

# TB-HIV Collaborative Activities

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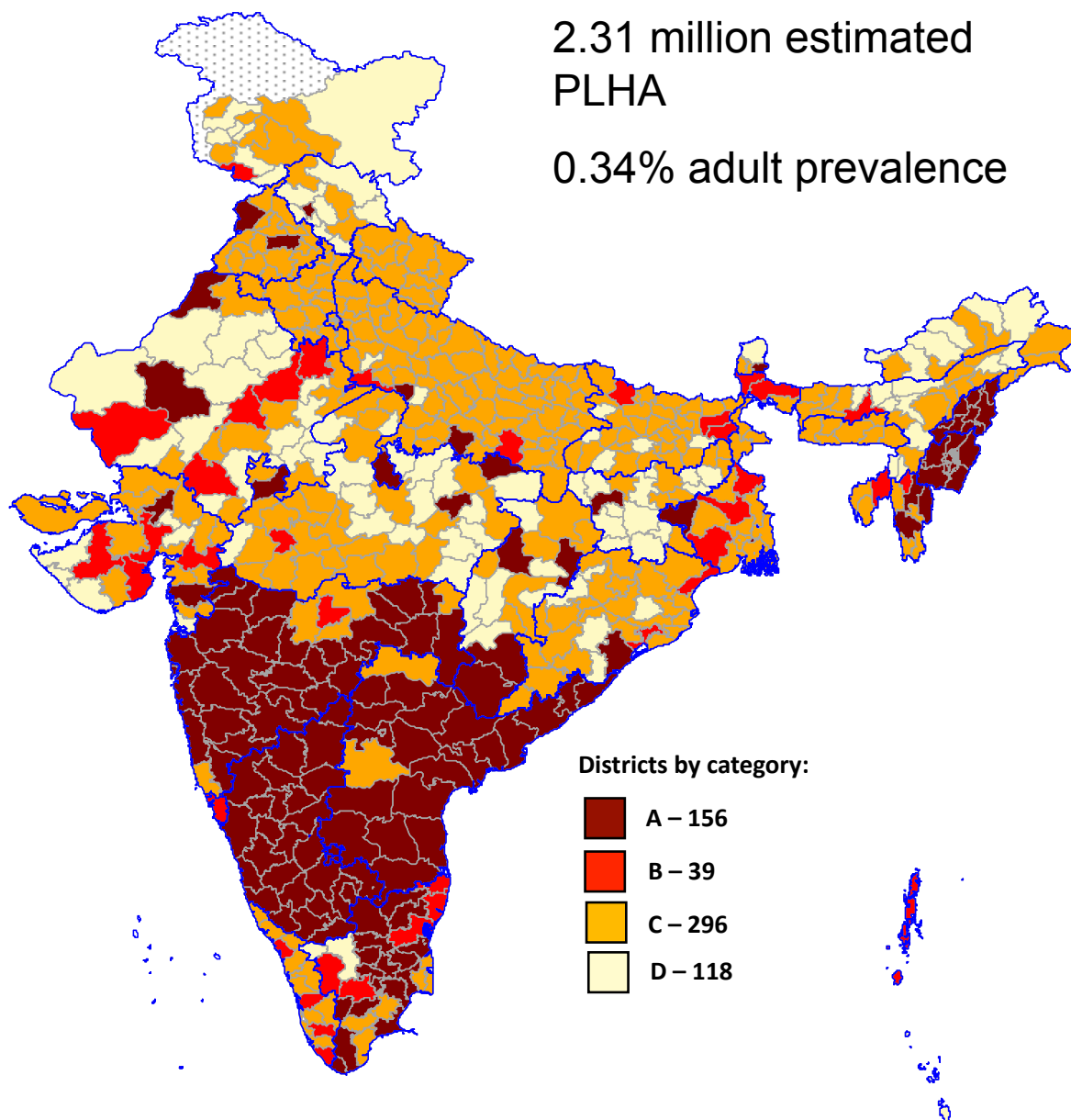
## TB and HIV in India

- Highest TB burden in the world
  - 1.8 million TB cases per year
- 3<sup>rd</sup> highest HIV burden
  - 2.3 million PLHA (2007)
  - Prevalence 0.34% (adult population)
- Estimated HIV-TB co-infected: 55,000-65,000

