

# 2022 Annual Report

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

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

**(\**) +94 11 266716**3** 

() www.aidscon**tr**ol.gov.lk



## Annual Report 2022

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

- 29, De Saram Place, Colombo, Sri Lanka
- S +94 || 2667|63
- E-mail: infor@aidscontrol.gov.lk
- Web:http//www.aidscontrol.gov.lk

### **Compiled by:**

Sexual Health Promotion Unit, National STD/AIDS Control Programme, Sri Lanka.

Published by :



National STD/AIDS Control Programme SRI LANKA

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





## Contents

| Foreword  | ۲   | iv |  |
|-----------|---|----|--|
| Acknowle  | edgment   | v  |  |
| Abbrevia  | tions   | vi |  |
| Introduct | ion   | 01 |  |
| Chap-1    | Current Status of the HIV Epidemic  | 04 |  |
| Chap-2    | Epidemiology of Sexually Transmitted Infections                                   |    |  |
| Chap-3    | Sexual Health Clinic Services in Sri Lanka  | 21 |  |
| Chap-4    | HIV Testing Services  | 27 |  |
| Chap-5    | HIV Treatment and Care Services   | 35 |  |
| Chap-6    | Elimination of Mother to Child Transmission of HIV and Syphilis                   | 48 |  |
| Chap-7    | Pre-Exposure Prophylaxis (PrEP)   | 51 |  |
| Chap-8    | 52  |    |  |
| Chap-9    | Prevention Interventions for Key<br>Population Groups and Viral Hepatitis B and C | 59 |  |
| Chap-10   | Laboratory Services   | 65 |  |
| Chap-11   | Condom Promotion  | 72 |  |
| Chap-12   | Multi-Sectoral Collaboration  | 77 |  |
| Chap-13   | Training and Capacity Building  | 83 |  |
| Chap-14   | IEC and Advocacy Programs   |    |  |
| Chap-15   | World AIDS Day 2022   | 92 |  |
| Chap-16   | Update of Electronic Record Systems of NSACP                                      | 96 |  |
| Chap-17   | Update of GF Supported Activities 2022  |    |  |
| Chap-18   | Financial Summery   |    |  |
| Contact I | Contact Information of STD Clinics  |    |  |
| Annex-I   |   |    |  |
| Annex-2   |   |    |  |

### FOREWORD



ational STD/AIDs Control Program (NSACP) being the main government organization under the ministry of health is responsible for the treatment care and prevention of sexually transmitted infections and HIV at in Sri Lanka.

Together with other government and non government stakeholders NSACP and its island-wide network of STD clinics act as the focal point for the national response for HIV and working towards the goal of ending AIDs by 2030.

Over the past few decades NSACP has been successful in many goals in the field and able to maintain the HIV prevalence at a very low level in the country. Elimination of mother to child transmission of HIV and syphilis, providing ART free of charge for all diagnosed patients with HIV

covering all 24 districts, Initiation of electronic patient records within network of its STD clinics, expanding HIV testing to wider population including marginalized population groups, introducing HIV self testing, maintaining online platform for patient care and HIV testing were some of the achievements. Further the National reference laboratory is equipped with modern facilities to provide most standard laboratory diagnosis for HIV and STI management. Going parallel with current digital communication trend NSACP has taken many steps forward to expand its services through digital platforms in order to reach most vulnerable and at risk population.

This annual report contains most reliable data related to HIV and STI situation in Sri Lanka and the progress our clinical and preventive services. I acknowledge the hard work done by all the contributors to the report and appreciate the dedication by the SIM unit for maintaining an updated data source for the National program.

#### Dr Janaki Vidhanapathirana

Director- National STD/AIDs Control Program Ministry of Health

### ACKNOWLEDGMENT

### **Contributors for writing**

Dr. Ariyaratne K.A. Manathunge, Dr. Jayanthi.P. Elwitigala Dr. Thilani Ratnayake, Dr. Geethani Samaraweera Dr. Nimali Jayasuriya Dr. Janaka. Weragoda Dr. Sathya Herath Dr. Chathrani Gajaweera Dr. Kanchana Weerasinghe Dr. Duleepa Wijesiri Dr. Chani Ratnayake Dr. Kumari Karunaratne Dr. Shan. Muraliharan

### Contributors for data management

Nimali Chandima, Lakshan Fernando, Chalani Chandrasiri

### **Edited by**

Dr. Nalaka Abeygunasekara

### **Editorial Support**

Dr Thilani Ratnayake

Development of this report is financially supported Ministry of Health, Sri Lanka.

### **ABBREVIATIONS**

| ABC   | Abacavir                                 |
|-------|--|
| Ab    | Antibody                                 |
| AIDS  | Acquired Immune Deficiency               |
|       | Syndrome                                 |
| ANC   | Antenatal Clinic                         |
| ART   | Antiretroviral Treatment                 |
| ARV   | Antiretrovirals                          |
| ATV/r | Atazanavir/ritonavir                     |
| AZT   | Zidovudine                               |
| BB    | Beach boys                               |
| BCC   | Behaviour Change Communication           |
| BH    | Base Hospital                            |
| CBO   | Community Based Organization             |
| CD4   | Cluster of differentiation               |
| CMV   | Cytomegalovirus                          |
| CMP   | Communication Material and               |
|       | Publication                              |
| CPT   | Cotrimoxazole preventive therapy         |
| CSDF  | Community Strength Development           |
|       | Foundation                               |
| DGH   | District General Hospital                |
| DGHS  | Director General of Health Services      |
| DOT   | Directly Observed Therapy                |
| DMH   | De Soysa Maternity Hospital for<br>Women |
| DOA   | Data Quality Assessment                  |
| DRV   | Darunavir                                |
| DTG   | Dolutegravir                             |
| DTM   | Diploma in Transfusion Medicine          |
| DU    | Drug User                                |
| DUO   | Dual testing                             |
| EFV   | Efavirenz                                |
| EIMS  | Electronic Information Management        |
|       | System                                   |
| ELISA | Enzyme Linked Immunosorbent Assay        |
| EMTCT | Elimination of Mother To Child           |
|       | Transmission                             |
| EPTB  | Etrapulmonary TB                         |
| EPS   | External Professional Services           |
| ETU   | Emergency Treatment Unit                 |
| FHB   | Family Health Bureau                     |
| FPA   | Family Planning Association              |
| FSW   | Female Sex Worker                        |

| FTC   | Emtricitabine                        |
|-------|--------------------------------------|
| GFATM | Global Fund to fight against AIDS,TB |
|       | and Malaria                          |
| GC    | Gonococcal                           |
| GH    | General Hospital                     |
| GoSL  | Government of Sri Lanka              |
| GVAC  | Global Validation Advisory           |
|       | Committee                            |
| H2H   | Heart to Heart                       |
| HBsAg | Hepatitis B Surface Antigen          |
| HCW   | Health Care Worker                   |
| HCG   | Human Chorionic Gonadotropin         |
| HCV   | Hepatitis CVirus                     |
| HDL   | High Density Lipoprotein             |
| HIV   | Human Immunodeficiency Virus         |
| HIVST | HIV Self Test                        |
| HPV   | Human Papillomavirus                 |
| HPNP  | Health Products Non                  |
|       | Pharmaceuticals                      |
| HPE   | Health Products Equipment            |
| HR    | Human Resources                      |
| 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                  |
| IEC   | Information, Education and           |
|       | Communication                        |
| INAH  | lsoniazid                            |
| IPT   | Isoniazid Prophylactic Therapy       |
| INF   | Infrastructure                       |
| KP    | Key Population                       |
| LFU   | Lost to Follow Up                    |
| LPV   | Lopinavir                            |
| LPV/r | Lopinavir and ritonavirLSCTP Living  |
|       | support to client/target Population  |
| MAC   | Mycobacterium Avium Complex          |
| MCH   | Maternal and Child Health            |
| MDR   | Multl Drug Resistance                |
| MLT   | Medical Laboratory Technologist      |
| MO    | Medical Officer                      |
| MoH   | Ministry of Health                   |

| MSM   | Men Who Have Sex with Men           |
|-------|-------------------------------------|
| MTCT  | Mother To Child Transmission        |
| M&E   | Monitoring and Evaluation           |
| NAC   | National AIDS Committee             |
| NHP   | Non Health Equipment                |
| NCD   | Non communicable diseases           |
| NBTS  | National Blood Transfusion Service  |
| NGO   | Non-Governmental Organization       |
| NGU   | Non-Gonococcal Urethritis           |
| NIID  | National Institute of Infectious    |
|       | Diseases (IDH)                      |
| NPEP  | Non Occupational Post Exposure      |
|       | Prophylaxis                         |
| NRL   | National Reference Laboratory       |
| NRTI  | Nucleoside Reverse Transcriptase    |
|       | Inhibitor                           |
| NNRTI | Non Nucleoside Reverse              |
|       | Iranscriptase Inhibitor             |
| NSACP | National STD/AIDS Control           |
|       | National Stratogic Plan             |
|       | Needle Suring Exchange Services     |
|       | Netional Transgondor Notwork        |
|       | National Validation Committee       |
|       |                                     |
|       | Opportunistic Infoctions            |
|       | Occupational Post Exposure          |
| OFEF  | Prophylaxis                         |
| OPD   | Outpatient Department               |
| OT2   | Operation Theater 2                 |
| PAC   | Provincial AIDS Comittee            |
| PCR   | Polymerase Chain Reaction           |
| PCU   | Primary Care Unit                   |
| PCP   | Pneumocystis Carinii Pneumonia      |
| PDHS  | Provincial Director of Health       |
|       | Services                            |
| PEP   | post exposure prophylaxis           |
| 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<br>Transmission |
|--------|---|
| PrEP   | Pre Exposure Prophylaxis                      |
| PI     | Protease Inhibitor                            |
| PIMS   | Prevention Intervention Management            |
|        | system  |
| PSE    | Population Size Estimation                    |
| PSM    | Procurement and Supply chain                  |
|        | Management                                    |
| PWID   | People Who Inject Drugs                       |
| PWUD   | People Who Use Drugs                          |
| RAL    | Raltegravir                                   |
| RDHS   | Regional Director of Health Services          |
| SARD   | Strategic Alliance for Research and           |
|        | Development                                   |
| SIM    | Strategic Information Management              |
| STD    | Sexually Transmitted Diseases                 |
| STI    | Sexually Transmitted Infections               |
| ТВ     | Tuberculosis                                  |
| TDF    | Tenofovir                                     |
| TDR    | Totally Drug Resistance                       |
| TG     | Transgender                                   |
| TOT    | Training Of Trainers                          |
| TPPA   | Treponema Pallidum Particle                   |
|        | Agglutination Assay                           |
| TRC    | Transport related Costs                       |
| UNAIDS | Joint United Nations Programme on             |
|        | I Inited Nations International                |
| ONICE  | Children Emergency Fund                       |
| UNFPA  | United Nations Population Fund                |
| USAID  | United States Agency for                      |
| 00, 42 | International Development                     |
| VCT    | Voluntary Counselling and Testing             |
| VL     | Viral load                                    |
| VDRL   | Venereal Disease Research                     |
|        | Laboratory Test                               |
| WAD    | World AIDS Day                                |
| WHO    | World Health Organization                     |
| XDR    | Extensively Drug Resistant                    |
| 3TC    | Lamivudine                                    |

## Introduction to National STD/AIDS Control Programme



### INTRODUCTION

he 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 and HIV, Free of 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. NSACP continue to work during the year 2022 to achieve goals even though it was another challenging year where recovery of the COVID-19 pandemic was further stressed by the worst economic crisis faced by the country but NSACP has taken all possible measures to provide best possible sexual health services in spite of the difficulties.

1



Source: SIM unit/NSACP

### SENIOR MANAGEMNT TEAM



#### Seated

Dr. Sathya Herath. Dr. Geethani Samaraweera, Dr. KAM Ariyaratne, Dr. Janaki Vidhanapathirana, Dr. Thilani Ratnayake, Dr. Nimali Jayasuriya, Dr. Janaka Weragoda

### Standing

Mr. S.K. Liyanage, Ms. M.G. R. N. Saman Kumari, Dr. Niluka Gunathilake, Mr. Chandana Senevirathne, Dr. Shan Muraliharan, Dr. Hemantha Weerasinghe, Dr. Piyumi Perera, Dr. Vino Darmakulasinghe, Dr. Champika Gunawardhana, Dr. Jayanthi Eliwitigala

### National Program areas and Coordinators of NSACP

| Program Management                     | Dr Janaki Vidhanapathirana (Director/NSACP)         |
|--|---|
| HIV Epidemiology                       | Dr K A M Ariyaratne (Consultant Venereologist)      |
|  | Dr Chathrani Gajaweera                              |
| Strategic Information Management       | Dr K A M Ariyaratne (Consultant Venereologist)      |
| STD Care                               | Dr Nimali Jayasuriya (Consultant Venereologist)     |
| HIV treatment and care                 | Dr Geethani Samaraweera (Consultant Venereologist)  |
| Training and capacity building         | Dr Piyumi Perera (Consultant Venereologist)         |
| Laboratory services                    | Dr Jayanthi Elvitigala (Consultant Microbiologist)  |
| HIV testing                            | Dr Nimali Jayasuriya (Consultant Venereologist)     |
| IEC Advocacy and Condom Promotion      | Dr Thilani Ratnayake (Consultant Venereologist)     |
|  | Dr Janaka Weragoda (Consultant Community Physician) |
| Multisectoral Collaboration            | Dr Janaka Weragoda (Consultant Community Physician) |
| Global Fund Project Implementation and | Dr Sathya Herath (Consultant Community Physician)   |
| KP Program                             |   |
| EMTCT Program                          | Dr Nimal Jayasuriya (Consultant Venereologist)      |

### CHAPTER 01 CURRENT STATUS OF THE HIV EPIDEMIC, 2022

### Ariyaratne Manathunge<sup>1</sup>, Chathranie Gajaweera<sup>2</sup>, Duleepa Weerasiri<sup>3</sup>

uman immunodeficiency virus (HIV) is a virus that attacks the body's immune system. It is spread through contact with infected blood, semen, vaginal fluids, and breast milk. HIV can lead to acquired immunodeficiency syndrome (AIDS), which is a condition in which the body's immune system is severely weakened. AIDS can lead to a variety of life-threatening infections and illnesses.

The HIV epidemic is a global health crisis that has affected millions of people worldwide. According to the World Health Organization (WHO), an estimated 39 million people are living with HIV globally as of 2022. The HIV epidemic has had a significant impact on health. In 2022, an estimated 630,000 people died from AIDS-related causes. The epidemic has also had a major impact on the economy.

### Status of the HIV Epidemic in Sri Lanka as of end 2022

These are the estimated figures for the Sri Lankan HIV epidemic for 2022.

- People living with HIV 4,100
- HIV prevalence among adults <0.1%

| Adult HIV incident rate | - <0.01% |
|-------------------------|----------|
| HIV incidence           |          |

- (per 1,000 uninfected) <0.01
- New HIV infections <200
- AIDS deaths <100

The estimated number of people living with HIV (PLHIV) as of end 2022 is 4100 (3600-4700).The total number of PLHIV diagnosed and alive by the end of year 2022 is 3515. This figure was calculated by subtracting the total number of adjusted PLHIV deaths (1491) from the cumulative number of reported HIV infections (5016). Out of the total estimated number of people living with HIV, 2947 (72%) are linked with HIV treatment and care services as of end 2022 as illustrated by figure 1.1.



Figure 1.1 : Summary of the status of PLHIV as of end 2022

Figure 1.2 shows the trend of annually diagnosed and reported PLHIV for the period of 2011-2022. Even though men with HIV are increasing, the number of women with HIV is low and stable during this period. Out of the 607 PLHIV reported during 2022, 531 have

been men (88%). There is a 48% increase of reported HIV cases in 2022 compared to 2021. The decline in annual reported cases in 2020 and 2021 can be mainly attributed to Covid-19 related issues such as lockdowns etc.



#### Figure 1.2: Trends of annual reported number of PLHIV, 2011-2022

Annually diagnosed PLHIV could be newly infected people during the given year (new HIV infections) or those who infected in an earlier year but diagnosed and reported in the given year. During 2022, 82% of reported cases have been asymptomatic. However, the CD4 counts at the diagnosis gives a better and more objective measure regarding the possible duration of HIV infection in a newly reported person with HIV. Below diagram shows the CD4 category of PLHIV newly enrolled in HIV care in 2022. This information is available only for 277 (54%) of the PLHIV who initiated ART during 2022 (515). This is due to the lack of testing facilities during the critical economic decline in 2022.





Figure 1.3 indicates that about 10% of PLHIV are in very late stage (with less than 50 CD4/mm3 count) and 28% have a CD4 count of less than 200. Only 27% has a CD4

count of over 500. This indicates that nearly three out of four newly diagnosed PLHIV have been infected in previous years.



Figure 1.4: Trend of CD4 counts of PLHIV newly enrolled in HIV care, 2020-2022

The above graph indicates the trends of CD4 count categories of PLHIV newly enrolled in HIV care from 2020-2022. Almost similar trend can be seen during the period given. Only 27% of PLHIV have a CD4 count over 500. It should be noted that these percentages are calculated out of the PLHIV who has a CD4 test done in each year. In

2020, 93% of PLHIV newly enrolled in HIV care had a CD4 count tested and reported. In 2021, this percentage was 90%, and in 2022, it was only 54%. The shortage of test reagents contributed to the less CD4 tests carried out during 2022.



The majority of new HIV diagnoses done in 2022 are among men (86%). Thirteen percent are women and there are nine transgender persons among newly diagnosed HIV cases (1%).



Figure 1.6: Number and % of reported HIV diagnoses by age and sex at birth- 2022

Above graph shows the sex (biological) and age category of HIV cases reported in 2022. More men are seen in all age categories. The majority of PLHIV are in the 25-49 age group.



Figure 1.7: Persons diagnosed with HIV by probable mode of transmission, 2022

More than half of all HIV cases reported in 2022 are due to male-to-male sexual transmission. Heterosexual transmission is responsible for 34% of the cases. There are 10 cases who give a history of injecting drug use. Of these eight persons also has a history of male-to-male sex.



Figure 1.8: Trend of reported PLHIV according to probable mode of transmission

The above figure shows the trend of the probable mode of HIV transmission among PLHIV who are diagnosed from 2018 to 2022. Male-to-male sex have been higher than heterosexual transmission throughout this period. Over 50% transmission in 2022 are due to male-to-male sex. About 10 -15% of cases probable mode of transmission has not been reported.



Figure 1.9: Number and percentage of young adults (15-24 years) 2018-2022

Figure 1.9 indicates the number and percentage of young adults (15–24-year age category) among PLHIV diagnosed from 2018-2022. The numbers are increasing from 36 to 73 with majority among men. Although the numbers have been increasing over the years, there is no clear trend seen in the proportion of young PLHIV among the total reported cases. It should be noted that young PLHIV are more likely to represent new HIV infections which occur during the same year.

|                            | Sex  |        |        |      | Total |        |
|----------------------------|------|--------|--------|------|-------|--------|
|                            | Male |        | Female |      |       |        |
|                            | No.  | %      | No     | %    | No    | %      |
| Male to male sex (MSM)     | 307  | 57.8%  | 0      | 0%   | 307   | 50.6%  |
| Casual sex                 | 101  | 19.0%  | 16     | 21%  | 117   | 19.3%  |
| Client of FSW              | 27   | 5.1%   | 0      | 0%   | 27    | 4.4%   |
| Spousal transmission       | Ι    | 0.2%   | 24     | 32%  | 25    | 4.1%   |
| MSM and Injecting drug use | 8    | I.5%   | 0      | 0%   | 8     | 1.3%   |
| Beach boy                  | 4    | 0.8%   | 0      | 0%   | 4     | 0.7%   |
| Commercial sex worker      | 0    | 0.0%   | 4      | 5%   | 4     | 0.7%   |
| Transgender                | 3    | 0.6%   | 0      | 0%   | 3     | 0.5%   |
| Injection drug use         | 2    | 0.4%   | 0      | 0%   | 2     | 0.3%   |
| Not reported               | 78   | 14.7%  | 32     | 42%  | 110   | 18.1%  |
| Total                      | 531  | 100.0% | 76     | 100% | 607   | 100.0% |

Table 1.1: Persons diagnosed with HIV by risk categories, 2022.

The above table shows the reported HIV cases in 2022 according to the risk categories. Male to male sexual transmission (48%) and casual heterosexual transmission

(17%) predominate the risk categories.
Clients of female sex workers (4%), spousal transmission (4%) and female sex worker
(3%) are other notable risk categories. There

are 10 HIV cases with a history of injecting drug use. However, of them eight persons also gives a history of male-to-male sex.

Annual rates of newly reported HIV cases per 100,000 population

Figure 1.10 shows four maps which give the annual rate of newly reported HIV infections

per 100,000 population from 2019-2022. Colombo district shows the highest rate of HIV cases in all four years. Gampaha, Kalutara, Polonnaruwa, Galle and Matara also show higher rates of HIV infections over this period.

Figure 1.10: The rate of neroly reported HIV infections per 100,000 population, 2019-2022022





The rate in 2020



The rate in 2019





Figure 1.11: The cumulative rate of reported HIV cases per 100,000 population as of end 2022

### Cumulative rate of newly reported HIV cases per 100,000 population

Figure 1.11 shows the cumulative rate of newly reported HIV cases per 100,000 population as of end 2022. Similar to the new HIV case rate, Colombo shows the highest rate of HIV rate per 100,000 population. In addition, Gampaha, Kalutara, Puttalam, Galle and Polonnaruwa districts show a higher cumulative HIV case rate per 100,000 population.

### Current status of all PLHIV enrolled in HIV care up to 2022.

The figure given below shows the outcome of cumulative HIV cases enrolled in HIV care services since the late 1980's . Of the

total 4193, 67% (2,813) are on ART as of end 2022. Of the total, 15% are reported as lost to follow-up and 13% are reported as deaths. Only 3% are in Pre-ART stage.

Figure 1.12: Persons diagnosed with HIV by probable mode of transmission, 2022



### Ending AIDS epidemic by 2030

Sri Lanka has committed to the goal of ending AIDS epidemic by 2030. According to UNAIDS, 95-95-95 testing and treatment targets should be achieved by 2025 to reach the goal of "Ending AIDS epidemic" by 2030.

### The 95-95-95 treatment targets are described below.

i. 95% of all people living with HIV (PLHIV) know their HIV status.

- ii. 95% of all PLHIV who know their HIV status receive ART
- iii.95% of all people on ART achieve viral suppression

According to UNAIDS, the ending AIDS epidemic is defined as reduction number of new HIV infections and AIDS-related deaths by 90% compared to the baseline year, 2010.



Figure 1.13: Status of 95-95-95 treatment targets as of end 2022

The above figure shows the status of knowing HIV diagnosis, on ART and viral load suppression targets as of end 2022. Currently these targets are 86-80-87. Sri Lanka needs to improve on all three targets to achieve 95-95-95 target by 2025.

Figure: 1.14 indicates the cross-sectional HIV treatment cascade for 2022. The estimated number of PLHIV (4,100) taken as the denominator to calculate all these percentages of this graph.



Figure1.14: Cross sectional HIV treatment cascade as of end 2022

The below graph shows (figure 1.15) the trend of cross-sectional cascades from 2017 to 2022 based on the HIV estimation process done in early 2023. According to these the know the status (first 95%) has

increased from 39% to 86%, on treatment coverage has increased from 32% to 68% and percentage of viral load suppression has increased from 27% to 57% from 2017 to 2022.



### The trends of estimated number of new HIV infections and AIDS deaths



Figure1.16: Trend of estimated number of new HIV infections and AIDS deaths, 2010-2022

Figure 1.16 shows the estimated number of new HIV infections and AIDS deaths from 2010 to 2022. By the end of 2022, new HIV infections have reduced by 58% while AIDS deaths have reduced by 73% compared to the baseline year (2010). The goal for reduction of new HIV infections and AIDS deaths are 90% compared to the baseline values in 2010 to achieve ending AIDS epidemic.



### CHAPTER 02

### EPIDEMIOLOGY OF SEXUALLY TRANSMITTED INFECTIONS

### Ariyaratne Manathunge<sup>1</sup> Chani Ratnayaka<sup>2</sup>

exually transmitted infections (STIs) continue to pose a significant public health challenge globally, and Sri Lanka is no exception. In 2022, the country experienced notable changes in the epidemiology of STIs, with a rising trend observed in most infections. This article provides an overview of the STI landscape in Sri Lanka during 2022, highlighting the factors contributing to this increase and the implications public health. for By understanding the epidemiological patterns and associated challenges, we can plan better

inform targeted interventions and prevention strategies to combat the spread of STIs in the country.

Similar to previous years, genital herpes, non-gonococcal infections and genital warts consist of main STIs reported during 2022. Details of number of STIs reported and male to female distribution is described in the table below. More females have reported with genital herpes and non- gonococcal infections whereas more males reported for all the other STIs.

Table 2.1: Diagnoses reported from STD clinics during 2022

|                           | Sex   |      |       |      | Total  |            |
|---------------------------|-------|------|-------|------|--------|------------|
|                           | Ma    | le   | Fem   | ale  |        |            |
| Diagnosis                 | No.   | %    | No    | %    | No     | %          |
| Genital herpes            | I,094 | 27%  | 1,375 | 32%  | 2,469  | 30%        |
| Non-gonococcal infections | 659   | 16%  | 1,554 | 36%  | 2,213  | 27%        |
| Genital warts             | 883   | 22%  | 860   | 20%  | 1,743  | 21%        |
| Syphilis*                 | 587   | 14%  | 183   | 4%   | 770    | <b>9</b> % |
| Gonorrhoea                | 645   | 16%  | 109   | 3%   | 754    | <b>9</b> % |
| Trichomoniasis            | 29    | ١%   | 27    | ١%   | 56     | ۱%         |
| Other STIs                | 171   | 4%   | 155   | 4%   | 326    | 4%         |
| Total STIs                | 4,068 | 100% | 4,263 | 100% | 8,33 I | 100%       |

<sup>1</sup>Consultant Venereologist

<sup>2</sup>Senior registrar in Venereology

Total number of STIs diagnosed in year 2022 was 8,331 and of these 51 % of them were viral infections respectively. Higher number of STI patients were females accounting for 51.2 %. Not clear

Most common STI was genital herpes accounting for 30% of the STI diagnoses,

while non gonococcal infections and genital warts were the next most common STIs during 2022. Most common infection among males was genital herpes (27%) while it was nongonococcal infections among females (36%).



The decline in STIs during 2020 and 2021 is due to Covid-19 epidemic related service accessibility issues. The same pattern was noticed in reported HIV diagnoses in this period. Nevertheless, a rising trend of STIs is seen in 2022.

### A. Syphilis

Figure:2.2 Number of early and late syphilis cases by sex - 2022



Syphilis accounted for 9 % (n=770) of all STIs reported during 2022. Of these 28.4% were early infections. The majority of (76.2 %) syphilis infections were among males. Since 2018, a rising trend of early syphilis cases are seen even during the Covid-19 affected years.

Figure:2.1 Trend of number of reported STIs, 2017-2022







Infectious (early) syphilis is higher among males. A sharp raise of cases among males was noticed in 2022. Even though this may be partly due to normalization of reporting in 2022, this may also indicate the increase in unprotected sexual behaviour among males.

| Congenital syphilis per 100,000 live births                | 2020    | 2021    | 2022    |
|--|---------|---------|---------|
| Live births  | 301,706 | 284,848 | 275,321 |
| Number of congenital syphilis cases                        | 2       | 3       | I       |
| Annual rate of congenital syphilis per 100,000 live births | 0.66    | 1.05    | 0.36    |

Table 2.2: Status of congenital syphilis, 2020 - 2022

According to the global case definition for congenital syphilis, only one case of congenital syphilis was reported in the country during 2022. The number of live births has been declining during the past few years. The rate of congenital syphilis per 100,000 live births was 0.36 in 2022.

#### B. Gonorrhoea



Figure:2.5 The trend of gonorrhoea cases by sex,2015-2022

There is a significant rise in reported cases of gonorrhoea infections among males is observed in 2022. This is worrying as gonorrhoea infections indicates incident (new) sexually transmitted infections. Of the total 754 gonorrhoea cases reported during 2022, the majority was males (85.5 %).

#### C. Non-gonococcal infections



Figure:2.6 The trend of cases of non-gonococcal infections by sex,2015-2022

Non-gonococcal cervicitis and non-gonococcal urethritis have increased in 2022 compared to 2021. Among total number of non-gonococcal infections, 70.22% were among female STD clinic attendees, which was quite similar to the past trends. Non-gonococcal infections were more common among clinic attendees who are over 25 years of age.

#### D. Trichomoniasis



Similar to most other STIs, trichomonas vaginalis infections have increased among STD clinic attendees in 2022 compared to the previous 2 years. In contrast to the previous years, trichomonas infections were slightly higher among males (51.78%) in 2022.

#### E. Genital herpes

Figure:2.8 The trend of cases of genital herpes by sex, 2015-2022



The majority of genital herpes infections in Sri Lanka were observed among females, accounting for 55.7% of the total reported cases. Similar to other STIs, genital herpes (HSV) infections were more commonly reported among clinic attendees over the age of 25. In line with the overall rise in STI cases, genital herpes infections showed an increase during 2022, reflecting the general trend observed for STIs in the country during that period

#### F. Genital warts



Figure:2.9 The trend of cases of genital warts by sex, 2015-2022

The majority of genital herpes infections in Sri Lanka were observed among females, accounting for 55.7% of the total reported cases. Similar to other STIs, genital herpes (HSV) infections were more commonly reported among clinic attendees over the age of 25. In line with the overall rise in STI cases, genital herpes infections showed an increase during 2022, reflecting the general trend observed for STIs in the country during that period

It is noteworthy that all sexually transmitted infections (STIs), except for genital warts, have shown a rising trend in 2022. This increase can be partially attributed to issues related to the accessibility of services caused by the Covid-19 pandemic. In Sri Lanka, STIs are reported from public STD clinics, which may have been affected by the pandemic. Furthermore, civil and political instability in 2021 disrupted the supply of essential services, including transportation, which further aggravated STD service accessibility in the country.

The rising number of STI cases suggests that public STI services are gradually returning to a near-normal level during 2022. However, the increase in certain bacterial STIs, such as infectious syphilis and gonorrhea among males, is concerning as it indicates the presence of unprotected risky sexual behaviors, especially among males. It is crucial to closely monitor higherrisk populations through public health surveillance to identify and address these behaviors. By doing so, actions can be taken to prevent the escalation of an HIV epidemic within these communities.



## CHAPTER | 03

## Sexual Health Clinic Services in Sri Lanka



### CHAPTER 03 SEXUAL HEALTH CLINIC SERVICES

### Nimali Jayasuriya<sup>1</sup>

exual health clinics in Sri Lanka are specialized clinics that focus on the diagnosis, treatment, and prevention of sexually transmitted infections (STIs) and other sexual health related issues. There are 41 clinics island wide and 30 branch clinics island wide. These clinics provide a wide range of services to individuals who are experiencing sexual health problems or concerns. Some of the services provided by sexual health clinics are given below.

- STI testing and treatment.
- HIV testing and counselling.
- Treatment for sexual dysfunction.
- Provision of Hepatitis B vaccine for highrisk groups.
- Conducting special clinics and services for key population groups.
- Condom promotion and condom provision.
- Partner notification.
- Defaulter tracing.
- Providing Information, Education and Communication.
- Contraception services.

- Assessment for pre-employment and foreign employment medicals.
- Screening antenatal women for HIV and syphilis.
- Conducting special blood surveys and clinics at prisons.
- Outreach HIV testing and prevention activities for key population, vulnerable and general population.
- Conducting school health programmes
- Referrals: Sexual health clinics can refer patients to other healthcare providers or community resources for additional care or support.

Overall, sexual health clinics play a crucial role in promoting sexual health and preventing the spread of STIs. By providing comprehensive testing and treatment, education and counseling, and access to contraception and vaccination, these clinics help individuals maintain healthy sexual lives and prevent the transmission of infections to others. The way forward is to improve all currently available services with implementing services for hepatitis B/C positive individuals.

### Distribution of STD clinics

| Province              | District                 | STD_clinic    | Branch clinic   |
|-----------------------|--------------------------|---------------|---|
| Western province      | Colombo                  | Colombo       | Prison clinic in Welikada                                     |
|                       |                          | Kalubowilla   |   |
|                       |                          | Awissawella   |   |
|                       |                          | Homagama      |   |
|                       | Gampaha                  | Ragama        |   |
|                       |                          | Gampaha       |   |
|                       |                          | Negombo       |   |
|                       |                          | Wathupitiwela |   |
|                       | Kalutara                 | Kalutara      | Horana, Pimbura   |
|                       |                          | Panadura      |   |
| Northwestern Province | Kurunegala               | Kurunegala    |   |
| Kuliyapitiya          | Galgamuwa, Nikaweratiya, |               |   |
|                       | Dambadeniya              |               |   |
|                       | Puttalam                 | Chilaw        |   |
| Puttalam              | Marawila, Dankotuwa,     |               |   |
|                       | Kalpitiya, Anamaduwa     |               |   |
| Northern Province     | Jaffna                   | Jaffna        |   |
|                       | Mannar                   | Mannar        |   |
|                       | Kilinochchi              | Kilinochchi   |   |
|                       | Mullaitivu               | Mullaitivu    |   |
|                       | Vavuniya                 | Vavuniya      |   |
|                       | Irincomalee              | Irincomalee   |   |
| Eastern Province      | Batticaloa               | Batticaloa    | BH Walachchenei, BH<br>Kalawanchikudi                         |
|                       | Ampara                   | Ampara        | Mahaoya, Dehiaththakandiya                                    |
|                       | Kalmunai                 | Kalmunai      | BH Kalmunai North, BH Pottuvil                                |
| Uva Province          | Badulla                  | Badulla       | Ella  |
|                       |                          | Mahiyanganaya |   |
|                       | Monaragala               | Monaragala    |   |
| Southern Province     | Galle                    | Galle         |   |
| Balapitiya            |                          |               |   |
|                       |                          |               |   |
|                       | Matara                   | Matara        |   |
|                       | Hambantota               |               |   |
|                       | Hambantota               |               |   |
|                       |                          | Tangalle      |   |
| Sabaragamuwa Province | Ratnapura                |               |   |
|                       | Ratnapura                |               |   |
| Embilipitiya          | BH Balangoda             |               |   |
|                       | Kegalle                  | Kegalle       | Warakapola, Mawanella   |
| Central Province      | Kandy                    |               |   |
|                       | Kandy                    |               |   |
| Nawalapitiya          | BH Teldeniya, Dumbara    |               |   |
|                       | Prison clinic            |               | 1   |
|                       | Matale                   |               |   |
|                       | Matale                   | VVilgamuwa    |   |
|                       |                          |               |   |
| Neuth Castal          | INUWARA Eliya            | Nuwara Eliya  | The ask ask of a second                                       |
| INORTH Central        | Anuradnapura             | Anuradhapura  | I nambutnthegama  |
|                       | roionnaruwa              | roionnaruwa   | вакатипа , Medirigiriya,<br>Welikanda, Aralaganwila, Siriputa |





### Pap smear

Pap smear for cervical cancer screening for eligible women attended for STI service is another service provided by STD clinics where facilities are available. currently pap smear facility is available in twenty nine STD clinics including central clinic in Colombo and the number of pap's smears performed in 2022 by each clinic are listed below.

| Table 8. Number of | Number screened       | Total number of reports | Of them (8.2) number | Of them (8.3) number |
|--------------------|-----------------------|-------------------------|----------------------|----------------------|
| samples tested for | for cervical cytology | received (Tested in any | satisfactory for     | reported as CIN-1 or |
| cervical cytology  | during the quarter    | quarter)                | reporting            | above                |
| Ampara             |                       | 0                       | 0                    | 0                    |
| Balapitiya         | 0                     | 0                       | 0                    | 0                    |
| Anuradhapura       | 8                     | 5                       | 2                    | 0                    |
| Avissawella        | 29                    | 15                      | 17                   | 0                    |
| Badulla            | 7                     | 8                       | 8                    | 0                    |
| Batticaloa         | 0                     | 0                       | 0                    | 0                    |
| Chilaw             | 10                    | 2                       | 2                    | 0                    |
| Colombo            | 338                   | 270                     | 259                  | 11                   |
| Dambulla           | 0                     | 0                       | 0                    | 0                    |
| Embilipitiya       | 0                     | 0                       | 0                    | 0                    |
| Gampaha            | 18                    | 18                      | 16                   | 0                    |
| Hambantota         | 7                     | 3                       | 3                    | 0                    |
| Homagama           | 9                     | 4                       | 4                    | 0                    |
| Jaffna             | 0                     | 0                       | 0                    | 0                    |
| Kalmunai           | I                     | I                       | I                    | 0                    |
| Kalubowila         | 167                   | 161                     | 149                  | 2                    |
| Kalutara           | 29                    | 15                      | 18                   | 2                    |
| Kandy              | 61                    | 61                      | 53                   | 0                    |
| Kegalle            | 9                     | 9                       | 7                    | 0                    |
| Kilinochchi        | 0                     | 0                       | 0                    | 0                    |
| Kuliyapitiya       | 7                     | 7                       | 6                    |                      |
| Kurunagala         | 30                    | 34                      | 28                   |                      |
| Mahamodara         | 61                    | 42                      | 41                   |                      |
| Mahiyangana        | 0                     | 0                       | 0                    | 0                    |
| Mannar             | 0                     | 0                       | 0                    | 0                    |
| Matale             | 44                    | 37                      | 34                   | 0                    |
| Matara             | 18                    | 19                      | 19                   | 0                    |
| Monaragala         | 8                     | 0                       | 0                    | 0                    |
| Mullativu          | 0                     | 0                       | 0                    | 0                    |
| Nawalapitiya       | 4                     | 4                       | 4                    | 0                    |
| Negombo            | 41                    | 61                      | 61                   | 0                    |
| Nuwara Eliya       | 0                     | 0                       | 0                    | 0                    |
| Panandura          | 9                     | 9                       | 9                    | 0                    |
| Polonnaruwa        | 10                    | 5                       | 5                    | 0                    |
| Puttalam           | 0                     | 0                       | 0                    | 0                    |
| Ragama             | 31                    | 4                       | 4                    | 0                    |
| Rathnapura         | 5                     | 1                       | 1                    | 0                    |
| Tangalle           | 0                     | 0                       | 0                    | 0                    |
| Trincomalee        | 5                     | 4                       | 4                    | 2                    |
| Vavuniya           | 12                    | 12                      |                      | 1                    |
| Wathupitiwala      | 15                    | 30                      | 27                   | 0                    |
| · · ·              | 994                   | 841                     | 793                  | 21                   |

### CHAPTER 04 HIV TESTING SERVICES

### Nimali Jayasuriya<sup>1</sup>

he purpose of HIV testing services is to provide HIV tests to people in need, to give accurate and quick results, and to connect clients to relevant treatment and preventive services based on their serostatus. In Sri Lanka, the implementation of multiple HIV testing methodologies has contributed to high levels of HIV testing coverage.

