National STD/AIDS
Control Programme
SRI LANKA

Annual Report 2020

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

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Foreword

The Annual report of NSACP is a reliable source of reference to both programmatic and clinical services provided by the National STD/AIDS Control Programme including its islandwide network of STD clinics and other stakeholders. Publication of this Annual report would not have been possible without the continuous support from the staff in STD and HIV clinics throughout the year.

Sri Lanka has taken the challenge of achieving ending AIDS along with global partners. As the pioneer government institution responsible for the national response to HIV in Sri Lanka, National STD/AIDS Control Programme provides the leadership and decisions to guide to reach this goal.

NSACP has taken important steps towards achieving national and international goals. The country has achieved the WHO certification for the Elimination of Mother to Child Transmission (EMTCT) of HIV and syphilis. National STD/AIDS Control Programme (NSACP) further scaled up the roll out of its electronic medical record system named Electronic Information Management System (EIMS) during 2020. In addition, a new software named Prevention Information Management System (PIMS) is being developed to monitor the HIV prevention programme which is done in collaboration with the non-governmental stakeholders.

However, COVID-19 pandemic negatively affected most of the community based HIV prevention interventions especially community based testing and condom promotion programme in the country.

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

Dr. Rasanjalee Hettiarachchi

Director, National STD/AIDS Control Programme,

Ministry of Health.

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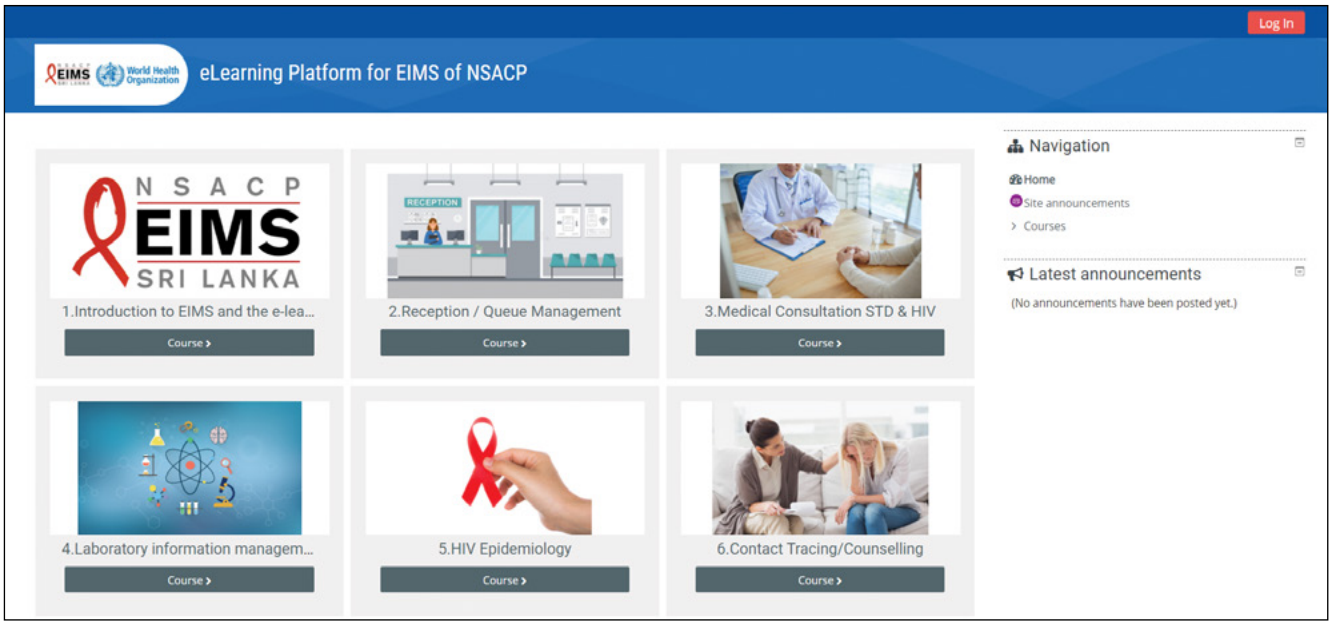
Abbreviations

ABC	abacavir
ABST	antibiotic susceptibility test
AEM	AIDS Epidemic Model
AIDS	Acquired Immune Deficiency Syndrome
ANC	antenatal clinic
ART	antiretroviral treatment
ARV	antiretroviral drugs
AZT	zidovudine
BB	Beach boys
BCC	Behaviour Change Communication
BH	Base Hospital
CD4	Cluster of differentiation
CDC	Center for Disease Control
CIN	cervical intraepithelial neoplasia
CMV	Cytomegalovirus
CSHW	Castle Street Hospital for Women
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
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
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
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	non-governmental organization
NGU	non-gonococcal urethritis
NIID	National Institute of Infectious Diseases (IDH)
NRL	National Reference Laboratory
NRTI	nucleoside reverse transcriptase inhibitor
NSACP	National STD/AIDS Control Programme
NS	Nursing student
NSP	National strategic plan
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 HIV
PMTCT	Prevention of mother to child transmission
PI	protease inhibitor
PICT	provider initiated counselling and testing
PSE	population size estimation
PWID	people who inject drugs
RAL	raltegravir
RDHS	Regional Director of Health Services
SGOT	serum glutamic oxaloacetic transaminase
SGPT	serum glutamic pyruvic transaminase
SOP	standard operational procedures
SRH	sexual and reproductive health
STD	sexually transmitted diseases
STI	sexually transmitted infections
TA	technical assistance
TB	tuberculosis
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

https://know4sure.lk/

http://eims.nsacp.headstartcloud.com/



Introduction to National STD/AIDS Control Programme

Introduction to National STD/AIDS Control Programme

The National STD/AIDS Control Programme (NSACP) of the Ministry of Health is responsible for coordinating the national response to HIV and sexually transmitted infections in Sri Lanka in collaboration with many national and international stakeholders. Administrative, clinical and laboratory sections of the NSACP are situated at No. 29, De Saram Place, Colombo 10. Units of the NSACP that are responsible for Strategic Information Management, Multi-sectoral collaboration and GFATM project implementation are located at No. 26, Ministry of Health Sub-office, Medi house building, Sri Sangaraja Mawatha, Colombo 10.

NSACP networks with 41 district STD clinics providing full time service delivery. Of these, 29 STD clinics provide antiretroviral treatment (ART). The only other ART facility in the country is situated in the National Institute of Infectious Diseases (NIID), Angoda. Altogether there are 30 ART facilities in Sri Lanka.

Vision

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

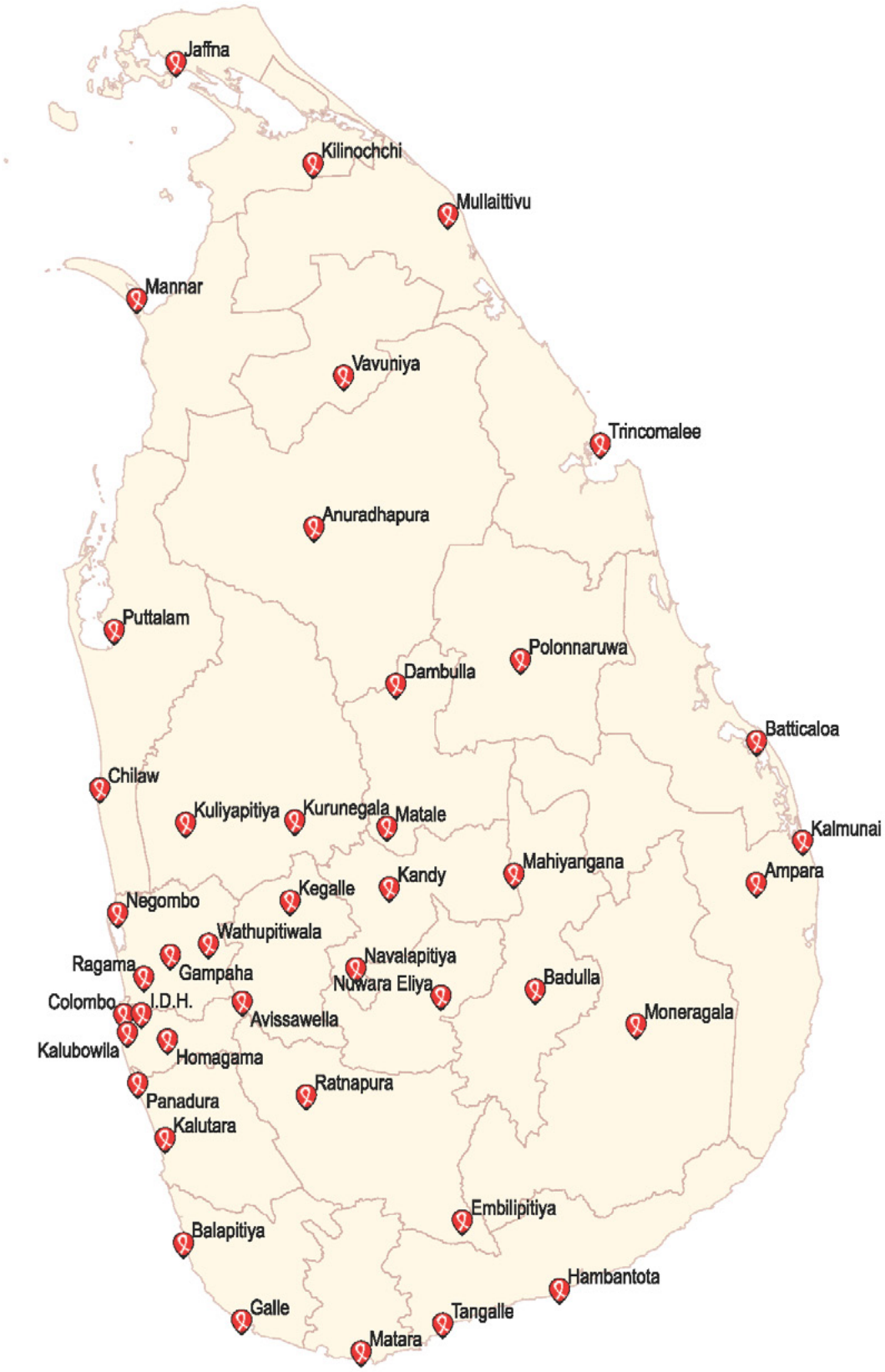
Mission

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

Administratively NSACP comes directly under the Ministry of Health while most of the district STD clinics come under the administration of provincial health authorities. NSACP is responsible for training of staff, development of guidelines, preparation of strategic plans, generation of strategic information, procurement of antiretrovirals/other health products and management of grants such as Global Fund in collaboration with district STD clinics.

NSACP provides preventive, clinical and laboratory services for key populations as well as for the general population. National and district level strategic information management and surveillance are other important activities carried out by NSACP. In addition, it supports the National Institute of Infectious Diseases (NIID) of Sri Lanka to provide clinical care for people living with HIV. Though 2020 was a challenging year amidst the COVID-19 pandemic, staff of NSACP have taken all possible measures to serve the clients and provide prevention services.

STD clinics* of National STD/AIDS Control Programme, 2020



* also included NIID (IDH)

National programme area coordinators of NSACP

National Programme area		Name of the coordinator
Advocacy, IEC, condom promotion and STI care	-	Dr. Chandrika Jayakody (Consultant Venereologist)
Global Fund project implementation	-	Dr. Sathya Herath (Consultant Community Physician)
HIV care and EMTCT programme	-	Dr. Lilani Rajapakse (Consultant Venereologist)
HIV epidemiology and KP programme	-	Dr. S. Beneragama (Consultant Community Physician)
HIV testing	-	Dr. Geethani Samaraweera (Consultant Venereologist)
Laboratory services	-	Dr. Jayanthi Elwitigala (Consultant Microbiologist)
Multisectoral collaboration	-	Dr. Janaka Weragoda[1] (Consultant Community Physician)
Programme management	-	Dr. Rasanjalee Hettiarachchi (Director/NSACP)
Strategic information management	-	Dr. Ariyaratne Manathunge (Consultant Venereologist)
Training and capacity building	-	Dr. Himali Perera (Consultant Venereologist)

The director and the Senior Management Team (SMT) of NSACP regularly discuss issues and take necessary policy decisions and actions based on the National HIV/STI Strategic Plan, 2018-2022.

Senior management team of NSACP

Sitting left to right - Dr. Lilani Rajapaksa, Dr. Rasanjalee Hettiarachchi, Dr. Ariyaratne Manathunge

Standing left to right - Dr. Hemantha Weerasinghe, Dr. Chandrika Jayakody, Dr. Geethani Samaraweera, Dr. Sriyakanthi Beneragama, Dr. Himali Perera, Dr. Sathya Herath, Dr. S. Muraliharan, Vijitha Raveendra, R. Kahaduwaarachchi, Matron Kumari Rajakaruna

Absent - Dr. Jayanthi Elwitigala, Dr. Janaka Weragoda[1]

[1] since May 2021

Status of the HIV Epidemic

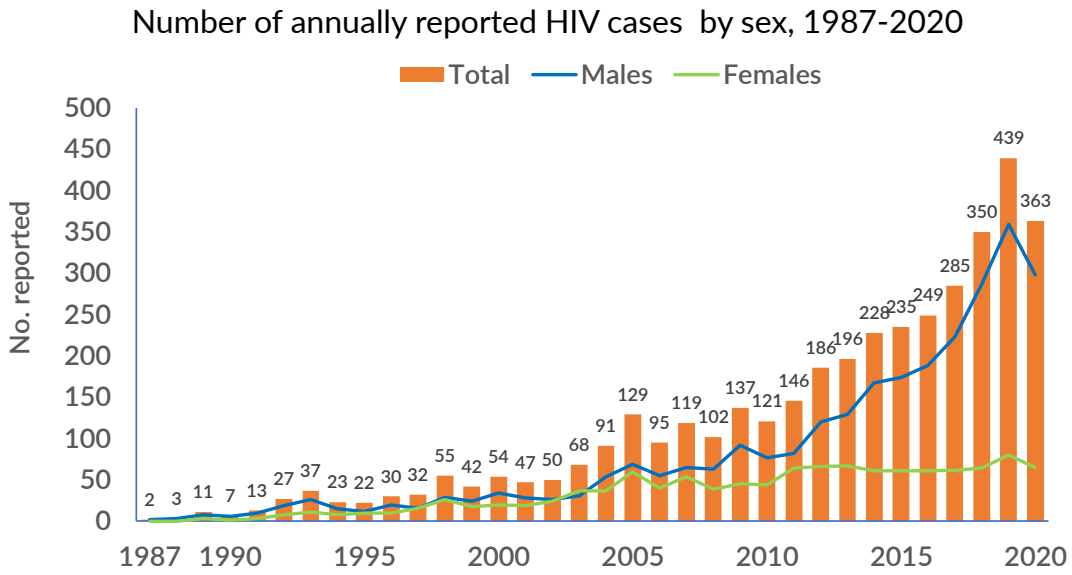
Status of the HIV epidemic 2020

Ariyaratne Manathunge[1]

A cumulative total of 3,993 HIV cases has been reported in Sri Lanka between 1987 and 2020. There were 1,381 deaths among all diagnosed HIV cases during the same period. Therefore, the number of people living with HIV and who know the HIV status as of end 2020 is 2,612. The latest 2021 HIV estimates indicate that there were estimated 3,700 people living with HIV in 2020 and thus, the percentage of people living with HIV who know their HIV status is estimated to be 70%.

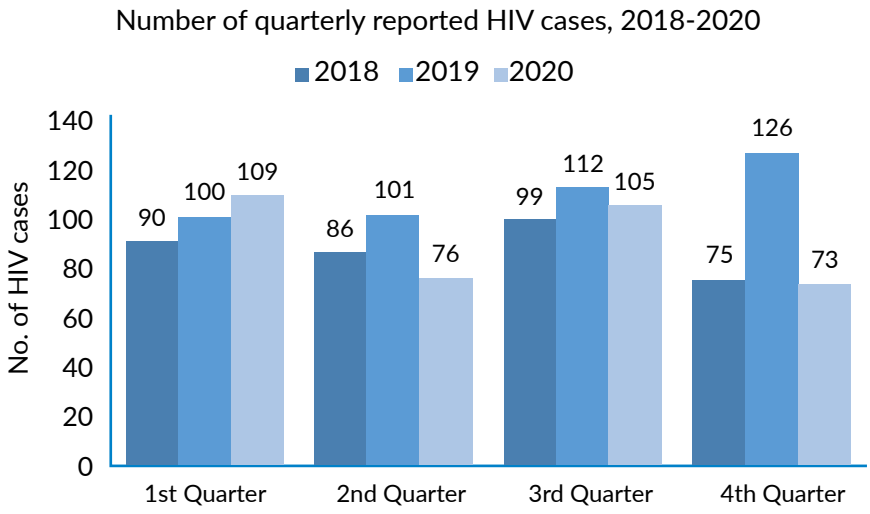
Trend of annually reported HIV cases, 1987-2020

During 2020, COVID-19 pandemic affected all HIV services including HIV testing. Number of HIV cases reported during 2020 has declined by 17% compared to 2019. As shown in the graph below, a higher drop was noticed in male HIV cases.



Trends of quarterly reported HIV cases during 2018-2020

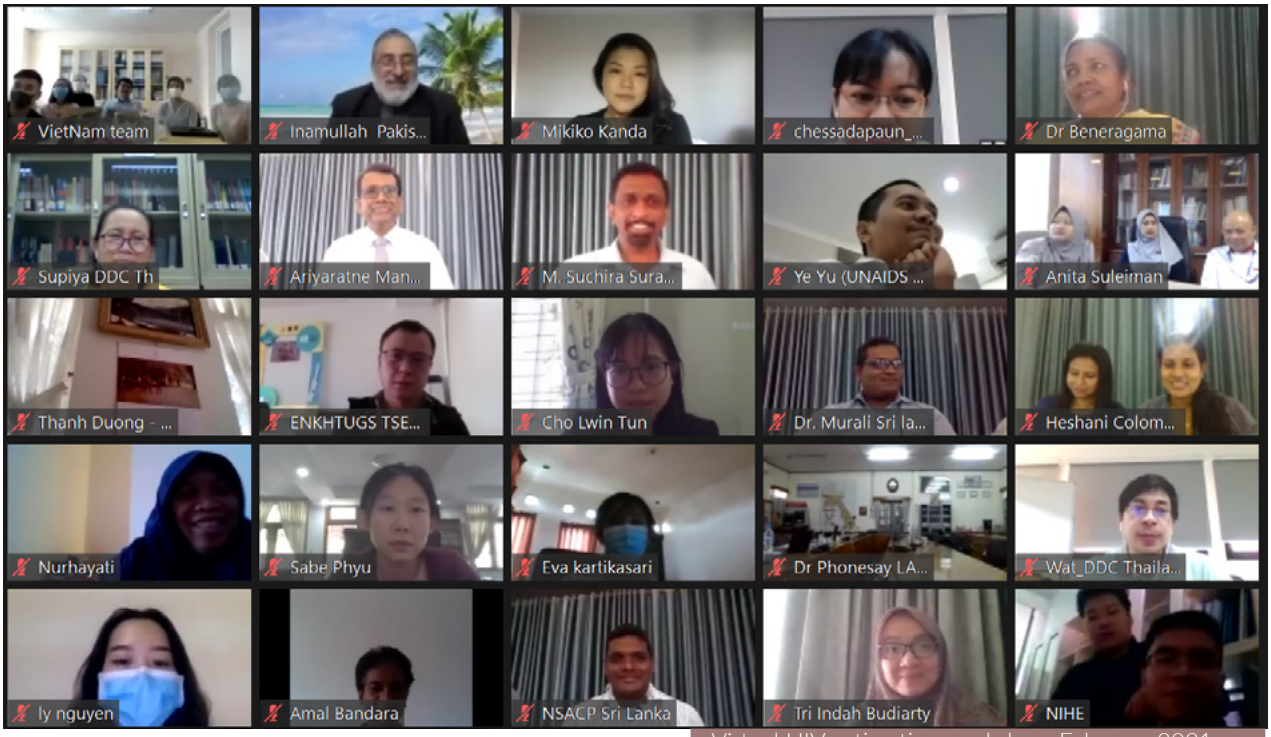
Below diagram shows the quarterly reported HIV cases during the last three years. Restrictions of the first wave of COVID-19 pandemic in Sri Lanka were started during the 2nd quarter of 2020. The second wave of COVID-19 pandemic started in October 2020. Number of reported HIV cases were mostly affected during the 2nd and 4th quarter of 2020 compared to the previous year.



Acknowledgement: Sriyakanthi Beneragama[2], Anurudhha Karunaratne[3], Chathrini Gajaweera[4]

[1] Consultant Venereologist, [2] Consultant community physician, [3] Acting Venereologist, [4]Medical officer

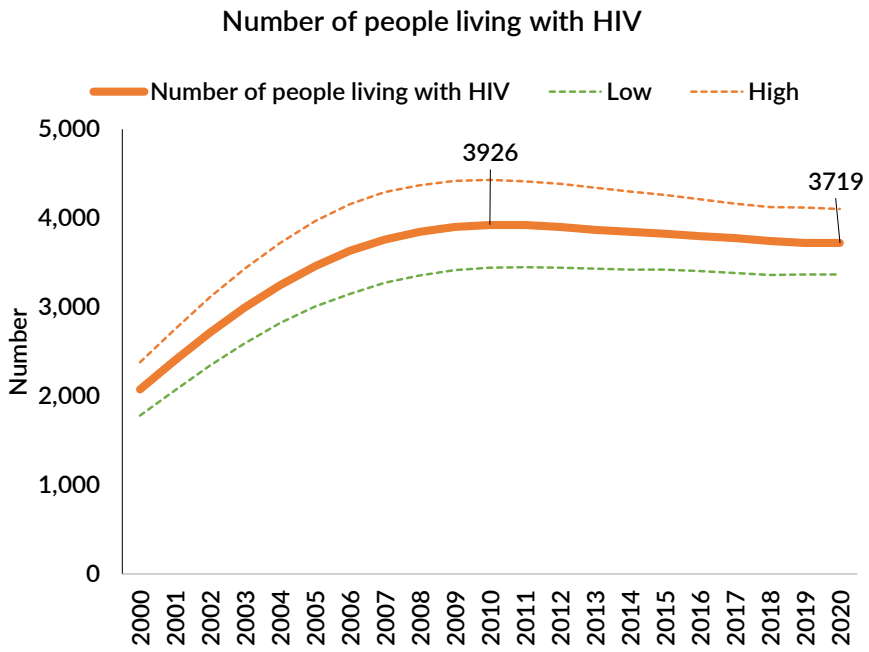
The HIV estimation exercise was conducted in early 2021 as a virtual meeting with the technical support of UNAIDS. During this workshop, the latest versions of AIDS Epidemic Model (AEM) and Spectrum files were used to estimate people living with HIV in 2020. A technical working group of 18 members from the National STD/AIDS control programme, Family Planning Association and Global Fund participated from Sri Lanka.



Virtual HIV estimation workshop, February 2021

Trend of the estimated number of people living with HIV, 2000-2020

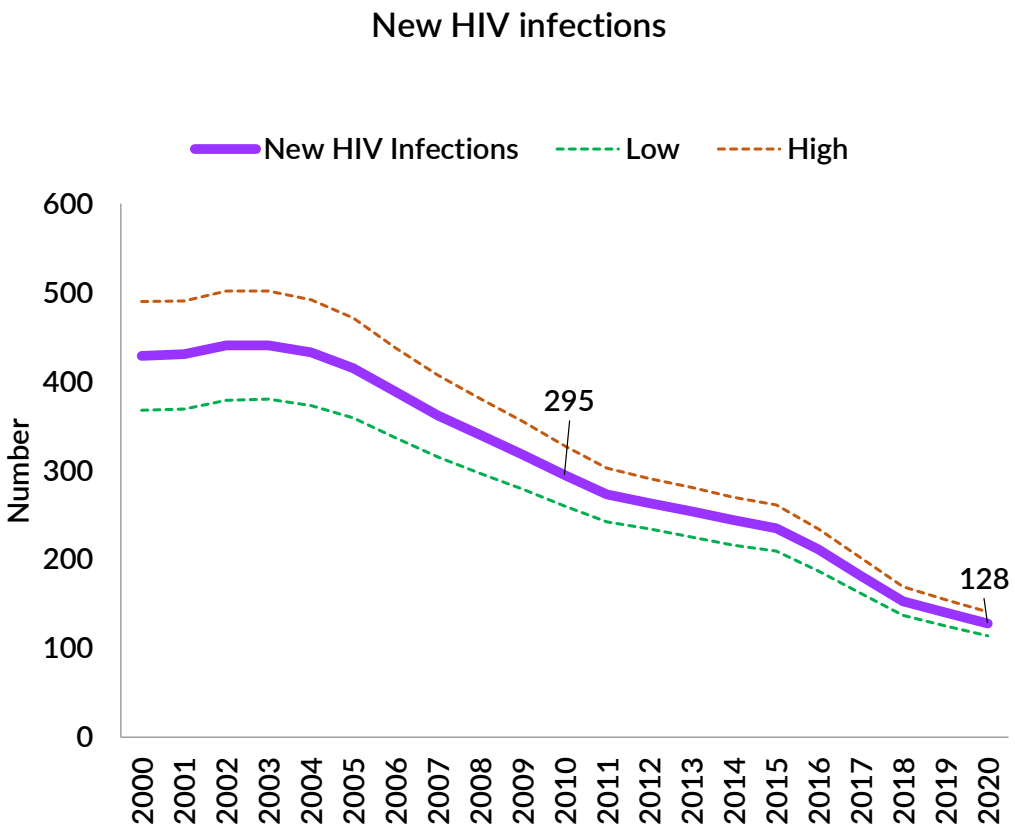
Below graph shows the trend of estimated people living with HIV since 2000. It is estimated that there are 3,700 (3,400 - 4,100) people living with HIV in 2020. There has been no significant change in the number since 2010 which is considered as the reference year for comparison purposes.



Trend of estimated new HIV infections, 2000-2020

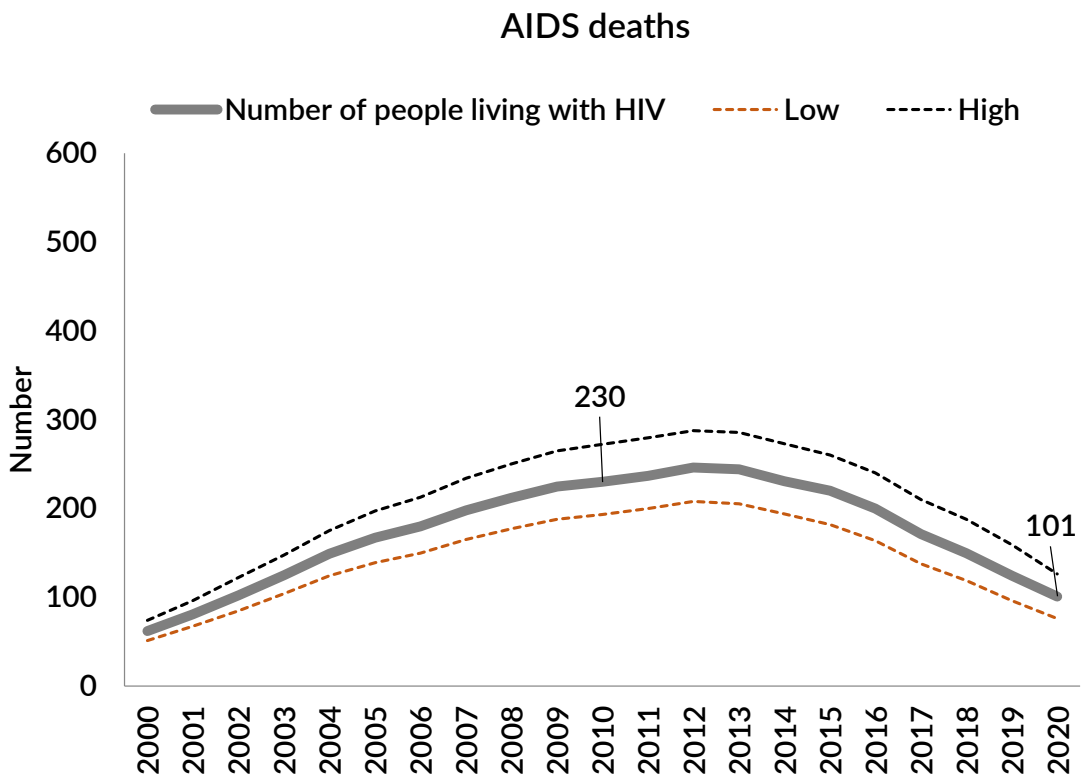
The trends of new HIV infections from 2000 to 2020 is given below. The high and low estimates are represented by the dotted lines. HIV infections that occur during the same year are considered as new HIV infections. Newly reported HIV diagnoses consist of both new HIV infections and those that occurred several years prior to diagnosis.

As part of the measurement towards the Ending AIDS target by 2030, 2010 is considered as the baseline year in global recommendations and guidelines. Ending the AIDS epidemic as a public health threat by 2030 requires countries to reduce new HIV infections and AIDS-related deaths by 90% between 2010 and 2030. By 2020, Sri Lanka showed a 57% reduction of new HIV infections compared to 2010 baseline.



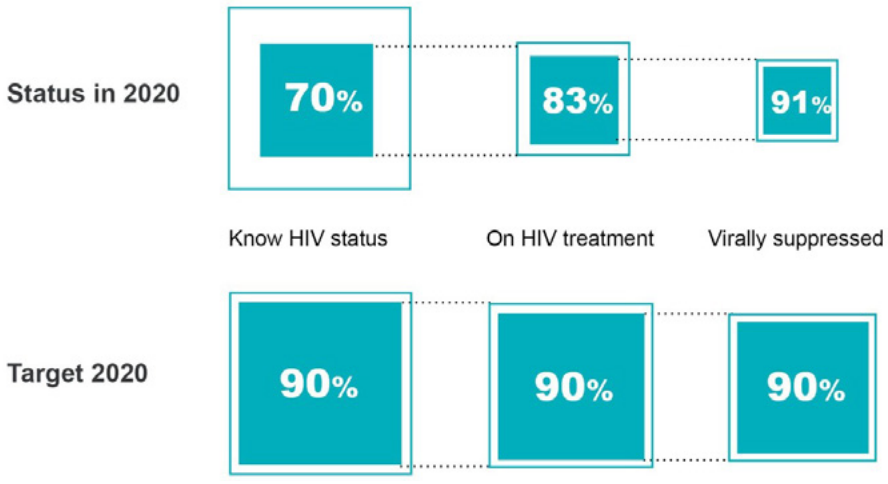
Trend of estimated AIDS deaths, 2000-2020

Below graph shows the estimated AIDS deaths from 2000 to 2020. It estimated that there were 100 AIDS deaths in 2020, and this was a 56-percent reduction from the AIDS deaths in 2010.



Status of 90-90-90 targets in 2020

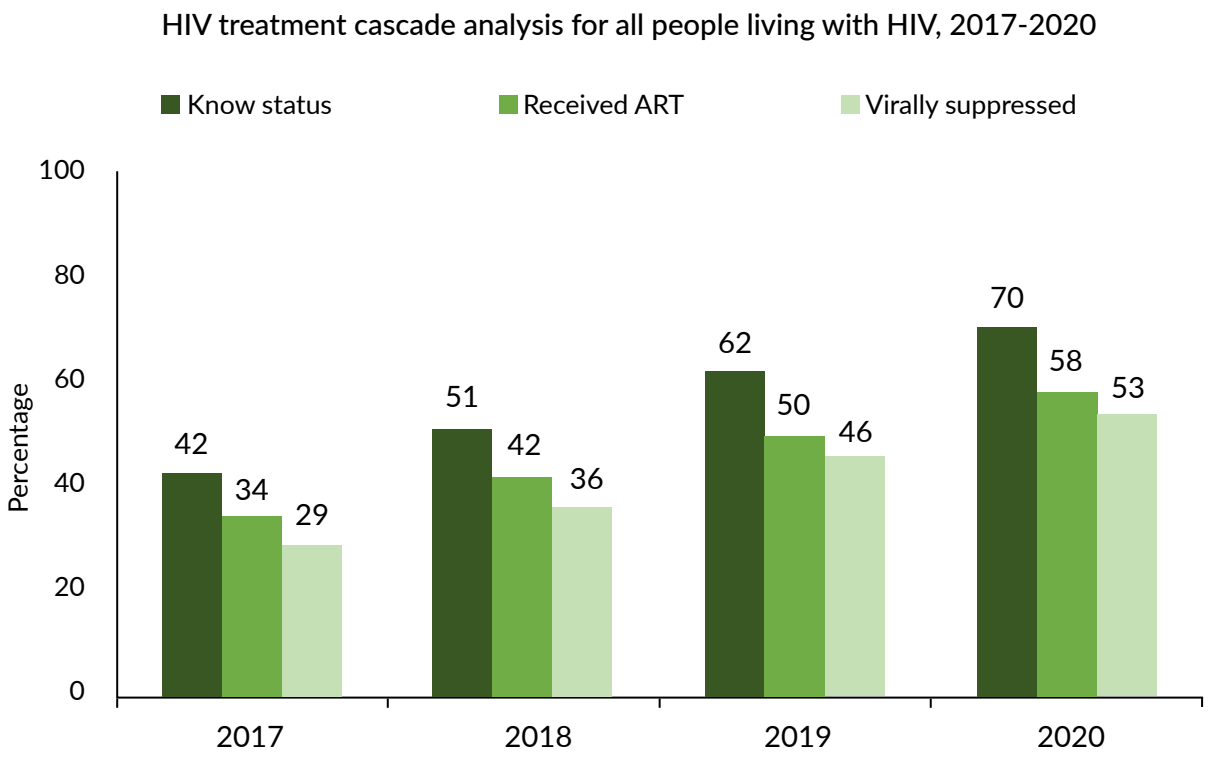
Below figure illustrates the status of the 90-90-90 targets proposed by UNAIDS to be achieved by 2020. i.e. 90% of people living with HIV "know their HIV status", of these 90% should be "on antiretroviral treatment" and of these 90% should achieve "viral suppression." Of these, Sri Lanka achieved only the 3rd 90% by 2020. There is a 20% gap in HIV diagnosis. To achieve this by overcoming the changes posed by COVID-19 pandemic, new strategies need to be adopted and scaled up across the continuum of prevention, testing and treatment cascade in Sri Lanka. The work is in progress for scaling up of virtual key population outreaching and initiation of HIV self-testing in Sri Lanka. To improve the treatment coverage and close the service gap, guidelines will be updated to early initiation of antiretroviral treatment.



HIV treatment cascade analysis 2017-2020 for all people living with HIV

Below chart depicts the HIV treatment cascade analysis during the last four years. According to the latest HIV estimations, the average number of people living with HIV is 3,700 for all these 4 years with only a change of high and low estimated figures. These graphs are prepared taking 3,700 (100%) as the common denominator for all these years and for all the three indicators. i.e. known status, received ART and virally suppressed (less than 1,000 copies of HIV per millilitre of blood).

As shown in the chart below, the HIV diagnosis (know status) has improved from 42% to 70%. Further, received ART and viral suppression have improved from 34% - 58% and from 29% - 53% respectively over the last four years.

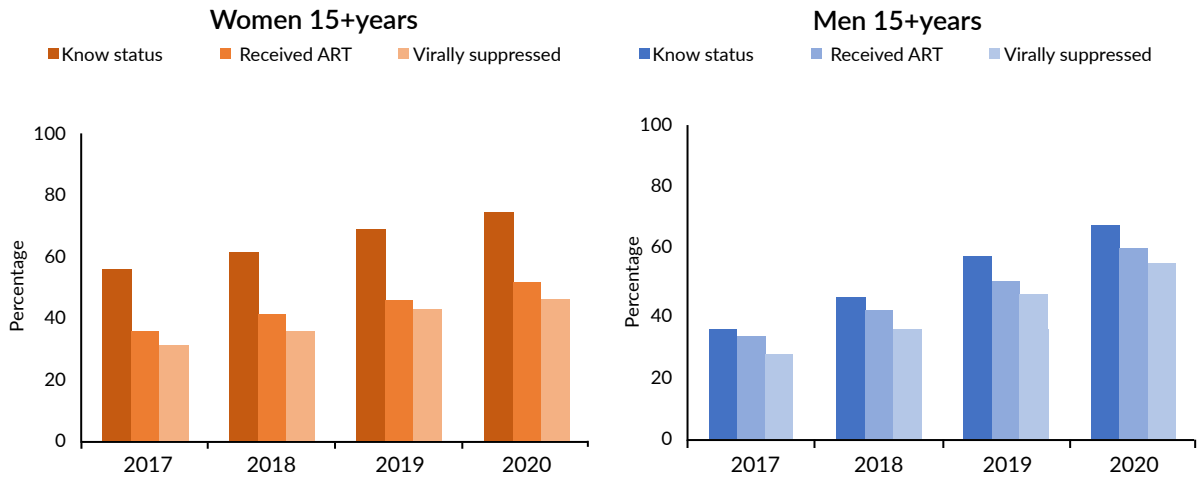


HIV treatment cascade analysis for adult women and adult men living with HIV, 2017-2020

Below charts show HIV treatment cascade analysis 2017-2020 for adult women and adult men living with HIV. According to the latest HIV estimates the number of adult women and men living with HIV is 1,100 and 2,600 respectively for all these 4 years with only a change of high and low estimated figures. All percentages have been calculated for these common denominators for women and men living with HIV. The numerators for all three indicators i.e., know status, received ART and viral suppression have been taken from the programmatic data reported to the SIM unit of NSACP.

The percentage of women who know their HIV status is higher than men (75% vs 68%). However, men perform better in the indicators 'receiving ART' and 'viral suppression' than women. Differences in HIV testing, accessibility to HIV services and treatment adherence could be possible reasons for the observed percentages in women and men.

HIV treatment cascade analysis 2017-2020 for adult women and men living with HIV



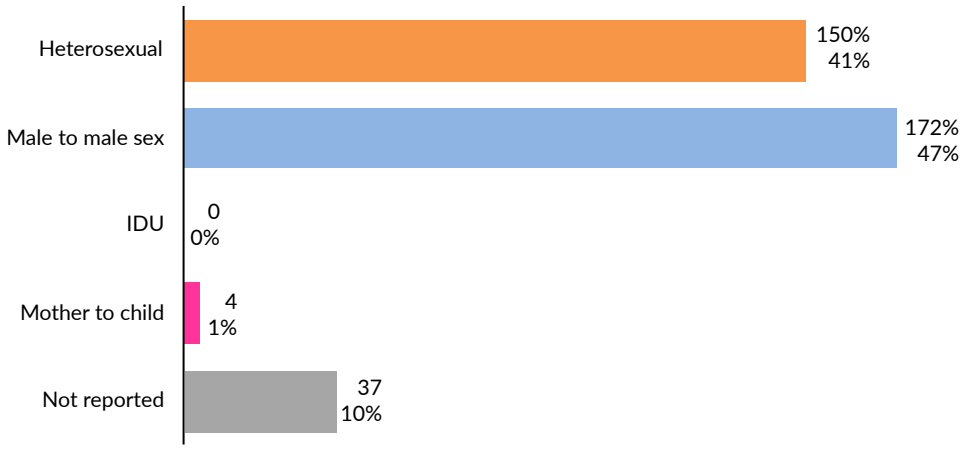
Female to Male ratio of reported HIV cases

There are more males among cumulatively reported HIV cases (female to male ratio 1:2.4). During recent years, the proportion of males was increasing further. In 2020, the female to male ratio was increased to 1:4.6.

