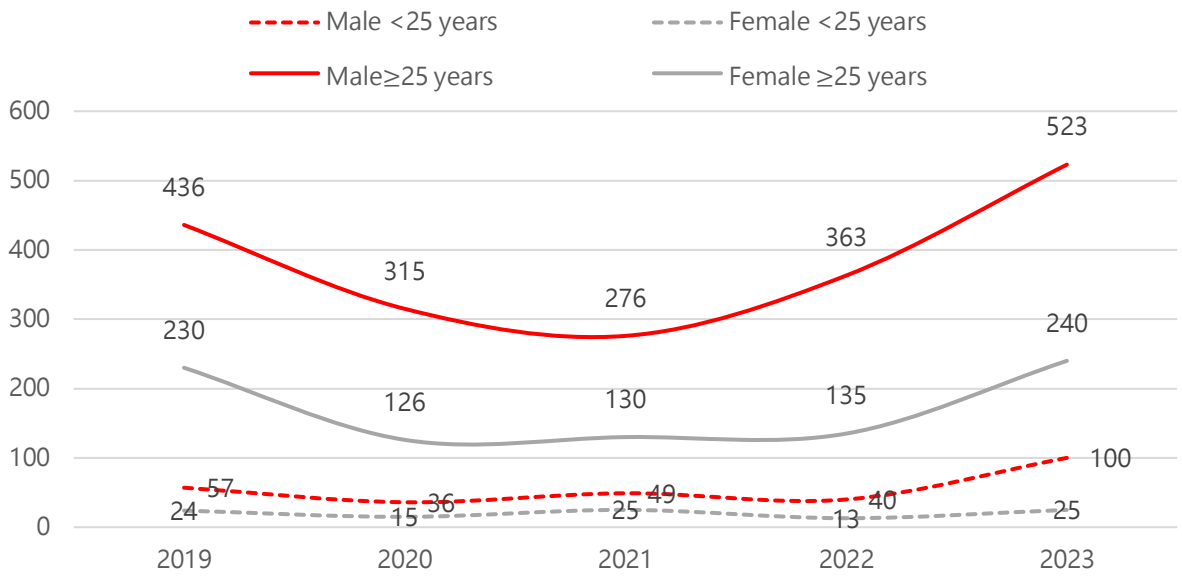


Figure 2.6 illustrates the reported cases of late syphilis among different age and sex groups in Sri Lanka over the specified period. Males aged 25 years and older consistently had the highest number of cases, with a peak of 436 in 2019, a decline to 276 in 2021, and a sharp increase to 523 by 2023. Females aged 25 years and older also showed a notable trend, starting with 230 cases in 2019, decreasing to 126 in 2020, and gradually rising to 240 in 2023.

For males under 25 years, the number of cases remained relatively low but exhibited an upward trend, starting from 57 in 2019, dipping to 36 in 2020, and increasing to 100 in 2023. Females under 25 years consistently had the lowest number of reported cases, with a slight increase from 24 in 2019 to 25 in 2023, despite a dip to 13 in 2022.

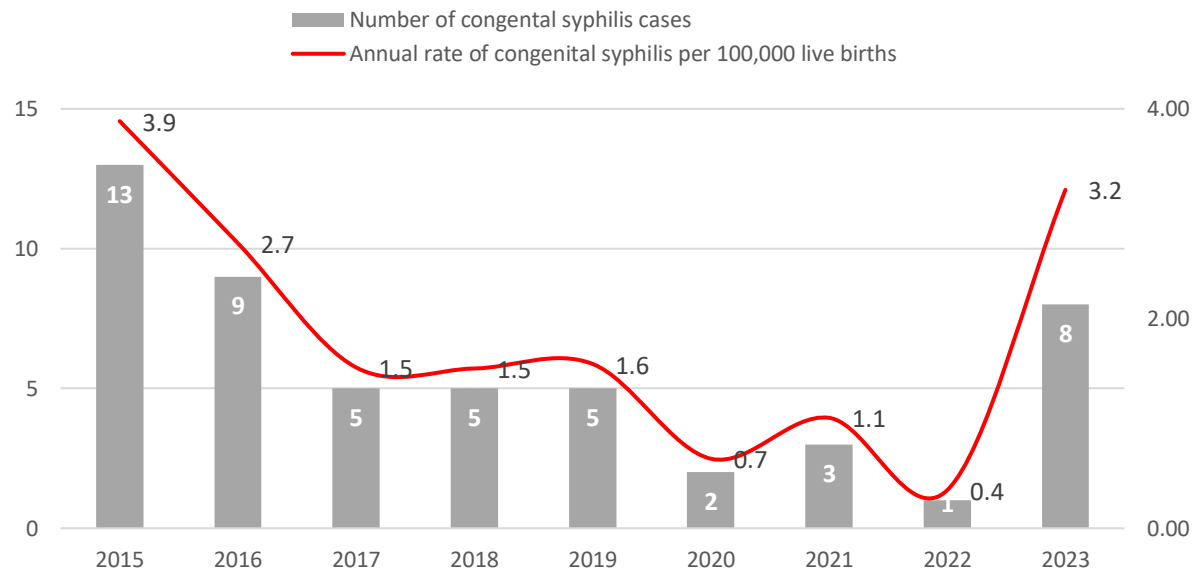
The overall trend indicates a general decline in late syphilis cases during the early years of the COVID-19 pandemic, followed by a significant rise in subsequent years, particularly among older males.

Congenital Syphilis

Congenital syphilis is a severe, disabling, and often life-threatening infection that occurs when *Treponema pallidum*, the bacterium responsible for syphilis, is transmitted from an infected mother to her baby during pregnancy. This can happen at any stage of syphilis and may lead to a range of serious health problems for the newborn.

Preventing congenital syphilis primarily involves screening and treating pregnant women for syphilis. If a pregnant woman is diagnosed with syphilis, timely treatment with appropriate antibiotics, typically penicillin, can effectively prevent transmission to the baby. Sri Lanka has obtained validation of elimination of mother to child transmission from the world health organization in 2019 and achieved maintenance of validation status in 2021. The target of congenital syphilis necessary to achieve this validation status is less than 50 cases of congenital syphilis rate per 100,000 live births.

Figure 2.7 The trend of congenital syphilis 2015-2023



The above graph titled "The trend of congenital syphilis 2015-2023" depicts the annual number of congenital syphilis cases and the rate per 100,000 live births in Sri Lanka over this period. According to the global case definition for congenital syphilis, eight cases of congenital syphilis were reported in the country during 2023. The number of live births has been declining during the past few years. The rate of congenital syphilis per 100,000 live births was 0.36 in 2023.

The number of congenital syphilis cases fluctuated, starting with 13 cases in 2015 and dropping to a low of 1 case in 2022 before rising to 8 cases in 2023. Correspondingly, the annual rate per 100,000 live births began at 3.9 in 2015, declined steadily to 0.4 in 2022, and then increased to 3.2 in 2023.

This trend indicates a significant decrease in congenital syphilis cases and rates from 2015 to 2022, followed by a marked increase in 2023. The low numbers in recent years may be partially due to disruptions in healthcare services during the COVID-19 pandemic, impacting the detection and reporting of congenital syphilis. The sharp rise congenital syphilis in 2023 is also due to marked reduction of live births during 2023. This data highlights the need for continuous monitoring and targeted interventions to prevent congenital syphilis and ensure early detection and treatment.

Gonorrhoea

Gonorrhoea is a sexually transmitted infection (STI) caused by the bacterium *Neisseria gonorrhoeae*. It affects both men and women, commonly infecting the urethra, rectum, throat, and, in women, the cervix. Many individuals with gonorrhoea may not exhibit symptoms, particularly women. When symptoms do occur, they can include painful urination, pus-like discharge from the penis in men and increased vaginal discharge, painful urination, vaginal bleeding between periods in women.

Figure 2.8 The trend of gonorrhoea cases by sex and age 2019 -2023

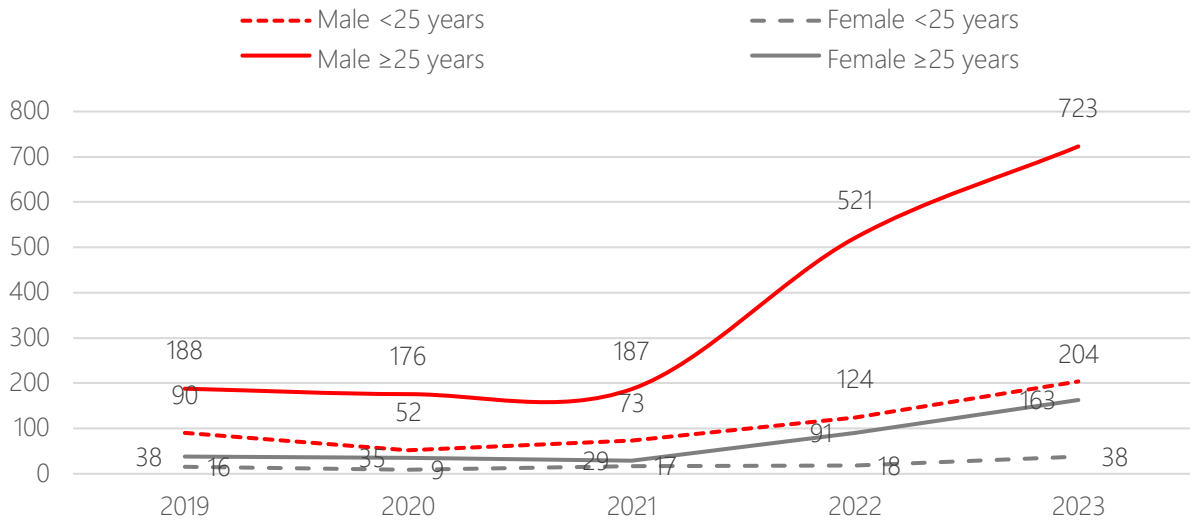


Figure 2.8 depicts the annual number of gonorrhea cases reported among different age and sex groups in Sri Lanka over the given period. Males aged 25 years and older consistently had the highest number of cases, starting at 188 in 2019, with a slight decrease to 176 in 2020, followed by a gradual increase to 187 in 2021 and a sharp rise to 723 in 2023. Males under 25 years experienced a steady increase, from 90 cases in 2019 to 204 in 2023.

For females aged 25 years and older, the number of cases remained relatively low but showed a slight upward trend, from 38 in 2019 and reaching 163 in 2023. Females under 25 years consistently had the lowest number of reported cases, with minor fluctuations.

The overall trend highlights a significant rise in gonorrhea cases among older males, particularly in 2023, while other groups showed more moderate increases. This suggests a need for targeted public health interventions focusing on older males to address the increasing incidence of gonorrhea. The data underscores the importance of continuous monitoring and effective prevention strategies to control the spread of gonorrhea.

Non-gonococcal infections

Non-gonococcal infections refer to sexually transmitted infections (STIs) of the urethra that are not caused by *Neisseria gonorrhoeae*, the bacterium responsible for gonorrhoea. The most common cause of non-gonococcal infections is *Chlamydia trachomatis*, which leads to chlamydia. Other pathogens, such as *Mycoplasma genitalium*, *Ureaplasma urealyticum*, and *Trichomonas vaginalis*, can also cause these infections.

Figure 2.9 The trend of non-gonococcal infections by age and sex, 2019 -2023

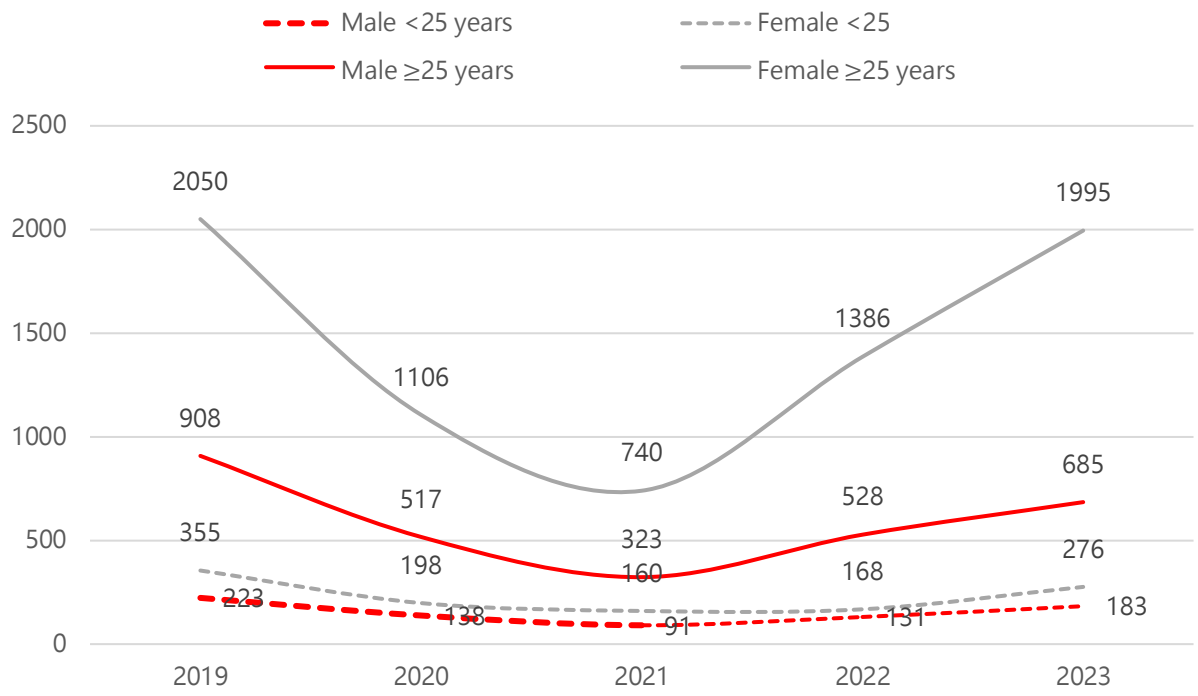


Figure 2.9 illustrates the annual number of non-gonococcal infection cases reported among different age and sex groups in Sri Lanka over the specified period. Females aged 25 years and older consistently had the highest number of cases, starting at 2,050 in 2019, decreasing to 740 in 2021, and then sharply rising to 1,995 in 2023. Males aged 25 years and older showed a similar pattern, with cases decreasing from 908 in 2019 to 517 in 2020 and 323 in 2021, followed by an increase to 685 in 2023.

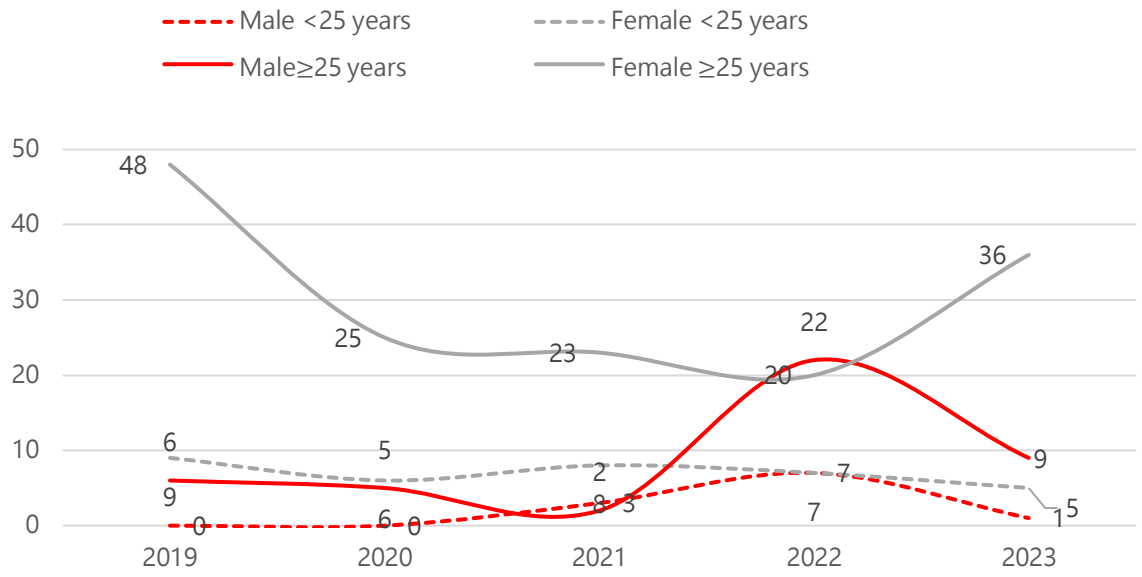
For females under 25 years, the number of cases remained relatively low but exhibited a slight upward trend, from 223 in 2019 to 183 in 2023. Males under 25 years showed minor fluctuations, starting at 355 in 2019, decreasing to 198 in 2020, and gradually increasing to 276 in 2023.

The overall trend highlights a significant rise in non-gonococcal infections among older females in 2023, while other groups showed more moderate increases.

Trichomoniasis

Trichomoniasis is a common sexually transmitted infection (STI) caused by the protozoan parasite *Trichomonas vaginalis*. It primarily affects the genital areas and can infect both men and women, though symptoms can differ between the sexes.

Figure 2.10 The trend of cases of trichomoniasis by age and sex, 2019 - 2023



The graph titled Figure 2.10 illustrates the annual number of trichomoniasis cases reported among different age and sex groups in Sri Lanka over the given period. Females aged 25 years and older consistently had the highest number of cases, starting at 48 in 2019, decreasing to 25 in 2020, and then increasing to 36 in 2023.

The overall trend highlights an increase in trichomoniasis cases among older females in 2023, while other groups showed more moderate changes.

Genital herpes

Genital herpes is a common sexually transmitted infection caused by the herpes simplex virus (HSV), typically HSV-2, though HSV-1 can also cause it. The infection is transmitted through sexual contact with an infected person, even if they do not have visible sores or symptoms. Symptoms include painful blisters or sores on the genital or anal areas, itching, and flu-like symptoms. While there is no cure for genital herpes, antiviral medications can manage outbreaks and reduce transmission risk.

Figure 2.11 The trend of cases of genital herpes by sex, 2019-2023

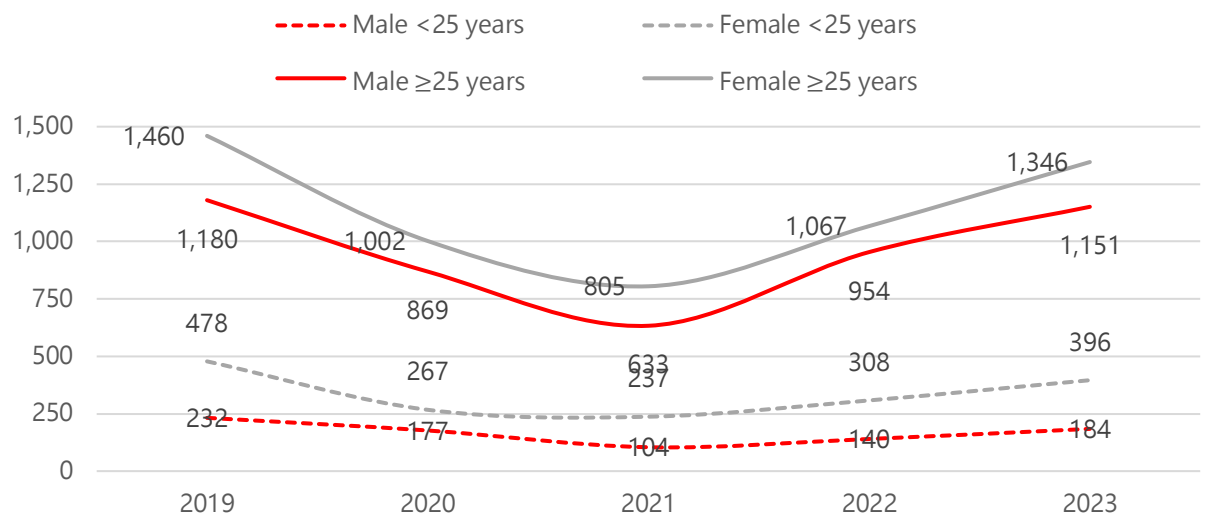


Figure 2.11 illustrates the annual number of genital herpes cases reported among different age and sex groups in Sri Lanka from 2019-2023. Females aged 25 years and older consistently had the highest number of cases, starting at 1,460 in 2019, decreasing to 805 in 2021, and then rising significantly to 1,346 in 2023.

Males aged 25 years and older also showed a similar pattern, with cases decreasing from 1,180 in 2019 to 869 in 2020 and 805 in 2021, followed by an increase to 1,151 in 2023. For females under 25 years, the number of cases remained relatively stable, with a slight increase from 478 in 2019 to 396 in 2023.

Males under 25 years consistently had the lowest number of reported cases, with minor fluctuations, starting at 232 in 2019, decreasing to 177 in 2020, and gradually increasing to 184 in 2023.

Genital warts

Genital warts are a common sexually transmitted infection caused by certain strains of the human papillomavirus (HPV), particularly HPV types 6 and 11. These warts appear as small, flesh-coloured or grey growths in the genital or anal area. They can be flat or raised, single or multiple, and sometimes form a cauliflower-like shape. Genital warts are transmitted through sexual contact with an infected person. There is no cure for HPV, but treatments are available to remove the warts.

Figure 2.12 Number of genital wart cases by age and sex, 2019 - 2023

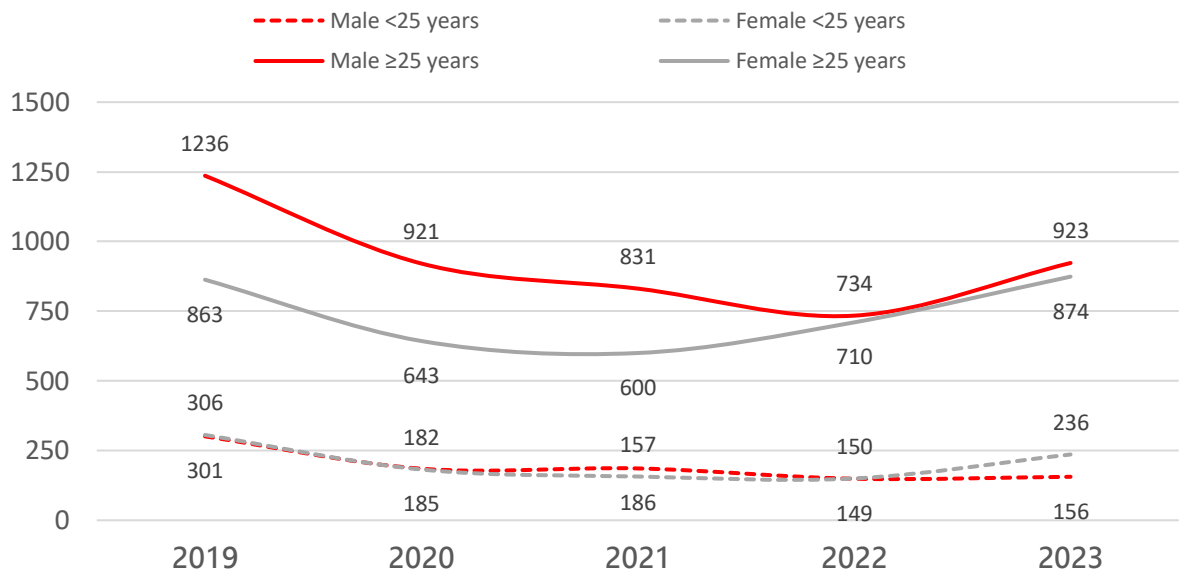


Figure 2.12 illustrates the annual number of genital wart cases reported among different age and sex groups in Sri Lanka over the specified period. Males aged 25 years and older consistently had the highest number of cases, starting at 1,236 in 2019, decreasing to 831 in 2020, and then gradually increasing to 923 in 2023.

For females aged 25 years and older, the number of cases showed a similar pattern, starting at 863 in 2019, decreasing to 600 in 2021, and then rising to 874 in 2023. Males under 25 years exhibited a relatively stable trend with minor fluctuations, starting at 301 in 2019, decreasing to 185 in 2020, and slightly increasing to 236 in 2023.

Females under 25 years consistently had the lowest number of reported cases, until 2023. The overall trend highlights a decrease in genital wart cases among all groups during the early years of the COVID-19 pandemic, followed by a subsequent increase, particularly among older males and females, in 2023.

3. Sexual health services

Dr. Nimali Jayasuriya[4]

Sexual health clinics in Sri Lanka are specialized clinics that focus on the diagnosis, treatment, and prevention of sexually transmitted infections (STIs) and other sexual health related issues. There are 40 clinics island wide, and 19 branch clinics are operating. These clinics provide a wide range of services to individuals who are experiencing sexual health problems or concerns.

The key functions of sexual health clinics:

1. STI testing and treatment.
2. HIV testing and counselling.
3. Management of sexual health problems.
4. Provision of Hepatitis B vaccine for high-risk groups.
5. Conducting special clinics and services for key population groups.
6. Provision of Pre-Exposure Prophylaxis (PrEP) for prevention of HIV.
7. Provision of Post Exposure Prophylaxis (PEP).
8. Condom promotion and condom provision.
9. Partner notification.
10. Defaulter tracing.
11. Providing Information, Education and Communication.
12. Contraception services.
13. Assessment for pre-employment and foreign employment medicals.
14. Screening antenatal women for HIV and syphilis.
15. Conducting special blood surveys and clinics at prisons.
16. Outreach HIV testing and prevention activities for key population, vulnerable and general population.
17. Conducting HIV/STI awareness programmes schools and other sectors.
18. Referrals: Sexual health clinics can refer patients to other healthcare providers or community resources for additional care or support.

Overall, sexual health clinics play a crucial role in promoting sexual health and preventing the spread of STIs. The way forward is to scale up all currently available services.

STD clinics and branch clinics

Province	District	STD clinic	Branch clinic
Western province	Colombo	Colombo	Prison clinic in Welikada
		Kalubowila	
		Avissawella	
		Homagama	
	Gampaha	Ragama	

[4] Consultant Venereologist

Province	District	STD clinic	Branch clinic
		Gampaha	
		Negombo	
		Wathupitiwala	
	Kalutara	Kalutara	Horana, Pimbura
		Panadura	
North Western Province	Kurunegala	Kurunegala	Nikaweratiya, Polpithigama
		Kuliyapitiya	
	Puttalam	Chilaw	
		Puttalam	
Northern Province	Jaffna	Jaffna	
	Mannar	Mannar	
	Kilinochchi	Kilinochchi	
	Mullaitivu	Mullaitivu	
	Vavuniya	Vavuniya	
	Trincomalee	Trincomalee	
Eastern Province	Batticaloa	Batticaloa	BH Walachchenei, BH Kalawanchikudi Kanthankudi
	Ampara	Ampara	Mahaoya, Dehiaththakandiya
	Kalmunai	Kalmunai	BH Kalmunai North, BH Pottuvil
Uva Province	Badulla	Badulla	
		Mahiyanganaya	
	Monaragala	Monaragala	
Southern Province	Galle	Galle	
		Balapitiya	
	Matara	Matara	
	Hambantota	Hambantota	
		Tangalle	
Sabaragamuwa Province	Ratnapura	Ratnapura	BH Balangoda
		Embilipitiya	
	Kegalle	Kegalle	Warakapola, Mawanella
Central Province	Kandy	Kandy	BH Teldeniya, Dumbara Prison clinic Nawalapitiya
	Matale	Matale	Wilgamuwa
		Dambulla	
	Nuwara Eliya	Nuwara Eliya	
North Central	Anuradhapura	Anuradhapura	
	Polonnaruwa	Polonnaruwa	

4. HIV testing services

Dr. Nimali Jayasuriya[5]

HIV testing services (HTS) is the entry point to HIV prevention and treatment interventions. The National STD/AIDS Control Programme provides HIV testing services to clients through facility-based testing, community-based testing, and a self-testing strategy. Facility-based testing is primarily accessible for free at government STD clinics and hospitals, although it is also available at private laboratories. STD clinic employees or NGO partners provide community-based testing services. HIV testing services in prison are provided by trained prison employees or by STD clinic staff. The HIV testing guideline was updated in 2023, and the HIV three-test algorithm is in practice to confirm HIV infection.

