

# TOWARDS ENDING AIDS IN **SRI LANKA**



## **NATIONAL COMMUNICATION STRATEGY (2026-2030)**



MINISTRY OF HEALTH  
SRI LANKA



National STD/AIDS  
Control Programme  
SRI LANKA

**KNOW**  
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**IN SRI LANKA**

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**MINISTRY OF  
HEALTH SRI LANKA**



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**Editor;**

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## 1. PREFACE

The National HIV/STI Communication Strategy (NCS) 2026–2030 represents Sri Lanka’s renewed commitment to strengthening its response to HIV and other sexually transmitted infections. Recognising communication as a vital tool in public health, the strategy addresses the need for a unified and evidence-based national framework, as current communication efforts are dispersed among multiple partners and target groups.

Developed using stakeholder input, communication expertise, and national and global research, the NCS seeks the endorsement of the Government, Ministry of Health, and all NSACP stakeholders to ensure visibility, prioritization, and adequate resources for effective implementation.

The strategy aims to maintain Sri Lanka’s low HIV prevalence and work toward ending AIDS by 2030. Key priorities include expanding public knowledge on HIV/STIs, promoting care-seeking behaviour, and strengthening HIV testing through client-based, community-based, and virtual self-testing approaches. Trained clinics and outreach staff play a central role in ensuring accessible, rapid testing for both key populations and the general public.

Despite notable progress, the recent increase in new HIV infections underscores the urgency to intensify communication and testing efforts. The strategy supports the national “Treat All” policy, ensuring early initiation of antiretroviral therapy for all people living with HIV, and emphasises eliminating stigma and discrimination as key barriers to effective prevention and treatment. It also aligns with national initiatives such as hepatitis B testing among pregnant women and ongoing discussions on accelerating efforts to end AIDS by 2030.

I express gratitude to all partners and communities involved in developing the communication strategy and reaffirm a shared commitment to a healthier, more inclusive, and stigma-free Sri Lanka.

**Dr.J.C.M.Tennekoon,**

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## 2. EXECUTIVE SUMMARY

STI/HIV/AIDS remain major public health challenges in Sri Lanka. National STI/AIDS Control Programme (NSACP) leads national awareness efforts. Communication gaps persist despite ongoing campaigns.

Once infected with HIV, the immune system of the infected body becomes vulnerable to infections, as the immune system is being weakened. For many years, symptoms might not be visible; however, early diagnosis is possible through a blood test or self-test from oral fluids. HIV infection can be controlled with proper treatment using antiretroviral drugs (ART).

Lack of knowledge on HIV/AIDS/STIs, transmission and prevention methods, sexual health, alongside stigma and discrimination, pose the biggest threats to current prevention measures, such as testing for HIV and promoting care-seeking behavior.

Breaking negative perceptions and lending an empathetic stance to the infected is crucial in creating a national network of support. Society must be made aware of the basic rights of PLHIV. Until now, communication efforts have been centered on Key Populations (KP) engaging in high-risk behaviors. These groups include; Female Sex Workers (FSW) and Men who have sex with men (MSM), transgenders, people who injecting intravenous drugs (PWID) Beach Boys (BB) and prison inmates. Six populations identified as being vulnerable to the infection have also been a central focus of targeted interventions.

However, when analyzing the number of new infections in a given year, the majority of those infected have been found within the general population. It has become apparent that a key reason for this has been the lack of interventions targeting the general public in raising awareness.

Taking into consideration all of the above implications and with an objective of maintaining the low HIV prevalence status of the country and ending AIDS by 2030, the National Communication Strategy (NCS) will focus on Prevention, Diagnosis, Treatment and Care, Health system strengthening and Supportive environment. It is the aim of the NCS to deploy mass media for a comprehensive communication programme. It will be a key component in enabling the objective of 'Ending AIDS by 2030' in Sri Lanka, while breaking stigma and discrimination against those living with HIV/AIDS/STIs.



Recommendations for the NCS are based on current communication gaps, stakeholder recommendations and research. Mass media, social media and appropriate mediums will play a strategic role in reaching target populations, mainly the general public.

Promoting better sexual health is vital and the NCS carries at its core this objective.

Biochemical interventions for HIV will be a key focus area under the National Communication Strategy, emphasizing the promotion of proven biomedical tools and services that reduce HIV transmission and improve health outcomes. Communication efforts will highlight the importance of regular HIV testing, early initiation of antiretroviral therapy (ART), Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and access to condoms and lubricants. The NCS also aims to target prenatal and pregnant mothers and promote the need for testing to prevent Mother-to-Child (MTCT) transmissions of HIV, syphilis and hepatitis.

The national communication strategy is directed towards the prevention of HIV/AIDS/STIs. The ways of transmission as well as non-transmission need to be conveyed. Awareness will also have a positive impact on reducing stigma and discrimination associated with HIV/AIDS/STIs. All misconceptions about the infection and myths on transmission is hoped to be debunked.

HIV Testing Services (HTS) will be normalized through the NCS and through media messages. Correct information will be disseminated to the mass population, and the negative perception against testing will be changed through these communications. Services performed by STI Clinics, NGOs and other state/private sector partners will also be relayed to the public.

Hence, it can be assumed that lack of awareness on existing services and the support system may lead to those infected to abstain from receiving the proper care and treatment. As a future step, the communication strategy is expected to incorporate advocacy for better commitment from government ministries, law enforcement, schools, workplaces, high ranking medical personnel, clinic staff and hospital staff.

The proposed NCS will focus on strengthening the rights of PLHIV, the rights of key populations and continued commitment in the battle against HIV/AIDS/STIs.



### 3. INTRODUCTION

According to UNAIDS, globally 40% reduction of new HIV infections in 2024 compared to 2010. However, varying rates of decline are seen across regions in the world. An increasing trend of estimated new HIV infections (48%) seen in Sri Lanka for the same time period, indicating a rise. Given HIV transmission and negative perceptions regarding the infection, a communication strategy on creating mass awareness has become timely and imperative for preventing this epidemic from progression, in Sri Lanka.

Since 1986, when the first infected person was identified in Sri Lanka, the number has been increasing and as at the end of 2024, the estimated number of persons living with the infection stands at 5700.

The stakeholders in the National AIDS Committee-2025 have all come together with the understanding that a widespread plan for communication is the best way forward for ending AIDS by 2030. The strategy will also help mitigate gaps still prevailing within the current intervention programs, especially in reaching populations around the country with prevention information, sexual health education and sufficient awareness on the basics of HIV/AIDS/STIs along with available services. Apart from the main focus on prevention of transmission, the strategy addresses the barrier of stigmatization surrounding those infected; promoting services related to HIV/AIDS/STI, advocacy related efforts and managing information for monitoring and evaluation.

In response to these strategic objectives, the National Communication strategy (NCS) has been formulated with implementation of communications through mass media, using most suitable mediums. With a global and national goal to ending AIDS by 2030 a national-level dialogue is hoped to be initiated with strong awareness through the NCS.

#### 3.1. Development of the National Communication Strategy

In developing the National Communication Strategy, the current context has been evaluated extensively and gaps have been identified.



The National Communication Strategy was developed through a comprehensive and participatory process to ensure that it reflects the needs, perspectives, and realities of all key stakeholders in Sri Lanka. A Steering Committee was established to guide this process and provide technical and strategic direction.

### **3.2. Composition of the Steering Committee**

The Steering Committee consisted of a diverse group of experts and stakeholders, including:

- NSACP Consultants
- Consultant Community Physicians from the Health Promotion Bureau and the Family Health Bureau
- Senior Lecturers from the University of Kelaniya
- Journalists and media professionals
- Representatives from the Family Planning Association of Sri Lanka (FPASL)
- Members from NGOs and CBOs engaged in HIV prevention and care

This multidisciplinary team ensured a balanced integration of medical, public health, academic, community, and communication expertise.

### **3.3. Process Followed**

The Steering Committee agreed that the strategy should be evidence-based and grounded in community perspectives. Therefore, the following steps were undertaken:

- Consultations with National Programme Coordinators to gather technical inputs, operational experience, and insights on communication gaps.
- A series of Focus Group Discussions (FGDs) with key populations, general population segments, and other relevant groups to understand their perceptions, behaviors, barriers, and preferred communication methods.

In addition to these methods a desk review of media usage by media academics from Department of Mass media, University of Kelaniya and inputs from senior journalists were also used.



### 3.4. Focus Group Discussions

A total of 13 FGDs were conducted, representing diverse segments of the Sri Lankan population. These discussions were designed to capture voices from all relevant groups who are affected by or engaged in the national HIV response. The recommendations have been provided by stakeholders, including university academics, media experts, key population, migrant returnees, People living with HIV, clinic attendees, migrant population, Tri forces, youth, health care providers, estate population, Tamil speaking population and people living with disabilities.

These along with recommendations from key stakeholders have been reviewed when setting the strategic objectives and specific activities. There are gaps which exist in current prevention interventions and it is the opinion of the stakeholders that, these can be remediated through the proposed communication methods. The overall NCS is developed under the key strategic directions within the National HIV/STI Strategic Plan of 2023-2027. The key pillars are; 1) Prevention, 2) Diagnosis, Treatment and Care 3) Health system strengthening and 4) Supportive Environment. Based on discussions, out of the five strategic directions within the NSP, these four areas came out as the most suitable for the NCS. Key Strategies are based on these four key areas with specific objectives specified for each target group. The communication strategy adopts a recommendation-based approach using internal discussions, in-depth interviews and focus group discussions.