Probable mode of HIV transmission in 2020

The probable mode of HIV transmission is collected during the initial diagnosis of all HIV infected persons. However, in 10% of the cases, this is not made available. As shown in the below diagram, highest proportion of HIV infections were seen among men who have sex with men. Four cases of mother-to-child transmission were among children who were born prior to 2018. There were no HIV infections due to injecting drug use among HIV cases reported during 2020.

Probable mode of HIV transmission among newly diagnosed cases in 2020

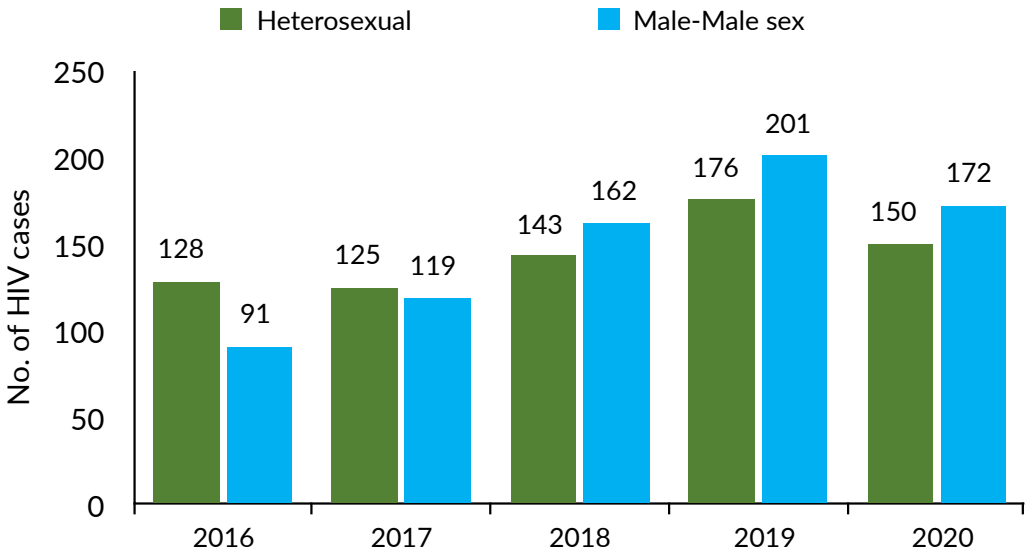


Total = 363; 100%

Trend of sexually acquired HIV cases, 2016-2020

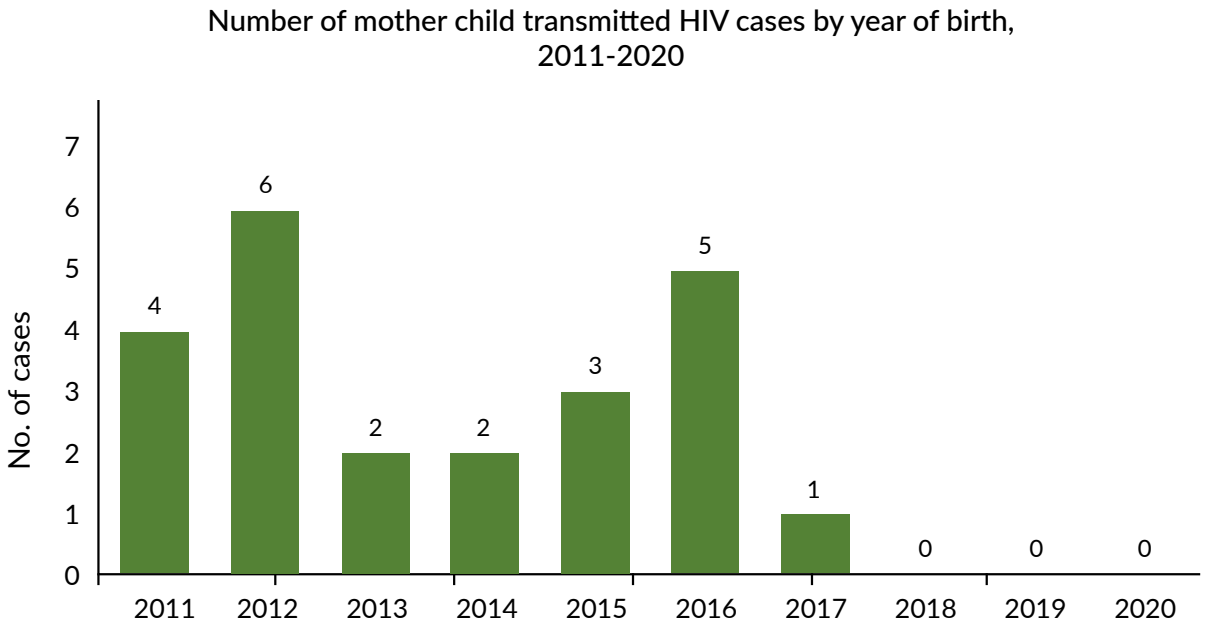
Below chart depicts the number of people reported according to the mode of sexual transmission. More numbers of male-to-male sexual transmission noted since 2018. During 2020, there are lower numbers reported in both categories most probably due to disruption of testing services following COVID-19 related restrictions.

Trend of reported sexually acquired HIV cases, 2016-2020



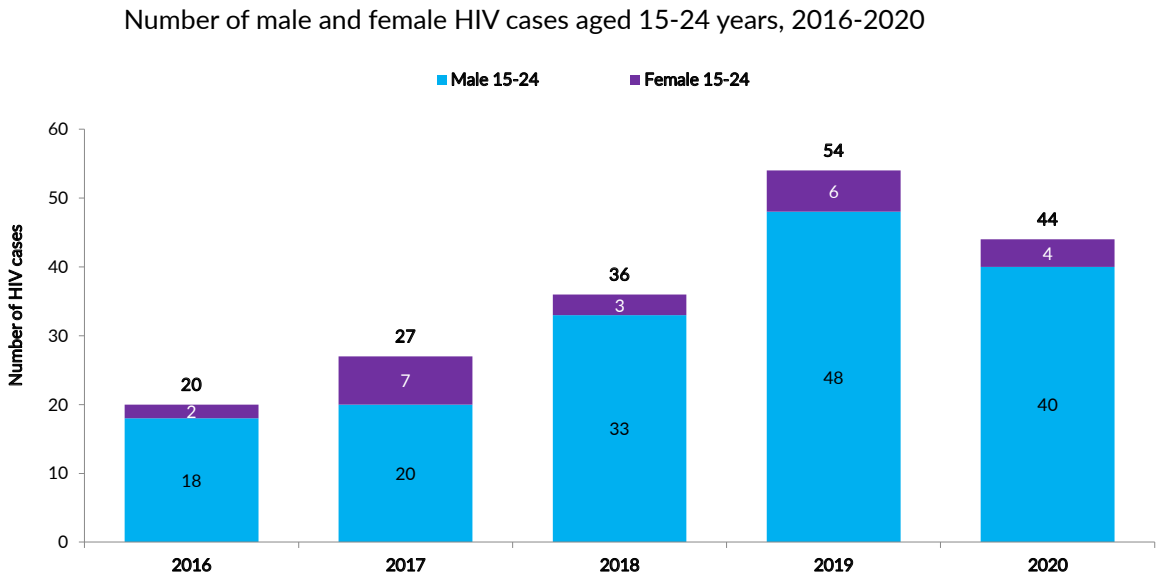
Mother to child transmission of HIV

Sri Lanka scaled up prevention of mother to child transmission of HIV and achieved WHO EMTCT validation certificate in 2019. Below diagram shows the number of mother-to-child transmitted HIV infections for the last 10 years according to the year of birth. During 2020, there were four children with HIV infection due to mother to child transmission. All these children were born prior to 2018.



Reported HIV cases among youth.

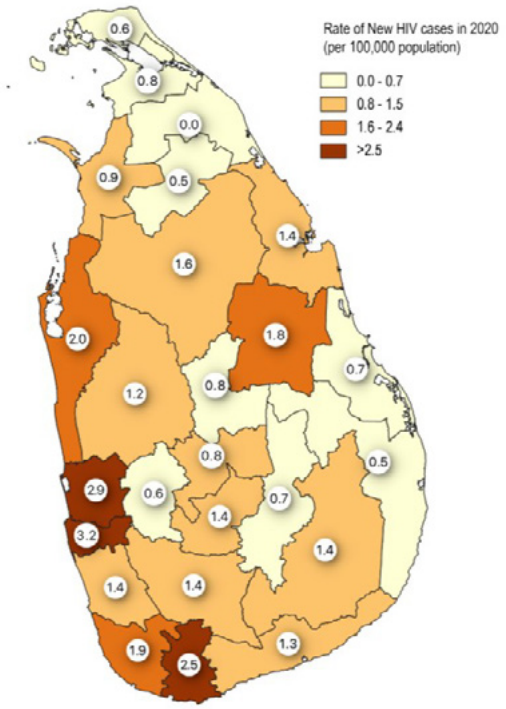
HIV diagnoses among youth (age 15-24 years) are more likely to represent recently acquired HIV infections or new HIV infections that occurred during the reported year. Below diagram shows gradual increase in numbers of youth during recent years until 2019. Even though the reported number of youths reduced in 2020 along with the reduction of overall number of cases, the percentages of young men and women remained almost the same compared to the previous year.



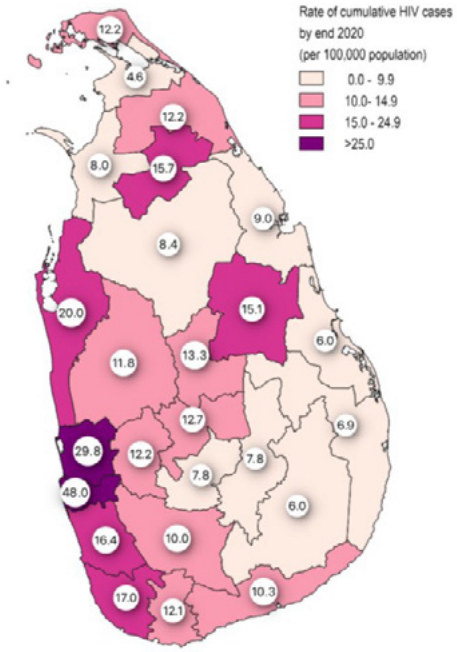
Rate of HIV cases per 100,000 population in 2020 and for cumulative cases from 1987-2020

Below maps show the reported HIV cases per 100,000 populations in each district. These rates for 2020 and cumulatively reported HIV cases were highest in Colombo and Gampaha districts. Puttalam, Galle and Polonnaruwa districts also showed higher rates in both 2020 rates as well as cumulatively reported rates. It should be noted that Matara became the district with the third highest HIV rate in 2020. The HIV rate in the district of Vavuniya showed a lower rate compared to the cumulative rate.

HIV case rate/100,000 population in 2020

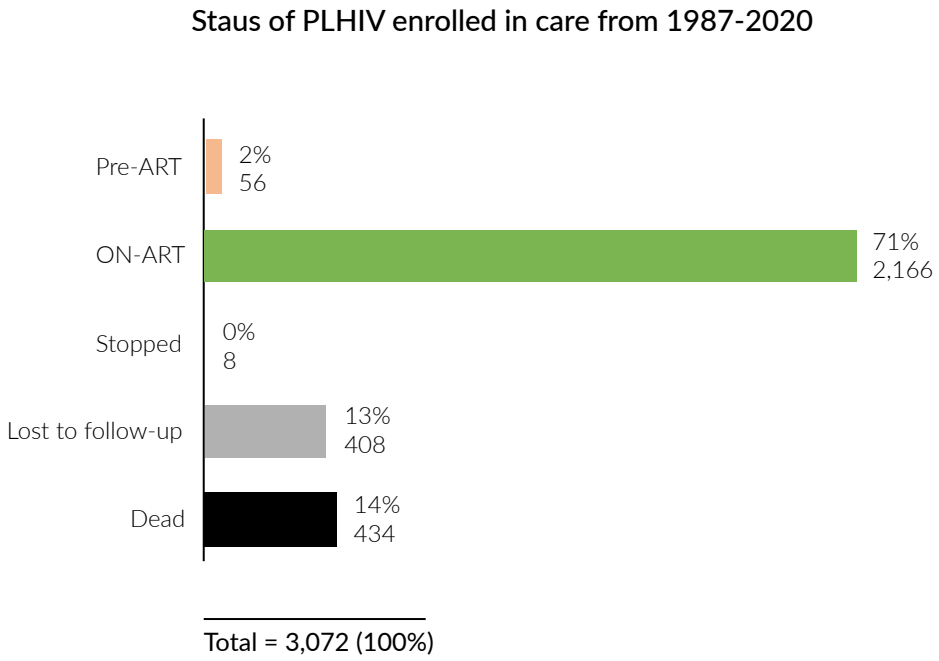


HIV case rate/100,000 population for cumulative numbers reported, 1987-2020



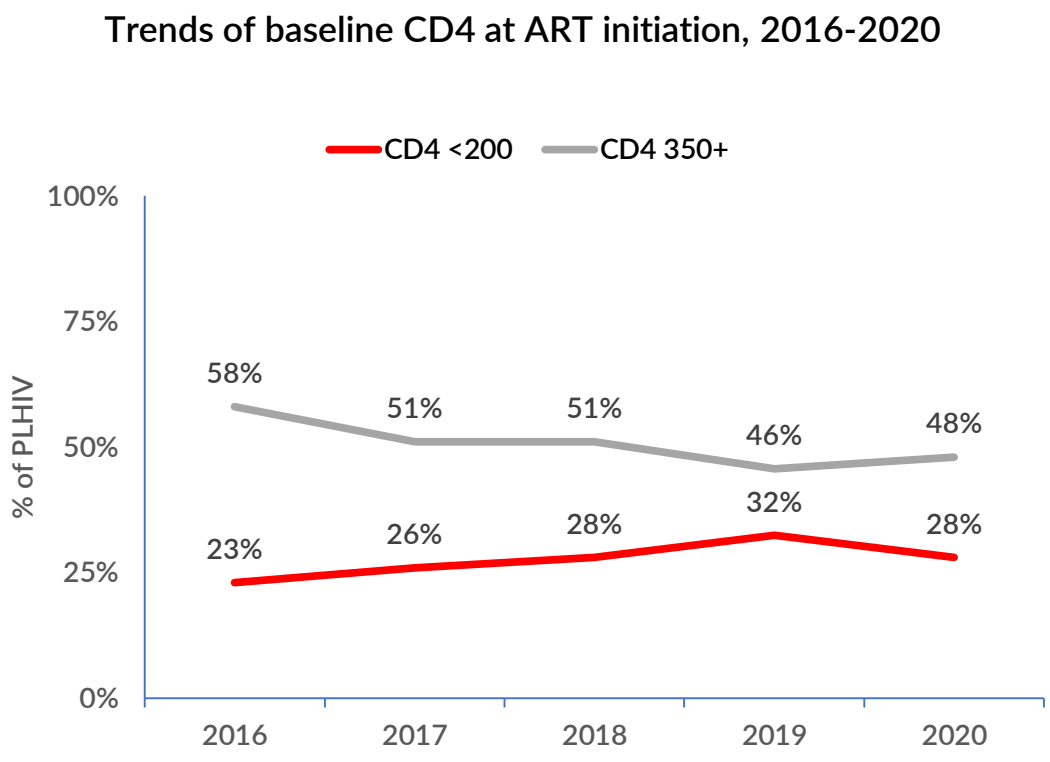
Summary of PLHIV enrolled in HIV care

The cumulative HIV cases diagnosed since 1987 up to the end of 2020 is 3,993. Of these 3,072 (77%) have been registered in the islandwide HIV clinics. Below diagram shows the outcome of these 3,072 HIV cases as of end 2020. “Stopped” indicates a temporary cessation of ART due to a medical reason such as severe adverse reaction. Cumulative percentages of lost to follow up and deaths have been 13% and 14%. It should be noted that some unreported deaths can be misclassified as “lost-to-follow up” cases. Loss-to-follow up is defined as the failure to attend a given appointment for 3 months.



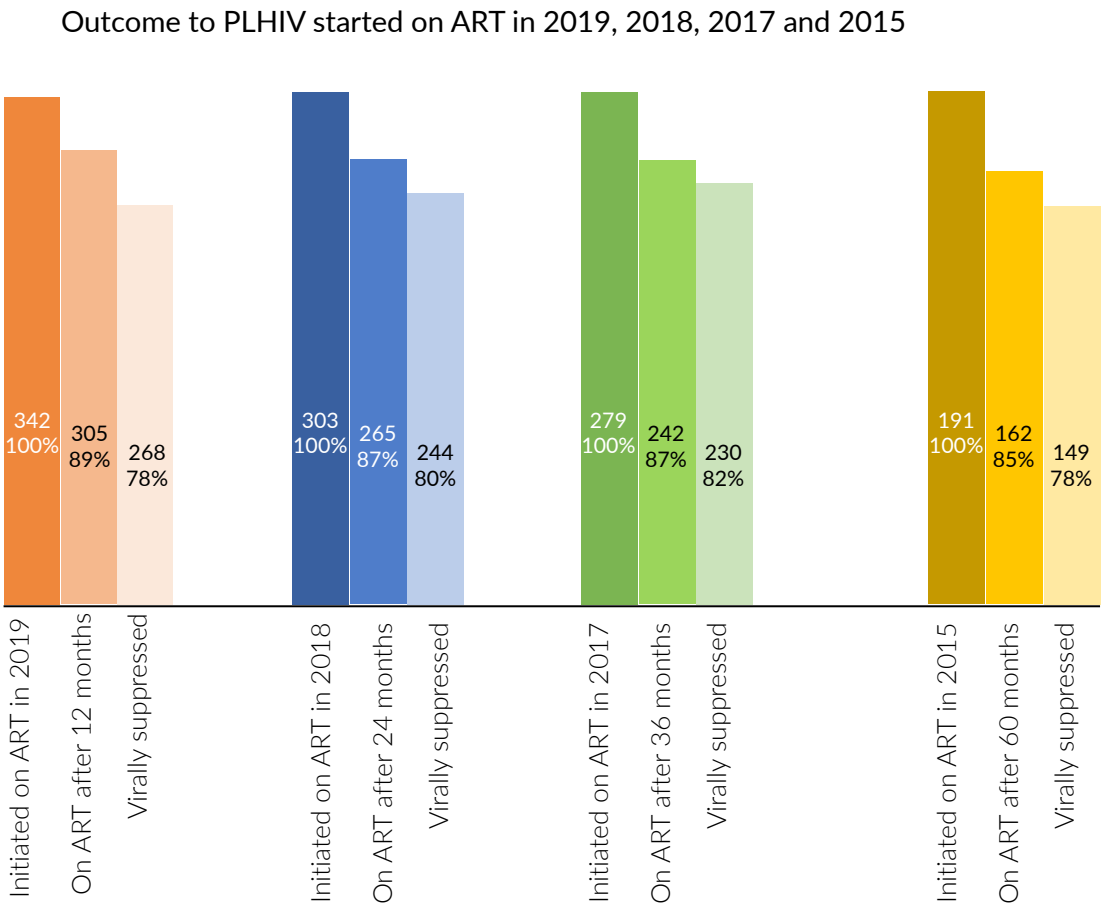
Trends of baseline CD4 at ART initiation, 2016-2020

People with low CD4 counts indicate late HIV diagnosis. Below graph shows the trend CD4 counts at the time of ART initiation (less than 200 and over 350/mm3). Nearly half of persons had CD4 counts over 350/mm3 at the ART initiation. Almost one-third of people were late diagnoses with less than 200 CD4 counts.



Cohort analysis during 2020.

Outcome of people living with HIV who started on ART in 2019, 2018, 2017 and 2015 were analyzed to see their status after 12 months, 24 months, 36 months and 60 months respectively. Many factors affect the outcomes such as clients' and programmatic factors. As shown in the diagram below, 84%-89% were alive and on ART and 78%-82% were virally suppressed in all these four cohorts. The complete cohort report is given in the HIV treatment and care chapter.



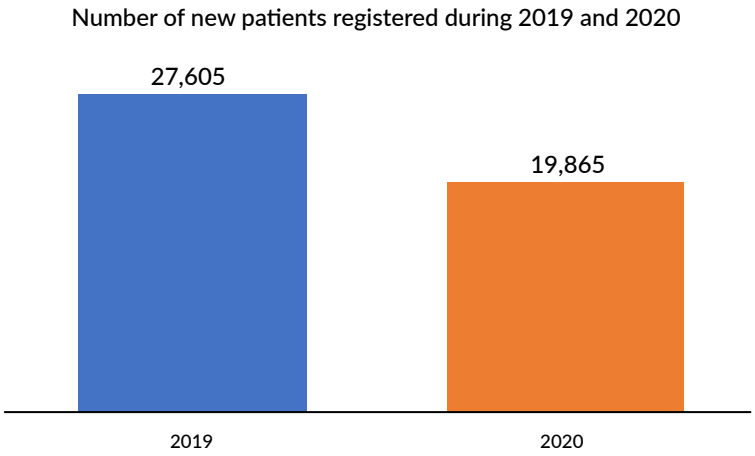
Epidemiology of Sexually Transmitted Diseases

Epidemiology of Sexually Transmitted Diseases

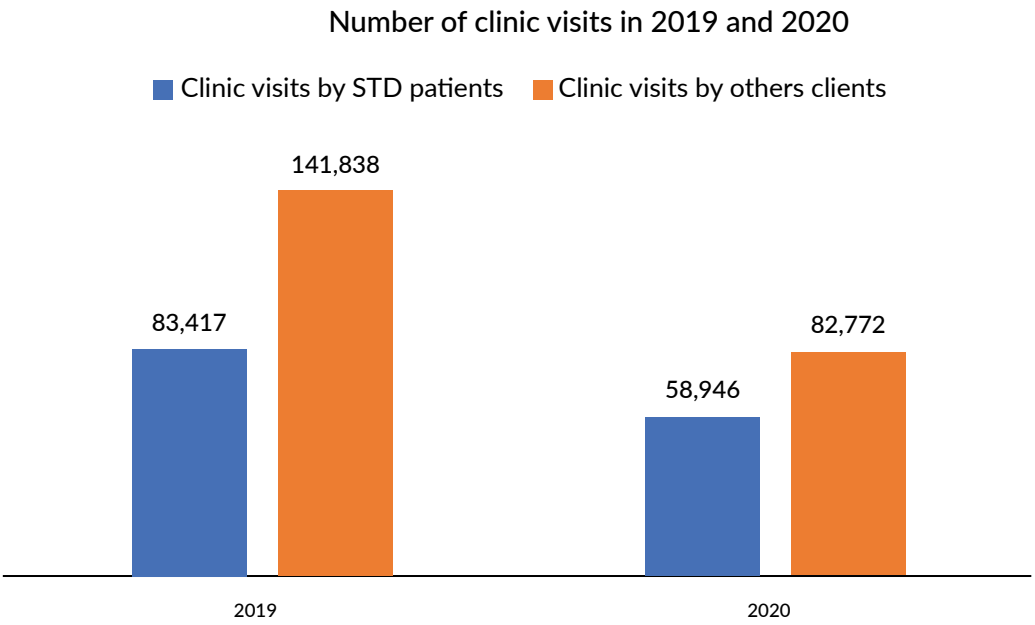
Ariyaratne Manathunge[1] and Upuli Abeyratne[2]

The National STD/AIDS control programme in Sri Lanka is undertaking the prevention, control and provision of care for sexually transmitted infections (STI) as a priority intervention. Year 2020 was a challenging year for the programme as COVID-19 pandemic significantly affected the provision of services during 2020. These constraints are reflected in STI statistics.

Only 19,865 clients were newly registered in the 41 islandwide STD clinics. This is a decline of 28% compared to the previous year. Sri Lanka is one of the minimally affected countries with COVID-19. However, strict travel restrictions were in place for many months during 2020. Only essential clinic visits were encouraged during 2020.



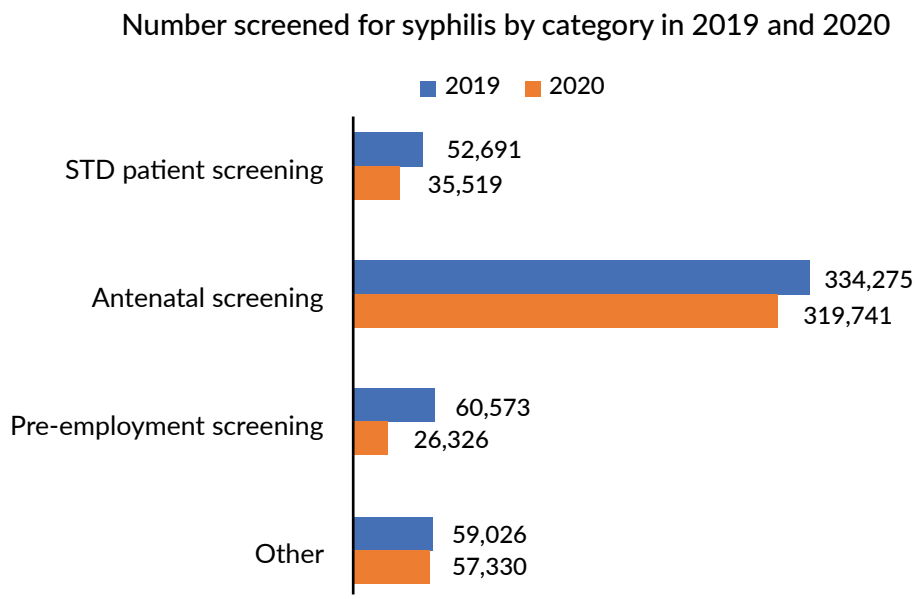
Similarly, the number of clinic visits by STD patients as well as clinic visits by others have declined by 29% and 42% compared to the previous year.



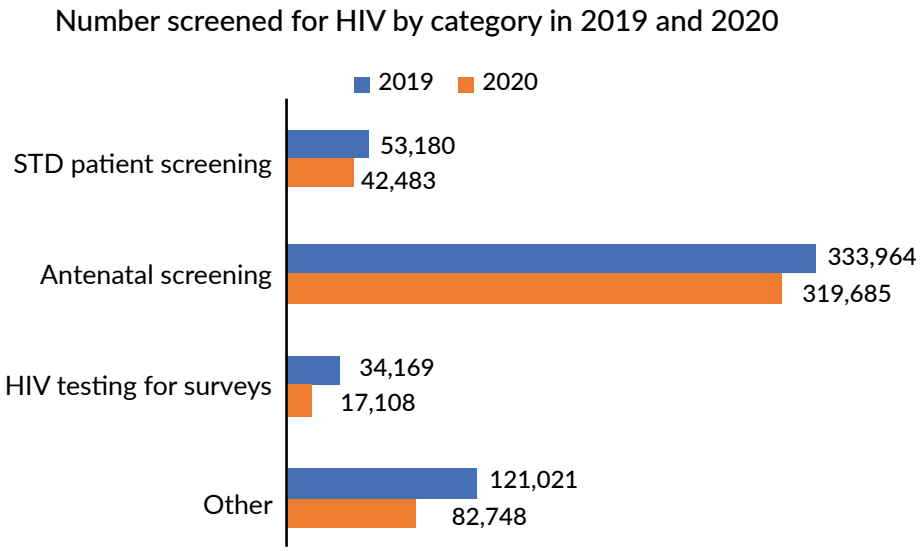
HIV screening done for STD clinic clients, antenatal women, surveys and various other requirements such as visa screening, etc. HIV screening for surveys showed the highest decline during 2020 (50%) followed by other (32%) and clients attending STD clinics (20%). Antenatal HIV screening has declined by 7% compared to the previous year.

[1]Consultant Venereologist, [2]Acting Venereologist

Screening for syphilis using VDRL is one of the important laboratory services provided by STD clinics. Screening is done for STD clinic clients, antenatal women, pre-employment screening and various other requirements such as visa screening, etc. Pre-employment screening showed the highest decline during 2020 (57%) followed by STD clinics (33%). Antenatal screening has declined by 5% compared to the previous year.



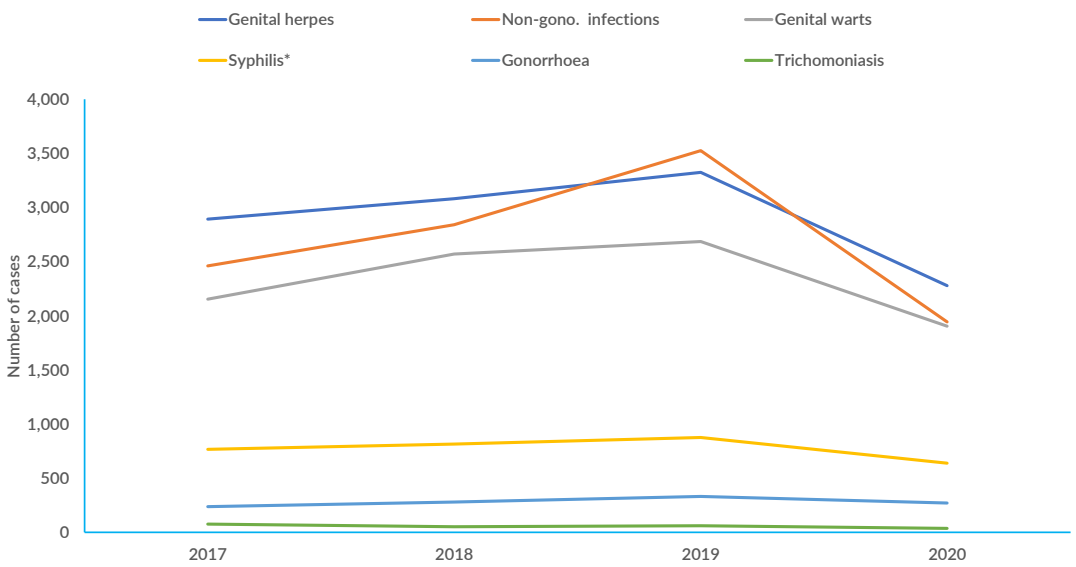
HIV screening done for STD clinic clients, antenatal women, surveys and various other requirements such as visa screening, etc. HIV screening for surveys showed the highest decline during 2020 (50%) followed by other (32%) and clients attending STD clinics (20%). Antenatal HIV screening has declined by 4% compared to the previous year.



Epidemiology of sexually transmitted infections

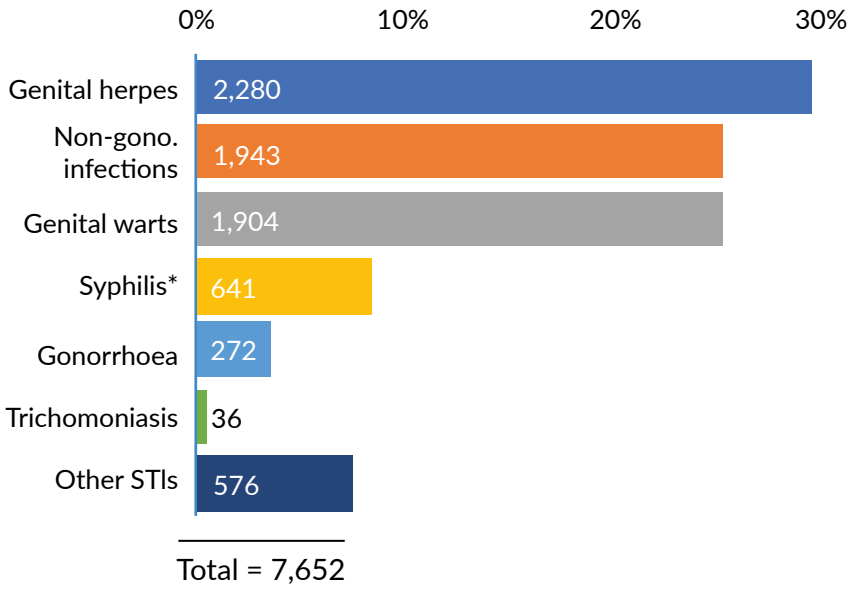
Main STIs reported during 2020 consist of genital herpes, non-gonococcal infections and genital warts. The trends of all STI rates have declined during 2020 compared to the previous year due to disruption of STI services following COVID-19.

Trend of number of reported STIs, 2017-2020



* all forms of syphilis

Percentage and number of reported STIs during 2020



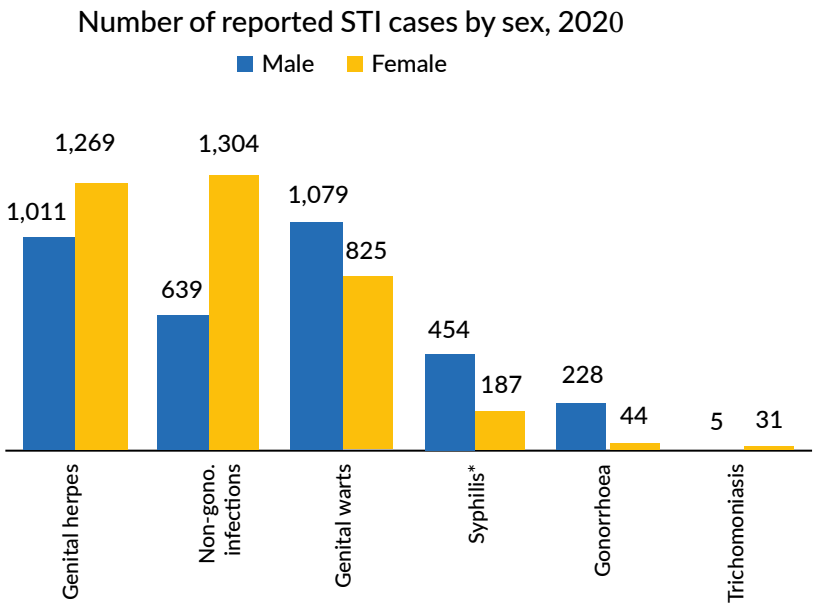
* all forms of syphilis

STIs reported from STD clinics during 2020

STI diagnosis	Male		Female		Total	
	No.	%	No.	%	No.	%
Genital herpes	1,011	26%	1,269	33%	2,280	30%
Non-gonococcal infections	639	17%	1,304	34%	1,943	25%
Genital warts	1,079	28%	825	22%	1,904	25%
Syphilis*	454	12%	187	5%	641	8%
Gonorrhoea	228	6%	44	1%	272	4%
Trichomoniasis	5	0%	31	1%	36	0%
Other STIs	430	11%	146	4%	576	8%
Total STIs	**3,846**	**100%**	**3,806**	**100%**	**7,652**	**100%**

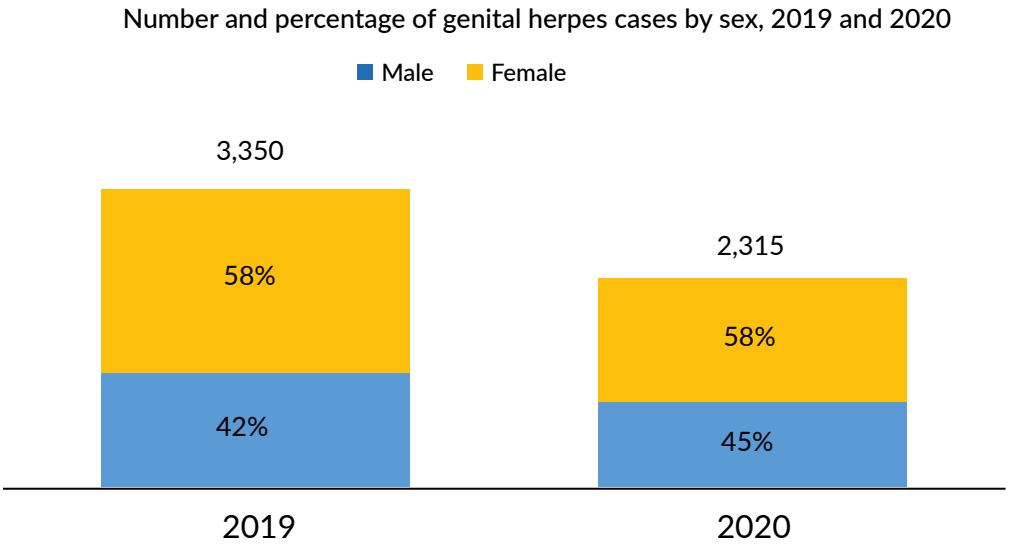
** Both early and late syphilis*

Number of reported genital herpes, non-gonococcal infections, and trichomoniasis were reported more among females, while genital warts, syphilis and gonorrhoea reported more among males.



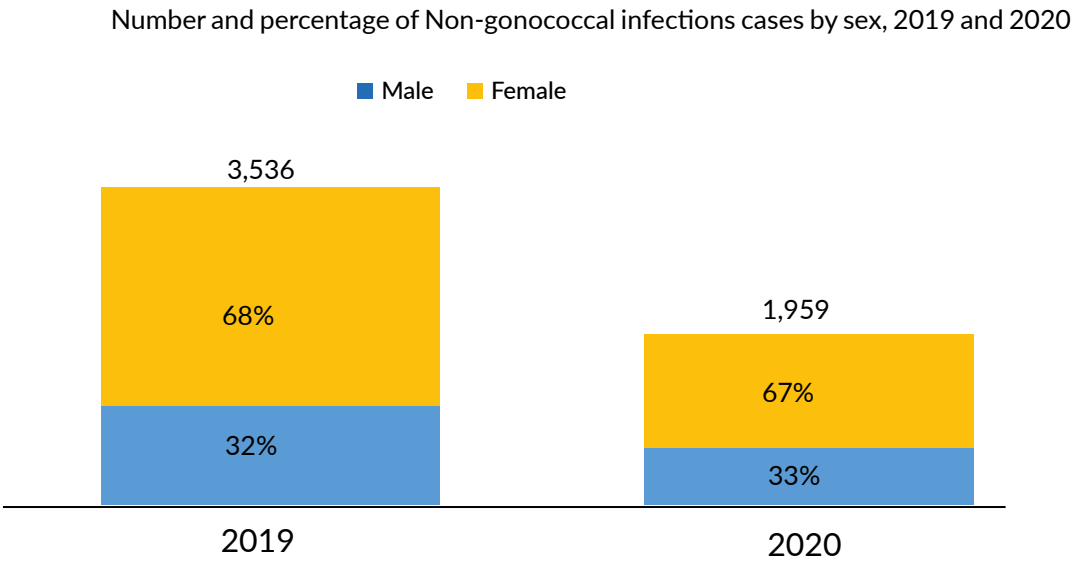
The reported number of genital herpes cases declined by 31% in 2020 compared to 2019. Majority of cases were among females and proportions were similar in both 2019 and 2020.