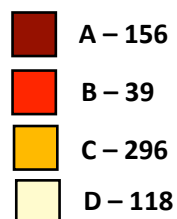
# HIV Situation analysis

2.31 million estimated  
PLHA

0.34% adult prevalence



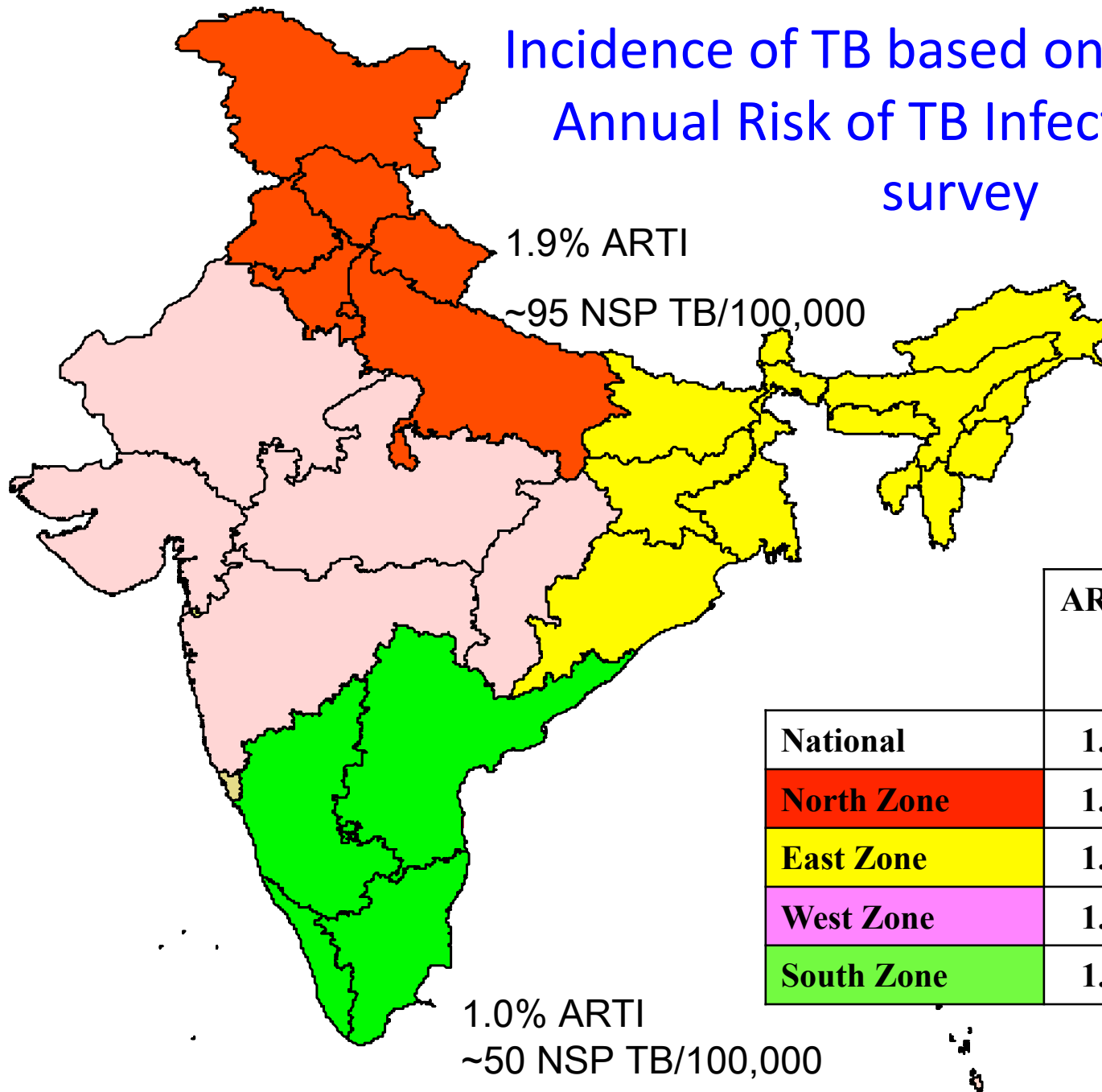
Districts by category:



