Minutes of National Technical Working Group on TB/HIV collaborative activities (NTWG) meeting held on 14th Oct, 2016 at 9th floor, National AIDS Control Organization (NACO), New Delhi.

The meeting of National Technical Working Group (NTWG) on TB/HIV was convened at National AIDS Control Organization (NACO) on 14th Oct, 2016. Inaugural address was made by Dr.C.V Dharma Rao JS(NACO), Dr. R.S. Gupta DDG/CST(NACO) and Dr. S.D.Khaparde DDG/TB Central TB Division .Dr. Sachdeva K.S. DDG/BSD (NACO) welcomed all members of NTWG , highlighted objectives of meeting & briefed about agenda of meeting.

**Agenda** of the meeting is **enclosed** at **Annexure-I** & **List of participants** is enclosed at **Annexure-II**

**Agenda Item 1: Action taken and decisions on relevant issues on agenda points of last NTWG meeting held on 1st April, 2015.**

Dr.Rajesh Deshmukh PO (HIV-TB/BSD /NACO) presented the action taken based on the recommendations of NTWG meeting held on 1st Apr, 2015.

Among the recommendation of NTWG April, 2015, a concept note regarding conducting implementation research for strategies to address high mortality among TB/HIV co-infected patients in districts to be developed by NIRT, Chennai & NARI Pune was in progress which needs to be submitted to NACO/BSD for finalization. It was discussed that the high priority districts identified as per PRAGATI review to be included in district list as in earlier plan. Other recommendations by NTWG April, 2015 were completed.

Dr. Raghuram Rao (DADG/CTD) suggested to strengthen supervisory visits of district with routine monitoring mechanism focusing on implementation of Daily Anti TB Treatment (ATT) and Isoniazid Preventive Therapy (IPT).
Dr. Khaparde S.D. (DDG/TB/CTD) emphasized to focus on 20 high priority districts for HIV TB, identified under PRAGATI review, listed for intensified interventions.

**Recommendations of NTWG:**

1. Focused joint HIV/TB review meetings preceded by the field visits with a principal themes of daily Anti TB Treatment (ATT) and Isoniazid Preventive Therapy (IPT) implementation in next 6 months. Review meetings will be organized and funded by Revised National TB Control Program (RNTCP) /CTD.

2. BSD/NACO and CTD to prepare a plan for supervisory visits of districts for routine monitoring.

3. NIRT, Chennai & NARI, Pune to develop a concept note regarding conducting implementation research for strategies to address high mortality among TB/HIV co-infected patients in districts and submit to NACO for finalization. Districts identified under PRAGATI review to be included in list of districts as per earlier plan.

**Agenda Item 2: Progress on TB HIV Collaborative activities undertaken during 2015-16, including progress on 3Is project and scale up of the project activities in country.**

Dr. Raghuram Rao (DADG/CTD) presented the progress on TB-HIV Collaborative activities undertaken during 2015-16, including progress on 3Is project and scale up of the project activities in country.

Chairman NTWG raised concern regarding low coverage of ART linkage in Haryana & Uttar Pradesh. In order to increase access of ART & linkage of co-infected patients to ART, it was recommended to provide decentralised ART services. Dr. Ramachandran R. NPO Labs (WHO India) highlighted Karnataka STO’s suggestion during national review meeting regarding provision of decentralised ART to co-infected patients through RNTCP treatment services. It was recommended that feasibility of such intervention to be conducted in Haryana and Uttar Pradesh.
Dr Raghuram Rao DADG/CTD desired user name ID of each ART centre for 99 DOTS countrywide implementation, to improve adherence to daily ATT using mobile based adherence mechanism as used in 3I’s project sites.

Recommendations of NTWG:

1. To assess feasibility of decentralised ART services through RNTCP facilities for co-infected patients in selective states (especially Haryana and UP States) where linkage to ART is low in co-infected patients.
2. NACO to provide user name ID of all ART centres to CTD for implementation of 99DOTS to improve adherence to daily ATT.

Agenda Item 3: Implementation of Isoniazid Preventive Therapy in country

Dr. Raghuram Rao DADG/CTD updated on procurement and supply status of IPT. It was deliberated that the drug supply chain mechanism for IPT will be same as Daily ATT i.e. through District TB Centre (DTC) to ART centres. Central TB Division desired district wise requirement of IPT from CST/NACO.

