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
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 film- All in a day’s work
Job aid: TB verbal screening tool

Persistently 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>screened for TB</td>
<td>45,719</td>
<td>62,527</td>
<td>65,150</td>
<td>81,313</td>
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</tr>
<tr>
<td>2. TB suspects (%)</td>
<td>1593</td>
<td>2356</td>
<td>2722</td>
<td>3707</td>
<td>10,378</td>
</tr>
<tr>
<td></td>
<td>(3.5%)</td>
<td>(3.8%)</td>
<td>(4.2%)</td>
<td>(4.6%)</td>
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<tr>
<td>3. Ref to DMC</td>
<td>1572</td>
<td>2161</td>
<td>1752</td>
<td>1394</td>
<td>6,879</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(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</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(23%)</td>
</tr>
<tr>
<td>5. Rx initiated</td>
<td>172</td>
<td>393</td>
<td>286</td>
<td>321</td>
<td>1,172</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>(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 with TB</th>
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</thead>
<tbody>
<tr>
<td>Jan-Mar 09</td>
<td>366</td>
<td>1394</td>
</tr>
<tr>
<td>Oct-Dec 08</td>
<td>340</td>
<td>1752</td>
</tr>
<tr>
<td>Jul-Sep 08</td>
<td>556</td>
<td>2161</td>
</tr>
<tr>
<td>Apr-June 08</td>
<td>303</td>
<td>1572</td>
</tr>
</tbody>
</table>

# of TB suspects referred to RNTCP unit

# of TB suspects diagnosed with TB
Increasing proportion of TB cases initiated on treatment

Proportion of confirmed TB cases on treatment

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<thead>
<tr>
<th></th>
<th>Apr-June 08</th>
<th>Jul-Sep 08</th>
<th>Oct-Dec 08</th>
<th>Jan-Mar 09</th>
</tr>
</thead>
<tbody>
<tr>
<td>% confirmed</td>
<td>56.8</td>
<td>70.7</td>
<td>84.1</td>
<td>87.7</td>
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<tr>
<td>Linear (%)</td>
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% confirmed TB cases on treatment
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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• WHO
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• State Lead Partners
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• Implementing NGOs, and
• Our clients