## Category of Districts

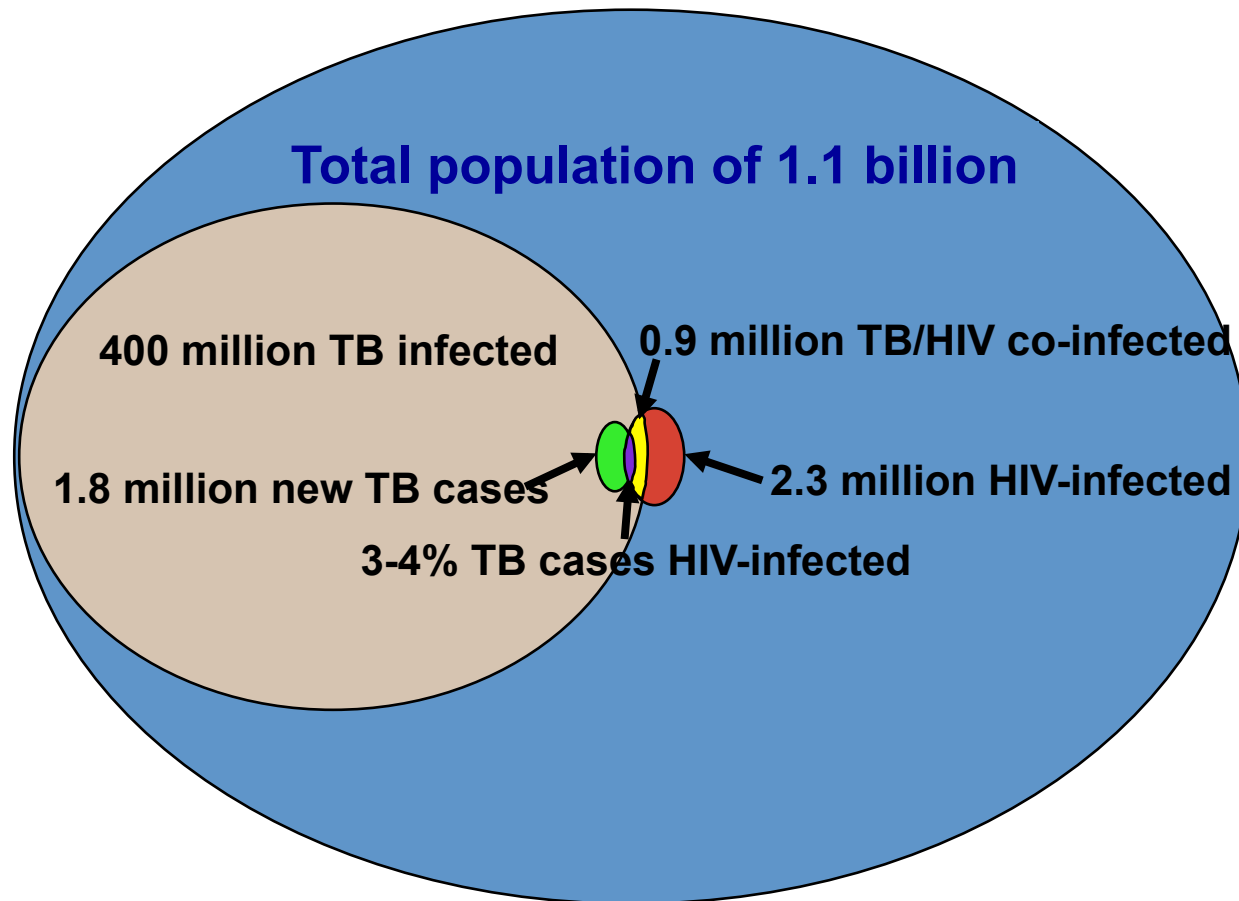
A	More than 1% ANC/PPTCT prevalence in district in any time in any of the sites in the last 3 years
B	Less than 1% ANC/PPTCT prevalence in all the sites during last 3 years Associated with More than 5% prevalence in any HRG group (STD/CSW/MSM/IDU)
C	Less than 1% in ANC prevalence and Less than 5% in all STD clinic attendees or any HRG WITH KNOWN HOT SPOTS (Migrants, Truckers, Large aggregation of, Factory workers, Tourist etc)
D	Less than 1% in ANC prevalence in all sites during last 3 years with Less than 5% in all STD clinic attendees or any HRG OR No or Poor HIV Data With No Known Hot Spots/Unknown

