

MINISTRY OF PUBLIC HEALTH OF THE REPUBLIC OF BELARUS

Institution of Education “Grodno State Medical University”

Department of Microbiology, Virology and Immunology
named after S.I. Gelberg

Student scientific society

HIV: EPIDEMIOLOGICAL SITUATION IN SRI LANKA

The presentation was prepared
by **FERNANDO ABARRANE**,
student of the group 22
Medical Faculty for
International Students
(English medium).
Scientific supervisor:
associate professor
Astrautsova S.A.

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INTRODUCTION

KEY POPULATION

FSW

MSM

PWID

BB

TGW

Vulnerability & hiv knowledge

National response



INTRODUCTION

Sri Lanka has been classified by UNAIDS as a country with a low-level HIV epidemic, with a national HIV prevalence of less than 0.1% that is non-generalized across the population. As per the annual report of the National STD and AIDS Control Programme (NSACP), the total reported cumulative cases of HIV, up to 2016, were 2,500.

KEY POPULATIONS

FSW

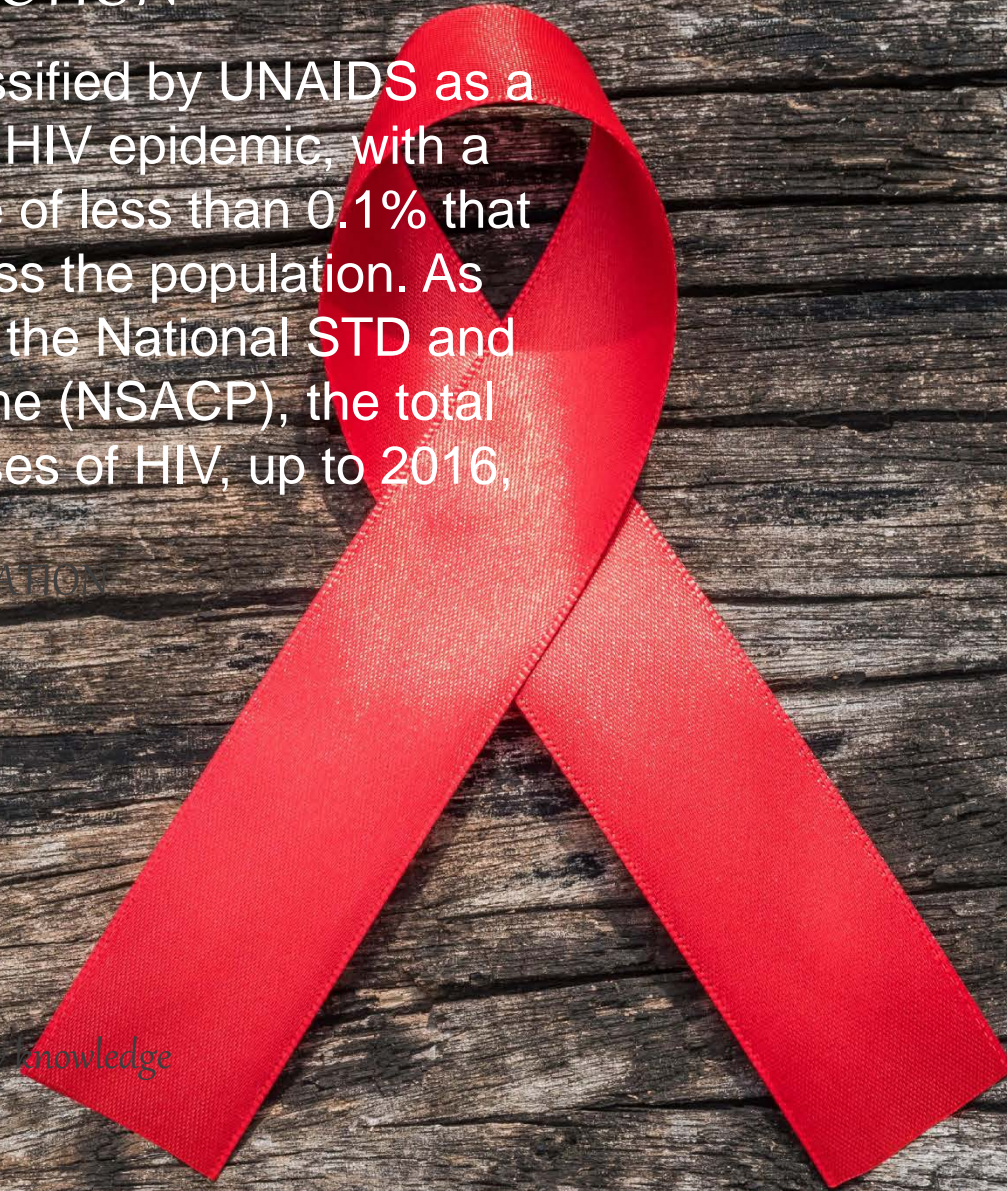
MSM

PWI

BB

TGW

Vulnerability & knowledge



INTRODUCTION

KEY POPULATION

UNAIDS defines key populations as gay men and other men who have sex with men (MSM); sex workers, transgender people (TG), people who inject drugs (PWID), and prisoners and other incarcerated populations. These populations are defined as such due to vulnerability to HIV and lack of access to services. These populations may also be subject to stigma and discrimination, which may hinder health seeking behaviour and access to information and services.

