ANNUAL REPORT 2024

National STD/AIDS Control Programme
SRI LANKA

National STD/ AIDS Control Programme
Ministry of Health
Sri Lanka

29, De Saram Place,
Colombo 10, Sri Lanka

+94 11 2667163

www.aidscontrol.gov.lk

Annual Report 2024

NATIONAL STD/AIDS CONTROL PROGRAMME, MINISTRY OF HEALTH, SRI LANKA.

Email: info@aidscontrol.gov.lk | Web: www.aidscontrol.gov.lk | Tel: +94 11 2667163
Address: 29, De Saram place, Colombo 10, Sri Lanka

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Sri Lanka.

CONTENTS

FOREWORD

The National STD/AIDS Control Programme (NSACP) continues to lead Sri Lanka's response to HIV, with steadfast commitment to ending AIDS by 2030. Over the past year, NSACP implemented several transformative initiatives to strengthen systems and improve service delivery.

The SWASTHA platform—a centralized digital system for health commodity management—was operationalized to enhance efficiency and transparency in the procurement and distribution of ART, condoms, and lubricants. Following staff training, distribution was transitioned to RMSD, including MSD-procured test kits and reagents, replacing direct supplier dispatch to the NSACP Laboratory and improving accountability.

A new forecasting tool was introduced to support planning by tracking stock levels, expiry dates, consumption, and projected needs. Estimates for 2025 were submitted on time through both GOSL and Global Fund channels, aligned with HIV Programme Monitoring Tool (HPMT) targets.

Despite the absence of a formal Project Management Unit, the Director NSACP fulfilled the role of Project Manager, ensuring continuity and oversight. Global Fund procurements and approval system access were streamlined, enabling direct visibility and timely decision-making.

Monitoring of Global Fund and government allocations remains essential. To support planning and coordination, requests for the placement of a Consultant Community Physician through annual transfers to NSACP were initiated.

At the service delivery level, nine Provincial AIDS Committee meetings were conducted as structured reviews, with STD clinic visits and participation from Governors or Chief Secretaries—reinforcing provincial leadership and harmonizing HIV services nationwide.

To further institutionalize evidence-based practice, NSACP established a Research Review Committee to strengthen the governance of research conducted within the programme. Internal procedures for obtaining administrative clearance were revised to ensure greater transparency.

Sri Lanka's EMTCT status was reaffirmed following submission of the national revalidation report in 2024, officially recognizing sustained elimination of mother-to-child transmission of HIV and syphilis during 2021–2023.

This Annual Report documents these achievements and the wide range of activities carried out by NSACP and the island-wide network of STD clinics. Its publication is made possible by the dedication of our staff, whose tireless efforts throughout the year are deeply appreciated.

Dr. Vindya Kumarapeli
Director
National STD/AIDS Control Programme
Ministry of Health

ACKNOWLEDGEMENTS

Editor

Dr. Vino Dharmakulasinghe

Contributors for writing

Dr.Vindya Kumarapeli, Dr. Ariyaratne K.A. Manathunge, Dr. Jayanthi Elwitigala, Dr. Geethani Samaraweera

Dr. Nimali Jayasuriya, Dr. Umedha Jayasinghe, Dr. Vino Dharmakulasinghe

Dr. Janaka Weragoda, Dr. Sathya Herath, Dr. Piyumi Perera

Dr. Madhavi Gunathilaka, Dr. Lalanthika Welivitiya, Dr. Nishanthi Pakthagunanathan, Dr. S. Muraliharan, Dr. Kalpani Wijewardana, Mr. Lakshan Fernando

Contributors for data collection

Dr. Ariyaratne K.A. Manathunge, Dr. Madhavi Gunathilaka

Dr. S. Muraliharan, Dr. Dilani Peter, Dr. Sithmi Koswaththa, Lakshan Fernando

Amila Maduranga, Nimali Chandima, Chalani Chandrasiri, Rashika Thayaparan, Hiran Hemantha,

Graphics

Hiran Hemantha

ABBREVIATIONS

ABC	Abacavir
Ab	Antibody
AIDS	Acquired immunodeficiency syndrome
ANC	antenatal clinic
ART	antiretroviral treatment
ARV	antiretrovirals
ATV/r	Atazanavir/ritonavir
AZT	zidovudine
BB	Beach boys
BCC	Behaviour Change Communication
BH	Base Hospital
CBO	Community Based Organization
CD4	Cluster of differentiation
CMV	Cytomegalovirus
CMP	Communication Material and Publication
CPT	Cotrimoxazole preventive therapy
CSDF	Community Strength Development Foundation
DGH	District General Hospital
DGHS	Director General of Health Services
DOT	Directly Observed Therapy
DMH	De Soysa Maternity Hospital for Women
DQA	Data Quality Assessment
DRV	Darunavir
DTG	Dolutegravir
DTM	Diploma in Transfusion Medicine
DU	Drug User
DUO	Dual testing
EFV	Efavirenz
EIMS	Electronic Information Management System
ELISA	Enzyme Linked Immunosorbent Assay
EMTCT	Elimination of Mother To Child Transmission
EPTB	Etrapulmonary TB
EPS	External Professional Services
ETU	Emergency Treatment Unit
FHB	Family Health Bureau
FPA	Family Planning Association
FSW	Female Sex Worker
FTC	Emtricitabine
GFATM	Global Fund to fight AIDS, TB and Malaria
GC	Gonococcal
GH	General Hospital
GoSL	Government of Sri Lanka
GVAC	Global Validation Advisory Committee
H2H	Heart to Heart
HBsAg	Hepatitis B Surface Antigen
HCW	Health Care Worker
HCG	Human Chorionic Gonadotropin
HCV	Hepatitis C Virus
HDL	High Density Lipoprotein
HIV	Human Immunodeficiency Virus
HIVST	HIV Self Test
HPV	Human Papillomavirus
HPNP	Health Products Non Pharmaceuticals
HPE	Health Products Equipment
HR	Human Resources
HSS	Health System Strengthening

INTRODUCTION

The National STD/AIDS Control Programme (NSACP) is the key government body in Sri Lanka responsible for the prevention, control, and management of sexually transmitted infections (STIs) and HIV/AIDS. It operates under the Ministry of Health and plays a pivotal role in implementing national policies, coordinating services, and monitoring the HIV/STI response across the country.

NSACP operates through a network of forty full-time STD clinics and several branch clinics strategically located across the country covering all twenty-five districts. This network plays a pivotal role in delivering comprehensive services including STI diagnosis and treatment, HIV testing and counseling, antiretroviral therapy (ART), health education, and outreach to key populations. These services are offered free of charge, ensuring accessibility and equity in care. While NSACP oversees these services nationally, the majority of district-level sexual health clinics function under the administration of provincial health authorities, ensuring a decentralized and context-specific approach to service provision.

NSACP worked in close collaboration with government institutions, civil society organisations, international development partners, and key population groups to ensure equitable access to high-quality, stigma-free services. The programme maintained its commitment to evidence-based interventions, strengthened surveillance systems, expanded access to HIV testing and antiretroviral treatment (ART), and continued efforts to integrate STI services within the broader health system.

The programme remained committed to the UNAIDS 95-95-95 targets and the Sustainable Development Goals, while adapting to new public health challenges and emerging trends.

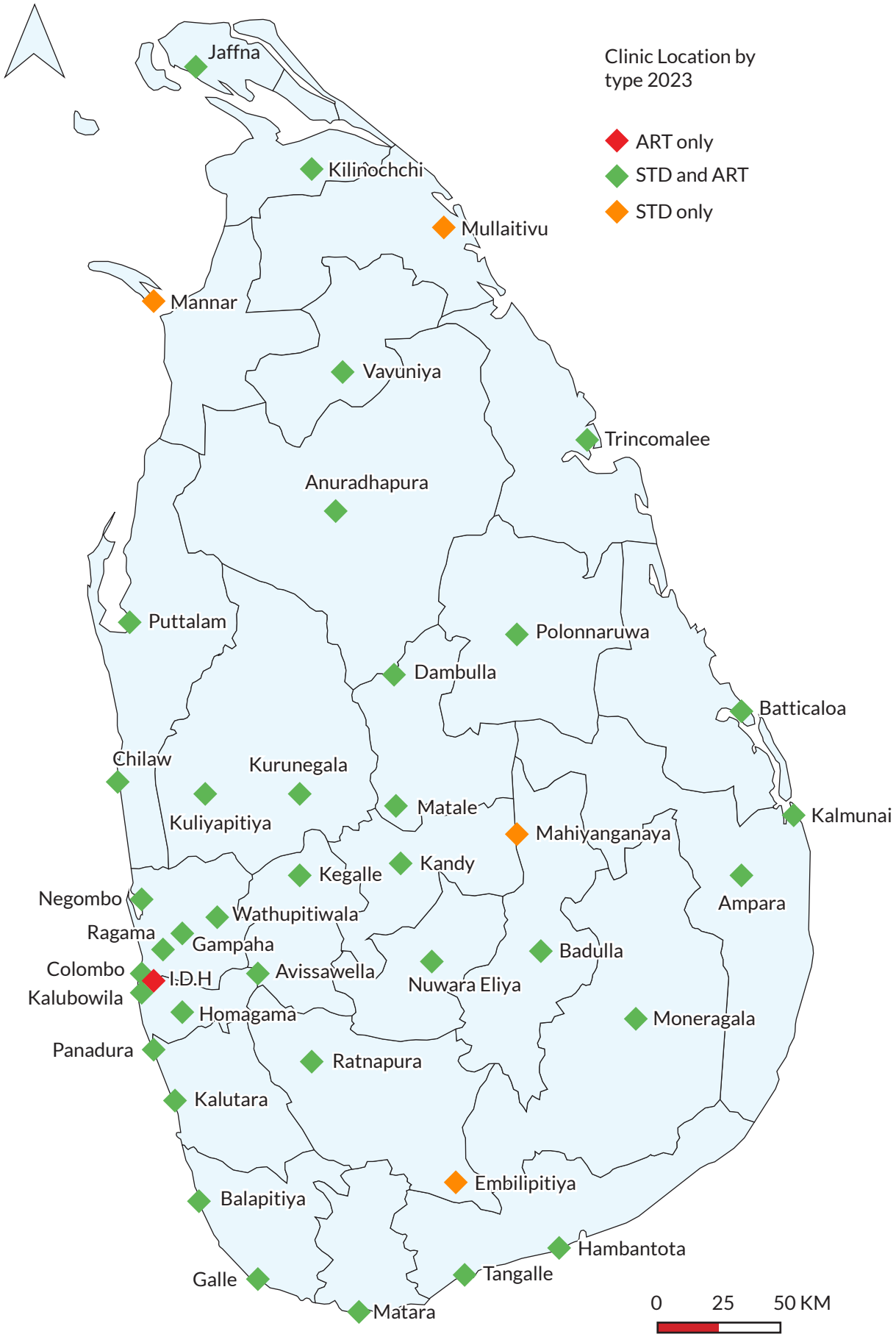
VISION

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

MISSION

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

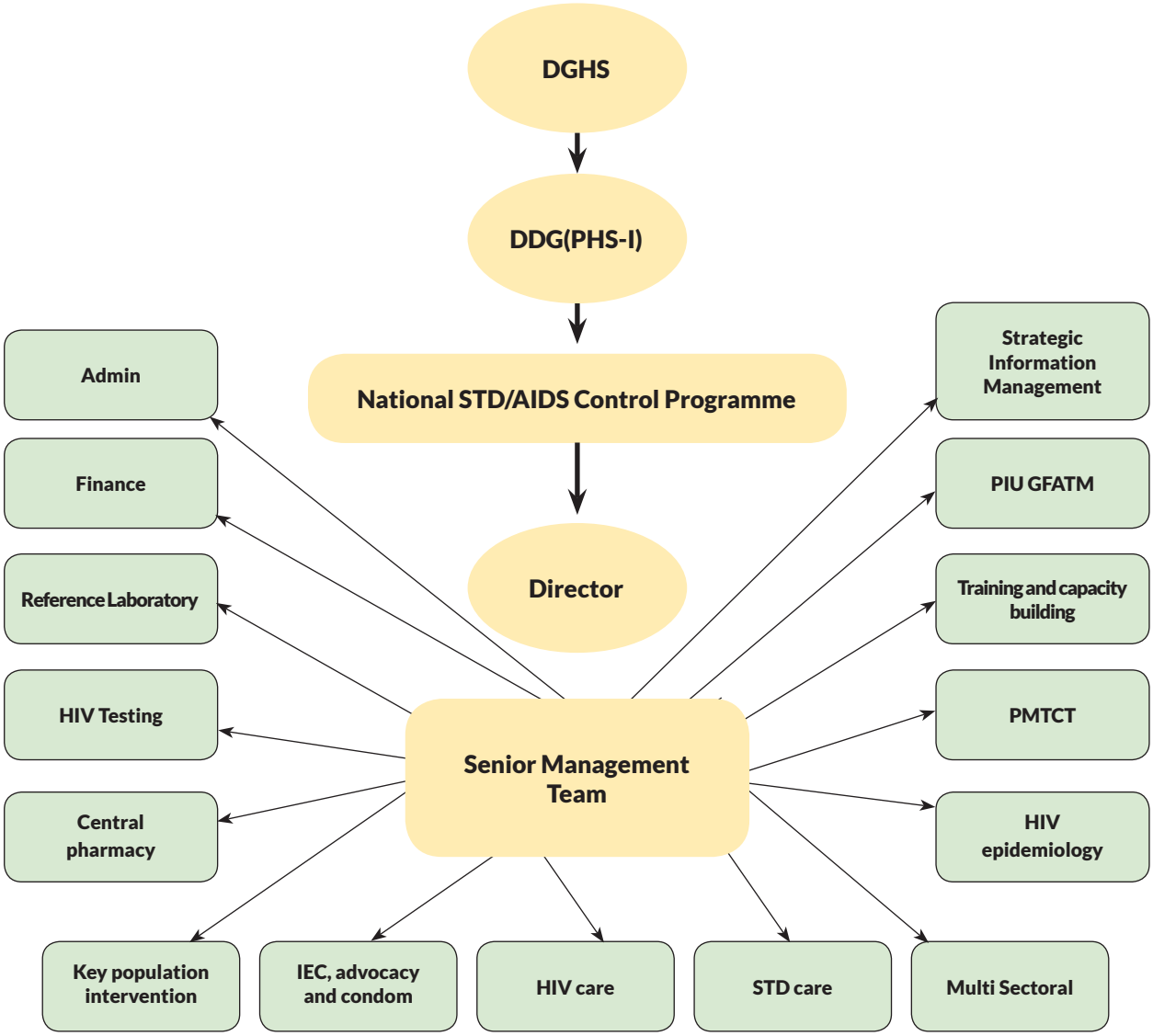
STD clinics in Sri Lanka 2024



Objectives

- To prevent new infections of HIV/STI among key populations, vulnerable populations, and the general population
- To provide universal access to HIV/STI diagnosis and treatment, care, and support services for those infected and affected by HIV/STI
- To strengthen strategic information systems and knowledge management for an evidence-based response
- To strengthen health systems at different levels and to ensure an effective multi-sector HIV/AIDS/STI response.

Organogram of the National STD/AIDS Control Programme



National programme areas & coordinators of NSACP

National Programme area	Name of the Coordinator
Administration	Dr Vindya Kumarapeli (Director, NSACP and Global Fund project implementation)
	Mr.S.K. Liyanage (Administrative officer)
Strategic Information Management	Dr. K.A.M Ariyaratne (Consultant Venereologist)
HIV Epidemiology	Dr.Madhavi Gunathilaka (Consultant Community Physician)
HIV treatment and care	Dr. Umedha Jayasinghe (Consultant Venereologist)
STD care and EMTCT programme	Dr. Nimali Jayasuriya (Consultant Venerologist)
Training and Capacity Building	Dr.Pyumi Perera(Consultant Venereologist)
	Dr.Iruka Rajapakse (Consultant Venereologist)
Laboratory services	Dr.Jayanthi Elvitigala (Consultant Microbiologist)
	Dr.Buddhini Samaraweera (Consultant Virologist)
Testing	Dr.Geethani Samarweera (Consultant Venereologist)
	Dr. Buddhini Samaraweera (Consultant Virologist)
IEC, Advocacy, and condom promotion	Dr. Vino Dharmakulasinghe (consultant Venereologist)
Multisectoral collaboration	Dr.Janaka Weragoda (Consultant Community Physician)
KP programme	Dr. Sathya Herath (Consultant Community Physician)
Central Pharmacy	Dr.G.A.S.Madushani (Chief Pharmacist)
Finance	Mrs.Roshika Sammankumari (Accountant, NSACP)
	Mr.Chandana Senavirathne (GF project Accountant)

EPIDEMIOLOGICAL STATUS ON HIV & AIDS IN SRI LANKA - 2024

Dr.Madhavi Gunathilaka[2]
Dr.Ariyarathne Manatunga[1]

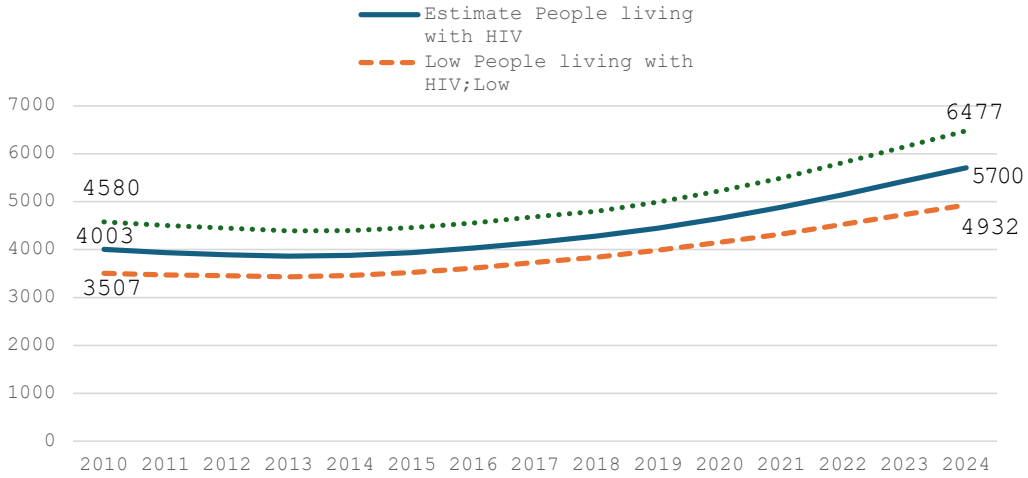
According to the United Nations Programme on HIV/AIDS (UNAIDS), the global response to HIV in 2024 reflects both notable progress and ongoing challenges. An estimated 40.8 million [37.0–45.6 million] people worldwide were living with HIV, with 1.3 million [1.0–1.7 million] newly infected during the year. Global new HIV infections have declined by 61% since their peak in 1996 and by 40% since 2010. AIDS-related illnesses claimed 630 000 [490 000–820 000] lives in 2024, while 31.6 million [27.8–32.9 million] people were receiving antiretroviral therapy. Since the start of the epidemic, approximately 91.4 million [73.4–116.4 million] individuals have been infected with HIV, and 44.1 million [37.6–53.4 million] have died from AIDS-related causes. Globally, AIDS-related deaths have fallen by 70% since their peak in 2004 and by 54% since 2010.

Within this global context, the NSACP Annual Report – 2024 offers an in-depth analysis of the national HIV landscape in Sri Lanka. Compiled by the National STD/AIDS Control Programme (NSACP), the report serves as a key resource for policymakers, healthcare professionals, researchers, and development partners, providing up-to-date surveillance data and insights into national trends, patterns, and programmatic responses to guide evidence-based action.

HIV/AIDS Estimates, Sri Lanka-2024

In 2024, Sri Lanka continued to experience a low-level HIV epidemic, with slow but steady progress toward epidemic control. The epidemic remains largely concentrated among key populations at higher risk. Based on UNAIDS modelled estimates, approximately 5,700 individuals were living with HIV (PLHIV) in Sri Lanka, with a confidence interval ranging from 4,900 to 6,500. HIV prevalence among the general adult population remains below 0.1%, and the adult incidence rate is estimated at under 0.01%, indicating limited but ongoing transmission within the country.

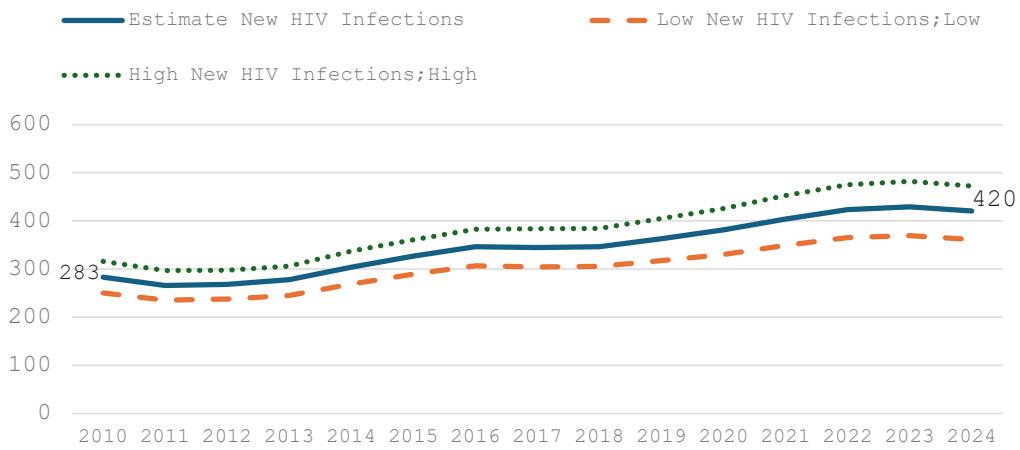
Figure 1.1 Estimated number of people living with HIV 2010-2024



In 2024, Sri Lanka recorded a 48% increase in new HIV infections compared to 2010, indicating a rising transmission trend despite advances in treatment and care, while the incidence rate among adults aged 15–49 remained at 0.1 per 1,000 population.

AIDS-related deaths numbered fewer than 200, reflecting gains in early detection and access to care; however, late presentation and challenges in timely treatment continue to persist.

Figure 1.2 Estimated number of new infections 2010-2024

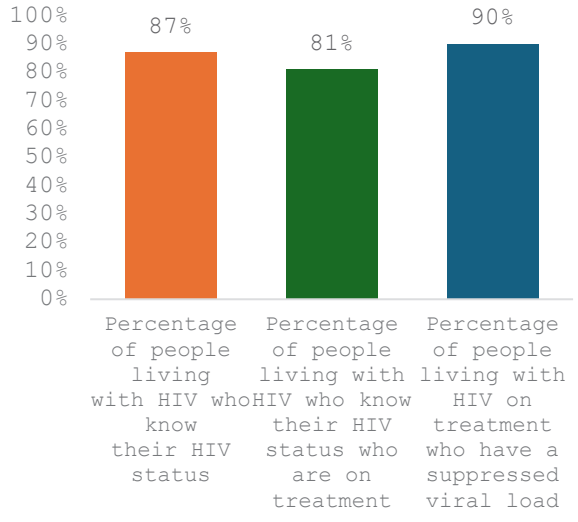


Progress towards the 95–95–95 targets using the cascade data presentation

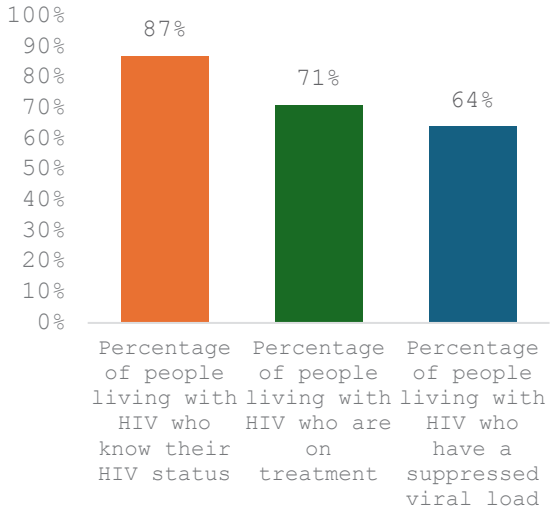
The country has shown encouraging results in its progress towards the global 95–95–95 targets, set for 2025, ensuring that 87% of PLHIV know their status. Among those who know their status, 81% (4,059 individuals) are currently receiving antiretroviral treatment. Of those on treatment, 90% (3,648 individuals) have achieved viral load suppression.

HIV testing and treatment cascade 2024 presents Sri Lanka's overall progress toward the UNAIDS 95-90-86 targets. It shows that 87% of people living with HIV (PLHIV) have been diagnosed and are aware of their HIV status. Of all PLHIV, 71% are currently receiving antiretroviral treatment, and 64% have achieved viral load suppression. These figures reflect meaningful progress along the HIV care continuum but also highlight key gaps particularly in treatment initiation and viral suppression that must be addressed to meet the 2025 global targets.

Figure 1.3 Measuring progress towards the 95–95–95 targets using the cascade data



95–95–95 targets



HIV testing and treatment cascade

HIV case notification data

The cumulative number of HIV cases reported from 1987 through the end of 2024 has shown a gradual increase, with a total of 824 new HIV cases reported in 2024 alone. A significant number of new diagnoses were identified through voluntary testing, through NGO outreach workers, screenings in blood banks, chest clinics, visa applications, prison medical assessments, and inpatient referrals underscoring the importance of provider-initiated testing and routine screening in key settings.

Figure 1.4 Annually reported HIV cases from 1987-2024

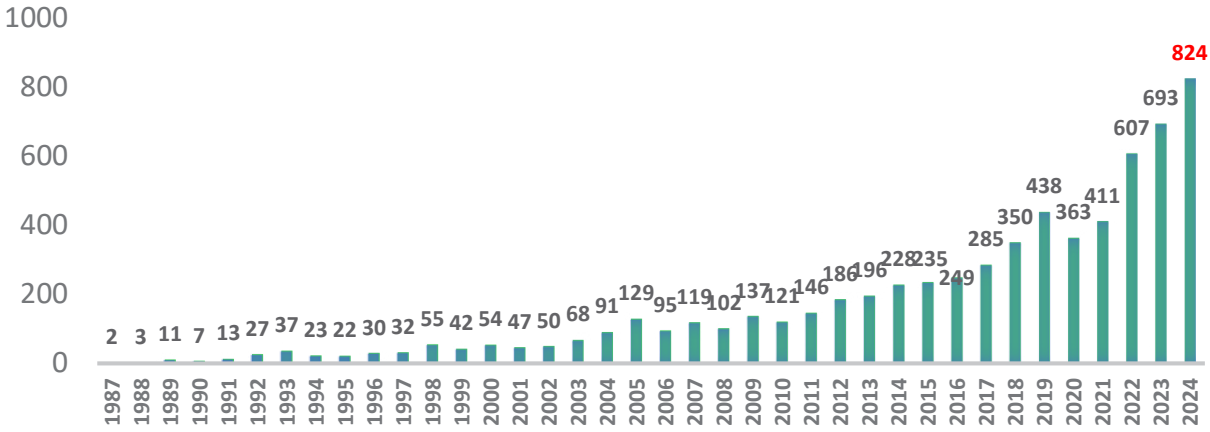
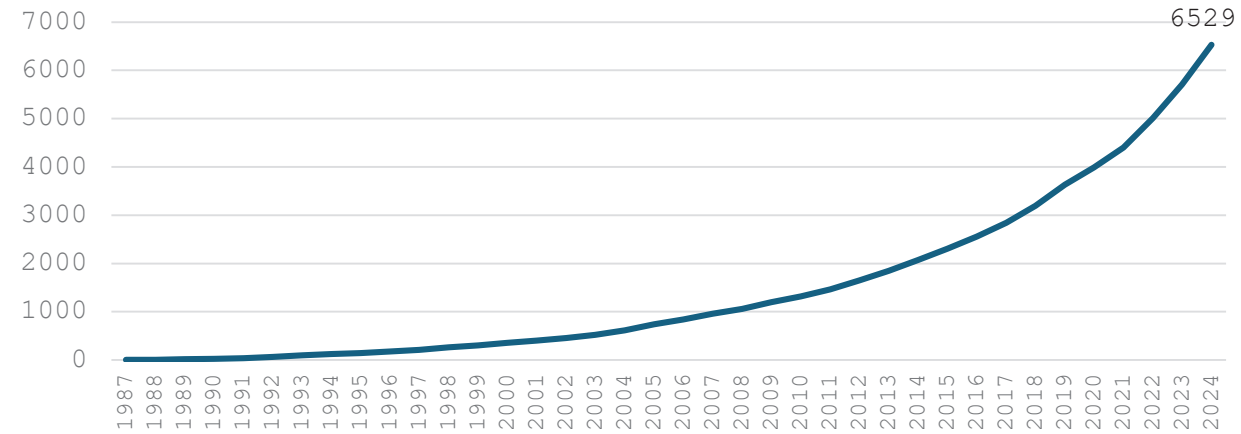
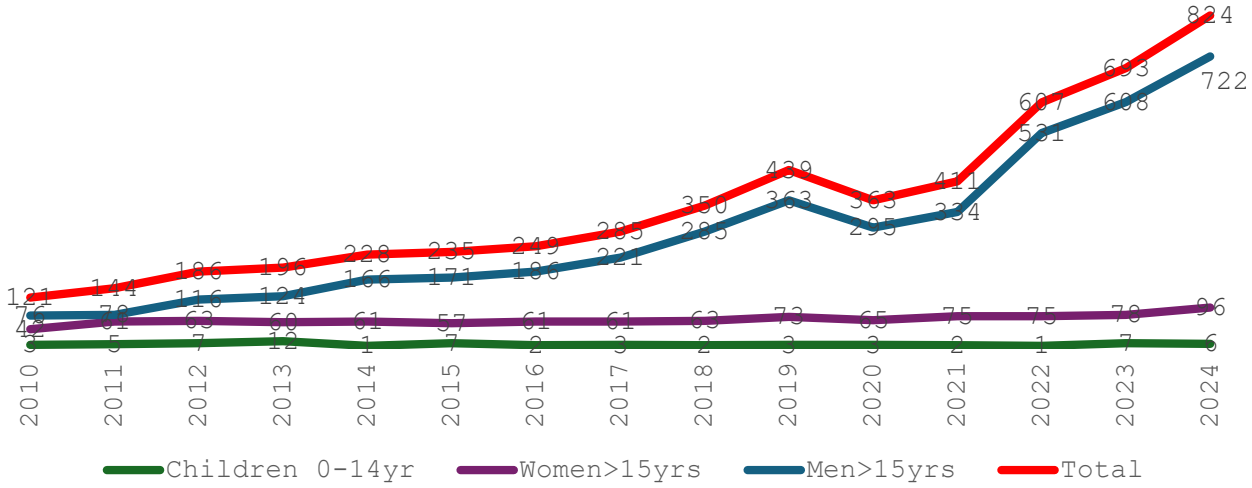


Figure 1.5 Cumulative HIV/AIDS cases 1987–2024



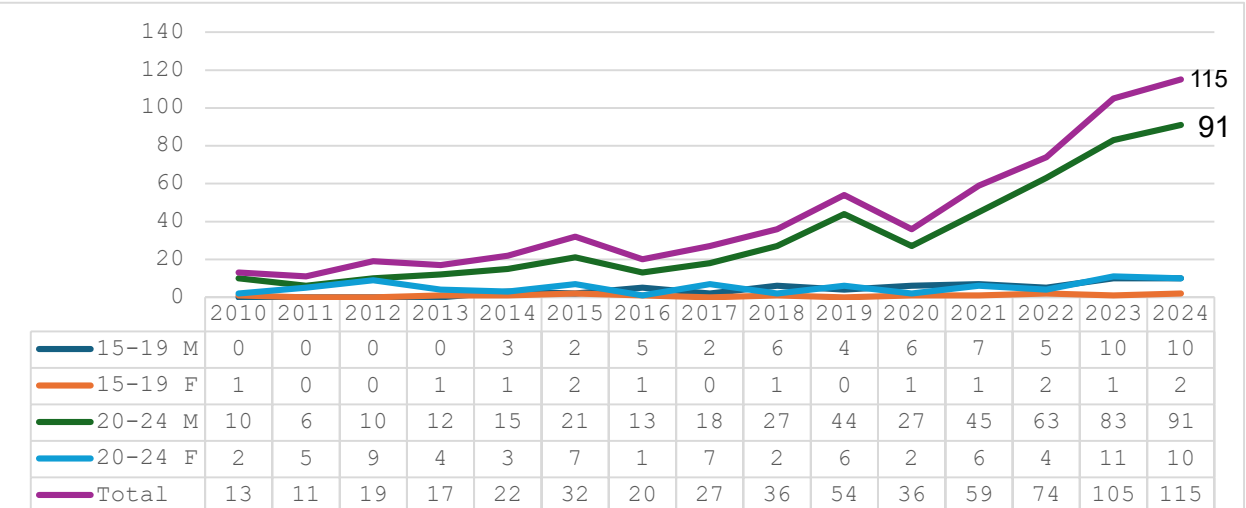
This graph in the Figure 1.5 illustrates the upward trend in the total number of reported HIV cases in Sri Lanka over nearly four decades. From a relatively flat curve in the early years, the cumulative case count began to rise gradually in the 2000s and then more sharply after 2010. By the end of 2024, the total number of reported HIV cases reached 6,529, indicating a consistent increase in case detection, particularly over the past decade. This rise reflects both the expanding HIV epidemic and improved surveillance and testing efforts in the country.

Figure 1.6 Trends of HIV case notifications by age and sex 2010-202



From 2010 to 2024, the total number of reported HIV cases has shown a steady and substantial increase, rising from 121 cases in 2010 to 824 cases in 2024. The majority of cases were consistently reported among men over 15 years of age, increasing more than ninefold from 76 in 2010 to 722 in 2024. Reported cases among women over 15 years also showed an upward trend, from 42 in 2010 to 96 in 2024. In contrast, HIV cases among children aged 0–14 years remained low and fluctuated annually, with a peak of 12 cases in 2013 and a total of 6 cases reported in 2024. The data highlight a significant and ongoing burden among adult males, with relatively lower but increasing numbers among adult females and persistently low figures among children.

