

Community recommendations for the development of National HIV Strategic Plan for 2018 – 2022

The New National HIV Strategic Plan (NSP) for the period of 2018 – 2022 is a crucial milestone in the Sri Lankan HIV response. While the global target for zero new HIV infections is 2030, Sri Lanka, with the current low HIV prevalence, has set a national target of zero new HIV infections by 2025. However, according to the Global AIDS Data report 2017, Sri Lanka is one of the few countries in Asia and the Pacific with a rising new HIV infection rate. Sri Lanka is a country with a concentrated epidemic among key populations; gay, bi sexual and other men who have sex with men, transgender people, sex workers, people who inject drugs. Beach boy community is also considered a key population in Sri Lanka. With Sri Lanka estimated to become a middle income country and consequently lose the support from the Global Fund, this upcoming NSP has a vital role to play to ensure the sustainability of the HIV response in the country. The UNAIDS 90.90.90 global strategy should be used as a guiding document for the NSP with the 90.90.90 targets as key targets.

As the communities living with and affected by HIV, including key populations, gay and bisexual communities, we would like to recommend the following to be integral aspects of the new National HIV Strategic Plan.

Founding principles for the NSP

1. Human Rights for all

The NSP should recognize and integrate the concept of “Human Rights for all”. Protecting and promoting the Human Rights of people living with and affected by HIV and addressing legal barriers, especially that of gay, bi sexual and other men who have sex with men, sex workers, transgender people, people who inject drugs should be recognized and promoted as an essential aspect of a robust HIV response.

2. Gender equality

A gender responsive approach should be taken in the NSP for HIV prevention, treatment and care. The modality should go beyond a binary approach to gender and should include gender identity to ensure equal space to transgender people and to those that do not identify within a traditional binary gender spectrum. Zero stigma, discrimination and violence based on gender identity should be acknowledged as an essential aspect of a robust HIV response.

3. Greater involvement of people living with HIV

The critical role played by the people living with HIV should be further integrated in to the NSP. People living with HIV should be meaningfully engaged in the planning, designing, implementation and monitoring of the HIV response. The active involvement people living with HIV and organizations of people living with HIV in increasing testing and case management should be integrated in to the NSP as an essential aspect of a robust HIV response.

4. Key populations

As Sri Lanka is having a concentrated HIV epidemic, the key populations are key to the HIV response. The NSP should explicitly define the key populations in the country referring to legal barriers, human rights violations and concentrated epidemic status faced by the key population communities. Acknowledging the key populations, the crucial role played by the organizations of key populations and meaningfully engaging them is key to a robust HIV response.

5. Meaningful engagement of civil society

Meaningful engagement of civil society is crucial to develop and implement effective targeted interventions. Civil society including key populations should be engaged in designing, implementing and monitoring the HIV response. Representatives from civil society should be engaged in decision making bodies of the HIV response and official positions and platforms for such engagement should be made available to develop a robust HIV response.

Indicators for measuring the success

1. The indicators for monitoring the NSP should include specific indicators on key populations. As the epidemic is concentrated among key populations, the HIV response needs to be targeted to key populations and the results should be evaluated accordingly.
 - a. Specific indicators on the percentage of key populations on ARV and key populations on ARV with a suppressed viral load should be included.
 - b. Specific indicators on the percentage of key populations identified and treated for STIs should be included.
 - c. Specific indicators on the percentage of key populations on PrEP should be included
2. An indicator should be developed to showcase the percentage of people living with HIV who are on ARVs with a suppressed viral load. Undetectable viral loads lead to untransmittable HIV status and this is a key strategy to avert new HIV infections
3. As Sri Lanka has moved to treat everyone irrespective of viral load, an indicator should be developed to showcase the percentage of people living with HIV on ARVs.
4. A specific indicator should be developed to evaluate the supportive environment and the role of NSACP in facilitating such. The current strategy only includes the PLHIV stigma index. A key populations stigma index should be included in the strategy. This indicator should specifically include addressing legal barriers faced by key populations in the country.
5. An indicator should be developed to measure access to services. The clinics and the staff need to be regularly trained to provide friendly, welcoming and non-judgemental services to key populations and people living with HIV. Such service delivery locations would be key to increased testing and retention in treatment and care.

