

Minutes of meeting of National Technical Working Group on HIV/TB Collaborative Activities at National AIDS Control Organization, New Delhi, on 19/07/2012

The 3rd meeting of re-constituted National Technical Working Group (NTWG) on HIV/TB was convened at NACO on 19th of July 2012. 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 meeting and urged for regular meetings in future. He also suggested WHO officer responsible for HIV programme may also be invited in next meeting. DDG TB in his opening remark informed the group regarding major developments in RNTCP over past 6 months, including the GOI decision to make TB a Notifiable disease from 15th of May 2012, GOI decision to ban use of serological test for diagnosis of TB on 7th of June 2012 and the steps initiated by ministry of health to enforce compliance to schedule 'H' drugs. Following his remarks, DDG (BSD), NACO presented action taken report on decision of NTWG meeting held on 23rd of December 2011.

The list of participants is placed at annexure-1

The agenda for the meeting was as follows:

1. Review of performance of ICF activities at ICTC and ART centres
2. Review of performance of intensified package of services
3. Discussion on Joint TB/HIV supervision and monitoring activities
4. Presentation of OR results on PITC among TB suspects
5. Discussion on the issue of DR-TB among PLHIV and use of Rifabutin
6. Any other issues

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

A. Performance of Intensified (TB) Case Finding activities (ICF)

1. **Linkage to RNTCP DOTS:** The group raised concern regarding the fact that only 60-80% of TB cases detected out of ICF, both at ICTC and ART centres in low and vulnerable HIV prevalent states, being initiated on RNTCP DOTS treatment.

Decision: NACP and RNTCP nodal officers to analyse reasons through an operational research study

2. **ART initiation:** Nodal officer in NACO informed the group that a gap exists in initiation of ART even after base-line evaluation at ART centre, to the extent of 25%, and hence proposed revision in the format of monthly ICF report from ART centre to strengthen this activity

Decision: NTWG endorsed revised monthly ICF reporting format for ART centres.

- 3. ICF activities among high Risk groups:** Mr. John Kurien from Swiss Emmaus, India, who was a special invitee to the NTWG meeting, raised the issue of minimal uptake of TB/HIV schemes by NGO involved in TI and CCC programmes under NACP. TB screening and linkage to DOTS services could improve care options for high risk populations, who might otherwise not access public facilities. Operational research taken by CTD, NACO and partners in 2008 had found that simple TB screening could be feasibly included in routine TI activities; outreach workers incorporated TB screening and referral seamlessly into their usual routine with minimal training and tools. DDG NACO informed the members that the issue of ICF activities among HRG is still being deliberated internally in NACO and that NACO TI division had agreed for local collaboration between the NGO's and RNTCP.

Decision: DDG TB requested NACP to issue a communication to all NGO involved in TI and CCC requesting them to take up RNTCP NGO scheme for TB/HIV. The NTWG also recommended wider dissemination of the RNTCP schemes to NGO and to monitor uptake of these schemes, at national level. NACO to invite TI division to next NTWG meeting to discuss the issue of including TB screening as part of routine TI activities

- 4. Early detection of TB and Drug-Resistant TB (DR-TB) among PLHIV:** Nodal officer from NACO requested RNTCP to consider prioritization of PLHIV registered at ART centres for diagnosis of TB and DR-TB using rapid diagnostic tests.

Decision: NTWG recommended RNTCP to include "suspected TB and DR-TB cases" among the PLHIV, as priority group for offer of TB/DR-TB test using rapid diagnostic tools being adopted by RNTCP. Accordingly RNTCP may include necessary logistic requirements in its logistics and financial plan for expansion of services using these tools.

- 5. Issue of Rifabutin use among PLHIV on second line or alternate first line ARV (PI-based regimen):** NPO ART raised the concern regarding recently scientific publications pointing out increased risk of DR-TB among PLHIV on PI-based regimen, being initiated on Rifabutin based ATT. He also expressed concerns regarding inadequacy of dose of Rifabutin currently used under programme when used concomitantly with regimen having Ritonavir /Lopinavir. Pharmacokinetic study on this issue from NIRT is pending completion.

Decision: NTWG recommended that RNTCP may request National Institute for research in TB (NIRT) to share the findings of its pharmacokinetic studies on interactions between Rifabutin and PI during the next TWG so that appropriate programmatic decisions can be made

NTWG also recommended that nodal officers from NACP and RNTCP may undertake operational research to study TB treatment outcomes among TB/HIV cases on Rifabutin and 2nd line or alternative first line ART. Progress on this operational research to be reported at the next NTWG.

B. Performance of Intensified TB/HIV Package:

Issue of increasing coverage of HIV testing among TB patients: Nodal officer from RNTCP presented the status of coverage nationally, with wide variation in performance. He stressed that increasing the proportion of TB patients HIV-tested further will likely occur only with increase in HIV testing facilities. He suggested that NACP to provide HIV testing facility at all RNTCP DMC either in the form of stand-alone ICTC, Facility integrated ICTC (F-ICTC) or a whole blood finger prick screening facility. DDG NACO agreed to the suggestion and reassured the group regarding streamlining of supplies of test kits by September 2012

Decision:

- a. NTWG recommended NACP to expand coverage of whole blood finger prick HIV screening test at all DMC without a stand-alone or F-ICTC. This expansion may be prioritized in states and districts where there are low levels of DMC and ICTC/F-ICTC co-location, and linked with procurement and supply cycle of NACP
- b. The expansion of whole blood finger prick test may be done in phased manner -

Phase (Quarter)	Plan for expansion of Whole blood finger prick test for use at DMC
Phase 1	Rajasthan
	Orissa
	West Bengal
Phase 2	Haryana
	Madhya Pradesh
	Chhattisgarh
	Bihar
Phase 3	Uttar Pradesh
	Jharkhand
	Uttarkhand, Himachal Pradesh
Phase 4	Assam , North eastern states, J&K

- c. Finalize operational module for use of whole blood finger prick test at RNTCP DMC at the earliest and initiate activities.
- d. Detailed operational guidance, and expansion plan to be shared by NACP during next NTWG.
- e. RNTCP to prioritize and facilitate the participation of DMC staff in necessary training, which would be organized by NACP.

