Collaborative TB/HIV activities in India: Accelerating success and opportunities, addressing challenges

Dr. B B Rewari
Estimated HIV prevalence among new TB cases, 2012

South Africa: largest HIB-TB burden
India: 2\textsuperscript{nd} highest numbers, 10\% of global burden
## Scenario in India

<table>
<thead>
<tr>
<th></th>
<th>Estimated TB</th>
<th>Estimated HIV</th>
<th>Estimated TB-HIV</th>
<th>Reported in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incidence</strong></td>
<td>2.2 million</td>
<td>120,000</td>
<td>130,000</td>
<td>44,063</td>
</tr>
<tr>
<td><strong>Prevalence</strong></td>
<td>2.8 million</td>
<td>2.1 million</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td><strong>Death</strong></td>
<td>270,000</td>
<td>140,000</td>
<td>42,000</td>
<td>&gt;7,000</td>
</tr>
</tbody>
</table>

0.9 million (TB infection and HIV infection)  
5% of TB patients estimated to be HIV-infected with high mortality
Challenges

1. **Huge dual burden** of both HIV and TB
2. **High mortality of TB-HIV coinfection**
   - 5% of TB patients estimated to be HIV-infected
3. **Large country** with heterogeneous HIV epidemic
   - Health system capacity vary tremendously
   - Vertical HIV programme (1,200 ART sites) vs integrated TB programme (13,000 microscopy centers)
4. **Late diagnosis of HIV**
5. **Leaky care cascade** for HIV: difficult to track LFU
6. **Airborne infection control** difficult due to over-congested health facilities

.......*and many more*
2001
Basic HIV/TB activities in 6 high-HIV burden states

2003 to 2007
Pilot and expansion of cross-referral between HIV and TB programmes, and then routine referral

2008 to 2011
National framework on implementation of HIV-TB activities, expansion of intensified package

2012 June:
National coverage

2013 Nov:
National Framework for HIV/TB collaborative activities in India
What is new in this document?
Coordination Mechanisms

**National**
- National TBHIV Coordination Committee
- National technical working Group

**State**
- State Coordination Committee
- State Working Group

**District**
- District Coordination Committee
- DTO-DAPCU / HIV Nodal officer (HIV TB ) Meet
Implementation: public health approach

Training Manual on Intensified TB/HIV Package
for NACP & RNTCP Programme Managers
at State and District level

Training Manual on Intensified TB/HIV Package
for ART Centre Staff

TB/HIV Module for ART Centre Staff

Training Manual on Intensified TB/HIV Package
for Pharmacists

Training Manual on Intensified TB/HIV Package
for Medical Officers

Training Manual on Intensified TB/HIV Package
for ICTC Counsellors

Central TB Division and National AIDS Control Organization
Ministry of Health and Family Welfare
Government of India
New Delhi

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TB Patient wise Boxes

National AIDS Control Organization

January 2010

June 2006
TB HIV Coordination- 4 pronged Approach

The 3”I”s
- Intensified Case Finding (ICF)
- Isoniazid Preventive Therapy (IPT)
- Infection Control in HIV care settings (IC)

Early ART initiation

Prevention
1. Isoniazid Preventive Treatment
2. Air Borne Infection Control
3. Awareness generation

Early Detection of TB/HIV
1. 100% coverage of PITC in TB patients
2. PITC in presumptive TB cases
3. Rapid diagnostics for detection of TB and DR-TB in PLHIV
4. ICF activities at all HIV settings - ICTC, ART, LAC and TI settings

TB/HIV co-ordination to reduce mortality

Prompt Treatment of TB/HIV
1. Early initiation of ART
2. Prompt initiation of TB treatment

Management of special TB/HIV cases
1. TB/HIV patients on PI based ARV
2. TB/HIV in children
3. TB/HIV pregnant women
4. Drug resistant TB /HIV
Intensified (TB) Case Finding

• **All HIV services**
  – Integrated Counselling and testing centres (ICTC)
  – ART centres: decentralised network

• **Key population** prevention and care programmes

• **Extended to TB suspects** based on 4-symptoms screening

• **Designated ICF focal person** at service delivery points
Infection control measures in India

A R T CENTRE at Dr R M L HOSPITAL DELHI

Guidelines
Training
Risk assessment
On-site follow-up

Training of Health care workers in AIC measures
### Revised Recording and Reporting

#### A. HIV testing of TB patients: case finding report: Block 3: TB/HIV Collaboration

<table>
<thead>
<tr>
<th>Of all Registered TB Cases no. known to be tested for HIV before or during the TB Treatment (a)</th>
<th>Of (a), No. known to be HIV infected (b)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

#### B. Linkage of HIV infected TB patients to HIV care and support and TB treatment outcome:

1) RNTCP Sputum conversion report:

