Minutes of National TB/HIV Co-ordination Committee (NTCC) meeting held on 09/07/2014 at Department of AIDS Control, New Delhi.

The second meeting of National TB/HIV Co-ordination Committee was convened at Department of AIDS Control (DAC) on 9th July, 2014 under the chairmanship of Dr. V.K. Subburaj Secretary, Department Of AIDS Control/GOI. Dr. Ashok Kumar Deputy Director General (BSD) Department of AIDS Control and Member Secretary NTCC welcomed all NTCC members and highlighted upon the objectives of the meeting.

The list of participants is placed at Annex-I and the Agenda of the meeting is placed at Annex-II

**Agenda Item 1. Action taken and decisions on relevant issues on agenda points of last NTCC meeting held on 22/1/2014:** Dr. Rajesh Deshmukh, Program officer (HIV/TB) at DAC presented the action taken based on the recommendations of NTCC meeting held on 22nd Jan 2014. PO (HIV/TB) mentioned that the TU and District Epi-centre reporting has been revised to incorporate the new indicator for reporting the PITC among presumptive TB cases. Preparatory activities for of rolling out project ‘Innovative intensified TB case finding and appropriate treatment at high burden ART centers in India’ like selection of sites, estimation of case load, requirements of drugs etc. have been completed. The medical college involvement in TB/HIV collaborative activities as proposed by NTCC held on 22/1/14 has been approved by DGHS, MOHFW, GOI. He further updated NTCC members regarding the scheduled joint HIV/TB National reviews of the States/UTs during July – Aug 2014.
The NTCC discussed the pending issue and made following recommendations:

**Pending implementation of INH preventive therapy:** Dr. Soumya Swaminathan (Director NIRT, Chennai) raised the issue of delay in procurement of INH for implementation of INH preventive therapy in PLHIVs without active TB disease which is important component of prevention of TB among PLHIVs.

Dr K.S. Sachdeva (Addl.DDG TB/CTD) mentioned that efforts are going on at the Central TB Division level to fast track the procurement and this activity has also been budgeted in the NFM GFATM joint concept note for HIV/TB (2014-17).

**NTCC Recommendation:** It was recommended by NTCC that a communication from Secretary DAC to Health Secretary, Ministry of Health & Family Welfare can be sent emphasizing the need for prioritizing the procurement of INH for implementation of INH preventive therapy in PLHIVs.

**Agenda Item 2: Progress of TB/HIV collaborative activities undertaken during Jan-June 2014 & priorities for the period Jul-Dec 2014.**

Dr K.S. Sachdeva (Addl. DDG TB/CTD) presented the progress of TB/HIV collaborative activities undertaken during Jan-June 2014. He mentioned that the proportion of registered TB patients with known HIV status has increased from 62% in 4th Qtr. 2014 to 69% in 1st Qtr2014. Dr Sachdeva mentioned that joint supervisory activities, review and monitoring and improving the colocation of the DMCs and HIV testing facilities will be priorities in the next six months. Dr. Ashok Kumar (Dy.DG/BSD/DAC) proposed that as per the activity conducted in Programmatic Management of DRTB expansion, we can form teams of State program officers HIV & TB lead by National Institutes (HIV &TB) in the region to visit
different states for strengthening supervision, scale up & quality of HIV/TB collaborative activities. A standardised checklist can be developed for this purpose.

**NTCC Recommendation:** It was recommended by NTCC that a schedule be drawn for joint supervisory activities at least 1 per month as proposed constituting of State teams lead by National Institutes (HIV &TB) in the region to strengthen supervision, scale up & quality of HIV/TB collaborative activities.

**Agenda Item 3:** Enhanced TB screening of all PLHIVs registered at ART /LAC centers twice a year (in addition to routing screening) for early diagnosis & treatment of TB among PLHIVs to reduce morbidity and mortality among PLHIVs.