Genital herpes



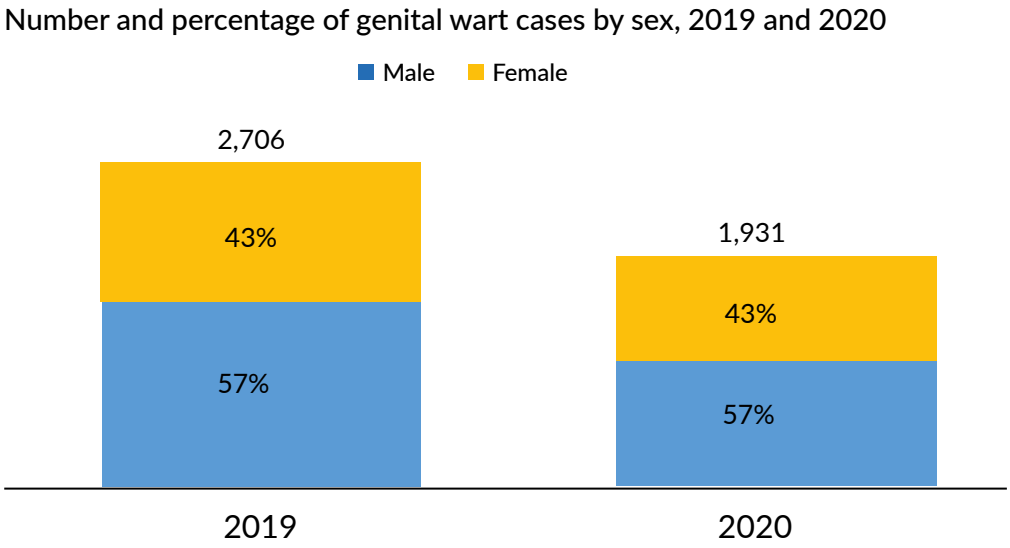
The reported number of non-gonococcal infections declined by almost half (45%) in 2020 compared to 2019. Majority of cases were among females and these proportions were similar in both 2019 and 2020.

Non-gonococcal infections



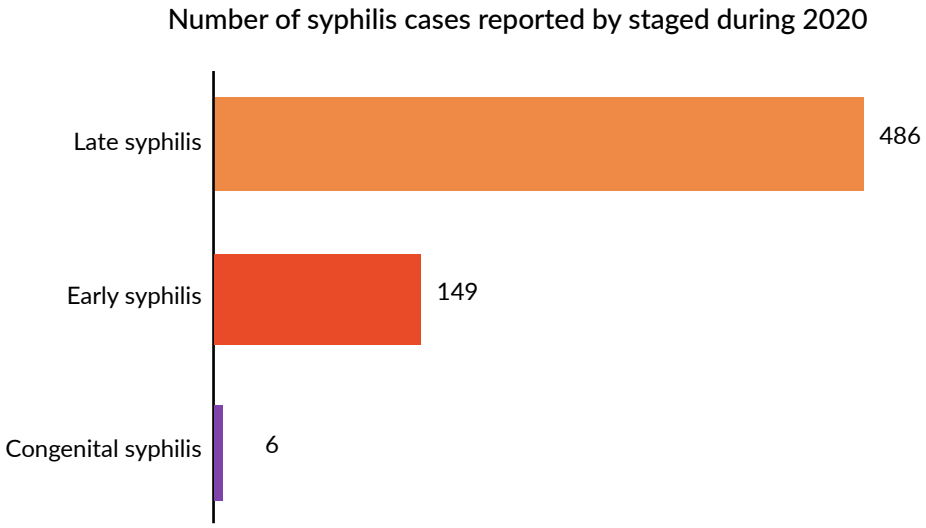
Genital warts

The reported number of genital warts cases almost declined one-third by (29%) in 2020 compared to 2019. Majority of cases were among males and these proportions of cases were similar in both 2019 and 2020.

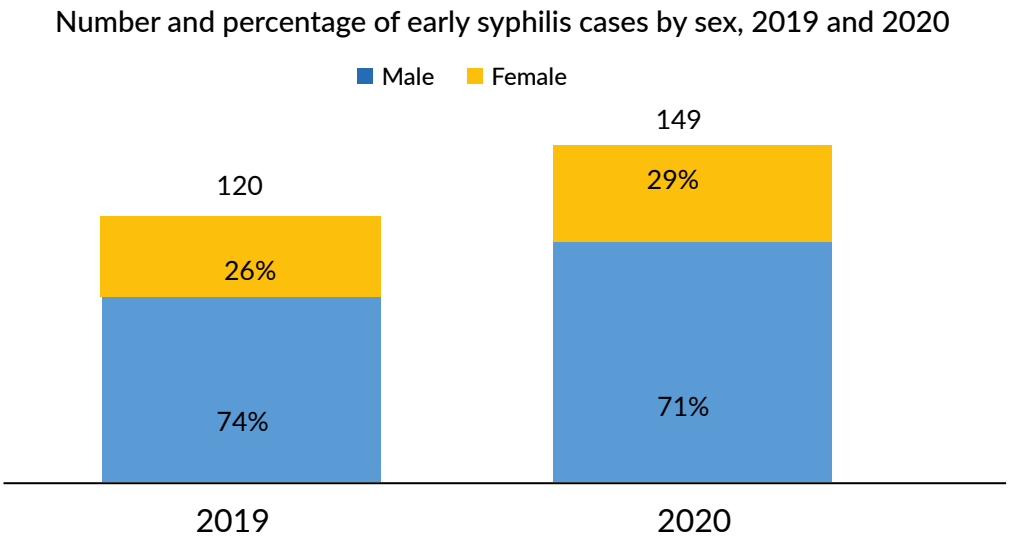


Syphilis

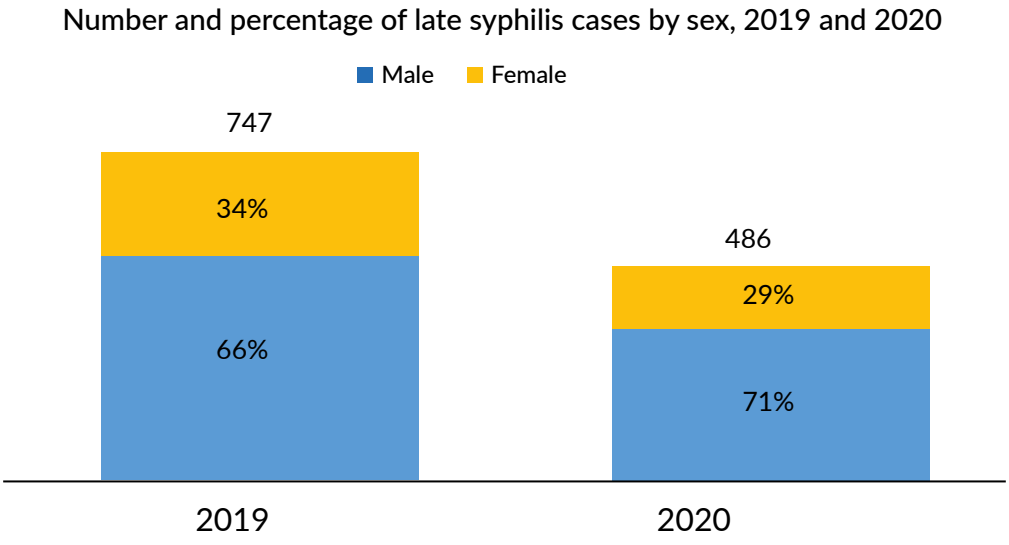
A total of 641 syphilis infections were detected during 2020. This is less than 24% of the number of cases reported during the previous year. Of these 486 (76%) were late syphilis, 149 (23%) were early syphilis cases and 6 (1%) were congenital syphilis cases.



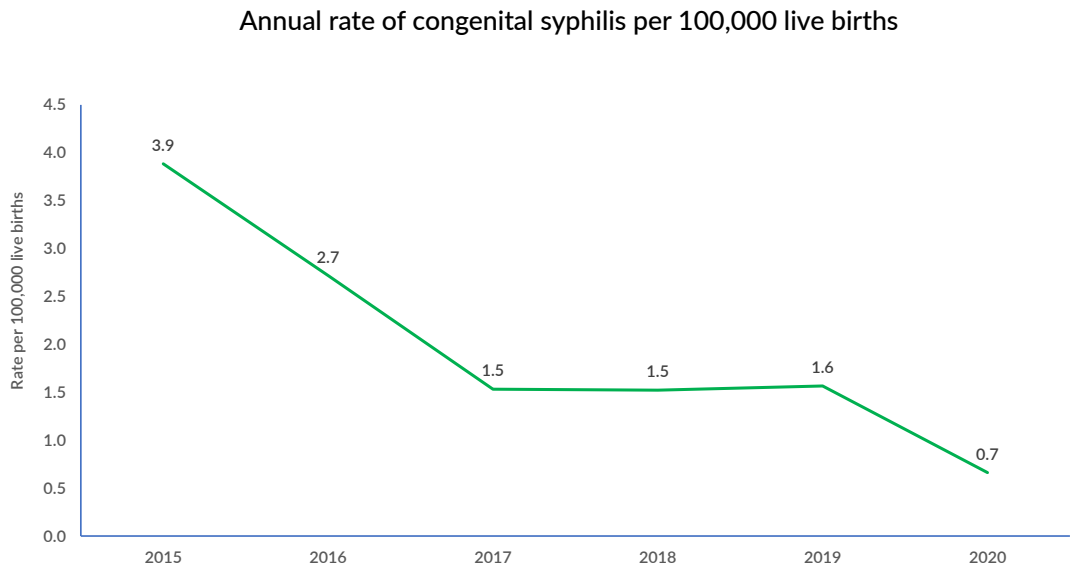
Unlike other STIs, reported early syphilis cases have increased by 26% in 2020 compared to 2019. This is noteworthy as early syphilis cases represent newly acquired STIs (incidence cases). Majority of cases were among males and these proportions of cases were not significantly different in both years.



Reported number of late syphilis cases were 486 which is 35% less than the number reported in 2019. The proportion of males were higher than that of the previous year.

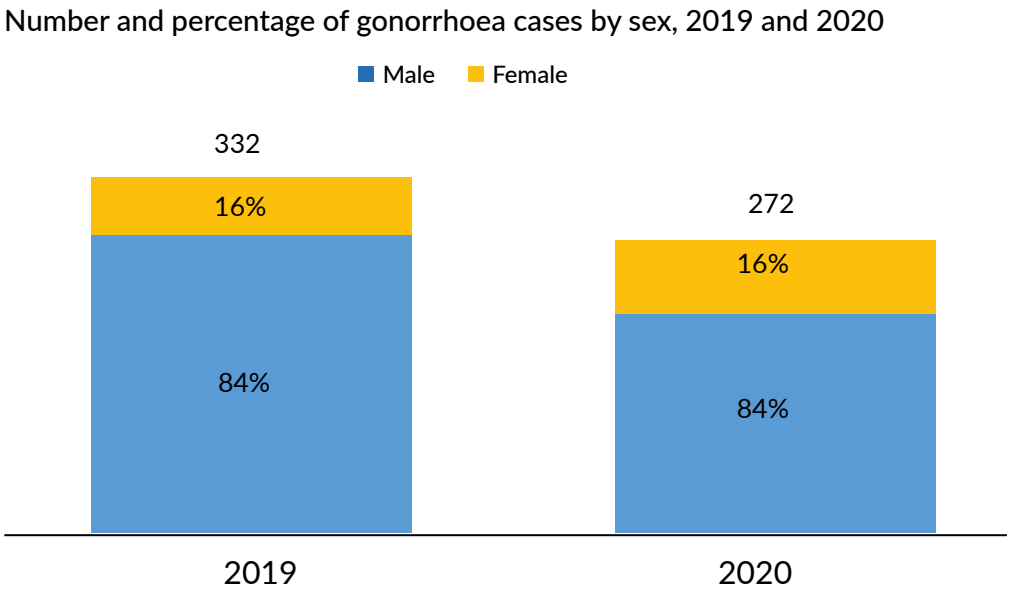


Six cases of congenital syphilis were reported during 2020. This graph shows the trend of congenital syphilis cases per 100,000 live births during the last 6 years.



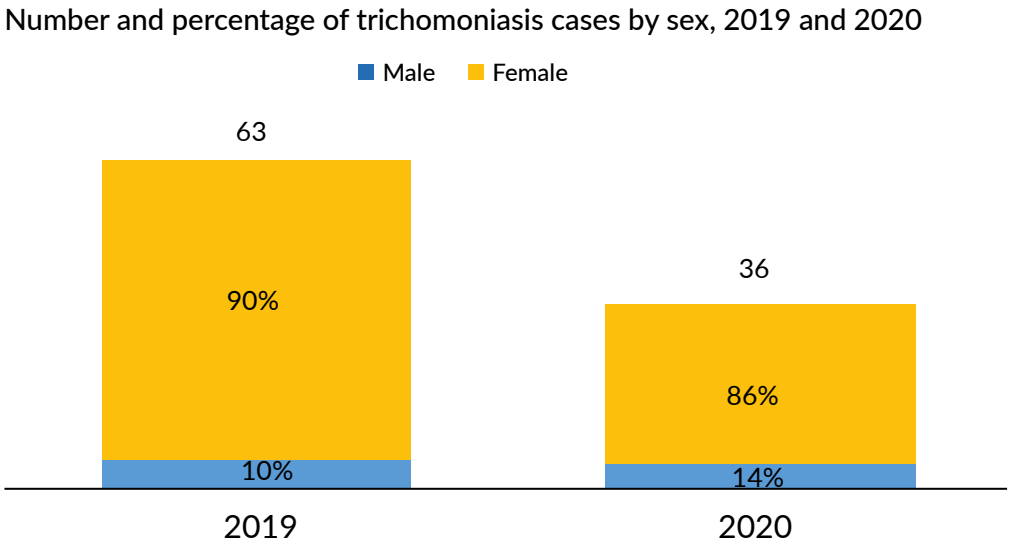
Gonorrhoea

A total of 272 gonorrhoea infections were reported during 2020. This is less than 18% of the number of cases reported during the previous year. Male and female proportions were similar in both years.



Trichomoniasis

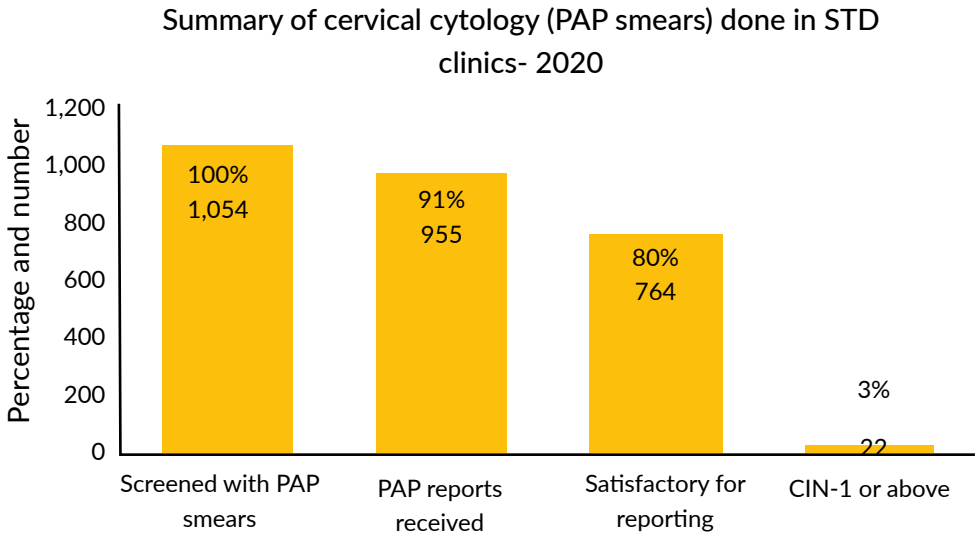
Only 36 trichomoniasis cases were reported during 2020. This is a 43% reduction compared to 2019. Majority of patients with trichomoniasis were females in both years.



Pap smear screening for STD clinic attendees

During 2020, twenty-two STD clinics provided pap smear screening for the female STD clinic attendees. The total number of pap smears performed in 2020 have reduced compared to previous years due to low attendance during the COVID-19 pandemic. A total of 1,054 pap smears has been performed in 2020 and of these a majority (55%) were performed at three STD clinics i.e. Colombo Central STD clinic (24.5%), Kalubowila (23.3%) and Mahamodara (7.5%) STD clinics.

Of the total PAP smear tests done during 2020, results were received in 955 samples (91%) and of these 764 samples (80%) were reported as satisfactory for reporting. Only 22 (3%) samples showed CIN-1 or above changes as shown in the figure below.



Number screened for cervical cytology-2020

STD clinic	Number	Percentage
Kalubowila	258	24.5%
Colombo	246	23.3%
Mahamodara	79	7.5%
Kandy	47	4.5%
Awissawella	46	4.4%
Kalutara	45	4.3%
Matara	44	4.2%
Anuradhapura	40	3.8%
Matale	37	3.5%
Balapitiya	33	3.1%
Kegalle	32	3.0%
Ragama	32	3.0%
Kurunegala	28	2.7%
Negombo	25	2.4%
Polonnaruwa	21	2.0%
Badulla	11	1.0%
Ratnapura	10	0.9%
Other clinics	20	2.0%
	1,054	**100%**

Scaling up of STD Services

An evening STD clinic during COVID-19 pandemic

Status of the new container-STD clinics as of end 2020

Scaling up of STD services

Chandrika Jayakody[1] and Vindya Perera[2]

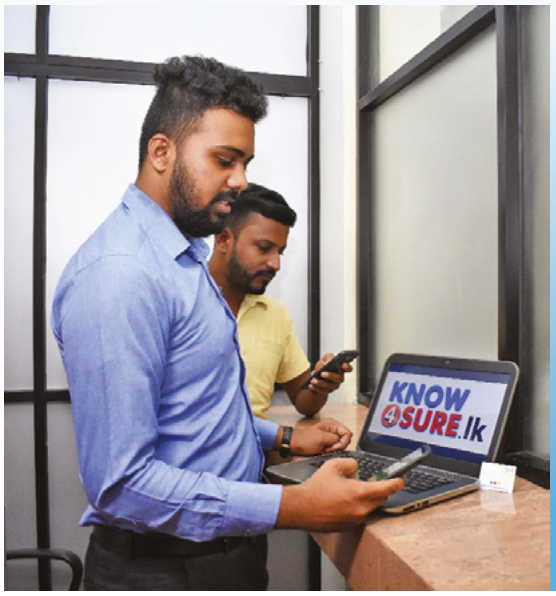
The National STD/AIDS Control Programme started scaling up STD services by constructing ten new STD clinics using containers with essential facilities across the country. Of these eight are new clinics and two are in the existing clinics with limited space. Panadura, Kuliyapitiya, Puttalam, Dambulla, Mahiyanganaya, Tangalle, Nawalapitiya and Homagama were the clinics which were planned to be newly established while Gampaha and Avissawella were provided these container clinics to increase the clinic space. The location of the planned container STD clinic for Nawalapitiya was shifted to Karapitiya. As of the end 2020, seven new container clinics were functioning full time, providing comprehensive patient care. Clinics at Homagama, Mahamodara and Tangalle are planned to be completed during 2021.

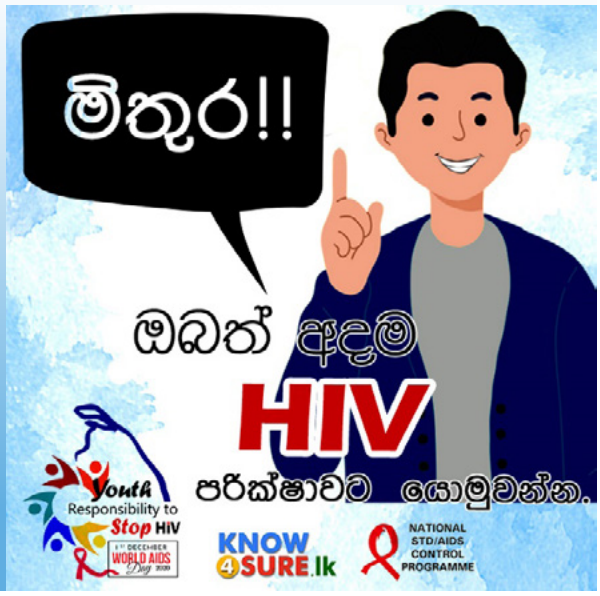
Waiting area of a container clinic

[1]Consultant Venereologist, [2]Acting Venereologist

An examination room of a container clinic

The newly initiated container type STD clinics were provided with all infrastructure facilities and equipment required to provide efficient services to patients. The spaciousness of these clinics was an added advantage to be operated safely during the COVID-19 outbreak to maintain the social distance and enhance confidentiality during the consultations.





Improving accessibility is a key factor for improving STD services. Extending STD clinic services after the routine working hours was implemented during 2020. The aim of this is to provide services to the members of the key populations who are unable to come on routine working hours. These evening STD clinics are functioning from 5.00 pm to 7.00 pm every Wednesday at the Central STD clinic, Colombo. Later this service was expanded to STD clinics in Ragama and Kalutara.

These clinics provide services such as rapid HIV testing, risk reduction counselling services, information leaflet on HIV/STIs and condoms/ lubricants to both escorted and walk-in clients. There were 420 new clients registered at the evening clinic in 2020. There are plans to enhance demand generation for these evening clinics through social marketing. These clinics received positive responses from the community.

NSACP managed to overcome barriers to initiate novel prevention methods by initiating a PrEP pilot project in the Central STD clinic, Colombo in September 2020. The feasibility, acceptability, sustainability and effectiveness of the PrEP in Sri Lankan context are planned to be determined through this pilot project. The standard operating procedure was developed and the major and minor staff of the STD clinic, the national reference laboratory and the pharmacy were trained to ensure smooth functioning of the project. A leaflet was developed to increase awareness of the PrEP pilot project.

Improving the quality of STD services

Following meetings were conducted to improve the quality of services.

- A monthly meeting of section in-charge officers at the central STD clinic, Colombo.
- Monthly refresher training session for major staff at the central STD clinic, Colombo.

Bi-annual HIV/STI review meetings

Two HIV/STI review meetings were conducted with the objectives of to review programmes implemented at the district and national level, to discuss challenges in implementing programme activities and to develop indicators for monitoring and evaluation purposes. District wise progress and the challenges were presented by the Consultant Venereologist representing each district STD clinic. There were many overlapping issues and considerations identified in the forum that hinder the goal of ending AIDS by 2025. Issues in transportation, laboratory services and unavailability of adequate staff were highlighted during these review meetings.

Appointment system with Know4sure.lk

Over the years, a high risk and vulnerable population have been finding partners via virtual social media platforms and dating Apps. Know4sure.lk intends to provide a platform where these populations can have access to STD services in a confidential manner.

Know4sure.lk is a convenient way to assess individual STD risk and make appointments in the STD clinics, while maintaining confidentiality. Two online outreach workers (OOW) are based in the Central STD clinic, Colombo, facilitating clients to get STD services. In addition, OOWs are engaged in virtually reaching out to key populations and creating awareness and encouragement to get STD services.

During 2021, Know4sure.lk will be further developed to provide other HIV services such as delivering condoms, lubricants and HIV self-test kits. Other STD clinics will be included in the know4sure.lk platform for booking appointments.

Pre-exposure Prophylaxis and HIV Self-testing

Pre-exposure prophylaxis and HIV self-testing

Sathya Herath[1] and Ioannis Mameletzis[2]

A. Pre-exposure prophylaxis

Introduction of pre-exposure prophylaxis (PrEP) is a key milestone achieved in the national response to HIV in Sri Lanka. PrEP services started as a pilot project at the central STD clinic, Colombo for men who have sex with men and transgender women. Financial support was given by the Global Fund.

In March 2020, a series of comprehensive training programs were held to establish PrEP related services. Medical officers, nursing officers, public health inspectors, laboratory staff at NSACP and some members of community-based organisations participated in these training programmes. Approximately, 150 individuals were trained according to WHO guidelines.

Completed activities for the introduction of Pre-exposure prophylaxis

- Obtaining the ethical approval for the PrEP pilot project from the University of Colombo.
- Facilitating the sharing of Australian experience in PrEP with Sri Lankan clinicians.
- Inclusion of event-driven PrEP, despite initial resistance from clinicians.
- Inclusion of enhanced molecular testing for gonorrhoea and chlamydia.
- Implementation of a pre-pilot in September 2020.
- Development of a module for PrEP in the Electronic Information Management System.
- Participation and presentation of Sri Lankan experience in the virtual regional discussion on PrEP Innovation and Implementation in Asia and the Pacific organised by UNAIDS and WHO.
- Development of IEC material on PrEP for clients.
- By December 31, 2020, a total of 127 clients were registered for PrEP and PrEP initiated on 23 clients and 8 were on follow-up for more than one month.

Challenges

- Delay in initiation due to difficulty in coming to consensus.
- Low clinic attendance due to COVID 19 related issues.
- Longer clinic waiting time for clients.

Future plan

- Accelerating client enrolment for PrEP through virtual interventions.
- Demand generation campaign on PrEP, leveraging social media such as Facebook, WhatsApp, with the participation of social influencers.
- Virtual refresher training for NSACP staff and communities.
- Conduct a quantitative survey on values and preferences of PrEP services among key populations.
- Development of PrEP guidelines and target estimation beyond 2021.
- Development of standard operating procedures of "tele-PrEP" services via virtual outreach.
- Training of NSACP staff to introduce WHO-recommended surveillance system for HIV drug resistance for cases of HIV occurring while on PrEP.
- Developing a plan for engagement and inclusion of PrEP through the private sector.

[1]Consultant Community Physician, [2]International Technical Assistant

B. HIV self-testing (HIVST)

HIV self-testing (HIVST) was introduced on the 1st of December 2020 on the World AIDS Day. HIVST allows people to test their HIV status in their own home or other private location. Despite Sri Lanka being a low HIV prevalence country, there is a gap in HIV testing access for key populations. HIVST can serve as a useful method for HIV testing for people who have never tested or have not recently tested. HIVST has been particularly critical in providing HIV testing services during COVID-19 related lockdowns.

More specific developments have included:

- Procurement of HIVST (Oral Fluid test) kits for distribution
- Finalization of project proposal for HIVST
- Preparation of standard operating procedures, advocacy tool and a policy brief
- Development of a monitoring and evaluation framework with proposed indicators
- Developed a video on how to use HIVST kits
- Development of community engagement mobilization plan
- Preparation of training material for community-based organizations
- Progress presented in the regional conference on HIV testing and self-testing for Asia Pacific

Challenges

- Delays in the distribution of the HIVST kits due to COVID-19 restrictions
- Absence of an online ordering system of HIVST

Future plan

- Development of know4sure.lk platform for sharing information and HIVST kits.
- Development of video IEC material on using HIVST kit for the online advertising campaign.
- Training of stakeholders on HIVST implementation.
- Conduct situational analysis of HIV testing services, including review of national laws, policies and regulations.
- Define minimum standards and criteria for HIVST products in the public and private sector.
- Conducting focus group discussions with key population groups on establishing the key harmonized messages on HIVST.
- Development of a national registration pathway for HIVST products including blood-based self-testing assays in addition to the oral fluid test.

EMTCT of HIV and Syphilis

EMTCT HIV & SYPHILIS
SRI LANKA

World Health Organization
REGIONAL OFFICE FOR South-East Asia

Citation

The Elimination of Mother to Child Transmission of HIV and Syphilis (EMTCT) in the Democratic Socialist Republic of Sri Lanka demonstrates the country's unwavering commitment to public health and well-being. EMTCT of HIV and Syphilis is the latest in a series of public health achievements for the country, which include the elimination of polio, maternal and neonatal tetanus, malaria, measles, lymphatic filariasis and control of rubella. High quality maternal and health services, multi-sectoral support, concerted efforts by partners and strong community engagement have all contributed to the achievement of EMTCT.

Sri Lanka's programme for the prevention of mother-to-child transmission (PMTCT) of HIV was formally established in 2002. The PMTCT service package was improved in 2010 to include antiretroviral therapy (ART) for all HIV-positive pregnant women, obstetric management and infant feeding options.

In early 2013, the PMTCT programmes for HIV and syphilis were amalgamated into a single programme – the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis programme. The National STD/AIDS Control Programme (NSACP) then collaborated with the Family Health Bureau (FHB) as well as UNICEF, WHO and World Bank to scale up antenatal HIV and syphilis testing across the country through government STD clinics and maternal and child health (MCH) services. By 2016, the entire country was covered. In 2018, government STD clinics offered HIV testing services for 95.9% of pregnant women.

Sri Lanka adopted universal syphilis screening of pregnant women as early as 1952. Since then, all pregnant women who attend antenatal care services have been offered syphilis screening tests. In 2018, the percentage of pregnant women who attended ANCs in the government sector at least once during pregnancy was 96.4%, and of them 99.3% were tested for syphilis.

A well-coordinated mechanism between the FHB and NSACP at the central level and through MoH clinics, MCH services and STD clinics at the district level ensured all pregnant women were appropriately followed up on.

Sri Lanka's EMTCT programme provides a comprehensive approach to preventing syphilis infections among women. All four prongs of the EMTCT strategy were implemented through well-integrated community services that meet the needs of pregnant women, their partners, key populations, adolescents and others at risk of STI/HIV.

Sri Lanka's HIV programme has successfully prevented HIV transmission among at-risk populations, especially young people who inject drugs, sex workers, men who have sex with men and resort workers. Key interventions have included expanded access and coverage of quality HIV testing and counselling, safe blood transfusion, injection safety, and the provision of quality care, support and treatment for People Living with HIV.

The World Health Organization's Regional Office for South-East Asia deems it a great honour to acknowledge Sri Lanka's remarkable achievement. The findings of the national, regional and global validation teams confirm that Sri Lanka has met all impact and process indicators to validate Sri Lanka for the Elimination of mother-to-child transmission of HIV and syphilis. Sri Lanka is encouraged to sustain the achievement through universal access to high quality decentralized EMTCT services, including at the primary health care level, for which WHO will continue to provide its full support.

Date: 10 September 2020

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region

EMTCT of HIV and syphilis

Lilani Rajapakse[1], Lasanthi Siriwardana[1] and Dilanie Peters[2]

Validation of EMTCT of HIV and syphilis programme

Sri Lanka became the fourth country in the SEARO region to eliminate mother to child transmission (EMTCT) of HIV and syphilis in 2019. Thailand, Malaysia and Maldives achieved this goal in 2015, 2017 and in 2018 respectively.

The year 2020 was an important year to sustain the achievements of the EMTCT programme and address the recommendations suggested by the Global Validation Committee (GVAC). The achieved indicators need to be maintained and the programme is expected to be revalidated in November 2021.

Indicators that should be fulfilled to achieve and maintain elimination status.

Impact indicators for one year

1. New paediatric HIV infections due to MTCT is ≤ 50 per 100,000 live births
2. MTCT rate of HIV is <2%
3. New congenital syphilis cases of ≤ 50 per 100,000 live births

Process indicators for two years

1. Population-level ANC coverage of ≥ 95%
2. Coverage of HIV testing of pregnant women of ≥ 95%
3. Antiretroviral therapy (ART) coverage of HIV-positive pregnant women of ≥ 95%
4. Treatment of syphilis infected pregnant women of ≥ 95%

Multidisciplinary approach

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

Pregnant women with HIV in 2020

Sixteen (16) women living with HIV delivered in the year 2020 and of this ten (10) pregnant women were identified as having HIV during antenatal screening. Other six (6) were known women with HIV who became pregnant while on ART. All 16 infants were started on antiretroviral prophylaxis and early diagnostic tests were arranged including DNA PCR at birth. All mothers who received EMTCT services for HIV, delivered uninfected babies.

Paediatric HIV diagnoses in 2020

In the year 2020, three children were identified with HIV infection. These were from Monaragala, Matara and Batticaloa and their ages were four, three and six years respectively. Two children from Monaragala and Battcaloa were born before the establishment of EMTCT services in these districts, as islandwide EMTCT services were started in 2016. Mother of the child identified in Matara was negative for HIV in her early pregnancy. Therefore, the possibility of seroconversion during her pregnancy was considered in this case.

MTCT of syphilis

During 2020, 64 pregnant women with syphilis delivered and all these pregnant women with syphilis received appropriate services including treatment with benzathine penicillin. All babies born to mothers with syphilis were appropriately managed with prophylactic benzathine penicillin. One pregnant woman who had a miscarriage was treated with non-penicillin regimen. Six (6) babies born to pregnant women who were late presenters or who showed inadequate response to treatment were identified as having congenital syphilis and were treated for congenital syphilis.

[1]Consultant Venereologist, [2]Medical Officer

Recommendations and way forward

The Global Validation Advisory Committee (GVAC) has identified areas to improve and has given recommendations which are being implemented currently. The WHO will reassess the EMTCT programme in November 2021. It is important to maintain the interest shown by all stakeholders to achieve satisfactory impact and process indicators and to sustain the success in the coming years.

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

HIV Testing Services

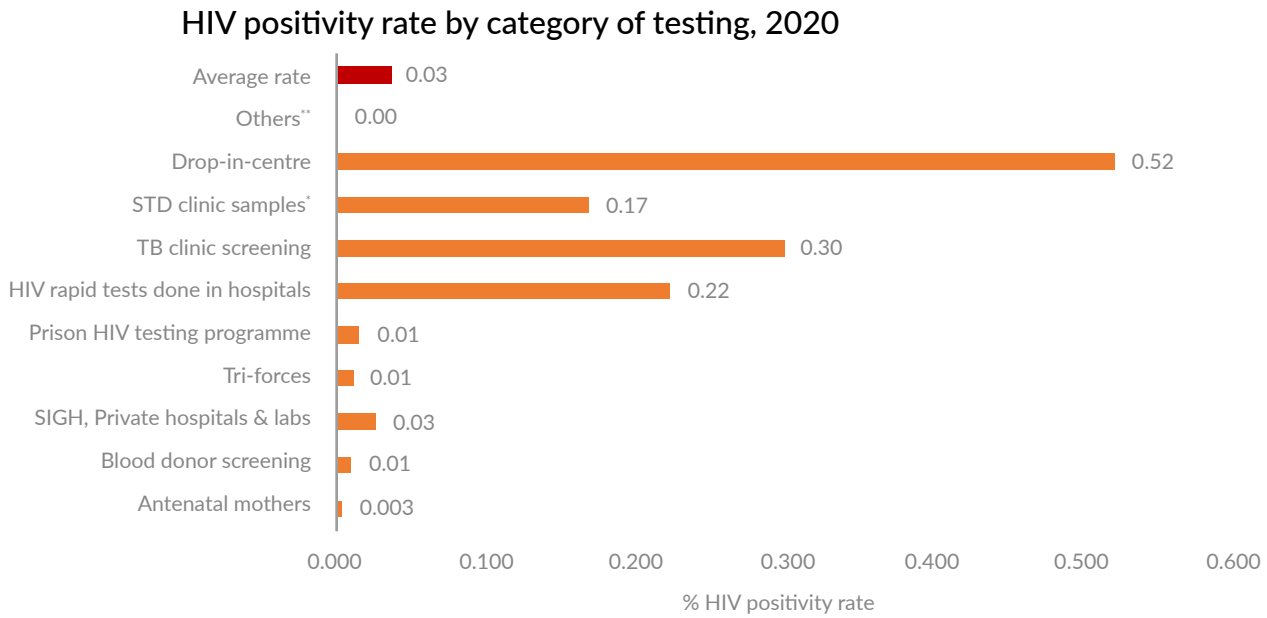
HIV testing at National Reference Laboratory, NSACP

HIV testing services

Geethani Samaraweera[1], Sriyakanthi Beneragama[2] and Chathrini Gajaweera[3]

HIV testing services are provided to clients by the National STD/AIDS control programme through facility based testing, outreach testing and through drop-in centres. Outreach testing services are provided by STD clinics in collaboration with NGO partners. In the drop-in centres (DIC), HIV testing is carried out by NGO staff. Prison outreach HIV testing services are provided by STD clinics by visiting prisons. In addition, trained prison staff in some prisons performed rapid HIV testing for prison inmates. Outreach testing HIV testing services were interrupted by the COVID-19 pandemic during 2020.

The algorithm for confirming the diagnosis of HIV through three rapid tests was introduced during the latter part of 2019, but it could not be implemented as the second and third rapid tests were not available in the country till the end of December 2020. Until the end of December 2020 the confirmation of HIV was done by Western blot or molecular testing and the testing algorithm is still under revision.



The table below shows the number of HIV tests carried out in the country in 2020 according to different testing categories.

HIV testing services in 2020

Category of the samples tested for HIV	Number tested	Number positive	% HIV positivity rate
Antenatal mothers	319,685	10	0.003
Blood donor screening	402,336	33	0.01
SJGH*, private hospitals and labs	138,698	35	0.03
Tri-forces	29,603	3	0.01
Prison inmates	6,938	1	0.01
HIV rapid tests done in hospitals	8,996	20	0.22
TB clinic screening	6,679	20	0.30
STD clinic samples**	142,339	240	0.17
Drop-in-centre	192	1	0.52
Others***	1,758	0	0.00
Total	**1,057,224**	**363**	**0.03**

** Sri Jayewardenepura general hospital*
*** (STD clinic samples include clinic attendees, pre-employment screening, outreach samples and testing of contacts)*
**** (others include rapid tests done by GPs and MOH etc.)*

[1]Consultant Venereologist, [2]Consultant Community Physician, [3]Medical Officer

A total of 1,057,224 HIV tests has been carried out in the country with 363 confirmed HIV positive persons in 2020.

Antenatal HIV testing and screening of blood donors were continued during the year with minimal interruption. HIV testing was carried out to screen donated blood (by both national blood transfusion service and private blood banks accounts) for about 40% of HIV testing in the country leading to identification of 33 new HIV diagnoses. Private sector HIV testing also provides a significant contribution for HIV testing with a positivity rate of 0.03%. HIV screening among TB patients and rapid HIV screening hospitals had a higher yield. Only 192 clients tested in the drop-in centres with one HIV diagnosis. Overall HIV testing rate during 2020 was 0.03%.