A strategy which enables the NSACP to engage with the community was recommended through stakeholder interviews. A language barrier to effective communication was also a concern and this will be addressed through the communication strategy. Overall, the planning and implementation of this national level communication falls under the jurisdiction of the National AIDS Committee.



## 4. CURRENT PREVALENCE AND NATIONAL RESPONSE

### 4.1 Current Prevalence

HIV in Sri Lanka has been gradually progressing, but, with a low epidemic level compared to other countries. Number of reported cases has increased, annually. Nevertheless, prevalence of HIV among any group of key population is less than 5% and less than 1% in the general population. The gradual increase in new cases, coupled with certain other aspects (shown below) indicates that the current prevalence could increase further in the future.

Each year there is an increase in the reported number of persons living with HIV (PLHIV). As at the end of 2024, there was an estimated 5700 persons living with HIV.

Sri Lanka's rising new HIV infections, despite global declines, can be attributed to several interlinked factors:

1. **Low Risk Perception Among Youth:** Many young people do not see themselves at risk of HIV, leading to low testing and prevention uptake.
2. **Limited Access to Youth-Friendly Services:** Many clinics are not youth-centered or discreet, deterring young people from seeking testing or care.
3. **Drug Use Among Young Men:** Rising drug use, chemsex especially injecting drug use among youth increases HIV risk, often compounded by poor harm reduction coverage.
4. **Digital Influence & Risky Behaviors:** Increased online platforms have led to anonymous sexual encounters and exposure to misinformation.
5. **Insufficient Comprehensive Sexuality Education (CSE):** Many schools lack inclusive CSE, leaving youth uninformed about HIV, STIs, and protection methods.
6. **Stigma and Discrimination:** Fear of being judged or outed discourages individuals, especially key populations (e.g. MSM, PWID, sex workers), from accessing services.
7. **Delayed Diagnosis:** Many people living with HIV are diagnosed late, which means they unknowingly transmit the virus.



Inaccurate, inconsistent, and sometimes stigmatizing use of HIV related terminology in public communication, including media and institutional messaging, contributes to misinformation, fear, and reduced uptake of HIV prevention and testing services.

The absence of a coordinated national mechanism to monitor, address, and correct HIV related misinformation disseminated through government, private, media, and digital platforms allows stigma and misinformation to persist.

Inconsistent and uncoordinated HIV messaging across sectors, including health, education, and media, weakens public confidence in official information and undermines prevention efforts.

Limited capacity of media professionals and digital communicators on evidence-based and rights-based HIV communication contributes to sensationalized reporting and reinforcement of stigma.

Reported instances of insensitive attitudes, lack of confidentiality, and discriminatory practices by some healthcare staff toward key populations reduce trust in health services and discourage timely access to HIV and STI services.

## **4.2 National Response**

The National Strategic Plan (NSP) is the guiding framework for all work implemented and carried out by stakeholders of the National Response. The NSP is formulated on care, treatment, control and prevention of HIV/AIDS and STIs.

The National STI AIDS Control Program (NSACP) is the main organization responsible for planning and implementing preventive and curative services under the National Strategic Plan (NSP) to control HIV/AIDS and STIs in the country.

Prevention programs are carried out across the island, under the technical leadership of the NSACP. FPASL works as a principle recipient 2, implementing partner within GF funded prevention programmes. While, Government of Sri Lanka remains as the main funding source for the National Response to HIV epidemic, UN organizations also provide contributions.

## **4.3 Key areas of the National Response**

The strategies deployed within the National Response, focus on three key areas.



## 1. Clinical Services

At present, the NSACP disseminates HIV/AIDS related services through 40 full time STI clinics, spread across the country. They perform key services such as screening, diagnosis, treatment, and prevention services.

Apart from providing clinical and preventive services, STI clinics in fourteen districts also conduct preventive services through community outreach workers, targeting the Key Populations. These programmes are conducted to raise awareness on sexual health and HIV, arrange HIV testing and promote condoms. Overall, the prevailing interventions help build relationships with the Key Populations and are intended to drive KPs to obtain services willingly and continuously.

### Outreaching by STI clinics

Community outreach programmes are being carried out by STI clinic staff targeting KPs. These programmes are conducted to create awareness on STIs and HIV/AIDS. Services provided through outreaching include, HIV/STI education as well as screening for HIV and other STIs. District STI clinic staff attend numerous awareness programmes for other population groups also.

## 2. Key population interventions

Throughout the country, numerous preventive interventions are carried targeting key populations, vulnerable populations and the general public.

Planned key population interventions are carried out by community-based organisations under the key population units in selected fourteen districts, while, the NSACP provides technical guidance for the interventions and enable coordination efforts. Under these interventions, a basic service package for HIV prevention and promotion of sexual health is executed through trained peer educators. The main objective of these interventions is to spread preventive measures within communities that are identified as key populations – Female sex workers, Men having sex with men, People who injected drugs, Transgenders, Beach boys and prison inmates. These interventions rely on peer educators who are selected from amongst communities, to carry out an important service by providing information, education on STIs and HIV/AIDS, arranging community-based HIV testing, providing condoms and lubricants and promoting care-seeking behavior and use of HIV preventive interventions among community members across multiple districts.



### 3. multi-sectoral collaborations

The multi-sectoral unit of the NSACP collaborates with various sectors of the society to increase awareness of STIs and HIV/AIDS. NSACP, promote behavioral change and create a supportive environment for the prevention of HIV and other STIs.

**The prison sector** - Prevention initiatives have been carried out since 2005 for preventing the transmission of STIs and HIV/AIDS within the prison community. Island-wide interventions have been implemented with advocacy programs for prison officials and selected prison inmates being trained as peer educators. Through these interventions, testing is promoted among them and selected personnel are trained as trainers for peer education. Communication material is given to these educators in order to facilitate programmes within their respective prisons.

**Tri-forces** - Intervention programs for tri-forces are another important area under multi-sectoral programmes. Training of Trainers (TOT) programmes Training of Trainers (TOT) programmes are being conducted within the Tri-Forces to enhance awareness on STI/HIV, promote HIV testing, and strengthen HIV/STI prevention measures.

**Youth** –NSACP together with the Ministry sports, Youth Council and Vocational Training Authority organize awareness building programmes, on STI and HIV among youth. Due to this cooperation, regional/divisional vocational training centres, together with medical officers from peripheral STI Clinics conduct awareness programmes at local vocational training centres.

**Education** – NSACP advocating to include certain components of sexual health education as well as components on HIV and STI, by revising the school curriculum of the Science and Health and Physical Education subjects. Apart from this, awareness programmes such as lectures and workshops are conducted in schools, universities, and other higher education institutions etc.



#### **4. Elimination of Mother to Child Transmission (EMTCT) of HIV and Congenital Syphilis**

Sri Lanka continues to make significant progress in the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and syphilis. The country successfully applied for and obtained EMTCT revalidation for the third time in 2024, demonstrating its sustained commitment to maternal and child health. Building on this achievement, Sri Lanka has also initiated the process of moving towards the Triple Elimination of HIV, syphilis, and hepatitis B. NSACP and the Family Health Bureau (FHB) work collaboratively to educate eligible couples on the pre-conception care package and to educate pregnant mothers on HIV, syphilis, and hepatitis testing. NSACP, together with the forty STI clinics across the country, will provide technical guidance and support for training all health-care staff involved in these services.

#### **5. IEC, Advocacy and Condom Promotion**

In the National Response for HIV epidemic, IEC plays a crucial role. Each year, hundreds of interventions are carried out by stakeholders of the national response. Work is carried out at different levels and across various sectors. Throughout the year, the NSACP carries out awareness programmes at various contexts. Various forms of awareness programmes are organized each year and on a daily basis, including community out-reach programmes, lectures, workshops, exhibitions, IEC print material distribution, world AIDS Day activities, media seminars, etc. IEC and advocacy interventions are carried out through clinics as well. All those attending clinics are given awareness on issues related to HIV as well as STIs. Healthcare providers at different levels engage in providing IEC services, including, doctors, public health nursing sisters, nursing officers and public health inspectors, attached to services. Each year on World AIDS Day, awareness programmes are organized across the country and across organizations as well as key sectors of the society. Interventions include awareness rallies, conferences and media briefings, creative competitions, and distribution of IEC material. NSACP provides information through its official website and maintains the know4sure.lk social media platforms to deliver accurate and timely information, especially for populations that are difficult to reach. Condom promotion is another key component of IEC. STI Clinics promote condoms actively and is a routine service provided by peripheral clinics.



## 6. Research, surveillance, monitoring and evaluation

The Strategic Information Management unit of NSACP is responsible for monitoring and evaluating interventions as well as collecting information from stakeholders of the national response, routinely. Information is provided by relevant units on a quarterly basis and the Unit works closely with stakeholders and communities in research and surveillance-related work. Major research projects such as the Integrated Biological and Behavioural Surveillance (IBBS).

and national size estimation of MARPs in Sri Lanka is carried out through the work of the unit. STI clinics provide key data on reported cases as well as on operations. The FPA and KP units of the STI clinics provide information on the progress of interventions conducted among FSWs, MSM, TGs PWIDs and BBs. Such information which are regularly gathered, enable stakeholders in the planning of relevant activities and projects, effectively.

