



BACKGROUND

Located on the southern most tip of South Asia, Sri Lanka, an island nation comprising majority ethnic Sinhalese, and Tamil people, also has Malay and Moors and Burghers. Though the island nation has experienced some of the most intense ethnic conflicts and civil war, it has been able to top South Asia with a 73rd ranking in the global human development index (HDI). People have an average life expectancy of a 75 years; a majority of population is in the rural areas. The sex ratio is 1.04, making women nearly half the population.

Sri Lanka is a low epidemic country with a prevalence of <0.1. The primary route of transmission is sexual and the risk groups are FSWs, MSM, Beach Boys and IDUs. As per the data cited by the national level agency in 2016, a cumulative total of 2557 HIV/AIDS cases have been reported and the estimated number of people living with HIV/AIDS is around 4100¹. Within MSM, there are three sub groups: male sex workers, Nachchi (effeminate males who have sex with other males) and other men who can not be classified in the above two categories. Hijra construct does not exist in Sri Lanka, however Transgender category does exist in Sri Lanka.

Sri Lanka's National STD/AIDS Control Programme (NSACP) is an extremely systematic and structured programme that offers both preventive and curative services. This must be the only national HIV/AIDS programme in entire south Asia that has in its' headquarters a model clinic with a reference laboratory. This national programme networks with 31 full time peripheral clinics manned by a trained medical officer. The objectives of the NSACP are to interrupt transmission of STI including HIV and provide care and support for those infected and affected.

COUNTRY PRIORITIES

The National Strategic Plan (NSP) - 2018-2022² has set an ambitious goal Ending AIDS by 2025. Following Priorities have been identified:

Prevention of transmission of HIV/STI among KPs

- Continue peer led approach for reaching KPs, use innovative technologies for improving reach and expand DICs
- Enhance capacity of CBOs by providing technical assistance
- Form and strengthen networks of KPs including for PLHIV
- Increase testing among KPs using different approaches including enhancing adoption of community based testing, decentralisation of testing using rapid test kits, mobile clinics, introduction of oral fluid tests and self-tests
- Reduce stigma and discrimination at service delivery sites and raise awareness and sensitivity regarding KPs among law enforcement
- Make special efforts to reach hidden MSM by better understanding their networks and ways to reach out by conducting special studies
- Introduce other means of reaching KPs such as through mobile phone messages, social media apps
- Explore the possibility of introducing PreP by the NSACP among MSM and TG after reviewing evidence
- Pilot harm reduction services among PWUD/PWID
- Make KPs aware of the availability of PEP so that they can access PEP when needed
- Increase HIV testing among prisoners and make available all preventive measures in prisons that are available for the general population

HIV Testing and Counselling

- Decentralise HIV testing and move towards adopting the rapid test kit algorithm especially in situations and places where access to STD clinics is difficult
- Ensure the algorithm is provided to private laboratories for adoption of rapid test kits for diagnosis
- Upgrade all STD laboratories to the required standard needed for quality services for HIV and

STIs

- Introduce rapid test kits for HIV and syphilis for community based testing
- Expand testing to base hospitals, chest clinics, ANC clinics
- Expedite accreditation processes for NRL as it plays a pivotal role in HIV/STI testing services in Sri Lanka
- Ensure counseling training at all STD clinics

ART

- Expand ART services to all districts
- Consider upgrading the IDH to a Centre of Excellence in HIV care
- Closely follow up the treatment cascade to better understand and reduce LFU
- Develop and install an electronic information system that can give instant updates on the status of 90:90:90 at the ART centres as well as at the provincial level
- Operationalise new equipment such as GeneXpert and BD FACS for VL and CD4 count measurements provided in districts and expand to other provinces as needed
- Strengthen capacity to perform pro-viral DNA estimations and HIV drug resistance in Sri Lanka to ensure sustainability