Dr. Ramachandran R. (NPO Labs) informed that Cotrimoxazole (CPT), Isoniazid (INH) and Pyridoxine (B6) is available in combine drug formulation i.e. (CPT+INH+B6), It was recommended that feasibility of this fixed drug combination (FDC) to be assessed by NIRT Chennai.

DDG/BSD suggested a pilot implementation of INH + Rifapentine for shorting duration and NTWG recommended for development of a protocol jointly with CTD and BSD NACO.

During the meeting it was decided that IPT to be launched and rolled out country wide in Nov, 2016.
**Recommendations of NTWG:**

1. NTWG recommended IPT drug supply chain mechanism will be same as Daily Anti TB Treatment (ATT) i.e. State Drug Store to District TB Centre to ART Centres.
2. District and ART centre wise requirement of IPT to be provided to CTD/MOHFW by CST/NACO.
3. IPT to be launched and rolled out country wide in Nov, 2016.
4. NIRT Chennai to assess feasibility of combine formulation of Cotrimoxazole (CPT), Isoniazid (INH) and Pyridoxine (B6) (CPT+INH+B6).
5. Protocol to be developed jointly by CTD & NACO for implementation of INH + Rifapentine for shorting the treatment duration.

**Agenda Item 4: Implementation of HIV counselling and Testing at DMCs (Non-co-located).**

Dr. Deshmukh PO (HIV/TB/NACO) shared that 28% Designated Microscopic centers (DMCs) i.e. 3900 / 13886 DMCs are not co-located with HIV testing facilities where the HIV testing of diagnosed TB and presumptive TB cases is suboptimal. National TB-HIV Coordination Committee (NTCC) had also recommended HIV testing at all DMCs where co-located ICTC/F-ICTC is not available & also suggested training of RNTCP LT’s for HIV testing. In this regard Dr. Raghuram Rao DADG /CTD stated HIV testing at DMCs is to be added in basic training module of RNTCP LTs. He also informed that the training module for RNTCP LTs for HIV screening is developed jointly by NACO & CTD in Sept, 2016. Trainings of RNTCP LTs in HIV screening of non co-located DMC will be funded by RNTCP. Facilitators from NACO i.e. TO (SRL) for Training of trainers (ToTs) to be deputed by NACO.

**Recommendations of NTWG:**

1. Training of RNTCP LTs of Non-co-located DMCs on HIV screening through Whole blood finger prick test to be conducted and funded by CTD and facilitators will be provided by NACO.
Agenda Item 5: Plan for up scaling CBNAAT services linkages for SA-ICTCs & all ART centres in country including sputum transportation mechanism

PO (HIV/TB) shared the linkage plan for up scaling CBNAAT services linkage with SA-ICTC/F-ICTC. It was deliberated that CBNAAT linkage for ICTC/F-ICTC will ensure early diagnosis of TB and strengthen Intensified Case Findings (ICF) at ICTC. NTWG recommended that as HIV positive TB suspects are already linked to CBNAAT through ART, HIV negative TB suspects will be linked.

Regarding CBNAAT linkage with ART, It was updated by Central TB Division except 39 ART centres, all ART centres are linked with CBNAAT for early diagnosis of TB and prompt treatment. It was deliberated that sputum transportation facility needs to be developed wherever ART centres are in place but there is no CBNAAT i.e. non co-located with facility. For linkage to nearest CBNAAT services; facility of sputum collection and transportation of samples was recommended.

Dr Amar Shah National Consultant (HIV-TB)/CTD desired that the HIV-TB ART line list data, ICF at ART and also 3I project data daily ATT, CBNAAT linkage to be shared with District TB Officers (DTO) for monitoring of ICF at ART centres on monthly basis.

Recommendations of NTWG:

1. BSD/ NACO to prepare a micro plan as CBNAAT –ICTC linkage.
2. CST & BSD /NACO to prepare a micro plan with CTD for sputum transportation to establish linkage between CBNAAT at those facilities where ART centres don’t have CBNAAT at same facilities.
3. HIV-TB data ICF at ART, 3I project data daily ATT, CBNAAT linkage data to be shared with respective District TB Officers (DTO) for continued monitoring. CBNAAT reports pertaining to PLHIV to be shared by RNTCP (DTO,STO&CTD) at respective levels.
Agenda Item 6: District Action Plan for high priority districts for HIV TB as per “PRAGATI review”

PO(HIV-TB) highlighted the need to focus on 20 high priority districts for HIV TB as per “Pragati review” followed by the district action plan presented by JD BSD Maharashtra SACS. It was deliberated that performance of these 20 high priority districts in seven states need to be evaluated. A sustainable system of monitoring and evaluation in TB-HIV in RNTCP was suggested. An evaluation tool has been developed by BSD/NACO and shared with CTD for inputs which can be used to evaluate TB-HIV activities in these 20 High priority districts.

