

Minutes of meeting of National Technical Working Group on HIV/TB Collaborative Activities at National AIDS Control Organization, New Delhi, on 23/12/2011

The second meeting of the re-constituted National Technical Working Group (NTWG) on HIV/TB was convened at NACO on 23rd of December 2011. Dr.R.S.Gupta, DDG Basic Services Division NACO and member secretary of NTWG welcomed all NTWG members. Dr.Ashok Kumar, DDG (TB) chaired the meeting. He reviewed participation in the meeting and urged for regular meetings in future with participation of some special invitee or agenda specific subject expert. He also suggested that WHO may be requested to depute an officer in place of Dr.Polin Chan, MO-HIV which is vacant at present.

The list of participants is placed at annexure-1

The agenda for the meeting was as follows:

1. Review of actions taken on last NTWG meeting
2. Review of performance of ICF activities at ICTC and ART centres
3. Review of performance of intensified TB/HIV package
4. Presentation of findings of operational research on HIV testing of TB suspects and association of HIV and drug resistant TB
5. Presentation on role of New Diagnostics for TB among PLHIV in the context of Intensified TB case finding and TB treatment in children living with HIV
6. Any other issues with the permission of chair

Following were the issues discussed and decisions taken by the NTWG:

1. **Review of actions taken on last NTWG**: DDG (BSD) NACO presented the action taken report to the group. Following were the recommendations on specific issues pending from last meeting:

Issue of joint field visits: Chairman of NTWG noted that NACO and CTD should draw detailed work plan, with timeline, person visiting, duration of visit and the schedule for whole of 2012 at national and state level.

- i. The group recommended linking of the joint TB/HIV field visits with the ongoing RNTCP central and state level internal evaluations (IE).
- ii. CTD to draw the schedule and states for central IE and also instruct all states to provide the tentative list of districts planned for state IE in 2012. These plans may be discussed with NACO and finalized for evaluation in 2012.
- iii. The state IE teams should have representation from SACS in the form of Joint Director Basic Services Division (JD-BSD), HIV-TB consultant, Joint Director of Care, support and treatment division (JD-CST) or Regional coordinators (RC) of CST Division.
- iv. In addition to above the nodal officers in CTD and NACO may undertake issue based field visits to state and districts.

Issue of nomenclature in TB/HIV activities: NPO ART raised the issue urging discontinuation of the term “intensified package”. The group advised NACO and CTD nodal officers to consider this in next revision of TB/HIV documents.

Issue of Airborne Infection control (AIC) at HIV care settings: NPO ART informed the group that while major structural change for AIC are difficult to implement with limited resources under NACP, the basic activities like fast tracking of patients, use of mask etc. is being implemented at all ART centres. The group recommended closer monitoring of AIC by CST division in general and particularly Regional Coordinators (RC) during routine visits to ART centres. IEC material on the same may be clearly displayed at all centres. As there are plans of establishing new ART centres in the next five years, it was recommended that baseline assessment of the sites should be undertaken from the AIC perspective and feasible corrective actions taken before setting up new ART centres.

Issue of requirement of Rifabutin from Centres of Excellence (COE): NPO ART informed the group that apart from the 10 COE, there are about 24 ART plus centres where 2nd line ART is now being initiated. This poses additional challenge of gathering the information on TB cases detected during the quarter among these patients, due to lack of cohort reporting in CMIS. NTWG recommended that NACO may develop a mechanism to gather this information routinely and share with the Central TB Division to facilitate timely and adequate procurement of Rifabutin by RNTCP. NTWG also suggested Central TB Division to explore the possibility of national procurement and supply of Rifabutin in future with expected increase in number of cases requiring the same.

2. Review of performance of ICF activities at ICTC and ART centres

Expansion of Intensified TB case finding (ICF): NACO informed the group that since this issue was discussed in last NTWG meetings it was deliberated internally in NACO. Accordingly following was proposed and approved by the NTWG:

