Challenges in Scaling-up TB/HIV collaborative activities in a diverse HIV epidemic -India

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TURNING THE TIDE TOGETHER

Evolution of TB/HIV activities in India

Evolution of TB/HIV collaborative activities in India

- 2003: Pilot for HIV-TB cross-referral in 4 districts of Maharashtra started
- 2007– Pilot for Routine referral of TB patients for HIV testing and CPT
  - Joint National (policy) framework for TB/HIV developed

- 2008–National Framework revised
  - Intensified Package (IP) rolled out in 9 states
    - Routine Offer of HIV testing to TB patients
    - Decentralized Provision of CPT and
    - Revised Recording and reporting system

- 2009- National Framework revised
  - Intensified Package rolled out in 8 more states
  - Uniform activities at ART centres and ICTCs nationwide for intensified TB case finding developed
  - ICF activities at ICTC established across the country

Evolution…cont (2)

- 2010
  - Intensified package launched in 11 states
  - ICF activities at ART centres implemented
- 2011: Consolidation of Joint TB/HIV activities
  - Enhanced coverage of HIV testing of TB patients
  - Strengthened linkage to ART centres
  - Policy decisions regarding eligibility of ART (CD4 count less than 350/cumm)
  - Operational research to test yield of HIV among presumptive TB cases (suspects)
- 2012: Nation wide coverage of intensified TB/HIV package -June 2012
  - State wide pilot implementation of HIV testing among TB suspects

Status of implementation of TB/HIV activities

ICF at VCT centre- Tuberculosis detection

	Total clients attending VCT	Total TB suspects identified	Total TB cases detected	TB cases notified under the NTP	Contribution by ICF to total TB notification
2010	7,678,746*	484,617	51,412	1,521,438	3.4%
2011	9,774,522	580,689	55,572	1,515,872	3.7%
2012 (Upto April 2012)	3,255,630	196,039	16,861	364,338	3.6%

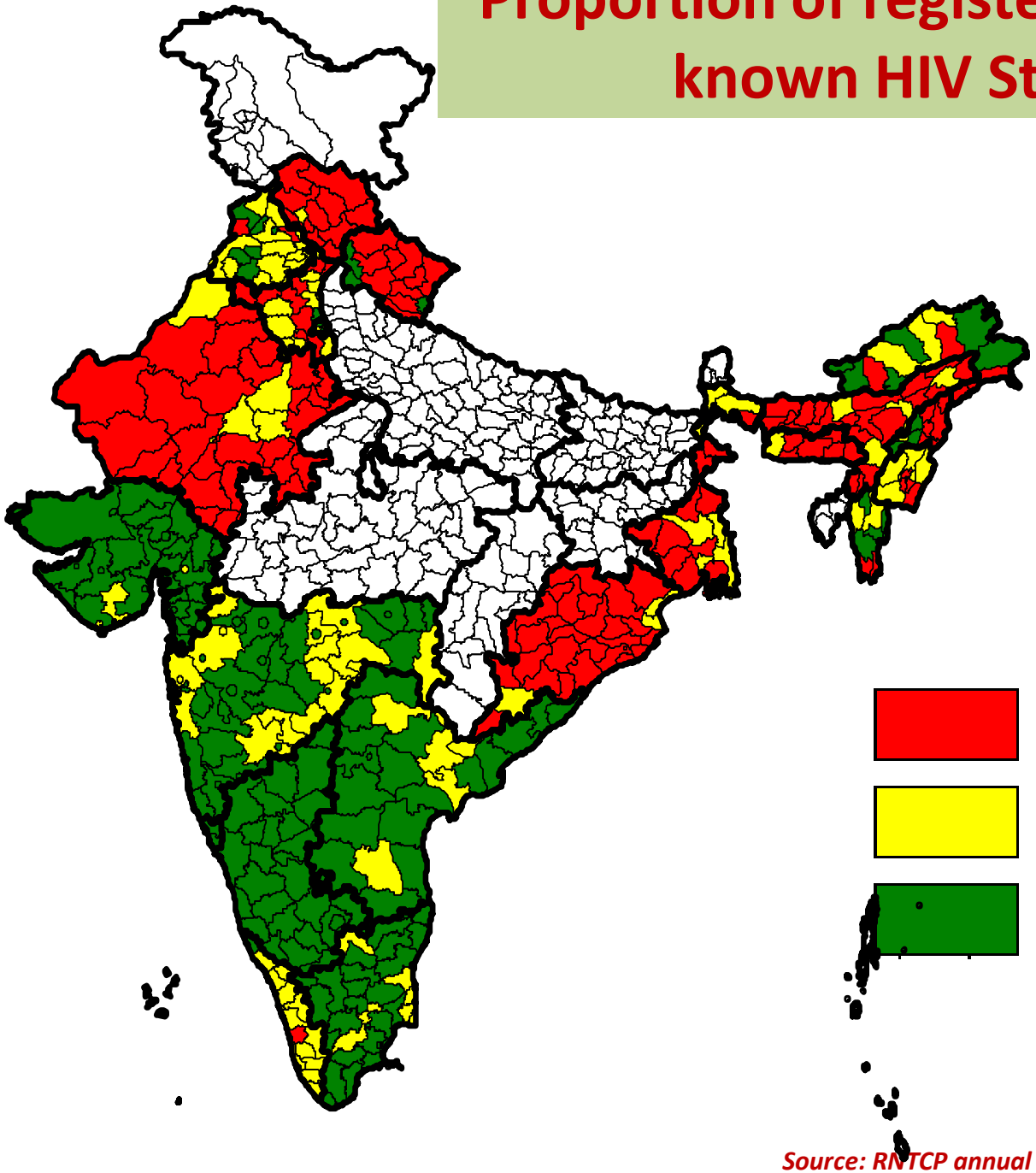
* 22/29 states reported on ICF, while all states reported in 2011