# Incidence of TB based on nationwide Annual Risk of TB Infection (ARTI) survey



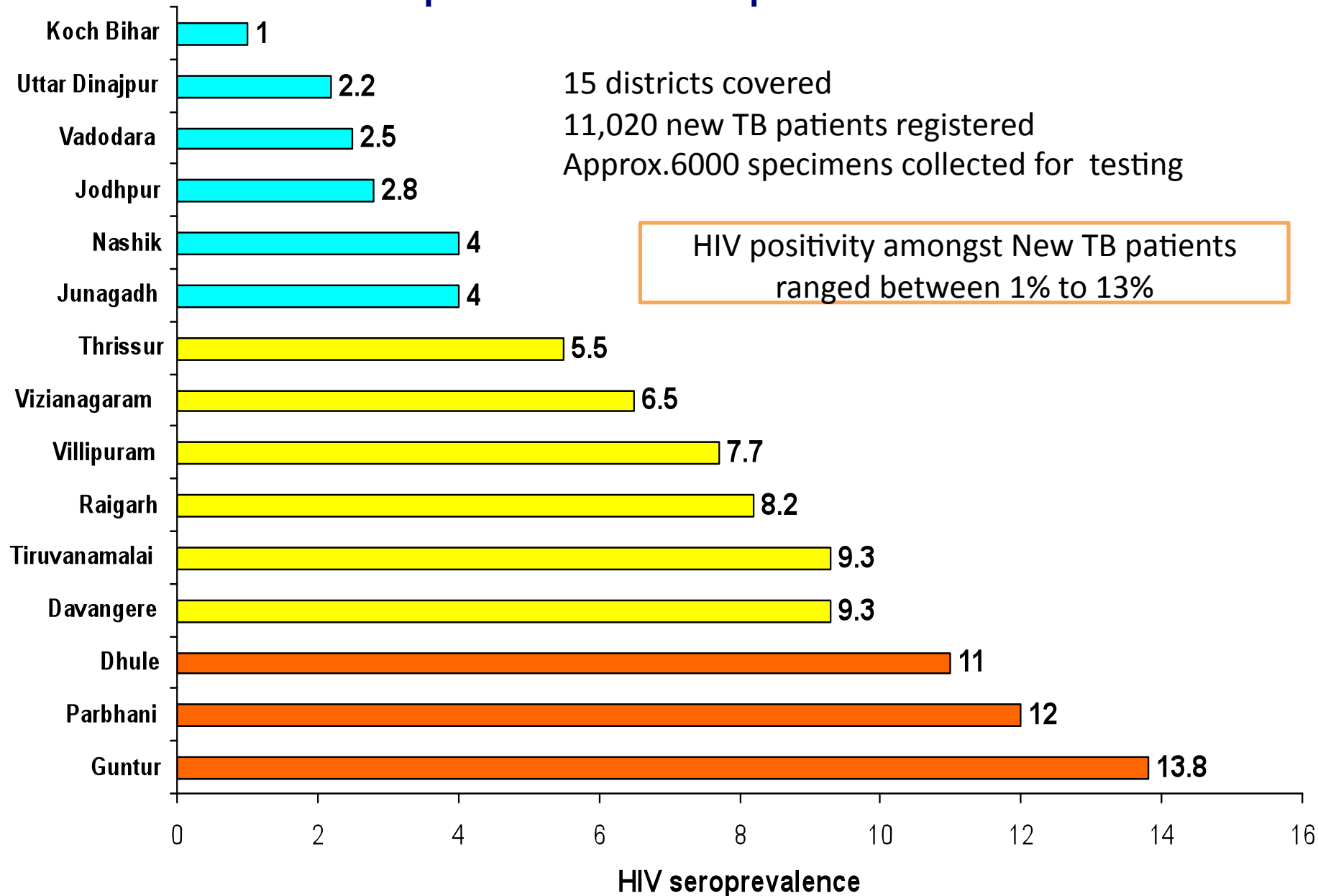
	ARTI	Incidence of NSP TB / 100,000 pop / annum
National	1.5	75
North Zone	1.9	95
East Zone	1.3	65
West Zone	1.6	80
South Zone	1.0	50

# Determinants for HIV-associated TB disease in India



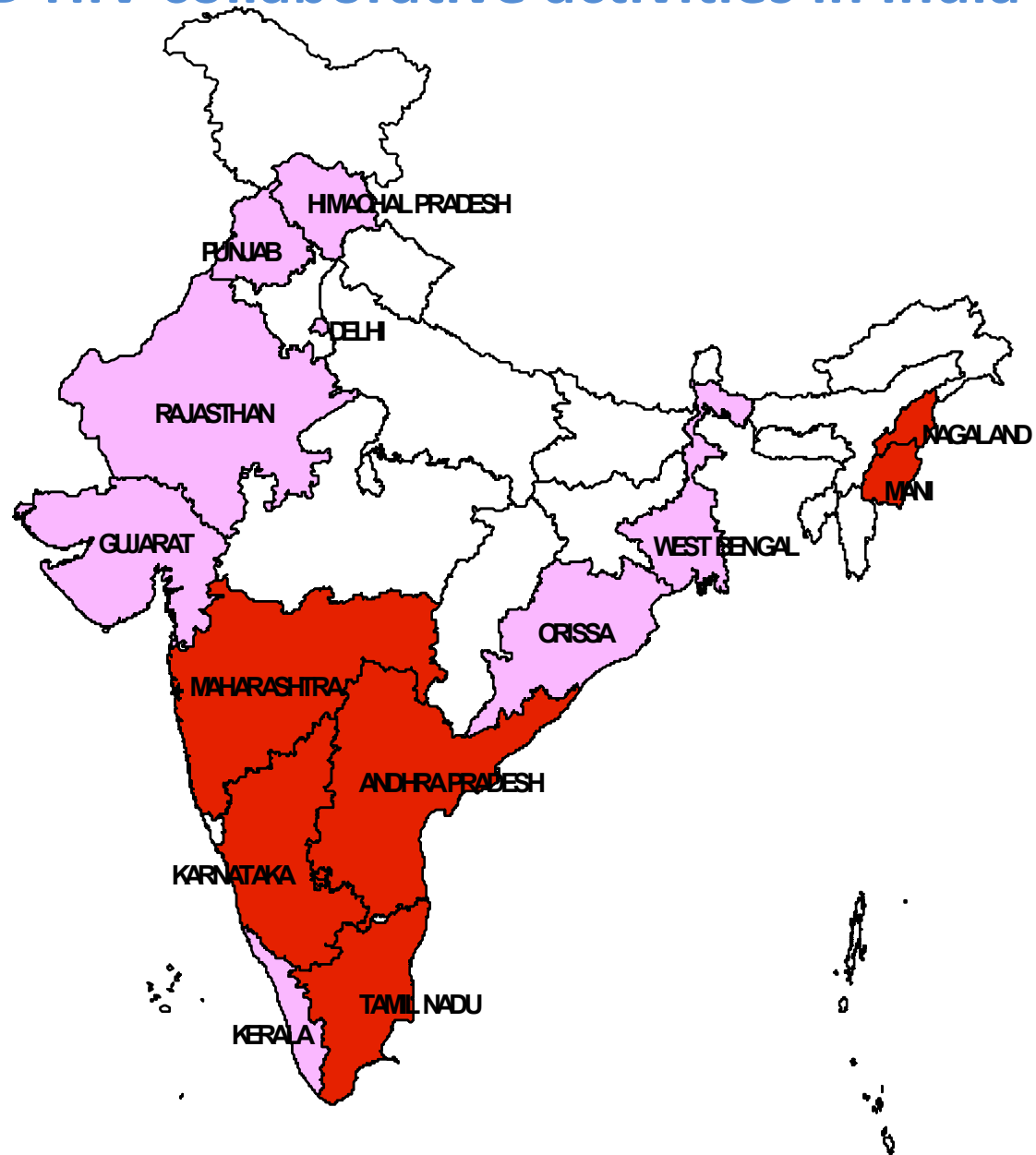
**1.8 million new TB cases per year → TB epidemic  
being primarily driven by the 400 million TB  
infected non-HIV infected pool**

