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Triple Elimination Program (Elimination of vertical transmission of HIV, Hepatitis B and Syphilis programme) in Sri Lanka

In 2019, Sri Lanka was certified by WHO as the fourth country in the Asia-Pacific region for elimination of mother-to-child transmission (EMTCT) of HIV and Syphilis and was certified again in 2021 and 2025 as maintaining the services satisfactorily. The Global Validation Advisory Committee (GVAC) of the World Health Organization has recommended that Sri Lanka continue its efforts towards the elimination of mother-to-child transmission of hepatitis B, recognizing that the country has the potential to achieve this goal. It further recommended that, Sri Lanka make the necessary preparations and apply for validation once the required criteria are met.

The goal of the Triple Elimination Programme is to reduce the incidence of HIV, hepatitis B, and syphilis among children to very low levels, ultimately eliminating these infections as public health concerns.

In 2023, WHO, certified Sri Lanka as achieved the Hepatitis B controlled status. It is important to eliminate childhood Hepatitis B infections as early childhood leads to chronic hepatitis in about 95% of cases, which can result in complications of liver cancer and cirrhosis.

Sri Lanka has the potential to achieve the triple elimination status by the end of 2028. To achieve Triple elimination status, Sri Lanka needs to reach $\geq 90\%$ coverage of maternal antenatal HBsAg testing, while maintaining services for EMTCT of HIV and syphilis.

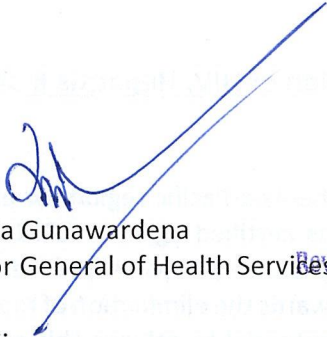
The decision for screening pregnant women for Hepatitis B was taken by the Ministry of Health; Sri Lanka and the decision was to couple it with existing HIV and syphilis screening Programme at the antenatal clinics. The MOH office/field or hospital clinic shall take blood for HIV and Syphilis as usual, and the same blood shall be used to test for Hepatitis B status at the STD clinic level.

Hepatitis B screening will be incorporated into the antenatal care package, starting island-wide from 1st June 2026.

It is necessary to take measures to introduce screening of all (public and private sector) pregnant women for Hepatitis B in ANC as per the guidelines given below:

1. All pregnant mothers are to be screened within 12 weeks of gestation for Hepatitis B, HIV and Syphilis (preferably on the first visit).

2. Antenatal clinic services (MOH clinics and Hospital ANC clinics) have to arrange the collection of 5cc of blood and transport to the STD clinic for HIV, Hepatitis B, and syphilis testing.
3. STD clinics have to carry out HIV, Hepatitis B, and syphilis screening tests on the blood samples received from ANC clinics and send reports to MOH or ANC clinics of the hospitals.
4. Reports of HIV, Hepatitis B, and Syphilis should be entered appropriately in the pregnancy record on page 03.
5. Information on positive HIV, positive Hepatitis B, and reactive VDRL reports should be promptly communicated to the Medical Officer of Health or VOG, and measures must be taken to strictly maintain the confidentiality of the information.
6. All pregnant women with positive HIV, positive Hepatitis B or reactive VDRL screening test need to be referred to an STD clinic for further management.
7. All pregnant women with HIV, Hepatitis B, and Syphilis should be provided appropriate services including institutional care without stigma and discrimination.
8. If a pregnant woman was not tested during pregnancy, HIV, Hepatitis B, and Syphilis screening should be offered at the time of delivery or before being discharged from the ward.
9. All high-risk pregnant women should be offered a second test for HIV, Hepatitis B, and Syphilis at 28 weeks.
10. The Triple Elimination Programme needs to be reviewed quarterly at Maternal and Child Health (MCH) reviews.


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- President, Sri Lanka Society of Gastroenterology.
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- President, Independent Medical Practitioners Association
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