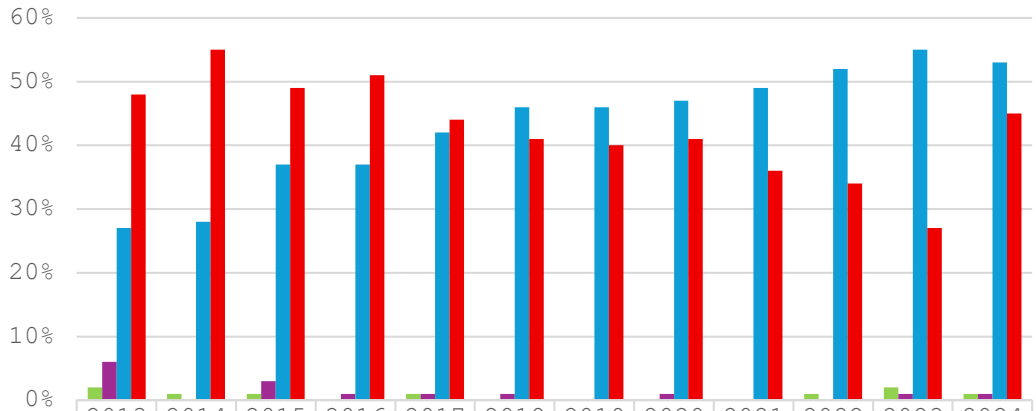
Figure 1.7 Number of reported HIV cases among youth aged 15–24 years, by age group and sex, 2010 - 2024



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
15-19 M	0	0	0	0	3	2	5	2	6	4	6	7	5	10	10
15-19 F	1	0	0	1	1	2	1	0	1	0	1	1	2	1	2
20-24 M	10	6	10	12	15	21	13	18	27	44	27	45	63	83	91
20-24 F	2	5	9	4	3	7	1	7	2	6	2	6	4	11	10
Total	13	11	19	17	22	32	20	27	36	54	36	59	74	105	115

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. Among adolescents aged 15–19 years, both male and female case numbers remained relatively low but gradually increased over time. In 2024, 11 male and 2 female cases were reported in this age group. The data highlight a clear upward trend in HIV diagnoses among young males, especially those aged 20–24, pointing to a growing need for targeted prevention and education strategies in this demographic.

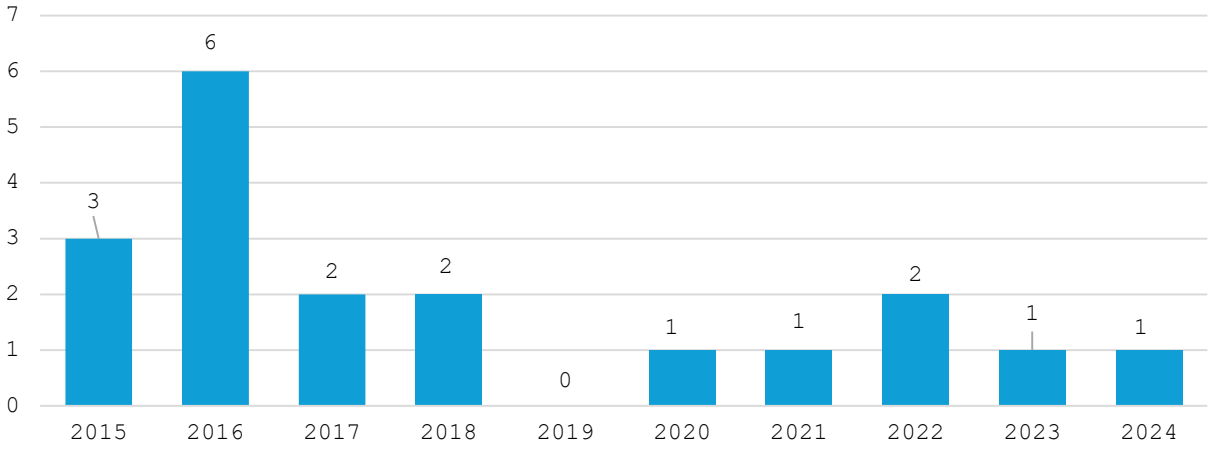
Figure 1.8 Probable mode of transmission



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
IDU	2%	1%	1%	0%	1%	0%	0%	0%	0%	1%	2%	1%
Mother to child	6%	0%	3%	1%	1%	1%	0%	1%	0%	0%	1%	1%
Male to Male sex	27%	28%	37%	37%	42%	46%	46%	47%	49%	52%	55%	53%
Heterosexual	48%	55%	49%	51%	44%	41%	40%	41%	36%	34%	27%	45%

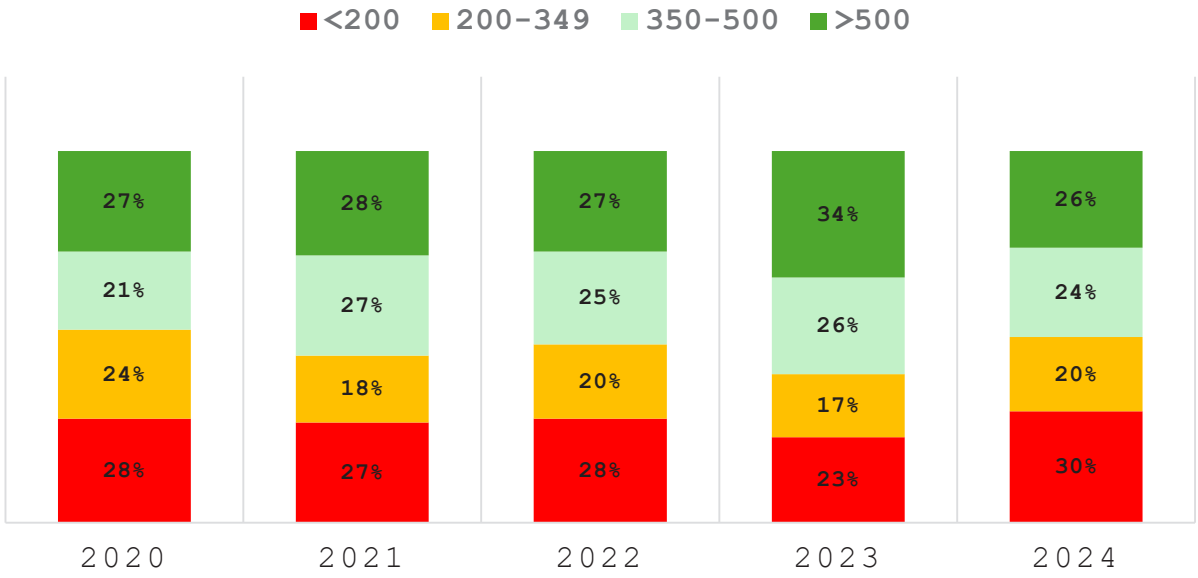
In the early years of this period, the predominant mode of HIV transmission was heterosexual contact, accounting for around 40% of cases in 2018. However, in the latter years, male-to-male sex (MSM) became the leading mode of transmission. In 2024, of concern, 110 individuals did not disclose their probable mode of transmission.

Figure 1.9 MTCT HIV cases by reported year and year of birth, 2015-2024



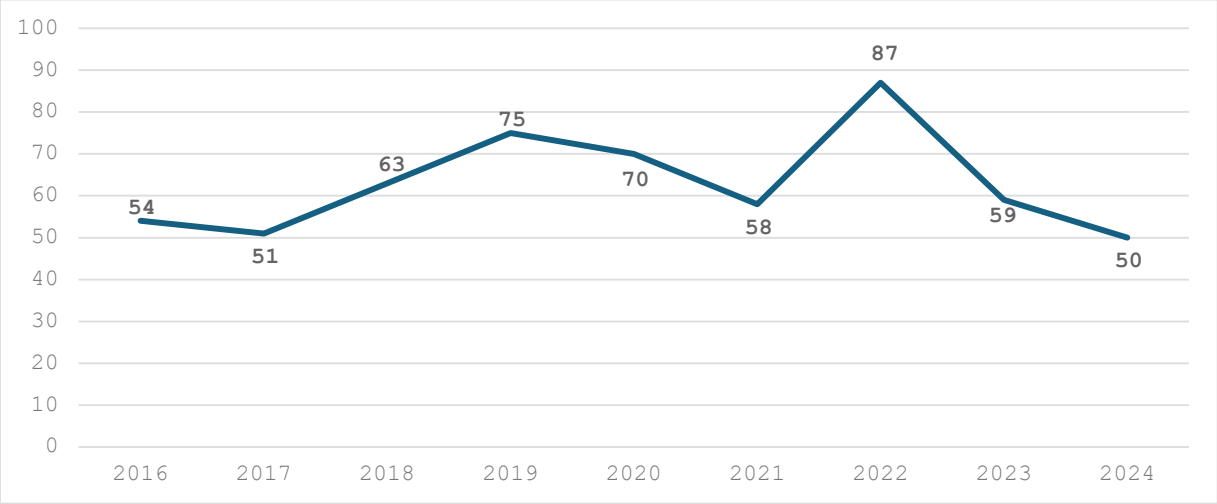
From 2015 to 2024, the number of HIV cases attributed to mother-to-child transmission (MTCT) remained relatively low, with annual reported cases ranging from 0 to 6. The highest number of cases was reported in 2016 (6 cases), followed by a general decline in subsequent years. Notably, no cases were reported in 2019. Between 2020 and 2024, the number of MTCT cases remained consistently low, with 1 or 2 cases reported each year. Sri Lanka's Prevention of Mother-to-Child Transmission (PMTCT) efforts have remained effective, with paediatric HIV infections per 100,000 live births staying well below the global target threshold of 50. This reflects the successful integration of maternal HIV screening and early infant diagnosis into maternal and child health services.

Figure 1.10 Percentage of CD4 counts closer to the diagnosis of HIV infection, 2020-2024



The stacked bar chart illustrates the distribution of CD4 cell count categories among individuals from 2020 to 2024, highlighting trends in immune status over time. CD4 categories are divided as follows: <200 cells/mm^3 (severe immunosuppression), 200–349 (moderate), 350–500 (mild), and >500 (normal or near-normal immune function). In 2020, 28% of individuals had CD4 counts below 200, and this proportion remained relatively stable through 2022, before dropping to 23% in 2023 and rising again to 30% in 2024. The proportion with CD4 counts above 500 increased from 27% in 2020 to a peak of 34% in 2023, then declined to 26% in 2024. The 200–349 group showed a general decline from 24% in 2020 to 20% in 2024, while the 350–500 group remained relatively steady. Overall, the data suggest an improvement in immune status in 2023, followed by a possible decline in 2024, as indicated by the increase in the proportion of individuals with CD4 counts below 200. In HIV, a CD4 count of around 200 cells/µL usually indicates a late diagnosis, whereas a CD4 count above 500 cells/µL reflects an earlier diagnosis.

Figure 1.11 Number of deaths reported in HIV/AIDS patients from 2016-2024



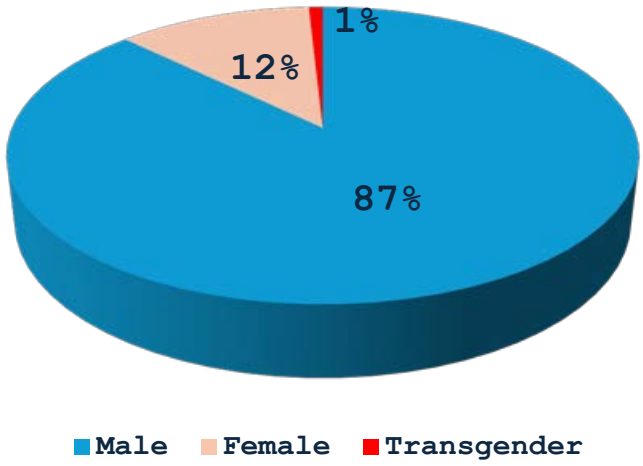
Deaths among people diagnosed with HIV remain a significant area of concern. According to UNAIDS, fewer than 200 deaths have been estimated among people living with HIV in Sri Lanka in 2024. The majority of AIDS-related deaths in 2024 occurred in the 25–49 year age group and were more common in males. Common opportunistic infections contributing to mortality included Pneumocystis Jirovecii Pneumonia (PJP), disseminated tuberculosis, cryptococcal infections, and toxoplasmosis.

Mortality data were compiled through multiple channels, including the Epidemiology Unit, STD clinics, ICUs, and ART quarterly returns. Despite improvements in mortality tracking, underreporting remains a challenge. Strengthening the systematic implementation of death audits and integrating findings into program planning is essential to reduce future mortality.

Statistics in 2024

The pie chart in Figure 1.12 presents the gender distribution of the 824 patients newly diagnosed with HIV in 2024. The majority were males (87%, n=719), followed by females (12%, n=98) and transgender individuals (1%, n=7).

Figure 1.12 Gender distribution of newly diagnosed HIV patients -2024



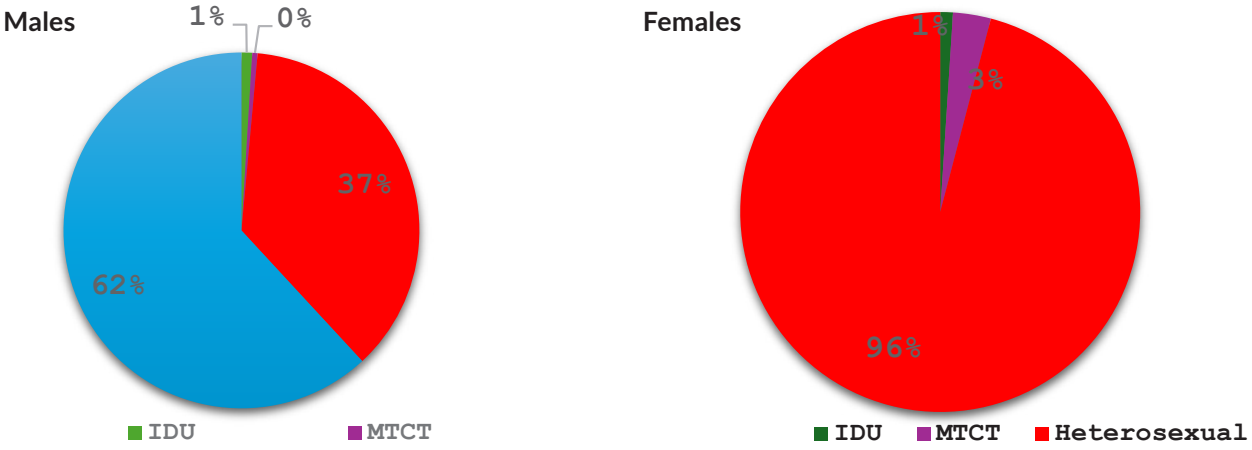
Male 719 | Female 98 | Transgender 07

Table no. 1.0 Distribution of newly diagnosed HIV patients in 2024 by age and sex category in percentages and numbers

Age category in years	Female		Male		Transgender		Total	
	No.	%	No.	%	No.	%	No.	%
<15	3	3.1%	3	0.4%	0	0.0%	6	0.7%
15-19	2	2.0%	9	1.3%	1	14.3%	13	1.6%
20-24	10	10.2%	89	12.4%	2	28.6%	102	12.4%
25-29	12	12.2%	129	17.9%	2	28.6%	143	17.4%
30-34	10	10.2%	133	18.5%	1	14.3%	148	18.0%
35-39	10	10.2%	122	17.0%	1	14.3%	140	17.0%
40-44	17	17.3%	86	12.0%	0	0.0%	104	12.6%
45-49	18	18.4%	53	7.4%	0	0.0%	52	6.3%
>50	16	16.3%	95	13.2%	0	0.0%	116	14.1%
Total	**98**	**100.0%**	**719**	**100.0%**	**7**	**100.0%**	**824**	**100.0%**

The table no 1.0 shows the distribution of newly diagnosed HIV patients in 2024 by age group and sex. The highest number of cases was reported in the 25–49 age group, representing most diagnoses across all groups. Males comprised the majority of cases in every age category.

Figure 1.14 Distribution of newly diagnosed HIV cases in 2024 by mode of transmission



The pie charts in Figure 1.14 illustrate the distribution of newly diagnosed HIV cases in 2024 by mode of transmission, disaggregated by sex. Among males who reported their risk category, the majority were men who have sex with men (MSM), accounting for 383 cases (62%), followed by heterosexual transmission with 227 cases (37%).

Among females, the most common mode of transmission was heterosexual contact, accounting for 96% of cases. However, a significant number of individuals did not disclose their risk category 109(15%) males and one female. (Those who have not disclosed their risk category were excluded from analysis) In conclusion, the 2024 data provide valuable insights into the changing dynamics of the HIV epidemic in Sri Lanka.

The majority of newly diagnosed cases continue to be among males, with men who have sex with men (MSM) identified as the most affected key population. Heterosexual transmission remains a significant route, especially among females, while cases attributed to injection drug use and mother-to-child transmission are relatively low but still warrant attention.

These findings emphasize the need to expand HIV testing, promote early diagnosis, and strengthen linkage to care especially for key and hard to reach populations.

Additionally, the high proportion of cases with undisclosed information highlights the ongoing need to address stigma and improve accurate reporting. Sustained investment in evidence-based interventions, comprehensive surveillance, and inclusive, stigma free services remain important for meeting national and global HIV response goals.

Epidemiological status on HIV & AIDS in Sri Lanka - 2024

[1]Consultant Venereologist, [2]Consultant Community Physician

EPIDEMIOLOGY OF SEXUALLY TRANSMITTED INFECTIONS-2024

Dr. Ariyaratne Manathunge (1)
Dr. Lalanthika Welivitiya(3)
Dr. Nishanthi Pakthagunanathan(4)

Sexually transmitted infections remain a public health issue both globally and in Sri Lanka. Understanding the trends and epidemiology of STIs is essential to implement effective management and prevention strategies.

This chapter presents an analysis of the epidemiology of sexually transmitted infections (STIs) in Sri Lanka, highlighting current trends, challenges, and opportunities for intervention.

In alignment with the Global Health Sector Strategies on STDs and the key strategic and operational shifts required to eliminate STIs as public health concerns by 2030, these underscore the importance of creating an enabling environment where individuals feel comfortable discussing their sexual health, adopting safer practices, and seeking timely treatment. It emphasizes the need to vastly scale up primary prevention efforts, expand access to comprehensive screening, and enhance the quality of case management through collaboration among public, private, and non-governmental providers.

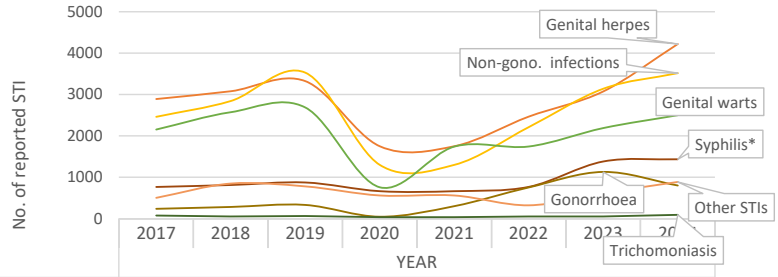
Table 2: STI diagnoses reported from STD clinics during 2024.

Diagnosis	Male		Female		Total	
	No.	%	No.	%	No.	%
Genital herpes	**1,214**	**20%**	**1,677**	**27%**	**2,891**	**24%**
Non-gonococcal infections	**778**	**13%**	**2,514**	**41%**	**3,292**	**27%**
Genital warts	**1,457**	**24%**	**1,122**	**18%**	**2,579**	**21%**
Syphilis*	**1,088**	**18%**	**381**	**6%**	**1,469**	**12%**
Gonorrhoea	**875**	**15%**	**160**	**3%**	**1035**	**8%**
Trichomoniasis	**37**	**1%**	**53**	**1%**	**90**	**1%**
Other STIs	**575**	**10%**	**249**	**4%**	**824**	**7%**
Total STIs	**6,024**	**100%**	**6,156**	**100%**	**12,180**	**100%**

* Includes both early and late syphilis

Figure 1: illustrate the trend of reported STIs in Sri Lanka from 2017 to 2024.

Figure 1: Trend of reported STIs, 2017-2024



	2017	2018	2019	2020	2021	2022	2023	20
Genital herpes	2893	3081	3326	1753	1753	2469	3077	4222
Non-gono. infections	2461	2842	3527	1302	1302	2213	3139	3515
Genital warts	2153	2572	2687	757	1741	1743	2189	2500
Syphilis*	768	815	876	666	666	770	1383	1436
Gonorrhoea	237	282	331	46	301	754	1128	800
Trichomoniasis	78	53	63	36	36	56	51	92
Other STIs	506	850	782	563	563	326	622	889

Non gonococcal infections and genital herpes are the commonest sexually transmitted infections in Sri Lanka. From 2021 onwards, most STIs—especially genital herpes, non-gonococcal infections, and syphilis—show a steady rise, reaching their highest levels by 2024.

Figure 2: Trend of total number of STIs, 2017-2024

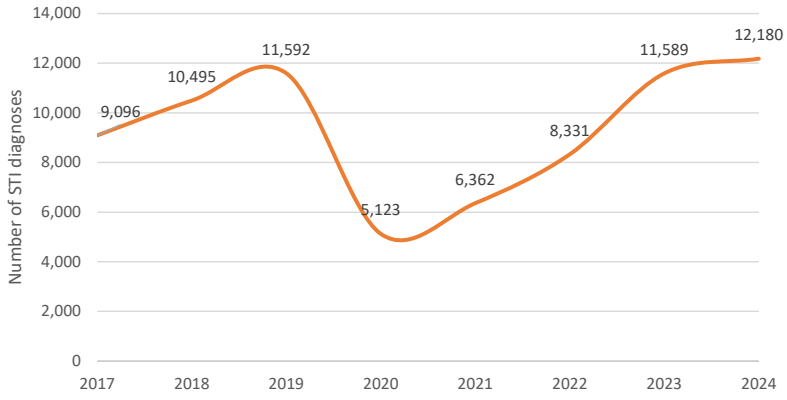


Figure 2 illustrates the trend of reported total STIs in Sri Lanka from 2017 to 2024. Commencing at 9,096 cases in 2017, the incidence exhibited a steady upward trend, culminating in a zenith of 11,592 cases in 2019. However, a pronounced decline ensued in 2020 and 2021, with reported cases sharply decreasing to 5,123 in 2020—a decline attributable to the disruptions of STI services by the COVID-19 pandemic. Subsequently, the incidence of reported STIs demonstrated a gradual and steady increase, escalating to 12,180 STI diagnoses in 2024. This number surpasses the previous peak observed in 2019 and signifies an evolving challenge of STI control in the country.

Syphilis

Syphilis, caused by the bacterium Treponema pallidum, progresses through a series of stages; primary, secondary, latent, and tertiary, if not treated adequately.

1.1 Infectious Syphilis

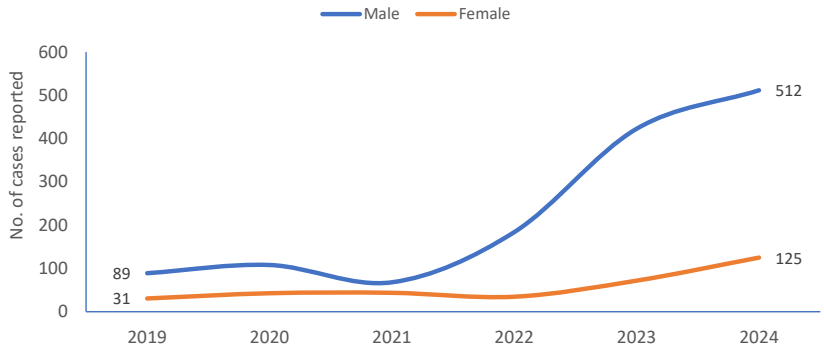
Infectious syphilis is a highly contagious stage of syphilis. Primary, secondary and early latent syphilis stages are counted as infectious syphilis (or early syphilis). If left untreated, it can progress to late stages, affecting multiple organs and systems. Early diagnosis, appropriate treatment are essential to prevent complications and halt transmission.

In 2024, 637 early syphilis cases were reported—512 males (80%) and 125 females (20%) accounting for 4% of all STI diagnoses.

This continues the upward trend observed in previous years, particularly among males, who showed a sharp increase from 89 cases in 2019 to 512 cases in 2024, while female cases remained lower with modest changes.

This trend highlights a growing burden among males, indicating the need for targeted screening, early diagnosis, and treatment strategies.

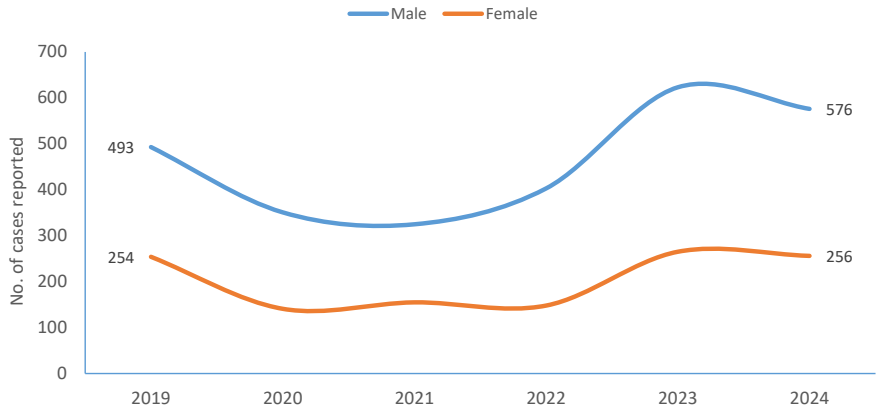
Figure 3: Early syphilis cases by sex, 2019-2024



1.2 Late Syphilis

In 2024, altogether 832 cases of late syphilis were recorded—576 males (69%) and 256 females (31%)—making up 5% of all STI cases. This marks a continued rise from 2023, where 523 cases were seen in males ≥25 years. The resurgence, especially among older men, follows a decline during the early pandemic years.

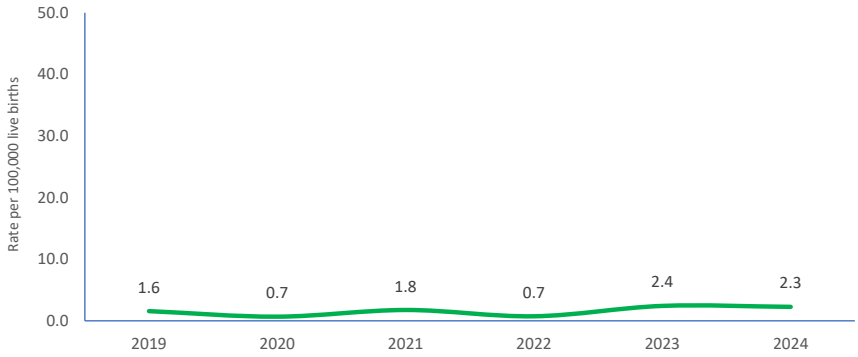
Figure 4: Late syphilis cases by sex, 2019-2024



1.3 Congenital syphilis, 2019 – 2024

Figure 4 shows the annual rate of congenital syphilis per 100,000 live births from 2019 to 2024. The rate increased from 1.6 in 2019 to 2.3 in 2024, indicating a general upward trend despite year-to-year variations. However, this is a low rate compared to the target given by World Health Organization to consider elimination status of mother-to-child transmission of syphilis which is less than 50 congenital syphilis cases per 100,000 live births.

Figure 5: Annual rate of congenital syphilis per 100,000 live births



Gonorrhoea

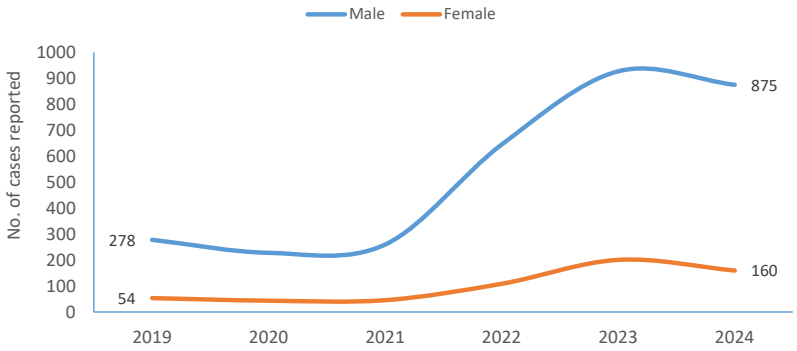
Gonorrhoea, caused by Neisseria gonorrhoeae, is a common STI affecting the urethra, rectum, throat, and cervix. Number of infections, especially in women, are asymptomatic. When present, symptoms may include painful urination and discharge.

In 2024, 1,035 gonorrhoea cases were reported from STD clinics, comprising 875 males (84.5%) and 160 females (15.5%). Gonorrhoea accounted for 8% of all STI diagnoses, with a clear male predominance.

A review of the 2019–2024 trend shows a steady increase in cases, from 331 in 2019 to 1,035 in 2024. This may reflect both improved testing and a real rise in transmission, especially among high-risk groups.

The upward trend underscores the need for targeted interventions, including routine screening, safer sex education, and monitoring for antimicrobial resistance.

Figure 6: Gonorrhoea cases by sex, 2019-2024



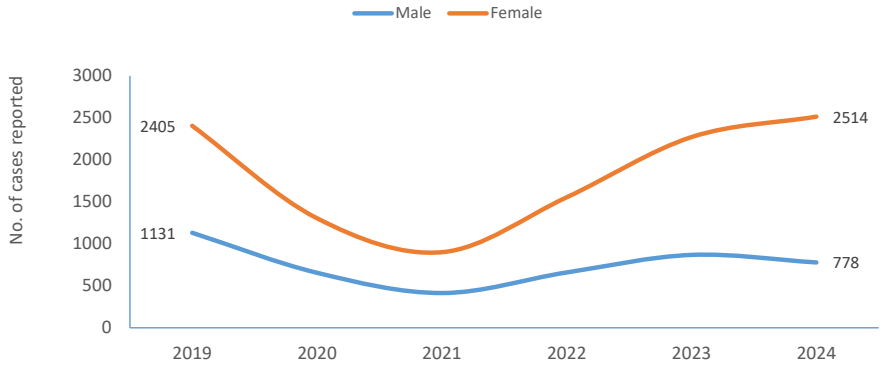
Non-gonococcal infections

Non-gonococcal infections, commonly caused by Chlamydia trachomatis, Mycoplasma genitalium, Ureaplasma urealyticum and Adeno virus affect the urethra or cervix and are often asymptomatic. When present, symptoms may include discharge or painful urination. Early identification and prompt management including contact tracing and epi-treatment is imperative to prevent lethal and significant complication, pelvic inflammatory disease specially in young females.

In 2024, 3,292 cases were reported from STD clinics, comprising 2,514 females (76%) and 778 males (24%), making up 27% of all STI diagnoses. This condition was the second most reported STI among females. A review of 2019–2024 shows a peak in 2019, followed by a pandemic-related drop in 2020, and a steady rise thereafter.

The case count in 2024 is nearing pre-pandemic levels, indicating either improved detection or increased transmission.

Figure 7: Non-gonococcal infection cases by sex, 2019-2024



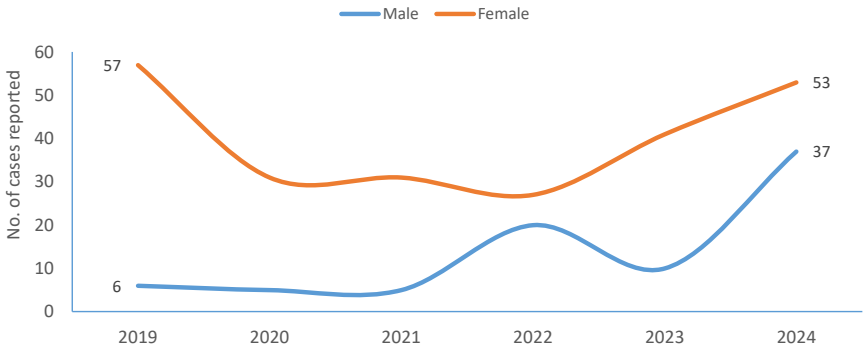
Trichomoniasis

Trichomoniasis is a sexually transmitted infection caused by the protozoan Trichomonas vaginalis. It affects both men and women, though women are more frequently diagnosed. Symptoms may include vaginal discharge, itching, or dysuria, while men are often asymptomatic.

In 2024, 90 cases of trichomoniasis were reported from STD clinics across Sri Lanka, with 53 females and 37 males affected. Although trichomoniasis accounted for only 1% of all STI diagnoses, it remains clinically important due to its association with adverse reproductive outcomes and increased HIV risk.

Trends from 2019 to 2023 showed that females aged 25 years and older consistently had the highest number of cases, rising from 25 in 2020 to 36 in 2023. This pattern continued into 2024, reinforcing the need for routine screening in women, particularly those in older age groups.

Figure 8: Trichomononiasis cases by sex, 2019-2024



Genital herpes

Genital herpes simplex virus (HSV) infection, caused by HSV-1 or HSV-2, which may leads to painful vesicular lesions on the genitalia, often with recurrent episodes due to viral latency.

It is significant in pregnancy, especially with primary infection in the third trimester, as it increases the risk of neonatal herpes—often requiring cesarean delivery if active lesions are present.

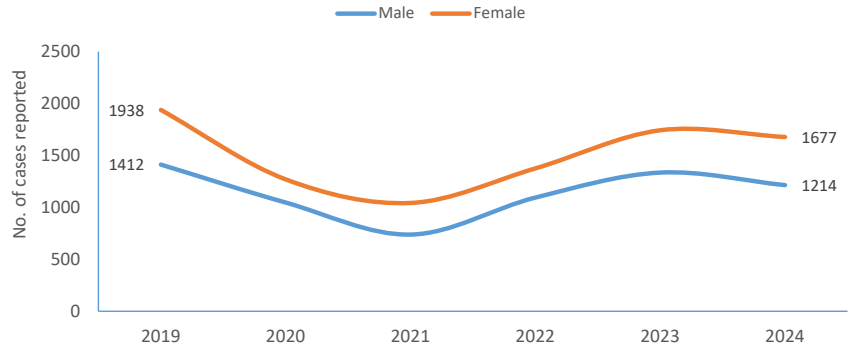
Acyclovir is the mainstay of treatment, reducing lesion duration, viral shedding, and recurrence. Globally, over 490 million people aged 15–49 are affected, highlighting a significant public health burden. The World Health Organization (WHO) promotes strategies such as comprehensive sexual education, early diagnosis through syndromic management and PCR testing, partner notification, and counseling. Prevention is limited

by asymptomatic shedding and lack of a vaccine, despite consistent condom use offering partial protection.

In 2024, 2,891 cases of genital herpes were reported from STD clinics across Sri Lanka, comprising 1,677 females (58%) and 1,214 males (42%). Genital herpes accounted for 24% of all STI diagnoses, making it one of the most frequently reported STIs of the year.

Trend data from 2019 to 2024 shows a dip during the COVID-19 pandemic (2020–2021) followed by a gradual resurgence. Females aged 25 years and older consistently reported the highest number of cases, rising from 805 in 2021 to 1,346 in 2023, and further increasing in 2024. A similar pattern was observed among males aged 25 and older, whose case numbers rose from 633 in 2021 to 1,009in 2024. Meanwhile, younger age groups, particularly males under 25, continued to report lower case numbers with minor fluctuations.

Figure 9: Genital herpes cases by sex, 2019-2024



Genital warts

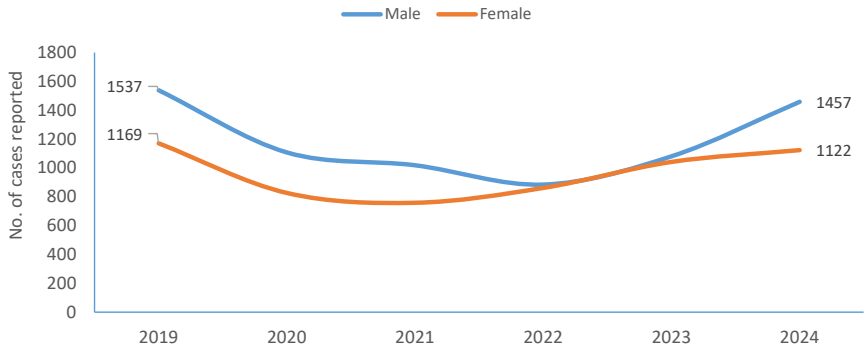
Genital warts are caused by low-risk types of human papillomavirus (HPV), mainly types 6 and 11. They appear as growths in the genital or anal area and spread through sexual contact. While the virus itself has no cure, treatments can remove visible warts.