Key focus areas

1. Increasing testing
Increasing HIV testing is a key strategy to achieve zero infections by 2030. Testing should be increased and encouraged among populations who are key to the epidemic. A robust system should be adopted within the new NSP to increase targeted testing among key populations.
2. Pre Exposure Prophylaxis
PrEP should be integrated within the new NSP as part of the combination prevention package and efforts should be made to make PrEP available for those who are at risk within key populations. The NSP should spell out strategies to raise awareness on PrEP, develop implementation and roll out procedures and guidelines, procurement and etc. The WHO implementation tool on PrEP could be used to inform these strategies.
3. Post Exposure Prophylaxis
According to the consultants of NSACP, PeP is currently available “after analyzing the reported case”. PeP should be made available to key populations who have had exposure to HIV. Access to PeP should be made easy by avoiding unnecessary case analysis. Awareness among key populations on PeP should be increased.
4. New HIV screening methods
HIV self-testing, finger prick or saliva, should be rolled out through community based organizations for HIV screening. Number of trainings have been done for community organizations and the NSP should include specific strategies to encourage and support HIV self-testing initiatives.
5. Introduce UIC
The NSP should develop strategies to integrate a UIC system within NSACP as a pilot with a long term outcome of integration to larger health system in Sri Lanka. Number of complaints have been made regarding the current filing system at the STD clinics especially with regard to the confidentiality of the information and authorized access to them.

6. Use of new technologies

The NSP should focus on using new technologies for services delivery and outreach. Social media platforms and other social networking apps should be acknowledged for the crucial role they can play in extending the outreach to key populations. Strengthening the NSACP role with new technologies for case management, sexual history taking, registration, client data storage should be made part of the new NSP.

Harm Reduction

Harm reduction approaches are still not adequately discussed in the national HIV response. Opioid Substitution Therapy (OST) or needle-syringe exchange program are still not employed by the NSACP. These harm reductions services are crucial if new HIV infections are to be averted within the PWID community. The NSP should include strong strategies to implement harm reduction services to PWID community and address the legal barriers. The initial conversation with the ministry of justice and other government ministries to address legal barriers should be initiated by the NSACP through the new NSP.

Young people

The current data from the NSACP show increasing new HIV infections among the age category of 15 – 34. The NSP should have strong focus on young people in general and young key populations in particular. The key role that young people could play as leaders and collaborators should be acknowledged in the NSP. Legal barriers as consent laws and discrepancies between the laws and general medical practices should be addressed within the NSP. Due recognition should be given to addressing the epidemic among adolescents with reference to addressing cultural and legal barriers to access to services. Youth friendly and sensitive services as a key element of promoting testing, treatment and care should be included in the NSP with strategies to regularly build the capacity of clinic staff to engage with young people. The NSP should also emphasize strategies to include young people in designing, implementing and monitoring activities within the HIV response in the country.

Capacity building

Capacity building of civil society organization especially that of key populations is indispensable for a robust HIV response in the country. The current national strategic plan on HIV states that “Outcome 4.3 - NGOs report increased organizational, financial and technical support from the government as well as development partners”. Two strategic in the same strategic plan also refer to “Build capacities of civil societies (NGO and community based organizations) to ensure access through demand generation and improve quality of services through monitoring and advocacy and to provide continuum of care” and “Provide organizational and technical support to community-based organizations of marginalized groups and young people, so that they can contribute to the national response and advocate for their needs”. The new NSP should have strategies to build the capacity of civil society organizations, especially that of key populations to ensure their effective engagement in the HIV response. Specific indicators should be included to evaluate the success of capacity building efforts.

Community System Strengthening (CSS)

The current NSP does not explicitly refer to CSS as an integral part of a robust HIV response. As much as the new NSP should focus on the Health System Strengthening, it should also emphasize the importance of CSS. The community systems are important to ensure effective reach out to affected communities, ensure retention in treatment and care and also to address legal barriers. The NSP should include specific strategies to strengthen community systems along with health system strengthening.

Sustainability

Sri Lanka is estimated to be ineligible for Global Fund support in 2021 provided the current Gross National Income and the economic growth which will eventually lead the country to middle income level. It is therefore vital for the NSACP and the civil society to strategize on the sustainability of the HIV response in the country. The Sri Lankan government currently shoulders approximately 55% of the national HIV response. Along with transitioning of the HIV response from the Global Fund to the government, there is a high risk of key population targeted interventions to be left behind. The NSP should specifically focus on developing and aligning all strategies with a sustainability approach emphasizing the integration of key population in sustainability efforts.

Inter -ministerial integration

The NSP should have strong strategies to promote inter-ministerial integration for a multi sectoral approach to the HIV response. Ministries such as the Ministry of Sustainable Development and wild Life, Mistry of Justice, Mistry of Social welfare, Mistry of Women’s Affairs, Ministry of Youth Affairs and etc should be brought together to address specially the legal barriers and social protection. The engagement of civil society organizations in such a multi sectoral platforms should be promoted through the NSP.