Minutes of meeting of Technical Advisory Group on Nutrition for HIV TB patients held under the chairmanship of DDG BSD , National AIDS Control Organization /GoI at NACO ,New Delhi, on 3rd May 2016.

The first meeting of Technical Advisory Group on Nutrition for HIV-TB patients was convened under the chairmanship of Dr. Naresh Goel, DDG BSD, National AIDS Control Organization /GoI on 3rd May 2016 at NACO.

DDG (BSD), NACO welcomed all members and highlighted the objectives of the meeting as follows:

- To review current nutrition interventions and to strengthen linkages with the existing social support and nutritional support schemes delivered by Government, NGOs, other sectors Public/Private, Partner organisations etc.

- To share the experiences of existing Social support and nutritional support interventions by NACO and best practices regarding nutritional support by the states

- To apply the programmatic information/data and existing research for policy decisions in HIV TB co-infected patients.

The agenda of the meeting is placed at Annexure-I and the list of participants is placed at Annexure-II.

1. Dr Raghuram Rao (DADG), Central TB Division (CTD) presented “Use of programmatic information for estimating beneficiaries for nutritional support”. Salient points of the discussion were as mentioned below:
   - Nutrition is predisposing factor for TB & HIV and poor nutrition is having impact on unfavourable outcomes of TB disease.
   - Linkages with other ministries like Food and Civil supplies and local self governments are important to ensure nutritional support for TB & HIV patients.
Nutritional assessment component is presently missing in TB.
RNTCP is framing Nutritional care and support guidelines and will be taking NACO’s “National Guidelines for Providing Nutritional care and support for Adults with HIV and AIDS, July 2012”, and “Nutrition Guidelines for HIV-Exposed and Infected Children (0-14 Years Of Age), January, 2013”. into consideration.

DDG BSD/NACO highlighted the need for clearly defining the roles and responsibilities of different RNTCP & NACP staff in the nutritional support guidelines for patients of RNTCP.

Recommendations:

a. Roles and responsibilities of various staff related to nutritional care support & linkage to be clearly defined in Nutritional care and support guidelines framed by Central TB Division.

b. Nutritional assessment to be included as a component of pretreatment assessment for TB patients including TB HIV co-infected patients.

2. Dr Srikanth Tripathy (NIRT Chennai) presented on “Malnourishment in paediatric TB HIV patients and nutritional support for malnourished TB HIV patients”. Salient points of the discussion were as follows:

- Studies indicate, 55% Children living with HIV are underweight and stunted. Studies show poor nourishment is predisposing factor for treatment failure, malabsorption of drugs resistant TB and high relapse rates.
- Nutritional assessment, counselling, energy, protein and micronutrient needs requirements assessment also required for TB HIV co-infected patients.
- Food assistance and nutrition support increases the adherence rates and treatment outcomes.

Recommendations:

a. Body Mass Index (BMI) should be documented for each TB-HIV patient including Children Living With HIV (CLHIV).
b. Appropriate linkage mechanism for paediatric malnourished children should be ensured in coordination with Integrated Child Development Services (ICDS) program, Ministry of Women and Child Development.

3. Dr. Madhu Sharma PO (Mainstreaming /NACO) presented “Social support experiences for PLHIVs and nutritional support linkages for TB HIV patients”. Salient points of the discussion were given below:
   - 22 States providing nutritional support through Antodaya Anna Yojna (AYY) and other schemes like Palanhar Scheme, Tabibisahay are effectively delivered in Rajasthan and Gujarat respectively.
   - Issue of confidentiality was one of the important barrier for access to double ration scheme under ICDS though it is operationalised in few states.
   - Lack of data with regard to nutritional status of PLHIV.
   - Challenges with respect to nutritional care are availability, cultural acceptability, palatability, absorbability, prepared vs packed or dry vs cooked, & ownership

Recommendations:

a. Partnership with, National Institute on Nutrition (NIN), Indian Council of Medical Research (ICMR) NARI, National Institute for Research in TB (NIRT) to jointly plan a research for nutritional assessment including micro nutrients needed in TB-HIV co-infected patients.

b. For resource mobilisation partnership with World Food Program (WPF), Micronutrient Initiative, the Hunger Project etc and for operationalization of nutritional support linkages with nutritional rehabilitation centres, Ministry of Woman Child Development (MoWCD) is needed.

4. Dr B.B Rewari NPO(ART) presented “Nutritional assessment in PLHIV co-infected with TB at ART centers”. Important points of the discussion were as follows:
   - Operational challenges of implementing National guidelines for providing Nutritional care and support for Adults with HIV and AIDS,

- Nutritional counselling is not uniformly implemented at all ART centres except at Centre of Excellence (COE’s) where a post of nutritionist is available. BMI is not recorded on white cards.