FSW

MSM

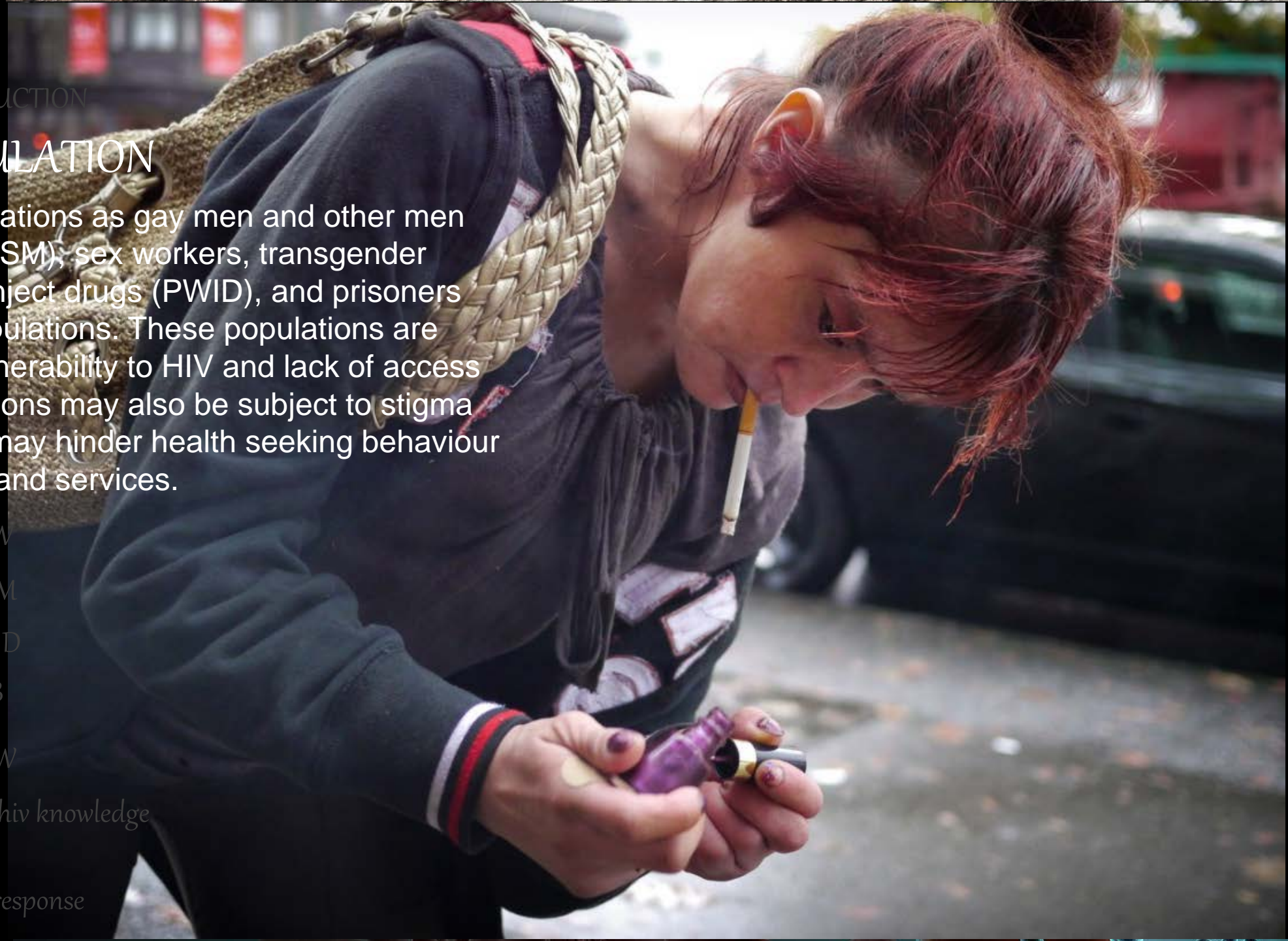
PWID

BB

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INTRODUCTION
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FSW

According to a 2013 national population size estimation (PSE) survey, there are approximately 14,132 female sex workers (FSWs) in Sri Lanka. More than half (52%) are operating in the Western province, while two-thirds (66%) operate in Western, Central and Southern provinces. The IBBS Survey in 2014/15 reported a prevalence of 1%, while the prevalence in Kandy (Central province) was 0.6%. The prevalence, however, has increased over the past years as the rate reported in 2003-2004 was only 0.2%.