The National STD/AIDS control program provides HIV testing services to clients through facility-based testing, communitybased testing, and a self-testing strategy. Facility-based testing is primarily accessible for free at government STD clinics and hospitals, although it is also available at private laboratories. STD clinic employees or NGO partners provide communitybased testing services. HIV testing services in prison are provided by trained prison employees or by STD clinic staff. In 2022, a major limitation was the scarcity of HIV test kits and reagents. Due to the country's economic crisis, HIV screening and confirmation were not able to continue as usual due to a lack of test kit supplies.

HIV testing was interrupted in 2021 due to the COVID-19 pandemic. However, there was a modest decrease in overall HIV tests performed in 2022 when compared to 2021, owing primarily to a lack of screening of pregnant mothers through STD clinics.

Most STD clinics adopted to do HIV threetest strategy to avoid unnecessary delays in initiation of ART. HIV diagnosis was verified using the national HIV testing algorithm, and still HIV was confirmed through western blot or molecular testing.




The table below shows the number of HIV tests carried out in the country in 2022 according to different testing categories.

| Category of the samples tested for HIV                         | Number<br>tested | Number<br>confirmed<br>positive | % HIV<br>positivity<br>rate |
|--|------------------|---------------------------------|-----------------------------|
| Blood donor screening (NBTS and private blood banks            | 424,127          | 58                              | 0.014                       |
| Antenatal mothers  | 185,569          | 9                               | 0.005                       |
| Private hospitals, laboratories, and Sri<br>Jayewardenepura GH | 163,466          | 130                             | 0.080                       |
| STD clinic samples *   | 37,423           | 286                             | 0.764                       |
| Tri-forces   | 58,728           | II                              | 0.019                       |
| Hospital based testing   | 2,615            | 8                               | 0.306                       |
| Prison   | 5,004            | 3                               | 0.060                       |
| TB screening   | 6,686            | 8                               | 0.120                       |
| Pre employment   | 25,477           | I                               | 0.004                       |
| Key population intervention programmes                         | 22,115           | 87                              | 0.393                       |
| Others **  | 72,045           | 6                               | 0.008                       |
| Total  | 1,003,255        | 607                             | 0.061                       |

 Table 4.1:
 HIV positivity rate by category of testing, 2022

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

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

Despite intermittent stockouts of HIV test kits and reagents in 2022, a total of 1,003,255 HIV tests were performed throughout Sri Lanka, with 607 confirmed cases, a record high. In spite of the highest number of cases, HIV seroprevalence remains low, with a seropositivity rate of 0.06.

HIV testing is prioritized among key population groups through key population intervention programmes and people accessing STD clinics. With a seropositivity rate of 0.76, STD clinic attendees had the highest yield. Next among key population intervention programmes, which accounts for 0.4. All pregnant women are offered HIV testing, and they have the option to decline if they do not wish to be tested. HIV rapid testing is used in tertiary care hospitals, and now at base hospital level as well.t has reached the Base Hospital A level. In hospital set up rapid HIV tests are commonly used in occupational injuries: screen for symptomatic or high-risk categories; and during labour.where providers need to take effective measures without delay to prevent perinatal HIV transmission. Not clear. The highest number of HIV-tests were done on donated blood samples, with 424,127 tests. Approximately 42% of HIV testing in the country was done on donated blood (by both the national blood transfusion service and private blood bank), resulting in 58 confirmed HIV positives in 2022. Private sector HIV testing contributes significantly to HIV testing, with a positive rate of 0.08. HIV testing at TB clinics or STD clinics was used to screen TB patients for HIV. Out of 6686 TB patients, 8 became confirmed positive for HIV.

## **HIV** testing by **STD** clinics

All STD clinics in Sri Lanka have HIV testing facilities. Samples are mainly received from STD clinic attendees, hospital referrals, court referrals, pre-employment testing, prenatal screening, visa screening, and through population groups. HIV ELISA (Ag/ Ab), HIV rapid blood test (Ag/Ab), particle agglutination, DUO HIV/Syphilis tests, and assisted HIV self-tests are used as HIV screening tests in STD clinics in Sri Lanka. Outreach HIV testing is carried out by STD staff and KP unit staff. A separate HIV rapid testing unit was established in the Colombo STD clinic to test key population groups and tests are carried out by NGO staff attached to FPA. This unit conducted 90 HIV tests in 2022, three of which were confirmed positives.

## HIV testing at hospital settings

HIV rapid testing in hospitals are carried out by trained hospital staff. Due to a lack of test kits, expected number of HIV rapid tests could not be offered in 2022 in this setting. Despite the decreased number of HIV positives in hospital-based testing, the positivity rate among samples sent to STD clinics for HIV testing from hospitals remained significant. It is important to further strengthen hospital-based testing in order to diagnose symptomatic HIV patients without any delay and detect antenatal mothers who dropped out from initial antenatal screening.

### HIV testing among TB patients

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

# HIV testing by private sector laboratories

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

# HIV testing by National Blood Transfusion service

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

# Key Population - HIV testing

KP HIV testing is carried out by both trained NGO workers and STD clinic staff through community-based testing or facility-based testing. Trained outreach workers primarily contributed to community-based HIV testing by using both HIV rapid testing and assisted self-testing, with a high positivity rate. In 2022, virtual HIV testing was also launched, mostly through HIV self-testing by online outreach workers.

# Key population HIV testing by STD clinic staff

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

Table 4.2: HIV testing among key population members conducted by STD clinics.

| Type of key population  | STD Clinics |                       |                         |
|-------------------------|-------------|-----------------------|-------------------------|
|                         | V.          | oluntary or By C      | Dutreach                |
|                         | No. tested  | No confirmed positive | HIV positivity%<br>rate |
| Men having sex with men | 1725        | 245                   | 14.203                  |
| Female sex workers      | 1591        | 3                     | 0.189                   |
| Beach boys              | 35          | I                     | 2.857                   |
| Persons who Inject Drug | 71          | 7                     | 9.859                   |
| Trans gender women      | 155         | 0                     | 0.000                   |
| Prison inmates          | 5004        | 3                     | 0.060                   |
| Total                   | 8581        | 259                   | 3.018                   |

### Key population led HIV testing.

Both the case-finder model and the peer-led model were continued.

- a) The case finder approach was continued in the districts of Colombo and Gampaha for female sex workers, men who have sex with men, and transgender women. A total of 6617 key population members were tested by this testing model, with 71 being newly diagnosed. The HIV positivity rate in this model was as high as 1.07. This model is functioned under the Family Planning Association.
- b) The peer-led targeted intervention model was continued in 13 districts in 2022 under supervision by STD clinics. Altogether, sixteen HIV-positive cases were identified from Galle, Anuradhapura, Kalutara, Jaffna and Kurunegala districts through this model in 2022. Tables 3 and 4 show HIV testing by key population-led programmes.

Table 3 shows HIV testing through key population led HIV testing services in 2022.

| Type of Key Population  | NSA<br>P<br>int | CP KP Progra<br>eer-led target<br>ervention mo | amme<br>æd<br>odel          |               | KP Programm<br>Case finder mo<br>(Hybrid mod | ne-<br>odel<br>el)          |
|-------------------------|-----------------|--|-----------------------------|---------------|--|-----------------------------|
|                         | No.<br>tested   | HIV<br>confirmed<br>positive                   | HIV<br>positivity<br>% rate | No.<br>tested | HIV<br>confirmed<br>positive                 | HIV<br>positivity<br>% rate |
| Men having Sex with Men | 6018            | 9  | 0.150                       | 3086          | 65   | 2.106                       |
| Female sex workers      | 5838            | 0  | 0.000                       | 2364          | Ι  | 0.000                       |
| Beach Boys              | 2045            | 7  | 0.342                       | NA            | NA   | NA                          |
| Persons Who Inject Drug | 734             | 0  | 0.000                       | 525           | 0  | 0.000                       |
| Trans gender women      | 292             | 0  | 0.000                       | 647           | 5  | 0.773                       |
| Total                   | 14927           | 16   | 0.107                       | 6622          | 71   | 1.072                       |

Table 4.3: HIV testing through key population led HIV testing services in 2022.

The following table shows physical and virtual testing through key population led HIV testing services in 2022.

| Type of Key Population  | NSACP KP                | Programme              | FPA KP P                | rogramme               |
|-------------------------|-------------------------|------------------------|-------------------------|------------------------|
|                         | No Tested<br>Physically | No Tested<br>Virtually | No Tested<br>Physically | No Tested<br>Virtually |
| Men having Sex with Men | 543 I                   | 587                    | 2913                    | 173                    |
| Female sex workers      | 5397                    | 441                    | 1946                    | 418                    |
| Beach Boys              | 1986                    | 59                     | NA                      | NA                     |
| Persons Who Inject Drug | 715                     | 19                     | 525                     | NA                     |
| Trans gender women      | 265                     | 27                     | 494                     | 153                    |
| Total                   | 13794                   | 1133                   | 5878                    | 744                    |

Table 4.5: Physical and virtual testing through key population led HIV testing services in 2022.

Total HIV tests carried out by STD clinics and key population led programmes were 30,130 and out of all 306 were confirmed positive.

The following table shows total HIV testing among key population groups in 2022.

| Type of key population  | Total tested | Total HIV<br>confirmed positive | HIV positivity<br>rate |
|-------------------------|--------------|---------------------------------|------------------------|
| Men having sex with Men | 10829        | 319                             | 2.946                  |
| Female sex workers      | 9793         | 4                               | 0.041                  |
| Beach boys              | 2080         | 8                               | 0.385                  |
| Persons who Inject Drug | 1330         | 7                               | 0.526                  |
| Trans gender women      | 1094         | 5                               | 0.457                  |
| Total                   | 30,130       | 346                             | 1.148                  |

Table 4.6: Total HIV testing among key population groups in 2022

To meet 95-95 targets by 2025 and end AIDS by 2030, the country needs to identify a range of innovative approaches to respond to contemporary needs. The new approach can help countries achieve maximum accuracy in HIV testing.

- Scale up HIV self-testing for people who are at higher HIV risk and are not testing in clinical settings.
- Adopt a standard HIV testing strategy to confirm an HIV-positive diagnosis.

- Scale up social network-based HIV testing to reach key populations who are at high risk but have less access to services.
- The use of peer-led, innovative digital communications such as short messages and videos which can build demand and increase uptake of HIV testing.
- Strengthen index case and network testing.

### **HIV** self-testing

An HIV self-test is a test that allows an individual to test themselves for HIV in the privacy of their own home or other private setting. HIV self-tests are easy to use and involve obtaining a sample of blood or saliva, which is then tested for the presence of antibodies to the virus that causes HIV. There are different types of HIV self-tests available, including rapid diagnostic tests and oral fluid tests. Currently, NSACP uses oral fluidbased HIV self-tests. Positive results from an HIV self-test are always confirmed with a follow-up test at a healthcare facility. NSACP provides all services, including HIV self-test kits, free of charge to needy people. There were 7657 HIV STs distributed by NSACP and 5773 utilized by different categories, with 36 confirmed positives in 2022.

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

 Online ordering and delivery: This model involves users ordering a selftesting kit online or through Know 4 Sure web site and having it delivered to their doorstep by courier service.

- STD clinic pharmacy-based distribution: In this model, self-testing kits are made available for purchase over the counter in pharmacies.
- Community-based distribution: In this model, self-testing kits are distributed through communitybased organizations, such as nongovernmental organizations (NGOs), faith-based organizations, or public health workers.
- 4) Home-based distribution: In this model, self-testing kits are distributed through door-to-door campaigns or home visits by non-governmental organizations community health workers.
- 5) Mobile distribution: This model involves distributing self-testing kits through mobile clinics or vans that travel to different locations. A combination of delivery models may be necessary to reach the maximum number of individuals with HIV selftesting services.

# This table shows HIV ST distribution, utilization and confirmed positive cases in 2022.

| Category                                     | Total tested | Total HIV confirmed<br>positive |
|--|--------------|---------------------------------|
| KP tested (assisted) by FPA                  | 2911         | 27                              |
| KP tested (assisted) by STD clinics KP units | 2155         | 9                               |
| STD clinic attendees                         | 54           | -                               |
| Pre-employment                               | I            | -                               |
| МОН  | 52           | -                               |
| Hospital-based testing                       | 20           | -                               |
| GPs  | 26           | -                               |
| Migrant returnees                            | 3            | -                               |
| Prison testing                               | 5            | -                               |
| Others                                       | 546          | 36                              |
| Total  | 5773         | 36                              |

 Table 4.7:
 Total HIV testing among key population groups in 2022



# CHAPTER 05 HIV TREATMENT AND CARE SERVICES

# Geethani Samaraweera<sup>1</sup> Ariyaratne Manathunge<sup>2</sup>, Himali perera<sup>3</sup> K.Wirasinghe<sup>4</sup>, G D K N Karunarathne<sup>5</sup>

omprehensive HIV treatment and care services include the provision of antiretroviral therapy (ART), counseling, and psychological support. They also involve support for partner disclosure contact tracing, management and of coinfections such as hepatitis B and C, including hepatitis B vaccination. Additionally, services encompass the diagnosis, management, and prophylaxis of opportunistic infections, as well as the screening and management of noncommunicable diseases. Family planning, cervical cancer screening, and special services for pregnant mothers, including the prevention of mother-to-child transmission of HIV, are also provided for female PLHIV.

In Sri Lanka, these services are provided to people living with HIV (PLHIV) through HIV treatment and care centers attached to STD clinics island wide. By the end of 2022, there were 33 full-time ART centers covering all 25 districts of the country, providing comprehensive care including ART for all PLHIV who are registered for HIV care services. Currently, ART services are only available in the government sector. Since 2016, antiretroviral therapy (ART) is offered to all PLHIV under care through the "Treat all" policy aiming to minimize mortality and morbidity associated with HIV infection. Combination ART works by blocking viral replication, leading to durable viral suppression, immune restoration, prevention of emergence of resistance, and prevention of onward transmission. ART does not completely eliminate the HIV virus, thus treatment needs to be continued for lifelong. ART has been proven to improve the quality of life of people living with HIV (PLHIV), and the progression to AIDS has become increasingly rare.

# Newly registered PLHIV

A total of 594 people living with HIV (PLHIV) were newly registered in HIV care services during 2022, including males, females, and transgender individuals. The number of PLHIV who started ART during the year was 486. It is important to note that out of the total PLHIV newly registered, 78% were registered in ten ART centers: Colombo, Ragama, Kandy, Kalubowila, Kurunegala, Mahamodara, Gampaha, Kalutara, Anuradhapura, and Matara.

# Cumulative number of people living with HIV by clinic and outcome as of end 2022

By the end of 2022, ART services were provided to PLHIV through 33 full-time ART centers across all 25 districts, with at least one ART center per district. Among the clinics, the Colombo Central HIV Clinic located at No. 29, De Sarum Place, Colombo 10, had the highest number of PLHIV in care, with a total of 1847 individuals, accounting for approximately 44% of the total registered. Ragama had 424 individuals (10%) in care, while Kandy had 188 individuals (4.5%) in care. The total number of PLHIV registered across all ART centers by the end of 2022 was 4192.

ART Centers during 2022



|               | Pre-ART | ART  | Stopped | Left the<br>Country | LFU | Death | Grand<br>Total |
|---------------|---------|------|---------|---------------------|-----|-------|----------------|
| Colombo       | 30      | 1094 |         | 57                  | 381 | 285   | 1847           |
| Ragama        | 7       | 283  |         |                     | 74  | 60    | 424            |
| Kandy         | 5       | 143  | 5       |                     | 12  | 23    | 188            |
| Kalubowila    | 9       | 133  |         | 2                   | 18  | 11    | 173            |
| Mahamodara    | 12      | 93   |         |                     | 34  | 21    | 160            |
| Kurunegala    | 6       | 109  | 2       |                     | 11  | 11    | 139            |
| IDH           | I       | 71   |         |                     | 14  | 40    | 126            |
| Anuradhapura  | 9       | 82   |         |                     | 3   | 16    | 110            |
| Gampaha       | 12      | 85   |         | I                   | 9   | 3     | 110            |
| Kalutara      | 5       | 78   |         |                     | 11  | 5     | 99             |
| Negombo       | 2       | 75   |         |                     | 12  | 5     | 94             |
| Matara        |         | 76   |         |                     | 7   | 4     | 87             |
| Rathnapura    | 7       | 47   |         |                     | 5   | 9     | 68             |
| Chilaw        | 3       | 51   |         |                     | 4   | 8     | 66             |
| Jaffna        |         | 46   |         | 2                   | 3   | 9     | 60             |
| Polonnaruwa   | 4       | 44   |         |                     | 9   | 2     | 59             |
| Kegalle       | l       | 46   |         |                     | 5   | 4     | 56             |
| Badulla       | 3       | 34   |         |                     | 9   | 6     | 52             |
| Hambantota    | I       | 47   |         |                     | 2   | I     | 51             |
| Matale        |         | 35   |         |                     | I   | 3     | 39             |
| Awissawella   |         | 21   |         |                     | 2   | I     | 24             |
| Vavuniya      | 2       | 18   |         |                     | I   | 2     | 23             |
| Trincomalee   |         | 16   |         |                     | I   | 2     | 19             |
| Wathupitiwala | I       | 11   |         |                     | 7   |       | 19             |
| Balapitiya    | 5       | 12   |         |                     |     | I     | 18             |
| Nuwara Eliya  |         | 12   |         |                     | 3   | 2     | 17             |
| Batticaloa    |         | 13   |         |                     | 2   | I     | 16             |
| Panandura     |         | 12   | I       | I                   | I   | I     | 16             |
| Monaragala    |         | 10   |         |                     |     | I     | 11             |
| Puttalam      |         | 5    |         |                     | I   | I     | 7              |
| Ampara        |         | 5    |         |                     |     |       | 5              |
| Kuliyapitiya  | I       | 2    |         |                     | I   |       | 4              |
| Kalmunai      |         | 3    |         |                     |     |       | 3              |
| Dambulla      |         | I    |         |                     |     |       | I              |
| Kilinochchi   |         |      |         |                     |     | I     | I              |
| Grand Total   | 126     | 2692 | 8       | 63                  | 643 | 539   | 4192           |

# Number of people living with HIV ??? by age and gender as of end 2022

The total number of PLHIV on ART according to age group and gender was 2813 (Is this correct). The majority of PLHIV were males, accounting for 76% of the total, with a male to female ratio of 3:1. Among the age groups, the largest proportion of PLHIV (54%) fell within the 25-49 age range. Only 0.7% of PLHIV were children under the age of 15.

| Age group   | Female | Male | Grand Total |
|-------------|--------|------|-------------|
| 5-9         | 5      | 6    | П           |
| 10-14       | П      | 13   | 24          |
| 15-19       | 6      | 12   | 18          |
| 20-24       | 14     | 106  | 120         |
| 25-29       | 43     | 258  | 301         |
| 30-34       | 69     | 324  | 393         |
| 35-39       | 86     | 353  | 439         |
| 40-44       | 114    | 340  | 454         |
| 45-49       | 83     | 242  | 325         |
| 50-54       | 88     | 185  | 273         |
| 55-59       | 75     | 134  | 209         |
| 60-64       | 47     | 101  | 148         |
| 65-69       | 24     | 39   | 63          |
| 70-74       | 10     | 16   | 26          |
| 75-79       | 5      | 3    | 8           |
| 80+         |        | I    | I           |
| Grand Total | 680    | 2133 | 2813        |

# Number of people living with HIV by ART regimen as of end 2022

By the end of 2022, 24 different ART regimens are being used to manage PLHIV. The most commonly prescribed regimen was tenofovir, emtricitabine, and efavirenz, and 66% of PLHIV were on that regiment. The next most frequently used regimen was tenofovir, emtricitabine, and dolutegravir, comprising around 19% of the cases.

As a result of economic crisis prevailing in the country, the National STD/AIDS Control Programme (NSACP) faced challenges in procuring ART medications, resulting in a severe shortage of commonly prescribed drugs such as dolutegravir and the combination pill of tenofovir and emtricitabine. Consequently, temporary measures were implemented, and the ART regimens were temporarily switched to DRV/r (darunavir/ritonavir) and LPV/r (lopinavir/ritonavir) protease inhibitor (PI)based regimens, which also had limited stocks. As a result, patients had to make more frequent visits to healthcare facilities to obtain their ART medications. In order to overcome the shortage of domestic funds to procure ART, the Global Fund (GF) stepped in and provided financial support through a special emergency fund which will provide ART for latter part of 2022 and 2023. In addition, WHO also provided some special ART needed in small quantities.

| ART regimen       | Female | Male | Total |
|-------------------|--------|------|-------|
| TDF+FTC+EFV       | 434    | 1435 | 1869  |
| TDF+FTC+DTG       | 99     | 434  | 533   |
| TDF+FTC+LPV/r     | 34     | 73   | 107   |
| AZT+3TC+LPV/r     | 30     | 47   | 77    |
| AZT+3TC+DTG       | 22     | 52   | 74    |
| AZT+3TC+EFV       | 20     | 28   | 48    |
| 3TC+DTG           | 14     | 20   | 34    |
| TDF+FTC+DRV/r     | 6      | 12   | 18    |
| AZT+3TC+DRV/r     | 5      | 6    | П     |
| AZT+3TC+NVP       | 2      | 7    | 9     |
| TDF+FTC+RAL       | 4      | 4    | 8     |
| TDF+3TC+DTG       |        | 6    | 6     |
| TDF+FTC+LPV/r+RAL | 2      | 3    | 5     |
| TDF+FTC+ATV/r     | I      | 2    | 3     |
| ABC+3TC+LPV/r     |        | 2    | 2     |
| 3TC+DRV/r+DTG     |        | I    | I     |
| ABC+3TC+DTG       | I      |      | I     |
| ABC+3TC+EFV       | I      |      | I     |
| ATV/r+DTG         | I      |      | I     |
| AZT+3TC+ATV/r     |        | I    | I     |
| AZT+3TC+DRV       | I      |      | I     |
| AZT+3TC+RAL       | I      |      | I     |
| DTG+LPV/r         | I      |      | 1     |
| TDF+FTC+NVP       | I      |      | I     |
| Grand Total       | 680    | 2133 | 2813  |

### **TB/ HIV Co-infection during 2022**

People living with HIV are at a higher risk of tuberculosis (TB) infection. Thus identification and treatment of HIV – TB coinfection and treatment of latent TB is on of the most important aspect of HIV as well, as TB management. Thus NSACP and NPTTCD work in hand in hand to identify and treat HIV -TB coinfected and latent TB cases.

All newly registered PLHIV undergo TB screening and all TB patients are offered HIV

testing as as part of their routine care. The chest clinics provide screening, diagnosis and treatment for TB according to the national guideline. A special chest clinic is conducted at NSACP on every Wednesdays, by medical officers from the Colombo chest clinic to assure patient convenience.

During the year, 978 HIV positive patients underwent TB screening and among them, 47 (0.05%) had pulmonary TB, and 22 (0.02%) had extrapulmonary TB. 47 individuals (0.05%) were newly diagnosed with latent TB, It is worth noting that there were no cases of multi-drug resistant TB (MDR-TB), extensively drug-resistant TB (XDR-TB), or triple drug-resistant TB (TDR-TB) among the PLHIV. In 2022, a total of I70 PLHIV received IPT to prevent development of active TB disease.

It is noteworthy that despite the number screened for TB was nearly 23% less compared to the previous year, the number newly diagnosed with all forms of TB was much higher specially sputum negative pulmonary TB and extrapulmonary TB. In 2021 only 9 cases were being newly diagnosed with smear negative pulmonary TB but it has gone up to 34 which is nearly a fourfold increase. Similarly in 2021 there were only 8 cases newly diagnosed with EPTB in contrast to the 22 cases reported in 2022. It is indeed a positive development that the number of reported cases of MDR (multi-drug-resistant) and XDR (extensively drug-resistant) TB (tuberculosis) was zero in 2022, compared to the four cases reported in 2021. This achievement reflects the collective efforts and progress made in combating the spread of these highly resistant forms of tuberculosis.

| Status of TB and HIV Co-infection during year 2022                      | Number |
|---|--------|
| Number of patients on anti-TB treatment at the time of diagnosis of HIV | 25     |
| Number of HIV positive patients having past history of TB               | 9      |
| Number of HIV positive patients screened for TB during the year         | 978    |
| Latent TB infection (This section not very clear)                       | 47     |
| Pulmonary TB (Sputum Smear +ve)   | 13     |
| Pulmonary TB (Sputum Smear -ve)   | 34     |
| Extra Pulmonary TB  | 22     |
| MDR/XDR or TDR TB   | 0      |
| Number of Patients on INAH prophylaxis (IPT                             | 170    |

# **Co-trimoxazole preventive therapy**

Cotrimoxazole preventive therapy (CPT) is administered for the primary and secondary prophylaxis for Pneumocystis pneumonia (PCP) in all PLHIV with a CD4 count below 350 cells/µL. Additionally, for toxoplasmaseropositive patients with CD4 counts less than 100 cells/µL, CPT is also considered as primary prophylaxis against toxoplasma encephalitis. In 2022, a total of 382 PLHIV received CPT as part of their comprehensive care.

# HIV and Hepatitis co-infection during 2022

In 2022, only 229 PLHIV have undergone hepatitis B screening and, none were found to be positive for hepatitis B, resulting in a test positivity rate of 0%. The Hepatitis B

testing facility was not constantly available throughout the year due to lack of test kits. Therefore, some PLHIV were not screened for Hepatitis B though it was a part of routine baseline assessment. Similarly, Hepatitis C screening was also not available continuously hindering routine screening of all newly diagnosed PLHIV for Hep C. Despite that four new cases of Hepatitis C was found during 2022.

#### Table 5.1: HIV and hepatitis co-infection during 2022

|             | Number tested | Number positive | Test positivity rate |
|-------------|---------------|-----------------|----------------------|
| Hepatitis B | 229           | 0               | 0%                   |
| Hepatitis C | 253           | 4               | 2%                   |

# **Opportunistic infections (OI) among** PLHIV in 2022

The below bar chart elaborates the number of opportunistic infections (Ols) reported among PLHIV during 2022. The commonest OI was candidiasis 57 (0.31%) followed by tuberculosis 40 (0.22%) and Pneumocystis jiroveci pneumonia 21(0.12%). TB numbers are different in various tables

Lack of availability of OI diagnostic facilities and medications are the major challenges faced during the year 2022. Cryptococcal antigen testing was not available at MRI throughout the year and CMV PCR was also not available time to time.

## Non-communicable diseases (NCD) among PLHIV in 2022

The below bar chart elaborates reported number of non communicable diseases (NCDs) among PLHIV in 2022. Dyslipidemia was the commonest NCD reported among 180 (38%) PLHIV while 99(20%) were reported to have diabetes mellitus and 81(17%) had hypertension. The number of PLHIV with renal diseases (eGFR <60 ml/ min/m2) were 41 (8.6%). Only one person had bone changes in Dexa scan.





However, it is identified that data reporting related to NCD is not up to the stranded thus the actual numbers are likely to be much higher than the reported numbers. In order to improve that staff was emphasized on importance of accurate data management.

# Sexually transmitted infections among PLHIV in 2022

It is striking that during 2022 the number of PLHIV reported with early syphilis have increased by four-fold. Only 13 cases have been reported in 2021 compared to 57 cases reported in 2022. The number reported to

| Sexually transmitted infection                 | Number diagnosed in PLHIV |
|--|---------------------------|
| Non gonococcal infections                      | 19                        |
| Newly diagnosed HSV                            | 18                        |
| Newly diagnosed genital warts                  | 19                        |
| Pap changes                                    | 3                         |
| Other STIs                                     | 58                        |
| Resistance to at least one NRTI                | I                         |
| Resistance to at least one NNRTI               | I                         |
| Resistance to at least one Pl                  | 0                         |
| Resistance to at least any other drug category | 0                         |
| Resistance to more than one ARV                | 1                         |
| No Resistance to ARV                           | 0                         |

#### Table 5.2: HIV and hepatitis co-infection during 2022

have genital warts also has doubled during 2022 as compared to 2021. On the other hand, there was no significant changes in reported number of other STIs such as GC and HSV.

# HIV-1 Drug resistance testing among patients with virological failure during 2022

During 2022, The number of samples sent for ART drug resistance was much less due to lack of funding. Only eight samples were been sent to National AIDS Research Institution (NARI), India for ART resistance testing and three reports were received.

### ART cohort analysis 2022

ART cohort analysis was done in 2022 for four cohorts of PLHIV who initiated ART in 2021 (12-month follow-up), 2020 (24-month follow-up), 2019 (36-month follow-up) and 2017 (60-month follow-up). The percentage of PLHIV alive and on ART at each follow-up period ranged from 83% to 96%.The percent of viral load suppression among PLHIV varied from 95% to 100%.



## ART Cohort Analysis - 2022

| _  |  | Total   | %    | Female | Male | <15 yrs. | 15+ yrs. |
|----|--|---------|------|--------|------|----------|----------|
| а. | Number who initiated ART (N)                     | 327     | 100% | 52     | 275  | 1        | 326      |
|    | Status (outcome) after 12 months of starting ART |         |      |        |      |          |          |
| b. | On 1st line regimen                              | 310     | 95%  | 51     | 259  | 1        | 309      |
| c. | On 2nd line regimen                              | 3       | 1%   | 0      | 3    | 0        | 3        |
| d. | Stopped for medical reasons (S)                  | 0       | 0%   | 0      | 0    | 0        | 0        |
| e. | Lost to follow-up (F)                            | 5       | 2%   | 0      | 5    | 0        | 5        |
| f. | Dead (D)   | 9       | 3%   | 1      | 8    | 0        | 9        |
| g. | Number alive and on ART(A) = {N - (S+D+F)}       | 313     | 96%  | 51     | 262  | 1        | 312      |
| h. | Percentage of persons alive and on ART (A/Nx100) | 313/327 | 96%  | 98%    | 95%  | 100%     | 96%      |
| i. | % of viral load suppression**                    | 147/154 | 95%  | 100%   | 95%  | 100%     | 95%      |

#### Table1: Outcome of people with HIV who started ART in 2021 (12 months) by sex and age\*

#### Table2: Outcome of people with HIV who started ART in 2020 (24 months) by sex and age\*

|  | Total   | %    | Female | Male | <15 yrs. | 15+ yrs. |
|--|---------|------|--------|------|----------|----------|
| a. Number who initiated ART (N)                                      | 378     | 100% | 72     | 306  | 3        | 375      |
| Status (outcome) after 24 months of starting ART                     |         |      |        |      |          |          |
| b. On 1st line regimen   | 336     | 89%  | 62     | 274  | 3        | 333      |
| c. On 2nd line regimen   | 0       | 0%   | 0      | 0    | 0        | 0        |
| d. Stopped for medical reasons (S)                                   | 0       | 0%   | 0      | 0    | 0        | 0        |
| e. Lost to follow-up (F)   | 24      | 6%   | 5      | 19   | 0        | 24       |
| f. Dead (D)  | 18      | 5%   | 5      | 13   | 0        | 18       |
| g. Number alive and on ART(A) = {N - (S+D+F)}                        | 336     | 89%  | 62     | 274  | 3        | 333      |
| <ul> <li>Percentage of persons alive and on ART (A/Nx100)</li> </ul> | 336/378 | 89%  | 86%    | 90%  | 100%     | 89%      |
| <ol> <li>% of viral load suppression**</li> </ol>                    | 227/233 | 97%  | 98%    | 97%  | 100%     | 97%      |

#### Table 3: Outcome of people with HIV who started ART in 2019 (36 months) by sex and age\*

|    |  | Total   | %    | Female | Male | <15 yrs. | 15+ yrs. |
|----|--|---------|------|--------|------|----------|----------|
| a. | Number who initiated ART (N)                     | 342     | 100% | 60     | 282  | 4        | 338      |
|    | Status (outcome) after 36 months of starting ART |         |      |        |      |          |          |
| b. | On 1st line regimen                              | 276     | 81%  | 49     | 227  | 3        | 273      |
| c. | On 2nd line regimen                              | 7       | 2%   | 2      | 5    | 0        | 7        |
| d. | Stopped for medical reasons (S)                  | 2       | 1%   | 0      | 2    | 0        | 2        |
| e. | Lost to follow-up (F)                            | 37      | 11%  | 4      | 33   | 0        | 37       |
| f. | Dead (D)   | 20      | 6%   | 5      | 15   | 1        | 19       |
| g. | Number alive and on ART(A) = {N - (S+D+F)}       | 283     | 83%  | 51     | 232  | 3        | 280      |
| h. | Percentage of persons alive and on ART (A/Nx100) | 283/342 | 83%  | 85%    | 82%  | 75%      | 83%      |
| i. | % of viral load suppression**                    | 226/229 | 99%  | 100%   | 98%  | 100%     | 99%      |

|    | Table 4: Outcome of people with HIV who star                         | ted ART in | 2017 (60 m | nonths) by | sex and ag | e*       |          |
|----|--|------------|------------|------------|------------|----------|----------|
| _  |  | Total      | %          | Female     | Male       | <15 yrs. | 15+ yrs. |
| a  | . Number who initiated ART (N)                                       | 273        | 100%       | 64         | 209        | 1        | 272      |
| L  | Status (outcome) after 60 months of starting ART                     |            |            |            |            |          |          |
| F  | o. On 1st line regimen   | 222        | 81%        | 55         | 167        | 1        | 221      |
| c  | . On 2nd line regimen  | 4          | 1%         | 1          | 3          | 0        | 4        |
| d  | <ol> <li>Stopped for medical reasons (S)</li> </ol>                  | 0          | 0%         | 0          | 0          | 0        | 0        |
| e  | . Lost to follow-up (F)  | 25         | 9%         | 5          | 20         | 0        | 25       |
| f  | . Dead (D)   | 22         | 8%         | 3          | 19         | 0        | 22       |
| 8  | . Number alive and on ART(A) = {N - (S+D+F)}                         | 226        | 83%        | 56         | 170        | 1        | 225      |
| F  | <ul> <li>Percentage of persons alive and on ART (A/Nx100)</li> </ul> | 226/273    | 83%        | 88%        | 81%        | 100%     | 83%      |
| l. | % of viral load suppression**  | 177/177    | 100%       | 100%       | 100%       | 100%     | 100%     |

\*Age at ART initiation in years, \*\* VL <1000/ml among PLHIV whose VL is available in 2022

#### Prepared by,

Strategic Information Management Unit National STD/AIDS Control Programme Sri Lanka, 14th April 2023

# Deaths among HIV positive cases 2022

Despite availability of ART centers in all districts of the country and practicing treat all policy, number of reported deaths among PLHIV are on rise over the years. In 2022, a total of 65 deaths were reported among PLHIV. Similar to previous years, Colombo

district had the highest number of deaths (18 deaths) followed by Gampaha district which reported 12 deaths.