Table 4.1 HIV positivity rate by category of testing, 2023

Category of the samples tested for HIV	Number tested in 2023	Number confirmed positive	HIV positivity rate
Antenatal mothers	226,446	11	0.01%
Pre-employment	17,912	1	0.01%
Screening at public and private blood banks	466,061	56	0.01%
Others **	99,902	21	0.02%
Hospital based testing	11,358	4	0.04%
Prison	21,998	9	0.04%
Tri-forces	17,826	9	0.05%
Private hospitals, laboratories, and SJGH	64,790	169	0.3%
TB screening	8,948	24	0.3%
Key population intervention programmes	25,453	98	0.4%
STD clinic samples *	48,991	291	0.6%
Total	1,009,685	693	0.1%

* (STD clinic samples include clinic attendees, outreach samples, hospital samples and testing of contacts)

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

Table 4.1 shows the number of HIV tests carried out in the country in 2023 according to different testing categories.

[5] Consultant Venereologist

A total of 1,009,685 HIV tests were performed throughout Sri Lanka, with 693 confirmed cases. Despite the rising number of cases, HIV seroprevalence remains low, with a seropositivity rate of 0.1%.

HIV testing is prioritized among key population groups through key population intervention programmes and people accessing STD clinics. With a seropositivity rate of 0.6%, STD clinic attendees had the highest yield. Next among key population intervention programmes, which accounts for 0.4%. Approximately 46% of HIV testing in the country was done on donated blood (by both the national blood transfusion service and private blood bank accounts), resulting in 56 confirmed diagnoses. Private sector HIV testing contributes significantly to HIV testing, with a positive rate of 0.3%. HIV testing at TB clinics or STD clinics was used to screen TB patients for HIV. Out of 8,948 TB patients, 24 became confirmed positive for HIV.

HIV testing by STD clinics

All STD clinics in Sri Lanka have HIV testing facilities. Samples are mainly received from STD clinic attendees, hospital referrals, court referrals, pre-employment testing, prenatal screening, visa screening, and through population groups. HIV ELISA (Ag/Ab), HIV rapid blood test (Ag/Ab), particle agglutination, DUO HIV/Syphilis tests, and assisted HIV self-tests are used as HIV screening tests in STD clinics in Sri Lanka. Outreach HIV testing is carried out by STD staff and KP unit staff. A separate HIV rapid testing unit was established in the Colombo STD clinic to test key population groups and tests are carried out by NGO staff attached to Sri Lanka FPA.

HIV testing at hospital settings

HIV rapid testing services have been continued in hospitals by trained hospital staff. Due to a lack of test kits , HIV rapid test kits were unable to offer an appropriate amount. Despite the decreased number of HIV positives in hospital-based testing, the positivity rate among samples sent to STD clinics for HIV testing from hospitals remained significant. It is important to further strengthen hospital-based testing in order diagnose symptomatic HIV patients without any delay and detect antenatal mothers who dropped out from initial antenatal screening.

HIV testing among TB patients

Tuberculosis is the leading cause of HIV-associated mortality, accounting for one of every five HIV-related deaths. The risk of developing TB is 30 times higher among people living with HIV than among people who do not have HIV infection. NSACP collaborates well with the Tuberculosis Control Program. Blood samples from TB patients are routinely sent to STD clinics for HIV testing, while some TB clinics do it themselves at their own clinics. HIV testing should be made available to all TB patients to achieve 100% coverage.

HIV testing by private sector laboratories

Private laboratories made a substantial contribution to HIV testing in the country. HIV testing is mostly performed for clients who have symptoms, asymptomatic clients who have risk behaviors, pregnant women, insurance purposes, and visa screening.

HIV testing by National Blood Transfusion service

Sri Lanka will continue to screen all donated blood and blood products to avoid HIV transmission through infected blood. This makes the most significant contribution to the HIV screening program, detecting a significant number of HIV-positive cases in the general community.

Key Population - HIV testing

KP HIV testing is carried out by both trained NGO workers and STD clinic staff through community-based testing or facility-based testing. Trained outreach workers primarily contributed to community-based HIV testing by using both HIV rapid testing and assisted self-testing, with a high positivity rate.

Table 4.2 Number of clients tested by KP units of STD clinics

Type of key population	No. tested
Men having sex with men	3,601
Female sex workers	3,520
Beach boys	1,322
Persons who inject drugs	66
People in prisons	21,998
Transgender women	302
Total	**8,811**

(Source: STD Quarterly return table 10-part 2)

Key population HIV testing by STD clinic staff

Table 4.2 shows the HIV testing among key population members conducted by KP units of STD clinics in 15 KP intervention districts.

HIV testing among key populations is done by STD staff through outreach testing and among those who directly come to the STD clinic voluntarily. HIV testing for prison inmates was mostly provided as outreach testing by STD clinic staff. Few prisons have continued to conduct HIV tests on their premises by trained prison employees.

Key population-led HIV testing

There are two models for Key population-led HIV testing i.e. case-finder model and the peer-led model.

Table 4.3 HIV testing through key population led models in 2023.

Type of Key Population	NSACP KP Programme (Peer-led model)			FPA KP Programme (Case finder model)		
	No. tested	HIV confirmed positive	HIV positivity % rate	No. tested	HIV confirmed positive	HIV positivity % rate
Men having Sex with Men	8,153	11	0.1%	4,238	81	1.9%
Female sex workers	6,397	1	0.02%	2,873	1	0.0%
Beach Boys	1,782	0	0.0%	-	-	-
Persons Who Inject Drugs	418	1	0.2%	697	0	0.0%
Transgender women	169	0	0.0%	726	2	0.4%
Total	**16,919**	**13**	**0.1%**	**8,534**	**84**	**1.0%**

(Source: STD Quarterly return table 21, PIMS and HIV case notification)

a) The peer-led model was continued in 13 districts in 2023 under supervision by STD clinics. In addition to these 13 districts, the drug user intervention is conducted in Colombo. A total of 13 HIV-positive cases were identified through this model in 2023. Tables 4.3 and 4.4 show HIV testing by key population-led programmes.

b) The case finder model was continued in the districts of Colombo and Gampaha for female sex workers, men who have sex with men, and transgender women. A total of 8,534 key population members were tested by this testing model, with 84 being newly diagnosed with HIV infection. The HIV positivity rate among MSM in this model was as high as 1.9%. This model is implemented by the Family Planning Association.

Table 4.4 HIV testing among key populations by NGO staff

Type of Key Population	KP units of STD clinics	KP Programme by FPA
Men having Sex with Men	8,153	4,238
Female sex workers	6,397	2,873
Beach boys	1,782	0
Persons who inject drugs	418	697
Transgender women	169	726
Total	**16,919**	**8,534**

(Source: STD Quarterly return table 21 and PIMS)

The following table shows total HIV testing among key population groups in 2023.

Table 4.5 Total KPs tested for HIV by STD clinics and KP led programmes, 2023

Type of key population	Number tested	Number of HIV confirmed positives	HIV positivity rate
Men having Sex with Men	15,992	386	2.4%
Female sex workers	12,790	3	0.02%
Beach Boys	3,104	0	0.0%
Persons Who Inject Drugs	1,181	4	0.3%
Transgender women	1,197	2	0.2%
Prison inmates	21,998	9	0.04%
Total	**56,262**	**404**	**0.7%**

Total KP clients tested for HIV by STD clinics and KP-led programmes were 56,262 and of these 406 were confirmed positive (0.7% sero-positivity rate).

HIV self-testing

HIV self-test is a test that allows an individual to test themselves for HIV in the privacy of their own home or other private setting. HIV self-tests are easy to use and involve obtaining a sample of blood or saliva, which is then tested for the presence of antibodies to the virus that causes HIV. There are different types of HIV self-tests available, including rapid diagnostic tests and oral fluid tests. Currently, NSACP uses oral fluid-based HIV self-tests. Positive

results from an HIV self-test are always confirmed with a follow-up test at a healthcare facility. NSACP provides all services, including HIV self-test kits, free of charge to needy people. There were 11,956 HIV self-tests distributed by NSACP and 11,621 utilized by different categories, with **33** confirmed positives in 2023.

There are several delivery models for HIV self-testing that have been implemented in NSACP including:

1) Online ordering and delivery: This model involves users ordering a self-test kit online or through the Know4sure.lk website and having it delivered to their doorstep by courier service.
2) STD clinic pharmacy-based distribution: In this model, self-testing kits are made available for purchase over the counter in pharmacies.
3) Community-based distribution: In this model, self-testing kits are distributed through community-based organizations, such as non-governmental organizations (NGOs), faith-based organizations, or public health workers.
4) Home-based distribution: In this model, self-testing kits are distributed through door-to-door campaigns or home visits by non-governmental organizations community health workers.
5) Mobile distribution: This model involves distributing self-testing kits through mobile clinics or vans that travel to different locations. A combination of delivery models may be necessary to reach the maximum number of individuals with HIV self-testing services.

Table 4.6 Number of HIV self-tests done and HIV positives

Name of KP unit	No of HIVST utilised	No positive*	% positivity
Colombo & Gampaha	2,864	19	0.7%
Ratnapura	1,700	1	0.1%
Know4Sure.lk	1,166	4	0.3%
Galle	1,024	4	0.4%
Kalutara	1,021	0	0.0%
Kurunegala	819	2	0.2%
Anuradhapura	600	0	0.0%
Kandy	475	0	0.0%
Matara	450	0	0.0%
Jaffna	343	2	0.6%
OPD (NSACP)	335	0	0.0%
Kegalle	257	0	0.0%
Puttalam	238	0	0.0%
Badulla	77	0	0.0%
Polonnaruwa	66	0	0.0%
Hambantota	37	0	0.0%
Other	149	0	0.0%
Total	**11,621**	**32**	**0.3%**

** Information collected by contacting over the phone. Included confirmed cases.*

Way forward

To meet 95-95-95 targets by 2025 and end AIDS by 2030, the country needs to strengthen the HIV testing approaches to respond to contemporary needs. This will help to meet the first 95 target in 2025.

- **Scale up HIV self-testing for** people who are difficult to reach through conventional testing methods.
- Scale up social network-based HIV testing to reach key populations who are at high risk but have less access to services.
- Increase **demand generation** for HIV testing through targeted social marketing approaches.
- NGO participation in **index case testing.**

5. HIV treatment and care services

Dr Geethani Samaraweera[6], Dr Ariyaratne Manathunge[7]

The National STD/AIDS Control Programme (NSACP) under the Ministry of Health is responsible for providing comprehensive HIV treatment and care services to all people living with HIV (PLHIV) registered for HIV care services throughout the country. By the end of 2023, antiretroviral treatment (ART) was provided through 37 full-time ART centers distributed island wide. ART is currently not available in the private sector The services provided through these ART centers include:

- Counseling
- Provision of ART
- Identification and management of opportunistic infections
- Screening and management of coinfections such as hepatitis B and C, including hepatitis B vaccination
- Management of other comorbidities
- Partner notification and testing
- Defaulter tracing
- Sexual health services
- Contraception and family planning services
- Services to prevent mother-to-child transmission

Under the "Treat All" policy, all PLHIV who are registered for HIV care are offered ART as early as possible, preferably within the first week of registration for HIV care services, unless there is a specific reason to delay the initiation of ART. According to a recent study, 80% of PLHIV who were registered for HIV care at the Colombo HIV clinic were initiated on ART within the first week during 2023.

Enrollment of PLHIV for HIV care

In 2023, 702 PLHIV were newly enrolled in HIV care services throughout the country. The number of new enrollments in ART during the year was 686, which represents a 41% increase compared to the number enrolled in HIV care during 2022.

Patient distribution through different ART Centers

The below table shows the number of PLHIV who are under care in each ART center

[6] Consultant Venereologist
[7] Consultant Venereologist

Table 5.1 Distribution of patients in different ART centers

#	Name of clinic	Female	Male	<15	15+	Total	Percentage
1	Colombo	246	1005	9	1,242	1,251	36.7
2	Ragama	59	250	1	308	309	9.1
3	Kandy	49	120	1	168	169	5.0
4	Kalubowila	23	138	-	161	161	4.7
5	Kurunegala	36	109	4	141	145	4.3
6	Gampaha	23	121	3	141	144	4.2
7	Mahamodara	20	88	2	106	108	3.2
8	Negombo	21	85	1	105	106	3.1
9	Kalutara	21	77	-	98	98	2.9
10	Matara	15	81	1	95	96	2.8
11	Anuradhapura	26	69	5	90	95	2.8
12	Chilaw	22	55	2	75	77	2.3
13	IDH	23	46	1	68	69	2.0
14	Hambantota	8	56	-	64	64	1.9
15	Rathnapura	14	50	1	63	64	1.9
16	Kegalle	15	47	1	61	62	1.8
17	Polonnaruwa	23	39	2	60	62	1.8
18	Jaffna	22	30		52	52	1.5
19	Matale	13	26	2	37	39	1.1
20	Badulla	10	28	-	38	38	1.1
21	Avissawella	4	22	-	26	26	0.8
22	Panadura	4	19	-	23	23	0.7
23	Vavuniya	10	12	-	22	22	0.6
24	Trincomalee	5	13	-	18	18	0.5
25	Balapitiya	2	15	-	17	17	0.5
26	Nuwara Eliya	6	11	-	17	17	0.5
27	Batticaloa	7	9	1	15	16	0.5
28	Monaragala	6	7	2	11	13	0.4
29	Wathupitiwala	1	10	-	11	11	0.3
30	Homagama	2	8	-	10	10	0.3
31	Ampara	5	4	-	9	9	0.3
32	Kalmunai	2	2	-	4	4	0.1
33	Kuliyapitiya	2	2	-	4	4	0.1
34	Puttalam	-	4	1	3	4	0.1
35	Dambulla	1	2	-	3	3	0.1
36	Tangalle	-	2	-	2	2	0.1
37	Kilinochchi	-	1	-	1	1	0.0
Total		**746**	**2,663**	**40**	**3,369**	**3,409**	**100.0**

Out of the 3,409 patients currently under care, 3,369 are adults and 40 pediatric cases. Of the total 78% are males and male to female ratio is 6.5:1. Out of the total PLHIV under 76% were taking care from 10 clinics namely Colombo,

Ragama, Kandy, Kalubowila, Kurunegala, Gampaha, Mahamodara, Negambo, Kalutara and Matara. Of the total 48 patients (1.4%) were not on ART.

Number of people living with HIV under care by age and gender as of end 2023

Table 5.2 Distribution of PLHIV according to the age groups

Age group	Female	Male	Total	Percentage
0-14	0	3	3	1
15-24	6	18	24	6
25-49	37	353	390	68
>50	93	204	297	25
Total	**746**	**2,663**	**3,409**	**100**

Of the total PLHIV currently on treatment, only 1% were in the pediatric age group, and 6% were in the 15-24 age group. The majority of patients (68%) were between 25-49 years old, and 25% were above 50 years old.

Table 5.3 Number of people living with HIV by ART regimen as of end 2023

#	ART regimen	Female	Male	<15	15+	Total	%
1	TDF+FTC+DTG	607	2,294	8	2,893	2,901	86.4
2	AZT+3TC+DTG	42	99	23	118	134	4.0
3	TDF+FTC+EFV	22	82		104	104	3.1
4	3TC+DTG	32	51		83	83	2.5
5	ABC+3TC+DTG	11	40	5	46	51	1.5
6	TAF+FTC+DTG	8	33		41	41	1.2
7	AZT+3TC+EFV	1	5	1	5	6	0.2
8	TDF+FTC+ATV/r	3	3		6	6	0.2
9	TDF+FTC+LPV/r	2	3		5	5	0.1
10	TDF+FTC+DRV/r	2	2		4	4	0.1
11	ABC+3TC+EFV	2	1	2	1	3	0.1
12	TDF+FTC+DTG+DRV/r	1	2		3	3	0.1
13	AZT+3TC+ATV/r	1	1		2	2	0.1
14	Others*	1			1	1	0.2
Total		**738**	**2,620**	**40**	**3,318**	**3,358**	**100.0**

**ART regimens prescribed less than 0.1% were grouped as others.*

By the end of 2023, PLHIV managed under care are on 21 different ART regiments. The striking change that happened during 2023 is transitioning of preferred first-line regimen from efavirenz based regimens to dolutegravir (DTG) based regimens. By the end of 2023 nearly 96% of patients are on DTG based regimens. The most prescribed regimen for adults was tenofovir disoproxil fumarate (TDF)+ emtricitabine (FTC)+ dolutegravir, and 86.4% of PLHIV were on that regimen. For the pediatric patients DTG 10mg dispersible tablet was available from Global fund (GF) support thus all pediatric patients were also put on DTG unless contraindicated. Of the total patients, 89.5% were on TDF+ FTC as the backbone and only 3.4% of patients were on efavirenz based regimens. Protease inhibitors (PI) were mostly restricted as second line regiments and only 0.8% of patients were on PI based regimens. In addition to

the previously available ART, NSACP received a small stock of tenofovir alafenamide (TAF)+FTC+DTG for the first time with the financial support from World Health Organization. It was mostly used for patients with renal impairment and osteoporosis. By the end of 2023 no patients were on nevirapine as all patients were changed to DTG.

Due to the economic constraints faced by the government of Sr Lanka during last 2 years, ART was mostly supported by the Global Fund and 2024 requirement will also be supplied by the Global Fund. This temporary funding arrangement is planned to gradually be transitioned back to government during the next GF grant cycle.

Number of patients on 1st line, 2nd line and 3rd line regimens

The below table shows the number of patients who are on 1st, 2nd and 3rd line regimens.

Table 5.4 Number of patients on first line, 2nd line and 3rd line regimens

	Female	Male	<15	15+	Total
OT1	301	1,274	16	1,559	1,575
OT1(Sub)	393	1,281	15	1,659	1,674
OT2	17	40	5	52	57
OT2(Sub)	23	22	4	41	45
OT3	4	3	0	7	7
Total	**738**	**2,620**	**40**	**3,318**	**3,358**

Of the total PLHIV on ART nearly 97% are on either initial first line regimen (OT1) or first line with substitution (OT1 sub) regimen while 102 patients (3.04%) were on either initial second- line regimen (OT2) or second line regimen with substitution (2nd line sub). Only 7 patients (0.2%) were on 3rd line regimens.

TB/ HIV Co-infection during 2022

Tuberculosis is one of the commonest opportunistic infections that contribute to highest mortality and morbidity among PLHIV in Sri Lanka. Due to the weakened immune system the risk of development of active pulmonary TB and extra pulmonary TB is much higher compared to the general population, especially among PLHIV who present with advanced HIV infection. However, event among those who are on long term ART and fully virally suppressed the risk of development of active TB disease is 10 times higher than the general population.

According to the national HIV and TB guidelines in Sri Lanka, all PLHIV who are newly diagnosed with HIV are offered TB screening irrespective of presence or absence of TB symptoms. In addition, throughout the HIV care continuum PLHIV will undergo four symptom screening at each health encounter and those who are positive on symptoms screening are referred to chest clinics for further evaluation.

On the other hand, all newly diagnoses TB patients are offered HIV screening on initial assessment at chest clinic. Thus, NSACP and NPTTCD work hand in hand to identify and treat HIV -TB coinfected and latent TB cases to minimize TB -HIV coinfection and to bring down mortality and morbidity due to the coinfection.

As the clinics which serve highest number of PLHIV registered for HIV care, Colombo HIV clinic conduct special clinic within the NSACP once a week and TB preventative therapy is prescribed from NSACP pharmacy.

Table 5.5 TB screening results among PLHIV 2023

Status of TB and HIV Co-infection during year 2023	Number
Number of patients on anti-TB treatment at the time of diagnosis of HIV	22
Number of HIV positive patients having past history of TB	23
Number of HIV positive patients screened for TB during the year	555
Latent TB infection	35
Pulmonary TB (Sputum Smear +ve)	34
Pulmonary TB (Sputum Smear -ve)	22
Extra Pulmonary TB	19
MDR/XDR or TDR TB	0
Number of Patients on INAH prophylaxis (IPT	124
Number of patients on cotrimoxazole preventive therapy (CPT)	726

During 2023, 555 patients have undergone TB screening and of the 35 were diagnosed with latent TB. Total number of TB diagnosis among PLHIV during the year was 75 with 12.5% positivity rate. Of those 34 had smear positive pulmonary TB and 22 had smear negative pulmonary TB. 19 individuals were diagnosed with extra pulmonary TB. It is worth noting that there were no cases of multi-drug resistant TB (MDR-TB), extensively drug-resistant TB (XDR-TB), or triple drug-resistant TB (TDR-TB) among the PLHIV. In 2022, a total of 124 PLHIV received IPT to prevent development of active TB disease. The number of patients receiving TPT was low compared to the previous year's probably because of the change in recommendation for TPT according to new TPT guideline.

Co-trimoxazole preventive therapy

Cotrimoxazole preventive therapy (CPT) is recommended for all PLHIV who have CD4 counts below 350 cells/ microliter as primary prophylaxis and also following active Pneumocystis Jiroveci pneumonia (PJP) as secondary prophylaxis until they immunologically recover. Additionally, for toxoplasma-seropositive patients with CD4 counts less than 100 cells/µL, CPT is also considered as primary prophylaxis against toxoplasma encephalitis. In 2023, a total of 726 PLHIV received CPT as part of their comprehensive care. This number is almost double the previous year, probably due to the improvement of documentation.

HIV and Hepatitis co-infection during 2023

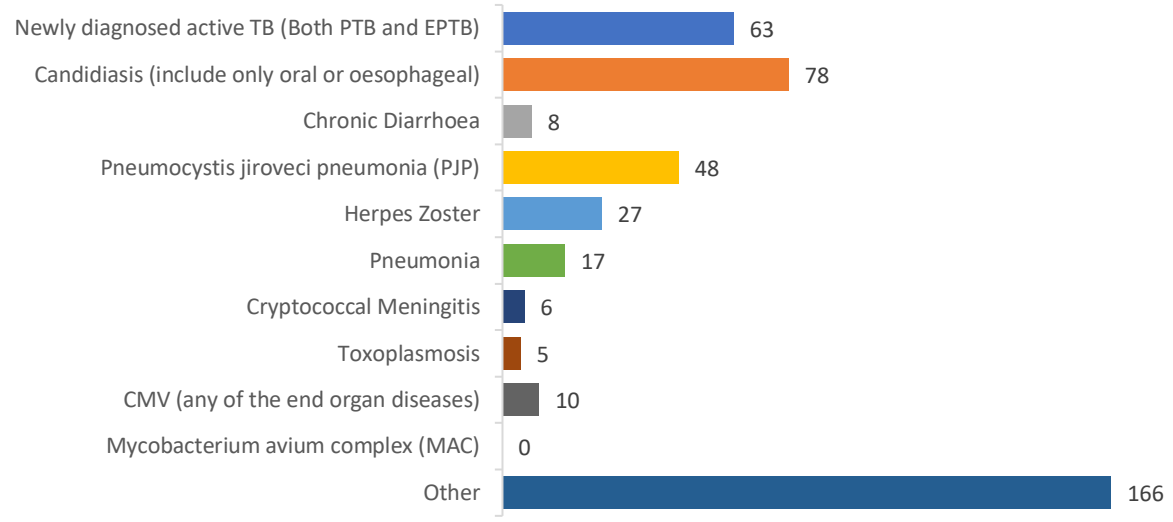
Table 5.6 HIV and hepatitis coinfection during 2023

	Number tested	Number positive	Test positivity rate
Hepatitis B	363	5	1.4%
Hepatitis C	328	16	4.9%

The number of PLHIV screened for Hepatitis B and C has doubled during 2023 as compared to 2022. This could be due to increase availability of testing during 2023 or improvement of reporting. In comparison to 2022 where there were no reported cases of HBV, there were 5 positive cases in 2023 which means increase of seroprevalence from 0% to 1.4%. Similarly, HCV seroprevalence has increased from 2% in 2022 to 4.9% during 2023.

Opportunistic infections (OI) among PLHIV in 2023

Figure 5.1 Number of reported opportunistic infections among PLHIV in 2023



The number of reported opportunistic infections have more than doubled during 2023 as compared to 2022. During 2022 the total reported number of opportunistic infections was 184 and during 2023, 428 opportunistic infections were reported. The commonest IO was candidiasis followed by TB and PJP Number of TB cases reported has increase from 45 to 68 and candidiasis from 53 to 78 from 2022 to 2023. Similarly, almost all reported numbers of OI have gone up during 2023 compared to the previous year.

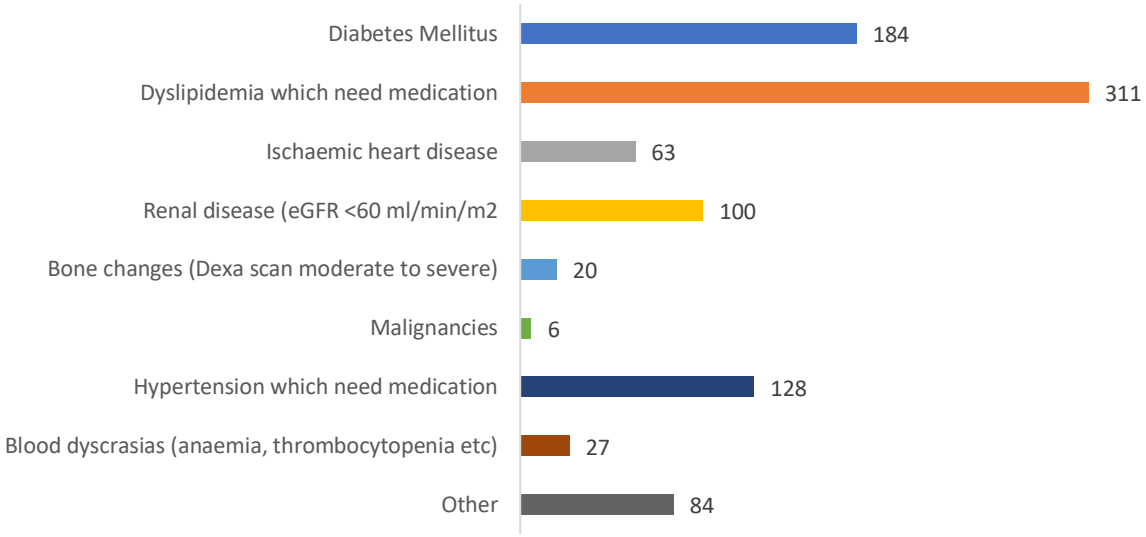
Similar to previous year's lack of diagnostic testing and treatment facilities was the major challenge faced during 2023. In order to overcome the challengers, it was decided to purchase cryptococcal antigen and CMV PCR test kits with the financial support of global fund. GF also provided funding support to procure some OI medications such as Dapsone.