In 2024, 2,579 cases were reported from STD clinics 1,457 males (56%) and 1,122 females (44%) accounting for 15% of all STI diagnoses. Trends from 2019 to 2024 show a rise in reported genital warts cases during last 2-3 years specially among adult males. Males aged 25 and older consistently had the highest case numbers, with a renewed increase in both sexes noted in 2023 and 2024.

The continued burden reinforces the importance of HPV vaccination, public awareness, and prompt treatment to control transmission. Furthermore, we need overall preventive programs, advocates for the integration of STI services within primary healthcare, sexual and reproductive health, family planning, adolescent health, and HIV programs, supported by sustainable financing mechanisms.

By addressing these strategic priorities, Sri Lanka can strengthen its response to STIs and move closer to achieving the global goal of ending STDs as significant public health concerns by 2030.

Figure 9: Genital wart cases by sex, 2019 and 2024



[1]Consultant Venereologist, [3] Senior Registrar Venereology, [4]Registrar Venereology

SEXUAL HEALTH CLINIC SERVICES IN SRI LANKA

Dr Nimali Jayasuriya[1]

Sexual health clinics in Sri Lanka are the cornerstone of the country's STI and HIV prevention and control programme, functioning as specialized facilities that provide a wide range of diagnostic, treatment, and preventive services for sexual health related issues. At present, 40 main clinics and 17 branch clinics operate island wide, ensuring equitable access to care for diverse populations. All services are guided by Consultant Venereologists and delivered with the support of trained Medical Officers of STD (MO/STDs), ensuring high-quality, evidence-based clinical care.

The clinics' core responsibilities include the diagnosis, testing, and treatment of sexually transmitted infections (STIs) and the provision of HIV testing and counselling, which remain central to reducing transmission and enabling early detection. In addition, hepatitis B and C treatment and prevention services have been implemented and streamlined through STD clinics in 2024 , while hepatitis B vaccination is routinely offered to high risk groups. In addition to infection-related care, these clinics also address male and female sexual health problems, including issues related to sexual dysfunctions such as erectile dysfunction, premature ejaculation, low libido, and female sexual disorders, thereby broadening their role to encompass overall sexual wellbeing. Sexual health clinics also conduct specialized services for key population groups such as men who have sex with men, female sex workers, and people who inject drugs, recognizing their unique vulnerabilities. Preventive interventions are a major focus, with services including the provision of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) for HIV prevention, widespread condom promotion and distribution, partner notification, and defaulter tracing to ensure continuity of care.

Beyond clinical management, sexual health clinics actively engage in health promotion and community outreach. They deliver Information, Education, and Communication (IEC) programmes on sexual health, provide contraception services, and conduct awareness activities in schools, workplaces, and community settings. Screening of antenatal women for HIV and syphilis is routinely carried out to prevent mother to child transmission, while pre-employment and foreign employment medical assessments are also offered as part of broader health system support. Special outreach services include blood surveys and HIV/STI clinics in prisons, as well as community-based HIV testing and prevention programmes for key, vulnerable, and general populations. Strong referral networks are maintained to link patients to other healthcare providers or community resources for additional care and support when necessary.

Overall, sexual health clinics in Sri Lanka play the main role in protecting and promoting sexual health, preventing the spread of STIs, and addressing the needs of both individuals and the wider community. Under the guidance of Consultant Venereologists and trained MO/STDs, these clinics maintain high clinical standards while also fostering health promotion and disease prevention. The way forward is to further strengthen and scale up all currently available services, particularly hepatitis B and C treatment and prevention, expand outreach to underserved populations, and ensure sustainable, high-quality sexual health services across the island

Province	District	STD clinic	Branch clinic
Western province	**Colombo**	Colombo	Prison clinic in Welikada
		Kalubowilla	
		Awissawella	
		Homagama	
	Gampaha	Ragama	
		Gampaha	
		Negombo	
		Wathupitiwela	
	Kalutara	Kalutara	Horana, Pimbura
		Panadura	
Northwestern Province	**Kurunegala**	Kurunegala	Nikaweratiya
		Kuliyapitiya	
	Puttalam	Chilaw	
		Puttalam	
Northern Province	**Jaffna**	Jaffna	
	Mannar	Mannar	
	Kilinochchi	Kilinochchi	
	Mullaitivu	Mullaitivu	
	Vavuniya	Vavuniya	
	Trincomalee	Trincomalee	
Eastern Province	**Batticaloa**	Batticaloa	BH Walachchenei, BH Kalawanchikudi Kanthankudi
	Ampara	Ampara	Mahaoya, Dehiaththakandiya
	Kalmunai	Kalmunai	BH Kalmunai North, BH Pottuvil
Uva Province	**Badulla**	Badulla	
		Mahiyanganaya	
	Monaragala	Monaragala	
Southern Province	**Galle**	Galle	
		Balapitiya	
	Matara	Matara	
	Hambantota	Hambantota	
		Tangalle	
Sabaragamuwa Province	**Ratnapura**	Ratnapura	BH Balangoda
		Embilipitiya	
	Kegalle	Kegalle	Warakapola, Mawanella
Central Province	**Kandy**	Kandy	Dumbara Prison clinic Nawalapitiya
	Matale	Matale	Wilgamuwa
		Dambulla	
	Nuwara Eliya	Nuwara Eliya	
North Central	**Anuradhapura**	Anuradhapura	
	Polonnaruwa	Polonnaruwa	

[1]**Consultant Venereologist**

HIV TESTING SERVICES

Dr Geethani Samaraweera [1]

HIV testing services are one of the most important interventions carried out by NSACP to control HIV in Sri Lanka. It is the gateway for HIV testing as well as HIV prevention services. Differentiated HIV testing services which were already available were further strengthened during this year to reach the target of ending AIDS by 2030. Facility based HIV testing in STD clinics, government hospitals, privet hospitals and labs, community-based HIV testing through key population interventions, HIV self-testing and online outreach testing are the commonest HIV testing approaches available in Sri Lanka.

In addition, HIV testing is carried out for all blood doners through blood banks. Prison HIV testing was further strengthened by expanding testing by trained prison staff in addition to STD clinic staff visiting the prisons. Though all the above interventions the programme was able to diversify HIV testing services to improve the testing coverage to reach the first 95% of the 95-95-95 targets of ending AIDS.

Conformation of HIV was carried out using three test algorithm. However Western blot was also continued in parallel for comparison and for epidemiological purposes. The three test verification study to select the appropriate tests kits for three test algorithm is planned to be done with the WHO support to select the appropriate test kits for three test algorithm in 2025.

The below table illustrate the number of HIV tests carried out through different HIV testing modalities during 2024.

HIV testing services in 2024

Category of the samples tested for HIV	Number tested	Number positive	% HIV positivity rate
Antenatal mothers	224050	13	0.006
Pre-employment	31967	3	0.009
Screening at public and privet blood banks	451623	82	0.018
Private hospitals, laboratories and SJTH*	158195	125	0.079
Tri-forces	78731	5	0.006
Prison inmates	22679	22	0.097
HIV rapid tests done in government hospitals	7469	30	0.402
TB clinic screening	8787	30	0.341
STD clinic samples**	66652	410	0.615
Key population intervention programmes	40654	101	0.248
Others***	153336	3	0.002
Total	**1244143**	**824**	**0.066**

*Sri Jayewardenepura general hospital

**(STD clinic samples include clinic attendees, Hospital referrals, and testing of contacts)

***(others include Others include preconceptional screening, screening during special events such as world AIDS day and unspecified.)

(Data sources: EMTCT unit, STD quarterly return, epidemiology unit, returns from privet hospitals)

During the year 2024 a total of 1, 244,143 HIV tests has been performed by the government as well as the privet sector which shows 23% increase in testing compared to 2023. Total number of confirmed HIV positive people identified during the year was 824 which is 19% more compared to 2023.

The percentage increase of new diagnosis during 2024 is much higher compared to 2023 which was only 14% compared to previous year. As expected, STD clinic samples had the highest positivity rate followed by government hospital-based testing. HIV testing through key population led program also showed a significantly high positivity rate of 0.248%. In comparison to that testing among low-risk groups such as antenatal mothers, pre employment attendees and armed forces had relatively low yield. Although prison inmates are categorized as a key population the HIV seropositivity among prison inmates was less than 0..1% (0.097) but this is much higher compared to previous year.

HIV Testing by STD clinics

STD clinic plays the most important role in HIV testing and clinics provide HIV testing services in all 25 districts of the country. This includes voluntary clinic attendees, hospital referrals, court referrals, pre-employment testing and testing of the key populations. Key populations either attend to stand alone clinics for HIV testing or they are offered HIV testing during asymptomatic screening or following presentation to clinic with STI symptoms, pre and post exposure prophylaxis services. In addition, they are being escorted to clinic following positive HIV screening at community clinics.

Colombo STD clinic conducts special KP clinic to provide fast and confidential HIV testing and other STI care services to all KP groups. This special clinic was helpful to improve clinic attendance of KPs and to reduce the stigma and discrimination.

HIV testing at hospital settings

During 2024 number of hospital-based testing has gone down but higher number has been detected through this method. How ever this could be due to increase quality of data reporting than the true increase in number detected through government hospital based rapid testing.

The positivity rate for hospital-based HIV testing was 0.402% which is the second highest detection rate after STI clinic samples which is an expected finding as most of these patients are with HIV related symptoms.

HIV testing among TB patients

Almost all TB patients are screed for HIV during registration at TB clinics or soon after diagnosis of TB. While most TB clinic draw blood and send samples to closest STD clinics, few clinics (Colombo, Welisara) conduct onsite rapid testing. Compared to 2023, positivity rate among TB patients was much higher in 2023.

HIV testing by private sector laboratories

HIV testing in privet hospitals, laboratories and Sri Jayawardhanapura teaching hospital contribute significantly to detect new HIV cases. During 2024 nearly one fifth of cases (137 new cases) were diagnosed following privet sector HIV screening. Following positive screening their blood samples or patient them selves are referred to government STD clinics for confirmation and further care.

HIV testing by National Blood Transfusion service

National Blood transfusion service conduct HIV testing for all donated blood samples. While number of HIV testing carried out among blood doners remain static, the number detected through blood donations was much higher compared to the previous years. In 2023 only 56 new cases are detected through doner screening but in 2024 it has gone up to 82 cases. This increasing HIV detection among blood doners is a serious concern about safety of the blood. In order to assure safe blood, it is important to strengthen pre donation counselling and mass education to prevent high risk individuals from donating blood.

HIV testing by Tri forces

Army, Navy and Airforce personals undergo regular HIV screening periodically. The test kits are purchased by the funding by ministry of Defense and testing is done by the Tri forces healthcare personals.

HIV testing in Prisons

Prison inmates are tested either by STD clinic staff as outreach prison testing or HIV testing by trained prison staff. Colombo, Mahara and Polonnaruwa Prisons are some of the prisons do HIV testing by trained prison staff in addition to STD clinic staff. The seropositivity rate among prison inmates has doubled during the year compared to 2023.

HIV testing among key populations in 2024

Key populations are tested for HIV at STD clinic as well as in the community outreach clinics. STD clinic provides HIV testing for KPs who are walked in for STI screening, PrEP and PEP services or with STI symptoms. Community outreach clinics are conducted either by STD clinic staff or by NGO/CBO staff. All STD clinics conduct outreach clinics for KPs and STD clinic staff provide HIV testing at the community clinics. In addition, Key population led HIV testing is carried out in 15 districts by NGO/CBO staff.

The below table provide details of HIV testing carried out for KPs

Table 1 : Details of HIV testing among Key population in 2024

Type of Key population	Number tested in the STD clinic including KP unites	Number tested by FPA	Total
Men having sex with men	12095	9774	21869
Female sex workers	9215	3655	12870
Beach boys	2559	0	2559
Drug users	1861	948	2809
Transgender women	239	976	1214
Prison inmates	22679	0	22679
Total	**48648**	**15352**	**64000**

(Source: SIM unit, KP summary data)

Key population led HIV testing services

Key population led HIV testing play a very important role in detecting new HIV cases among KPs.

In Colombo and Gampaha districts which have highest HIV burden, community testing is organized by FPA. Under FPA several NGO/CBO staff provide HIV testing. In those two districts testing is done through case finder model. In other 13 districts KP unites are attached to the closest STD clinics under supervision of the consultant venereologist or MOIC STD clinic through peer led model.

Both case finder model and peer led model were continued during the year with significant improvement in testing compared to previous year.

Case finder model

Case finder model was continued in Colombo and Gampaha districts for Female sex workers, Men who have sex with men and transgender women. Total of 15352 were tested during the year which is almost 100% increase of HIV testing compared to previous year.

Type of Key population	Total tested	Total HIV positive	Percentage HIV positivity
FSW	12870	3	0.02
MSM	21869	367	1.68
TG	1214	7	0.58
DU/IDU	2809	12	0.43
BB	2559	1	0.04
Prison inmates	22679	22	0.10
Total	**64000**	**412**	**0.64**

Figure 1: HIV positivity rate by type of key population

Peer-led targeted intervention model

Peer-led targeted interventions were implemented in 13 districts in 2024 Total of 64000 KPs were tested during the year and of them 412 were found to be conformed HIV positive. Similar to previous years highest positivity rate was observed among MSM. However, positivity rate was less compared to 2023. The next highest positivity rate was found among transgender females. Positivity among female sex workers remained low and it was constantly below 0.1% throughout the years. Significant rise in HIV positive rate was observed among prison inmates, in 2023 the positivity rate was 0.04 % which has gone up to 0.1% in 2024.

Online outreach testing

The online outreach HIV testing was continued through online outreach workers attached to NSACP as well as by community outreach workers. During 2024 total of 1343 tests were carried out through virtual reaching.

HIV self-testing

HIV self-test was continued during 2024. However, due to shortage of test kits self-testing was not carried out in full potential during this year.

Index case testing pilot project

Index case testing pilot project was initiated in Colombo and Kalubowila STD clinics with the aim to pilot newly introduced monitoring and evaluation system to already available contract tracing mechanism. The new protocol monitoring tools and formats are developed during the year. However, due to delay in obtaining administrative approval and ethical clearance implementation of the project could not be done during 2024. It will be completed during 2025. Once the pilot project is completed it is planned to implement it island wide during 2025.

Way forward to scale up HIV testing

1. Completion of index case testing pilot project and implementation of ICT Island wide
2. Scaling up of index case testing through implementation of new protocol, tools and regular training of staff
3. Implementation of HIV screening among migrant returnees
4. Scaling up of HIV self-testing through virtual outreach.

[1]Consultant Venereologist

HIV TREATMENT AND CARE SERVICES

Dr U N Jayasinghe[1], Dr Ariyaratne Manathunge[2]

People living with HIV (PLHIV) registered for HIV care services throughout the country are provided comprehensive HIV treatment and care services by The National STD/AIDS Control Programme (NSACP), Ministry of Health. By the end of 2024, antiretroviral treatment (ART) was provided by 37 full-time ART centers in the country. Since resistance to ART is a serious complication, ART use by PLHIV is closely monitored in all ART centers. At present, NSACP procures and supplies ART to all centers island-wide, and it is not available in the private sector. The ART centers are geared to provide comprehensive treatment and care services as follows.

- Counseling
- Provision of ART
- Identification and management of opportunistic infections
- Screening and management of coinfections, STIs including hepatitis B and C, and vaccination for hepatitis B
- Management of other comorbidities
- Partner notification and testing
- Defaulter tracing
- Sexual health services
- Contraception and family planning services
- Services to prevent mother-to-child transmission.

Early initiation of ART for PLHIV is always encouraged. Therefore, all PLHIV registered for HIV care are offered treatment as early as possible, preferably on the same day or within the first week of registration, unless there is a specific indication to delay initiation of ART.

Enrollment of PLHIV for HIV care

As of end 2024, a total of 4151 PLHIV were enrolled in HIV care. The number of new enrollments in ART during the year was 758, which is a 16.6% increase of new infections compared to 2023. However, Sri Lanka still maintains a low-level epidemic with HIV prevalence among adults being < 0.1%.

Of the total PLHIV enrolled in HIV care, 4060 (99%) were initiated on ART without delay, from HIV care services throughout the country.

	Clinic	Gender			Age		Total	%
		Female	Male	TGW	<15	15+		
1	Colombo	263	1,243	6	8	1,504	1,512	36.4%
2	Ragama	62	316	5		383	383	9.2%
3	Kandy	52	160		2	210	212	5.1%
4	Kalubowila	27	167			194	194	4.7%
5	Kurunegala	37	132		4	165	169	4.1%
6	Gampaha	24	137			161	161	3.9%
7	Mahamodara	25	107		1	131	132	3.2%
8	Kalutara	28	102			130	130	3.1%
9	Matara	20	103		1	122	123	3.0%
10	Negombo	22	98		1	119	120	2.9%
11	Anuradhapura	28	79	1	5	103	108	2.6%

12	Hambantota	8	83			91	91	2.2%
13	Chilaw	30	53		2	81	83	2.0%
14	Rathnapura	16	64		2	78	80	1.9%
15	Kegalle	16	57		1	72	73	1.8%
16	IDH	25	45			70	70	1.7%
17	Polonnaruwa	22	45		1	66	67	1.6%
18	Jaffna	25	31	1	1	56	57	1.4%
19	Matale	17	31		2	46	48	1.2%
20	Badulla	12	35		1	46	47	1.1%
21	Panadura	6	32			38	38	0.9%
22	Avissawella	5	32			37	37	0.9%
23	Trincomalee	8	21			29	29	0.7%
24	Nuwara Eliya	8	20		2	26	28	0.7%
25	Ampara	9	18			27	27	0.7%
26	Vavuniya	12	15			27	27	0.7%
27	Balapitiya	2	19			21	21	0.5%
28	Monaragala	7	11		2	16	18	0.4%
29	Wathupitiwala	1	15			16	16	0.4%
30	Batticaloa	7	8		1	14	15	0.4%
31	Homagama	1	11			12	12	0.3%
32	Puttalam		9			9	9	0.2%
33	Kuliyapitiya	2	4			6	6	0.1%
34	Tangalle		4			4	4	0.1%
35	Dambulla	1	2			3	3	0.1%
36	Kalmunai	1				1	1	0.0%
	Grand Total	**829**	**3,309**	**13**	**37**	**4,114**	**4,151**	**100.0%**

(Pre ART, ART and Stopped included, lost to follow-up and deaths excluded)

Of all PLHIV currently under care, 4,114 are adults and 37are pediatric patients ≤ 15 years. Of the total, 80% are males, with a male-to-female ratio of 4:1. Out of the total PLHIV, majority (36.4%) are provided care from HIV clinic Colombo.

The HIV clinics Colombo, Ragama, Kandy, Kalubowila, Kurunegala, Gampaha, Mahamodara, Negombo, Kalutara, and Matara provide care for over 70% of all PLHIV.

	ART regimen*	Gender			Age		Total	%
		Female	Male	TGW	<15	15+		
1	TDF+FTC+DTG	561	2440	7	3	3005	3008	74.1%
2	TDF+3TC+DTG	99	436	4	1	538	539	13.3%
3	AZT+3TC+DTG	56	117		24	149	173	4.3%
4	3TC+DTG	44	84	1		129	129	3.2%
5	TAF+FTC+DTG	19	83	1		103	103	2.5%
6	ABC+3TC+DTG	13	26		6	33	39	1.0%
7	TDF+FTC+ATV/r	7	15			22	22	0.5%
8	TDF+FTC+EFV	4	14			18	18	0.4%
9	TDF+FTC+DRV/r	1	6			7	7	0.2%
10	AZT+3TC+ATV/R	1	2			3	3	0.1%
11	AZT+3TC+LPV/r	3			1	2	3	0.1%
12	TDF+FTC+DTG+DRV/r	1	2			3	3	0.1%
13	Other*	5	8		2	11	13	0.3%
	Total	**814**	**3233**	**13**	**37**	**4023**	**4060**	**100%**

*ART regimens prescribed less than 0.1% were grouped as others- ABC+3TC+ATV/r, AZT+3TC+DRV/r, DTG+DRV/r, TDF+FTC+LPV/r, ABC+3TC+ATV, ABC+3TC+EFV, AZT+3TC+EFV, AZT+3TC+NV, and DTG+3TC+DRV/r

Of the total PLHIV currently enrolled to care, only 0.4% were in the age group 0-9, and 0.5% were in the age group 10-14. Of the sample 15-19 age group represented 1% while age groups 20-24 and 25-29 represented 5%and 12%respectively. Significant proportion (15%) was between age groups 30-34. The majority of patients (69%) were between 25-49 years old, and 24% were above 50 years old.

By the end of 2024, PLHIV managed under care were on 21 different ART regimens. During 2024 single-pill TLD was gradually introduced as the preferred first-line regimen from the dual pill (TDF/FTC+DTG). By the end of 2024 87.4% of PLHIV were on the first-line regimen (74.1% on TDF+FTC+DTG, dual pill and 13.3% on TLD single pill). Nearly 98.5% of patients were on DTG-based regimens.

Although ABC/3TC is the preferred first-line backbone for pediatric patients only 19% were an ABC /3TC. Majority of pediatric patients, 70% were on AZT/3TC, while 11% were on TDF+FTC as the backbone.

Most (92%), pediatric patients, were initiated on DTG-based regimens unless contraindicated. Although, Protease inhibitors (PIs) based regimens were mostly restricted to second-line ART, only one patient was on PIs.

Tenofovir alafenamide (TAF+FTC+DTG) is of limited quantity since the cost is high compared to first-line regimen TLD and it is mostly reserved for patients with renal impairment and osteoporosis.

Due to the economic constraints faced by the government of Sri Lanka during the last two years, ART supply was mostly supported by the Global Fund, as an emergency grant and total ART requirement for 2024 was supplied by the Global Fund. This emergency grant is planned to transit gradually from GF to government funding through 2025-2027.

Number of patients on 1st line, 2nd ine and 3rd line regimens

The table below shows the number of patients who are on 1st, 2nd, and 3rd-line regimens.

Number of patients on first-line, 2nd line, and 3rd line regimens						
ART category	Gender			Age		Total
	Female	Male	TG	<15	15+	
OT1	370	1803	4	22	2155	2177
OT1(Sub)	414	1401	9	12	1812	1824
OT2	9	11		1	19	20
OT2(SUB)	16	13		2	27	29
OT3	5	5			10	10
Total	**814**	**3233**	**13**	**37**	**4023**	**4060**

Table 5.3 Number of patients on first-line, 2nd line, and 3rd line regimens

Of the total PLHIV on ART, nearly 54% were on first-line regimen (OT1) while 45% were on first-line with substitution (OT1 sub) regimen, while 49 patients (1.2%) were on either initial second-line regimen (OT2) or second-line regimen with substitution (2nd line sub). Only ten patients (0.25%) were on 3rd-line regimens. However, these values may not represent the true picture due to the interrupted availability of testing facilities such as viral load testing and resistance testing.

TB/ HIV Co-infection during 2024

Tuberculosis is one of the commonest opportunistic infections contributing to high mortality and morbidity among PLHIV in Sri Lanka. Due to impaired immune system in persons with HIV infection, the prevalence of active pulmonary TB and extra-pulmonary TB is much higher among PLHIV compared to the general population, especially among those with severe immunosuppression. Even among PLHIV on long-term ART with viral suppression, the risk of development of active TB disease is ten times higher than in the general population.

NSACP and NPTTCD closely collaborate with each other to identify and treat HIV -TB coinfected and latent TB cases to minimize TB -HIV coinfection and reduce mortality and morbidity.

Currently, all newly diagnosed patients with HIV are offered TB screening irrespective of the symptoms suggestive of TB. In addition, all PLHIV will undergo four symptom screenings for TB at each clinic visit, and symptomatic patients will be referred to chest clinics for further evaluation. On the other hand, all newly diagnosed patients with TB are offered HIV screening on initial assessment at every chest clinic.

HIV clinic Colombo conducts a special TB clinic within the NSACP once a week in coordination with the chest clinic Colombo. Where indicated, are referred for consultation by the medical officer of the chest clinic. Further, TB preventative therapy (TPT) is facilitated for all PLHIV where indicated, following referral to the Chest Physician and TPT is available at the NSACP pharmacy.

HIV Treatment and Care Services

Status of TB and HIV Co-infection during the year 2024	Number
Number of patients on anti-TB treatment at the time of diagnosis of HIV	33
Number of HIV positive patients having a past history of TB	3
Number of HIV positive patients referred for TB screening	751
Latent TB infection	14
Pulmonary TB (Sputum Smear +ve)	15
Pulmonary TB (Sputum Smear -ve)	26
Extra Pulmonary TB	14
MDR/XDR or TDR TB	0
Number of patients on INAH prophylaxis therapy (IPT)	122
Number of patients on cotrimoxazole preventive therapy (CPT)	914

Table 5.4 TB screening results among PLHIV 2024

During 2024, 751 patients underwent TB screening, and 14 were diagnosed with latent TB. The total number of TB diagnoses among PLHIV during the year was 55, with a 7.3% positivity rate. Among those diagnosed with TB, 15(2%) had smear-positive pulmonary TB, 26 (3.5%) had smear-negative pulmonary TB, and 14(2%) had extrapulmonary TB.

TB Drug resistance was zero among PLHIV in 2024 with no reported cases of multidrug-resistant TB (MDR-TB), extensively drug-resistant TB (XDR-TB), or triple drug-resistant TB (TDR-TB).

In 2024, a total of 122 PLHIV received isoniazid preventive therapy (IPT) to prevent the development of active TB disease.

Co-trimoxazole preventive therapy

Cotrimoxazole preventive therapy (CPT) is recommended for all PLHIV with CD4 counts below 350 cells/µL as primary prophylaxis and following active Pneumocystis Jirovecii pneumonia (PJP) as secondary prophylaxis until immune recovery.

Additionally, CPT is also considered primary prophylaxis against toxoplasma encephalitis for toxoplasma-seropositive patients with CD4 counts less than 100 cells/µl. In 2024, a total of 914 PLHIV received CPT as part of their comprehensive care. The number of patients on cotrimoxazole preventive therapy (CPT) in 2024 increased from the previous year by 26% (from 726 in 2023 to 914in 2024), probably due to rising number of persons with HIV infection and improvements in documentation.

HIV and Hepatitis co-infection during 2024

Co-infection	Number tested	Number positive	Test positivity rate
Hepatitis B	732	17	2.3%
Hepatitis C	644	8	1.2%

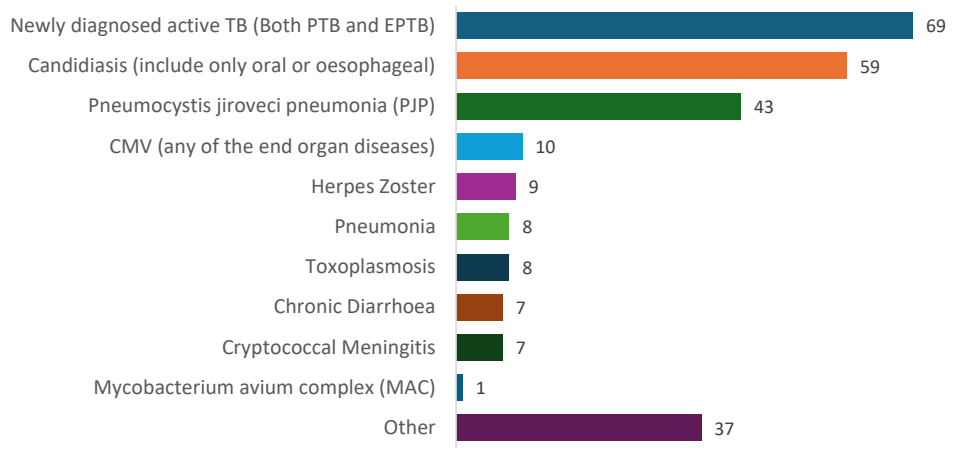
The number of PLHIV screened for Hepatitis B and C increased significantly in 2024 compared to 2023 by 101.6% and 96% respectively. This considerable difference could be attributed to improved testing facilities, and improved documentation or reporting.

In 2024, of the 732 PLHIV tested for Hepatitis B, seropositivity rate was 2.3% (17), compared to 1.4% seropositivity rate (5 positive cases out of 363 tested) in 2023.

In contrast, for Hepatitis C, 644 PLHIV were tested in 2024 with 8 positive results (1.2% seropositivity rate), while in 2023, 328 were tested and 16 were positive (4.9% seropositivity rate). Although the number of people tested increased in 2024, the test positivity rate declined, suggesting a change in testing coverage or risk profile of those tested.

Opportunistic infections (OI) among PLHIV in 2024

Figure 5.1 Number of reported opportunistic infections among PLHIV in 2024



A comparative review of opportunistic infections (OIs) reported among people living with HIV (PLHIV) during 2023(428 cases) and 2024(258 cases) showed a notable decline in the overall number of OI cases in 2024.

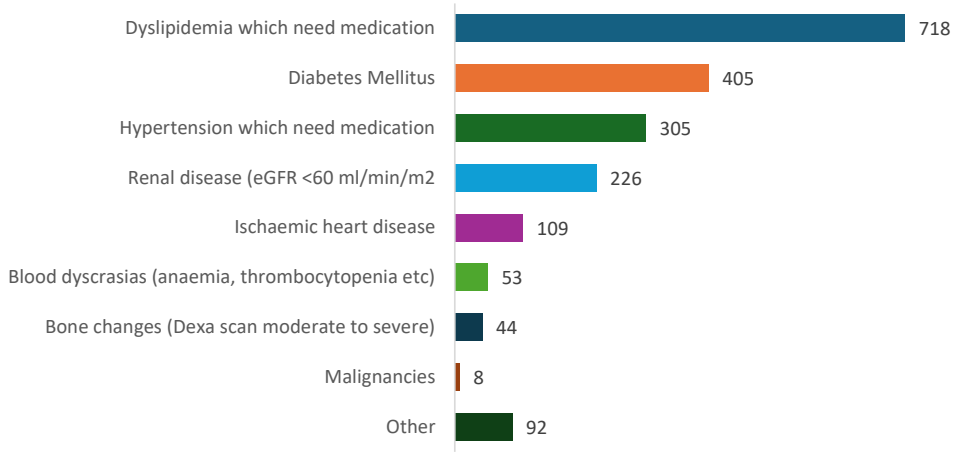
This significantly reduced number of OIs to 258 in 2024, could be due to potent and effective DTG based regimes in the majority of PLHIV, improvements in HIV care including same day or early ART initiation, and OI prophylaxis.

While the overall number of reported OIs has decreased, certain OIs such as TB, candida, and PJP remain prominent and require continuous attention. The slight increases in some OIs, such as toxoplasmosis and cryptococcal meningitis, compared to the previous year, may reflect improvements in diagnostic capacity rather than a true increase in disease burden.

Non-communicable diseases (NCD) among PLHIV

The number of non-communicable diseases (NCD) among PLHIV in 2024.

Figure 5. 2 Number of reported NCD among PLHIV 2024



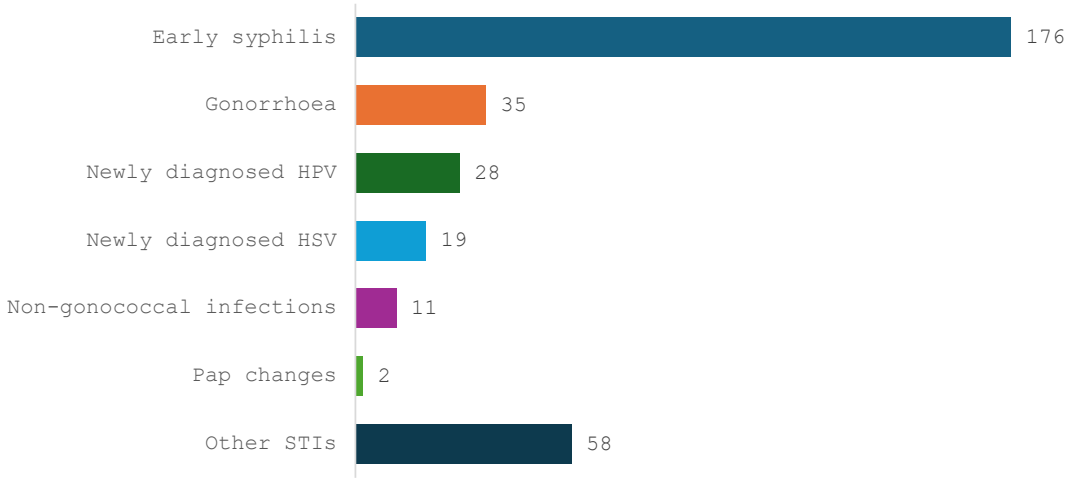
In 2024, a total of 1,960 cases of non-communicable diseases were reported among people living with HIV, among both new and existing patients. This reflects the growing importance of integrating NCD screening and management into routine HIV care, particularly as the population ages and ART extends life expectancy.

Similar to the previous year, dyslipidemia is the most common NCD reported, followed by diabetes mellitus and hypertension, both of which represent major cardiovascular and renal risk factors that need ongoing monitoring and integrated management. However, these values for 2024 have almost doubled compared to 2023. Although the rise in ischemic heart disease is 9%, there is a marked increase in renal disease in 2024 relative to 2023.

Also, the above figure highlights the multimorbidity commonly seen among PLHIV, where patients often face a combination of infectious and chronic conditions. The presence of renal impairment and bone changes in a notable number of patients may also reflect long-term effects of ART or HIV-related inflammation.

Sexually Transmitted Infections (STIs) among PLHIV

Figure 5. 3 Details of other STIs among PLHIV during 2024



The number of reported cases of early syphilis among PLHIV remained high, with 147 cases in 2023 to 176 in 2024, marking a continued upward trend over the past two years. This 20% increase reflects ongoing transmission and likely recent unprotected sexual activity within this population, along with rising trends in gonorrhea, HPV-related conditions, and other STIs.

HIV-1 Drug resistance testing among ART-experienced patients during 2024

HIV-1 Drug Resistance Testing among ART-experienced patients	
Details of tests	**Number of patients**
Number of samples sent for ARV resistance testing during this year	26
Number of reports received for resistance testing during this year	18
Resistance to at least one NRTI	3
Resistance to at least one NNRTI	5
Resistance to at least one PI	0
Resistance to at least any other drug category	0
Resistance to more than one ARV	5
No Resistance to ARV	14

During 2024, a total of 26 samples were sent for HIV drug resistance testing to NARI, India, and 18 reports were received. Compared to 2023, there was a modest increase in the number of samples tested, reflecting interrupted availability of resistance testing facilities.

There is a notable decrease in resistance rates compared to 2023, particularly for NNRTIs and NRTIs. The significant increase in patients with no detectable resistance suggests improvements in treatment adherence, regimen optimization, or earlier detection and intervention before resistance mutations emerge.