## 7. NSACP Digital Communication Platforms

NSACP utilizes official digital communication platforms to support public awareness, service access, and linkage to care as part of the national HIV response. NSACP official website([www.aidscontrol.gov.lk](http://www.aidscontrol.gov.lk)) The Know4Sure website ([www.know4sure.lk](http://www.know4sure.lk)) serves as an official information portal providing accurate, evidence-based information on HIV and STIs and facilitates appointment booking for STI clinic services, supporting timely and confidential access to testing and care. In addition, the Know4Sure social media platforms, including Facebook, YouTube, TikTok, Twitter and Instagram are used to disseminate public awareness messages, promote HIV testing and prevention services, counter misinformation, and reach populations that may face barriers in accessing conventional health communication channels.

## 4.4 Target Groups of the National Response

### Key Populations

- Female Sex Workers (FSW)
- Men who have sex with men (MSM)
- Transgender's (TGs)



- Drug users (including intravenous drug users DU/IDU)
- Beach Boys (BB)
- Prison inmates

#### **Vulnerable Populations**

- Migrant workers
- Tri forces
- Tourism industry workers

#### **People Living with HIV (PLHIV)**

**General population including Youth**

**Health Care Workers**



## 5. CURRENT GAPS AND CHALLENGES

The National STI/AIDS Control Programme, together with forty STI clinics across the country, conducts multiple awareness programmes in collaboration with all stakeholders involved in the national HIV and STI response in Sri Lanka.

Focus Group Discussions were carried out to identify gaps which exist in the present communication framework. Findings which were collected through these research approach was inductive qualitative study and were deemed insightful in developing the National Communication Strategy (NCS). Various stakeholders provided comments and insights and all FGDs audio-recorded. Then, these were first transcribed verbatim and translated into English and data collection continued until thematic saturation. Next steps were as follows: (1) Familiarisation with transcripts, (2) Line-by-line initial coding (Microsoft Excel) (3) Organising codes into categories (4) Identifying patterns and cross-group similarities and (5) Developing and refining overarching themes. Finally analyzed themes were reviewed with the research team for consistency and credibility. Focus group discussions with stakeholder groups revealed the following gaps in the National Communication Strategy for STI/HIV in Sri Lanka under the five themes

### 1. Individual Awareness & Misconceptions;

- Knowledge on STI/HIV is inconsistent
- Myths and misconceptions persist
- Limited understanding of risk, prevention, and services
- Fear and misinformation shape health-seeking

### 2. Interpersonal Influences & Stigma

- Peer attitudes strongly influence communication
- Stigma, shame, and judgment restrict open discussions



- Fear of discrimination from family, friends, or partners
- Mistrust reduces engagement with services

### 3. Community-Level Barriers

- Cultural restrictions on discussing sexual health
- Limited visibility of STI/HIV topics in community settings
- Limited local language materials
- Few youth-friendly communication platforms

### 4. Institutional Communication Gaps

- Need for greater integration with digital platforms
- Inadequate capacity building for health care staff
- Limited training for media personnel
- Reactive rather than proactive messaging
- Inconsistent use of appropriate, updated, and non-stigmatizing terminology related to HIV, STIs, and key populations
- Limited alignment of communication content with WHO-recommended, stigma-free and rights-based language
- Absence of standardized communication guidelines for government, private sector, and media stakeholders
- Lack of a formal complaint and redress mechanism to report communication-related violations, misinformation, or stigmatizing content
- No clearly documented procedures or corrective actions to address identified communication violations across platforms



## 5. Policy & Structural Constraints

- Lack of inter-sectoral coordination
- Limited funding for communication
- Lack of consistent dissemination
- Fragmented STI/HIV messaging across institutions
- Weak monitoring and evaluation
- Outdated communication approaches that have not been sufficiently revised to reflect current digital, social, and community communication contexts
- Absence of written standard operating procedures (SOPs) for communication governance, quality assurance, and accountability
- Limited mechanisms to enforce compliance with approved communication standards and terminology
- Weak systems to monitor, document, and respond to stigma, discrimination, and misinformation in public communication

### Stakeholders recommended addressing the gaps as follows

- ✓ Multilingual materials (Sinhala, Tamil, English)
- ✓ More visual, simple, youth-friendly content
- ✓ Community-driven engagement strategies
- ✓ Social media and digital platforms for reach
- ✓ Collaboration with schools, youth groups, CBOs
- ✓ Strengthened institutional partnerships
- ✓ Adoption of standardized, WHO-aligned, stigma-free terminology across all STI/HIV communication materials and platforms



- ✓ Regular updating of communication strategies to reflect evolving epidemiological, social, and digital contexts
- ✓ Development and dissemination of national communication guidelines for government institutions, healthcare settings, and media
- ✓ Establishment of a formal complaint, reporting, and redress mechanism for communication-related violations and misinformation
- ✓ Documentation of clear actions, procedures, and accountability pathways for addressing complaints and communication breaches
- ✓ Strengthening monitoring and evaluation systems to assess communication quality, reach, and impact



## 6. STAKEHOLDER RECOMMENDATIONS FOR THE COMMUNICATION STRATEGY

Communication programmes and work that is carried out through the programme units of the NSACP, which include Information, education and communication (IEC), advocacy and condom promotion unit, multi-sectoral unit, EMTCT unit and Training and capacity building unit, HIV testing, HIV treatment, care and support unit and STI care unit. The work carried out by these units is conducted on a national level as part of the national response to HIV/AIDS and STIs.

In addition, Behavioral change communication (BCC) for key population groups (FSW, MSM, TGs, PWIDs, BB and Prison inmates) is an integral part of the sexual health services package. Stakeholders are of the view that the communication strategy is in need of further strengthening its communications component while improving coverage of interventions.

On the district level, STI clinics play a pivotal role in carrying out clinical services and communication work in respective areas. These peripheral clinics together with the NSACP attend hundreds of communication programmes throughout the year based on invitations from various organizations.

Based on the recommendations of the stakeholders and the inputs from the national programme coordinators, the Steering Committee for the National Communication Strategy has made the following recommendations

The component which is lacking is a mass media communication campaign and social media campaign with clear objectives in informing the public on STI and HIV information, promoting STI and HIV diagnostics, linkage to treatment and care services and prevention of HIV/AIDS/STIs. In addition, mass media and social media campaigns are expected to focus on myth-busting and promoting free government sexual health services.

Other gaps and challenges which need to be addressed are as follows;

- Information such as self-sustainability, maintaining a healthy and positive lifestyle, availability of testing, free medication and counselling and supportive services through mass media and social media.
- Interventions and communication channels should be used to reach a wider group of the community



- Increase awareness on the elimination of mother-to-child transmission of HIV, syphilis, and hepatitis
- An effective communication channel needs to educate risk of STI/HIV transmission
- Promotion of youth-friendly services, including virtual interventions to reach the unreached population
- The chapters on reproductive health, STIs and HIV/AIDS in school curriculum are not adequately addressed

Development and implementation of a structured mass media and digital communication plan with clear target audiences, key messages, timelines, and indicators to ensure consistency and impact of STI/HIV communication.

Use of standardized, accurate, and stigma-free terminology aligned with WHO and national guidelines across all communication materials, media content, and institutional messaging.

Regular updating of communication strategies and content to reflect emerging trends, digital platforms, and evolving social and epidemiological contexts.

Strengthening mechanisms to identify, respond to, and correct misinformation related to STI/HIV disseminated through mainstream media, digital platforms, and social media.

Establishment of a formal complaint and redress mechanism to report communication-related violations, misinformation, and stigmatizing or discriminatory content, with clear actions and procedures.

Documentation of standard operating procedures (SOPs) for communication governance, quality assurance, and accountability across NSACP units and partner institutions.

Capacity building of healthcare staff, programme officers, and peer educators on effective communication, stigma reduction, and rights-based approaches.

Training and engagement of media professionals and digital content creators on evidence-based and sensitive reporting on STI/HIV and key populations.

Improved integration and promotion of NSACP digital platforms, including the Know4Sure website and social media channels, as trusted sources for information, service navigation, and appointment booking.

Strengthening monitoring and evaluation frameworks to assess reach, quality, effectiveness, and community perception of communication interventions.



## 7. GUIDING PRINCIPLES

These principles set the foundation for an effective intervention through the communication strategy. They are the principles commonly used as the basis when developing activities. They are laid down in order to direct those implementing activities of the strategy, to have a clear understanding of the overall importance of effective, strategy-based activities in ending AIDS by 2030.

### I. Combination of media use.

Usage of media has now expanded into other arenas than a decade ago. Social media has become prominent so have other options such as satellite TV. Television is viewed mostly for tele-dramas and news in Sri Lanka. Utilising these mediums alongside outdoor, press/print and radio options will reach those who are harder to reach.

### II. Inclusivity in Communication:

To ensure that health messages reach all communities effectively, IEC materials are developed in Sinhala, Tamil, and English, the three main languages used in Sri Lanka. This multilingual approach promotes equal access to accurate information for people from diverse linguistic backgrounds. In addition, sign language-supported communication tools are increasingly incorporated to ensure accessibility for persons with hearing impairments. By adopting these inclusive communication practices, the programme ensures that no individual is left behind in accessing vital information on HIV/STI prevention, testing, treatment, and support services.

### III. Right communication for the right audience

The same material might not be relevant to each Key population, vulnerable groups and even general population. Material should be customized to each group and audience. E.g. migrant workers should be given leaflets on prevention with information that will help them in their environment, prisoners in their setting, PWIDs to suit their lifestyle and so on.