Non-communicable diseases (NCD) among PLHIV

The below bar chart elaborates reported number of non-communicable diseases (NCD) among PLHIV in 2023.

Figure 5. 2 Number of reported NCD among PLHIV 2023

Like the previous year dyslipidemia is the most common NCD reported followed by diabetes, hypertension and renal

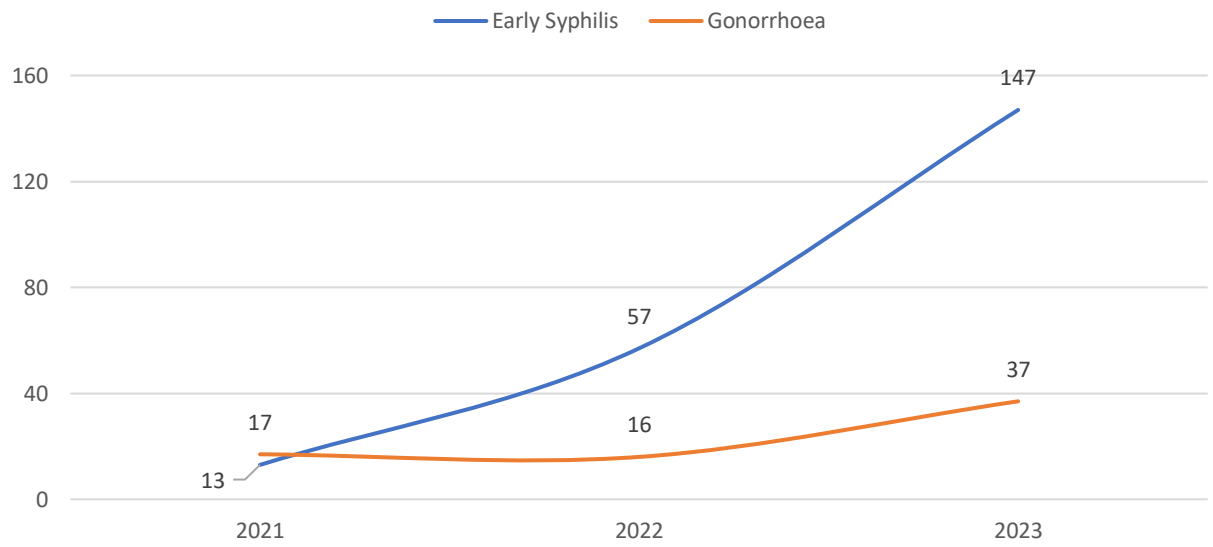


impairment. However, it is well noted that the number of reported NCD have doubled during 2023 compared to the previous year probably due to improvement in reporting following staff awareness.

Sexually transmitted infection	Number diagnosed
Early syphilis	147
Gonorrhea	37
Non gonococcal infections	18
Newly diagnosed HSV	21
Newly diagnosed genital warts	41
Pap changes	2
Other STIs	153

The number of reported cases of infectious syphilis has significantly increased from 57 during 2022 to 147 in 2023 which was a threefold increase compared to the previous year. A similar increase was also shown in reported cases of gonorrhea and genital warts. Significant increase in number of reported cases of infectious syphilis, Gonorrhea indicate recent unprotected sex among HIV positive individuals. The sharp increase in the number of syphilis cases among PLHIV during the last 2 years was an important finding.

Figure 5.3 Number of early syphilis and gonorrhoea among PLHIV who are under care



HIV-1 Drug resistance testing among patients with virological failure during 2023

Table 5.8 Details of drug resistance testing carried out during 2023

Total number of samples send for resistance testing	23
Total number of reports received	19
Resistance to at least one NRTI	8
Resistance to at least one NNRTI	13
Resistance to at least one PI	1
Resistance to more than one drug category	9
Resistance to more than one ARV	13
No Resistance to ARV	6

During 2023, total of 23 samples have been send to ART drug resistance testing to NARI India out of that only 19 reports received. The number of samples sent has doubled compared to the previous year due to the availability of adequate funding. The majority of patients, 68.4% (N=13) had resistance to NNRTI while NRTI resistance was detected among 42,1% (N=8) patients. Only one patient was detected with protease inhibitor (PI) resistance. Nearly half (47.3%) had resistance to more than one drug category.

HIV drug resistance testing service is planned to be established in the country with the funding support of global fund and the national reference laboratory (NRL) is in the process of establishing drug resistance testing.

ART cohort analysis 2023

1: Outcome of people with HIV who started ART in 2022 (12 months) by sex and age*

	Female	Male	<15 yrs.	15+ yrs.	Total	%
Number who initiated ART (N)	67	460	-	527	527	100%
Status (outcome) after 12 months of starting ART						
On 1st line regimen	55	410	-	465	465	88%
On 2nd line regimen		5	-	8	8	2%
Lost to follow-up (F)	4	25	-	29	29	6%
Dead (D)	5	20	-	25	25	5%
Alive and on ART(A) = {N - (D+F)}	58	415	-	473	473	90%

2: Outcome of people with HIV who started ART in 2021 (24 months) by sex and age*

	Female	Male	<15 yrs.	15+ yrs.	Total	%
Number who initiated ART (N)	53	270	2	321	323	100%
Status (outcome) after 12 months of starting ART						
On 1st line regimen	43	229	2	270	272	84%
On 2nd line regimen	2	2	-	4	4	1%
Lost to follow-up (F)	2	27	-	29	29	9%
Dead (D)	6	12	-	18	18	6%
Alive and on ART(A) = {N - (D+F)}	45	231	2	274	276	85%

3: Outcome of people with HIV who started ART in 2020 (36 months) by sex and age*

	Female	Male	<15 yrs.	15+ yrs.	Total	%
Number who initiated ART (N)	70	294	4	360	364	100%
Status (outcome) after 12 months of starting ART						
On 1st line regimen	52	218	3	267	270	74%
On 2nd line regimen	-	8	-	8	8	2%
Lost to follow-up (F)	5	40	-	45	45	12%
Dead (D)	13	28	1	40	41	11%
Alive and on ART(A) = {N - (D+F)}	52	226	3	275	278	76%

4: Outcome of people with HIV who started ART in 2018 (60 months) by sex and age*

	Female	Male	<15 yrs.	15+ yrs.	Total	%
Number who initiated ART (N)	60	240	3	297	300	100%
Status (outcome) after 12 months of starting ART						
On 1st line regimen	40	180	3	217	220	73%
On 2nd line regimen	2	10	-	12	12	4%
Stopped for medical reasons (S)	1	-	-	1	1	0%
Lost to follow-up (F)	4	22	-	26	26	9%
Dead (D)	13	28	-	41	41	14%
Alive and on ART(A) = {N - (S+D+F)}	42	190	3	229	232	77%

Note: *PLHIV who left the country were removed from both numerator and denominator. This is a draft version of the report.*

Deaths among PLHIV during 2023

The number of reported deaths among PLHIV has gone down during 2023 compared to 2022 from 65 to 56. It is worth noting that the number of deaths of patients on ART has gone down from 52 to 40 while number of pre-ART deaths have gone up from 12 to 16 stressing the importance of early diagnosis. To improve death following ART initiation it is importance to take necessary steps to retain PLHIV in care and improve defaulter tracing.

Special clinics

As the clinic with the highest PLHIV under care, Colombo clinic provides special chest clinic, psychiatry clinic and nutrition clinic with in NSACP premises with the support of chest clinic Colombo, psychiatry unit NIMH and Nutritional unit NHSL. These clinics are conducted once a week and patients are referred to the clinic by the doctors who provide routine HIV care at the Colombo clinic.

Other district clinics also provide the above services through referral to the relevant clinics within the hospital. This comprehensive approach aims to improve the patients' convenience, compliance and reduce clinic visits.

Vaccination of PLHIV against Hepatitis B infection

All PLHIV received double doses of the Hepatitis B vaccine, totaling 40 micrograms, administered at 0, 1, 2, and 6 months. However, due to lack of availability of Hepatitis B vaccine the vaccination was interrupted during the year.

HIV treatment and care Subcommittee

Two HIV treatment and care subcommittees meetings were conducted during the year which was chaired by the Deputy Director General of Public Health Services 1, The participants include Consultants from NSACP, district consultant venereologists, representatives from National Programme for TB and Chest Diseases, World Health Organization (WHO), Family Planning Association (FPA), People Living with HIV (PLHIV) groups, and other supportive organizations.

The primary objective of the meetings was to enhance the quality and effectiveness of HIV care services provided by the NSACP. Discussions and deliberations were centered around HIV testing strategies, laboratory practices, counseling techniques, and overall HIV care management. By bringing together experts from different fields and engaging with relevant stakeholders, the subcommittees aimed to identify areas for improvement and implement strategies to enhance the delivery of HIV care services across Sri Lanka.

ART Drug estimation

During 2023, ART drug estimations were done using Chai simple ART estimation tool. The working group of the ART Drug Estimate Committee comprised of Director of the National STD/AIDS Control Programme (NSACP), the National HIV Care Coordinator, Consultant Venereologists and Pharmacists from the NSACP.

The estimations were done for 3 years; 2024-2026. However, as proposals were made for the next global fund grant cycle drug estimations needed to be done for 2025-2027. With the agreement of the above team, it was decided to assume drug estimations for 2027 are same as for the year 2026. It was also decided to get funding support for ART in the following manner.

2025: 10% from GoSL and 90% from GF

2026: 50 % from GoSL and 50% from GF

2027: 90% from GoSL and 10% from GF

ART procurement committee meetings

During the year 2023 two ART procurement committee meetings were conducted. The committee was chaired by the Director NSACP and the participants were consist of NSACP consultants, NSACP pharmacists, representatives from medical supply division (MSD), State Pharmaceutical Corporation (SPC), National Medicines Regulatory Authority (NMRA) and global fund.

These meetings were helpful to address the challengers in and ART procurement and played a vital role in ensuring the timely and continuous supply of ART drugs by taking proactive measures.

Meetings with district consultants

To discuss important issues related to HIV care regular online meetings were conducted with the participation of Director NSACP, HIV care coordinator, NASCP and other district venereologists and medical officers. During 2023 four such meetings were held and issues related to HIV care were discussed and corroborative decisions have been made to overcome the challengers.

Involvement of PLHIV organizations in HIV care

Three PLHIV organizations; Positive Women's Network, Positive Hopes Alliance and Lanka Plus provided their fullest support for continuation of quality care for PLHIV in Sri Lanka. They provide various support services, such as counseling, peer support, financial support and educational programs, to enhance the well-being and quality of life for PLHIV. In addition, they actively participate in all subcommittees of NAC as important stakeholders and actively involve in decision making with regard to HIV prevention, treatment and care.

Quarterly review meetings for PLHIV organizations

To improve the capacity if the above organizations quarterly revive meetings of the three organizations were conducted with the financial support of global fund. The suggestions made by the committee were implemented to improve the patient care, patient well fare and other services delivery aspects.

Recruitment of peer counselors

With the financial support of the global fund three peer counselors were recruited from three PLHIV organizations and they were given special training on HIV counselling. Needy patients were referred for peer counselling and the counselors were given monthly allowance to encourage peer counselling.

Development of a poster to promote PLHIV organizations

In order to promote utilization of services provided by PLHIV organizations, a poster was developed to display at HIV clinics. The poster will also be translated in to all three languages and distributed to all ART centers to be displayed in the clinics.

Other supportive organization

Family Planning Association of Sri Lanka (SLFPA), National AIDS Foundation (NAF) and Networking, Education, Support, and Treatment (NEST) continued their support to continue successful HIV care in Sri Lanka.

Challenges identified in providing HIV treatment and care

The major challenges faced by the HIV care services were,

- Increasing number of newly diagnosed PLHIV
- Overcrowding of certain ART centers while other clinics were underutilized.
- Inadequate human resources specially consultant venereologist
- Lack of adequate infrastructure
- Lack of availability of continuous supply of CD4, viral load, OI diagnostic facilities and other testing facilities.
- Shortage of certain ART medications specially Tenofovir alafenamide based ART, Abacavir and Lamivudine
- Shortage of medications needed for the management of opportunistic infections

In order to overcome the above challengers below steps have been taken

1. Cover up arrangement for stations without consultants.
2. Starting an appointment system to manage waiting time and encourage patients to go to less crowded clinics.
3. Some essential IO diagnostic facilities and drugs were requested from the global fund.
4. Full ART estimate for 2024 was requested from GF and planned to gradually transition the funding from GF to GOSL from 2025-2027 as the country recovers from financial crisis.

6. Elimination of MTCT of HIV and syphilis

Dr. Nimali Jayasuriya[8]

Sri Lanka became the fourth country in the Asia-Pacific region to eliminate mother-to-child transmission (EMTCT) of HIV and syphilis in 2019, and the first revalidation assessment was successfully achieved by the maintenance of the EMTCT programme for 2019 and 2020 in December 2021. The Global Validation Advisory Committee (GVAC) was given some recommendations for improvement in each area in the next maintenance validation report, which will be received in December 2024.

In 2023, antenatal screening (ANC) screening was done through "DUO" HIV syphilis rapid tests. Samples are sent from the ANC clinic to STD laboratories to perform the tests. And the test report turnaround time is less than seven days. If one of the tests becomes positive, the mother will be sent to the STD clinic within two days by MOH staff.

The first line of treatment for HIV-positive pregnant mothers is TDF+ FTC/3TC + DTG based regime. All infants born to HIV-positive pregnant mothers were treated with nevirapine syrup. An early infant diagnosis was made by DNA PCR.

All pregnant mothers who were not sensitive to penicillin were treated with benzathine penicillin for syphilis, and there were no stockouts of benzathine penicillin for syphilis positive pregnant mothers or prophylactic doses of benzylpenicillin (penicillin G) for babies born to syphilis positive pregnant mothers.

District and National reviews in 2023

National level meetings and district reviews were held with all stakeholders and the district MCH team during 2023. District reviews were organized with the participation of all stakeholders in the district and with the support of the WHO. Two EMTCT steering committee meetings were conducted with the steering committee members in 2023.

[8] Consultant Venereologist

Pregnant women with HIV in 2023

Pregnant women with HIV in 2023 were 23, and of these, 11 pregnant women were identified as having HIV during antenatal screening. The other women were known women with HIV who became pregnant while on ART. There was a total of 15 deliveries that occurred, and all infants were started on antiretroviral prophylaxis, and early diagnostic tests were arranged. All mothers who received EMTCT services for HIV delivered uninfected babies.

EMTCT of syphilis in 2023

The total number of pregnant mothers registered with syphilis in 2023 was 123, which is a significant rise compared to 2022. Of these, 114 pregnant women received appropriate services. Two pregnant women were treated with the non-penicillin regime; four pregnant women were treated postpartum; and two women were treated less than four weeks prior to delivery.

Recommendations and way forward

The GVAC's suggestions in 2021 led to further improvements in the EMTCT programme. Moving forward, the goal is to maintain the EMTCT target indicators to achieve certification of the maintenance of validation status for the elimination of mother-to-child transmission of HIV and syphilis in 2023. The next goal is to eliminate hepatitis B in pregnant women, with efforts being made to initiate the national hepatitis B testing programme among pregnant women in 2023.

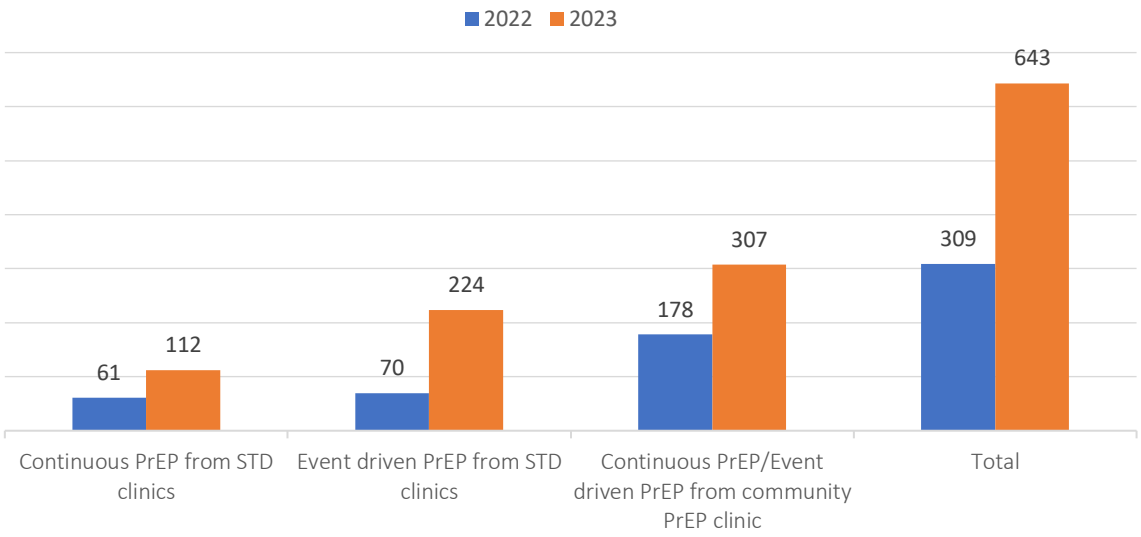
7. Pre-exposure prophylaxis (PrEP)

Dr. Nimali Jayasuriya[9]

Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention strategy that involves taking antiretroviral medication daily or on demand to reduce the risk of HIV infection in people who are at high risk of HIV exposure. It is important to note that PrEP is not a replacement for other HIV prevention strategies, such as condom use. Rather, PrEP can be used in conjunction with other prevention methods to reduce the risk of HIV transmission. Additionally, PrEP is most effective when taken consistently, so individuals who are considering PrEP should be counseled on the importance of adherence to the medication regimen.

PrEP services are available at all STD clinics and community clinics in Colombo and Gampaha. PrEP clinics offer PrEP as part of a comprehensive HIV prevention strategy. STD clinics provide PrEP services along with other sexual health services for PrEP clients. Both event-driven and daily PrEP are provided based on the client's needs, and this PrEP service is available during routine clinic hours at the STD clinic. A special second Sunday PrEP clinic is conducted at the Colombo STD clinic. PrEP is provided free of charge and is funded by the Global Fund.

Figure 7.1 Utilization of PrEP services in 2022 and 2023



In 2023 PrEP uptake increased by 52% when compared to 2022. Most of the PrEP was distributed through the Colombo STD clinic and community PrEP clinics.

Challenges

- Low demand
- Low perceived risk
- Low continuation

[9] Consultant Venereologist

- Low effective use (adherence)
- Myth around PrEP
- Not a part of national procurement

Priorities

- Demand Generation
- Increase coverage.
- Ensure continuation; promote effective use.
- Expand PrEP service sites after assessing PrEP readiness.
- Strengthen service integration (STI, SRH, Chemsex)

Way forward

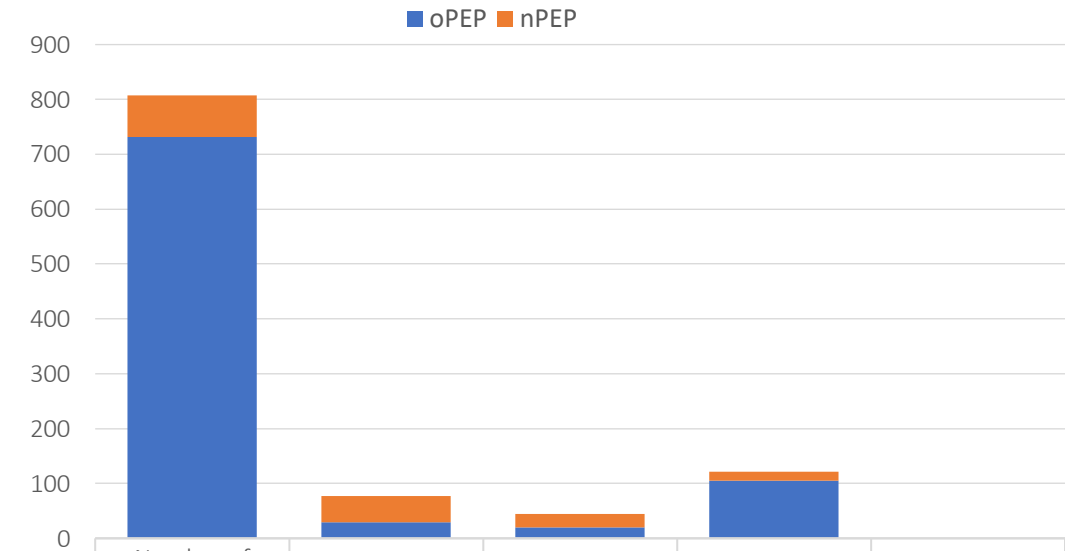
- To implement key Population-assisted same-day HIV PrEP service delivery (Colombo -Gampaha MSM component)

8. Post Exposure Prophylaxis

Dr. Nimali Jayasuriya[10]

Post-exposure prophylaxis (PEP) is a medical treatment that can help prevent HIV infection after someone has been exposed to the virus. PEP involves taking a combination of HIV medications for 28 days after the potential exposure, and it is important to start the treatment as soon as possible after exposure, ideally within 72 hours. Exposure can be occupational (o-PEP) or non-occupational (n-PEP), with non-occupational exposure being related to sexual or intravenous (IV) drug use. Recommended PEP regimens include TDF 300 mg daily + FTC 200 mg daily + DTG 50 mg daily, or RAL 400 mg twice daily. In the absence of first-line regimens, alternative regimens are used. Non-occupational post-exposure prophylaxis services were launched in 2020, and the PEP guidelines were updated in 2023.

Figure 8.1 Details of HIV post exposure prophylaxis following accidental injuries



	Number of clients who attended for PEP services	Number started on PEP	PEP 28 days completed	Number came for screening after 3 months	Became positive for HIV
nPEP	76	48	24	16	0
oPEP	731	29	20	105	0

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 a network of STD clinics island wide. Antiretroviral drugs are issued following detailed counseling on the importance of treatment and their potential side effects. ART starter packs are available at predetermined 24-hour functioning units in hospitals (e.g., emergency units and intensive care units).

[10] Consultant Venereologist

These packs are helpful in initiating PEP during emergency situations, especially outside of STD clinic working hours. Post-exposure prophylaxis should be continued for 28 days with good adherence to prevent HIV transmission.

Figure 8.1 shows details of HIV post exposure prophylaxis following provided post-exposure prophylaxis following occupational and non-occupational exposures in 2023.

Table 8.1 Location information of ART for O-PEP in Sri Lanka during 2023

District	Institution	Unit of location	Contact Number
Ampara	DGH - Ampara	PCU	063 2222261
	BH - Dehiaththakandiya	ETU	027 2250344
	BH- Mahaoya	PCU	063 2244061
Anuradhapura	TH – Anuradhapura	Medical ICU STD Clinic	0252222261 - Ext 700/701 025 2236461
	BH- Thambuththegama	Medical ward	025 2276262
	BH – Padaviya	Medical ward	025 2253261
	DH – Madavachchiya	Medical ward	025 2245661
Badulla	PGH – Badulla	ETU/ ICU STD Clinic	055 2222261 Ext.322
	BH – Welimada	Ward 04 – medical ward	055 2222578
	BH – Diyathalawa	ETU	057 2245161 057 2229061
	BH – Mahiyanganaya	ETU STD clinic	055 4936722 055 4936779
Batticaloa	TH Batticaloa	STD clinic ETU	065 2057078 065 2222261-2
Colombo	National Hospital of Sri Lanka	OPD room number 08	011 2691111 Ext 2417
	Lady Ridgeway Hospital	Indoor Dispensary	011 2693711-2 Ext. 219, 242
	De Soysa Maternity Hospital	Emergency theatre (OT2)	011 2696224-5 Ext.326
	Castle Street Hospital for Women	Intensive care unit (ICU)	011 2696231-2 Ext.2230
	National Eye hospital	Room 4 (OPD)	011 2693911-5 Ext.231
	Sri Jayewardenepura Teaching Hospital	Indoor pharmacy	011 2802695-6 Ext.3032
	TH- Kalubowila	Infection Control unit (From 7am-4pm) OPD room number 20 (after 4pm) STD clinic	011 2763261 Ext. 129 011 2763261 Ext. 218 011 4891055
		Infection control unit Ward 03	011 2411284 Ext.264 011 2411284 Ext. 210
	DGH Avissawella	PCU	036 222279
	BH - Homagama	PCU	011 2855200 Ext. 224
Puttalam	BH - Puttalam	PCU	032 2265496
		STD clinic	032 2265496 Ext 132
	DGH Chilaw	PCU	032 2223261
		STD clinic	032 2220750

District	Institution	Unit of location	Contact Number
Galle	TH Mahamodara	STD clinic Indoor Drug Dispensary	091 2245998 091 2222261 091 2234951
	TH Karapitiya	ETU	091 2232267 091 2232176
	BH Balapitiya	STD clinic ETU	091 2258261
	BH Elpitiya	ETU	091 2 291 261
Gampaha	TH Ragama	SICU STD clinic	011 2960224 Ext 258 011 2960224
	DGH – Gampaha	PCU STD clinic	033 2222261 Ext 200 033 2234383
	DGH Negombo	MICU STD clinic	031 2222261 Ext 439 031 2222261 Ext 144 031 2239016
	BH – Wathupitiwala	ICU STD clinic	033 2280261 033 2280261-2 Ext 255
Hambantota	DGH – Hambantota	PCU STD Clinic	047 2222247 047 2222247
	BH - Tangalle	STD clinic, ICU, infection control unit	047 3144194 047 2240261 Ext.220
	BH - Tissamaharama	Pharmacy	047 2237261
	BH - Walasmulla	ETU	047 2245261
Jaffna	TH Jaffna	ETU STD clinic	021 2222261 021 2217756
Kalmunai	DH - Sainthamaruthu	STD clinic	067 2223660
Kalutara	GH - Kalutara	PCU STD clinic - Kalutara	034 2222261, Ext. 250 034 2236937
	BH - Panadura	ETU	038 2222261 Ext. 4298
	BH- Horana	PCU	034 2261261 Ext.1135
	Kethumathi Maternity Hospital	ward 2	038 2232361 Ext.
Kandy	TH- Kandy	ETU STD clinic	081 2233338, 081 2234208 081 2203622
	BH - Gampola	ETU	081 2352261
	BH- Teldeniya	ETU	081 2374055
	BH - Nawalapitiya	ETU STD clinic	054 2222261 0542222261 Ext. 230
Kegalle	TH- Kegalle	ETU STD clinic	035 2222261 035 2231222
	BH - Mawanella	ETU	035 2247835
	BH - Karawanella	ETU	036 2267374
	BH - Warakapola	ETU	035 2267261
Kilinochchi	BH -Kilinochchi	ETU STD clinic	021 2285329 021 2283709
Kurunegala	TH - Kurunegala	STD clinic A&E, ICU	037 2224339 037 2233909
	BH - Kuliyapitiya	A&E STD clinic	037 2281261

District	Institution	Unit of location	Contact Number
	BH - Nikaweratiya	ICU	037 3378060
	BH - Dambadeniya	PCU	037 2266592
	BH - Galgamuwa	PCU	037 2253061
Mannar	DGH - Mannar	STD clinic	
Matale	DGH - Matale	STD clinic	066 2053746
Matara	DGH - Matara	ETU STD clinic	041 2222261 Ext.161 041 2232302
	BH - Deniyaya	ETU	O41 2273261
	BH - Kamburupitiya	ETU	041 2292261
	Asiri Hospital Matara	ETU	076 8728906
Monaragala	DGH Monaragala	Primary care unit STD Clinic	055 2277024 055 2276826
	BH Bibila	PCU	055 2265461 Ext 135
	BH Wellawaya	PCU	055 2274861 Ext 159
	BH Siyambalanduwa	PCU	055 2279460 Ext 109
Mullaitivu	DGH Mullaitivu	STD clinic	021 2061412
Nuwara Eliya	GH Nuwara Eliya	OPD STD clinic	052 2234393 052 2223210
	BH Dickoya	OPD	051 2222261
	BH Rikillagaskada	OPD	081 2365261
Polonnaruwa	GH- Polonnaruwa	ETU STD clinic	027 2222384 027 2225787
Ratnapura	PGH - Ratnapura	ICU STD clinic	045 2225396, Ext.225, 337 045 2226561
	BH - Balangoda	Ward 02 (Medical ward)	045 2287261 Ext 273
	BH - Embilipitiya	ICU STD clinic	047 2230261 Ext 244 047 2230261 Ext 192
	GH Trincomalee	ETU STD clinic	026 2222261 026 2222563
Trincomalee	BH Kanthale	ICU, Wards	026 2234261
	BH Pulmoddai	Wards	026 2256161
	BH Muthur	Wards	026 2238261
	BH Gomarangadawala	Wards	026 3261073
	BH Kinniya	Wards	026 2236261
	DH Padavi Sripura	Wards	025 2255261
Vavuniya	DGH Vavuniya	ETU STD clinic	024 2222761 024 2224575

9. Proposal of Global Fund grant cycle-7

Dr. Niluka Gunathilaka[11]

National STD/AIDS Control Programme (NSACP) is the focal point in prevention of STD and HIV as well as managing the STD/AIDS patient in Sri Lanka. Hence, the NSACP is geared to strengthen the preventive as well as curative actions in relation to the HIV and STI. The activities are targeted not only the Key Population (KP) but also the general population across the island. In the journey of achieving these objectives there are several funding agencies supporting NSACP. The Government of Sri Lanka budget support for majority of the programmes activities and the Global Fund appears as the second leading funding agency for NSACP providing nearly 40 % of its finding requests. Other than the above-mentioned sources World Health Organization and UNFPA also provides support for the STD/AIDS prevention and control activities of Sri Lanka.