The ongoing efforts to establish an in-country HIV drug resistance testing service are expected to further enhance access, reduce turnaround time, and support evidence-based clinical decisions. With support from the Global Fund, the National Reference Laboratory (NRL) is continuing preparations to launch domestic resistance testing capacity, which will be a major milestone in strengthening HIV treatment and care program quality in the country.

Table 5.7 ART cohort analysis 2024

ART cohort analysis 2024

1: Outcome of people with HIV who started ART in 2023 (12 months) by sex and age*

	Female	Male	<15 yrs	15+	Total	%
Number who initiated ART (N)	85	616	7	694	701	**100.0**
Status (outcome) after 12 months of starting ART						
On 1st Line regimen	76	573	7	642	649	**92.6**
On 2nd Line regimen	1	0	0	1	1	**0.1**
Left the country (L)	2	4	0	6	6	**0.9**
Lost to follow-up (F)	1	15	0	16	16	**2.3**
Dead (D)	5	24	0	29	29	**4.1**
Alive on ART (A) = { N - (D+F+L) }	77	573	7	643	650	**92.7**

2: Outcome of people with HIV who started ART in 2022 (24 months) by sex and age*

	Female	Male	<15 yrs	15+	Total	%
Number who initiated ART (N)	75	472	0	547	547	**100.0**
Status (outcome) after 24 months of starting ART						
On 1st Line regimen	64	406	0	470	470	**85.9**
On 2nd Line regimen	0	3	0	3	3	**0.5**
Left the country (L)	2	5	0	7	7	**1.3**
Lost to follow-up (F)	6	35	0	41	41	**7.5**
Dead (D)	3	23	0	26	26	**4.8**
Alive on ART (A) = { N - (D+F) }	64	409	0	473	473	**86.5**

3: Outcome of people with HIV who started ART in 2021 (36 months) by sex and age*

	Female	Male	<15 yrs	15+	Total	%
Number who initiated ART (N)	55	292	2	345	347	**100.0**
Status (outcome) after 36 months of starting ART						
On 1st Line regimen	51	241	1	291	292	**84.1**
On 2nd Line regimen	1	1	1	1	2	**0.6**
Left the country (L)	0	8	0	8	8	**2.3**
Lost to follow-up (F)	2	31	0	33	33	**9.5**
Dead (D)	1	11	0	12	12	**3.5**
Alive on ART (A) = { N - (D+F) }	52	242	2	292	294	**84.7**

4: Outcome of people with HIV who started ART in 2019 (60 months) by sex and age*

	Female	Male	<15 yrs	15+	Total	%
Number who initiated ART (N)	60	282	4	338	342	**100.0**
Status (outcome) after 60 months of starting ART						
On 1st Line regimen	47	210	3	254	257	**75.1**
On 2nd Line regimen	0	2	0	2	2	**0.6**
Left the country (L)	3	5	0	8	8	**2.3**
Stopped (S)	0	2	0	2	2	**0.6**
Lost to follow-up (F)	5	39	1	43	44	**12.9**
Dead (D)	5	24	0	29	29	**8.5**
Alive on ART (A) = { N - (D+F+S) }	47	212	3	256	259	**75.7**

Note: PLHIV who left the country were removed from both the numerator and denominator. ***Source: SIM unit/NSACP***

Special clinics

HIV clinic Colombo NSACP, serving the highest number of PLHIV, provides special clinics including chest clinic, psychiatry clinic, and nutrition clinic within HIV clinic premises with the support of the Chest clinic Colombo, Psychiatry unit NIMH, and Nutritional unit NHSL. These clinics are conducted once a week, and patients are referred to these clinics by the doctors when providing routine HIV care at the Colombo HIV clinic.

Other district HIV clinics also provide the above services through referral to the relevant clinics within the hospital. This comprehensive approach aims to improve the patients' convenience, compliance, and reduce clinic visits.

Vaccination of PLHIV against Hepatitis B infection

All PLHIV received double doses of the Hepatitis B vaccine, totaling 40 micrograms, administered at 0, 1, 2, and 6 months. However, due to a lack of availability of the Hepatitis B vaccine the vaccination was interrupted during 2024.

HIV treatment and care subcommittee

Two HIV treatment and care subcommittees meetings were conducted during the year which was chaired by the Deputy Director General (Public Health Services 1), The participants include Consultants from NSACP, district consultant venereologists, representatives from National Programme for TB and Chest Diseases, World Health Organization (WHO), Family Planning Association (FPA), People Living with HIV (PLHIV) groups, and other supportive organizations.

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

ART Drug estimation

During 2023-2024, ART drug estimations were done using the Chai simple ART estimation tool. The working group of the ART Drug Estimate Committee comprised of Director of the National STD/AIDS Control Programme (NSACP), the National HIV Care Coordinator, Consultant Venereologists and Pharmacists from the NSACP.

The estimations were done for 3 years: 2024-2026. However, as proposals were made for the next global fund (GF) grant cycle, drug estimations needed to be done for 2025-2027. With the agreement of the above team, it was decided to assume drug estimations for 2027 are the same as for the year 2026. It was also decided to get funding support for ART in the following manner.

- 2025: 10% from Government of Sri Lanka and 90% from GF
- 2026: 50 % from Government of Sri Lanka and 50% from GF
- 2027: 90% from Government of Sri Lanka and 10% from GF

ART procurement committee meetings

ART procurement committee meetings were conducted in 2024, chaired by the Director NSACP, and the participants consisted of NSACP consultants, NSACP pharmacists, representatives from the medical supply division (MSD), State Pharmaceutical Corporation (SPC), National Medicines Regulatory Authority (NMRA), and the Global Fund.

The meetings were intended to address the challenges in and ART procurement and played a vital role in ensuring the timely and continuous supply of ART drugs by taking proactive measures.

Meetings with district consultants

Regular meetings were conducted with the participation of the Director NSACP, the HIV Treatment and Care Coordinator, NSACP, and other district Consultant Venereologists and Medical Officers in 2024.

The meetings addressed important issues related to HIV treatment and care. The meetings allowed corroborative decision making to overcome challenges.

Involvement of PLHIV organizations in HIV care

Three PLHIV organizations, Positive Women's Network, Positive Hopes Alliance, and Lanka Plus, closely collaborates with NSACP for the continuation of quality care for PLHIV in Sri Lanka. They provide various support services for PLHIV including peer support, financial support, counseling and educational programs, to enhance the well-being and quality of life for PLHIV. They participate in all subcommittees of NSACP as important stakeholders and are actively involved in decision-making with regard to HIV prevention, treatment, and care.

Quarterly review meetings for PLHIV organizations

To improve the capacity of the above organizations, quarterly review meetings of the three organizations were conducted with the financial support of the Global Fund. The suggestions made by the committee were implemented to improve the patient care, patient

Recruitment of peer counselors

With the financial support of the global fund, three peer counselor concepts were introduced. The peer counsellors were recruited from each PLHIV organizations, and given special training on HIV counselling. They were also given a monthly allowance to encourage peer counselling and PLHIV in need of peer counselling were referred to them.

Development of a poster to promote PLHIV organizations

To promote the utilization of services provided by PLHIV organizations, a poster was developed to display at HIV clinics. The poster was also translated into all three languages and distributed to all ART centers to be displayed in the clinics.

Other supportive organizations

Sri Lanka Family Planning Association (SLFPA), National AIDS Foundation (NAF), and Networking Education, Support and Treatment (NEST) continued their support to ensure successful HIV care in Sri Lanka.

- Challenges identified in providing HIV treatment and care
- The major challenges faced by the HIV care services were,
- Increasing number of newly diagnosed PLHIV
- Overcrowding of certain ART centers, especially HIV clinic Colombo while other clinics were underutilized.
- Inadequate human resources, primarily lack of permanent medical officers at HIV Clinic Colombo
- Lack of adequate infrastructure (Clinic space, Storage for Bed Head Ticket) at HIV Clinic Colombo other peripheral HIV clinics
- Lack of Consultant Venereologist to some ART centers in the periphery
- Lack of availability of a continuous supply of CD4, viral load, OI diagnostic facilities, and other testing facilities.
- Shortage of certain ART medications, especially Tenofovir Alafenamide-based TAF/FTC/DTG, Abacavir, and Lamivudine
- Prolonged duration of >12 months for GOSL ART procurement process
- Lack of WHO prequalified /NMRA registered suppliers for GOSL ART procurements
- Lack of bidders/suppliers for ART needed in smaller quantities

To overcome the above challenges, the steps below have been taken.

1. Cover up arrangements for stations without consultants by other consultants working within the province.
2. Some essential IO diagnostic facilities and drugs were requested from the Global Fund.
3. Full ART estimate for 2024 was requested from GF and planned for gradual transition of funding from GF to GoSL from 2025-2027 as the country recovers from the financial crisis.
4. Regular Monitoring of ART consumption and stocks and conduct regular Drug and Therapeutic Committee meeting for sustainable supply of ART.
5. Conduct regular treatment and care related meetings with all stake holders related to procurement process.

[2]Consultant Venereologist

ELIMINATION OF MOTHER TO CHILD TRANSMISSION (EMTCT) OF HIV AND SYPHILIS

Dr Nimali Jayasuriya[1]

Introduction

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.

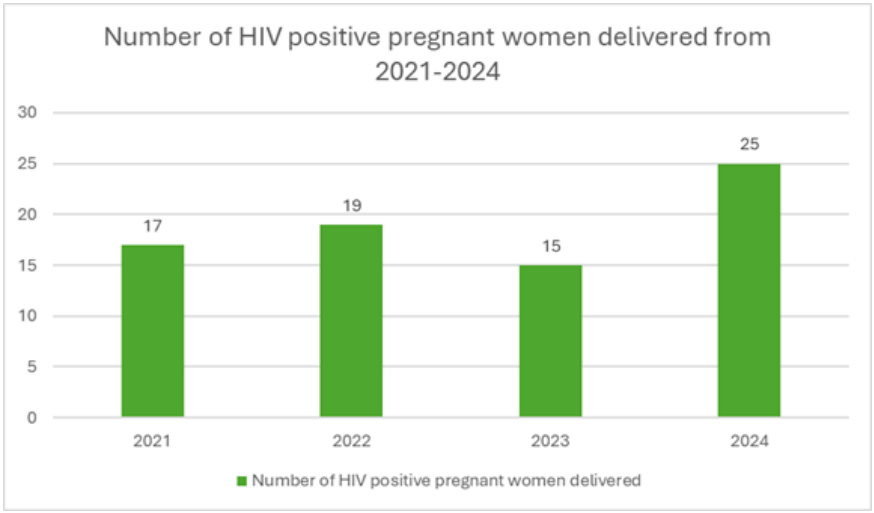
Key Milestones in 2024

- **Revalidation of EMTCT programme :** Sri Lanka obtained EMTCT revalidation for the second time, confirming continued success in preventing vertical transmission.
- **Formation of the Triple Elimination Steering Committee:** A national steering committee was established to eliminate HIV, syphilis, and hepatitis B, and to guide policy, strategy, and implementation.
- **Preliminary Stakeholder Meeting (27th March 2024) for Triple Elimination of HIV, Syphilis, and Hepatitis B:** Representatives from the Family Health Bureau (FHB), Epidemiology Unit, Gastroenterology Services, and the National STD/ AIDS Control Programme (NSACP) participated. The stakeholders unanimously agreed to designate the NSACP as the focal point for the Triple Elimination Programme.
- **National EMTCT Review (04th July 2024):** A national review was held with the participation of PDHS, RDHS, NSACP, district STD clinics, FHB, and MCH staff. The meeting assessed the progress of EMTCT interventions and proposed improvements which were incorporated into the action plan. It was chaired by DDG(PHS) I, Ministry of Health .
- **Committee Engagements:** Two Steering Committee meetings and one National Validation Committee meeting were conducted to provide oversight and strategic direction.

Programme Achievements

Pregnant Women with HIV:

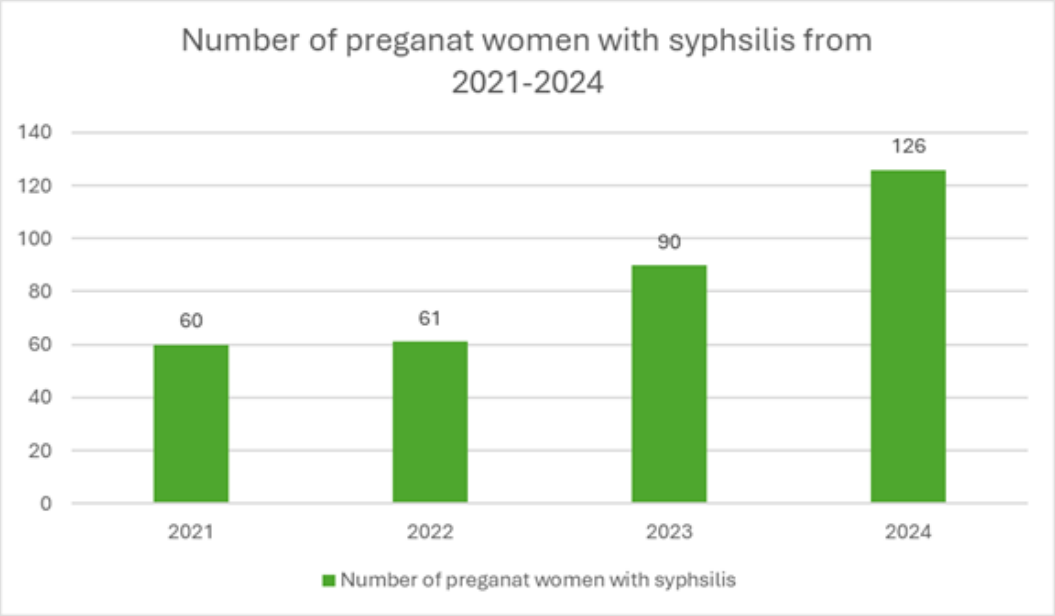
- In 2024, 25 pregnant women living with HIV delivered, and all infants tested HIV-negative, confirming the effectiveness of EMTCT interventions. A total of 29 pregnant women with HIV were identified, and all were linked to EMTCT services for continued care and support.



The number of HIV-positive pregnant women who delivered showed fluctuations during the period 2021–2024. Deliveries increased from 17 in 2021 to 19 in 2022, followed by a decline to 15 in 2023. However, a marked increase was observed in 2024, with 25 deliveries recorded, the highest in the three-year period. Overall, the trend demonstrates a gradual rise in the number of HIV-positive pregnant women delivering, highlighting the importance of continued monitoring and strengthening of EMTCT services

Pregnant Women with Syphilis:

In 2024, 126 pregnant women with syphilis were registered. Efforts were made to strengthen treatment uptake, with nationwide promotion of same-day administration of Benzathine Penicillin to ensure timely and adequate treatment.



Programme Achievements

Pregnant Women with HIV:

- In 2024, 25 pregnant women living with HIV delivered, and all infants tested HIV-negative, confirming the effectiveness of EMTCT interventions. A total of 29 pregnant women with HIV were identified, and all were linked to EMTCT services for continued care and support.

The number of pregnant women diagnosed with syphilis has shown a worrying upward trend, remaining stable at around 60 cases in 2021 and 2022, but rising sharply to nearly 90 cases in 2023 and further increasing to over 120 cases in 2024. This escalation highlights significant public health concerns, as syphilis in pregnancy is associated with stillbirth, neonatal death, and congenital syphilis.

Guideline Updates

To ensure evidence-based practices, two national guidelines were revised in 2024:

1. Guidelines on Management of Pregnant Women with Syphilis 2024
2. Guidelines for Management of Pregnant Women with HIV Infection 2024

These updates were uploaded to NSACP web site and incorporated into refresher training sessions.

Capacity Building and Service Strengthening

Refresher training programs were conducted for Maternal and Child Health staff to ensure consistent implementation of updated guidelines and maintain high standards of service delivery.

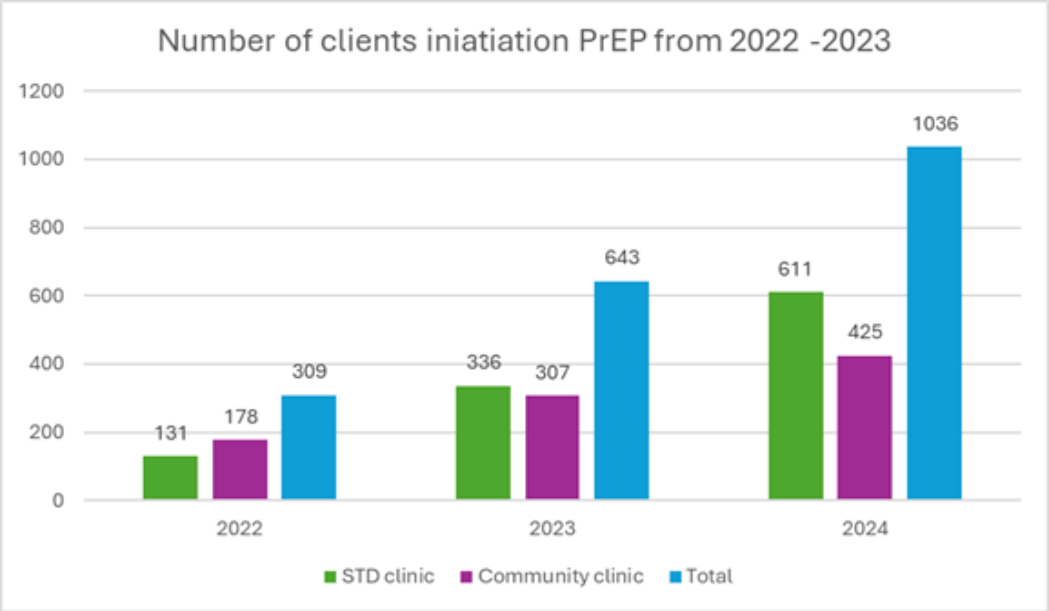
[2]Consultant Venereologist

PRE-EXPOSURE PROPHYLAXIS (PREP)

Dr Nimali Jayasuriya[1]

Pre-exposure prophylaxis (PrEP) services in Sri Lanka have shown a steady increase in uptake over the past three years, reflecting the expansion and accessibility of HIV prevention services through both STD and community clinics. Individuals can obtain PrEP through government STD/sexual health clinics and community clinics.

The number of clients initiating PrEP in Sri Lanka has shown a consistent and substantial increase over the three-year period. In 2022, a total of 309 clients started PrEP, with 131 at STD clinics and 178 at community clinics. This number increased significantly in 2023 to 643 clients, comprising 336 at STD clinics and 307 at community clinics. By 2024, the total number of clients initiating PrEP reached 1,036, with 611 at STD clinics and 425 at community clinics.



The data highlights two key trends: the steady growth in PrEP uptake overall—nearly quadrupling from 2022 to 2024—and the increasing contribution of community clinics in providing decentralized access to PrEP services, alongside a significant increase in STD clinic-based initiation. This expansion is expected to strengthen HIV prevention efforts, particularly among key populations at high risk.

Community-Led Monitoring (CLM) empowers key populations to actively participate in evaluating HIV services, including PrEP, ensuring that programs are responsive to their needs. By gathering feedback directly from service users, CLM helps identify gaps in service quality, accessibility, and acceptability, enabling healthcare providers and policymakers to make data-driven improvements. care.

Online Platforms, such as KNOW4SURE.lk provide confidential HIV risk assessments and facilitate appointment bookings for HIV testing and PrEP services. These platforms increase accessibility by offering discreet, user-friendly options for individuals who may face stigma or barriers in traditional healthcare settings, supporting timely prevention and treatment interventions.

[1]Consultant Venereologist

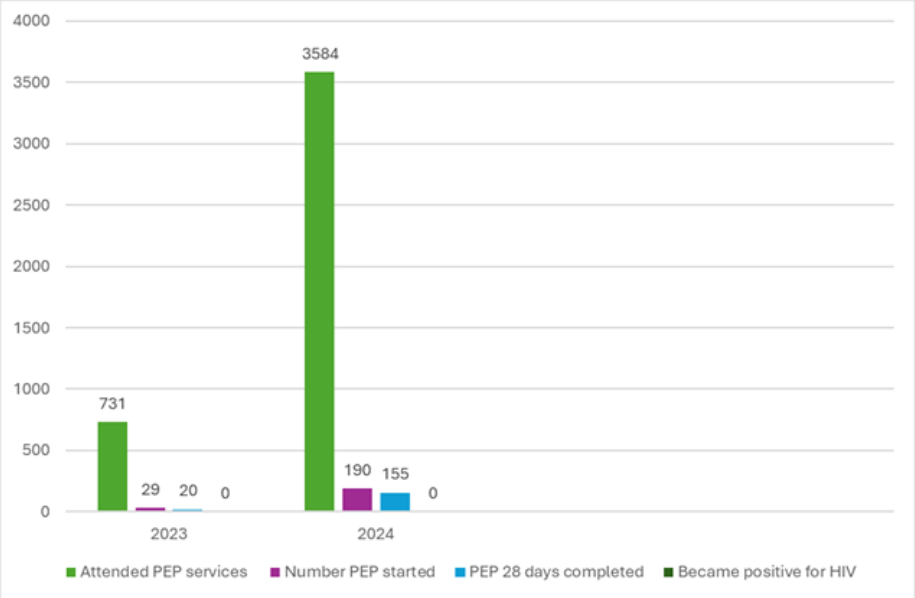
POST EXPOSURE PROPHYLAXIS

Dr Nimali Jayasuriya[1]

The uptake of post-exposure prophylaxis (PEP), both occupational and non-occupational, has surged in recent years, largely due to improved accessibility of services.

Post-Exposure Prophylaxis following Occupational (O-PEP) Exposures

For occupational exposures, PEP "starter packs" are available in most government and private health institutions and are strategically placed in high-risk and 24-hour service areas to allow immediate initiation of therapy at any time, including nights and weekends. Their main purpose is to provide rapid access to antiretroviral medication following a potential HIV exposure, while the exposed individual undergoes full clinical assessment and baseline investigations. Each starter pack generally contains enough medication for the first 3–5 days, ensuring that treatment begins without delay, with continuation to the full 28-day regimen provided through follow-up at the STD clinic once eligibility is confirmed..



Occupational Exposures Managed with Post-Exposure Prophylaxis, 2023–2024.

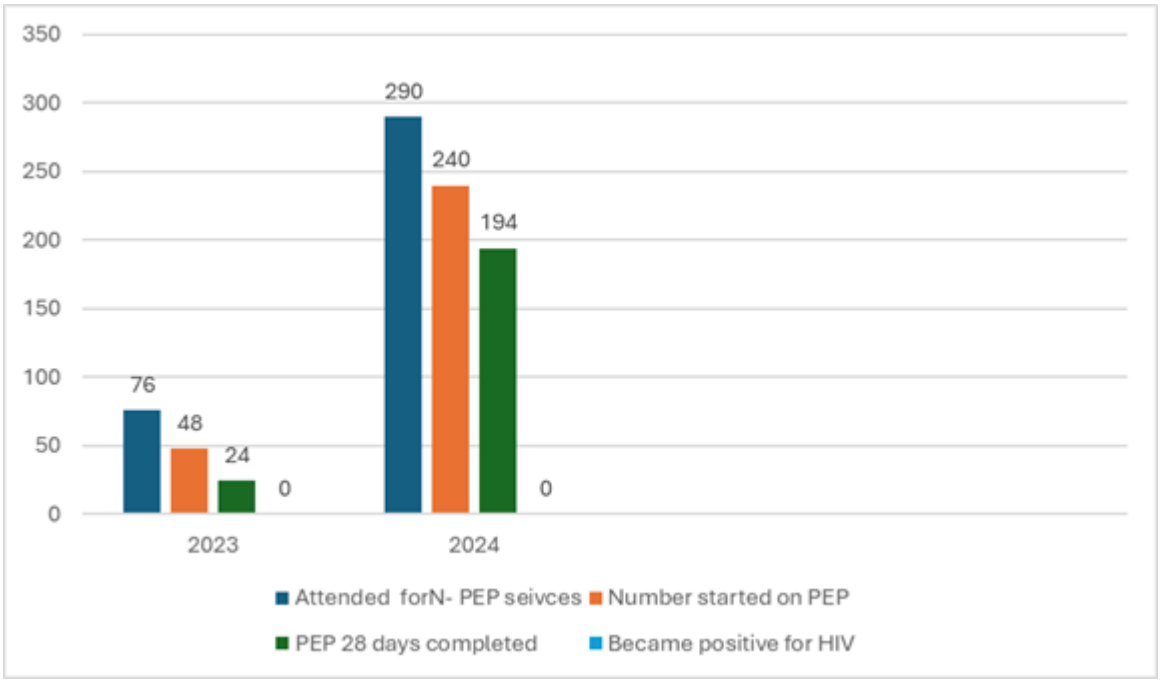
Between 2023 and 2024, there was a striking increase in PEP service utilization. Attendance rose almost fivefold, from 731 in 2023 to 3,584 in 2024. The number of clients who initiated PEP also increased, from 29 to 190, while 28-day regimen completion improved from 20 to 155. Despite the higher number of exposures managed, no HIV seroconversions were reported in either year, underscoring the continued effectiveness of PEP interventions.

Post-Exposure Prophylaxis following Non-Occupational (N-PEP) Exposures

Non-Occupational Post-Exposure Prophylaxis is a time-sensitive, evidence-based intervention designed to prevent HIV infection following potential non-occupational exposures, such as sexual contact or needle-sharing incidents. The utilization of N-PEP services has increased significantly, driven by greater awareness among the public and key populations regarding its availability and effectiveness. The provision of antiretroviral therapy free of charge has removed financial barriers, encouraging uptake among at-risk individuals. N-PEP services are accessible at government STD clinics.

Non-Occupational Exposures Managed with Post-Exposure Prophylaxis, 2023–2024

In 2023, 76 individuals attended N-PEP services, of whom 48 initiated treatment and 24 completed the 28-day regimen. By 2024, service uptake had increased substantially, with 290 attending, 240 starting N-PEP, and 194 completing the regimen. Importantly, no HIV seroconversions were reported in either year. The sharp rise in both initiation and completion rates reflects improved awareness, accessibility, and adherence to N-PEP services. N-PEP services are accessible at government STD clinics.



Government Health Care Centres Providing ART for Occupational Post-Exposure Prophylaxis (O-PEP) in Sri Lanka

District	Institution	Unit of location	Contact Number
Ampara	DGH – Ampara	PCU STD Clinic	063 2222261
	BH - Dehiaththakandiya	ETU	027 2250344
	BH- Mahaoya	PCU	063 2244061
Anuradhapura	TH – Anuradhapura	ETU STD Clinic	0252222261 025 2236461
Badulla	PGH – Badulla	STD Clinic	055 2222261
	BH – Diyathalawa	ETU	057 2245161 057 2229061
	BH – Mahiyanganaya	ETU STD clinic	055 4936722 055 4936779
Batticaloa	TH Batticaloa	STD clinic ETU	065 2057078 065 2222261-2

Colombo	National STD/AIDS Control programme	STD clinic	0112667163
	National Hospital of Sri Lanka	OPD room number 08	0112691111 Ext 2417
	Lady Ridgeway Hospital	Indoor Dispensary	011 2693711-2 Ext. 219, 242
	De Soysa Maternity Hospital	Emergency theatre (OT2)	0112696224-5 Ext.326
	Castle Street Hospital for Women	Intensive care unit (ICU)	0112696231-2 Ext.2230
	National Eye hospital	Room 4 (OPD)	0112693911-5 Ext.231
	Sri Jayewardenepura Teaching Hospital	Indoor pharmacy	0112802695-6 Ext.3032
	Mulleriyawa Base Hospital	ETU	0112549390
	Police Hospital Colombo	Infection Control Unit	0112501385
	TH- Kalubowilla	Infection Control unit (From 7am-4pm) OPD room number 20 (after 4pm) STD clinic	0112763261 Ext. 129 0112763261 Ext. 218 0114891055
		Infection control unit Ward 03	011 2411284 Ext.264 011 2411284 Ext. 210
	DGH Awissawella	STD clinic PCU	036 2222003 036 2222261
	BH - Homagama	STD clinic PCU	0112855200 011 2855200 Ext. 224
Puttalam	BH - Puttalam	PCU STD clinic	0322265496 0322265496 Ext 132
	DGH Chilaw	PCU	032 2223261
		STD clinic	032 2220750
Galle	TH Mahamodara	STD clinic Indoor Drug Dispensary	0912245998 0912222261 0912234951
	TH Karapitiya	ETU	0912232267 0912232176
	BH Balapitiya	STD clinic ETU	0912258261 0912 256822
	BH Elpitiya	ETU	0912 291 261 Ext.

Gampaha	TH Ragama	SICU STD Clinic	011 2960224 Ext 258 011 2960224
	Welisara chest Hospital	Infection Control Unit	0112956702
	DGH – Gampaha	PCU STD Clinic	033 2222261 Ext 200 033 2234383
	DGH Negombo	MICU STD clinic	031 2222261 Ext 439 031 2222261 Ext 144 031 2239016
	BH – Wathupitiwala	ICU STD Clinic	033 2280261 033 2280261-2 Ext 255
Hambantota	DGH – Hambantota	STD Clinic PCU	047 2222247 047 2222247
	BH - Tangalle	STD clinic, ICU ,infection control unit	047 2240261
	BH - Tissamaharama	Pharmacy	0472237261
	BH - Walasmulla	ETU	0472245261
Jaffna	TH Jaffna	ETU STD Clinic	021 2222261 021 2217756
Kalmunai	BH -Kalmunai	STD Clinic	0672223660
Kalutara	GH - Kalutara	PCU STD Clinic - Kalutara	0342222261, Ext. 250 034-2236937
	BH - Panadura	ETU	038 2222261 Ext. 4298
	BH- Horana	PCU	0342261261 Ext.1135
	Kethumathi Maternity Hospital	ward 2	038 2232361 Ext.
Kandy	TH- Kandy	ETU STD Clinic	081 2233338, 081 2234208 081 2203622
	BH - Gampola	ETU	081 2352261
	BH- Teldeniya	ETU	081-2374055
	BH - Nawalapitiya	ETU STD Clinic	054 2222261 0542222261 Ext. 230
Kegalle	TH- Kegalle	ETU STD Clinic	035 2222261 035 2231222
	BH - Mawanella	ETU	035 2247835
	BH - Karawanella	ETU	036 2267374
	BH - Warakapola	ETU	035 2267261
Kilinochchi	BH -Kilinochchi	STD clinic	021 2285329 021 2283709

Kurunegala	TH - Kurunegala	STD Clinic A&E,	037 2224339 037 2233909
	BH - Kuliyapitiya	A&E STD clinic	037 2281261
	BH - Nikaweratiya	ICU	037 3378060
	BH - Dambadeniya	PCU	037 2266592
	BH - Galgamuwa	PCU	037 2253061
Mannar	DGH - Mannar	STD clinic	0232250573
Matale	DGH - Matale	ETU STD clinic	066 2053746
Matara	DGH - Matara	ETU STD Clinic	041 2222261 Ext.161 041 2232302
	BH - Deniyaya	ETU	O412273261
	BH - Kamburupitiya	ETU	0412292261
	DH - Kamburugamuwa	ETU	0412222589
Monaragala	DGH Monaragala	Primary care unit STD Clinic	055 2277024 055 2276826
	BH Bibila	PCU	055 2265461 Ext 135
	BH Wellawaya	PCU	055 2274861 Ext 159
	BH Siyambalanduwa	PCU	055 2279460 Ext 109
Mullaitivu	DGH Mullaitivu	STD clinic	021 2061412
Nuwara Eliya	GH Nuwara Eliya	OPD STD Clinic	052 2234393 052 2223210
	BH Dickoya	OPD	051 2222261
Polonnaruwa	GH- Polonnaruwa	ETU STD Clinic	027 2222384 027 2225787
Ratnapura	PGH - Ratnapura	ICU STD Clinic	0452225396, Ext.225, 337 045 2226561
	BH - Balangoda	Ward 02 (Medical ward)	045 2287261 Ext 273
	BH - Embilipitiya	ICU STD Clinic	047 2230261 Ext 244 047 2230261 Ext 192
Trincomalee	GH Trincomalee	ETU STD Clinic	026 2222261 026 2222563
Vavuniya	DGH Vavuniya	STD Clinic	024 2224575

[1]**Consultant Venereologist**

KEY POPULATION HIV/ SEXUALLY TRANSMITTED DISEASES/ VIRAL HEPATITIS B, C

PREVENTION INTERVENTIONS

Dr. Sathya Herath[2]

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

Full functioning Community PrEP clinics, expanding virtual HIV/STI prevention interventions, increasing testing among KPs using community led, community based and facility-based testing, community clinics conducting outreach for further services for people who inject drugs, improving the one stop model clinic for people who inject drugs and one stop services for PrEP users were given priority in 2024.

Special interventions launched in 2024

1. While focussing on scaling up and sustaining the interventions initiated in previous years, Syphilis Rapid testing was introduced in 2024. As initial steps the KP components working for men in the Colombo and Gampaha districts were trained to perform community led Syphilis rapid testing, in addition to community-based HIV testing.
2. Community PrEP clinics for Female Sex Workers and Transgender were initiated in Colombo and Gampaha districts in 2024. These PrEP clinics were promoted to use PrEP as an additional protection for sex workers, while promoting "Consistent Condom use program for sex workers.
3. The unit completed procuring of the two Mobile Container trucks clinics in 2024. The Mobile Container clinics were donations from the Global Fund and delivered to Sri Lanka in 2024.
4. For the first time the KP intervention introduced a year end assessment for KP community-based team members in 2024. The first assessment was conducted in December 2024 with a knowledge transfer exposure visit to the one stop model community centre for the people who inject drugs.
5. Community Led Monitoring activity was piloted in Colombo and Gampaha and scaled up to the other districts in 2023-2024.
6. There have been initial steps taken to introduce a course module for KP outreach team. Initial consultations were held with National Apprentice and Industrial Training Authority (NAITA). Together initial consultations were held with the NGO/COB and government partners.
7. A study on" Rapid Assessment (RA) of Drug Use situation among school students in Colombo, Sri Lanka" was conducted in 2024 to improve HIV/STI/Hepatitis prevention programs to the young population.
8. KP Risk profiling and micro planning exercise was introduced in 2024 to Colombo, Kurunegala and Gampaha female sex workers program to ensure service quality through evidenced based micro planning.

Figure 1. Experience learning Exposure visits to the community centre at Slave Island

Figure 2: An overseas trainer's visit to the One Stop Model Community Cenetr for People who use/ inject drugs

Figure 3: During the year end assessment

Figure 4: Mobile container clinic

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

- Technical guidance to the district clinics and NGO/CBOs.
- Capacity building of the clinic-based Health Care staff and field staff.
- Support the National level and District level Advocacy programs and ensure Multisectoral collaboration.
- Engage in community-based activities, conducting community-based one-stop clinics for Pre-Exposure Prophylaxis clinics for KPs, and Community-based Hepatitis C treatment clinics for PWID
- Monitoring and Evaluation of Key Population prevention activities by monthly progress reviews, district reviews monthly and National reviews of Key Population activities, and monitoring the target achievements by Annual and Mid-term reviews.
- Conduct Regular supervision visits to District clinic KP units and community centers operating by the NGO/CBO in KP interventions districts.
- Conduct year end assessment to the KP program team.

Services at the District clinic level and in the community clinics by NGO/CBO

There are district clinics to facilitate the community led activities in the district with the support of the NGO/CBO.