- i. **ICF at Link ART centres (LAC):** There will not be a separate recording and reporting system for ICF at LAC. ICF may be implemented by the ICTC counselor at LAC and include the TB suspects among LAC attendees into his ICTC line-list itself and report in the monthly TB/HIV report of ICTC.
- ii. **ICF at LAC-Plus centres:** Though there will be a separate recording mechanism for HIV/TB at LAC plus, there will be no separate reporting mechanism and these will be linked to their nodal ART centre for reporting purposes. ICF at LAC-plus centre will be undertaken by the contractual staff nurse appointed by NACP using the same recording and reporting formats used for ICF at ART centres. The line-list thus generated will be exchanged with the respective STS of RNTCP and the completed line-list will be sent to parent ART centres along with other reports sent by the LAC plus centres routinely. This line-list is to be merged with the parent ARTC HIV/TB line-list and a monthly report generated accordingly.
- iii. **ICF at NACO targeted intervention (TI) project:** NACO presented the outcome of internal meeting with TI division and following decisions were adopted by NTWG :
 - a. ICF is important at TI project sites but their core activity remains behavioral change interventions and strengthening referral linkage with ICTC.
 - b. No additional recording and reporting at present due to resource limitations as per NACO TI division, but this needs to be further deliberated internally in NACO.

- c. Local linkages between TI NGO and RNTCP district TB office encouraged in the form of :
 - 1.Capacity building of NGO staff.
 - 2.Provision for laboratory referral forms, sputum containers etc.
 - 3.Establishment of “sputum collection centres” or designated microscopy centres and DOT centre at TI sites, wherever feasible.
 - 4.Availability of TB IEC material in NGO facilities.
- d. RNTCP to continue implementation of NGO-PP scheme for TB/HIV.
- e. NACO to instruct SACS & DAPCU and district ICTC supervisor to facilitate above activities in collaboration with RNTCP.
- f. RNTCP to entrust responsibility for coordination of above activities to the state TB/HIV coordinator and District DOTS Plus TB/HIV supervisors.
- g. The NTWG recommended that NACO should undertake further discussion internally so that a comprehensive TB/HIV activity is implemented at TI projects with systematic recording and reporting. A wider consultation with NGO partners from Avahan may be considered for experience sharing and inputs for programme consideration.

iv. Strengthening TB/HIV co-ordination activities:

- a. NACO informed the group that the quarterly state TB/HIV Working Group meetings (SWG) are not happening regularly in all states as per information available at NACO.
- b. NTWG recommended that these meeting may be held before or after RNTCP quarterly review meetings. The State TB cell may intimate the dates of review meeting to SACS; SACS in-turn may schedule the SWG meeting in consultation with STO.

3. Review of performance of intensified TB/HIV package:

- a. Additional DDG TB presented the status of implementation of package to NTWG. He informed that while the uptake of HIV testing by TB patients and linkage to CPT are satisfactory in all high and medium prevalence states, linkage to ART remains less than 60%. He informed that CTD has incorporated travel support for this activity in their National strategic plan proposal (2012-17).
- b. He also flagged the issue of shortfall in number of HIV testing centres compared to DMC, which is leading to less than 50% testing of TB cases nationally. He requested NACO to share its plan to address this issue.
- c. DDG BSD and Nodal officer in NACO informed the group on following strategies accepted by NACO for NACP-IV period to bridge gap in infrastructure:
 - 1. All health facilities upto community health centre level will have a stand-alone HIV testing facility, including those in HIV low prevalent areas.
 - 2. Strategy for category A and B districts to be as below:
 - All 24*7 PHI below CHC to have a Facility integrated –ICTC (F-ICTC)
 - RNTCP DMC without co-located ICTC to be prioritized for establishment of F-ICTC by the SACS