MSM

PWID

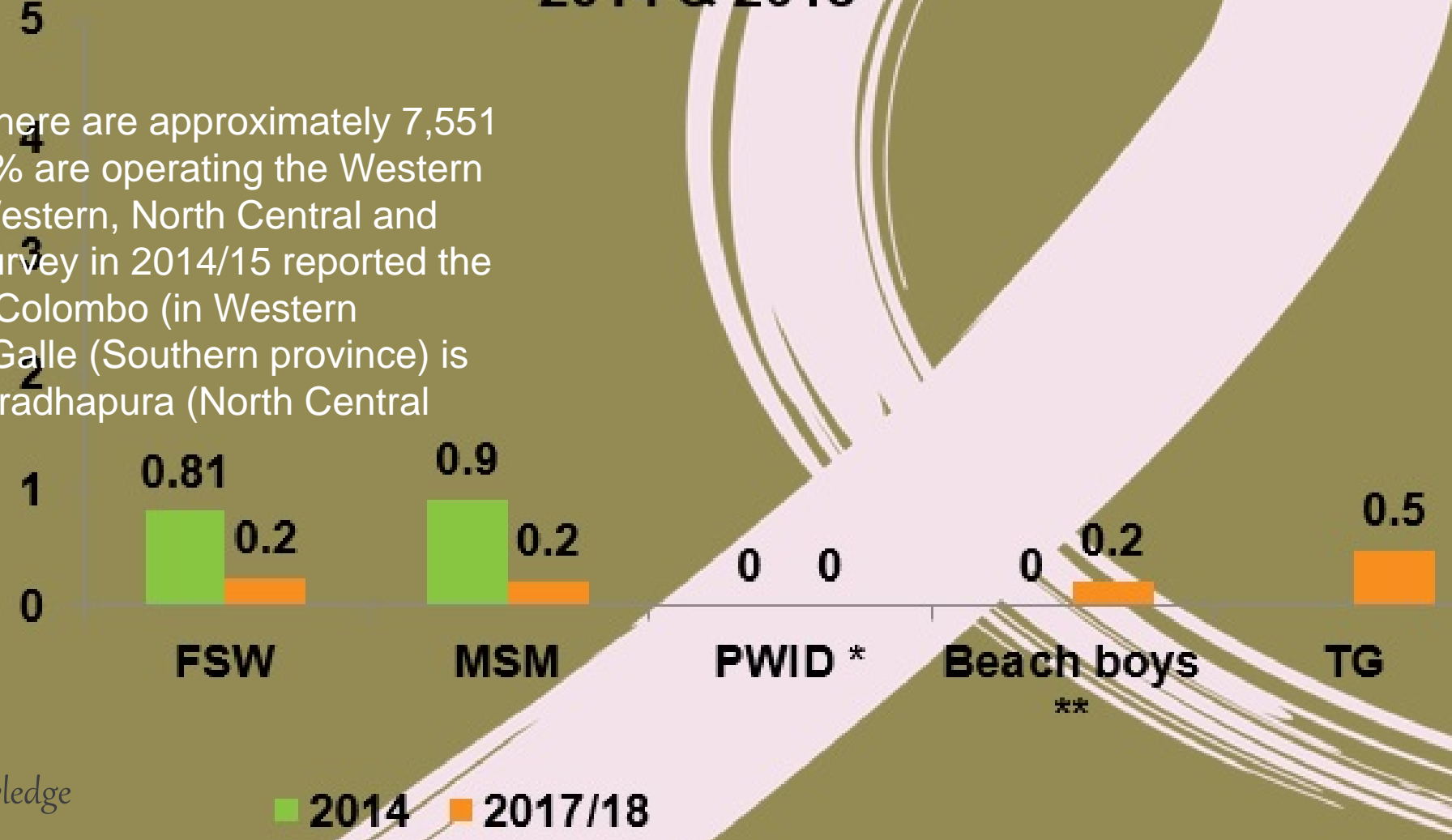
BB

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HIV prevalence among key populations, IBBS 2014 & 2018



As per the PSE Survey in 2013, there are approximately 7,551 MSMs in Sri Lanka and about 65% are operating the Western province, while 75% operate in Western, North Central and Southern provinces. The IBBS Survey in 2014/15 reported the HIV prevalence among MSMs in Colombo (in Western province) is 1.4%, prevalence in Galle (Southern province) is 0.4% while the prevalence in Anuradhapura (North Central Province) is Zero

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The 2013 PSE survey estimated that there were 17,459 drug users, 423 injecting drug users (PWID) and 210 injecting drug users who share needles. About 60% of injecting drug users (256 of 423) were reported in the Western province. Approximately 55% of PWID shared needles in the past, though 90% of them knew where to obtain a clean needle. However, 87% of PWID stated there is no need to use clean needle every time they inject drugs.

BB

TGW

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The 2013 PSE exercise estimated 2,001 beach boys during peak periods, while the 2014/15 IBBS estimated 1,000 in Galle district alone. According to the IBSS 2014/15, survey, 99% of beach boys had had vaginal intercourse with a woman and 17% had had anal intercourse with a man in the previous 12 months. The survey further indicated there were no beach boys who were positive for HIV or syphilis.

TGW

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TGW

ABOUT $\frac{1}{4}$ of all transgender women

& MORE THAN $\frac{1}{2}$ of all Black transgender women

