

Presidential Address-24th Annual Scientific Sessions of Sri Lanka College of Sexual Health and HIV medicine- 2019

Dr D O C de Alwis,
President of the Sri Lanka College of Sexual Health and HIV medicine

Chief guest, Dr Anil Jasinghe, guest of honour, Dr. Beng Goh, distinguish overseas guests, representatives from UN agencies, international partner organizations, past presidents, founder members, Fellows, office bearers and council members and all other members of the College, distinguish invitees from Ministry of Health, my dear teachers, colleagues, staff members, ladies and gentlemen,

It is undeniably another happiest day in my life. It is a great pleasure and honour to address you as the president of Sri Lanka College of Sexual Health and HIV medicine this evening.

The theme of 24th annual scientific sessions of Sri Lanka College of Sexual Health and HIV medicine (SLCoSHH) and my presidential speech is “Reaching the Unreached in STI and HIV”. Sky is the limit for this theme but we don’t have all the time in the world to detail each aspect. Therefore, I will mainly focus on understanding some areas to be strengthened and propose solutions to achieve “End AIDS in Sri Lanka by 2025” through “Reaching the Unreached” in STI and HIV. Before I reach the theme, “Reaching the Unreached in STI and HIV”, let me bring up some data on global and local burden of STIs and HIV.

Global data for HIV in 2018

- Estimated 37.9 million people were living with HIV in the world.
- Out of them, 23.3 million people were accessing antiretroviral therapy.
- During that year, 1.7 million people became newly infected with HIV and 770,000 people died from AIDS-related illnesses.
- Ever since the beginning of HIV epidemic, almost 75 million people have become infected with HIV and 32 million people have died from AIDS-related illnesses.

Global data on Sexually Transmitted Infections (STI)

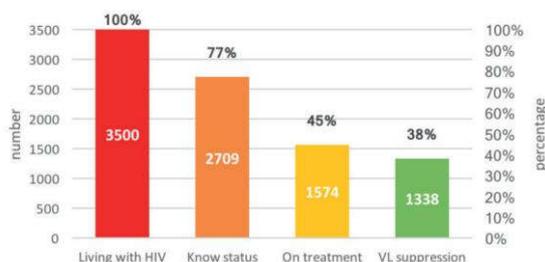
- More than 30 different bacteria, viruses and parasites are known to be transmitted through sexual contact. STIs have a profound impact on sexual and reproductive health worldwide.
- More than 1 million STIs are acquired every day.
- In 2016, WHO estimated 376 million new infections with 1 of 4 STIs: That is chlamydia (127 million), gonorrhoea (87 million), syphilis (6.3 million) and trichomoniasis (156 million).
- More than 500 million people are living with genital HSV (herpes) infection and an estimated 300 million women have an HPV infection, which is the primary cause of cervical cancer.
- An estimated 240 million people are living with chronic hepatitis B globally. Both HPV and hepatitis B infections are preventable with vaccination.
- The majority of STIs have no symptoms or only mild symptoms that may not be recognized as an STI.
- STIs such as HSV type 2 and syphilis can increase the risk of HIV acquisition.
- 988 000 pregnant women were infected with syphilis in 2016, resulting in over 350 000 adverse birth outcomes including 200 000 stillbirths and newborn deaths
- In some cases, STIs can have serious reproductive health consequences beyond the immediate impact of the infection itself (e.g., infertility or mother-to-child transmission)
- Antimicrobial resistance is a major threat, to reduce the impact of STIs in the world. Most European and American countries

already experiencing Gonococcal and Mycoplasma resistance to most antibiotics.

Sri Lankan Situation

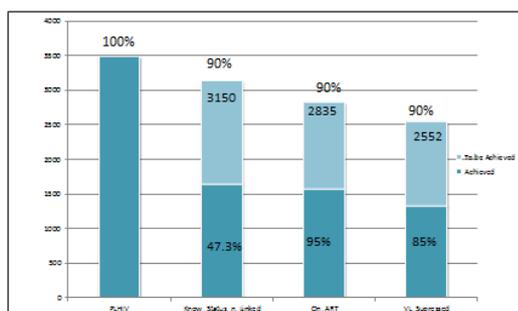
The estimated number of people living with HIV in Sri Lanka is 3500. The island remains a very low prevalent country for HIV since beginning of its epidemic. Total number of PLHIV diagnosed and alive is 2709. This number was generated by subtracting reported deaths from the total reported HIV cases since 1987, therefore needs an adjustment for unreported deaths!

Cross-sectional HIV treatment cascade as of end 2018



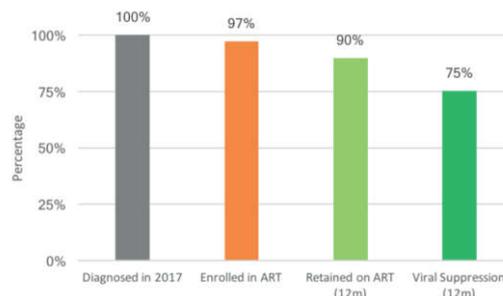
According to this cross sectional HIV cascade, 77% of PLHIV know they are positive but this doesn't represent the "Unreported deaths" since 1987. This has resulted low percentages in next two steps of the cascade; 45% for PLHIV on treatment and 38% for who achieved viral suppression.