<table>
<thead>
<tr>
<th>Total Number of HIV-infected TB patients registered in the quarter (a)</th>
<th>Of (a), Number receiving CPT during TB treatment</th>
<th>Of (a), Number receiving ART during TB treatment</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2) RNTCP Treatment Outcome report: BLOCK – B: TB treatment outcomes of HIV Positive TB Patients:

<table>
<thead>
<tr>
<th>Type of TB cases</th>
<th>Total No. known to be HIV infected</th>
<th>Treatment outcomes</th>
<th>Died</th>
<th>Treatment Failure</th>
<th>Defaulted</th>
<th>Transfer out</th>
<th>Switched over to MDR-TB treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td></td>
<td>Cured</td>
<td>Treatment completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Previously treated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total TB cases</td>
<td></td>
<td></td>
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</tbody>
</table>

#### C. Programme coordination and drug logistics reporting in RNTCP Programme Management Report:

1. Is there a District Coordination committee? (Yes/No/Not applicable)
2. If yes, did the DCC meeting take place in this quarter? (Yes/No)
3. Of the DMCs in the TU/district/state, number with co-located HIV testing services
4. Information on CPT pouches
Improving uptake of HIV testing among TB patients

- 69% of TB patients know their HIV status
- 51% have TB and HIV testing facilities in the same locations

Continuing issues especially in states with weaker health systems and limited HIV care facilities
Proportion of HIV positivity among tested TB patients

National average 5%

Interpretation of information in low HIV prevalent states (green)?

Sept 2013
Cotrimoxazole for TB-HIV coinfected patients during TB treatment: the last 10%
Increasing ART coverage of diagnosed HIV-TB patients

% of HIV+TB patients receiving ART

- 41% in 2008
- 47% in 2009
- 53% in 2q09
- 57% in 3q09
- 62% in 4q09
- 70% in 4q10
- 82% in 1Q11
- 85% in 2q11
- 90% in 4Q11
- 90% in Iq13

% of HIV+TB patients receiving ART
INH Preventive Therapy

- IPT strongly recommended for HIV+ individuals in whom TB has been ruled out
  - Irrespective of TST, Previous TB, CD4 count, ART status, Pregnancy
- Feasibility studies completed
- IPT accepted in principle
- Operational issues being sorted out
• Rapid diagnostic methods to improve early diagnosis of TB among PLHIVs e.g. CBNAAT launched at 70 sites in 22 states

• Scale-up of Provider Initiated HIV testing and Counselling (PITC) among *Presumptive TB cases* in high HIV prevalence states and in 25-54 years age group in low HIV prevalence settings

• **Joint programming** between TB and HIV programmes
  – Joint supervision, review and monitoring of TB-HIV activities
  – Integrated reviews at various levels (national, regional)

• Agreed to provide daily ATT to PLHIV
Joint Supervision & Review
Continuing challenges

1. **Annual notification** remains < 50% of the estimated HIV associated TB cases (130,000/year)
2. High **mortality** ~ 15%
3. **Isoniazid preventive therapy** to be operationalised
4. Institutionalizing **infection control**: buy-in
5. **Accelerate early detection of TB and HIV**
6. TB among HIV+ **children**
7. TB among HIV+ people taking protease-inhibitor regimens
13 years of TB-HIV collaboration in India

**HIV-TB Collaboration established**

**Increasing cotrimoxazole and ART coverage**

**Rapid decentralisation of HIV and ART services**

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**Research for simpler diagnostics, shorter IPT, shorter anti-TB treatment, newer ARV drugs**

**Linkage loss, lack of IEC activity, need for community involvement**

**Low referral from HIV sites, Challenges in testing all, distance, financial issues, counselling**

**Resources required to address lifelong treatment needs**

**HIV and TB drug resistance prevention, monitoring and surveillance**
Opportunities

- All States and Districts have functional TB/HIV coordination mechanisms
- Focus is on Early detection and treatment of at least 90% of estimated HIV-associated TB in the community
- RNTCP DMC involved under PPM/CBCI/other partners agreed to be upgraded into F-ICTC to enhance reach of HIV testing facilities
- Offer of HIV Counseling & testing for all TB patients and even presumptive TB case in high prevalence settings
Opportunities

- Travel support being provided to Tb patients
- Mobility Support to Sr. DOTS Plus and TB HIV Supervisor for better TB HIV co-ordination
- Air borne infection control being brought into focus at health facilities
- IPT Implementation plan endorsed, To be implemented 2014.
- Availability of CBNAAT for early diagnosis of TB among PLHIVs.
- Joint HIV-TB concept Note under NFM to strengthen HIV-TB collaborative activities.
Vision for RNTCP NSP (2012-17)

• To have coordinated service delivery with the Department of AIDS (DAC) to ensure that TB patients living with HIV/AIDS, receive seamless care for both the diseases.

• Objectives
  – Early detection and treatment of at least 90% of estimated HIV-associated TB in the community
  – Offer of HIV Counseling and testing for all TB patients and presumptive TB cases
  – Linking of all HIV-infected TB patients to HIV care and support
Thank You

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