## HIV Seroprevalence in TB patients- 2006-07



## Brief history of TB-HIV collaborative activities in India

- **2001**–Basic activities in 6 high-HIV burden states
- **2003**: Piloting cross-referral mech. in 4 districts of Maharashtra and Cross-referral started in 6 HIV high prevalence states
- **2004**–Expanded to 8 additional States
- **2005**–Joint training modules, surveillance
- **2007**–Expanded surveillance, National Framework for TB/HIV
- **2008**–National Framework revised, all-India implementation begins

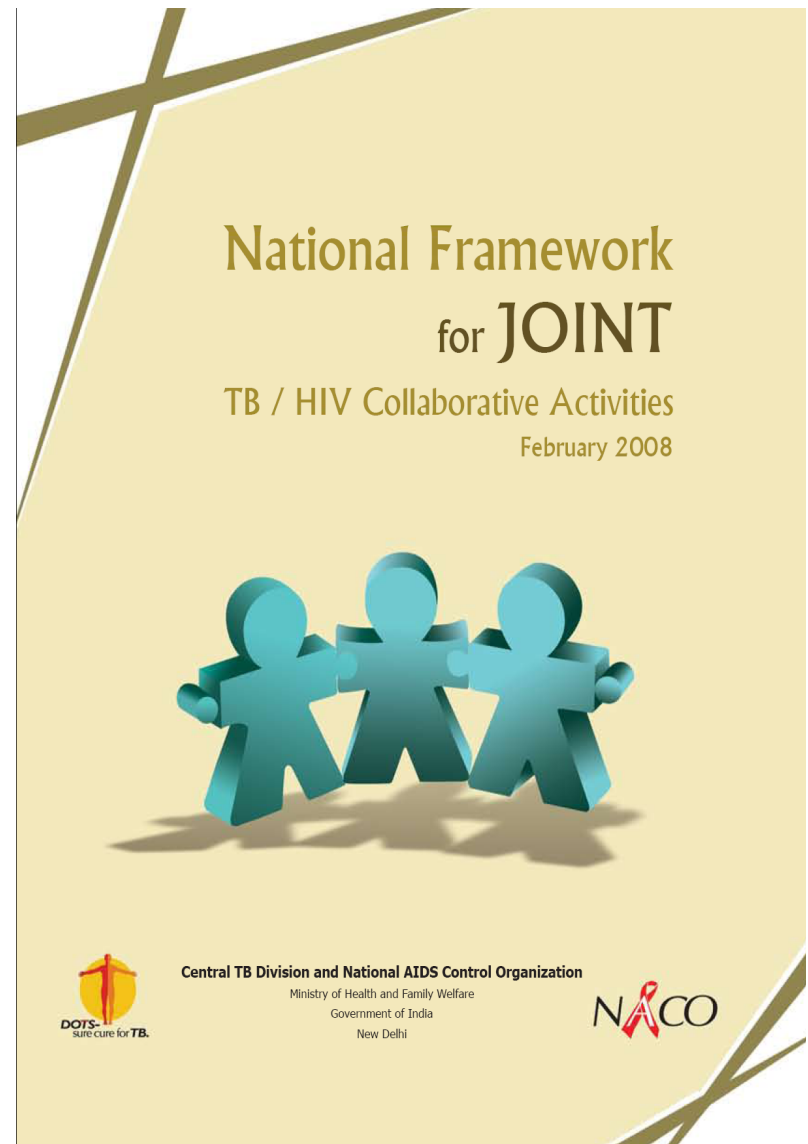




# National Framework for Joint HIV/TB Collaborative Activities

To **decrease the morbidity and mortality due to TB** in PLHAs and to **decrease the impact of HIV in TB patients** by:

- Developing co-ordination mechanisms at National, State and district level
- Rolling out **Intensified HIV/TB Package** in the 9 high prevalence states
- Better Linkages to ART and Care & Support
- Capacity building
- Operational research



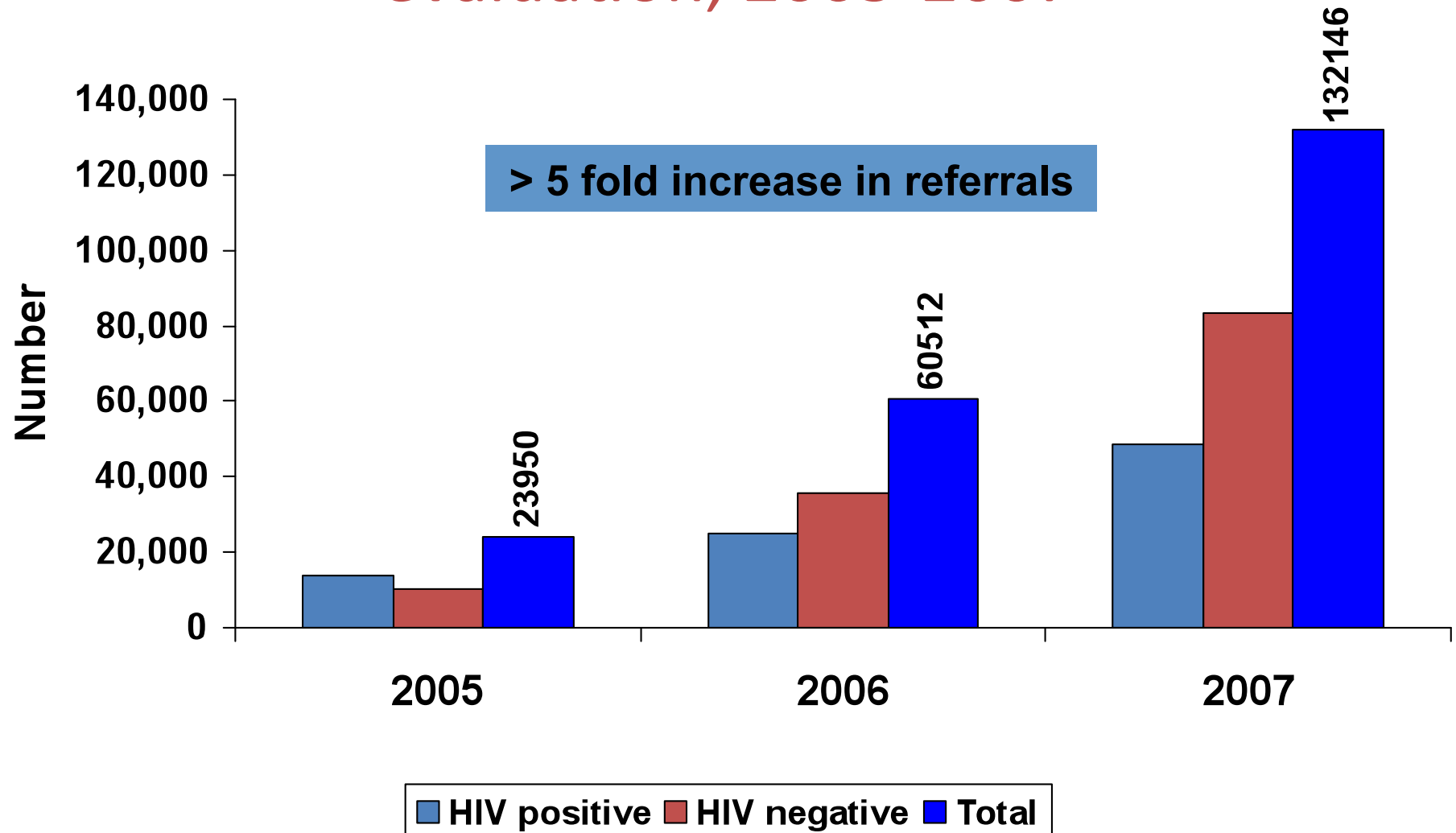
## Intensified Package for HIV/TB

- Rolled out for the nine states (321.4 millions) (Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur, Nagaland , Goa, Mizoram and Pondicherry)
- This package includes:
  1. Routine referral of all TB patients for HIV counseling and testing
  2. Provision of CPT to all HIV-TB co-infected patients through decentralized delivery through the RNTCP programme
  3. Expanded recording and reporting including shared confidentiality of HIV status with TB programme.