There is a total of 1656 PLHIV who know their status and are currently linked with HIV treatment and care services. Out of the total 1656 (47.3%) PLHIV who are currently linked with HIV treatment and care services, 1574 (95%) have been started on antiretrovirals (ART), and 1338 (85%) were having viral suppression.



Longitudinal treatment cascade

Longitudinal HIV treatment cascade among PLHIV who initiated ART in 2017



This graph is a longitudinal cascade of PLHIV who were diagnosed with HIV in 2017, which shows 97% are enrolled in treatment and 90% retained on ART after 12 months and 75% have achieved viral suppression.

These data shows that we have to "Reach" significant number of "Unreached" PLHIV in almost all steps in HIV cascade, especially finding undiagnosed PLHIV. We all know, the only way to know ones HIV status is to have a HIV test!

HIV testing details in 2018

Types of blood samples screened for HIV	Number tested	Number positive	% positivity rate
Antenatal mothers	345,985	10	0.003%
Blood donor screening (NBTS and private blood banks)	417,000	34	0.01%
Tri-Forces	67,395	6	0.01%
Private hospitals, laboratories and Sri Jayawardenapura GH	186,767	71	0.04%
Prison HIV testing programme	16,935	8	0.05%
HIV Rapid tests done in Hospitals	8,196	10	0.12%
TB screening	8,168	11	0.13%
STD clinic samples*	129,815	196	0.15%
Community-based testing in drop-in centres	1275	0	0.00%
Survey sample	1,990	4	0.20%
Total	1,183,526	350	0.03%

In recent years, we have accelerated HIV testing services reaching a total number of near 1.2 million HIV tests carried out in 2018. The total number of HIV positive persons detected during the year was 350. This indicates a HIV sero-prevalence of 0.03% in Sri Lanka.

- While the largest contributors to testing numbers remained blood donors and antenatal mothers, the highest numbers of HIV positives (194) are from "STD clinic samples". Apart from this, Survey Samples, TB screening and HIV Rapid tests done in hospitals showed higher yield.
- Community based testing done in drop-in centres for FSW, MSM/TGW and Drug Users showed no positives.

These facts highlight the importance of targeted HIV testing to increase the detection rate which will help to End AIDS in Sri Lanka by 2025.

With this background information in mind, I invite you to carefully look into our theme, “Reaching the Unreached” in STI and HIV. There shouldn’t be any disagreement when we talk on “Targeted HIV testing”, most important targets should be key populations (KPs). In Sri Lanka, KPs include Men having sex with men (MSM) and Male Sex Workers (MSW), Female Sex Workers (FSW) and Trans Gender Women (TGW), Injecting Drug Users (IDUs) and Beach Boys (BBs).

The report on National Size Estimation of the Most at Risk Populations for HIV in Sri Lanka reveals that there are total of 83,600 of above mentioned KPs distributed within the country. During 2018, we have reached 44% of them (Or they have reached us) and tested for HIV in STD clinics and outreach programmes which includes escorted peers, community based drop in centres and a “Key Population led HIV Testing” pilot project conducted in Puttalam, Kalutara, Colombo and Gampaha districts. Further to these, 3431 KPs were reached by IBBS survey 2018.

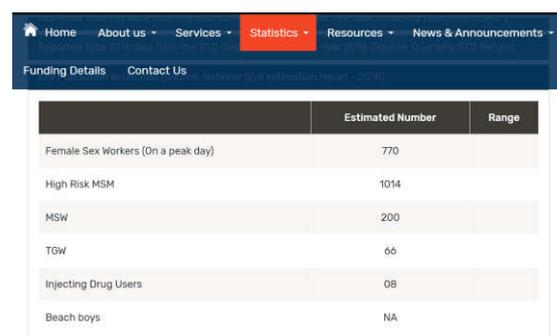
The survey concluded with following findings.

- Overall, the prevalence of HIV and STIs remains very low across all key population groups in Sri Lanka. My comment is that we should understand there is no room for complacency
- The presence of risk behaviour including inconsistent condom usage, poor HIV health seeking behaviour, and poor knowledge of HIV, combined with poor coverage of HIV prevention programmes, could result in increases in prevalence. My comment is that we should strengthen Condoms as Prevention (CasP) programme and awareness programmes on prevention and behavioural change for KPs.
- As a result, the situation should be closely monitored through routine and sentinel surveillance.

While being proud and happy about how much we have already performed, rest of my

presentation is you to think again “how good we have done” and “how much more we have to do”.