- All other PHI in the district to have HIV screening facility using 1 test (whole blood figure prick test)
 - All sub-centres ANM's to perform HIV screening for ANC and TB clients at sub-centre level.
3. Strategy for C and D category districts: All 24*7 facilities below CHC to have HIV screening facility.
- d. **Decision of NTWG:**
- The SACS and STC to undertake mapping and review of co-located HIV testing facilities vis a vis RNTCP DMC as a key agenda item for all State Working Group and district level review meetings.
 - Establishment of co-located HIV testing facilities at all DMCs to be a monitoring point during all field visits by NACP and RNTCP supervisors.
 - NACO to reiterate to all SACS to prioritize DMC for establishment of F-ICTC in review meetings and annual action plan (2012-13).
 - Central TB Division agreed to monitor the indicator: "Proportion of DMCs with co-located HIV testing services" by incorporating it in the RNTCP surveillance system (Programme Management Report).
 - Multi-tasking by both NACP and RNTCP laboratory technicians to increase number of functional co-located facilities. CTD to communicate all STC to ensure that DMC LT perform HIV tests at DMCs without a stand-alone HIV testing facility and SACS to ensure that ICTC technicians perform smear examination when there is no LT at DMC (short term absence or vacancy in both cases).
 - CTD to communicate to state TB officers to facilitate release of DMC LT for training in HIV testing and NACP to communicate to SACS to allow their LTs to be trained in smear microscopy.
 - NACO to ensure regular supply of HIV test kits at all these sites.
 - Operational guideline and module for HIV testing using whole blood kit developed by NACO to be field tested in two states (Orissa, Rajasthan or Jharkhand). This should be followed by quick scale-up of training across the country.
4. **Presentation of findings of operational research by CTD:** Nodal officer in CTD presented the findings of study conducted on provider initiated HIV testing and counseling (PITC) among TB Suspects for consideration of NACO. This research was undertaken based on the recommendation of DG-NACO in an earlier NTWG (March 2010).
- The study was conducted in one district each of Andhra Pradesh and Karnataka (Vizianagaram and Mandya), the objective was to assess if PITC was feasible and effective in finding out "new" HIV cases, if all suspected cases of TB were offered HIV testing.
 - This operational research conducted in 2010 showed that the HIV prevalence among TB suspects can be as high as that among TB patients ranging from 7%-10% and that PITC among TB suspects can be feasibly implemented in settings with decentralized HIV testing facilities. A modeling exercise based on the study findings indicated that PITC has the potential to increase HIV case finding by 35-50% with major impact expected in reducing mortality and morbidity among

PLHIV. Given that less than 50% of PLHIV in India are not aware of their status, this could be a potential tool for increasing HIV case finding and potentially early case finding with major impact on morbidity and mortality expected.

- The group also acknowledged that PITC among TB suspects is feasible for implementation in routine programme settings and its yield is greater than that in ICTC including the HRG attending ICTC and marginally less than TB patients.

Decisions taken:

- Acknowledging the strong evidence, NTWG took a policy decision to implement PITC among TB suspects in high HIV settings (states of Karnataka, Andhra Pradesh, Tamil Nadu, Maharashtra, Manipur and Nagaland) in India. NTWG further recommended that PITC among TB suspects be piloted in 1-2 high prevalence states (and select districts in other high prevalent states, at all DMC with co-located HIV testing facility) for a period of 3-6 months with mechanisms for recording and reporting to finalize the operational guidance before scale-up to other high HIV settings. Communications to this effect will be sent from NACO and CTD to SACS and STC respectively with the commitment to permit the use of programme resources for the pilot (funds for training of staffs, printing of formats, supply of adequate number of HIV test kits etc).
- Considering a high yield of HIV among TB suspects in high prevalent settings, which was hitherto unexpected in India, NTWG also opined that similar surveillance efforts should be conducted jointly by CTD and NACO in moderate and low HIV settings (states other than the ones mentioned above, preferably not category 'A' districts) of the country and findings presented before national policy decision. Given the heterogeneity of HIV epidemic in India across states/districts, we cannot define a single cutoff of HIV prevalence to decide if PITC among TB suspects is justified. Hence, it was widely agreed that if the prevalence of HIV among TB suspects is as high as or greater than HIV positivity among the ICTC clients, then the strategy of PITC for TB suspects may be justified. As per the draft protocol shared by CTD with NACO, the study sites need to be finalized and joint communications be sent to all the concerned states/districts to initiate this activity.

5. **Presentation on role of new TB diagnostics and TB treatment in Children -NACO:**

A. New TB diagnostics: NPO ART made the presentations following issues were discussed and decisions made:

- a. **Early diagnosis of TB and MDR-TB:** Considering emerging global evidence and recommendation from WHO, NACO requested Central TB Division to consider use of new TB diagnostics for basic TB diagnosis among PLHIV and early diagnosis of MDR-TB.
- b. NTWG also reviewed findings presented by CTD regarding the OR conducted in Andhra Pradesh looking for association of HIV and MDR-TB. The findings suggested that HIV is independently associated with the chance of having MDR-TB, after adjustment for all known confounders. This also calls for prioritizing PLHIV for diagnosing MDR-TB under RNTCP.

- c. CTD acknowledged this as a priority under RNTCP and agreed to incorporate TB suspects among the PLHIV attending ART/LAC Plus/LAC centres into those eligible for NAAT using Xpert MTB/RIF, in its upcoming operational research study and generate more evidence. Decision on programmatic implementation will be taken after a detailed analysis of effectiveness and cost-effectiveness.
- d. CTD also agreed to prioritize HIV-infected TB cases for Culture and DST in its PMDT (Programmatic Management of Drug-resistant TB) expansion plan.
- e. NTWG recommended that the above activities may be adopted in line with RNTCP plan envisaged in National Strategic plan for 2012-17
- f. CTD also requested NACO to re-consider the cost sharing model on which DDG NACO informed the group that NACP IV draft document is already submitted to planning commission and that the issue of cost sharing was not included in the final draft. This needs to be explored at the highest level in future deliberations.