In this background since 2018 onwards Global fund had been supporting to NSACP and Grant cycle 6 was activated from 2022 and is expected to end in 2024. Hence, from the latter part of 2023 the proposal development for Grant cycle 7 (GC7) for the period of 2025-2027 was started. Since Sri Lanka is in a transition period from the Global fund resources and heading for a financial sustainability, the proposal was developed according to the tailored portfolio format.

This proposal was developed after consultations of community groups, Non-Governmental Organizations (NGOs), government organizations Health Ministry Higher officials and People Living with HIV (PLHIV). Several rounds of stakeholder consultations were done based on a guide and inputs were included in the Funding Request. In addition to that existing available evidence, Sri Lankan context, governing system in Sri Lanka including health system, HIV epidemiology, the HIV cascade, human rights, gender and age-related barriers to progress and inequalities in access to services HIV interventions carried out in the past, identified strengths and challenges of the implementation, and community systems, geographic and community response and engagement, the role of the private sector (profit and non-profit), existing legal barriers, the funding landscape, including domestic and donor resources, and implementation structures were seriously taken in to consideration.

However, in view of the financial constraints amidst which the scale up of HIV services and interventions needs to be achieved over the next few years in Sri Lanka. Therefore, NSACP has adopted Geo-prioritization as a potential approach to ensure that appropriate interventions are scaled up in the right geographies where the need is high and hence the impact is likely to be high. Since conducting every intervention in everywhere will cost more, will invite more challenges and yield limited results, customizing the focus of interventions to the epidemic needs, vulnerabilities and contextual factors of different geographic areas was believed to offer clear targets to the local program managers, thereby enhancing their efficiency and programmatic outputs. Hence this approach was believed to ensure maximum outcomes for every rupee invested and spent on HIV prevention and treatment. Geo-prioritization at district and sub-district level is informed by quantitative data on epidemic levels, epidemic burden, HIV-related vulnerabilities and programmatic gaps, as well as qualitative information on vulnerabilities and contextual factors that drive or fuel the epidemic in a particular district. This includes the data from the population size estimation 2018.

[11] Acting Consultant Community Physician

STD clinics and KP units, involving community members, are the key implementation units for HIV services across the country and there are challenges of human resources availability, capacities and attitudes to deliver HIV services to Key Population and PLHIV everywhere. Community-led services are not uniformly distributed in all districts and the coverage of various interventions varies across districts. In such a context, geo-prioritization approach was believed to enable effective utilization of the existing human resource to bring in greater achievements of programme targets in the areas they are already covering, while extending need-based service and support to other areas which need relatively less focus.

In the funding request, considering the community and expert inputs, programme requirements, geo prioritization results, the preventive and curative activities were prioritized and they were presented under two main components namely, HIV component and HIV RSSH component. In each component there were several modules, intervention and activities. These activities were costed accordingly and were included in the detailed budget.

Performance Framework, funding landscape, implementation maps, essential data tables, programmatic gap table, health product management tool, country dialogue narrative, SEAH (sexual exploitation, abuse and harassment) assessment tool were some of the key documents which needed to be submit with the proposal. Whenever needed the funding request and other main documents were supported by the annexures.

The developed proposal with all the documents was shared with all the relevant stakeholders and it was endorsed by the Country Coordinating Mechanism (CCM) before the submission. Throughout the proposal development the team Global Fund gave very good technical support and guidance. With all these it is believed the international consultancy and the team who were involved in the proposal development were able to produce a technically and strategically sound proposal.

10. HIV/STI/ hepatitis prevention in Key population

Dr. Sathya Herath[12]

The key populations (known as KP) at high risk of contracting HIV are men who have sex with men (MSM), female sex workers (FSW), people who use drugs, particularly people who inject drugs (PWID), transgender individuals (TG), beach boys (BB), and people in closed settings like prison inmates.

In 2023, priority was given to virtual HIV/STI prevention interventions, biomedical prevention, harm reduction interventions for people who inject drugs, and increasing testing among KPs using various approaches such as community-led testing, community clinics, and the scaling up of self-tests.

Special interventions launched in 2023

1. While focusing on sustaining the interventions initiated in previous years, blood-based HIV self-testing was introduced in Sri Lanka in 2023. For the first time, blood-based HIV self-tests were procured using the Global Fund pool procurement mechanism in 2023.
2. HIV self-testing, condoms, and lubricant courier services were initiated using https://know4sure.lk/ in 2023. Virtual outreach workers were given tokens to secure their courier orders for the first time in 2023.
3. Initial steps have been taken to launch syphilis rapid testing performed by communities. A standard operating procedure has been developed.
4. The Prevention Information Management System was made fully operational for use by the Key Population Intervention team in 2023.

Role of Key Population Unit at the National STD/AIDS Control Programme

- Technical guidance to implement the prevention interventions for the Key Population for HIV/STI and Viral Hepatitis at the National level, district level, field level, and for non-governmental organizations and Community-Based Organizations.
- Capacity building of the Central level Health Care staff and other field staff working with the Key Populations. Conducting refresher staff training and other training related to Key Populations programs.
- Support the National level and District level Advocacy programs and Multisectoral collaboration with relevant stakeholders (provincial and district level administrators, Police and Prison Officials, and Community) to reduce barriers to services and create a supportive enabling environment for Key Populations and their service providers.
- Engaged in community-based activities conducting community-based one-stop clinics for Pre-Exposure Prophylaxis clinics for MSM and Community-based Hepatitis C treatment clinics for PWID
- Monitoring and Evaluation of Key Population prevention activities by monthly progress reviews, district reviews monthly and National reviews of Key Population activities and monitoring the target achievements by Annual and Mid-term reviews.
- Conduct Regular supervision visits to District clinic KP units and community centers operating by the NGO/CBO in KP interventions districts.

Key Population Unit Services

Services at the District clinic level

[12] Consultant Community physician

There are district clinics to facilitate the KP engagement activities in the district and the Unit is headed by the district Consultant or the Medical officer in charge. The staff consists of a management assistant, an outreach worker per KP component, and 3 or more peer educators per component.

Services provided

- Health education, promotion, and communication on safe sexual practice, safe injection practice, and harm reduction services during drug use
- Condom and lubricant promotion and distribution and supply of needles for People Who Inject Drugs in a Needle Syringe Exchange Services (NSES) program.
- HIV testing, counseling, and linking for services (Community-based testing, Community Led Testing, and HIV self-testing)
- Referring clients for HIV/STI services: STI screening, treatment, PrEP, PEPSE, Hepatitis B vaccination, Community-based direct observed HCV treatment for PWID, and giving support for treatment adherence and psychological support
- Applying innovative approaches in providing services and reaching clients through online applications and mobile applications.

In addition to these NGO/CBO supporting KP interventions, routine passive integrated Health care worker model reach KP in the clinics and field. Education, provision of condoms and lubricant, HIV/STI testing services are routinely provided.

Community-Based activities

Community-based programs- Safe needle program and provide needles for PWID to prevent needle sharing among people who inject drugs and counseling done for harm reduction and treatment adherence at the community level. HIV self-testing promotion and Condom promotion and distribution are done at the field level with the support of outreach workers and peer educators.

Conducting Direct Observed Treatment Services for PWID (HCV clinic) – The PWID are screened for HBV and HCV and treatment is provided for HCV positive patients. Treatment adherence is supervised and assessed weekly in community based and outreach clinics. Counseling services are also provided.

PrEP clinics- Community PrEP clinics are conducted regularly. These clinics are organized on fixed dates so that the communities can make their calendar to regularize their schedule. Community PrEP clinics become sustained interventions which help to reach the unreached for PrEP services. Individuals who feel it is uneasy to visit the government STD clinics, initiate PrEP in these community clinics. Higher social class clients, students at higher educational institutes, people having tight work schedules continue to obtain services from these community clinics. There were two community clinics each month on the first and third Sundays. First Sunday clinic is organized by the Strategic Alliance for Research and Development (SARD). The other clinic is organized by the Heart-to-Heart Organization.

Screening for HIV and other STDs is done and same day PrEP is initiation is done and follow-ups are done on a routine base.

Monitoring and Evaluation Activities

1. KP interventions within the districts are directly monitored by the district clinics
2. NGO/CBO interventions are monitored by both NGO/CBO and district clinics.
3. Monthly reviews are conducted by the KP/Unit/NSACP in collaboration with district clinics and NGO/CBO
4. PIMS data entering is continuously monitored by the district clinics, NGO/CBO and SIM unit/NSACP.

5. Performance of achieving the targets is continuously monitored by the NGO/CBO, district clinic, and KP unit/ NSACP.
6. Indicators are monitored by the SIM unit quarterly and reported annually to National and International reporting entities.

Strengths

1. Efficient and supportive staff to conduct community-based activities and clinics
2. Dedicated Outreach and peer educator staff with a well-coordinated system with the government and NGO/CBO
3. Establishment of Community-based PWID clinics and PrEP clinics
4. Increase the coverage of services for the KP HIV and identify more HIV/STIs and Hepatitis C
5. NGO/CBO establishing community centers within the districts.

Challenges

1. Trained outreach team leaving for other jobs due to inadequate travel allowances.
2. Certain NGO/CBO do not perform their role as it is standardized by the KP intervention. E.g. Difficult to access locations have been used as community centers by certain NGO/CBO, NGO/CBO executive staff play key roles in the field program thereby, and it is difficult to perform continuous field work.

Future Action Plan

1. Establish, scale up, sustain community centers by NGO/CBO
2. Close supervision and technical support
3. Launch Community PrEP clinics in other districts.
4. Advocate district and provincial authorities for sustainability, transition and co-financing of community center approach.
5. Develop a communication strategy which can be operationalized by the communities.
6. Develop and obtain cabinet approval of Harm reduction policy and National Health sector Hepatitis Strategic Plan.

Programmatic performance in 2023

Programmatic performance is monitored by setting indicators against agreed targets for each KP group.

Below table describes indicator progress data for each KP category

Table 10.1 Programmatic Indicators monitored and achievement in 2023

#	Active Indicator Name	Target Value	Result Value	Percentage
1	Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	N: 16,400 D: 73,800 P: 22.2%	N: 20,526 D: 73,800 P: 27.8%	120.0%
2	Percentage of transgender people reached with HIV prevention programs - defined package of services	N: 932 D: 2,200 P: 42.4%	N: 902 D: 2,200 P: 41.0%	97.0%
3	Percentage of sex workers reached with HIV prevention programs - defined package of services	N: 10,000 D: 30,000 P: 33.3%	N: 13,495 D: 30,000 P: 45.0%	120.0%
4	Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	N: 1,250 D: 2,700 P: 46.3%	N: 2,145 D: 2,700 P: 79.4%	120.0%
5	Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	N: 2,460 D: 4,500 P: 54.7%	N: 2,768 D: 4,500 P: 61.5%	112.0%
6	Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services	N: 17,585 D: 18,909 P: 93.0%	N: 68,265 D: 18,909 P: 366.3%	120.0%
7	Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	N: 23,400 D: 73,800 P: 31.7%	N: 16,293 D: 73,800 P: 22.1%	70.0%
8	Percentage of transgender people that have received an HIV test during the reporting period and know their results	N: 1,188 D: 2,200 P: 54.0%	N: 1,093 D: 2,200 P: 49.7%	92.0%
9	Percentage of sex workers that have received an HIV test during the reporting period and know their results	N: 16,200 D: 30,000 P: 54.0%	N: 12,266 D: 30,000 P: 40.9%	76.0%
10	Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	N: 1,125 D: 2,700 P: 41.7%	N: 2,282 D: 2,700 P: 84.5%	120.0%
11	Number of people in prisons or other closed settings that have received an HIV test during the reporting period and know their results	N: 15,827 D: 18,909 P: 83.7%	N: 21,888 D: 18,909 P: 115.8%	120.0%
12	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	N: 2,835 D: 4,500 P: 63.0%	N: 2,260 D: 4,500 P: 50.2%	80.0%

#	Active Indicator Name	Target Value	Result Value	Percentage
13	Percentage of men who have sex with men reached with virtual HIV prevention programs - defined package of services	N: 73,800 D: 73,800 P: 21.7%	N: 73,800 D: 73,800 P: 11.7%	54.0%
14	Percentage of transgender people reached with virtual HIV prevention programs - defined package of services	N: 670 D: 2,200 P: 30.5%	N: 938 D: 2,200 P: 42.6%	120.0%
15	Percentage of sex workers reached with virtual HIV prevention programs - defined package of services	N: 10,000 D: 30,000 P: 33.3%	N: 4,908 D: 30,000 P: 16.4%	49.0%
16	Percentage of "beach boys" reached with virtual HIV prevention programs - defined package of services	N: 1,150 D: 4,500 P: 25.6%	N: 0 D: 4,500 P: 0%	0%

(N-numerator, D-denominator, P-percent)

Average achievement of indicators is nearly 92%. However, the virtual program indicators remain low in 2023.

Table 10.2.1 Progress on the activities implemented for the People who Inject Drugs

Hepatitis C treatment details	Number
Screened for using HCV rapid diagnostics tests	222
HCV Ab reactive	109
HCV PCR tests done	79
HCV confirmed	63
Treatment Started	30
Treatment completed (included treatment continuing clients from 2022)	40
Death	15

Table 10.2.2 Progress on the activities implemented for the People who Inject Drugs

Services for People who inject drugs	Number
Hepatitis B detected trough HBsAg	12
Hepatitis B treatment initiated	00
People who were given needle safe boxes	05
People initiated on Needle Syring Exchange Services (NSES)	154
People on PrEP	00

Table 10.2.3 Progress on the activities implemented for the PWID

Counseling Services for People who inject drugs	Number
Harm Reduction Counseling	33
Medication Adherence Counseling	22
Drug use Abstinence Counseling	21
Brief Interventions	00
Counseling for other services	04

Community PrEP District	Total PrEP attendees	PrEP New initiations	HIV Diagnosed	STI Diagnosed
Colombo	261	194	6	30
Gampaha	164	110	10	9

11. Laboratory Services 2023

Dr. Jayanthi Elwitigala[13]

The laboratory services for HIV & STI are available throughout the country, covering all districts. There are 41 clinics capable of carrying out varying degrees of testing for STIs and HIV through their laboratories. All the laboratories are linked to the central level and work in a network fashion.

The laboratory network for STI & HIV in the country comprises the National Reference Laboratory (NRL) and district clinic laboratories. The NRL plays a dual role as both the apex body and the technical head for the laboratory network, as well as the primary diagnostic laboratory for the Colombo clinic. It plays a pivotal role in the provision of reagents to the district labs, coordinating and standardizing laboratory testing to improve diagnostic services for STIs and HIV, providing National EQAs for syphilis and HIV, supporting equipment calibration, and training the technical staff of the districts to ensure quality-assured reporting from the laboratories in the network.

District STI/HIV laboratories play a key role in the nationwide effort to prevent sexually transmitted infections (STIs) and HIV by providing laboratory diagnoses for these conditions and by supporting monitoring efforts. Each district is equipped with one or more laboratories to ensure easy access to testing services for the population. Anuradhapura and Galle are provided with HIV viral load testing facilities, and all nine provinces are provided with CD4 testing facilities for monitoring HIV patients.

The district laboratories perform microscopy and routine testing for HIV & syphilis for clinic attendees and outreach populations. They refer specimens to the National Reference Laboratory (NRL) for further testing. All community testing programs for HIV and other STIs are supported by these district laboratories, ensuring widespread testing and increased detection of infected people. Moreover, the district laboratories distribute HIV Rapid Diagnostic Test (RDT) kits to health institutions and community organizations within their respective districts. This distribution ensures that testing resources are available where they are needed the most, and local healthcare providers and organizations can contribute to the testing efforts.

In 2023, the laboratory services were striving to recover from the disturbances hampering their operations due to the social and political unrest of the previous year. The NRL underwent ISO 15189 accreditation assessment in 2023, marking a milestone in STI and HIV diagnostic services.

Quality Assurance of laboratory services

The laboratory system is monitored for quality assurance with a quality management system. Standards of laboratory services are maintained in the district laboratories through regular training and the provision of technical guidance by the NRL. Newly recruited staff undergo initial training at the NRL to develop competencies for the tests performed and to maintain uniformity of testing throughout the country.

The testing of all laboratories is subjected to quality assurance with internal quality control and external quality assurance to ensure the accuracy and reliability of laboratory tests. A NEQAs (national external quality assurance) is

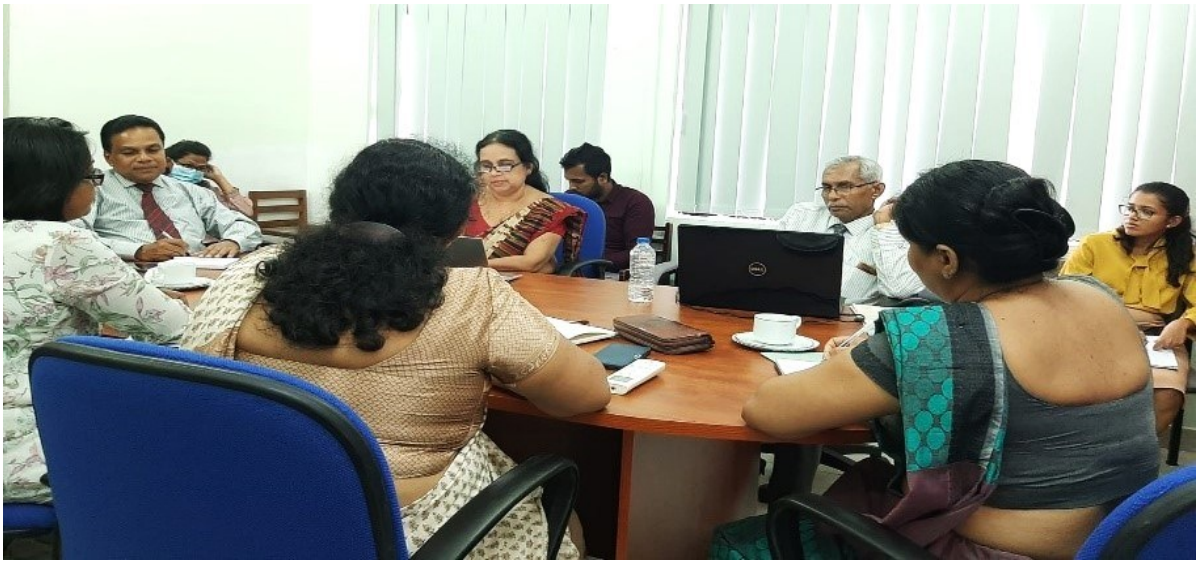
[13] Consultant Microbiologist

conducted by the NRL of NSACP for all the district laboratories, providing proficiency testing panels for syphilis and HIV testing. All district laboratories are expected to participate in this program.

Data management of the laboratories is technically guided by the NRL and supported by the EIMS. The NRL collaborates with other national and international laboratories, organizations, and research institutions to exchange knowledge, share best practices, and participate in international EQAs for HIV & STIs.

ISO 15189 accreditation by NRL was a long-felt need and was recommended by all reviews, including the latest external review. Although this was attempted at the end of 2019, the COVID pandemic interfered with completing the process in 2020. Therefore, the procedure was restarted in 2023, progressed smoothly, and the NRL is now awaiting certification.

Figure 11.1 Accreditation assessment in progress



Diagnosing HIV and STIs

The peripheral laboratories across the island offer essential diagnostic services to effectively address STIs and HIV.

STI Screening

The laboratories perform microscopy services to screen for sexually transmitted infections (STIs) such as syphilis, gonorrhea, genital herpes, trichomoniasis, candidiasis, and bacterial vaginosis. Serological services for syphilis are available in all laboratories. Some laboratories are equipped with culture techniques to test for Neisseria gonorrhoeae. Selected laboratories also support community services by testing for Hepatitis B and C.

In addition to the facilities available in districts, the Colombo district lab has additional testing facilities for serology for Herpes, Hepatitis B, and C. Molecular testing is available for chlamydia and N. gonorrhoeae as well. Antibiotic sensitivity testing for gonorrhea is also performed at the NRL.

HIV Testing

For HIV testing, the ELISA technique and HIV rapid tests are employed in peripheral laboratories. ELISA is a laboratory-based method, while RDT is a point-of-care test. The implementation of rapid testing for disease confirmation was introduced to all laboratories in 2023 to align with WHO requirements. Confirmatory tests for HIV

with supplementary tests are performed at the National Reference Laboratory (NRL) of NSACP. This central facility covers both public and private sectors, ensuring accurate and reliable HIV diagnosis. The NRL also extends its support to the National Blood Transfusion Service and private sector laboratories by providing free HIV confirmatory services.

Table 11.1 Island-wide testing for STI 2023 (Source: Lab Statistics Monthly Return)

Test	Total number of tests	Positive number of tests	Positivity rate (%)
Dark Ground Microscopy	2,087	29	1.4%
VDRL(Blood)	101,300	6,474	6.4%
VDRL(CSF)	225	4	1.8%
R. P. R.	2,444	251	10.3%
Syphilis-Rapid	13,741	502	3.7%
TPPA(Blood)	43,849	2,898	6.6%
TPPA(CSF)	6	1	16.7%
Duo test	247,041	165/217(HIV/Syphilis)	0.07%/0.09%
HIV/ELISA	101,304	1,094	1.1%
HIV Rapid(Combo)	48,226	1,901	3.9%
RDT 2	2,108	1,087	51.6%
RDT 3	1,096	752	68.6%
Hep B ELISA	795	20	2.5%
Hep B Rapid	1,136	40	3.5%
Hep C ELISA	1,683	51	3.0%
Hep C Rapid	558	78	14.0%
GC Culture	17,838	468	2.6%
CT/NG	2,264	249	11.0%

Monitoring of PLHIV (people living with HIV) for disease management is supported by laboratory testing with HIV viral load. Point-of-care GeneXpert viral load testing facilities are available at NRL, Galle, and Anuradhapura STD clinic labs.

Table 11.2 Total Microscopy tests done in 2022 and 2023

Station	2022	2023
NRL	29,779	38,358
Peripheral	34,789	36,713
TOTAL	64,568	75,071

Table 11.3 GC culture performed in 2022 and 2023

Year	NRL No. test done	NRL No. Positive	NRL Positivity rate%	Peripheral No. test done	Peripheral No. Positive	Peripheral Positivity rate%	Total No. test done	Total No. Positive	Total Positivity rate%
2022	5,321	150	2.82	1,313	32	2	6,634	149	2.2
2023	14,495	372	2.57	3,343	96	2.87	17,838	468	2.62

In 2023, there was a significant increase in testing: the NRL saw a 172% increase in testing, while peripheral labs showed a 154% increase.

Table 11.4 Monitoring of HIV 2022- 2023

Test	2022	2023
Viral load	1,695	1,711
CD4	1,767	2,885

Molecular Testing

The National Reference Laboratory (NRL) is equipped with advanced molecular facilities, allowing it to perform testing for HSV (Herpes Simplex Virus), gonorrhea, and chlamydia. Molecular techniques are highly sensitive and specific for detecting these infections. This advanced technology enables efficient monitoring of HIV viral load, guiding treatment decisions for patients. The NRL possesses the capability to conduct HIV DNA PCR testing for infant diagnosis. This test is crucial for the early detection of HIV in infants born to HIV-positive mothers. Furthermore, the NRL has established testing for drug resistance in HIV with a gene sequencing facility.

HIV drug resistance testing

With the support of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the drug resistance facility was established in the NRL/NSACP. This facility is essential for monitoring and managing drug resistance in HIV/AIDS.

Having a drug resistance testing facility in the country is a significant step in enhancing the country's capabilities in HIV/AIDS management and control. Drug resistance testing helps identify individuals who may require alternative treatment options due to resistance to standard drugs. This, in turn, enables healthcare providers to make more informed decisions about patient care and contributes to better disease management and prevention strategies.

Hepatitis B and Hepatitis C testing:

In addition to STI and HIV testing, the NRL also performs testing for Hepatitis B and Hepatitis C including viral load test for hepatitis C. This is a significant improvement taken towards testing as these viral infections can have serious health implications.