For the first time transgender women (TGW) are being included in national surveillance efforts, based on anecdotal evidence of a high prevalence of TGW in the North, in Jaffna. Anecdotal evidence suggests this population grew during the war, where young boys would attempt to present themselves as women, to avoid inscription.

Vulnerability & hiv knowledge

National response



Reduce your risk of getting HIV by:

FSW

MSM

PWID

BB

TGW

Vulnerability & hiv knowledge

- **Low Condom Use**
- **Commercial Sex:** Estimates of the number of female sex workers in Sri Lanka vary from 5,000 to 50,000 although the more likely number is around 30,000. In addition, there are networks of men who have sex with men who have multiple partners including paying clients and women.
- **Sexually Transmitted Infections:** Every year estimates of detected STI cases in Sri Lanka vary from about 60,000 to 200,000, of which only 10 to 15 percent are reported by government clinics.
- **High Mobility:** Migration within Sri Lanka and emigration to the Middle East and neighboring countries is necessary for the economic survival of many rural and urban households.
- **Injecting Drug Users (IDUs):** Current estimates of opiate users range from 30,000 to 240,000 out of which only 2 percent inject. However, an increase in drug injection could spark an epidemic.
- **Low Levels of Knowledge about how HIV is Transmitted:** Knowledge about HIV transmission was low amongst the populations surveyed in the BSS.
- **High Levels of Stigma associated with PLWA:** The survey also indicated high levels of stigma towards PLWA amongst all groups.



Using condoms



Ensuring that your partners who are living with HIV are taking treatment



Using PrEP to prevent getting HIV if you have ongoing risk, including during pregnancy



