

National HIV/AIDS Policy of Sri Lanka

Certification of Authorisation

The Cabinet of Ministers of Democratic Socialist Republic of Sri Lanka has approved the Cabinet Memorandum (No 11/0958/509/092 dated 04th May 2011) on National HIV/AIDS Policy of Sri Lanka

1. Policy Background

HIV/AIDS is a communicable yet preventable disease, which can lead to serious social and economic repercussions. Although the first HIV infected person in Sri Lanka was detected in 1986, due to the effective control programmes, the prevalence has been kept at a low level of less than 0.1 per cent in the general adult population. However, Sri Lanka is vulnerable to an increase of spread of HIV infection due to many factors.

The Government of Sri Lanka recognizes that HIV/AIDS is not only a public health concern but also a social and development challenge, hence the importance of strengthening and scaling up prevention interventions aimed at behavior development and change to maintain a low prevalence of HIV infection in keeping with the Millennium Development Goals and also provide care and support for those infected and affected. The National STD/AIDS control programme of the Ministry of Health with the involvement of relevant governmental, non-governmental, international, civil society and professional organizations, business sector, media and people living with HIV/AIDS (PLHA) will implement the National strategic plan.

2. Policy Objectives

- 2.1 To prevent HIV and other sexually transmitted infections in Sri Lanka through effective strategies aimed at reducing;
 - 2.1.1 Sexual transmission,
 - 2.1.2 Mother to child transmission
 - 2.1.3 Transmission through blood & blood products
- 2.2 To improve the quality of life of people infected and or affected by HIV/AIDS through minimizing stigma and discrimination and providing quality care and support.

3. Priority areas and strategies

- 3.1. Multi-sect oral approach
- 3.2. Prevention of sexual transmission through promotion of safe and responsible behaviors
- 3.3. Prevention of mother to child transmission
- 3.4. Prevention of transmission through blood and blood products

- 3.5. Surveillance, monitoring and evaluation
- 3.6. HIV testing
- 3.7. Counseling
- 3.8. Care and treatment of HIV/AIDS
- 3.9. Safety in health care settings
- 3.10. Prevention and control of other sexually transmitted infections
- 3.11. Addressing human rights issues
- 3.12. HIV/AIDS interventions in the world of work

The policy statements in relation to the key strategic areas are as follows:

3.1. Multi-sectoral approach

Prevention interventions will be focused on highly vulnerable groups and also the general population with special attention given to in and out of school youth through the involvement of health and non-health sectors such as, and that shall not be limited to, education, labor, tourism, foreign employment, plantations, armed forces and police.

In the implementation of preventive measures, the role of political and religious leaders, governmental and non-governmental sectors, international organizations, media and other relevant stake holders will be recognized.

The National AIDS council and National AIDS Committee

In keeping with the multi-sectoral approach towards HIV/AIDS prevention, the National AIDS committee which includes representation from all relevant stakeholders will guide and monitor the national response to HIV/AIDS. The National AIDS council will guide and monitor the inter-ministerial support extended to the national response to fight HIV/AIDS under the chairmanship of HE the president of Sri Lanka. Similarly, provincial AIDS committees and district AIDS committees will be the multi-sectoral advisory bodies at provincial and district level.

3.2. Promotion of safe and responsible behaviors

The Government of Sri Lanka recognizes the importance of promotion of appropriate behaviors that make its citizens responsible to themselves, their families and to society for the prevention of HIV/AIDS. Planned behavioral change communication (BCC) programs should address the needs of the specific vulnerable groups. Responsible sexual behavior such as abstinence, delaying sex and safer sex practices should be promoted and encouraged among the youth and general population and provision of services should be ensured. The use of condom is of utmost importance for the high risk and key vulnerable target populations and should be promoted. Services that support the practice of safe and responsible behavior should also be ensured. The empowerment of women and the responsibilities of men in promoting positive behavior should be emphasized. In addition, reducing stigma and discrimination in relation to HIV/AIDS will be addressed, in order to promote appropriate health care seeking behaviors.