Services provided

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

In addition to these NGO/CBO supported KP interventions, routine integrated Health care worker model reach KP in the clinics and field. Education, provision of condoms and lubricant, HIV/STI testing, PrEP, PEP and HIV/STI/ Hepatitis treatment care and support services are routinely provided.

Monitoring and Evaluation Activities

1. KP interventions are monitored by the relevant district clinics, and NSACP
2. Community center activities are monitored by both NGO/CBO and district clinics.
3. Monthly reviews are conducted by the KP/Unit/ NSACP in collaboration with district clinics and NGO/CBO
4. PIMS data entering is continuously monitored by the district clinics, NGO/CBO and SIM unit/NSACP.
5. Performance of achieving the targets is continuously monitored by the NGO/CBO, district clinic, and KP unit/ NSACP.
6. Indicators are monitored by the SIM unit quarterly and reported annually to National and International reporting entities.

Strengths

1. Efficient and supportive staff to conduct community-based activities and clinics
2. Dedicated Outreach staff with a well-coordinated system with the government and NGO/CBO
3. Establishment of Community-based PWID clinics and PrEP clinics
4. Scaling up plan through mobile container clinics
5. Increase the coverage of services for the KP HIV and identify more HIV/STIs and Hepatitis C

Challenges

1. Reluctance and lack of understanding of the KP intervention process
2. NGO/CBO lacking honest administrative requirement in recruiting suitable individuals for each position. Eg: KP are not recruited as Peer Educators, Inappropriate individual selected as outreach workers.
3. Lack of system to monitor administrative and human resource requirement at the field level.
4. Certain NGO/CBO do not perform their role as it is standardized by the KP intervention. E.g. Difficult to access locations have been used as community centers by certain NGO/CBO, NGO/CBO executive staff play key roles in the field program thereby, the it is difficult to perform continuous field work.

Future Action Plan

1. Establish, scale up, sustain community led interventions through community centers and mobile container clinics.
2. Close supervision and technical support by inviting to the KP unit/ NSACP. This is done as a team supervision by checking the manual form set and PIMS data entering.
3. Lauch Community PrEP clinics in other districts.
4. Advocate district and provincial authorities for sustainability, transition and co-financing of community led approach.
5. Develop and obtain cabinet approval of Harm reduction policy and National Health sector Hepatitis Strategic Plan.
6. Establish the course module of National Vocational Qualification (NVQ3 &NVQ4), and start with first batch of trainees in 2025-2026.

Programmatic performance in 2024

Programmatic performance is monitored by set indicators against agreed targets for each KP group. The Prevention Information Management System is used for Community Led data reporting. Therefore, data can be obtained through the PIMS.

A round of Community Led Monitoring (CLM) was carried out by the Sustainability of HIV Services for Key Populations in South-East Asia (SKPA-2) program of the Global Fund Multi-country grant. CLM activity was completed by the partnership of NGOs through the leadership of Family Planning Association, Sri Lanka (FPASL). Availability, Acceptability, Affordability and Quality of the services were progressively improved based on the findings of the CLM activity.

[1]Consultant Community Physician

LABORATORY SERVICES – 2024

Dr.Jayanthi Elwitigala[5]

Overview

The laboratory services for HIV and sexually transmitted infections (STI) are provided to the nation through a comprehensive laboratory network for STI and HIV. Diagnostic services are delivered through this network for a wide range of sexually transmitted infections, HIV, and other blood-borne viruses. The laboratory support extends to both diagnosis and disease monitoring, including identification of co-morbidities. The range of laboratory facilities available spans from microscopy to advanced molecular testing, including gene sequencing. A major milestone was achieved in early 2024 when the National Reference Laboratory (NRL) successfully obtained ISO 15189 accreditation following the assessment process initiated in 2023. This marks a significant step forward in ensuring the quality and reliability of STI and HIV laboratory services in Sri Lanka.

Laboratory Network for STI & HIV

The national laboratory network comprises the National Reference Laboratory (NRL) for STI and HIV located at NSACP Headquarters, Colombo 10, and 41 district STD clinic laboratories distributed across the country. These laboratories have varying capacities for STI and HIV testing and are functionally linked to the central level, operating as a coordinated national network.

The NRL functions as both the apex technical authority and the primary diagnostic laboratory for the Colombo STD Clinic. It plays a pivotal role in providing reagents to district laboratories, coordinating and standardizing laboratory testing, and improving diagnostic services nationwide. Through the centralized reagent distribution programme, the NRL ensured optimized utilization of testing materials across the country, minimizing wastage and preventing pilferage. A stringent auditing mechanism, based on monthly consumption reporting, maintained transparency and accountability in resource management.

In addition, the NRL serves as the national proficiency test provider for the National External Quality Assessments (NEQAs) for Syphilis and HIV, extending services to STD clinic laboratories and other interested laboratories nationwide. NRL also supports equipment calibration and provides regular training for technical staff at both central and district levels, ensuring quality-assured and standardized laboratory testing across the network.

District STI/HIV Laboratories

District laboratories play a vital role in the national response to HIV and STIs by providing essential diagnostic and monitoring services. In addition to routine laboratory testing, district laboratory staff actively contribute to community-based and prison testing programmes, and support antenatal screening under the EMTCT (Elimination of Mother-to-Child Transmission) initiative.

District laboratories are also responsible for the distribution of HIV Rapid Diagnostic Test (RDT) kits to health institutions and community organizations within their regions. This ensures widespread access to testing resources and supports community-based testing initiatives.

Each district is equipped with one or more laboratories to ensure equitable access to diagnostic services. Currently, Anuradhapura and Galle STD clinic laboratories are equipped with HIV viral load testing facilities, while all nine provinces are provided with CD4 testing facilities to support monitoring of people living with HIV (PLHIV).

In 2024, the laboratory services experienced significant disruptions due to administrative changes and challenges in reagent supply, resulting in the temporary discontinuation of several tests and reliance on syndromic management by clinicians. Recovery efforts are ongoing to restore full functionality of diagnostic services for the benefit of patients.

Diagnosis of HIV and STI

Diagnostic services for HIV and STIs are delivered through microscopy, point-of-care testing (POCT), and laboratory-based methods.

Microscopy Services for STI

All laboratories in the network provide microscopy services for STI diagnosis among clinic attendees. Specimens requiring advanced analysis are referred to the NRL. Microscopy covers a range of disease conditions including urethral and vaginal discharges and genital ulcer diseases such as syphilis, gonorrhoea, genital herpes, trichomoniasis, candidiasis, and bacterial vaginosis. These microscopy services are quality assured through the External Quality Assurance Programme (EQAP) conducted by the NRL.

Microscopy workload in laboratories has increased over the years (Table 1).

Station	2022	2023	2024
NRL	29779	38358	42532
Peripheral	34789	36713	55772
TOTAL	**64568**	**75071**	**98304**

Total Microscopy tests done in 2022 and 2023& 2024 - Table 1

STI & HIV Screening and Monitoring

STI screening services in Sri Lanka span from basic microscopy to advanced molecular testing at the NRL. Serological testing for syphilis and HIV is available at all district laboratories, while some laboratories have facilities for culture-based detection of Neisseria gonorrhoeae.

District laboratories also contribute to community-based testing for syphilis, HIV, and hepatitis B & C. In addition, the Colombo district laboratory offers extended testing facilities including serology for Herpes, Hepatitis B, and Hepatitis C. Molecular testing facilities at the NRL include assays for Chlamydia trachomatis, Herpes simplex virus, and Neisseria gonorrhoeae. Antibiotic sensitivity testing for N. gonorrhoeae is also conducted at the NRL for epidemiological surveillance.

For HIV testing, both ELISA (laboratory-based) and rapid tests (RDTs) (point-of-care) are used. In 2023, rapid testing for confirmation was implemented across all laboratories to align with WHO recommendations. Confirmatory testing, including supplementary assays, is performed exclusively at the National Reference Laboratory (NRL). This service extends to both public and private sectors, including the National Blood Transfusion Service, ensuring a unified national confirmatory mechanism. HIV DNA testing is available at the NRL for early infant diagnosis.

Monitoring of PLHIV for disease management is supported through HIV viral load testing, with GeneXpert-based point-of-care viral load facilities established at the NRL, Galle, and Anuradhapura STD clinic laboratories.

Quality Assurance of Laboratory Services

Quality assurance is maintained through the implementation of a Quality Management System (QMS) across all laboratories in the network. Regular training, technical supervision, and provision of updated guidelines by the NRL ensure maintenance of national standards.

All laboratories participate in Internal Quality Control (IQC) and External Quality Assurance (EQA) schemes to ensure accuracy and reliability of results. The National External Quality Assessment (NEQA) programme, coordinated by the NRL, provides proficiency testing panels for HIV and Syphilis testing, and all district laboratories are required to participate.

Data management for the network is technically guided by the NRL and supported by the Electronic Information Management System (EIMS). Up to 2023, the NRL maintained well-established international EQA linkages, but in 2024, these were disrupted due to the lack of allocated funding for participation. Despite this setback, the NRL continues to ensure quality and reliability through internal mechanisms and national EQA programmes.

The ISO 15189 accreditation of the NRL, achieved in early 2024, represents a long-anticipated milestone repeatedly recommended in internal and external reviews. This achievement reflects the dedication and hard work of the NRL team toward ensuring international standards of laboratory practice.

Overall, the network of laboratories for STI & HIV, ranging from peripheral facilities to the NRL, forms a robust and coordinated system to combat STIs and HIV effectively with latest technologies in place, supporting both public and private healthcare sectors.

It is important to note that the routine work load on the NRL hampers the time that it needs for service development and research. This work load increase is basically due to the mop up service provided by the NRL for district clinics those who cannot maintain the basic services due to lack of Medical Laboratory Technologists. Filling this gap in the system is an urgent need to have a meaningful decentralization of services.

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Island-Wide Testing for STI - 2024

(Source: Laboratory Statistics – Monthly Return)

The testing for syphilis revealed a positivity of 3.6% for VDRL among all 160,381 tests performed, while the rapid tests showed a 7.1% positivity due to the different nature of antibodies detected. Among HIV testing (178,584 tests), 1.1% reactivity was noted in laboratory-based testing, while RDT (84,306 tests) exhibited a 1.7% reactivity. The DUO tests conducted for pregnant women (178,152 tests) showed only 0.06% reactivity for HIV and 0.09% for syphilis, confirming the low prevalence among pregnant mothers.

The newly initiated hepatitis testing revealed a 2.9% reactivity (1,079 tested) among risk groups, while Hepatitis C showed a high reactivity of 21.1% among the relevant risk groups. Gonococcal culture positivity was very low at 1.9% (15,411 tests), while PCR detection was 12.2% (2,995 tests). The positivity rate for Chlamydia was 4.4% (2,995 tests).

Important testing performed at laboratory network for Syphilis, HIV, Hepatitis & Gonorrhoea -2024

HIV-Syphilis DUO testing on ANC mothers -2024

LABORATORY TESTING WORKLOAD DISTRIBUTION (2024)

A significant proportion of testing continues to be centralized at NRL. Although the decentralization of testing has been tried over the years due to human resorce issues of MLTs most a huge portion of test are done at NRL.

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Island wide GC culture and CT/NG PCR performance

HIV RDT testing 2024

HIV Monitoring: CD4 and Viral load testing

Syphilis: VDRL,RPR & syphilis rapid tests

Syphilis – TPPA testing -2024

HIV: testing -2024

Hepatitis: ELISA-based hepatitis testing 2024

Monitoring of HIV 2022- 2023 & 2024

Test	2022	2023	2024
Viral load	1695	1711	2938
CD4	1767	2885	3616

Molecular Testing:

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

HIV drug resistance testing

With the support of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) , the drug resistance facility was established in NRL/NSACP. This facility is essential for monitoring and managing drug resistance in HIV/AIDS.

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

CD4 Testing:

CD4 testing which is the measuring tool for monitoring the immune status of individuals living with HIV, is available at the NRL and eight other provincial laboratories. However the testing frequency is now reduced due to the freely available viral load monitoring5 system in place

Hepatitis B and Hepatitis C Testing:

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

Biochemical and Haematological Testing:

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

Challenges for the Laboratory System

1. Inadequate Space

Limited space at the NRL and in some district laboratories restricts service expansion, equipment installation, and optimal workflow.

A refurbishment proposal was developed by the NRL with technical input from a WHO consultant and submitted to the Global Fund. Funding approval was received, and implementation was scheduled for 2024 in collaboration with CECB. This could not be proceeded due to administrative barriers.

2. Shortage of Medical Laboratory Technologists (MLTs)

A severe shortage of MLTs in several district clinics hampers service delivery, causes testing delays, and affects quality assurance.

Below is the staffing situation in 2024:

No	Name of the STD Clinic	No of MLTs available	permanent
1	NSACP Colombo	20 (2 on maternity leave/2 foreign leave)	permanent
2	Ampara	1	permanent
3	Anuradhapura	1	permanent
4	Avissawella	1	
5	Badulla	1	permanent
6	Balapitiya	1	Relief
7	Batticoloa	1	
8	Chilaw	1	Permanent(Maternity leave)Relief MLT available
9	Dambulla	0	
10	Embilipitiya	0	
11	Gampaha	1	permanent
12	Hambanthota	1	permanent
13	Homagama	0	
14	Jaffna	1	Permenant
15	Kalmunai	1	Temporary
16	Kalubowila	0	Temporary
17	Kalutara	1	permanent
18	Kandy	1	permanent
19	Kegalle	1	permanent
20	Kilinochchi	1	permenent
21	Kuliyapitiya	0	

22	Kurunegala	1	permanent
23	Mahamodara	2	permanent
24	Mahiyanganaya	0	Temporary
25	Mannar	1	Temporary
26	Matale	1	permanent
27	Matara	1	permanent
28	Monaragala	1	permanent
29	Mulathivu	1	Temporary
30	Negombo	1	permanent
31	Nuwaraeliya	1	permanent
32	Panadura		Temporary
33	Polonnaruwa	1	permanent
34	Puttalam	0	
35	Ragama	0	
36	Rathnapura	2	Temporary
37	Tangalle	0	
38	Trincomalee	1	permanent
39	Vavuniya	1	permanent
40	Wathupitiwala	0	
	Total	**50**	**42**

3. Equipment Constraints

Obtaining and maintaining laboratory machinery remains a major challenge.

Automation and up-to-date equipment are essential for handling large testing volumes efficiently and accurately .Malfunctioning ELISA machines have created bottlenecks in HIV testing.

Actions Taken:

- Equipment requests submitted to UNFPA was useful with receipt of a biosafety cabinet, ELISA machines and centrifuges.
- Requests made to Global Fund (2024) but not approved.
- Additional requests were submitted to MoH/DDG Laboratory Services.

Recommendations and Way Forward

To strengthen the national STI/HIV laboratory network:

- Implement capacity-building programs to train and deploy MLTs to understaffed districts.
- Upgrade laboratory infrastructure and automation for improved efficiency.
- Advocate for increased funding to sustain high-quality testing services.
- Prioritize decentralization of testing by addressing HR shortages, ensuring sustainable provincial laboratory services.

[5]Consultant Microbiologist

CONDOM PROMOTION

Dr.Vino Dharmakulasinghe[1]

Condoms play a crucial role in preventing the transmission of HIV and other sexually transmitted infections (STIs). The National STD/AIDS Control Programme (NSACP) in Sri Lanka has been actively promoting condom use for many years through its network of forty sexual health clinics across the country. In addition, NSACP collaborates with Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) to enhance condom accessibility as part of broader HIV and STI prevention strategies. These partnerships ensure that condoms reach key populations such as sex workers, men who have sex with men (MSM), Transgender women(TGW) and people who inject or use drugs (PWID/PUD). Peer-led targeted intervention programme is implemented through selected district STD clinics and the Family Planning Association (FPA) in Colombo and Gampaha district play a vital role in this effort. These initiatives facilitate the free distribution of condoms at various hotspots commonly accessed by key populations. Furthermore, NSACP has integrated condom distribution into its digital outreach by including them in self-test kits available via the know4sure.lk website. By leveraging the grassroots reach of NGOs and CBOs, the programme effectively overcomes barriers and ensures consistent access to condoms and lubricants among vulnerable communities.

Condom Procurement Transition Plan

The Global Fund and the Ministry of Health are the primary suppliers of condoms for the National STD/AIDS Control Programme (NSACP). A phased transition plan has been developed to gradually shift condom procurement responsibility from the Global Fund to the Government of Sri Lanka. The transition timeline is as follows:

- 2025: 60% of the condom requirement will be supplied by the Global Fund, and 40% by the government.
- 2026: The supply will be equally shared, with 50% provided by the Global Fund and 50% by the government.
- 2027: The government will take on 70% of the condom requirement, with the Global Fund supplying the remaining 30%.

Condom Supply Status for 2024–2026

In 2024, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) supplied three consignments of non-flavoured condoms to the National STD/AIDS Control Programme (NSACP), totaling 5.4 million units. Additionally, the Ministry of Health contributed 1.3 million non-flavoured condoms during the same year. As all these condom consignments are valid until 2028, the Condom Estimation Committee has determined that there is an adequate stock to meet national needs. Consequently, the committee has decided not to procure additional condoms from either the Global Fund or the Ministry of Health for the years 2025 and 2026.

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

- FSW-30 condoms per month
- MSM-15 condoms per month
- TG; 15 condoms per month
- DU; 5 condoms per month

The Condom estimation committee, NSACP was decided that the national target for the minimum distribution of condoms among key populations were kept as the same and the maximum number of condoms that can be issued per person is 144 condoms (1 box), except for male or female sex worker, who can be provided up to 288 condoms (2 boxes) if necessary. Condoms should be prescribed through System. (EIMS or PIMS). Public health staff (PHI/PHNS) can obtain condoms and lubricants from pharmacy and they can fill the condom dispensers or issues to the spas or any other venues if necessary.

To prepare the annual condom estimates for the NSACP as well as for preparing the distribution plan for each district these norms are taken in to consideration. According to current estimations the annual condom requirement for HIVprevention activities conducted by NSACP is around two million.

Lubricants

In addition to condoms, the NSACP distributes lubricants, primarily for men whohave sex with men (MSM) and female sex workers. In 2024, NSACP received 100,000 lubricant units from GFATM and 188,000 from UNFPA.

Condoms and lubricants received by NSACP by sources in 2017-2024

Year	Condoms				Lubricants		
	GoSL	GFATM	UNFPA	TOTAL	GoSL	GFATM	Total
2017	71,424	4,052,304	-	4,123,728			
2018	-	1,773,400	1,773,400				
2019	200,000	2,289,600	-	2,489,600		1,775,000	1,775,000
2020	-	-	-	-	-	-	
2021	-	-	-	-	-	-	
2022	104,500	1.668,960	-	1,773,460	-	648,000	648,000
2023	-	770,400	-	770,400	-	702,000	702,000
2024	-	938,000	2,102,400	3,041,280	-	565,000	565,000

Condoms and lubricants distribution by clinic in the year 2023 and 2024

No	District	2023		2024	
		Condoms	lubricants	Condoms	lubricants
01	Ampara	12,558	-	21,921	4650
02	Anuradhapura	111,166	19,100	80,928	20,300
03	Awissawella	2041	185	5760	20
04	Badulla	36,438	1719	40,076	750
05	Balapitiya	4588	-	10,980	1900
06	Batticaloa	4823	800	3735	2480
07	Chillow	23,832	7900	26,880	13,400
08	Colombo	18,484	21,300	95,196	36,619
09	Dambulla	2604	70	7772	960
10	Embilipitiya	2282	662	3966	665
11	Galle (Mahamodara)	121,995	11,712	89,174	17,011
12	Gampaha	5254	645	11780	1670
13	Hambanthota	37,666	12.075	32,360	17,553
14	Homagama	560	-	241	0
15	Jaffna	44,053	18,486	29,599	12845
16	Kalubowila	35,428	4282	49,474	6016
17	Kalmunai	6624	-	7768	2200
18	Kalutara	15,690	6600	10,576	5430
19	Kandy	62,342	10,200	85,472	14,600
20	Kegalle	28,235	10,070	21848	8650
21	Kilinochchi	6100	100	3600	400
22	Kuliyapitiya	1804	150	4468	980

23	Kurunegala	57,381	11,600	118,700	21,700
24	Mahiyanganaya	5,556	300	2460	160
25	Mannar	3744	244	288	288
26	Matale	37365	1269	64467	1091
27	Matara	25,851	5805	37756	11457
28	Monaragala	8683	190	7853	1990
29	Mullativ	1600	100	1100	0
30	Negambo	8918	3338	13,000	2450
31	Nuwaraeliya	19,784	1000	16,856	100
32	Panadura	555	620	622	395
33	Polonnaruwa	73,521	800	110,841	4181
34	Puttlam	3152	1940	5752	722
35	Ragama	8169	2365	6347	2500
36	Rathnapura	14,056	3000	29,297	16,500
37	Tangalle	271	72	380	110
38	Trincomallee	1546	376	2769	1784
39	Vawniya	3206	100	4350	2000
40	Wathupitiwala	8074	449	2416	1472
	Total (STD clinics)	865,999	159,624	1,039,064	237,997
	FPA	345,600	93,000	791,200	316,000
	Tri-forces Army Navy	0	0	 1,004,000 75,400	0
	Grand total	**1,211,599**	**252,624**	**2,909,664**	**553,997**

In 2023, the STD clinics in Galle and Anuradhapura each distributed over 100,000 condoms. However, a slight decline in distribution was observed at both clinics in 2024. Despite this, the Anuradhapura STD clinic has set an ambitious target to distribute 300,000 condoms in 2025. Additionally, the STD clinics in Kurunegala and Polonnaruwa each distributed more than 100,000 condoms in 2024. Looking ahead, the clinics in Kurunegala, Kandy, and Polonnaruwa have each set a target of distributing over 100,000 condoms in 2025, reflecting a strong commitment to Condom promotion for STI/HIV prevention efforts at the clinic level.

Key population organizations recommended distributing condoms through the tri-forces to enhance accessibility, particularly among personnel at risk. In response to this request, the National STD/AIDS Control Programme (NSACP) provided over 1 million condoms to the Sri Lanka Army and more than 75,000 condoms to the Sri Lanka Navy in 2024. This initiative aimed to strengthen HIV and STI prevention efforts within military settings by ensuring wider and easier access to condoms.

Evaluation of Condoms and Lubricants

The National STD/AIDS Control Programme (NSACP) is responsible for evaluating condoms and lubricants prior to their approval by the National Medicines Regulatory Authority (NMRA). This process involves a thorough assessment of product quality and suitability. Based on the findings, NSACP submits an evaluation report to NMRA, either recommending the product for approval or providing justification for its rejection. In 2024, NSACP evaluated several flavoured condom brands as part of the registration process prior to NMRA approval.

[2]Consultant Venereologist

MULTISECTORAL RESPONSE TO HIV AND STI PREVENTION IN SRI LANKA: STRENGTHENING PARTNERSHIPS FOR SUSTAINABLE IMPACT – 2024

Dr.Janaka Weragoda[2]

In alignment with the National HIV/STI Strategic Plan of Sri Lanka, the Multisectoral Unit (MSU) of the National STD/AIDS Control Programme (NSACP) continues to play a central role in advancing the national response to HIV and sexually transmitted infections. Throughout the past year, the MSU has remained committed to planning, implementing, and monitoring targeted interventions across key populations (prison sector) as well as among vulnerable groups and the general population, with a particular focus on youth aged 15–29 years.

The MSU has been instrumental in driving multisectoral engagement through coordination, and technical support aimed at advocacy, risk communication, behavior change, and capacity development. Core areas of work have included promoting safe sexual practices, supporting the integration of HIV/STI prevention across institutional platforms, and creating an enabling environment to reduce stigma and discrimination.

In 2024 the MSU strengthened its collaborative mechanisms with public institutions, private stakeholders, and civil society organizations to foster a more inclusive, evidence-based, and sustainable approach to HIV and STI prevention. By leveraging intersectoral cooperation, the unit continues to catalyze meaningful change, ensuring that national HIV/STI efforts remain adaptive, resilient, and responsive to the evolving needs of Sri Lankan society.

1. Human Resources – Addressing Gaps to Sustain Impact

The Multisectoral Unit (MSU) of the National STD/AIDS Control Programme (NSACP) is headed by a Consultant Community Physician, who provides strategic leadership and technical oversight for all planning and implementation activities. However, in the year 2024, the MSU operated under significant human resource constraints, which posed challenges to the smooth execution of planned interventions.

The unit's approved cadre includes Medical Officers and a Development Officer, both of which remained vacant throughout the reporting year. In addition, the team comprises an Assistant Coordinator and supportive staff members. Despite these shortages, the unit continued to carry out its core responsibilities with commitment and resilience, prioritizing the most critical areas of the National HIV/STI Strategic Plan and ensuring continuity of key services.

2. Prevention and Multisectoral Subcommittee

The "Prevention & Multisectoral Coordination" Subcommittee commonly referred to as the Multisectoral Subcommittee is one of the four formal subcommittees operating under the National STD/AIDS Control Programme (NSACP). It plays an important role within the national HIV governance framework, functioning as a platform for cross-sectoral dialogue, joint planning, and evidence-based decision-making. The primary purpose of the subcommittee is to review the previous year's activities, identify gaps, plan for the upcoming year, and formulate strategic recommendations. These recommendations are formally presented to the National AIDS Committee, which oversees the country's overall HIV response.

In 2024, due to logistical constraints and staffing limitations, the formal subcommittee meeting was not held as a separate entity. Instead, the discussions and reviews typically conducted in this forum were integrated into broader stakeholder meetings held throughout the year. Despite the absence of a standalone meeting, the subcommittee's objectives such as reviewing the progress of past-year activities, setting priorities for the upcoming year, and making strategic recommendations were effectively addressed in these joint sessions.

The multisectoral subcommittee linked to a diverse representation of stakeholders;

Governmental bodies: Department of Prisons, Sri Lanka Police, Sri Lanka Army, Navy, and Air Force; National Youth Service Council; National Youth Corps; National Child Protection Authority; Department of Education; Ministry of Higher Education; Vocational Training Authority; and Sri Lanka Bureau of Foreign Employment (SLBFE).

Health sector stakeholders: Directorates within the Ministry of Health, including the Family Health Bureau, Health Promotion Bureau, and Directorate of Mental Health.

Community-based organizations: Entities supporting people living with HIV (PLHIV), and key population groups including those working in the areas of sexual health, rights advocacy, and community empowerment.

Non-governmental and international organizations: The Family Planning Association of Sri Lanka (FPA), United Nations Population Fund (UNFPA), and World Health Organization (WHO), among others.

Representative from youth: Organization working for youth and youth clubs

This collaborative platform ensures that the national HIV response is informed by evidence, based on equity, and inclusive of the voices and needs of all population segments in the sciety. Moving forward, re-establishing dedicated subcommittee meetings will be essential to maintain focus and strengthen multisectoral coordination at all levels.

3. HIV and STI Prevention in the Prison Sector

Prisons are globally recognized as high-risk environments for HIV transmission due to various factors, including being sexually active age group, presence of high-risk same sex behaviors and limited access to preventive services. In Sri Lanka, the National HIV/STI Strategic Plan identifies prison inmates as a key population requiring focused interventions. According to the prison statistics of Sri Lanka 2024 among over 30 prisons across the country bears an average daily population of 27,000 inmates including around 1,200 women and the annual total admission was proximately 185,000.

The NSACP, in collaboration with the department of prisons, has continued its efforts under the framework of the "Prison HIV Prevention, Treatment, and Care Policy" developed in 2017. This policy ensures that HIV-related services in prison settings are aligned with national guidelines and are on similarity with services available in the general community.

The MSU worked closely with the Department of Prisons for over a decade to implement a range of interventions aimed at creating a supportive environment for HIV and STI prevention, treatment, and care within prisons. In 2024, a series of impactful activities were conducted with the support of the Global Fund, which provided both financial and technical assistance.

Prison Steering Committee for HIV/STI prevention

The Prison Steering Committee for HIV/STI prevention also known as "Prison Steering Committee" for HIV Prevention serves as a key governance mechanism to guide and monitor HIV related activities in the prison

sector. The committee convenes quarterly to review ongoing interventions, identify operational barriers, recommend solutions, and plan future strategies. Prison Steering Committee is chaired by the Commissioners General of Prisons.

In 2024, two Steering Committee meetings were held at the Prison Headquarters in Colombo, with participation from all relevant stakeholders. Discussions focused on the status of training programs, awareness initiatives, HIV testing, and the management of inmates living with HIV. A strong emphasis was placed on enhancing HIV testing coverage across all prison institutions.

Training of Trainers (TOT) and Refresher Programs for Prison Staff

Capacity building among prison staff remained a central component of the 2024 strategy. Two three-day Training of Trainers (TOT) workshops were conducted, benefiting 76 uniformed officers from prisons across the country.

These sessions reinforced knowledge and skills related to HIV prevention, stigma reduction, and effective communication with inmates.

Peer Leader Training

Peer-led education is a proven method for delivering health messages within prison settings. Fifty-two (52) two-day peer leader training programs were conducted by welfare officers who had previously been trained as master trainers. These sessions were held across all prisons in the country, training over 2,000 inmates as peer educators.

Upon completion, peer leaders were awarded badges to formally recognize their role. These trained individuals went on to provide informal education sessions on HIV and STI prevention to their fellow inmates, ultimately reaching more than 84326 prisoners during the year 2024.

Life Skills Training for Prison Staff

Recognizing the unique needs of young inmates, one life skills related awareness programs was held at Watareka Prison. A total of 26 prison staff participated, receiving training designed to enhance their decision-making, self-awareness, and goal-setting abilities of young offender. The sessions also incorporated comprehensive education on HIV/STIs and safe sexual practices.

HIV Testing in the Prison Sector

HIV testing is a critical component of the prison health response. In 2024, NSACP and district STD clinics continued to provide HIV/STI testing services in accordance with prison-specific guidelines. Health education for new inmates, as well as peer-led discussions, were used to promote testing and conducted in parallel to HIV testing sessions.

A total of 22,679 HIV tests were done for prison inmates, achieving 121% of the annual target set by the Global Fund. Twenty-two (22) inmates tested positive for HIV. To enhance service sustainability and coverage, selected prison staff were trained to perform rapid HIV tests. Fifteen staff members from Welikada, New Magazine, and Colombo Remand Prisons were trained under the task-shifting initiative and are now expected to contribute to expanded testing efforts in their respective facilities.

Awareness Programmes for Inmates

Parallel to World AIDS Day 2024, one-day awareness sessions were conducted in 22 prisons by district STD clinics, focused on behavior change communication, safe sex practices, and the prevention of HIV and STIs. Approximately 2,200 inmates participated in these events, which contributed to creating a more informed and health-aware prison population.

Health Promotion through Drama Competitions

Innovative and culturally relevant approaches such as drama competitions were used to promote health messages. As part of World AIDS Day commemorations, 26 prisons participated and submitted video recordings of drama performances focused on HIV awareness and stigma reduction. These were reviewed by an independent panel, and winners were awarded with certificates and gift packs.

National Conference on HIV Prevention in Prisons

The annual Conference on HIV Prevention Activities in the Prison Sector was held as a two-day event with the participation of over 160 prison officers. This high-level forum focused on reviewing the year's achievements, identifying legal and structural barriers affecting key populations, and promoting legal literacy among prison personnel. The conference served as a important forum to revisit institutional commitment and outline strategic priorities for the coming year.

4. HIV and STI prevention programme for Tri-Forces

The Sri Lankan military forces comprising the Army, Navy, and Air Force are recognized as populations vulnerable for HIV infection. The National STD/AIDS Control Programme (NSACP) prioritizes HIV prevention efforts within these groups due to their vulnerability. In early 2024, an advocacy session with military representatives emphasized the need for ongoing awareness, promotion of safe sexual practices, and regular HIV testing. Trained military officers continue to awareness activities reinforcing key prevention messages. Number of one-day awareness programmes on safe sexual practices and the prevention of HIV and other STIs were conducted at both national and district levels, in collaboration with district STD clinics.

Despite a significant reduction in HIV testing in 2023 with only 19,716 tests conducted compared to 58,728 in 2022, primarily due to a shortage of HIV test kits the situation improved remarkably in 2024, with 78,731 HIV tests conducted among the Tri Forces.

5. HIV and STI prevention program in the Police sector

Sri Lanaka police play a crucial role in HIV prevention activities. Creating a conducive environment for key populations to access preventive services is a critical component of all HIV prevention programmes. However, stigma, discrimination, and legal barriers can significantly hinder this process.

Police officers, often the first point of contact in legal matters, play a vital role in shaping the experiences of key populations. In Sri Lanka, certain laws criminalize behaviors associated with key populations. These laws are frequently misinterpreted or enforced in ways that negatively impact people living with HIV (PLHIV), LGBTQ+ individuals, and other vulnerable groups largely due to insufficient awareness of HIV-related issues.

As a result, key populations and their families often face stigma and discrimination during law enforcement interactions. Recognizing this, the National STD/AIDS Control Programme (NSACP) has prioritized sensitizing police officers on human rights, legal aspects, and public health responsibilities.

To address human rights barriers and reduce stigma and discrimination, three national-level advocacy programmes were conducted by the MSU for high-ranking police officers in Colombo, Batticaloa, and Trincomalee districts. Furthermore, in collaboration with district STD clinics, multiple district-level advocacy sessions were organized across several districts. These sessions targeted police officers, including senior officials, with the aim of enhancing their understanding of HIV-related issues, key populations.

In these advocacy programmes, the importance of adopting a rights-based approach in law enforcement was emphasized. Key principles were highlighted, including respect for human rights. All individuals regardless of their HIV status, sexual orientation, or gender identity should be treated with dignity and equality, without discrimination. The principle of non-discrimination and inclusion was also stressed.

This means removing legal, social, and institutional barriers. These barriers often prevent access to healthcare and HIV services. Special focus was placed on key populations such as sex workers, LGBTQ+ individuals, and people who inject drugs.

6. HIV and STI prevention programmes for the youth

The NSACP's Multisectoral Unit works closely with youth-focused organizations such as the National Youth Services Council (NYSC) and the National Youth Corps. Officers from these organizations collaborate with district STD clinics and Medical Officers of Health (MOH) to conduct community-level awareness programmes targeting young people.

In collaboration with the Family Health Bureau, two more TOT programmes on sexual and reproductive health, including behavior change communication for HIV/STI prevention, were conducted. Approximately 100 youth leaders from various youth organizations took part in these sessions. Bottom of Form

7. Education sector - HIV and STI prevention programme

The NSACP has identified the education sector as a key area for HIV prevention, particularly due to the gradual rise in new HIV diagnoses among individuals aged 15 to 24 years. To address this, the MSU continued its efforts to promote HIV prevention among school children, in collaboration with the School Health Unit of the Family Health Bureau and the National Institute of Education.

8. Vulnerable population groups and General population

The general population was reached through a wide range of electronic and print mass media channels, including television, radio, newspapers, magazines, and social media platforms. These campaigns focused on raising awareness about HIV prevention, reducing stigma, and promoting safe sexual practices and HIV testing services. It also highlighted both the biological and social aspects related to SOGIE (Sexual Orientation, Gender Identity, and Expression) and the LGBTQ+ persons. Overall, the media initiatives aimed to inform, educate, and encourage positive behavior change to wards safe sexual practices across diverse segments of the population.

