



ISSUE BRIEF HIV/AIDS



South Asia Region (SAR) Sri Lanka

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Sri Lanka has a relatively small number of HIV/AIDS cases, but high-risk behaviors that contribute to the spread of the infection are prevalent, making the country highly vulnerable to an AIDS epidemic. Sri Lanka has a narrowing window of opportunity to forestall a large-scale epidemic, and the government has requested the World Bank's help in expanding and strengthening its HIV/AIDS prevention efforts.

STATE OF THE EPIDEMIC

Sri Lanka, with a population of 19 million, had a relatively small number of HIV-infected people—about 4,800 adults and children—as of the end of 2002, according to [UNAIDS](#). Since 1986, only 415 cases have been officially reported, however, with underreporting due mainly to limited availability of counseling and testing and a prevailing fear of facing social stigma after being identified as HIV positive. The HIV infection rate among adults between the ages of 15 and 49 is estimated by UNAIDS to be less than 0.1 percent.

Of the total number of HIV cases reported from 1987 to 2000 in which the mode of transmission is known, 98 percent were sexually transmitted. Only a few cases of HIV transmission from mother to child and through blood transfusions have been reported. Transmission through intravenous drug use has not been reported thus far.


Because a large number of women travel to work in the Middle East, for which HIV testing is mandatory, more women than men have tested positive in Sri Lanka. The current ratio of HIV-positive men to women in Sri Lanka is reportedly 1.4 to 1, although in reality, there are probably far more men infected than women as in most early phase HIV epidemics.


RISK AND VULNERABILITY

Several widespread risk factors make Sri Lanka highly vulnerable to an HIV/AIDS epidemic. These include:

- Low Condom Use:** Although research on sexual behaviors has been limited, a few studies conducted in the urban areas of Sri Lanka suggest low condom use among men. For example, in 1997, only 4.7 percent of men between the age of 15 and 49 in the rural area of Matale and 9.6 percent of men in the capital of Colombo reported ever using condoms, although about two thirds of them had heard about them. Among men who stated that they have had sex with casual partners during the last year, only 26.3 percent in Matale and 44.4 percent in Colombo reported using a condom.

HIV/AIDS in Sri Lanka

 The number of HIV/AIDS cases in Sri Lanka is still low, but extensive HIV risk factors are prevalent. These include unsafe sexual and drug injecting behaviors and a high degree of migration for employment. Without vigorous action to prevent the spread of HIV infection, Sri Lanka runs the risk of developing an AIDS epidemic.

 Sri Lanka has about 4,800 adults and children living with HIV infection as of 2002. Since 1986, however, only 415 cases have been officially reported because the country has a limited capacity for voluntary counseling and testing, and there is a prevailing stigma and fear of being identified or detected as HIV positive.

 From 1998 to 2002, the World Bank provided about \$1 million of support each year to Sri Lanka's HIV/STD program. In December 2002, the Bank's International Development Association (IDA) approved a grant of \$12.6 million to help finance the **National HIV/AIDS Prevention Project**.

- **Commercial Sex:** It is estimated that about 30,000 women and girls and 15,000 boys work in the commercial sex industry in Sri Lanka. The risk of HIV/AIDS spreading among sex workers is heightened by low condom use and high prevalence of sexually transmitted diseases (STDs), which make a person more susceptible to contracting HIV/AIDS. In one study, 45 percent of female sex workers had experienced multiple STDs, and 70 percent of male patients at STD clinics had reported frequenting sex workers. In addition, women and children in prostitution are considered most vulnerable to HIV infection because they often lack the ability or power to negotiate condom use with clients or to seek STD treatment. They are often "hidden," making it a challenge for HIV prevention services to reach them.
- **Sexually Transmitted Diseases (STDs):** Every year, estimates of detected STD cases in Sri Lanka vary from about 60,000 to 200,000, of which only 10 to 15 percent are reported by government clinics. STDs facilitate the spread of HIV infection and serve as indicators for low condom use and other high-risk sexual behaviors.
- **High Mobility:** Migration within Sri Lanka and emigration to the Middle East and neighboring countries, namely India where HIV prevalence is higher, is necessary for the economic survival of many households in both rural and urban areas. Thousands of women and men live away from their families as migrants abroad and as workers in Sri Lankan Free Trade Zones. Removal from traditional social structures, such as family and friends, has been shown to foster unsafe sexual practices, such as having multiple sexual partners and engaging in casual and commercial sex, as well as to increase vulnerability of women and girls to sexual abuse.
- **Injecting Drug Users (IDUs):** Sri Lanka has an estimated 30,000 drug users, of whom about 2 percent inject drugs. Although there have been no reported cases of HIV in this group thus far, its members are at high risk because of needle sharing. Drug users also often experience difficulty accessing information and services for both prevention and treatment.
- **Low Levels of Awareness among Poor People:** HIV/AIDS awareness and knowledge levels in underserved communities remain drastically low. Only 40 percent of women working in rural tea estates, for example, have even heard of HIV/AIDS, as compared to 90 percent of women in other rural and urban areas.

NATIONAL RESPONSE TO HIV/AIDS

Government. In 1992, the Government of Sri Lanka initiated HIV prevention and control efforts through the National STD and AIDS Control Program (NSACP). Managed by the Directorate of Health Services in the Ministry of Health, the NSACP is being implemented in collaboration with provincial directors of health services, STD clinics, and the National Blood Transfusion Service. Since its inception, the NSACP has made significant progress in improving STD services by refurbishing health clinics, meeting staffing and equipment needs, and establishing outreach camps. In addition, the program has helped to ensure blood safety through transfusion screening for HIV and upgrading of blood banks and has raised the level of awareness and knowledge of HIV/AIDS among the general population.