3.3. Prevention of mother to child transmission of HIV

Prevention of infection among men and women in the reproductive age and promoting voluntary counseling and testing for HIV in this age group is the primary strategy. Prevention of unplanned pregnancies among HIV infected women, provision antiretroviral therapy, safer delivery practices and safer feeding practices will also be provided as per standard guidelines.

4. Prevention of transmission through blood & blood components

National Blood policy of Sri Lanka recognizes the importance of regular voluntary and non-remunerative blood donations, with pre-donation information and counseling, and testing of all donated blood to ensure a safe blood supply. Infected donor should be informed in a confidential manner to refrain from further blood donations and counseled for linking with treatment, care and support services.

3.5. Surveillance, monitoring and evaluation

STI/HIV/AIDS surveillance will be carried out regularly, according to accepted international guidelines. Monitoring and evaluation will form the evidence base for strategic guidance of the National programmer.

3.6. HIV testing

The government of Sri Lanka promotes voluntary confidential counseling and testing, recognizing that mandatory testing would drive those at high risk of HIV infection beyond reach and prevent their access to public health preventive activities and other health services. Testing will be carried out according to accepted international guidelines.

The screening of donated blood, donors of tissue and organs will be according to the recommendations of national policies.

Testing for research and surveillance purposes will be according to current international guidelines.

3.7. Counseling

Counseling is recognized as an integral part of all programs related to HIV/AIDS prevention, care and treatment. It is important that these services are provided by personal who are adequately trained in HIN/AIDS counseling.

3.8. Care & treatment of HIV/AIDS

The Government of Sri Lanka accepts the rights of those living with HIV/AIDS to have access to treatment without stigma and discrimination. Persons living with HIV/AIDS requiring antiretroviral treatment and management of opportunistic infections will be provided by the state sector in line with national guidelines and prevailing National health policy.

3.9. Safety in health care settings

Application of standard precautions will be ensured to reduce the risk of transmission of HIV and other blood born infections in health care settings. Post exposure prophylaxis should be provided in situations of accidental exposures according to national guidelines.

3.10. Prevention and control of sexually transmitted infections

Prevention and management of sexually transmitted infections are considered a priority in the control of HIV transmission. In this regard the services for STI prevention and care will be further strengthened and sustained screening for syphilis among all ante-natal mothers should be ensured. Preventive education and clinical services will be provided to those believed to be at high risk, including sex workers, men having sex with men and injecting drug users.

3.11. Human rights

The Government of Sri Lanka will ensure that human rights of people living with HIV/AIDS are promoted, protected and respected and measures taken to eliminate discrimination and combat stigma which will provide an enabling environment to seek relevant services. These include the rights of everyone to life, liberty and security of person, freedom from inhuman or degrading treatment or punishment, equality before law, absence of discrimination, and freedom from arbitrary interference with privacy or family life, freedom of a standard of living adequate for health and well-being including housing, food and clothing, the right to the highest attainable standard of physical and mental health, the right to education, the right to information which includes the right to knowledge about HIV/AIDS/STI related issues and safer sexual practices, the right to capacity building of the individual in dealing with this condition, the right to participate in the cultural life of the community and to share in scientific advancement and its benefit. However, steps shall be taken to prevent persons from willfully and knowingly infecting HIV to other persons.

The responsibility and behavior of the Media as stated in Article 28 of the Government's constitution which casts a duty to respect the rights of others on reporting on matters related to HIV/AIDS are emphasized.

3.12. HIV/AIDS interventions in the world of work

As majorities of the reported HIV infection are in the most productive 15-49 age group, it is important to strengthen HIV/AIDS prevention efforts in the world of work.

The government of Sri Lanka, Employers' and workers' organization and private sector will be mobilized to play a key role in this effort and endorses adoption of the guidelines of the ILO code of practice on HIV/AIDS in world of work for development of workplace policy and programs.