The commonest cause of death was pneumonia followed by sepsis, meningitis and meningoencephalitis.



## HIV/Psychiatry clinic

**Psychiatric** illnesses and psychological morbidities are much commoner among **PLHIV** compared to HIV negative population. Therefore, all PLHIV undergo comprehensive psychiatric assessment as part of their comprehensive HIV care and those who need special assessment and care are referred to special psychiatric clinics held at the central HIV clinic or to relevant psychiatric clinics in respective district hospitals.

This comprehensive approach aims to address the mental health needs of PLHIV and provide necessary support and interventions for their overall well-being.

# **HIV/Nutrition clinic**

The clinical staff at HIV clinics regularly

assess the nutritional status of PLHIV during their clinic visits. If any nutritional problems are identified, patients are referred to the special nutritional clinic held at the central HIV clinic or the respective nutrition clinics in district hospitals.

# Vaccination of PLHIV against Hepatitis B infection

All PLHIV received double doses of the Hepatitis B vaccine, totaling 40 micrograms, administered at 0, 1, 2, and 6 months. Their hepatitis B surface antibody levels are regularly monitored to assess the effectiveness of the vaccination. If the antibody levels are found to be below the required threshold (<100 IU), further doses of the vaccine are administered as per the guidelines. The guidelines for administering the Hepatitis B vaccine and monitoring antibody levels are detailed in the publication titled "A Guide to HIV Care Services and Management of Opportunistic Infections", second edition.

# Guideline update

"A Guide to HIV Care Services and Management of Opportunistic Infections" was updated by a group of selected venereologist and other relevant specialists during 2022. The aim of this comprehensive guide is to provide up to date guidance on HIV care services and the management of opportunistic infections and NCDs. It will be finalized and published in 2023,

# Training programmes conducted by HIV treatment and care unit

#### **Monthly Webinars**

The HIV care and treatment unit successfully organized monthly webinars as part of their continuous medical education initiative. These webinars covered a diverse range of topics related to sexually transmitted infections (STIs) and HIV. Renowned speakers, both internationally and nationally, delivered presentations on various subjects such as the revised National HIV Testing algorithm of Sri Lanka, updates on HIV treatment, the clinical significance of molecular analysis of HIV, joint manifestations in STIs, and ocular syphilis.

# Meetings on HIV care and treatment services during 2022

# HIV testing, laboratory, counseling and HIV care Subcommittee

The subcommittees on HIV testing, laboratory, counseling, and HIV care convened two meetings in 2022. The meetings were chaired by Dr. S.M. Arnold, the Deputy Director General of Public Health Services I, and were attended by key stakeholders including, Consultants from NSACP, district Consultant Venereologists, representatives from National Programme for TB and Chest Diseases, World Health Organization (WHO), Family Planning Association (FPA), People Living with HIV (PLHIV) groups, and other supportive organizations.

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

# **ART Drug estimation/procurement** committee meetings

# During 2022, number of ART Drug Estimate Committee meetings were conducted.

The working group of the ART Drug Estimate Committee comprised of Director of the National STD/AIDS Control Programme (NSACP), the National HIV Care Coordinator, Consultant Venereologists, Pharmacists from the NSACP, as well as officials from the Medical Supplies Division and the State Pharmaceuticals Corporation of Sri Lanka.

These meetings played a vital role in ensuring the timely and continuous supply of ART drugs by taking proactive measures. By estimating the ART drug requirements in advance, the committee aimed to expedite the procurement process and maintain a consistent supply of medication for PLHIV (People Living with HIV) in Sri Lanka. This collaborative effort helped to address potential challenges related to the availability and distribution of ART drugs, ultimately improving the delivery of HIV care services in the country.

# PLHIV groups and other supportive organization

PLHIV organizations as well as other support organizations provided their fullest support for continuation of quality care for PLHIV in Sri Lanka.

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

FPA (Family Planning Association of Sri Lanka): provide support for PLHIV especially financial support for travelling and laboratory investigations. In addition, National AIDS Foundation (NAF): continued its financial and other services for PLHIV throughout 2022 as well. Nest (Networking, Education, Support, and Treatment): offer counseling, peer support, educational programs, and advocacy initiatives to improve the quality of life for PLHIV and combat HIV-related stigma and discrimination.

These organizations provide important contribution for HIV/AIDS prevention, care,

support services in Sri Lanka and always work in hand in hand with NSACP.

# Challenges

During 2022, the HIV program in Sri Lanka faced significant challenges. Human resource constrains, inadequate infrastructure and delays in ART procurement are some of them. During 2022, there were only 28 consultant Venereologists available to manage 41 STD clinics. 10 ART centers were managed without a fulltime consultant venereologist.

Though the number of PLHIV under care gradually increasing over the years neither infrastructure nor the human resources allocated to STD clinic had expanded adequately challenging delivery of comprehensive quality care for PLHIV.

Shortage of essential ART, delay in the ART procurement process further disrupts the continuum of HIV care.

Shortage of viral load and CD4 count testing, biochemical, hematological, and other necessary testing facilities is another challenge the programme faced during the year. This hindered the ability of the programme to provide standard quality care for PLHIV and increased the chance of development of drug resistance.

Despite these challenges, the programme has been able maintain an uninterrupted supply of ART and others essential services for PLHIV with minimum negative effects. However, it is important to address the above challengers timely and appropriately to ensure the effective delivery of HIV care and treatment in Sri Lanka.

# CHAPTER 06

# ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV AND SYPHILIS

# Nimali Jayasuriya<sup>1</sup>

### EMTCT of HIV and syphilis programme

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

Due to the economic crisis, the year 2022 was critical for the country's STI screening program. The Ministry of Health in Sri Lanka has fully supported ANC screening for HIV and syphilis in the country; however, from August to December 2022, there were some stockouts of HIV test kits and reagents. Therefore, some STD clinics were not able to. continue ANC screening as usual. Consultants at the NSACP have decided to delay ANC screening up to 28 weeks of POA and get the tests done from a recommended private laboratory for those who are capable. Anyhow, ANC screening was continued, and FHB data showed 98.1 and 98.5 percent coverage of HIV and syphilis testing at the time of delivery in 2022.

In 2022, WHO agreed to donate HIV/ Syphilis DUO rapid test kits for the ANC screening program in Sri Lanka, and the NSACP had received 345,000 DUO test kits by mid-December 2022. Since then, ANC screening has continued with DUO HIV/Syphilis rapid test kits. The EMTCT unit with the Consultant Microbiologist has conducted a training program for all consultants, venereologists, MO STDs, and MLTs on DUO testing and the testing algorithm. MLTs do the DUO rapid tests for ANC blood samples at the STD clinic.

### District and National reviews

National-level meetings and district reviews were held with all stakeholders and the district MCH team during 2022. District reviews were organized with the participation of all stakeholders in the district and with the support of the WHO. The national coordinator for EMTCT and convenor of the National Validation Committee (NVC) joined the review meetings virtually or physically.

### Pregnant women with HIV in 2022

The total number of HIV positive women found to be pregnant in 2022 was 15 and of these, 9 pregnant women were identified as having HIV during antenatal screening. The other women were known to be women with HIV who became pregnant while on ART. There were total of 18 deliveries occurred and all infants were started on antiretroviral prophylaxis, and early diagnostic tests were arranged.All mothers who received EMTCT services for HIV delivered uninfected babies.

#### Paediatric HIV diagnoses in 2021

Paediatric HIV diagnoses in 2022 were zero.

## MTCT of syphilis

During 2022, 61 pregnant women with syphilis delivered, and all these pregnant women received appropriate services. Three babies were treated for congenital syphilis and two pregnant women were treated with the non-penicillin regimen and other was due to inadequate treatment. The rest of the babies received prophylactic Benzathine Penicillin treatment. One child was diagnosed with late congenital syphilis at the age of 5 years.

# Recommendations and Way Forward

In the Year 2022, the EMTCT program was further improved based on the recommendations of the GVAC. However, it was a challenging period due to the economic crisis in the country. 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 program, and WHO and GFATM supported further strengthening the program in 2021 to achieve certification of the maintenance of validation status for the elimination of mother-to-child transmission of HIV and syphilis.

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

The PrEP pilot project was initiated at the STD clinic in Colombo in 2020, and it was continued in 2021 based on the pilot protocol. In 2022, both sexually transmitted disease (STD) clinics in Sri Lanka and community PrEP clinics offered PrEP as part of a comprehensive HIV prevention strategy. STD clinics provide PrEP services along with other sexual health services for PrEP clients. Both event-driven and daily PrEP were given based on the client's needs, and this PrEP service was made available during routine clinic hours at the STD clinic. During 2022, there were 215 new clients who enrolled in PrEP services. 146 were on-demand PrEP, while the others were on daily PrEP. Most STD clinics carried PrEP medication in their pharmacies, but there was no demand from clients. Most of the PrEP was distributed through the Colombo STD clinic. There were few people who obtained PrEP services from, Ragama, Puttalam and Wathupitiwela STD clinics.

### Challenges

- Lack of awareness among high-risk groups and health care workers.
- Poor Follow up.
- Adherence problem.
- Stock outs of medication.

 Unavailability of Sri Lankan PrEP guideline.

#### Way forward

- Expanding the PrEP service delivery in all STD clinics.
- Demand generation and scale up of PrEP among KPs.
- Increase awareness among health care workers.
- Development of PrEP guideline and staff training.
- Expanding service delivery models.



# CHAPTER 07 PRE-EXPOSURE PROPHYLAXIS (PrEP)

# Nimali Jayasuriya<sup>1</sup>

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

The PrEP pilot project was initiated at the STD clinic in Colombo in 2020, and it was continued in 2021 based on the pilot protocol. In 2022, both sexually transmitted disease (STD) clinics in Sri Lanka and community PrEP clinics offered PrEP as part of a comprehensive HIV prevention strategy. STD clinics provide PrEP services along with other sexual health services for PrEP clients. Both event-driven and daily PrEP were given based on the client's needs, and this PrEP service was made available during routine clinic hours at the STD clinic. During 2022, there were 215 new clients who enrolled in PrEP services. 146 were on-demand PrEP, while the others were on daily PrEP. Most STD clinics carried PrEP medication in their pharmacies, but there was no demand from clients. Most of the PrEP was distributed through the Colombo STD clinic. There were few people who obtained PrEP services from, Ragama, Puttalam and Wathupitiwela STD clinics.

### Challenges

- Lack of awareness among high-risk groups and health care workers.
- Poor Follow up.
- Adherence problem.
- Stock outs of medication.
- Unavailability of Sri Lankan PrEP guideline.

### Way forward

- Expanding the PrEP service delivery in all STD clinics.
- Demand generation and scale up of PrEP among KPs.
- Increase awareness among health care workers.
- Development of PrEP guideline and staff training.
- Expanding service delivery models.

# CHAPTER 08 POST-EXPOSURE PROPHYLAXIS FOR HIV

# Nimali Jayasuriya<sup>1</sup>

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

Since 2017, the National STD/AIDS Control Programme and STD clinics have provided post-exposure prophylaxis following occupational exposure. This service was primarily for the healthcare workers following accidental exposure to potentially hazardous material at their workplace. It is guided by the health circular (01-19/2017) on the management of health care workers following occupational exposure to blood and other body fluids. Non-occupational post-exposure prophylaxis services were

<sup>1</sup>Consultant Venereologist

launched in 2020, and a new protocol was introduced.

This treatment can reduce the risk of HIV infection after the virus has entered a person's body through sexual exposure. This service is available through the network of STD clinics island wide. Antiretroviral drugs are issued following detailed counseling on the importance of treatment along with their potential side effects. ART starter packs are available to use at predetermined 24-hour functioning units in hospitals (ie. emergency units and intensive care units) and security point of the Colombo STD clinic. These packs are helpful in initiating PEP during emergency situations specially out of STD clinic working hours. Postexposure prophylaxis should be continued for 28 days with good adherence to prevent HIV transmission.

A total of 1983 clients attended STD clinics during 2022 for oPEP and services. Of these, PEP started with 37 clients, and 20 completed the full 28-day course of ART. Of the 77 clients who attended nPEP services, 58 started on ART and 40 completed the treatment. One of them tested positive for HIV. This table shows details of HIV post exposure prophylaxis following provided post-exposure prophylaxis following occupational and non-occupational exposures.

| Details of HIV post exposure prophylaxis following accidental injuries | oPEP | nPEP |
|--|------|------|
| Number of clients who attended for PEP services                        | 1983 | 77   |
| Number started on PEP  | 37   | 58   |
| PEP 28 days completed  | 20   | 40   |
| Number came for screening after 3 months                               | 269  | 13   |
| Became positive for HIV  | 0    | I    |

# Location information of ART for OPEP in Sri Lanka during 2022

| District     | Institution            | Unit of location          | Contact Number           |
|--------------|------------------------|---------------------------|--------------------------|
| Ampara       | DGH - Ampara           | PCU                       | 632222261                |
|              | BH - Dehiaththakandiya | ETU                       | 272250344                |
|              | BH- Mahaoya            | PCU                       | 632244061                |
|              |                        |                           |                          |
| Anuradhapura | TH – Anuradhapura      | Medical ICU               | 0252222261 - 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                  | 0552222261 Ext.322       |
|              | STD Clinic             |                           |                          |
|              | BH – Welimada          | Ward 04 – medical<br>ward | 055 2222578              |
|              | BH – Diyathalawa       | ETU                       | 057 2245161,057 2229061  |
|              | BH – Mahiyanganaya     | ETU                       |                          |
|              | STD clinic             |                           | 055 4936722 055 4936779  |

| District   | Institution                              | Unit of location                         | Contact Number                    |
|------------|--|--|-----------------------------------|
| Batticaloa | TH Batticaloa                            | STD clinic                               |                                   |
|            | ETU                                      |  | 0652057078 0652222261-2           |
|            |  |  |                                   |
| Colombo    | National Hospital of Sri<br>Lanka        | OPD room number<br>08                    | 0112691111, Ext 2417              |
|            | Lady Ridgeway Hospital                   | Indoor Dispensary                        | 011 2693711-2, Ext. 219, 242      |
|            | De Soysa Maternity<br>Hospital           | Emergency theatre<br>(OT2)               | 0112696224-5 Ext.326              |
|            | Castle Street Hospital for Women         | Intensive care unit<br>(ICU)             | 0112696231-2 Ext.2230             |
|            | National Eye hospital                    | Room 4 (OPD)                             | 0112693911-5 Ext.231              |
|            | Sri Jayawardenapura<br>Teaching Hospital | Indoor pharmacy                          | 0112802695-6 Ext.3032             |
|            | TH- Kalubowila                           | Infection Control unit<br>(From 7am-4pm) |                                   |
|            | OPD room number 20<br>(after 4pm)        |  |                                   |
|            | STD clinic                               |  | 0112763261 Ext. 129               |
|            |  |  | 0112763261 Ext. 218<br>0114891055 |
|            |  | Infection control unit                   |                                   |
|            |  | Ward 03                                  | 011 2411284 Ext.264               |
|            |  |  | 011 2411284 Ext. 210              |
|            | DGH Avissawella                          | PCU                                      | 036 222279                        |
|            | BH - Homagama                            | PCU                                      | 011 2855200 Ext. 224              |
|            |  |  |                                   |
| Puttalam   | BH - Puttalam                            | PCU                                      | 0322265496                        |
|            |  | STD clinic                               | 0322265496 Ext 132                |
|            | DGH Chilaw                               | PCU                                      | 032 2223261                       |
|            |  | STD clinic                               | 032 2220750                       |

| District    | Institution            | Unit of location       | Contact Number                     |
|-------------|------------------------|------------------------|------------------------------------|
| Galle       | TH Mahamodara          | STD clinic             |                                    |
|             | Indoor Drug Dispensary |                        | 0912245998                         |
|             |                        |                        | 0912222261,0912234951              |
|             | TH Karapitiya          | ETU                    | 0912232267, 0912232176             |
|             | BH Balapitiya          | STD clinic             |                                    |
|             |                        | ETU                    | 0912 258 261 Ext.                  |
|             | BH Elpitiya            | ETU                    | 0912 291 261 Ext.                  |
| Gampaha     | TH Ragama              |                        |                                    |
| Gampana     |                        | 5100                   | 011 2960224 Evt 258                |
|             |                        |                        | 011 2960224 Ext 250                |
|             | DCH Compose            | PCU                    | 011 2700224                        |
|             | DGH – Gampana          | reo                    | 033 2222261 Ext 200 033            |
|             | STD Clinic             |                        | 2234383                            |
|             |                        |                        |                                    |
|             | DGH Negombo            | MICU                   |                                    |
|             | STD clinic             |                        | 031 2222261 Ext 439                |
|             |                        |                        | 031 2222261 Ext 144 031<br>2239016 |
|             | BH – Wathupitiwala     | ICU                    | 033 2280261                        |
|             | STD Clinic             |                        | 033 2280261-2 Ext 255              |
|             |                        |                        |                                    |
| Hambantota  | DGH - Hambantota       | PCU                    |                                    |
| Thambancota | STD Clinic             |                        | 047 222247                         |
|             |                        |                        | 047 000047                         |
|             |                        |                        | 07/ 222229/                        |
|             | BH - Tangalle          | infection control unit | 047 3144194                        |
|             |                        |                        | 047 2240261 Ext.220                |

| District | Institution                      | Unit of location | Contact Number                          |
|----------|----------------------------------|------------------|---|
|          | BH - Tissamaharama               | Pharmacy         | 0472237261                              |
|          | BH - Walasmulla                  | ETU              | 0472245261                              |
| Jaffna   | TH Jaffna                        | ETU              | 021 2222261                             |
|          | STD Clinic                       |                  | 021 2217756                             |
| Kalmunai |                                  |                  | 470000440                               |
| Kaimunai | DH - Sainthamaruthu              |                  | 672223660                               |
| Kalutara | GH - Kalutara                    | PCU              | 0342222261, Ext. 250                    |
|          | STD Clinic - Kalutara            |                  | 034-2236937                             |
|          |                                  |                  |   |
|          | BH - Panadura                    | ETU              | 038 2222261 Ext. 4298                   |
|          | BH- Horana                       | PCU              | 0342261261 Ext.1135                     |
|          | Kethumathi Maternity<br>Hospital | ward 2           | 038 2232361 Ext.                        |
| Kandy    | TH- Kandy                        | ETU              |   |
|          | STD Clinic                       |                  | 081 2233338,081 2234208,<br>081 2203622 |
|          | BH - Gampola                     | ETU              | 081 2352261                             |
|          | BH- Teldeniya                    | ETU              | 081-2374055                             |
|          | BH - Nawalapitiya                | ETU              |   |
|          | STD Clinic                       |                  | 054 222226, 0542222261<br>Ext. 230      |
| Kagalla  |                                  | CTI I            |   |
| Regaile  |                                  | EIO              |   |
|          |                                  |                  | 035 2222261,035 2231222                 |
|          | BH - Mawanella                   | ETU              | 035 2247835                             |
|          | BH - Karawanella                 | ETU              | 036 2267374                             |
|          | BH - Warakapola                  | ETU              | 035 2267261                             |

| District             | Institution           | Unit of location  | Contact Number                     |
|----------------------|-----------------------|-------------------|------------------------------------|
| Kilinochchi          | BH -Kilinochchi       | ETU               | 021 2285329                        |
|                      | STD clinic            |                   | 021 2283709                        |
| Kurunegala           | TH - Kurunegala       | STD Clinic        | 037 2224339                        |
|                      |                       | A&E, ICU          | 037 2233909                        |
|                      |                       |                   |                                    |
| BH -<br>Kuliyapitiya |                       | A&E               |                                    |
|                      | STD clinic            |                   | 037 2281261                        |
|                      | BH - Nikawaratiya     | ICU               | 037 3378060                        |
|                      | BH - Dambadeniya      | PCU               | 037 2266592                        |
|                      | BH - Galgamuwa        | PCU               | 037 2253061                        |
| Mannar               | DGH - Mannar          |                   |                                    |
|                      |                       |                   |                                    |
| Matale               | DGH - Matale          | STD clinic        | 066 2053746                        |
| Matara               | DGH - Matara          | ETU               |                                    |
|                      | STD Clinic            |                   | 041 2222261 Ext.161 041<br>2232302 |
|                      | BH - Deniyaya         | ETU               | O412273261                         |
|                      | BH - Kamburupitiya    | ETU               | 0412292261                         |
|                      | Asiri Hospital Matara | ETU               | 0768728906                         |
| Monaragala           | DGH Monaragala        | Primary care unit |                                    |
|                      | STD Clinic            |                   | 055 2277024, 055 2276826           |
|                      | BH Bibila             | PCU               | 055 2265461 Ext 135                |
|                      | BH Wellawaya          | PCU               | 055 2274861 Ext 159                |
|                      | BH Siyambalanduwa     | PCU               | 055 2279460 Ext 109                |
| Mullaitivu           | DGH Mullaitivu        | STD clinic        | 021 2061412                        |

| District       | Institution        | Unit of location       | Contact Number                          |
|----------------|--------------------|------------------------|---|
| Nuwara Eliya   | GH Nuwara Eliya    | OPD                    |   |
|                |                    | STD Clinic             | 052 2234393                             |
|                |                    |                        | 052 2223210                             |
|                | BH Dickoya         | OPD                    | 051 2222261                             |
|                | BH Rikillagaskada  | OPD                    | 081 2365261                             |
| Polopparuwa    |                    | ETI I                  |   |
| roioiiilai uwa |                    | EIO                    | 007 00000 007 0005707                   |
|                |                    |                        | 027 2222384,027 2225787                 |
| Ratnapura      | PGH - Ratnapura    | ICU                    |   |
|                | STD Clinic         |                        | 0452225396, Ext.225, 337 045<br>2226561 |
|                | BH - Balangoda     | Ward 02 (Medical ward) | 045 2287261 Ext 273                     |
|                | BH - Embilipitiya  | ICU                    |   |
|                | STD Clinic         |                        | 047 2230261 Ext 244                     |
|                | GH Trincomalee     | ETU                    | 047 2230261 Ext 192                     |
|                | STD Clinic         |                        | 026 2222261                             |
|                |                    |                        | 026 2222563                             |
| Trincomalee    | BH Kanthale        | ICU, Wards             | 026 2234261                             |
|                | BH Pulmoddai       | Wards                  | 026 2256161                             |
|                | BH Muthur          | Wards                  | 026 2238261                             |
|                | BH Gomarangadawala | Wards                  | 026 3261073                             |
|                | BH Kinniya         | Wards                  | 026 2236261                             |
|                | DH Padavi Sripura  | Wards                  | 025 2255261                             |
| Vavuniya       | DGH Vavuniya       | ETU                    |   |
|                | STD Clinic         |                        | 024 2222761, 024 2224575                |

# CHAPTER 09

# PREVENTION INTERVENTIONS FOR KEY POPULATION GROUPS AND VIRAL HEPATITIS B AND C

# Sathya Herath<sup>1</sup>

he key populations (known as KP) at high risk of contracting HIV are, Men who have sex with men (MSM), female sex workers (FSW), and people who use drugs specially focusing people who inject drugs (PWID), Transgender (TG) beach Boys (BB) and people in closed settings like prison inmates.

According to the strategic directions under the prevention intervention, prioritization was given to scale up Pre-exposure Prophylaxis (PrEP) for MSM and TG components and harm reduction services among PWID. Increasing testing among KPs using different approaches like the adoption of community-led testing, community clinics, and scaling up of self-testes were given priority too.

# Special interventions launched in 2022

Year 2022 was a remarkable year as the KP intervention introduced and scaled up high impact interventions. The following interventions were scaled up in 2022.

 Community Led Testing was launched on May 19, 2022. Community Led Testing was launched in Heartto – Heart (H2H) initially and in Strategic Alliance for Research and Development (SARD), National Transgender Network (NTN) & Community Strength Development Foundation (CSDF) subsequently in the same month.

- Community PrEP clinics were launched in Colombo & Gampaha in 2022. Community PrEP clinic was launched on June 19, 2022 in the Heart-to-Heart organization, Colombo & on the August 26, 2022 in SARD organization.
- The Needle Syring Exchange Services were scaled up from January 2022 since it was launched on December 07, 2021.
- Community Based Direct Observed treatment (DOT) Services for Hepatitis C infection was launched on June 09.2022.
- Regular monthly reviews with STD clinics, KP units & NGO/CBOs initiated since November 2021 and conducted each month during 2022.

6. Introducing innovative approaches "Virtual programs" to the NGO/CBO supported KP interventions. Target for virtual program reach and virtual mode of testing were integrated to the KP interventions. For the first time virtual outreach workers were recruited through the NGO/CBO

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

- Technical guidance to implement the prevention interventions for the Key Population for HIV/STI and Viral Hepatitis at the National level, district level, field level, and for non-governmental organizations and Community-Based Organizations.
- Capacity building of the Central level Health Care staff and other field staff working with the Key Populations. Conducting refresher staff training and other training related to Key Populations programs.
- Support the National level and District level Advocacy programs and Multisectoral collaboration with relevant stakeholders (provincial and district level administrators, Police and Prison Officials, Community, and religious leaders) to reduce barriers to services and create a supportive enabling environment for Key Populations and their service providers.
- Engaged in community-based activities conducting community-based one-stop clinics for Pre-Exposure Prophylaxis clinics for MSM and Community-based Hepatitis C treatment clinics for PWID

Monitoring and Evaluation of Key Population prevention activities by monthly progress reviews, district reviews monthly and National reviews of Key Population activities, and monitoring the target achievements by Annual and Mid-term reviews with the support of external consultancies.

### **Key Population Unit Services**

### **Services at the District clinic level**

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

#### **Services provided**

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

treatment adherence and psychological support

Applying innovative approaches in providing services, and reaching clients through online applications and mobile applications.

### **Community-Based activities**

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

Conducting Direct Observed Treatment Services for PWID (HCV clinic) - This was started in June 2022 for the PWID and screening for HBV and HCV done and treatment starting for HCV positive patients. Treatment adherence is supervised and assessed weekly in community based and outreach clinics. Counseling services are also provided.

PrEP clinics- This was launched in year 2022 mainly for the MSM and TG components. People are referred to clinics with the support of outreach workers and currently, Colombo and Gampaha districts PrEP clinics are conducted on weekends with the support of NGO/CBO. Screening for HIV and other STDs is done and same day PrEP is initiation is done and follow-ups are done on a routine base.

In addition to these NGO/CBO supported KP interventions, routine passive integrated

Health care worker model reach KP in the clinics and field. Education, provision of condoms and lubricant, HIV/STI testing services are routinely provided.

# Monitoring and Evaluation Activities

- KP interventions within the districts are directly monitored by the district clinics
- Monthly reviews are conducted by the KP/Unit/NSACP in collaboration with district clinics and NGO/CBO
- Indicators are monitored by the SIM unit quarterly and reported annually to National and International reporting entities.

## **Strengths**

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

# Challenges

- Establish tailored approaches to reach ١. KP groups
- 2. Optimizing the Coordination with NGO/CBO KP and health staff
- 3. Referral Care pathway delays at the

diagnosis and initiation of treatment for HIV/STI among KP

- 4. Optimizing the quality of services
- 5. Inadequate sample size estimations of Key population

### Future Action Plan

- Enhancing the KP intervention coverage by scaling up virtual interventions, community-led testing, and home delivery of health commodities.
- Conduct more training programs and capacity building of health care staff and NGO/CBO staff
- Scaling up monitoring and evaluation of KP interventions with regular reviews and supervisory visits.

- 4. Expanding Prevention Intervention Management system (PIMS) and proper coordination among service providers
- Conducting Integrated Bio Behavioral Surveillance and Population Size estimation for Key Population redesign the program based on the survey results.

### Programmatic performance

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



| - | ve Indicator used in the Programmatic Ration Calculation   |               |                                       |                                     |            |
|---|--|---------------|---------------------------------------|-------------------------------------|------------|
|   | Active Indicator Valed in the Programmatic Rating Calculation  | Country       | Target<br>Value                       | Result<br>Value                     | Percentage |
|   | KP-1a Percentage of men who have sex with men reached with HIV prevention programs - defined package of services.                                | Sri<br>Lanka  | N:<br>10,800<br>D: 73,800<br>P: 14,8% | N: 11,444<br>D: 73,800<br>P: 15.5%  | 105.075    |
|   | KP Other 4 Percentage of "beach boys" reached with virtual HIV prevention programs - defined package of services                                 | Sri<br>Lanka  | N: 700<br>D: 4,500<br>P: 15.6%        | N 94<br>D 4,500<br>P 2.1%           | 13.0%.**   |
|   | KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services   | Sri<br>Lanka  | N: 7,200<br>D: 30,000<br>P: 24,0%     | N: 9,385<br>D: 30,000<br>P: 31.3%   | 120.0% *   |
|   | KP-1d Percentage of people who inject drugs reached with HIV prevention programs - defined package of services                                   | Sri<br>Lanka  | N 800<br>D:2,700<br>P:29.6%           | N: 924<br>D: 2,700<br>P: 34.2%      | 110.0%     |
|   | KP-1e Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services.                             | Sri<br>Larika | N: 2,010<br>D: 4,500<br>P: 44.7%      | N: 1,640<br>D: 4,500<br>P: 40.9%    | 91.0%      |
|   | KP-11 Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services                   | Sri<br>Lanka  | N:<br>17,396<br>D: 18,909<br>P: 92,0% | N: 19,027<br>D: 18,909<br>P: 100,6% | 109.075    |
|   | HTS-3a Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results.                | Sri<br>Larika | N<br>16,000<br>D:73,600<br>P:21.7%    | N: 8,768<br>D: 73,800<br>P: 11,9%   | 55.0% **   |
|   | HTS-3b Percentage of transgender people that have received an HIV test during the reporting period and know their results                        | Sri<br>Lanka  | N: 880<br>D: 2.200<br>P: 40.0%        | N: 939<br>D: 2,200<br>P: 42,7%      | 107.0%     |
|   | HTS-3c Percentage of sex workers that have received an HIV test during the reporting period and know their results                               | Sri<br>Lanka  | N: 9,600<br>D: 30,000<br>P: 32.0%     | N: 8,037<br>D: 30,000<br>P: 28.8%   | 84.0%      |
|   | HTS-3d Percentage of people who inject drugs that have received an HTV test during the reporting period and know their results.                  | Sri<br>Lanka  | N: 720<br>D: 2,700<br>P: 26,7%        | N: 770<br>D: 2,700<br>P: 28.5%      | 107.0%     |
|   | HTS-3f Number of people in prisons or other closed settings that have received an HIV test during the reporting period<br>and know their results | Sri<br>Larika | N:<br>15.657<br>D: 18.909<br>P: 82.8% | N: 4.982<br>D: 18.909<br>P: 26.3%   | 32.0% **   |
|   | HTS-3e Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results              | Sri<br>Lanka  | N: 2,160<br>D: 4,500<br>P: 48,0%      | N: 1,870<br>D: 4,500<br>P: 41,6%    | 87.0%      |
|   | TCS-1.1 Percentage of people on ART among all people living with HIV at the end of the reporting period  | Sri<br>Lanka  | N: 2,702<br>D: 3,663<br>P: 73,8%      | N 2,811<br>D 4,111<br>P 68.4%       | 93.0%      |
|   | KP-Other 1 Percentage of men who have sex with men reached with virtual HIV prevention programs - defined package of<br>services                 | Sri<br>Lanka  | N:<br>12,000<br>D: 73,800<br>P: 16,3% | N: 3,074<br>D: 73,800<br>P: 4,2%    | 25.0% **   |
|   | KP Other 2 Percentage of transgender people reached with virtual HIV prevention programs - defined package of services                           | Sil<br>Lanka  | N: 500<br>D: 2,200<br>P: 22,7%        | N: 1,241<br>D: 2,200<br>P: 56.4%    | 120.0% *   |
|   | KP-Other 3 Percentage of sex workers reached with virtual HIV prevention programs - defined package of services                                  | Sri<br>Lanka  | N: 6,000<br>D: 30,000<br>P: 20.0%     | N: 2,263<br>D: 30,000<br>P: 7.5%    | 38.0% **   |
|   | KP-1b Percentage of transgender people reached with HIV prevention programs - defined package of services  | Sri<br>Larika | N: 690<br>D: 2,200<br>P: 31,4%        | N: 667<br>D: 2,200<br>P: 30.3%      | 96.0%      |

Below table describe indicator progress data for each KP category

Individual Indicators should have a maximum score of 120%, when calculating the mean "If an indicator is rated less than 60% then Final Quantitative Ration is downcraded to one ration unless indicator ration is C. D or E.
### Programmatic Indicators Progress on the activities implemented for the People who Inject Drugs (One stop service model) d and achievement

| Hepatitis C treatment details                  | Number & Percent |
|--|------------------|
| Screened for using HCV rapid diagnostics tests | 397              |
| HCV Ab reactive                                | 159 (40%)        |
| HCV PCR tests done                             | 119 (80%)        |
| HCV confirmed                                  | 95 (74%)         |
| Treatment Started                              | 70 (74%)         |
| Treatment completed                            | 47 (65%)         |
| Death  | ( %)             |

| Hepatitis C treatment details                              | Number & Percent |
|--|------------------|
| Hepatitis B detected trough HBsAg                          | 397              |
| Hepatitis B treatment initiated                            | 00               |
| People gives needle safe boxes                             | 153              |
| People initiated on Needel Syring Exchange Services (NSES) | 156              |
| People on PrEP   | 00               |

| Community PrEP program     |                           |                |               |               |
|----------------------------|---------------------------|----------------|---------------|---------------|
| Community PrEP<br>District | Total PrEP at-<br>tendees | PrEP initiated | HIV Diagnosed | STI Diagnosed |
| 2022/Colombo               | 145                       | 122            | 5             | 12            |
| 2022/Gampaha               | 29                        | 26             | 3             | 7             |

# CHAPTER | 10

# Laboratory Services 2022



### CHAPTER 10 LABORATORY SERVICES 2022

### Jayanthi Elwitigala

he laboratory services for HIV & STI spreads throughout the country covering all districts. There are 41 clinics which are capable of carrying out testing in varying degrees for STI & HIV through their laboratorie and work in a network fashion. The laboratory network for STI & HIV in the country comprices of a National Rerference Laboratory (NRL) and district clinic laboratories.

