

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

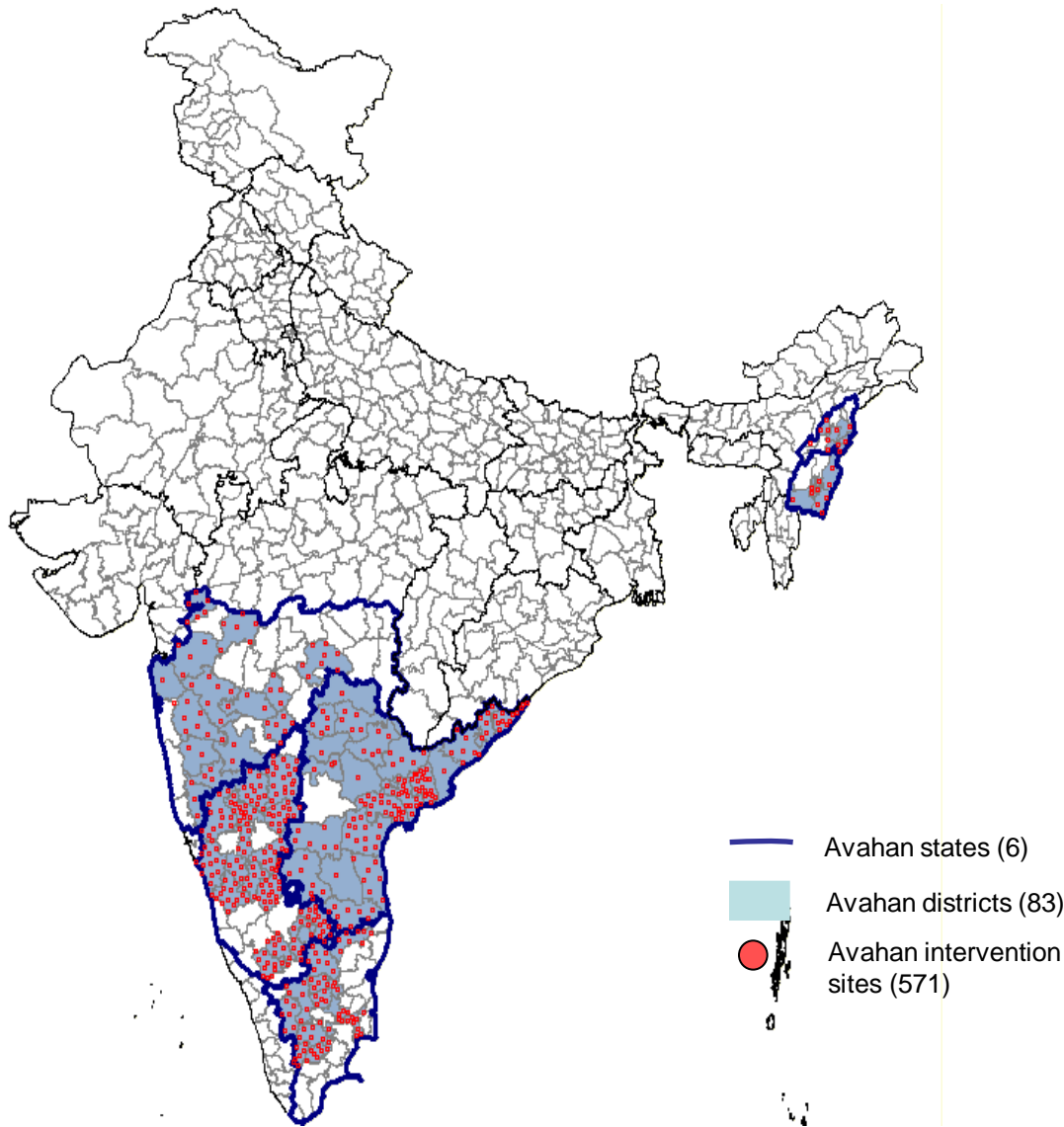
August 8, 2009

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





Question

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



Answer

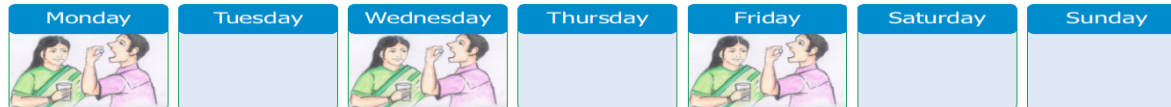
True

An HIV positive person has 50-60% 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 debilitates the immune system of our body thus increasing the vulnerability to TB and increasing the risk of progression 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 is important to tell the doctor that the patient is HIV infected (patient should tell him/her self), so that additional life saving care and treatment can be given.