HIV testing by STD clinics

The number of HIV testing in STD clinics include all tests carried out by islandwide STD clinics. This includes voluntary clinic attendees, hospital referrals, court referrals, pre-employment testing and testing of the key populations. HIV testing for key population is done either by escorting to STD clinics by NGO partners or via outreach programmes.

Colombo, Ragama and Kalutara STD clinics started after hour HIV testing clinics (evening clinics) within the clinic premises to increase accessibility to HIV testing specially for key populations. This new expansion of the HIV testing services was helpful to continue HIV testing for key populations during COVID 19 outbreak while adhering to health protocols.

The table below shows the HIV testing among key population members conducted by STD clinics.

HIV testing among key populations in 2020

Type of Key Population	Number tested in the STD clinic	Number tested by outreaching	Total
Prison inmates	460	6,478	6,938
Men having sex with men	1,290	2,818	4,108
Female sex workers	1,249	2,266	3,515
Beach boys	23	1,014	1,037
Drug users	65	899	964
Transgender women	17	263	280
Total	**3,104**	**13,728**	**16,842**

HIV testing in prisons

HIV testing for prison inmates was provided mainly by STD clinic staff as outreach testing. The number of HIV tests carried out during 2020 has dropped by more than 50% as compared to the previous year, due to restriction of STD clinic staff into prisons. A total of 6,938 prison inmates was tested and one prison inmate was found to be HIV positive (HIV positivity rate 0.01%). Of the total prison inmates tested, 980 (14%) were tested by the trained prison staff.

Key population led HIV testing services

Both case finder model and peer led model were continued during the year with interruptions due to movement restrictions due to Covid-19 pandamic situation in the country.

a) **Case finder model**

Case finder model was continued in Colombo and Gampaha districts for Female sex workers, Men who have sex with men and transgender women. Total of 2,993 key population members were tested by this testing model with 40 being newly diagnosed with HIV during the year, with a positivity rate as high as 1.3% signifying the importance of this model.

b) **Peer-led targeted intervention model**

Peer-led targeted interventions were implemented in 13 districts in 2020. Only two HIV positive cases among MSM category were identified through this model in 2020.

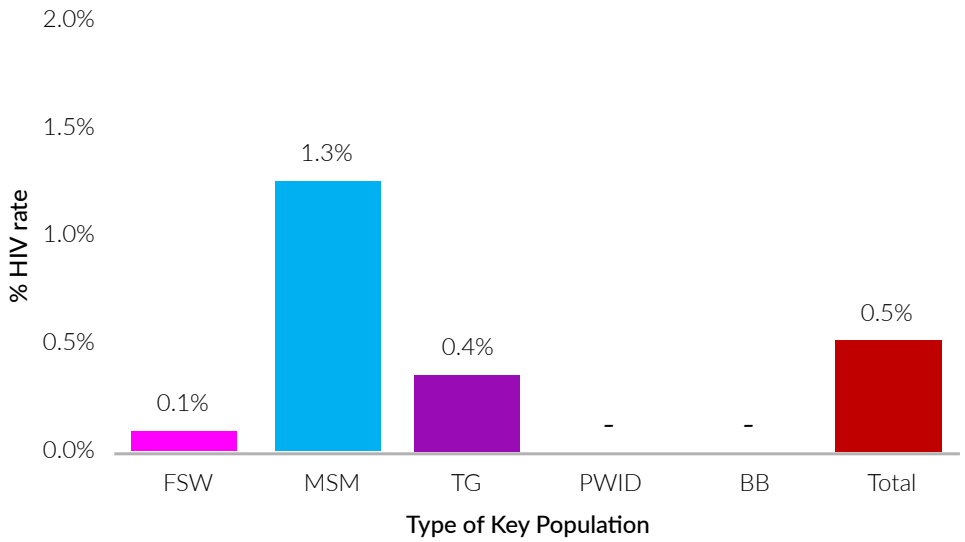
HIV testing through key population led HIV testing services in 2020

Type of key population	Case finder model (Hybrid model)			Peer-led targeted intervention model					
				PR1 (NSACP) programme			PR2 (NGO) programme		
	No. tested	HIV positive	% rate	No. tested	HIV positive	% rate	No. tested	HIV positive	% rate
FSW	1,262	3	0.2%	1,041	0	-	596	0	-
MSM	1,482	35	2.4%	825	2	0.2%	630	0	-
TG	253	1	0.4%	73	0	-	-	0	-
PWID	-	-	-	524	0	-	117	0	-
BB	-	-	-	335	0	-	710	0	-
Total	**2,997**	**39**	**1.3%**	**2,798**	**2**	**0.1%**	**2,053**	**0**	**-**

Summary of HIV testing through key population led HIV testing services

Type of key population	Total tested	Total HIV positive	HIV positivity rate
FSW	2,899	3	0.1%
MSM	2,937	37	1.3%
TG	276	1	0.4%
PWID	641	0	0.0%
BB	1,045	0	0.0%
Total	**7,798**	**41**	**0.5%**

HIV positivity rate by type of key population



HIV testing in the drop-in centres

Community-based HIV testing services were continued throughout the year 2020 in the drop-in centre facilities for FSW, MSM, PWID and PWUD. However, the drop-in centres were closed during the major part of the year. A total of 189 Key population clients (FSW-38, MSM/TG-25 and drug users-126) was tested for HIV. However, all were negative for HIV.

HIV testing at hospital settings

HIV rapid testing services have been continued through hospitals. The number of tests done were reduced by two-third compared to 2019. Despite the low numbers, the positivity rate remains highly signifying the importance of further strengthening of this method. To facilitate hospital-based testing 50 review programmes (Two per district) had been planned through WHO funds but these could not be initiated in 2020 due to COVID-19 related restrictions. This activity is planned to be completed in 2021.

Online outreach testing by online outreach workers through Know4Sure website

The online outreach testing which was introduced to NSACP in 2019 was continued during 2020. Two outreach workers employed at NSACP provided the online outreach service throughout the year.

The clients were directed to a self-risk assessment through "Know4sure.lk" web application and link to care depending on the risk identified.

During 2020, a total of 238 clients booked for clinic appointments. Of these 153 clients attended the clinic for HIV testing of which four clients were confirmed as HIV positive giving rise to a positivity rate of 2.6%. All four of them were successfully linked to HIV care. As this HIV testing strategy with high yield this strategy needs to be further strengthened and expanded in future.

HIV testing through General Practitioners

This activity was initiated in collaboration with the Sri Lanka College of General Practitioners, Independent Medical Practitioners Association, and USAID/FHI 360 through 'LINKAGES' in 2018. A total of 430 HIV rapid tests were carried out through this method during the year with no confirmed HIV positives.

HIV self-testing

To fill the gaps in HIV testing for key populations, WHO recommends HIV self-testing as an effective new intervention. A pilot HIV self-testing study had been planned but could not be initiated during 2020.

Way forward to scale up HIV testing

The main challenge in 2021 is to regain the successes of HIV testing gained before the COVID-19 pandemic. In order to meet 95-95-95 targets by 2025, the country needs to identify ways to scale up HIV testing and reach hidden key populations.

Following activities are planned for 2021 to achieve these targets:

- Introduce HIV rapid testing to all key population HIV testing.
- Implement three rapid test HIV confirmatory algorithms to all key populations.
- Introducing HIV self-testing and expanding online outreach testing.
- Scale up after-hour clinics to other STD clinics.
- Explore the possibilities of scaling up hospital-based testing.
- Strengthen index case testing.
- Make HIV testing services a permanent agenda item in Provincial AIDS committee meeting.
- Strengthen HIV testing in the prison setting.

HIV Treatment and Care Services

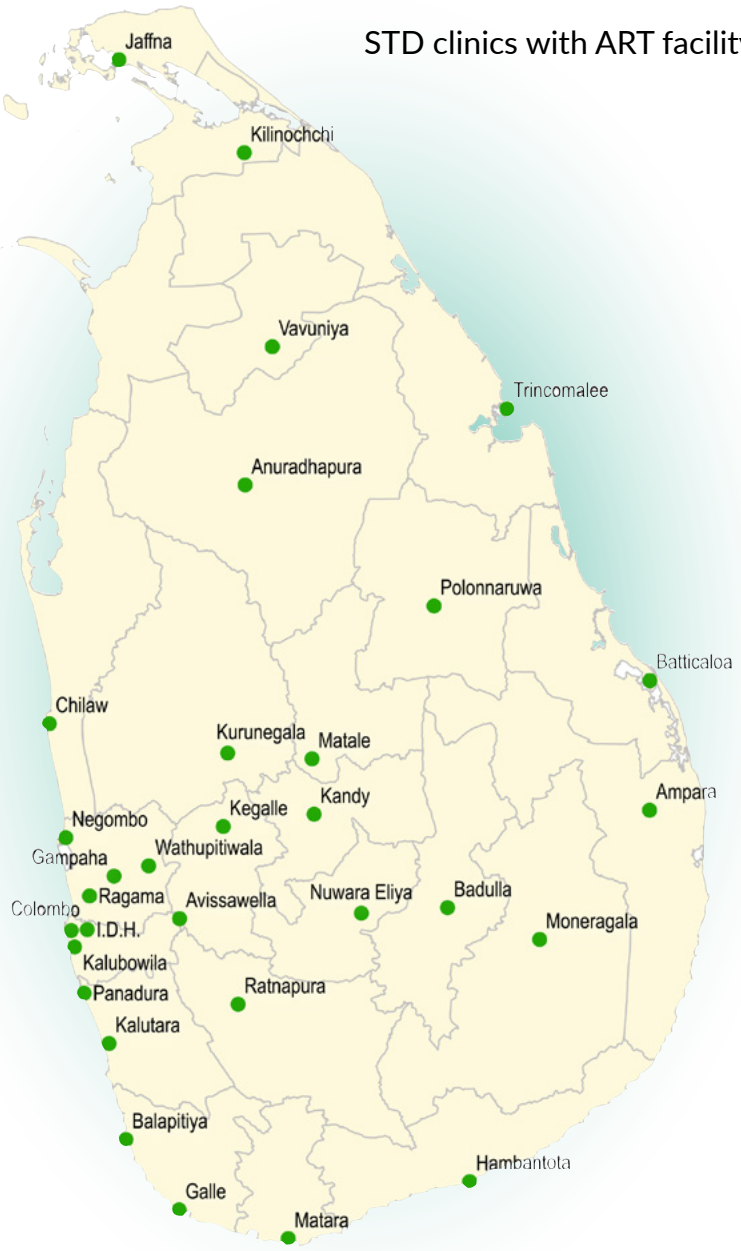
HIV Treatment and Care Services

Lilani Rajapakse[1] and Shanika Jayasena[2]

HIV treatment and care services faced many challenges during 2020 due to COVID-19 related curfews, lockdowns and travel restrictions. However, a satisfactory ART coverage was maintained due to dedication and commitment of many stakeholders.

During 2020, 396 persons registered in the HIV care services. These PLHIV comprised of 318 males and 78 females. A total of 381 was newly commenced on ART during the year. ART services are provided through 30 clinics in the country. National Institute of Infectious Diseases, Angoda is the only ART facility outside the STD clinic network.

STD clinics with ART facility, 2020



[1]Consultant Venereologist, [2]Acting Venereologist

Number of PLHIV in HIV care in HIV clinics during 2020

	Name of the STD clinic	No. in HIV care	Lost to Follow Up	Dead	Total	% of Lost to Follow Up
1	Ampara	1	-	-	1	0.0
2	Anuradhapura	45	2	10	57	3.5
3	Avissawella	5	-	-	5	0.0
4	Badulla	26	-	4	30	0.0
5	Balapitiya	8	-	-	8	0.0
6	Batticaloa	11	1	-	12	8.3
7	Chilaw	31	5	6	42	11.9
8	Colombo	990	246	255	1,491	16.5
9	Gampaha	52	8	1	61	13.1
10	Hambantota	23	2	1	26	7.7
11	NIID (IDH)	88	9	36	133	6.8
12	Jaffna	40	1	10	51	2.0
13	Kalubowila	104	18	7	129	14.0
14	Kalutara	59	8	3	70	11.4
15	Kandy	113	9	16	138	6.5
16	Kegalle	34	1	4	39	2.6
17	Kilinochchi	1	-	-	1	0.0
18	Kurunegala	77	9	6	92	9.8
19	Mahamodara	65	19	14	98	19.4
20	Matale	23	1	1	25	4.0
21	Matara	53	-	1	54	0.0
22	Monaragala	7	-	1	8	0.0
23	Negombo	45	11	2	58	19.0
24	Nuwara Eliya	8	2	1	11	18.2
25	Polonnaruwa	31	4		35	11.4
26	Ragama	230	47	47	324	14.5
27	Ratnapura	36	5	6	47	10.6
28	Trincomalee	10	-	1	11	0.0
29	Vavuniya	11	-	1	12	0.0
30	Wathupitiwala	4	-	-	4	0.0
	Total	**2,231**	**408**	**434**	**3,073**	**13.3**

There were 2,231 patients receiving HIV care services at the end of 2020 and of this 2,167 have been started on ART. Among them 38 were children aged less than 15 years. Colombo HIV clinic had the highest number of PLHIV receiving ART followed by Ragama, Kandy, Kalubowila, IDH, Kurunegala, Galle, Kalutara, and Matara. These nine clinics had provided services to over 80% of all PLHIV on ART.

Age and sex of people on ART

Age category	Female	%	Male	%	Total	%
<15 years	16	2.8	22	1.4	38	1.8
15+ years	565	97.2	1,564	98.6	2,129	98.2
Total	**581**	**100.0**	**1,586**	**100.0**	**2,167**	**100.0**

There were 38 children on ART (1.8%). Majority of the PLHIV (2,129, 98.2%) on ART were in the 15 and over age group.

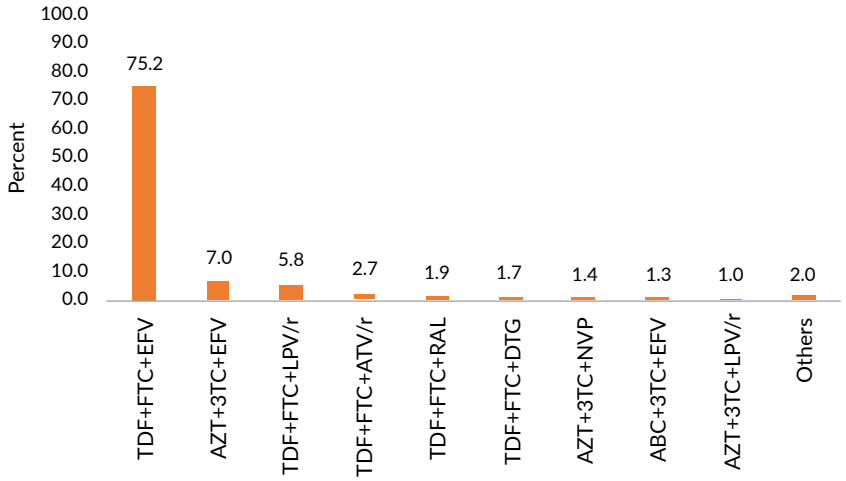
According to the treat all policy, all newly diagnosed PLHIV who were linked to HIV care were offered ART. First-line ART regimens or substituted 1st-line ART regimens were used by 2,076 of PLHIV on ART. There were only 86 on the 2nd-line or substituted 2nd-line ART regimens and six on third-line regimens.

The preferred 1st-line ART regimen is TDF+FTC+EFV fixed-dose combination and 1,600 of the adult patients (75.2%) and nine children were on this regimen, while 149 (7%) of adults and nine children were on AZT+3TC+EFV. Based on the latest WHO recommendations, dolutegravir was included in the National ART guidelines and planned to start dolutegravir based regimens to all newly diagnosed patients with HIV in 2021. During 2020, 35 (2%) adult patients were on dolutegravir based regimen.

ART regimens in adults

	No.	%
TDF+FTC+EFV	1,600	75.2
AZT+3TC+EFV	149	7.0
TDF+FTC+LPV/r	124	5.8
TDF+FTC+ATV/r	58	2.7
TDF+FTC+RAL	40	1.9
TDF+FTC+DTG	37	1.7
AZT+3TC+NVP	30	1.4
ABC+3TC+EFV	27	1.3
AZT+3TC+LPV/r	21	1.0
Others	43	2.0
Total	2,129	100.0

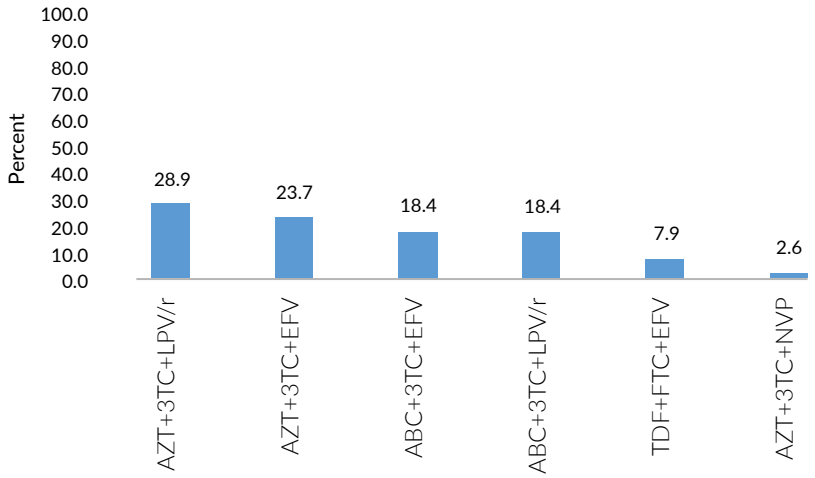
Percentage of ART regimens in adults



ART regimens in children

	No.	%
AZT+3TC+LPV/r	11	28.9
AZT+3TC+EFV	9	23.8
ABC+3TC+EFV	7	18.4
ABC+3TC+LPV/r	7	18.4
TDF+FTC+EFV	3	7.9
AZT+3TC+NVP	1	2.6
Total	38	100.0

Percentage ART regimens in children



Pre ART drug resistance surveillance

A pre-ART drug resistance (PDR) survey was planned to understand the extent of pre-existing HIV drug resistance among patients initiating or reinitiating ART. This activity is funded by the GFATM. Dried Blood Spot samples will be sent to National AIDS Research Institution (NARI), India from all ART initiators and re-initiators who are over 15 years. An external consultant for this survey has been identified through the WHO and steering committee meetings and advocacy meetings were carried out. The ethical approval was obtained from the Ethics Review committee of the PGIM, and the survey will be starting in February 2021. Eighteen HIV clinics have been identified for this study.

The establishment of HIV drug resistance at NSACP is planned as the second part of PDR survey and will be starting in near future. Currently, HIV Drug resistance tests are being sent and tested in India in clinically suspected PLHIV with drug resistance.

HIV and TB collaboration

Weekly TB screening clinic is being conducted on Wednesdays at Colombo HIV clinic by the Medical Officers of the central chest clinic Colombo. INAH prophylaxis is provided from Colombo clinic to provide services under one roof. A guideline is being prepared by the chest physicians on provision of INAH prophylaxis for PLHIV.

COVID -19 pandemic and HIV services

Following measures were taken to maintain HIV care services including ART distribution during COVID-19 pandemic and NSACP was able to provide satisfactory ART services during 2020.

1. STD clinics were open daily during curfew hours.
2. STD clinics were provided additional stocks to be used for any PLHIV seeking ART services irrespective of the STD clinic under which they are registered.
3. PLHIV was requested to visit the closest clinic for ART. If the visit is not possible, drugs were delivered to home or sent by post.
4. All PLHIV who have failed to turn up on the given dates for follow up visits were contacted by phone and appropriate ART services were arranged.
5. All foreigners with HIV who were stranded in the country and sought assistance for were provided ART services.
6. PLHIV organizations were requested to support delivering drugs to their members. Through NSACP transport is arranged by NGO (Family Planning Association) and formal letters have been provided by NSACP for curfew passes. Three visits were made by PLHIV organization Lanka Plus to cover many districts to provide ART for their members.
7. Media release has been issued by the Director, NSACP regarding the availability of STD clinic services including ART during curfew hours for PLHIV emphasizing the importance of continuity of services.
8. Publicity for the services of STD clinics including ART services was given through NSACP website and NSACP Facebook indicating telephone numbers of all STD clinics.
9. A hotline number was displayed for PLHIV to contact when necessary.
10. PLHIV were advised to obtain vaccines from their areas of residence in community vaccination programmes.

Differentiated HIV care model for PLHIV

The National STD/AIDS Control Programme of Sri Lanka has planned training of PLHIV on comprehensive HIV care services and differentiated HIV care model. The training included modes of HIV transmission, availability of antiretroviral treatment, drug adherence, importance of viral suppression, family planning methods, issues related to loss to follow up, measures of HIV prevention and nutrition which are considered as important areas to be enlightened among PLHIV. Empowering PLHIV to maintain responsible behaviours leads to low community viral load in the country which is a timely need and would have an enormous impact on the national response to HIV to reach the goal of ending AIDS in 2025 in Sri Lanka. Virtual meetings were carried out for PLHIV organisations with the aim to spread the message to the rest of the membership through the participants.

ART guideline update

The current ART guideline is updated in 2020 including new recommendations from WHO such as dolutegravir as the first-line ART regime in PLHIV. Based on WHO recommendations, NSACP is currently phasing out NVP based regimes to other regimes.

PLHIV groups

There are three positive support groups for PLHIV.

- Positive Women's Network
- Positive Hopes Alliance
- Lanka Plus

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

Challenges

During 2020, NSACP scaled up HIV care services by increasing the number of ART centres in the country from 27 to including many clinics in the Northern and Eastern provinces. Human resource issues and delay in ART procurement have affected the programme significantly. The preventive activities such as defaulter tracing and contact tracing are affected significantly due to lack of human resources. As the numbers of PLHIV are increasing gradually, STD clinics need to be prepared to provide long-term care. The lack of space and lack of human resources are areas which need urgent attention of the authorities. Estimating the requirement of ARV drug is a challenge, and the long procurement process further affects the continuous supply of ARV drugs. It is encouraging to note that the services for PLHIV have strengthened in quality through specialist services and increased in accessibility through island-wide network of STD clinics.

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ART Cohort Analysis 2020

1. Outcome of people with HIV who started ART in 2019 (12 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	342	60	282	4	338
	Status (outcome) after 12 months of starting ART					
b.	On 1st line regimen	305	55	250	3	302
c.	On 2nd line regimen	0	0	0	0	0
d.	Stopped for medical reasons (S)	2	0	2	0	2
e.	Lost to follow-up (F)	16	1	15	0	16
f.	Dead (D)	19	4	15	1	18
g.	Number alive and on ART(A) = {N - (S+D+F)}	305	55	250	3	302
h.	Percentage of persons alive and on ART (A/Nx100)	89%	92%	89%	75%	89%
i.	% of viral load suppression** among persons alive and on ART in 2020	88%	85%	89%	100%	88%

2. Outcome of people with HIV who started ART in 2018 (24 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	303	58	245	4	299
	Status (outcome) after 24 months of starting ART					
b.	On 1st line regimen	262	47	215	4	258
c.	On 2nd line regimen	3	0	3	0	3
d.	Stopped for medical reasons (S)	1	1	0	0	1
e.	Lost to follow-up (F)	19	8	11	0	19
f.	Dead (D)	18	2	16	0	18
g.	Number alive and on ART(A) = {N - (S+D+F)}	265	47	218	4	261
h.	Percentage of persons alive and on ART (A/Nx100)	87%	81%	89%	100%	87%
i.	% of viral load suppression** among persons alive and on ART in 2020	92%	0%	93%	91%	93%

3. Outcome of people with HIV who started ART in 2017 (36 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	279	66	213	5	274
	Status (outcome) after 36 months of starting ART					
b.	On 1st line regimen	237	56	181	5	232
c.	On 2nd line regimen	5	2	3	0	5
d.	Stopped for medical reasons (S)	0	0	0	0	0
e.	Lost to follow-up (F)	20	5	15	0	20
f.	Dead (D)	17	3	14	0	17
g.	Number alive and on ART(A) = {N - (S+D+F)}	242	58	184	5	237
h.	Percentage of persons alive and on ART (A/Nx100)	87%	88%	86%	100%	86%
i.	% of viral load suppression** among persons alive and on ART in 2020	95%	87%	97%	50%	95%

4. Outcome of people with HIV who started ART in 2015 (60 months) by sex and age*

		Total	Female	Male	<15 yrs.	15+ yrs.
a.	Number who initiated ART (N)	191	56	135	7	184
	Status (outcome) after 60 months of starting ART					
b.	On 1st line regimen	159	49	110	6	153
c.	On 2nd line regimen	3	0	3	0	3
d.	Stopped for medical reasons (S)	0	0	0	0	0
e.	Lost to follow-up (F)	15	5	10	0	15
f.	Dead (D)	14	2	12	1	13
g.	Number alive and on ART(A) = {N - (S+D+F)}	162	49	113	6	156
h.	Percentage of persons alive and on ART (A/Nx100)	85%	88%	84%	86%	85%
i.	% of viral load suppression** among persons alive and on ART in 2020	92%	100%	92%	90%	93%

Age at ART initiation in years

** *<1000/ml among VL available*

Post Exposure Prophylaxis for HIV

Post Exposure Prophylaxis for HIV

Heshani Colambage[1]

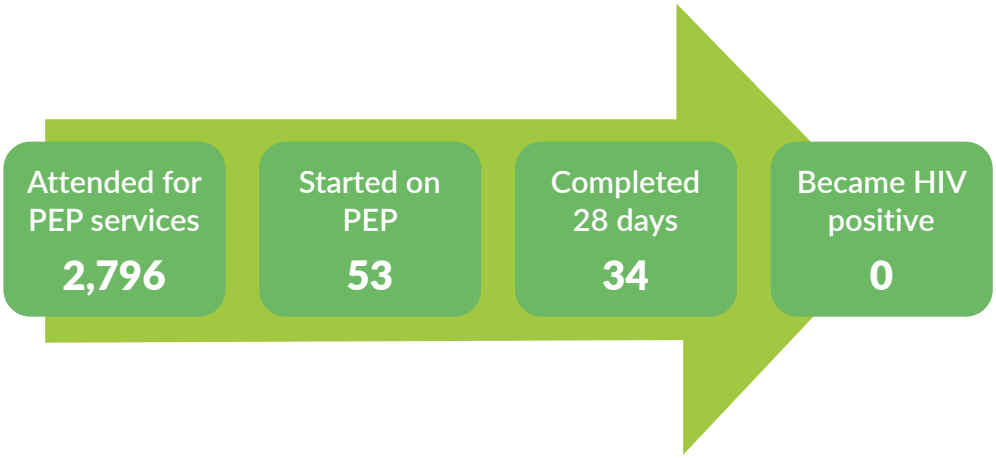
National STD/AIDS Control Programme provides post exposure prophylaxis (PEP) to those who are potentially exposed to HIV in STD clinics and also to provide starter packs of ART to identified 24-hour functioning units in all 25 districts.

Mostly PEP is given to prevent HIV transmission following accidental exposures to potentially hazardous material for the healthcare workers. However, PEP is increasingly provided for potential sexual exposures after analyzing the risk of the exposure.

Antiretroviral drugs are always issued following thorough counselling of the importance of taking PEP and the possible side effects. Post exposure prophylaxis should be continued for 28 days with good compliance to prevent HIV transmission by the exposure.

A total of 2,796 clients attended STD clinics during 2020. Of these PEP started in 53 clients and 34 completed the full 28-day course of ART. Of the clients who attended for PEP services, 272 attended for the follow up HIV screening in three months. None of them become positive for HIV infection.

Summary of PEP provided for occupational exposures in 2020



When considering the antiretroviral regimens used for PEP, TDF+FTC+EFV was the commonest regimen (53%) followed by TDF+FTC+LPV/r (32%) and TDF+FTC+RAL (9%). Other regimens used for the remaining 6% (TDF+FTC combined with DRV/r, ATV/r or DTG).

ART regimen used for Post Exposure Prophylaxis for HIV during 2020

ART regimen	No. of clients	Percentage
TDF+FTC+EFV	28	52.8%
TDF+FTC+LPV/r	17	32.1%
TDF+FTC+RAL	5	9.4%
Other	3	5.7%
Total	**53**	**100.0%**

[1] Senior registrar in Venereology

Locations of PEP in Sri Lanka

District	Institution	Unit of location	Contact Number
Ampara	DGH - Ampara	ETU	063 222 2262
Anuradhapura	TH – Anuradhapura	Medical ICU	025 2222261 Ext 700/701
		STD clinic	025 2236461
	BH- Thambuththegama	Medical ward	025 2276262
	BH – Padaviya	Medical ward	025 2253261
	DH – Madavachchiya	Medical ward	025 2245661
Badulla	PGH – Badulla	ETU/ ICU	055 2222261 Ext.322
		STD clinic	
	BH – Welimada	Ward 04 – medical ward	055 2222578
	BH – Diyathalawa	ETU	057 2245161 057 2229061
	BH – Mahiyanganaya	STD clinic	055 4936779
		ETU, operating theatre	055 4936722
Batticaloa	TH Batticaloa	ETU	065 2222261-2
		STD clinic	065 2057078
Colombo	National Hospital of Sri Lanka	OPD room number 08	011 2691111 Ext 2417
	Lady Ridgeway Hospital	Indoor dispensary	011 2693711-2 Ext. 219, 242
	De Soysa Maternity Hospital	Emergency theatre (OT2)	011 2696224-5 Ext.326
	Castle Street Hospital for Women	Intensive care unit (ICU)	011 2696231-2 Ext.2230
	National Eye hospital	Room 4 (OPD)	011 2693911-5 Ext.231
	TH- Sri Jayewardenepura	Indoor pharmacy	011 2802695-6 Ext.3032
	TH- Kalubowila	Infection control unit (7am-4pm)	011 2763261 Ext. 129
		OPD room number 20 (after 4pm)	011 2763261 Ext. 218
		STD clinic	011 4891055
	NIID - IDH	Infection control unit	011 2411284 Ext.264
		Ward 03	011 2411284 Ext. 210
	BH - Homagama	PCU	011 2855200 Ext. 224

Galle	TH Mahamodara	STD clinic	091 2245998
		Indoor Dispensary	091 2222261, 091 2234951
		ETU	091 2232267, 091 2232176
	BH Balapitiya	STD clinic	091 2 256822
		ETU	091 2 258 261 Ext. 266
	BH Elpitiya	ETU	091 2 291 261 Ext. 114
Gampaha	TH Ragama	SICU	011 2959261-4 Ext 623
		STD clinic	011 2960224
	DGH – Gampaha	PCU	033 2222261 Ext 200
		STD clinic	033 2234383
	DGH Negombo	MICU	031 2222261 Ext 439
		STD clinic	031 2222261 Ext 144 031 2239016
	BH – Wathupitiwala	ICU	033 2280261-2
		STD clinic	033 2280261-2 Ext 255
Hambantota	DGH – Hambantota	PCU	047 2222247
		STD Clinic	047 2222247
	BH - Tangalle	PCU	047 2240261
		STD clinic	047 2240261 Ext.220
	BH - Tissamaharama	Pharmacy	047 2237261
	BH - Walasmulla	ETU	047 2245261
Jaffna	TH Jaffna	A & E (1st floor–Room 2)	021 2222261
		STD clinic	021 2217756
Kalutara	GH - Kalutara	Accident and emergency unit	034 2222261, Ext.250
		STD Clinic - Kalutara	034 2236937
	BH - Panadura	ETU	038 2222261 Ext.243
	Kethumathi Maternity Hospital	Operating theatre	038 2232361
	BH- Horana	PCU	034 2261261 Ext.1135
Kandy	TH- Kandy	ETU	081 2233338, 081 2234208
		STD clinic	081 2203622
	BH - Gampola	ETU	081 2352261
	DBH- Teldeniya	ETU	081 2374055
	DGH - Nawalapitiya	ETU	054 2222261
		STD clinic	054 2222261 Ext. 230

Kegalle	TH- Kegalle	ETU	035 2222261
		STD clinic	035 2231222
	BH - Mawanella	ICU	035 2247835
	BH - Karawanella	ETU	036 2267374
	BH - Warakapola	ETU	035 2267261
Kilinochchi	BH -Kilinochchi	ETU	021 2285329
		STD clinic	021 2283709
Kurunegala	TH - Kurunegala	STD clinic	037 2224339
		A&E, ICU	037 2233909
	BH - Nikawaratiya	ICU	037 3378060
	BH - Dambadeniya	PCU	037 2266592
	BH - Galgamuwa	PCU	037 2253061
	TH - Kuliyapitiya	STD clinic	037 2281261
		A&E	037 2281261
Matale	DGH - Matale	STD clinic	066 2053746
Matara	DGH - Matara	ETU	041 2222261 Ext.161
		STD clinic	041 2232302
	BH-Deniyaya	ETU	041 02273261
	BH-Kamburupitiya	ETU	041 02292261
	Asiri Hospital Matara	ETU	041 07501501
Monaragala	DGH Monaragala	Primary care unit	055 2277024
		STD clinic	055 2276826
	BH Bibila	PCU	055 2265461 Ext 135
	BH Wellawaya	PCU	055 2274861 Ext 159
	BH Siyambalanduwa	PCU	055 2279460 Ext 109
Mullaitivu	DGH Mullaitivu	STD clinic	021 2061412
Nuwara Eliya	GH Nuwara Eliya	OPD	052 2234393
		STD clinic	052 2223210
	BH Dickoya	OPD	051 2222261
	BH Rikillagaskada	OPD	081 2365261
Polonnaruwa	GH- Polonnaruwa	ETU	027 2222384
		STD clinic	027 2225787

Puttalam	DGH Chilaw	PCU	032 2223261
		STD clinic	032 2220750
	BH- Puttalam	PCU	032 2265496 Ext 215
		STD clinic	032 2265496, 0701941313
Ratnapura	PGH - Ratnapura	ICU	045 2225396, Ext.225, 337
		STD clinic	045 2226561
	BH - Balangoda	Ward 02 (Medical ward)	045 2287261 Ext 273
	BH - Embilipitiya	ICU	047 2230261 Ext 244
		STD clinic	047 2230261 Ext 192
Trincomalee	GH Trincomalee	ETU	026 2222261
		STD clinic	026 2222563
	BH Kanthale	ICU, wards	026 2234261
	BH Pulmoddai	Wards	026 2256161
	BH Muthur	Wards	026 2238261
	DH Gomarankadawala	Wards	026 3261073
	BH Kinniya	Wards	026 2236261
	DH Padavi Sripura	Wards	025 2255261
Vavuniya	DGH Vavuniya	ETU	024 2224575
		STD clinic	024 2224575

Condom Promotion

Condom Promotion

Chandrika Jayakody[1] and Rachini Perera[2]

Condom promotion plays an important role in HIV/STIs prevention. It is a highly effective strategy to reduce the risk of acquisition and transmission of HIV and STIs. While preventing HIV/STIs it facilitates saving the capital sum that is to be spent on treatment and care following the disease.

Many players promote condoms in the country, which include health departments, community based organizations (CBOs), non-governmental organizations (NGOs) and private organizations. NSACP plays a major role in distributing condoms among risk groups as a method of HIV/STIs prevention.

NSACP promotes condoms through its network of STD clinics and peer-led targeted intervention programmes which is conducted through district STD clinics and family planning association (FPA) among key populations. Peer-led targeted programmes help to distribute free condoms in diverse venues among key populations.

NSACP has several responsibilities over condom promotion

1. **Evaluation of condoms and lubricants**

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

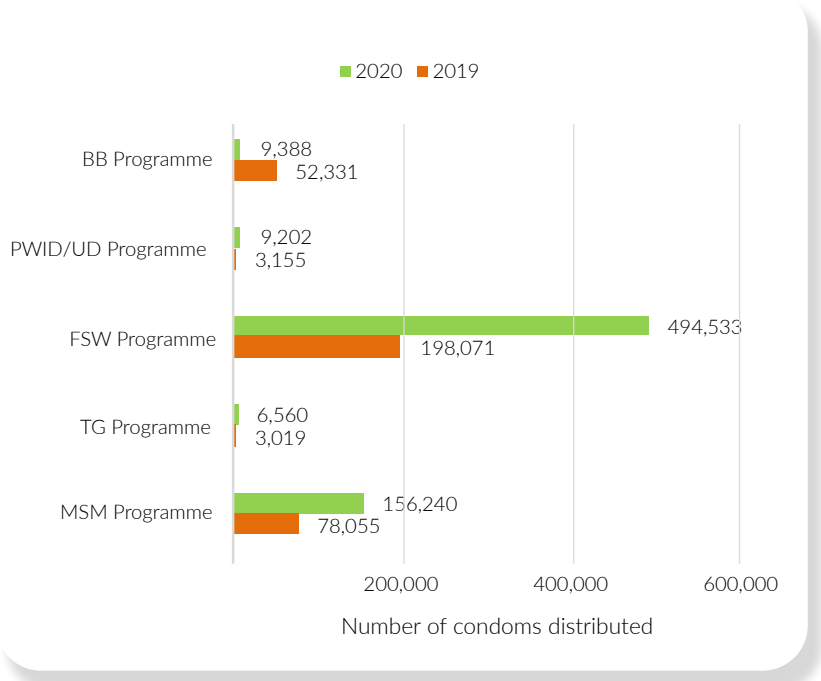
2. **Distribution of condom dispenser**

   The condom dispensers were distributed island-wide through peripheral STD clinics, 500 condom dispensers in 2019 and 44 more condom dispensers in 2020 as a measure to increase the availability and the accessibility of free condoms and lubricants to the public. It further promotes safe sex as well as a social venture to remove the taboo around purchasing condoms.
   The main locations identified by the clinics were STD clinics, hospitals, police stations, supermarkets, filling stations, construction sites, hotels, SPAs, economic centres and MOH offices.

3. **Condom promotion through social media campaign**

   The National STD/AIDS Control Programme is promoting the importance of using condoms through targeted social media campaigns to most at risk of HIV and STIs.

