



## UNGASS Monitoring Civil Society Perspectives Sri Lanka

The Declaration of Commitment on HIV/AIDS was adopted by 189 member states at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001. The Declaration of Commitment outlines the requirements for a comprehensive response to HIV/AIDS.

As part of a consortium of partners, the Panos Global AIDS Programme is monitoring the implementation of the UNGASS Declaration of Commitment from a civil society perspective in selected countries, aiming to feed into the official review assessing progress in the implementation of the UNGASS Declaration five years after its adoption.

The Panos Global AIDS Programme commissioned studies in Bangladesh, Ethiopia, Haiti, Latvia, Malawi, Pakistan and Sri Lanka to identify achievements and challenges faced by these countries in relation to the Declaration of Commitment. This briefing note presents a summary of findings from Sri Lanka.

Above

An HIV/AIDS awareness poster in Sri Lanka. Although HIV/AIDS awareness initiatives have increased in recent years, a lot more remains to be done. A recent study shows low levels of awareness and misconceptions about HIV/AIDS among public sector workers and in society at large.

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## HIV/AIDS in Sri Lanka

More than 7 per cent of Sri Lanka's population of 18.7 million people live on less than one dollar a day. The country is emerging from two decades of armed conflict between the government and the Liberation Tigers of Tamil Eelam, though violent conflict remains an ongoing possibility. Sri Lanka was also affected by the 2004 tsunami.

The public sector has played a vital role in raising Sri Lanka's health and development indicators. Total health expenditure in 2002 was 3.7 per cent of gross domestic product (GDP), but there are marked disparities between the nine provinces, especially those most affected by conflict.

The Joint UN Programme on HIV/AIDS (UNAIDS) has classified Sri Lanka as a low-prevalence country: less than 0.1 per cent of adults are HIV-positive. Transmission rates are: 85 per cent heterosexual; 11 per cent homosexual and bisexual; and 3 per cent perinatal. Blood transfusion transmission is negligible (0.003 per cent).

### Political commitment

Political commitment to HIV/AIDS has been limited to public statements made by several high-level government ministers and officials, including the former president and prime minister, specifically around World AIDS Day.

### Awareness and prevention programmes

Although awareness and sensitisation initiatives have increased, especially in the healthcare, employment and military sectors, a lot remains to be done. To date, there has been no comprehensive study on public knowledge and awareness of HIV/AIDS. A 2002 Centre for Policy Alternatives (CPA) study highlighted the lack of awareness among health professionals of HIV/AIDS transmission methods. A more recent CPA study found low levels of awareness and many misconceptions about HIV/AIDS among public sector workers (in healthcare, employment and education), family and friends of people living with HIV/AIDS (PLWHA), and society at large. This has led to increased stigma, discrimination and fear. Cultural and religious beliefs are also an obstacle to encouraging condom use.

### The legal environment

Discriminatory laws that criminalise homosexuality and soliciting undermine efforts to control the spread of HIV/AIDS and other sexually transmitted diseases (STDs). These laws drive marginalised populations underground, making it more difficult for them to access services. Sex workers and men having sex with men, often harassed by the public and the police, are unable to seek legal redress.

There are no laws or cases decided by the courts that support the rights of PLWHA, or that deal with crucial issues such as consent, confidentiality, or the right to work. There is therefore little awareness among the general public, PLWHA and healthcare professionals and officials of the rights of PLWHA.

### Administration

The National AIDS Committee (NAC), chaired by the Health Secretary, co-ordinates HIV/AIDS activities at a national level. Although its official function is to make policy decisions, it mostly deals with operational issues. The NAC is composed of several sub-committees such as: information, education and communication (IEC) and condom promotion; legal and ethical issues; laboratory services and surveillance; collaboration with non-governmental organisations (NGOs) and the private sector; collaboration with vulnerable populations; and HIV care and counselling. A high level of bureaucracy within the committees has resulted in slow or no progress on many issues.

The STD clinic has overall responsibility for the national STD/HIV/AIDS control programme, and its director reports to the Director General of Health Services. There are currently 16 STD clinics, all but one administered by provincial health authorities.

The National Strategic Plan for Prevention and Control of HIV/AIDS in Sri Lanka for 2002–2006 emphasises behavioural change. Setting up three technical units for prevention, care and surveillance, the plan makes provision to decentralise prevention and control activities to provincial and district levels. However, this has proved difficult in areas where STD clinics need more staff and facilities.

## **Draft policy**

Although Sri Lanka has no national HIV/AIDS policy, a draft policy was presented at the NAC meeting in October 2005, and circulated to selected organisations for comment. However, this has happened before; the final document of a 2004 draft was neither widely circulated nor made public. Many stakeholders outside the capital city have not even heard of the draft, and there is no time-frame for its finalisation.

Although the draft policy discusses provision of information and education, condoms and voluntary counselling and testing, other vital issues (such as sterile injection equipment, post-exposure prophylaxis and access to antiretroviral (ARV) therapy) have been omitted. There is no reference to involving PLWHA in policy formulation and implementation and, although certain vulnerable groups are mentioned, others are not.