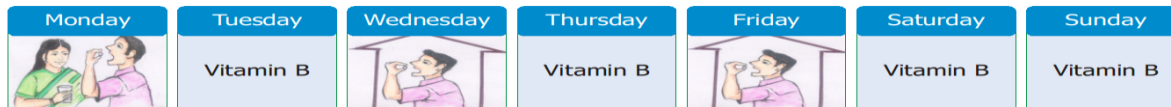
TWO PHASES OF TB TREATMENT

SPUTUM TEST **INTENSIVE PHASE**



3 TIMES A WEEK UNDER THE SUPERVISION OF THE DOT PROVIDER

SPUTUM TEST **CONTINUATION PHASE**



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

SPUTUM TEST

Training film- All in a day's work



Job aid: TB verbal screening tool

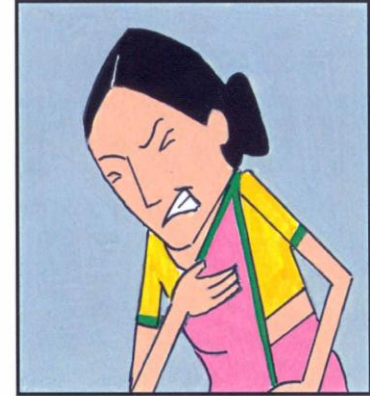


Persistent cough of 2 weeks duration could be TB!

Weight loss



Chest pain (increasing on cough/deep breathing)



