Scaling up TB/HIV in India: what is achieved and what is remaining?

Dr. B B Rewari, India
The 2012 WHO Policy

<table>
<thead>
<tr>
<th>WHO-recommended collaborative TB/HIV activities</th>
</tr>
</thead>
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</tr>
</tbody>
</table>
Estimated HIV prevalence among new TB cases, 2012

India is home to second largest number of HIV-infected TB cases in absolute terms, next only to South Africa and accounts for 10% of global HIV-TB burden.
<table>
<thead>
<tr>
<th>Scenario...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated TB India</td>
</tr>
<tr>
<td>Incidence</td>
</tr>
<tr>
<td>Prevalence</td>
</tr>
<tr>
<td>Death</td>
</tr>
</tbody>
</table>

0.9 million (TB infection and HIV infection)
Milestones of TB-HIV collaborative activities in India

- 2001–Basic activities in 6 high-HIV burden states
- 2003: Pilot for HIV-TB cross-referral in 4 districts of Maharashtra
  - Cross-referral started in 6 HIV high prevalence states
- 2004– cross referral of activities expanded to 8 additional states
- 2005–Joint training modules developed, Joint surveillance initiated
- 2007– Pilot for Routine referral of TB patients for HIV testing and CPT
  - National (policy) framework for TB/HIV developed
- 2008–National Framework revised
  - All-India implementation of HIV-TB activities
  - Intensified Package (IP) rolled out in 9 states
- 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 and reporting, established
- 2010 – Intensified package launched in 11 states,
- 2012 (June)- Nation wide coverage
Coordination Mechanism

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
## Coordination Mechanism

<table>
<thead>
<tr>
<th>Level</th>
<th>Chair</th>
<th>Mechanism</th>
<th>Frequency of meeting</th>
<th>Mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>Sec DAC, MoHFW</td>
<td>National TBHIV Coordination Committee</td>
<td>Quarterly Meeting</td>
<td>Policy decisions, review</td>
</tr>
<tr>
<td></td>
<td>DDG TB / DDG BSD NACO</td>
<td>National technical working Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DG / JS</td>
<td>Annual Review of TB/HIV Collaborative activities at National and State level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Principal Secretary Health</td>
<td>State Coordination Committee</td>
<td>Bi-annual</td>
<td>Policy decisions at state level</td>
</tr>
<tr>
<td></td>
<td>PD-SACS/STO</td>
<td>State technical working Group</td>
<td>Quarterly</td>
<td>Review</td>
</tr>
<tr>
<td>District</td>
<td>District collector/DM</td>
<td>District Coordination Committee</td>
<td>Quarterly</td>
<td>Review</td>
</tr>
<tr>
<td></td>
<td>DTO-DAPCU / HIV Nodal officer</td>
<td>Monthly HIV-TB coordination meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
National Framework for Joint HIV/TB Collaborative activities

National Framework For Joint HIV/TB Collaborative Activities
October 2009
National Framework for Joint HIV/TB Collaborative Activities November 2013

What is new in this document?
TB HIV Coordination - 4 pronged Approach

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 care facilities
  – Integrated Counselling and testing centres (ICTC)
  – ART centres
    • Link ART Plus centre (LAC+)
    • Link ART centre (LAC)

• Targeted Intervention Projects-High risk groups

ICF extended to TB suspects based on four symptom screening
Infection control at HIV TB care settings

- Airborne infection control guidelines in Place
- Minor structural changes can be very fruitful
- Face mask at ART centres, cough etiquette and priority to patients with cough being implements
- Airborne infection control pilot implemented in Gujarat, Andrapradesh and Odisha.
- All Drug resistant TB centres are supported with funds for implementing Airborne infection control Measures.
- Training modules including Airborne infection control measures
Infection control measures in India

ART CENTRE at Dr R M L HOSPITAL
DELHI

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>
<td></td>
<td></td>
</tr>
</tbody>
</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 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>
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<td></td>
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<td></td>
</tr>
</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 known to be HIV infected</th>
<th>Treatment outcomes</th>
<th>Treatment completed</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>
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<td>Previously treated</td>
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<tr>
<td>Total TB cases</td>
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</tbody>
</table>