Dr Sreenivas A.N -NPO WHO (TB) suggested two days evaluation followed by one day development of district action plan involving all stakeholders & presentations of action plan to district magistrate for monitoring the progress of TB-HIV activities in these districts. DDG/CST suggested that district action plan may include newer initiative like community based testing, viral load testing, test and treat policy etc.

Recommendations of NTWG:

1. Two days evaluation followed by one day development of district action plan involving all stakeholders was recommended for 20 high priority districts in seven states.
2. Evaluation tool to be finalized and used for evaluation in these districts and subsequently used in all districts for regular monthly evaluation of TB HIV activities.

The meeting was concluded by summarizing the following action points before thanking all the member of NTWG:

1. To conduct focused joint HIV/TB review meetings( preceded by the field visit) with principal themes of daily Ant TB Treatment and Isonaizid Preventive Therapy implementation in next 6 months. Joint HIV-TB review meetings will be organized and funded by CTD.
2. To prepare a plan (timeline calendar) for joint supervisory visits of districts for routine monitoring of prioritised districts.

Responsibility: BSD/NACO & CTD

3. NIRT, Chennai & NARI Pune to develop a concept note regarding conducting implementation research for strategies to address high mortality among TB/HIV co-infected patients in selective districts and submit to NACO & Central TB Division for finalization. Districts identified for HIV-TB in PRAGATI Review to be included in district list as per earlier plan.

Responsibility: NIRT, Chennai & NARI, Pune

4. To assess feasibility of decentralised ART services through RNTCP facilities for TB-HIV co-infected patients in selective states (especially Haryana and UP States) where linkage to ART is low.

Responsibility: BSD, CST/NACO & CTD

5. User ID’s for ART centres to be provided to CTD for generation of 99DOTS unique ID to scale up implementation of 99DOTS (mobile based adherence tracking mechanism for daily ATT).

Responsibility: BSD, CST/NACO

6. Supply chain mechanism of RNTCP for IPT will be same as Daily ATT i.e. State Drug Store to District Drug Store and then ART centres.

Responsibility: CTD/MOHFW

7. District and ART centre wise requirement of IPT to be submitted to CTD/MOHFW.

Responsibility: CST/NACO

8. Feasibility of combine formulation of Cotrimoxazole (CPT), Isoniazid (INH) and Pyridoxine (B6) (CPT+INH+B6) to be assessed.

Responsibility: NIRT Chennai
9. A protocol to be developed jointly by CTD, BSD NACO & NIRT for piloting implementation of INH + Rifapentine.

**Responsibility: BSD/NACO , CTD & NIRT**

10. Training of RNTCP LTs of Non-colocated DMCs on HIV screening through Whole blood finger prick test to be conducted and funded by CTD and facilitators will be provided by NACO.

**Responsibility: BSD/NACO&CTD**

11. CBNAAT –ICTC linkage micro plan to be prepared and shared with CTD and a micro plan for sputum collection & transport mechanism for non-co-located ART centres also to be developed for establishing linkage with CBNAAT

**Responsibility: BSD,CST /NACO&CTD**

12. Presumptive TB cases identified at ICTC/F-ICTC to be linked to co-located Rapid diagnostic facilities (CBNAAT) for early diagnosis and those who are HIV reactive will be linked to ART centres wherever available.

**Responsibility: BSD/NACO**

13. HIV TB (ART line list, ICF at ART) data to be shared by respective ART centres & SACS with District TB Officers (DTO) for monitoring on monthly basis. And CBNAAT reports pertaining to PLHIV to be shared by RNTCP (DTO,STO&CTD) at respective levels.

**Responsibility: CST/NACO & CTD**

14. Two days evaluation followed by one day development of district action plan of high priority districts identified as per PRAGATI review involving all stakeholders was recommended and the team will present action plan with routine monitoring plan to District Collector or District Magistrate to monitor the progress of TB-HIV activities in these districts.