### IV. Coordinated efforts across the island



For messages to reach every individual in target groups, institutions must be uniform in their messages, material and commitment. Managing this will be a challenge. However, a single entity must ensure adherence to delivering messages, reaching target groups and public. Following the indicators for activities will provide a clear directive and also provide clear statistics on results achieved.

#### **V. Research based communications**

We already know that reaching key populations and vulnerable populations is imperative as well as increasing awareness among the public. However, reaching specific communities require an evidence-based approach. E.g. reaching illiterate estate workers may require gathering evidence for planned community interventions.

#### **VI. Dynamic content**

Any topic to be conveyed effectively for achieving the intended purpose, they should be organized, creative to a suitable extent, comprehensible and impactful. Hence, newer ways of creative communication options should be explored alongside conventional mediums like existing IEC/BCC print material.

#### **VII District-wise approach**

National size estimation of KPs has already been done in 2018, using this as the basis, communications should target the key population 100% at the district level.

#### **VIII Use of Standardized, Stigma-Free Language**

All communication must adopt accurate, non-stigmatizing, and WHO-aligned terminology for HIV, STIs, and key populations to prevent reinforcing myths, fear, or discrimination.

#### **IX Accountability and Complaint Mechanisms**

Communication interventions should include clear mechanisms to report misinformation, inappropriate content, or breaches in confidentiality, with documented procedures for corrective actions.



## **X Digital and Social Media Integration**

Digital and social media platforms should be actively leveraged for targeted outreach, public awareness, appointment booking, and interactive engagement, ensuring messages reach youth and other hard-to-reach populations.

## **XI Capacity Building and Continuous Learning**

All staff, peer educators, and communication stakeholders should receive regular training on evidence-based messaging, stigma reduction, audience-specific communication, and updates on emerging trends and best practices.

## **XII Monitoring, Evaluation, and Feedback**

Communication activities should be systematically monitored and evaluated for reach, comprehension, and impact, with feedback loops incorporated to refine content and strategy.



## 8. COMMUNICATION CHANNELS AND TOOLS

Communication approaches used in the strategy include the amalgamation of on-going mechanisms and mass media/Social media communication with creative and innovative use of channels. The main functions of the communication approaches are to:

1. Raise awareness and educate
2. Break barriers of stigma and discrimination
3. Promote care seeking behavior and attendance for services
4. Foster a positive attitude among PLHIV and attitudes towards positive living
5. Foster action towards testing
6. Promote safe sex

### 8.1 Main approaches

1. Routine communication activities (carried out by NSACP programme units and STI clinics)
2. key population interventions
3. Mass media and social media

#### 1. Routine communication activities

Patients attending STI, HIV/AIDS services on a daily basis, across the country are provided with health education; alongside different communication programmes which are carried out by the NSACP programme units - Information, education, communication, Advocacy and condom promotion, Multi-sectoral collaboration, EMTCT (of HIV and Syphilis), Training and capacity building, HIV treatment, care and support and STI care. In addition, there are events which are organized annually, such as the World AIDS day. Communications also occur based on ad hoc requests from the general public.



## 2. Key population interventions

Peer-educators are selected from amongst key populations. They are then trained with the necessary skills to educate and create awareness among their peers, arrange HIV testing and provide condoms and lubricants. They are also encouraged to bring peers into STI clinics/ community clinics for HIV/STI testing and Prep services.

## 3. Media mix –

Mass media and Social Media Communication approaches for each specific objective entails a mix of choices, including conventional interpersonal communications such as Targeted Interventions, Mass media choices such as TV/Radio, Newspapers and Outdoor communications and the use of Digital media, including social media.

### 8.2. Considerations 3600 campaign or one-off promotions:

A complete campaign, entails covering the entire spectrum of media outlets. This includes TV, Radio, Press, Print, Outdoor promotions and social media. Usually, a 3600 campaign spans throughout the year, in order to achieve an effective outcome. However, with possible budgetary restrictions, resource limitations and shortcomings in implementations may lead to NSACP opting for one-off awareness campaigns which may be based on a few mediums with the potential for greater reach and impact.

**Reach:** The number of people needed to be targeted and the number which can be targeted through an approach.

**Recorded Impact:** This is the documented success of a chosen medium or channel and the impact it can create. (high, medium or low)

**Frequency:** The number of times the medium will be used in a period of time; either with the same message or new messages. Mediums such as TV, Radio and even Newspaper ads can be costly when the frequency increases.

**Cost of production:** This applies to all new creative ideas being designed. It applies to videos, documentaries, radio message recordings, print material designing/computer time charges etc...

**Media Optimisation:** Certain key messages can be used to approach All target groups including the general public through Mass and Social media



**Approach Optimization:** Approaches recommended can be again streamlined and optimized to approach all target populations: e.g. Single TV spot inviting everyone for testing.

**Cost effectiveness:** The result which can be derived vs. the cost. A higher coverage to the right audience is the best measurement of effectiveness. When choosing channels compare costs from different service providers but keeping in mind quality of the content, creative impact and reach of media channels.

Sources to consider when sourcing creative material/concepts and media scheduling:

1. Vendors for printing
2. Production houses
3. Media buying houses (agents who schedule and purchase TV/Radio/Press spots)
4. TV and Radio channels
5. Digital and social media marketing agencies
6. Ad agencies/PR houses
7. Newspapers/magazines

### **8.3 Budgetary Limitations and Sponsorships**

Choosing the best mix of communication approaches should be done through a thorough assessment of the effectiveness of options available and use of funding should be made on the most effective approach or mix of approaches.

There are lesser costly options such as using Digital Media, Cross-marketing with Private businesses E.g. using print material of sponsors to carry STIs and HIV/AIDS prevention messages such as tent cards in bars, restaurants, hotels etc... and obtaining sponsorships from media companies as CSR initiatives and sponsored funding from companies for STIs and HIV/AIDS related interventions.

### **Mass Media and Digital Media Tools**

These are the main communication approaches which will be used when implementing the communication strategies. It provides a spectrum of options with high, medium, low to



sometimes no costs. Strategic communication campaigns can be implemented using a mix of conventional and new media. Channels and tools should be used with special considerations in mind and used to obtain the most effective result of creating awareness among target audience/s.

## **Television Spots**

Television offers the ability to communicate message persuasively with the use of live elements or images and text-based communications with an emotional and action-oriented impact. TV spots carry precise and concise messages which enable a wider coverage of populations with immediate effects. These can be aired in selected channels, targeting speakers of all three languages. The cost of production should always be kept in mind alongside the cost for purchasing media time across selected channels based on duration per spot, frequency per day and the time period.

Timings can be selected alongside programmes with the best viewership and island wide coverage, to broadcast the spots any time of the day and any number of times, depending on the spending capacity. Tele-dramas aired during 7-10 on popular channels have a higher audience, therefore becomes the best time of the day.

### **Talk Shows/Live TV programmes**

These programmes are advantageous as a communication tool which allows real-time sharing of information with direct communication with viewers. This method provides an interactive platform

where HIV/AIDS/STI matters can be discussed extensively, on all key strategic areas.

## **Video documentaries**

Documentaries are ideal for providing an accurate understanding of HIV/AIDS/STI related services, use testimonies of successful persons (PLHIV) while giving important information alongside audio and visual guides. This is another method which allows comprehensive coverage of prevention, diagnosis, treatment and care and supportive environment.

## **Radio Spots**

A similar format as that of Television channels and requires selecting the radio channel with the best listenership and wide island coverage for effective results. There is also the option of



targeting listeners of all three languages. Live programmes, Announcer on Board (AOB), pre-recorded messages are ways to air messages through radio. Ensure, the announcers are fully aware of HIV/STI and that they are briefed clearly on the message. Scripts to match the selected duration can be done in-house or through an ad agency. A short story or documentary to be aired less frequently can also be an option.

## **Newspapers Adverts**

Messages can take the form of a creative info-graphic or be a press article written by a professional writer either in-house or acquired. Newspaper agencies usually cater to a mass population on all three languages and provide statistics of their reach upon request. Text, images or using a combination of both enable communications to be more effective, informative and engaging.

## **Press Releases**

Articles are also written by journalists after a media briefing of an important announcement or development and is written based on an awareness campaign, workshop, breakthrough HIV/AIDS treatment etc. Invited newspapers and their journalists will be given a media kit with a brief document containing the information/activities which is the key focus. Weekly, monthly, bi-annual magazines can also be approached for PRs in all three languages. Magazines can also carry info-graphics (paid) or articles, interviews.

## **Posters**

Posters can be used to spread information through copy and pictures and can be strategically placed in various locations. This is ideal when using location-based awareness such as at rest-houses, lodges, bars and night clubs. Permission from relevant authorities and owners will have to be obtained, where necessary.

## **Hoarding/Outdoor**

Billboards can be used for a period of time to reach a specific community or the public with key messages. Use of government owned billboard spots will be more cost-effective. In general, these receive more attention during peak traffic hours throughout the day and it's effective in conveying the same message with better recalling probabilities.

## **Digital Media/Social Media**

Use of digital media covers social media, phones and internet-based communications. Social



media offers interactive platforms such as Facebook, TikTok, Instagram, Twitter, and YouTube with communications at absolutely no cost or a very minimal cost.