Dr Rajesh Deshmukh PO (HIV/TB) presented the need for enhanced tuberculosis case finding combined with active case finding for TB among PLHIVs for early diagnosis & treatment of TB to reduce morbidity and mortality due to TB among PLHIVs. He mentioned that the issue of low referrals and delayed diagnosis of TB among PLHIV was also raised in the review meeting of SACS held during month of May 2014 and during this meeting Dy.DG (BSD)/DAC and Secretary DAC proposed active case finding (ACF) efforts at least biannually for all symptomatic PLHIVs in addition to routine intensified case finding activity. PO (HIV/TB) highlighted the efforts made by other National programs like the School Health program, NLEP in ACF in addition to routine case finding activities. NPO (ART)/DAC mentioned that this issue was discussed in NTWG held on 9th July 2014 and it was recommended by NTWG that active approach should be based on “symptom screening” & preferably with newer diagnostic methods like CBNAAT if available. He recommended that the care coordinators who are first point of contact will be assigned the responsibility of symptom screening at ART centers in addition to Staff Nurse who is routinely involved with ICF for TB.
**Recommendation of NTCC:** It was recommended that Care Coordinators who are the first point of contact can conduct symptom screening for early diagnosis of TB among PLHIVs and record the symptom screening details in the green card. It was further recommended that CST Division/DAC will send guidance document describing the roles and responsibilities of Care Coordinator at ART center for active case finding of TB using symptom screening and recording and reporting of this activity.

**Agenda Item 4: Joint HIV/TB Advocacy, Communication & Social Mobilization activities and Social media campaign for HIV/TB in the country.**

Dr Rajesh Rana (AD Media/DAC) mentioned that two phases of campaigns have been done to improve the awareness regarding TB and meetings have been held with Central TB division for developing Joint TB/HIV advocacy campaign which will involve developing documentaries for target groups and campaign using the successful “Balgam Bhai“ character to create awareness regarding TB/HIV. NPO ART showed the IEC material related to TB for PLHIVs developed by the Vihaan Care & Support to all NTCC members. Secretary DAC emphasized on need to create more IEC to create awareness regarding TB among PLHIVs. He suggested that mobile based messages related to TB symptoms, diagnosis and care can be sent to all PLHIVs as TB is most common opportunistic infection in PLHIVs and mortality due to TB in PLHIVs is high.

**NTCC recommendation:** IEC Division/DAC should prioritize and plan TB/HIV awareness campaigns and target IEC towards increasing knowledge and awareness among PLHIVs about TB disease, diagnosis, treatment services. The plan of ACSM activities is shared with all NTCC members by IEC division of DAC.
**Agenda Item 5:** ICT interventions proposed to monitor and improve adherence to treatment amongst TB/HIV co-infected patients in India.

Mr Arvind Narayanan (Health Initiatives IL&FS ETS) highlighted the interventions related to positive pregnant women tracking system developed by IL&FS and proposed ICT intervention for tracking TB/HIV co-infected patients using the same platform & loading another application in the same Mobile. The system will help to get valid data of HIV/TB clients, tracking of confected patients which will reduce LFUs and it will be used to generate different alerts at different points in time. Secondly Mr Arvind also proposed another ICT initiative to integrate the TB/HIV data by data polling from SIMS & Nikshay database. Dataset will be prepared based on data analytics on various parameters. Secretary DAC emphasized that we should carry forward this activity and take support of NIC for the proposed interventions wherever needed. Dr Ramesh Paranjape (NARI) mentioned about similar ICT intervention done for HIV-Cancer registry.

**NTCC recommendation:** It was recommended by NTCC that ILFS should carry forward the intervention of tracking TB/HIV co-infected patients using the same platform as done in the PPTCT and for the initiative of data pooling from SIMS and NIKSHAY it was recommended to form a group comprising of members including DAC, CTD, NARI, IL&FS and NIC to develop linkages between RNTCP NIKSHAY and DAC SIMS database for TB/HIV data pooling which will then create platform for using the existing PPTCT based system by IL&FS for TB/HIV efficiently.
The Chairman concluded the meeting by summarizing the following action points before thanking all the member of NTCC:

1. Communication from Secretary DAC to Health Secretary, Ministry of Health & Family Welfare to be sent emphasizing the need for prioritizing the procurement of INH for implementation of INH preventive therapy in PLHIVs. (Responsibility: BSD/DAC)