Biochemical and Hematological testing:

The NRL provides biochemical and haematological testing facilities for people living with HIV, ensuring comprehensive health monitoring and care. Overall, the network of laboratories for STI & HIV, ranging from

peripheral facilities to the NRL, forms a robust and coordinated system to combat STIs and HIV effectively with the latest technologies in place, supporting both public and private healthcare sectors.

It is important to note that the routine workload on the NRL hampers the time needed for service development and research. This workload increase is due to the mop-up service provided by the NRL for district clinics that cannot maintain basic services due to a lack of Medical Laboratory Technologists. Filling this gap in the system is an urgent need to achieve meaningful decentralization of services.

Table 11.5 Workload distribution between NRL and district clinics (% from total testing)

Test	NRL, Colombo		All other STD labs		Total		% of tests done by NRL, Colombo
	No. of tests	positive	No. of tests	positive	No. of tests	positive	
VDRL(Blood)	27,400	3,466	73,900	3,008	101,300	6,474	27.0
R. P. R.	600	28	1,844	21	2,444	49	24.5
Syphilis-Rapid	4,376	184	9,366	321	13,742	505	31.8
TPPA(Blood)	14,763	1,432	29,086	1,466	43,849	2,898	33.7
Duo test (syphilis/HIV)	26,821	29/31	220,220	1	247,041	165/217	10.9
HIV/ELISA	33,725	422	67,579	672	101,304	1,094	33.3
HIV Rapid (Combo)	11,473	1,188	36,753	713	48,226	1,901	23.8
RDT 2	1,190	725	918	362	2,108	1,087	56.5
RDT 3	636	433	460	319	1,096	752	58.0
Total	**120,984**		**440,126**		**561,110**		**21.6**

Provision of Test Kits and Reagents to peripheral laboratories

The country has a uniformity in testing for HIV and STI. To ensure that all the laboratories use high quality test kits and reagents the, NSACP is procuring the supplies for syphilis and HIV serological diagnosis through a central procuring system and the NRL distributes it to the individual laboratories depending on their requirement.

Challenges for laboratory system

The challenges faced by the laboratory system, both long-term and short-term, can significantly impact the quality and effectiveness of healthcare services, particularly in the detection and management of HIV and other infectious diseases.

Some of the specific challenges include,

Inadequate Space:

Limited space at the National Reference Laboratory (NRL) and certain district clinic laboratories poses a significant challenge in scaling up and improving the quantity and quality of laboratory services. Insufficient space and lack of a service port limit the installation of advanced equipment, affect workflow, and potentially compromise biosafety measures.

Actions taken to solve the issue – A refurbishment of the laboratory was proposed by the NRL. The services of a WHO consultant on site were obtained to improve the proposal. This was produced to GF for funding support and they agreed fund only for a part of the proposal. This was worked out during 2023 with the support of CECB and the refurbishment will take place in 2024.

Shortage of Medical Laboratory Technologists (MLT)

The critical shortage of MLT in certain district clinics severely impacted the delivery of laboratory services. Without trained and qualified MLT, the testing process may be delayed or compromised, leading to potential adverse effects on patient care.

Equipment

The difficulty in obtaining machinery for testing is a concern in improving the laboratories. Automation and the use of up-to-date equipment are essential for handling high volumes of testing in an efficient manner as well as ensuring accurate and timely results. Nonfunctioning ELISA machines create many issues in HIV testing if not replaced appropriately.

Actions taken :

- Equipment was requested from UNFPA, and they have agreed to provide a cold room, safety cabinet, 6 ELISA machines and 6 centrifuges.
- Request made to Global fund in reallocation for 2024
- A request made to MoH /DDG laboratory services

Addressing these challenges is crucial for strengthening the laboratory system's capabilities in detecting HIV and other infectious ST infections in the country to support disease prevention.

Table 11.6 Medical Laboratory Technologists (MLT)

Status of MLT	Number of STD clinics	Clinic Names
Have permanent MLT	24	Colombo, Ampara, Anuradhapura, Badulla, Balapitiya, Batticaloa, Chilaw, Gampaha, Hambantota, Kalutara, Kandy, Kegalle, Kurunegala, Mahamodara, Mannar, Matale, Matara, Monaragala, Negombo, Nuwara Eliya, Polonnaruwa, Rathnapura, Trincomalee, Vavuniya
Have temporary MLT only	5	Jaffna, Kalmunai, Mahiyanganaya, Mullaitivu, Panadura
No MLT	11	Avissawella, Dambulla, Embilipitiya, Homagama, Kalubowila, Kilinochchi, Kuliyapitiya, Puttalam, Ragama, Tangalle, Wathupitiwala

Potential solutions may include:

- Implementing capacity-building programs to train and recruit more MLT from the existing MLT pool, particularly in clinics that are facing shortages.
- Upgrading laboratory infrastructure, including the provision of sufficient space and equipment, to enhance testing capacity and maintain high-quality services.
- Advocating for increased funding and resources to support the expansion and improvement of laboratory services.

By filling these gaps and addressing the challenges faced by the laboratory system, the country can improve its ability to detect HIV and other infectious diseases promptly and accurately. This, in turn, will contribute to better disease management, treatment outcomes, and public health overall.

12. Condom promotion

Dr. Janaka Weragoda[14]

A condom is a device made from very thin latex (rubber), polyurethane, or polyisoprene, acting as a physical barrier that reduces the risk of sexual exposure to HIV and other STIs. Worldwide, condoms are recognized as a highly effective safer strategy for preventing HIV and STI transmission when used consistently and correctly. Furthermore, condoms serve as an effective contraceptive method, making them a dual protective device: prevent both HIV/STI transmission and pregnancy.

Accordingly, the National STD/AIDS control program (NSACP) prioritizes condom promotion and includes it in the National HIV/STI Strategic Plan. Condoms are considered as a medical device that prevents infections and are included in the national formulary of the ministry of health.

In Sri Lanka, condoms are promoted and distributed by various agencies, including the Family Health Bureau, community-based organizations (CBOs), non-governmental organizations (NGOs), and private organizations. The NSACP plays a key role in distributing condoms among high-risk groups as part of its efforts to prevent HIV and STIs.

The NSACP promotes condom use through its network of district STD clinics and peer-led targeted intervention programs, which are conducted via district STD clinics and the Family Planning Association (FPA) among key populations. These peer-led programs help distribute free condoms at various locations frequented by key populations. Moreover, condoms are distributed online as part of self-test kits that can be ordered through the know4sure.lk website.

The NSACP is responsible for evaluating, distributing, and promoting condoms. This includes assessing the effectiveness of condom distribution programs, ensuring that condoms are widely available and accessible, and promoting their use as a key strategy for preventing HIV and other STIs.

Evaluation of condoms and lubricants

Evaluation of condoms and lubricants prior to approval by National Medicines Regulatory Authority (NMRA) is conducted by the NSACP. An evaluation report is forwarded to NMRA stating the suitability or if not reason for rejecting the product.

Distribution of condoms

Condoms are distributed throughout the country, covering all districts via 40 district STD clinics and through various NGOs. Additionally, condoms are made available through dispensers located in public places such as STD clinics, hospitals, security camps, supermarkets, fuel stations, construction sites, hotels, spas, and economic centers. This widespread distribution aims to increase the accessibility of condoms for everyone.

Condom promotion through different media campaign

The NSACP is emphasizing the importance of condom use through targeted social media campaigns aimed at high-risk populations, as well as mass media efforts to reach the general public. Responding to requests from high-risk

[14] Consultant Community Physician

groups for flavored condoms, the NSACP has started to distribute flavored condoms among these vulnerable and young populations.

NSACP promotes condoms all over the country through its network of STD clinics and peer-led targeted intervention programmes which is conducted through district STD clinics and via family planning association (FPA) among key populations with the help of many CBO/NGOs. Peer-led targeted programmes help to distribute free condoms in diverse venues among key populations.

The Global Fund and the Ministry of Health are the primary suppliers of condoms for the NSACP. Due to shortage of condoms raised from budgetary crisis in the year 2022 UNFPA provided more than two million condoms to the NSACP. Condoms supplied by the Global Fund are used for HIV prevention activities targeted at key populations, while those provided by the Ministry of Health are used for HIV prevention among both key populations and other individuals with high-risk behaviors. In addition to condoms, the NSACP distributes lubricants, primarily for men who have sex with men (MSM) and female sex workers.

Both in 2022 and 2023, there were significant interruptions in the distribution of condoms due to supply shortages caused by the economic crisis in the country. In 2023, a total of 1,210,580 condoms were distributed, which is slightly higher than the 1,034,112 condoms distributed in 2022.

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 prepare the annual condom estimates for the NSACP as well as for preparing the distribution plan for each district these norms are taken in to consideration. According to current estimations the annual condom requirement for HIV prevention activities conducted by NSACP is around two million.

Table 12.1 Condoms and lubricants received by NSACP by sources in 2017-2023

Year	Condoms				Lubricant	
	GoSL	GFATM	UNFPA	Total	GoSL	GFATM
2017	71,424	4,052,304	-	4,123,728	-	1,773,400
2018	200,000	2,289,600		2,489,600	-	1,775,000
2019	-	-	-	-	-	-
2020	-	-	-	-	-	80,000
2021	104,500	1,668,960	-	1,773,460	-	648,000
2022	-	770,400	-	770,400	-	702,000
2023	-	938,880	2,102,400	3,041,280	-	-

In the year 2023, the NSACP faced a severe shortage of condoms. To address this problem, the Family Health Bureau (FHB) provided an additional 530,496 condoms.

Table 12.2 Condom and lubricants distribution by District 2023

#	District	Condoms	Lubricant	#	District	Condoms	Lubricant
1	Ampara	12,358	0	14	Kilinochchi	6,100	100
2	Anuradhapura	111,166	19,100	15	Kurunegala	59,097	11,750
3	Badulla	41,994	2,019	16	Mannar	3,744	244
4	Batticaloa	4,323	800	17	Matale	39,969	1,339
5	Colombo	56,493	25,767	18	Matara	25,851	5,805
6	Galle	126,567	11,712	19	Monaragala	8,683	190
7	Gampaha	30,385	6,797	20	Mullaitivu	1,600	100
8	Hambantota	37,937	12,147	21	Nuwara Eliya	19,784	1,000
9	Jaffna	43,695	18,406	22	Polonnaruwa	7,3521	800
10	Kalmunai	6,624	0	23	Puttalam	26,984	9,840
11	Kalutara	16,245	7,220	24	Rathnapura	16,725	3,815
12	Kandy	62,342	10,200	25	Trincomalee	1,352	376
13	Kegalle	28,235	10,070	26	Vavuniya	3,206	100
	Total					864, 980	159,697

Table 12.3 Condom and Lubricants distribution by GF Sub Recipient (FPA)

Year	Condoms	Lubricant
2018	3,654,030	-
2019	334,631	73,741
2020	734,976	81,260
2021	725,193	161,831
2022	669,116	194,459
2023	345,600	93,000

13. Multisectoral Collaboration

Dr. Janaka Weragoda[15]

The Multisectoral Unit (MSU) of the National STD/AIDS Control Programme (NSACP) plans activities in alignment with the National HIV/STI Strategic Plan for Sri Lanka. It focuses on interventions directed towards key populations (including the prison sector), vulnerable populations, and the general population, particularly young people aged 15-29 years.

The MSU of the NSACP is responsible for planning, monitoring, evaluating, and implementing intervention strategies. It provides technical support for advocacy, risk communication, capacity building, awareness, and training on behavior change, promoting safe sex, and creating a conducive environment for the prevention of HIV/STIs. It also aims to internalize HIV/STI-related activities in multisectoral institutions.

The MSU coordinates and collaborates with the public sector, private sector, and civil society organizations to create a supportive environment for the prevention of HIV/STIs in Sri Lanka.

Staff of multisectoral unit of NSACP

The MSU is headed by a Consultant Community Physician. The current staff includes an assistant coordinator, a development officer (position currently vacant), and other supportive staff. Additionally, the position for medical officers is also currently vacant.

Multisectoral subcommittee

The "Prevention & Multisectoral Coordination" subcommittee, also known as the “multisectoral subcommittee,” is part of the National AIDS Committee. This subcommittee meets once a year to review the past year's activities, plan HIV-related activities for the upcoming year, and provide recommendations to the National AIDS Committee.

The subcommittee associated with the MSU includes a wide range of stakeholders, such as:

- Governmental bodies: Department of Prisons, Sri Lanka's Tri Forces (Army, Navy, Airforce), Police, National Youth Service Council, National Youth Corps, National Child Protection Authority, Department of Education, Ministry of Higher Education, Vocational Training Authority, and Sri Lanka Bureau of Foreign Employment (SLBFE).
- Various directorates within the Ministry of Health: Family Health Bureau, Health Promotion Bureau, and Directorate of Mental Health.
- International organizations: United Nations Population Fund (UNFPA) and World Health Organization (WHO).
- Local NGOs: Family Planning Association of Sri Lanka (FPA) and community-based organizations that support people living with HIV (PLHIV) and other key populations (KP).

In 2023, the formal subcommittee meeting was not held separately but was combined with other stakeholder meetings.

[15] Consultant Community Physician

Prison sector HIV and STI prevention programme

Prisons are high-risk settings for HIV worldwide. In Sri Lanka, the national HIV/STI strategic plan of NSACP recognizes prison inmates as a key population for HIV. There are 30 prisons across the country, with an average of around 22,000 inmates, including about 700 women, at any given time, according to the latest statistics. In 2022, total admissions to all prisons were about 138,000, including nearly 4,500 women.

The NSACP and the Department of Prisons developed the "Prison HIV Prevention, Treatment, and Care Policy" in 2017. This policy provides a framework for HIV prevention and related health services in prisons, ensuring they are on par with services available in the general community and aligned with the national HIV/AIDS policy and guidelines.

For over a decade, the MSU has collaborated with the Department of Prisons to prevent HIV and STIs in prisons. In 2023, several activities were conducted in the prison sector to create supportive environments for all activities related to HIV/STIs prevention, treatment, and care services, including:

- Advocacy for prison authorities

- Training programs for prison officers on HIV prevention and promoting safe sexual practices

- Training selected prison staff to conduct rapid HIV tests for inmates

- Training peer leaders

- Life skills development for young offenders

Additionally, health promotion activities, such as drama competitions, were held with nearly all prisons participating. Winners were awarded certificates and gifts. The Global Fund provided financial and technical support for activities conducted in the prison sector.

Prison Steering Committee

The "Prison Steering Committee for HIV Prevention" convened quarterly. The objective of this committee is to review HIV prevention activities carried out in prisons, identify barriers to these activities, find solutions to overcome these barriers, and plan future activities.

In 2023, three steering committee meetings were held at Prison Headquarters in Welikada with the participation of all stakeholders. During these meetings, various topics were discussed, including:

- HIV prevention activities in prisons
- Training programs
- Health promotion activities
- Management of HIV-infected prison inmates while they are incarcerated

Special attention was given to increasing the coverage of HIV testing among prison inmates.

Training of Trainer (TOT) programme and refresher training for prison staff

In 2023, the NSACP held two three-day Training of Trainer (TOT) workshops, training 63 uniformed officers from all prisons across the country. One of these workshops was specifically conducted for the highest-ranking officers, including Senior Superintendents of Prisons, Superintendents of Prisons, and Assistant Superintendents of Prisons. This workshop significantly enhanced HIV prevention activities in prisons.

Additionally, one-day refresher training programs were conducted in the Colombo, Kegalle, Negombo, and Thaldena prisons, with nearly 100 prison staff participating.

Training of Peer Leaders

In 2023, prison welfare officers trained as master trainers conducted 37 two-day peer leader training programs across all prisons. They trained 1,491 inmates as peer leaders. After completing their training, the peer leaders received a badge to recognize their service. These trained peer leaders then provided health education on HIV/STI prevention and promoted safe sexual practices to other inmates, both formally and informally. Throughout the year, they reached and educated more than 69,000 inmates across all prisons in the country.

Training programs on Life Skills for young offenders

Three life skill training programs were conducted in Ambepussa, Mahara and Pallansena prisons for 164 young prison inmates to improve their life skills in achieving goals of their life and to enhance knowledge on HIV/STI and to promote of safe sexual practices.

HIV testing in prison sector

In 2023, NSACP and district STD clinics provided HIV/STI testing for prison inmates according to prison-specific guidelines. The Multisectoral Unit promoted HIV testing through health education done by health staff for new inmates and through peer leader discussions.

HIV testing increased in 2023, with 22,001 tests conducted, reaching 116% of the Global Fund annual target. Nine (09) inmates tested positive for HIV.

As a task shifting activity of HIV testing in prisons and to further improve testing targets, selected prison staff members were trained to perform HIV tests. The prison authority approved this plan, and five training sessions were held, training 31 staff members from Angunukola, Kadurugasara, Wariyapola, Bogambara, and Pallekele prisons. These trained staff are expected to conduct HIV testing to achieve high testing coverage.

Awareness programme for prison inmates

In 24 prisons one-day awareness campaigns on behavior change communication and prevention of HIV/STI and safe sexual practices were conducted by district STD clinics in parallel to commemoration of the World AIDS day and 2,356 inmates participated.

Health promotion activities in prison

A drama competition was conducted among all prisons island-wide parallel to the commemoration of World AIDS Day 2023 and 28 prisons participated. Video clips of drama of each prison was submitted to the NSACP and those were evaluated by an independent team. Winners were awarded certificates and gifts.

Conference on HIV Prevention Activities in Prison Sector

The annual conference on HIV prevention activities in prisons was conducted as a two-day session with the participation of Commissioner General of Prisons and Director NSACP. More than 180 prison officers participated in this conference. The objective of this conference is to enlighten prison & other KP related legal literacy & legal barriers and review HIV prevention activities in the prisons.

HIV and STI prevention programme for Tri-Forces

The military forces of Sri Lanka - the Army, Navy, and Air Force - are at risk of HIV infection. The National STD/AIDS Control Programme (NSACP) considers HIV prevention in these groups crucial due to their vulnerability. In early 2023, an advocacy session involving military representatives stressed the importance of regular awareness programs, safe sex practices, and HIV testing. Trained officers in the military continue to educate their peers regularly. However, there was a significant reduction in HIV testing in 2023 (19,716 tests) compared to 2022 (58,728 tests) due to a shortage of HIV test kits. Only 24,768 condoms were distributed to the military branches in 2023 due to condom shortages.

HIV and STI prevention program in the Police sector

Creating a conducive environment for key populations to access preventive services is an essential element of all HIV prevention programs. Stigma, discrimination, and legal barriers can deter this process.

Police officers are the first contact law enforcement officers when there are legal issues for the public. In Sri Lanka, certain laws criminalize behaviors of key populations, and these laws are often interpreted and enforced negatively against them due to inadequate understanding of HIV and related issues, people living with HIV (PLHIV), the LGBTQ community, and laws related to these groups. Consequently, key population groups, PLHIV, and their families can be subjected to stigma and discrimination when police officers implement law and order. Sensitizing police officers on these legal issues and making them partners in the public health response towards HIV prevention is a priority in Sri Lanka.

To address human rights barriers to HIV services and reduce stigma and discrimination, a national advocacy program was organized for high-ranking police officers. Additionally, in collaboration with district STD clinics, 10 advocacy sessions were conducted at the district level for police officers in Anuradhapura, Gampaha, Kandy, Kegalle, Kuliyapitiya, Kurunegala, Nuwara Eliya, Polonnaruwa, Puttalam, and Ratnapura. Approximately 480 police officers, including high-ranking officials, participated in these programs. The Global Fund provided financial support for activities conducted for the Sri Lanka police.

HIV and STI prevention programmes for the youth

6) The NSACP's Multisectoral Unit collaborates closely with various youth organizations such as the National Youth Services Council (NYSC) and the National Youth Corps. Officers from these organizations work with district STD clinics and Medical Officers of Health (MOH) in their respective areas to organize community-level awareness programs for youth.

7) With financial and technical support from UNFPA, two two-day residential Training of Trainer (TOT) programs were held for youth service officers of NYSC, focusing on behavior change for HIV/STI prevention and safe sexual practices, with 65 officers participating. In collaboration with the Family Health Bureau, two additional TOT programs on sexual and reproductive health, including behavior change for HIV/STI prevention, were conducted, involving around 58 youth leaders from various youth organizations.

Education sector - HIV and STI prevention programme

The NSACP has identified the education sector as crucial for HIV prevention, particularly due to the gradual increase in new HIV diagnoses among 15 to 24-year-olds. The MSU continued its efforts on HIV prevention among school children by liaising with the School Health Unit of the Family Health Bureau and the National Institute of Education.

Vulnerable population groups and General population

The general population was addressed through many electronic and printed mass media.

14. Training and capacity building unit

Dr. Piyumi Perera[16]

The National STD AIDS Control Programme is taking proactive steps to enhance the knowledge and skills of its staff and affiliated personnel through comprehensive training and capacity-building initiatives. Recognizing the critical role that well-trained personnel play in effectively managing sexually transmitted diseases (STDs) and HIV/AIDS, the program is committed to ensuring that all staff, from major clinic personnel to minor staff and postgraduate trainees, receive the necessary training to deliver quality services and support to the community.

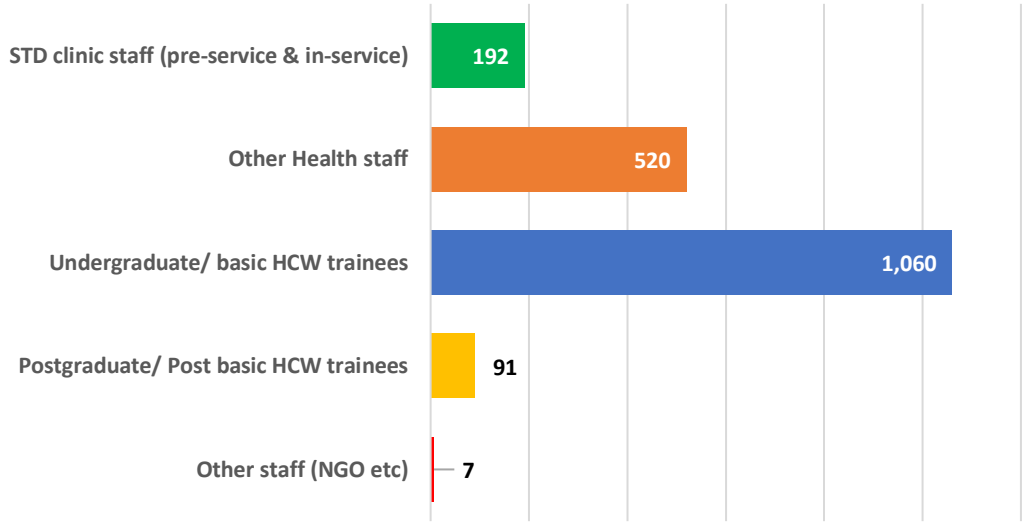
Figure 14.1 Workshop on Social and behavioural change communication at SLF

Preservice and refresher training

One of the key focuses of the program is to provide preservice training for both major and minor staff affiliated with STD clinics. This comprehensive training encompassed undergraduate and postgraduate trainees, ensuring that they are equipped with the latest knowledge and skills needed to address the complexities of STD and HIV/AIDS management.

[16] Consultant Venereologist

Figure 14.1 Number of programmes conducted for training of the health care workers



To keep major staff in STD clinics updated with the latest advancements and best practices, a monthly HIV/STD webinar series was conducted. These webinars provided a platform for continuous learning and knowledge sharing among professionals in the field.

Table 14.1 Topics of HIV/STD webinar series

Topic	Resource person
PrEP Update - UK perspective	Dr Sanjiva Dharmaratne Specialty Doctor in Sexual Health, York and Scarborough Teaching Hospital Foundation Trust
ART long-term impact and new ART treatment strategies	Dr Samindra Ranasinghe Specialty Doctor in Sexual Health- London Northwest University Healthcare NHS Trust
Persistent urethritis	Dr Rizwaan Sheriff SAS Doctor, Bart Health NHS Trust, UK
A case of vulval eczema herpeticum	Dr Kokilanthi Dharmaratne Consultant Venereologist, STD clinic Panadura

Recognizing the importance of laboratory services in the diagnosis and management of STDs and HIV/AIDS, specialized training facilitated by the National Reference Laboratory (NRL) was provided to laboratory staff. This ensures that laboratory personnel are proficient in conducting tests accurately and efficiently.

Additionally, workshops focusing on social and behavioural change communication were organized to equip the major staff with the necessary skills to effectively communicate with and educate the community about STD and HIV prevention and care.

Workshops to minimise stigma and discrimination towards KPs and PLHIV

The national program is actively working towards reducing stigma and discrimination towards people living with HIV (PLHIV) and key populations (KPs) through targeted workshops. These workshops not only aim to educate minor staff but also extend to community-based organizations (CBOs) and non-governmental organization (NGO) staff across the island, fostering a more supportive and inclusive environment. More than 20 such workshops were conducted throughout the country in the year 2023 targeting the supportive staff and the CBO/NGO staff.

Working with other health sectors

The program also extended its training efforts to blood bank doctors, with a specific focus on pre-donor counselling and linking individuals to care. The aim is to ensure that individuals donating blood are well-informed and supported throughout the process.

Furthermore, another capacity building activity on HIV counselling and linking to care for the staff from the International Organization for Migration (IOM) was conducted with a view to improving these aspects in the international migration process.

Registration as a National CPD provider in Sri Lanka

In line with its commitment to continuous professional development, the training unit obtained Continuing Professional Development (CPD) accreditation through the National CPD Accreditation Committee. This accreditation will further validate the quality and relevance of the training programs offered by the National STD AIDS Control Programme.

Promoting research through provision of research grants

The program actively obtained research grants through the Global Fund (GF) to support operational research initiatives. These research projects aim to further enhance the understanding of STD and HIV/AIDS management and inform evidence-based interventions.

Table 14.1 Research projects funded through the Global fund 2023

Research number	Topic of the research
1	The study on Prevalence and phylogenetic analysis of cervical HPV DNA among women living with HIV attending tertiary care HIV clinics in Western Province, Sri Lanka.
2	The study on Prevalence, phylogenetic analysis of human cytomegalovirus (HCMV) and HCMV-induced end organ diseases among people living with HIV attending a tertiary care HIV clinic in Colombo, Sri Lanka
3	The study on Prevalence and factors associated with neurocognitive impairment among people living with HIV attending a tertiary care facility clinic in Colombo, Sri Lanka.
4	Whole-genome sequencing of Kaposi Sarcoma-Associated Herpesvirus (KSHV/HHV-8) from three people living with HIV in Colombo, Sri Lanka
5	Knowledge on non-communicable diseases and healthy lifestyle practices among people living with HIV attending to central HIV clinic, Colombo.
6	Knowledge, attitudes, perception and associated factors, towards preexposure prophylaxis (PrEP) of HIV among government doctors in Colombo district, Sri Lanka.

Research number	Topic of the research
7	Research on knowledge, attitudes and acceptability towards LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) people among Government Medical Officers in Sri Lanka
8	Relationship between current risky sexual behaviours to the childhood maltreatment, among attendees of Central STD/HIV clinic, Colombo, Sri Lanka: A descriptive cross-sectional study

The National STD/AIDS Control Programme's dedication to training and capacity building reflects its commitment in providing high-quality services and support to individuals affected by STDs and HIV/AIDS. By investing in the professional development of its staff and affiliated personnel, the program aims to strengthen its response to the challenges posed by STDs and HIV/AIDS and ultimately improve health outcomes for all.