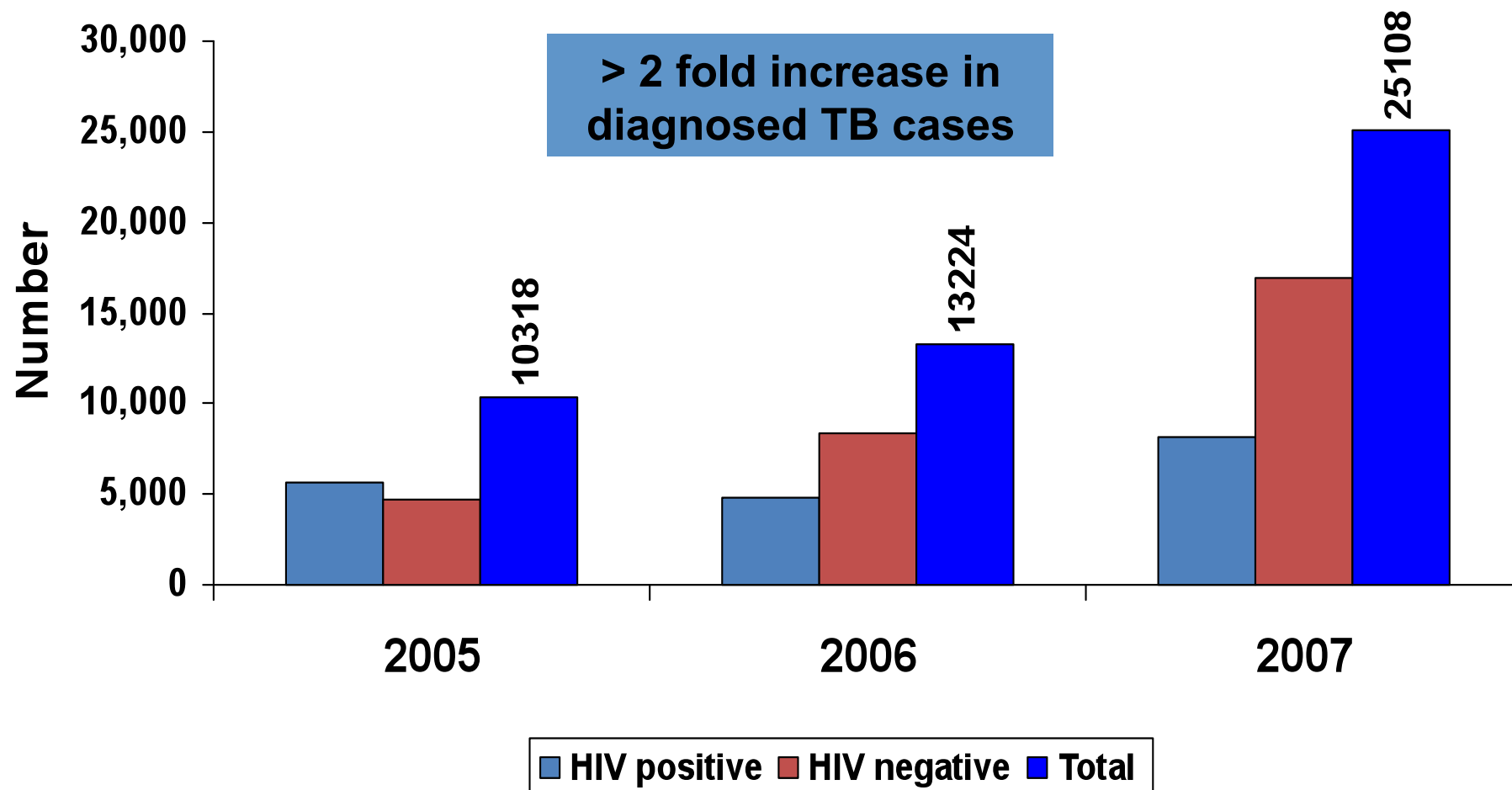
# Intensified Case Finding

- Intensified TB case finding at :
  - ✓ **Integrated Counseling and Testing Center:** All clients with symptoms and signs of TB would be referred to the nearest RNTCP diagnostic and treatment facility (DMC)
  - ✓ **ART Center:** Screen all patients for the symptoms and signs of TB on a modified diagnostic algorithm including clinical suspicion and other investigations with CXR, USG etc. as required
  - ✓ **Care and support centers:** Implement Intensified TB case finding by symptom screening on a regular basis and prompt referral system