Using sterile needles and syringes for all injections



Getting tested and treated for sexually transmitted infections

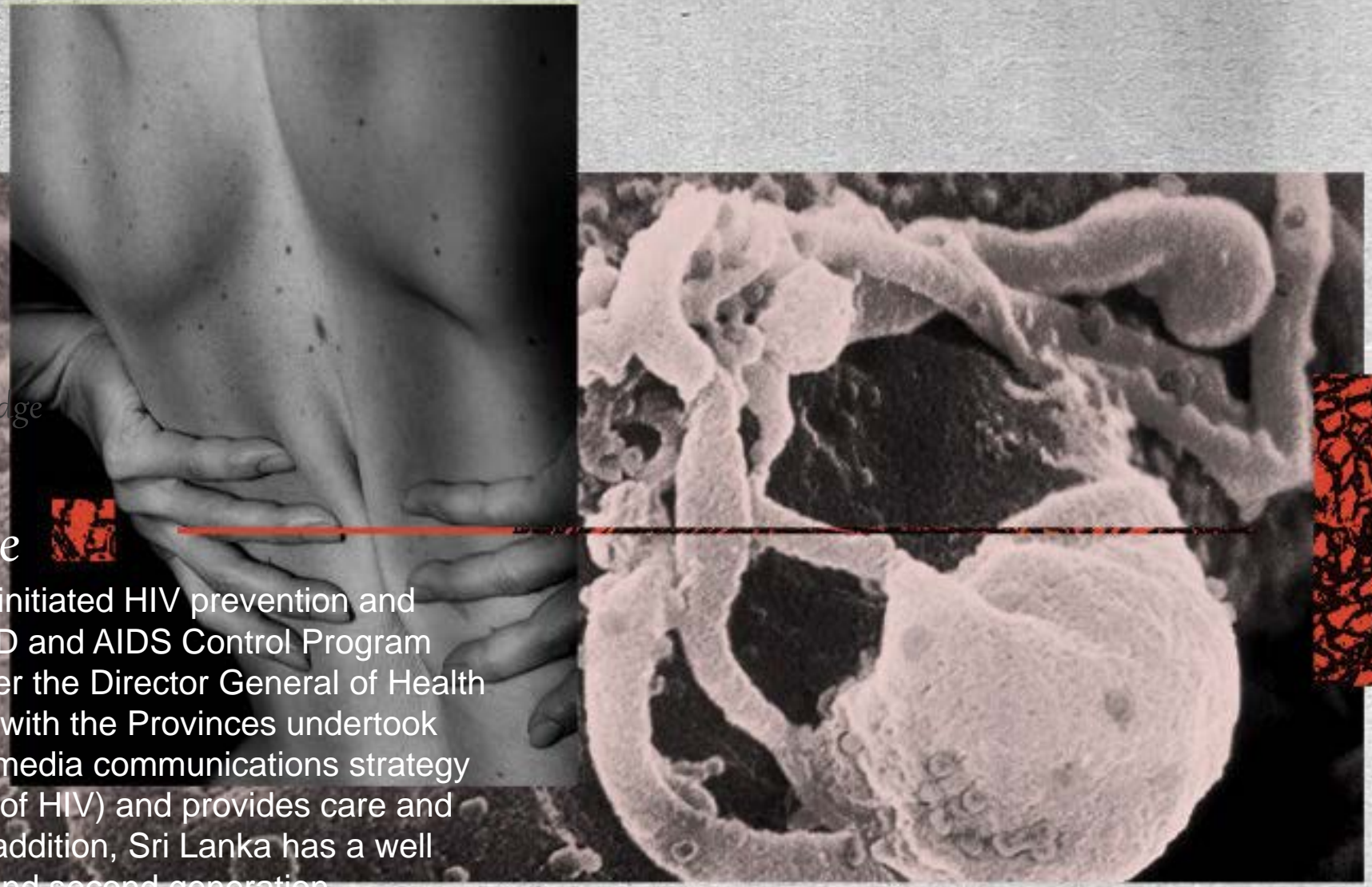
National response

- INTRODUCTION
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 - FSW
 - MSM
 - PWID
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 - TGW

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National response

In 1992, the Government of Sri Lanka initiated HIV prevention and control efforts through the National STD and AIDS Control Program (NSACP) of the Ministry of Health under the Director General of Health Services. The NSACP in collaboration with the Provinces undertook HIV prevention activities (e.g. a mass media communications strategy to improve knowledge and awareness of HIV) and provides care and treatment to people living with HIV. In addition, Sri Lanka has a well established zero surveillance system and second generation surveillance (behavioral) among vulnerable groups was conducted in 2006. A Management Information System is being established linking all STI clinics in the country to the central NSACP based on a M&E Framework for HIV.



National RESPONSE

In addition to these primary prevention efforts initiated by the NSACP through the National HIV Prevention Project, the NSACP established Care and Treatment resources needed to make antiretroviral therapy (ART) available to the HIV positive patients who need treatment. As of April 2008, the NSACP Central STD Clinic followed up 423 patients (just over half of those currently infected), of whom 113 receive ART.