## Facebook

A great platform to target internet users and is used by over 8.4million local users currently, with a majority being from the younger age groups. Facebook is a free platform but with certain add-ons which are paid features. It provides options for businesses and organizations to promote activities and messages, allowing them to target a wider audience, outside of the National Response's main Facebook page. Posts can be boosted (a paid option) to reach a greater audience. This type of targeting can be based on geography, demographics and interests of users. By using Facebook, stakeholders can receive real time responses and opinions from a wide range of users from different ethnicities and age groups. It is highly interactive and lets anyone engage in discussions and share opinions. In Sri Lanka, 93% of internet users possess smartphones and FB apps on smartphones, which enable the chances of more people seeing FB messages are grow, exponentially.

## YouTube

This video based social networking portal is the best platform for providing information on HIV/AIDS, STI related topics via videos, documentaries at minimal to no cost of media time. YouTube provides the opportunity for promotions to be done cost effectively, while reaching a wider, segmented audience. Audiences can be selected on the type of content which is watched mostly by target groups, and targeting can also be done on a generic level. When using there are certain restrictions and copyright laws which must be followed, relating to the videos made. An average 7 million Monthly YouTube Users in Sri Lanka.

## Instagram

**Instagram is an essential platform a due to its wide reach among youth and young adults, who are among the key target groups for awareness and behaviour-change communication.** With its highly visual and interactive format, Instagram allows the NSACP and partner organisations to share accurate, appealing, and easy-to-understand messages on prevention, testing services, and available free government health facilities. Features such as Stories, Reels, infographics, polls, and Q&A sessions help increase engagement, encourage two-way communication, and reduce stigma by normalising conversations around sexual health. Instagram's ability to rapidly disseminate content, collaborate with influencers, and target specific audiences also strengthens the visibility and credibility of national HIV/STI messages. Overall, Instagram is a powerful tool to enhance public awareness, promote health-



seeking behaviour, and support the national goal of reducing new HIV/STI infections. An average 1.9 million Monthly Instagram Users in Sri Lanka.

## **TikTok**

With its high popularity among Sri Lankan youth, short-form video format, and strong algorithm-driven reach, TikTok enables rapid dissemination of accurate sexual health information, myth-busting messages and service-promotion content. The platform's interactive features such as challenges, duets, trends, and influencer collaborations—allow the programme to communicate sensitive topics in a relatable and non-stigmatizing way, encouraging open dialogue and positive behavioural change. TikTok also offers real-time analytics that help tailor communication to audience needs and monitor message impact. By leveraging TikTok as an emerging social media platform, the strategy can strengthen visibility, expand access to reliable information, and motivate more young people to seek HIV testing, STI services, and preventive interventions across the country.

## **Twitter**

Twitter (now known as X) is a fast-paced, widely used social media platform that enables real-time communication. It allows the NSACP and partner organizations to quickly disseminate accurate information, share urgent updates, and promote key services such as HIV testing, PrEP, condom access, and STI clinic services. Twitter's ability to reach diverse audiences including youth, professionals, journalists, policymakers, and civil society organizations, supports broader engagement and strengthens advocacy for HIV prevention and sexual health. Its interactive features, such as hashtags, polls, reposts, and direct messaging, allow two-way communication, enabling public feedback, myth-busting, and rapid response to misinformation. Additionally, Twitter's wide media reach increases visibility for national campaigns, World AIDS Day events, and policy-level messages, contributing to enhanced community awareness and support for HIV/STI prevention efforts in Sri Lanka.

## **WhatsApp groups**

The most popular platform for sharing news and updates with friends and others in Sri Lanka is WhatsApp, accounting for 93.91% in 2024, it has increased from 73% in 2023.

## **Telegram groups**

Telegram groups have become an essential tool in modern communication strategies due to their wide reach, speed, and ability to engage diverse audiences in real time.



## **NSACP website**

The existing NSACP website ([www.aidscontrol.gov.lk](http://www.aidscontrol.gov.lk)) is an excellent source of information for those seeking advice and guidance, PLHIV, HCW and the public in general, and it can be further modified and expanded to real-time data accessibility in related to all programme areas.

## **www.Know4sure.lk website**

[www.know4sure.lk](http://www.know4sure.lk) is the official online platform managed by the National STI/AIDS Control Programme (NSACP). It enables clients to assess their sexual risk, book appointments at the nearest STI clinic anywhere in the country, and request home delivery of HIV self-test kits, condoms, and lubricants.

## **Know4sure.lksocial media platforms(Face book, Twitter, YouTube, Instagramme and TikTok)**

The [know4sure.lk](http://know4sure.lk)social media platforms provide accurate, youth-friendly, and easily accessible information on HIV, sexually transmitted infections (STIs), and sexual health. The above-mentioned social media platforms aim to counter misinformation by offering reliable facts, prevention messages, testing information, and service directories. It also supports key and hard-to-reach populations by delivering content in simple language, including myths vs. facts, risk assessment tools, and access points for government STI clinics across the country.

As part of the national communication strategy, [know4sure.lk](http://know4sure.lk) plays a significant role in strengthening digital health literacy, guiding the public toward safe behaviours and available free government services.



## 9. IMPLICATIONS OF COMMUNICATIONS

Mass media campaigns come with implications and it is necessary to avoid the negative implications. These implications derive from social, ethical and legal considerations and limitations with culture also playing a role in it. Therefore, as the topics of STIs and HIV/AIDS, safe sex and condom use are already seen as distasteful, when communicating these on mass media, it should be done in a sensitive manner.

- Mass media communications to be sensitive to the culture and especially to those living with the HIV virus and those with STIs.
- Avoid the personification of the infection across any creative theme.
- Headlines or messages used on IEC/BCC material, mass media campaigns; newspaper articles should be creative yet neutral and should not incite any sense of urgency or false interpretations.
- Avoid using taglines, slogans which may be culturally sensitive, ethically evasive.
- Media specially, journalists, radio announcers, and other media representatives should be guided on which messages and tools to use when reaching general population.
- Messages to be communicated in all three languages Develop simplified IEC material or use audio, visual forms, or to reach those identified as illiterate and people living with disabilities.
- Ensure all mass media and IEC/BCC content uses accurate, updated, and non stigmatizing terminology aligned with national and international (WHO) guidance.
- Avoid fear-based messaging, moral judgement, or blame-oriented narratives that may increase stigma or discourage health-seeking behaviour.
- Ensure representation of people living with HIV and key populations is respectful, dignified, and does not reinforce stereotypes.



- Establish clear internal review and approval mechanisms for mass media and IEC/BCC materials prior to dissemination to prevent misinformation and unintended harm.
- Introduce mechanisms to receive, document, and address public or stakeholder feedback and complaints related to communication content.

## **IEC Material Recommendations**

Essentially a support tool for achieving communication objectives IEC material is a complementary to print/audio visual.

1. Uniform layouts across material for simplification and identification
2. AIDS or know4sure Logo on all IEC material
3. Precise and clear headlines (keeping in mind simple language use for semi-literate readers)
4. Appropriate subheadings for grouping of information in understandable manner.

Use standardized, stigma-free language consistently across all IEC/BCC materials and platforms.

Ensure IEC materials clearly indicate availability of free government services, confidentiality, and non-discrimination.

Adapt IEC materials for digital formats to ensure consistency between print, audio-visual, and online communication.

## **Design Recommendation**

1. Maintain contrast between text and background.
2. Line lengths to be just the right size
3. When making text blocks limit words in each line to 6 words
4. A meaningful structure of the text and layout
5. Equal space between letters of words and between words



6. When using pictures make them interesting, avoid using clipart as much as possible (good alternative is free Google vector graphics or AI generated images)
7. Color palette of material to complement each other
8. Consistent use of font type
9. Avoid filling white spaces completely
10. Topic areas to carry similar color theme across IEC/BCC material
11. When using English letters, avoid the overuse of capital letters, use simple case letters for readability.

Ensure visual content reflects diversity in age, gender, ethnicity, and communities without reinforcing stereotypes.

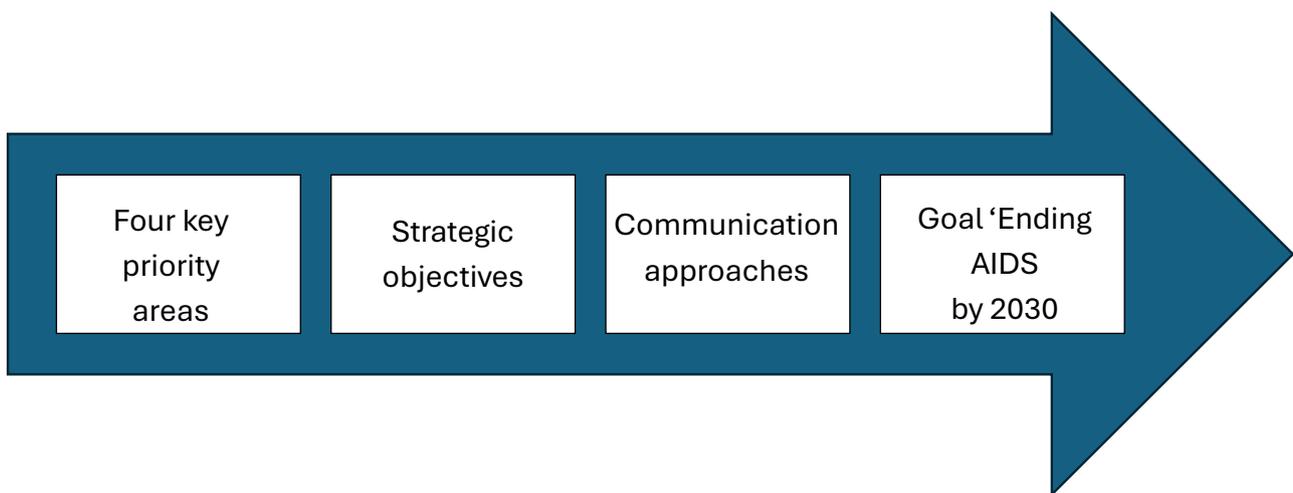
Include subtitles, captions, or alternative text where feasible to improve accessibility for persons with disabilities.