## **Legislation**

Sri Lanka has neither a specific law on HIV/AIDS nor a law to support the draft policy. An HIV/AIDS bill was drafted in the mid 1990s, but was never passed due to opposition from various quarters. Several individuals and organisations have cautioned that the lack of a judicial review system makes it difficult to amend laws once they have been passed, and that no HIV/AIDS law is preferable to a weak and discriminatory law. Furthermore, the enabling environment has to be extremely supportive before such a law is passed, or it may lead to increased stigma and discrimination against PLWHA.

## **Financing**

According to the strategic plan, a budget of US\$11.5 million is needed for the 2002–2006 period. The World Bank, the major donor for HIV/AIDS prevention and control activities, provides US\$12 million: US\$11 million for prevention activities, and US\$1 million for treatment. Under the approved 2005 budget, just over US\$250,000 was allocated for all provinces, though this was not shared out equitably. Despite having 60 per cent of reported HIV/AIDS cases, the western province received US\$38,500, while the northeast province, with 7 per cent of cases, received US\$68,300. It should be pointed out, however, that the low number of cases in the northeast province may be due to poor testing facilities and relatively high levels of stigma and discrimination.

## **Counselling and testing services**

Although the strategic plan provides for voluntary counselling and testing in all STD clinics, this is not always the case. In one CPA study, none of the people interviewed had received pre-test counselling. Several PLWHA reported that they only received information about HIV/AIDS after testing positive, and many people cited breach of confidentiality as a key problem in the health system. Although many urban hospitals and clinics have the means to carry out HIV/AIDS tests, blood samples from rural areas often need to be sent to Colombo or other cities.

## **Provision of ARV therapy**

The Ministry of Health's antiretroviral therapy (ART) programme started on World AIDS Day (1 December) 2004, following campaigns by various civil society actors that urged the government and donor community to provide free ARVs. The World Bank has earmarked US\$1million for the provision of ART. Under the programme, 100 people can receive free ARVs; at present, 50 people are benefiting. Many PLWHA in rural areas have difficulty in accessing care. There are few services in the conflict-affected northeast, for example; and free ARVs are only available in Colombo, forcing people to travel long distances – an expense they cannot always afford.

## **Scarce human and financial resources**

Although health provision has been devolved to provincial councils, financial decisions are still taken centrally by people who are far removed from local realities. As a result, allocated funds are often insufficient to address local needs. Even where staff cover is adequate, the specialist staff needed to manage STD/HIV/AIDS cases are not always available; and limited financial resources mean that many rural hospitals and clinics cannot buy the equipment they need to observe universal precautionary measures.

## **Monitoring and evaluation**

To date, only minimal efforts have been made to monitor HIV/AIDS programmes, and these have not been documented. Monitoring by civil society organisations and PLWHA is yet to take place.

## Performance on UNGASS commitments

It is clear that Sri Lanka has yet to follow up on many of the commitments it made at UNGASS. Some of the 2003 and 2005 targets the government still needs to meet are:

- implementing universal precautionary measures
- developing national strategies to provide psychosocial care to individuals, families and communities affected by HIV/AIDS
- enacting legislation, regulations and other measures to eliminate all forms of discrimination against PLWHA and members of vulnerable groups
- ensuring access to HIV/AIDS prevention programmes to migrant and mobile workers
- ensuring access to HIV/AIDS information and education to at least 90 per cent of young men and women between the ages of 15 and 24
- implementing national strategies for the promotion and advancement of women, ensuring their full enjoyment of human rights and reducing their vulnerability to HIV/AIDS.

## Recommendations

- A comprehensive and multi-sectoral national AIDS policy must be formulated. It should be inclusive, participatory and transparent, and focus on prevention, care, support and treatment.
- Comprehensive and supportive national regulations on discrimination against PLWHA must be formulated and implemented.
- Financial powers should be decentralised to ensure the effective delivery of services, and provincial governments must play a stronger role in planning and budgeting for HIV/AIDS programmes. A strong monitoring and evaluation system is also needed.
- A code of best practice must be developed to ensure that local and national policy-making bodies actively involve PLWHA at various levels.
- More HIV/AIDS education and awareness-raising programmes must be aimed at the public and healthcare workers. Health staff need long-term training on the syndromic management of STDs, with regular follow-up, and should be made aware of the importance of informed consent and respect for a patient's confidentiality and privacy. Lower grade staff, such as attendants, should be included in the training.
- Testing services and ART, as well as pre-and post-test counselling, must be made available to all. It should be mandatory for hospital workers to observe standard precautions, with universal health precautionary measures available in all hospitals.
- Mandatory HIV testing as a precondition to employment, education or life insurance policies should be made illegal and subject to prosecution in a court of law.
- Greater media coverage on HIV/AIDS in all three languages – Sinhala, Tamil and English – is essential to raise awareness of, and stimulate debate and discussion around, the government's HIV/AIDS programmes.

## Contact us

To find out more about the Global AIDS Programme and the HIV/AIDS activities of individual Panos offices, visit our website:

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