DATA SUMMARY

Epidemiology	Estimate	Year
Estimate no. Of MSM ³	7551	2013
Break up of Above MSW	2672	2013
Nachichs	2693	2013
Others	2186	2013
HIV prevalence per national estimates ⁴	0.6%	2014
Colombo	1.2%	2014
HIV Sentinel Surveillance ⁵	1.5%	2016
Syphilis prevalence among MSM ⁴	1.8%	2014
Syphilis prevalence among MSM ⁵	0.9%	2016
Behavioural	Estimate	Year
Average number of partners in last six months ⁴	Galle: 13 Colombo: 11 Anuradhapura: 7	2014
Condom use during last encounter (anal sex)	47%	2014
HIV test in last 12 months	14%	2014
Prevention knowledge ²	Galle: 22% Colombo: 36% Anuradhapura: 7%	2014
TG ²⁹	Estimate	Year
TGs in Sex Work		
TGs in Full Time Sex Work	46%	2016
Knowledge of highest risk of HIV transmission through anal sex	28%	2016
Use of condom during sex	64%	2016
Tested for other STIs	25%	2016
Tested for HIV	37%	2016
Tested for STI	83%	2016
Programmatic	Estimate	Year
HIV Testing Coverage ⁶	14%	2017
National Level Strategy for MSM/TG	Yes	2017
Legal	Status	Year
Male to male sex ⁷	Illegal	2017
Sex work in private ⁸	Legal	2017
Soliciting for sex	Illegal	2017
Sections criminalising same sex activities	Yes	2017
Third Gender Recognised	Process of Certificate in Place	2016
HIV Policy ¹⁰	Yes	2010
TG/H Policy or Bill	No	2017

FAST TRACK RESPONSE

Sri Lanka is committed to fast tracking the response¹¹ therefore it recognises the need for a human rights-based approach for key population groups to access for treatment and retention in treatment to achieve 90-90-90 targets by 2020. In the strategy paper Sri Lanka has envisioned evidence-informed and human rights-based prevention programmes for key populations, including dedicated services, community mobilisation and empowerment have been identified to keep new HIV infections at a low level by 2020. Sri Lanka has also prepared a road map to end AIDS¹² that is committed to reaching, scaling and strengthening interventions to end AIDS and with a special focus on the key populations.

HIV TESTING STATUS

The national programme of Sri Lanka delivers HIV tests through STD clinics as well as peer led targeted intervention programmes, which is termed as 'escorting key populations to STD clinics.' Sri Lanka is also exploring the possibility of opting for self-test. A research study conducted in 2016 on acceptability of the oral-fluid rapid HIV antibody test (Ora Quick[®]) among a purposive sample of MSM, BB, FSW and DUs has revealed that, the planning and implementation of community based HIV testing is feasible among peer-led interventions in Sri Lanka¹³. This is now a part of NASCP 2018-22.

HIV TREATMENT DELIVERY

There are 21 ART facilities located in 17 districts that provide services to all the PLHIVs in Sri Lanka. All ARV drugs are procured by the government and are free of cost to PLHIVs under treatment. There is also a well-equipped ART centre, The Infectious Disease Hospital (IDH) for care and hospitalisation of complicated cases. Despite treatment policy there are lost to follow up (LFU). In 2016 of those PLHIV who required ART, only 27% were on ART and only 21% of all PLHIV were virally suppressed. In 2016 only 72% among those diagnosed were initiated into ART. This has necessitated the need for strengthening not only the LFUs but also M&E and electronic data gathering and analytical systems².

INTENSIFIED COMBINATION PREVENTION

Sri Lanka has a national Condom strategy¹⁴ which was based on the inputs of the first ever "Situation Assessment of Condom Programming in Sri Lanka" conducted in early 2015. The main aim of the National Condom Strategy is to ensure the availability of quality condoms of choice, either free of charge or at an affordable price, through an effective and responsive service delivery system, in order to provide accessible and quality sexual health services to the entire country hence the focus on condom as a family planning product as well as to prevent STI and HIV. There are local brands 'Preethi', 'Stamina' and 'SKYN' available. The government clinic and implementing NGO partners provide condoms free of charge to the clients. In the NASCP 2018-2022, other prevention methods such as PEP awareness has been a priority area and possibility of exploring PrEP is under discussion.