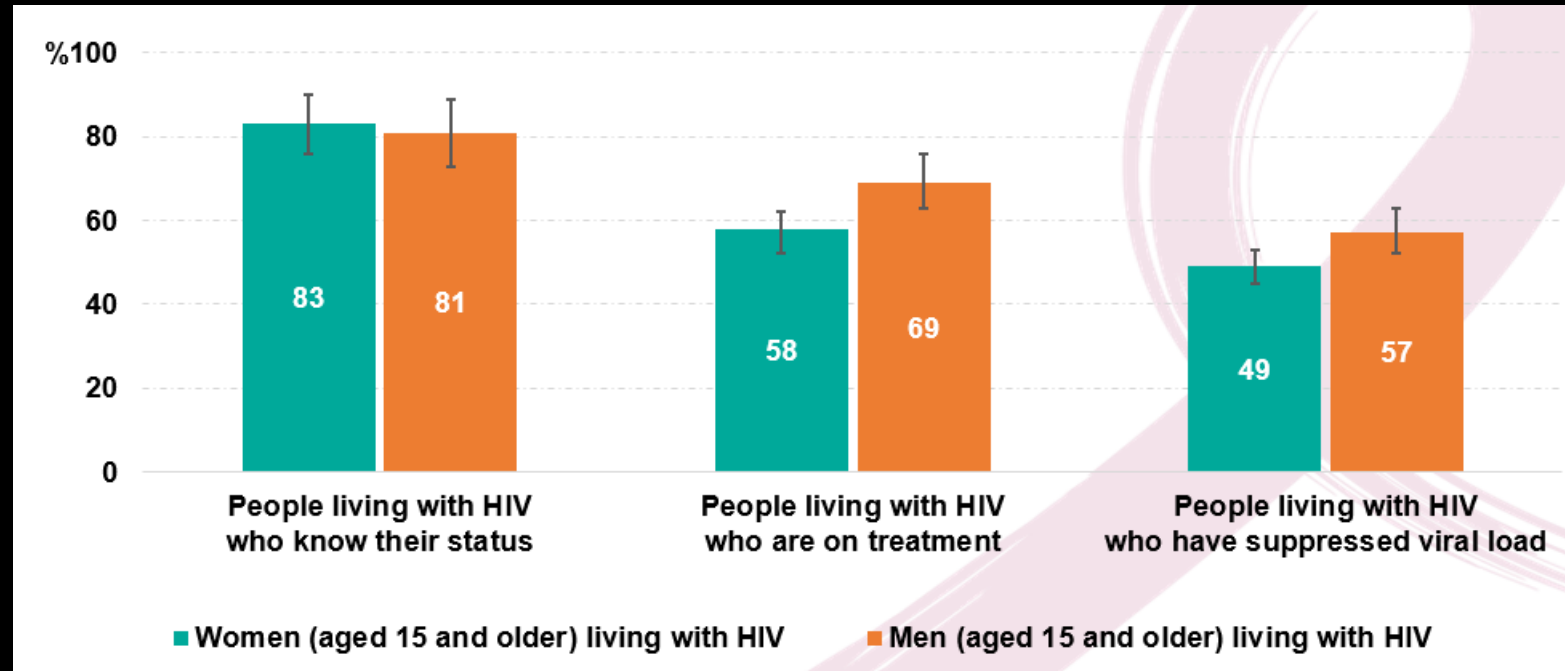
Non-governmental Organizations (NGOs): Work of both local and international NGOs in the area of HIV prevention in Sri Lanka has been limited. NGO work remains largely uncoordinated, and its program coverage of high-risk populations is estimated to be less than 10 percent. Efforts are being undertaken to improve NGO collaboration and coordination with the government. Key actions needed are to increase the capacities of NGOs to work with vulnerable groups and of the government to systematically contract and fund NGOs.