- “Nutritional module” is a 2 days training module developed by NACO-WHO, it was piloted at Kalawati Saran Paediatric ART centre and is used for training of nurses. The module can be updated on nutrition in TB HIV component before its implementation and training of all the staff at all ART centres.

- Mr Bhaskar Bandyopadhyay representative from Ministry of Consumer Affairs, Food and Public Distribution, Department of Food & Public Distribution GoI mentioned about the National Food Security Act, 2013, BPL cards for all individuals below poverty line. He also informed regarding the digitalised ration shops, schemes of Other ministries eg Ministry of Women and Child development, Sabla scheme and NIC data bank on eligible population.

Recommendations:

a. Integrated counselling regarding nutrition at all ART centres is to be incorporated and BMI of PLHIV/CLHIV is to be recorded in white card / green card respectively at every monthly visit.

b. To updated training module for counsellors regarding nutrition and to train all ART counsellor’s in nutritional counselling

c. Representation at appropriate level for advocacy to include People living with HIV and TB patients for BPL.

5. Dr Rajesh Deshmukh PO(HIV-TB) presented “Best practices for nutritional support to TB/TB-HIV/DR-TB patients from Kerala, Delhi, Assam, Maharashtra, Gujarat, Bihar, Chattisgarh”.

He suggested need for advocacy at state Principal Secretary (PS) level for nutritional support by states to TB HIV patients under various state government schemes and Advocacy, communication, social mobilisation
related to nutrition among TB-HIV co-infected patients. He also highlighted on way forward. key points of the discussion were as follows:

- Strengthening Nutritional assessment, counselling, Care and Support Practices at all ART centres and DRTB centres during diagnosis and Follow up & documentation.
- Listing of eligible beneficiaries for linkage to nutritional support schemes of Central and State Government.
- Provision of information/Enquiry counter-related to all Nutritional Support schemes from Government at ART centres, TUs, DTCs and DRTB centres.
- IT based solutions for transfer of benefits to eligible beneficiaries.
- Use of IT enabled systems to track the delivery of nutritional support benefits for the patients. Use of “SETU/SUVIDHA” kendras from Dist Collector to facilitate the initiation and tracking.
- Ensuring inclusion of TB HIV co-infected patients in list of beneficiaries from social welfare department. Guidance to SWD to ensure forms and other official process to RNTCP and NACP.

Recommendations:

a. The social support portal of NACO and “Help desk” support by DAPCUs for linkage of eligible beneficiaries to social support schemes.

b. Advocacy at the State Principal Secretary (Health) level for mobilizing nutritional support for TB HIV patients under various state government schemes.

c. Guidance to State RNTCP and NACP program officers for following Nutritional Support and Care guidelines of NACO and RNTCP.

d. Advocacy, Communication, Social Mobilisation related Nutrition for HIV TB co-infected patients.
The meeting was concluded by summarizing the following action points, before thanking all the members of TAG on Nutrition for HIV TB patients:

1. Define the roles and responsibilities of staff in under preparation guidelines regarding Nutritional care and support by Central TB Division.

   Responsibility: Central TB Division

2. Include nutritional assessment as a component of pre-treatment assessment for TB patients including TB HIV co-infected patients.

   Responsibility: CST/NACO

3. Document Body Mass Index (BMI) for each TB-HIV patient including Children Living With HIV (CLHIV).

   Responsibility: CST/NACO

4. Establish appropriate linkage mechanism for paediatric malnourished children living with HIV (CLHIV) in coordination with Integrated Child Development Services (ICDS) program, Ministry of Women and Child Development.

   Responsibility: CST/NACO

5. Research on “Nutritional assessment including micro nutrients needed in TB-HIV co-infected patients” to be conducted jointly with, National Institute on Nutrition (NIN), Indian Council of Medical Research (ICMR) NARI, National Institute for Research in TB (NIRT).

   Responsibility: NARI

6. Establish the linkages with World Food Program (WPF), Micronutrient Initiative, the Hunger Project etc for resource mobilization and nutritional rehabilitation centres, Ministry of Woman Child Development (MoWCD) for operationalization of nutritional support linkages.

   Responsibility: Mainstreaming NACO
7. Nutritional component to be incorporated as an Integrated counselling at all ART centres and BMI of PLHIV/CLHIV is to be recorded in white card / green card respectively at every monthly visit.