Number of condoms by NGO Principal Recipient (PR2) in 2019 and 2020



[1] Consultant Venereologist, [2] Acting Venereologist

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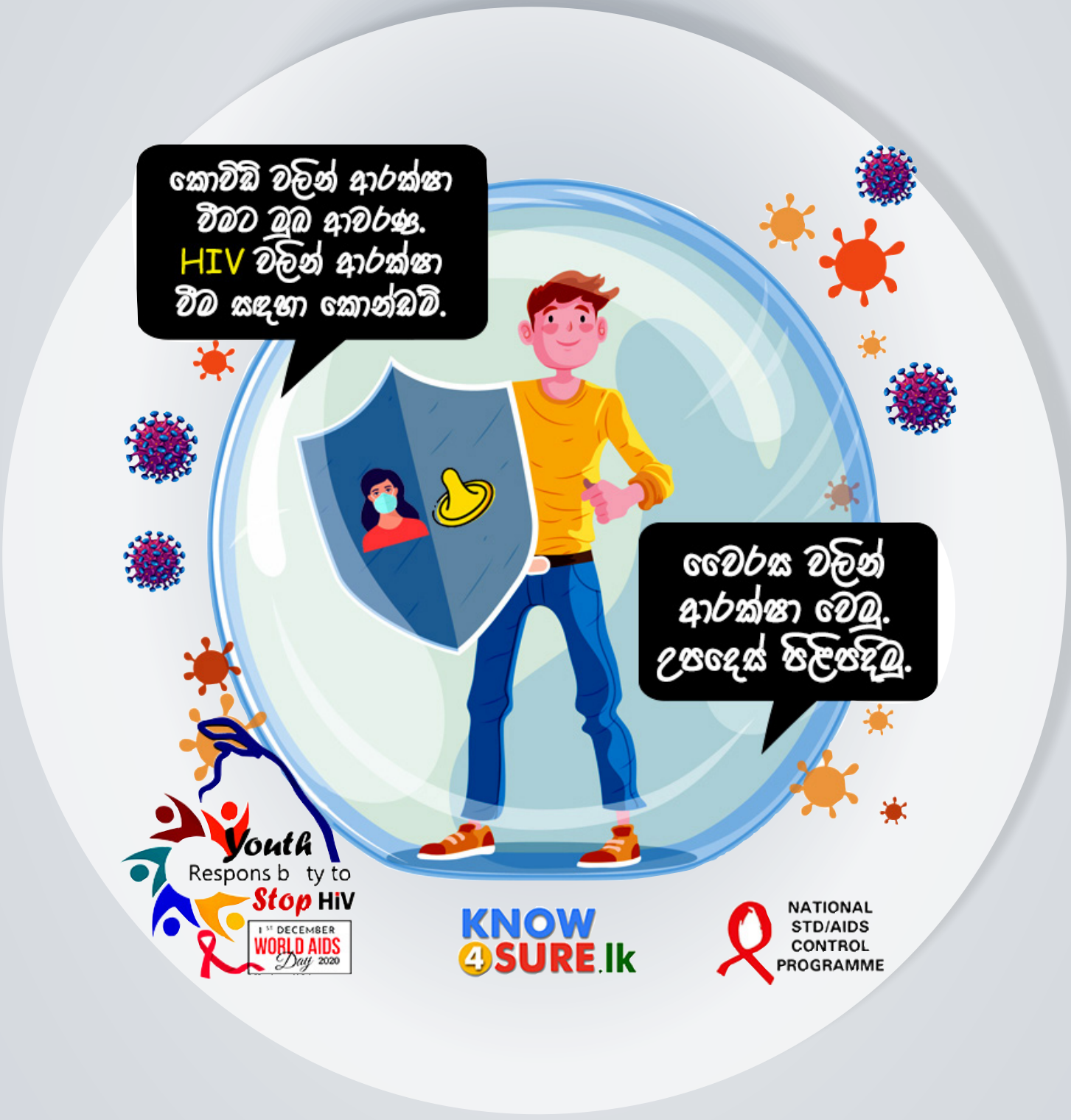
Number of condoms and lubricants distributed by STD clinics

STD clinic	Condoms	Lubricants
Ampara	15,290	900
Anuradhapura	22,142	2,000
Avissawella	4,469	52
Badulla	6,474	800
Balapitiya	4,320	200
Batticalloa	3,266	1,100
Chilaw	8,050	5,170
Colombo	29,260	5,956
Dambulla	490	-
Embilipitiya	4,744	20
Gampaha	4,762	800
Hambanthota	25,889	9,790
Jaffna	18,233	6,700
Kalmunai	9,791	80
Kalubowila	24,432	11,350
Kalutara	11,060	-
Kandy	3,952	11,900
Kegalle	22,348	2,800
Kilinochchi	3,500	4,500
Kuliyapitiya	1,820	1,350
Kurunegala	25,034	3,900
Mahamodara	14,611	3,960
Mahiyanganaya	4,449	986
Mannar	980	-
Matale	30,107	1,890
Matara	21,335	2,650
Mullaitivu	1,728	200
Negombo	6,419	1,500
Nuwaraeliya	25,932	200
Panadura	150	98
Polonnaruwa	32,863	1,000
Puttalam	150	10
Ragama	4,805	310
Ratnapura	21,995	6,600
Trincomalee	4,480	1,113
Vauniya	7,200	1,600
Wathupitiwala	2,003	234
Total	428,533	91,719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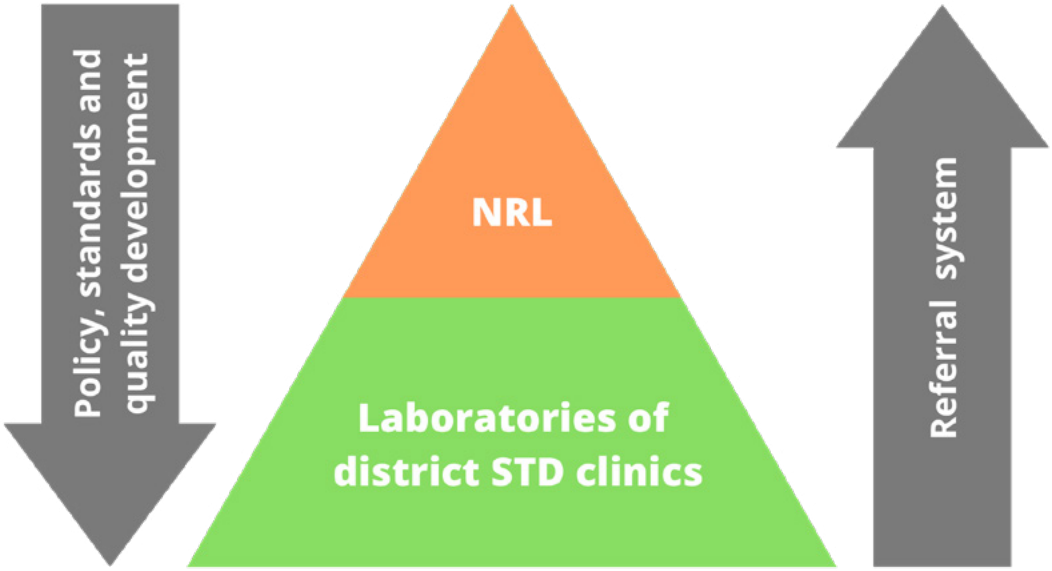
Laboratory Services 2020

Laboratory Services 2020

Jayanthi Elwitigala[1]

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

Laboratory services for STIs and HIV in Sri Lanka



There are 41 district STD clinics with functioning laboratories in the country. Of these, laboratories of STD clinics in Anuradhapura, Mahamodara and Kandy are considered as intermediate level laboratories with testing facilities available for monitoring persons living with HIV.

Diagnosing STI and HIV

The district clinic laboratories are mainly equipped for screening of HIV and syphilis and for the microscopy services for syphilis, HSV, gonorrhoea, trichomoniasis and candida. At present, the majority of the peripheral laboratories can perform routine HIV screening using the ELISA technique. The tests for screening and confirmation of syphilis too are available in laboratories of all STD clinics. The rapid HIV tests are provided to all the clinics to screen HIV.

Acknowledgements: Nilmini Malliyawadu[2] , Kumari Karunarathne[3], Hemali Attanayake[4]
[1]Consultant Microbiologist, [2]Medical officer, [3]Registrar in Venereology, [4]Chief Medical laboratory technologist

Percentage of antimicrobial resistance of Neisseria gonorrhoea

	2016	2017	2018	2019	2020
Ceftriaxone	0	0	0	0	0
Spectinomycin	0	0	0	0	0
Tetracycline	1.5	3.1	8.3	14.8	NA
Penicillin	64.2	60.3	75	59.6	60.2
Ciprofloxacin	97.0	93.6	83.3	76.5	75.8
Cefuroxime	NA	NA	NA	NA	NA
Cefixime	NA	NA	NA	NA	NA

(NA- Not available)

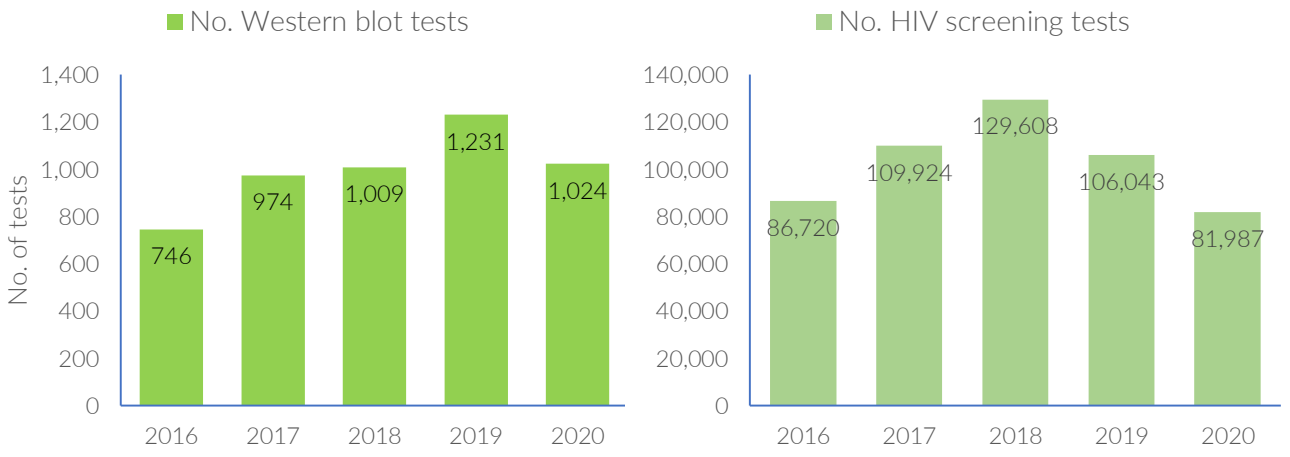
Monitoring of the antimicrobial resistance pattern of Neisseria gonorrhoea is regularly conducted by the NRL. Above graph indicates the antimicrobial resistance pattern of Neisseria gonorrhoea from 2015-2020. Only ceftriaxone and spectinomycin have been shown no resistance to Neisseria gonorrhoea samples tested at NRL.

Currently the confirmatory test for HIV is only available in the NRL. It provides HIV confirmation services to the National blood transfusion service, all the government hospitals/institutions and to private-sector laboratories free of charge.

During 2020, the services of NRL and the district laboratories continued amidst the COVID-19 crisis, with limited staff working prolonged sessions. However, the testing numbers were reduced due to the lockdown situation in certain areas.

Number of Western blot and HIV screening tests done in NRL, 2016-2020

The above figure shows the number of HIV screening tests and HIV confirmatory tests done at NRL from 2014 to 2020. There is a

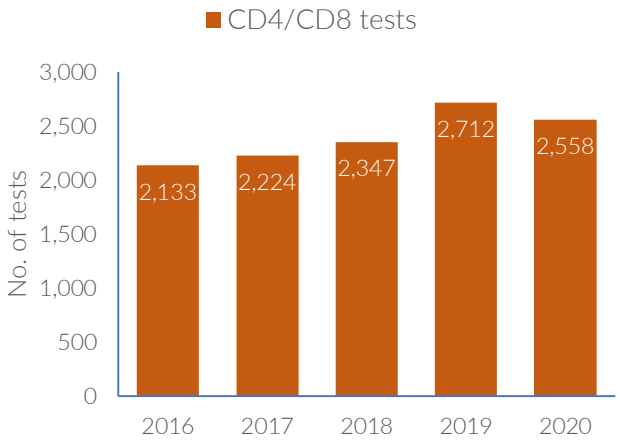


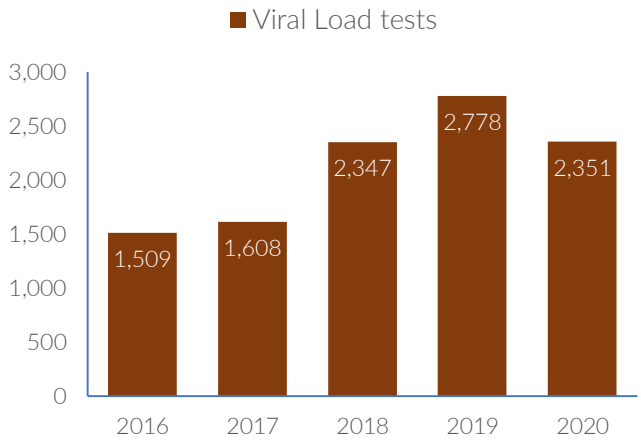
gradual increase in the confirmatory tests with the number of HIV screening tests performed by NRL from 2014 to 2018. Number of HIV screening tests dropped significantly in 2019 due to the decentralization of HIV testing services. Number of screening tests and the number of confirmatory tests dropped in 2020 due to the COVID-19 related issues.

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

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

CD4/CD8 and Viral load tests performed at NRL, 2016 to 2020





Decentralization of CD4 testing facilities

Currently, CD4 testing facilities are available at NRL, Galle, and Kandy, Kurunegala, Anuradhapura, Kalutara, Batticaloa, Nuwara Eliya, Badulla, and Kegalle STD clinic laboratories. They perform a fair number of CD4 tests at service delivery point while reducing the workload of NRL.

Biochemistry and Haematology testing

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

Microscopy laboratory at NRL

Summary of microscopy tests performed by the Public Health Laboratory Technicians in 2020 are given in the below table.

The workload of NRL and Peripheral STD Microscopy Laboratories, 2020

Place of testing	Total dry smears	Total wet smears	Urine tests	EQA samples	Total
NRL Microscopy laboratory	6,888	3,133	5,543	3,053	18,617
Peripheral laboratories	22,499	8,098	3,470	-	34,067
Total	**29,387**	**11,231**	**9,013**	**3,053**	**52,684**

Reagent supply for testing

Test kits for diagnosing and monitoring of HIV, syphilis, and gonorrhoea are distributed from NRL. The test reagents for 3 rapid test algorithms for HIV were ordered in 2020. This testing algorithm will be implemented in 2021.

Quality assurance in testing for STI and HIV

Quality assurance is a key area of diagnostic services, and attempts were made to strengthen the quality assurance at NRL and the peripheral laboratories.

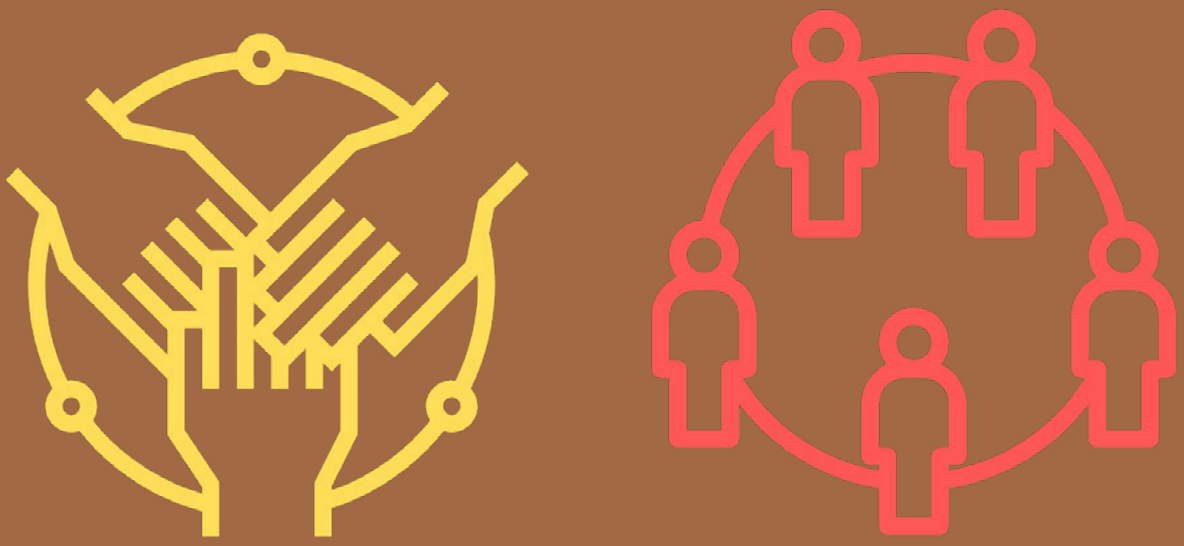
- Calibration of laboratory equipment was done at NRL and all the peripheral STD laboratories with GFATM funds.
- An equipment survey was conducted in 2020 for identifying the gaps in peripheral and at central level.
- Online training was conducted on supply chain management for NRL staff and peripheral STD clinic laboratory staff including consultant venereologists.

External quality assessment (EQA)

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

- The NRL participates in EQA for HIV screening and confirmatory testing conducted by the national reference laboratory for HIV in Australia.
- Proficiency testing for syphilis serology is under the preview of the Centers for Disease Control, Atlanta, USA, and is performed once in two months.
- The quality assessment programme for Gonococcal Antimicrobial Susceptibility is carried out with the WHO collaborative centre in Australia.
- NRL participates in EQA for CD4 tests conducted by Siriraj hospital, Mahidol university, Thailand. Due to the difficulties faced with delivery of the panel, the programme was not active during 2020.
- External quality assurance in peripheral laboratories. EQA panels of HIV screening, syphilis and microscopy tests are prepared from NRL and are sent to peripheral laboratories once a year to maintain the high quality of testing in peripheral laboratories for STI. All the laboratories have performed well in the external quality assurance process.

Multisectoral Collaboration



Multisectoral Collaboration

Geethani Samaraweera[1], Madavi Premachandra[2] and Upeksha Jayaratne[3]

The multisectoral unit of NSACP plans activities according to the National Strategic Plan for HIV prevention and focus priority on interventions directed towards key populations and vulnerable groups. The unit coordinates and works in partnership with the public, private, and civil society organizations, getting their support and commitment, enabling a conducive environment for the prevention of HIV and STIs in Sri Lanka. The unit contributes technical support for advocacy, capacity building and awareness for respective sectors to internalize STI and HIV prevention activities.

Multisectoral subcommittee meeting

The multisectoral subcommittee meets once a year and in 2020 the subcommittee meeting was held in March 2020. (The aim of the subcommittee is to review activities carried out in the previous year and to plan activities for the coming year.) The meeting was held with the participation of stakeholders namely the prison authorities, Tri Forces, police, youth sector, child protection authority, UNFPA, FPA and PLHIV organizations. They shared their concerns and views about the multisectoral approach for the prevention of HIV and STIs in Sri Lanka.

1. Prison sector HIV and STI prevention programme

NSACP has identified prison inmates as an important key population that need to be targeted for HIV prevention, testing and STI prevention activities. Therefore, the multisectoral unit conducted several activities in prisons in collaboration with the department of prison with the aim to minimize HIV and STI burden within the prisons.

According to the prison statistics in 2020, on average around 24,000 prison inmates were occupying the prisons in Sri Lanka each day, and among them, around 1,000 were female inmates.

Advocacy for prison authorities, awareness programs for rehabilitation officers, training of trainers on behaviour change communication, training of peer leaders in prisons island wide and life skills-based health education for young offenders were targeted to prevent HIV/AIDS and STIs among the prison inmates. The interventions were based on a communication strategy developed for the prison sector and the Global Fund provided financial support for the prison programmes.

1.1. Prison Steering Committee

Three prison HIV steering committee meetings were held during 2020 with the participation of relevant stakeholders from NSACP, Prison health authorities and prison department. The aim of the steering committee is to review and support the prison sector HIV prevention activities, identify barriers for HIV prevention in prisons and find solutions and plan future activities. The committee had quarterly meetings during 2020 at the prison headquarters in Welikada and discussed the suggestions about the training programmes and other health promotion activities, the progress of the activities, management of HIV-infected prison inmates, HIV testing in prisons and issues related to the ongoing interventions.

[1]Consultant Venereologist, [2]Medical Officer, [3]Assistant activity coordinator

1.2 Training of Trainer (ToT) programme

In 2020 NSACP trained a total of fifty-nine (59) uniform officers including counsellors and lady officers from island-wide prisons as trainers in three-day training workshops conducted at the prison training school in Welikada.

1.3 Training of peer leaders

The peer leaders selected from new prison inmates are trained by prison welfare officers who were already trained as trainers for HIV and STI. Twenty (20) prison peer educators from each prison were selected and trained for behaviour change communication and a total of eight hundred and forty (840) prison inmates were trained in thirty (30) prisons island-wide in two rounds during 2020. The trained peer leaders provide education and counselling for other inmates through formal and informal ways. All peer leaders were given a peer leader badge as a recognition of the service they provide for their peers to improve HIV and STI awareness inside the prison.

1.4 Training programmes on life skills for young offenders

In 2020, two training programmes were conducted in Wataraka and Welikada prisons for young prison inmates aiming to improve knowledge and develop necessary life skills to minimize risk of HIV and STI within and outside the prisons. Fifty-five (55) young offenders participated in the programmes. In addition to resource persons from NSACP, resource persons from the mental health unit also contributed for the training programme.

1.5 Prison HIV testing

NSACP along with district STD clinics provide HIV and STI testing services for prison inmates according to the HIV testing guidelines for the prison setup. The Multisectoral unit promotes HIV testing in prison through regular health education and peer leader training as formal and informal discussions are carried out by peer educators.

1.6 Prison specific IEC material development and printing

Two new IEC materials were developed targeting HIV prevention in the prison setting.

» Development of a video clip for prison inmates, “Man Positive” (I am positive)

A video clip was developed around a story about an injecting drug user. The aim of the video is to provide information on prevent HIV transmission through injecting drug use, promote HIV testing and reduce stigma and discrimination for HIV positives in the prison setting. The technical inputs for the production of the video was provided by the resource persons from NSACP, Health Promotion Bureau, Prison Department, NGOs working for drug users and their communities.

» **"Palangatiyo" (grasshoppers) comic paper**

This comic paper was designed to provide entertaining reading materials for prison inmates with simple HIV prevention messages in a creative manner. Some of the stories were designed by prison inmates.

In addition to the above two, "Daam" boards which were designed in 2019 were distributed among prison inmates. On request of the prison inmate, previous episodes of "33 Kamaraya" (room number 33) telecast in Hiru TV were copied into CDs and distributed to all prisons.

1.7 Guide for the management of female prison inmates to eliminate mother to child transmission of HIV and Syphilis

The above guide which was developed in 2019 was finalized and printed by NSACP in 2020. The activity was coordinated by the EMTCT unit and multisectoral unit of NSACP and the technical inputs were provided by NSACP, FHB, Prison medical staff, prison authorities and other relevant stakeholders.

2. HIV and STI prevention programme for Tri-forces

HIV prevention activities for Tri-forces have been identified as one of the important areas by NSACP considering their special vulnerabilities. Therefore, continuous TOT programmes have been carried out for army, navy and air force personnel who will in turn train other officers on HIV prevention. Though the planned training programme could not be continued during the year due to non-availability of funds and COVID-19 pandemic, already trained trainers were able to continue educational activities. 13,821 army personnel, 13,995 naval officers, and 1,787 air force officers were tested for HIV during the year.

3. HIV and STI prevention programme in the Police sector

Police officers are identified as important stakeholders in HIV prevention activities. As low enforcement officers they work every day with key populations especially with sex workers, drug users and transgender individuals in their day-to-day work. They also deal with prison inmates, especially with people who are remanded in custody. The Police Department plays a vital role in creating a conducive environment for HIV prevention testing, treatment and care services. Therefore, NSACP works hand in hand with the department of police to advocate and educate police officers about HIV and their crucial role in HIV prevention activities in the country.

The advocacy and TOT programmes that were planned for the police sector during the year were cancelled due to non-availability of funds.

3.1. Survey among police officers

A survey was planned among island wide police officers with the aim to assess the effectiveness of the current HIV awareness and advocacy program in the police sector. The title of the survey is "Assessment of knowledge and attitudes among police officers regarding HIV, key populations and laws affecting HIV service provision for key populations in Sri Lanka and their current practices related to such laws."

The initial planning of the survey including proposal writing development of the questionnaire was completed in 2020 and the ethical approval was granted from post graduate institution of medicine, Colombo. The survey will be completed in 2021.

4. HIV and STI prevention programmes for the youth

Youth leader training camps are conducted in every Divisional Secretariat by Sri Lanka Youth Council and youth officers keep a close contact with the community. Nine thousand six hundred and twenty-nine (9,629) youth were educated in the year 2020, by the Youth officers trained by NSACP in forty-nine (49) Youth Corp centres island wide and an awareness programme on HIV and STD prevention is included in the six (6) months course of personality development. Youth corps and youth council officers collaborate with the district STD clinics and area MOH for necessary support and guidance in delivering awareness programmes at the field level.

5. HIV and STI prevention programme for National Child Protection Officers

The Multisectoral unit continued to work with the National Child Protection Authority in 2020.

IEC material developed for National Child Protection Authority

- Booklet guide on HIV and STI prevention for child protection officers

  The booklet was developed for child protection officers who are working for NCPA to guide them while counselling the children with sexual health issues in the field. The booklet provides information on sexual challenges, HIV, STI and ways of HIV/STI prevention.

- Flashcard on condom demonstration: A flash card was developed to support condom demonstration for needy children during the counselling sessions in the field.

- It is planned to conduct a special workshop for NCPA officers on how to use the above guide and the condom flashcard appropriately and effectively.

6. Education sector - HIV and STI prevention programme

NSACP has identified the education sector as one of the important sectors for HIV prevention, especially with the gradual increase of new HIV diagnosis among 15 to 24 year old individuals. In 2020, the multisectoral unit worked together with the Sri Jayawardenapura University and conducted a session on sexual health, HIV and STIs for the first-year students of the Department of Applied Sciences as a part of their introductory course. Awareness programmes were conducted in schools with the request from the relevant schools. Programmes were conducted for Lindsay Balika Vidyalaya and Gothami Balika Vidyalaya and about 1200 students participated in the programme.

7. HIV prevention programme for key and vulnerable populations

Promotion of condom use among key populations and youth is one of the most important HIV prevention interventions. Based on the findings identified in the situation analysis of condoms in Sri Lanka, the multisectoral unit of NSACP designed a condom micro skill development workshop for the young key population. One day workshops were conducted in Anuradhapura and Colombo and 77 KPs were provided with education and participatory based skill development to improve condom use among key populations. The financial support for the programme was provided by UNFPA. An additional workshop was conducted in Colombo for young KP with FPA funds.

HIV Prevention Intervention for Key Populations

HIV prevention intervention for key populations

Sriyakanthi Beneragama[1] and Sathya Herath[1]

Key populations are defined groups who are at increased risk of HIV due to specific higher-risk behaviours and vulnerabilities. Men having sex with men (MSM), sex workers (SW), transgender women (TGW), people who Inject Drugs (PWID) and people in prisons and other closed settings are considered as key populations. In addition, Beach boys (BB) (tourist service providers in beach areas) are provided targeted HIV prevention programmes in Sri Lanka. The highest impact for controlling HIV epidemic is achievable by targeting combination HIV prevention programmes towards these key populations and their partners.

There are two main models for implementing targeted interventions for KPs as a part of the prevention efforts of the national response to the HIV/AIDs epidemic in Sri Lanka.

1. KP interventions coordinated by Sri Lanka Family Planning Association (FPA). This consists of a peer educator model and the enhanced approach searching from index cases.
2. KP interventions coordinated by the National STD/AIDS Control Programme (NSACP) and its network of district STD clinics supported by the NGOs.

Family Planning Association (FPA) has been the Principal Recipient-2 (PR2) for the Global Fund grant cycles since 2013. They undertook KP interventions in 11 districts from 2013 and 13 districts from 2016. Since then, KP interventions were scaled up gradually with more efficient outreach approaches.

Number of key populations provided with HIV prevention services, 2015-2020

KP size estimate	2015	2016	2017	2018	2019	2020
FSW	4,603	4,372	7,938	8,470	5,120	6,331
MSM	3,638	3,730	4,617	5,793	4,605	5,189
BB	1,727	1,275	2,198	2,257	1,870	2,559
DU/PWID	7,679	8,601	9,734	12,907	329	463
TGW	-	-	-	-	491	284
Total	**17,647**	**17,978**	**24,487**	**29,427**	**12,415**	**14,826**

(Source- NSACP and FPA)

These HIV prevention services include identification and registration in the field by a Peer Educator, education on STI/HIV prevention/testing, provision of condoms and lubricants and referral or escorting for HIV testing.

The KP prevention interventions which were implemented by FPA were gradually transitioned to NSACP from January 2019 after a successful pilot carried out in the latter part of 2018.

The government STD clinics initiated the "social contracting" of KP organizations under this gradual transition, routine peer-led interventions that were carried out by non-governmental and community-based organizations (CBO) were gradually taken over by the district STD clinics and KP units were established in these clinics. Five districts were identified to be transitioned from the FPA in 2019 and six components identified to be operated in these five districts.

The outreach staff of KP units of STD clinics were managed by an identified NGO/CBO which had previous experience with KP programmes. This programme is monitored through specific coverage

[1]Consultant Community Physician

indicators for programme reaching and HIV testing for each KP based on the assigned targets. The information management system is using a Unique Identifier Code (UIC) to each KP. This KP interventions in STD clinics were funded by Global Fund in 2019. The government of Sri Lanka has taken over the funding from Global fund from 2020 according to a transition plan as given in the table below.

The transition of key population HIV intervention to STD clinics, 2019 - 2021

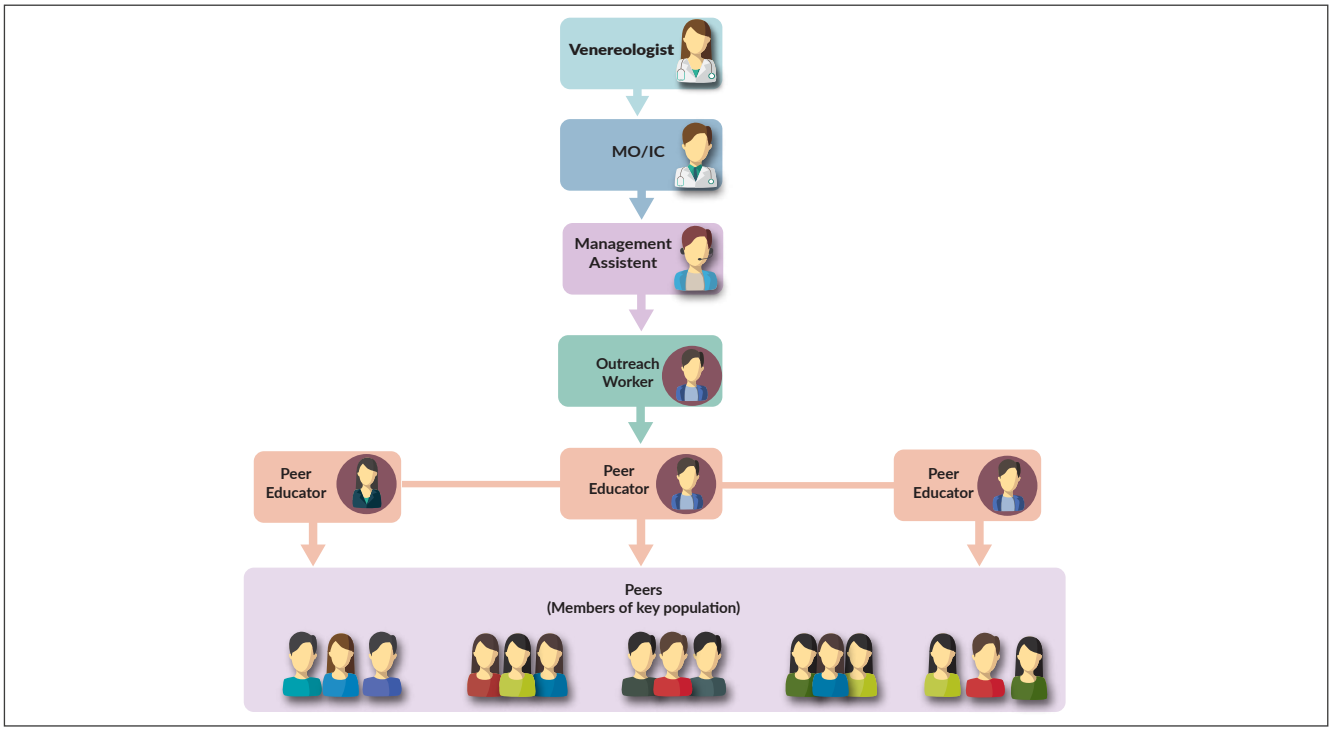
KP Component	2019	2020	2021
MSM	Kurunegala Jaffna	Anuradhapura Galle Kalutara	Hambantota Kandy Kegalle Puttalam
TGW	Jaffna		
FSW	Hambantota Badulla	Anuradhapura Galle Kurunagala	Kalutara Kandy Matara Polonnaruwa Puttalam Ratnapura
BB	Matara	Gampaha (Negombo) Puttalam	Galle Kalutara
PWID	Anuradhapura#	Kalutara	Kurunagala Puttalam

#could not implemented

Key population intervention through STD clinics

One STD clinic per each district will take the primary role while other clinics in the district will take a supportive role in KP interventions.

Organizational Structure of the KP unit of STD clinics



Staff functions

The staff component in each KP unit is as follows.

- One Management Assistant (MA) per district. This individual is a technically qualified person.
- One Outreach Worker per each component. This individual is a current or previous key population member with working experience in HIV prevention programmes for KPs.
- Three Peer Educators per each KP component. This individual is also a current or previous key population member.

Recruitment of KP intervention staff is done in collaboration with the district STD clinic and NGO/CBO. The positions or vacancies are advertised in the local newspapers, notice boards of STD clinics, NGO/CBO, RDHS, PDHS and hospitals. Suitable individuals will be requited through a formal interview process.

Services provided through district STD clinic KP units

- Advocacy programs to district health administrators, social administrators, police and community leaders to reduce barriers to approach services.
- Information education and communication on safe sexual practices
- Promotion of condoms and lubricants
- HIV testing and counselling
- Referral of clients for STI services

Key population reached and HIV testing achievement by STD Clinics in 2020

STD clinic/ District	KP group	Reached			HIV tested and received results			Item distribution	
		Target	Results	Coverage	Target	Results	Coverage	Condom	Lubricant
Kurunagala	MSM	729	553	76%	656	149	23%	4,514	2,071
	FSW	697	377	54%	627	125	20%	7,990	240
Kalutara	MSM	545	70	13%	491	73	15%	14,875	11,375
Jaffna	MSM	271	271	100%	244	271	111%	8,804	1,700
	TGW	20	27	135%	18	23	128%	5,040	1,000
Anuradhapura	MSM	406	206	51%	365	182	50%	0	0
	FSW	596	165	28%	536	72	13%	177	0
Galle	MSM	589	429	73%	530	160	30%	5,674	815
	FSW	676	640	95%	608	127	21%	5710	100
Hambantota	FSW	266	167	63%	239	149	62%	16,271	490
Badulla	FSW	346	248	72%	311	134	43%	6,202	0
Matara	BB	55	526	956%	50	232	464%	14,322	2,930
Negombo	BB	246	56	23%	221	56	25%	5,926	0
Puttalam	BB	80	60	75%	72	47	65%	6,115	0

Community based intervention for people who use and inject drugs (PWUD/PWID)

A rapid assessment conducted by National STD/AIDS control Program and National Dangerous Drug Control Board showed considerable risk of unsafe injection practices and unsafe sexual practices among people who use/inject drugs (PWUD/PWID).

In this context, the NSACP started community-based intervention targeting PWID and the main aim is to provide prevention services on STI, HIV and other blood borne viruses. Activities planned include field testing of HIV, HBV, HCV, syphilis and introduction of interventions to minimize the needle sharing. All the blood tests were done using rapid diagnostic tests and reactive test results were confirmed with confirmatory tests and case management arranged when necessary.

Progress of community-based interventions for PWID in 2020

The NSACP was able to identify a suitable location to conduct interventions for free of charge at Slave Island. The location was provided by the Mosque Trustee Management of Masjidul Akbar Jumma Mosque, Slave Island. However, the interventions were affected due to COVID 19 related lockdowns.

The Global Fund supported interventions for PWID by providing technical guidance through a team of international consultants. The purpose was to improve the standard of comprehensive prevention services for PWID and to support HCV treatment services.

The intervention was scaled up in 2020 covering Kalutara district. This district was selected based on the evidence of drug use and absence of similar programs in this district.

Achievements of PWUD/PWID programme in 2020

Indicator	Target	Achievement number (%)
% Reached with information oo HIV/STI, providing IEC materials, distribution of condoms and lubricants	530	173 (32.6%)
% Tested for HIV and received the result	530	134 (25.3%)
% Tested for HCV and received the result	530	134 (25.3%)
% Tested for HBV and received the result	530	51 (9.6%)
% Tested for syphilis and received the result	530	134 (25.3%)

Challenges in achieving the targets

- Delays in having a community location.
- Intervention areas were affected by COVID-19 lockdown
- Service interruptions due to apprehension of PWID by police

Progress of other programs related to PWUD/PWID intervention in 2020

1. Virtual meetings to improve interventions for PWUD/PWID:

   Two meetings were held with the participation of Director-NSACP, intervention staff for PWID, personnel from NGOs/CBOs, Hepatologist from Faculty of Medicine, University of Kelaniya, Director-Mental health and consultant Psychiatrists.

   Treatment strategies of HCV infection were discussed and a pilot project for Opioid Substitution Therapy (OST) in the context of HCV treatment program was presented and discussed with the relevant stakeholders.

2. Development OST proposal

   A proposal for a pilot project for OST in the context of the HCV treatment program was developed. However, the proposal is challenged by the Psychiatrists, and this matter is still in discussion stage.

3. Training programs

   "Basic Harm Reduction and Counseling" training programs were arranged for outreach workers and peer educators. It was done virtually due to COVID 19 restrictions.

Challenges in implementing programs in 2020

- Lack of acceptance for OST from some key stakeholders.
- Lack of representation by NDDCB during consultations.

Future plans

- Sensitisation and advocacy meeting with Psychiatrists.

- Online refresher training in harm reduction and counselling for the intervention team, outreach workers and peer educators.
- Online training on HCV treatment and psycho-social support interventions
- Online training of medical staff (medical officers and nurses) related to specific harm reduction interventions for PWID.

Global Fund HIV Project Implementation unit team

Electronic Information Management System

4th Commonwealth Digital Health Awards

CWCDH
COMMONWEALTH CENTRE FOR DIGITAL HEALTH

Joint Winner

Unique Certificate ID

CDHA2020-13

Check authenticity:
https://cwcdh.org/certificate-cwdha2020/

this is to certify that

EIMS of NSACP

was

the Joint Winner for the category of

Communicable Diseases

Prof Vajira HW Dissanayake
Chairman
Commonwealth Center for Digital Health

Prof James Batchelor
Chairman
Panel of Judges

Electronic Information Management System (EIMS)

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

The National STD/AIDS control programme established an electronic medical record system named Electronic Information Management System (EIMS) with the financial support of the Global Fund. This is one of the major investments of Global Fund with the intention of improving clinical care of clients who attend seeking care for STD and HIV related services. The SIM unit of the NSACP is coordinating this activity. By early 2021, out of the 42 reporting clinics 34 (81%) have started using EIMS for management of client information. COVID-19 travel restrictions, converting some STD clinic premises to COVID treatment centers and disruption of supply chain management of computer equipment delayed the roll out of EIMS to all the clinics.