# TB suspects referred from VCT centres for evaluation, 2005-2007



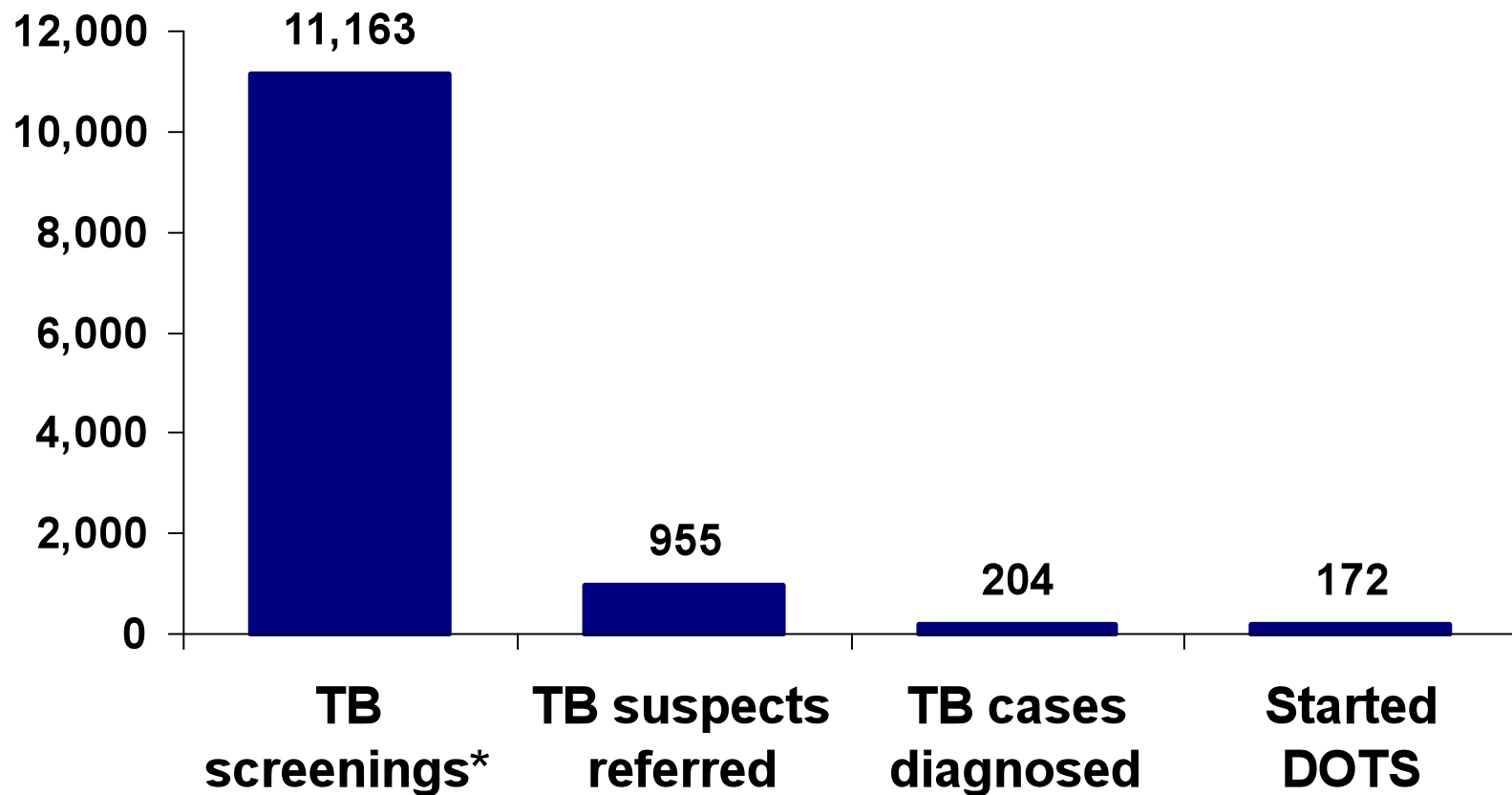
# VCT clients diagnosed with TB 2005-2007



## TB-ICF in HIV high risk populations (involving HIV NGOs)

- Collaboration between RNTCP and 'Avahan' network of NGOs involved in HIV prevention
- Activities:
  - Training of STI clinic staff & peer educators
  - Symptom screening during routine bi-monthly interaction at work place
  - Routine symptom screening at STI clinics for all patients
  - Referral to microscopy center
  - DOTS treatment by NGO
- Next steps:
  - Evaluation & scale up

## Pilot phase outcomes of ICF in HIV NGOs Avahan-RNTCP collaboration, 4q2007



## ICF in ART Centres

- ART Centres in India (April, 2008)
  - Total no of ART Centre: **147**
  - PLHA on ART: **126,424**
  - PLHA on Pre-ART: **398,822**
- ART-DOTS linkages **developed**
- 2 page guidance tool prepared to facilitate TB ICF
- Implementation so far has been sub-optimal due to operational reasons



# Challenges in ICF

- ✓ **Gap in the linkages**

- ✓ between DMCs (12,444) and ICTCs (4567) and further linking them for treatment with ART centers (179) and care& support centers; CCCs (159).

- ✓ Linkage to care, support and treatment not well established since ART centers and the CCCs are not widely distributed

- ✓ **Poor referral** by the providers & paramedical staff, since HIV and TB , both are stigmatized diseases.

- ✓ **Preference** for private sector

# The Way Forward

- Improve TB services at ART centres & CCCs
  - Standardize ICF in ART Centres
- Implement intensified TB/HIV package
  - Develop training material & undertake trainings
  - Train > 22000 medical providers, ~35000 para-medicals on new TB/HIV interventions
- Modules have been prepared for the key staff implementing HIV-TB collaborative activities such as the state/district programme managers of NACP and RNTCP, medical officers, pharmacists and counselors
- RNTCP-supported 'NGO scheme' to support TB services (ICF, referral, & DOTS) for vulnerable high-HIV prevalence populations

**Thank you**