15. IEC and Advocacy programmes

Dr. Vino Dharmakulasinghe[17]

Information, education, and communication (IEC) activities can be effective in bringing about appropriate changes in behavior among high-risk populations as well as the general population. IEC is also important for advocacy to motivate policy and decision-makers to create an enabling environment for the provision of STI and HIV care services.

All patients attending STI and HIV services at sexual health clinics across the country are provided with extensive awareness of related STI and HIV issues. These services are offered by various healthcare providers, including medical officers, public health inspectors (PHIs), public health nursing sisters (PHNS), pharmacists, nursing officers, and others. Additionally, NSACP conducts awareness programs on STIs and HIV in various contexts. Different organizations, such as schools, NGOs, the armed forces, the police department, and government institutions, request lectures and resource personnel for workshops on STI and HIV from NSACP and other peripheral sexual health clinics. All these requests are promptly attended to by appropriate healthcare providers.

Under the key population intervention program, female sex workers (FSWs), men who have sex with men (MSM), drug users (DUs), and beach boys (BB) in fourteen districts of the country are provided with IEC as a major component of the sexual health service package. Peer educators, key population coordinators, and physical and online outreach workers from the aforementioned categories of MARPs (Most At-Risk Populations) were engaged in raising awareness of STI and HIV among community members.

Conduction of district AIDS Committee (DAC) and Provincial AIDS committee (PAC)

Prevention of new HIV and sexually transmitted infections and providing comprehensive care and treatment services for all diagnosed patients is not an easy task and support for them other health authorities and multisectoral involvement is required at national level as well at district level. This basis for multisectoral commitment is through DAC and PAC where peripheral sexual health clinics, community-based organizations, non-government organizations, networks of PLHIV, representatives of KP in the district level and provincial level make decision to fulfil the goal of national strategic plan with the help of relevant stakeholders.

In 2023 DAC and PAC were conducted only in certain districts and provinces.

[17] Consultant Venereologist, NSACP

Development of leaflets to promote Prep services and know4sure.lk website.

Pre-exposure prophylaxis (or PrEP) is medicine taken to prevent getting HIV. PrEP is highly effective for preventing HIV when taken as prescribed. A bookmark on PrEP was designed to promote PrEP services and provide information on daily PrEP regime and on demand PrEP.

The web-based program named “know4sure.lk” was initiated with PEPFAR and is currently supported by GFATM. It was tailor-made by the NSACP and KP groups to encourage key populations (KPs) to assess their HIV-related risk, request self-HIV test kits, condoms, and lubricants, and access clinics for HIV and STD screening as well as PrEP. Another bookmark was designed to promote the know4sure.lk website in parallel with World AIDS Day 2023.

Development of social media platforms aligned with kno4sure.lk web site.

Making sexual health clinics popular and user friendly for KPs and vulnerable groups is important for them to come forward for services. Fear of stigma and discrimination prevent key populations and vulnerable groups attending sexual health clinics where most facilities are available in the country. Correct information plays a key role in this process. Therefore, social media platforms were developed as follows to promote STD and HIV services.

Twitter - https://twitter.com/know4surelk
Instagram - https://www.instagram.com/know4sure.lk/
Facebook - https://web.facebook.com/know4surelk
YouTube - https://www.youtube.com/@Know4Surelk

16. World AIDS day 2023

Dr. Vino Dharmakulasinghe[18]

The commemoration of World AIDS Day, which took place on December 1st, 2023, involved the National STD/AIDS Control Programme (NSACP) along with all stakeholders in the HIV response to combat the AIDS epidemic and reach the goal of ending AIDS in Sri Lanka. The theme for World AIDS Day was “Let Communities Lead”.

In line with the World AIDS Day commemoration, the NSACP carried out various activities across the island to raise awareness about HIV and provide an opportunity to work with communities towards the common goal.

World AIDS day walk

The World AIDS Day Walk on December 1st, 2023, started from Hyde Park Ground in Colombo at 9 AM, passing through Punchy Borella and Maradana before returning to Hyde Park to raise public awareness. There were 1,000 participants, including health staff, tri-forces, youth councils, people affected by HIV, at-risk population groups, NGOs, and CBOs. This event was organized by NSACP in collaboration with UNFPA and FPA.

General public awareness

General public awareness on HIV/AIDS was promoted using a double-decker bus that traveled around Colombo from November 15th to November 29th, 2023, along selected routes. HIV self-testing was also promoted during this event.

[18] Consultant Venereologist, NSACP

Media conference

A media conference was held to introduce AIDS day activities and the current trend of the HIV epidemic at the Health Promotion Bureau (HPB) on 22nd November 2023 from 10 a.m. to 12 noon and broadcasted through health promotion YouTube channel at the same time.

Advocacy program

An advocacy program for district level to make main stakeholders including members of the district AIDS committees was conducted to make them aware of the theme of world AIDS day and update on HIV.

Social media campaign

Conducted a social media campaign in parallel to promote HIV preventive strategies, testing, care and treatments through Facebook, etc.

Promote STD services

Leaflets on novel preventive measure pre-exposure prophylaxis (PrEP), know4sure.lk website through which HIV self-testing and other services can be reached was developed and distribution of posters, , and to promote STD services.

HIV testing targeting key population groups were initiated at different hotspots in Colombo and suburbs from 26th October to 24th November 2023 on allocated days with the partnership of the family planning association.

17. Virtual HIV services

Lakshan Fernando[19], Dr. Kalpana Sugathadasa[20]

The National STD/AIDS Control Programme (NSACP) has made significant strides in enhancing the effectiveness of HIV prevention services and clinical care for key populations, as well as individuals affected by HIV and other sexually transmitted infections (STIs). These electronic and digital platforms are designed to streamline data management, improve communication, and support healthcare providers and the public.

Current electronic and digital platforms of NSACP are as follows.

1. Electronic Information Management System (EIMS)
2. Prevention Information Management System (PIMS)
3. Know4sure.lk website
4. NSACP website and dashboard
5. E-Learning platform on EIMS and know4sure.lk
6. Quarterly return google-sheet

Out of them know4sure.lk is the platform engaged in virtual key population outreach. The Strategic Information Management (SIM) unit of NSACP oversees and monitors the platform.

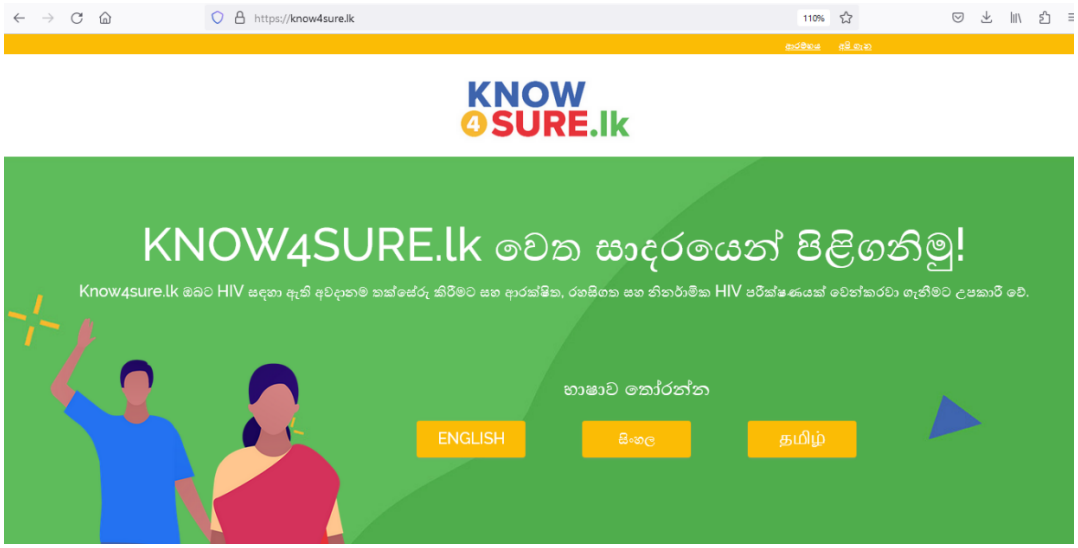
Know4sure.lk website

Know4sure.lk provides virtual HIV services, allowing clients to schedule online appointments and receive health products like condoms, lubricants, and HIV self-test kits while maintaining confidentiality and privacy of the respective client. This website plays a crucial role in NSACP's efforts to engage the public and empower individuals with the knowledge necessary to prevent and manage HIV and other sexually transmitted infections (STIs).

[19] Senior Strategic Information Officer

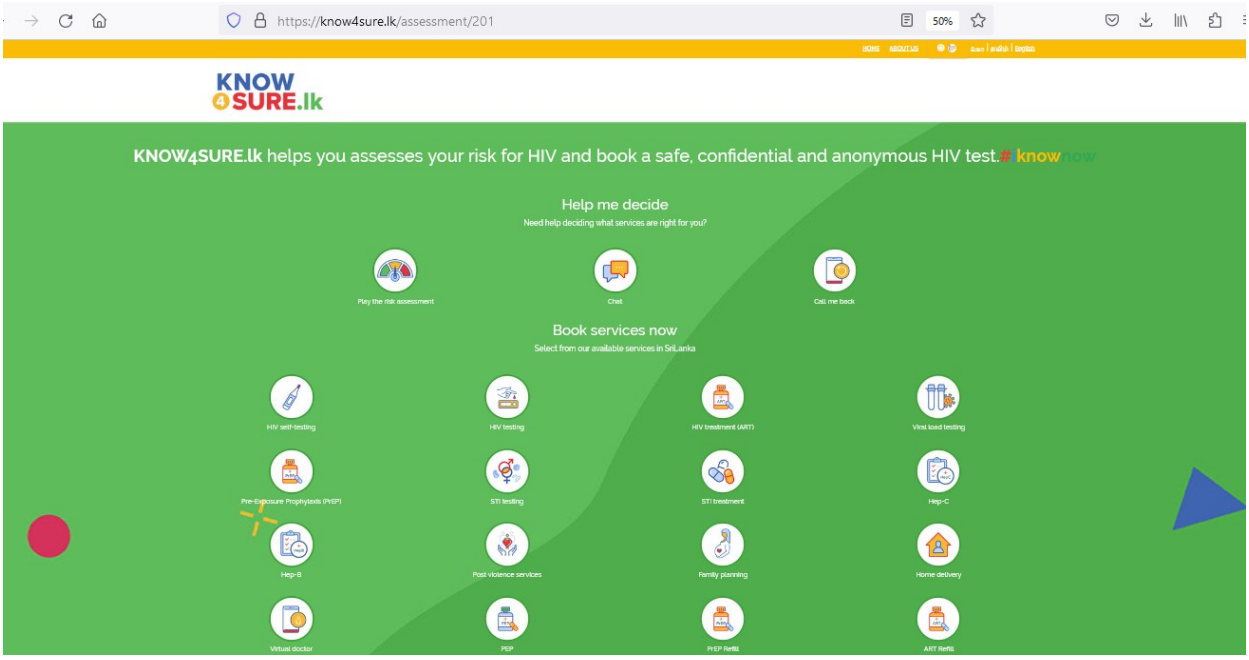
[20] Senior Registrar Health informatics

Figure 17.1: home page of know4sure.lk website



The online outreach workers are trained to support the clients and manage inquiries in consultation with the clinic doctors. The Family Planning Association, a sub-recipient under the Global Fund grant, also offers virtual outreach services with their own online outreach workers.

Figure 17.2: Services provided via the know4sure.lk website



Know4sure.lk has expanded its coverage by accepting appointments from over twenty-two STD clinics across the island, as well as ten Suwaseva centres from FPA. Additionally, two community clinics now have the facility to accept appointments for their respective clinics, offering clients the flexibility to choose preferred time slots.

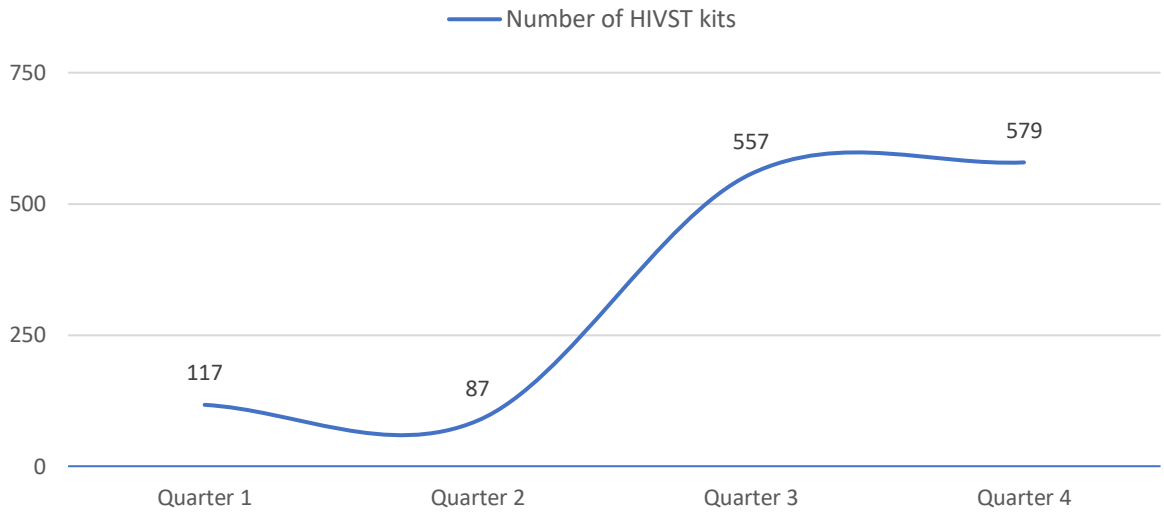
Below table depicts the number of appointments for STD Clinics, FPA centres and community clinics and their arrival percentage for the year 2023

Table 17.1 : Number of appointments vs number arrived via know4sure.lk for 2023

#	Clinic Name	Number of appointments	Number arrived	%
	All Clinics	1,489	764	51.3%
STD Clinics under NSACP				
1	NSACP STD clinic	768	504	65.6%
2	STD clinic - Panadura	6	2	33.3%
3	STD clinic - Ragama	42	14	33.3%
4	STD clinic - Badulla	6	0	0.0%
5	STD Clinic - Matale	12	1	8.3%
6	STD Clinic - Anuradhapura	16	0	0.0%
7	STD Clinic - Chilaw	4	4	100.0%
8	STD Clinic - Gampaha	25	6	24.0%
9	STD clinic - Hambantota	44	29	65.9%
10	STD clinic - Jaffna	12	3	25.0%
11	STD Clinic - Kalmunai	3	1	33.3%
12	STD clinic - Kalutara	38	1	2.6%
13	STD Clinic - Kegalle	12	8	66.7%
14	STD clinic - Kurunegala	84	54	64.3%
15	STD clinic - Mahamodara	60	42	70.0%
16	STD clinic - Matara	39	19	48.7%
17	STD Clinic - Negombo	26	1	3.8%
18	STD Clinic - Polonnaruwa	1	1	100.0%
19	STD Clinic - Ratnapura	8	1	12.5%
20	STD Clinic - Wathupitiwala	1	1	100.0%
Community centres under FPA				
1	Alokaya Counselling Centre	1	0	0.0%
2	Centre for Family Health	129	14	10.9%
3	FPA Suwaseva Center - Batticaloa	26	21	80.8%
4	FPA Suwaseva Center - Koggala	23	8	34.8%
5	FPA Suwaseva Center - Nuwara Eliya	5	0	0.0%
6	FPA Suwaseva Center - Wathupitiwala	26	1	3.8%
7	FPA Suwasewa Center - Seethawaka	27	6	22.2%
Community Clinics				
1	PrEP Clinic - NSACP	5	0	0.0%
2	Colombo HIV/PrEP Community Clinic	40	22	55.0%
Total		1,489	764	51.3%

A unique feature in the know4sure.lk website is the HIV self-test courier facility which in 2023 has couriered around 1,340 HIV self-test kits to clients all around the country. This facility provides condoms and lubricants delivery for clients throughout the country.

Figure 17.3: Number of HIV self-test kits distributed through know4sure.lk.



18. Progress of the Global Fund supported activities

Dr. Sathya Herath[21]

In 2023, the second year of the three-year (2022-2024) grant cycle, the total grant value was US$ 7,377,649.77. The Ministry of Health, serving as the Principal Recipient, contracted Family Planning as the Sub Recipient. PricewaterhouseCoopers (Private) Limited (Deloitte since October 2023) functions as the Local Funding Agent. Activities supported by the Global Fund in 2023 continued from 2022.

NSP Strategic Direction	Strategy/Activities supported by Global Fund
Prevention	NGO/CBO supported Peer led HIV prevention programme for Key population (KP)- Operating Community Dropping in Center, Salaries, and incentives
	Prison Peer led HIV prevention Programme
	Biomedical Prevention - Pre-exposure prophylaxis (PrEP) for MSM and TG
	Community Based interventions and 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 and C Rapid Diagnostic Tests, HIV Self Tests,
	Condom programing to KP – Procurement of male and Female condoms, Lubricants.
	Addressing stigma, discrimination, violence, Initial, re fresher training programmes, advocacy programmes, KP interventions reviews, supervisions, programme implementers meetings, information material printing, facilitate outreach activities.
Diagnosis, treatment and care	Improve Coverage of STI services, Improving ART adherence and monitoring – Training and meetings, regular meetings of subcommittees.
	Scaling up quality laboratory Services- Procurement of CD4, Viral Load cartridges, Establishment and functioning of Drug Resistance Services in Sri Lanka.
	Emergency procurement of Antiretroviral medications, Procurement of PrEP medications.
Strategic information management system	Health management information systems and Mand E – establishing and maintenance of Programme monitoring and routine reporting – scaling up, maintenance of Electronic Information Management System (EIMS) and Prevention Information Management System (PIMS),
Health systems strengthening	Grant and Programme Management costs (Human resources and other costs)
Supportive Environment	Programmes to reduce human rights-related barriers to HIV services,

[21] Consultant community physician

Major Activity Progress in 2023

While continuing and strengthening the routine global fund supported activities, NSACP focused scaling up new interventions. The following are significant among other routine interventions mentioned in the Table of Global Fund supported activities.

1. Scale up sustaining Pre-Exposure Prophylaxis: the clinic and community PrEP clinics established in 2022 were further scaled up and integrated with Key Population interventions.
2. Scale up and sustaining of HIV self-Tests – establishing informal techniques such as sending test through outreach workers, placing orders and getting the tests through online and hotline, developing courier services for HIV self-test delivery were further strengthen. The virtual outreach workers recruited to work in the Key Population intervention play a major role in distributing HIV Self- Tests. Each virtual outreach worker has been provided a "Token" to use https://know4sure.lk/ to distribute HIV Self- Test via courier. This courier service has been supported by the Global Fund COVID Relieve grant (C19RM).
3. Scaling up of Needle Syringe Exchange Services (NSES) for People who inject drugs. The Global Fund grant has been used for procurement of health commodities for sustaining the NSES.
4. Implementing Prevention Information Management System (PIMS). PIMS is made operational in all districts where the NGO/CBO supported KP interventions are conducted. All these district KP intervention teams use PIMS for field programme data.
5. Establishing ART Drug Resistance Services at the National Reference Services.
6. Though the programme was continuously procuring ART and proportion of other health commodities using the domestic finances, due to the country's economic situation, the programme requests special support from Global fund. The Global Fund approved an emergency fund for the procurement of ART, Condoms, and HIV test kits. The Global Fund supported ART and health commodity procurement for the second time in 2023, which was initiated in 2022.
7. Computers for use in electronic data reporting and two mobile testing units are to be received in 2024. Electronic Information Management System, https://know4sure.lk/, are improved further and expanded to include further districts.

Annual Performance rating 2023

The year 2023 physical and financial progress was reported through Progress Update and Disbursement Request for the financial year 2023. Physical progress was reported against agreed targets for each physical indicator.

Financial Performance Rating for 2023

The cumulative financial absorption for the reporting period 1 January 2022 -31 December 2023 was 58% which is rated as "very poor" as per the Global Fund financial rating tool.

Table 18.1 Financial Performance 1st January 2022- 31st December 2023

Metric Name	Values	Percentage	Rating
In-Country Absorption (%)	Cumulative Expenditure: $2,458,781 Cumulative Budget: $5,858,465	42%	Very Poor
Budget Utilization (%)	Cumulative Disbursement: $3,379,510 In-Country Cash Balance (Beginning of the Implementation Period): $0	58%	Very Poor

Table 18.2 Financial Expenditure for 2023

Costing Dimension (Cost Grouping / Cost Input)	Reporting Period Budget (Currency)	Global Fund Validated Expenditure for the Reporting Period (USD)	Cumulative Period Budget (USD)	Global Fund Validated Cumulative Expenditure (USD)
Indirect and Overhead Costs	100,718.46	87,648.77	1,835,889.35	171,667.50
Human Resources (HR)	471,735.65	389,079.14	967,259.67	762,939.86
Communication Material and Publications (CMP)	6,755.42	2,240.66	22,523.62	10,376.05
Travel Related Costs (TRC)	64,839.32	102,942.89	155,080.51	146,463.72
Non-Health Equipment (NHP)	52,213.78	62,065.69	496,269.62	108,862.69
External Professional Services (EPS)	20,470.59	69,351.35	313,760.11	84,153.39
Health Products - Non-Pharmaceuticals (HNPN)	487,141.22	349,022.85	916,796.16	555,756.83
Health Products - Pharmaceuticals (HPPP)	101,416.00	231,783.92	595,230.00	365,064.92
Infrastructure (INF)	8,980.58	1,343.98	119,059.17	2,589.15
Procurement and Supply-Chain Management Costs (PSM)	151,520.26	91,769.14	303,058.80	163,697.89
Health Products - Equipment (HPE)	30,615.60	4,740.83	66,415.20	12,372.25
Living Support to Client/Target Population (LSCTP)	33,561.50	44,072.48	67,123.01	74,836.57
Payment for Results	0	0	0	0
Grand Total	**1,529,968**	**1,436,062**	**5,858,465**	**2,458,781**

Physical Performance Rating for 2023

The Physical Programmatic performance rating was carried out using a preset rating tool developed by the Global Fund. This tool included key indicator progress that is supported mainly by the Global Fund. These are set of Key Population prevention programme and Key population HIV testing indicators. As per the set tool, the overall physical performance is rated as “Moderate (C).” Below is the pictorial diagram of the rating.

18.3 Physical Performance Rating 2023

Rated Period	Annual Rating Year 1 (1 Jan. 2022 - 31 Dec. 2022)	Annual Rating Year 2 (1 Jan. 2023 - 31 Dec. 2023)	Annual Rating Year 3 (1 Jan. 2024 - 31 Dec. 2024)
Programmatic Rating	C (Moderate)	C (Moderate)	NA
Financial Rating	5 (Very Poor)	5 (Very Poor)	NA

Active indicators used in the programmatic rating calculation are mentioned under the Key Population Intervention chapter in this Annual Report 2023.

Monitoring and Evaluation Activities

1. Grant Activities were directly monitored at each level. Activity coordinators being the starting level. The activity coordinators presented the physical and financial progress each month at the National STD/AIDS Control Programme Senior Management Team meetings chaired by the Director. Extensive discussion with the team members takes place with progressive continuous monitoring.
2. The Global Fund Country Team monitors the grant performance virtually connecting with all activity coordinators and Director. The frequency of this call is every two months.
3. Key Population related matters are discussed at the Key population Task Force health twice a month.
4. The oversight committee conducts every two-month interval to monitor the grant performance. This oversight committee is chaired by the Director General of Health Services.
5. The County Coordinating Mechanism chaired by the secretary health is conducted to oversee that grant progress in every two months interval.
6. Finally, at the end of each year, the NSACP submits the grant performance through the performance update and request for the disbursement for the next financial year of the grant period.

Strengths

1. Dedicated technical team in all sectors; Ministry of health, NSACP, Country team and Communities.
2. Great support to activities those were otherwise impossible using the domestic funds.
3. Continuous guidance from the Global Fund through guidelines and presentations about standard of activities, grant requirements and transition, sustainability, and co-financing.
4. Flexibility and more understanding during crisis situations and reallocations.

Challenges

1. In adequate human resources.
2. High Staff turnover.
3. Delay in approvals for activities.
4. Procurement delays due to delay in approvals.

19. Financial Summary

Dr. Shunmuganathan Muraliharan[22]

The National STD/AIDS Control Programme (NSACP) is responsible for managing funds and coordinating initiatives related to the prevention and control of sexually transmitted diseases (STDs) and HIV/AIDS in Sri Lanka. Below is the financial summary for 2023, detailing the allocation and utilization of funds from various sources.

Table 19.1 Financial Summary for 2023

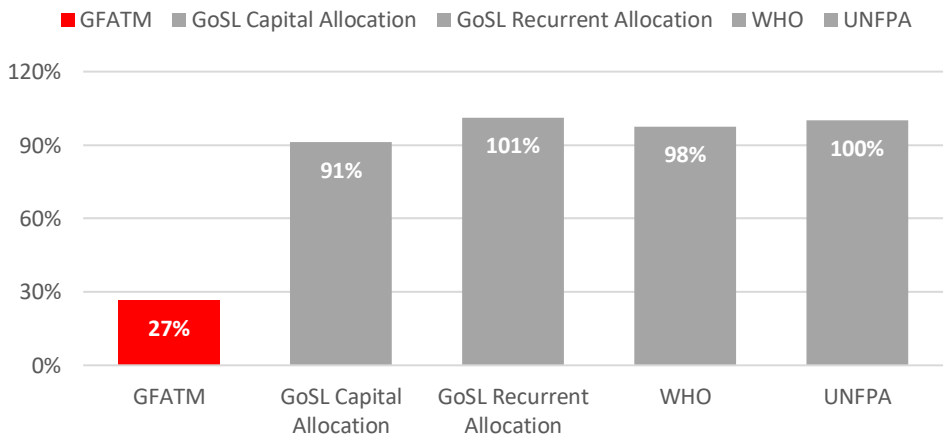
Financial source	Description	Fund allocation (LKR)	Fund utilization (LKR)
1. Capital Expenditure			
Ministry of Health	Building construction	27,409,706.21	20,223,581.38
	DDG (PH)1	25,000,000.00	14,076,568.70
	Furniture & Office Equipment	1,265,000.00	675,623.00
	Plant, Machinery & Equipment	2,483,055.98	18,650,252.45
	Laboratory Equipment	4,758,484.52	1,894,634.52
	Training Programme(GPS)	36,000.00	-
	Sub total	60,952,246.71	55,520,660.05
UNFPA	Consultative workshops, advocacy programmes, printing of publication	1,606,350.00	1,606,350.00
WHO	Consultative workshops, review meetings. training module	104,978,349.05	102,460,707.35
GFATM	Human Resources (HR)	94,375,299.00	54,242,982.69
	Travel related costs (TRC)	96,235,277.59	30,348,394.94
	External Professional services (EPS)	84,677,289.56	26,961,984.36
	Health Products - Pharmaceutical Products (HPPP)	93,179,079.34	75,916,905.85
	Health Products - Non-Pharmaceuticals (HPNP)	178,378,083.27	114,316,536.03
	Health Products - Equipment (HPE)	12,489,764.02	1,552,778.75
	Procurement and Supply-Chain Management costs (PSM)	76,298,668.60	30,057,430.91
	Infrastructure (INF)	63,079,422.86	440,197.94
	Non-health equipment (NHP)	218,308,901.22	15,281,214.00
	Communication Material and Publications (CMP)	13,221,679.31	347,712.41
	Indirect and Overhead Costs	440,386,283.65	14,308,650.31
	Sub total	1,370,629,748.42	363,774,788.18

[22] Medical Officer, Planning/SIM unit

Financial source	Description	Fund allocation (LKR)	Fund utilization (LKR)
Total Capital Expenditure		1,538,166,694.18	523,36s,505.58
Financial Source	Description	Fund allocation (LKR)	Fund utilisation (LKR)
2. Recurrent Expenditure			
Ministry of Health	Personal Emoluments	163,898,601.51	162,578,926.17
	Travelling Expenses	461,857.50	480,442.50
	Supplies	7,418,602.10	7,154,924.94
	Maintenance Expenditure	4,516,857.53	4,001,422.81
	Services	18,841,343.98	23,358,213.93
	Transfers	563,921.42	554,905.95
	Reagents	22,193,331.18	22,193,322.91
Total Recurrent Expenditure	Sub total	217,894,515.22	220,322,159.21
Grand Total (LKR)		**1,756,061,209.40**	**743,684,664.79**

The capital allocation of government of Sri Lanka (GoSL) had a high utilization rate of 91%, indicating effective use of funds for infrastructure and long-term investments. The GoSL recurrent allocation exceeded its budget slightly (101%), demonstrating efficient and thorough use of funds for ongoing operational expenses.