ICF at ART centres

Year	Total ARTC footfalls (cumulative)	Total TB suspects identified	Total TB cases detected	Total initiated on ATT
2010	1,748,431	56,739	15,911	13,318
2011	3,822,281	111,521	28,435	23,773
2012 (Upto April 2012)	1,820,100	47,185	10,722	8,822

- **Proportion TB suspects: Between 3% (About 5% in High prevalent states)**
- **Proportion TB suspects found TB: about 23% to 28%**
- **Proportion linked to ATT under national programme: 84%**

Proportion of registered TB patients with known HIV Status, 3q 2011



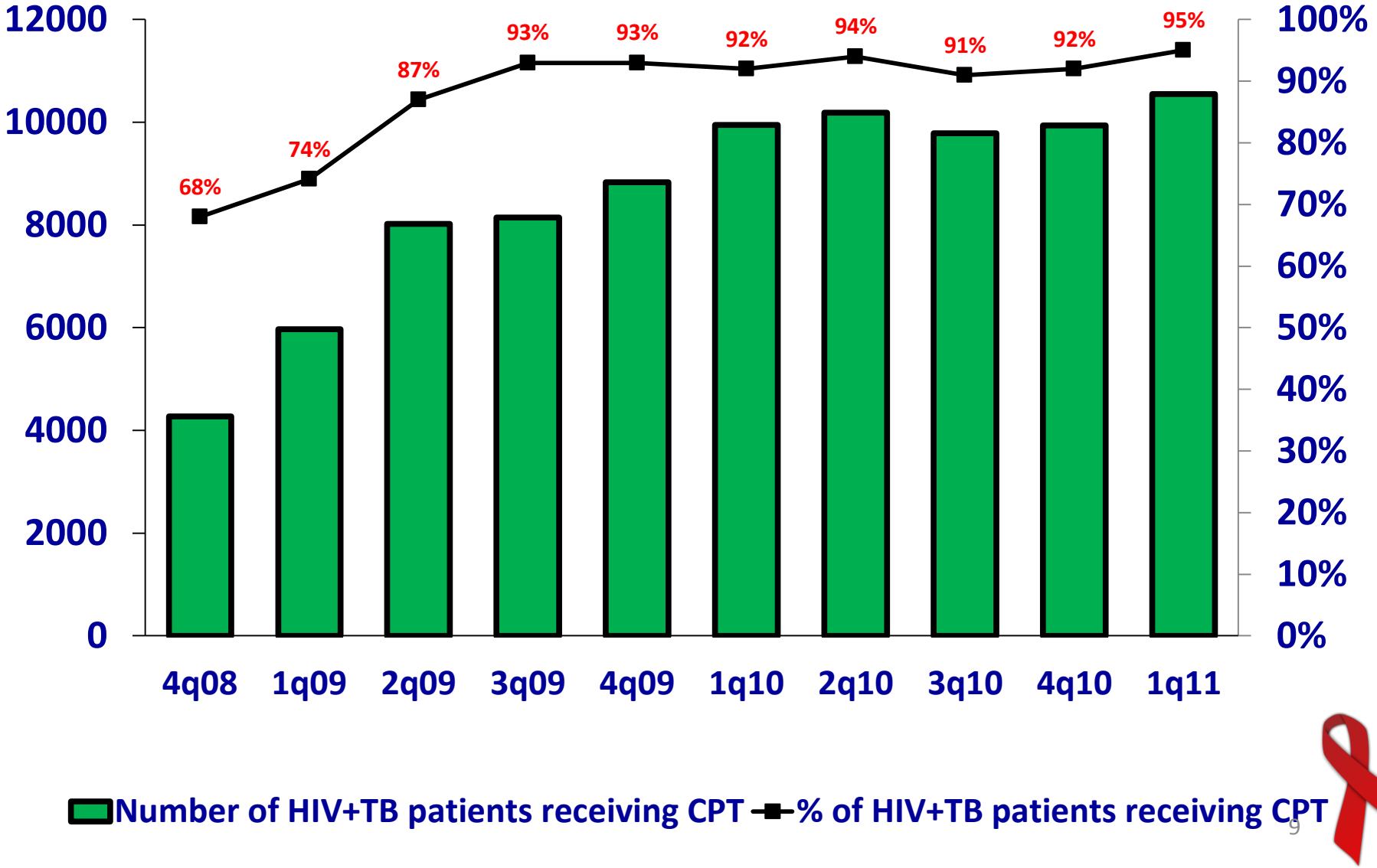
< 50%

50%-79.9%

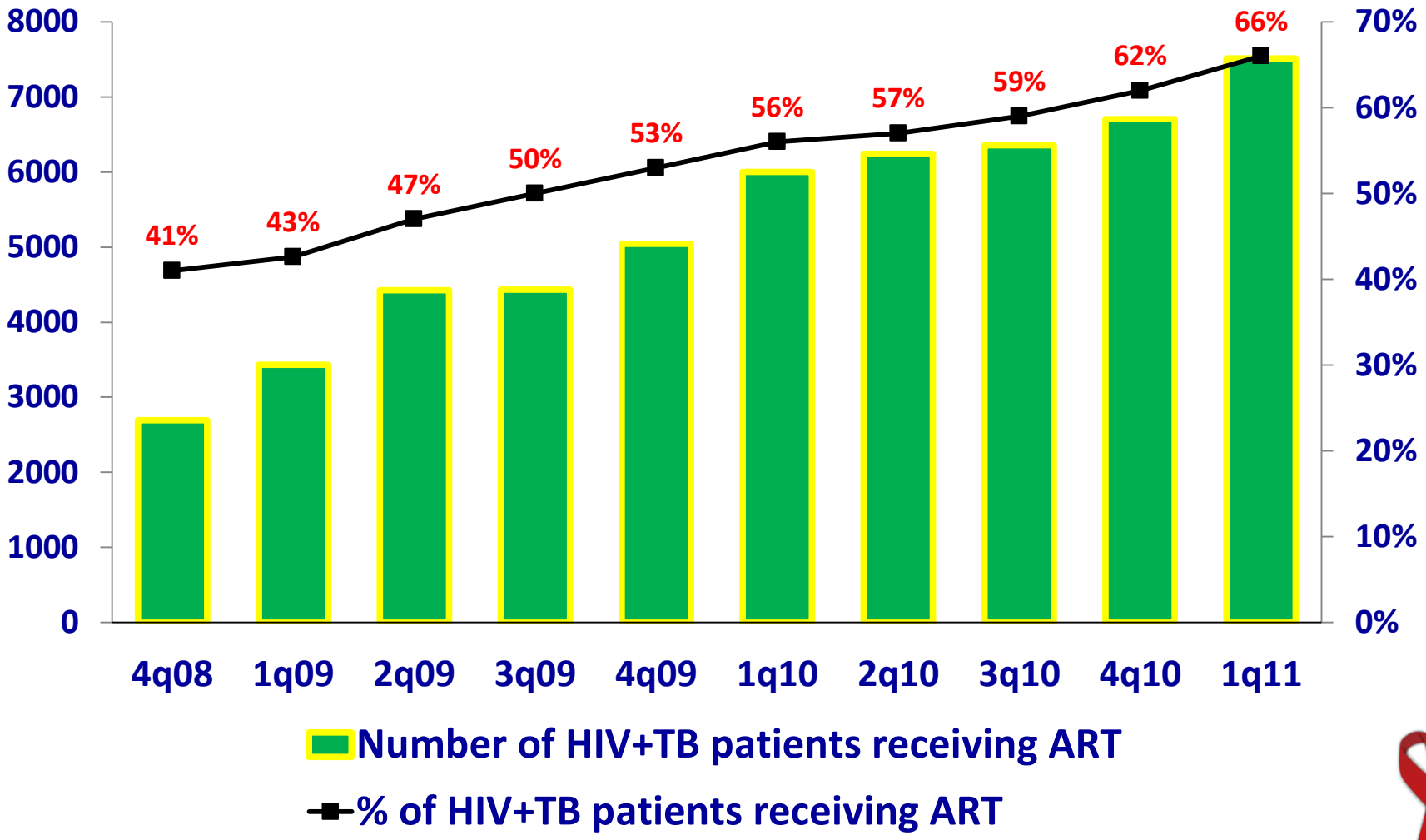
>= 80%

Source: RNTCP annual and quarterly report 2010/2011: www.tbcindia.org

Number (%) of HIV-infected TB patients receiving CPT during TB treatment, 4q 2008 – 1q 2011



Number (%) of HIV-infected TB patients receiving ART during TB treatment, 4q 2008 – 1q 2011