In 2024, the Multisectoral Unit developed ten (10) exhibition kits, each comprising two television sets and ten pull-up banners designed in all three national languages. These kits were distributed across all nine provinces to support public exhibitions aimed at enhancing awareness and knowledge on HIV and related issues. The exhibition themes focused on modes of transmission, HIV testing, safe sexual practices, and addressing stigma and discrimination.

[2]Consultant Community Physician

TRAINING AND CAPACITY BUILDING UNIT ACTIVITIES

Dr Piyumi Perera[1]

The Training and Capacity Building Unit of the National STD/AIDS Control Programme (NSACP) enhances healthcare professionals' skills in STI and HIV/AIDS prevention, diagnosis, and management. It conducts training for doctors, nurses, other healthcare workers and medical undergraduates develops guidelines, and strengthens healthcare institutions. The unit also engages in stigma reduction programs, supports research to improve clinical strategies, and collaborates with national and international partners. By equipping healthcare providers with updated knowledge and resources, the unit ensures quality sexual health services and effective STI/HIV control across Sri Lanka, contributing to the country's broader public health and disease prevention efforts.

Category	Programs	Participants
A. STD clinic staff	264	1,367
B. Other Health staff	451	10,155
C. Undergraduate/basic HCW trainees	598	6,392
D. Postgraduate/Post basic trainees	75	478
E. Other staff	136	5,365
Total	**1,524**	**23,757**

Table 1: Total Number of Programs and Participants (2024)

Pre service and Inservice training for healthcare staff attached to STD clinics

For the year 2024, there were two pre service and Inservice training programmes for major staff attached to STD clinics islandwide resulting in more than 50 personals being trained in managing STD, HIV and related conditions. The training was conducted at the NSACP, over 10 days, consisting of lectures and clinical exposure. The participants were provided with accommodation and refreshments with the funding provided from Government of Sri Lanka as well as the Global Fund.

Another Inservice training was arranged for all staff of the NSACP which was a novel experience for them. In addition to updates in STD and HIV care, epidemiology and reduction of stigma and discrimination, a team building session was also incorporated in to this programme to enhance the team spirit and the mental wellbeing of the staff in the NSACP.

Workshop on ART and opportunistic infection management guidelines update for medical officers in STD clinics 18/19 Nov 2024

A two day workshop was held by the training and capacity building unit for the medical officers working in STD clinics to update their knowledge on ART and opportunistic infection management. During this workshop, they were familiarized with the latest national guidelines available for these purposes. This workshop was conducted by consultant venereologists, with lectures and case discussions. It was a successful event with active participation leading to improved knowledge among the participants.

Pic1: MOs-STD working on case studies at the workshop on ART and OI management

Programmes to reduce stigma and discrimination

Stigma and discrimination related to HIV remain significant barriers to effective prevention, testing, treatment, and care services. Despite advancements in medical treatment and public health interventions, individuals living with or affected by HIV often face social exclusion, prejudice, and unequal treatment in healthcare settings, workplaces, and communities. These negative experiences can discourage people from accessing essential services, disclosing their status, or adhering to treatment.

Recognizing the critical need to foster a supportive and inclusive environment, programmes aimed at reducing HIV-related stigma and discrimination have become a vital component of the national HIV response. These initiatives seek to raise awareness, change harmful attitudes, promote empathy, and enforce non-discriminatory practices, particularly among healthcare workers, community leaders, educators, and the general public.

To facilitate this purpose, 13 islandwide programmes were conducted for supportive staff working in the health sector with the expertise of the consultant venereologists.

Pic 2: Stigma reduction workshop conducted at the STD clinic Matara for major staff.

Furthermore to increase the skills in counseling and psychosocial support through capacity building of outreach workers, CBO officers, other categories of healthcare workers and non-health staff in the hospitals, 11 island wide programmes were conducted. Both these activities were funded by the Global fund.

Pic 3: Workshop conducted for the outreach workers in Colombo district

Counselling workshop

Counseling is an important component of STI and HIV prevention and care services in many aspects. Prevention counseling, behavioral change counseling, disease-specific counseling pre and post-test counseling for HIV testing services, Counselling for PrEP and PEP use and counseling of PLHIV including adherence counseling are important components that need specific skill development. Though counselling is included in the preservice training, a comprehensive counselling workshop tailormade to fulfil the counselling skills required in STI and HIV clinic setting is very important to assure that all staff members who are involved in counselling have adequate knowledge, attitudes, and skills required in providing counselling at STD clinics.

Major staff in STD clinics including medical officers, nurses, PHI and PHNS from all over the country participated for a 5 day workshop held in Colombo

Pic 4: Participants actively engaging in understanding risk reduction counselling

Social and Behaviour Change Communication (SBCC) training workshop

The Social and Behaviour Change Communication (SBCC) training, held in Colombo included various sessions aimed at enhancing understanding and application of SBCC concepts. Introduction to SBCC and the C Change process, Steps 1 to 5, and the use of digital media in HIV prevention were discussed intensively.

Pic 5: Participants and resources for the SBCC workshop and the material developed

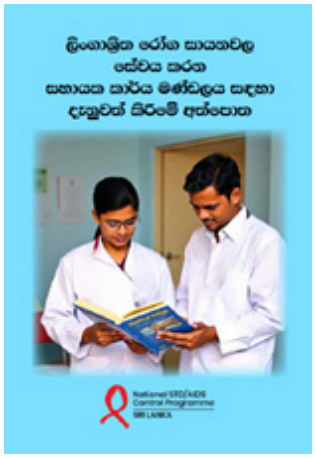
Development of staff training materials

- **Video**

Two video clips were developed to show the correct and incorrect attitudes of staff when handling clients attending STD care services. The aim of these video clips is to be used during training programs to assist the training and to assure the uniformity of the necessary massage across the training programmes which address stigma and discrimination.

- **Booklet**

A booklet was developed for the supportive staff working in STD care settings in both Sinhala and Tamil languages in view of improving their basic knowledge on STD and HIV, infection control measures, their expected duties and to minimize stigma and discrimination.



Establishment of the Research review committee

The establishment of the Research Review Committee for the National STD/AIDS Control Programme (NSACP) of Sri Lanka marks a significant step in strengthening evidence-based decision-making in the national HIV and STI response. This committee was formed to ensure scientific rigor, ethical compliance, and alignment of research activities with national priorities. It serves as a platform to review, guide, and coordinate research proposals related to HIV, STIs, and sexual health. It further recommends research for funding support from Global Fund.

Table 2: Studies funded by the Global Fund for 2024

Research title	Principal investigator
Acceptability, barriers, and associated factors for HIV self testing among men who have sex with men attending Central Sexually Transmitted Disease (STD) clinic, Colombo district, Sri Lanka.	Dr KDBRI Jayaweera
Psychological well-being and behavioral factors which leads to HIV/STI among men who have sex with men who currently receive services from a drop-in centre held by a nongovernmental organization at Narahenpita, Colombo	Dr N T Nadeeke Nilanjana
Clinical Profile and Behavioural Characteristics of HIV Patients Newly Attended to The central HIV clinic colombo; A 3-year cross Sectional study From 2019 To 2021	Dr H.G.H. Fernando
Knowledge, acceptability, and barriers to access post-exposure prophylaxis for HIV following sexual exposure (PEPSE) among men who have sex with men, who receive services at Central Sexually Transmitted Disease (STD) clinic, Colombo, Sri Lanka.	Dr W.P.N.M Pemarathna
Knowledge on HIV infection and biomedical and behavioral means of prevention among nursing officers of TH Anuradhapura.	Dr T. S. Vitharana
Knowledge, attitudes and perceptions regarding biomedical HIV prevention techniques among final year medical students at universities in Colombo district	Dr M.I.F.Masna
Knowledge of HPV infection and preventive measures among PHI and public health midwives under the medical officer of health system in the Matara district	Dr N. A. Madarasinghe

Training on HIV / STD testing and proper linkage to care for Private hospital health care staff – Colombo district

The training program on HIV/STD Testing and Proper Linkage to Care for Private Hospital Healthcare Staff in the Colombo District was held, at the NSACP Auditorium. Discussions on the overview of HIV epidemiology, emphasizing the role of private healthcare in addressing the challenges posed by HIV and STDs, the clinical aspects of HIV and STDs, highlighting the importance of early detection and effective management, an update on HIV testing advancements and protocols tailored for private healthcare settings, STD testing procedures and best practices for accurate diagnosis, and linking patients to care and addressing stigma in healthcare settings were taken place.

OVERSEAS TRAINING VISIT ON HIV/ART- CHENNAI, INDIA

A group of six healthcare staff from the National STD/AIDS Control Programme (NSACP) and district STD clinics of Sri Lanka participated in an overseas training visit on HIV/ART at the Infectious Disease Medical Center in Chennai, India. The training focused on updates in HIV management, including antiretroviral therapy, patient monitoring, and service delivery models. Participants had the opportunity to observe best practices at well-established HIV treatment centres in Chennai. This exposure enhanced their technical knowledge and practical skills, promoting improved service quality back in Sri Lanka. The visit also facilitated regional collaboration and knowledge exchange between Sri Lankan and Indian HIV care teams.

Participants- Dr Theja Hurugamuwa (MO STD – Kaluthara) Dr Gayan Samarasinghe (MO STD – Ragama) Dr Sasith Udugama (MO STD – Chilaw) Mr. Maleesha Jayarathna (PHI – NSACP) Ms. Aruni Priyangika (NO STD – Negambo) Supervised by – Dr Piyumi Perera (Consultant Venereologist, STD clinic Puttalam)

7TH ASIA PACIFIC HIV PRACTICE COURSE FROM 25TH TO 29TH NOVEMBER IN SINGAPORE

A team from NSACP and district STD clinics participated in an HIV training program held in Singapore,7th Asia Pasific Hiv Practice Course-APHPC, 25th NOV to 29th. focusing on the latest advancements in prevention, treatment, and management of HIV. The training covered innovative strategies, global best practices, and interdisciplinary approaches to combating HIV. It also provided valuable opportunities for networking and collaboration with international experts, enriching knowledge and enhancing capacity to implement effective HIV programs in Sri Lanka.

Participants

Dr Umedha Jayasinghe – Consultant Venereologist, NSACP, Dr Chithran Hathurusinghe - Consultant Venereologist, STD clinic Kurunagala, Nursing officer Mrs Nadeeshani Herath and PHI Mr Chinthaka Bandara -STD clinic Kandy, Mrs Naduni Punsara -MLT, STD clinic Matara

[2]Consultant Venereologist

IEC AND ADVOCACY PROGRAMMES

Dr. Vino Dharmakulasinghe[1]

Conduction of district AIDS Committee (DAC) and Provincial AIDS committee (PAC)

District AIDS Committees (DACs) and Provincial AIDS Committees (PACs) play a vital role in the decentralized response to HIV in Sri Lanka. These committees provide a platform for multi-sectoral coordination, bringing together key stakeholders from health, education, civil society, and law enforcement to plan, implement, and monitor HIV prevention and care activities at local and provincial levels. DACs and PACs help ensure that interventions are tailored to the specific needs and epidemiological context of each district and province, thereby enhancing the effectiveness and reach of the national HIV response. They also promote community engagement, resource mobilization, and accountability, while facilitating timely identification and resolution of local challenges. Overall, DACs and PACs contribute to the sustainability and efficiency of the national HIV control programme by strengthening local ownership and coordination.

Prevention of new HIV and sexually transmitted infections and providing comprehensive care and treatment services for all diagnosed patients is not an easy task and support for them other health authorities and multisectoral involvement is required at national level as well at district level. This basis for multisectoral commitment is through DAC and PAC where peripheral sexual health clinics, community-based organizations, non-government organizations, networks of PLHIV, representatives of KP in the district level and provincial level make decision to fulfil the goal of national strategic plan with the help of relevant stakeholders.

In 2024, eighteen(18) District AIDS Committees (DACs) were successfully conducted in the districts of Jaffna, Batticaloa, Colombo, Galle, Badulla, Matara, Hambantota, Kalutara, Matale, Kandy, Nuwara Eliya, Kurunegala, Puttalam, Trincomalee, Anuradhapura, Polonnaruwa, Ratnapura, and Kegalle.

Additionally, all nine Provincial AIDS Committees (PACs) were successfully conducted in 2024. These included PAC meetings in the Northern Province (held in Jaffna), Eastern Province (Batticaloa), Western Province (Colombo), North Western Province (Kurunegala), North Central Province (Anuradhapura), Southern Province (Galle), Central Province (Kandy), Sabaragamuwa Province (Ratnapura), and Uva Province (Badulla). These meetings facilitated strategic planning and coordination of HIV prevention and care activities across provinces, with the active participation of key stakeholders. The National STD/AIDS Control Programme (NSACP) provided technical guidance and funding support through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

These committees played a key role in strengthening coordination, planning, and implementation of National strategic plan for National STD/AIDS Control Programme at provincial and district levels.

Advocacy Programmes for Youth and Vulnerable Groups in HIV Interventions

The increasing trend of new HIV infections, especially among individuals aged 15 to 24 years, highlighted the urgent need for targeted and innovative approaches. In 2024, provincial-level advocacy programmes focusing on youth and vulnerable group interventions were conducted in seven (07) provinces: Northern, Eastern, North-Western, North-Central, Central, Sabaragamuwa, and Southern provinces. These programmes were organized through provincial-level meetings with the objective of identifying new strategies to strengthen HIV prevention efforts, particularly among young key populations.

These advocacy meetings provided a platform for provincial stakeholders, including health officials, youth representatives, civil society, and community leaders, to collaboratively discuss priorities, share experiences, and develop context-specific interventions that are youth-friendly, inclusive, and responsive to the evolving epidemic.

In 2024, twelve(12) district-level advocacy programmes targeting young key populations and other vulnerable groups were conducted in parallel to World AIDS Day commemorations. These programmes took place in Badulla, Mahiyanganaya, Kalmunai, Matara, Hambanthota, Matale, Kandy, Kurunegala, Ratnapura, Jaffna, Puttlam Batticaloa and Colombo with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The initiatives aimed to raise awareness on HIV prevention, address stigma and discrimination, and promote access to youth-friendly services.

School Health Programmes conducted by the STD clinics-2024

A total of 266 school health programs were conducted by the network of 40 STD clinics across the country in 2024, reaching 54,768 school-going children

STD clinic	Total number of programmes	Total number of Participants
Western province		
Kalutara	07	1782
Panadura	08	1366
Colombo	01	45
Gampaha	07	10,240
Negambo	01	700
Awissawella	0	0
Homagama	0	0
Kalubowila	0	0
Central Province		
Kandy	08	4100
Matale	22	1884
Nuwaraeliya	05	635
Uva province		
Badulla	62	2922
Monaragala	06	1200
Mahiyanganaya	10	2000
Northern province		
Jaffna	09	560
Kurunegala	21	13,200
Chillow	10	1057
Southern province		
Balapitya	06	211
Galle	0	0
Matara	05	965
Hambanthota	14	4862
Tangalle	0	0

Northcentral Province		
Anuradhapura	01	102
Polnnaruwa	10	1236
Eastern province		
Ampara	03	610
Trincomalee	12	484
Batticaloa	04	297
Sabaragamuwa province		
Kegalle	06	1687
Rathnapura	26	2476
Total	**266**	**54768**

IEC/BCC programmes for key population , youth and general public

The NSACP, together with all forty STD clinics, conducted 2316 lectures reaching 180,756 participants, organized 101 workshops with the participation of 9352 individuals and 448 other awareness programmes covering 56304 participants. In addition, STD clinics took part in 23 exhibitions, providing health education to approximately 9352 members of the general population.

Key population	Number of programmes	Number of participants
Female sex workers	220	2332
Men sex with men including MSW	63	3204
Transgender	03	234
Drug users	176	5134
Beach boys	29	813

Know4sure.lk social media platforms

know4sure.lk digital campaign across multiple social media platforms, including Facebook, Instagram, YouTube, and Twitter, to reach wider audiences effectively, particularly youth and key populations. In 2024, a TikTok channel was introduced as part of the know4sure.lk social media platforms to expand outreach and engage younger audiences through short-form video content. In 2024, social media content was strategically developed and uploaded based on the concept of social currency to maximize engagement. For example, a Facebook post promoting safe sex messages was released in parallel with Valentine's Day to resonate with the public. STD clinic staff were encouraged to engage with NSACP's social media platforms by subscribing and liking posts during the initial phase to enhance visibility and reach. Plans are underway to strengthen these platforms through targeted boosting strategies.

Expansion of Know4Sure Online Appointment System across most of the STD Clinics

Efforts were made to extend the engagement with the Know4Sure online appointment system to most of the STD clinics across the country. During district and provincial-level meetings, discussions were held with relevant clinic staff to identify the gaps, challenges, and opportunities in adopting the Know4Sure.lk platform for appointment scheduling. These discussions highlighted technical limitations, staff capacity, internet accessibility, and the need for public awareness as key factors affecting implementation. Moving forward, action plans will be developed to strengthen system integration, provide training to clinic staff, and promote the use of the online appointment feature among clients to enhance accessibility and service efficiency.

Development of IEC

The National STD/AIDS Control Programme (NSACP), with support from GFATM funds, produced three (03) high-quality videos to promote the know4sure.lk website, condom usage, and PrEP and PEPSE services. In addition, know4sure.lk unit, NSACP developed and posted the content at least once in fortnight. The content were optimized for different social media platforms to accommodate varying viewer preferences. Promotion efforts included dissemination through NSACP's social media channels as well as partnerships with government and non-government health organizations, particularly focusing on STD/HIV prevention and care. In 2024, NSACP developed many educational leaflets with the support of GFATM and Government of Sri Lanka (GOSL) funds.Both the video and leaflet development processes actively involved key population members to ensure inclusive participation. This collaborative approach aims to enhance relevance, encourage audience interaction and feedback, and foster a sense of community engagement.

Party Packs as Chem sex related intervention in HIV prevention

Recognizing the emerging importance of chemsex-related interventions in HIV prevention, NSACP developed a dedicated video clip and an informational leaflet were produced specifically to support chemsex interventions. Additionally, know4sure.lk unit, NSACP introduced "party packs" containing condoms, lubricants, and IEC materials enclosed in a condom pouch. These packs were distributed through community-based organizations, including SARD and Heart to Heart, to reach individuals engaging in chemsex practices. These efforts were aimed at reducing HIV transmission risks and promoting safer sexual behaviors among key populations.

Virtual Outreach and Capacity Building through Annual Conference

Virtual outreach workers have increasingly expanded their client base by engaging key populations through social media platforms and dating applications such as Grindr, Tinder, Bumble, and others. To further strengthen this approach, it is essential that outreach workers adopt innovative strategies, share experiences, and learn from experts in digital engagement and marketing. Therefore, an Annual Conference will be organized on 21st March 2024, focusing on building the capacity of community health workers from NGOs.

(1) Sabaragamuwa Provincial AIDS Committee meeting 2025

(2)North Western Provincial AIDS Committee meeting 2025

(3)Eastern Provincial AIDS Committee meeting 2025

(4)Western Provincial AIDS Committee 2025

(5)Northan Provincial AIDS Committee 2025

(6)North Central Provincial AIDS Committee 2025

(7)Central Provincial AIDS Committee 2025

(8)Southern Provincial AIDS committee meeting 2025

(9)Uva Provincial AIDS Committee meeting 2025

[2]Consultant Venereologist

WORLD AIDS DAY

Dr.Vino Dharmakulasinghe[1]

The commemoration of World AIDS Day, which was taken place on the 1st of December 2024, National STD AIDS Control programme (NSACP) alone with all stakeholders of the HIV response in combatting the AIDS epidemic to reach the goal of ending AIDS in Sri Lanka. The UNAIDS theme for this year is "Take the rights path " which is the theme adapted for Sri Lanka as well.

In line with world AIDS Day commemoration NSACP was carried out following island wide activities to raise the awareness on HIV and giving an opportunity for working with communities towards the common goal.

1) The AIDS DAY Walk on the 1st of December 2024 started from Galle Face Green Colombo at 7 am walking through Vihara Mahadevi Park to National STD/AIDS Control Programme. There were 1000participants representing the honorable Prime minister of Democratic and socialist republic of Sri Lanka, the honorable health and media minister, the health Secretary, Director General Health Services and of higher health officials and STD clinic staff, Tri forces, youth councils, People affected by HIV, At risk population groups, NGO and CBOs. This event is organized by NSACP with the collaboration of UNFPA and FPA.

2) General public awareness on HIV/AIDS was delivered by using a double décor bus travelling around Colombo cities from 25th November to 1st of December 2024 in selected routes. HIV self-testing and condom promotion were promoted through this event.

3)A media conference was held to introduce AIDS day activities and the current trend of HIV. epidemic at the Health Promotion Bureau (HPB) on 27th November 2024 and broadcasted through health promotion YouTube channel at the same time.

4)Multisectoral unit of NSACP has been conducted a drama competition among prison inmates in parallel to the World AIDS day 2024. The award Ceramony for the above committee was conducted on3rd December 2024 at Waters edge hotel.

5) HIV testing targeting key population groups will be initiated at ten (10) different hot spots in Colombo and suburbs from 25th November 2023 on allocated days with the partnership of the family planning association

6) A social media campaign was conducted in parallel to the world AIDS Day 2024 to promote HIV preventive strategies, testing, care and treatments through know4sure.lk social media platforms (Facebook, Instagram, YouTube and Twitter)

7) Leaflets (book marks) on novel preventive measure pre-exposure prophylaxis (PrEP) and condoms were developed and distribution of above bookmarks through STD clinics islandwide.

8)An advocacy programmes for district level were conducted for young key population interventions and make them aware the theme of World AIDS day and update on HIV. These meetings were helped to identify an innovative strategy to reach a key young population and vulnerable youth in Badulla, Mahiyanganaya, Kalmunai, Matara, Hambanthota, Matale, Kandy, Kurunegala, Ratnapura, Jaffna Batticaloa and Colombo and these meetings were funded by GFATM.

[2]Consultant Venereologist

AN UPDATE OF ELECTRONIC AND DIGITAL PLATFORMS OF NSACP-2024

By Dr. Ariyaratne Manathunge[1], Lakshan Fernando[6]

The National STD/AIDS Control Programme (NSACP) has undertaken significant initiatives to strengthen the effectiveness of HIV prevention services and clinical care for key populations, as well as individuals affected by HIV and other sexually transmitted infections. Electronic systems play a key role in patient monitoring and maintaining treatment and care services for key and vulnerable populations and patients.

At present, NSACP operates the following electronic and digital platforms:

1. Electronic Information Management System (EIMS)
2. Prevention Information Management System (PIMS)
3. Know4sure.lk website
4. NSACP official website and dashboard
5. Web based QR feedback system
6. E-learning platforms related to EIMS and Know4sure
7. Google Sheet for quarterly returns

These systems and platforms are managed and monitored by the Strategic Information Management (SIM) Unit of the NSACP.

Electronic information management system (EIMS)

The Electronic Information Management System (EIMS) was introduced in 2019 as an electronic medical record system, covering modules such as registration, STD Clinic Management, HIV care, Laboratory Information Management, and Pharmacy Management. user feedback prompted modifications to enhance the system. The SIM Unit supervises and coordinates the implementation of the system national wide. Further, the SIM unit provides user support, maintenance support and carries staff training for the system.

Figure 1 : Version 2 of Electronic Information Management System (EIMS) login pageBottom of Form

Newly upgraded EIMS incorporates several enhancements across its modules, anticipating a more intuitive user-friendly reporting system, alongside enhancements to modules and questionnaires tailored to meet the needs of both STD and HIV patients.Top of Form

EIMS has been implemented in 88% of STD clinics (35 out of 40) by the end of 2024.

Prevention information management system (PIMS)

The Prevention Information Management System (PIMS) was established to oversee HIV prevention programs for key populations conducted by STD clinics and NGO partners using the peer-led intervention model. PIMS includes both a web platform and an Android mobile app.

Since 2022, the system has been gradually implemented in all key population units of STD clinics and is currently operational in all 15 KP intervention districts. The Family Planning Association (FPA-SL) functions in Colombo and Gampaha districts, focusing on MSM, TG, PWID, and FSW key population components, and have successfully adopted the platform in both physical and virtual working models. PIMS mobile application allows field staff to enter data in real time during outreach or at the point of service provision for key population clients. Key feature in PIMS is the unique identifier code tracking of key population (KP) clients, hence the anonymity of the KP is ensured in the treatment and care provision cascade.

PIMS is expected to have a significant impact on monitoring the performance of key population staff under the new Global Fund 2025-2027 'GC7' grant through performance-based monitoring mechanism.

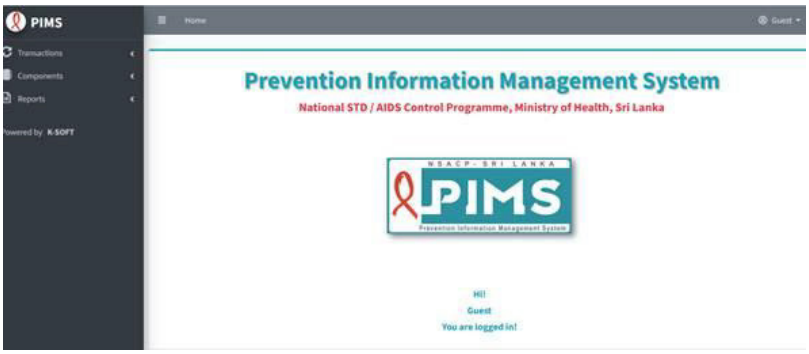


Figure 2 : Prevention Information Management System (PIMS) website Home page

Know4sure.lk platform

Know4sure.lk provides virtual HIV services, allowing clients to schedule online appointments and receive health products like condoms, lubricants, and HIV self-test kits while maintaining confidentiality and privacy of the respective client. This website plays a crucial role in NSACP's efforts to engage the public and empower individuals with the knowledge necessary to prevent and manage HIV and other sexually transmitted infections (STIs).

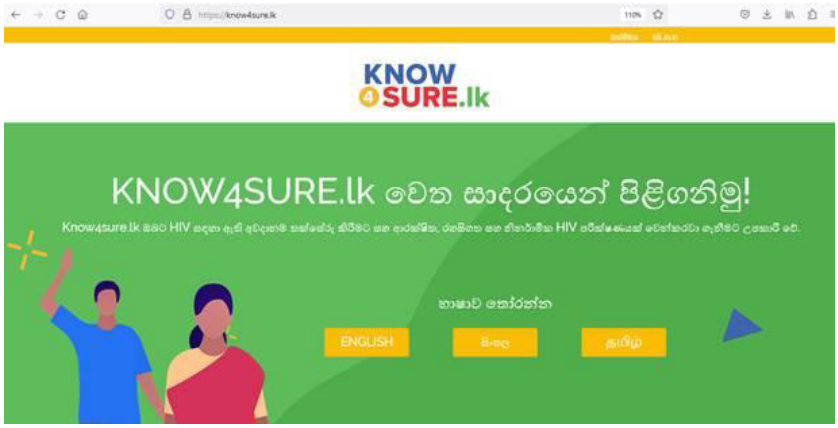


Figure 3 : know4sure.lk website Home page

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

Know4sure.lk has expanded its coverage by accepting appointments from over twenty-five (25) STD clinics across the island, as well as seven (7) Suwaseva centres from FPA. Additionally, three (3) community clinics now have the facility to accept appointments for their respective clinics, offering clients the flexibility to choose preferred time slots.

Know4sure.lk has received more than 5,600 appointments from its initiation in 2019 up to end of 2024.

Below table depicts the number of appointments for STD Clinics, FPA centres and community clinics and their arrival percentage for the year 2024

Table 1 : Number of appointments vs number arrived via know4sure.lk for 2024

Clinic Name	Number of appointments	Number arrived	%
All Clinics	2,261	1,015	45%
STD Clinics under NSACP			
NSACP STD clinic	1,055	582	55%
STD Clinic - Kalubowila	1	0	0%
STD clinic - Ragama	103	22	21%
STD clinic - Kuliyapitiya	13	2	15%
STD clinic - Panadura	3	0	0%
STD Clinic - Kegalle	37	19	51%
STD Clinic - Badulla	18	0	0%
STD Clinic - Kandy	5	0	0%
STD Clinic - Matale	40	0	0%
STD Clinic - Anuradhapura	55	8	15%
STD Clinic - Chilaw	18	3	17%
STD Clinic - Gampaha	47	17	36%
STD Clinic - Hambantota	28	2	7%
STD Clinic - Kalutara	51	4	8%
STD Clinic - Kurunegala	161	138	86%
STD Clinic - Mahamodara	117	107	91%
A. STD clinic Matara	75	12	16%
STD Clinic - Negombo	62	13	21%
STD Clinic - Ratnapura	21	0	0%
STD Clinic - Wathupitiwala	15	5	33%
STD Clinic - Balapitiya	6	0	0%
STD Clinic - Homagama	3	0	0%
STD Clinic - Jaffna	5	0	0%
STD Clinic - Kalmunai	8	1	13%
STD Clinic - Polonnaruwa	3	1	33%

Community centers under FPA			
Alokaya Counselling Centre	3	0	0%
Centre for Family Health	136	17	13%
FPA Suwaseva Center - Batticaloa	5	5	100%
FPA Suwaseva Center - Koggala	15	0	0%
FPA Suwaseva Center - Nuwara Eliya	12	0	0%
FPA Suwaseva Center - Wathupitiwala	24	0	0%
FPA Suwasewa Center - Seethawaka	2	8	38%
Community Clinics			
Colombo HIV/PrEP Community Clinic	58	35	60%
Gampaha HIV/PrEP Community Clinic	4	2	50%
PrEP Clinic - NSACP	33	12	36%

NSACP website and dashboard for key population interventions

The NSACP website, https://www.aidscontrol.gov.lk serves as the central digital platform for Sri Lanka's national response to HIV and sexually transmitted infections (STIs). It provides comprehensive information on HIV/AIDS prevention, testing, treatment, and care services available across the country. The site includes key documents such as strategic plans, guidelines, surveillance reports, monitoring formats and training manuals. It also features updates on programmes, campaigns, and data related to national HIV statistics. The website has a dashboard to display key population coverage data since 2023 and user feedback QR coded system shown in the clinic from STD clinic attendees, providing the public with insights into the quality of services offered by their respective STD clinics.

Figure 4 : NSACP website's home page

MyView web based QR feedback system

Client feedback from STD clinic attendees is vital for enhancing service quality. MyView offers an easy and private way for clients to share their thoughts and experiences with the clinic staff. By simply scanning a QR code with their smartphones, clients can quickly provide brief feedback on the services they receive. This input helps the clinic understand what is working well and where improvements are needed. To make it even easier, MyView flyers are available for all STD clinics.

A smartphone with QR Code scanning facility and a Mobile data or Wi-Fi are the only needed requirement for the client. The dashboard below will show the responses for each individual clinic and is displayed in the NSACP website's dashboard (client feedback dashboard)

Figure 5 : client feedback dashboard page (for 2024)

The activity commenced in May 2024 and for 2024 there were nearly 324 voluntary comments from clients from all over the country. The table of disaggregation of feedback is shown below

STD Clinic name	No. of feedbacks
Ampara	5
Anuradhapura	93
Avissawella	5
Balapitiya	2
Batticaloa	1
Colombo	70
Embilipitiya	4
Gampaha	6

Hambantota	4
Homagama	1
Jaffna	1
Kalubowila	7
Kalutara	1
Kandy	2
Kegalle	1
Kilinochchi	59
Kuliyapitiya	14
Mahamodara	2
Mahiyanganaya	2
Mannar	1
Matara	5
Monaragala	2
Nuwara Eliya	1
Panadura	6
Polonnaruwa	6
Puttalam	2
Ragama	2
Rathnapura	5
Trincomalee	13
Vavuniya	1
Grand Total	**324**

Table 2 : Number of feedback for 2024

E-learning platform

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

The e-learning platform currently consists of information and learning video demonstrations on EIMS and know4sure.lk

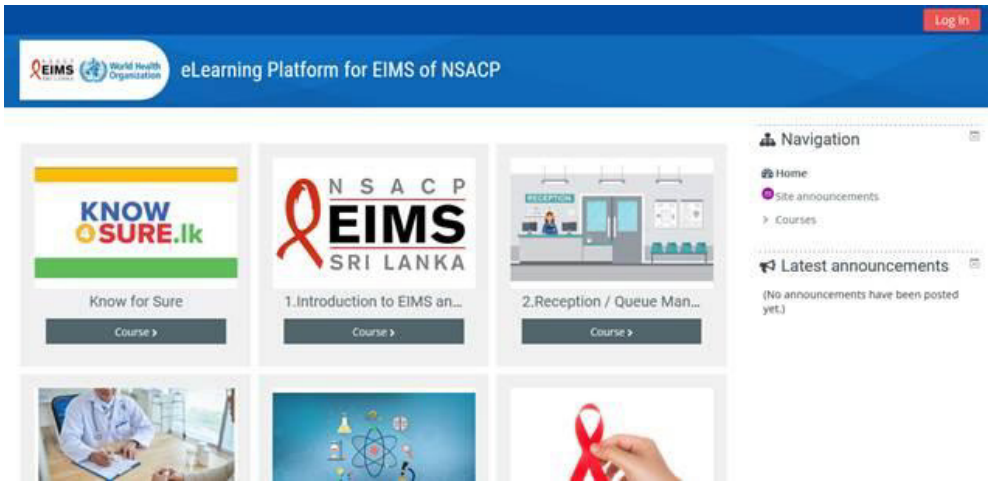


Figure 6 : e-Learning platform EIMS of NSACP (including know4sure demo videos)

Quarterly return Google Sheet

The introduction of the quarterly return google sheets represents a critical transition from conventional paper-based data entry to a more streamlined digital approach. This system is composed of three structured Google Sheets designed to capture comprehensive datasets: (1) STD Quarterly Return, (2) ART Quarterly Return, and (3) Cross-Sectional Database. These tools are deployed across peripheral STD clinics and by Key Population (KP) program staff for data entry.

The SIM Unit is responsible for aggregating, validating, analyzing, and visualizing the submitted data for programmatic and policy-level stakeholders. This digital cloud-based application improves timeliness, and accessibility, while minimizing data transcription errors, and logistical constraints in storage in manual paper formats.

The google sheets support more responsive decision-making, enhances national reporting efficiency, and strengthens evidence-based interventions for STD and HIV/ART service delivery. Additionally, it facilitates sharing of data and key statistics with local and international partners.

[1]Consultant Venereologist, [6] Senior Strategic Information Officer

PROGRESS OF THE GLOBAL FUND GRANT ACTIVITIES

Dr.Vindya Kumarapeli[8], Dr. Kalpani Wijewardene[7]

In 2024, the final year of the three-year Grant Cycle 6 (2022–2024), the Ministry of Health served as the Principal Recipient, while the Family Planning Association functioned as the Sub-recipient. The initial allocation for Grant Cycle 6 was subsequently revised through reallocation summing up to a total of US$ 7,377,649.77. The total allocation for Grant Cycle 7, for both the Ministry of Health and the Family Planning Association, was determined at the beginning of the year. Activities, supported by the Global Fund in 2023 continued to 2024.