C. Program coordination and drug logistics reporting in RNTCP Programme

<table>
<thead>
<tr>
<th>Management Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is there a District Coordination committee? (Yes/No/Not applicable)</td>
</tr>
<tr>
<td>2. If yes, did the DCC meeting take place in this quarter? (Yes/No)</td>
</tr>
<tr>
<td>3. Of the DMCs in the TU/district/state, number with co-located HIV testing services</td>
</tr>
<tr>
<td>4. Information on CPT pouches</td>
</tr>
</tbody>
</table>
## Block 1: Laboratory diagnosis of M/XDR TB

<table>
<thead>
<tr>
<th></th>
<th>(A) Failure</th>
<th>(A) Re-treatment case S+ at 4th month</th>
<th>(A) Contact of known MDR TB case</th>
<th>(B) S+ at diagnosis, re-treatment case</th>
<th>(B) Any follow-up smear +ve</th>
<th>(C) S- at diagnosis, re-treatment case</th>
<th>(C) HIV TB</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDR Suspects Tested</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>MDR TB diagnosed</td>
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<tr>
<td>Patients tested for second-line DST</td>
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<tr>
<td>Ofx-resistant TB cases diagnosed</td>
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<td>XDR TB case diagnosed</td>
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</tr>
</tbody>
</table>

## Block 2: All M/XDR TB registration

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total MDR-TB cases registered and started on regimen for MDR TB during the reporting quarter</td>
<td></td>
</tr>
<tr>
<td>XDR-TB cases registered and started on regimen for XDR TB during the reporting quarter</td>
<td></td>
</tr>
</tbody>
</table>

## Block 3: M/XDR-TB by HIV status

<table>
<thead>
<tr>
<th>Type of DR-TB case</th>
<th>Number of cases registered</th>
<th>Of all Registered M/XDR-TB cases, No. known to be tested for HIV (a)</th>
<th>Of (a), Total Number of HIV-infected M/XDR TB patients identified (b)</th>
<th>Of (b), Number receiving CPT during M/XDR TB treatment</th>
<th>Of (b), Number Receiving ART during M/XDR TB treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XDR</td>
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</tr>
</tbody>
</table>
## Block 1: All M/XDR TB Cases

<table>
<thead>
<tr>
<th>Type of DR-TB case</th>
<th>Number of cases registered and put on treatment</th>
<th>Patients alive and on treatment at 12 months from M/XDR treatment initiation</th>
<th>Patients not on treatment at 12 months from M/XDR treatment initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Most recent culture POSITIVE</td>
<td>Most recent culture NEGATIVE</td>
</tr>
<tr>
<td>MDR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XDR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Block 2: HIV positive M/XDR TB Cases

<table>
<thead>
<tr>
<th>Type of DR-TB case</th>
<th>Number of cases registered on and put on treatment</th>
<th>Patients alive and on treatment at 12 months from M/XDR treatment initiation</th>
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</tr>
<tr>
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<td></td>
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# RNTCP PMDT Report on Result of Treatment of M/XDR TB patients

## Annexure XIV

**Name of District:** ___________________  **Reporting quarter** ___ **year** ___  **Name/Signature of DTO:** ___________________

**Name of linked DR-TB centre** ___________________  **Date of completion of the report:** ___________________

### Block 1: All M/XDR TB Cases

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<thead>
<tr>
<th>Type of DR-TB case</th>
<th>Number of M/XDR-TB cases registered on treatment</th>
<th>Cured</th>
<th>Treatment completed</th>
<th>Died</th>
<th>Failure</th>
<th>Default</th>
<th>Transfer out</th>
<th>Treatment stopped due to adverse drug reactions</th>
<th>Treatment stopped due to other reasons</th>
<th>Switched to Regimen for XDR TB</th>
<th>Still on treatment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDR</td>
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<tr>
<td>XDR</td>
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### Block 2: HIV positive M/XDR TB Cases

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<td>XDR</td>
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</tbody>
</table>
Web based case based electronic reporting system has been developed by RNTCP (NIKSHAY) with the support of National informatics centre, New Delhi and SIMS (Strategic Information Management system) by Department of AIDS Control.
Performance TB-HIV
Trends in Number (%) of registered TB patients with known HIV status, 4q08-3q13, NATIONAL

- 0% to 100% on the y-axis represents the proportion of patients with known HIV status.
- Number of patients ranges from 0 to 450,000 on the x-axis.