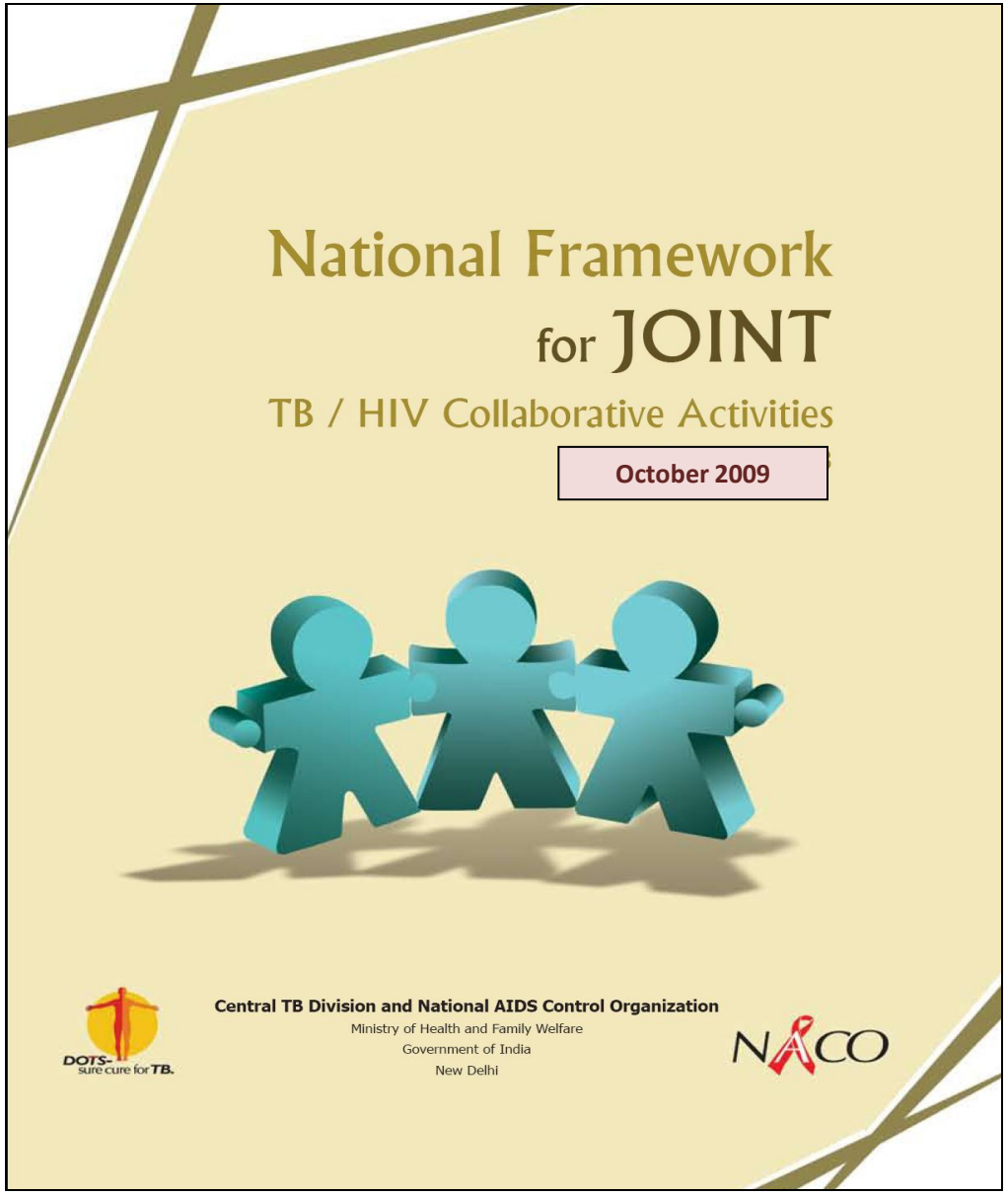
Challenges and Interventions

Challenges

1. Establishing co-ordination mechanism between two national programmes
   - National Tuberculosis control programme implemented since 1962
   - National AIDS Control Programme implemented since 1998 under a separate Department in ministry of health
2. Concentrated HIV epidemic
3. Capacity building of health staff
   - Staff of general health system
   - Staff provided by the two National programmes
4. Infrastructure Gap between NACP and NTP
5. Improving Quality of services

Challenge-1 – Establishing Mechanism for collaboration between two National Programmes

National TB/HIV Policy



Framework includes policy guidelines to

- **Establish the mechanisms for coordination**
- **Interventions to decrease burden of TB among PLHA**
- **Interventions to decrease impact of HIV among TB patients**

Implementation-Commitment at highest Level

T-11020/143/08-NACO/BSD (HIV-TB)
Government of India
Ministry of Health and Family Welfare
Department of AIDS Control
(National AIDS Control Organization)

6th Floor, Chanderlok Building
36, Janpath, New Delhi-110001
Date: 8th June,2010

To

The Project Director
State AIDS Control Societies
Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Haryana, Jharkhand, Uttarakhand, Himachal Pradesh, Arunachal Pradesh, Meghalaya, Sikkim and Tripura.

Sub: Rolling out the Intensified Package of HIV-TB collaborative activities in your state

An Intensified Package of HIV-TB collaborative activity is being rolled out in a phased manner since 2008. By the end of 2009-10, 18 states have started implementing it and have shown a significant increase in detection of HIV infected TB patients. Considering this, it has been decided by the National Technical Working Group (NTWG) for HIV-TB to roll it out in your state in the FY 2010-11. The services made available under this package are:

- Routine referral of all TB patients for HIV counselling and testing
- Provision of CPT for all HIV/TB infected TB patients through the decentralized drug delivery system of RNTCP
- Linkage to care and support services, including ART
- Revised recording and reporting of TB/HIV activities

To facilitate the roll out the key action points for the SACS are:

A. Organize training of Master Trainers' for your state by the national experts. The proposed training will be of 2 days duration based on the modules jointly prepared by the CTD and NACO.
B. These master trainers would then conduct training in each of the district for all the key staff involved in TB/HIV collaborative activities. The funds for district level training will be provided by SACS.
C. Activities to be done at SACS:
   - Procurement of Cotrimoxazole for all HIV infected TB patients. This drug is included in the approved list of drugs required for management of Opportunistic Infections (OI) and thus may be purchased out of funds available for procurement of OI drugs.
   - Printing of forms, registers and training materials

Kindly issue necessary directions to all concerned officers to coordinate with the State TB Cell to draw a plan for these activities at the earliest.

Yours faithfully,

(Dr. Damodar Bachani)
Deputy Director General

Copy for information:
1. PPS to Secretary (DAC) and DG, NACO
2. Deputy Director General, Central TB Division, Nirman Bhawan

No. Z - 28015/13/2005 -TB
(Central TB Division)
Directorate General of Health Services

Nirman Bhawan, New Delhi - 110108
Dated: 9th June 2010

To

The State TB Officer
(Utter Pradesh, Madhya Pradesh, Chhattisgarh, Haryana, Jharkhand, Uttarakhand, Himachal Pradesh, Arunachal Pradesh, Meghalaya, Sikkim and Tripura)

Subject: **Rolling Out Intensified Package of TB-HIV Collaborative Activities.**

Intensified Package of HIV –TB collaborative activities have been rolled out in 18 states (6 high prevalence states and Goa, Mizoram, Pondicherry in 2008, Delhi, Gujarat, Assam, Kerala, Punjab, Rajasthan, West Bengal, Orissa and Chandigarh in 2009). In order to detect all HIV+ve TB patients and provide them TB treatment under RNTCP and necessary HIV care and support under NACP, it has been decided at the National level to roll out the Intensified Package of TB-HIV collaborative activities across the country in a phased manner and cover the entire country by 2012.