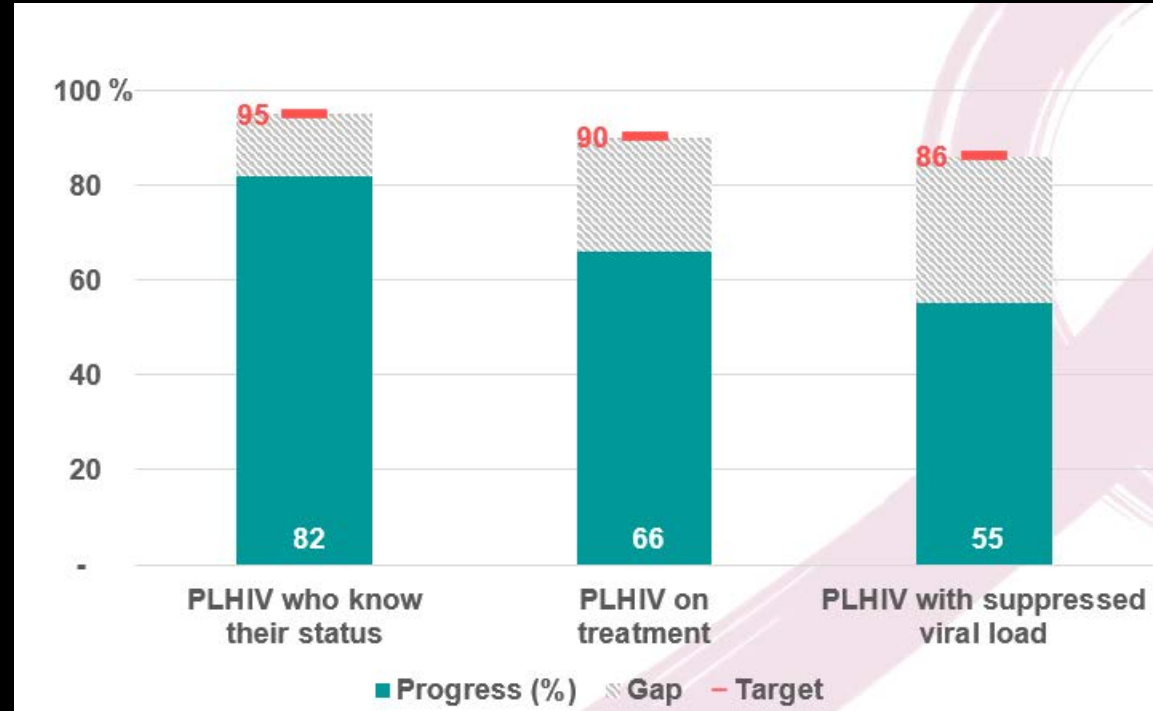
Distribution of clinics with ART facilities, 2020



HIV testing and treatment cascade, women (aged 15+ years) compared to men (aged 15+ years), 2021



HIV testing and treatment cascade, 2021



Punitive and discriminatory laws, 2021



NO

Criminalization of TG people

Punitive and discriminatory laws, 2021

NO

Criminalization of TG people

YES

Criminalization of Sex work

Punitive and discriminatory laws, 2021

NO

Criminalization of TG people

YES

Criminalization of Sex work

YES

Criminalization of same-sex sexual acts

Punitive and discriminatory laws, 2021

NO

Criminalization of TG people

Law allows for possession of a certain limited amount of drugs for personal use

NO

YES

Criminalization of Sex work

Parental consent for adolescents to access HIV testing

NO

YES

Criminalization of same-sex sexual acts

Laws or policies restricting the entry, stay and residence of people living with HIV

NO

Thank you for your
attention

5 HIV FACTS

1 People on effective HIV treatment can't pass it on

Effective treatment for HIV suppresses the virus to such low levels that it can't harm you and you can't pass it on.

2 HIV can't be passed on through day-to-day contact

HIV can't be passed on through things like touching, kissing, sharing cutlery or glasses.

HIV can be passed on through sex without a condom but only if a person is not on effective treatment. It can also be passed on through sharing needles and during pregnancy (but in the UK this is extremely rare because we have great treatment).

3 HIV can affect anyone

Some groups of people are affected by HIV more than others, but it can be passed on to anyone.

4 People living with HIV can live long and healthy lives

There isn't a cure for HIV, but there is excellent treatment. If you are diagnosed in good time and take your medication, you can have as long and healthy a life as everyone else.

5 There are many ways to prevent HIV

- Getting regularly tested for HIV if you are sexually active
- Taking PrEP or PEP (tablets which prevent HIV either before or just after you've been exposed to it)
- Using condoms
- Never sharing needles
- Taking your medication if you are living with HIV



www.nat.org.uk