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Protecting Generations: Sri Lanka's Triumph in Ending Mother-to-Child Transmission (EMTCT) of HIV

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The cover story presents the elimination of mother-to-child transmission (EMTCT) of HIV and Syphilis, which is the latest in a series of public health achievements in Sri Lanka. The achievement of the status of EMTCT of HIV and Syphilis in Sri Lanka demonstrates the country's commitment to public health. It builds on a strong foundation of primary healthcare services, which is the pride of the country and has been maintained for several decades.

Globally, 68 percent of infants born to HIV-positive mothers undergo virologic testing within the first two months [1]. Early diagnosis and rapid enrollment in the care and treatment of these infants are prioritized because of the rapid progression and high morbidity and mortality associated with perinatally acquired HIV. Providing care for women with HIV during pregnancy, delivery, and postpartum is challenging, aiming not only to prevent vertical transmission but also to protect mothers' health. In 2022, approximately 130,000 children under 15 years of age acquired HIV [2], and the proportion of pregnant women receiving ART has stagnated since 2014. This highlights the need to prioritize efforts to prevent vertical transmission. Comprehensive HIV care, particularly early testing and immediate treatment referral for infants, is essential for its elimination.

From the country's perspective, Sri Lanka has a low prevalence of HIV. The first case of HIV infection in a pregnant woman in Sri Lanka was reported in 1990. The country focused its attention on a program for the PMTCT of HIV in 2002. It is relevant mentioning here that Sri Lanka commenced universal Syphilis screening of pregnant women as early as in 1952. Accordingly, all pregnant women attending antenatal care services are screened for syphilis.

Progress in reducing mother-to-child transmission of HIV has been dramatic since the introduction in 2011 of the 'Global Plan towards the Elimination of New HIV Infections among Children and Keeping their Mothers Alive' – largely because of increased access to PMTCT-related services and increased number of pregnant women living with HIV being initiated on lifelong antiretroviral medicines [3]. However, progress is not fast enough to reach the 2025 targets set by UNAIDS. Nevertheless, the elimination of mother-to-child transmission of HIV is considered a realistic public health goal and an important part of the campaign to achieve the United Nations Millennium Development Goals (MDGs) 4, 5 and 6 [4]. The four components of the comprehensive PMTCT program endorsed by the World Health Organization (WHO) and UNICEF are; Primary prevention of HIV among women of childbearing age,

prevention of unintended pregnancies among women living with HIV, Prevention of HIV transmission from a woman living with HIV to her infant, and provision of appropriate treatment, care, and support to women living with HIV and their children and families.

In 2013, the Ministry of Health, Sri Lanka, amalgamated the PMTCT program for HIV and Syphilis into one program. Screening for HIV and Syphilis, and the management of infected women during pregnancy are fully integrated within the primary healthcare services in the country.

It is important to examine how the country embarked on the PMTCT of HIV. Sri Lanka established intra- and inter-sectoral collaborations to achieve this target. The National STD/AIDS Control Programme, which is the focal point for the control and prevention of HIV in the country, collaborated with the Family Health Bureau, the focal point for Maternal & Child Health, to initiate the scaling up of antenatal HIV and Syphilis testing services across the country. In addition, the Health Promotion Bureau, being the main health promotion arm of the Ministry of Health working to raise health awareness among the communities, provided immense support. The assistance provided by UNICEF, WHO, and the World Bank, as relevant development partners, was also commendable. With all these contributions by 2018, government STD clinics were able to offer HIV testing services for 95.9% of pregnant women in Sri Lanka.

The EMTCT program in Sri Lanka follows a comprehensive approach to prevent HIV and Syphilis infections among women. All four components of the EMTCT strategy were implemented through well-integrated services for the community, including interventions for pregnant women, their partners, key populations, adolescents, and others at risk of STDs/HIV. Constant updating of the MTCT guidelines based on emerging evidence is a key factor for success. The key features of this program were expanded access and coverage of quality HIV testing and counselling, safe blood and tissue transfusion, and a commitment to provide quality care, support, and treatment for people living with HIV/AIDS and Syphilis delivered free of charge to the patient.

These concerted actions have resulted in low and declining rates of HIV and Syphilis transmission. The country has not reported any cases of mother-to-child transmission of HIV since 2017. The findings of the national, regional, and global validation teams confirmed that Sri Lanka met the impact and process indicators for the validation of the elimination of mother-to-child transmission of HIV and Syphilis in December 2019.

The World Health Organization certified that Sri Lanka has eliminated mother-to-child transmission of HIV and Syphilis in 2020, which was revalidated in 2021. The World Health Organization's Regional Office for Southeast Asia endorsed it as a great honor to acknowledge this remarkable public health success. It is not an easy task for a country to march ahead facing a technical validation fulfilling all the requirements especially during the Covid19 epidemic which shows the persistent commitment of all relevant health workers, which is remarkable.

The elimination of mother-to-child transmission of HIV is the result of strong political commitment and technical expertise, with a successful multisectoral integrated approach built on a solid foundation of the public health system in Sri Lanka. Sri Lanka must continue multi-sectoral coordination and ensure sustained universal access to high-quality and decentralized EMTCT services at every level, including the primary healthcare level, to sustain this elimination over the years.

References

[1]. WHO. HIV and infant feeding: new evidence and programmatic experience. Report of a technical consultation, Geneva, Switzerland, 25-27 October 2006. Geneva: World Health Organization; 2007.

[2]. UNAIDS. The path that ends AIDS: global AIDS update. Geneva: UNAIDS; 13 July 2023.

[3]. WHO. Introducing a framework for implementing triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus: policy brief. Geneva: World Health Organization; 1 March 2024.

[4]. UNICEF. Elimination of mother-to-child transmission. New York: UNICEF; July 2024.