In this regards, DDG (NACO) has written a letter (copy enclosed, which is self explanatory) to the Project Director State AIDS Control Society of your state with detailed enumeration of activities to be undertaken by the state for rolling out the Intensified TB/HIV Package in the state.

You are requested to coordinate with SACS and take necessary steps in implementing this package in your state immediately.

Kind Regards

Yours Sincerely

(Dr. L.S. Chauhan)
DDG (TB)

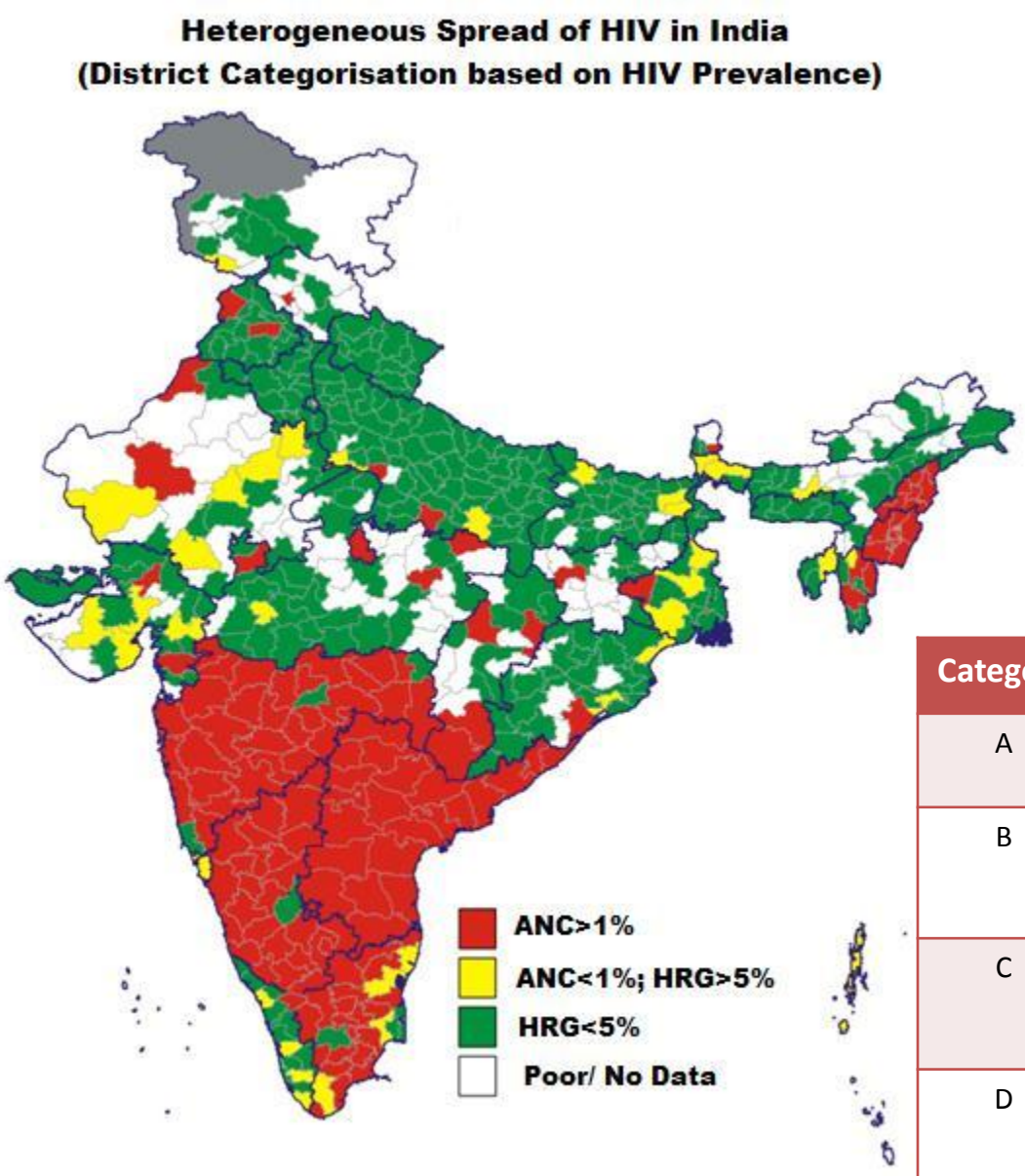
Letters issued by both National programmes for smooth implementation

Co-ordination Mechanisms

Level	Chair	Mechanism	Frequency of meeting	Mandate
National	DDG TB / DDG BSD NACO	National technical working Group **(NTWG)**	Quarterly Meeting	Policy decisions, review
	DG NACO/JS RNTCP	Annual Review of TB/HIV Collaborative activities at National and State level		
State	Principal Secretary Health	State Coordination Committee **(SCC)**	Bi-annual	Policy decisions at state level
	PD-SACS / STO	State technical working Group **(SWG)**	Quarterly	Review
District	District collector/DM	District Coordination Committee **(DCC)**	Quarterly	Review
	DTO-DAPCU / HIV Nodal officer	HIV-TB coordination meeting	Monthly	Review

Challenge 2: choice of interventions in a concentrated HIV Epidemic

Concentrated HIV/AIDS Epidemic



Category	NACP-III
A	156
B	39
C	296
D	118
New Districts	30
Total	609

Category	NACP-III Definition
A	> 1% ANC prevalence in any of the sites in the last 3 years
B	< 1% ANC prevalence in all the sites during last 3 years with > 5% prevalence in any HRG site (STD/FSW/MSM/IDU)
C	< 1% ANC prevalence in all sites during last 3 years with < 5% in all STD clinic attendees or any HRG, with known hot spots
D	< 1% ANC prevalence in all sites during last 3 years with < 5% in all STD clinic attendees or any HRG OR no or poor HIV data with no known hot spots