FAST TRACK RESPONSE

Significant communication initiatives to intensify prevention approach

Sri Lanka has devised a comprehensive communication strategy¹⁵ with an aim to end AIDS. The National Communication Strategy (NCS) will focus on Prevention, Diagnosis, Treatment and Care and Supportive environment. The proposed NCS will focus on strengthening the rights of PLHIV, the rights of key populations and continued commitment in the battle against HIV/AIDS/STDs. Besides IEC, BCC peer based, facility based and mass media, digital media such as Facebook, Twitter, YouTube and Website will also be used to generate awareness and to create an enabling environment.

OWNERSHIP

In order to implement the national plan, the NSACP collaborates with various government, non-government organisations, the private sector and Sri Lanka's development partners. IT manages the response by providing technical strategies and guidelines, development of annual operational plans and budgets, resource mobilisation, and capacity building of all implementing partners. The response through MSM and TG populations is managed in partnership with FPA India, which partners with CBOs. The global fund also supports a multitude of programmes in Sri Lanka. In August 2017, the key population through NGO representatives came together to give their feedback for the national programme and made a set of recommendations¹⁶.

BEST PRACTICE

Following best practices¹⁷ have been recorded in Sri Lanka, which are for the entire HIV/AIDS programme:

- Tracking epidemic
- Supply of HIV free safe blood
- Provision of STI treatment
- Mapping and Size Estimation of key populations

ZERO DISCRIMINATION

As per the stigma index 2010, 30% PLHIV avoided going to a local clinic when needed because of their HIV status. Discrimination within the community persists as also violence¹⁸. There have been many campaigns in Sri Lanka, but stigma and discrimination persists thereby impacting care cascade¹⁹. As Zero discrimination is a key target for ending AIDS, Sri Lanka as per the NCS will engage in creating an enabling environment at the societal & institutional level as well as engaging in capacity building and advocacy with the service providers.

MONITORING AND EVALUATION

There is a strategic management unit within the national programme, which is responsible for the overall monitoring and evaluation of sexual health related programme, projects and activities in close liaison with all development actors, partners and bi-lateral and multi-lateral donors in Sri Lanka. There is a well-structured M&E plan²⁰ that is interconnected at all the levels so as to generate uniform information across the board.

PROGRAMMATIC ALLOCATIONS

There is 50% domestic contribution to country's AIDS program²¹. Global fund²² is the major contributor to the HIV program of Sri Lanka. Around 17% of Global Fund spending is on HIV programs. In December 2017, the Governments of Sri Lanka and the United States embarked on a two-year HIV/AIDS Technical Assistance Partnership to fast track government efforts to end AIDS by 2025. The U.S. Agency for International Development (USAID) - through the President's Emergency Fund for AIDS Relief (PEPFAR), will help to transfer promising solutions, new technical skills and innovations to contribute towards ending AIDS in Sri Lanka²³.

TREATMENT CASCADE

As there were LFUs, hence expansion of ART services in all districts, close follow up and monitoring of PLHIVs, upgrading of health care facilities and equipping and utilising M&E systems are being envisaged in the NASCP 2018-2022.

ADDITIONAL RESPONSE

UIC

Sri Lanka has a National Identity Card²⁴. All citizens over the age of 16 need to apply for a National Identity Card (NIC). Each NIC has a unique 10 digit number. An NIC number is required to apply for a passport (over 16), driving license (over 18) and to vote (over 18). In addition, all citizens are required to carry their NIC on them at all times as proof of identity. TG people have a hard time getting this card as several support documents are needed. Currently NIC is not linked to HIV programs and there is no UIC specifically for HIV programs.