Regarding reaching KPs, based on available data, I said we have reached/tested 44% of estimated; the other side of the coin is we have failed to reach 66% of them. If I count on these KP estimates, I have no option than agreeing to this statement.



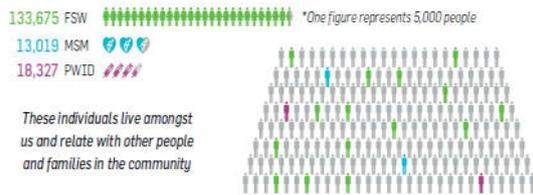
	Estimated Number	Range
Female Sex Workers (On a peak day)	770	
High Risk MSM	1014	
MSW	200	
TGW	66	
Injecting Drug Users	08	
Beach boys	NA	

This slide is a screenshot of our NSACP website and it explains KPs in Nuwara Eliya District. The day I saw this, I had doubts on these figures. I guess having the same thought in my work colleagues from Nuwara Eliya in this audience. 1014 high risk MSM, 770 FSW, 200 MSW, and 66 TGW! Have you ever seen them in Nuwara Eliya? I assume your answer is “No”. But, now I believe this should be corrected. Of course, they don’t attend our clinic, but they are there. Are we waiting them to reach us? We do “standard outreach” programmes to vulnerable populations, but the problem is that we have not identified most KPs; in other words, we have not “Reached” them. They are “Hidden” amongst general population. Could they be the missing or undiagnosed portion of PLHIV?

I assume my venereology colleagues from other districts where NGOs/CBOs working with these KPs are not operating will agree with me at least to a certain extent if not fully.

I share this beautiful slide from Kenyan National AIDS and STI Control Programme on their KPs and quote this phrase from it.

“These individuals live amongst us and relate with other people and families in the community!”



1 National AIDS and STI Control Programme (NASCCP), Kenya. 2013. Kenya Most At Risk Populations Size Estimate Consensus Final Report. Nairobi: Ministry of Health.

This Kenyan phrase tells something beyond “Hot Spots”. It voices where to find them. They are amongst the local community. So where should we offer them the HIV test?

I repeat results of our accelerated HIV testing programme for your peruse.

- We had to test 346,000 ANC samples to find 10 HIV positives, but it’s worth the purpose. We eliminated MTCT of HIV and Syphilis!
- We had to test 417,000 blood donor samples to find 34 HIV positives, but it’s worth the purpose. We have no reported transfusion transmitted HIV since 2004.
- We had to test 67,395 Armed Forces samples to find 6 HIV positives, but yield is 0.01%.
- We had to test 187,000 Private Hospital samples to find 71 HIV positives!
- We had to test 16,935 Prisoner samples to find 8 HIV positives.
- **We tested closer to 8200 samples each from Government Hospitals and TB Patient samples and found 10 and 11 HIV positives respectively.**

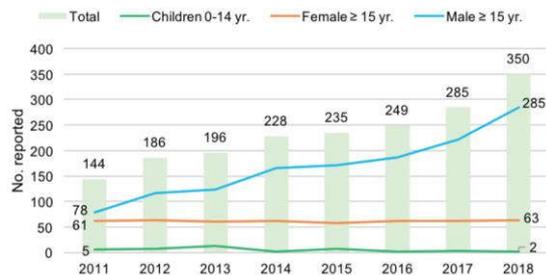
This suggests it’s worthiness of provider-initiated HIV test for people attending hospitals irrespective of looking for “Traditional risk factors” and “AIDS defining illnesses” but people with any indicator disease of mild to moderate immunodeficiency.

Studies have suggested annual HIV testing for KPs and one time HIV testing for all other adults. Offering provider initiated HIV testing at GP centres for clients never had an HIV test will help to identify these hidden PLHIV. However, STD clinic experience shows highest case finding efficacy is through testing partner/s of newly diagnosed PLHIV.

Therefore, we have to strengthen the system of case finding through partner tracing too.

Disproportionate rise of male positives

Number of reported HIV infections by age and sex, 2011-2018



This graph shows the Number of reported HIV infections by age and sex during 2011-2018. It is obvious that men aged above 15 years show a steady increase over the years while children and women in a plateau. A steady rise of male to male transmission of HIV over last six years warrants more attention on this group to curb the epidemic.

As I mentioned earlier, there are many other aspects of our theme. We already had a very successful pre-congress session on “Early Integration of Palliative care for PLHIV” in the morning. We will be discussing more in detail at Scientific Sessions tomorrow. We have eminent speakers from Australia, India, UK, USA and our own resource personal from Sri Lanka. They will enlighten us with new knowledge on how to reach unreached goals of STIs, HIV, Sexual Health and Prevention sciences.

Sri Lanka is aiming to achieve UNAIDS 95 95 95 target of ending AIDS by 2025; 5 years ahead of global target. We have to reach the unreached targets in STI and HIV to achieve this goal. I wish that scientific knowledge we gain through this 24th Annual Scientific Sessions of Sri Lanka College of Sexual Health will lead us to that goal.

Thank you