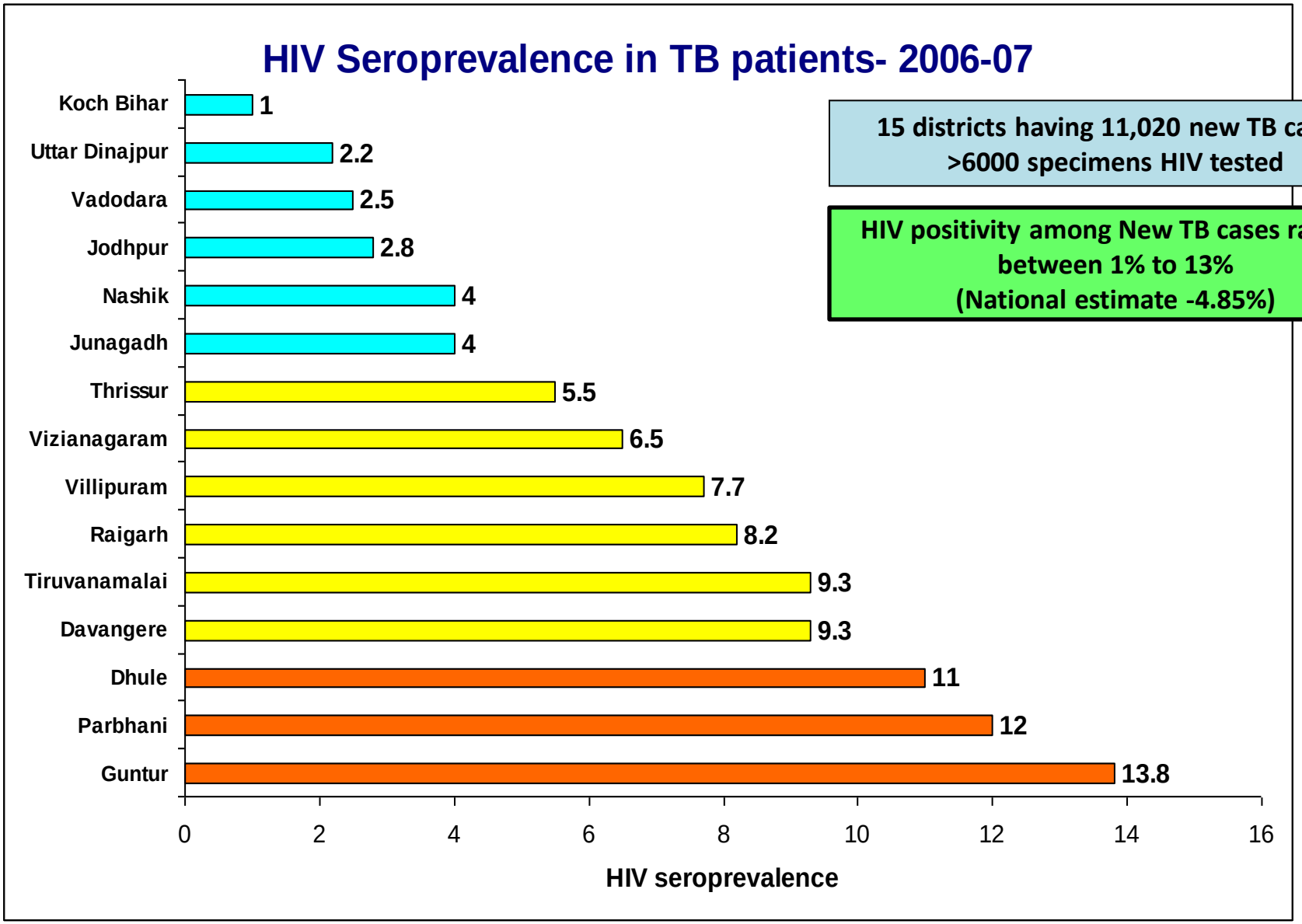
Strategy adopted…

- Implementation of basic activities in high HIV prevalent settings
- Operational research
- Pilot implementation of interventions in high HIV prevalent settings
- Expansion of the intervention to low Prevalent settings in phased manner

Operational research and TB/HIV activities in India

- Programme interventions guided by joint OR conducted at national level
- Inputs from premier national institutes like TB research centre Chennai (NIRT)
- Intervention to minimize burden of HIV among TB cases
  - Intensified TB/HIV Package developed based on 2 pilot studies –
    1. HIV sero-prevalence study among TB cases
    2. Decentralized delivery of CPT for HIV TB through RNTCP and
    3. Feasibility of PITC for TB patients

OR guiding policy development in TB/HIV activities -India



15 districts having 11,020 new TB cases, >6000 specimens HIV tested

HIV positivity among New TB cases ranged between 1% to 13% (National estimate -4.85%)

Raizada et.all., PLoS ONE /August 2008 /Vol 3/8 | e2970

Operational research guiding policy development in TB/HIV activities – India …(1)

1. **Feasibility of routine HIV testing among TB patients through a VCTC - Thomas et.all – IJTLD,11(12):1296–1301,2007**
   - ***Findings:*** ***About 70% TB patients were willing to get tested and that it is feasible to routinely test TB patients for HIV***
2. **Feasibility of Provider-Initiated HIV Testing and Counselling (PITC) of Tuberculosis Patients Under the TB Control Programme in Two Districts of South India –Sophia V. et.all , PLoS ONE, November 2009/4/ 11/e7899**
   - ***Findings:*** ***With implementation of PITC, HIV status can be successfully ascertained in more than 70% TB patients***
3. **Perceptions of TB Patients on PITC- A Study from South India. Thomas et.all, PLoS ONE, December 2009/4/12/e8389**
   - ***Findings:*** ***This study provides evidence that routine, provider-initiated voluntary HIV testing of TB patients is acceptable, feasible and can be achieved with very high efficiency under programmatic conditions***