NSP Strategic Directions	Strategy/Activities supported by Global Fund
Prevention	NGO/CBO supported Peer led HIV prevention programme for Key population (KP)- Operating
	Community Dropping in Center, Salaries, and incentives Prison Peer led HIV prevention Programme
	Biomedical Prevention - Pre-exposure prophylaxis (PrEP) for MSM and TG
	Community Based interventions and Harm Reduction Interventions for People who inject drugs (PWID)
	Differentiated HIV testing services for KP – Procurement, procurement supply chain managing of HIV, Syphilis, Hepatitis B and C Rapid Diagnostic Tests, HIV Self Tests, Condom programing to KP – Procurement of male and Female condoms, Lubricants.
	Addressing stigma, discrimination, violence, Initial, re fresher training programmes, advocacy programmes, KP interventions reviews, supervisions, programme implementers meetings, information material printing, facilitate outreach activities.
Diagnosis, treatment and care	Improve Coverage of STI services, Improving ART adherence and monitoring – Training and meetings, regular meetings of subcommittees.
	Scaling up quality laboratory Services- Procurement of CD4, Viral Load cartridges, Establishment and functioning of Drug Resistance Services in Sri Lanka.
	Emergency procurement of Antiretroviral medications, Procurement of PrEP medications.
Strategic information management system	Health management information systems and Mand E – establishing and maintenance of Programme monitoring and routine reporting – scaling up, maintenance of Electronic Information Management System (EIMS) and Prevention Information Management System (PIMS).
Health systems strengthening	Grant and Programme Management costs (Human resources and other costs)
Supportive Environment	Programmes to reduce human rights-related barriers to HIV services.

Table 1: Summary of Global Fund–Supported Activities in 2024 Aligned with NSP Strategic Directions

Major Activity Progress in 2024

In 2024, the National STD/AIDS Control Programme (NSACP) continued to strengthen routine Global Fund-supported activities while scaling up interventions to enhance service delivery, data systems, and supply chain.

A. Expansion in Service Delivery

1. Expansion of HIV Prevention Services

- Pre-Exposure Prophylaxis (PrEP): Clinic-based and community PrEP services established in 2022 were further scaled up and integrated with Key Population (KP) interventions. A dedicated community PrEP clinic for female sex workers (CSW) was launched in 2024, expanding access to preventive care.
- HIV Self-Testing: Informal techniques for HIV self-testing — such as distributing tests through outreach workers, enabling orders via online platforms and hotlines, and developing courier services — were further strengthened. Virtual outreach workers recruited under the Key Population intervention now play a pivotal role in distributing HIV self-test kits. Each worker has been provided with a unique token to access https://know4sure.lk, allowing them to request HIV self-test kits via courier. This delivery service is supported by the Global Fund COVID-19 Response Mechanism (C19RM).
- Needle Syringe Exchange Services (NSES): The Global Fund grant supported the procurement of health commodities for sustaining the NSES.

2. Strengthening Programme Information Systems

- **Prevention Information Management System (PIMS):** PIMS has been made operational across all districts where NGO/CBO-supported Key Population (KP) interventions are implemented. All district-level KP intervention teams now use PIMS to capture and manage field programme data.
- **Electronic Information Management System (EIMS):** EIMS was upgraded with several new features to enhance data management, communication, and reporting efficiency. A key enhancement was the introduction of the Short Messaging Module (MSM), which enables the system to send automated SMS notifications to clients — improving outreach, follow-up, and service delivery.

3. **Expanding Access through Mobile Clinics** Two fully equipped mobile testing units were introduced to expand access to sexual health services among key populations in underserved areas. Each unit is a custom-built vehicle with onboard facilities for HIV, syphilis, and hepatitis testing, sample collection, counselling, and referral services. The units include a gynecological examination room, laboratory space, and essential utilities such as clean water, air conditioning, and secure storage. Operated by trained outreach teams, these mobile clinics provide seven-day coverage across Colombo and Gampaha, offering point-of-care testing, PrEP distribution, and community education in high-need locations.

B. Strengthening Supply Chain

In 2024, the National STD/AIDS Control Programme (NSACP) introduced the SWASTHA system as the national platform for drug ordering and distribution across all district STD clinics. This transition from manual and fragmented processes to a centralized digital platform has helped improve transparency and accountability in managing health commodities.

In preparation for the rollout of the SWASTHA system, targeted training sessions were conducted for NSACP staff and district STD clinic teams. The training helped build internal capacity and understanding of the new procedures, laying the groundwork for a smooth transition to centralized inventory management. Following the training, distribution responsibilities for health commodities were formally transitioned to the Regional Medical Supplies Divisions (RMSD). This was expanded to MSD-procured test kits and reagents, which had previously been dispatched directly to the NSACP Laboratory by suppliers. The shift to RMSD-based distribution introduced a traceable supply chain, significantly reducing opportunities for mismanagement and enhancing accountability. It also aligned NSACP's operations with national procurement protocols, improving coordination between central and regional supply systems.

C. Grant governance

1. Strengthening Planning and Procurement

To support improved governance, NSACP refined its stock-taking practices in 2024 by shifting from reliance on estimates to actual utilization data. A triangulation method was introduced to cross-check figures from multiple sources, helping enhance data accuracy and reduce discrepancies. Validation meetings were held regularly to review stock levels, assess usage patterns, and confirm distribution plans. These adjustments contributed to a more transparent inventory system, with the aim of minimizing wastage, and avoiding duplication.

Access to the WAMBO platform was carefully managed to uphold system integrity. Orders were placed in the presence of relevant coordinators, maintaining accountability throughout the process. For the procurement of reagents, dedicated Technical Evaluation Committees were appointed— establishing a clear audit trail across procurement activities. The successful submission of 2025 estimates through Global Fund, aligned with HIV Programme Monitoring Tool (HPMT) targets, reflected the system's maturity. A new position — Consultant Community Physician (Planning) — was advertised to enhance planning and coordination, particularly in relation to Global Fund-supported activities.

2. Strengthening Monitoring of interventions

In 2024, NSACP strengthened its monitoring systems to ensure timely implementation, accountability, and strategic alignment of Global Fund-supported activities.

Close monitoring of the Annual Action Plan was introduced through fixed-day monthly review meetings. Each unit was allocated a dedicated time slot to discuss progress, challenges, and operational needs in detail, enabling focused follow-up and collaborative problem-solving. Activity coordinators also presented monthly updates on physical and financial progress during Coordinators' meetings chaired by the Director of NSACP.

Regular conference calls with the Global Fund provided timely updates on funding and programmatic priorities. Coordination was further enhanced through monthly meetings with SKPA and the Family Planning Association (FPA), helping to align activities and minimize duplication across shared areas of work. Matters related to Key Population (KP) interventions were reviewed twice monthly at KP Task Force Health meetings, supporting responsiveness to community needs.

Oversight mechanisms were reinforced through the Oversight Committee, chaired by the Director General of Health Services, which convened every two months to review grant progress and governance. The Country Coordinating Mechanism (CCM), chaired by the Secretary of Health, also met at regular two-month intervals to ensure strategic alignment and oversight of grant activities.

The Innovations and Best Practices Award Ceremony for 2023–2024:

The Innovations and Best Practices Award Ceremony for 2023–2024 was held on 19th and 20th December 2024 at the Courtyard by Marriott, Colombo City Centre. Organized under the Global Fund Grant Cycle 6 (GC6), the event served as a strategic platform to promote innovation, knowledge sharing, and cross-learning among key population (KP) intervention districts. It provided district STD clinic teams with an opportunity to showcase their creative approaches and best practices implemented during the grant period, recognizing outstanding efforts that contributed to strengthening HIV prevention, care, and support services across Sri Lanka.

The ceremony was graced by senior officials including Dr. S.M. Arnold, Deputy Director General (Public Health Services) I. Also in attendance were Provincial and Regional Directors of Health Services, Consultant Venereologists, Medical Officers in Charge, KP intervention staff, and representatives from NGOs, CBOs, and Global Fund Principal and Sub-Recipients — reflecting the strong multi-sectoral collaboration that underpins the national STI/HIV response.

Presentations from district STD clinics highlighted innovative service delivery models, impactful community engagement strategies, and measurable improvements in access and outcomes.

Clinics demonstrated creative outreach techniques, including the use of digital tools, mobile testing units, and peer-led interventions tailored to the needs of key and underserved populations. The event culminated in an award ceremony recognizing excellence in innovation and public health impact. Matale District STD Clinic received first place, followed by Hambantota and Anuradhapura in second and third place respectively. Special awards were also presented to Matara, Kandy, and Polonnaruwa clinics for their notable contributions.

Finally, at the end of each year, the NSACP submits the grant performance through the performance update and request for the disbursement for the next financial year of the grant period.

Global Fund Grant Cycle 7 (GC7) -Proposal Development and Approval

A proposal for the Seventh Global Fund Grant Cycle (GC7), covering the period 2025–2027, was developed for a total of USD 6,381,149 with the technical support of external consultant Dr. Yujwal Raj. The proposal, along with all relevant grant-making documents, was submitted to the Global Fund Country Team for review. Following a successful review and grant-making process, the Grant Confirmation Letter was officially signed by the Secretary to the Ministry of Health, Sri Lanka, on 30th October 2024. This milestone marks the continuation of Global Fund support to Sri Lanka for sustaining HIV prevention, treatment, and health system strengthening interventions under the NSACP.

Annual Financial Performance 2024

The physical and financial progress of year 2024 was reported through Progress Update and Disbursement Request for the financial year 2024. Physical progress was reported against agreed targets for each physical indicator.

Description	Amount in USD	%
Grant Budget (2022 and 2023 / Previous period)	5,552,356.00	100%
Expenditure (2022 and 2023) as per PUDR	2,458,781.00	44%
Cumulative grant budget (2022 to 2024)	7,377,702.00	100%
Cumulative disbursements for HIV Grant (as at 31-12-2024)	5,096,278.35	69.8%
Cash balance in the Country as at 31-12-2024	5,178,979.42	70.2%

[7]Medical officer, [8]Director

FINANCIAL SUMMARY FOR 2024

Dr S Muraliharan[7]

The National STD/AIDS Control Programme (NSACP) is responsible for managing financial resources and coordinating national efforts related to the prevention and control of sexually transmitted diseases (STDs) and HIV/AIDS in Sri Lanka. The following section presents the financial summary for 2024, outlining the allocation and utilization of funds from various sources.

Financial Summary for 2024

Financial source	Description	Fund allocation (LKR)	Fund utilization (LKR)
1. Capital Expenditure			
Ministry of Health	Building construction	21,507,717.32	1,149,865.87
	DDG (PH)1	14,900,000.00	5,180,480.77
	Furniture & Office Equipment	2,018,500.00	1,378,271.00
	Plant, Machinery & Equipment	11,372,300.00	8,227,959.39
	Building and Structures	10,000,000.00	5,604,257.20
	Other	711,332.11	711,332.11
	Sub total	60,509,849.43	22,252,166.34
UNFPA	Consultative workshops, advocacy programmes, printing of publication	1,379,105.71	1,379,105.71
WHO	Consultative workshops, review meetings. training module	1,641,285.60	1,379,105.71
GFATM	Human Resources (HR)	184,324,851.24	172,677,747.42
	Travel related costs (TRC)	128,239,631.75	60,649,398.26
	External Professional services (EPS)	116,842,488.66	46,705,704.82
	Health Products - Pharmaceutical Products (HPPP)	95,425,178.43	74,972,301.00
	Health Products - Non-Pharmaceuticals (HPNP)	264,616,138.75	149,564,425.19
	Health Products - Equipment (HPE)	177,733,746.27	6,253,753.56
	Procurement and Supply-Chain Management costs (PSM)	91,182,574.79	40,918,899.68
	Infrastructure (INF)	62,805,182.43	4,363,010.73
	Non-health equipment (NHP)	-	22,978,196.17
	Communication Material and Publications (CMP)	220,332,524.40	182,738,669.09
	Indirect and Overhead Costs	115,710,429.34	29,351,414.29
	Living support to client/ target population (LSCTP)	18,447,876.21	7,470,900.06
	Sub total	1,475,660,622.27	798,644,420.27
	Total Capital Expenditure	**1,540,605,757.30**	**823,654,798.03**

Financial source	Description	Fund allocation (LKR)	Fund utilization (LKR)
2. Recurrent Expenditure			
Ministry of Health	Personal Emoluments	184,563,345.42	183,925,150.53
	Travelling Expenses	461,857.50	480,442.50
	Supplies	5,192,992.34	4,419,319.02
	Maintenance Expenditure	2,343,410.91	2,320,086.36
	Services	25,676,395.13	23,017,257.39
	Transfers	600,000.00	468,272.25
	Medical Supplies	2,345,569.04	2,345,569.04
	Total Recurrent Expenditure	221,183,570.34	216,976,097.09
Grand Total (LKR)		**1,761,789,327.64**	**1,040,630,895.12**

Analysis and Observations

The Government of Sri Lanka (GoSL) capital allocation recorded a utilization rate of 37%, likely due to increased reliance on GFATM Grant Cycle 6 (2022–2024) funds for major activities in its final year.

GoSL recurrent expenditure demonstrated high efficiency, with a 98% utilization rate, indicating strong financial discipline in operational management.

UNFPA achieved 100% utilization, while WHO recorded 84%, reflecting effective deployment of partner funds.

GFATM, despite contributing the largest share of funds, reported a low utilization rate of 54%, suggesting delays in implementation or bottlenecks in fund disbursement and project execution.

It should be noted that provincial allocations for peripheral STD clinics—channeled through the Ministry of Health—are not reflected in this summary, as they are managed outside NSACP's direct financial control.

Conclusion

While NSACP has demonstrated strong financial stewardship across most funding sources, improving the absorption of GFATM funds remains critical to maximizing impact. Strengthening implementation mechanisms and accelerating disbursement processes will be essential to ensure full utilization of available resources in the fight against STDs and HIV/AIDS in Sri Lanka.

CONTACT INFORMATION OF STD CLINICS

CENTRAL PROVINCE	
1. Dambulla STD Clinic	STD clinic, District Base Hospital, Dambulla stdclinicdambulla@gmail.com 066-2284761(GH) Dr Chathuranga Hemakeerthi (MO)
2. Kandy STD Clinic	STD clinic, PO Box 207, Kandy. Stdclinic.kandy@gmail.com 081-2203622 Fax 081-2203923 Dr Anuradha Perera (Actg Venereologist) Dr Iranga Madushan Silva (MOIC)
3. Matale STD Clinic	STD clinic, District General Hospital, Matale. Stdclinic.matale@gamil.com 066-2053746 Dr Jagath Ranawaka (Actg Venereologist) Dr Kanchana Bandara (MOIC)
4. Nuwara Eliya STD Clinic	STD clinic, District General Hospital, Nuwara Eliya stdnuwaraeliya@gmail.com 052-2223210 052-2222261 (Ext345) Fax 052-2223476 (GH) Dr Nalaka Kulatunga (Actg Venereologist) Dr Geeth Sanjeewa (MOIC)
EASTERN PROVINCE	
5. Ampara STD clinic	STD clinic, District General Hospital, Ampara. stdclinicampara@gmail.com 063-2224239 Dr M.D.Rathnayaka (MOIC)
6. Batticaloa STD clinic	STD clinic, Health Friendly Cenre, 1st floor of chest clinic, Hospital Road, Batticaloa. stdbatti@gmail.com 065-2057078 Fax 065-2224401 Dr Nishan Gunarathna (Actg Venereologist) Dr Tharmarathnam Thivakaran (MO)
7. Kalmunai STD clinic	STD clinic, District General Hospital, Saithamaruthu. stdkalmunai@gmail.com 067-2223660 Fax 067-2223660 Dr S.I.M.Kabeer (MO)
8. Trincomalee STD clinic	STD clinic, District General Hospital, Trincomalee. shctrinco@gmail.com 026-2222563 Fax 026-2222563 Dr Sri Gowrieshwaran (MOIC)

NORTH CENTRAL PROVINCE	
9. Anuradhapura STD clinic	STD clinic, Room No 11, Teaching Hospital, Anuradhapura. Stdclinic.anuradhapura@gmail.com 025-2236461, 071-8103001 Fax 025-2225616 (TH) https://sites.google.com/view/sexual-health-anuradhapura/home Dr Ajith Karawita (Venereologist)
10. Polonnaruwa STD clinic	STD clinic, General Hospital, Polonnaruwa. Stdclinicpolonnaruwa1@gmail.com 027-2225787 Fax 027-2225787 Dr Lalanthika Welivitiya (Actg Venereologist) Dr Indra Pieris (MOIC)
NORTH WESTERN PROVINCE	
11. Chilaw STD clinic	STD clinic, General Hospital, Chilaw. Std.rdhspu@gmail.com 032-2220750 Fax 032-2223200 Dr Piyumi Perera (Venereologist) Dr Sasith Udugama (MO)
12. Kuliyapitiya STD clinic	STD clinic, Teaching Hospital, Kuliyapitiya. stdclinickuliyapitiya@gmail.com 037-2281261 Dr Champika Gunawardene (Actg Venereologist) Dr Gayan Sanjeewa Hettiarachchi (MO)
13. Kurunegala STD clinic	STD clinic, Teaching Hospital, Kurunegala Stdclinic.kurunegala@gmail.com 037-2224339 Fax 037-2224339 Dr C. Hathurusinghe (Venereologist)
14. Puttalam STD clinic	Unit B, Base Hospital, Puttalam stdputalam@gmail.com 032-2265261 (GH) Dr Anuruddha Karunaratne (Venereologist) Dr Dinindu Buddhika (MOIC)
NOTHERN PROVINCE	
15. Jaffna STD clinic	STD clinic, Teaching Hospital, Jaffna Stdclinic.jaffna@gmail.com 021-2217756 021-2222262 (TH) Dr Irani Gunatilaka (Actg Venereologist) Dr Sivapadamurthi (MOIC)
16. Kilinochchi STD clinic	STD clinic, District General Hospital, Kilinochchi stdkilinochchi@gmail.com 021-2283709, 021-2285329 Ext 194 Fax 021-2285327 Dr Elankumaran Vellupillai (MO)

17. Mannar STD clinic	STD clinic, District General Hospital, Mannar Stdclinic.mannar@gmail.com 023-2250573 Fax 023-2250748 (RDHS office) Dr Dayani Peris (MO)
18. Mullativu STD clinic	STD clinic, District General Hospital, Mullativu Stdaidscontrolproramme.mtv@gmail.com 021-2061414 021-2061412 (GH) Dr R. Vasavan (MOIC)
19. Vavuniya STD clinic	STD clinic, District General Hospital, Vavuniya Stdclinic.vavuniya@gmail.com 024-2224575 Fax 024-2222892 (RDHS office) Dr Damindu Jalaththanthri (Venereologist) Dr Baskaran Arulmoly (MOIC)
SABARAGAMUWA PROVINCE	
20. Kegalle STD clinic	STD clinic, District General Hospital, Kegalle. Stdunit.kegalle@gmail.com 035-2231222 Fax 035-2231222 Dr Shyama Somawardhane (Venereologist) Dr D.K.Nilanga Jeewani Jayasinghe (MO)
21. Ratnapura STD clinic	STD clinic, Teaching Hospital, Ratnapura Stdclinic.ratnapura@gmail.com 045-2221561 (Venereologist) 045-2226561 Dr Krishanthi Ubeysekara (Actg Venereologist)
22. Embilipitiya STD clinic	STD clinic, District General Hospital, Embilipitiya Stdclinic.embilipitiya@gmail.com 047-2230261 (GH) Fax 047-2230141 Dr Samantha Wijesinghe (MOIC)
SOUTHERN PROVINCE	
23. Balapitiya STD clinic	STD clinic, Base Hospital, Balapitiya stdbalapitiya@gmail.com 091-2256822 Fax 091-2256410 (BH) Dr H.Deepal Fernando (MOIC)
24. Galle STD clinic	STD clinic, Teaching Hospital, Mahamodara, Galle Stdclinic.mahamodara@gmail.com 091-2245998 Fax 091-2232088 Dr Dharshani Wijewickrama (Venereologist)
25. Tangalle STD clinic	STD clinic, Base Hospital, Tangalle stdclinictangalle@gmail.com 047-2240261 Ext 220 047-3144194 Dr Vishwajith Jayawardene (MO)

26. Hambantota STD clinic	STD clinic, General Hospital, Hambantota Stdclinic.hambantota@gmail.com 047-2222247 Fax 047-2222247 Dr Inoka Munasinghe (Venereologist) Dr Pradeep Abeysooriya (MOIC)
27. Matara STD clinic	STD clinic, No 43, District General Hospital, Matara Stdclinic.matara@gmail.com 041-2232302 Dr Niroshan Jayasekara (Venereologist) Dr R.k.Elapatha (MO)
UVA PROVINCE	
28. Badulla STD clinic	STD clinic, Room No 73, Daya Gunasekara Mawatha, Badulla Stdclinic.badulla@gmail.com 055-2222578 Fax 055-2222578 Dr Chathurika Wickramarathne (Venereologist) Dr Chrishan Vethanayagam (MOIC)
29. Mahiyanganaya STD clinic	STD clinic, Room 22, Base Hospital, Mahiyanganaya stdclinicmyg@gmail.com 055-4936779 Fax 055-2223750
30. Moneragala STD clinic	STD clinic, District Hospital, Moneragala moneragalastd@gmail.com 055-2276826 Fax 055-2276700 (RDHS office) Dr R.K.G.M.Rajapaksha (MO)
COLOMBO DISTRICT	
31. Avissawella STD clinic	STD clinic, District General Hospital, Avissawella stdavissawella@yahoo.com 036-2222003 036-2222261/62 Ext 228 Dr Gayani Nanayakkara (Venereologist)
32. Colombo central STD clinic (NSACP Headquarters)	No29, De Saram Place, Colombo 10 www.aidscontrol.gov.lk info@aidscontrol.gov.lk 011-2667163 Hotline 011-2695420 (Female clinic) 011-2695430 (Male clinic) Fax 011-2665277 Dr Vindya Kumarapeli (Director – Acting) Duputy Director – Dr K.A.M.Ariyaratne (Venereologist) Dr Jayanthi P. Elvitigala (Microbiologist) Dr Sathya Herath (Community Physician) Dr Janaka Weragoda (Community Physician) Dr Nimali Jayasuriya (Venereologist) Dr Vino Dharmakulasinghe (Venereologist) Dr Umedha Jayasinghe (Venereologist) Dr Iruka Rajapaksha (Venereologist) Dr Prageeth Dharmadasa (Venereologist) Dr Buddhini Samaraweera (Virologist) Dr Madhavi Gunathilaka (Epidemiologist) Dr Varuni Pannala (Venereologist)

33. Gampaha STD clinic	STD clinic, District General Hospital, Gampaha Stdclinic.gampaha@gmail.com 033-2234383 Fax 033-2222179 (GH) Dr Manjula Rajapakshe (Venereologist) Dr Thilak Udayasiri (MOIC)
34. Homagama STD clinic	OPD building, Base Hospital, Homagama homagamastdclinic@gmail.com Dr Gayani Nanayakkara (Venereologist) Dr E.R.Mahesh Eriyagolla (MO)
35. Kalubowila STD clinic	STD clinic, Room 43, Sunandarama road, Kalubowila Stdclinic.kalubowila@gmail.com 011-2763893 Fax 011-2763893 Dr Nalaka Abeygunasekara (Venereologist) Dr M.Malcolm (MO)
36. Kalutara STD clinic	STD clinic, General Hospital, Nagoda, Kalutara. Stdclinic.kalutara@gmail.com 034-2236937 Fax 034-2236937 Dr Kokilanthi Dharmaratne (Venereologist)
37. Negambo STD clinic	STD clinic, District General Hospital, Negambo Stdclinic.negambo@gmail.com 031-2239016 031-2222261 (GH) Dr Priyantha Weerasinghe (Venereologist) Dr Lal Arunasiri (MOIC)
38. Panadura STD clinic	STD clinic, Base Hospital, Panadura stdclinicpanadura@gmail.com 038-2232261 Dr Kokilanthi Dharmaratne (Vnereologist)
39. Ragama STD clinic	STD clinic, Room 70, Teaching Hospital, Ragama Stsclinic.ragama@gmail.com 011-2960224 Dr Geethani Samaraweera (Venereologist) Dr Gayan Samarasinghe (MOIC)
40. Wathupitiwala STD clinic	STD clinic, Base Hospital, Wathupitiwala Stdcampaign.bswathupitiwala@yahoo.com 033-2280261 Ext 255 Fax 033-2280927 Dr Mohomad Riyaz (MOIC)

Reported infectious syphilis cases, 2022-2024										
Province	**Clinic**	**2022**			**2023**			**2024**		
		Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Central Province	Dambulla	1	0	1	3	0	3	4	1	5
	Kandy	6	2	8	18	2	20	29	3	32
	Matale	1	1	2	3	2	5	8	3	11
	Nawalapitiya	1	0	1	-	-	-	-	-	-
	Nuwara Eliya	0	0	0	3	2	5	0	0	0
Eastern Province	Ampara	3	0	3	3	1	4	10	1	11
	Batticaloa	2	1	3	10	4	14	4	2	6
	Kalmunai	2	2	4	1	0	1	2	1	3
	Trincomalee	1	0	1	3	1	4	4	0	4
North Central province	Anuradhapura	0	0	0	0	0	0	6	3	9
	Polonnaruwa	1	0	1	6	0	6	14	5	19
North Western Province	Chilaw	2	2	4	10	4	14	7	2	9
	Kuliyapitiya	2	0	2	0	0	0	1	1	2
	Kurunegala	2	0	2	9	3	12	9	6	15
	Puttalam	2	2	4	3	2	5	4	1	5
Northern Province	Jaffna	0	0	0	3	0	3	11	3	14
	Kilinochchi	0	0	0	3	2	5	3	0	3
	Mannar	0	0	0	0	0	0	1	1	2
	Mullaitivu	1	0	1	4	1	5	1	1	2
	Vavuniya	1	0	1	8	2	10	5	2	7
Sabaragamuwa Province	Embilipitiya	0	0	0	0	0	0	0	0	0
	Kegalle	1	0	1	5	0	5	15	1	16
	Ratnapura	2	0	2	3	1	4	5	9	14
Southern Province	Balapitiya	2	0	2	3	0	3	0	0	0
	Hambanthota	6	1	7	6	1	7	8	4	12
	Mahamodara	12	2	14	16	4	20	31	10	41
	Matara	3	1	4	2	1	3	4	1	5
	Tangalle	1	0	1	2	0	2	3	0	3
UVA Province	Badulla	6	2	8	6	0	6	14	2	16
	Mahiyanganaya	1	1	2	0	0	0	0	1	1
	Monaragala	1	1	2	2	3	5	4	2	6
Western Province	Avissawella	6	1	7	6	1	7	17	1	18
	Colombo	49	8	57	101	9	110	129	24	153
	Gampaha	10	1	11	51	6	57	28	5	33
	Homagama	4	0	4	4	2	6	4	1	5
	Kalubowila	19	0	19	60	5	65	49	6	55
	Kalutara	3	2	5	7	0	7	12	4	16
	Negombo	11	3	14	16	5	21	22	7	29
	Panadura	5	0	5	10	2	12	11	1	12
	Ragama	12	2	14	31	6	37	27	6	33
	Wathupitiwala	2	0	2	2	0	2	9	0	9
Total		**184**	**35**	**219**	**420**	**72**	**492**	**511**	**120**	**631**

Reported late syphilis cases, 2022-2024										
Province	**Clinic**	**2022**			**2023**			**2024**		
		Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Central Province	Dambulla	2	0	2	6	1	7	2	2	4
	Kandy	18	8	26	21	7	28	19	14	33
	Matale	1	3	4	6	2	8	7	8	15
	Nawalapitiya	0	0	0	-	-	-	-	-	-
	Nuwara Eliya	9	4	13	3	3	6	4	4	8
Eastern Province	Ampara	2	0	2	8	0	8	4	6	10
	Batticaloa	9	6	15	12	8	20	20	6	26
	Kalmunai	4	0	4	6	0	6	1	0	1
	Trincomalee	9	3	12	6	6	12	8	1	9
North Central province	Anuradhapura	9	4	13	16	12	28	8	1	9
	Polonnaruwa	16	1	17	22	7	29	23	6	29
North Western Province	Chi law	16	8	24	9	11	20	4	5	9
	Kuliyapitiya	3	3	6	5	0	5	0	1	1
	Kurunegala	17	8	25	26	12	38	25	30	55
	Puttalam	2	3	5	2	0	2	0	3	3
Northern Province	Jaffna	21	7	28	29	19	48	47	18	65
	Kilinochchi	1	0	1	0	1	1	1	1	2
	Mannar	3	2	5	4	1	5	3	2	5
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	2	3	5	3	2	5	4	3	7
Sabaragamuwa Province	Embilipitiya	1	0	1	6	0	6	4	1	5
	Kegalle	4	2	6	20	6	26	18	4	22
	Ratnapura	3	9	12	15	5	20	6	8	14
Southern Province	Balapitiya	3	0	3	3	4	7	3	5	8
	Hambanthota	20	3	23	21	15	36	22	13	35
	Mahamodara	17	8	25	23	9	32	18	7	25
	Matara	7	3	10	13	8	21	15	6	21
	Tangalle	0	0	0	3	1	4	5	3	8
UVA Province	Badulla	7	1	8	14	6	20	18	10	28
	Mahiyanganaya	2	1	3	2	3	5	3	3	6
	Monaragala	0	0	0	5	3	8	11	6	17
Western Province	Avissawella	3	2	5	4	1	5	5	1	6
	Colombo	109	37	146	180	56	236	108	46	154
	Gampaha	12	1	13	16	9	25	14	5	19
	Homagama	3	0	3	1	2	3	7	2	9
	Kalubowila	24	4	28	28	3	31	39	5	44
	Kalutara	7	4	11	22	16	38	19	7	26
	Negombo	10	4	14	14	7	21	24	5	29
	Panadura	6	0	6	18	3	21	9	2	11
	Ragama	10	3	13	23	14	37	35	10	45
	Wathupitiwala	11	3	14	8	2	10	14	0	14
Total		**403**	**148**	**551**	**623**	**265**	**888**	**577**	**260**	**837**

Reported gonorrhoea cases, 2022-2024										
Province	Clinic	2022			2023			2024		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	2	1	3	0	1	1	7	1	8
	Kandy	12	1	13	20	0	20	31	1	32
	Matale	13	8	21	9	6	15	8	6	14
	Nawalapitiya	2	0	2	-	-	-	-	-	-
	Nuwara Eliya	10	1	11	8	7	15	7	7	14
Eastern Province	Ampara	4	2	6	10	2	12	16	14	30
	Batticaloa	2	0	2	2	1	3	15	0	15
	Kalmunai	3	2	5	5	2	7	3	0	3
	Trincomalee	12	1	13	16	2	18	5	1	6
North Central province	Anuradhapura	19	2	21	29	3	32	8	2	10
	Polonnaruwa	9	6	15	20	19	39	28	6	34
North Western Province	Chilaw	6	0	6	12	7	19	12	0	12
	Kuliyapitiya	1	1	2	4	1	5	4	1	5
	Kurunegala	14	0	14	26	6	32	23	9	32
	Puttalam	20	29	49	12	28	40	7	11	18
Northern Province	Jaffna	38	0	38	24	2	26	33	2	35
	Kilinochchi	2	2	4	0	0	0	4	0	4
	Mannar	0	0	0	1	0	1	3	1	4
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	8	9	17	26	12	38	24	12	36
Sabaragamuwa Province	Embilipitiya	8	1	9	13	1	14	6	1	7
	Kegalle	7	0	7	10	0	10	8	0	8
	Ratnapura	9	1	10	7	0	7	14	4	18
Southern Province	Balapitiya	0	0	0	1	2	3	7	11	18
	Hambanthota	12	5	17	13	7	20	11	1	12
	Mahamodara	13	0	13	11	2	13	20	0	20
	Matara	4	0	4	11	1	12	13	0	13
	Tangalle	0	0	0	10	0	10	1	0	1
UVA Province	Badulla	5	0	5	8	0	8	4	1	5
	Mahiyanganaya	2	0	2	1	0	1	11	0	11
	Monaragala	5	1	6	5	1	6	9	2	11
Western Province	Avissawella	6	0	6	9	3	12	15	5	20
	Colombo	197	13	210	305	38	343	258	32	290
	Gampaha	30	3	33	43	8	51	33	5	38
	Homagama	10	5	15	13	1	14	15	3	18
	Kalubowila	47	5	52	86	16	102	91	9	100
	Kalutara	11	1	12	15	4	19	18	4	22
	Negombo	34	3	37	52	4	56	26	2	28
	Panadura	15	2	17	26	3	29	17	2	19
	Ragama	40	3	43	60	11	71	54	4	58
	Wathupitiwala	13	1	14	5	1	6	5	1	6
Total		**645**	**109**	**754**	**928**	**202**	**1130**	**874**	**161**	**1035**

Reported non gonococcal cases, 2022-2024										
Province	**Clinic**	**2022**			**2023**			**2024**		
		Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Central Province	Dambulla	4	44	48	7	38	45	15	96	111
	Kandy	19	53	72	12	108	120	20	63	83
	Matale	13	74	87	10	96	106	8	233	241
	Nawalapitiya	2	2	4	-	-	-	-	-	-
	Nuwara Eliya	1	5	6	0	61	61	3	102	105
Eastern Province	Ampara	17	31	48	0	14	14	13	11	24
	Batticaloa	5	14	19	0	0	0	0	0	0
	Kalmunai	2	1	3	0	2	2	3	0	3
	Trincomalee	0	4	4	1	5	6	0	0	0
North Central province	Anuradhapura	36	29	65	5	19	24	25	30	55
	Polonnaruwa	13	10	23	5	28	33	14	60	74
North Western Province	Chilaw	3	21	24	1	14	15	3	20	23
	Kuliyapitiya	8	7	15	0	1	1	1	1	2
	Kurunegala	18	89	107	25	205	230	33	408	441
	Puttalam	0	11	11	1	10	11	5	8	13
Northern Province	Jaffna	11	0	11	0	2	2	1	2	3
	Kilinochchi	3	0	3	0	0	0	1	0	1
	Mannar	1	1	2	1	3	4	0	2	2
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	8	9	17	11	42	53	75	53	128
Sabaragamuwa Province	Embilipitiya	15	33	48	5	39	44	13	34	47
	Kegalle	4	3	7	1	3	4	10	15	25
	Ratnapura	6	6	12	1	1	2	1	6	7
Southern Province	Balapitiya	1	3	4	0	1	1	9	20	29
	Hambanthota	2	5	7	1	31	32	16	28	44
	Mahamodara	16	37	53	4	41	45	15	19	34
	Matara	10	14	24	12	56	68	7	78	85
	Tangalle	3	0	3	0	0	0	2	1	3
UVA Province	Badulla	9	23	32	6	63	69	35	73	108
	Mahiyanganaya	19	104	123	5	76	81	7	41	48
	Monaragala	4	42	46	11	47	58	8	63	71
Western Province	Avissawella	3	0	3	2	7	9	17	6	23
	Colombo	181	366	547	49	515	564	168	379	547
	Gampaha	11	65	76	15	124	139	18	130	148
	Homagama	24	32	56	1	43	44	28	25	53
	Kalubowila	107	85	192	27	200	227	103	199	302
	Kalutara	14	205	219	14	120	134	28	53	81
	Negombo	8	50	58	10	111	121	25	123	148
	Panadura	6	9	15	3	17	20	21	5	26
	Ragama	44	54	98	19	130	149	32	144	176
	Wathupitiwala	8	13	21	0	6	6	10	6	16
Total		**659**	**1554**	**2213**	**265**	**2279**	**2544**	**793**	**2537**	**3330**