The graph shows an increasing trend in the proportion of patients with known HIV status from 11% in 4q08 to 64% in 3q13.
Proportion of TB patients with known HIV Status, 3q13

Nation-wide, 64% of TB patients with known HIV status

Primarily low performance in Northern States
• Limited HIV Care Facilities
• Implemented Intensified TB-HIV package since 2011 (gradual pick up)
• 6724/13232 (51%) of the DMC’s have co-located HIV testing facilities (19% to 95%)
Proportion of HIV positivity among tested TB patients, 3Q13

- National average 5%
- Interpretation of information in low HIV prevalent states?
Number (%) of HIV-infected TB patients receiving CPT during TB treatment, 4q08 – 3q12
Number (%) of HIV-infected TB patients receiving ART during TB treatment, 4q08 – 3q12
Proportion of HIV infected TB patients put on ART-3Q12

0% - 30%
30.1% - 50%
50.1% - 70%
>70%
No Data    NA
ICTC to RNTCP referral
April to September, 2013 India

<table>
<thead>
<tr>
<th></th>
<th>a) Number of clients received pre-test counselling/information (except pregnant women)</th>
<th>b) Number of persons suspected to have TB referred to RNTCP Unit</th>
<th>Sputum Positive TB</th>
<th>Sputum Negative TB</th>
<th>(iii) Extra-Pulmonary TB</th>
<th>d) Out of (c) above, diagnosed TB patients, number receiving DOTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Negative</td>
<td>3668096</td>
<td>152641</td>
<td>10198</td>
<td>5159</td>
<td>9904</td>
<td>2832</td>
</tr>
<tr>
<td>HIV Positive</td>
<td>120011</td>
<td>167315</td>
<td>10371</td>
<td>5124</td>
<td>2925</td>
<td>10707</td>
</tr>
</tbody>
</table>

ICTC to RNTCP referral is 8.4%
### ART to RNTCP referral

**Jan to June, 2013 India**

<table>
<thead>
<tr>
<th></th>
<th>Number of HIV positive patients attending ART centre during the month (Pre-ART and ART)</th>
<th>a) Number of TB Suspects referred from ART to RNTCP</th>
<th>b) No. of TB Sputum positive TB</th>
<th>Sputum negative TB</th>
<th>c) Extra-pulmonary TB</th>
<th>d) Total Diagnosed TB Patients</th>
<th>e) Out of (d), number of TB patients receiving RNTCP treatment within the district</th>
<th>f) Out of (d), number of TB patients referred outside district for RNTCP treatment</th>
<th>g) Out of (f), number of TB patients receiving Non-RNTCP treatment</th>
<th>h) Out of (d), number of patients (HIV TB Co-infected) started on CPT</th>
<th>Out of (d), number of patients (HIV TB Co-infected) started on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>India</strong></td>
<td>2579994</td>
<td>65303</td>
<td>3290</td>
<td>4034</td>
<td>3776</td>
<td>11053</td>
<td>8152</td>
<td>2019</td>
<td>1573</td>
<td>536</td>
<td>10060</td>
</tr>
</tbody>
</table>

**ART to RNTCP referral is 3%**
What is remaining?

- **Less than 50% of the estimated HIV associated TB cases (130,000/year) are notified** annually in spite of massive scale-up of services.
  - Possible reasons being lack of enough cl located HIV testing facilities in north India
  - Missing of cases with extra pulmonary TB- low suspicion, inadequate testing facilities like USG etc

- **Mortality** remains around 15% (RNTCP reports), which is unacceptably high-

- Possibly due top delay in ART initiation, prompt linkage to ART centers.
  - Solutions could be-initiate ART at LAC+ centres, strengthen the monitoring mechanisms (RCs, RNTCP consultants, district supervisors etc.-maz be have it discussed in next NTCC)

- **Scale-up of IPT services still pending** -lot of expectations from India
What is remaining?

