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சுவசிரிபாய  
SUWASIRIPAYA

මගේ අංකය )  
எனது இல )  
My No. ) DDG/(PHS-1)/NSACP/201/

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உமது இல )  
Your No. : )

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திகதி )  
Date ) 2016.10.27

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சுகாதார, போசணமற்றும் சுதேசவையத்திய அமைச்சு  
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No : 01 - 59 / 2016

All Provincial / Regional Directors of Health services,  
All Directors of Teaching Hospitals,  
All Heads of Specialized Campaigns,  
All Heads of Health Institutions,  
All consultant Obstetricians,

**The Programme for Elimination of Mother to child transmission of syphilis and HIV (EMTCT of syphilis and HIV) in Sri Lanka**

Sri Lanka has been identified as a country which can achieve the Elimination status of congenital syphilis and mother to child transmission of HIV by end 2017.

- To achieve the elimination status, effective universal coverage of screening for syphilis and HIV during pregnancy need to be established. In Sri Lanka, by the end of 2015 screening for syphilis during pregnancy has achieved almost universal coverage (98%).
- The policy decision of screening pregnant women for HIV was taken by the Ministry of Health after a series of consultations and the decision was to couple it with existing syphilis screening. Screening of pregnant mothers for HIV was scaled up from 2013 and HIV screening coverage has increased from 5.6% in 2012 to 71.2% in 2015. To achieve elimination status Sri Lanka needs to reach 95% of HIV screening coverage target by the end of 2016.
- Ministry of Health seeks the commitment and cooperation of consultant obstetricians in public and private sector to implement the EMTCT of syphilis and HIV programme. It is necessary to take measures to scale up services for antenatal screening of Syphilis and HIV in your institution as per the guidelines given below.

(A) Public sector

- All pregnant mothers are to be screened before 12 weeks of gestation for Syphilis and HIV (preferably at the first visit).

- ii. Antenatal clinic services ( MOH clinics and Hospital ANC clinics) have to arrange collection of 5cc of blood in a vacutainer tube and transport to the STD clinic for Syphilis and HIV testing. The method of sample transport need to be locally adopted, after discussions with RDHS, MOMCH, MO/STD and MOHs.
- iii. Review syphilis and HIV test results at subsequent visits. Syphilis and HIV test reports need to be entered in the antenatal record appropriately.
- iv. STD clinics have to carry out Syphilis and HIV screening tests on the blood samples received from ANC clinics and send reports to the relevant officers.
- v. The information on reactive VDRL reports and HIV positive reports need to be informed to the MO, MOH or VOG and measures should be taken to strictly maintain the confidentiality of the information.
- vi. All the pregnant women with positive screening test need to be referred to STD clinic for further management.
- vii. If a pregnant woman was not tested during pregnancy, syphilis and HIV screening should be offered at the time of delivery before being discharged from the ward.
- viii. All pregnant women with Syphilis or HIV should be provided appropriate services including institutional care, without stigma or discrimination.
- ix. EMTCT of syphilis and HIV programme need to be reviewed at the district level every six months with the participation of staff of the STD clinic, MOHs, MOMCH, VOG and RDHS.
- x. Women reporting abortions, still births, adverse pregnancy outcomes may need to undergo VDRL and HIV tests if not done in early pregnancy.

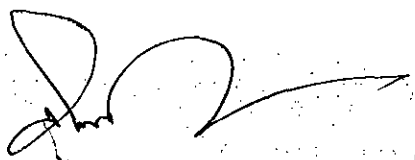
**(B) Private sector**

- i. All pregnant mothers are to be screened before 12 weeks of gestation for Syphilis and HIV (preferably at the first visit).
- ii. Syphilis and HIV tests need to be done from recognized laboratories maintaining quality standards.
- iii. Syphilis and HIV test details need to be entered in the antenatal record appropriately.
- iv. Women with positive syphilis or HIV test results should be managed according to the national guidelines by referring to venereologist/ STD clinic.
- v. All pregnant women with Syphilis or HIV should be provided appropriate services including institutional care, without stigma or discrimination.
- vi. Data on pregnant women with syphilis or HIV should be informed to the NSACP in relevant formats.

5. National HIV policy of Sri Lanka states that "The government of Sri Lanka accepts the right 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 the national guidelines and prevailing National Health policy." ( 3.8 page 22)

6. Further, the judgement given on SC.FR.No.77/2016 on 14.03.2016 states "The court also wishes to place on record that the state should ensure that the human rights of the people living with HIV/AIDS are promoted, protected and respected and measures to be taken to eliminate discrimination against them."(Page 4)

7. I reiterate the policy of the Government of Sri Lanka, is to provide a comprehensive antenatal care package to pregnant women for a successful pregnancy outcome and it includes providing services for syphilis and HIV testing for all. Your cooperation is earnestly requested.

  
**Dr. P.G.Mahipala**  
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Cc

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5. President, Sri Lanka Medical Association.