Cough with blood in sputum



Fever

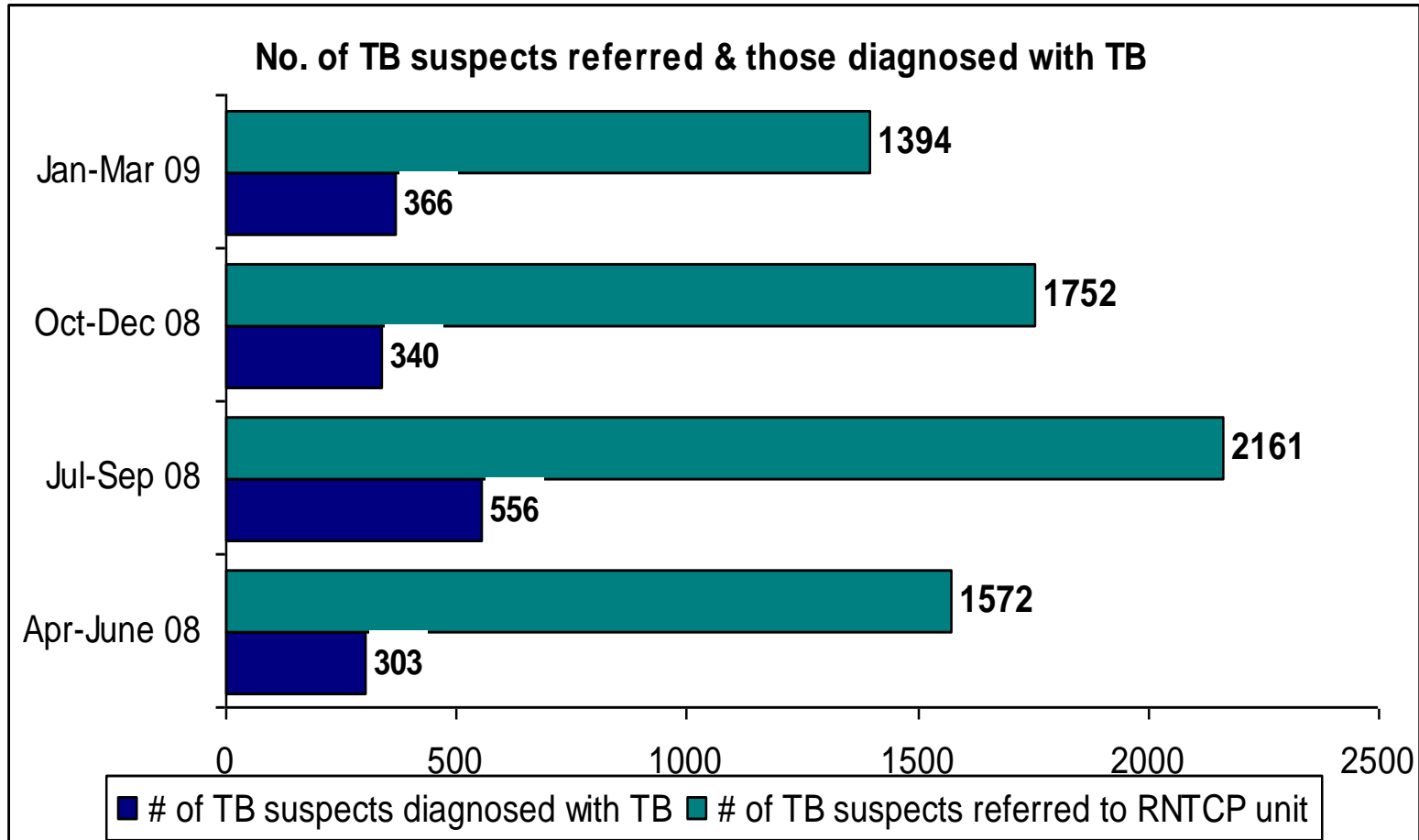


Swelling of glands in the neck, arm pits, groin or abdomen

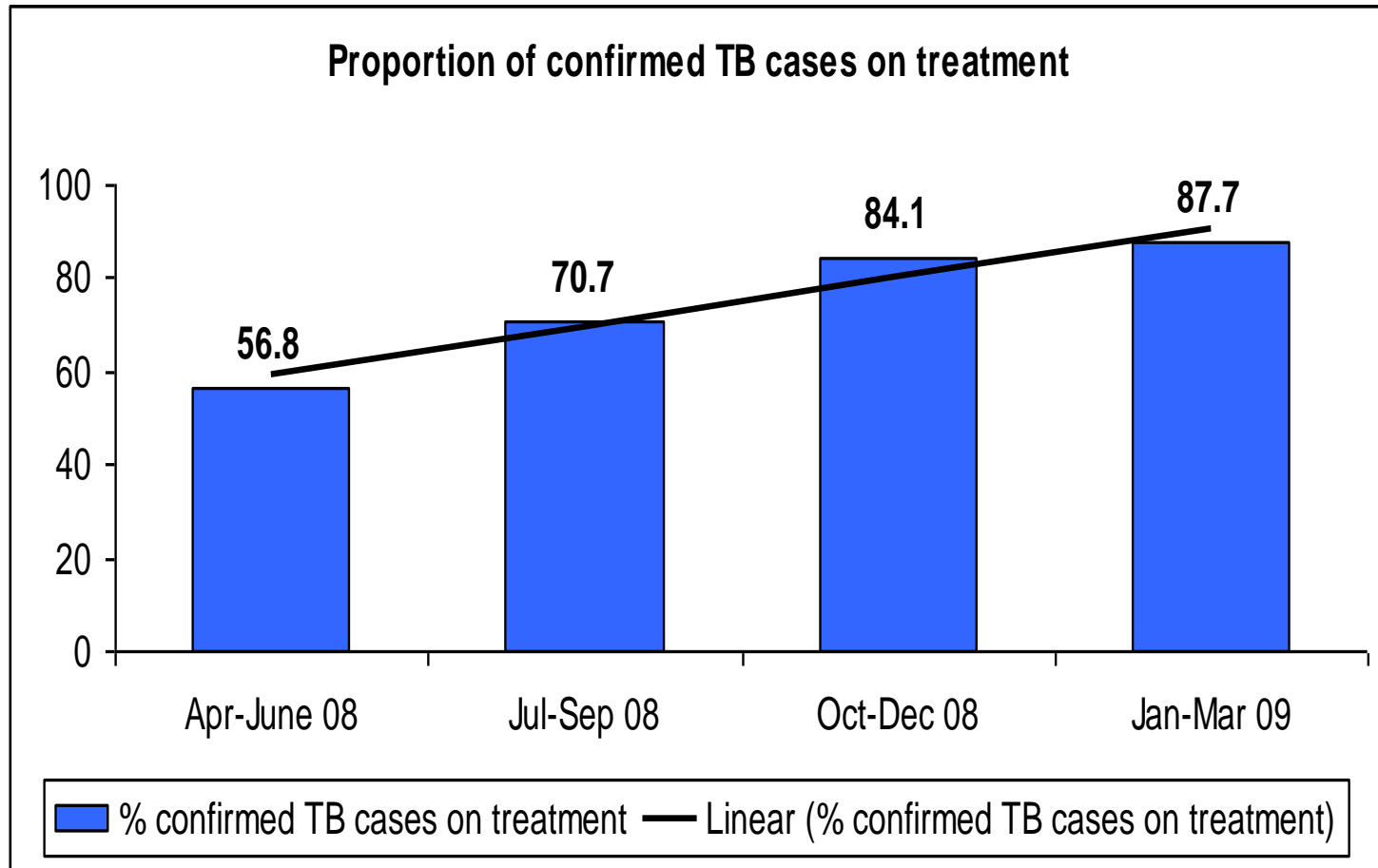
Quarterly TB report April 2008 to March 2009

	Q1	Q2	Q3	Q4	Totals
1. Individuals screened for TB	45,719	62,527	65,150	81,313	
2. TB suspects (%)	1593 (3.5%)	2356 (3.8%)	2722 (4.2%)	3707 (4.6%)	10378
3. Ref to DMC	1572	2161	1752	1394	6879 (66%)
4. Diagnosed with TB	303	556	340	366	1565 (23%)
5. Rx initiated	172	393	286	321	1172 (75%)

Ongoing DMC referrals and diagnosis



Increasing proportion of TB cases initiated 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

- CTD- Dr. LS Chauhan, Dr. Devesh Gupta
- WHO
- Avahan, India AIDS Initiative of the Bill & Melinda Gates Foundation
- State Lead Partners
 - Alliance India, Emmanuel Hospital Association/ Project Orchid, FHI/Aastha, Hindustan Latex Family Planning Promotion Trust (HLFPPT), Karnataka Health Promotion Trust (KHPT) , Pathfinder International, Tamil Nadu AIDS Initiative (TAI), Transport Corporation of India Foundation (TCIF)
- Implementing NGOs, and
- Our clients