NRL serves as the apex body for the laboratory network and plays a crucial role in coordinating and standardizing laboratory testing and diagnostics for STIs and HIV, ensuring quality assured reporting from the laboratories in the network.

District STI/HIV Laboratories play an important role in the nationwide effort

to prevent sexually transmitted infections (STIs) and HIV. Each district is equipped with one or more laboratories to ensure easy access for testing services for the population. Anuradhapura & Galle are provoided with HIV viral load testing facilities and all 9 provinces are provided with additional CD4 testing facilities for monitoring of HIV patients.

The district laboratories perform microscopy and routine testing for HIV & Syphilis for the clinic attendees and refer the specimens to the National Reference Laboratory (NRL) for further testing. All community testing programs for HIV and other STI's are supported by these district laboratories, ensuring widespread testing and increased detection of the infected people.Moreover, the district laboratories





distribute HIV Rapid Diagnostic Test (RDT) kits to health institutions and community organizations within their respective districts. This distribution ensures that testing resources are available where they are needed the most, and local healthcare providers and organizations can contribute to the testing efforts.

As a whole year 2022 was disturbing to laboartory services due to social and political unrest of the country

## Quality Assurance of laboratory service :

The laboratory system is monitored for quality assurance with a quality management system. Standards of labortory services are maintained in the district laboratories by regular training and provision of technical guidance by NRL. The newly recrited staff of the laboratories undergo an initial training in NRL for testing.

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

A NEQAs (national external quality assurance) is conducted by the NRL of NSACP to all the district laboratories with proficiency testing for syphilis and HIV testing. Data management of the laboratories is technically guided by the NRL and supported by the EIMS.

The NRL collaborate with other national and international laboratories, organizations, and research institutions to exchange knowledge, share best practices, and participate in international EQAs for HIV & STIs.

### Diagnosing HIV and STI

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

### **STI Screening:**

The laboratories performe microscopy services to screen for sexually transmitted infections (STIs) syphilis, gonorrhoea, genital herpes, tricomoniasis, candidiasis and for bacterial vaginosis. The serological services are available for for syphilis in all laboratories and for herpes in NRL. There is molecular testing available for chalamydia and N.gonorrhoea in NRL. Some of these laboratories are equipped with culture techniques to test for Neisseria gonorrhoeae.





### **HIV** Testing:

For HIV testing, the ELISA technique and HIV rapid tests are employed in peripheral laboratories. ELISA is a laboratory based method and RDT is a point of care test. The confirmatory test for HIV is performed exclusively at the National Reference Laboratory (NRL) of NSACP. This central facility covers both public and private sectors, ensuring accurate and reliable HIV diagnosis. The NRL also extends its support to the National Blood Transfusion Service and private sector laboratories by providing free HIV confirmatory services.

#### Molecular Testing:

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

### Establishment of drug resistance testing at the NRL

With the support of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) in 2021, the DR facility was established in NRL/NSACP. This facility plays a critical role in monitoring and managing drug resistance in HIV/AIDS and other infectious diseases.

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

### CD4 Testing:

CD4 testing which is essential for monitoring the immune status of individuals living with HIV, is available at the NRL and eight other provincial laboratories.

### Hepatitis B and Hepatitis C Testing:

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

### Biochemical and Haematological Testing:

The NRL provides biochemical and haematological testing facilities for people living with HIV, ensuring comprehensive health monitoring and care.

Overall, this network of laboratories, ranging from peripheral facilities to the NRL, forms a robust and coordinated system to combat STIs and HIV effectively, supporting both public and private healthcare sectors.

Table 10.1:Island wide testing for STI -2022 (source - lab statistics- monthly return) TotalMicroscopy tests done in 2021 and 2022

| Clinic     | 2021  | 2022  |
|------------|-------|-------|
| NRL        | 17279 | 22719 |
| Peripheral | 26227 | 34789 |
| TOTAL      | 43506 | 57508 |

|                        | Number done | No. positive | Positivity rate |
|------------------------|-------------|--------------|-----------------|
| Dark ground microscopy | 335         | 6            | 1.8%            |
| VDRL(Blood)            | 259303      | 5905         | 2.3%            |
| VDRL(CSF)              | 244         | 3            | 1.2%            |
| TPPA                   | 30005       | 1612         | 5.3%            |
| HIV ELISA              | 240797      | 972          | 0.4%            |

Table 10.2: NRL workload ( % from total testing ) - 2022

| Tests       |        | NRL Workload (%) |         |        |
|-------------|--------|------------------|---------|--------|
|             | NRL    | Peripheral       | Total   |        |
| VDRL(Blood) | 55,222 | 204,081          | 259,303 | 21.3 % |
| VDRL(CSF)   | 24     | 220              | 244     | 9.8 %  |
| TPPA        | 9,841  | 20,164           | 30,005  | 32.8 % |
| HIV ELISA   | 63,575 | 177,222          | 240,797 | 26.4 % |

|      |                  | NRL             |                     |                  | Peripheral      |                     |                  | Total           |                     |
|------|------------------|-----------------|---------------------|------------------|-----------------|---------------------|------------------|-----------------|---------------------|
|      | No. test<br>done | No.<br>Positive | Positivity<br>rate% | No. test<br>done | No.<br>Positive | Positivity<br>rate% | No. test<br>done | No.<br>Positive | Positivity<br>rate% |
| 2021 | 2571             | 36              | 1.4%                | 1025             | 10              | ١%                  | 3596             | 46              | 1.3%                |
| 2022 | 5321             | 117             | 2.2%                | 1313             | 32              | 2.4%                | 6634             | 149             | 2.2%                |

#### Table 10.3: GC culture - 2021 and 2022

#### Table 10.4: Monitoring of HIV 2021- 2022

| Test       | 2021 | 2022 |
|------------|------|------|
| Viral load | 2706 | 1695 |
| CD4        | 3206 | 1767 |

## Provision of Test Kits and Reagents to peripheral laboratories

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

#### Challenges for laboratory system

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

#### Inadequate Space:

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

### Shortage of Medical Laboratory Technologists (MLTs):

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

### **Outdated Equipment:**

The difficulty in obtaining machinery for testing is a concern in improving the laboratories. Automation and the use of upto-date equipment are essential for handling high volumes of testing in an efficient manner as well as ensuring accurate and timely results. Nonfunctioning ELISA machines creates many issues in HIV testing if not replaced appropriately. Addressing these challenges is crucial for strengthening the laboratory system's capabilities in detecting HIV and other infectious diseases in the country in order to prevent the diseases.

### Potential solutions may include:

- Implementing capacity-building programs to train and recruit more MLTs, particularly in clinics that are facing a shortage.
- Upgrading laboratory infrastructure, including the provision of sufficient space

and modern equipment, to enhance testing capacity and maintain high-quality services.

Advocating for increased funding and resources to support the expansion and improvement of laboratory services.

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





### Dr Janaka Weragoda<sup>1</sup> Dr Thilani Ratnayake<sup>2</sup>

orrect and consistent condom use is a highly effective strategy to reduce the risk of acquisition and transmission of HIV and STIs. Also, a proven cost effective methos of HIV/STI prevention with minimum side effects. Therefore, National program gives priority for condom promotion and included in the National Strategic Plan.

In Sri Lanka condoms are promoted and distributed by several different agencies including include health department, 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. Further, condoms are distributed online as part of the self-test kits which can be ordered through KNOW4SURE app. 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 were distributed 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. In 2022 another forward step was made by getting the permission from the railway department to install condom dispensers at railway stations with the objective to make condoms available for those who take risks at casual sex during long distance travel.

# **3** Condom promotion through different media campaign

The National STD/AIDS Control Programme is promoting the importance of using condoms through targeted social media campaigns to most at risk populations also through mass media to reach the message to general public.

In 2022 two new video clips were developed to promote condoms and disseminated to relevant NGOs and peripheral STD clinics.

There was a request from high risk population groups for flavoured condoms and NSACP considered this request and ordered flavoured condoms for these groups in order to increase the condom use among these high risk, vulnerable and young population.

Condoms are considered as a medical device that prevent infections and included in the National Formulary list of the ministry of health. NSACP was able to convince the ministry to add lubricants to the National Formulary in 2022 which is another successful achievement. for effective use of condoms for prevention of HIV and STIs.

The Global fund and Ministry of health are the main condom suppliers for the NSACP. Condoms provided by global fund are used for key population targeted HIV prevention activities and condoms provided by Ministry of health are used for HIV prevention activates for both key population groups as well as other people with high-risk behaviors.

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

In addition to condoms the NSACP distribute lubricants mainly for groups with MSM behaviors and also for female sex workers. During the year 2022 there were many interruptions of distribution of condoms due to shortage of supply with economic crisis of the country.

Total number of condoms distributed in the year 2022 was 1,642,634 and this amount is little higher than the total number of condom distributed (1,436,679) in 2021.

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

FSW – 30 condoms per month

MSM – 15condoms per month

TG-15 condoms per month

DU- 5 condoms per month

To prepare the annual condom estimates for the NSACP as well as for to prepare the distribution plan for each district, these norms are taken in to considerations.

The annual condom requirement for HIV prevention activities conducted by NSACP is around 13 million.

|      | Condom  |           |           | Lubri | icant     |
|------|---------|-----------|-----------|-------|-----------|
| Year | GoSL    | GFATM     | Total     | GoSL  | GFATM     |
| 2017 | 71,424  | 4,052,304 | 4,123,728 | Nil   | 1,773,400 |
| 2018 | 200,000 | 2,289,600 | 2,489,600 | Nil   | 1,775,000 |
| 2019 | Nil     | Nil       |           | Nil   | NIL       |
| 2020 | Nil     | Nil       |           | Nil   | 80,000    |
| 2021 | 104,500 | 1,668,960 | 1,773,460 | Nil   | 648,000   |
| 2022 | Nil     | 770,400   | 770,400   | Nil   | 702,000   |

Table 11.1: Condoms and Lubricants received by NSACP from difference sources from 2017-2022

### Table 11.2: Condom and Lubricants distribution by STD clinics in 2022

|    | STD clinic   | condoms | lubricants |
|----|--------------|---------|------------|
| I  | Ampara       | 32072   | 3375       |
| 2  | Balapitiya   | 30816   | 1800       |
| 3  | Anuradhapura | 55779   | 3620       |
| 4  | Avissawella  | 1940    | 195        |
| 5  | Badulla      | 26816   | 135        |
| 6  | Batticaloa   | 4060    | 1700       |
| 7  | Chilaw       | 40997   | 17460      |
| 8  | Colombo      | 54,109  | 19,817     |
| 9  | Dambulla     | 5,180   | 170        |
| 10 | Embilipitiya | 420     | 370        |
| П  | Gampaha      | 7,713   | 660        |
| 12 | Hambantota   | 59,333  | 19,075     |
| 13 | Homagama     | 544     | 0          |
| 14 | Jaffna       | 44,549  | 10,249     |
| 15 | Kalmunai     | 11,919  | 230        |
| 16 | Kalubowila   | 28,297  | 5,960      |

|    | STD clinic    | condoms | lubricants |
|----|---------------|---------|------------|
| 17 | Kalutara      | 41,304  | 5,970      |
| 18 | Kandy         | 3,468   | 10         |
| 19 | Kegalle       | 29,424  | 5,000      |
| 20 | Kilinochchi   | 3,300   | 1,500      |
| 21 | Kuliyapitiya  | 4,764   | 594        |
| 22 | Kurunagala    | 69,977  | 21,819     |
| 23 | Mahamodara    | 120,921 | 15,190     |
| 24 | Mahiyangana   | 18,530  | 800        |
| 25 | Mannar        | 1,550   | 2,000      |
| 26 | Matale        | 49,333  | 1,180      |
| 27 | Matara        | 46,807  | 4,656      |
| 28 | Monaragala    | 7,512   | 595        |
| 29 | Mullativu     | 1,200   | 700        |
| 30 | Nawalapitiya  | 3,824   | 0          |
| 31 | Negombo       | 21,096  | 3,632      |
| 32 | Nuwara_Eliya  | 16,700  | 0          |
| 33 | Panandura     | 1,783   | 625        |
| 34 | Polonnaruwa   | 60,264  | 80         |
| 35 | Puttalam      | 27,190  | 5,940      |
| 36 | Ragama        | 6,427   | 690        |
| 37 | Rathnapura    | 16,735  | 1,400      |
| 38 | Tangalle      | 189     | 24         |
| 39 | Trincomalee   | 1,529   | 300        |
| 40 | Vavuniya      | 7,344   | 400        |
| 41 | Wathupitiwala | 7,803   | 425        |
|    | Total         | 973,518 | 158,346    |

| Year | Condoms   | Lubricant |
|------|-----------|-----------|
| 2018 | 3,654,030 | Nil       |
| 2019 | 334,631   | 73741     |
| 2020 | 734,976   | 81260     |
| 2021 | 725, 193  | 161,831   |
| 2022 | 669,116   | 194,459   |

### Table 11.3: Condom and Lubricants distribution by SR (FPA) over the years

Table 11.4: Condom and Lubricants distribution by SR (FPA) according to KP groups in 2022

| КР   | Condoms | Lubricant |
|------|---------|-----------|
| MSM  | 161,127 | 133,448   |
| TG   | 50,717  | 33,116    |
| FSW  | 415,625 | 27,895    |
| PWID | 41,647  |           |
|      | 669,116 | 194,459   |

### CHAPTER | 12

Multi-sectoral Collaboration



### CHAPTER 12 MULTISECTORAL COLLABORATION

### Janaka Weragoda<sup>1</sup>

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

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

The MSU coordinates and works in partnership with the public, private, and civil society organizations for enabling a conducive environment for the prevention of HIV/STIs in Sri Lanka.

### Staff of multisectoral unit of NSACP

The MSU it is headed by a Consultant Community Physician and the other staff consists of medical officers, an assistant coordinator, a development officer (vacant now) and other supportive staff.

### Multisectoral subcommittee

The subcommittee on "Prevention & Multisectoral coordination" also known as multisectoral subcommittee. This is a subcommittee under National AIDS committee. This subcommittee meets once a year. The objective of the subcommittee is to review activities carried out in the previous year, to plan HIV activities for the next year and to provide recommendations to National AIDS Committee.

All the institutions/organizations work with MSU are stakeholders of this subcommittee; the department of prison, tri forces, Sri Lanka police, education sector, National youth service council, National youth corps, National child protection authority, department of education, Sri Lanka bureau of foreign employment (SLBFE), tourist sector, vocational training authority, and many other directorates of the Ministry of health such as, family health bureau, health promotion bureau, directorate of mental health etc. In addition international agencies (UNFPA, WHO), local NGOs such as family planning association of Sri Lanka (FPA), communitybased organizations work for the welfare of PLHIV and for other key population groups are also stakeholders for this subcommittee.

For the year 2022 the subcommittee meeting was held in the month of September with the "country dialogue" for the development of NSP (2023-2030). Almost all stakeholders participated for the meeting and shared their concerns and views about the multisectoral approach for the prevention of HIV and STIs in Sri Lanka.

### Prison sector HIV and STI prevention programme

Closed settings such as prisons are globally identified as high risks settings of HIV. The national HIV/STI strategic plan of NSACP has identified prison inmates as a group of key population in for HIV in Sri Lanka.

There are 30 prisons functioning all over the country. According to the prison statists in 2021 on average around 25,000 prison inmates were occupying the prisons at any given time, and among them, around 1000 were female inmates. Annual total admissions to all prisons range from 100,000 to 125,000 and out of them the number of females ranges from 5500-6500.

The NSACP in collaboration with department of prisons developed a policy for prison sector known as "Prison HIV prevention, treatment and care Policy". The purpose of this policy is to provide a framework for addressing HIV prevention and providing related health services in the prison sector, equivalent to the services available in the general community, and consistent with the national HIV/AIDS policy and guidelines. In the year 2022, MSU conducted several activities in prisons in collaboration with the department of prison to minimize the HIV and STI burden within the prisons;

Advocacy for prison authorities, training of trainer programmes for prison officers on behavior change communication for HIV prevention and promotion of safe sexual practices, training of peer leaders in all prisons, life skills-based development activities for young offenders, are the main activities to prevent HIV/AIDS and STIs among the prison inmates. In addition to that many health promotion activities for prison inmates such as drama competitions, art competitions were conducted. These interventions were based on a communication strategy developed for the prison sector. The Global Fund provided financial support for the activities conducted prison programmes.

### I.I. Prison Steering Committee

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

In the year 2022, two steering committee meetings were held at Prison headquarters, Welikada with the participation of relevant stakeholders from NSACP, prison department and prison health authorities. Special attention was made to carry out HIV prevention activities in prisons such as training programmes, health promotion activities, HIV testing for prison inmates, management of HIV-infected prison inmates while they are in prison. An important decision taken in the second steering committee meeting in the year 2022 was to internalize HIV testing in prison using trained prison staff and reaching high HIV testing targets.

### I.2 Training of Trainer (TOT programme

In the year 2022, NSACP conducted three TOT programmes as three-day training workshops at the prison training school in Welikada and trained fifty-eight (58) uniform and non-uniform officers as trainers representing all prisons island wide.

#### **1.3 Training of peer leaders**

The peer leaders selected from prison inmates are trained by prison welfare officers who have undergone training as master trainers for HIV and STI prevention. In the year 2022, thirty peer leader programmes were conducted in all 30 prisons in the country and 600 prison inmates as peer leaders were trained.

The trained peer leaders provide health education/ health messages on prevention of HIV/STI and promotion of sexual practices to other inmates through formal and informal ways. Number of peers educated by peer leaders during the year 2022 was around 19,000 in all prisons in the country. All peer leaders were given a peer leader badge after their training as a recognition of the service they provide to their peers to improve awareness on HIV and STIs in prisons.

### 1.4 Training programmes on Life Skills for young offenders

In the year 2022, four training programmes

were conducted in Wataraka, Ambepussa, Weerawila and Magazine prisons for young prison inmates aiming to improve their life skills in achieving goals of their life and to enhance knowledge on HIV/STI and prevention measures aiming promotion of safe sexual practices. One hundred and fifteen (115) young offenders participated for programmes. Resource persons from NSACP as well as from directorate of mental health also contributed to the training programmes conducted.

#### **I.5 HIV** testing in prison sector

NSACP along with district STD clinics provide HIV/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 programmes conducted for new inmates and through peer leaders by formal and informal discussions with inmates.

In the year 2022, number of HIV testing has dropped compare to 2021 due to the economic crisis and shortage of HIV test kits the country. In year 2022, only 4430 HIV tests were performed and that was almost 25% of the annual HIV testing targets in prison. Only three inmates found as HIV positive in year 2022.

In the year 2021, NSACP trained total of thirty-four (34) prison staff from Welikada, Kalutara, Kuruwita, Mahara, and Negombo to perform HIV testing for inmates and to reach high testing coverage.

As a task shifting activity of HIV testing, it was planned to internalize HIV testing in all prisons in the country in the year 2022 by training the prison staff to perform HIV testing for inmates and thereby to reach high HIV testing targets. The prison authority granted the approval for this activity. However, due to the country situation in year 2022 and shortage of HIV test kits this activity was not implement.

### 1.6 Awareness programme for prison inmates

One day awareness campaigns on Behavior change communication and prevention of HIV/STI and safe sexual practices were conducted in twelve prisons by district STD clinics and more than 600 inmates participated.

### I.8 Health promotion activities in prison

A poster art competition was conducted among all prisons island-wide parallel to the commemoration of World AIDS Day 2022. More than 300 posters were submitted representing all prisons for the competition. Winners were awarded certificates and gifts at the national World AIDS day commemoration ceremony.

### **1** HIV and STI prevention programme for Tri-Forces

Tri-forces; Sri Lanka Army, Sri Lanka Navy and Sri Lanka Air-force have been identified as of the vulnerable groups for HIV infection. HIV prevention activities for Tri-Forces have been identified as one of the important areas by NSACP considering their vulnerability for HIV. Many advocacy and training programmes were planned with the objective of internalizing preventive activities such as continuous training and testing for HIV in Tri-forces. However, the planned training programmes could not be continued during the year 2022 due to situation in the country. However, already trained officers as master trainers were able to continue educational activities. 46,975 army personnel, 20,106 naval officers, and 1633 air force officers were tested for HIV during the year 2021.

### 2 HIV and STI prevention programme in the Police sector

The NSACP has identified police officers as a important population for HIV prevention, mainly because they are the first contact law enforcing officers when there is legal issue for the public. Creating a conducive environment for key populations to access preventive services is an essential element of all HIV prevention programmes. Stigma, discrimination and legal barriers can act as deterrents of this process.

Sri Lanka has certain laws that criminalize key population behaviors and these are often interpreted and enforced negatively on key populations due to inadequate understanding on HIV and related issues, LGBTQ community, people living with HIV (PLHIV) and laws related to KP groups. Therefore, these key populations groups as well as PLHIV and their families can be subjected to stigma and discrimination when police officers are implementing the law and order. Sensitizing the police officers on these legal issues and making them partners in the public health response towards HIV prevention is a priority in Sri Lanka.

In this background with the objective of reducing human rights-related barriers for HIV services, reduction of stigma and discrimination and creating supportive environment for HIV prevention activities in the country educational /advocacy programmes for police officers were conducted in 11 districts in collaboration with district STD clinics (Galle, Matara, Hambanthota, Kegalle, Kurunegala, Kalutara, Monaragala, Mannar, Nuwaraeleiya, Polonnaruwa and Trincomalee). In addition to that 2 national level advocacy programmes were conducted for high-ranking police officers. Almost 600 police officer including high ranking officers participated for all these programmes.

# **3** HIV and STI prevention programmes for the youth

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

Youth corps and youth council officers collaborate with the district STD clinics and medical officers of health (MOH) for necessary support and guidance in delivering awareness programmes at the field level. In the year 2022, MSU conducted two training sessions for youth from National youth corps on behavior change for HIV/STI prevention, promotion and safe sexual practices. Forty five (45) youths participated for these training sessions. Two TOT programmes on sexual and reproductive health including behavior change for HIV/STI prevention youths were conducted in collaboration with Family Health Bureau and around seventy (70) youth leaders participated reprinting representing youth organizations.

## **4** Education sector - HIV and STI prevention programme

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

### 5 HIV prevention and condom promotion programmes for key and vulnerable populations

One day workshops were conducted in Kalutara for 80 participants representing Vulnerable groups KP groups and young people on HIV/STI prevention. and participatory based skill development on proper use of condoms. The financial support for the programme was provided by UNFPA.



# CHAPTER | 13

# Training and Capacity Building



### CHAPTER 13 TRAINING AND CAPACITY BUILDING

### Geethani Samaraweera<sup>1</sup> Piyumi Perera<sup>2</sup>

he Training and Capacity Building Unit of the National STD/AIDS Control Programme of Sri Lanka plays a crucial role in the prevention and control of sexually transmitted diseases (STDs) and HIV in the country. The unit is responsible for designing and implementing comprehensive training programs for professionals, healthcare community workers, and other stakeholders involved in the management and control of STDs and HIV. By providing training and capacity building opportunities, the unit aims to the knowledge, skills, enhance and competencies of its target audience and them to deliver effective empower prevention and treatment services, thereby contributing to the overall goal of reducing the burden of STDs and HIV in Sri Lanka.

Historically this unit has been involved in training of undergraduate and postgraduate trainees in medicine and subspecialties, conducting preservice and Inservice/ refresher training for STD clinic staff and special training programs for NGO and CBO staff. During the recent past, going forward with the virtual platforms, webinar series, and some of the above-mentioned trainings have been conducted as hybrid sessions, giving more access to participants island wide.

### **Preservice training**

It is necessary for all healthcare workers at STD clinics to complete mandatory training within six months of enrolment. Medical officers assigned to the STD clinic must undergo two months of compulsory training, which includes both theoretical and practical components at NSACP in Colombo. Other important health personnel, including nursing officers, public health nursing sisters, matrons, medical laboratory technicians, pharmacists, public health laboratory technicians, dispensers, and public health inspectors, must complete a two-week training course that involves theory, practical work, case discussions, small group discussions, and outreach work. Supporting staff, such as attendants, Saukya Karya Sahayaka, and lab orderlies, must attend a one-week training program at NSACP. During the year 2022, two programmes were conducted virtually to provide preservice training for major staff. The first programme was conducted from 21.02.2022 to 05.03.2022 with the

participation of 98 participants and the second was conducted from 01.08.2022 to 13.08.2022 with 11 participants. The lectures were conducted virtually but the practical training was conducted onsite in their respective stations with the supervision of consultant venereologist.

#### **Refresher training**

Under refresher training, many programmes have been conducted with the funding support of the Global Fund. A special programme was conducted for supportive staff of STD clinics and government hospitals to reduce stigma and discrimination against key populations. The programme was conducted island wide covering all 19 districts. A case scenario based participatory training was conducted with many positive responses from the participants. A second refresher training was conducted to NGO and CBOs and other health staff categories aiming to improve their capacity in counselling and providing quality care for key populations. The programme mainly aimed at 15 districts where key population programmes are going on and it was carried out in 19 districts. It was a one-day training aiming to develop capacity of NGO, CBO in counselling services. It includes pre and posttest counselling risk reduction counselling and counselling for PrEP and PEP services. Participants were provided with basic knowledge on HIV STI and Counselling. Following that case scenario based practical skill building sessions were conducted.

In addition, 4 programmes have been conducted for NHSL two for nursing staff and two for supportive staff with each programme catered to 60 participants.

As Colombo has the highest population of PLHIV, the frequency of having multidisciplinary involvement is high with the need of services from other specialties. Therefore, it is of utmost importance that the staff in the National Hospital of Sri Lanka are trained to minimize stigma and discrimination towards KPs as well as PLHIV. Hence, two such programs were conducted for both the major and minor staff members in this setting. A special Inservice programme was conducted to National dental institute following identification of some events of discrimination. The main aim of these programmes was to promote stigma free service delivery for PLHIV and key populations.

Strategic information management unit provided Inservice training programmes to introduce EIMS to

In addition to the NSACP all district STD clinics conduct regular Inservice programmes for health and non-health staff

#### Undergraduate training.

Training of medical students are being conducted as I-to-2-week clinical rotations in the central STD/HIV clinic Colombo as well as in district STD clinics which are affiliated with medical faculties island wide. During the year 2022, a total of 1880 medical students have been trained on basics of STD/HIV care including the importance of having a non-discriminatory attitude when managing KPs and PLHIV. In contrast to the previous year, the training involved inperson attendance and included rotations in both the STD clinics and STD laboratories.

### Post graduate training.

For the past two decades, the Training and Capacity Unit has been engaged in a significant endeavour of providing postgraduate training for various specialties including Venereology in Sri Lanka. This has been conducted with the collaboration of the Post Graduate Institute of Medicine, University of Colombo. A total of 372 post graduate trainees have been trained in STD/ HIV care provision during the year 2022. The central STD/HIV clinic, Colombo is the main centre of training for the postgraduate trainees in Venereology. A total of 48 venereology trainees have been trained at this setting in 2022.

| Category of staff                           | Type of HCW                | Number of programmes | Number of participants |
|---|----------------------------|----------------------|------------------------|
| STD clinic staff (pre-service & in-service) | Medical officers           | 42                   | 312                    |
|   | Nursing officers/PHNS      | 36                   | 280                    |
|   | PHI                        | 27                   | 63                     |
|   | Laboratory staff           | 34                   | 144                    |
|   | Supportive staff           | 32                   | 350                    |
|   | Other                      | 16                   | 264                    |
| Other Health staff                          | Medical officers           | 83                   | 1040                   |
|   | Nursing officers/PHNS      | 53                   | 1341                   |
|   | PHI                        | 35                   | 182                    |
|   | Laboratory staff           | 40                   | 88                     |
|   | Supportive staff           | 34                   | 820                    |
|   | Other                      | 37                   | 1453                   |
| Undergraduate/ basic HCW trainees           | Medical students           | 295                  | 1880                   |
|   | Nursing officers/PHNS      | 82                   | 1206                   |
|   | PHI                        | 0                    | 0                      |
|   | Laboratory staff           | 14                   | 220                    |
|   | Other                      | 4                    | 262                    |
| Postgraduate/ Post basic HCW trainees       | Venereology                | 27                   | 118                    |
|   | Other medical specialities | 69                   | 254                    |
|   | Nursing officers           | 3                    | 150                    |
|   | Other                      | 0                    | 0                      |
| Other staff                                 | NGO staff (MA, OW etc.)    | 36                   | 563                    |
|   | Peer educators             | 19                   | 208                    |
|   | Other                      | 33                   | 4611                   |



During the year 2022 a total of 469 training programmes have been carried by island wide STD clinics and was able to train 6337 heath care workers. This includes STD clinic staff as well as other hospital staff. The topics covered by each programmes are described above. Out of the total training programmes nearly one fifth of the staff have been trained by NSACP. The NRL provide pre service and Inservice training for island wide MLTs and PHLTS.



During the year 2022, 372 postgraduate trainees and 150 post basic nurses have been trained by the programme out of which majority (73%) have been trained by the Central clinic (NSACP)



#### Figure 13.3 : Training of Non healthcare staff carried out during 2022

In addition to the health care staff, the programme provides training and capacity building for non-healthcare staff. Nongovernment organization (NGO) and community-based organization (CBO) staff working with the NSACP undergo training before starting their recruitment. HIV /STI knowledge, counselling, risk assessment, HIV testing monitoring and data management are some of the important areas covered during pre-service and in service training programmes. In addition, police offices, triforces, prison staff, youth offices and various other categories of stakeholders undergo HIV/STI related training to facilitate HIV programmes within their sectors. Those programmes are conducted by training unit, KP unit, SIM unit and district STD clinics. CHAPTER 14

### IEC AND ADVOCACY PROGRAMS

### Janaka Weragoda<sup>1</sup> Thilani Ratnayake<sup>2</sup>

ational STD/AIDs control program recognizes the importance of making public as well as key population and vulnerable groups aware of STI/HIV as a cornerstone for HIV and STI prevention. As HIV is an evolving subject continuous effort for education with most updated information and novel methods of HIV treatments is essential to minimize the transmission of STIs/HIV as well as provide best patient care. Economic crisis during 2022 restricted most IEC and advocacy programs. In spite of limited resources following activities were completed during 2022.

- I. IEC subcommittee meeting
- 2. Awareness program via text messages
- 3. Improve condom distribution through condom vending machines
- 4. Procuring flavored condoms
- 5. Adding lubricants to the National Formulary in Sri Lanka
- 6. Development of STD clinic promoting leaflet
- 7. Development of 6 video clips to promote

STD clinics for among KP and Vulnerable groups and promote condoms

- 8. Conduction of district and provincial AIDS Committee meetings
- 9. Advocacy programs for media and NGOs with the support of HPB

### IEC subcommittee meetings

information. Education. The and Communication (IEC) subcommittee is one of the subcommittees of the national AIDS committee. It gathers every quarterly to discuss and develop national activities on HIV/STI prevention. The subcommittee consists of multiple stakeholders including health and non-health government sectors, private sectors, and Non -Governmental Organizations. It is chaired by Dr. Kapila Sooriyaarachchi, Head of health promotion unit; Department of public health-CMC and the secretary is the national coordinator for IEC, advocacy, and condom promotion unit. One subcommittee meeting was conducted physically at the auditorium of NSACP on 17th February 2022 and decisions were taken to change the name of the unit as Sexual Health Promotion Unit

<sup>&</sup>lt;sup>1</sup> Consultant Community Physician <sup>2</sup> Consultant Venereologist

### Awareness program through text messages

Health information messages were developed and sent through text messages to make public aware of HIV and STI. The activity was supported by SLT Mobitel targeting 20-40 age group. But the activity was not continued because of difficulties with the support from the management team of SLT Mobitel which had concerns of the nature of the messages which they thought would have a negative impact on the marketing of other products.

### Improve condom distribution through condom vending machines

Condom dispensers were placed at railway stations of main cities in the country manly targeting KP groups and Tri-forces. Approval from the railway department was taken and refilling of dispensers is through PHIs and field workers of NGO.

### Procuring flavored condoms and adding lubricants into the National Formulary

As there was a request for flavoured condoms, decision was taken to procure flavoured condoms from government as well as from GFATM funds. Lubricants were added to the National Formulary tory in Sri Lanka which is another successful achievement for prevention of HIV and STIs.

### Development of leaflet to promote STD clinic services

STD and HIV services are provided through 41 island wide STD clinics covering all districts in Sri Lanka. But the availability of this service has not been reached to every corner especially rural and marginalized population groups who are at risk of HIV and STI. This new leaflet on STD clinic was designed to promote STD clinics and services avaible to be disseminated among key population groups and other health staff to scale up uptake of sexual health services.

#### **Development of video clips**

Making STD clinics popular and user friendly for KP and vulnerable groups is very important them to come forward for services and correct information. Fear of stigma and discrimination prevent key population and vulnerable groups attending STD clinics where most facilities are available in the country. Therefore, four video clips developed targeting these population groups to promote services available at STD clinics.

Correct and consistent condom use is well proven method for prevention of HIV with minimum side effects. NSACP distribute free condoms targeting high risk and vulnerable population. To promote condoms two video clips were developed by the IEC unit in 2022.

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

Prevention of new HIV and sexually transmitted infections and provision of comprehensive care and treatment services for all diagnosed patients is not an easy task and support from other health authorities and multisectoral involvement is required at national level as well as at district level.

The basis for multi sectoral commitment is through District AIDS Committee, Provincial AIDS Committee, where peripheral STD clinics, community-based organizations (CBOs), nongovernment organizations (NGOs), networks of People Living with HIV (PLHIV), and representatives of key populations (KPs) in the district levels and also in the provincial levels make decisions to fulfill the goal of the NSP with the help of relevant stakeholders.

In 2022 with COVID restrictions, DAC and PAC were conducted only in certain districts and provinces.

effective way of communication than any other time in the history. Working together with media and support from NGOs that work with marginalized population groups that drive HIV epidemic is important to convey the correct message to the public and most needed community. National program in collaboration with Health Promotion Bureau conducted advocacy program for media and NGOs regarding community awareness on HIV/STIs for public and targeted communication for at risk and vulnerable groups.

### Media campaigns

With COVID lockdowns and restrictions media become the most possible and





### Janaka Weragoda<sup>1</sup> Thilani Ratnayake<sup>2</sup>

s in previous years NSACP together with other stake holders commemorated the World AIDS Day on 1st of December 2022.

It was considered as an opportunity to increase public awareness on HIV prevention and recognize the role of stakeholders of the HIV response to reach the goal of ending AIDS. World AIDs on which people unite to support individuals who are living with HIV and to grieve those who have died from AIDS-related illnesses, is essential for enhancing the quality of life for those who are HIV positive

In line with global theme "Equalize" (සමාතාත්මතාවය සුරකිමු) Sri Lanka commemorated World AIDS day on December Ist, 2022, with awarenessraising activities around the country, make a voice on issues of people living with HIV (PLHIV), with the support of district STD clinics, government institutions and nongovernment organization

Many activities were conducted island wide covering all districts to commemorate the world AIDS day 2022 emphasizing the theme of the year "equalize".