However, the program has limitations that need to be addressed urgently if the spread of HIV is to be curbed. Areas in need of strengthening included **effective preventive interventions for highly vulnerable groups**, which entails engagement of NGOs and other key sectors—namely, military, police, and schools—that are in the best position to reach those populations at greatest risk; **reduction of stigma and discrimination against people living with HIV/AIDS and high-risk populations**; and **monitoring and evaluation**, including surveillance systems that capture biological and behavioral data, to help track the epidemic and inform policymakers and managers of effective programs.

Nongovernmental Organizations (NGOs). As for the NGOs, work of both local and international organizations in the area of HIV/AIDS prevention in Sri Lanka has been limited, unlike that of other neighboring countries, such as India, Bangladesh, and Nepal. The NGO work remains largely uncoordinated, and its program coverage of high-risk subpopulations is estimated to be less than 10 percent. Efforts have been started 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.

ISSUES AND CHALLENGES: PRIORITY AREAS

- **Stigma and discrimination abound.** Reducing the stigma associated with HIV/AIDS in Sri Lanka will require greater involvement of civil society organizations, businesses, the entertainment industry, religious leaders, and the medical community. As respected opinion leaders, they can play an effective role in reducing harassment of groups promoting positive attitudes towards people with HIV/AIDS and creating an enabling environment for prevention efforts. Training police to reduce harassment of vulnerable groups and engage HIV-positive groups are central to these efforts.
- **The Health Ministry cannot do it alone.** Scaled-up prevention efforts require a multisectoral approach, involving other ministries and departments covering finance, education, agricultural extension, transportation, the police force, and the military, as well as partnering with NGOs, the private sector, and civil society organizations, such as trade unions. These organizations and institutions are better placed to mobilize and provide services

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The National HIV/AIDS Prevention Project

The National HIV/AIDS Prevention Project will assist the Government of Sri Lanka to curb the spread of HIV infection among its highly vulnerable subpopulations and the population at large, without stigmatizing those who are engaging in high-risk behaviors. Furthermore, by acting now to revitalize and expand the tuberculosis control program, Sri Lanka can help reduce the risk of an emerging HIV-associated TB epidemic among the HIV-infected and the non-infected. There are three project components:

- The first component expands prevention programs for highly vulnerable groups and the general population, in particular youth.
- The second component develops programs to sustain political and societal commitment to HIV/AIDS prevention and to reduce stigma and discrimination against people living with HIV/AIDS and expands coverage and quality of treatment services and develops research.
- The third component strengthens multisectoral involvement and capacity, improves the information base for policy decisions and program management, and improves health care waste management. The project will also support efforts to reduce the risk of an emerging HIV-associated TB epidemic among the HIV infected and the non-infected populations.

to at-risk groups. As focusing on HIV prevention is relatively new, the capacity of these institutions needs rigorous strengthening.

- **Shift focus from inputs to outcomes.** Monitoring and evaluation, including surveillance systems, need to be improved, particularly in collecting data, using such data for policy and program management decisions, and disseminating it. Reliable data on coverage and the impact of interventions on behavioral and biological outcomes is critical for mounting an effective nationwide response.

WORLD BANK RESPONSE

From 1998 to 2002, the World Bank provided about \$1 million of support each year to Sri Lanka's HIV/STD program through the Health Services Project, adding to the financial and technical assistance being provided by other multilateral and bilateral agencies, such as WHO and other UN agencies and the Japan Bank for International Cooperation.

The Government of Sri Lanka asked the World Bank to support strengthening the national program to control HIV/AIDS and STDs. The Bank's support focuses on improving prevention efforts for highly vulnerable subpopulations and the general population, in particular youth; enhancing surveillance and monitoring and evaluation systems; reducing stigma and discrimination against people living with HIV/AIDS and groups at highest risk; and addressing the synergy between tuberculosis and HIV. In December 2002, the Bank's International Development Association (IDA) provided a \$12.6 million grant to help finance the National HIV/AIDS Prevention Project.

All dollar figures are in US dollar equivalents.

September 2003

For more information on World Bank assistance to Sri Lanka, please visit:

<http://www.worldbank.org/lk>

For more information on the National HIV/AIDS Prevention Project, please visit:

<http://web.worldbank.org/external/projects/main?pagePK=104231&theSitePK=40941&menuPK=228424&Projectid=P074730>

HIV/AIDS in South Asia

Over 7.4 million people in Asia are living with HIV/AIDS, comprising nearly one fifth of the world's HIV infections, according to UNAIDS. Almost two thirds of those infected are living in India. However, high-risk behaviors and infection rates are growing in most other South Asian countries. Unless vigorous and timely action is taken, these countries run the risk of experiencing the devastating social and economic impacts of the kind of full-blown AIDS epidemics seen elsewhere in the world. There is still a window of opportunity to act to prevent this situation in South Asia.

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For more information, please contact:

In Colombo: Chulie De Silva, Phone: (94-1) 448-070; Email: cdesilva@worldbank.org

In Washington: Zita Lichtenberg, Phone: 1 (202) 458-7953; Email: zlichtenberg@worldbank.org

Visit the World Bank in Sri Lanka website: <http://www.worldbank.org.lk/>

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