Benefits of Electronic Information Management System

1. Introduction of a paperless electronic medical record.
2. Ability to transfer electronic medical records between clinics.
3. Lab test results can be entered from the NRL and district STD clinics can view results immediately.
4. Efficient and real-time data visualization.
5. Easy monitoring system for patients on HIV care services.
6. Ability to generate real time reports.
7. Monitoring of all STD clinics in a dashboard.
8. Ability to track the care given to mothers infected with HIV/syphilis and the outcome of child.

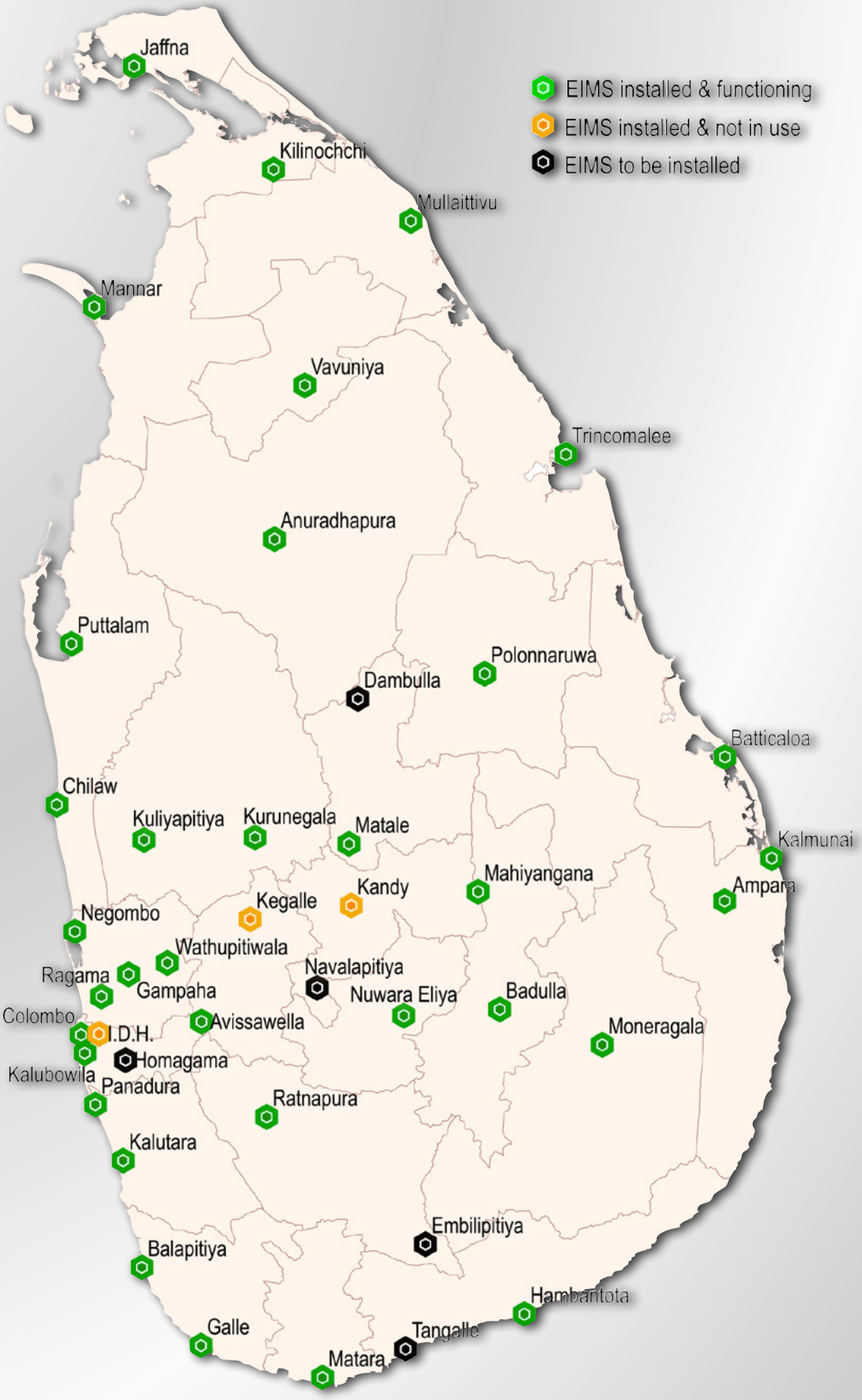
Timeline of EIMS development

- 2017: Started to develop the system
- 2018: System developed, hosted in a cloud server and piloted in the Central STD clinic, Colombo. Relevant computer equipment purchased to all peripheral STD clinics.
- 2019: Started to establish peripheral STD clinics and an e-learning platform developed for learning purposes. Computer equipment distributed to all peripheral STD clinics.
- 2020: EIMS system was further fine-tuned according to the requirements. The system was further improved to customize each STD clinic according to their requirements. The EIMS won the 4th Commonwealth Digital Health Awards 2020.

[1]Consultant Venereologist, [2]Medical officer

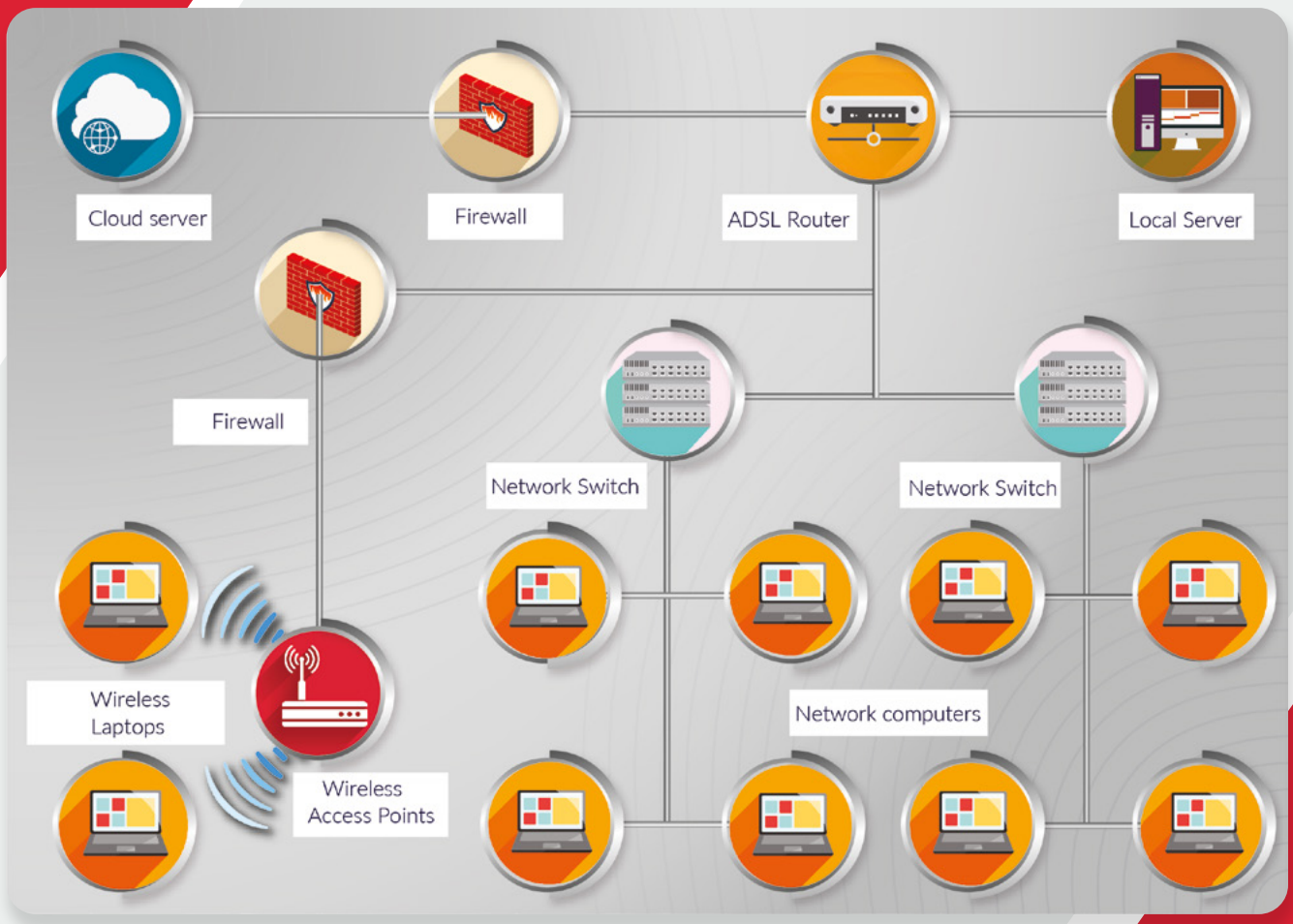
Team of the SIM unit

Status of EIMS installation



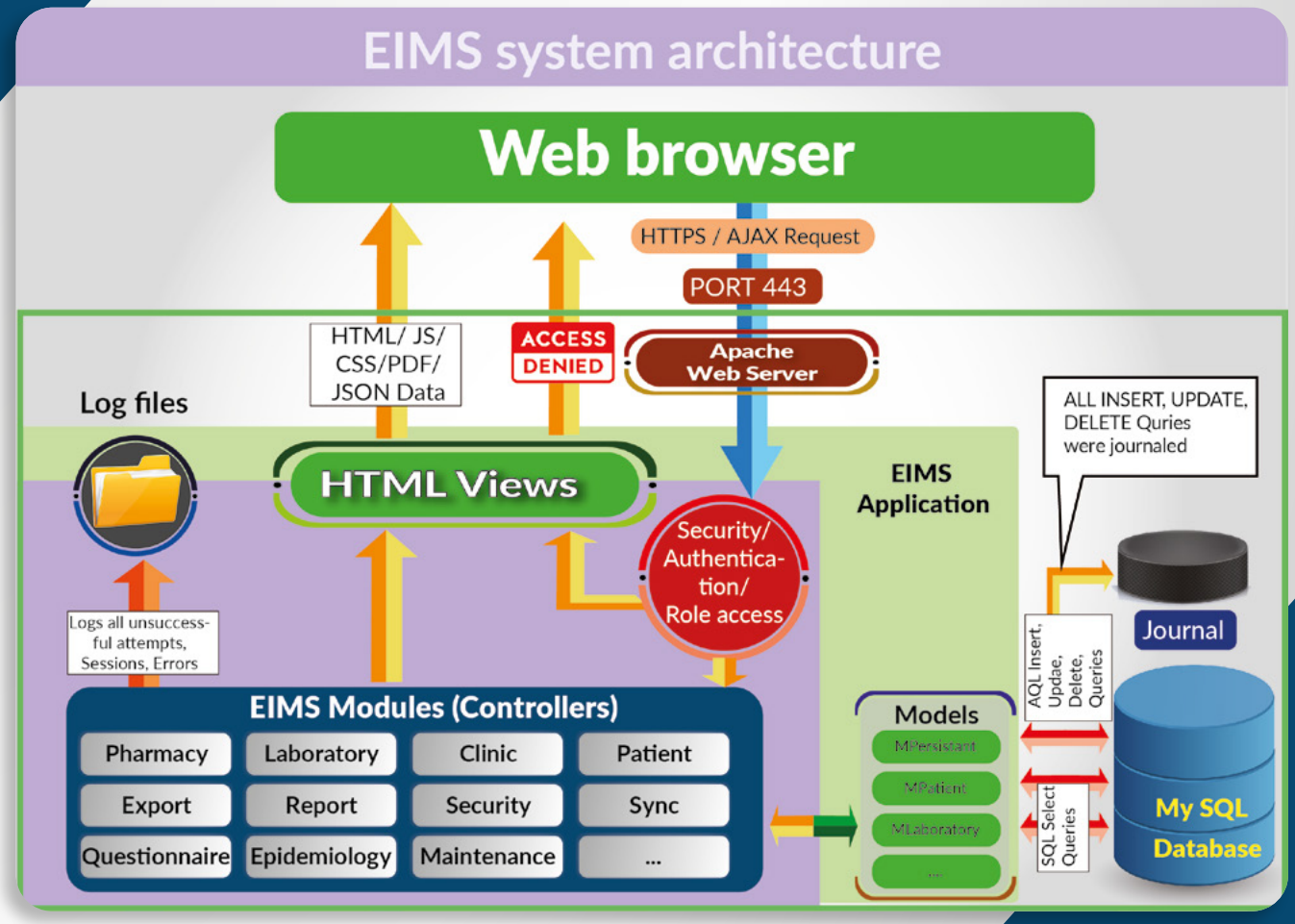
NSACP planned to complete the establishment of EIMS in all the island wide STD clinics during 2020. However, COVID-19 pandemic affected the installation of the EIMS system in all STD clinics. A team of SIM unit staff visited number of STD clinics and installed EIMS and trained the clinic staff on using the system. EIMS installation to be completed in these new STD clinics during 2021. A training workshop was held to introduce the e-learning platform in July 2020.

Hosting and network details of the EIMS



- EIMS is installed on an Internet cloud server as well as in the local servers located in the STD clinics.
- The local server is synchronized with the cloud and will synchronize within a given time period.
- EIMS is used in both wired network and wireless networks in peripheral clinics depending on the internet speeds and infrastructural limitations, after thorough assessment of IT staff at SIM Unit.
- A Firewall is used for protection of the EIMS local area network and an ADSL router is used to connect the internet.

Architecture of EIMS



The EIMS architecture stack contains only free open-source material i.e. frameworks, operating System, database and programming languages. Technical specifications are given below

Framework	:	MVC - Model View Controller Code Igniter 3
Operating system	:	Centos or Ubuntu
Web server	:	Apache 2.4
Backend programming language	:	PHP 7.2
Front end	:	JavaScript
Database	:	MySQL

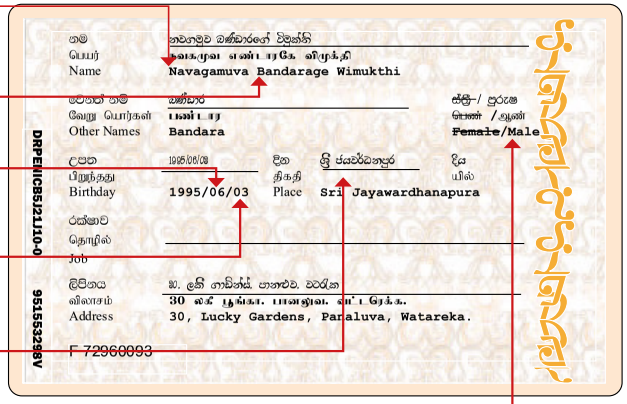
All ***https*** requests are sent to the web server (Apache). The request will then be passed for processing to the configured programming language.

- Depending on the user's Role, the system will deny or allow access for further processing.
- The requested data will be fetched from the MySQL database and respond back to the user.
- There are different Models and Controllers developed for different modules.
- All INSERT, DELETE & UPDATE SQL commands are logged and journaled.
- All system logs like PHP errors & DB errors, are logged in files on the server.

Unique Identifier Code (UIC)

ජාතික හැඳුනුම්පත ආශ්‍රයෙන් අනන්‍යතා කේතයක් නිර්මාණය කිරීම

1. **First name's** first letter — පළමු නමේ පළමු අකුර — **N**
2. **Second name's** first letter — දෙවන නමේ පළමු අකුර — **B**
3. **Month** of Birth — උපන් මාසය — **06**
4. **Date** of Birth — උපන් දිනය — **03**
5. **District** of Birth — උපන් දිස්ත්‍රික්කය — **CO**
6. **Sex** at Birth — උපතේ දී ලිංගිකත්වය — **M**



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දිස්ත්‍රික් කේත ලැයිස්තුව

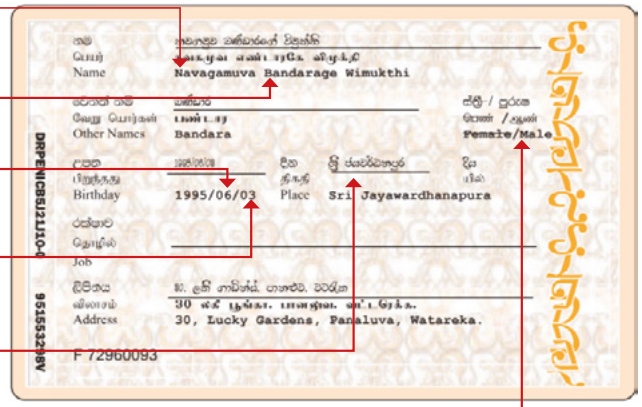
අම්පාර	AM	ගම්පහ	GM	කිලිනොච්චිය	KI	මුලතිව්	MU
අනුරාධපුරය	AN	හම්බන්තොට	HA	කුරුණෑගල	KU	නුවරඑලිය	NE
බදුල්ල	BD	යාපනය	JF	මන්නාරම	MN	පොළොන්නරුව	PO
මඩකලපුව	BT	කළුතර	KL	මාතලේ	MT	පුත්තලම	PU
කොළඹ	CO	මහනුවර	KN	මාතර	MA	රත්නපුරය	RP
ගාල්ල	GL	කෑගල්ල	KG	මොණරාගල	MO	ත්‍රිකුණාමලය	TR
						වව්නියාව	VA

සටහන: 1. ජාතික හැඳුනුම් පතේ ඇති පරිදි සියලු විස්තර පිරවිය යුතුය
2. ළමා නිවාසයක හෝ වෙනත් පුද්ගලයකු ළඟ හැදී වැඩී ඇතිනම් එම ස්ථානයේ අයත් දිස්ත්‍රික්කය සඳහන් කරන්න.

Unique Identifier Code (UIC)

தேசிய அடையாள அட்டையுடன் இணைந்து அடையாளக் குறியீட்டை உருவாக்கல்

1. First letter of first name
   முதற்பெயரின் முதல் எழுத்து — **N**
2. First letter of second name
   இரண்டாம் பெயரின் முதல் எழுத்து — **B**
3. Birth Month
   பிறந்த மாதம் — **06**
4. Birth Date
   பிறந்த திகதி — **03**
5. District of Birth
   பிறந்த மாவட்டம் — **CO**
6. Sex at Birth
   பிறக்கும் போது பால் — **M**



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மாவட்டக் குறியீடுகள்

அம்பாறை	AM	கம்பஹா	GM	கிளிநொச்சி	KI	முல்லைத்தீவு	MU
அனுராதபுரம்	AN	ஹம்பாந்தோட்டை	HA	குருணாகல்	KU	நுவரெலியா	NE
பதுளை	BD	யாழ்ப்பாணம்	JF	மன்னார்	MN	பொலனறுவை	PO
மட்டக்களப்பு	BT	களுத்தரை	KL	மாத்தளை	MT	புத்தளம்	PU
கொழும்பு	CO	கண்டி	KN	மாத்தறை	MA	இரத்தினபுரி	RP
காலி	GL	கேகாலை	KG	மொனராகலை	MO	திருகோணமலை	TR
						வவுனியா	VA

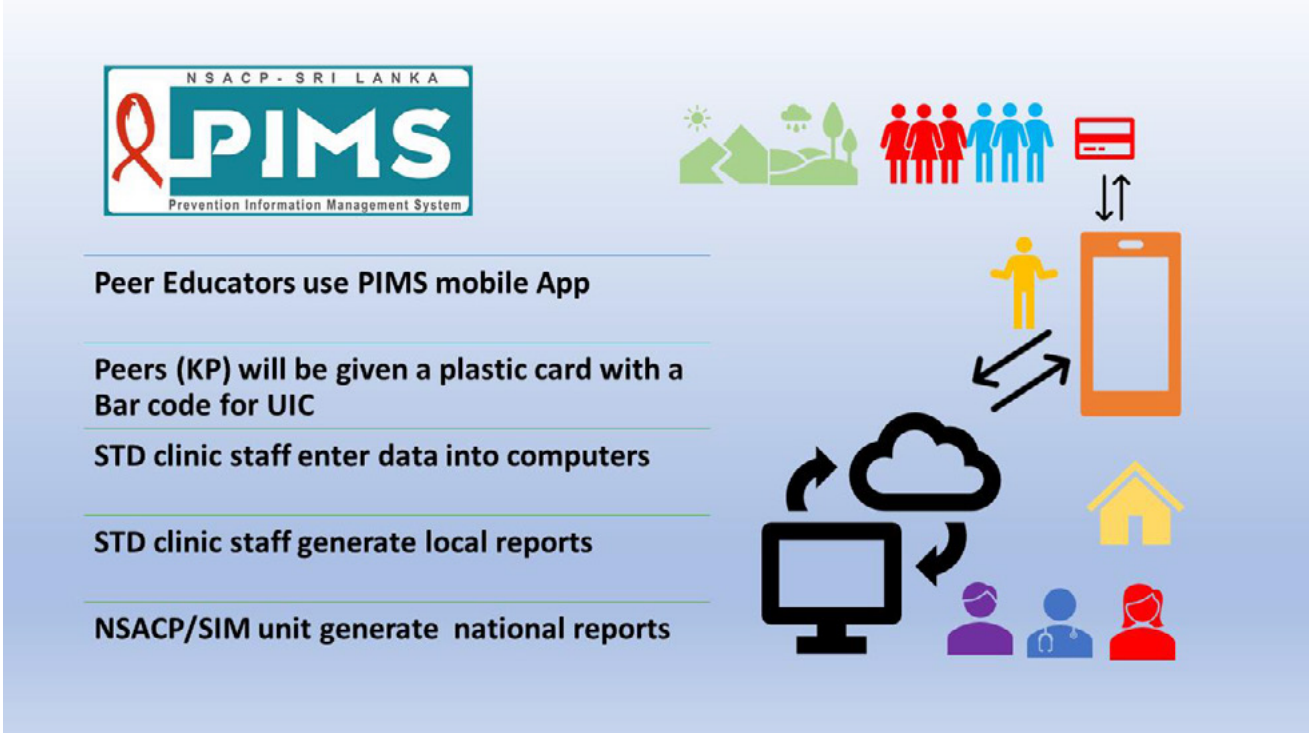
குறிப்பு : 1. தேசிய அடையாள அட்டையின் படி அனைத்து விவரங்களையும் நிரப்ப வேண்டும்
2. நீங்கள் வேறு யாரிடமோ அல்லது சிறார் காப்பகத்திலோ வளர்க்கப்பட்டிருப்பின், குறிப்பிட்ட மாவட்டத்தைக் குறிப்பிடுக

Prevention Information Management System

Prevention Information Management System

Lakshan Fernando[1] and Ariyaratne Manathunge[2]

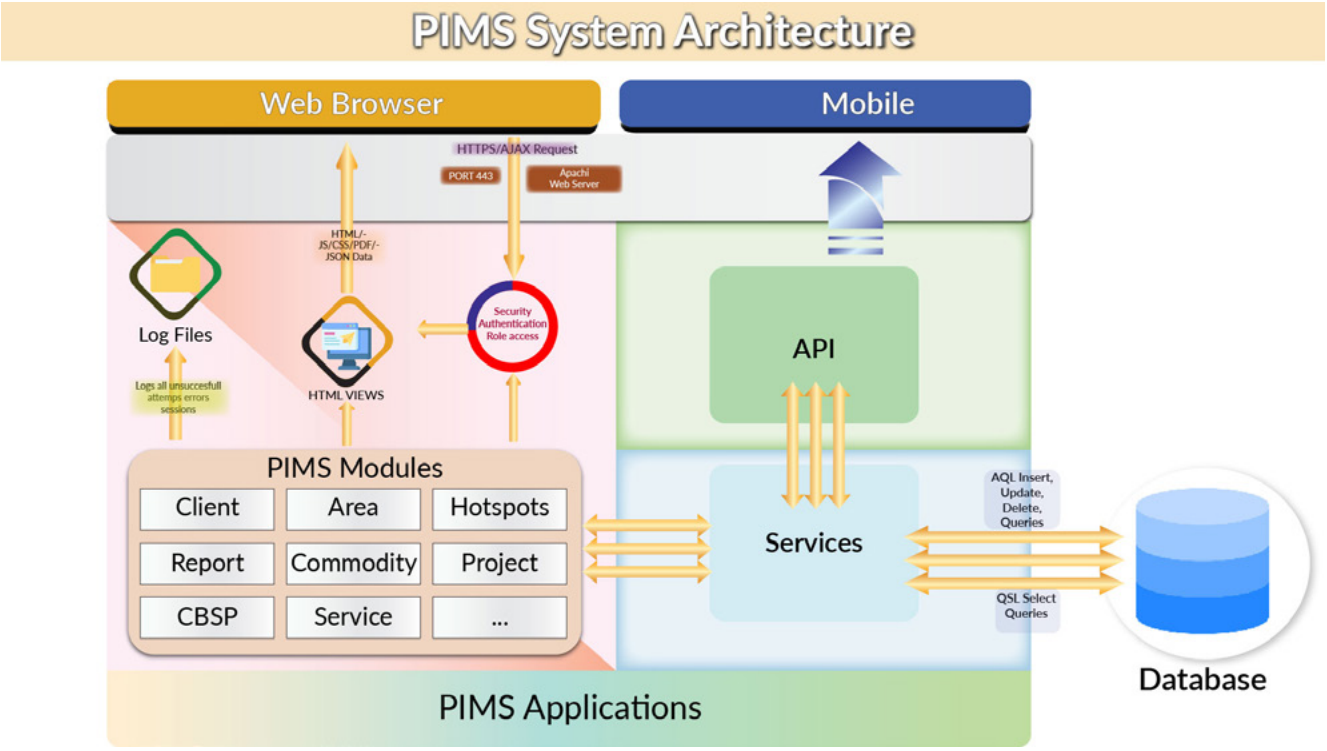
Prevention Information Management System (PIMS) is one of the new software projects initiated by the Strategic Information Management unit of the National STD/AIDS control programme. The purpose of the PIMS software is to develop an electronic system for monitoring key population related HIV prevention programmes conducted by the STD clinics and NGO partners. Similar to most other IT projects, the Global Fund (GFATM) is financially supporting the development of this new software.



At present, NSACP is using a paper-based monitoring and evaluation (M&E) system to monitor key population interventions in the country. This will become more efficient and complete once the PIMS is implemented by relevant STD clinic and NGO staff who are working with key populations.

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

PIMS System Architecture

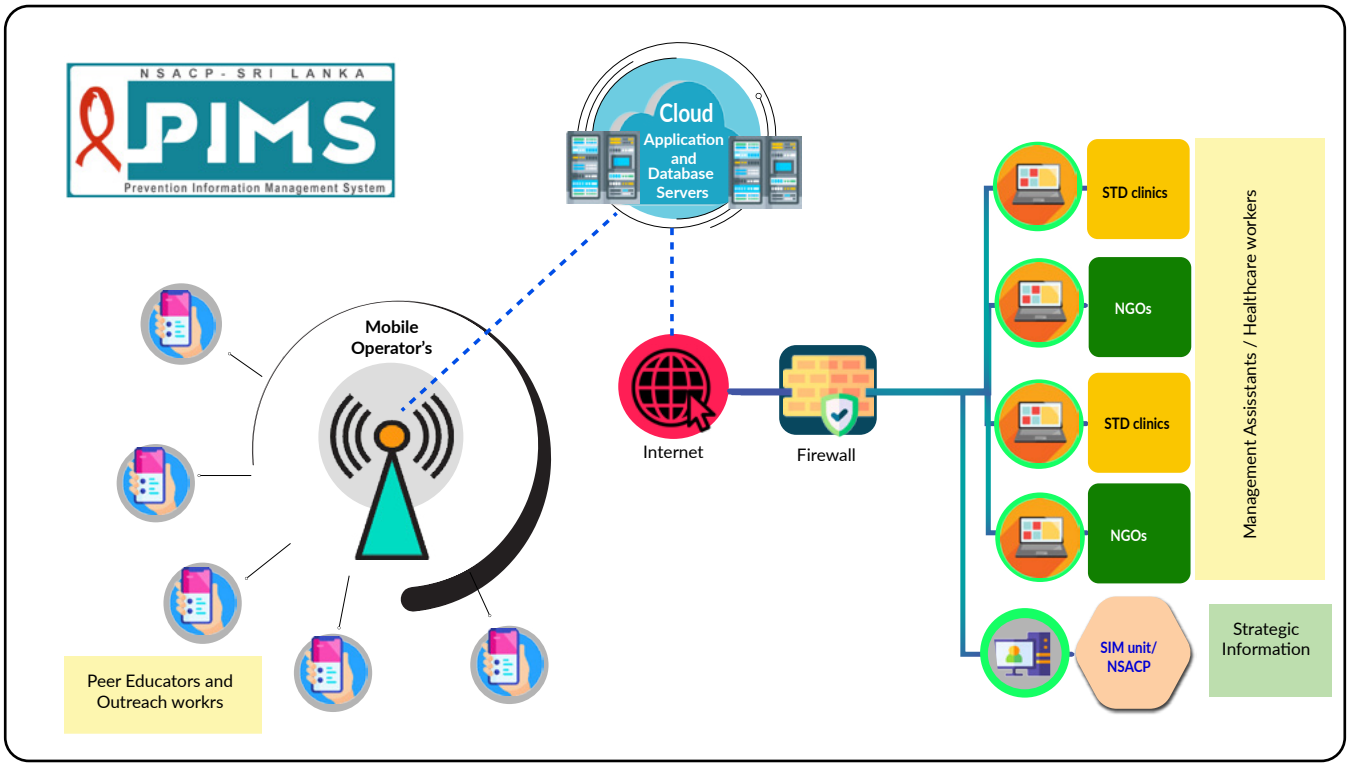


Above diagram is an abstract of the overall outline of the software system. All Mobile and Web users communicate with the system via an authentication layer. All functionalities are modularized. Database access happens only through a secure service layer. All the transaction logs are kept for audit purposes.

NSACP has received technical assistance from an international M&E consultant to develop the terms of reference (TOR) for this software project in collaboration with key stakeholders involved in the key population interventions. Prevention Information Management System (PIMS) will be a paperless system which consists of a browser-based web and a mobile application.

A local external consultant was hired to prepare the software requirement specification (SRS) document and to provide technical support to software developers of the PIMS. A built-in dashboard will provide real time progress of KP population monitoring to programme management and implementers.

The PIMS is expected to go live before the end of 2021. PIMS will eventually help to mitigate the paper-based monitoring and evaluation system to an automated data monitoring system.



Above diagram is the physical layout of the system. Application and database servers are secured by firewalls. End users have access to the web and mobile systems via internet.

Training and Capacity Building during 2020

Training and capacity building during 2020

Himali Perera[1], Thakshagini Mahendranathan[2] and Hemindra Jayasinghe[3]

Training unit of the National STD/AIDS Control Programme conducts comprehensive training programmes to all categories of STD clinic staff throughout the year based on an annual training plan. Those programmes consist of pre-service, in-service, refresher, undergraduate, postgraduate and international training. During 2020, all the training components were badly affected due to the prevailing COVID-19 pandemic in Sri Lanka.

Pre-service training

All health care workers should undergo mandatory training within six months of enrolment to the STD clinics. Medical officers attached to the STD clinic should undergo compulsory two months of theory and practical training at NSACP, Colombo. Other major health staff such as nursing officers, public health nursing sisters, matrons, medical laboratory technicians, pharmacists, public health laboratory technicians, dispensers and public health inspectors undergo two weeks of training which consist of theory, practical, case discussion, small group discussion and outreach work. Supporting staff such as attendants, Saukya Karya Sahayaka and Lab orderly are also given one-week training at NSACP. Pre-service training programmes conducted virtually for the first time for the major staff of STD clinics during 2020.

Refresher training

Training and capacity building unit has planned to conduct province-based refresher training programs for STD clinic staff, due to COVID-19 pandemic training unit has been able to complete only in North Western and Western provinces. This was a one-day session consisting of theory, case discussions and small group discussions.

Undergraduate training

Eight student groups from Colombo medical faculty and one student group from Nursing school of Colombo attended one-week and two-week training at NSACP respectively. They received theory and practical experiences during their appointment.

Postgraduate training

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

Special training programmes

Two-day training workshop was held for all medical officers attached to NSACP regarding the implementation of PrEP pilot project in Sri Lanka. In addition, serial training sessions conducted for all staff categories engage in above PrEP by the training unit of NSACP with the collaboration of GFATM.

Guideline and module development

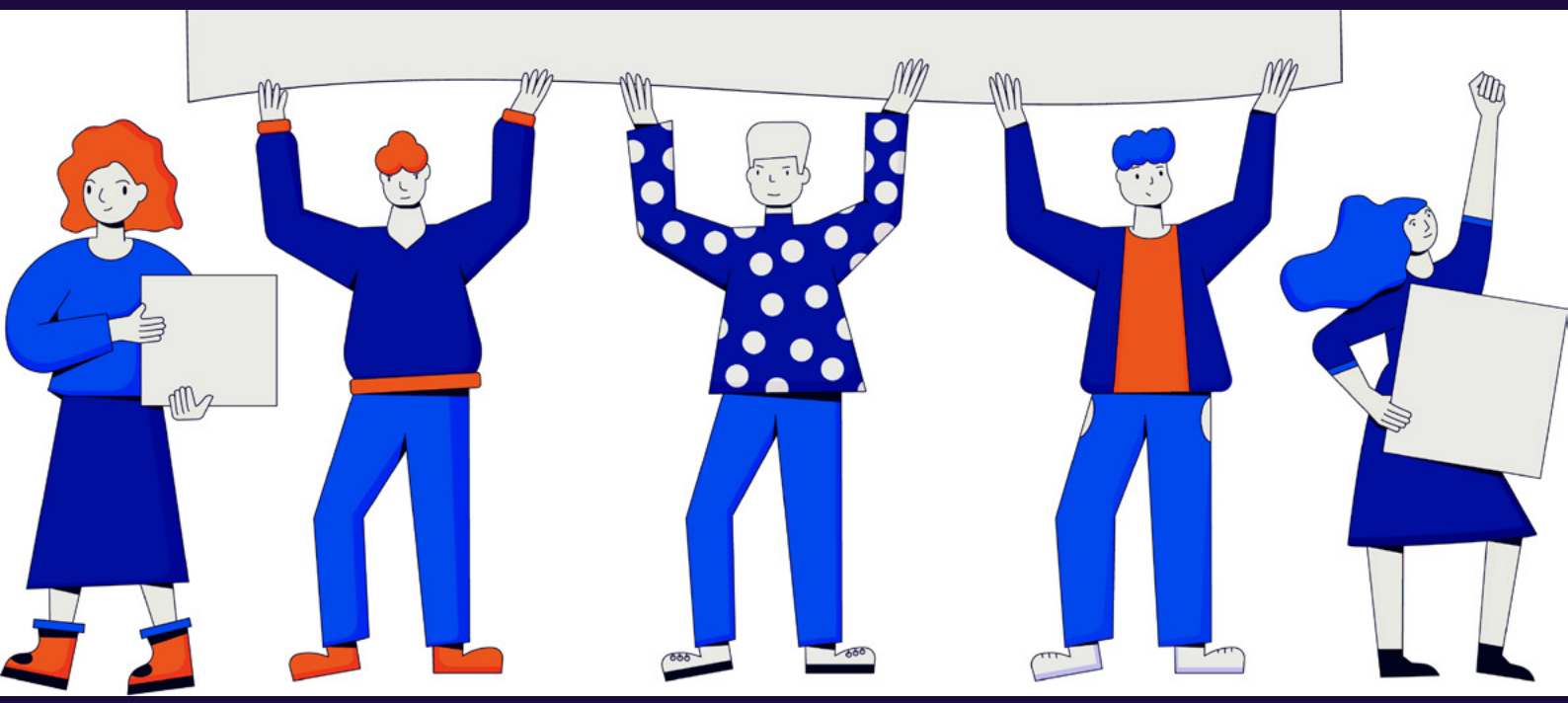
The main aim of the training and capacity building unit of NSACP is trained health care workers to provide good quality services in the island via STD clinics. As a result, initial consultative meetings for development of the SBCC module and counseling module for major staff had begun at the end of 2020.

[1]Consultant Venereologist, [2]Acting Venereologist

Number of training programmes conducted during 2020

Broad Category	Type of trainees	Number of programmes	Number of trainees
Health care worker trainees (pre-service and in service)	Medical officers	5	52
	Nursing officers	1	4
	Laboratory staff	1	16
	Other	3	10
Undergraduate/ basic HCW trainees	Medical students	8	127
	Nursing students	1	20
	Others	0	0
Postgraduate/post basic HCW trainees	Venereology	4	19
	Family Medicine	1	2
	Sports Medicine	1	3
	Dermatology	2	6
	Nursing officers	2	3
	Others	1	1
NGO related training	NGO staff	3	45
	Peer educator	4	10
	Others	0	0
Total		**37**	**318**

IEC and Advocacy Programmes



IEC and advocacy programmes

Chandrika Jayakody[1] and Vindya Perera[2]

Information, education, communication (IEC) and advocacy are integral parts of the National STD/AIDS control programme to prevent stigma and discrimination of the society for sexually transmitted infections including HIV. As a result of the COVID-19 pandemic, novel methods of communication were implemented to reach the key populations, vulnerable populations and the general public.

National STD/AIDS control programme in collaboration with the islandwide district STD clinics conducted a series of IEC and advocacy programmes at various levels during 2020. A total of 1,013 IEC programmes was conducted for 67,739 participants islandwide. These programmes included lectures, exhibitions, workshops and IEC related other activities. The significant decline of IEC programmes in 2020 is due to COVID related restrictions.

Several leaflets were developed targeting the key population groups. A QR code was included in all the developed leaflets in 2020 for easy access to online material. A special leaflet was developed to increase the awareness of the PrEP pilot project among key population groups.

[1]Consultant Venereologist, [2]Acting Venereologist

E-learning module on Sexual health, sexually transmitted infections and HIV

A gradual rise of reported HIV infections is seen among youth. Therefore, it was planned to focus more on this vulnerable group when planning preventive activities. However, with COVID-19 outbreak, the majority of preventive services were transformed to virtual activities. The IEC unit of NSACP started developing an e-learning platform on sexual health and sexually transmitted infections including HIV to effectively cater for the growing need of youth. Several focused group discussions were carried out among the youth to get an idea about their needs and concerns. The contents of the e-learning module are developed by a panel consisting of Consultant Venereologists, Consultant Community Physicians and other relevant stakeholders.