 National level commemoration was jointly organized by the NSACP and Family Planning Association Sri Lanka, at Colombo with the participation of all stake holders reprinting government organizations, nongovernment organizations and international organizations including representative from PLHIV and key population groups.

- Island wide awareness general public awareness campaign was carried out at national level and district level by means of using mass media (electronic and printed media), social media, conferences, workshops and commemorative walks etc....
- Two official media conferences were conducted at Health Promotion Bureau and the Department of Government Information
- Posters and leaflets were distributed on novel preventive measure pre-exposure prophylaxis (PrEP), post exposure prophylaxis (PEP), HIV self-test and online app "KNOW4SURE".
- Special HIV testing campaigns were carried out targeting key population with support of FPA, NGO/CBOs.
- Many advocacy programmes were conducted for main stakeholders to make them aware of the theme of world AIDs day and update on HIV.

<sup>&</sup>lt;sup>1</sup> Consultant Community Physician

<sup>&</sup>lt;sup>2</sup> Consultant Venereologist



Multi sectoral unit of the NSACP with the Department of prison organized poster competition among prison inmates with the participation of all the prisons island-wide. The main aim of the event was to increase the awareness and commitment of HIV and STI prevention among prison inmates and give them an opportunity to show their talents. More than 300 posters were presented for the competition and best poster were selected by independent group of judge panel. Certificates and gift items were awarded for the winner of the poster competition. Winning poster (the 1st Place) of the Inter prisons poster competition – 2022



Prize awarding for the winners of the inter prisons poster competition at the National AIDS day Commemoration



### Awareness program in Vavuniya











### CHAPTER 16 UPDATE OF ELECTRONIC

SYSTEMS OF NSACP

### Lakshan Fernando<sup>1</sup>

he National STD/AIDS Control Programme has taken significant steps towards improving the efficacy of HIV prevention services and the provision of clinical care for key populations, people affected by HIV and other sexually transmitted infections.

Current electronic and digital platforms of NSACP are listed below.

- I. Electronic Information Management System (EIMS)
- 2. Prevention Information Management System (PIMS)
- 3. Know4sure.lk web site
- 4. NSACP website and dashboard
- 5. E-Learning platform for EIMS and know4sure.lk
- 6. Google sheet based Health Information Management System.

All above systems and platforms are monitored by the Strategic Information Management (SIM) unit of NSACP.

## Electronic information management system (EIMS)

The Electronic Information Management System (EIMS) was introduced in 2019 as an electronic medical record system with modules for registration, STD Clinic Management, HIV care, Laboratory Information Management, and Pharmacy Management. User feedback led to modifications being made to the system. The IT team of the SIM unit visits STD clinics across the country to install the system and provide guidance on its use.

Despite these efforts, the implementation of EIMS has faced challenges, such as logistical issues faced by peripheral clinics, deficiencies in infrastructure, limited IT knowledge



Main electronic systems of NSACP

among staff, and limited human resources in the SIM unit. These factors have particularly slowed down installation in remote areas.

However, the SIM unit is actively working to overcome these challenges and ensure the smooth functioning of the system. In 2022, supervisory visits and training programs were held on a smaller scale due to the country's economic crisis and instability.

### Prevention information management system (PIMS)

The Prevention Information Management System (PIMS) was established to monitor key population-related HIV prevention programs conducted by STD clinics and NGO partners under the peer-led intervention model. The PIMS comprises a website and an Android mobile App. Its launch was held on February 22, 2022.

The system is currently being rolled out to all key population units of STD clinics since 2022 and is operational in eight out of the 15 KP intervention districts, including KP units under STD clinics in Kandy, Jaffna, Kalutara, Negombo, Mahamodara, Matara, Hambantota, and the Colombo (Drug user component).The Family PlanningAssociation (FPA-SL), which works in Colombo and Gampaha districts for MSM, TG, PWID, and FSW components, is also successfully utilizing the platform.

In 2023, PIMS will be rolled out to the rest of the KP units by the last quarter and will be taken to the field using the PIMS mobile application by outreach workers for data entry.

### Know4sure.lk web site

Know4sure.lk is an online platform that aims to provide confidential STD services to high-risk and vulnerable populations who often find partners through virtual social media platforms and dating apps. The platform offers virtual HIV services, where clients can book online appointments and receive health products such as condoms, lubricants, and HIV self-test kits.



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

| - C @ | O & http://knew4pare.k/so   | numeri/201                |                              | 日本合                       | ල ් ම ඩ |
|-------|-----------------------------|---------------------------|------------------------------|---------------------------|---------|
|       |                             |                           |                              |                           |         |
| KNC   | W4SURE Ik helps you assesse | s your risk for HIV and b | ook a safe, confidential and | Lanonymous HIV testal Inn |         |
|       |                             | Help n                    | w decide                     |                           |         |
|       |                             | _                         | 2                            | <u>)</u>                  |         |
|       |                             | Hook se                   |                              | 1200                      |         |
|       | <u> </u>                    | <u>a</u>                  | <u></u>                      | <u></u>                   |         |
|       | ۲                           | ۲                         | <u> </u>                     | 6                         | 1       |
|       | 1 Co                        | ۲                         | 2                            | <u>(</u>                  |         |
|       | ۲                           |                           | ٩                            | ٢                         |         |

Services provided via the know4sure.lk website

To ensure the quality of service, all virtual outreach workers and clinic medical officers underwent training on September 27th, 2022, to handle the Know4sure.lk platform.

### NSACP website and dashboard for key population interventions

Updated NSACP website with new features helps better support the stakeholders and key population interventions. The website can be accessed through this link: https://www.aidscontrol.gov.lk.

| <b>*</b> : | lational STD/AIDS Control Programme, Sr<br>Instry of Halth | i Lanika 🞗   | <ul> <li>Mercanica Di Mercanica (Mercanica (Mercani</li></ul> |
|------------|--|--|--|
|            | Welcome to the National STD/AIDS Co                        | ntrol Programme  |  |
| Γ          | 5<br>Income<br>+ 94 103 753 933<br>+ 94 82 667 163         | Encloyed on of Mothwer to Child Transmission of HW<br>init supplies. | Contract Con       |

### **E-Learning platform**

NSACP developed an e-Learning System for the EIMS (ELS) to ensure sustainability of training on EIMS and currently updated to access videos and demonstrations on know4sure.lk. This system is accessible through http://eims.nsacp.headstartcloud.com/

| Rems (1) West meth | g Platform for EIMS of NSAC          | P                                   | Login   |
|--------------------|--------------------------------------|-------------------------------------|---|
|                    | <b>EIMS</b><br>SRILLANKA             |                                     | Navigation     Navigation     A Home     Site announcements     Courses |
| Know for Sure      | 1.Introduction to EIMS an<br>Courses | 2.Reception / Queue Man<br>Course > | (No announcements have been posted<br>yet.)                             |
|                    |                                      | 8-                                  |   |

e-Learning platform EIMS of NSACP (including know4sure demo videos)

he e-learning platform currently consists of information and learning video demonstrations on EIMS and know4sure.lk
#### Quarterly return google-sheet

The SIM unit has introduced a new electronic data management system to replace the traditional paper-based data recording system. This new system includes three Google-sheets for capturing STD, HIV ART data and a cross-sectional database Googlesheet. The data entered into these Googlesheets are handled and analyzed by the SIM unit to present it to various stakeholders.

- I. STD quarterly return google-sheet
- 2. ART quarterly return google-sheet
- 3. Cross sectional database google-sheet

These sheets are used by the peripheral STD clinic and KP staff to enter the data in real time. The SIM unit conducted training

sessions for users of these electronic systems to ensure that the quarterly return google-sheets are being utilized effectively.

The use of electronic data management systems like these Google-sheets allows for more efficient and accurate data collection, analysis, and reporting. It eliminates the need for paper-based records which are prone to errors, can be difficult to manage, and require additional storage space. Overall, these electronic systems help improve the management and delivery of STD and HIV ART services.

### CHAPTER 17

### UPDATE OF GF SUPPORTED ACTIVITIES 2022

### Sathya Herath<sup>1</sup>

ear 2022 had been the initial implementing year of the three-year (2022-2024) grant cycle. Total threeyear grant value was US\$ 7, 377,649.77. Ministry of Health being the Principal Recipient, contracted the Family Planning as the Sub Recipient. The Price water house Coopers (Private) Limited functions as the Local Funding agent.

| Activities supported by the Global Fund in 2022 |   |  |
|---|---|--|
| NSP Strategic Direction                         | Strategy/Activities supported by Global Fund  |  |
| Prevention                                      | NGO/CBO supported Peer led HIV prevention program for Key<br>population (KP)- Operating Community Dropping in Center, Salaries<br>& incentives  |  |
| Prevention                                      | Prison Peer led HIV prevention Program  |  |
| Prevention                                      | Biomedical Prevention - Pre-exposure prophylaxis (PrEP) for MSM & TG  |  |
| Prevention                                      | Community Based interventions & Harm Reduction Interventions for People who inject drugs (PWID)   |  |
| Prevention                                      | Differentiated HIV testing services for KP – Procurement, procurement supply chain managing of HIV, Syphilis, Hepatitis B &C Rapid Diagnostic Tests, HIV Self Tests,  |  |
| Prevention                                      | Condom programing to KP – Procurement of male & Female condoms, Lubricants.   |  |
| Prevention                                      | Addressing stigma, discrimination, violence, Initial, re fresher<br>training programs, advocacy programs, KP interventions reviews,<br>supervisions, program implementers meetings, information material<br>printing, facilitate outreach activities. |  |
| Diagnosis, treatment<br>and care                | Improve Coverage of STI services, Improving ART adherence<br>&monitoring – Training & meetings, regular meetings of<br>subcommittees.   |  |

| Diagnosis, treatment<br>and care        | Scaling up quality laboratory Services- Procurement of CD4, Viral<br>Load cartridges, Establishment and functioning of Drug Resistance<br>Services in Sri Lanka.  |  |
|---|---|--|
| Diagnosis, treatment<br>and care        | Emergency procurement of Anti Retro Viral medications,<br>Procurement of PrEP medications.  |  |
| Strategic information management system | Health management information systems and M&E – establishing and<br>maintenance of Program monitoring & routine reporting – scaling<br>up, maintenance of Electronic Information Management System<br>(EIMS) & Prevention Information Management System (PIMS), |  |
| Health systems<br>strengthening         | Grant & Program Management costs (Human resources & other costs)  |  |
| Supportive Environment                  | Programs to reduce human rights-related barriers to HIV services,   |  |

#### Major Activity Progress in 2022

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

- Scale up of Pre-Exposure Prophylaxis, establishing and expanding community PrEP clinics. Establishing Sunday PrEP clinics both in the STD clinics and within the communities.
- Scale up of HIV self-Tests establishing informal techniques such as sending test through outreach workers, placing orders and getting the tests through online and hotline, developing courier services for HIV self-test delivery.
- Scaling up of Needle Syringe Exchange Services (NSES) for People who inject drugs
- 4. Scaling up and implementing Prevention Information Management System (PIMS)

- 5. Establishing ART Drug Resistance Services at the National Reference Services
- 6. Though, the program was continuously procuring ART and proportion of other health commodities using the domestic finances, due to country's economic situation, the program requests special support from Global fund. The Global Fund approved an emergency fund for the procurement of ART, Condoms, & HIV test kits.

### Annual Performance rating 2022

The year 2022 physical and financial progress was reported through Progress Update and Disbursement Request for the financial year 2022. Physical progress was reported against agreed targets for each physical indicator.

### **Financial Progress**

The financial absorption for the reporting period I January 2022 -31 December 2022

was 26% which is rated as "very poor" due to only a 23.6% absorption.

The total expenditure for the reporting period was US\$ 1,022,719, visà-vis the approved 2022 budget of US\$ 4,328,497.

Reason for poor performance was significant activities were not initiated due to lack of human resources available and delay in procurement processes.

| Costing Dimension (Cost Grouping /<br>Cost Input)      | Reporting Period<br>Budget | Global Fund<br>Validated<br>Expenditure for<br>the Reporting<br>Period | Cumulative<br>period Budget | Global Fund<br>Validated<br>Cumulative<br>Expenditure |
|--|----------------------------|--|-----------------------------|---|
| Currency   |                            | U  | SD                          |   |
| Indirect and Overhead Costs                            | 1,735,170.90               | 84,018.73  | 1,735,170.90                | 84,193.04   |
| Human Resources (HR)                                   | 495,524.02                 | 373,860.72   | 495,524.02                  | 401,703.90  |
| Communication Material and<br>Publications (CMP)       | 15,768.21                  | 8,135.39   | 15,768.21                   | 989.37  |
| Travel related costs (TRC)                             | 90,241.20                  | 43,520.83  | 90,241.20                   | 22,649.66   |
| Non-health equipment (NHP)                             | 444,055.84                 | 46,797.00  | 444,055.84                  | 46,796.58   |
| External Professional services (EPS)                   | 293,289.52                 | 14,802.04  | 293,289.52                  | 14,802.04   |
| Health Products - Non-<br>Pharmaceuticals (HPNP)       | 429,654.94                 | 206,733.98   | 429,654.94                  | 206,733.98  |
| Health Products - Pharmaceutical<br>Products (HPPP)    | 493,814.00                 | 133,281.00   | 493,814.00                  | 133,281.00  |
| Infrastructure (INF)                                   | 110,078.59                 | 1,245.16   | 110,078.59                  | 1,245.16  |
| Procurement and Supply-Chain<br>Management costs (PSM) | 151,538.54                 | 71,928.75  | 151,538.54                  | 71,928.75   |
| Health Products - Equipment (HPE)                      | 35,799.60                  | 7,631.42   | 35,799.60                   | 7,631.42  |
| Living support to client/ target population (LSCTP)    | 33,561.50                  | 30,764.09  | 33,561.50                   | 30,764.09   |
| Payment for Results                                    | 0.00                       | 0.00   | 0.00                        | 0.00  |
| Grand Total  | 4,328,497                  | 1,022,719  | 4,328,497                   | 1,022,719   |

### **Physical Progress**

Programmatic rating was by using programmatic rating tool. The program obtained "Moderate rating "for the programmatic rating. Below is the pictorial explanation of both financial and programmatic progress.



#### **Programmatic Rating Summary**

Grant: LKA-H-MOH County: Sri Lanka Principal Recipient: Ministry of Health of the Democratic Socialist Republic of Sri Lanka Implementation Period: 01 Jan 2022 to 31 Dec 2024

| Programmatic Rating                 |             |  |        |           |           |
|-------------------------------------|-------------|--|--------|-----------|-----------|
| Programmatic Rating                 |             |  | Legend |           |           |
| Average Performance All Indicators: | 82%         |  | A      | Excellent | >=100%    |
| All Indicators Rating:              | с           |  | в      | Good      | 90% - 99% |
| Quantitative Indicator Rating:      | С           |  | с      | Moderate  | 60% - 89% |
| Programmatic Technical Adjustment:  | Not Applied |  |        | Dese      | 2021 5021 |
| Management Adjustment:              | Not Applied |  | 0      | POOL      | 30% - 59% |
| Programmatic Rating                 | с           |  | E      | Very Poor | <30%      |

Rated Period: 1 Jan. 2022 to 31 Dec 2022

# CHAPTER | 18 Financial Summery



## CHAPTER 18 FINANCIAL SUMMARY 2022

### S. Muraliharan<sup>1</sup>

he National STD/AIDS Control Programme (NSACP) is responsible for managing funds and coordinating initiatives related to the prevention and control of sexually transmitted diseases (STDs) and HIV/AIDS in Sri Lanka.

The economic crisis that Sri Lanka experienced in 2022 had a significant impact on the overall utilization of funds allocated to the NSACP. During times of economic crisis, governments often face budget constraints and may prioritize spending in certain areas over others. Consequently, the allocation for healthcare programs, including the NSACP, has been reduced, resulting in low utilization of funds during that year.

However, it is important to note that the funds allocated by the Ministry of Health of GoSL for peripheral STD clinics through the provincial allocations have not been included in the budget shown below. These funds are not directly managed by the NSACP, but they are an important source of funding for STD prevention and control activities in Sri Lanka.

| Financial Source       | Description  | Fund Allocation (LKR) | Fund Utilization (LKR) |
|------------------------|--|-----------------------|------------------------|
| I. Capital Expenditure |  |                       |                        |
|                        | Building Construction  | 20,000,000.00         | ١,798,947.51           |
| Ministry of Health     | DDG (PH)I  | 10,000,000.00         | 6,651,584.00           |
|                        | Service Agreement  | 1,163,573.64          | 1,163,573.64           |
|                        | Subtotal   | 31,163,573.64         | 9,614,105.15           |
| UNFPA                  | Consultative<br>workshops, advocacy<br>programmes, the<br>printing of the<br>publication | 750,000.00            | 750,000.00             |
| WHO                    | Consultative<br>workshops, and review<br>meetings. training<br>module                    | 304,204,638.03        | 303,499,000.89         |
|                        | Human Resources<br>(HR)  | 95, I 52,040.24       | 54,313,918.58          |
|                        | Travel-related costs<br>(TRC)  | 26,778,854.20         | 13,042,553.32          |
|                        | External Professional<br>Services (EPS)  | 104,726,990.37        | 8,164,177.28           |
| GFATM                  | Health Products -<br>Non-Pharmaceuticals<br>(HPNP)                                       | 154,675,778.58        | 74,747,363.55          |
|                        | Health Products -<br>Equipment (HPE)   | 12,887,856.49         | 2,780,143.00           |
|                        | Procurement<br>and Supply-Chain<br>Management (PSM)                                      | 54,553,874.40         | 26,168,049.29          |
|                        | Infrastructure (INF)   | 39,628,291.90         | 450,086.00             |
|                        | Non-health equipment<br>(NHE)  | 158,135,095.87        | 15,173,740.65          |

Table XX: Financial allocation against annual budget utilization - 2022

#### Figure XX: Percentage of fund utilization, 2022

| Financial Source            | Description                                      | Fund Allocation (LKR) | Fund Utilization (LKR) |
|-----------------------------|--|-----------------------|------------------------|
|                             | Communication Material and<br>Publications (CMP) | 5,240,741.34          | 2,647,342.64           |
|                             | Antiretroviral medicines                         | 177,773,040.00        | 48,596,849.55          |
|                             | Office-related costs                             | 2,534,543.17          | 103,923.93             |
|                             | Indirect and Overhead Costs                      | 603,604,258.61        | 15,215,214.55          |
|                             | Subtotal   | 1,435,691,365.19      | 261,403,362.34         |
| Total Capital Exp           | enditure   | 1,771,809,576.86      | 575,266,468.38         |
| Financial Source            | Description                                      | Fund Allocation (LKR) | Fund Utilization (LKR) |
| 2. Recurrent Expenditure    |  |                       |                        |
|                             | Personal Emoluments                              | 169,807,200.25        | I 70,870,927.73        |
|                             | Traveling Expenses                               | 372,800.00            | 284,110.00             |
|                             | Supplies   | 5,942,500.00          | 4,441,004.41           |
|                             | Maintenance Expenditure                          | 3,500,000.00          | 1,624,969.77           |
| Ministry of<br>Health       | Services   | 10,530,000.00         | 15,006,716.02          |
|                             | Transfers  | 1,361,000.00          | 309,128.93             |
|                             | Reagents   | 24,177,575.87         | 23,955,991.72          |
|                             | Training Allowances                              | 14,500,000.00         | 12,630,430.40          |
|                             | Antiretroviral drugs                             | 47,717,138.22         | 47,717,138.22          |
| Total Recurrent Expenditure |  | 277,908,214.34        | 276,840,417.20         |
| Grand Total (LKR)           |  | 2,049,717,791.20      | 852,106,885.58         |



### CONTACT INFORMATION OF STD CLINICS 2023

## A CENTRAL PROVINCE

### I.Dambulla STD clinic

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

| 2. Kandy STD clinic |   |
|---------------------|---|
| Address             | STD clinic, P.O. Box 207, Kandy.  |
| Email               | stdclinic.kandy@gmail.com   |
| Telephone           | 081-2203622   |
| Fax                 | 081-2203923   |
| Contact Persons     | Dr. Jagath Ranawaka (Acting Venereologist)<br>Dr. M.I.M. Lareef (MO/IC) |

| 3. Matale STD clinic |  |
|----------------------|--|
| Address              | STD clinic, District General Hospital, Matale.                         |
| Email                | stdclinic.matale@gmail.com   |
| Telephone            | 066-2053746  |
| Contact persons      | Dr. Iruka Rajapaksha (Venereologist)<br>Dr. K.W.K.K.A. Bandara (MO/IC) |

| 4. Nawalapitiya STD clinic |   |
|----------------------------|---|
| Address                    | STD clinic, District General Hospital, Nawalapitiya |
| Email                      | NA  |
| Telephone                  | 054-2222261 (GH)                                    |
| Contact persons            | Dr. Kasun Ekanayake                                 |

| 5. Nuwara Eliya STD clinic |  |
|----------------------------|--|
| Address                    | STD clinic, District General Hospital, Nuwara Eliya.                           |
| Email                      | stdnuwaraeliya@gmail.com   |
| Telephone                  | 052-2223210, 052-2222261 (GH) Ext: 345   |
| Fax                        | 052-2223476 (GH)   |
| Contact persons            | Dr. Chathurika Wickramarathne (Acting Venereologist)<br>Dr. A. Sampath (MO/IC) |

## **B** EASTERN PROVINCE

| 6. Ampara STD clinic |   |
|----------------------|---|
| Address              | STD clinic, District General Hospital, Ampara.                    |
| Email                | stdclinicampara l @gmail.com                                      |
| Telephone            | 063-2224239   |
| Fax                  | 063-2222988 (RDHS Office)   |
| Contact person       | Dr. Piyumi Perera (Venereologist)<br>Dr. Sakunthala Zoysa (MO/IC) |

| 7. Batticaloa STD clinic |  |
|--------------------------|--|
| Address                  | STD clinic, Health Friendly Center,<br>Ist floor of Chest Clinic, Hospital Rd, Batticaloa. |
| Email                    | stdbatti@gmail.com   |
| Telephone                | 065-2057078  |
| Fax                      | 065-2224401 (TH)   |
| Contact persons          | Dr Tharmaratnam Thivakaran (MO/IC)   |

### 8. Kalmunai STD clinic

| Address        | STD clinic, District General Hospital, Sainthamaruthu,<br>Sainthamaruthu. |
|----------------|---|
| Email          | stdkalmunai@gmail.com   |
| Telephone      | 067-2223660   |
| Fax            | 067-2223660   |
| Contact person | Dr. M.N.M.Thilshan (MO/IC)  |

| 9. Trincomalee STD clinic |   |
|---------------------------|---|
| Address                   | STD clinic, District General Hospital, Trincomalee. |
| Email:                    | shctrinco@gmail.com                                 |
| Telephone                 | 026-2222563   |
| Fax                       | 026-2222563   |
| Contact person            | Dr.A. Devarajah (MO/IC)                             |

## C NORTH CENTRAL PROVINCE

| 10. Anuradhapura STD clinic |  |
|-----------------------------|--|
| Address                     | STD clinic, Room No 11, Teaching Hospital, Anuradhapura                    |
| Email                       | stdclinic.anuradhapura@gmail.com   |
| Telephone                   | 025-2236461,071-8103001  |
| Fax                         | 025-2225616 (TH)   |
| Website                     | https://sites.google.com/view/sexual-health-anuradha-<br>pura/home         |
| Contact person              | Dr.Ajith Karawita (Venereologist)<br>Dr Thilani Rathnayake (Venereologist) |

| 11. Polonnaruwa STD clinic |   |
|----------------------------|---|
| Address                    | STD clinic, District General Hospital, Polonnaruwa.               |
| Email                      | stdclinicpolonnaruwa l @gmail.com                                 |
| Telephone                  | 027-2225787   |
| Fax                        | 027-2225787   |
| Contact Persons            | Dr. Prageeth Premadasa (Venereologist)<br>Dr. Indra Peris (MO/IC) |

## **D** NORTH WESTERN PROVINCE

| 12. Chilaw STD clinic |   |
|-----------------------|---|
| Address               | STD clinic, General Hospital, Chilaw.           |
| Email                 | std.rdhspu@gmail.com                            |
| Telephone             | 032-2220750                                     |
| Fax                   | 032-2223200 (GH)                                |
| Contact persons       | Dr. Subashini Jayasuriya (Acting Venereologist) |

| 13. Kuliyapitiya STD clinic |  |
|-----------------------------|--|
| Address                     | STD clinic, Teaching Hospital, Kuliyapitiya. |
| Email                       | stdclinicKuliyapitiya@gmail.com              |
|                             | 032-2220750                                  |
| Telephone                   | 037-2281261                                  |
| Contact person              | Dr.Vino Dharmakulasinghe (Venereologist)     |

| 14. Kurunegala STD clinic |   |
|---------------------------|---|
| Address                   | STD clinic, Teaching Hospital, Kurunegala.                            |
| Email                     | stdclinic.kurunegala@gmail.com  |
| Telephone                 | 037-2224339   |
| Fax                       | 037-2224339   |
| Contact persons           | Dr. C. Hathurusinghe (Venereologist)<br>Dr. Nihal Edirisinghe (MO/IC) |

| 15. Puttalam STD clinic |  |
|-------------------------|--|
| Address                 | Unit 13, Base Hospital Puttalam, Puttalam. |
| Email                   | stdputtalama@gmail.com                     |
| Telephone               | 0322-265 261 (GH)                          |
| Contact person          | Dr. Geethika Namarathna (MO/IC)            |

## **E** NORTHERN PROVINCE

| 16. Jaffna STD clinic |  |
|-----------------------|--|
| Address               | STD clinic, Teaching Hospital, Jaffna. |
| Email                 | stdclinic.jaffna@gmail.com             |
| Telephone             | 021-2217756                            |
| Fax                   | 021-2222262 (TH)                       |
| Contact persons       | Dr.A. Rohan (MO/IC)                    |

| 17. Kilinochchi STD clinic |   |
|----------------------------|---|
| Address                    | STD clinic, District General Hospital, Kilinochchi. |
| Email                      | stdkilinochchi@gmail.com                            |
| Telephone                  | 021-2283709, 021-2285329 (GH) Ext: 194              |
| Fax                        | 021-2285327 (GH)                                    |
| Contact persons            | Dr. Elankumaran Velayathapillai (MO/IC)             |

| 18. Mannar STD clinic |   |
|-----------------------|---|
| Address               | STD clinic, District General Hospital, Mannar.                                  |
| Email                 | stdclinic.mannar@gmail.com  |
| Telephone             | 023-2250573   |
| Fax                   | 023-2250748 (RDHS Office)   |
| Contact persons       | Dr.Thakshagini Mahendranathan (Acting Venereologist)<br>Dr. Dayani Dias (MO/IC) |

| 19. Mullaitivu STD clinic |  |
|---------------------------|--|
| Address                   | STD clinic, District General Hospital, Mullaitivu. |
| Email                     | stdaidscontrolprogramme.mtv@gmail.com              |
| Telephone                 | 021-2061414  |
| Contact person            | Dr.A.Thayalaseelan (MO/IC)                         |

| 20. Vavuniya STD clinic |   |
|-------------------------|---|
| Address                 | STD clinic, District General Hospital, Vavuniya.                  |
| Email                   | stdclinic.vavuniya@gmail.com                                      |
| Telephone               | 024-2224575   |
| Fax                     | 024-222892 (RDHS Office)  |
| Contact persons         | Dr. Priyantha Batagalla (Venereologist)<br>Dr. D.Arulmoly (MO/IC) |

## **F** SABARAGAMUWA PROVINCE

| 21. Kegalle STD clinic |   |
|------------------------|---|
| Address                | STD clinic, District General Hospital, Kegalle.                                       |
| Email                  | stdunit.kegalle@gmail.com   |
| Telephone              | 035-2231222   |
| Fax                    | 035-2231222   |
| Contact persons        | Dr. Shyama Somawardana (Venereologist)<br>Dr. D.K. Nilanga Jeewani Jayasinghe (MO/IC) |

| 22. Ratnapura STD clinic |   |
|--------------------------|---|
| Address                  | STD clinic, Teaching Hospital Ratnapura.  |
| Email                    | stdclinic.rathnapura@gmail.com  |
| Telephone                | 045-2221561 (Venereologist)   |
|                          | 045-2226561   |
| Contact persons          | Dr. Upuli Abeyrathna (Acting Venereologist)<br>Dr. H.A.K.A. Jayarathne (MO/STD) |

| 23. Embilipitiya STD clinic |  |
|-----------------------------|--|
| Address                     | STD clinic, District General Hospital, Embilipitiya. |
| Email                       | stdclinic.embilipitiya@gmail.com                     |
| Telephone                   | 047-2230261 (GH)                                     |
| Fax                         | 047-2230141  |
| Contact persons             | Dr. Sachini Mendis (Acting Venereologist)            |

## **G** SOUTHERN PROVINCE

| 24. Balapitiya STD clinic |   |
|---------------------------|---|
| Address                   | STD clinic, Base Hospital, Balapitiya.                                    |
| Email                     | stdbalapitiya@gmail.com   |
| Telephone                 | 091-2256822   |
| Fax                       | 091-2256410 (BH)  |
| Contact persons           | Dr Heshani Colombage (Acting Venereologist),<br>Dr. H.D. Fernando (MO/IC) |

| 25. Galle STD clinic |   |
|----------------------|---|
| Address              | STD clinic, Teaching Hospital, Mahamodara, Galle. |
| Email                | stdclinic.mahamodara@gmail.com                    |
| Telephone            | 091-2245998                                       |
| Fax                  | 091-2232088                                       |
| Contact persons      | Dr. Darshani Wijewickrema (Venereologist)         |

| 26. Tangalle STD clinic |                                       |
|-------------------------|---------------------------------------|
| Address                 | STD clinic , Base hospital, Tangalle. |
| Email                   | stdclinictangalle@gmail.com           |
| Telephone               | 091-2245998                           |
|                         | 047-2240261 Ext: 220                  |
| Contact person          | Dr. K.A.S. Nilanka (MO)               |

| 27. Hambantota STD clinic |   |
|---------------------------|---|
| Address                   | STD clinic, General Hospital, Hambantota.                               |
| Email                     | stdclinic.hambantota@gmail.com  |
| Telephone                 | 047-2222247   |
| Fax                       | 047-2222247   |
| Contact persons           | Dr. Gayan Mahakumbura (Venereologist)<br>Dr. L.K.H.M. Jayaruwan (MO/IC) |

| 28. Matara STD clinic |   |
|-----------------------|---|
| Address               | STD clinic, No 43, District General Hospital, Matara.                           |
| Email                 | stdclinic.matara@gmail.com  |
| Telephone             | 041-2232302   |
| Fax                   | 041-2232302   |
| Contact persons       | Dr. Umedha Nilakshi Jayasinghe (Venereologist)<br>Dr. Sunethra Kandambi (MO/IC) |

# H UVA PROVINCE

| 29. 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)<br>Dr. R. Crishan Vedanayagam (MO/IC) |

| 30. Mahiyanganaya STD clinic |  |
|------------------------------|--|
| Address                      | STD clinic, Room 22, Base Hospital, Mahiyanganaya. |
| Email                        | stdclinicmyg@gmail.com                             |
| Telephone                    | 055-4936779  |
| Fax                          | 055-2223750  |
| Contact person               | Dr. Udari Gallage (Acting Venereologist)           |

| 31. Monaragala STD clinic |  |
|---------------------------|--|
| Address                   | STD clinic, District General Hospital, Monaragala. |
| Email                     | monaragalastd@gmail.com                            |
| Telephone                 | 055-2276826  |
| Fax                       | 055-2276700 (RDHS Office)                          |
|                           | 055-2276912 (GH)                                   |
| Contact person            | Dr. D. R. K.W. M. R. S. Kaushalya (MO/IC)          |