**Responsibility: BSD/NACO&CTD**
Annexure I: Agenda of the NTWG meeting

Ministry of Health and Family welfare
Government of India

National Technical Working Group (NTWG) Meeting
Date: 14th Oct 2016, Time: 11am-1pm
Venue: Conference room, 9th Floor, Chandralok Building NACO, 36-Janpath, New Delhi

<table>
<thead>
<tr>
<th>Programme</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am - 11:10 am</td>
<td>Welcome and Meeting Objectives</td>
</tr>
<tr>
<td>11:10 am - 11:20 pm</td>
<td>Address by JS NACO Address by DDG TB, CTD Address by DDG CST</td>
</tr>
<tr>
<td>11:25 am - 11:35 am</td>
<td>Action taken and decisions on relevant issues on agenda points of last NTWG meeting held on 1st April 2015</td>
</tr>
<tr>
<td>11:35 am - 12:50 pm</td>
<td>Progress on TB/HIV Collaborative activities undertaken during 2015-16, including progress on 3Is project and scale up of project activities in country</td>
</tr>
<tr>
<td>11:50 am - 12:00 pm</td>
<td>Implementation of Isonaizid Preventive Therapy in country</td>
</tr>
<tr>
<td>12:00 pm – 12:10 pm</td>
<td>Implementation of HIV counselling and Testing at DMCs (Non Co-located)</td>
</tr>
<tr>
<td>12:10 pm – 12:25 pm</td>
<td>Plan for up-scaling CBNAAT services linkages for SA -ICTCs &amp; all ART Centres in country including sputum transportation mechanism.</td>
</tr>
<tr>
<td>12:25 pm – 12:35 pm</td>
<td>District Action plan for high priority districts for HIVTB as per “Pragati review”</td>
</tr>
<tr>
<td>12:35 pm - 12:45 pm</td>
<td>Any other points for discussion with permission of Chair</td>
</tr>
<tr>
<td>12:45 pm - 13:00 pm</td>
<td>Closing Comments by chairman</td>
</tr>
</tbody>
</table>

*Meeting will be followed by lunch*
Annexure II: List of participants in NTWG meeting on 14th Oct, 2016

- Dr.C.V.Dharmarao, Joint Secretary, National AIDS Control Organization, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
- Dr.K.S.Sachdeva, Deputy Director General, Basic Services Division, National AIDS Control Organization, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
- Dr.S.D.Khaparde, Deputy Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
- Dr.R.S.Gupta, Deputy Director General, Care, Support & Treatment Division, National AIDS Control Organization, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
- Dr.S.K.Tripathy, Director In-charge, National Institute of Research in TB (ICMR), Chetput, Chennai 600031
- Dr. Padampriya, Deputy Director, National Institute of Research in TB (ICMR), Chetput, Chennai 600031
- Dr. Raghuram Rao, Deputy Additional Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
- Dr. Amar Shah, National Consultant (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
- Dr. AN Sreenivas, National Professional Officer (TB), WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029
- Dr.Seguy Nicole Simone, Nodal person for HIV WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029
- Dr.Ranjani Ramachandaran. National Professional Officer (Labs) National AIDS Research Institute (ICMR), WHO India.
- Lalita Shankar, Senior Public Health Specialist, United States Agency for International Development
- Sara Hajdari, Program Policy Advisor, United States Agency for International Development
- Dr. Timothy Holtz, Director Global HIV-TB, VHS- CDC
- Dr. Asha Hegde (NC PPTCT), NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001

- Dr. P.B. Bhoi Joint Director, Basic Service Division, Maharashtra State AIDS Control Society, Mumbai.

- Dr. Bharti Kacottee, Grant Manager Global Fund Grants, Central TB Division, Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108

- Dr. Rajesh Deshmukh, Program Officer (HIV-TB) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001

- Dr. Nisha Kadyan, Consultant (CST) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001

- Dr. Reshu Agarwal, Public Health Specialist, VHS- CDC

- Dr. Sunny Swarankar, Program Officer (ICTC) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001

- Dr. Jyoti Sharma, Technical Officer (HIV/TB) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001

- P.Sujith, Technical Officer (M&E) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001

- Mubarak Ali, Technical Officer (PPTCT) NACO/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001