Reported herpes cases, 2022-2024										
Province	Clinic	2022			2023			2024		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Province	Dambulla	6	20	26	4	24	28	10	19	29
	Kandy	41	78	119	52	110	162	70	110	180
	Matale	17	26	43	15	34	49	23	24	47
	Nawalapitiya	3	7	10	-	-	-	-	-	-
	Nuwara Eliya	3	8	11	4	19	23	8	16	24
Eastern Province	Ampara	17	34	51	10	46	56	28	37	65
	Batticaloa	0	12	12	2	4	6	9	14	23
	Kalmunai	1	9	10	1	3	4	0	6	6
	Trincomalee	14	17	31	8	19	27	8	15	23
North Central province	Anuradhapura	38	55	93	19	63	82	40	70	110
	Polonnaruwa	24	39	63	5	53	58	32	35	67
North Western Province	Chilaw	42	47	89	4	27	31	41	27	68
	Kuliyapitiya	12	21	33	4	16	20	16	26	42
	Kurunegala	48	74	122	17	92	109	57	67	124
	Puttalam	8	11	19	1	5	6	8	14	22
Northern Province	Jaffna	18	25	43	7	28	35	37	33	70
	Kilinochchi	10	15	25	2	8	10	6	8	14
	Mannar	0	1	1	1	3	4	3	10	13
	Mullaitivu	4	4	8	3	12	15	19	5	24
	Vavuniya	5	15	20	6	13	19	6	14	20
Sabaragamuwa Province	Embilipitiya	31	36	67	5	47	52	36	45	81
	Kegalle	34	29	63	10	48	58	26	38	64
	Ratnapura	47	78	125	11	64	75	40	45	85
Southern Province	Balapitiya	9	12	21	6	25	31	40	41	81
	Hambanthota	33	37	70	20	64	84	11	38	49
	Mahamodara	40	55	95	11	66	77	24	74	98
	Matara	33	31	64	11	41	52	24	41	65
	Tangalle	8	12	20	6	25	31	5	21	26
UVA Province	Badulla	15	46	61	3	55	58	22	19	41
	Mahiyanganaya	17	40	57	3	20	23	7	20	27
	Monaragala	10	28	38	9	29	38	10	32	42
Western Province	Avissawella	32	34	66	13	52	65	37	65	102
	Colombo	205	115	320	39	204	243	156	182	338
	Gampaha	26	28	54	8	48	56	31	56	87
	Homagama	15	16	31	4	24	28	44	39	83
	Kalubowila	89	75	164	23	101	124	96	122	218
	Kalutara	23	42	65	13	63	76	56	73	129
	Negombo	28	36	64	16	63	79	37	60	97
	Panadura	14	19	33	17	40	57	26	34	60
	Ragama	55	55	110	17	69	86	49	55	104
	Wathupitiwala	19	33	52	4	23	27	15	27	42
Total		**1094**	**1375**	**2469**	**414**	**1750**	**2164**	**1213**	**1677**	**2890**

Reported warts cases, 2022-2024										
Province	**Clinic**	**2022**			**2023**			**2024**		
		Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Central Province	Dambulla	11	9	20	13	7	20	16	18	34
	Kandy	35	31	66	62	65	127	48	41	89
	Matale	23	26	49	27	15	42	19	28	47
	Nawalapitiya	1	5	6	-	-	-	-	-	-
	Nuwara Eliya	7	3	10	8	7	15	11	8	19
Eastern Province	Ampara	16	20	36	17	25	42	20	32	52
	Batticaloa	8	6	14	7	9	16	18	5	23
	Kalmunai	9	8	17	5	4	9	2	4	6
	Trincomalee	11	6	17	6	6	12	4	8	12
North Central province	Anuradhapura	38	37	75	39	33	72	64	44	108
	Polonnaruwa	20	18	38	43	30	73	42	42	84
North Western Province	Chilaw	24	25	49	28	33	61	31	19	50
	Kuliyapitiya	25	27	52	27	15	42	19	22	41
	Kurunegala	33	28	61	61	65	126	52	41	93
	Puttalam	17	13	30	6	6	12	10	8	18
Northern Province	Jaffna	25	13	38	14	12	26	21	19	40
	Kilinochchi	1	2	3	6	2	8	4	6	10
	Mannar	2	0	2	0	0	0	5	3	8
	Mullaitivu	3	0	3	4	2	6	2	1	3
	Vavuniya	11	7	18	15	9	24	19	7	26
Sabaragamuwa Province	Embilipitiya	27	9	36	15	17	32	19	6	25
	Kegalle	21	23	44	51	34	85	33	23	56
	Ratnapura	52	55	107	26	23	49	32	38	70
Southern Province	Balapitiya	2	8	10	10	11	21	37	39	76
	Hambanthota	32	25	57	42	30	72	42	37	79
	Mahamodara	34	27	61	43	43	86	50	39	89
	Matara	25	22	47	19	27	46	72	42	114
	Tangalle	4	11	15	10	7	17	12	3	15
UVA Province	Badulla	30	11	41	43	47	90	14	16	30
	Mahiyanganaya	5	12	17	9	14	23	6	7	13
	Monaragala	14	21	35	15	25	40	14	23	37
Western Province	Avissawella	21	23	44	21	25	46	37	35	72
	Colombo	239	92	331	316	150	466	259	133	392
	Gampaha	37	28	65	41	24	65	36	56	92
	Homagama	12	10	22	14	23	37	28	21	49
	Kalubowila	66	47	113	74	60	134	125	79	204
	Kalutara	50	51	101	118	74	192	57	52	109
	Negombo	36	29	65	50	35	85	45	35	80
	Panadura	23	10	33	24	20	44	25	12	37
	Ragama	52	49	101	91	61	152	84	55	139
	Wathupitiwala	19	13	32	14	15	29	23	15	38
Total		**1121**	**860**	**1981**	**1434**	**1110**	**2544**	**1457**	**1122**	**2579**

Reported trichomonasis cases, 2022-2024										
Province	**STD Clinic**	**2022**			**2023**			**2024**		
		Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Central Province	Dambulla	0	0	0	0	0	0	0	0	0
	Kandy	0	1	1	0	1	1	0	0	0
	Matale	0	0	0	0	0	0	0	0	0
	Nawalapitiya	0	0	0	-	-	-	-	-	-
	Nuwara Eliya	0	0	0	0	0	0	0	0	0
Eastern Province	Ampara	0	0	0	0	0	0	0	0	0
	Batticaloa	0	0	0	0	1	1	0	0	0
	Kalmunai	0	0	0	0	0	0	0	0	0
	Trincomalee	1	0	1	0	0	0	0	0	0
North Central province	Anuradhapura	0	0	0	0	0	0	0	1	1
	Polonnaruwa	0	0	0	0	0	0	0	0	0
North Western Province	Chilaw	0	0	0	0	0	0	0	1	1
	Kuliyapitiya	0	1	1	0	2	2	0	1	1
	Kurunegala	0	3	3	0	3	3	0	1	1
	Puttalam	0	0	0	0	0	0	1	1	2
Northern Province	Jaffna	0	0	0	0	1	1	0	0	0
	Kilinochchi	0	0	0	0	0	0	0	0	0
	Mannar	0	0	0	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0	0	0	0
	Vavuniya	0	0	0	0	0	0	0	0	0
Sabaragamuwa Province	Embilipitiya	0	0	0	0	1	1	0	0	0
	Kegalle	0	1	1	0	0	0	0	2	2
	Ratnapura	0	0	0	0	1	1	1	3	4
Southern Province	Balapitiya	0	0	0	0	1	1	0	0	0
	Hambanthota	0	5	5	0	0	0	0	0	0
	Mahamodara	0	0	0	0	0	0	0	0	0
	Matara	0	0	0	0	0	0	0	0	0
	Tangalle	0	0	0	0	0	0	0	0	0
UVA Province	Badulla	0	2	2	0	1	1	5	12	17
	Mahiyanganaya	0	0	0	0	0	0	0	0	0
	Monaragala	1	1	2	0	0	0	0	1	1
Western Province	Avissawella	0	2	2	0	2	2	0	1	1
	Colombo	3	9	12	3	12	15	2	9	11
	Gampaha	0	0	0	1	1	2	0	0	0
	Homagama	0	0	0	0	3	3	0	1	1
	Kalubowila	0	0	0	1	3	4	0	3	3
	Kalutara	0	0	0	0	3	3	5	31	36
	Negombo	1	0	1	0	0	0	0	0	0
	Panadura	0	0	0	0	1	1	0	0	0
	Ragama	0	2	2	1	2	3	1	3	4
	Wathupitiwala	0	0	0	4	2	6	0	0	0
Total		**6**	**27**	**33**	**10**	**41**	**51**	**15**	**71**	**86**

Number of clinic attendees and details of clinic attendances for STD clinics during 2024

		New patients registered			Total new patients with STIs	Total clinic visits by STD patients	Total visits by others
		Male	Female	Total			
Central Province	Dambulla	219	229	448	237	1249	653
	Kandy	580	597	1,177	413	4,487	4,671
	Matale	247	439	686	431	1,261	1,607
	Nuwara Eliya	170	461	631	313	963	1,065
Eastern Province	Ampara	243	261	504	243	1,343	1,298
	Batticaloa	126	159	285	101	718	2,594
	Kalmunai	40	41	81	34	121	375
	Trincomalee	94	109	203	40	254	2,752
North Central Province	Anuradhapura	548	775	1,323	418	2,450	9,909
	Polonnaruwa	309	390	699	375	1,542	1,785
North Western Province	Chilaw	307	318	625	388	2,591	1,082
	Kuliyapitiya	143	233	376	173	831	899
	Kurunegala	594	810	1,404	1,207	3,853	6,602
	Puttalam	137	204	341	116	575	624
Northern Province	Jaffna	237	149	386	271	784	2,685
	Kilinochchi	94	79	173	62	309	3,827
	Mannar	39	46	85	46	168	2,750
	Mullaitivu	125	99	224	29	178	1,576
	Vavuniya	165	99	264	205	838	3,476
Sabaragamuwa Province	Embilipitiya	133	174	307	144	937	1,472
	Kegalle	428	372	800	625	1,974	663
	Ratnapura	506	608	1,114	309	2,630	2,368
Southern Province	Balapitiya	249	277	526	326	886	749
	Hambanthota	399	384	783	336	2,270	4,281
	Mahamodara	559	350	909	440	4,739	2,178
	Matara	504	420	924	342	2,110	3,834
	Tangalle	157	117	274	86	227	242
UVA Province	Badulla	872	739	1,611	423	2,255	393
	Mahiyanganaya	235	232	467	150	462	761
	Monaragala	196	238	434	232	585	2,941
Western Province	Avissawella	215	216	431	291	1,889	794
	Colombo	4,436	2,275	6,711	2,891	26,207	5,292
	Gampaha	443	383	826	616	3,052	1,258
	Homagama	215	141	356	247	1,025	295
	Kalubowila	906	572	1,478	943	6,299	3,054
	Kalutara	707	780	1,487	292	1,103	16,963
	Negombo	368	415	783	398	3,146	3,732
	Panadura	354	189	543	170	1,899	268
	Ragama	734	637	1,371	673	3,817	1,382
	Wathupitiwala	155	127	282	201	463	976
Total		**17,188**	**15,144**	**32,332**	**15,237**	**92,490**	**104,126**

Reason for attendance among New STD clinic attendees in 2024

Province	Clinic	Contact of patients	Voluntarily	Referral from magistrate/ court	Others
Central Province	Dambulla	26	205	112	114
	Kandy	169	350	94	564
	Matale	28	321	54	283
	Nuwara Eliya	21	46	94	371
Eastern Province	Ampara	44	178	89	192
	Batticaloa	16	16	113	140
	Kalmunai	4	26	19	32
	Trincomalee	10	38	62	90
North Central province	Anuradhapura	28	700	222	368
	Polonnaruwa	28	208	165	298
North Western Province	Chilaw	51	244	80	250
	Kuliyapitiya	8	139	91	138
	Kurunegala	62	402	111	857
	Puttalam	14	157	66	107
Northern Province	Jaffna	43	76	39	230
	Kilinochchi	1	30	6	105
	Mannar	6	5	11	63
	Mullaitivu	9	46	13	156
	Vavuniya	24	62	75	113
Sabaragamuwa Province	Embilipitiya	8	147	114	40
	Kegalle	25	275	64	345
	Ratnapura	68	453	279	326
Southern Province	Balapitiya	9	303	58	154
	Hambanthota	29	243	192	275
	Mahamodara	83	329	71	423
	Matara	31	324	176	394
	Tangalle	30	78	63	103
UVA Province	Badulla	18	214	63	1409
	Mahiyanganaya	25	71	40	328
	Monaragala	19	146	153	115
Western Province	Avissawella	20	93	37	281
	Colombo	254	3644	139	2820
	Gampaha	77	352	69	376
	Homagama	12	83	23	151
	Kalubowila	108	794	100	476
	Kalutara	31	277	201	520
	Negombo	53	281	141	308
	Panadura	20	171	32	320
	Ragama	51	429	210	681
	Wathupitiwala	9	44	26	149
Total		**1572**	**12000**	**3767**	**14465**

Number of patients with confirmed syphilis diagnoses completing treatment during 2024					
Province	**STD clinic**	**Number of diagnosed with syphilis**	**Number completed treatment**	**No. of pregnant women diagnosed with syphilis**	**No. of pregnant women completed treatment**
Central Province	Dambulla	9	9	0	0
	Kandy	62	60	10	8
	Matale	27	25	4	4
	Nuwara Eliya	8	6	1	1
Eastern Province	Ampara	21	21	4	4
	Batticaloa	32	31	3	3
	Kalmunai	8	8	0	0
	Trincomalee	11	11	1	1
North Central province	Anuradhapura	17	17	1	1
	Polonnaruwa	40	40	1	1
North Western Province	Chilaw	16	16	2	2
	Kuliyapitiya	3	3	0	0
	Kurunegala	70	70	4	4
	Puttalam	8	8	3	3
Northern Province	Jaffna	74	69	5	5
	Kilinochchi	4	3	0	0
	Mannar	10	10	3	3
	Mullaitivu	2	2	1	1
	Vavuniya	7	7	3	3
Sabaragamuwa Province	Embilipitiya	5	5	0	0
	Kegalle	37	35	2	2
	Ratnapura	38	38	3	3
Southern Province	Balapitiya	8	6	0	0
	Hambanthota	46	45	5	5
	Mahamodara	69	61	5	5
	Matara	33	32	3	3
	Tangalle	11	3	0	0
UVA Province	Badulla	41	33	3	2
	Mahiyanganaya	5	1	1	1
	Monaragala	22	22	4	4
Western Province	Avissawella	25	25	2	2
	Colombo	308	262	16	16
	Gampaha	55	55	5	5
	Homagama	14	12	1	0
	Kalubowila	99	99	1	1
	Kalutara	54	52	3	3
	Negombo	56	54	9	9
	Panadura	23	14	0	0
	Ragama	73	63	8	5
	Wathupitiwala	21	21	0	0
Total		**1472**	**1354**	**117**	**110**

Samples screened for HIV infection during 2024										
Province	**Clinic**	**No. screened for HIV (ELISA,PA,RAPID)**				**No. confirmed HIV positive**				
		STD pt. samples	**Antenatal samples**	**Pre emp. samples**	**Other samples**	**STD pt. samples**	**Antenatal samples**	**Pre emp. samples**	**Other**	**Total**
Central Province	Dambulla	639	9	478	392	-	-	-	-	-
	Kandy	1,773	14,588	1,937	9,391	19	-	-	17	36
	Matale	1,049	5,761	1,019	4,731	9	1	-	1	11
	Nuwara Eliya	794	7,956	1,057	1,701	18	-	-	3	21
Eastern Province	Ampara	761	3,284	743	3,896	6	-	-	-	6
	Batticaloa	285	9,032	220	2,370	1	-	-	-	1
	Kalmunai	104	7,818	116	376	-	-	-	-	-
	Trincomalee	284	6,544	894	489	3	-	-	5	8
North Central province	Anuradhapura	3,156	9,626	2,652	10,582	7	-	-	-	7
	Polonnaruwa	1,902	5,179	858	10,523	3	-	-	1	4
North Western Province	Chilaw	1,440	9,918	513	1,658	13	3	-	2	18
	Kuliyapitiya	437	-	-	319	2	-	-	-	2
	Kurunegala	3,757	15,784	2,221	2,134	36	-	-	-	36
	Puttalam	346	24	649	614	2	-	-	-	2
Northern Province	Jaffna	388	7,195	854	4,149	1	-	-	6	7
	Kilinochchi	173	2,696	258	937	1	-	-	-	1
	Mannar	85	1,966	327	526	-	-	-	-	-
	Mullaitivu	224	1,173	280	26	-	-	-	-	-
	Vavuniya	342	2,432	655	1,654	5	-	-	2	7
Sabaragamuwa Province	Embilipitiya	817	41	418	1,808	-	-	-	-	-
	Kegalle	1,739	7,403	20	3,542	9	-	-	-	9
	Ratnapura	3,162	10,864	2,104	6,381	-	-	-	-	-
Southern Province	Balapitiya	690	3,803	492	632	1	-	-	-	1
	Hambanthota	1,131	7,253	2,004	10,978	22	-	1	4	27
	Mahamodara	3,199	5,833	44	4,183	33	-	-	-	33
	Matara	2,132	7,640	2,772	5,661	3	-	-	-	3
	Tangalle	407	15	98	276	3	-	-	-	3
UVA Province	Badulla	3,393	7,037	2,006	6,798	35	-	-	19	54
	Mahiyanganaya	316	2,234	417	150	-	-	-	-	-
	Monaragala	584	7,216	1,176	9,050	3	-	-	4	7
Western Province	Avissawella	608	87	413	258	7	-	-	-	7
	Colombo	19,022	21,826	43	39,039	310	-	-	596	906
	Gampaha	1,504	9,255	814	744	11	-	1	2	14
	Homagama	409	24	53	157	4	-	-	-	4
	Kalubowila	2,256	96	1,658	1,922	39	-	-	-	39
	Kalutara	2,243	13,004	-	2,027	29	2	-	1	32
	Negombo	1,108	4,735	222	1,879	16	-	-	4	20
	Panadura	1,002	-	65	218	10	-	-	-	10
	Ragama	1,912	5,840	555	1,291	87	1	-	4	92
	Wathupitiwala	540	128	680	774	6	-	1	-	7
Total		**66,113**	**225,319**	**31,785**	**154,236**	**754**	**7**	**3**	**671**	**1,435**

Samples screened for syphilis - 2024									
Province	**Clinic**	**Number screened for syphilis**				**Number TPPA/TPHA tested**			
		STD	**ANC**	**Pre-Emp.**	**Other**	**STD**	**ANC**	**Pre-emp.**	**Other**
Central Province	Dambulla	646	9	478	161	635	9	1	161
	Kandy	1843	14598	1937	5155	308	7	0	66
	Matale	995	5757	902	3619	607	18	6	1066
	Nuwara Eliya	790	7955	1054	705	546	9	226	267
Eastern Province	Ampara	732	1	724	1036	375	3284	2	27
	Batticaloa	150	2418	381	421	70	9032	0	421
	Kalmunai	23	7818	21	31	17	0	0	5
	Trincomalee	227	6544	636	196	239	11	38	253
North Central province	Anuradhapura	3156	9626	2652	5407	188	3	0	143
	Polonnaruwa	1493	1800	858	3894	1373	5179	0	5097
North Western Province	Chilaw	1287	9918	1755	485	727	2775	19	63
	Kuliyapitiya	457	0	578	65	441	0	2	39
	Kurunegala	3548	15784	2221	910	1196	0	0	0
	Puttalam	185	23	141	137	3	0	0	0
Northern Province	Jaffna	294	7195	651	2089	294	10	3	155
	Kilinochchi	117	2696	180	493	117	0	0	0
	Mannar	44	1966	149	233	2	1	0	2
	Mullaitivu	0	0	0	0	40	1173	0	7
	Vavuniya	376	321	655	1530	291	2114	0	755
Sabaragamuwa Province	Embilipitiya	462	24	411	297	330	0	0	140
	Kegalle	1546	7403	1718	1293	740	4	9	10
	Ratnapura	2982	10864	2104	4778	1776	6	6	2042
Southern Province	Balapitiya	690	3803	492	924	690	0	0	125
	Hambanthota	1096	2036	2004	3944	1111	5255	49	4455
	Mahamodara	1985	0	1973	386	971	4530	146	16
	Matara	1850	2029	2772	92	1380	5564	1	45
	Tangalle	419	15	114	60	395	15	114	60
UVA Province	Badulla	1892	1	1013	1500	1011	7037	3	3103
	Mahiyanganaya	0	0	0	0	0	2234	0	0
	Monaragala	537	158	508	5435	275	7066	226	695
Western Province	Avissawella	411	26	405	50	555	10	7	24
	Colombo	3855	21826	130	9247	13767	4217	1404	6934
	Gampaha	2438	5490	814	612	0	3765	0	0
	Homagama	380	23	190	110	350	21	1	69
	Kalubowila	2620	96	1563	442	2150	66	107	372
	Kalutara	1409	5930	2047	299	1249	7074	0	1055
	Negombo	1114	4735	518	336	792	965	0	181
	Panadura	727	0	75	324	681	0	74	321
	Ragama	2089	5850	555	679	1779	6	132	728
	Wathupitiwala	325	128	680	190	302	0	10	109
Total		**45190**	**164866**	**36059**	**57565**	**37773**	**71460**	**2586**	**29011**

Samples tested for cervical cytology (PAP smears) during 2024					
Province	**Clinic**	**Number screened for cervical cytology**	**Total number of reports received**	**Number satisfactory for reporting**	**Number reported as CIN-1 or above**
Central Province	Dambulla	0	0	0	0
	Kandy	11	6	11	5
	Matale	107	103	104	2
	Nuwara Eliya	0	0	0	0
Eastern Province	Ampara	18	17	16	1
	Batticaloa	0	0	0	0
	Kalmunai	0	0	0	0
	Trincomalee	0	0	0	0
North Central province	Anuradhapura	7	6	6	0
	Polonnaruwa	62	17	11	6
North Western Province	Chilaw	20	20	0	0
	Kuliyapitiya	5	5	5	0
	Kurunegala	41	39	37	0
	Puttalam	0	0	0	0
Northern Province	Jaffna	0	0	0	0
	Kilinochchi	0	0	0	0
	Mannar	0	0	0	0
	Mullaitivu	0	0	0	0
	Vavuniya	0	0	0	0
Sabaragamuwa Province	Embilipitiya	6	2	2	0
	Kegalle	12	10	10	0
	Ratnapura	79	64	64	0
Southern Province	Balapitiya	0	0	0	0
	Hambanthota	8	4	4	0
	Mahamodara	129	83	83	2
	Matara	20	22	20	0
	Tangalle	0	0	0	0
UVA Province	Badulla	1	1	1	0
	Mahiyanganaya	0	0	0	0
	Monaragala	14	18	6	0
Western Province	Avissawella	37	42	39	0
	Colombo	57	64	55	2
	Gampaha	68	33	32	0
	Homagama	0	0	0	0
	Kalubowila	267	265	261	12
	Kalutara	31	29	29	0
	Negombo	29	32	31	1
	Panadura	7	7	7	0
	Ragama	23	9	9	0
	Wathupitiwala	5	4	4	0
Total		**1064**	**902**	**847**	**31**

Condom and lubricants distribution 2022-2024							
Province	**Clinic**	**2022**		**2023**		**2024**	
		Number of condoms	**Number of lubricants**	**Number of condoms**	**Number of lubricants**	**Number of condoms**	**Number of lubricants**
Central Province	Dambulla	5,180	170	2,604	70	7,772	960
	Kandy	3,468	10	62,342	10,200	85,472	14,600
	Matale	49,333	1,180	37,365	1,269	64,467	1,091
	Nawalapitiya	3,824	-	-	-	-	-
	Nuwara Eliya	16,700	-	19,784	1,000	16,856	100
Eastern Province	Ampara	32,072	3,375	12,558	-	21,921	4,650
	Batticaloa	4,060	1,700	4,823	800	3,735	2,480
	Kalmunai	11,919	230	6,624	-	7,768	2,200
	Trincomalee	1,595	300	1,546	376	3,004	1,784
North Central province	Anuradhapura	55,779	3,620	111,166	19,100	6,928	2,600
	Polonnaruwa	60,264	80	73,521	800	110,841	4,181
North Western Province	Chilaw	41,797	17,460	23,832	7,900	26,880	13,400
	Kuliyapitiya	4,764	594	1,804	150	4,468	980
	Kurunegala	70,115	21,819	57,381	11,600	118,765	21,700
	Puttalam	27,280	5,940	3,152	1,940	13,414	360
Northern Province	Jaffna	44,689	10,249	44,053	18,486	29,718	12,845
	Kilinochchi	3,300	1,500	6,100	100	3,680	400
	Mannar	1,550	2,000	3,744	244	288	288
	Mullaitivu	1,200	700	1,600	100	1,100	-
	Vavuniya	7,344	400	3,206	100	4,350	2,000
Sabaragamuwa Province	Embilipitiya	420	370	2,282	660	3,966	665
	Kegalle	30,324	5,000	28,235	10,070	21,848	8,650
	Ratnapura	16,835	1,400	14,056	3,000	29,297	16,500
Southern Province	Balapitiya	30,816	1,800	4,588	-	10,980	1,900
	Hambanthota	59,333	19,075	37,666	12,075	34,715	17,533
	Mahamodara	120,921	15,190	121,995	11,712	89,174	17,011
	Matara	46,807	4,656	25,851	5,805	37,756	11,497
	Tangalle	189	24	271	72	380	110
UVA Province	Badulla	26,816	135	36,438	1,719	40,076	1,174
	Mahiyanganaya	18,603	800	5,556	300	2,460	160
	Monaragala	7,712	595	8,683	190	7,853	1,990
Western Province	Avissawella	1,990	195	2,041	185	5,760	20
	Colombo	54,449	19,817	18,484	21,300	95,446	36,619
	Gampaha	7,713	660	5,254	645	11,790	1,670
	Homagama	544	-	560	-	525	-
	Kalubowila	28,368	5,960	35,428	4,282	49,482	6,016
	Kalutara	41,304	5,970	15,690	6,600	48,218	13,850
	Negombo	21,096	3,632	8,918	3,338	13,000	2,450
	Panadura	1,783	625	555	620	622	395
	Ragama	6,427	690	8,169	2,365	6,727	2,500
	Wathupitiwala	7,803	425	8,074	449	2,416	1,472
Total		**976,486**	**158,346**	**865,999**	**159,622**	**1,043,918**	**228,801**

HIV Testing and Counselling for Key populations-2024 -1							
Province	Clinics	Sex Workers		MSM		Transgender	
		Total tested for HIV by STD_ outreach <25 y	Total tested for HIV by STD_ outreach >=25 y	Total tested for HIV by STD_ outreach <25 y	Total tested for HIV by STD_ outreach >=25 y	Total tested for HIV by STD_ outreach <25 y	Total tested for HIV by STD_ outreach >=25 y
Central	Dambulla	12	54	1	12	0	0
	Kandy	52	242	56	204	0	0
	Matale	16	141	16	26	0	0
	Nuwara Eliya	0	3	0	0	0	0
Eastern	Ampara	1	7	12	6	0	0
	Batticaloa	0	29	4	12	0	0
	Kalmunai	0	0	1	0	0	0
	Trincomalee	0	3	0	1	0	0
North Central	Anuradhapura	76	263	19	26	5	0
	Polonnaruwa	23	130	6	29	0	0
North Western	Chilaw	12	81	30	14	4	8
	Kuliyapitiya	15	30	20	22	0	0
	Kurunegala	15	30	20	22	0	0
	Puttalam	5	58	1	6	0	1
Northern	Jaffna	0	0	44	88	4	5
	Kilinochchi	0	0	0	0	0	0
	Mannar	0	0	0	0	0	0
	Mullaitivu	0	0	0	0	0	0
	Vavuniya	0	0	0	0	0	0
Sabaragamuwa	Embilipitiya	6	23	12	4	0	0
	Kegalle	60	50	136	235	0	0
	Ratnapura	16	80	36	180	0	4
Southern	Balapitiya	12	261	4	119	0	0
	Hambanthota	16	54	17	45	0	0
	Mahamodara	1	6	81	155	0	0
	Matara	15	54	18	38	0	0
	Tangalle	6	9	4	1	0	0
UVA	Badulla	28	32	22	16	0	0
	Mahiyanganaya	2	14	1	3	0	0
	Monaragala	3	16	3	11	0	0
Western	Avissawella	15	46	8	40	0	0
	Colombo	187	1389	623	1561	4	22
	Gampaha	26	80	35	76	0	0
	Homagama	0	0	0	0	0	0
	Kalubowila	43	314	93	215	1	13
	Kalutara	1	8	0	0	0	0
	Negombo	24	182	48	94	6	4
	Panadura	7	24	36	106	0	0
	Ragama	37	176	59	123	3	5
	Wathupitiwala	1	3	6	43	1	0
Total		733	3,892	1,472	3,533	28	62

Cont., HIV Testing and Counselling for Key populations-2024-2									
Province	**Clinics**	**Beach boys**		**PWID or Drug users**		**Prisoners**		**Others**	
		Total tested for HIV by STD_ outreach <25 y	**Total tested for HIV by STD_ outreach >=25 y**	**Total tested for HIV by STD_ outreach <25y**	**Total tested for HIV by STD_ outreach >=25y**	**Total tested for HIV by STD_ outreach <25 y**	**Total tested for HIV by STD_ outreach >=25 y**	**Total tested for HIV by STD_ outreach <25 y**	**Total tested for HIV by STD_ outreach >=25y**
Central	Dambulla	-	-	-	-	-	-	-	-
	Kandy	-	-	-	1	67	880	-	-
	Matale	-	-	-	3	-	-	125	1,666
	Nuwara Eliya	-	-	-	-	-	-	-	-
Eastern	Ampara	-	1	-	-	-	-	12	17
	Batticaloa	-	-	-	-	-	152	50	99
	Kalmunai	-	-	-	-	-	-	-	-
	Trincomalee	-	-	-	-	223	177	55	123
North Central	Anuradhapura	-	-	-	-	171	906	36	-
	Polonnaruwa	-	-	-	28	141	708	-	-
North Western	Chilaw	14	41	-	-	-	-	-	-
	Kuliyapitiya	-	-	-	1	-	-	23	147
	Kurunegala	-	-	-	1	-	-	23	147
	Puttalam	38	92	-	-	-	-	-	100
Northern	Jaffna	-	-	89	60	105	93	-	-
	Kilinochchi	-	-	-	-	-	-	-	-
	Mannar	-	-	-	-	-	-	-	-
	Mullaitivu	-	-	-	-	-	-	-	-
	Vavuniya	-	-	169	27	144	506	10	21
Sabaragamuwa	Embilipitiya	-	-	-	-	34	89	-	-
	Kegalle	-	-	-	-	558	671	1,347	689
	Ratnapura	-	-	-	-	148	1,401	116	1,447
Southern	Balapitiya	17	70	-	-	-	-	-	-
	Hambanthota	-	-	1	23	159	1,230	162	633
	Mahamodara	4	11	2	5	190	882	25	78
	Matara	55	87	-	-	7	88	-	-
	Tangalle	-	-	-	-	6	12	-	-
UVA	Badulla	-	-	2	1	1,206	1,078	1,732	3,299
	Mahiyanganaya	-	-	-	-	-	-	-	-
	Monaragala	-	-	-	2	185	879	1,755	6,755
Western	Avissawella	-	-	-	6	-	-	-	-
	Colombo	1	1	52	315	478	3,118	935	4,250
	Gampaha	-	-	16	50	-	-	8	29
	Homagama	-	-	-	-	-	-	-	-
	Kalubowila	-	-	1	36	11	286	296	1,263
	Kalutara	1	19	49	160	206	1,006	60	41
	Negombo	-	-	38	168	321	2,502	-	-
	Panadura	-	1	64	215	-	-	-	1
	Ragama	-	-	-	-	198	1,688	-	-
	Wathupitiwala	-	-	-	-	-	155	42	272
Total		**130**	**323**	**483**	**1,102**	**4,558**	**18,507**	**6,812**	**21,077**

Details of the awareness programmes conducted by STD clinics in 2024							
Province	Clinic	Lectures		Exhibitions		Workshops	
		Number of Programmes	Number of participants	Number of Programmes	Number of participants	Number of Programmes	Number of participants
Central Province	Dambulla	101	3,870	-	-	-	-
	Kandy	355	16,301	3	5,500	4	120
	Matale	80	4,195	-	-	1	45
	Nuwara Eliya	86	6,350	-	-	-	-
Eastern Province	Ampara	55	4,306	-	-	2	280
	Batticaloa	161	4,847	-	-	-	-
	Kalmunai	50	2,620	-	-	-	-
	Trincomalee	40	11,521	-	-	-	-
North Central province	Anuradhapura	53	2,838	-	-	5	502
	Polonnaruwa	112	14,176	-	-	-	-
North Western Province	Chilaw	78	3,780	-	-	8	712
	Kuliyapitiya	10	1,562	-	-	1	40
	Kurunegala	102	14,713	1	200	-	-
	Puttalam	25	1,251	-	-	-	-
Northern Province	Jaffna	36	1,740	-	-	6	550
	Kilinochchi	17	1,270	-	-	3	120
	Mannar	10	568	-	-	4	255
	Mullaitivu	40	1,439	-	-	-	-
	Vavuniya	78	2,296	-	-	-	-
Sabaragamuwa Province	Embilipitiya	6	850	-	-	9	2,150
	Kegalle	31	2,547	-	-	9	664
	Ratnapura	59	9,242	4	4,024	5	180
Southern Province	Balapitiya	14	551	-	-	-	-
	Hambanthota	53	9,204	3	382	2	650
	Mahamodara	25	1,260	-	-	-	-
	Matara	38	5,827	1	10,000	4	190
	Tangalle	6	320	-	-	2	150
UVA Province	Badulla	189	14,980	-	-	13	623
	Mahiyanganaya	19	2,862	1	200	1	40
	Monaragala	154	9,100	-	-	-	-
Western Province	Avissawella	2	60	-	-	-	-
	Colombo	92	4,425	3	1,250	18	1,915
	Gampaha	9	13,757	1	5,000	1	30
	Homagama	1	40	-	-	1	220
	Kalubowila	40	1,123	-	-	3	125
	Kalutara	51	4,365	-	-	-	-
	Negombo	4	350	-	-	-	-
	Panadura	11	1,064	-	-	-	-
	Ragama	17	1,184	-	-	-	-
	Wathupitiwala	20	775	-	-	-	-
Total		**2,330**	**183,529**	**17**	**26,556**	**102**	**9,561**