Figure 19.1 Percentage of fund utilization 2023



The WHO funding was utilized effectively, with a 98% utilization rate, indicating efficient use of resources. UNFPA achieved a perfect utilization rate of 100%, reflecting optimal use of funds. And the GFATM allocated substantial funds, but only 27% was utilized. This low utilization rate may indicate challenges in program implementation or delays in fund disbursement and project execution.

It is important to note that the funds allocated by the Ministry of Health of the Government of Sri Lanka (GoSL) for peripheral STD clinics through provincial allocations have not been included in the budget shown above. These funds

are not directly managed by the NSACP, but they are an important source of funding for STD prevention and control activities in Sri Lanka.

In conclusion, while the NSACP shows efficient use of funds from most sources, there is a need to address the low utilization of GFATM funds to ensure that all resources are effectively leveraged for combating STD/AIDS in Sri Lanka.

20. Contact information of STD clinics

(updated on 31st May 2024, Listed in **alphabetical order of provinces and clinic names**)

CENTRAL PROVINCE	
Dambulla STD clinic	
Address	STD clinic, District Base Hospital, Dambulla.
Email	stdclinicdambulla@gmail.com
Telephone	066-2284761 (GH)
Contact person	Dr. Shermila Rajapakse (Actg. Venereologist)
	Dr, Natasha Jayasuriya (Medical officer STD clinic)
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. Anuradha Perera (Actg. Venereologist)
	Dr. M.R.B.G.S.K Damayanthi (Medical Officer)
Matale STD clinic	
Address	STD clinic, District General Hospital, Matale.
Email	stdclinic.matale@gmail.com
Telephone	066-2053746
Contact persons	Dr. Jagath Ranawaka (Actg. Venereologist)
	Dr. K.W.K.K.A. Bandara (Medical Officer)
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, Duleepa Wijesiri (Actg. Venereologist)
	Dr. A. Sampath (Medical Officer)

EASTERN PROVINCE	
Ampara STD clinic	
Address	STD clinic, District General Hospital, Ampara.
Email	stdclinicampara1@gmail.com
Telephone	063-2224239
Fax	063-2222988 (RDHS Office)
Contact person	Dr. Kumari Karunarathne (Actg. Venereologist)
	Dr. Sakunthala Zoysa (Medical Officer)
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. Tharmaratnam Thivakaran (Medical Officer)
Kalmunai STD clinic	
Address	STD clinic, District General Hospital, Sainthamaruthu.
Email	stdkalmunai@gmail.com
Telephone	067-2223660
Fax	067-2223660
Contact person	Dr. I. L. Jalaldeen (Medical Officer)
Trincomalee STD clinic	
Address	STD clinic, District General Hospital, Trincomalee.
Email:	shctrinco@gmail.com
Telephone	026-2222563
Fax	026-2222563
Contact person	Dr. V. Srigowrieisvaram (Medical Officer)

NORTH CENTRAL PROVINCE	
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)
Polonnaruwa STD clinic	
Address	STD clinic, District General Hospital, Polonnaruwa.
Email	stdclinicpolonnaruwa1@gmail.com
Telephone	027-2225787
Fax	027-2225787
Contact Persons	Dr. Champika Gunawardhana (Actg. Venereologist)
	Dr. Indra Peris (Medical Officer/IC)

NORTH WESTERN PROVINCE	
Chilaw STD clinic	
Address	STD clinic, General Hospital, Chilaw.
Email	std.rdhspu@gmail.com
Telephone	032-2220750
Fax	032-2223200 (GH)
Contact persons	Dr. Waruni Pannala (Venereologist)
Kuliyapitiya STD clinic	
Address	STD clinic, Teaching Hospital, Kuliyapitiya.
Email	stdclinickuliyapitiya@gmail.com
Telephone	037-2281261
Contact person	Dr. Iruka Rajapaksha (Venereologist)
	Dr. Hetti Arachchige Gayan Sanjeewa (Medical Officer)
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. Nihal Edirisinghe (Medical Officer)
Puttalam STD clinic	
Address	Unit 13, Base Hospital Puttalam, Puttalam.
Email	stdputtalama@gmail.com
Telephone	0322-265 261 (GH)
Contact person	Dr. Piyumi Perera (Venereologist)

NORTHERN PROVINCE	
Jaffna STD clinic	
Address	STD clinic, Teaching Hospital, Jaffna.
Email	stdclinic.jaffna@gmail.com
Telephone	021-2217756
Fax	021-2222262 (TH)
Contact persons	Dr. A. Rohan (Medical Officer)
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. Elankumaran Velayathapillai (Medical Officer)
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 (Actg. Venereologist)
	Dr. Dayani Dias (Medical Officer)
Mullaitivu STD clinic	
Address	STD clinic, District General Hospital, Mullaitivu.
Email	stdaidscontrolprogramme.mtv@gmail.com
Telephone	021-2061414
Contact person	Dr. R. Wasawan (Medical Officer)
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. D. Arulmoly (Medical Officer)
SABARAGAMUWA PROVINCE	
Kegalle STD clinic	
Address	STD clinic, District General Hospital, Kegalle.
Email	stdunit.kegalle@gmail.com
Telephone	035-2231222
Fax	035-2231222
Contact persons	Dr. Shyama Somawardhane (Venereologist)
	Dr. D.K. Nilanga Jeewani Jayasinghe (Medical Officer)

Ratnapura STD clinic	
Address	STD clinic, Teaching Hospital Ratnapura.
Email	stdclinic.rathnapura@gmail.com
Telephone	045-2221561 (Venereologist)
	045-2226561
Contact persons	Dr. Upuli Abeyrathna (Actg. Venereologist)
	Dr. H.A.K.A. Jayarathne (Medical Officer)
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. A.G.Harini (Medical Officer)

SOUTHERN PROVINCE	
Balapitiya STD clinic	
Address	STD clinic, Base Hospital, Balapitiya.
Email	stdbalapitiya@gmail.com
Telephone	091-2256822
Fax	091-2256410 (BH)
Contact persons	Dr. Heshani Colombage (Actg. Venereologist)
	Dr. H.D. Fernando (Medical Officer)
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 Wijewickrama (Venereologist)
Tangalle STD clinic	
Address	STD clinic , Base hospital, Tangalle.
	stdclinictangalle@gmail.com
Telephone	047-2240261 Ext: 220
Contact person	Dr. Chani Ratnayaka (Actg. Venereologist)
Hambantota STD clinic	
Address	STD clinic, General Hospital, Hambantota.
Email	stdclinic.hambantota@gmail.com
Telephone	047-2222247
Fax	047-2222247
Contact persons	Dr. Anuruddha Karunarathne (Venereologist)
	Dr. P. Paboda Nanayakkara (Medical Officer)
Matara STD clinic	
Address	STD clinic, No 43, District General Hospital, Matara.
Email	stdclinic.matara@gmail.com
Telephone/Fax	041-2232302
Contact persons	Dr. Prageeth Premadasa (Venereologist)
	Dr. Rohitha Elapatha (Medical Officer)

UVA PROVINCE	
Badulla STD clinic	
Address	STD clinic, Room No 73, Daya Gunasekara Mawatha, Badulla.
Email	stdclinic.badulla@gmail.com
Telephone	055-2222578
Fax	055-2222578
Contact persons	Dr. Niroshan Jayasekara (Venereologist)
	Dr. Chrishan Vethanayagam (Medical Officer)
Mahiyanganaya STD clinic	
Address	STD clinic, Room 22, Base Hospital, Mahiyanganaya.
Email	stdclinicmyg@gmail.com
Telephone	055-4936779
Fax	055-2223750
Contact person	Dr. Baratha Dissanayake (Medical Officer)
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. D. R. K. W. M. R. S. Kaushalya (Medical Officer)

WESTERN PROVINCE	
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 Nanayakkara (Venereologist)
Colombo Central STD clinic (NSACP Headquarters)	
Address	29, De Saram Place, Colombo 10.
Web link	www.aidscontrol.gov.lk
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. Vindya Kumarapeli (Director-Acting)
	Dr. Sammani Hewagama (Acting Deputy Director)
	Dr. K.A. Manathunge Ariyaratne (Venereologist)
	Dr. Jayanthi. P. Elwitigala (Microbiologist)
	Dr. Sathya Herath (Community Physician)
	Dr. Geethani Samaraweera (Venereologist)
	Dr. Janaka Weragoda (Community Physician)
	Dr Nimali Jayasuriya (Venereologist)
	Dr. Vino Dharmakulasinghe (Venereologist)
	Dr Vigeetha Withanage (Virologist)
	Dr. Umedha Nilakshi Jayasinghe (Venereologist)
	Dr. Zulfica Mohideen (Acting Community Physician)
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 (Medical Officer)
Homagama STD clinic	
Address	OPD Building, Base Hospital, Homagama.
Email	homagamastdclinic@gmail.com
Telephone	011-2855200
Contact person	Dr. Gayani Nanayakkara (Venereologist)
	Dr. E.R Mahesh Eriyagolla (MO/STD)

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 Abeygunasekera (Venereologist)
	Dr. S.K.A. Ranwella (Medical Officer/IC)
Kalutara STD clinic	
Address	STD clinic, General Hospital, Nagoda, Kalutara.
Email	stdclinic.kalutara@gmail.com
Telephone	034-2236937
Fax	034-2236937
Contact persons	Dr. Kokilanthi Dharmaratne (Venereologist)
	Dr. Vimal Madura (Medical Officer)
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 (Medical Officer)
Panadura STD clinic	
Address	STD clinic, Base Hospital, Panadura.
Email	stdclinicpanadura@gmail.com
Telephone	038-2232261
Contact person	Dr. Kokilanthi Dharmaratne (Venereologist)
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. Jayadarie Ranatunga (Venereologist)
	Dr. Chamantha Wijerathna (Medical Officer)
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. S.P. Withanagamage (Medical Officer)

21. Data from STD clinics

1. Reported infectious syphilis cases, 2021-2023										
Province	Clinic	2021			2022			2023		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	1	0	1	1	0	1	3	0	3
	Kandy	3	1	4	6	2	8	18	2	20
	Matale	0	0	0	1	1	2	3	2	5
	Nawalapitiya	0	0	0	1	0	1	-	-	-
	Nuwara Eliya	0	1	1	0	0	0	3	2	5
Eastern Province	Ampara	1	0	1	3	0	3	3	1	4
	Batticaloa	8	4	12	2	1	3	10	4	14
	Kalmunai	0	0	0	2	2	4	1	0	1
	Trincomalee	1	1	2	1	0	1	3	1	4
North Central province	Anuradhapura	0	0	0	0	0	0	0	0	0
	Polonnaruwa	1	1	2	1	0	1	6	0	6
North Western Province	Chilaw	0	0	0	2	2	4	10	4	14
	Kuliyapitiya	1	0	1	2	0	2	0	0	0
	Kurunegala	4	0	4	2	0	2	9	3	12
	Puttalam	1	0	1	2	2	4	3	2	5
Northern Province	Jaffna	6	3	9	0	0	0	3	0	3
	Kilinochchi	1	1	2	0	0	0	3	2	5
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	2	1	3	1	0	1	4	1	5
	Vavuniya	1	1	2	1	0	1	8	2	10
Sabaragamuwa Province	Embilipitiya	1	0	1	0	0	0	0	0	0
	Kegalle	0	0	0	1	0	1	5	0	5
	Ratnapura	2	1	3	2	0	2	3	1	4
Southern Province	Balapitiya	1	1	2	2	0	2	3	0	3
	Hambantota	3	0	3	6	1	7	6	1	7
	Mahamodara	7	3	10	12	2	14	16	4	20
	Matara	5	1	6	3	1	4	2	1	3
	Tangalle	0	0	0	1	0	1	2	0	2
UVA Province	Badulla	5	5	10	6	2	8	6	0	6
	Mahiyanganaya	0	0	0	1	1	2	0	0	0
	Monaragala	9	5	14	1	1	2	2	3	5
Western Province	Avissawella	3	0	3	6	1	7	6	1	7
	Colombo	31	4	35	49	8	57	101	9	110
	Gampaha	4	0	4	10	1	11	51	6	57
	Homagama	0	0	0	4	0	4	4	2	6
	Kalubowila	12	0	12	19	0	19	60	5	65
	Kalutara	4	3	7	3	2	5	7	0	7
	Negombo	1	2	3	11	3	14	16	5	21
	Panadura	2	0	2	5	0	5	10	2	12
	Ragama	11	3	14	12	2	14	31	6	37
	Wathupitiwala	3	2	5	2	0	2	2	0	2

2. Reported late syphilis cases, 2021-2023										
Province	**Clinic**	**2021**			**2022**			**2023**		
		Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Central Province	Dambulla	0	2	2	2	0	2	6	1	7
	Kandy	14	2	16	18	8	26	21	7	28
	Matale	3	3	6	1	3	4	6	2	8
	Nawalapitiya	0	0	0	0	0	0	-	-	-
	Nuwara Eliya	7	7	14	9	4	13	3	3	6
Eastern Province	Ampara	3	2	5	2	0	2	8	0	8
	Batticaloa	11	4	15	9	6	15	12	8	20
	Kalmunai	1	0	1	4	0	4	6	0	6
	Trincomalee	8	5	13	9	3	12	6	6	12
North Central province	Anuradhapura	3	1	4	9	4	13	16	12	28
	Polonnaruwa	6	6	12	16	1	17	22	7	29
North Western Province	Chi law	11	5	16	16	8	24	9	11	20
	Kuliyapitiya	0	1	1	3	3	6	5	0	5
	Kurunegala	21	11	32	17	8	25	26	12	38
	Puttalam	1	1	2	2	3	5	2	0	2
Northern Province	Jaffna	11	7	18	21	7	28	29	19	48
	Kilinochchi	0	2	2	1	0	1	0	1	1
	Mannar	1	1	2	3	2	5	4	1	5
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	2	3	5	2	3	5	3	2	5
Sabaragamuwa Province	Embilipitiya	3	2	5	1	0	1	6	0	6
	Kegalle	7	0	7	4	2	6	20	6	26
	Ratnapura	9	8	17	3	9	12	15	5	20
Southern Province	Balapitiya	1	0	1	3	0	3	3	4	7
	Hambantota	11	3	14	20	3	23	21	15	36
	Mahamodara	19	12	31	17	8	25	23	9	32
	Matara	6	4	10	7	3	10	13	8	21
	Tangalle	1	0	1	0	0	0	3	1	4
UVA Province	Badulla	10	4	14	7	1	8	14	6	20
	Mahiyanganaya	4	2	6	2	1	3	2	3	5
	Monaragala	1	3	4	0	0	0	5	3	8
Western Province	Avissawella	5	0	5	3	2	5	4	1	5
	Colombo	75	30	105	109	37	146	180	56	236
	Gampaha	14	4	18	12	1	13	16	9	25
	Homagama	0	3	3	3	0	3	1	2	3
	Kalubowila	20	3	23	24	4	28	28	3	31
	Kalutara	9	6	15	7	4	11	22	16	38
	Negombo	10	7	17	10	4	14	14	7	21
	Panadura	6	2	8	6	0	6	18	3	21
	Ragama	15	5	20	10	3	13	23	14	37
	Wathupitiwala	3	0	3	11	3	14	8	2	10

3. Reported gonorrhoea cases, 2021-2023										
Province	Clinic	2021			2022			2023		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	1	0	1	2	1	3	0	1	1
	Kandy	2	0	2	12	1	13	20	0	20
	Matale	1	1	2	13	8	21	9	6	15
	Nawalapitiya	0	0	0	2	0	2	-	-	-
	Nuwara Eliya	6	4	10	10	1	11	8	7	15
Eastern Province	Ampara	3	0	3	4	2	6	10	2	15
	Batticaloa	3	1	4	2	0	2	2	1	12
	Kalmunai	1	1	2	3	2	5	5	2	3
	Trincomalee	4	0	4	12	1	13	16	2	7
North Central province	Anuradhapura	8	1	9	19	2	21	29	3	18
	Polonnaruwa	9	11	20	9	6	15	20	19	32
North Western Province	Chilaw	6	2	8	6	0	6	12	7	39
	Kuliyapitiya	2	0	2	1	1	2	4	1	19
	Kurunegala	6	0	6	14	0	14	26	6	5
	Puttalam	1	0	1	20	29	49	12	28	32
Northern Province	Jaffna	13	0	13	38	0	38	24	2	40
	Kilinochchi	0	1	1	2	2	4	0	0	26
	Mannar	1	0	1	0	0	0	1	0	0
	Mullaitivu	0	0	0	0	0	0	0	0	1
	Vavuniya	3	1	4	8	9	17	26	12	0
Sabaragamuwa Province	Embilipitiya	1	2	3	8	1	9	13	1	38
	Kegalle	6	0	6	7	0	7	10	0	14
	Ratnapura	1	0	1	9	1	10	7	0	10
Southern Province	Balapitiya	0	0	0	0	0	0	1	2	7
	Hambantota	1	3	4	12	5	17	13	7	3
	Mahamodara	2	0	2	13	0	13	11	2	20
	Matara	2	1	3	4	0	4	11	1	13
	Tangalle	0	0	0	0	0	0	10	0	12
UVA Province	Badulla	2	1	3	5	0	5	8	0	10
	Mahiyanganaya	0	0	0	2	0	2	1	0	8
	Monaragala	0	1	1	5	1	6	5	1	1
Western Province	Avissawella	3	0	3	6	0	6	9	3	6
	Colombo	71	6	77	197	13	210	305	38	12
	Gampaha	14	0	14	30	3	33	43	8	343
	Homagama	1	1	2	10	5	15	13	1	51
	Kalubowila	48	6	54	47	5	52	86	16	14
	Kalutara	4	0	4	11	1	12	15	4	102
	Negombo	10	1	11	34	3	37	52	4	19
	Panadura	6	0	6	15	2	17	26	3	56
	Ragama	12	0	12	40	3	43	60	11	29
	Wathupitiwala	6	1	7	13	1	14	5	1	71

4. Reported non- gonococcal cases, 2021-2023										
Province	Clinic	2021			2022			2023		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	0	8	8	4	44	48	7	38	45
	Kandy	18	42	60	19	53	72	12	108	120
	Matale	4	48	52	13	74	87	10	96	106
	Nawalapitiya	0	0	0	2	2	4	-	-	-
	Nuwara Eliya	2	5	7	1	5	6	0	61	61
Eastern Province	Ampara	23	16	39	17	31	48	0	14	14
	Batticaloa	1	0	1	5	14	19	0	0	0
	Kalmunai	2	0	2	2	1	3	0	2	2
	Trincomalee	4	8	12	0	4	4	1	5	6
North Central province	Anuradhapura	13	29	42	36	29	65	5	19	24
	Polonnaruwa	17	25	42	13	10	23	5	28	33
North Western Province	Chilaw	2	14	16	3	21	24	1	14	15
	Kuliyapitiya	2	0	2	8	7	15	0	1	1
	Kurunegala	24	76	100	18	89	107	25	205	230
	Puttalam	2	4	6	0	11	11	1	10	11
Northern Province	Jaffna	11	2	13	11	0	11	0	2	2
	Kilinochchi	0	1	1	3	0	3	0	0	0
	Mannar	0	0	0	1	1	2	1	3	4
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	3	7	10	8	9	17	11	42	53
Sabaragamuwa Province	Embilipitiya	15	22	37	15	33	48	5	39	44
	Kegalle	4	3	7	4	3	7	1	3	4
	Ratnapura	3	1	4	6	6	12	1	1	2
Southern Province	Balapitiya	5	10	15	1	3	4	0	1	1
	Hambantota	5	10	15	2	5	7	1	31	32
	Mahamodara	14	18	32	16	37	53	4	41	45
	Matara	4	18	22	10	14	24	12	56	68
	Tangalle	7	6	13	3	0	3	0	0	0
UVA Province	Badulla	7	30	37	9	23	32	6	63	69
	Mahiyanganaya	12	111	123	19	104	123	5	76	81
	Monaragala	4	43	47	4	42	46	11	47	58
Western Province	Avissawella	3	0	3	3	0	3	2	7	9
	Colombo	82	156	238	181	366	547	49	515	564
	Gampaha	7	33	40	11	65	76	15	124	139
	Homagama	1	5	6	24	32	56	1	43	44
	Kalubowila	78	58	136	107	85	192	27	200	227
	Kalutara	8	24	32	14	205	219	14	120	134
	Negombo	6	58	64	8	50	58	10	111	121
	Panadura	11	10	21	6	9	15	3	17	20
	Ragama	19	46	65	44	54	98	19	130	149
	Wathupitiwala	3	11	14	8	13	21	0	6	6

5. Reported herpes cases, 2021-2023

Province	Clinic	2021			2022			2023		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	3	8	11	6	20	26	4	24	28
	Kandy	19	53	72	41	78	119	52	110	162
	Matale	15	16	31	17	26	43	15	34	49
	Nawalapitiya	2	7	9	3	7	10	-	-	-
	Nuwara Eliya	7	14	21	3	8	11	4	19	23
Eastern Province	Ampara	23	25	48	17	34	51	10	46	56
	Batticaloa	3	11	14	0	12	12	2	4	6
	Kalmunai	3	5	8	1	9	10	1	3	4
	Trincomalee	9	6	15	14	17	31	8	19	27
North Central province	Anuradhapura	25	47	72	38	55	93	19	63	82
	Polonnaruwa	24	33	57	24	39	63	5	53	58
North Western Province	Chilaw	28	17	45	42	47	89	4	27	31
	Kuliyapitiya	8	10	18	12	21	33	4	16	20
	Kurunegala	54	58	112	48	74	122	17	92	109
	Puttalam	1	16	17	8	11	19	1	5	6
Northern Province	Jaffna	5	11	16	18	25	43	7	28	35
	Kilinochchi	4	1	5	10	15	25	2	8	10
	Mannar	0	0	0	0	1	1	1	3	4
	Mullaitivu	3	7	10	4	4	8	3	12	15
	Vavuniya	9	13	22	5	15	20	6	13	19
Sabaragamuwa Province	Embilipitiya	17	30	47	31	36	67	5	47	52
	Kegalle	41	45	86	34	29	63	10	48	58
	Ratnapura	25	51	76	47	78	125	11	64	75
Southern Province	Balapitiya	11	19	30	9	12	21	6	25	31
	Hambantota	16	24	40	33	37	70	20	64	84
	Mahamodara	23	34	57	40	55	95	11	66	77
	Matara	11	21	32	33	31	64	11	41	52
	Tangalle	6	8	14	8	12	20	6	25	31
UVA Province	Badulla	23	39	62	15	46	61	3	55	58
	Mahiyanganaya	16	23	39	17	40	57	3	20	23
	Monaragala	7	22	29	10	28	38	9	29	38
Western Province	Avissawella	19	21	40	32	34	66	13	52	65
	Colombo	109	86	195	205	115	320	39	204	243
	Gampaha	19	26	45	26	28	54	8	48	56
	Homagama	1	5	6	15	16	31	4	24	28
	Kalubowila	63	62	125	89	75	164	23	101	124
	Kalutara	17	62	79	23	42	65	13	63	76
	Negombo	25	42	67	28	36	64	16	63	79
	Panadura	13	19	32	14	19	33	17	40	57
	Ragama	31	40	71	55	55	110	17	69	86
	Wathupitiwala	14	14	28	19	33	52	4	23	27

6. Reported warts cases, 2021-2023

Province	Clinic	2021			2022			2023		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	6	13	19	11	9	20	13	7	20
	Kandy	37	40	77	35	31	66	62	65	127
	Matale	17	13	30	23	26	49	27	15	42
	Nawalapitiya	0	6	6	1	5	6	-	-	-
	Nuwara Eliya	1	4	5	7	3	10	8	7	15
Eastern Province	Ampara	23	15	38	16	20	36	17	25	42
	Batticaloa	4	4	8	8	6	14	7	9	16
	Kalmunai	6	2	8	9	8	17	5	4	9
	Trincomalee	16	10	26	11	6	17	6	6	12
North Central province	Anuradhapura	40	31	71	38	37	75	39	33	72
	Polonnaruwa	22	25	47	20	18	38	43	30	73
North Western Province	Chilaw	20	14	34	24	25	49	28	33	61
	Kuliyapitiya	14	13	27	25	27	52	27	15	42
	Kurunegala	105	71	176	33	28	61	61	65	126
	Puttalam	27	12	39	17	13	30	6	6	12
Northern Province	Jaffna	33	11	44	25	13	38	14	12	26
	Kilinochchi	1	1	2	1	2	3	6	2	8
	Mannar	0	1	1	2	0	2	0	0	0
	Mullaitivu	3	0	3	3	0	3	4	2	6
	Vavuniya	12	9	21	11	7	18	15	9	24
Sabaragamuwa Province	Embilipitiya	15	11	26	27	9	36	15	17	32
	Kegalle	37	28	65	21	23	44	51	34	85
	Ratnapura	23	43	66	52	55	107	26	23	49
Southern Province	Balapitiya	12	7	19	2	8	10	10	11	21
	Hambantota	29	20	49	32	25	57	42	30	72
	Mahamodara	30	34	64	34	27	61	43	43	86
	Matara	26	19	45	25	22	47	19	27	46
	Tangalle	10	7	17	4	11	15	10	7	17
UVA Province	Badulla	21	25	46	30	11	41	43	47	90
	Mahiyanganaya	12	12	24	5	12	17	9	14	23
	Monaragala	5	11	16	14	21	35	15	25	40
Western Province	Avissawella	17	17	34	21	23	44	21	25	46
	Colombo	164	65	229	239	92	331	316	150	466
	Gampaha	24	30	54	37	28	65	41	24	65
	Homagama	3	6	9	12	10	22	14	23	37
	Kalubowila	67	36	103	66	47	113	74	60	134
	Kalutara	48	33	81	50	51	101	118	74	192
	Negombo	24	15	39	36	29	65	50	35	85
	Panadura	12	10	22	23	10	33	24	20	44
	Ragama	48	31	79	52	49	101	91	61	152
	Wathupitiwala	9	8	17	19	13	32	14	15	29