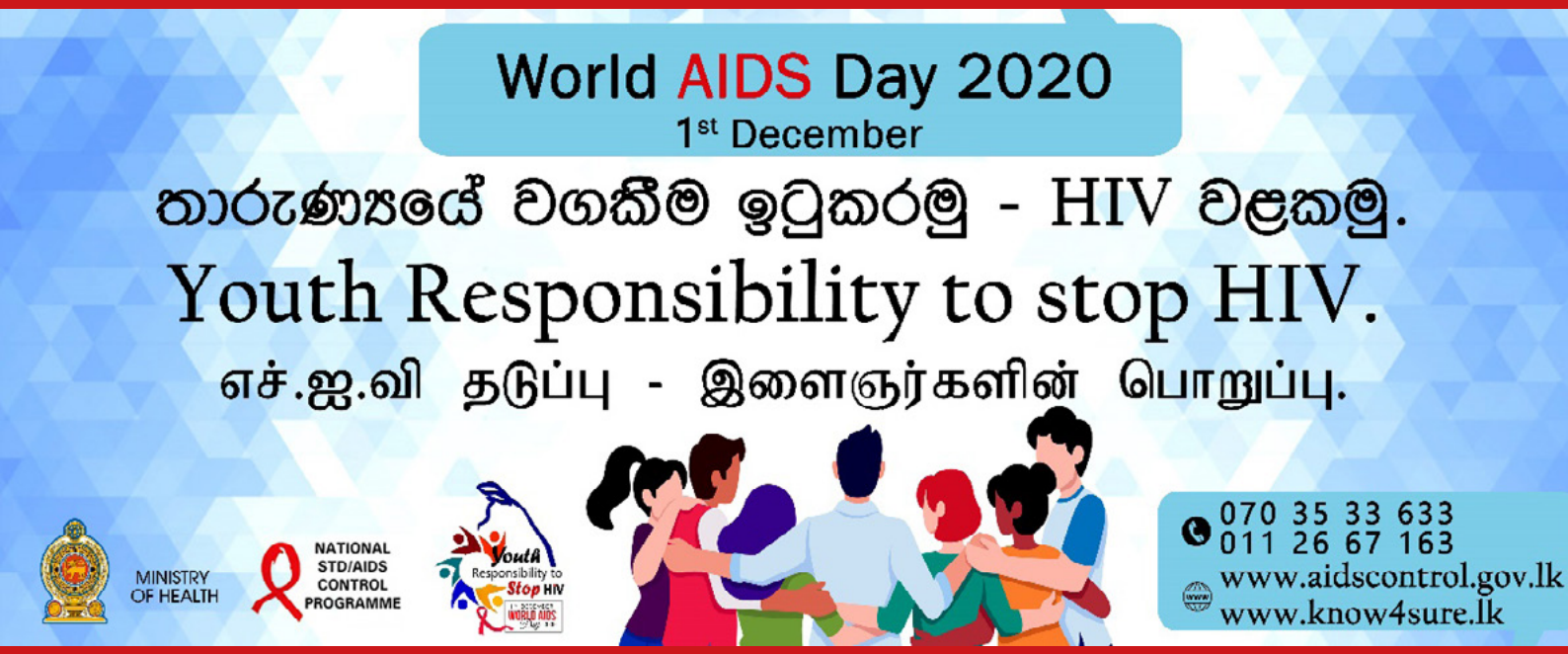
Several advocacy programmes were planned with institutions like universities, youth councils, technical colleges to promote the e-learning platform. The initial advocacy programmes were organized with the vice chancellors of all the state universities and the youth commissioner. The final phase of the developed platform will be completed in an interactive manner with the addition of gratifying material (animation videos, infographics) and it is planned to complete this year.

It is proposed to provide the e-learning platform to all the universities, vocational training centres and youth corps to disseminate among youth. The link to the above e-learning module will be uploaded to the NSACP website and will be advertised through social media platforms led by the NSACP. All the participants will be given an e-certificate on completion of the course.

The e-learning platform will consist of the following topics.

- Our body and reproductive system
- Human sexuality
- Pregnancy and contraception
- Sexually transmitted infections/HIV and prevention
- Sexual violence and abuse

World AIDS Day 2020



World AIDS Day 2020

Chandrika Jayakody[1]

World AIDS Day is commemorated annually on the 1st of December. It is an opportunity for all of us to unite in the fight against HIV, to show support for people living with HIV, and to commemorate those who have died from an AIDS related illness.

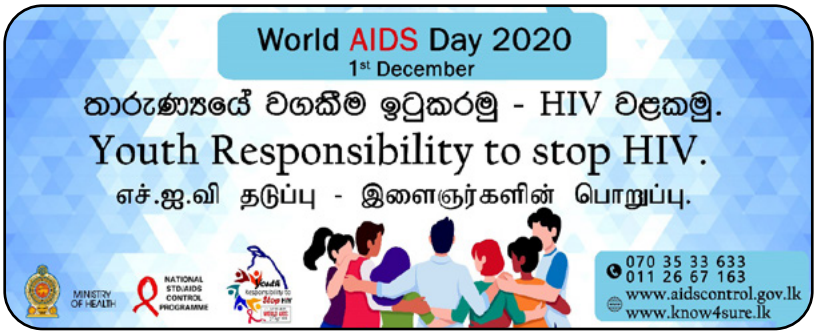
"Global solidarity, shared responsibility" was the global World AIDS Day theme for 2020. Sri Lanka adopted the theme as "Youth responsibility to stop HIV" for 2020, focussing the youth as they are the most effective engine for social change.

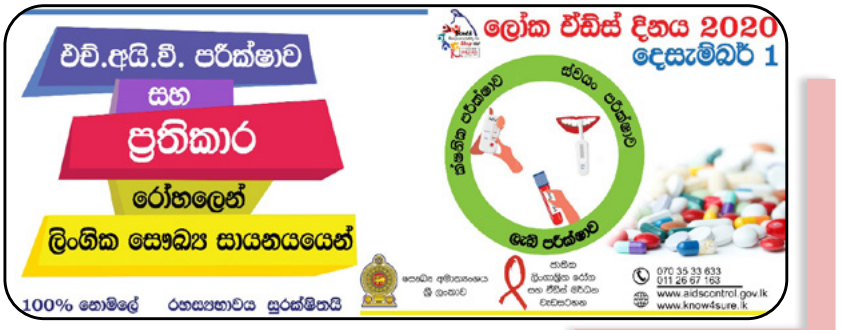
Due to the COVID-19 restrictions gathering such as public walks were restricted during 2020. Despite this, raising awareness on HIV/AIDS and its impact at national level were addressed by,

1. Press conference
2. Island wide banner campaign
3. Social media campaign
4. Awareness campaign through district STD clinics

1. Press conference

A press release and a press conference were organized by the NSACP in collaboration with the Health Promotion Bureau to raise awareness on HIV/AIDS and its impact at national level. This was organized for all media representatives to disseminate key health messages among the public. These messages included factors which make young people vulnerable to acquire HIV, preventive activities to control this epidemic, HIV testing and treatment services for those who are at risk of infection, minimizing stigma and discrimination and creating an enabling environment for treatment, care, and support.





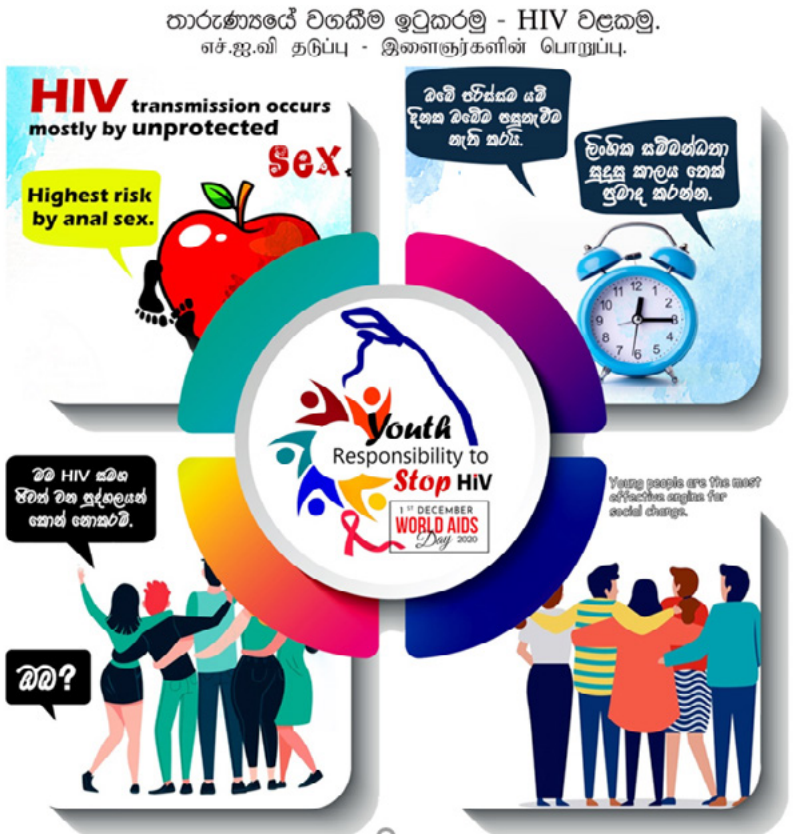
[1]Consultant Venereologist

2. Islandwide banner campaign

To pledge community support, the islandwide banner campaign was carried out by exhibiting nearly 260 banners. These banners were developed in Sinhala, Tamil and English and were displayed in public places all over the country to promote awareness and to highlight the theme for 2020.

3. Social media campaign

The most highlighting event of the World AIDS Day 2020 was the social media campaign. It was opened to the public one week prior to the AIDS day under the theme of "Youth responsibility to stop HIV." Twenty-five attractive posters were published on various social media platforms as five posts per each week comprising of all three languages. The activity was successfully completed at the end of December 2020.



4. Awareness campaign through district STD clinics

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

STD clinic	World AIDS Day activity
1. Ampara	Provision of targeted sexual health information to MSM in Ampara district via a social media campaign
2. Avissawella	Online knowledge assessment quiz contest and awareness programme to reduce stigma and discrimination towards PLHIV and Key population groups
3. Badulla	District clinic specific review and annual plan for 2021 to target to end AIDS by 2025
4. Balapitiya	A series of awareness programmes for key populations and the general population in line with WORLD AIDS DAY 2020 within the service area of STD clinic, Balapitiya.
5. Gampaha	Proposal for approval of refresher training on ending AIDS in Sri Lanka and adjusted role in STD Clinic during the COVID- 19 crisis to optimize targeted interventions
6. Hambantota	Improve HIV testing through the hospital set up and to introduce rapid HIV tests to the divisional hospitals in Hambantota district
7. Jaffna	Initiating transgender multidisciplinary clinic for STD Clinic Jaffna
8. Kalmunai	Training on district specific HIV/STI prevention, testing and management during the COVID-19 pandemic
9. Kalubowila	Empowerment of healthcare workers in HIV/AIDS prevention in COVID-19 pandemic
10. Kalutara	HIV awareness and Testing programme for patients attending Outpatient Department (OPD) at DGH, Kalutara
11. Kegalle	Advocacy programme for media personnel in Kegalle district
12. Kilinochchi	Printing a desk calendar containing HIV related message to the HCW in Kilinochchi district
13. Kuliyapitiya	Awareness regarding the available services at the STD clinic, Kuliyapitiya for the OPD doctors at TH/Kuliyapitiya and base hospital in Dambadeniya.
14. Mahiyanganaya	Consultative meeting for healthcare personnel and media personnel in Mahiyanganaya
15. Mannar	Media conference, exhibiting banners in public places
16. Matale	Media advocacy programme to minimise stigma and discrimination to key populations and PLHIV
17. Matara	Sensitization workshop on HIV testing minimising the gap for HIV testing
18. Negombo	Conducting an awareness programme in commemorating the World AIDS Day 2020
19. Panadura	Conducting a public awareness programme in commemorating World AIDS Day 202 in Panadura divisional secretariat area
20. Puttalam	Consultative meeting for media advocacy to sensible media reporting to minimise stigma and discrimination to PLHIV and key population in Puttalam and suburbs.
21. Ragama	Display of a sticker to provide information on HIV and AIDS for World AIDS Day 2020
22. Rathnapura	Conducting sensitization workshop on promoting HIV testing among healthcare workers in Teaching Hospital Rathnapura and district specific MOH clinics
23. Tangalle	To minimise the stigma and discrimination towards key populations and PLHIV among health care workers in Tangalle
24. Trincomalee	Distribution of desk calendars bearing HIV testing and prevention messages among primary health care physicians in Trincomalee district
25. Vavuniya	Public Awareness programme for World AIDS Day 2020 in Vavuniya.
26. Wathupitiwala	Sensitization workshop on HIV testing minimizing the gap for HIV testing for key populations in the STD clinic Wathupitiwala catchment area

Publications in 2020

Publications in 2020

Heshani Colambage[1]

The NSACP is the main technical body responsible for guiding the national response to HIV and STD. The number of publications produced by the NSACP declined in 2020 compared to previous years, due to the COVID-19 pandemic. Despite this setback, several important publications were produced during 2020. These will provide guidance in improving the National programme to achieve the goal of Ending AIDS in Sri Lanka.

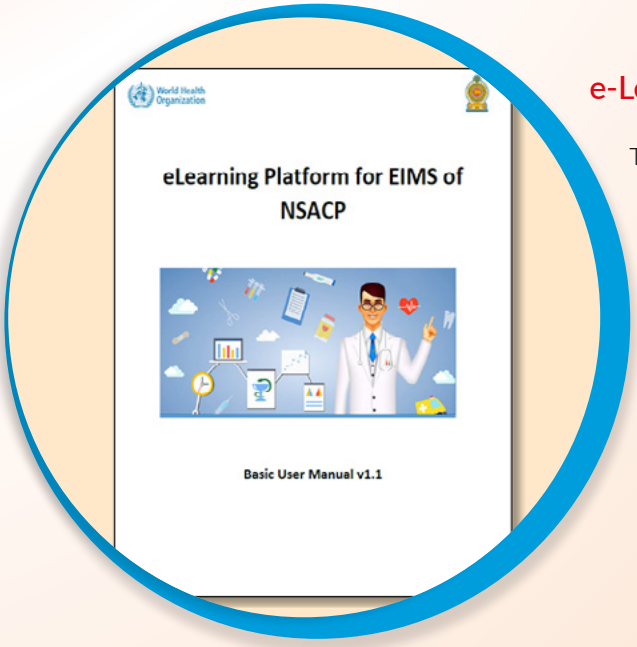
The list of publications of 2020 is given below in alphabetical order.

- Annual Report 2019
- e-Learning platform for EIMS of NSACP
- Grasshoppers
- Guide for management of female prison inmates to eliminate mother to child transmission of HIV and syphilis
- A handbook for officers working at National Child Protection Authority
- Technical report on HIV estimation in Sri Lanka in 2019

Annual report 2019

Annual report 2019 highlights activities conducted by NSACP and peripheral STD clinics while giving useful insight about the HIV and STI epidemic situation of the country.

It included information on validation of EMTCT of HIV/Syphilis and details about NSACP and international collaborations which supported the national response. This report is referred by all the stakeholders and the funding agencies to gather information and data on the Sri Lankan context.



e-Learning Platform for EIMS of NSACP

The basic user manual for the e-Learning platform for EIMS of NSACP is a concise and stepwise guide on accessing the Electronic Information Management System (EIMS), which is replacing the paper-based information management system. It contains the following subsections.

1. How to login to the system.
2. e-Learning Platform landing page.
3. How to access courses of the system.
4. Using Contents and Quizzes with the System.
5. How to use the mobile application.

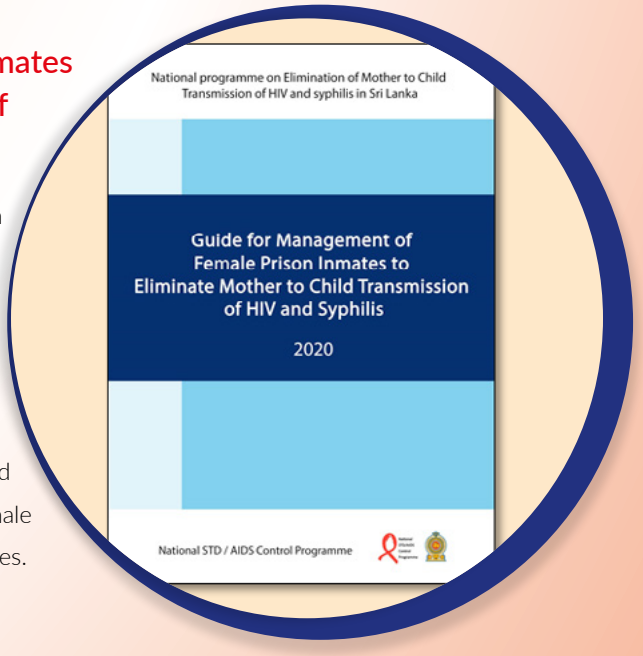
[1]Senior registrar in Venereology

Grasshoppers

This is a comic paper that was designed by the NSACP with the financial support of GFATM and technical support from relevant stakeholders including prison authority. The aim of this comic paper is to provide entertaining reading materials for prison inmates with simple HIV prevention messages in a creative manner using simple language appropriate for prison inmates.

Guide for management of female prison inmates to eliminate mother to child transmission of HIV and syphilis

The National STD/AIDS Control programme in collaboration with the Family Health Bureau developed a guide for management of female prison inmates on the elimination of mother to child transmission of HIV and syphilis during 2020. It is expected to strengthen provision of sexual and reproductive health services for female prison inmates in Sri Lanka in a uniform manner and to provide guidance and facilitate the provision of quality EMTCT services for female prison inmates by health professionals and prison authorities.

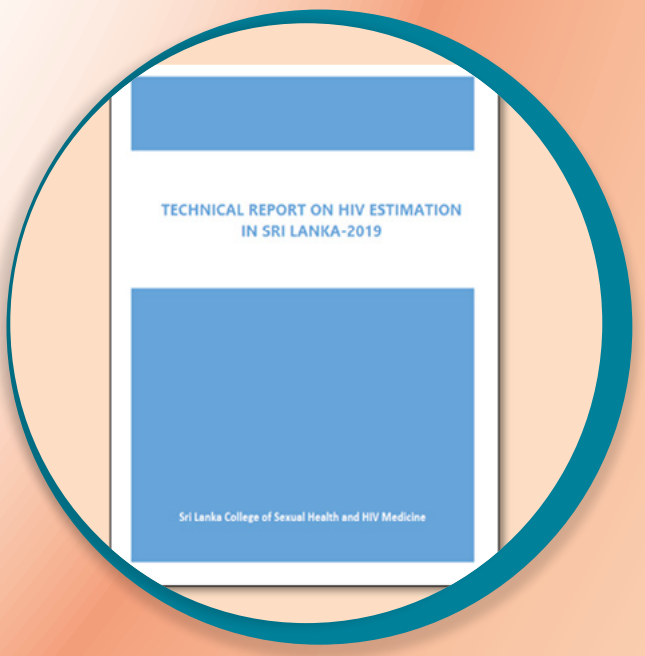


A handbook for officers working at National Child Protection Authority

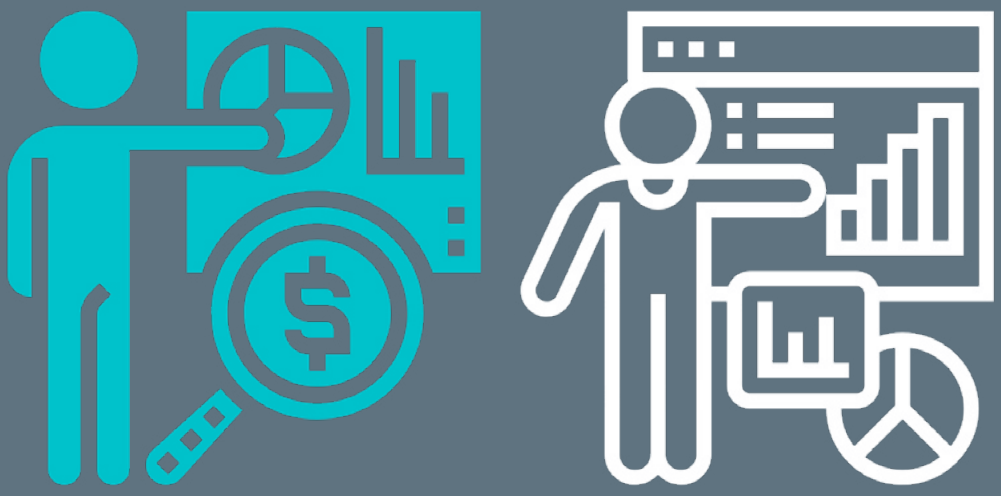
This booklet was designed by NSACP with the aim of providing guidance for National Child Protection Authority (NCPA) officers who are providing counselling for adolescent children and their parents on HIV and STI. The booklet was developed and printed with the financial support of UNFPA and the technical inputs from a variety of expertise including NCPA officers, community physicians, paediatricians, adolescent psychiatrists and psychologists.

Technical Report on HIV Estimation in Sri Lanka in 2019

This report describes the process and assumptions taken during the PLHIV estimation process that took place for 2019. Report is intended for technical staff who are involved with the estimation process.



Financial Summary 2020



Financial Summary 2020

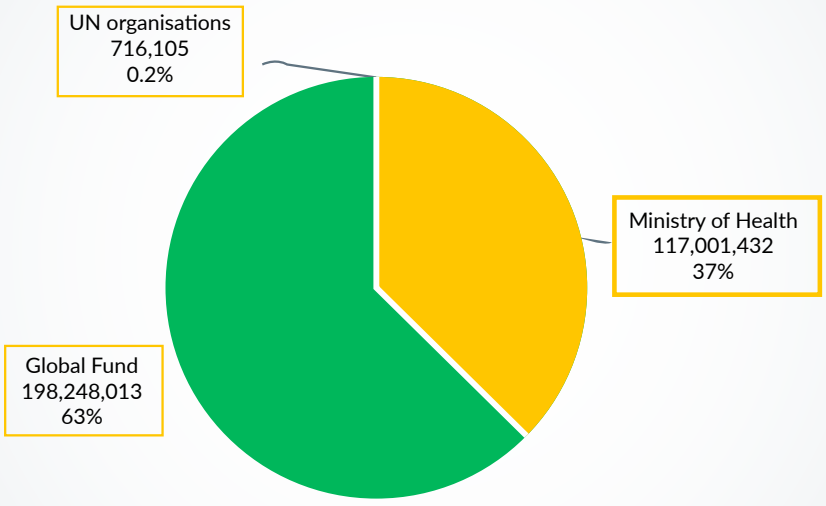
S. Muraliharan[1]

A total of 316 million were utilised out of the 429 million rupees allocated to National STD/AIDS control programme during 2020 (74%). However, funds allocated by WHO can be utilised until the end of 2021.

Global fund is the source of majority (63%) of the utilised funds while Government of Sri Lanka (GoSL) is the source for 37% and has been funding 100% of all of the recurrent expenses similar to previous years. It should be noted that the funds allocated by the Ministry of Health (GoSL) for peripheral STD clinics through the provincial allocations have not been captured in the budget shown in this chapter.

The below figure shows allocation and utilisation of funds by NSACP during 2020. Utilisation of funds allocated by Global fund is reduced as new funding cycle was started in 2019. Due do the COVID-19 pandemic the global supply chain was interrupted and the country was on lockdown for months. As a result, many activities that were planned to carry out in the year were postponed or canceled. There were several procurement delays due to delays in delays supply. Therefore, some of the funded activities could be not utilised as expected.

Details of funds utilised during 2020



Acknowledgements: [2] R. Kahaduwaarachchi, [2]Chandana Seneviratne

[1]Medical officer, [2]Accountant

Summary of financial details during 2020

	Financial Source	Description	Fund Allocation (LKR)	Fund Utilisation (LKR)	% Utilisation
1. Capital expenditure	Ministry of Health	Building construction	2,000,000	2,000,000	100%
		DDG (PHS)1	1,000,000	866,403	87%
		Service Agreement	181,228	181,228	100%
		Sub total	**3,181,228**	**3,047,631**	**96%**
	UNFPA	Workshops, advocacy etc.	687,273	588,920	86%
	WHO	Workshops, review meetings etc.	1,000,000	127,185	13%
	GFATM	Human Resources (HR)	37,012,025	35,337,962	95%
		Travel related costs (TRC)	13,221,580	8,418,419	64%
		External Professional services (EPS)	41,700,110	11,210,260	27%
		Health Products - Non-Pharmaceuticals	26,956,165	20,405,541	76%
		Health Products - Equipment (HPE)	74,635,660	37,889,645	51%
		Procurement and Supply-Chain (PSM)	24,623,315	21,664,125	88%
		Infrastructure (INF)	41,681,610	35,283,385	85%
		Non-health equipment (NHE)	17,431,070	11,409,453	65%
		Communication material, etc.	1,319,050	1,286,965	98%
		Indirect and Overhead Costs	29,880,645	15,342,257	51%
		Sub total	**308,461,230**	**198,248,013**	**64%**
	Total		313,329,732	202,011,749	64%
2. Recurrent expenditure	Ministry of Health	Personal emoluments (salaries etc.)	56,847,804	56,222,679	99%
		Travelling, stationery and office etc.	185,669	185,669	100%
		Fuel and supplies	1,177,298	375,236	32%
		Maintenance expenditure	517,679	501,003	97%
		Electricity and water	1,780,000	1,688,409	95%
		Security, cleaning service and other	2,468,924	2,466,880	100%
		Loan interest/transfers	197,201	197,201	100%
		Antiretroviral drugs	42,058,828	42,058,828	100%
		Other drugs	5,794,077	5,794,077	100%
		Medical Equipment/ Surgical Items	4,463,819	4,463,819	100%
	Total		115,491,299	113,953,801	99%
	Grand Total		**428,821,031**	**315,965,549**	**74%**

Contact Information

Contact Information 2020

Central Province

Dambulla STD Clinic

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

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. Ganga Pathirana (Venereologist)
	Dr. Anuradha Perera (Acting Venereologist)
	Dr. M.I.M. Lareef (MO/IC)

Matale STD Clinic

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

Central Province

Nawalapitiya STD Clinic

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

Nuwara Eliya STD Clinic

Address	STD clinic, General Hospital, Nuwara Eliya
Email	stdnuwaraeliya@gmail.com
Telephone	052-2223210
	052-2222261- Ext 345 (GH Nuwara Eliya)
Fax	052-2223476 (GH Nuwara Eliya)
Contact persons	Dr. D.O.C. de Alwis (Venereologist)
	Dr. A.S.K. Jayasekara (MO/STD)

Eastern Province

Ampara STD Clinic

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

Batticaloa STD Clinic

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

Kalmunai STD Clinic

Address	STD clinic, STD clinic, DH-Sainthamaruthu, Sainthamaruthu
Email	sstdkalmunai@gmail.com
Telephone	067-2223660
Contact persons	Dr. Randima Wijesekara (Acting Venereologist)
	Dr. M.N.M. Thilshan (MO/IC)

Trincomalee STD Clinic

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

North Central Province

Anuradhapura STD Clinic

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

Polonnaruwa STD Clinic

Address	STD clinic, General Hospital, Polonnaruwa
Email	stdclinicpolonnaruwa1@gmail.com
Telephone	027-2225787
Fax	027-2225787
Contact Persons	Dr. Prageeth Premadasa (Venereologist) Dr. Indra Peris (MO/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 Chilaw)
Contact persons	Dr. Umeda Jayasinghe (Venereologist)
	Dr. N. R. Amarajeewa (MO/IC)

Kuliyapitiya STD Clinic

Address	STD clinic, Teaching Hospital, Kuliyapitiya
Email	stdclinicKuliyapitiya@gmail.com
Telephone	037-2281261 Ext : 415
Contact person	Dr. Krishanthi Ubesekara (Acting Venereologist)

Kurunegala STD Clinic

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

Puttalam STD Clinic

Address	Unit 13, Base Hospital Puttalam, Puttalam.
Email	std.puttalama@gmail.com
Telephone	0322 265 261 GH
Contact person	Dr. Iresh Jayaweera (Acting Venereologist)

Northern Province

Jaffna STD Clinic

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

Kilinochchi STD Clinic

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

Mannar STD Clinic

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

Northern Province

Mullaitivu STD Clinic

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

Vavuniya STD Clinic

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

Sabaragamuwa Province

Kegalle STD Clinic

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

Rathnapura STD Clinic

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

Embilipitiya STD Clinic

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

Southern Province

Balapitiya STD Clinic

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

Galle STD Clinic

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

Tangalle STD Clinic

Address	STD clinic , Base hospital, Tangalle
Telephone	0472240261 ext 220
Contact person	Dr. Thanuja Peiris (Acting Venereologist)

Hambantota STD Clinic

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

Southern Province

Matara STD Clinic

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

Uva Province

Badulla STD Clinic

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

Mahiyanganaya STD Clinic

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

Uva Province

Monaragala STD Clinic

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

Western Province

Awissawella STD Clinic

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

Colombo Central STD Clinic (National STD/AIDS Control Programme)

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

Western Province

Gampaha STD Clinic

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

Homagama STD Clinic

Address	OPD Building, Base Hospital, Homagama
Telephone	0112 855 200
Contact person	Dr. Lasanthi siriwardana (Venereologist)

Kalubowila STD Clinic

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

Kalutara STD Clinic

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

Western Province

Negombo STD Clinic

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

Panadura STD Clinic

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

Ragama STD Clinic

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

Wathupitiwala STD Clinic

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

Annex 1

1. Reported infectious syphilis cases, 2018-2020

Province	Clinic	2018			2019			2020		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla							1	1	2
	Kandy	0	0	0	0	0	0	1	0	1
	Matale	0	0	0	0	0	0	0	0	0
	Nawalapitiya							NA	NA	NA
	Nuwara Eliya	2	4	6	1	2	3	2	0	2
Eastern Province	Ampara	0	0	0	0	0	0	0	0	0
	Batticaloa	0	0	0	9	1	10	7	6	13
	Kalmunai	0	0	0	0	0	0	0	0	0
	Trincomalee	4	1	5	2	0	2	4	4	8
North Central Province	Anuradhapura	0	0	0	0	0	0	0	0	0
	Polonnaruwa	0	0	0	0	0	0	3	0	3
North Western Province	Chilaw	1	0	1	4	1	5	0	0	0
	Kuliyapitiya				0	0	0	0	0	0
	Kurunegala	5	0	5	0	0	0	0	0	0
	Puttalam							0	0	0
Northern Province	Jaffna	2	0	2	9	1	10	1	1	2
	Kilinochchi	0	0	0	0	0	0	1	0	1
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	0	0	0	1	1	2	4	3	7
Sabaragamuwa Province	Embilipitiya	1	0	1	0	0	0	0	0	0
	Kegalle	5	0	5	0	0	0	0	0	0
	Ratnapura	0	0	0	1	1	2	1	0	1
Southern Province	Balapitiya	0	0	0	1	0	1	12	1	13
	Hambanthota	0	0	0	2	2	4	3	1	4
	Mahamodara	0	1	1	2	0	2	3	0	3
	Matara	0	0	0	2	1	3	9	2	11
	Tangalle							0	0	0
UVA Province	Badulla	0	0	0	12	9	21	0	6	6
	Mahiyanganaya							1	0	1
	Monaragala	0	1	1	2	3	5	NA	NA	NA
Western Province	Avissawella	1	1	2	0	0	0	1	1	2
	Colombo	8	1	9	22	4	26	17	7	24
	Gampaha	0	0	0	1	0	1	5	2	7
	Homagama							0	0	0
	Kalubowila	12	0	12	9	3	12	11	0	11
	Kalutara	1	1	2	2	1	3	3	2	5
	Negombo	2	0	2	3	0	3	3	1	4
	Panadura							0	0	0
	Ragama	9	0	9	4	1	5	15	4	19
	Wathupitiwala	0	0	0	0	0	0	0	0	0

Newer STD clinics established in 2019 or 2020

2. Reported late syphilis cases, 2018-2020

Province	Clinic	2018			2019			2020		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla							0	0	0
	Kandy	18	19	37	11	7	18	17	7	24
	Matale	13	3	16	3	3	6	6	1	7
	Nawalapitiya							NA	NA	NA
	Nuwara Eliya	1	1	2	10	6	16	3	4	7
Eastern Province	Ampara	6	1	7	5	5	10	2	4	6
	Batticaloa	5	2	7	7	5	12	12	1	13
	Kalmunai	0	1	1	2	0	2	1	0	1
	Trincomalee	5	2	7	4	2	6	4	0	4
North Central Province	Anuradhapura	5	5	10	11	8	19	10	5	15
	Polonnaruwa	15	7	22	17	5	22	7	6	13
North Western Province	Chi law	14	13	27	7	5	12	9	4	13
	Kuliyapitiya				0	0	0	1	0	1
	Kurunegala	24	16	40	21	24	45	14	10	24
	Puttalam							2	1	3
Northern Province	Jaffna	5	0	5	5	0	5	16	10	26
	Kilinochchi	0	0	0	1	0	1	1	1	2
	Mannar	0	0	0	0	0	0	1	1	2
	Mullaitivu	0	0	0	0	1	1	0	0	0
	Vavuniya	1	0	1	7	2	9	2	2	4
Sabaragamuwa Province	Embilipitiya	1	1	2	3	2	5	0	0	0
	Kegalle	10	4	14	6	4	10	10	3	13
	Ratnapura	22	12	34	11	6	17	13	4	17
Southern Province	Balapitiya	2	1	3	7	2	9	22	3	25
	Hambanthota	12	7	19	14	1	15	14	7	21
	Mahamodara	32	19	51	33	14	47	16	9	25
	Matara	13	3	16	17	11	28	11	3	14
	Tangalle							1	0	1
UVA Province	Badulla	12	2	14	5	4	9	6	1	7
	Mahiyanganaya							0	0	0
	Monaragala	4	2	6	2	1	3	NA	NA	NA
Western Province	Avissawella	5	5	10	3	2	5	2	1	3
	Colombo	176	79	255	184	85	269	68	29	97
	Gampaha	4	1	5	6	4	10	6	2	8
	Homagama							0	0	0
	Kalubowila	30	14	44	26	15	41	22	7	29
	Kalutara	18	14	32	11	13	24	9	8	17
	Negombo	8	8	16	11	7	18	12	4	16
	Panadura							0	1	1
	Ragama	36	7	43	39	7	46	23	3	26
	Wathupitiwala	6	3	9	4	3	7	7	1	8

Newer STD clinics established in 2019 or 2020

3. Reported gonorrhoea cases, 2018-2020

Province	Clinic	2018			2019			2020		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla							0	0	0
	Kandy	3	0	3	3	0	3	6	1	7
	Matale	6	1	7	0	1	1	0	2	2
	Nawalapitiya							NA	NA	NA
	Nuwara Eliya	1	1	2	4	1	5	3	3	6
Eastern Province	Ampara	0	0	0	0	1	1	5	1	6
	Batticaloa	0	0	0	1	0	1	10	4	14
	Kalmunai	0	0	0	0	1	1	1	0	1
	Trincomalee	1	0	1	3	0	3	4	1	5
North Central Province	Anuradhapura	1	0	1	11	3	14	2	1	3
	Polonnaruwa	21	26	47	16	4	20	10	3	13
North Western Province	Chilaw	7	1	8	4	0	4	3	0	3
	Kuliyapitiya				0	0	0	0	1	1
	Kurunegala	2	1	3	3	3	6	4	0	4
	Puttalam							0	0	0
Northern Province	Jaffna	3	0	3	10	0	10	10	2	12
	Kilinochchi	3	0	3	3	0	3	5	2	7
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	0	0	0	7	0	7	6	4	10
Sabaragamuwa Province	Embilipitiya	1	0	1	0	1	1	2	0	2
	Kegalle	4	2	6	5	3	8	1	0	1
	Ratnapura	5	1	6	2	0	2	1	0	1
Southern Province	Balapitiya	1	0	1	1	0	1	10	1	11
	Hambanthota	21	15	36	13	6	19	8	2	10
	Mahamodara	5	0	5	10	0	10	3	0	3
	Matara	6	1	7	12	0	12	10	1	11
	Tangalle							0	0	0
UVA Province	Badulla	3	3	6	5	0	5	2	2	4
	Mahiyanganaya							1	0	1
	Monaragala	0	0	0	2	1	3	NA	NA	NA
Western Province	Avissawella	1	0	1	2	0	2	4	0	4
	Colombo	38	15	53	64	20	84	60	8	68
	Gampaha	4	2	6	4	0	4	8	0	8
	Homagama							0	0	0
	Kalubowila	21	2	23	34	4	38	28	4	32
	Kalutara	15	3	18	12	3	15	3	0	3
	Negombo	19	3	22	16	1	17	4	0	4
	Panadura							1	0	1
	Ragama	16	0	16	30	1	31	12	1	13
	Wathupitiwala	4	0	4	1	0	1	2	0	2

Newer STD clinics established in 2019 or 2020

4. Reported non gonococcal cases, 2018-2020

Province	Clinic	2018			2019			2020		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla							3	2	5
	Kandy	15	103	118	22	69	91	19	38	57
	Matale	6	11	17	13	84	97	7	84	91
	Nawalapitiya							NA	NA	NA
	Nuwara Eliya	1	17	18	0	0	0	2	5	7
Eastern Province	Ampara	12	0	12	6	3	9	1	2	3
	Batticaloa	1	3	4	1	7	8	7	3	10
	Kalmunai	5	5	10	8	2	10	1	2	3
	Trincomalee	0	0	0	0	0	0	4	4	8
North Central province	Anuradhapura	12	0	12	20	9	29	21	20	41
	Polonnaruwa	12	1	13	42	36	78	16	30	46
North Western Province	Chilaw	5	70	75	2	60	62	0	16	16
	Kuliyapitiya	_	_	_	0	0	0	1	2	3
	Kurunegala	149	371	520	111	230	341	76	151	227
	Puttalam							1	1	2
Northern Province	Jaffna	13	2	15	21	0	21	8	0	8
	Kilinochchi	1	0	1	8	4	12	9	10	19
	Mannar	0	0	0	0	0	0	2	0	2
	Mullaitivu	0	0	0	0	0	0	1	0	1
	Vavuniya	3	3	6	9	3	12	7	3	10
Sabaragamuwa Province	Embilipitiya	4	1	5	13	35	48	13	39	52
	Kegalle	30	54	84	23	16	39	7	23	30
	Ratnapura	14	23	37	12	18	30	5	2	7
Southern Province	Balapitiya	8	11	19	21	25	46	16	14	30
	Hambanthota	20	8	28	15	33	48	8	23	31
	Mahamodara	16	11	27	14	34	48	10	33	43
	Matara	6	11	17	10	16	26	18	29	47
	Tangalle							0	2	2
UVA Province	Badulla	11	6	17	7	21	28	8	25	33
	Mahiyanganaya							11	12	23
	Monaragala	14	29	43	8	31	39	NA	NA	NA
Western Province	Avissawella	13	7	20	14	7	21	6	0	6
	Colombo	174	471	645	253	856	1109	112	326	438
	Gampaha	47	190	237	19	115	134	12	65	77
	Homagama							2	1	3
	Kalubowila	167	226	393	337	450	787	171	188	359
	Kalutara	19	18	37	15	15	30	8	17	25
	Negombo	27	134	161	34	119	153	10	46	56
	Panadura							6	13	19
	Ragama	75	111	186	69	100	169	49	79	128
	Wathupitiwala	7	20	27	4	13	17	4	4	8

