



Sri Lanka College of Venereologists

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Dr Sisira Liyange,
Director,
National STD/AIDS Control Programme,
29, De Saram Place,
Colombo 10.

Dear Dr Liyanage,

Changing the name of "STD clinic" to – Sexual Health Centres

The Sri Lanka College of Venereologists as a professional organization in the field of Sexually Transmissible Infections, HIV medicine and related sexual health, prevention and programme sciences is constantly in close observation with the world trends in the field.

The college learnt that the previous terms "VD clinic" and "STD clinic" carry lots of stigma and discriminations since the name itself imply that people attending these clinics are the ones who break social norms. Furthermore, the word "clinic" still carry that it is a disease and related to a disease.

Therefore, the council of the college met on 16th March 2016, has decided to propose the ministry of health to change the name of STD clinics to **Sexual Health Centres**. In accordance with the regional and global trends, it is high time that people of this country to have highest attainable level of sexual health that is not merely the absence of disease.

The vision and the mission of the National STD/AIDS Control Programme are stated below


Vision: Quality sexual health services for a healthier nation

Mission: Contributing to a healthier nation through sexual health promotion, emphasizing the prevention, control and provision of quality care for STIs including HIV and AIDS.

Therefore, to achieve its vision and mission, the College recommend to change the more stigmatized "STD clinics" to "Sexual Health Centres" with wider scope and high acceptability.

Please read the brief proposal for the concept on the next page.

Thank you,


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Dr Ajith Karawita
President
Sri Lanka College of Venereologists
(Sexual Health and HIV Medicine)

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Proposal for the transformation of STD clinics in to Sexual Health Centres

Transformation of STD clinics or VD clinics to Sexual Health Centres with following service areas are proposed to consider as a recognition of sexual health needs of the people.

This concept is partly similar to Australian model but with an extension for prevention services

(for example, sexual health centres will be named as Colombo sexual health centre, Kurunegala sexual health centre etc more similar to Melbourne sexual health centre, Sydney sexual health centre)

These centres will be equipped with

1. **STI Clinic** – Treatment, care and support for STIs
2. **HIV Clinic** – Treatment, care and support for HIV
3. **LGBT Clinic** – LGBT STI issues and primary assessment and referral to specialized units for gender related needs)
4. **Sexual Health Clinic** for all ages (including children, adolescents) – Primary assessments and referral to specialized units such as psychiatry, GU surgical units etc
5. **STI Prevention Unit** – interventions for STI prevention such as PMTCT programmes, Condom promotion, IEC and BCC programmes, targeted interventions for Key populations (PLHIV, MARPs, VPs)
6. **Laboratory Services** (microscopy and laboratory testing services)
7. **Monitoring and Evaluation Unit**

These sexual health centres functions similar to MOH offices at district level with clear geographic demarcations with responsibility of provision of prevention services

This will

- Strengthen the vision and mission of the National STD/AIDS Control Programme
- Alleviate disease centred concept (STD clinic) and promote Health centred concept
- Reduce stigma attached to STD clinic
- Increase access to services
- People will understand one place of access for all possible issues related to sexual health and will get to know where to go at next level.
- Become a place of triage for sexual health issues
- Create a competition between clinics for their own growth to improve its services like Kurunegala Sexual Health Centre wants to be more prominent than Kalutara Sexual Health Centre etc.

Furthermore, the college has no objections for other clinicians in different disciplines (like Psychiatry, Psychology, Andrology or Gynaecology) to start Sexual Health Clinics in their respective units in the country.



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Sub units	Main areas of patient management	Shared care links
STI Clinic	Management of STIs, Management of mother to child transmission of STIs, Prevention counselling	Gyn and obs units, Paediatric units
HIV Clinic	Management of HIV infection, HIV opportunistic infections (OI), Co-infections (HBV, HCV, TB), Co morbidities (DM, HT), Opportunistic malignancies (OM), PEP, nPEP, oPEP, PreEP, PMTCT interventions, Linking to support services, Policy and guideline development	For the management of OI, co-infections, co-morbidities and OM, patients are referred to relevant specialities
LGBT Clinic	STI management, STI Prevention counselling, HIV testing, Behaviour change communication for LGBT+ communities for STI prevention, Health issues of cis and trans men and women. Initial assessment of psychosexual issues and referral to specialized units, Issues related to self sexual identification among adolescents, Advocacy for LGBT rights and sexual diversity	Psychosexual issues, patients are referred to relevant specialities such as psychiatric units, Gender transformation clinics, LGBT clinics run by psychiatric units, Andrology clinics etc
Sexual Health	Chronic diseases and sexual health, Drug interactions, and sexual health issues, STI and HIV related sexual health issues, Counselling for genital anomalies and variations, STI related couple counselling, Management or relevant referrals for vulvardynia, vaginismus, arousal disorders, orgasmic disorders, ED, retrograde ejaculations after screening for organic causes, Screening of organic disorders for possible psychosexual issues	After initial possible STI screening, patients with psychosexual problems are referred to relevant specialities such as Psychiatric, Andrology, Psychology, GU surgery or Gynaecology or Plastic surgery units
STI Prevention Services	Individual counselling/prevention counselling, Couple counselling, Targeted intervention for men who have sex with men, female sex workers, beach boys, drug users and injecting drug users, PMTCT programme of HIV, HIV testing and counselling services (HTC)	Referral to relevant specialities where necessary
Laboratory Services	STI diagnostic services, HIV diagnostics, Co-infection screening, Opportunistic infection screening	Linked with MRI, TB control programme for relevant other tests
M&E	STI data recording (maintenance of 14 registers at the clinic), HIV data recording (PreART and ART registers), STI data recording (quarterly STD return), HIV data reporting (quarterly return, annual HIV cohort report, annual HIV cross sectional report), Management of PIMS (patient information management system), Monthly laboratory report (microscopy, MLT report)	Link with governmental and non-governmental partners