## WESTERN PROVINCE

| 32. Avissawella STD clinic |  |
|----------------------------|--|
| Address                    | STD clinic, Room 5, OPD Complex, Base<br>Hospital, Avissawella.    |
| Email                      | stdavissawella@yahoo.com   |
|                            | 055-2222578  |
| Telephone                  | 036-2222003  |
|                            | 036-2222261/62 (BH) Ext: 228                                       |
| Contact person             | Dr. Gayani Nanayakara (Venereologist)<br>Dr.Ayesha Rupasinghe (MO) |

| 33. Colombo Central STD clinic (NSACP) |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Address                                | 29, De Saram Place, Colombo 10.  |  |  |  |  |  |  |
| Web link                               | vww.aidscontrol.gov.lk   |  |  |  |  |  |  |
| Email                                  | info@aidscontrol.gov.lk  |  |  |  |  |  |  |
| Telephone                              | 011-2667163 (Exchange)   |  |  |  |  |  |  |
| Hot lines                              | 011-2695420 (Female clinic), 011-2-695430<br>(Male clinic)   |  |  |  |  |  |  |
| Fax                                    | 011-2665277  |  |  |  |  |  |  |
| Contact persons                        | Dr. Janaki Vidanapathirana (Acting Director)<br>Dr. K.A. Manathunge Ariyaratne (Venereologist)<br>Dr. Jayanthi. P. Elwitigala (Microbiologist)<br>Dr. Sathya Herath (Community Physician)<br>Dr. Geethani Samaraweeera (Venereologist)<br>Dr. Janaka Weragoda (Community Physician)<br>Dr Nimali Jayyasuriya (Venereologist) |  |  |  |  |  |  |

| 34. Gampaha STD clinic |   |
|------------------------|---|
| Address                | STD Clinic, District General Hospital, Gampaha.                           |
| Email                  | stdclinic.gampaha@gmail.com   |
| Telephone              | 033-2234383   |
| Fax                    | 033-2222179 (GH)  |
| Contact persons        | Dr Manjula Rajapakshe (Venereologist)<br>Dr. Jayantha Amarasinghe (MO/IC) |

| 35. Homagama STD clinic |   |
|-------------------------|---|
| Address                 | OPD Building, Base Hospital, Homagama.      |
| Telephone               | 011-2855200                                 |
| Contact person          | Dr. Shanika Jayasena (Acting Venereologist) |

| 36. Kalubowila STD clinic |   |
|---------------------------|---|
| Address                   | STD Clinic, District General Hospital, Gampaha.                           |
| Email                     | stdclinic.gampaha@gmail.com   |
| Telephone                 | 033-2234383   |
| Fax                       | 033-2222179 (GH)  |
| Contact persons           | Dr Manjula Rajapakshe (Venereologist)<br>Dr. Jayantha Amarasinghe (MO/IC) |

| 37. Kalutara STD clinic |   |
|-------------------------|---|
| Address                 | STD clinic, General Hospital, Nagoda, Kalutara. |
| Email                   | stdclinic.kalutara@gmail.com                    |
| Telephone               | 034-2236937                                     |
| Fax                     | 034-2236937                                     |
| Contact persons         | Dr. Lasanthi Siriwardena (Venereologist)        |

| 38. Negombo STD clinic |   |
|------------------------|---|
| Address                | STD clinic, District General Hospital, Negombo.                             |
| Email                  | stdclinic.negombo@gmail.com   |
| Telephone              | 031-2239016, 031-2222261 (GH)   |
| Contact persons        | Dr Priyantha Weerasinghe (Venereologist)<br>Dr. Shriyantha De Silva (MO/IC) |

| 39. Panadura STD clinic |   |
|-------------------------|---|
| Address                 | STD clinic, Base Hospital, Panadura.              |
| Telephone               | 038-2232261                                       |
| Contact person          | Dr. Kokilanthi Dharmaratna (Acting Venereologist) |

| 40. Ragama STD clinic |   |
|-----------------------|---|
| Address               | STD clinic, Room 70, Teaching Hospital, Ragama.                           |
| Email                 | stdclinic.ragama@gmail.com  |
| Telephone             | 011-2960224   |
| Fax                   | 011-2960224, 011-2959266 (TH)   |
| Contact persons       | Dr. Jayadari Ranatunga (Venereologist)<br>Dr. Chamantha Wijerathna (MOIC) |

| 41. Wathupitiwala STD clinic |   |
|------------------------------|---|
| Address                      | STD clinic, Base Hospital, Wathupitiwala. |
| Email                        | stdcampaign.bswathupitiwala@yahoo.com     |
| Telephone                    | 033-2280261 Ext: 255                      |
| Fax                          | 033-2280927                               |
| Contact person               | Dr. S.P.P. Gunawardhana (MO/IC)           |





| ANNEX-I                                       |               |           |        |          |      |        |       |      |        |       |
|---|---------------|-----------|--------|----------|------|--------|-------|------|--------|-------|
| Reported infectious syphilis cases, 2020-2022 |               |           |        |          |      |        |       |      |        |       |
| Province                                      | Clinic        | 2020 2021 |        |          |      | 2022   |       |      |        |       |
| Province                                      | Clinic        | Male      | Female | Total    | Male | Female | Total | Male | Female | Total |
|   | Dambulla      | I         | I      | 2        | I    | 0      | I     | I    | 0      | I     |
|   | Kandy         | I         | 0      | I        | 3    | I      | 4     | 6    | 2      | 8     |
| Central Province                              | Matale        | 0         | 0      | 0        | 0    | 0      | 0     | I    | I      | 2     |
|   | Nawalapitiya  | 0         | 0      | 0        | 0    | 0      | 0     | I    | 0      | I     |
|   | Nuwara Eliya  | 2         | 0      | 2        | 0    | I      | I     | 0    | 0      | 0     |
|   | Ampara        | 0         | 0      | 0        | I    | 0      | I     | 3    | 0      | 3     |
| Fastern Province                              | Batticaloa    | 7         | 6      | 13       | 8    | 4      | 12    | 2    | I      | 3     |
| Lastern rovince                               | Kalmunai      | 0         | 0      | 0        | 0    | 0      | 0     | 2    | 2      | 4     |
|   | Trincomalee   | 4         | 4      | 8        | I    | I      | 2     | I    | 0      | I     |
| North Central province                        | Anuradhapura  | 0         | 0      | 0        | 0    | 0      | 0     | 0    | 0      | 0     |
|   | Polonnaruwa   | 3         | 0      | 3        | I    | I      | 2     | I    | 0      | I     |
| North Wostern                                 | Chilaw        | 0         | 0      | 0        | 0    | 0      | 0     | 2    | 2      | 4     |
| Province                                      | Kuliyapitiya  | 0         | 0      | 0        | I    | 0      | Ι     | 2    | 0      | 2     |
|   | Kurunegala    | 0         | 0      | 0        | 4    | 0      | 4     | 2    | 0      | 2     |
|   | Puttalam      | 0         | 0      | 0        | I    | 0      | I     | 2    | 2      | 4     |
|   | Jaffna        | <u> </u>  | I      | 2        | 6    | 3      | 9     | 0    | 0      | 0     |
|   | Kilinochchi   | <u> </u>  | 0      | <u> </u> |      | I      | 2     | 0    | 0      | 0     |
| Northern Province                             | Mannar        | 0         | 0      | 0        | 0    | 0      | 0     | 0    | 0      | 0     |
|   | Mullaitivu    | 0         | 0      | 0        | 2    |        | 3     | I    | 0      |       |
|   | Vavuniya      | 4         | 3      | 7        |      | I      | 2     | I    | 0      | I     |
| Sabaragamuwa<br>Province                      | Embilipitiya  | 0         | 0      | 0        | Ι    | 0      | I     | 0    | 0      | 0     |
|   | Kegalle       | 0         | 0      | 0        | 0    | 0      | 0     | I    | 0      | Ι     |
|   | Ratnapura     | I         | 0      | I        | 2    | I      | 3     | 2    | 0      | 2     |
|   | Balapitiya    | 12        | I      | 13       | I    | I      | 2     | 2    | 0      | 2     |
| Southern Province                             | Hambanthota   | 3         | I      | 4        | 3    | 0      | 3     | 6    | I      | 7     |
|   | Mahamodara    | 3         | 0      | 3        | 7    | 3      | 10    | 12   | 2      | 14    |
|   | Matara        | 9         | 2      | 11       | 5    | I      | 6     | 3    | I      | 4     |
|   | Tangalle      | 0         | 0      | 0        | 0    | 0      | 0     | I    | 0      | I     |
|   | Badulla       | 0         | 6      | 6        | 5    | 5      | 10    | 6    | 2      | 8     |
| UVA Province                                  | Mahiyanganaya |           | 0      |          | 0    | 0      | 0     | l    | I      | 2     |
|   | Monaragala    | -         | -      | -        | 9    | 5      | 14    | I    | I      | 2     |
|   | Avissawella   | <u> </u>  | I      | 2        | 3    | 0      | 3     | 6    |        | 7     |
|   | Colombo       | 17        | 7      | 24       | 31   | 4      | 35    | 49   | 8      | 57    |
|   | Gampaha       | 5         | 2      | 7        | 4    | 0      | 4     | 10   | I      |       |
|   | Homagama      | 0         | 0      | 0        | 0    | 0      | 0     | 4    | 0      | 4     |
| Western Province                              | Kalubowila    |           | 0      | -        | 12   | 0      | 12    | 19   | 0      | - 19  |
|   | Kalutara      | 3         | 2      | 5        | 4    | 3      | 7     | 3    | 2      | 5     |
|   | Negombo       | 3         |        | 4        |      | 2      | 3     |      | 3      | - 14  |
|   | Panadura      | 0         | 0      | 0        | 2    | 0      | 2     | 5    | 0      | 5     |
|   | Ragama        | 15        | 4      | 19       |      | 3      | - 14  | 12   | 2      | 14    |
| <b>T</b> . 1                                  | Wathupitiwala | 0         | 0      | 0        | 3    | 2      | 5     | 2    | 0      | 2     |
| lotal   |               | 108       | 42     | 150      | 135  | 44     | 179   | 184  | 35     | 219   |

| ANNEX-I<br>Reported late syphilis cases, 2020-2022 |               |         |                |          |         |          |          |                     |                   |                     |  |
|--|---------------|---------|----------------|----------|---------|----------|----------|---------------------|-------------------|---------------------|--|
|  |               |         | 2020           |          |         | 2021     |          |                     | 2022              |                     |  |
| Province   | Clinic        | Male    | Female         | Total    | Male    | Female   | Total    | Male                | Female            | Total               |  |
|  | Dambulla      | 0       | 0              | 0        | 0       | 2        | 2        | 2                   | 0                 | 2                   |  |
|  | Kandy         | 17      | 7              | 24       | 14      | 2        | 16       | 18                  | 8                 | 26                  |  |
| Central Province                                   | Matale        | 6       | I              | 7        | 3       | 3        | 6        | I                   | 3                 | 4                   |  |
|  | Nawalapitiya  | 0       | 0              | 0        | 0       | 0        | 0        | 0                   | 0                 | 0                   |  |
|  | Nuwara Eliya  | 3       | 4              | 7        | 7       | 7        | 14       | 9                   | 4                 | 13                  |  |
|  | Ampara        | 2       | 4              | 6        | 3       | 2        | 5        | 2                   | 0                 | 2                   |  |
| Eastern Province                                   | Batticaloa    | 12      | I              | 13       | 11      | 4        | 15       | 9                   | 6                 | 15                  |  |
| Lastern Frovince                                   | Kalmunai      | Ι       | 0              | I        | I       | 0        | I        | 4                   | 0                 | 4                   |  |
|  | Trincomalee   | 4       | 0              | 4        | 8       | 5        | 13       | 9                   | 3                 | 12                  |  |
| North Central province                             | Anuradhapura  | 10      | 5              | 15       | 3       | I        | 4        | 9                   | 4                 | 13                  |  |
|  | Polonnaruwa   | 7       | 6              | 13       | 6       | 6        | 12       | 16                  | I                 | 17                  |  |
|  | Chi law       | 9       | 4              | 13       |         | 5        | 16       | 16                  | 8                 | 24                  |  |
|  | Kuliyapitiya  | I       | 0              | I        | 0       | I        | I        | 3                   | 3                 | 6                   |  |
|  | Kurunegala    | 14      | 10             | 24       | 21      | 11       | 32       | 17                  | 8                 | 25                  |  |
|  | Puttalam      | 2       | I              | 3        | I       | I        | 2        | 2                   | 3                 | 5                   |  |
|  | Jaffna        | 16      | 10             | 26       | 11      | 7        | 18       | 21                  | 7                 | 28                  |  |
|  | Kilinochchi   | I       | I              | 2        | 0       | 2        | 2        |                     | 0                 | I                   |  |
| Northern Province                                  | Mannar        |         | 1              | 2        | I       | I        | 2        | 3                   | 2                 | 5                   |  |
|  | Mullaitivu    | 0       | 0              | 0        | 0       | 0        | 0        | 0                   | 0                 | 0                   |  |
|  | Vavuniya      | 2       | 2              | 4        | 2       | 3        | 5        | 2                   | 3                 | 5                   |  |
| Sabaragamuwa<br>Province                           | Embilipitiya  | 0       | 0              | 0        | 3       | 2        | 5        | I                   | 0                 | Ι                   |  |
|  | Kegalle       | 10      | 3              | 13       | 7       | 0        | 7        | 4                   | 2                 | 6                   |  |
|  | Ratnapura     | 13      | 4              | 17       | 9       | 8        | 17       | 3                   | 9                 | 12                  |  |
|  | Balapitiya    | 22      | 3              | 25       | I       | 0        | I        | 3                   | 0                 | 3                   |  |
|  | Hambanthota   | 14      | 7              | 21       | 11      | 3        | 14       | 20                  | 3                 | 23                  |  |
|  | Mahamodara    | 16      | 9              | 25       | 19      | 12       | 31       | 17                  | 8                 | 25                  |  |
|  | Matara        | 11      | 3              | 14       | 6       | 4        | 10       | 7                   | 3                 | 10                  |  |
|  | Tangalle      | I       | 0              |          |         | 0        | <u> </u> | 0                   | 0                 | 0                   |  |
|  | Badulla       | 6       |                | 7        | 10      | 4        | 14       | 7                   | 1                 | 8                   |  |
| UVA Province                                       | Mahiyanganaya | 0       | 0              | 0        | 4       | 2        | 6        | 2                   | I                 | 3                   |  |
|  | Monaragala    |         |                |          | -       | 3        | 4        | 0                   | 0                 | 0                   |  |
|  | Avissawella   | 2       | 1              | 3        | 5       | 0        | 5        | 3                   | 2                 | 5                   |  |
|  | Colombo       | 68      | 29             | 9/       | /5      | 30       | 105      | 109                 | 3/                | 146                 |  |
|  | Gampana       | 6       | 2              | 8        | 14      | 4        | 18       | 12                  | 1                 | 13                  |  |
|  | Homagama      | 0       | 0              | 0        | 0       | 3        | <u>ງ</u> | 3                   | 0                 | <u>ა</u>            |  |
| Western Province                                   | Kalutore      | 44      | /              | 27<br>17 | 2U<br>0 | 5        | <u></u>  | 2 <del>4</del><br>7 | 4                 | 2ð                  |  |
|  | Nogombe       | 7       | 0              | 1/       | 7       | 7        | 13       | /                   | <del>Ч</del><br>Л | 11                  |  |
|  | Panadura      | 12      | - <del>1</del> | 10       | 10<br>2 | 2        | ۱/<br>و  | 2                   | - <del>1</del>    | ۱ <del>۹</del><br>۲ |  |
|  | Ragama        | ບ<br>າວ | 2              | י<br>22  | 1       | <u>۲</u> | 20       | 10                  | 2                 | 2                   |  |
|  | Wathupitiwala | 25<br>7 | - J<br>- I     | 20<br>Q  | 2       |          | 20<br>2  |                     | 2                 | 13                  |  |
| Total  | Wathupitiwala | 350     | 143            | 493      | 332     | 161      | 493      | 403                 | 148               | 551                 |  |

| ANNEX-I<br>Reported non gonococcal cases, 2020-2022 |               |      |        |       |      |        |       |      |        |       |  |
|---|---------------|------|--------|-------|------|--------|-------|------|--------|-------|--|
| Dereitere   | Clinity       |      | 2020   |       |      | 2021   |       |      | 2022   |       |  |
| Province  | Clinic        | Male | Female | Total | Male | Female | Total | Male | Female | Total |  |
|   | Dambulla      | 3    | 2      | 5     | 0    | 8      | 8     | 4    | 44     | 48    |  |
|   | Kandy         | 19   | 38     | 57    | 18   | 42     | 60    | 19   | 53     | 72    |  |
| Central Province                                    | Matale        | 7    | 84     | 91    | 4    | 48     | 52    | 13   | 74     | 87    |  |
|   | Nawalapitiya  | 0    | 0      | 0     | 0    | 0      | 0     | 2    | 2      | 4     |  |
|   | Nuwara Eliya  | 2    | 5      | 7     | 2    | 5      | 7     | I    | 5      | 6     |  |
|   | Ampara        | I    | 2      | 3     | 23   | 16     | 39    | 17   | 31     | 48    |  |
| Factory Province                                    | Batticaloa    | 7    | 3      | 10    | I    | 0      | I     | 5    | 14     | 19    |  |
| Eastern Province                                    | Kalmunai      | I    | 2      | 3     | 2    | 0      | 2     | 2    | I      | 3     |  |
|   | Trincomalee   | 4    | 4      | 8     | 4    | 8      | 12    | 0    | 4      | 4     |  |
| North Central province                              | Anuradhapura  | 21   | 20     | 41    | 13   | 29     | 42    | 36   | 29     | 65    |  |
|   | Polonnaruwa   | 16   | 30     | 46    | 17   | 25     | 42    | 13   | 10     | 23    |  |
|   | Chilaw        | 0    | 16     | 16    | 2    | 14     | 16    | 3    | 21     | 24    |  |
|   | Kuliyapitiya  | I    | 2      | 3     | 2    | 0      | 2     | 8    | 7      | 15    |  |
|   | Kurunegala    | 76   | 151    | 227   | 24   | 76     | 100   | 18   | 89     | 107   |  |
|   | Puttalam      | I    | I      | 2     | 2    | 4      | 6     | 0    | 11     | 11    |  |
|   | Jaffna        | 8    | 0      | 8     | 11   | 2      | 13    | 11   | 0      | 11    |  |
|   | Kilinochchi   | 9    | 10     | 19    | 0    | I      | I     | 3    | 0      | 3     |  |
| Northern Province                                   | Mannar        | 2    | 0      | 2     | 0    | 0      | 0     | I    | I      | 2     |  |
|   | Mullaitivu    | I    | 0      | I     | 0    | 0      | 0     | 0    | 0      | 0     |  |
|   | Vavuniya      | 7    | 3      | 10    | 3    | 7      | 10    | 8    | 9      | 17    |  |
| Sabaragamuwa<br>Province                            | Embilipitiya  | 13   | 39     | 52    | 15   | 22     | 37    | 15   | 33     | 48    |  |
|   | Kegalle       | 7    | 23     | 30    | 4    | 3      | 7     | 4    | 3      | 7     |  |
|   | Ratnapura     | 5    | 2      | 7     | 3    | I      | 4     | 6    | 6      | 12    |  |
|   | Balapitiya    | 16   | 14     | 30    | 5    | 10     | 15    | I    | 3      | 4     |  |
|   | Hambanthota   | 8    | 23     | 31    | 5    | 10     | 15    | 2    | 5      | 7     |  |
|   | Mahamodara    | 10   | 33     | 43    | 14   | 18     | 32    | 16   | 37     | 53    |  |
|   | Matara        | 18   | 29     | 47    | 4    | 18     | 22    | 10   | 14     | 24    |  |
|   | Tangalle      | 0    | 2      | 2     | 7    | 6      | 13    | 3    | 0      | 3     |  |
|   | Badulla       | 8    | 25     | 33    | 7    | 30     | 37    | 9    | 23     | 32    |  |
| UVA Province  | Mahiyanganaya |      | 12     | 23    | 12   | 111    | 123   | 19   | 104    | 123   |  |
|   | Monaragala    |      |        |       | 4    | 43     | 47    | 4    | 42     | 46    |  |
|   | Avissawella   | 6    | 0      | 6     | 3    | 0      | 3     | 3    | 0      | 3     |  |
|   | Colombo       | 112  | 326    | 438   | 82   | 156    | 238   | 181  | 366    | 547   |  |
|   | Gampaha       | 12   | 65     | 77    | 7    | 33     | 40    |      | 65     | 76    |  |
|   | Homagama      | 2    |        | 3     |      | 5      | 6     | 24   | 32     | 56    |  |
| Western Province                                    | Kalubowila    | 171  | 188    | 359   | 78   | 58     | 136   | 107  | 85     | 192   |  |
|   | Kalutara      | 8    | 17     | 25    | 8    | 24     | 32    | 14   | 205    | 219   |  |
|   | Negombo       | 10   | 46     | 56    | 6    | 58     | 64    | 8    | 50     | 58    |  |
|   | Panadura      | 6    | 13     | 19    |      | 10     | 21    | 6    | 9      | 15    |  |
|   | Ragama        | 49   | 79     | 128   | 19   | 46     | 65    | 44   | 54     | 98    |  |
|   | Wathupitiwala | 4    | 4      | 8     | 3    |        | 14    | 8    | 13     | 21    |  |
| lotal   |               | 662  | 1314   | 1976  | 426  | 958    | 1384  | 659  | 1554   | 2213  |  |

| Province     Chick     Total     Formal     Total     Male     Fermale     Total     Male     Fermale     Total     Male     Fermale     Total       Central Province     Kandy     19     38     57     0.8     88     4.4     60     19     53     72       Central Province     Matel     7     84     91     4     480     52     13     74     87       Nawalapitys     0     0     0     0     0     2     7     3     10     1     0     1     5     6       Ampara     11     2     3     2     0     2     1     3     48       Eastern Province     Matalapura     7     3     10     1     2     1     0     1     4     4     8     4     8     16     3     2     1     1     1     2     1     1     1     1     1     1     1     1     1   | ANNEX-I<br>Reported non gonococcal cases, 2020-2022 |               |                     |        |           |          |        |                |                        |          |            |  |
|--|---|---------------|---------------------|--------|-----------|----------|--------|----------------|------------------------|----------|------------|--|
| Holice     Calii.     Male     Female     Total     Male     Signal     Male     Signal     Signal     Signal     Signal     Signal     Signal     Signal     Signal     Male     Signal     Signal     Signal     Signal     Signal     Signal     Signal     Signal     Male     Signal     Signal     Male     Signal     Signal | Province  | Clinic        |                     | 2020   |           |          | 2021   |                |                        | 2022     |            |  |
| Dambula     3     2     5     0     8     8     4     44     48       Kandy     19     38     57     18     42     60     19     53     72       Matale     7     84     91     4     48     52     13     74     87       Nawalapitya     0     0     0     0     0     0     2     2     4       Nuwara Elya     2     5     7     2     5     7     1     5     6       Eastern Province     Amarata     1     2     3     2     0     2     2     1     3       Piorneruva     16     30     46     17     25     42     13     10     11     11     11     12     13     10     11     11     14     16     30     46     17     25     42     13     10     11     11     11     11     11     11     11     11  | Frovince  | Cillic        | Male                | Female | Total     | Male     | Female | Total          | Male                   | Female   | Total      |  |
| Kandy     19     38     57     18     42     60     19     53     72       Navalapity3     0     0     0     0     0     2     2     4       Navalapity3     0     0     0     0     0     0     2     2     4       Nuvara Eliya     2     5     7     2     5     7     1     5     6       Ampara     1     2     3     10     1     0     1     5     14     19       Eastern Province     Amrafhapura     11     2     3     2     0     2     1     3     14     13       Province     Amrafhapura     11     2     3     2     0     2     13     10     23       Province     Polonnaruva     16     30     46     17     25     42     13     10     23       Kurunegala     76     151     227     24     76     100     <   |   | Dambulla      | 3                   | 2      | 5         | 0        | 8      | 8              | 4                      | 44       | 48         |  |
| Central Province     Matale     7     84     91     4     48     52     13     74     87       Nawalapitya     0     0     0     0     0     0     0     2     2     4       Nawalapitya     2     5     7     2     5     7     1     5     6       Ampara     1     2     3     23     16     39     17     31     48       Eastern Province     Amiradhapura     1     2     3     2     0     2     2     1     3       Fincomarux     1     2     3     2     0     2     2     1     3       Polonnarux     16     30     44     17     25     42     36     29     65       Polonnarux     1     2     44     13     12     13     11     13     10     11     13     10     11     11     13     10     11     11     11 <th></th> <th>Kandy</th> <th>19</th> <th>38</th> <th>57</th> <th>18</th> <th>42</th> <th>60</th> <th>19</th> <th>53</th> <th>72</th>  |   | Kandy         | 19                  | 38     | 57        | 18       | 42     | 60             | 19                     | 53       | 72         |  |
| Navalapitya     0     0     0     0     0     0     2     2     4       Ampar     1     2     5     7     2     5     7     1     5     6       Batticaloa     7     3     10     1     0     1     5     14     19       Kalmunai     1     2     3     23     0     2     2     1     3       North Central province     Anuradhapura     21     20     41     13     29     42     36     29     65       Polonnaruwa     16     30     46     17     25     42     13     10     23       Kullyapitya     1     2     3     2     0     2     8     7     15       Kullyapitya     1     2     3     2     0     2     8     7     15       Kullyapitya     1     2     3     2     0     0     11     11     0  | Central Province                                    | Matale        | 7                   | 84     | 91        | 4        | 48     | 52             | 13                     | 74       | 87         |  |
| Nuwara Eliya<br>Ampara     1     2     5     7     1     5     6       Baticaloa     7     3     10     1     0     1     5     14     19       Baticaloa     7     3     10     1     0     1     5     14     19       Kalmunal     1     2     3     2     0     2     2     1     3       North Central<br>province     Anuradhapura     21     20     41     13     29     42     36     29     65       Chiaw     0     16     16     2     14     16     3     21     24       Kulyapitya     1     2     3     2     0     2     8     7     15       Puttalam     1     1     2     2     4     6     0     11     11     11     11     11     11     11     11     11     11     11     11     11     11     11     11   |   | Nawalapitiya  | 0                   | 0      | 0         | 0        | 0      | 0              | 2                      | 2        | 4          |  |
| Ampara     1     2     3     23     16     39     17     31     48       Eastern Province     7     3     10     1     0     1     5     14     19       Kalnunal<br>Trincomalee     1     2     3     2     0     2     2     1     3       North Central<br>province     Anuradhapura     21     20     41     13     29     42     36     29     65       Chlaw     0     16     16     2     14     16     3     21     24       Kuljyapitya     1     2     3     2     0     2     8     7     15       Kurungala     76     151     227     24     76     100     18     89     107       Patfalan     1     2     0     0     1     1     3     0     3       Northern Province     Manar     2     0     2     0     0     0     1     1 </th <th></th> <th>Nuwara Eliya</th> <th>2</th> <th>5</th> <th>7</th> <th>2</th> <th>5</th> <th>7</th> <th>I</th> <th>5</th> <th>6</th>  |   | Nuwara Eliya  | 2                   | 5      | 7         | 2        | 5      | 7              | I                      | 5        | 6          |  |
| Batticaloa     7     3     10     1     0     1     5     14     19       Kalmunai     1     2     3     2     0     2     2     1     3       Trincomalee     4     4     8     4     8     12     00     4     4       North Central<br>province     Anuradhapura     21     20     41     13     29     42     36     29     65       Chlaw     16     30     46     17     25     42     13     10     21     24       Chlaw     11     2     3     2     0     2     8     7     15       Kurunegala     76     151     227     24     76     100     18     89     107       Puttalam     1     2     3     8     0     8     11     2     33     11       Kilinochchi     9     10     19     0     1     1     3     9   |   | Ampara        | I                   | 2      | 3         | 23       | 16     | 39             | 17                     | 31       | 48         |  |
| Kalmunai     1     2     3     2     0     2     2     1     3       North Central<br>province     Anuradhapura     21     20     41     13     29     42     36     29     65       Polonnaruwa     16     30     46     17     25     42     13     10     23       Chilaw     0     16     16     2     14     16     3     21     24       Kulyapitya     1     2     3     2     0     2     8     7     15       Kurungal     76     151     227     24     76     100     18     89     107       Puttalam     1     1     2     2     4     6     0     11     11     3     0     3       Northern Province     Mulativu     1     0     1     0     0     0     0     0     0     0     0     0     0     0     0     0     0<  | Eastern Province                                    | Batticaloa    | 7                   | 3      | 10        | I        | 0      | I              | 5                      | 14       | 19         |  |
| Trincomalee     4     4     8     4     8     12     0     4     4       North Central<br>province     Anuradhapura     21     20     41     13     29     42     36     29     65       Chlaw     0     16     16     16     2     14     16     3     21     24       Kuliyapitiya     1     2     3     2     0     2     8     7     15       Kurunegala     76     151     227     24     76     100     18     89     10       Puttalm     1     1     2     2     4     6     0     11     11     2     13     11     0     11     11     12     13     10     3     10     3     10     3     11     12     13     10     3     10     0     0     0     0     0     0     0     11     12     13     13     13     13 <td< th=""><th>Lastern rovince</th><th>Kalmunai</th><th>I</th><th>2</th><th>3</th><th>2</th><th>0</th><th>2</th><th>2</th><th>I</th><th>3</th></td<>  | Lastern rovince                                     | Kalmunai      | I                   | 2      | 3         | 2        | 0      | 2              | 2                      | I        | 3          |  |
| North Central<br>province     Anuradhapura     21     20     41     13     29     42     36     29     65       Polonnaruwa     16     30     46     17     25     42     13     10     23       Chilaw     0     16     16     2     14     16     3     21     24       Kuliyapitya     1     2     3     2     0     2     8     7     15       Kurunegal     76     151     227     24     76     100     18     89     107       Puttalam     1     1     2     2     4     6     0     11     <  |   | Trincomalee   | 4                   | 4      | 8         | 4        | 8      | 12             | 0                      | 4        | 4          |  |
| Polonnaruwa     16     30     46     17     25     42     13     10     23       Chilaw     0     16     16     2     14     16     3     21     24       Kuliyapitya     1     2     3     2     0     2     8     7     15       Kurongala     76     151     227     24     76     100     18     89     107       Puttalam     1     1     2     2     4     6     0     11     11       Jaffna     8     0     8     11     2     13     11     0     11       Kiinochchi     9     10     19     0     1     1     3     0     3       Morthern Province     Mannar     2     0     2     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     16   | North Central province                              | Anuradhapura  | 21                  | 20     | 41        | 13       | 29     | 42             | 36                     | 29       | 65         |  |
| Chilaw     0     16     16     2     14     16     3     21     24       Kulyapitja     1     2     3     2     0     2     8     7     15       Kurunegala     76     151     227     24     76     100     18     89     107       Puttalam     1     1     2     2     4     6     0     11     11       Kifinochchi     9     10     19     0     1     1     3     0     3       Morthern Province     Manar     2     0     2     0     0     0     1     1     2       Mullativu     1     0     1     0  |   | Polonnaruwa   | 16                  | 30     | 46        | 17       | 25     | 42             | 13                     | 10       | 23         |  |
| Kuliyapitiya<br>Kurunegala     1     2     3     2     0     2     8     7     15       Kurunegala     76     151     227     24     76     100     18     89     107       Puttalam     1     1     2     2     4     6     0     11     11       Jaffna     8     0     8     11     2     13     11     0     11       Klinochchi     9     10     19     0     1     1     3     0     3       Morthern Province     Manar     2     0     2     0     0     0     1     1     2       Mullaitivu     1     0     1     0  |   | Chilaw        | 0                   | 16     | 16        | 2        | 14     | 16             | 3                      | 21       | 24         |  |
| Kurunegala     76     151     227     24     76     100     18     89     107       Puttalam     1     1     2     2     4     6     0     11     11       Jaffna     8     0     8     11     2     13     11     0     11       Kilinochchi     9     10     19     0     1     1     3     0     3       Mulaitivu     1     0     1     0     3     7     100     8     9     17       Sabaragamuwa<br>Province     Embilipitiya     13     39     52     15     22     37     15     33     48       Province     Kegalle     7     23     30     4     3     7     4     6     6     12       Balapitya     16     14     30     5     10     15     1     3     4       Hambanchota     8     23     31     5     10     15   |   | Kuliyapitiya  | I                   | 2      | 3         | 2        | 0      | 2              | 8                      | 7        | 15         |  |
| Puttalam     1     1     2     2     4     6     0     11     11       Jaffna     8     0     8     11     2     13     11     0     11       Kilinochchi     9     10     19     0     1     1     3     0     3       Northern Province     Mannar     2     0     2     0     0     0     1     1     2       Mullaitivu     1     0     1     0     3     7     10     8     9     17       Sabaragamuwa<br>Province     Embilipitya     13     39     52     15     22     37     15     33     48       Balaritya     16     14     30     5     10     15     1     3     4       Hambantota     8     23     31     5     10     15     2     5     7       Matara     18     22     10     14     24     23     32  <   |   | Kurunegala    | 76                  | 151    | 227       | 24       | 76     | 100            | 18                     | 89       | 107        |  |
| Jaffna     8     0     8     11     2     13     11     0     11       Kilinochchi     9     10     19     0     1     1     3     0     3       Morthern Province     Mannar     2     0     2     0     0     0     1     1     3     0     3       Sabaragamuwa<br>Province     Embilipitya     13     39     52     15     22     37     15     33     48       Kegalle     7     23     30     4     3     7     4     3     7       Ratnapura     5     2     7     3     10     15     1     3     4       Hambantota     8     23     31     5     10     15     2     5     7       Mahamodara     10     33     43     14     18     32     16     37     53       Matara     8     25     33     7     30     37     9 </th <th></th> <th>Puttalam</th> <th>1</th> <th>I</th> <th>2</th> <th>2</th> <th>4</th> <th>6</th> <th>0</th> <th>11</th> <th>11</th>  |   | Puttalam      | 1                   | I      | 2         | 2        | 4      | 6              | 0                      | 11       | 11         |  |
| Kilinochchi     9     10     19     0     1     1     3     0     3       Morthern Province     Mannar     2     0     2     0     0     0     1     1     2       Mullaitivu     1     0     1     0 <th></th> <th>Jaffna</th> <th>8</th> <th>0</th> <th>8</th> <th>11</th> <th>2</th> <th>13</th> <th>11</th> <th>0</th> <th>11</th>   |   | Jaffna        | 8                   | 0      | 8         | 11       | 2      | 13             | 11                     | 0        | 11         |  |
| Morthern Province     Mannar     2     0     2     0     0     0     1     1     2       Mullaitivu     1     0     1     0 <t< th=""><th></th><th>Kilinochchi</th><th>9</th><th>10</th><th>19</th><th>0</th><th>I</th><th>I</th><th>3</th><th>0</th><th>3</th></t<>   |   | Kilinochchi   | 9                   | 10     | 19        | 0        | I      | I              | 3                      | 0        | 3          |  |
| Mullaitivu     1     0     1     0   | Northern Province                                   | Mannar        | 2                   | 0      | 2         | 0        | 0      | 0              | I                      | I        | 2          |  |
| Vavuniya     7     3     10     3     7     10     8     9     17       Sabaragamuwa<br>Province     Embilipitiya     13     39     52     15     22     37     15     33     48       Kegalle     7     23     30     4     3     7     4     3     7       Ratnapura     5     2     7     3     1     4     6     6     12       Balapitya     16     14     30     5     10     15     2     5     7       Mabanchata     8     23     31     5     10     15     2     5     7       Mahamodara     10     2     2     7     6     13     3     0     3       UVA Province     Badulla     8     25     33     7     30     37     9     23     32       UVA Province     Mainganganaya     11     12     23     12     111     123     19<   |   | Mullaitivu    | I                   | 0      | I         | 0        | 0      | 0              | 0                      | 0        | 0          |  |
| Sabaragamuwa<br>Province     Embilipitiya     I3     39     52     I5     22     37     I5     33     48       Regalle     7     23     30     4     3     7     4     3     7       Ratnapura     5     2     7     3     I     4     6     6     12       Balapitiya     I6     I4     30     5     I0     I5     I     3     4       Hambanthota     8     23     31     5     I0     I5     2     5     7       Matara     18     29     47     4     18     32     I6     37     53       Matara     18     29     47     4     18     22     10     I4     24       Tangalle     0     2     2     7     6     I3     3     0     3       UVA Province     Mahiyanganaya     I1     12     23     I2     I111     123     I9     I04   |   | Vavuniya      | 7                   | 3      | 10        | 3        | 7      | 10             | 8                      | 9        | 17         |  |
| Kegalle     7     23     30     4     3     7     4     3     7       Ratnapura     5     2     7     3     1     4     6     6     12       Balapitiya     16     14     30     5     10     15     1     3     4       Hambanthota     8     23     31     5     10     15     2     5     7       Mahamodara     10     33     43     14     18     32     16     37     53       Matara     18     29     47     4     18     22     10     14     24       Tangalle     0     2     2     7     6     13     3     0     3       UVA Province     Mahiyanganaya     11     12     23     12     111     123     19     104     123       Monaragala   | Sabaragamuwa<br>Province                            | Embilipitiya  | 13                  | 39     | 52        | 15       | 22     | 37             | 15                     | 33       | 48         |  |
| Ratnapura     5     2     7     3     1     4     6     6     12       Balapitiya     16     14     30     5     10     15     1     3     4       Hambanthota     8     23     31     5     10     15     2     5     7       Mahamodara     10     33     43     14     18     32     16     37     53       Matara     18     29     47     4     18     32     16     37     53       Matara     18     29     47     4     18     22     10     14     24       Tangalle     0     2     2     7     6     13     3     0     3       UVA Province     Mahiyanganaya     11     12     23     12     111     123     19     104     123       Monaragala     _     _     _     3     0     3     0     3       Colombo<   |   | Kegalle       | 7                   | 23     | 30        | 4        | 3      | 7              | 4                      | 3        | 7          |  |
| Balapitiya     16     14     30     5     10     15     1     3     4       Hambanthota     8     23     31     5     10     15     2     5     7       Mahamodara     10     33     43     14     18     32     16     37     53       Matara     18     29     47     4     18     22     10     14     24       Tangalle     0     2     2     7     6     13     3     0     3       Badulla     8     25     33     7     30     37     9     23     32       UVA Province     Mahiyanganaya     11     12     23     12     111     123     19     104     123       Monaragala      4     43     47     4     42     46       Avissawella     6     0     6     3     0     3     3     0     3   |   | Ratnapura     | 5                   | 2      | 7         | 3        | I      | 4              | 6                      | 6        | 12         |  |
| Hambanthota     8     23     31     5     10     15     2     5     7       Mahamodara     10     33     43     14     18     32     16     37     53       Matara     18     29     47     4     18     22     10     14     24       Tangalle     0     2     2     7     6     13     3     0     3       UVA Province     Mahiyanganaya     11     12     23     12     111     123     19     104     123       Monaragala        4     43     47     4     42     46       Avissawella     6     0     6     3     0     3     3     0     3       Colombo     112     326     438     82     156     238     181     366     547       Gampaha     12     65     77     7     33     40     11     65     76  |   | Balapitiya    | 16                  | 14     | 30        | 5        | 10     | 15             | I                      | 3        | 4          |  |
| Mahamodara     10     33     43     14     18     32     16     37     53       Matara     18     29     47     4     18     22     10     14     24       Tangalle     0     2     2     7     6     13     3     0     3       Badulla     8     25     33     7     30     37     9     23     32       UVA Province     Mahiyanganaya     11     12     23     12     111     123     19     104     123       Monaragala  |   | Hambanthota   | 8                   | 23     | 31        | 5        | 10     | 15             | 2                      | 5        | 7          |  |
| Matara     18     29     47     4     18     22     10     14     24       Tangalle     0     2     2     7     6     13     3     0     3       UVA Province     Badulla     8     25     33     7     30     37     9     23     32       Mahiyanganaya     11     12     23     12     111     123     19     104     123       Monaragala       _     4     43     47     4     42     46       Avissawella     6     0     6     3     0     3     3     0     3       Colombo     112     326     438     82     156     238     181     366     547       Gampaha     12     65     77     7     33     40     11     65     76       Homagama     2     1     3     1     5     6     24     32     56   |   | Mahamodara    | 10                  | 33     | 43        | 14       | 18     | 32             | 16                     | 37       | 53         |  |
| Tangalle     0     2     2     7     6     13     3     0     3       UVA Province     Badulla     8     25     33     7     30     37     9     23     32       Monaragala       4     43     47     4     42     46       Avissawella     6     0     6     3     0     3     3     0     3       Colombo     112     326     438     82     156     238     181     366     547       Gampaha     12     65     77     7     33     40     11     65     76       Homagama     2     1     3     1     5     6     24     32     56       Kalubowila     171     188     359     78     58     136     107     85     192       Negombo     10     46     56     6     58     64     8     50     58  |   | Matara        | 18                  | 29     | 47        | 4        | 18     | 22             | 10                     | 14       | 24         |  |
| Badulla     8     25     33     7     30     37     9     23     32       UVA Province     Mahiyanganaya     II     I2     23     I2     III     I23     I9     I04     I23       Monaragala     _     _     _     4     43     47     4     42     46       Avissawella     6     0     6     3     0     3     3     0     3       Colombo     I12     326     438     82     156     238     181     366     547       Gampaha     12     65     77     7     33     40     II     65     76       Homagama     2     I     3     1     5     6     24     32     56       Kalubowila     171     188     359     78     58     136     107     85     192       Kalutara     8     17     25     8     24     32     14     205     219 </th <th></th> <th>Tangalle</th> <th>0</th> <th>2</th> <th>2</th> <th>7</th> <th>6</th> <th>13</th> <th>3</th> <th>0</th> <th>3</th>   |   | Tangalle      | 0                   | 2      | 2         | 7        | 6      | 13             | 3                      | 0        | 3          |  |
| Western Province     Mahiyanganaya     11     12     23     12     111     123     19     104     123       Western Province     Avissawella     6     0     6     3     0     3     3     0     3       Western Province     Auissawella     6     0     6     3     0     3     3     0     3       Western Province     Kalubowila     171     188     359     78     58     136     107     85     192       Negombo     10     46     56     6     58     64     8     50     58       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21   |   | Badulla       | 8                   | 25     | 33        | 7        | 30     | 37             | 9                      | 23       | 32         |  |
| Monaragala       4     43     47     4     42     46       Avissawella     6     0     6     3     0     3     3     0     3       Colombo     112     326     438     82     156     238     181     366     547       Gampaha     12     65     77     7     33     40     11     65     76       Homagama     2     1     3     1     5     6     24     32     56       Kalubowila     171     188     359     78     58     136     107     85     192       Kalutara     8     17     25     8     24     32     14     205     219       Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama   | UVA Province  | Mahiyanganaya |                     | 12     | 23        | 12       |        | 123            | 19                     | 104      | 123        |  |
| Avissawella     6     0     6     3     0     3     3     0     3       Colombo     I12     326     438     82     156     238     181     366     547       Gampaha     12     65     77     7     33     40     11     65     76       Homagama     2     1     3     1     5     6     24     32     56       Kalubowila     171     188     359     78     58     136     107     85     192       Kalutara     8     17     25     8     24     32     14     205     219       Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wath   |   | Monaragala    |                     | _      |           | 4        | 43     | 47             | 4                      | 42       | 46         |  |
| Colombo     112     326     438     82     156     238     181     366     547       Gampaha     12     65     77     7     33     40     11     65     76       Homagama     2     1     3     1     5     6     24     32     56       Kalubowila     171     188     359     78     58     136     107     85     192       Kalutara     8     17     25     8     24     32     14     205     219       Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21  |   | Avissawella   | 6                   | 0      | 6         | 3        | 0      | 3              | 3                      | 0        | 3          |  |
| Gampaha     12     65     77     7     33     40     11     65     76       Homagama     2     I     3     I     5     6     24     32     56       Kalubowila     171     188     359     78     58     136     107     85     192       Kalutara     8     17     25     8     24     32     14     205     219       Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21   |   | Colombo       | 112                 | 326    | 438       | 82       | 156    | 238            | 181                    | 366      | 54/        |  |
| Homagama     2     1     3     1     5     6     24     32     56       Kalubowila     171     188     359     78     58     136     107     85     192       Kalutara     8     17     25     8     24     32     14     205     219       Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21   |   | Gampaha       | 12                  | 65     | //        | /        | 33     | 40             |                        | 65       | 76         |  |
| Kalubowila     1/1     188     359     78     58     136     107     85     192       Kalutara     8     17     25     8     24     32     14     205     219       Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21   |   | Homagama      | 2                   |        | 3         | 1        | 5      | 6              | 24                     | 32       | 56         |  |
| Kalutara     8     17     25     8     24     32     14     205     219       Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21   | Western Province                                    | Kalubowila    | 1/1                 | 188    | 359       | /8       | 58     | 136            | 107                    | 85       | 192        |  |
| Negombo     10     46     56     6     58     64     8     50     58       Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21   |   | Kalutara      | 8                   |        | 25        | 8        | 24     | 52             | 14                     | 205      | 219        |  |
| Panadura     6     13     19     11     10     21     6     9     15       Ragama     49     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21  |   | Dereduce      | 10                  | 46     | 56        | 6        | 58     | 6 <del>4</del> | 8                      | 50       | 58         |  |
| Ragama     47     79     128     19     46     65     44     54     98       Wathupitiwala     4     4     8     3     11     14     8     13     21   |   | Panadura      | 40                  | 13     | לו        | 11       | 10     | <u></u>        | 0                      | 7        | 15         |  |
| Wathupitwala     4     6     3     11     14     8     13     21       Total     (62)     1214     197(     42(     050     1204     (50)     1554     2212  |   | Kagama        | 47<br>1             | /7     | 0         | לו<br>כ  | 46     | <u>کم</u>      | - <del>44</del><br>- 0 | 54<br>13 | 70<br>ור   |  |
|  | Total   |               | <del>7</del><br>662 | 1314   | 0<br>1976 | 3<br>426 | 958    | 1384           | 0<br>659               | 15       | 21<br>2213 |  |