Newer STD clinics established in 2019 or 2020

5. Reported herpes cases, 2018-2020

Province	Clinic	2018			2019			2020		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla							0	2	2
	Kandy	54	117	171	33	99	132	26	72	98
	Matale	39	60	99	30	46	76	19	29	48
	Nawalapitiya							NA	NA	NA
	Nuwara Eliya	4	12	16	2	17	19	4	16	20
Eastern Province	Ampara	9	30	39	11	29	40	20	23	43
	Batticaloa	1	4	5	15	12	27	7	12	19
	Kalmunai	1	9	10	1	8	9	1	7	8
	Trincomalee	10	19	29	6	19	25	8	13	21
North Central province	Anuradhapura	36	51	87	39	62	101	36	64	100
	Polonnaruwa	46	77	123	44	78	122	29	46	75
North Western Province	Chilaw	37	48	85	47	51	98	35	34	69
	Kuliyapitiya				9	11	20	10	8	18
	Kurunegala	84	129	213	84	152	236	47	71	118
	Puttalam							1	6	7
Northern Province	Jaffna	13	10	23	8	20	28	12	7	19
	Kilinochchi	5	7	12	12	9	21	7	12	19
	Mannar	0	0	0	0	0	0	3	0	3
	Mullaitivu	4	4	8	3	2	5	0	1	1
	Vavuniya	12	22	34	10	25	35	13	11	24
Sabaragamuwa Province	Embilipitiya	19	26	45	32	32	64	21	37	58
	Kegalle	57	72	129	39	91	130	48	61	109
	Ratnapura	45	57	102	53	60	113	33	59	92
Southern Province	Balapitiya	19	35	54	37	47	84	43	27	70
	Hambanthota	37	53	90	33	51	84	30	36	66
	Mahamodara	30	86	116	48	83	131	40	57	97
	Matara	39	60	99	39	62	101	27	50	77
	Tangalle							1	2	3
UVA Province	Badulla	38	70	108	44	72	116	21	38	59
	Mahiyanganaya							8	23	31
	Monaragala	8	36	44	15	58	73	NA	NA	NA
Western Province	Avissawella	27	47	74	33	42	75	40	27	67
	Colombo	247	210	457	262	186	448	161	106	267
	Gampaha	48	65	113	49	61	110	34	32	66
	Homagama							0	9	9
	Kalubowila	143	145	288	173	171	344	95	93	188
	Kalutara	48	92	140	34	91	125	44	78	122
	Negombo	34	69	103	54	64	118	29	41	70
	Panadura							8	17	25
	Ragama	86	74	160	90	93	183	65	44	109
	Wathupitiwala	21	45	66	23	49	72	18	30	48

Newer STD clinics established in 2019 or 2020

6. Reported warts cases, 2018-2020

Province	Clinic	2018			2019			2020		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla							5	7	12
	Kandy	52	60	112	47	60	107	40	28	68
	Matale	47	40	87	13	18	31	22	14	36
	Nawalapitiya							NA	NA	NA
	Nuwara Eliya	4	6	10	5	0	5	5	7	12
Eastern Province	Ampara	16	12	28	30	21	51	23	18	41
	Batticaloa	2	3	5	7	5	12	7	3	10
	Kalmunai	5	2	7	2	3	5	2	0	2
	Trincomalee	7	9	16	12	3	15	6	9	15
North Central Province	Anuradhapura	59	40	99	41	27	68	50	51	101
	Polonnaruwa	29	26	55	50	37	87	31	21	52
North Western Province	Chilaw	60	48	108	60	43	103	27	22	49
	Kuliyapitiya				13	9	22	17	10	27
	Kurunegala	86	81	167	76	88	164	46	54	100
	Puttalam							8	6	14
Northern Province	Jaffna	23	9	32	23	8	31	22	16	38
	Kilinochchi	9	4	13	9	0	9	3	2	5
	Mannar	0	0	0	0	0	0	0	1	1
	Mullaitivu	0	1	1	0	2	2	0	0	0
	Vavuniya	15	14	29	18	13	31	8	5	13
Sabaragamuwa Province	Embilipitiya	17	16	33	19	14	33	24	15	39
	Kegalle	56	72	128	49	62	111	54	36	90
	Ratnapura	46	32	78	29	35	64	34	32	66
Southern Province	Balapitiya	15	10	25	17	16	33	29	23	52
	Hambanthota	27	30	57	57	30	87	42	29	71
	Mahamodara	50	63	113	51	65	116	27	20	47
	Matara	47	40	87	44	32	76	48	32	80
	Tangalle							5	3	8
UVA Province	Badulla	37	32	69	30	35	65	26	32	58
	Mahiyanganaya							7	19	26
	Monaragala	14	19	33	17	15	32	NA	NA	NA
Western Province	Avissawella	36	35	71	29	27	56	26	30	56
	Colombo	302	146	448	327	135	462	160	70	230
	Gampaha	45	48	93	56	48	104	49	41	90
	Homagama							7	9	16
	Kalubowila	133	82	215	127	88	215	86	44	130
	Kalutara	50	50	100	107	103	210	50	45	95
	Negombo	67	57	124	59	58	117	36	30	66
	Panadura							9	15	24
	Ragama	95	72	167	100	65	165	66	43	109
	Wathupitiwala	12	22	34	13	19	32	10	16	26

Newer STD clinics established in 2019 or 2020

7. Reported trichomonasis cases, 2018-2020

Province	STD Clinic	2018			2019			2020		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla							0	0	0
	Kandy	0	0	0	0	0	0	0	1	1
	Matale	0	0	0	0	0	0	0	1	1
	Nawalapitiya							NA	NA	NA
	Nuwara Eliya	0	0	0	0	0	0	0	0	0
Eastern Province	Ampara	0	0	0	0	0	0	0	0	0
	Batticaloa	0	1	1	0	0	0	0	0	0
	Kalmunai	0	0	0	0	0	0	0	0	0
	Trincomalee	0	0	0	0	0	0	0	0	0
North Central Province	Anuradhapura	0	0	0	0	1	1	0	0	0
	Polonnaruwa	0	0	0	0	1	1	0	0	0
North Western Province	Chilaw	0	1	1	0	0	0	0	0	0
	Kuliyapitiya				0	0	0	0	1	1
	Kurunegala	1	4	5	0	6	6	0	1	1
	Puttalam							0	0	0
Northern Province	Jaffna	0	0	0	0	0	0	0	0	0
	Kilinochchi	0	0	0	0	0	0	2	1	3
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	0	0	0	0	0	0	0	0	0
Sabaragamuwa Province	Embilipitiya	0	0	0	0	0	0	0	0	0
	Kegalle	0	3	3	0	1	1	0	2	2
	Ratnapura	2	7	9	0	1	1	0	2	2
Southern Province	Balapitiya	2	0	2	0	0	0	0	2	2
	Hambanthota	0	0	0	0	1	1	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	0	0
UVA Province	Badulla	0	2	2	0	5	5	0	8	8
	Mahiyanganaya							0	1	1
	Monaragala	0	0	0	0	0	0	NA	NA	NA
Western Province	Avissawella	0	1	1	0	0	0	0	0	0
	Colombo	3	8	11	4	20	24	1	9	10
	Gampaha	0	0	0	0	2	2	0	1	1
	Homagama							0	0	0
	Kalubowila	1	7	8	2	15	17	2	1	3
	Kalutara	0	3	3	0	0	0	0	0	0
	Negombo	1	2	3	0	3	3	0	0	0
	Panadura							0	1	1
	Ragama	1	2	3	0	1	1	0	1	1
	Wathupitiwala	0	0	0	0	0	0	0	0	0

Newer STD clinics established in 2019 or 2020

Annex 2

1. Number of clinic attendees and details of clinic attendances for STD clinics during 2020

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	30	53	83	28	198	165
	Kandy	402	400	802	387	3,144	3,684
	Matale	160	189	349	207	684	754
	Nawalapitiya	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	199	346	545	132	1,427	3,039
Eastern Province	Ampara	150	166	316	237	956	806
	Batticaloa	129	195	324	106	1,510	1,582
	Kalmunai	112	149	261	23	293	258
	Trincomalee	140	202	342	87	378	10,199
North Central Province	Anuradhapura	366	361	727	342	1,713	7,202
	Polonnaruwa	197	212	409	274	1,060	4,111
North Western Province	Chilaw	231	205	436	243	1,354	578
	Kuliyapitiya	117	95	212	64	360	11
	Kurunegala	447	675	1,122	655	2,004	2,792
	Puttalam	23	45	68	30	211	73
Northern Province	Jaffna	169	102	271	147	709	8,589
	Kilinochchi	72	87	159	78	224	3,138
	Mannar	12	13	25	6	143	2,621
	Mullaitivu	61	51	112	4	168	1,582
	Vavuniya	141	110	251	98	521	3,835
Sabaragamuwa Province	Embilipitiya	127	103	230	126	878	339
	Kegalle	334	286	620	360	2,157	1,781
	Ratnapura	456	425	881	303	1,743	1,563
Southern Province	Balapitiya	260	213	473	154	1,230	1,147
	Hambanthota	352	286	638	287	1,674	2,442
	Mahamodara	338	305	643	260	2,658	1,828
	Matara	350	255	605	359	1,449	3,435
	Tangalle	22	27	49	17	51	17
UVA Province	Badulla	432	404	836	272	2,708	2,748
	Mahiyanganaya	66	87	153	100	297	123
	Monaragala	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	144	163	307	192	967	319
	Colombo	2,561	1,373	3,934	1,740	12,828	3,567
	Gampaha	248	231	479	256	1,726	738
	Homagama	28	42	70	39	212	82
	Kalubowila	612	485	1,097	642	4,507	1,736
	Kalutara	231	261	492	322	1,810	2,111
	Negombo	230	318	548	321	2,043	1,629
	Panadura	78	96	174	102	358	209
	Ragama	421	283	704	434	2,455	1,253
	Wathupitiwala	124	113	237	168	401	785

1. Reason for attendance among New STD clinic attendees in 2020

Province	Clinic	Contact of patients	Voluntarily	Referral from magistrate/court	Others
Central Province	Dambulla	11	14	37	21
	Kandy	58	258	93	393
	Matale	16	75	85	173
	Nawalapitiya	NA	NA	NA	NA
	Nuwara Eliya	33	54	122	336
Eastern Province	Ampara	17	131	60	108
	Batticaloa	43	15	66	199
	Kalmunai	3	136	30	92
	Trincomalee	17	14	92	219
North Central Province	Anuradhapura	31	306	72	318
	Polonnaruwa	24	150	46	189
North Western Province	Chilaw	38	149	32	217
	Kuliyapitiya	0	104	22	86
	Kurunegala	45	322	304	451
	Puttalam	0	14	16	38
Northern Province	Jaffna	12	55	27	177
	Kilinochchi	14	14	25	106
	Mannar	0	2	9	14
	Mullaitivu	0	11	25	76
	Vavuniya	24	35	89	103
Sabaragamuwa Province	Embilipitiya	5	112	70	43
	Kegalle	64	240	58	258
	Ratnapura	31	172	268	410
Southern Province	Balapitiya	53	106	45	269
	Hambanthota	21	161	201	255
	Mahamodara	63	150	81	349
	Matara	48	168	106	266
	Tangalle	0	9	26	14
UVA Province	Badulla	36	146	157	497
	Mahiyanganaya	17	64	13	59
	Monaragala	NA	NA	NA	NA
Western Province	Avissawella	11	47	59	190
	Colombo	116	2115	92	1611
	Gampaha	61	176	50	192
	Homagama	0	1	0	69
	Kalubowila	58	523	162	354
	Kalutara	48	169	110	165
	Negombo	39	120	126	263
	Panadura	9	67	44	54
	Ragama	61	182	92	369
	Wathupitiwala	8	68	27	134

3. Contacts for syphilis, gonorrhea, non gonococcai infections, chlamydia and trichomoniasis during 2020

Province	Clinic	contacs of syphilis treated	contacs of gonorrhea treated	contacs of chlamydia treated	contacs of non-gono-coccal treated	contacs of trichomoniasis treated
Central Province	Dambulla	1	0	0	8	0
	Kandy	4	0	0	4	0
	Matale	0	0	0	10	1
	Nawalapitiya	NA	NA	NA	NA	NA
	Nuwara Eliya	8	2	0	0	0
Eastern Province	Ampara	2	4	0	0	0
	Batticaloa	9	7	0	0	0
	Kalmunai	0	0	0	0	0
	Trincomalee	4	0	0	0	0
North Central Province	Anuradhapura	10	2	0	11	0
	Polonnaruwa	2	6	0	26	0
North Western Province	Chilaw	0	0	0	0	0
	Kuliyapitiya	0	0	0	0	0
	Kurunegala	11	1	0	33	0
	Puttalam	0	0	0	0	0
Northern Province	Jaffna	6	0	0	0	0
	Kilinochchi	1	5	0	13	1
	Mannar	0	0	0	0	0
	Mullaitivu	1	0	0	0	0
	Vavuniya	4	2	0	0	0
Sabaragamuwa Province	Embilipitiya	0	0	0	26	0
	Kegalle	8	0	0	13	1
	Ratnapura	8	0	0	4	2
Southern Province	Balapitiya	3	0	0	7	0
	Hambanthota	1	4	0	14	0
	Mahamodara	5	1	0	24	0
	Matara	15	2	0	1	0
	Tangalle	0	0	0	0	0
UVA Province	Badulla	2	0	0	2	0
	Mahiyanganaya	0	1	0	13	0
	Monaragala	NA	NA	NA	NA	NA
Western Province	Avissawella	0	2	0	1	0
	Colombo	26	7	0	39	0
	Gampaha	3	4	0	7	0
	Homagama	0	0	0	0	0
	Kalubowila	7	15	1	163	3
	Kalutara	9	1	0	2	0
	Negombo	13	1	0	6	0
	Panadura	0	0	0	6	0
	Ragama	5	2	0	8	0
	Wathupitiwala	1	0	0	0	0

4. Number of patients with confirmed syphilis diagnoses completing treatment during 2020

Province	STD clinic	Number of diagnosed with syphilis	Number completed treatment	No.of pregnant women diagnosed with syphilies	No.of pregnant women complet-ed treatment
Central Province	Dambulla	2	2	0	0
	Kandy	24	17	3	2
	Matale	7	4	1	1
	Nawalapitiya	NA	NA	NA	NA
	Nuwara Eliya	10	10	4	4
Eastern Province	Ampara	6	5	2	2
	Batticaloa	28	27	4	3
	Kalmunai	1	1	0	0
	Trincomalee	13	12	2	2
North Central Province	Anuradhapura	13	9	3	4
	Polonnaruwa	16	15	2	2
North Western Province	Chilaw	13	12	0	0
	Kuliyapitiya	1	0	0	0
	Kurunegala	24	19	3	3
	Puttalam	3	3	0	0
Northern Province	Jaffna	29	24	3	3
	Kilinochchi	3	2	0	0
	Mannar	0	0	0	0
	Mullaitivu	0	0	0	0
	Vavuniya	11	11	2	2
Sabaragamuwa Province	Embilipitiya	1	0	0	0
	Kegalle	12	5	1	1
	Ratnapura	18	15	4	4
Southern Province	Balapitiya	7	7	1	1
	Hambanthota	25	24	1	1
	Mahamodara	28	22	2	2
	Matara	25	24	1	1
	Tangalle	1	1	0	0
UVA Province	Badulla	11	10	2	2
	Mahiyanganaya	1	1	0	0
	Monaragala	NA	NA	NA	NA
Western Province	Avissawella	6	5	0	0
	Colombo	126	89	8	8
	Gampaha	15	10	2	2
	Homagama	0	0	0	0
	Kalubowila	39	36	2	2
	Kalutara	22	19	6	6
	Negombo	23	23	3	3
	Panadura	2	2	0	0
	Ragama	43	38	2	2
	Wathupitiwala	7	6	0	0

5. Samples screened for HIV infection during 2020

Province	Clinic	No.screened for HIV (ELISA,PA,RAPID)				No.positive			
		STD p.samples	Antenatal samples	Pre e.samples	Other samples	STD p.samples	Antenatal samples	Pre e.samples	Other samples
Central Province	Dambulla	109	2	72	29	0	0	0	0
	Kandy	2339	19403	55	5839	14	0	0	9
	Matale	626	8308	487	979	14	10	0	10
	Nawalapitiya	NA	NA	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	401	12639	725	1144	10	24	1	29
Eastern Province	Ampara	553	4860	0	686	4	0	0	0
	Batticaloa	324	10705	571	1212	4	7	0	2
	Kalmunai	270	11108	307	166	0	0	0	0
	Trincomalee	353	9189	235	906	2	14	0	4
North Central Province	Anuradhapura	1388	8751	2452	7662	12	2	1	3
	Polonnaruwa	698	7717	547	4182	14	4	0	0
North Western Province	Chilaw	1178	14363	34	664	3	2	0	1
	Kuliyapitiya	190	0	0	0	0	0	0	0
	Kurunegala	2752	24292	0	439	37	12	0	1
	Puttalam	0	0	0	0	0	0	0	0
Northern Province	Jaffna	293	9393	970	5357	5	0	0	4
	Kilinochchi	159	2490	377	924	0	0	0	0
	Mannar	0	2189	360	146	0	0	0	0
	Mullaitivu	0	1689	0	0	0	0	0	0
	Vavuniya	572	3120	417	655	1	0	0	0
Sabaragamuwa Province	Embilipitiya	553	31	63	344	3	0	0	4
	Kegalle	1924	10892	2	1002	11	2	0	0
	Ratnapura	2256	17031	1178	2664	21	4	3	5
Southern Province	Balapitiya	598	4542	475	672	11	1	2	0
	Hambanthota	880	12835	888	815	6	5	1	4
	Mahamodara	1473	9332	387	4743	10	3	1	10
	Matara	1593	11058	1519	1893	66	0	0	0
	Tangalle	52	1	16	3	0	0	0	0
UVA Province	Badulla	1064	13177	944	3935	2	4	0	4
	Mahiyanganaya	153	813	336	434	0	0	0	0
	Monaragala	NA	NA	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	443	22	25	289	2	0	0	0
	Colombo	12191	35554	3466	29805	165	15	0	500
	Gampaha	455	13138	379	154	6	0	0	0
	Homagama	34	0	0	0	0	0	0	0
	Kalubowila	1588	159	783	1248	24	2	0	13
	Kalutara	2161	17127	0	1268	15	0	0	2
	Negombo	1144	6278	278	753	12	4	1	8
	Panadura	0	0	0	0	0	0	0	0
	Ragama	1604	8955	40	2681	24	2	0	36
	Wathupitiwala	237	134	0	190	8	0	0	0

6. Samples tested for HIV infection during 2020

Province	Clinic	No.tested by a confirmatary test (WB,LB)				No. confirmatory test positives			
		STD p.sam-ples	Ante-natal samples	Pre e.sam-ples	Other sam-ples	STD p.sam-ples	Ante-natal samples	Pre e.sam-ples	Other samples
Central Province	Dambulla	0	0	0	0	0	0	0	0
	Kandy	13	0	0	9	13	0	0	5
	Matale	5	5	0	3	1	0	0	0
	Nawalapitiya	NA	NA	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	10	22	1	0	1	0	0	0
Eastern Province	Ampara	4	0	0	0	4	0	0	0
	Batticaloa	3	3	0	0	3	0	0	0
	Kalmunai	0	0	0	0	0	0	0	0
	Trincomalee	1	12	0	3	1	1	0	3
North Central Province	Anuradhapura	12	0	1	0	12	0	1	0
	Polonnaruwa	14	2	0	0	5	1	0	0
North Western Province	Chilaw	3	1	0	1	3	1	0	1
	Kuliyapitiya	0	0	0	0	0	0	0	0
	Kurunegala	15	5	0	0	6	2	0	0
	Puttalam	0	0	0	0	0	0	0	0
Northern Province	Jaffna	5	0	0	4	5	0	0	2
	Kilinochchi	0	0	0	0	0	0	0	0
	Mannar	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	0	0
	Vavuniya	0	0	0	0	0	0	0	0
Sabaragamuwa Province	Embilipitiya	4	0	0	4	1	0	0	1
	Kegalle	7	0	0	0	3	0	0	0
	Ratnapura	17	2	3	1	11	0	0	1
Southern Province	Balapitiya	0	0	2	0	0	0	2	0
	Hambanthota	4	5	0	4	3	0	0	2
	Mahamodara	11	3	1	10	11	0	0	3
	Matara	11	0	0	0	10	0	0	0
	Tangalle	0	0	0	0	0	0	0	0
UVA Province	Badulla	2	4	0	4	2	1	0	3
	Mahiyanganaya	0	0	0	0	0	0	0	0
	Monaragala	NA	NA	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	2	0	0	0	2	0	0	0
	Colombo	223	13	0	524	140	0	0	269
	Gampaha	3	0	0	0	3	0	0	0
	Homagama	0	0	0	0	0	0	0	0
	Kalubowila	21	2	0	6	15	1	0	3
	Kalutara	6	0	0	1	5	0	0	1
	Negombo	14	5	0	0	11	0	0	0
	Panadura	0	0	0	0	0	0	0	0
	Ragama	24	2	0	33	24	0	0	31
	Wathupitiwala	8	0	0	0	8	0	0	0

7. Samples screened for syphilis - 2020

Province	Clinic	Number tested by VDRL				Number VDRL positive			
		STD	ANC	Pre-Emp.	Other	STD	ANC	Pre-emp.	Other
Central Province	Dambulla	131	2	34	65	6	0	0	0
	Kandy	2490	19403	1634	1932	126	76	0	37
	Matale	654	8223	476	969	11	17	1	8
	Nawalapitiya	NA	NA	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	360	12639	725	1096	55	146	5	22
Eastern Province	Ampara	461	4860	191	667	25	27	0	6
	Batticaloa	324	10705	571	1212	37	12	0	2
	Kalmunai	230	11108	307	138	3	4	0	0
	Trincomalee	353	9189	336	906	16	77	1	13
North Central Province	Anuradhapura	1388	8751	1188	6530	22	22	0	4
	Polonnaruwa	703	7717	547	4126	22	73	0	54
North Western Province	Chilaw	1178	14363	538	748	21	13	0	2
	Kuliyapitiya	189	0	11	2	1	0	0	0
	Kurunegala	1828	24292	1592	505	61	45	4	2
	Puttalam	0	0	0	0	0	0	0	0
Northern Province	Jaffna	291	9393	970	4694	27	6	108	5
	Kilinochchi	159	2490	377	414	5	0	0	0
	Mannar	0	2189	360	146	0	5	0	1
	Mullaitivu	0	1689	0	0	0	4	0	0
	Vavuniya	572	3120	418	544	13	8	0	1
Sabaragamuwa Province	Embilipitiya	403	26	59	202	1	0	0	0
	Kegalle	1094	10881	935	676	69	68	4	8
	Ratnapura	2280	17031	1368	2663	7	14	0	3
Southern Province	Balapitiya	598	4542	273	585	22	8	1	1
	Hambanthota	924	12835	1110	597	47	9	2	6
	Mahamodara	1472	9531	1425	1443	106	5	14	11
	Matara	1042	11058	1519	712	38	42	0	0
	Tangalle	43	1	16	0	0	0	0	0
UVA Province	Badulla	1092	13177	1185	1391	41	95	13	21
	Mahiyanganaya	153	814	58	739	3	4	0	0
	Monaragala	NA	NA	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	440	22	187	104	4	0	0	0
	Colombo	8611	35554	4029	20449	287	161	6	244
	Gampaha	455	13138	379	154	4	34	0	0
	Homagama	34	0	82	0	0	0	0	0
	Kalubowila	1798	159	862	394	47	0	0	5
	Kalutara	1145	17127	1590	362	56	25	3	2
	Negombo	1081	6235	278	545	87	39	1	14
	Panadura	0	0	0	0	0	0	0	0
	Ragama	1422	8955	530	1477	97	8	0	7
	Wathupitiwala	237	134	275	143	8	0	0	1

8. Confirmed TPPA syphilis - 2020

Province	Clinic	Number TPRA/TPHA tested				Number TPRA/TPHA positive			
		STD	ANC	Pre-Emp.	Other	STD	ANC	Pre-emp.	Other
Central Province	Dambulla	109	2	25	34	6	0	0	0
	Kandy	1425	78	0	78	126	3	0	2
	Matale	375	21	1	419	11	1	1	10
	Nawalapitiya	NA	NA	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	319	147	5	42	55	6	0	2
Eastern Province	Ampara	354	27	0	9	25	0	0	0
	Batticaloa	257	12	0	641	37	4	0	4
	Kalmunai	145	4	0	0	3	0	0	0
	Trincomalee	353	77	1	906	16	2	0	6
North Central Province	Anuradhapura	20	22	0	3	22	3	0	1
	Polonnaruwa	142	78	0	92	22	2	0	6
North Western Province	Chilaw	1178	13	0	9	21	0	0	2
	Kuliyapitiya	119	0	0	2	1	0	0	0
	Kurunegala	1725	33	2	2	61	3	0	0
	Puttalam	0	0	0	0	0	0	0	0
Northern Province	Jaffna	291	6	0	310	27	4	0	2
	Kilinochchi	159	0	0	0	5	0	0	0
	Mannar	0	5	0	134	0	1	0	1
	Mullaitivu	0	4	0	0	0	1	0	0
	Vavuniya	571	8	0	292	13	0	0	0
Sabaragamuwa Province	Embilipitiya	357	0	0	193	1	0	0	1
	Kegalle	654	68	4	11	69	1	1	3
	Ratnapura	2225	14	0	2585	7	4	0	11
Southern Province	Balapitiya	342	6	27	1	22	3	0	1
	Hambanthota	819	9	2	254	47	1	1	13
	Mahamodara	1444	5	15	1180	106	2	2	2
	Matara	947	42	0	143	38	1	0	1
	Tangalle	43	1	0	0	0	0	0	0
UVA Province	Badulla	735	91	15	574	41	2	0	6
	Mahiyanganaya	2	3	0	0	3	0	0	0
	Monaragala	NA	NA	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	429	14	0	91	4	0	0	0
	Colombo	5852	160	7	5027	287	15	1	306
	Gampaha	298	34	0	99	4	2	0	0
	Homagama	33	0	0	0	0	0	0	0
	Kalubowila	1351	78	0	390	47	1	0	4
	Kalutara	976	25	5	251	56	6	0	0
	Negombo	963	40	123	530	87	3	1	10
	Panadura	0	0	0	0	0	0	0	0
	Ragama	962	8	0	698	97	3	0	23
	Wathupitiwala	47	0	2	18	8	0	0	1

9. Samples tested for cervical cytology (PAPsmears) during 2020

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	47	47	47	0
	Matale	37	28	23	0
	Nawalapitiya	NA	NA	NA	NA
	Nuwara Eliya	0	0	0	0
Eastern Province	Ampara	0	0	0	0
	Batticaloa	7	9	7	0
	Kalmunai	0	0	0	0
	Trincomalee	0	0	0	0
North Central Province	Anuradhapura	40	34	22	0
	Polonnaruwa	21	21	21	0
North Western Province	Chilaw	0	0	0	0
	Kuliyapitiya	0	0	0	0
	Kurunegala	28	27	22	3
	Puttalam	1	0	0	0
Northern Province	Jaffna	5	5	3	0
	Kilinochchi	0	0	0	0
	Mannar	0	0	0	0
	Mullaitivu	0	0	0	0
	Vavuniya	0	0	0	0
Sabaragamuwa Province	Embilipitiya	0	0	0	0
	Kegalle	32	32	32	2
	Ratnapura	10	7	7	0
Southern Province	Balapitiya	33	15	15	0
	Hambanthota	1	1	1	0
	Mahamodara	79	48	25	0
	Matara	44	35	34	0
	Tangalle	0	0	0	0
UVA Province	Badulla	11	10	10	0
	Mahiyanganaya	0	0	0	0
	Monaragala	NA	NA	NA	NA
Western Province	Avissawella	46	24	24	0
	Colombo	246	239	212	12
	Gampaha	6	6	6	0
	Homagama	1	0	0	0
	Kalubowila	258	302	188	5
	Kalutara	45	23	23	0
	Negombo	25	34	34	0
	Panadura	0	0	0	0
	Ragama	32	8	8	0
	Wathupitiwala	0	0	0	0

10. Condom and lubricants distribution

Province	Clinic	2018		2019		2020	
		Number of condoms	Number of lubricants	Number of condoms	Number of lubricants	Number of condoms	Number of lubricants
Central Province	Dambulla					490	0
	Kandy	3677	510	3900	3031	3,952	11,900
	Matale	881	0	1952	1,670	30,107	1890
	Nawalapitiya					NA	NA
	Nuwara Eliya	13,104	0	4478	0	25,932	200
Eastern Province	Ampara	25,650	12,900	42,230	8,000	15,290	900
	Batticaloa	3338	811	3949	3,949	3266	1100
	Kalmunai	31,872	1,100	11,022	420	9791	80
	Trincomalee	1571	0	2830	0	4,480	1,113
North Central Province	Anuradhapura	17,990	0	29,818	600	22,142	2,000
	Polonnaruwa	12,560	0	38,421	0	32,863	1,000
North Western Province	Chilaw	5954	875	6374	605	8050	5,170
	Kuliyapitiya			450	400	1820	1,350
	Kurunegala	15,494	500	10,854	200	25,034	3,900
	Puttalam					150	10
Northern Province	Jaffna	2,547	963	15,820	2,900	18,233	6,700
	Kilinochchi	7,400	0	4,600	1,000	3,500	4,500
	Mannar	500	0	0	0	980	0
	Mullaitivu	3,456	0	2,016	900	1,728	200
	Vavuniya	3,596	0	5,328	1600	7,200	1,600
Sabaragamuwa Province	Embilipitiya	2,262	0	4258	0	4744	20
	Kegalle	24,039	2,330	27,230	3,969	22,348	2,800
	Ratnapura	20,050	0	21,267	500	21,995	6,600
Southern Province	Balapitiya	3456	950	3168	1,300	4,320	200
	Hambanthota	14,805	425	25,519	3,985	25,889	9,790
	Mahamodara	3,032	300	4,056	2,827	14,611	3,960
	Matara	2,978	0	11,808	4,600	21,335	2,650
	Tangalle					40	8
UVA Province	Badulla	10,995	0	23,188	170	6,474	800
	Mahiyanganaya					4,449	986
	Monaragala	6,010	20	4,470	315	NA	NA
Western Province	Avissawella	7,630	520	4912	15	4,469	52
	Colombo	41,446	14,321	47,294	17,764	29,260	5,956
	Gampaha	3,826	10	3197	590	4,762	800
	Homagama	0	0	0	0	0	0
	Kalubowila	31,878	16,295	43,786	29,440	24,432	11,350
	Kalutara	4,560	0	7,660	2,000	11,060	0
	Negombo	7,050	1,285	7,480	2,050	6,419	1,500
	Panadura					150	98
	Ragama	6,819	125	5,195	415	4,805	310
	Wathupitiwala	673	0	327	0	2,003	234

11. HIV Testing and Counselling for key populations-1

Province	Clinics	Sex Workers		MSM		Transgender	
		HIV testing at STD clinic	HIV testing by outreach	HIV testing at STD clinic	HIV testing by outreach	HIV testing at STD clinic	HIV testing by outreach
Central Province	Dambulla	0	0	1	0	0	0
	Kandy	23	128	64	126	0	0
	Matale	6	22	3	0	0	0
	Nawalapitiya	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	1	0	13	0	0	0
Eastern Province	Ampara	6	0	12	0	0	0
	Batticaloa	1	0	1	0	0	0
	Kalmunai	0	0	1	0	0	0
	Trincomalee	3	0	2	0	0	0
North Central Province	Anuradhapura	221	211	26	156	0	0
	Polonnaruwa	22	61	14	0	0	0
North Western Province	Chilaw	21	78	23	51	0	0
	Kuliyapitiya	0	0	0	0	0	0
	Kurunegala	71	54	26	123	0	0
	Puttalam	1	24	0	17	0	0
Northern Province	Jaffna	2	0	59	212	13	10
	Kilinochchi	0	0	0	0	0	0
	Mannar	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0
	Vavuniya	1	0	5	0	0	0
Sabaragamuwa Province	Embilipitiya	5	0	3	0	0	0
	Kegalle	23	51	33	201	0	0
	Ratnapura	14	29	26	49	0	0
Southern Province	Balapitiya	30	21	66	16	0	0
	Hambanthota	59	90	44	133	0	0
	Mahamodara	44	32	59	19	0	0
	Matara	25	93	16	0	0	0
	Tangalle	1	0	0	0	0	0
UVA Province	Badulla	19	2	0	0	0	0
	Mahiyanganaya	7	0	2	0	0	0
	Monaragala	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	9	0	7	0	0	0
	Colombo	463	516	310	503	1	123
	Gampaha	31	16	29	0	0	0
	Homagama	0	0	0	0	0	0
	Kalubowila	68	274	323	272	0	60
	Kalutara	22	163	24	63	3	0
	Negombo	49	26	35	0	0	15
	Panadura	0	0	0	0	0	0
	Ragama	2	175	63	580	0	38
	Wathupitiwala	0	185	0	260	0	17

12. HIV Testing and Counselling for key populations-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 out-reach	HIV testing at STD clinic	HIV testing by outreach
Central Province	Dambulla	0	0	0	0	0	0	44	0
	Kandy	0	0	0	0	27	222	269	0
	Matale	0	0	0	0	0	0	260	328
	Nawalapitiya	NA	NA	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	0	0	0	0	0	0	982	100
Eastern Province	Ampara	0	0	0	0	0	0	931	166
	Batticaloa	0	0	0	0	3	213	1.163	177
	Kalmunai	0	28	0	0	0	0	270	0
	Trincomalee	0	0	0	0	0	250	174	0
North Central Province	Anuradhapura	0	0	0	0	23	807	371	25
	Polonnaruwa	0	0	20	409	7	138	91	434
North Western Province	Chilaw	3	44	0	0	0	0	697	0
	Kuliyapitiya	0	0	0	0	0	0	65	0
	Kurunegala	0	0	0	0	4	508	2.683	0
	Puttalam	0	0	0	0	0	0	88	20
Northern Province	Jaffna	0	0	0	0	0	256	948	60
	Kilinochchi	0	0	0	0	0	0	121	31
	Mannar	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	145	0
	Vavuniya	0	0	0	0	26	111	493	257
Sabaragamuwa Province	Embilipitiya	0	0	0	0	0	0	560	0
	Kegalle	0	0	0	0	6	500	2.374	48
	Ratnapura	0	0	0	101	25	249	2.237	214
Southern Province	Balapitiya	8	295	0	0	0	0	397	0
	Hambanthota	0	0	11	0	26	150	786	179
	Mahamodara	6	182	2	0	51	350	1.125	108
	Matara	0	232	1	0	79	215	730	919
	Tangalle	0	0	0	0	2	0	69	0
UVA Province	Badulla	0	0	0	0	111	434	1.944	397
	Mahiyanganaya	0	0	0	0	0	0	0	0
	Monaragala	NA	NA	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	0	0	4	168	0	0	547	0
	Colombo	0	0	2	31	6	727	2.647	281
	Gampaha	0	0	1	0	0	0	999	7
	Homagama	0	0	0	0	0	0	0	0
	Kalubowila	0	0	2	6	5	114	1.297	1
	Kalutara	3	188	0	17	10	123	5.577	339
	Negombo	3	53	20	0	28	0	283	337
	Panadura	0	0	5	0	0	0	203	89
	Ragama	0	0	0	29	16	131	1.334	56
	Wathupitiwala	0	0	0	12	0	0	388	0

13. Details of the awareness programmes conducted by STD clinics in 2020

Province	Clinics	Lectures		Exhibition		Workshops	
		Number of Pro-grammes	Number of participants	Number of Pro-grammes	Number of participants	Number of Pro-grammes	Number of partici-pants
Central Province	Dambulla	1	40	0	0	0	0
	Kandy	30	2,472	0	0	2	54
	Matale	52	4,665	0	0	2	70
	Nawalapitiya	NA	NA	NA	NA	NA	NA
	Nuwara Eliya	33	1,582	0	0	0	0
Eastern Province	Ampara	18	1,317	0	0	0	0
	Batticaloa	24	1,166	0	0	0	0
	Kalmunai	39	1,893	0	0	0	0
	Trincomalee	35	1,884	0	0	0	0
North Central Province	Anuradhapura	37	2,737	0	0	1	50
	Polonnaruwa	24	2,786	2	600	0	0
North Western Province	Chilaw	7	751	2	1,300	0	0
	Kuliyapitiya	0	0	0	0	1	55
	Kurunegala	46	3,208	0	0	0	0
	Puttalam	3	57	0	0	0	0
Northern Province	Jaffna	31	1,780	0	0	0	0
	Kilinochchi	18	2,751	0	0	0	0
	Mannar	8	833	0	0	2	104
	Mullaitivu	26	620	0	0	0	0
	Vavuniya	37	3,000	0	0	0	0
Sabaragamuwa Province	Embilipitiya	1	200	0	0	0	0
	Kegalle	48	2,764	0	0	0	0
	Ratnapura	24	1,860	0	0	0	0
Southern Province	Balapitiya	19	1,465	0	0	0	0
	Hambanthota	52	1,901	0	0	0	0
	Mahamodara	3	800	0	0	0	0
	Matara	23	1,776	0	0	0	0
	Tangalle	3	160	0	0	1	40
UVA Province	Badulla	53	3,876	0	0	0	0
	Mahiyanganaya	40	1,011	0	0	0	0
	Monaragala	NA	NA	NA	NA	NA	NA
Western Province	Avissawella	6	220	0	0	0	0
	Colombo	10	2,339	2	3,100	3	180
	Gampaha	1	600	0	0	0	0
	Homagama	0	0	0	0	0	0
	Kalubowila	9	944	0	0	0	0
	Kalutara	28	2,050	0	0	0	0
	Negombo	12	652	0	0	0	0
	Panadura	3	185	0	0	1	60
	Ragama	24	675	0	0	0	0
	Wathupitiwala	1	20	0	0	0	0

FOR MORE INFORMATION

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