• Systematic **infection control** interventions need to be unscaled
  – need to achieve buy-in by general health system (NRHM)

• **Accelerate Early detection** of HIV associated TB-
  – need to scale-up HIV testing among presumptive TB cases (already approved by NTWG)

• poor detection of TB among CLHIV. Going by logic prevalence of active TB among CLHIV could be around 8-10%, huge numbers but may not be on ART causing early mortality

• Systematic management of TB in the scenario of increasing number of **PLHIV on PI based ARV**-issues of M and E, drugs and logistics etc.
<table>
<thead>
<tr>
<th></th>
<th>Action Taken on some major issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>PITC among presumptive TB cases has been started in Andhra Pradesh, Karnataka and Goa. Maharashtra, Gujarat have completed trainings and will be starting PICT among presumptive TB cases by end of 1qtr14.</td>
</tr>
<tr>
<td>2</td>
<td>Plan for Implementation of Isoniazid Preventive Therapy (IPT) strategy at ART centres</td>
</tr>
<tr>
<td></td>
<td>Phase I of the feasibility study by NIRT, Chennai has been completed. It has been communicated by CTD to for local procurement of INH and IPT implementation will be done by March 2014</td>
</tr>
<tr>
<td>3</td>
<td>Early diagnosis of TB</td>
</tr>
<tr>
<td></td>
<td>Linkage of ART centres with CBNAAT sites in 70 centres in India for early diagnosis of TB among PLHIV.</td>
</tr>
</tbody>
</table>
Present scenario in TB/HIV collaboration

WHO-recommended collaborative TB/HIV activities

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TB/HIV Activities in India

- **Ongoing**
- **Done**
- **Ongoing**

Ongoing at ICTC, ART centres
Roll out in early 2014
Guidelines in place

- **Ongoing (ICTC)**
- **Ongoing (ICTC)**
- **Ongoing**
- **Ongoing**
Thrust Areas

1. Enhance proportion of TB patients with known HIV status.
2. **Intensified TB Case Finding (ICF)** with four symptoms complex at ART centres (prioritizing offer of rapid molecular test Xpert-MTB-Rif to all presumptive TB cases among PLHIV)
3. **Daily Regimen for TB** among PLHIV
4. **Isoniazid Preventive Therapy (IPT)** Strategy for prevention of TB among PLHIV
5. Provider Initiated HIV testing and Counselling (PITC) among presumptive TB cases
6. **Airborne Infection Control Measures** at HIV care settings
1. All States and Districts have functional TB/HIV coordination mechanisms

- Establish/strengthen State Co-ordination committees and State Working Group
- Establish and strengthen Co-ordination committees at all Districts
- Designate Nodal Persons for TB HIV co-ordination from both RNTCP & HIV/AIDS program at State and District level
- Strengthen joint review and monitoring of TB HIV collaborative activities at State and District level by Program Managers of RNTCP and HIV/AIDS.
2. Early detection and treatment of at least 90% of estimated HIV-associated TB in the community(1)

- Intensified TB case Finding (currently at ICTCs and ART centres) should be expanded to TI NGOs, Drop In Centres, Link ART centers.

- Overall at country level 6724/13232 (51%) of the Designated Microscopy Centres (DMC’s) have co-located HIV testing facilities. Again the figures vary from 19% to 95% within the states.

- With availability of the POC screening test kit, this gap can be bridged.