7. Reported trichomoniasis cases, 2021-2023

Province	STD Clinic	2021			2022			2023		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	0	0	0	0	0	0	0	0	0
	Kandy	0	0	0	0	1	1	0	1	1
	Matale	0	0	0	0	0	0	0	0	0
	Nawalapitiya	0	0	0	0	0	0	-	-	-
	Nuwara Eliya	0	1	1	0	0	0	0	0	0
Eastern Province	Ampara	0	0	0	0	0	0	0	0	0
	Batticaloa	4	0	4	0	0	0	0	1	1
	Kalmunai	0	0	0	0	0	0	0	0	0
	Trincomalee	0	0	0	1	0	1	0	0	0
North Central province	Anuradhapura	0	1	1	0	0	0	0	0	0
	Polonnaruwa	0	1	1	0	0	0	0	0	0
North Western Province	Chilaw	0	0	0	0	0	0	0	0	0
	Kuliyapitiya	0	0	0	0	1	1	0	2	2
	Kurunegala	0	0	0	0	3	3	0	3	3
	Puttalam	0	0	0	0	0	0	0	0	0
Northern Province	Jaffna	0	0	0	0	0	0	0	1	1
	Kilinochchi	0	0	0	0	0	0	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	1	1	0	0	0	0	0	0
Sabaragamuwa Province	Embilipitiya	0	0	0	0	0	0	0	1	1
	Kegalle	0	1	1	0	1	1	0	0	0
	Ratnapura	0	2	2	0	0	0	0	1	1
Southern Province	Balapitiya	0	0	0	0	0	0	0	1	1
	Hambantota	0	4	4	0	5	5	0	0	0
	Mahamodara	0	0	0	0	0	0	0	0	0
	Matara	0	0	0	0	0	0	0	0	0
	Tangalle	0	1	1	0	0	0	0	0	0
UVA Province	Badulla	0	3	3	0	2	2	0	1	1
	Mahiyanganaya	0	0	0	0	0	0	0	0	0
	Monaragala	-	-	-	1	1	2	0	0	0
Western Province	Avissawella	0	0	0	0	2	2	0	2	2
	Colombo	0	10	10	3	9	12	3	12	15
	Gampaha	0	1	1	0	0	0	1	1	2
	Homagama	0	0	0	0	0	0	0	3	3
	Kalubowila	0	3	3	0	0	0	1	3	4
	Kalutara	0	1	1	0	0	0	0	3	3
	Negombo	0	0	0	1	0	1	0	0	0
	Panadura	1	1	2	0	0	0	0	1	1
	Ragama	0	0	0	0	2	2	1	2	3
	Wathupitiwala	0	0	0	0	0	0	4	2	6

8 .Number of clinic attendees and details of clinic attendances for STD clinics during 2023							
Province	Clinic	New patients registered			Total new patients with STIs	Total clinic visits by STD patients	Total visits by others
		Male	Female	Total			
Central Province	Dambulla	138	124	262	109	638	608
	Kandy	651	656	1,307	494	3,780	3,408
	Matale	276	424	700	312	1,857	1,600
	Nuwara Eliya	162	388	550	253	828	1,030
Eastern Province	Ampara	195	255	450	295	1,406	1,289
	Batticaloa	101	124	225	78	535	1,903
	Kalmunai	50	37	87	45	229	519
	Trincomalee	105	129	234	129	397	7,366
North Central Province	Anuradhapura	403	430	833	366	1,492	13,912
	Polonnaruwa	353	316	669	343	1,449	1,129
North Western Province	Chilaw	297	309	606	339	1,994	2,237
	Kuliyapitiya	131	192	323	161	696	490
	Kurunegala	679	781	1,460	775	3,472	3,974
	Puttalam	81	148	229	112	536	182
Northern Province	Jaffna	222	134	356	221	869	2,708
	Kilinochchi	64	66	130	49	257	3,697
	Mannar	104	87	191	26	248	2,748
	Mullaitivu	114	95	209	33	250	1,802
	Vavuniya	179	113	292	278	873	4,030
Sabaragamuwa Province	Embilipitiya	154	154	308	192	896	543
	Kegalle	408	346	754	392	1,514	888
	Ratnapura	387	457	844	229	1,342	2,030
Southern Province	Balapitiya	236	214	450	134	897	854
	Hambantota	427	326	753	404	2,222	3,442
	Mahamodara	522	379	901	431	4,075	1,767
	Matara	394	314	708	401	1,773	2,178
	Tangalle	147	88	235	108	419	153
UVA Province	Badulla	1,061	832	1,893	381	3,497	826
	Mahiyanganaya	208	293	501	180	693	542
	Monaragala	185	201	386	214	703	2,564
Western Province	Avissawella	177	251	428	222	1,350	933
	Colombo	4,498	1,885	6,383	8,628	27,143	3,709
	Gampaha	565	404	969	529	3,298	1,450
	Homagama	228	205	433	216	832	273
	Kalubowila	838	648	1,486	817	5,545	2,926
	Kalutara	781	720	1,501	558	2,471	2,513
	Negombo	332	400	732	482	3,845	2,627
	Panadura	387	219	606	199	1,748	179
	Ragama	688	467	1,155	720	3,513	1,317
	Wathupitiwala	114	106	220	126	468	1,083

9. Reason for attendance among New STD clinic attendees in 2023					
Province	**Clinic**	**Contact of patients**	**Voluntarily**	**Referral from magistrate/court**	**Others**
Central Province	Dambulla	22	70	108	75
	Kandy	87	389	101	695
	Matale	29	204	92	374
	Nuwara Eliya	33	59	45	413
Eastern Province	Ampara	22	144	78	206
	Batticaloa	22	10	67	126
	Kalmunai	5	21	20	45
	Trincomalee	24	25	62	124
North Central province	Anuradhapura	46	324	45	217
	Polonnaruwa	26	262	92	289
North Western Province	Chilaw	62	270	66	219
	Kuliyapitiya	9	74	107	133
	Kurunegala	75	352	253	680
	Puttalam	10	109	88	34
Northern Province	Jaffna	29	62	18	213
	Kilinochchi	3	7	16	76
	Mannar	1	4	8	178
	Mullaitivu	2	21	20	166
	Vavuniya	23	77	60	132
Sabaragamuwa Province	Embilipitiya	9	144	83	70
	Kegalle	34	276	67	343
	Ratnapura	31	332	290	238
Southern Province	Balapitiya	6	223	88	144
	Hambantota	25	230	167	331
	Mahamodara	96	284	83	439
	Matara	40	232	175	257
	Tangalle	28	75	28	99
UVA Province	Badulla	17	179	58	1988
	Mahiyanganaya	14	82	25	380
	Monaragala	17	130	114	126
Western Province	Avissawella	14	101	69	244
	Colombo	196	3739	76	2372
	Gampaha	59	353	88	469
	Homagama	34	65	26	270
	Kalubowila	87	735	238	426
	Kalutara	17	402	103	149
	Negombo	56	280	104	292
	Panadura	33	143	41	389
	Ragama	119	380	156	560
	Wathupitiwala	14	68	27	109

10. Number of patients with confirmed syphilis diagnoses completing treatment during 2023					
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	9	5	1	1
	Kandy	45	45	3	3
	Matale	15	15	2	2
	Nuwara Eliya	10	10	2	2
Eastern Province	Ampara	12	12	0	0
	Batticaloa	0	0	0	0
	Kalmunai	7	7	0	0
	Trincomalee	17	16	6	6
North Central province	Anuradhapura	22	21	6	6
	Polonnaruwa	35	30	4	4
North Western Province	Chilaw	33	31	4	4
	Kuliyapitiya	5	4	0	0
	Kurunegala	49	49	3	9
	Puttalam	7	4	0	0
Northern Province	Jaffna	51	50	14	13
	Kilinochchi	6	3	0	0
	Mannar	4	4	1	1
	Mullaitivu	5	5	1	1
	Vavuniya	13	13	3	3
Sabaragamuwa Province	Embilipitiya	6	6	0	0
	Kegalle	27	27	1	1
	Ratnapura	32	28	1	1
Southern Province	Balapitiya	12	10	2	2
	Hambantota	43	42	1	1
	Mahamodara	52	46	7	7
	Matara	26	18	5	5
	Tangalle	6	5	0	0
UVA Province	Badulla	19	9	0	0
	Mahiyanganaya	5	5	0	0
	Monaragala	13	13	3	3
Western Province	Avissawella	13	12	0	0
	Colombo	348	130	12	11
	Gampaha	84	83	5	5
	Homagama	5	6	1	1
	Kalubowila	95	94	1	1
	Kalutara	49	42	5	5
	Negombo	42	42	5	5
	Panadura	32	18	2	1
	Ragama	66	62	10	10
	Wathupitiwala	13	12	0	0

11. Samples screened for HIV infection during 2023									
Province	Clinic	No. screened for HIV (ELISA, PA, RAPID)				No. confirmed HIV positive			
		STD pt. samples	Antenatal samples	Pre emp. samples	Other samples	STD pt. samples	Antenatal samples	Pre emp. samples	Other samples
Central Province	Dambulla	300	6	369	152	2	-	-	-
	Kandy	1,772	15,656	366	6,493	83	16	-	49
	Matale	768	7,690	944	2,078	19	11	5	34
	Nuwara Eliya	676	8,757	655	1,083	9	1	1	3
Eastern Province	Ampara	679	3,460	820	428	10	2	1	4
	Batticaloa	225	9,922	333	1,547	-	-	-	-
	Kalmunai	106	9,736	49	390	2	-	-	-
	Trincomalee	248	6,377	417	347	6	5	-	1
North Central province	Anuradhapura	1,564	9,217	1,864	4,381	20	-	1	1
	Polonnaruwa	1,558	6,162	782	7,958	8	1	-	-
North Western Province	Chilaw	1,455	10,197	4	692	40	8	4	9
	Kuliyapitiya	416	-	-	111	3	-	-	-
	Kurunegala	3,930	16,601	1,632	1,361	85	6	4	6
	Puttalam	185	23	3	117	3	-	-	-
Northern Province	Jaffna	371	8,963	674	3,802	2	-	-	3
	Kilinochchi	130	3,026	286	289	-	-	-	-
	Mannar	191	2,073	310	278	-	-	-	-
	Mullaitivu	209	1,445	153	67	-	-	-	-
	Vavuniya	317	3,173	383	1,143	4	-	-	-
Sabaragamuwa Province	Embilipitiya	611	15	72	375	2	-	-	-
	Kegalle	1,653	7,591	12	1,879	18	3	-	-
	Ratnapura	2,315	5,920	1,245	3,388	12	2	1	4
Southern Province	Balapitiya	922	3,103	323	534	5	-	-	-
	Hambantota	709	5,884	593	2,853	7	-	-	2
	Mahamodara	1,835	2,988	5	1,863	38	-	-	12
	Matara	1,390	8,923	647	713	22	-	-	7
	Tangalle	271	26	106	136	2	-	-	-
UVA Province	Badulla	2,834	7,525	614	1,958	7	-	-	2
	Mahiyanganaya	501	2,242	264	164	-	-	-	-
	Monaragala	676	1,628	549	1,949	4	-	-	-
Western Province	Avissawella	578	19	428	176	4	-	-	-
	Colombo	10,313	25,683	245	36,909	271	13	-	1,205
	Gampaha	1,747	9,692	557	615	58	1	-	-
	Homagama	399	-	-	13	2	-	-	-
	Kalubowila	2,055	161	925	1,670	30	-	-	8
	Kalutara	1,665	10,189	327	6,357	29	1	-	-
	Negombo	833	4,657	183	1,387	34	1	-	7
	Panadura	681	5	48	179	8	-	1	-
	Ragama	1,610	7,609	321	3,600	39	-	-	6
	Wathupitiwala	293	102	404	467	3	-	-	5

12. Samples screened for syphilis - 2023									
Province	Clinic	Number screened for syphilis				Number TPPA/TPHA tested			
		STD	ANC	Pre-Emp.	Other	STD	ANC	Pre-emp.	Other
Central Province	Dambulla	311	6	372	150	219	6	0	126
	Kandy	1,603	15,640	366	2,714	912	4	5	55
	Matale	583	1,963	926	1,421	404	2,362	26	748
	Nuwara Eliya	734	8,776	655	556	344	1	4	52
Eastern Province	Ampara	656	1,720	771	215	492	1484	12	7
	Batticaloa	225	9,922	615	1547	26	8	0	0
	Kalmunai	103	9,736	293	143	83	0	34	68
	Trincomalee	233	6,377	464	116	265	23	15	189
North Central province	Anuradhapura	1,564	9,217	1,864	4381	530	37	47	97
	Polonnaruwa	1,676	3,328	782	4006	226	4,963	0	4,441
North Western Province	Chilaw	1,619	5,160	598	292	970	5	22	89
	Kuliyapitiya	414	0	289	10	396	0	4	8
	Kurunegala	2,050	16,601	2,191	1034	1644	3	349	125
	Puttalam	118	23	603	27	118	19	603	27
Northern Province	Jaffna	362	8,963	674	3,802	362	45	5	85
	Kilinochchi	130	3,026	282	289	106	1	0	34
	Mannar	191	2,073	310	278	5	1	0	0
	Mullaitivu	108	570	0	67	209	875	153	0
	Vavuniya	220	102	567	206	115	0	6	35
Sabaragamuwa Province	Embilipitiya	437	13	71	121	377	2	1	74
	Kegalle	1,154	7,591	1,119	1,775	658	5	5	8
	Ratnapura	2,124	5,915	1,245	3,050	1,853	4	1	1635
Southern Province	Balapitiya	922	2,268	213	372	352	838	110	2
	Hambantota	527	1,910	617	926	678	3,987	8	1,888
	Mahamodara	372	2,999	1,135	277	1,196	2	8	348
	Matara	1,267	8,923	656	151	1,028	6	325	287
	Tangalle	284	26	106	12	278	26	106	12
UVA Province	Badulla	16,45	3,518	614	1,300	1,162	5,745	0	10
	Mahiyanganaya	501	2,242	244	130	40	1	0	0
	Monaragala	599	1,634	572	1,394	406	3	0	38
Western Province	Avissawella	246	15	428	44	436	9	6	7
	Colombo	12,305	25,566	1,093	14,519	8,035	44	41	8,068
	Gampaha	1,486	9,692	557	530	1,014	3	2	95
	Homagama	439	3	168	13	362	0	0	0
	Kalubowila	2,307	163	1,167	494	1,750	9	12	238
	Kalutara	1,159	10,192	1,250	5,412	625	6	2	0
	Negombo	1,080	4,657	283	437	579	3	0	158
	Panadura	820	5	71	189	627	1	21	82
	Ragama	1,876	7,609	321	934	1,231	5	0	284
	Wathupitiwala	220	102	567	206	115	0	6	35

13. Samples tested for cervical cytology (PAP smears) during 2023					
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	0	0	0	0
	Kandy	52	52	52	0
	Matale	62	57	47	0
	Nuwara Eliya	0	0	0	0
Eastern Province	Ampara	5	3	3	1
	Batticaloa	1	1	1	2
	Kalmunai	0	0	0	0
	Trincomalee	0	0	0	0
North Central province	Anuradhapura	12	6	5	0
	Polonnaruwa	21	12	11	0
North Western Province	Chilaw	60	44	17	0
	Kuliyapitiya	5	5	4	0
	Kurunegala	24	21	18	0
	Puttalam	0	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	13	1	1	0
	Kegalle	13	10	10	0
	Ratnapura	5	4	4	0
Southern Province	Balapitiya	0	0	0	0
	Hambantota	14	9	8	0
	Mahamodara	133	114	128	1
	Matara	19	13	13	32
	Tangalle	0	0	0	0
UVA Province	Badulla	0	0	0	0
	Mahiyanganaya	0	0	0	0
	Monaragala	6	7	7	0
Western Province	Avissawella	50	41	41	0
	Colombo	338	248	154	14
	Gampaha	48	38	25	1
	Homagama	1	0	0	0
	Kalubowila	319	313	306	3
	Kalutara	46	23	22	11
	Negombo	61	54	51	3
	Panadura	18	18	18	7
	Ragama	51	18	12	0
	Wathupitiwala	11	22	20	0

14. Condom and lubricants distribution 2021-2023							
Province	Clinic	2021		2022		2023	
		Number of condoms	Number of lubricants	Number of condoms	Number of lubricants	Number of condoms	Number of lubricants
Central Province	Dambulla	4,864	-	5,180	170	2,604	70
	Kandy	4,015	360	3,468	10	62,342	10,200
	Matale	44,652	720	49,333	1,180	37,365	1,269
	Nawalapitiya	2,182	-	3,824	-	-	-
	Nuwara Eliya	4,256	-	16,700	-	19,784	1,000
Eastern Province	Ampara	38,130	3,775	32,072	3,375	12,558	-
	Batticaloa	4,600	700	4,060	1,700	4,823	800
	Kalmunai	8,994	670	11,919	230	6,624	-
	Trincomalee	4,550	842	1,595	300	1,546	376
North Central province	Anuradhapura	30,576	4,080	55,779	3,620	111,166	19,100
	Polonnaruwa	53,380	-	60,264	80	73,521	800
North Western Province	Chilaw	14,523	2,735	41,797	17,460	23,832	7,900
	Kuliyapitiya	1,308	450	4,764	594	1,804	150
	Kurunegala	54,778	10,181	70,115	21,819	57,381	11,600
	Puttalam	5,304	90	27,280	5,940	3,152	1,940
Northern Province	Jaffna	9,889	1,295	44,689	10,249	44,053	18,486
	Kilinochchi	5,000	-	3,300	1,500	6,100	100
	Mannar	1,500	-	1,550	2,000	3,744	244
	Mullaitivu	2,172	200	1,200	700	1,600	100
	Vavuniya	4,320	800	7,344	400	3,206	100
Sabaragamuwa Province	Embilipitiya	1,336	110	420	370	2,282	660
	Kegalle	16,804	2,500	30,324	5,000	28,235	10,070
	Ratnapura	13,680	150	16,835	1,400	14,056	3,000
Southern Province	Balapitiya	10,800	800	30,816	1,800	4,588	-
	Hambantota	48,069	11,100	59,333	19,075	37,666	12,075
	Mahamodara	80,490	11,180	120,921	15,190	121,995	11,712
	Matara	79,196	5,358	46,807	4,656	25,851	5,805
	Tangalle	205	73	189	24	271	72
UVA Province	Badulla	43,867	-	26,816	135	36,438	1,719
	Mahiyanganaya	11,751	800	18,603	800	5,556	300
	Monaragala	5,038	305	7,712	595	8,683	190
Western Province	Avissawella	2,078	173	1,990	195	2,041	185
	Colombo	36,196	7,400	54,449	19,817	18,484	21,300
	Gampaha	6,580	365	7,713	660	5,254	645
	Homagama	-	-	544	-	560	-
	Kalubowila	26,977	7,665	28,368	5,960	35,428	4,282
	Kalutara	12,368	4,850	41,304	5,970	15,690	6,600
	Negombo	11,607	200	21,096	3,632	8,918	3,338
	Panadura	614	2	1,783	625	555	620
	Ragama	4,058	260	6,427	690	8,169	2,365
	Wathupitiwala	779	486	7,803	425	8,074	449

15. HIV Testing and Counselling for Key populations-2023 -1							
Province	Clinics	Sex Workers		MSM		Transgender	
		Total tested for HIV by STD outreach <25 y	Total tested for HIV by STD outreach >=25 y	Total tested for HIV by STD outreach <25 y	Total tested for HIV by STD outreach >=25 y	Total tested for HIV by STD outreach <25 y	Total tested for HIV by STD outreach >=25 y
Central Province	Dambulla	0	0	0	0	0	0
	Kandy	40	60	25	54	0	0
	Matale	17	161	7	14	0	0
	Nuwara Eliya	2	7	8	5	0	0
Eastern Province	Ampara	2	3	5	6	0	0
	Batticaloa	0	13	0	0	0	0
	Kalmunai	0	0	2	9	0	0
	Trincomalee	3	1	5	4	0	0
North Central province	Anuradhapura	44	158	14	30	1	0
	Polonnaruwa	1	42	7	20	0	0
North Western Province	Chilaw	2	41	11	23	0	0
	Kuliyapitiya	0	1	0	3	0	0
	Kurunegala	0	36	0	4	0	0
	Puttalam	0	19	0	0	0	0
Northern Province	Jaffna	0	0	35	50	0	4
	Kilinochchi	0	0	0	0	0	0
	Mannar	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0
	Vavuniya	1	14	8	10	0	0
Sabaragamuwa Province	Embilipitiya	0	4	10	4	0	0
	Kegalle	42	29	164	87	0	0
	Ratnapura	1	5	1	3	0	0
Southern Province	Balapitiya	0	33	17	23	0	0
	Hambantota	6	45	32	65	0	0
	Mahamodara	0	9	46	86	0	0
	Matara	91	44	10	16	0	0
	Tangalle	0	0	4	3	0	0
UVA Province	Badulla	33	56	4	2	0	0
	Mahiyanganaya	11	18	0	0	0	0
	Monaragala	2	16	1	16	0	0
Western Province	Avissawella	7	38	8	22	0	0
	Colombo	153	936	543	1773	8	41
	Gampaha	37	134	91	206	1	2
	Homagama	1	1	3	3	0	0
	Kalubowila	55	465	97	204	0	12
	Kalutara	6	30	9	40	0	0
	Negombo	14	120	31	71	2	3
	Panadura	1	4	14	13	0	0
	Ragama	9	95	43	117	12	20
	Wathupitiwala	0	0	5	10	0	0

16. Cont., HIV Testing and Counselling for Key populations-2023-2									
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 Province	Dambulla	-	-	-	-	-	-	-	-
	Kandy	-	-	-	-	94	588	-	-
	Matale	-	-	1	1	-	-	11	257
	Nuwara Eliya	-	-	-	-	-	-	-	-
Eastern Province	Ampara	-	-	-	1	-	-	-	-
	Batticaloa	-	-	-	-	106	358	-	-
	Kalmunai	-	-	-	-	-	-	-	-
	Trincomalee	-	-	-	1	3	8	-	-
North Central province	Anuradhapura	-	-	-	-	167	857	70	143
	Polonnaruwa	-	-	1	8	148	979	-	-
North Western Province	Chilaw	10	27	-	-	-	-	-	-
	Kuliyapitiya	-	-	-	-	-	-	-	-
	Kurunegala	-	-	-	-	30	373	-	-
	Puttalam	56	34	-	-	-	-	-	-
Northern Province	Jaffna	-	-	49	56	132	158	-	-
	Kilinochchi	-	-	-	-	-	-	-	-
	Mannar	-	-	-	-	-	-	-	-
	Mullaitivu	-	-	-	-	-	-	-	-
	Vavuniya	-	-	103	-	126	316	-	-
Sabaragamuwa Province	Embilipitiya	-	-	-	-	8	82	-	10
	Kegalle	-	-	-	-	443	621	155	144
	Ratnapura	-	-	-	-	749	679	4	8
Southern Province	Balapitiya	16	40	-	-	-	-	-	-
	Hambantota	-	-	7	31	195	1,071	331	1,282
	Mahamodara	2	19	1	-	144	815	200	438
	Matara	70	26	-	-	114	528	10	127
	Tangalle	-	-	-	-	10	9	-	-
UVA Province	Badulla	-	-	85	28	523	679	-	-
	Mahiyanganaya	-	-	-	-	-	-	-	-
	Monaragala	-	-	-	-	133	945	41	136
Western Province	Avissawella	-	-	4	2	-	-	1	8
	Colombo	-	-	23	205	515	3,461	26	503
	Gampaha	-	-	15	29	-	-	-	-
	Homagama	-	-	4	4	-	-	-	-
	Kalubowila	-	-	-	103	13	161	629	1,888
	Kalutara	1	4	14	46	296	1,392	36	196
	Negombo	55	146	1	26	104	815	36	140
	Panadura	-	-	40	175	-	-	-	-
	Ragama	-	-	-	1	277	897	-	-
	Wathupitiwala	-	-	44	55	2	133	8	-

17. Details of the awareness programmes conducted by STD clinics in 2023							
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	105	4,285	-	-	-	-
	Kandy	298	9,115	1	600	1	36
	Matale	68	5,246	1	150	-	-
	Nuwara Eliya	92	7,095	-	-	-	-
Eastern Province	Ampara	17	974	-	-	-	-
	Batticaloa	123	4,402	-	-	-	-
	Kalmunai	31	1,926	-	-	2	49
	Trincomalee	28	2,517	-	-	-	-
North Central province	Anuradhapura	50	2,974	-	-	10	480
	Polonnaruwa	58	8,032	-	-	1	30
North Western Province	Chilaw	75	4,703	1	760	-	-
	Kuliyapitiya	15	1,020	-	-	3	158
	Kurunegala	111	16,295	1	250	-	-
	Puttalam	14	652	-	-	-	-
Northern Province	Jaffna	37	1,630	-	-	2	70
	Kilinochchi	10	1,200	-	-	-	-
	Mannar	18	650	-	-	5	169
	Mullaitivu	10	320	-	-	-	-
	Vavuniya	92	2,941	-	-	2	80
Sabaragamuwa Province	Embilipitiya	7	440	-	-	-	-
	Kegalle	50	3,752	-	-	18	433
	Ratnapura	22	4,418	3	2,600	1	40
Southern Province	Balapitiya	15	1,669	-	-	-	-
	Hambantota	44	3,853	1	50	8	367
	Mahamodara	32	1,085	-	-	1	20
	Matara	15	1,222	6	120	-	-
	Tangalle	13	699	-	-	-	-
UVA Province	Badulla	182	12,327	-	-	3	278
	Mahiyanganaya	18	1,181	-	-	-	-
	Monaragala	171	8,630	-	-	-	-
Western Province	Avissawella	7	470	-	-	-	-
	Colombo	17	1,755	4	5,050	9	242
	Gampaha	12	7,050	1	3,000	3	185
	Homagama	4	537	-	-	-	-
	Kalubowila	62	858	-	-	6	246
	Kalutara	39	4,885	-	-	1	28
	Negombo	15	2,115	-	-	3	374
	Panadura	10	393	-	-	3	74
	Ragama	10	1,195	-	-	1	35
	Wathupitiwala	17	3,290	-	-	-	-

For more information, contact

National STD/AIDS Control Programme

29, De Saram Place , Colombo 10. Sri Lanka.

Email : infonsacpsim@gmail.com

Website : https://www.aidscontrol.gov.lk

ISSN 2345-9018