B. TB treatment among children living with HIV (CLHIV):

- a. NACO presented evidence regarding under-dosing of TB drugs in current RNTCP kits for children and also the WHO recommendation on use of daily regimens among CLHIV instead of intermittent and requested provision of appropriate regimens by RNTCP.
- b. Nodal officer from CTD informed the group regarding the consensus statement of national consultation held at NARI in January 2011, which agreed that the evidence, forming the basis of WHO recommendations is weak and inadequate for policy change by RNTCP. But he also informed that CTD remains concerned on this issue and is encouraging further research and consultation.
- c. The NTWG recommended that CTD may address these concerns in its upcoming pediatric consultation, at national level (planned on 31st of January 2012) and decide on the dosing requirements for children living with HIV.

6. Other Issues discussed and decisions made:

- A. Revision of training material and National TB/HIV framework: Nodal officers in NACO and CTD to initiate work on revision of these documents in January 2012 and inform the NTWG on the recommended changes in next meeting for adoption
- B. Revision of recording and reporting formats: nodal officers in NACO and CTD to work on
 - a. Removal of Section-C in HIV/TB reports on HIV testing of TB patients from NACO CMIS to avoid duplication of reporting.
 - b. Discontinuation of compilation of ICF reports at Central TB Division. PO HIV/TB at NACO to compile this monthly from all the states and share a copy with the Central TB Division to enable publication in RNTCP quarterly and annual performance reports.
 - c. Inclusion of HIV in routine programme surveillance (PMDT records and reports)
 - d. Inclusion of HIV in DRS and disease prevalence surveys adequately powered for studying the association.
 - e. Modifications in the TB/HIV recording and reporting under RNTCP to remove ambiguities and enhance efficiency of monitoring.

- C. **Supervision and monitoring:** NACO informed CTD on its efforts to integrate with NRHM in various important areas and requested CTD to consider integration of supervision and monitoring functions at state and district level. It was requested that the RNTCP state TB/HIV coordinators and district DOTS plus & TB/HIV supervisors may be entrusted with responsibility for supervision and monitoring of ICTC functions other than HIV/TB activities, which will optimize their visit to centres and inform NACO on shortfalls and issues in time. Central TB division agreed to consider these requests with respect to state TB/HIV coordinator but considering the already existing high-workload for the district level supervisors, the delegation of basic ICTC supervision function may be considered based on needs in district and states.
- D. National level training for State TB/HIV coordinators: Central TB Division informed that State TB/HIV coordinators are already being trained at national level under RNTCP, where they are trained in all aspects of RNTCP including TB/HIV. However, it may be considered to arrange for a one-day sensitization on TB/HIV once all the positions are filled by the states.

DDG (TB) in his closing remarks mentioned the need to conduct NTWG meetings as per its constitution at the end of every quarter in future and preferably in the fore-noon. The meeting concluded with a vote of thanks by DDG BSD NACO.

Annexure:1. List of participants in NTWG meeting on 23/12/2011

1. Dr. Ashok Kumar, Deputy Director General, Central TB Division, Ministry of Health & Family Welfare
2. Dr.R.S.Gupta, Deputy Director General, National AIDS Control Organization, Department of AIDS Control, Ministry of Health & Family Welfare
3. Dr. Devesh Gupta, Additional DDG TB, CTD, Ministry of Health & Family Welfare
4. Dr. B.B. Rewari NPO(ART), NACO
5. Dr. Puneet Dewan, MO(TB), WHO-SEARO
6. Ms. Janhabi Goswami, President, Indian Network of positive People, Delhi
7. Ms.Mamta Jacobs, Advocacy coordinator, Global Health Advocates (Advocacy in TB Control Internationally)
8. Dr. Ajay Kumar MV, WHO National Consultant, TB/HIV Co-ordination, Central TB Division
9. Dr.Raghuram Rao, Programme Officer (ICTC), NACO
10. Dr.Avinash Kanchar, Programme Officer (HIV/TB), NACO
11. Mr.Neelmani Jaiswal, Technical Officer (HIV/TB), NACO
12. Mr. Rohit Mehta, M & E Officer, BSD, NACO