Minutes of meeting of fourth National TB-HIV Co-ordination Committee (NTCC) held under the chairmanship of the Secretary (H&FW), MoHFW, GoI at Nirman Bhawan, New Delhi on 13th May 2016.

The fourth meeting of National TB-HIV Co-ordination Committee (NTCC) was convened under the chairmanship of the Secretary (H&FW), MoHFW, GoI on, 13th May 2016 at Nirman Bhawan, New Delhi. The list of the participants is placed at Annexure I.

At the outset, Special DG welcomed all NTCC members, and in his opening remarks he highlighted about the vital significance of coordination between the two programmes for optimum results. In this background, he explained the crucial role of the coordination committee.

DDG (BSD), NACO outlined the objectives of the 4th NTCC meeting and presented the Action Taken Report based on the recommendations of the previous NTCC meeting held on 1st April, 2015.

Recommendations made by 4th NTCC after detailed discussion on various aspects, are as follows:

1. Special DG desired to know about the initiatives of the States regarding the provision of nutritional support for TB & HIV.

Project Director, Karnataka State AIDS Control Society (SACS), mentioned about the pilot project initiated by the State to provide protein supplementary food materials for children living with HIV (CLHIV) in two districts Raichur and Haveri in Karnataka. She mentioned that nutritional supplement will be distributed to each CLHIV under this scheme on a monthly basis, and the cost of nutritional pack estimated at Rs 375/month/CLHIV has been budgeted by the State.

The Committee subsequently recommended for encouraging SACS to take up similar initiatives and focus on linkages with Nutritional Support Schemes of Ministry of Food and Civil Supplies and other ministries.
2. DDG (TB), CTD presented the progress on HIV TB collaborative activities undertaken during 2015 and priorities in 2016. He mentioned that although there is increasing trend of overall HIV testing among TB patients from 45% in 2008 to 79% in 2015, there is varying proportion of testing ranging from 39% to 100% in different States. This could mainly be due to variation among States for co-location of Designated Microscopy Centres (DMCs) and HIV testing facility. Especially low co-location was observed in West Bengal, Assam, Bihar and Uttar Pradesh.

Challenges of non availability of refrigerators for storage of kits at DMCs were raised by JD CST –Uttar Pradesh SACS.

DDG (CST) mentioned about multitasking by lab technicians (LTs). Special DG, commented on cross referral & recommended that, considering the high death rate of People Living with HIV (PLHIV) due to TB, it would be appropriate to test all PLHIV for TB routinely. In response to this, NPO (ART)/NACO mentioned that all PLHIV attending ART centres are screened using 4 symptom screening and chest X-ray is also done routinely for all PLHIV during pre-treatment evaluation.

The Secretary (H&FW), MoHFW /GoI desired all HIV testing facilities should intensify screening for TB and work for functional co-location of facilities, where tests for both HIV & TB are done at same centre i.e. DMC.

3. DDG (TB) mentioned that 92% of the HIV-TB co-infected patients are put on ART, but the variation across different States ranges from 38% to 100%. The Secretary (H&FW) enquired about the reasons for linkage loss at ART centres especially in Haryana and Uttar Pradesh .NPO (ART) mentioned that there is just one ART centre in Haryana and only 38 ART centres for 70 districts in Uttar Pradesh, due to which accessibility issues exist, and lead to Lost to Follow Up (LFU) and linkage loss.

The Secretary (H&FW) raised the issue of adherence to daily anti TB treatment (ATT) & mechanism to ensure adherence in co-infected patients. NPO (TB) suggested Information and Communication Technology (ICT)
based adherence mechanism currently used in 3I’s (Intensified case finding, Isoniazid Preventive Therapy (IPT) and Infection control) project for HIV-TB. The mechanism is strengthening Directly Observed Treatment Short course (DOTS) through real-time adherence monitoring by using mobile phones to monitor and improve adherence to tuberculosis medications and this mechanism is also known as “99 DOTS”. Other mechanisms like family DOTS, patient centered approach, treatment support initiatives, supervision, counselling by health care worker are also suggested as effective mechanisms to ensure adherence to treatment.

Since monitoring adherence to anti TB treatment is an important aspect of effective TB control, representative from National Institute for Research in Tuberculosis (NIRT), Chennai suggested random urine testing of patients to assess drug intake. Simple tests using spot urine specimen can be incorporated in program to check the presence of Rifampicin or Pyrazinamide. DADG (TB) CTD highlighted the plan to scale-up ICT based treatment adherence tracking mechanism as per project experience.

4. DDG (TB) provided updates on Cartridge Based Nucleic Acid Amplification Test (CBNAAT) linkage for PLHIV and status of installation of CBNAAT machines in the country. It was mentioned that with newer supplies of 200 machines; all ART centres will be covered except only 39 ART centres, where there is no CBNAAT linkage to ART Centre in same district.

The Secretary (H&FW) directed to include the status of installation of CBNAAT machines in their respective States in the forthcoming “Pragati” review meeting.

5. DDG (TB) highlighted the progress & challenges in implementation of Isoniazid Preventive Therapy (IPT). Addl.DDG TB mentioned that NOA has been issued & first delivery of Isoniazid drug is expected during August 2016.
The Secretary (H&FW) expressed his concern over delay in implementation of IPT and recommended to take appropriate action against defaulter Pharma companies and to introduce IPT on priority.