- RNTCP has also endorsed the policy of prioritizing offer of rapid molecular test Xpert-MTB-Rif to all presumptive TB cases among PLHIV for early diagnosis of TB as well as Rif resistance (such 70 sites have been identified)
2. Early detection and treatment of at least 90% of estimated HIV-associated TB in the community (2)

- Improved diagnostics to achieve **program's universal access targets** among HIV-infected TB patients
  - Early diagnosis of TB among PLHIV—Smear Negative TB / EPTB/MDR TB
  - Rapid deployment of improved TB diagnostics to all HIV care settings. Introduction/adoption of LED Microscope, Gene-Xpert MTB Rif etc.
- **HIV test for TB suspects**
  - Stage wise implementation sought
Decrease the mortality among TB-HIV patients

- RNTCP has achieved the ART provision to 84%. Despite this achievement, RNTCP data shows very high mortality (12%) and low success rate (80%) among this group, which is less than satisfactory. Following needs to be done on priority.

  - **Intensified TB Case Finding (ICF)** with four symptoms complex at ART centres (**prioritizing offer of rapid molecular test Xpert-MTB-Rif to all presumptive TB cases** among PLHIV) (70 such sites identified)

  - **Daily Regimen for TB among PLHIV:** Considering the high mortality in HIV-associated TB patient the National Committee on diagnosis and Management of TB has taken decision to provide daily anti-tb regimen for these sub-group of patients. However the same is yet to be implemented.
3. HIV and TB testing in co-located facility by 2014

- Capacity building of RNTCP DMC LT in HIV testing - in coordination with DAC
  - Inclusion in training curriculum of LT
- RNTCP DMC involved under PPM/CBCI/other partners be upgraded into F-ICTC to enhance reach of HIV testing facilities
4. Offer of HIV Counseling and testing for all TB patients/ presumptive TB case

- **Focus on Early HIV testing** (Most TB patients with known HIV status reported in Case Finding report)

- **Revision in RNTCP Recording and Reports**
  - Lab register to include information on HIV status
  - **Monthly PHI report** for ‘TB patients with Known HIV status’, enabling PHI-wise Monitoring at district level

- **Travel support for TB patient** for HIV testing where TB and HIV testing are not co-located (RKS, village health and sanitation committee/untied funds)
5. All HIV infected TB patients notified are linked to ART

- Travel support for HIV positive TB patient to ART centres (Rs. 500 for first visit to ART provisioned from RNTCP) (subsequently from Rogi Kalyan Samiti, village health and sanitation committee/untied funds at SC/PHI)

- Revision in RNTCP Reports
  - RNTCP Sputum Conversion Report would enable monitoring of HIV Positive TB patients reached ART centre and eligible TB Patients receiving ART
6. TB prevention interventions are implemented in all HIV care settings in collaboration with NACP - IPT and Air Borne Infection Control

- **Air borne Infection control in HIV care settings**
  - Structural modifications to be supported by NACP
  - RNTCP to support ACSM tools and material
    - Cough etiquette, ...

- **IPT**
  - Implementation plan endorsed. To be implemented in early 2014.
7. Quality data reported in relation to TB/HIV activities to state and national level

- Evaluate Quality data reported in relation to TB/HIV activities
  - Revision of formats for Internal Evaluations
8. Supervision and Monitoring..

- Standardized supervision and monitoring tools for TB/HIV supervision
  - checklists for Joint field visits for RNTCP and HIV/AIDS officials to district level
- Mobility Support to Sr. DOTS Plus and TB HIV Supervisor for better TB HIV co-ordination
Ongoing Operational research

• To carry out studies, which have immediate relevance to Programme e.g. Study on de-centralized provision of CPT led to development of Joint frame work for collaboration
• OR study of HIV positivity among TB suspects led to change in policy
• CTD and WHO plan to do a study at 40 sites where in focus will be on early diagnosis through CBNAAT testing for TB suspects, provision of IPT and Daily ATT- this will feed into issue of scalability of such interventions across the country
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
13 years of HIV-TB collaboration in India: Journey so far and the Road Ahead

- HIV TB Collaboration established across the country
- Linkage loss, lack of IEC activity, need for community involvement
- Low referral from HIV sites, Challenges in testing all-, distance, financial issues, counselling
- Research for simpler diagnostics, shorter IPT, shorter ATT, newer ARV drugs
- Good CPT and ART coverage