C. Supervision and monitoring:

Nodal officer from NACO presented the observations made during joint field visits over last 6 months. Key observations included sub-optimal implementation of coordination activities at

state and district level, minimal monitoring of programme at state and district level, low levels of performance in low HIV prevalent settings, lack of validation of data, delay in procurement and supply of CPT and printing of formats, training backlog, low referrals from ART centres, lack of systematic conduct of monthly TB/HIV meetings etc.

Decisions:

1. Issue joint communication to all STO and PD SACS based on observations made in 4-5 CIE visits during 2012
2. RNTCP and NACP may convene a Joint National review meetings of State TB/HIV coordinators and TB/HIV consultants /nodal person to streamline TB/HIV activities
3. RNTCP to undertake quarterly state level review meetings of District DOTS Plus/TBHIV supervisors
4. RNTCP to incorporate a separate section on implementation of TB/HIV activities internal evaluation formats
5. NACP and RNTCP nodal officers to develop a small checklist for use both by RNTCP TB/HIV supervisors and NACP ICTC supervisors, for visit to ICTC and RNTCP DMC
6. NACP and RNTCP to assess training load for RNTCP and NACP Laboratory Technician for multitasking and facilitate the implementation of the same

D. Presentation of findings of state wide pilot implementation of PITC among TB suspects in Karnataka

Nodal officer from RNTCP shared the findings of pilot implementation study conducted in Karnataka to test the recording and reporting format and operational feasibility of the activity for implementation in routine programme settings. The study concluded that PITC can be implemented routinely in the programme settings with only minor modification of existing recording and reporting formats.

Decision:

1. NTWG accepted the findings of operational research and subsequent statewide feasibility pilot conducted in Karnataka showing that PITC among TB suspects is operationally feasible and has substantial potential to increase HIV case detection in HIV high prevalence settings.
2. NTWG accepted the policy of PITC among TB suspects, and recommended NACP and RNTCP to implement this activity in HIV high prevalence settings (A and B districts).
3. The implementation may be planned in a phased manner, starting with high prevalent states and then in A and B category districts in rest of the country.
4. NACP and RNTCP to consider following issues while drawing implementation plan:
 - a. Sufficient availability of HIV test kits
 - b. Sufficient availability of ARV drugs to cope with increased detection of new HIV cases

5. The findings of study implementing PITC among TB suspects in 10 districts in low HIV prevalent settings may be presented to the NTWG in the next meeting, along with detailed implementation plan jointly developed by both programmes, if any.

E. Update on IPT study by NIRT and IPT roll out-experience from SEAR:

Representative from NIRT did not attend the NTWG due to prior engagement. Dr.Puneet Dewan, WHO SEARO, informed the group that the IPT study enrolment is not initiated pending receipt of funds by NIRT. He also presented findings of evaluation of IPT implementation in Myanmar.

F. Miscellaneous issues:

Nodal officer from RNTCP and NACP informed the group regarding deliberations during WHO SEARO meeting at Kathmandu between 9th to 12th of July 2012. In this meeting TB/HIV collaboration in India was greatly appreciated. The observations made by 57th parliamentary committee on health and family welfare were also discussed in the meeting

Decisions:

1. The NTWG recommended that since national coverage of intensified TB/HIV package is achieved after implementation of the programme in Jammu and Kashmir, NACP and RNTCP should together write a scientific paper on India success story in effective implementation of TB/HIV collaborative activities
2. NTWG recommended nodal officers from NACP and RNTCP to work on revision of National Framework and submit the same as TB/HIV response plan (2012-2015) for India, to the WHO SEARO as requested in Kathmandu meeting
3. Regarding observations of the parliamentary committee DDG TB requested NACO to communicate with DCGI to request measures for regulating prescription and dispensing of anti-TB drugs in private sector
4. Intensified case finding activities to be specifically monitored among HIV infected pregnant women and children living with HIV
5. NTWG recommended following outputs before the next meeting of NTWG:
 - a. Revised National Framework and draft TB/HIV modules
 - b. RNTCP paediatric TB guidelines
 - c. Pharmacokinetic study information from NIRT
 - d. NACO plan for expansion of HIV testing services and PITC services for TB suspects in HP states

Since this was last NTWG meeting for Dr.Puneet Dewan in his capacity as WHO MOTB for SEARO, the chairman of the NTWG concluded the meeting by appreciating and acknowledging his immense

contributions in development of policies and scale-up of TB/HIV activities in India over last 7 years of his association with TB Control programme

Annexure:1. List of participants in NTWG meeting on 19/07/2012

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.PuneetDewan, MO(TB), WHO-SEARO
6. Mr.John Kurian, Swiss Emmaus, India (Special Invitee from Civil Society organization)
7. Dr.Geetanjali Kumari, National Consultant (PPTCT), NACO
8. Dr.RaghuramRao, Programme Officer (ICTC), NACO
9. Dr.B.N.Sharath, WHO National consultant TB/HIV, Central TB division
10. Dr.AvinashKanchar, Programme Officer (HIV/TB), NACO
11. Mr.Rohit Mehta, M & E Officer, BSD, NACO