Ensure digital design formats are optimized for mobile viewing, given high smartphone usage in Sri Lanka.



## 10. STRATEGIC GOAL AND OVERVIEW OF COMMUNICATION STRATEGY

“To maintain the low HIV prevalence status of the country and End AIDS by 2030”



### 11.1 Priority Areas

The overall strategy is guided by three main strategic areas under the National Strategic Plan-2023-2027 and executed according to priority areas.

#### 1. Prevention

Prevention is directed at bringing down the number of new infections through widespread communication to raise awareness on modes of transmission of STIs/HIV/AIDS and prevention of transmission and acquisition

#### 2. Diagnosis, treatment and care services

Spreading information on diagnosis, treatment and care services intended to increase uptake of HIV testing and screening for STIs, drive-in those already with HIV/AIDS/STI for treatment and care services.



### **3. Health system strengthening**

Throughout the HIV epidemic, investments have been made by domestic and donor

funding to strengthen the national health system and community systems. Infrastructure development, capacity building of workforces, establishment of electronic data management systems are some areas which have been advanced to make health system effective and efficient to respond to HIV/AIDS and communication efforts ensure health services are accessible and available to those in need of services.

### **4. Supportive Environment**

Communication for a supportive environment involves addressing negatively affecting factors on the way to End AIDS in Sri Lanka by 2030 and those factors which limit the ability of those HIV positive to obtain treatment and services. It is vital to address the issue of stigmatization and discrimination of people living with HIV and STIs, promote equal treatment and protecting their human rights through mass media usage.



## 11. STRATEGIC DIRECTIONS AND OBJECTIVES

The following strategic objectives are based on the three strategic directions of NSP (2023-2027) which will be addressed by the NCS and are formed on the basis on targeting KPs, Vulnerable populations and general population including youth. Recommendations are made on gaps within the current framework, on those gathered from stakeholders through primary research and based on mass media usage best practices.

### Strategic Direction: Prevention

Strategic objective; Prevention of transmission of HIV, hepatitis, syphilis and other STIs among Key Population (KP) groups. The KP groups includes; FSW, MSM, TG, BBs, PWUD/PWID and prison inmates

Communication play in key role in following activities under the above strategic objectives.

- Accelerating coverage and quality of on-going delivery of Sexual health Package (SHP) for KPs through physical and virtual out reach
- Increase the coverage and quality of community-based programme for people who inject drugs (PWID).
- Strengthen HIV/STI prevention services in prisons
- Scale up coverage and quality of PrEP, PEP and PEPSE services to reach different KP groups
- Develop a “Road Map” to formalize the social contracting system

Strategic objective - Prevention of transmission of HIV/STI among vulnerable groups (migrant workers, armed forces, and tourist industry workers)

The community dialogue process has identified three vulnerable groups to be addressed and they are (a) migrant workers including external migrants, internal migrants, returnee migrants and families left behind of migrants, (b) Armed forces (c) Tourist Industry workers



Routinely reach migrant workers through the Foreign Employment Bureau, the tri-forces, and the tourism industry, and ensure that the National STI/AIDS Control Programme, together with forty STI clinics across the country, strengthens communication efforts to reach unreached and vulnerable populations.

- Develop new information sharing methods through social media / virtual platforms / Mobile Apps on HIV/STI prevention as a method of enhancing knowledge during the stay in the host country

Strategic objective; Prevention of transmission of HIV/STI among general population including young people of age 15-24 years

The HIV cases were consistently reported among men over 15 years of age, increasing more than ninefold from 76 in 2010 to 722 in 2024. Between 2010 and 2024, reported HIV cases among individuals aged 15–24 years increased markedly, with total cases rising from 13 in 2010 to 115 in 2024. The most significant growth was seen among males aged 20–24 years, with cases increasing from 10 in 2010 to 91 in 2024. The Steering Committee for the development of the National Communication Strategy 2026–2030 decided to strengthen communication efforts to improve awareness among general populations, with special emphasis on youth.”

- Increase the use of virtual platforms and social media for sexual and reproductive health education for young people

Strategic Direction - Prevention of transmission of HIV/syphilis/ hepatitis B & C through infected blood and blood products

- Awareness programmes to focus on sustaining non-remuneration donations and HIV risk free donations to sustain a safe blood supply to the country

Strategic Direction - Prevention of mother to child transmission of HIV and congenital syphilis

Sri Lanka continues to make significant progress in the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and syphilis. The country successfully applied for and obtained EMTCT revalidation for the third time in 2024, demonstrating its sustained commitment to improving maternal and child health. Building on this achievement, Sri Lanka has also initiated the process of moving towards the Triple Elimination of HIV, syphilis, and hepatitis B.

The Steering Committee has emphasized the importance of strengthening awareness among pregnant mothers and health care providers regarding testing for syphilis, HIV, and hepatitis B. In addition, promoting HIV testing among eligible couples and develop capacity of STI clinic



staff to identify and reduce the unmet family planning needs of KP and the HIV infected cohort to ensure equitable access to prevention, treatment, care, and support services.

### **Strategic direction: Diagnosis Treatment and Care Services**

Strategic Objective: Provide universal access to HIV/STI diagnosis, and treatment, care and support services for those infected and affected by HIV/STI

- Strategic objective; Provide quality HIV diagnostic services.

Awareness on testing and counselling services is currently delivered through outreach programmes and targeted interventions; however, these efforts mainly reach key populations and vulnerable groups.

- Strategic objective: Provide quality STI diagnostic services

Quality and reliable HIV /STI services of diagnosis, treatment, patient centered care and support with convenient accessibility are vital for prevention and treatment of HIV/AIDS and STIs. The environments at sexual health clinics, community clinics, other medical centers and NGO centers must be friendly; and confidentiality kept at a maximum level. However, awareness of the general population, especially in rural settings is dwindling given the lack of information dissemination. Early intervention based upon diagnosis is a key contributor of transmission prevention.

- Strategic objective; Ensure sustained and equitable access to quality, person centered treatment and care facilities to improve the well-being for all people living with HIV.

The ART programme in Sri Lanka was initiated in 2004 and is fully integrated with STI services. Presently, ART services are provided at 30 health centres. The WHO “Treat all” strategy has been adopted island wide since 2016. As of end 2024, there were 4059 patients on ART. With respect to UNAIDS 95-95-95 target, among the 87% who know their HIV status 81% were commenced on ART and 90% have achieved viral suppression. There are lack of awareness of free availability such services and support services.

Communication must be expanded to educate the general public and youth on the availability of free services, the assurance of confidentiality, and the comprehensive support offered to people living with HIV (PLHIV) through peripheral clinics and the wider health sector.

- Strategic Direction Increase coverage and quality of sexual health and STI treatment and care

Quality STI clinic services in Sri Lanka is already among the best in the region but



that strengthening them further is key to reaching elimination targets for STI, HIV and viral hepatitis. Most importantly populations need to be aware of treatment available for HIV positive individuals which enable them to live a healthier and longer life.

- Strategic objective; Scale up HIV and Tuberculosis (TB) service collaboration

Communication is important to ensure all HIV-TB co-infected patients are on appropriate treatment regimens for both infections.

## **Strategic Direction | Coordination, Human Resources, Training and Capacity Building**

In the changing scenario of the HIV/AIDS epidemic, there is a necessity to review the current National HIV/AIDS Policy (2011) and update with new policy directions

highlighting social contracting services for KP groups to streamline expanded HIV testing services and linkages to treatment and care provision, and strengthen procurement and supply chain management of diagnostics, medicine and commodities. NSACP is focusing on a public health and human rights-based approach by giving priority to concerns such as universal health coverage, gender equality and health related rights such as accessibility, availability, acceptability and quality of services (AAAQ) and human rights related principle of non-discriminatory, participatory and accountability.

### **Strengthening Leadership and Governance Structure**

Throughout the HIV epidemic, investments have been made by domestic and donor funding to strengthen the national health system and community systems. Infrastructure development, capacity building of workforces, establishment of electronic data management systems are some areas which have been advanced to make health system effective and efficient to respond to HIV/AIDS and ensure health services are accessible and available to those in need of services.

### **Strategy - Supportive Environment**

Strategic Objective: Creating a supportive environment to reduce stigma and discrimination

- Create an enabling legal environment by removing punitive and discriminatory laws and policies which are barriers for HIV/STI prevention and control



A supportive social, cultural, legal, and policy environment is essential to encourage people living with HIV (PLHIV) and key populations (KPs) to engage with HIV/STI interventions and fully benefit from the services provided to them. The communication strategy is firmly committed to eliminating all forms of stigma and discrimination related to HIV/AIDS and to ensuring that PLHIV and members of key population groups can fully enjoy their human rights and fundamental freedoms.

- Combating stigma and discrimination among selected government ministries and institutions

Communication is a key priority in advocacy efforts to reduce stigma and discrimination across all relevant government institutions, including the education and labor sectors, as well as agencies such as the National Child Protection Authority and the Sri Lanka Police.