Operational research guiding policy development in TB/HIV activities – India …(2)

4. **Perceptions of TB Patients on PITC- A Study from South India. Thomas et.all, PLoS ONE, December 2009/4/12/e8389**

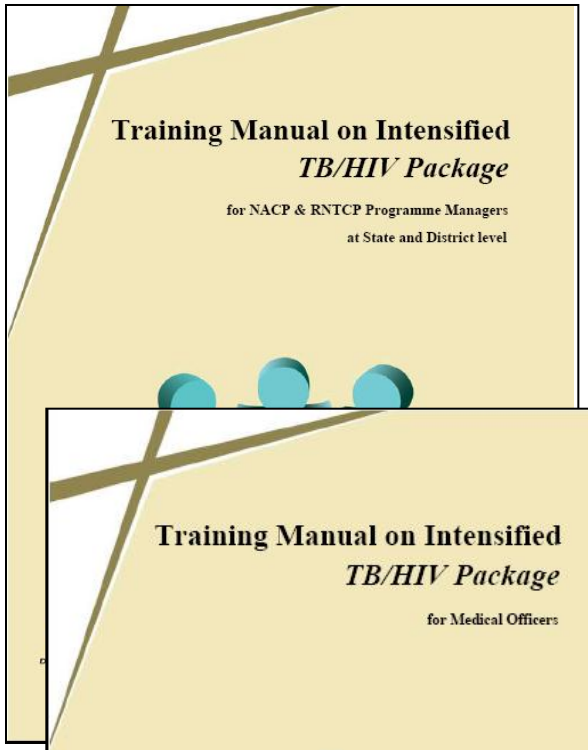
   – ***Findings:*** ***This study provides evidence that routine, provider-initiated voluntary HIV testing of TB patients is acceptable, feasible and can be achieved with very high efficiency under programmatic conditions***

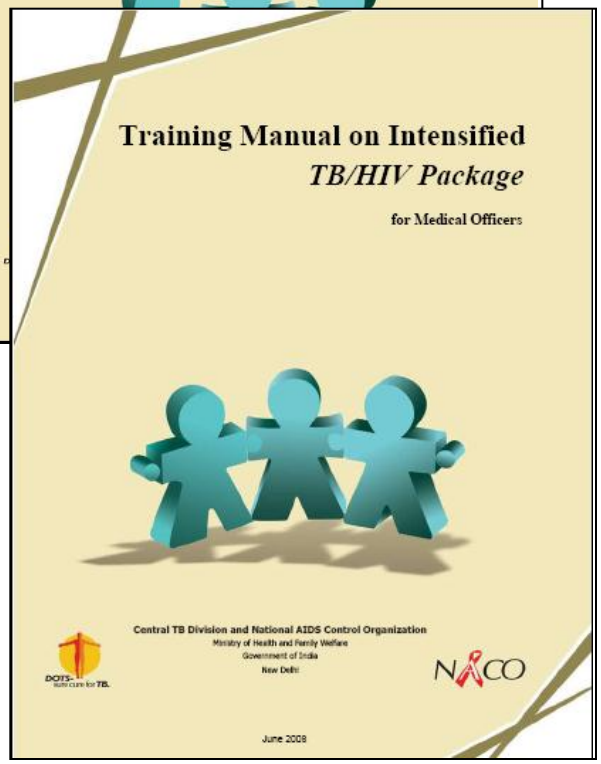
5. **Linking HIV-Infected TB Patients to Cotrimoxazole Prophylaxis and Antiretroviral Treatment in India –Raizada et.all, PLoS ONE / June 2009 /4 /6 /e5999**

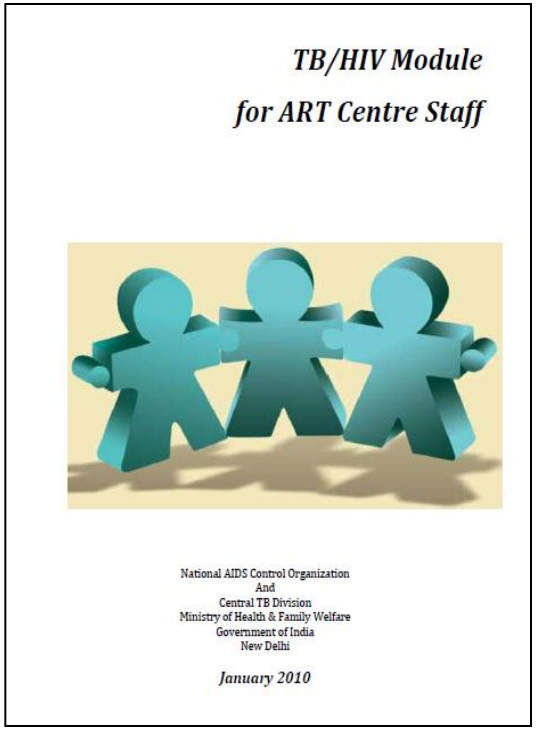
   – ***Finding:*** ***Cotrimoxazole prophylaxis can be delivered to HIV-infected TB patients under programmatic conditions in India***