ADVOCACY

The national communication strategy envisages the strong advocacy measures aimed at policy makers, law enforcement and

CAPACITY BUILDING

Sri Lanka Country Programme is a part of MSA grants DIVA for community strengthening systems²⁵. The national programme also has training and capacity building programme, which responsible for the identification, need assessment planning, and implementation of strategies and activities for the human resource development in the National STD/AIDS Control Programme and partner organisations. These groups include under graduate and post graduate trainees in the fields of medicine, trainees of other healthcare categories such as nursing officers, PHMs, MLTs, physiotherapists and peer educators from MSM, CSW, DU and BB groups²⁶.

NETWORKS

The Family Planning Association of Sri Lanka²⁷ (FPA Sri Lanka) is the key umbrella organisation for NGOs and CBOs implementing HIV activities for MSM and TG. FPA Sri Lanka serves as the primary recipient of Global Fund AIDS grants to Sri Lanka for community-based services for key populations. Equal Ground²⁸ is a prominent LGBT organisation.

SOCIAL NETWORKS

Many gay dating apps are in use in Sri Lanka, the potential of this online population needs to be tapped.



ADDITIONAL RESPONSE

GENDER BASED VIOLENCE

Gender based violence against TGs has been reported in Sri Lanka²⁹ which reported to impact physical and mental health of TGs.

PUBLIC PRIVATE PARTNERSHIP

Sri Lanka has a business organisation; Lanka Business Coalition on HIV & AIDS includes all top corporates in Sri-Lanka such as John Keels, Standard Chartered Bank, Hayleys, Aitken Spence, HNB, Dialog, Chevron Lubricants and Brandix³⁰. John Keels has even committed to recruiting, developing and promoting individuals who best meet the requirements of available positions and possess the required competencies, experience and qualifications, irrespective of gender, race, religion, age, nationality, social origin, disability, sexual orientation and gender identity, political affiliation or opinion³¹.

SOCIAL ENTITLEMENT SCHEMES

The National Human Resources and Employment Policy³² clearly states that HIV/AIDS has wide-scale ramifications on employment opportunities and with regard to HIV/ AIDS in the area of employment, the policy commits to safeguard and respect worker's rights and to ensure equal employment rights through the creation of an enabling environment free of stigma and discrimination will be continued and further strengthened. The national program also encourages PLHIV having low socio-economic situation to avail social services and has come up with an information booklet³³.

CHALLENGES

- Awareness of key population with respect to modes of HIV transmission and methods of prevention is necessary; also equally necessary is a condom program as well as periodic HIV testing among the key populations in Sri Lanka.
- Role of peers is very important for MSM and TG related interventions hence their capacity strengthening for delivering
- Issues of stigma related to sexuality and HIV status may prevent MSM from seeking treatment in the healthcare setting there by affecting the treatment cascade.
- Transgender people experience stigma and discrimination on account of their sexual orientation and gender identity. This impacts retention in care.
- MSM may have female partners/ wives who may be vulnerable to HIV and may not have access to information.
- TGs experience societal stigma as well as violence which will continue to make them vulnerable to HIV/AIDS.

RECOMMENDATIONS

- For HIV tests, several approaches need to be utilised which are should not be just provider based but self tests must also be looked into. Self-tests /POC may be explored.
- Potential of NIC for treatment cascade may be explored.
- Research to study online population may be considered in Sri Lanka
- PrEP feasibility and acceptability studies may be considered.
- Voluntary testing needs to be popularised with the help of IEC, SBCC and through social media.
- For increasing the awareness about HIV, an intense communication has to be implemented as underlined in the national strategy.
- Capacity building of the health care provider towards the transgender population is essential. A Situational Assessment Report⁶ revealed that in those areas where global fund was not implemented, there were disparities with respect to the health care for TGs. There was a need for improving STI clinics with transgender friendly facilities and creating awareness among the staff on TG communities, providing facilities for transgender surgeries at low cost or free of charge, targeted HIV prevention activities especially to the North and East and other areas where Global Fund project is not implemented.
- Recognising and working with the male and female partner notification and linkages with the programmes that cater to SRH.
- Recognising intersectionality of other risk behaviors and incorporating the same into intervention programmes as well as communications.
- Advocacy for the rights of Transgenders may be made a part of the HIV/AIDS intervention programs.

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