The Steering Committee has identified that communication efforts should be strengthened to promote human rights, the right to health, and accurate knowledge on HIV/AIDS, as well as to highlight the negative effects of stigma and discrimination. These elements should be integrated into both pre-service and in-service training programmes of the Ministry of Health to support the national response.

- Responsible media reporting on HIV/AIDS to advance health promotion, human rights and right to health

Responsible media reporting on HIV/AIDS plays a vital role in advancing health promotion, protecting human rights, and upholding the right to health. To strengthen these efforts, a dedicated group of trained and committed media personnel should be established as role models for ethical and accurate HIV reporting. This group can champion evidence-based communication, promote non-stigmatising language, highlight positive stories of resilience, and ensure that media content supports national HIV prevention, treatment, care, and support goals. Their leadership will help set standards for responsible journalism and encourage the broader media sector to follow best practices that reduce stigma and discrimination.



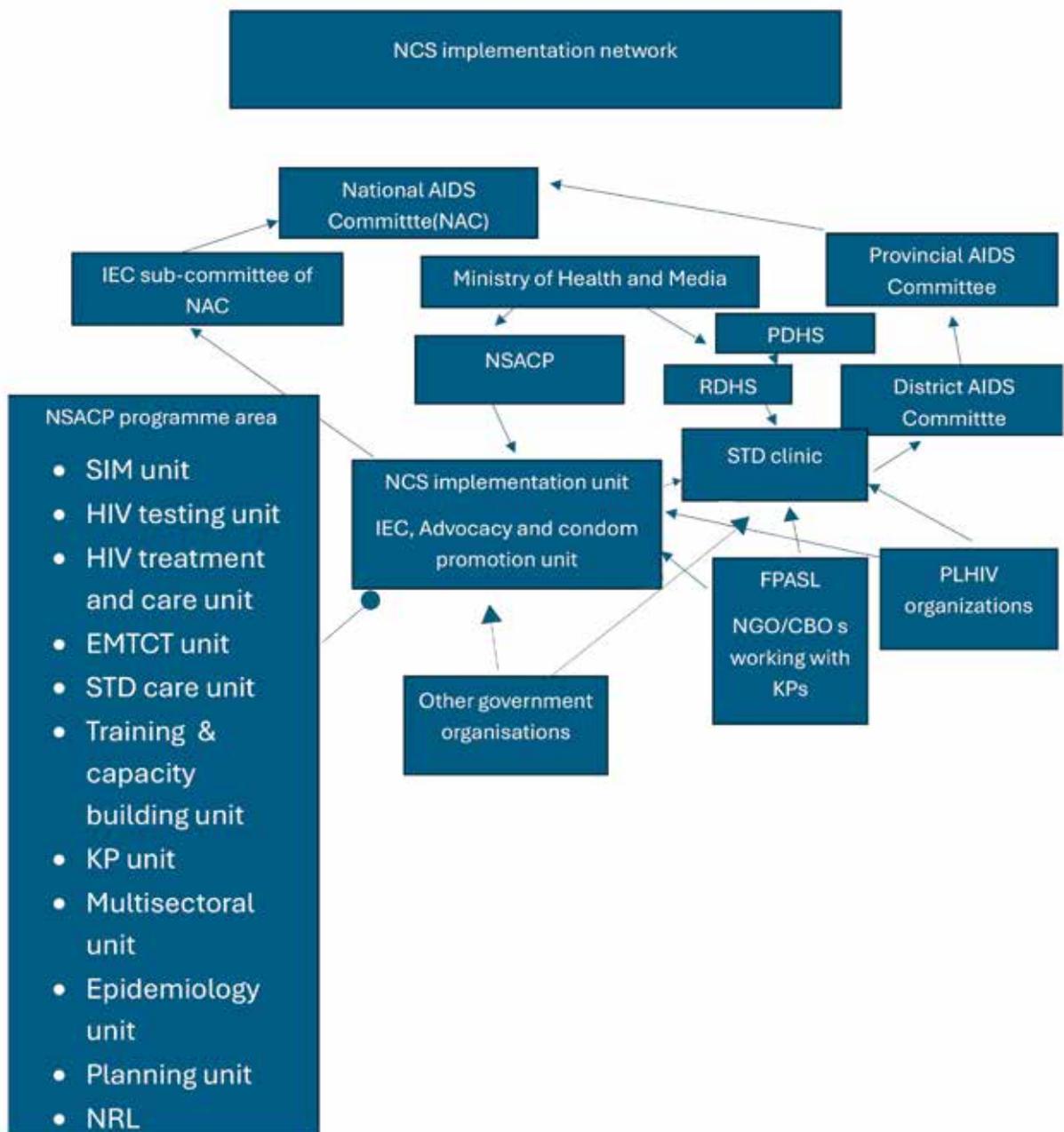
## 12. IMPLEMENTATION OF THE NATIONAL COMMUNICATION STRATEGY – 2018 - 2021

The Steering Committee discussed the gaps and challenges faced in implementing the National Communication Strategy (NCS) 2018–2022, mainly due to the COVID-19 pandemic and the subsequent economic crisis. The new NCS is scheduled for implementation in 2026, upon securing the necessary funding for its activities. It is expected to operate for a five-year period, guiding communication approaches and interventions until 2030.’

Implementation of approaches falls within the jurisdiction of IEC, Advocacy and condom promotion area of NSACP under the supervision of IEC Advocacy and condom promotion Subcommittee of National AIDS Committee (NAC). A steering committee will be appointed by the IEC sub-committee of NAC to guide the implementation of NCS, and a coordination unit will be established to work with the IEC programme area, which will liaise with relevant programme areas during NCS implementation. A multi-stakeholder approach is absolutely vital for full and effective implementation of communication approaches on a National and District Level.



### 13. IMPLEMENTATION OF THE NATIONAL COMMUNICATION STRATEGY - 2026-2030





## 14. RESPONSIBILITIES OF PROGRAMME AREAS /UNITS

### NSACP

- The NCS is primarily a national endeavour. At its core lies the objective of preventing the spread of HIV/STIs, maintaining the low prevalence level and Ending AIDS by 2030.
- As the primary and leading authority that spearheads the national response to HIV epidemic and STIs in Sri Lanka, the NSACP will coordinate and oversee the planning, implementation, evaluation, and effectiveness of the overall strategy.
- All Programme areas under the NSACP will collaborate in planning and implementing communication approaches, while working with public, private, civil society organisations, and partners at provincial and district levels.
- NSACP is responsible for the planning and implementation of Mass Media Communications and look in to all aspects and make recommendations when selecting media for mass media or social media communication or a combination
- Ensure the timely implementation of communication approaches and ensure that creative agencies adhere to the ethical considerations when designing creative
- material/visuals/audio across any media.
- Ensure IEC/BCC materials are unilateral in design elements; overall random quality checks of printed material
- Ensure media is clearly briefed at press briefings about the topic area.
- Ensure the quality of content with inputs from Health Promotion Bureau and material, resources and the capabilities of resource personnel
- Mass media communications will be carried out by the NSC implementation coordination unit under the IEC, Advocacy and condom promotion unit, which will operate under the IEC/BCC programme area, overseen by higher management of the NSACP.



## **IEC, Advocacy and Condom Promotion unit**

- This is the sub-unit of NSACP, which is primarily responsible for providing leadership to the NCS.
- Oversee the implementation of NCS.
- Work closely and monitor other programme areas and partners in the implementation of NCS,
- Developing comprehensive, tailor-made IEC material and training modules. Monitor third-party advertising/design agencies in developing communication material, by providing recommendations on content and ensuring quality.
- Provide technical guidance on content when developing audiovisual material for targeted interventions. E.g., Presentations, Testimonial Videos, Theatrical videos on prevention/testing/sexual responsibilities/stigma/support from clinics and the entire network, etc.
- Develop workable and detailed action plans for each mass communication work
- with clear timelines, resources and budget specifications.
- Update timely STI/HIV information on the know4sure.lk social media platforms and made corrections, when necessary
- Responsibility to oversee the inquiries to NSACP through 24/7 hotlines

## **IEC, Advocacy and Condom promotion sub-committee of the National AIDS Committee**

- Provide directions to the NCS Implementation Coordination Unit and monitor the Implementation
- Meet six months to discuss and assess the implemented NCS.
- Report directly to the National AIDS Committee on progress.

## **Strategic Information Management Unit**

- Ensure HIV/STI statistics and other information are accurately and comprehensively provided in communication to all interventions



- Update timely STI/HIV information on the NSACP website
- Responsibility to oversee the inquiries to NSACP through the website
- Assist monitoring and evaluation of the implementation of NCS

### **Epidemiology unit**

- Ensure HIV statistics and other information are accurately and comprehensively provided in communication to all interventions.

### **National Reference Laboratory**

- Ensure HIV/STI testing statistics and other information are accurately and comprehensively provided in communication to all interventions

### **HIV Testing and Counselling unit**

- Ensure information on testing and counselling services is accurately and comprehensively provided in communication material to all populations and target groups at interventions.
- Overall involvement in media campaign development (concepts and mechanics) when promoting these services.
- Responsibility for overseeing that inquiries to NSACP (after mass media communications begin) receive accurate information and guidance.

### **Multi-sectoral Coordination Unit**

- Work closely with the implementation coordination unit / IEC and Condom Promotion unit in the implementation of NCS as relevant to multi - sectoral unit.
- Work with relevant sectors and other partners in implementing communications for raising awareness among them on HIV/AIDS/STIs, their control and prevention and promotion of sexual and reproductive health.
- Responsibility in the Training of Trainers (ToT) for peer-led targeted intervention under the key population programmes, and as and when requested by other stakeholders.