| ANNEX-I<br>Reported herpes cases, 2020-2022 |                           |            |        |       |      |        |       |      |                        |                       |  |  |
|---|---------------------------|------------|--------|-------|------|--------|-------|------|------------------------|-----------------------|--|--|
|   |                           |            | 2020   |       |      | 2021   |       |      | 2022                   |                       |  |  |
| Province                                    | Clinic                    | Male       | Female | Total | Male | Female | Total | Male | Female                 | Total                 |  |  |
|   | Dambulla                  | 0          | 2      | 2     | 3    | 8      |       | 6    | 20                     | 26                    |  |  |
|   | Kandy                     | 26         | 72     | 98    | 19   | 53     | 72    | 41   | 78                     | 119                   |  |  |
| Central Province                            | Matale                    | 19         | 29     | 48    | 15   | 16     | 31    | 17   | 26                     | 43                    |  |  |
|   | Nawalapitiya              | 0          | 0      | 0     | 2    | 7      | 9     | 3    | 7                      | 10                    |  |  |
|   | Nuwara Eliya              | 4          | 16     | 20    | 7    | 14     | 21    | 3    | 8                      | 11                    |  |  |
|   | Ampara                    | 20         | 23     | 43    | 23   | 25     | 48    | 17   | 34                     | 51                    |  |  |
| Eastorn Provinco                            | Batticaloa                | 7          | 12     | 19    | 3    | 11     | 14    | 0    | 12                     | 12                    |  |  |
| Lastern Frovince                            | Kalmunai                  | I          | 7      | 8     | 3    | 5      | 8     | I    | 9                      | 10                    |  |  |
|   | Trincomalee               | 8          | 13     | 21    | 9    | 6      | 15    | 14   | 17                     | 31                    |  |  |
| North Central province                      | Anuradhapura              | 36         | 64     | 100   | 25   | 47     | 72    | 38   | 55                     | 93                    |  |  |
|   | Polonnaruwa               | 29         | 46     | 75    | 24   | 33     | 57    | 24   | 39                     | 63                    |  |  |
|   | Chilaw                    | 35         | 34     | 69    | 28   | 17     | 45    | 42   | 47                     | 89                    |  |  |
|   | Kuliyapitiya              | 10         | 8      | 18    | 8    | 10     | 18    | 12   | 21                     | 33                    |  |  |
|   | Kurunegala                | 47         | 71     | 118   | 54   | 58     | 112   | 48   | 74                     | 122                   |  |  |
|   | Puttalam                  |            | 6      | 7     | I    | 16     | 17    | 8    | 11                     | 19                    |  |  |
|   | Jaffna                    | 12         | 7      | 19    | 5    |        | 16    | 18   | 25                     | 43                    |  |  |
|   | Kilinochchi               | 7          | 12     | 19    | 4    | I      | 5     | 10   | 15                     | 25                    |  |  |
| Northern Province                           | Mannar                    | 3          | 0      | 3     | 0    | 0      | 0     | 0    | l                      |                       |  |  |
|   | Mullaitivu                | 0          | <br>   | 1     | 3    | 7      | 10    | 4    | 4                      | 8                     |  |  |
|   | Vavuniya                  | 13         |        | 24    | 9    | 13     | 22    | 5    | 15                     | 20                    |  |  |
| Sabaragamuwa<br>Province                    | Embilipitiya              | 21         | 37     | 58    | 17   | 30     | 47    | 31   | 36                     | 67                    |  |  |
|   | Kegalle                   | 48         | 61     | 109   | 41   | 45     | 86    | 34   | 29                     | 63                    |  |  |
|   | Ratnapura                 | 33         | 59     | 92    | 25   | 51     | 76    | 47   | 78                     | 125                   |  |  |
|   | Balapitiya                | 43         | 27     | 70    | 11   | 19     | 30    | 9    | 12                     | 21                    |  |  |
|   | Hambanthota               | 30         | 36     | 66    | 16   | 24     | 40    | 33   | 37                     | 70                    |  |  |
|   | Mahamodara                | 40         | 57     | 97    | 23   | 34     | 57    | 40   | 55                     | 95                    |  |  |
|   | Matara                    |            | 50     | //    |      | 21     | 32    | 33   | 31                     | 64                    |  |  |
|   | Iangalle                  | <u>ا ا</u> | 2      | 3     | 6    | 8      | 14    | 8    | 12                     | 20                    |  |  |
| LIVA Province                               | Badulla<br>Mehiven seneve | 21         | 38     | 27    | 23   | 37     | 20    | 15   | 46                     | 61<br>F7              |  |  |
| OVA FIOVINCE                                | Monoragola                | 0          | 23     | 31    | 7    | 23     | 29    | 17   | - <del>1</del> 0<br>29 | 30                    |  |  |
|   |                           |            | - 27   | 67    | 19   | 22     | 40    | 32   | 20                     | - <u>- 50</u><br>- 66 |  |  |
|   | Colombo                   | 161        | 106    | 267   | 109  | 86     | 195   | 205  | 115                    | 320                   |  |  |
|   | Gampaha                   | 34         | 32     | 66    | 19   | 26     | 45    | 205  | 28                     | 54                    |  |  |
|   | Homagama                  | 0          | 9      | 9     |      | 5      | 6     | 15   | 16                     | 31                    |  |  |
|   | Kalubowila                | 95         | 93     | 188   | 63   | 62     | 125   | 89   | 75                     | 164                   |  |  |
| Western Province                            | Kalutara                  | 44         | 78     | 122   | 17   | 62     | 79    | 23   | 42                     | 65                    |  |  |
|   | Negombo                   | 29         | 41     | 70    | 25   | 42     | 67    | 28   | 36                     | 64                    |  |  |
|   | Panadura                  | 8          | 17     | 25    | 13   | 19     | 32    | 14   | 19                     | 33                    |  |  |
|   | Ragama                    | 65         | 44     | 109   | 31   | 40     | 71    | 55   | 55                     | 110                   |  |  |
|   | Wathupitiwala             | 18         | 30     | 48    | 14   | 14     | 28    | 19   | 33                     | 52                    |  |  |
| Total                                       |                           | 1044       | 1301   | 2345  | 752  | 1051   | 1803  | 1094 | 1375                   | 2469                  |  |  |

| ANNEX-I<br>Reported warts cases, 2020-2022 |               |         |        |                  |         |          |              |      |          |           |  |
|--|---------------|---------|--------|------------------|---------|----------|--------------|------|----------|-----------|--|
| Province                                   | Clinic        |         | 2020   |                  |         | 2021     |              |      | 2022     |           |  |
| Frovince                                   | Ciniic        | Male    | Female | Total            | Male    | Female   | Total        | Male | Female   | Total     |  |
|  | Dambulla      | 5       | 7      | 12               | 6       | 13       | 19           | 11   | 9        | 20        |  |
|  | Kandy         | 40      | 28     | 68               | 37      | 40       | 77           | 35   | 31       | 66        |  |
| Central Province                           | Matale        | 22      | 14     | 36               | 17      | 13       | 30           | 23   | 26       | 49        |  |
|  | Nawalapitiya  | 0       | 0      | 0                | 0       | 6        | 6            | I    | 5        | 6         |  |
|  | Nuwara Eliya  | 5       | 7      | 12               | I       | 4        | 5            | 7    | 3        | 10        |  |
|  | Ampara        | 23      | 18     | 41               | 23      | 15       | 38           | 16   | 20       | 36        |  |
| Fastern Province                           | Batticaloa    | 7       | 3      | 10               | 4       | 4        | 8            | 8    | 6        | 14        |  |
| Lastern rovince                            | Kalmunai      | 2       | 0      | 2                | 6       | 2        | 8            | 9    | 8        | 17        |  |
|  | Trincomalee   | 6       | 9      | 15               | 16      | 10       | 26           | 11   | 6        | 17        |  |
| North Central province                     | Anuradhapura  | 50      | 51     | 101              | 40      | 31       | 71           | 38   | 37       | 75        |  |
|  | Polonnaruwa   | 31      | 21     | 52               | 22      | 25       | 47           | 20   | 18       | 38        |  |
|  | Chilaw        | 27      | 22     | 49               | 20      | 14       | 34           | 24   | 25       | 49        |  |
|  | Kuliyapitiya  | 17      | 10     | 27               | 14      | 13       | 27           | 25   | 27       | 52        |  |
|  | Kurunegala    | 46      | 54     | 100              | 105     | 71       | 176          | 33   | 28       | 61        |  |
|  | Puttalam      | 8       | 6      | 14               | 27      | 12       | 39           | 17   | 13       | 30        |  |
|  | Jaffna        | 22      | 16     | 38               | 33      |          | 44           | 25   | 13       | 38        |  |
|  | Kilinochchi   | 3       | 2      | 5                |         | I        | 2            | I    | 2        | 3         |  |
| Northern Province                          | Mannar        | 0       | I      |                  | 0       | I        | I            | 2    | 0        | 2         |  |
|  | Mullaitivu    | 0       | 0      | 0                | 3       | 0        | 3            | 3    | 0        | 3         |  |
|  | Vavuniya      | 8       | 5      | 13               | 12      | 9        | 21           | 11   | /        | 18        |  |
| Sabaragamuwa<br>Province                   | Embilipitiya  | 24      | 15     | 39               | 15      | 11       | 26           | 27   | 9        | 36        |  |
|  | Kegalle       | 54      | 36     | 90               | 37      | 28       | 65           | 21   | 23       | 44        |  |
|  | Ratnapura     | 34      | 32     | 66               | 23      | 43       | 66           | 52   | 55       | 107       |  |
|  | Balapitiya    | 29      | 23     | 52               | 12      | 7        | 19           | 2    | 8        | 10        |  |
|  | Hambanthota   | 42      | 29     | 71               | 29      | 20       | 49           | 32   | 25       | 57        |  |
|  | Mahamodara    | 27      | 20     | 47               | 30      | 34       | 64           | 34   | 27       | 61        |  |
|  | Matara        | 48      | 32     | 80               | 26      | 19       | 45           | 25   | 22       | 47        |  |
|  | Tangalle      | 5       | 3      | 8                | 10      | 7        | 17           | 4    |          | 15        |  |
|  | Badulla       | 26      | 32     | 58               | 21      | 25       | 46           | 30   | 11       | 41        |  |
| UVA Province                               | Maniyanganaya | /       | 19     | 26               | 12      | 12       | 24           | 5    | 12       | 17        |  |
|  | Monaragaia    |         | -      |                  | 5       | 11       | 16           | 14   | 21       | 35        |  |
|  | Avissawella   | 26      | 30     | 20               | 17      |          | 34           | 21   | 23       | 44<br>221 |  |
|  | Compoho       | 160     | 70     | 230              | 24      | 20       | 229<br>E4    | 237  | 72       | 221       |  |
|  | Gampana       | 7       | 41     | - <del>7</del> 0 | 24      | <u> </u> |              | 12   | 10       | 20        |  |
|  | Kalubowila    | /<br>84 | 7      | 01               | د<br>47 | 34       | 201          | 64   | 47       | 113       |  |
| Western Province                           | Kalutara      | 50      | 45     | 95               | 48      | 22       | 81           | 50   | ۳/<br>51 | 101       |  |
|  | Negombo       | 36      | 30     | 66               | 74      | 15       | 29           | 36   | 29       | 65        |  |
|  | Panadura      | 9       | 15     | 24               | 12      | 10       | 27           | 23   | 10       | 33        |  |
|  | Ragama        | ,<br>66 | 43     | 109              | 48      | 31       | 79           | 52   | 49       | 101       |  |
|  | Wathupitiwala | 10      | 16     | 26               | 9       | 8        | 17           | 19   | 13       | 32        |  |
| Total                                      |               | 1117    | 858    | 1975             | 1023    | 763      | 17 <u>86</u> | 1121 | 860      | 1981      |  |

| ANNEX-I<br>Reported trichomonasis cases, 2020-2022 |               |        |        |        |        |        |               |      |        |       |  |
|--|---------------|--------|--------|--------|--------|--------|---------------|------|--------|-------|--|
| Duraniana  | Clinic        |        | 2020   |        |        | 2021   |               |      | 2022   |       |  |
| Province   | Clinic        | Male   | Female | Total  | Male   | Female | Total         | Male | Female | Total |  |
|  | Dambulla      | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Kandy         | 0      | I      | I      | 0      | 0      | 0             | 0    | I      | Ι     |  |
| Central Province                                   | Matale        | 0      | I      | I      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Nawalapitiya  | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Nuwara Eliya  | 0      | 0      | 0      | 0      | I      | I             | 0    | 0      | 0     |  |
|  | Ampara        | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
| Eastern Province                                   | Batticaloa    | 0      | 0      | 0      | 4      | 0      | 4             | 0    | 0      | 0     |  |
|  | Kalmunai      | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Trincomalee   | 0      | 0      | 0      | 0      | 0      | 0             | I    | 0      | Ι     |  |
| North Central province                             | Anuradhapura  | 0      | 0      | 0      | 0      | I      | Ι             | 0    | 0      | 0     |  |
|  | Polonnaruwa   | 0      | 0      | 0      | 0      | I      | I             | 0    | 0      | 0     |  |
|  | Chilaw        | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Kuliyapitiya  | 0      | I      | I      | 0      | 0      | 0             | 0    | I      | Ι     |  |
|  | Kurunegala    | 0      | I      | I      | 0      | 0      | 0             | 0    | 3      | 3     |  |
|  | Puttalam      | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Jaffna        | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Kilinochchi   | 2      | I      | 3      | 0      | 0      | 0             | 0    | 0      | 0     |  |
| Northern Province                                  | Mannar        | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Mullaitivu    | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
| <u> </u>   | Vavuniya      | 0      | 0      | 0      | 0      | I      | I             | 0    | 0      | 0     |  |
| Sabaragamuwa<br>Province                           | Embilipitiya  | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Kegalle       | 0      | 2      | 2      | 0      | I      | I             | 0    | I      | Ι     |  |
|  | Ratnapura     | 0      | 2      | 2      | 0      | 2      | 2             | 0    | 0      | 0     |  |
|  | Balapitiya    | 0      | 2      | 2      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Hambanthota   | 0      | 0      | 0      | 0      | 4      | 4             | 0    | 5      | 5     |  |
|  | Mahamodara    | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | Matara        | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
|  | langalle      | 0      | 0      | 0      | 0      |        | <u> </u>      | 0    | 0      | 0     |  |
|  | Badulla       | 0      | 8      | 8      | 0      | 3      | 3             | 0    | 2      | 2     |  |
| UVA Province                                       | Manayanganaya | 0      | I      | - 1    | 0      | 0      | 0             |      | 0      | 0     |  |
|  |               | -      | -      | -      | 0      | 0      | 0             |      | 1<br>2 | 2     |  |
|  | Avissawella   |        | 0      | 10     | 0      |        | - 10          | 2    | 2      | 12    |  |
|  | Compaha       |        | 7      | 10     | 0      | 10     | 10            | 0    | 9      | 0     |  |
|  | Homagama      | 0      | ۱<br>۸ | ۱<br>۸ | 0      |        | ۰<br>۱        | 0    | 0      | 0     |  |
|  | Kalubowila    | 2<br>2 | I      | ں<br>م | 0      | 2      | <u>ر</u><br>م | 0    | 0      | 0     |  |
| Western Province                                   | Kalutara      | 0      | 0      | 0      | 0      |        |               | 0    | 0      | 0     |  |
|  | Negombo       | 0      | 0      | 0      | 0      | 0      | 0             | I    | 0      |       |  |
|  | Panadura      | 0      | I      |        | l<br>I |        | 2             | 0    | 0      | 0     |  |
|  | Ragama        | 0      | -<br>- | <br>   | 0      | 0      | 0             | 0    | 2      | 2     |  |
|  | Wathupitiwala | 0      | 0      | 0      | 0      | 0      | 0             | 0    | 0      | 0     |  |
| Total  |               | 5      | 33     | 38     | 5      | 31     | 36            | 6    | 27     | 33    |  |





| ANNEX-2                |                  |         |           |          |              |              |                    |  |  |  |
|------------------------|------------------|---------|-----------|----------|--------------|--------------|--------------------|--|--|--|
| Number of              | clinic attendees | and de  | etails c  | of clini | ic atten     | dances for   | •                  |  |  |  |
|                        | STD clir         | nics du | ring 2    | 022      |              |              |                    |  |  |  |
|                        |                  |         |           | •==      | <b>T</b> . 1 |              |                    |  |  |  |
|                        |                  |         |           |          | Iotal        | Total clinic | Tatal              |  |  |  |
|                        |                  | Ne      | ew patiei | nts      | new          | visits by    | iotai<br>visite by |  |  |  |
|                        |                  | r       | egistere  | d        | with         | STD pa-      | others             |  |  |  |
|                        |                  |         |           |          | STIs         | tients       | ouncis             |  |  |  |
|                        |                  | Male    | Female    | Total    |              |              |                    |  |  |  |
|                        | Dambulla         | 96      | 117       | 213      | 118          | 497          | 899                |  |  |  |
|                        | Kandy            | 439     | 444       | 883      | 444          | 2,509        | 6,603              |  |  |  |
| Central Province       | Matale           | 238     | 322       | 560      | 259          | 532          | 1,894              |  |  |  |
|                        | Nawalapitiya     | 28      | 45        | 73       | 38           | 104          | 100                |  |  |  |
|                        | Nuwara Eliya     | 95      | 110       | 205      | 64           | 514          | 1,448              |  |  |  |
|                        | Ampara           | 221     | 224       | 445      | 441          | 1,085        | 742                |  |  |  |
|                        | Batticaloa       | 92      | 194       | 286      | 85           | 561          | 2,911              |  |  |  |
| Eastern Province       | Kalmunai         | 48      | 61        | 109      | 47           | 380          | 404                |  |  |  |
|                        | Trincomalee      | 126     | 131       | 257      | 118          | 357          | 5,654              |  |  |  |
|                        | Anuradhapura     | 357     | 365       | 722      | 358          | 1,339        | 10,690             |  |  |  |
| North Central Province | Polonnaruwa      | 286     | 312       | 598      | 261          | 1,226        | 1,229              |  |  |  |
|                        | Chilaw           | 214     | 254       | 468      | 253          | 1,850        | 1,040              |  |  |  |
|                        | Kuliyapitiya     | 70      | 130       | 200      | 122          | 431          | 476                |  |  |  |
| North Western Province | Kurunegala       | 313     | 370       | 683      | 800          | 1,798        | 3,384              |  |  |  |
|                        | Puttalam         | 128     | 196       | 324      | 177          | 1,284        | I,476              |  |  |  |
|                        | Jaffna           | 230     | 120       | 350      | 202          | 761          | 7,012              |  |  |  |
|                        | Kilinochchi      | 63      | 57        | 120      | 68           | 249          | 2,121              |  |  |  |
| Northern Province      | Mannar           | 86      | 91        | 177      | 19           | 290          | 2,427              |  |  |  |
|                        | Mullaitivu       | 100     | 65        | 165      | 15           | 216          | 1,980              |  |  |  |
|                        | Vavuniya         | 100     | 88        | 188      | 109          | 554          | 3,384              |  |  |  |
|                        | Embilipitiya     | 120     | 105       | 225      | 113          | 566          | 665                |  |  |  |
| Sabaragamuwa Province  | Kegalle          | 164     | 176       | 340      | 234          | 1,233        | 2,468              |  |  |  |
|                        | Ratnapura        | 437     | 441       | 878      | 359          | 1,474        | 3,682              |  |  |  |
|                        | Balapitiya       | 163     | 174       | 337      | 81           | 362          | 1,359              |  |  |  |
|                        | Hambanthota      | 372     | 304       | 676      | 385          | 2,131        | 4,072              |  |  |  |
| Southern Province      | Mahamodara       | 304     | 225       | 529      | 247          | 2,092        | 2,961              |  |  |  |
|                        | Matara           | 332     | 219       | 551      | 251          | 1,673        | 6,025              |  |  |  |
|                        | Tangalle         | 101     | 62        | 163      | 48           | 227          | 115                |  |  |  |
|                        | Badulla          | 872     | 796       | 1,668    | 313          | 3,249        | 1,114              |  |  |  |
| UVA Province           | Mahiyanganaya    | 213     | 371       | 584      | 215          | 825          | 792                |  |  |  |
|                        | Monaragala       | 148     | 164       | 312      | 152          | 744          | 4,836              |  |  |  |
|                        | Avissawella      | 141     | 160       | 301      | 175          | 1,068        | 1,694              |  |  |  |
|                        | Colombo          | 3,527   | 1,393     | 4,920    | 2,508        | 15,062       | 4,125              |  |  |  |
|                        | Gampaha          | 355     | 224       | 579      | 283          | 2,051        | 3,102              |  |  |  |
|                        | Homagama         | 139     | 119       | 258      | 149          | 609          | 724                |  |  |  |
| Mostorn Province       | Kalubowila       | 639     | 392       | 1,031    | 488          | 4,254        | 3,190              |  |  |  |
|                        | Kalutara         | 355     | 387       | 742      | 472          | 2,141        | 1,080              |  |  |  |
|                        | Negombo          | 234     | 278       | 512      | 303          | 1,747        | 1,982              |  |  |  |
|                        | Panadura         | 233     | 151       | 384      | 129          | 1,167        | 276                |  |  |  |
|                        | Ragama           | 466     | 305       | 771      | 492          | 2,716        | 1,334              |  |  |  |
|                        | Wathupitiwala    | 138     | 121       | 259      | 190          | 510          | 1,037              |  |  |  |
| Total                  |                  | 12,783  | 10,263    | 23,046   | 11,585       | 62,438       | 102,507            |  |  |  |

ANNEX-2 Reason for attendance among New STD clinic attendees in 2022

|                        |               | Contract of  |              | Referral from |        |  |
|------------------------|---------------|--------------|--------------|---------------|--------|--|
| Province               | Clinic        | Contact of   | Voluntarily  | magistrate/   | Others |  |
|                        |               | patients     |              | court         |        |  |
|                        | Dambulla      | 18           | 60           | 62            | 80     |  |
|                        | Kandy         | 70           | 301          | 112           | 399    |  |
| Central Province       | Matale        | 27           | 148          | 88            | 295    |  |
|                        | Nawalapitiya  | 3            | 26           | 18            | 22     |  |
|                        | Nuwara Eliya  | 14           |              | 68            | 112    |  |
|                        | Ampara        | 14           | 143          | 87            | 220    |  |
| Fastern Province       | Batticaloa    | 6            | 19           | 61            | 200    |  |
|                        | Kalmunai      | 8            | 13           | 27            | 65     |  |
|                        | Trincomalee   | 15           | 24           | 65            | 157    |  |
| North Central province | Anuradhapura  | 50           | 314          | 48            | 310    |  |
|                        | Polonnaruwa   | 23           | 250          | 116           | 208    |  |
|                        | Chilaw        | 44           | 171          | 50            | 213    |  |
| North Western Prov-    | Kuliyapitiya  | 16           | 36           | 71            | 77     |  |
| ince                   | Kurunegala    | 39           | 496          | 122           | 410    |  |
|                        | Puttalam      | 17           | 120          | 126           | 61     |  |
|                        | Jaffna        | 10           | 68           | 21            | 255    |  |
|                        | Kilinochchi   | 8            | 4            | 11            | 97     |  |
| Northern Province      | Mannar        | 4            | 8            | 60            | 105    |  |
|                        | Mullaitivu    | I            | 9            | 16            | 140    |  |
|                        | Vavuniya      | 17           | 39           | 54            | 78     |  |
|                        | Embilipitiya  | 3            | 96           | 72            | 51     |  |
| Sabaragamuwa Province  | Kegalle       | 14           | 290          | 59            | 131    |  |
|                        | Ratnapura     | 36           | 240          | 277           | 330    |  |
|                        | Balapitiya    | 6            | 100          | 45            | 186    |  |
|                        | Hambanthota   | 21           | 192          | 216           | 254    |  |
| Southern Province      | Mahamodara    | 53           | 133          | 76            | 267    |  |
|                        | Matara        | 21           | 198          | 131           | 194    |  |
|                        | Tangalle      | 7            | 18           | 52            | 38     |  |
|                        | Badulla       | 11           | 163          | 59            | 1435   |  |
| UVA Province           | Mahiyanganaya | 12           | 91           | 28            | 294    |  |
|                        | Monaragala    | 10           | 57           | 105           | 140    |  |
|                        | Avissawella   | 7            | 70           | 46            | 178    |  |
|                        | Colombo       | 197          | 3092         | 38            | 1593   |  |
|                        | Gampaha       | 40           | 224          | 32            | 282    |  |
|                        | Homagama      | 29           | 60           | 17            | 152    |  |
| Mostorn Province       | Kalubowila    | 43           | 566          | 98            | 324    |  |
|                        | Kalutara      | 24           | 869          | 191           | 256    |  |
|                        | Negombo       | 38           | 138          | 120           | 216    |  |
|                        | Panadura      | 13           | 118          | 39            | 214    |  |
|                        | Ragama        | 26           | 268          | 84            | 393    |  |
|                        | Wathupitiwala | 10           | 78           | 27            | 145    |  |
| Total                  |               | 10 <u>25</u> | 93 <u>21</u> | 3095          | 10577  |  |

| ANNEX-2                |                                  |                |                             |                            |                        |  |  |  |  |  |  |
|------------------------|----------------------------------|----------------|-----------------------------|----------------------------|------------------------|--|--|--|--|--|--|
| Numb                   | er of patients w<br>completing t | reatment d     | ed syphilis (<br>uring 2022 | diagnoses                  |                        |  |  |  |  |  |  |
|                        |                                  | Number of      | Number                      | No. of preg-               | No. of preg-           |  |  |  |  |  |  |
| Province               | STD clinic                       | diagnosed      | completed                   | nant women                 | nant women             |  |  |  |  |  |  |
|                        |                                  | with syphilis  | treatment                   | diagnosed<br>with syphilis | completed<br>treatment |  |  |  |  |  |  |
|                        | Dambulla                         | 3              | 2                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Kandy                            | 34             | 31                          | 0                          | 0                      |  |  |  |  |  |  |
| Central Province       | Matale                           | 6              | 6                           | 2                          | 3                      |  |  |  |  |  |  |
|                        | Nawalapitiya                     |                | I                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Nuwara Eliya                     | 13             | 12                          | 3                          | I                      |  |  |  |  |  |  |
|                        | Ampara                           | 3              | 3                           | 0                          | 0                      |  |  |  |  |  |  |
| Eastern Province       | Batticaloa                       | 18             | 18                          | 4                          | 4                      |  |  |  |  |  |  |
|                        | Kalmunai                         | 8              | 8                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Trincomalee                      | 14             | 14                          | 2                          | 3                      |  |  |  |  |  |  |
| North Central province | Anuradhapura                     | 12             | 11                          | <u> </u>                   | 4                      |  |  |  |  |  |  |
|                        | Polonnaruwa                      | 18             | 12                          | 0                          | 0                      |  |  |  |  |  |  |
|                        | Kulingsiting                     | 22             | 20                          | 1                          | I                      |  |  |  |  |  |  |
| ince                   | Kuiiyapiuya                      | 0<br>0         | /                           | 0                          | 2                      |  |  |  |  |  |  |
| ince                   | Puttalam                         | 0<br>9         | 0<br>9                      | 3                          | 3                      |  |  |  |  |  |  |
|                        | laffna                           | 28             | 27                          | 3                          | 8                      |  |  |  |  |  |  |
|                        | Kilinochchi                      |                |                             | 0                          | 0                      |  |  |  |  |  |  |
| Northern Province      | Mannar                           | 4              | 3                           |                            |                        |  |  |  |  |  |  |
|                        | Mullaitivu                       | I              |                             | 0                          | 0                      |  |  |  |  |  |  |
|                        | Vavuniya                         | 6              | 6                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Embilipitiya                     | I              | I                           | 0                          | 0                      |  |  |  |  |  |  |
| Sabaragamuwa Province  | Kegalle                          | 1              | I                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Ratnapura                        | 14             | 14                          | 0                          | 0                      |  |  |  |  |  |  |
|                        | Balapitiya                       | 5              | 4                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Hambanthota                      | 29             | 28                          | 2                          | L                      |  |  |  |  |  |  |
| Southern Province      | Mahamodara                       | 39             | 36                          | 2                          | 2                      |  |  |  |  |  |  |
|                        | Matara                           | 14             | 12                          | 2                          | 4                      |  |  |  |  |  |  |
|                        | Tangalle                         | I              | I                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Badulla                          |                | 5                           | 0                          | 0                      |  |  |  |  |  |  |
| UVA Province           | Mahiyanganaya                    | 3              | 3                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Monaragala                       | 3              | 3                           | 0                          | 0                      |  |  |  |  |  |  |
|                        | Avissawella                      | 11             | 11                          | 0                          | 0                      |  |  |  |  |  |  |
|                        |                                  | 196            | 165                         | 8                          | 8                      |  |  |  |  |  |  |
|                        | Gampaha                          | 24             | 23                          | 0                          | <u> </u>               |  |  |  |  |  |  |
|                        | Kolubowile                       | <u>б</u><br>4г | 6                           | 0                          | I                      |  |  |  |  |  |  |
| Western Province       | Kalutara                         | 43<br>12       | 37                          |                            | 4<br>0                 |  |  |  |  |  |  |
|                        |                                  | 10<br>20       | וו<br>סכ                    | 2                          | 2                      |  |  |  |  |  |  |
|                        | Panadura                         | 11             | 2/<br>9                     | Z                          | <u> </u>               |  |  |  |  |  |  |
|                        | Ragama                           | 26             | י<br>רכ                     |                            |                        |  |  |  |  |  |  |
|                        | Wathunitiwala                    | 12             | <u> </u>                    | i                          | i                      |  |  |  |  |  |  |
| Total                  |                                  | 7 <u>13</u>    | 628                         | 43                         | 55                     |  |  |  |  |  |  |