6. DDG–CST presented the plan for rolling out daily ATT at ART Centres. He mentioned about the ongoing 3I’s project and completion of training of trainers (ToT) for 153 state level officers. He assured that the training of staff at all ART centres will be completed before daily ATT is rolled out in the country.

7. Indian Network of Positive People (INP+) representative highlighted the issue of stock-out of ART drugs at ART centres. She recommended for display of stock situation at ART centres. DDG CST mentioned that directions will be given to all ART centres to display stock situation of ARV drugs at their respective ART centres.

Following action points emerged during the meeting:

1. Encourage SACS to develop linkages with Nutritional Support Schemes of Ministry of Food and Civil Supplies and other ministries for providing Nutritional support to TB-HIV Co-infected patients
   
   **Responsibility:** BSD & Mainstreaming Division/NACO

2. Intensify screening for TB and work for functional co-location of facilities, where tests for both HIV & TB are done at same centre i.e. DMC. Ensure capacity building of lab technicians at DMCs for HIV testing and supply of testing kits. Mechanism for storage of kits at DMCs by provisioning refrigerators for storage of kits to be organized from the institution or under National Health Mission (NHM) Program Implementation Plan (PIP).

   **Responsibility:** BSD/NACO & CTD
3. ICT based treatment adherence tracking mechanisms in addition to other supportive mechanisms for ensuring adherence to be scaled-up along with daily ATT at all ART / Link ART centres across the country.  

**Responsibility:** CTD

4. Capacity building of staff in ICT based treatment adherence mechanism to be completed at all ART centres before rolling out daily regimen.  

**Responsibility:** CTD

5. Monitoring adherence of fixed drug combination ATT, by doing random urine test can be piloted at the select sites of 3I’s project.  

**Responsibility:** BSD/NACO & CTD

6. Include the status of installation of CBNAAT machines in States in the forthcoming “Pragati” review meeting.  

**Responsibility:** CTD

7. Isoniazid Preventive Therapy (IPT) to be introduced on priority for the prevention of TB among PLHIV. Appropriate action to be taken against defaulter pharma companies.  

**Responsibility:** CTD

8. Training of ART staff in daily anti TB treatment and IPT to be completed by August 2016.  

**Responsibility:** CST/NACO

9. Stock situation of ARVs to be displayed at ART centres.  

**Responsibility:** CST/NACO
Annexure - I

List of participants in NTCC meeting on 13/05/2016


4. Dr. S.D. Khaparde, Deputy Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108.

5. Dr. R.S. Gupta, Deputy Director General, Care, Support and Treatment Division, National AIDS Control Organization, Ministry of Health and Family Welfare, Government of India Chandralok Building, 36-Janpath, New Delhi-110001.

6. Dr. Naresh Goel, Deputy Director General, Basic Service Division Member secretary, National AIDS Control Organization, Ministry of Health and Family Welfare, Government of India Chandralok Building, 36-Janpath, New Delhi-110001

7. Dr. Raghuram Rao, Deputy Additional Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108.

8. Dr. V.S. Salhotra, Additional Deputy Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108.

9. Dr. R.R. Gangakhedkar, Director In-charge, National AIDS Research Institute (ICMR), 73, G-Block, MIDC, Bhosari, Pune 411026.

10. Dr. Naina Rani, representative from WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029.

11. Dr. Sreenivas. A.N, National Professional Officer (TB), WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029.
12. Dr. Srikanth Tripathy, Scientist G. from National Institute of Research in TB (NIRT), Chennai, Tamil Nadu.

13. Ms. Shanta Hula Mani (KAS), Project Director, Karnataka State AIDS Control Society, Bengaluru, Karnataka.

14. Dr. Ashok Shukla, Joint Director, Uttar Pradesh State AIDS Control Society, Lucknow, U.P.

15. Mr. Tejinder Ahluwalia, Secretary General, Tuberculosis Association of India, 3, Red Cross Road, New Delhi-110 001.

16. Dr. S.M. Govil, Hony. Gen. Secretary, Delhi TB Association, 9, Institutional Area, Lodhi Road, New Delhi-110 003.

17. Mr. Boby John, Principal Advisor, Civil Society organisation Representative – TB, President, Global Health Advocates, 6 Basha Street, Hoolaimedu, Chennai 600094, Tamil Nadu.

18. Ms. Jahnabi Goswami, Civil Society organisation Representative (HIV), President, Indian Network for Positive People (INP+) Flat No 10, 3rd Floor, Kash Towers, New no:121, old No:94, South West Boag Road, T.Nagar, Chennai 600017.


20. Dr. Amar Shah, National Consultant TB/HIV, Central TB Division, MOHFW, GoI, New Delhi 110108.


22. Dr. Jyoti Sharma, Technical Officer (HIV-TB)/BSD/NACO/MOH&FW/GOI Chandralok Building, 36-Janpath, New Delhi-110001.

23. Dr. Sujith P, Technical Officer (M&E)/BSD/NACO/MOH&FW/GOI Chandralok Building, 36-Janpath, New Delhi-110001.