- Responsibility in the training of peer educators belonging to prison inmates, migrants and youths and capacity building on an ongoing basis.

### **EMTCT Unit**

- Work closely with the implementation coordination unit / IEC and Condom Promotion unit in the implementation of NCS as relevant to EMTCT syphilis, HIV and hepatitis
- Ensure that mothers are informed of the importance of antenatal HIV testing for both mother and child through Mass Media Communications.
- Ensure doctors, nurses and antenatal clinic staff, MOH staff provide positive communications to expecting mothers on the aspects of equitable access to testing, treatment and care services
- Communicating effectively to partners of mothers on the importance of HIV /STI testing.
- promoting HIV testing among eligible couples and developing the capacity of STI clinic staff to identify and reduce the unmet family planning needs of KP and the HIV infected cohort.

### **HIV Treatment, Care and Support Unit**

- Work closely with implementation coordination unit / IEC and Condom Promotion unit in implementation of NCS as relevant to HIV treatment, care and support by planning, implementing, monitoring and evaluating relevant communication activities in the action plan
- Ensure information on Treatment, Care and Support services are accurately and comprehensively provided in communication material to all populations and target groups at interventions.
- Ensure clinics are equipped with communication material to distribute to patients and visitors.
- Communicate regularly with PLHIV, after initial diagnosis, on encouraging treatment.
- Responsibility for overseeing inquiries to NSACP receives accurate information.



## **Training and Capacity Building Unit**

- Work closely with implementation coordination unit / IEC and Condom Promotion unit in the implementation of NCS as relevant to training and capacity building activities.
- Responsibility in the Training of Trainers (ToT) for peer – led targeted intervention programmes and as and when requested by other stakeholders.
- Responsibility in the training of peer educators or outreach workers/coordinators belonging to Key Populations. Capacity building of HCW on an ongoing basis.

## **STI care unit**

- Ensure information on STI testing and counselling services is accurately and comprehensively provided in communication material to all populations and target groups at interventions.
- Overall involvement in media campaign development (concepts and mechanics) when promoting STI services.
- Responsibility for overseeing that inquiries to NSACP (after mass media communications begin) receive accurate information and guidance.

## **Key population unit**

- Work closely with implementation coordination unit / IEC and Condom Promotion unit in the implementation of NCS as relevant to key population interventions.
- Work with key population and NGO/CBO partners in implementing communications for raising awareness among them on HIV/AIDS/STIs, their control and prevention and promotion of sexual and reproductive health.
- Responsibility in the Training of Trainers (ToT) for peer–led targeted intervention under the key population programmes, and as and when requested by other stakeholders.
- Responsibility in the training of peer educators or outreach workers/coordinators belonging to Key Populations. Capacity building on an ongoing basis.



## **Planning unit**

- Identify and secure funding sources, government budget lines, development partners, UN agencies, and donor organizations, to ensure smooth implementation of the National Communication Strategy.
- Monitor expenditure against planned activities

## **District STI clinics**

- NCS implementation coordination unit / IEC and Condom Promotion unit of NSACP and district-level STI clinics will liaise with PDHS/RDHS in the implementation of NCS in relevant provinces and districts.
- Programme areas to plan targeted interventions in respective districts for key populations, vulnerable populations, PLHIV and the general public.
- Work closely with the MOH offices in the implementation of interventions.

## **PDHS/RDHS**

- Provide direction to the NCS Implementation Coordination Unit and monitor the implementation
- Meet quarterly in the district AIDS committee to discuss and assess the implemented NCS.
- Report directly to the IEC, Advocacy and Condom Promotion Sub-Committee of the National AIDS Committee on progress.

## **NGO partners within the GF-funded key population programme (Principal Recipient – 2 FPASL)**

- Work with key population (FSW, MSM, TG, PWID and BB) and NGO/CBO partners in implementing communications for raising awareness among them on HIV/AIDS/STIs, their control and prevention and promotion of sexual and reproductive health under the technical guidance of NSACP.
- FPASL (Principal recipient 2) to work closely with the relevant programme areas of NSACP in carrying out key population interventions in Colombo and Gampaha districts.



- Other NGO/CBOs working with the Key population unit in STI clinics in fourteen districts to work closely with relevant programme areas of NSACP in carrying out key population interventions, and close liaison with the district STI clinic
- Work closely with the implementation coordination unit / IEC, Advocacy and Condom Promotion unit in the implementation of NCS as relevant communication to key populations.



## 15. MONITORING AND EVALUATION

The monitoring and evaluation process will be an ongoing effort, which will require overseeing the overall implementation framework. A mid-term review of the strategy while it progresses is essential to the progress of the NCS against the planned timeframe.

Effectiveness indicators of each approach are the best measurements of success during the implementation process and once the NCS is completed. The overall indicators of decreasing new infections, AIDS-related deaths and stigma and discrimination towards PLHIV annually, leading up to Ending AIDS by 2030, will be the biggest measurement of success.

### Data collection

Collection, recording and compilation of data are the responsibility of the relevant implementing partners of NCS. The final authority of data management lies with the Strategic Information Management (SIM) unit of NSACP. SIM unit will device simple, yet an effective system for the given task.

Monitoring of mass communication effectiveness should be done on a monthly to monitor the impact of mass communication activities among the public. This should be spearheaded by the NCS Implementation Unit. This will incur a cost which should be managed from the mass communication budget as it is unable to gage at present the type of mass communication activity and the scope of the research/process of finding and analysing effectiveness data. This data should then be processed by SIM to present the true outcome of the implemented mass communication activities.

Epidemiological statistics are intended for technical, programmatic, and academic use not for sensationalized messaging in mainstream media that fuels stigma. Data and information must never be used in a way that triggers public anger, reinforces stereotypes, or blames a specific community for a disease.



## 16. ACTION PLAN

This action plan mainly focuses on creating awareness on a mass scale and within target groups/ communities while disseminating information on the subject matter of prevention, diagnosis, treatment and care, health system strengthening and enabling a supportive environment through communications.

### **Action plan – Mass media (General Population: 2026- 2030)**

#### **Considerations**

At the time of implementation, stakeholders can opt for the following methods when selecting mass media channels

- Mass media communications (TV, RADIO, PRESS, SOCIAL MEDIA) to include messages on prevention awareness, testing services and diagnosis, treatment and care services, as well as on addressing stigma and discrimination.
- Use messages interchangeably across spots received for the period of implementation but not overlapping strategic areas.
  - Initial period to be used as a preamble to HIV/STI, using statistics, its increase, what it is, and transmission. (Commencement phase).
  - Followed by prevention awareness for a period of time. (Prevention)
  - Subsequently, testing method, options, how to get tested, places and contact information (Testing)
  - After which, information on clinic services, treatment and care (Services)
  - Supplemented by messages pertaining to stigma and discrimination (Supportive Environment)



## 360° Campaign

This entails a concentrated campaign based on a central theme. Each individual communication will be a byproduct of the main campaign, which will include: – Campaign logo and slogan across all communications and materials – Common layout etc... – Each individual advertisement and print material can carry different Headlines and Messages alongside varying graphics but with the common logo and slogan and common layout

- The advantage of this method is that all communications, graphics, layouts will be done within guidelines. Deviations will be lesser giving more control in ensuring, adherence to the main objective.
- One-off advertisements/infomercials – These will be the usual, separate, unrelated advertisements, print material, infomercials etc....
- Media charges and Cost of Production are separate (needed to develop costed activity plan). Estimating costs for concepts and designing cannot be predicted at this stage as agencies consider the need, time and creative resources into account with each job or campaign
- Developing a principal campaign will require the agency and client to liaise throughout.
- With each creative concept, the ethical repercussions should be considered (Offensive use of images and words should be avoided)
- Media rates change from time to time. Rates of each channel and programme vary based on viewers or listeners. The cost of time spots will be broadcasted will vary from channel to channel.



## 17. CONCLUSION

This report of the National Communication Strategy (NCS) was designed for the objective of maintaining the low prevalence levels of HIV and ending AIDS by 2030. However, this report is not the complete means or ends to a detailed mass communication plan. It is a concise map of existing communications and proposed communication initiatives alongside budget recommendations for mass media communications.

While current and ongoing targeted interventions will continue to take a leading place in the fight against preventing HIV /STIs, the mass communication component will act as a supporting pillar to the work of those dedicated to achieving the end objective, including the NSACP, FPASL, NGO partners and other stakeholders, as well as all medical and non-medical officials.

Once the NCS implementation Coordination Unit, under the guidance of the IEC Sub-committee of NAC, it will be responsible for developing detailed action plans, managing funds, as well as implementing the actions under the NCS. This report is a guide and acts as a framework for the more detailed, more extensive work that will be carried out in the future.



## 18. REFERENCES

- 01 Annual Report 2024, National STI/AIDS Control Programme
- 02 National HIV/STI Strategic Plan Sri Lanka, 2023-2027
- 03 NSACP Report on In-Depth Interviews, 2025, NSACP (Supportive document to aid development of National Communication Strategy)
- 04 Report on Focus Group Discussions, 2025, NSACP (Supportive document to aid development of National Communication Strategy)
- 05 Minutes of the steering committee meetings, 2025, NSACP (Supportive documents to aid the Development of the National Communication strategy)



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