| ANNEX-2<br>Samples screened for HIV infection during 2022 |                 |                           |                           |                           |                  |                    |                           |                        |                       |                     |  |
|---|-----------------|---------------------------|---------------------------|---------------------------|------------------|--------------------|---------------------------|------------------------|-----------------------|---------------------|--|
|   | Clinic          |                           | No. scree<br>(ELISA,      | ened for HI\<br>PA,RAPID) | /                |                    | No. confi                 | rmed HIV               | positive              |                     |  |
| Province  |                 | STD pt.<br>samples        | Ante-<br>natal<br>samples | Pre emp.<br>samples       | Other<br>samples | STD pt.<br>samples | Ante-<br>natal<br>samples | Pre<br>emp.<br>samples | Other<br>sam-<br>ples | Total               |  |
|   | Dambulla        | 275                       | 15                        | 311                       | 76               | I                  | -                         | -                      | -                     | Ι                   |  |
|   | Kandy           | 2,510                     | 4,287                     | -                         | 2,394            | 17                 | -                         | -                      | 5                     | 22                  |  |
| Central Province  | Matale          | 600                       | 6,806                     | 813                       | 1,654            | 2                  | -                         | -                      | -                     | 2                   |  |
|   | Nawalapitiya    | 37                        |                           | -                         | 25               | -                  | -                         | -                      | -                     | -                   |  |
|   | Nuwara Eliya    | 326                       | 3,874                     | 443                       | 574              | 3                  |                           | -                      | -                     | 4                   |  |
|   | Ampara          | 522                       | 2,249                     | 134                       | 158              | -                  | -                         | -                      | -                     | -                   |  |
| Eastern Province  | Batticaloa      | 286                       | 7,004                     | 1,054                     | 3,140            |                    | -                         | -                      | -                     |                     |  |
|   | Kalmunai        | 14/                       | 6,101                     | 160                       | 619              |                    | -                         | -                      | -                     |                     |  |
|   |                 | 283                       | 3,811                     | 1,112                     | /12              | 5                  | -                         | -                      | -                     | 5                   |  |
| North Central   | Anuradnapura    | 1, <del>44</del> 2        | 9,117                     | 2,5 <del>4</del> 5        | 2,640            | 23                 |                           | 1                      | -<br>-                | 25                  |  |
|   | Chilow          | 870                       | 3,775                     | 433                       | 7,577            | 7                  |                           | -                      | 3<br>1                | 0                   |  |
|   | Kuliyapitiya    | 1, <del>4</del> 10<br>247 | 0,077                     | 350                       | 607              | /                  | -                         | -                      | 2                     | 7                   |  |
| North Western<br>Province                                 | Kurupegala      | 207                       | 9613                      |                           | 198              | - 20               | -<br> _                   | -                      | -                     | 20                  |  |
|   | Puttalam        | 2,001                     | 45                        | 457                       | 46               | 20                 | -<br> _                   | -                      |                       | 20                  |  |
|   |                 | 346                       | 4 920                     | 1 749                     | 3 880            | 2                  | -                         | -                      |                       | 3                   |  |
|   | Kilinochchi     | 117                       | 1.473                     | 577                       | 150              | -                  | -                         | -                      | -                     |                     |  |
| Northern Province   | Mannar          | 118                       | 1.525                     | 792                       | 180              | -                  | -                         | -                      | -                     | <u>.</u>            |  |
|   | Mullaitivu      | 165                       | 1,233                     | 435                       | 37               | -                  | -                         | -                      | -                     | -                   |  |
|   | Vavuniya        | 188                       | 2,090                     | 637                       | 548              | 2                  | -                         | -                      | -                     | 2                   |  |
| abaragamuwa   | Embilipitiya    | 570                       | 22                        | 541                       | 283              | 1                  | -                         | -                      | -                     | I                   |  |
| Province  | Kegalle         | 959                       | 4,750                     | 32                        | 1,282            | 8                  | -                         | -                      | -                     | 8                   |  |
|   | Ratnapura       | 2,026                     | 9,632                     | 2,379                     | 2,777            | 10                 | -                         | -                      | 1                     | 11                  |  |
|   | Balapitiya      | 313                       | 3,778                     | 909                       | 1,829            | 1                  | -                         | -                      | -                     | I                   |  |
|   | Hambanthota     | 715                       | 5,751                     | 690                       | 2,099            | 8                  | 1                         | -                      | 1                     | 10                  |  |
| Southern Province   | Mahamodara      | 1,340                     | 5,254                     | 283                       | 1,434            | 21                 | I                         | -                      | 13                    | 35                  |  |
|   | Matara          | 1,032                     | 5,754                     | 1,692                     | 1,149            | 9                  | 1                         | -                      | 2                     | 12                  |  |
|   | Tangalle        | 261                       | 16                        | 84                        | 154              | -                  | -                         | -                      | -                     | -                   |  |
|   | Badulla         | 2,557                     | 6,198                     | 2,487                     | 1,623            | 2                  | -                         | -                      | -                     | 2                   |  |
| UVA Province  | Mahiyanganaya   | 588                       | 1,709                     | 453                       | 243              | 1                  | -                         | -                      | -                     | -                   |  |
|   | Monaragala      | 384                       | 6,796                     | 1,442                     | 512              | -                  | -                         | -                      | 2                     | 2                   |  |
|   | Avissawella     | 338                       | 25                        | 495                       | 157              | 4                  | -                         | -                      | -                     | 4                   |  |
|   | Colombo         | 7,551                     | 32,140                    | 291                       | 32,409           | 136                |                           | -                      | 582                   | /19                 |  |
|   | Gampaha         | /4/                       | 7,501                     | 6/4                       | 264              | 16                 | 2                         | -                      | -                     | 18                  |  |
|   | Homagama        | 283                       | 3                         | -                         | /                | 3                  | -                         | -                      | -                     | 3                   |  |
| Western Province  | Kalubowila      | 1,215                     | 156                       | 790                       | 1,170            | 7                  | -                         | 1                      | <u>ז</u>              | 26                  |  |
|   | Kalutara        | 1,212                     | 11,642                    | 23                        | 841              | /                  | -                         | -                      |                       | 8                   |  |
|   |                 | 727                       | 4,410<br>r                | 206                       | 677              | 1/                 | -                         | -                      | -                     | 1/                  |  |
|   | Panadura        | 1 402                     | 3                         | 3                         | 107              | 7                  | -                         | -                      | -                     | 9                   |  |
|   | Mathupitiwala   | 375                       | 4,052                     | -                         | 321              | 40<br>8            |                           | -                      | 15                    | 0 <del>1</del><br>0 |  |
| Total   | - Tachupiciwala | 37,235                    | 184,568                   | 25,476                    | 77,915           | 420                | 10                        | 3                      | 630                   | 1,063               |  |

| ANNEX-2<br>Samples screened for HIV infection during 2022 |               |        |            |             |        |        |           |           |        |  |  |
|---|---------------|--------|------------|-------------|--------|--------|-----------|-----------|--------|--|--|
| Province  | Clinic        | Nu     | mber scree | ned for syp | hilis  | Nu     | mber TPPA | VTPHA tes | sted   |  |  |
|   |               | STD    | ANC        | Pre-Emp.    | Other  | STD    | ANC       | Pre-emp.  | Other  |  |  |
| Central Province  | Dambulla      | 267    | 14         | 366         | 77     | 207    | 14        | 0         | 56     |  |  |
|   | Kandy         | 1427   | 4342       | 0           | 761    | 420    | 6         | 0         | 39     |  |  |
|   | Matale        | 541    | 6703       | 663         | 1249   | 213    | 54        | 3         | 331    |  |  |
|   | Nawalapitiya  | 10     | 0          | 43          | 0      | I      | 0         | 0         | 0      |  |  |
|   | Nuwara Eliya  | 454    | 5348       | 821         | 555    | 239    | 162       | 11        | 52     |  |  |
| Eastern Province  | Ampara        | 729    | 2249       | 382         | 51     | 447    | 0         | 0         | 0      |  |  |
|   | Batticaloa    | 286    | 7004       | 1773        | 940    | 17     | 4         | 0         | 25     |  |  |
|   | Kalmunai      | 160    | 6183       | 127         | 498    | 84     | 5         | 4         | 14     |  |  |
|   | Trincomalee   | 186    | 3538       | 1113        | 276    | 279    | 95        | 32        | 354    |  |  |
| North Central province                                    | Anuradhapura  | 1442   | 9119       | 2545        | 2640   | 423    | 26        | 5         | 30     |  |  |
|   | Polonnaruwa   | 881    | 3795       | 515         | 4494   | 420    | 1055      | 0         | 230    |  |  |
| North Western<br>Province                                 | Chilaw        | 1410   | 4764       | 888         | 518    | 829    | 12        | 4         | 167    |  |  |
|   | Kuliyapitiya  | 260    | 0          | 151         | 23     | 259    | 0         | 0         | 23     |  |  |
|   | Kurunegala    | 2903   | 11717      | 358         | 0      | 1082   | 12        | 8         | 0      |  |  |
|   | Puttalam      | 207    | 45         | 34          | 471    | 186    | 23        | 3         | 24     |  |  |
| Northern Prov-<br>ince                                    | Jaffna        | 362    | 5015       | 1809        | 3932   | 285    | 10        | 99        | 534    |  |  |
|   | Kilinochchi   | 117    | 1473       | 577         | 160    | 43     | 3         | 0         | 0      |  |  |
|   | Mannar        | 118    | 1525       | 792         | 170    | 2      | 1         | 0         | 2      |  |  |
|   | Mullaitivu    | 135    | 1103       | 216         | 22     | 75     | 144       | 8         | 0      |  |  |
|   | Vavuniya      | 188    | 2090       | 637         | 588    | 188    | 249       | 3         | 407    |  |  |
| Sabaragamuwa<br>Province                                  | Embilipitiya  | 348    | 20         | 311         | 132    | 272    | 0         | 0         | 95     |  |  |
|   | Kegalle       | 684    | 4754       | 1494        | 1246   | 272    | 21        | 5         | 7      |  |  |
|   | Ratnapura     | 2094   | 15253      | 2591        | 3192   | 1250   | 6         | 3         | 2008   |  |  |
| Southern Province   | Balapitiya    | 313    | 3778       | 909         | 898    | 313    | 2         | 1         | 103    |  |  |
|   | Hambanthota   | 280    | 5751       | 2857        | 1336   | 642    | 17        | 3         | 516    |  |  |
|   | Mahamodara    | 553    | 4769       | 1599        | 271    | 871    | 261       | 32        | 270    |  |  |
|   | Matara        | 591    | 5756       | 2148        | 129    | 413    | 21        | 13        | 17     |  |  |
|   | Tangalle      | 231    | 76         | 82          | 34     | 229    | 76        | 79        | 34     |  |  |
| UVA Province  | Badulla       | 1258   | 5751       | 2081        | 1449   | 544    | 43        | 16        | 20     |  |  |
|   | Mahiyanganaya | 588    | 1448       | 517         | 243    | 427    | 0         | 0         | 204    |  |  |
|   | Monaragala    | 370    | 4121       | 1442        | 301    | 173    | 13        | 1         | 4      |  |  |
| Western Province  | Avissawella   | 134    | 25         | 599         | 29     | 214    | 2         | 5         | 26     |  |  |
|   | Colombo       | 6206   | 32140      | 1624        | 15275  | 4363   | 444       | 38        | 4991   |  |  |
|   | Gampaha       | 765    | 7499       | 1523        | 109    | 410    | 44        | 11        | 34     |  |  |
|   | Homagama      | 236    | 3          | 404         | 12     | 243    | 0         | 1         | 1      |  |  |
|   | Kalubowila    | 1305   | 157        | 1402        | 385    | 688    | 75        | 1         | 284    |  |  |
|   | Kalutara      | 703    | 11642      | 17          | 0      | 680    | 15        | 0         | 0      |  |  |
|   | Negombo       | 534    | 4412       | 358         | 257    | 401    | 73        | 9         | 79     |  |  |
|   | Panadura      | 417    | 9          | 126         | 64     | 194    | 0         | 0         | 21     |  |  |
|   | Ragama        | 1510   | 4060       | 39          | 478    | 774    | 18        | 0         | 120    |  |  |
|   | Wathupitiwala | 259    | 136        | 496         | 214    | 4      | 12        | 13        | 37     |  |  |
| Total   |               | 31,462 | 187,587    | 36,429      | 43,479 | 19,076 | 3,018     | 411       | 11,159 |  |  |

| ANNEX-2<br>Samples tested for cervical cytology (PAP smears) during 2022 |               |  |   |  |  |  |  |  |  |  |
|--|---------------|--|---|--|--|--|--|--|--|--|
| Province   | Clinic        | Number<br>screened<br>for cervical<br>cytology | Total<br>number<br>of reports<br>received | Number<br>satisfactory<br>for report-<br>ing | Number<br>reported as<br>CIN-1 or<br>above |  |  |  |  |  |
|  | Dambulla      | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Kandy         | 61   | 61  | 53   | 0  |  |  |  |  |  |
| Central Province   | Matale        | 44   | 37  | 34   | 0  |  |  |  |  |  |
|  | Nawalapitiya  | 4  | 4   | 4  | 0  |  |  |  |  |  |
|  | Nuwara Eliya  | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Ampara        | 1  | 0   | 0  | 0  |  |  |  |  |  |
| <b>F</b> . <b>B</b> .  | Batticaloa    | 0  | 0   | 0  | 0  |  |  |  |  |  |
| Eastern Province   | Kalmunai      | 1  | I   | I  | 0  |  |  |  |  |  |
|  | Trincomalee   | 5  | 4   | 4  | 2  |  |  |  |  |  |
|  | Anuradhapura  | 8  | 5   | 2  | 0  |  |  |  |  |  |
| North Central province   | Polonnaruwa   | 10   | 5   | 5  | 0  |  |  |  |  |  |
|  | Chilaw        | 10   | 2   | 2  | 0  |  |  |  |  |  |
| NI with MA/and any David Second  | Kuliyapitiya  | 7  | 7   | 6  | 1  |  |  |  |  |  |
| North Western Province   | Kurunegala    | 30   | 34  | 28   | I  |  |  |  |  |  |
|  | Puttalam      | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Jaffna        | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Kilinochchi   | 0  | 0   | 0  | 0  |  |  |  |  |  |
| Northern Province  | Mannar        | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Mullaitivu    | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Vavuniya      | 12   | 12  | 11   | I  |  |  |  |  |  |
|  | Embilipitiya  | 0  | 0   | 0  | 0  |  |  |  |  |  |
| Sabaragamuwa Province  | Kegalle       | 9  | 9   | 7  | 0  |  |  |  |  |  |
|  | Ratnapura     | 5  | Ι   | Ι  | 0  |  |  |  |  |  |
|  | Balapitiya    | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Hambanthota   | 7  | 3   | 3  | 0  |  |  |  |  |  |
| Southern Province  | Mahamodara    | 61   | 42  | 41   | Ι  |  |  |  |  |  |
|  | Matara        | 18   | 19  | 19   | 0  |  |  |  |  |  |
|  | Tangalle      | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Badulla       | 7  | 8   | 8  | 0  |  |  |  |  |  |
| UVA Province   | Mahiyanganaya | 0  | 0   | 0  | 0  |  |  |  |  |  |
|  | Monaragala    | 8  | 0   | 0  | 0  |  |  |  |  |  |
|  | Avissawella   | 29   | 15  | 17   | 0  |  |  |  |  |  |
|  | Colombo       | 338  | 270                                       | 259  | 11   |  |  |  |  |  |
|  | Gampaha       | 18   | 18  | 16   | 0  |  |  |  |  |  |
|  | Homagama      | 9  | 4   | 4  | 0  |  |  |  |  |  |
| Western Province   | Kalubowila    | 167  | 161                                       | 149  | 2  |  |  |  |  |  |
| vvestern rrovince  | Kalutara      | 29   | 15  | 18   | 2  |  |  |  |  |  |
|  | Negombo       | 41   | 61  | 61   | 0  |  |  |  |  |  |
|  | Panadura      | 9  | 9   | 9  | 0  |  |  |  |  |  |
|  | Ragama        | 31   | 4   | 4  | 0  |  |  |  |  |  |
|  | Wathupitiwala | 15   | 30  | 27   | 0  |  |  |  |  |  |
| Total  |               | 994  | 841                                       | 793  | 21   |  |  |  |  |  |

| ANNEX-2<br>Condom and lubricants distribution 2019-2022 |               |           |            |           |             |           |           |
|---|---------------|-----------|------------|-----------|-------------|-----------|-----------|
| Province  | Clinic        | 2020      |            | 2021      |             | 2022      |           |
|   |               | Number of | Number of  | Number of | Number of   | Number of | Number    |
|   |               | condoms   | lubricants | condoms   | lubricants  | condoms   | of lubri- |
|   | Dambulla      | 490       | -          | 4 864     | -           | 5 180     |           |
| Central Province  | Kandy         | 3.952     | 11.900     | 4.015     | 360         | 3,468     | 10        |
|   | Matale        | 30.107    | 1.890      | 44.652    | 720         | 49.333    | 1.180     |
|   | Nawalapitiya  | -         | -          | 2.182     | -           | 3.824     | -         |
|   | Nuwara Eliya  | 25,932    | 200        | 4,256     | -           | 16,700    | -         |
| Eastern Province  | ,<br>Ampara   | 15,290    | 900        | 38,130    | 3,775       | 32,072    | 3,375     |
|   | Batticaloa    | 3,266     | 1,100      | 4,600     | 700         | 4,060     | 1,700     |
|   | Kalmunai      | 9,791     | 80         | 8,994     | 670         | 11,919    | 230       |
|   | Trincomalee   | 4,480     | 1,113      | 4,550     | 842         | 1,595     | 300       |
| North Central   | Anuradhapura  | 22,142    | 2,000      | 30,576    | 4,080       | 55,779    | 3,620     |
| province  | Polonnaruwa   | 32,863    | 1,000      | 53,380    | -           | 60,264    | 80        |
| North Western<br>Province                               | Chilaw        | 8,050     | 5,170      | 14,523    | 2,735       | 41,797    | 17,460    |
|   | Kuliyapitiya  | 1,820     | 1,350      | 1,308     | 450         | 4,764     | 594       |
|   | Kurunegala    | 25,034    | 3,900      | 54,778    | 10,181      | 70,115    | 21,819    |
|   | Puttalam      | 150       | 10         | 5,304     | 90          | 27,280    | 5,940     |
| Northern Prov-<br>ince                                  | Jaffna        | 18,233    | 6,700      | 9,889     | 1,295       | 44,689    | 10,249    |
|   | Kilinochchi   | 3,500     | 4,500      | 5,000     | -           | 3,300     | 1,500     |
|   | Mannar        | 980       | -          | 1,500     | -           | 1,550     | 2,000     |
|   | Mullaitivu    | 1,728     | 200        | 2,172     | 200         | 1,200     | 700       |
|   | Vavuniya      | 7,200     | 1,600      | 4,320     | 800         | 7,344     | 400       |
| Sabaragamuwa<br>Province                                | Embilipitiya  | 4,/44     | 20         | 1,336     | 110         | 420       | 370       |
|   | Kegalle       | 22,348    | 2,800      | 16,804    | 2,500       | 30,324    | 5,000     |
|   | Ratnapura     | 21,995    | 6,600      | 13,680    | 150         | 16,835    | 1,400     |
| Southern Province                                       | Balapitiya    | 4,320     | 200        | 10,800    | 800         | 30,816    | 1,800     |
|   | Mahamadam     | 25,887    | 9,790      | 48,069    |             | 120 921   | 19,075    |
|   | Manamouara    | 21 225    | 3,760      | 79 194    | 5 359       | 120,721   | 15,170    |
|   |               | 40        | 2,030      | 205       | 3,330<br>73 | 189       | 74        |
|   | Badulla       | 6 474     | 800        | 43 867    | -           | 26.816    | 135       |
| UVA Province  | Mahiyanganaya | 4,449     | 986        | 11.751    | 800         | 18.603    | 800       |
|   | Monaragala    | -         | -          | 5.038     | 305         | 7.712     | 595       |
| Western Province  | Avissawella   | 4,469     | 52         | 2,078     | 173         | 1,990     | 195       |
|   | Colombo       | 29,260    | 5,956      | 36,196    | 7,400       | 54,449    | 19,817    |
|   | Gampaha       | 4,762     | 800        | 6,580     | 365         | 7,713     | 660       |
|   | Homagama      | -         | -          | -         | -           | 544       | -         |
|   | Kalubowila    | 24,432    | 11,350     | 26,977    | 7,665       | 28,368    | 5,960     |
|   | Kalutara      | 11,060    | -          | 12,368    | 4,850       | 41,304    | 5,970     |
|   | Negombo       | 6,419     | 1,500      | 11,607    | 200         | 21,096    | 3,632     |
|   | Panadura      | 150       | 98         | 614       | 2           | 1,783     | 625       |
|   | Ragama        | 4,805     | 310        | 4,058     | 260         | 6,427     | 690       |
|   | Wathupitiwala | 2,003     | 234        | 779       | 486         | 7,803     | 425       |
| Total   |               | 428,573   | 91,727     | 711,486   | 80,675      | 976,486   | 158,346   |
| ANNEX-2<br>HIV Testing and Counselling for Key populations-2022 - I |                          |   |  |   |  |   |  |  |  |
|---|--------------------------|---|--|---|--|---|--|--|--|
| Province  | Clinics                  | Sex Wo  | orkers   | MS  | SM 🛛   | Transgender   |  |  |  |
|   |                          | Total tested<br>for HIV by<br>STD_out-<br>reach <25 y | Total tested<br>for HIV by<br>STD_out-<br>reach >=25 y | Total tested<br>for HIV by<br>STD_out-<br>reach <25 y | Total tested<br>for HIV by<br>STD_out-<br>reach >=25 y | Total tested<br>for HIV by<br>STD_out-<br>reach <25 y | Total tested<br>for HIV by<br>STD_out-<br>reach >=25 y |  |  |
| Central   | Dambulla                 | 0   | 0  | 0   | 1  | 0   | 0  |  |  |
|   | Kandy                    | 23  | 78   | 37  | 60   | 0   | 0  |  |  |
|   | Matale                   | 4   | 153  | 5   | 26   | 0   |  |  |  |
|   | Nawalapitiya             | 0   | 0  | 0   | 0  | 0   | 0  |  |  |
|   | Nuwara Eliya             | 0   | 0  |   | 0  | 0   | 0  |  |  |
|   | Ampara                   | 3   | 8  | 7   | 10   | 0   | 0  |  |  |
| Eastern   | Batticaloa               | 0   | 0  | 0   | 2  | 0   | 0  |  |  |
|   | Kalmunai                 | 0   | 0  | 3   | 2  | 0   | 0  |  |  |
|   | Irincomalee              | 0   | 0  | I   | <u>ا</u>   | 0   | 0  |  |  |
| North Central   | Anuradhapura             | 14  | 55   | 5   | 26   | 0   | 0  |  |  |
|   | Polonnaruwa              | 5   | 42   | 11  | 14   | 0   | 0  |  |  |
|   | Chilaw                   |   | 41   | 3   | 2  | 0   | 0  |  |  |
| North Western   | Kuliyapitiya             | 0   | 6  | 0   | 6  | 0   | 0  |  |  |
|   | Kurunegala               | 12  | 380  | 91  | 166  | 0   | 0  |  |  |
|   | Puttalam                 | I   | 11   | 0   | 3  | 0   | 0  |  |  |
| Northern  | Jaffna<br>Kiliseeskeki   | 0   | 0  | 156   | 104  | 39  | 30   |  |  |
|   | Kilinochchi              | 0   | 0  | 0   | 0  | 0   | 0  |  |  |
|   | Mullaitiuu               | 0   | 0  | 0   | 0  | 0   | 0  |  |  |
|   | Manuning                 | 0   | 0  | 0   | 0  | 0   | 0  |  |  |
|   | vavuniya<br>Embilipitiya | 0   | 0  | 0   | 0  | 0   | 0  |  |  |
| Sabaragarauwa   | Kogalla                  | 2   | 3  | 2   | 5  | 0   | 0  |  |  |
| Sabaragamuwa  | Regalie                  |   | 2  | 2   | 5  | 0   | 0  |  |  |
|   | Balapitiva               | I   | 3<br>27  | 0   | 115  | 0   | 0  |  |  |
|   | Hambanthota              | U   |  | 17  | 8  | 0   | 4  |  |  |
| Southorn  | Mahamodara               | I   | 90   | 21  | 58   | 0   | +<br>0   |  |  |
| Southern  | Matara                   | 2   | 21   | <u>۲</u>  |  | 0   | 0  |  |  |
|   | Tangalle                 | 2   | 0  |   |  | 0   | 0  |  |  |
| UVA   | Badulla                  | 26  | 142  | 0   | 0  | 0   | 0  |  |  |
|   | Mahiyanganaya            | 20  | 44   |   | 2  | 0   | 0  |  |  |
|   | Monaragala               | 0   | 4  | 2   | 4  | 0   | 0  |  |  |
| Western   | Avissawella              | 6   | 26   |   |  | 0   | 0  |  |  |
|   | Colombo                  | 37  | 542  | 309   | 1157   | 8   | 40   |  |  |
|   | Gampaha                  | 3   | 28   | 39  | 78   | 2   |  |  |  |
|   | Homagama                 | 0   |  | 0   | 5  | - 0   | 0  |  |  |
|   | Kalubowila               | 31  | 211  | 70  | 250  | 4   | 6  |  |  |
|   | Kalutara                 | 0   | 7  | 4   | 22   | 0   | 0  |  |  |
|   | Negombo                  |   | 8  | 12  | 21   | 0   | 5  |  |  |
|   | Panadura                 | 2   | 5  | 21  | 22   | 0   | 0  |  |  |
|   | Ragama                   | 2   | 15   | 14  | 51   | 0   | 0  |  |  |
|   | Wathupitiwala            | 0   | 0  | 18  | 43   | 0   | 0  |  |  |
| Total   |                          | 178   | 1,957  | 876   | 2,292  | 53  | 92   |  |  |

| ANNEX-2<br>Cont., HIV Testing and Counselling for Key populations-2022-2 |               |  |   |  |   |  |   |  |   |
|--|---------------|--|---|--|---|--|---|--|---|
| Province   | Clinics       | Beach<br>boys  |   | PWID or Drug<br>users  |   | Prisoners  |   | Others   |   |
|  |               | Total<br>tested<br>for<br>HIV by<br>STD_<br>out-<br>reach<br><25 y | Total<br>tested<br>for<br>HIV by<br>STD_<br>out-<br>reach<br>>=25 y |
|  | Dambulla      | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Kandy         | -  | -   | -  | -   | 15   | 36  | -  | -   |
| Central  | Matale        | -  | -   | -  | I   | -  | -   | 23   | 404   |
|  | Nawalapitiya  | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Nuwara Eliya  | -  | -   | -  | -   | -  | -   | 36   | 19  |
|  | Ampara        | -  | -   | 3  | 2   | -  | -   | 116  | 196   |
| Fastern  | Batticaloa    | -  | -   | -  | -   | -  | 6   | -  | 411   |
| Lastern  | Kalmunai      | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Trincomalee   | -  | -   | -  | -   | 2  | 2   | -  | -   |
| North Central  | Anuradhapura  | -  | -   | -  | -   | 27   | 134   | 28   | 185   |
|  | Polonnaruwa   | -  | -   | -  | -   | 48   | 218   | 1,511  | 3,473   |
|  | Chilaw        | 22   | 34  | -  | -   | -  | -   | -  | -   |
| North Western  | Kuliyapitiya  | -  | -   | -  | -   | -  | -   | 51   | 74  |
|  | Kurunegala    | -  | -   | -  | -   | 59   | 323   | -  | -   |
|  | Puttalam      | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Jaffna        | -  | -   | 2  | 2   | -  | -   | -  | -   |
|  | Kilinochchi   | -  | -   | -  | -   | -  | -   | -  | -   |
| Northern   | Mannar        | -  | -   | -  | -   | -  | -   | -  | 72  |
|  | Mullaitivu    | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Vavuniya      | -  | -   | 45   | 103   | -  | -   | -  | -   |
|  | Embilipitiya  | -  | -   | -  | -   | -  | -   | -  | -   |
| Sabaragamuwa   | Kegalle       | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Ratnapura     | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Balapitiya    | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Hambanthota   | -  | -   | -  | -   | 151  | 392   | 267  | 183   |
| Southern   | Mahamodara    | 7  | 32  | -  | 7   | 21   | 42  | 265  | 707   |
|  | Matara        | -  | -   | -  | -   | 12   | 160   | -  | 429   |
|  | Tangalle      | -  | -   | -  | -   | 18   | 9   | -  | -   |
| UVA  | Badulla       | -  | -   | -  | -   | 175  | 695   | 60   | 344   |
|  | Mahiyanganaya | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Monaragala    | -  | -   | -  | -   | 58   | 325   | 7  | 70  |
|  | Avissawella   | -  | -   | 24   | 54  | -  | -   | -  | -   |
|  | Colombo       | -  | -   | 17   | 60  | 213  | 1,214   | 586  | 3,448   |
|  | Gampaha       | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Homagama      | -  | -   | -  | -   | -  | -   | -  | -   |
|  | Kalubowila    | -  | -   | 1  | 2   | 4  | 30  | 301  | 1,986   |
| vvestern   | Kalutara      | 1  | I   | -  | -   | -  | -   | -  | -   |
|  | Negombo       | 33   | 108   | 5  | 68  | 45   | 100   | -  | 264   |
|  | Panadura      | -  | i -   | 1  | 4   | 1  | i -   | i -  | 203   |
|  | Ragama        | -  | -   | -  | -   | -  | 14  | i -  | i -   |
|  | Wathupitiwala | -  | -   | 59   | 107   | -  | -   | 10   | 15  |
| Total  |               | 63   | 175   | 157  | 410   | 849  | 3,700   | 3,261  | 12,483  |

| ANNEX-2<br>Details of the awareness programmes conducted by STD clinics in 2022 |              |                         |              |         |             |              |             |  |
|---|--------------|-------------------------|--------------|---------|-------------|--------------|-------------|--|
| Province  | Clinic       |                         |              | Exhib   | itions      | Workshops    |             |  |
|   | Cinic        |                         |              | Number  | Number      | Number       | Number      |  |
|   |              | Number of<br>Programmes | Number of    | of Pro- | of partici- | of Pro-      | of partici- |  |
|   |              | r rogi annines          |              | grammes | pants       | grammes      | pants       |  |
|   | Dambulla     | 9                       | 350          | -       | -           | -            | -           |  |
|   | Kandy        | 18                      | 8/3          |         | 850         |              | 144         |  |
| Central Province  |              | /3                      | 6,225        | -       | -           | 3            | 113         |  |
|   | Nawaiapitiya | 4                       | 130          | -       | -           | -            | -           |  |
|   |              | 12<br>92                | 455<br>8.421 | -       | 570         | -            | -           |  |
|   | Batticaloa   | 19                      | 885          |         | 570         | -            | -           |  |
| Eastern Province  | Kalmunai     | 19                      | 1 260        | _       |             |              | _           |  |
|   | Trincomalee  | 28                      | 1,200        |         | -           | 5            | 361         |  |
|   | Anuradha-    | 40                      | 2,180        | -       | -           | 9            | 270         |  |
| North Central province  | pura         |                         | 2,100        |         |             | <sup>'</sup> | 2.3         |  |
|   | Polonnaruwa  | 27                      | 3,546        | -       | -           | -            | -           |  |
|   | Chilaw       | 19                      | 1,908        | 2       | 7,203       | -            | -           |  |
|   | Kuliyapitiya | 9                       | 920          | -       | -           | 1            | 40          |  |
| North Western Province  | Kurunegala   | 96                      | 9,434        | -       | -           | -            | -           |  |
|   | Puttalam     | 13                      | 650          | -       | -           | -            | -           |  |
|   | Jaffna       | 23                      | 1,320        | -       | -           | -            | -           |  |
|   | Kilinochchi  | 13                      | 830          | -       | -           | -            | -           |  |
| Northern Province   | Mannar       | 27                      | 1,343        | -       | -           | 6            | 233         |  |
|   | Mullaitivu   | 36                      | 1,457        | -       | -           | -            | -           |  |
|   | Vavuniya     | 58                      | 2,589        | -       | -           | -            | -           |  |
|   | Embilipitiya | -                       | -            | -       | -           | -            | -           |  |
| Sabaragamuwa Province   | Kegalle      | 60                      | 4,433        | 1       | 400         | 8            | 274         |  |
|   | Ratnapura    | 16                      | 1,630        | -       | -           | 4            | 200         |  |
|   | Balapitiya   | 4                       | 586          | -       | -           | -            | -           |  |
|   | Hamban-      | 53                      | 3,873        | -       | -           |              | 620         |  |
| Southern Province   | Mahamodara   | 1                       | 60           | -       | -           | -            | -           |  |
|   | Matara       | 11                      | 2,098        | 9       | 16,260      | 1            | 30          |  |
|   | Tangalle     | 12                      | 402          | -       | -           | 2            | 172         |  |
|   | Badulla      | 135                     | 13,648       | -       | -           | -            | -           |  |
| UVA Province  | Mahiyanga-   | 15                      | 1,276        | -       | -           | 1            | 48          |  |
|   | naya         | 101                     |              |         |             |              |             |  |
|   | Monaragala   | 104                     | 6,080        | -       | -           | -            | -           |  |
|   | Avissawella  | /                       | 268          | -       | -           | -            | -           |  |
|   | Colombo      | 10                      | 429          | 2       | 8,000       | -            | -           |  |
|   | Gampana      | 2                       | 110          | -       | -           | -            | -           |  |
|   | Kalubewila   | - 43                    | -            | -       | -           | -            | -<br>Q5     |  |
| Western Province  | Kalutara     | 19                      | 9415         | -       | -           | 5            | 242<br>242  |  |
|   | Negombo      | 17                      | 545          | -       | -           | 3            | 45          |  |
|   | Panadura     | 15                      | 4 398        |         | -           | 4            | 75<br>254   |  |
|   | Ragama       | 6                       | 263          |         |             |              | 2J7         |  |
|   | Wathupiti-   | 6                       | 870          |         |             |              |             |  |
|   | wala         | 5                       | 570          | -       |             |              | -           |  |
| Total   |              | 1,179                   | 97,854       | 16      | 33,283      | 65           | 3,131       |  |





## FOR MORE INFORMATION, CONTACT:

NATIONAL STD/AIDS CONTROL PROGRAMME, 29, De Saram Place, Colombo, Sri Lanka

E-mail: infor@aidscontrol.gov.lk Web:http//www.aidscontrol.gov.lk