   Responsibility: CST/ NACO

8. Update Nutrition training module on TB HIV component and to train all ART staff in nutritional counselling.

   Responsibility: CST/NACO

9. Representation at appropriate level for advocacy to include People living with HIV and TB patients for BPL.

   Responsibility: Mainstreaming NACO

10. The social support portal of NACO and “Help desk” support by DAPCUs to be used for linkage of eligible beneficiaries to social support schemes.

    Responsibility: Mainstreaming NACO

11. Advocacy at the State Principal Secretary (Health) level for mobilizing nutritional support for TB HIV patients

    Responsibility: BSD/NACO

12. Disseminate guidance to State RNTCP and NACP program officers for following Nutritional support and care guidelines of NACO and RNTCP.

    Responsibility: BSD/NACO

13. Develop Advocacy, Communication, Social Mobilization (ACSM) related to nutrition for HIV TB co-infected patients.

    Responsibility: IEC Division /NACO
## Ministry of Health and Family welfare  
Government of India

### 1<sup>st</sup> Technical Advisory Group (TAG) Meeting on Nutrition in TB HIV  
**Date:** 3<sup>rd</sup> May 2016, **Time:** 11:00 AM – 1:00 PM  
**Venue:** Conference Room 9<sup>th</sup> floor, NACO  
Chandralok Building, 36-Janpath, New Delhi-110001

### Programme

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<th>Activity</th>
<th>Presenter/Speaker</th>
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<tr>
<td>11:00 AM – 11:10 AM</td>
<td>Welcome and Meeting Objectives</td>
<td>DDG / BSD/NACO</td>
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<tr>
<td>11:10 AM – 11:30 AM</td>
<td>Use of programmatic information for estimating beneficiaries for Nutritional Support</td>
<td>DADG-CTD</td>
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<td>11:30 AM – 11:50 AM</td>
<td>Malnourishment in Peadiatric TB HIV Patients &amp; Nutritional Support for malnourished TB HIV patients.</td>
<td>Dr. Srikant Tripathy/ Dr. Padmapriya NIRT Chennai</td>
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<td>11:50 AM – 12:10 PM</td>
<td>Social Support experiences for PLHIVs &amp; Nutrition Support Linkages for TB HIV Patients</td>
<td>Dr. Madhu/ Ms. Elizabeth (Mainstreaming NACO)</td>
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<td>12:10 PM – 12:25 PM</td>
<td>Nutritional Assessment in PLHIV co-infected with TB at ART Centres</td>
<td>NPO (ART)/CST/NACO</td>
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<td>12:25 PM – 12:40 PM</td>
<td>Best Practices for Nutritional support from states</td>
<td>PO (HIV/TB)/NACO</td>
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<td>12:40 PM – 12:50 PM</td>
<td>Any other points for discussion with permission of Chair</td>
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<tr>
<td>12:50 PM – 1:00 PM</td>
<td>Closing Comments by chairman</td>
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List of participants in Technical Advisory Group (TAG) Meeting on Nutrition in TB HIV held on 03/05/2016

1. Dr. Naresh Goel, Deputy Director General (Basic Service Division, Lab services and IEC)/NACO/MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001.
2. Dr. Raghuram Rao, DADG (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108.
3. Dr. Srikanth Tripathy, Scientist G. from National Institute for Research in Tuberculosis, Chennai.
4. Dr. B. B. Rewari, National Program Officer (ART) NACO/MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001.
5. Dr. Madhu Sharma, Program Officer (Main streaming) NACO/MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001.
6. Dr. M. Ghate, Scientist F. from Indian Council of Medical Research, National AIDS Research Institute, Pune.
7. Dr. Hemalatha, Scientist-F, from National Institute of Nutrition; Hyderabad.
8. Dr. AN Sreenivas, National Professional Officer (TB), WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029.
9. Ms. Sharique Yunus, Nutritionist, from World Food Program India.
10. Mr. Bhasker Bandyopadhyay DS (BP) from Dept. of Food & Public Distribution Ministry of Consumer Affairs, Food & Public Distribution GOI.
11. Mr. Manoj Pardeshi, General Secretary, National Coalition of People Living With HIV in India (NCPI+).
12. Dr. Amar Shah, National Consultant TB/HIV, Central TB Division, MOHFW.
13. Dr. Anshu Pandey, Consultant TB/HIV, Central TB Division, MOHFW.
14. Dr. Lalit Mahendru, Consultant TB/HIV, Central TB Division, MOHFW.
15. Dr. Rajesh Deshmukh, Program Officer (HIV-TB) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001 (Member Secretary).
17. Dr. Sujith P., Technical Officer (M&E) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001.