Improving TB HIV services for high risk populations: experiences from India

August 8, 2009
Forecast

• Public NGO partnership: RNTCP and Avahan HIV prevention program for High Risk Groups (HRGs) in India
• Influenced the roll out of new RNTCP TB-HIV scheme for NGOs
• Wider uptake expected through NACO supported Targeted Interventions (TIs)
Outline

• Background: *Avahan* program, opportunity for integrating TB services
• Processes: Linkages, training, materials development
• Outcome: Results, new TB-HIV scheme
• Challenges and next steps
• Avahan is a large HIV prevention program working with 2,90,000 high risk groups in six high HIV prevalence states

• FHI provides capacity building for Avahan clinical services
Challenges in delivering TB services to sex workers

• Difficult to access
• Low awareness about TB, even less about TB HIV correlation
• Limited access to general health facilities
• Practical issues for treatment: Address verification, follow up for adherence
Hence in 2007……..

A partnership between *Avahan* and the Revised National TB Control Program (RNTCP) was envisaged with the goal of intensified case finding for TB and improving access to treatment.
Basic services

- Intensified TB case finding: TB symptom screening among HRG by PE/ORW, and by clinical staff at STI clinics
- Facilitated referral to DMC for initial smear microscopy and subsequent exams if required
- In some settings DOT provision to HRG detected with TB
- Maintain a register of referrals with outcomes, submit a brief monthly TB report
Central level activities

**Avahan/FHI**
- Orientation for Avahan Lead Partners
- Training materials for PEs
- Incorporate TB into clinical and program guidance
- Develop monitoring framework and monitor activities

**CTD/WHO**
- Participate in orientation
- Issue directives and guidance to state teams
- Technical input into monitoring and
- Monitor partnership with FHI
State and district level activities

**SLP/NGO**
- Establish linkages/MOU with local RNTCP unit
- Train NGO staff
- Set up referral systems
- Participate in TB/HIV meetings
- Monthly reporting

**State/district RNTCP**
- Facilitate linkages/MOUs/referrals
- TA and materials for training NGOs
- Monitor partnership activities
Training of Peer Educators
Training of Peer Educators: interactive training aids

TWO PHASES OF TB TREATMENT

**SPUTUM TEST**

**INTENSIVE PHASE**
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

3 TIMES A WEEK UNDER THE SUPERVISION OF THE DOT PROVIDER

**CONTINUATION PHASE**
- Monday: Vitamin B
- Tuesday: Vitamin B
- Wednesday: Vitamin B
- Thursday: Vitamin B
- Friday: Vitamin B
- Saturday: Vitamin B
- Sunday: Vitamin B

FIRST WEEKLY DOSE UNDER SUPERVISION OF THE DOT PROVIDER AND THE REST AT HOME
OTHER DAYS A SINGLE TABLET OF VITAMIN B

**SPUTUM TEST**

**Question**
4. HIV greatly increases the risk of getting ill from TB.

**Answer**
True

An HIV positive person has 55-60% lifetime risk of developing TB disease as compared to an HIV negative person who has a risk of just 10% of developing TB in a lifetime. HIV accentuates the immune system of our body thus increasing the vulnerability to TB and increasing the risk of progressed to TB disease.

TB is the most common opportunistic infection in people living with HIV/AIDS (PLWHA). Early diagnosis and effective treatment of TB among HIV-infected patients is critical. Anti-TB treatment is the same for HIV-infected persons as it is for HIV-negative TB patients. But HIV-infected persons need additional care and treatment. It’s important to tell the doctor that the patient is HIV infected (patient should tell his/her self), so that additional HIV related care and treatment can be given.
Training film- All in a day’s work
Job aid: TB verbal screening tool

Persistent cough of 2 weeks duration could be TB!

Weight loss

Chest pain (increasing on cough/deep breathing)

Cough with blood in sputum

Fever

Swelling of glands in the neck, arm pits, groin or abdomen
# Quarterly TB report April 2008 to March 2009

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individuals screened for TB</td>
<td>45,719</td>
<td>62,527</td>
<td>65,150</td>
<td>81,313</td>
<td></td>
</tr>
<tr>
<td>2. TB suspects (%)</td>
<td>1593 (3.5%)</td>
<td>2356 (3.8%)</td>
<td>2722 (4.2%)</td>
<td>3707 (4.6%)</td>
<td>10,378</td>
</tr>
<tr>
<td>3. Ref to DMC</td>
<td>1572</td>
<td>2161</td>
<td>1752</td>
<td>1394</td>
<td>6,879 (66%)</td>
</tr>
<tr>
<td>4. Diagnosed with TB</td>
<td>303</td>
<td>556</td>
<td>340</td>
<td>366</td>
<td>1,565 (23%)</td>
</tr>
<tr>
<td>5. Rx initiated</td>
<td>172</td>
<td>393</td>
<td>286</td>
<td>321</td>
<td>1,172 (75%)</td>
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Ongoing DMC referrals and diagnosis

No. of TB suspects referred & those diagnosed with TB

<table>
<thead>
<tr>
<th>Period</th>
<th># of TB suspects referred</th>
<th># of TB suspects diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-Jun 08</td>
<td>303</td>
<td>0</td>
</tr>
<tr>
<td>Jul-Sep 08</td>
<td>556</td>
<td>1572</td>
</tr>
<tr>
<td>Oct-Dec 08</td>
<td>340</td>
<td>1752</td>
</tr>
<tr>
<td>Jan-Mar 09</td>
<td>366</td>
<td>1394</td>
</tr>
</tbody>
</table>

Legend:
- # of TB suspects diagnosed with TB
- # of TB suspects referred to RNTCP unit
Increasing proportion of TB cases initiated on treatment

**Proportion of confirmed TB cases on treatment**

<table>
<thead>
<tr>
<th>Period</th>
<th>% Confirmed TB Cases on Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-June 08</td>
<td>56.8</td>
</tr>
<tr>
<td>Jul-Sep 08</td>
<td>70.7</td>
</tr>
<tr>
<td>Oct-Dec 08</td>
<td>84.1</td>
</tr>
<tr>
<td>Jan-Mar 09</td>
<td>87.7</td>
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Linear (% confirmed TB cases on treatment)
New TB-HIV scheme for NGOs introduced by RNTCP in 2008

- Delivering TB-HIV interventions to high HIV Risk Groups (HRGs)
- NGO to provide comprehensive TB care:
  - ICF
  - Patient friendly approach for diagnosis and treatment categorization
  - Address verification before treatment
  - Facilitate DOTS provision through NGO/community
  - Ensure adherence to DOTS
  - Monthly meeting with DTO
  - Outreach activities to include ACSM
- Grant-in-aid: Rs. 1,20,000 per NGO per 1000 population
Challenges and next steps

• Better uptake of new TB HIV scheme
• Scale up intensified case finding so all HRGs would be screened once in 3 months
• Ensure better referral systems for completing diagnostic procedures and DOTS provision
• Avahan RNTCP collaboration a model for including TB/HIV, plans for NACO to include in the required activities for NGO/CBOs working with HRGs
Acknowledgements

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• Implementing NGOs, and
• Our clients