Challenge 3: Capacity building of health staff at different levels

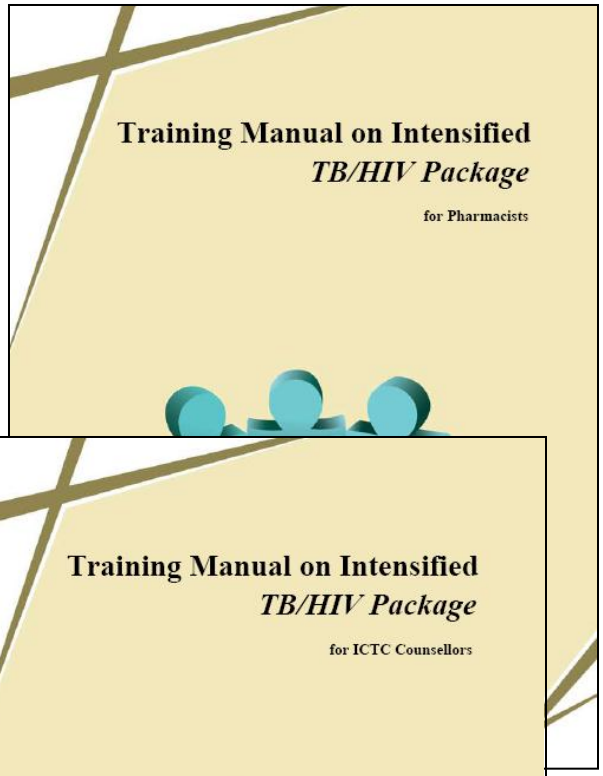
Standard TBHIV Training Modules

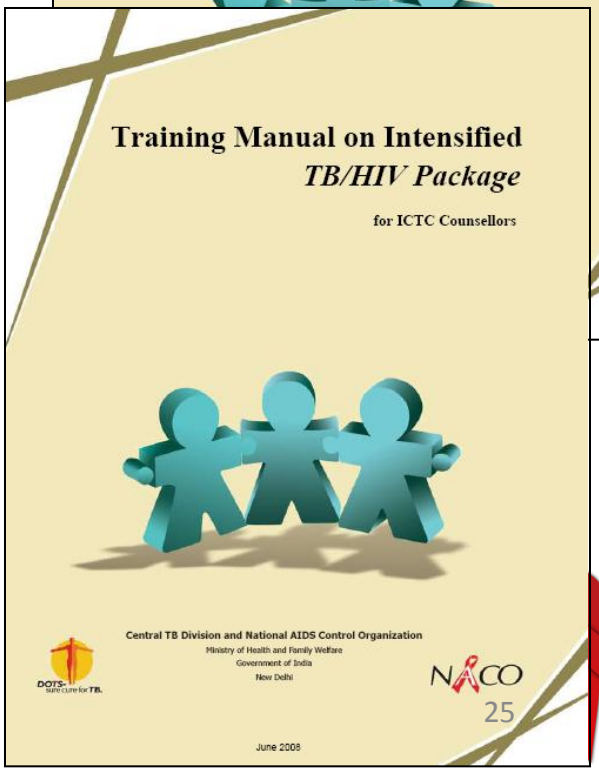






Prepared Jointly by NACP and RNTCP





Joint HIV/TB Training

Category of Staff	Level	Number of Days	Content	Responsibility
Training of Trainers	National	2	Programme Managers module	NACO/CTD
MO-ICTC/MOTC	State	2	Programme Managers module	SACS/STC
ICTC Counselors , District ICTC supervisors	State	2	Counselors module	SACS/STC
RNTCP STS/STLS RNTCP district , DP-TBHIV supervisor	State	2	Programme Managers module	SACS/STC
MO PHI	District	1	MO module	DTO/DNO
TBHV, Pharmacist & Institutional DOT provider	District/ Sub-District	½	DOT provider module	DTO/DNO
ANM/MPW/CHV	Sub-District	1/2	DOT provider module	DTO/DNO

- **Conduct of training:** Joint responsibility
- In Non-A and B districts, TB programme manager takes lead
- Expenditure for training at all level bourned under NACP

Challenge 4: Infrastructure gap

- While HIV is concentrated epidemic in India, it is highest TB burden country in the world
- The NTP is implemented since 1962
- Revised NTP (RNTCP) is implemented since 1998
- Decentralized diagnosis and treatment (DOT) spread uniformly across the country

Number of service delivery locations, 2012		
	HIV	TB
Diagnosis	4,533 Stand alone VCT centres	12,748 Microscopy Centres
Treatment	351 ART centres 739 Link ART centres	400,000 + DOTS Centres

Addressing the challenge of infrastructure gap –Integration with general health system

1. Enhancing access for HIV testing

- Facility Integrated ICTC being established: 5018 established using existing health infrastructure
- Efforts for greater involvement of private sector- 964 VCT centre established by March 2012
- Total number of VCT facilities existing as on date are 10515
- NACP is working towards establishing HIV testing facilities at all TB laboratories (DMC) by
  - Establishing F-ICTC
  - Provision of Whole Blood HIV screening test (rapid anti-body test)

2. Enhancing access to ART

- Establishment of Link-ART Plus centres and Link ART centres

Challenge 5: Improving Quality of services

1. **Early Detection of HIV/TB**
   - The National Technical Working Group has agreed that PLHIV would be prioritized for rapid TB diagnostic (Expert MTB rif)
   - Similarly PLHIV prioritized for sputum and culture examinations to detect DR-TB
2. **Prompt initiation of ART and ATT**
   - All TB/HIV cases now eligible for ART
   - Strengthened monitoring to ensure that all HIV infected TB cases are promptly initiated on ART
   - Operational research to identify the gap in prompt ART initiation undertaken

Thank you