2. Schedule be drawn for joint supervisory activities constituting of State teams lead by National Institutes(HIV &TB) in the region to strengthen supervision, scale up & quality of HIV/TB collaborative activities. (Responsibility: BSD/DAC & CTD)

3. Guidance document describing the roles and responsibilities of Care Coordinator at ART centre for Active case finding (ACF) of TB using symptom screening and recording and reporting of this ACF activity will be sent by CST Division to respective division of all SACS for further dissemination to the Care coordinators and Outreach workers. (Responsibility: CST/DAC)

4. Submitting plan of TB/HIV awareness campaigns and target IEC towards increasing knowledge and awareness among PLHIVs about TB disease, diagnosis, treatment services and sharing plan of ACSM activities with NTCC members. (Responsibility: IEC Division /DAC)

5. Intervention of tracking TB/HIV co-infected patients using the same platform as done in the PPTCT should be operationalised. Constitute group comprising of members including DAC, CTD, NARI, IL& FS and NIC to develop linkages between RNTCP NIKSHAY and DAC SIMS database for TB/HIV data pooling. (Responsibility: BSD /DAC,M&E /DAC , CTD/Dte.GHS & IL&FS ETS)
Annexure I: List of participants in NTCC meeting on 09/07/2014

1. Dr. V.K. Subburaj, Secretary, Department of AIDS Control, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
2. Dr. Ashok Kumar, Deputy Director General, Basic Services Division, Department of AIDS Control, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
3. Dr. R. S. Gupta, Deputy Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
4. Dr. S. Venkatesh, Deputy Director General, M&E Division, Department of AIDS Control, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
5. Dr. S. D. Khaparde, Deputy Director General, STI & Blood transfusion services Division, Department of AIDS Control, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
6. Dr. Soumya Swaminathan, Director, National Institute of Research in TB (ICMR), Chetput, Chennai 600031
7. Dr. Ramesh Paranjape, Director, National AIDS Research Institute (ICMR), 73, ‘G’- Block, MIDC, Bhosari, Pune 411 026
8. Dr. K. S. Sachdeva, Additional Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
9. Dr. B. B. Rewari, National Program Officer (ART) DAC/MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
10. Dr. AN Sreenivas, National Professional Officer (TB), WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029
11. Dr. Seguy Nicole Simone, Nodal person for HIV WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029
12. Mr. Narendra Kumar, Additional Project Director, Uttar Pradesh AIDS Control Society, IV Floor, ‘A’ Block PICUP Bhavan, Vibhuti Khand, Gomti Nagar Lucknow-226010, Uttar Pradesh
13. Dr Raghuram Rao (NPO ICTC), DAC/MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001
14. Dr Arvind Narayanan (Health Initiatives IL&FS) Rao Tula Ram Marg, New Delhi
15. Dr. Suresh Shastri, State TB Training Centre, Sampangirama Nagar, Bangalore, Karnataka
16. Dr. Amar Shah, National Consultant (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
17. Mr. A.K Abraham, 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
18. Mr John Mathai, Civil Society organisation Representative – TB, President, Global Health Advocates, 6 Basha Street, Hoolaimedu, Chennai 600094, Tamil Nadu.
19. Dr. Rajesh Deshmukh, Program Officer (HIV-TB) DAC/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001
# Annexure II: Agenda of NTCC held on 09/07/2014

National TB/HIV Coordination Committee Meeting under the chairmanship of Secretary DAC /GOI  
**Date:** 9th July 2014, Wednesday 2.00pm-4.00pm  
**Venue:** Conference Room 6th floor, Department of AIDS Control  
Chandralok Building, 36-Janpath, New Delhi-110001

## Programme

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
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<tr>
<td>02:00pm-02:10pm</td>
<td>Welcome and Meeting Objectives</td>
<td>Dr Ashok Kumar Dy.DG / DAC</td>
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<tr>
<td>02:10pm-02:20pm</td>
<td>Introduction by Individual Committee Members</td>
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<td>02:20pm-02:30pm</td>
<td>Opening Address by the Chairman</td>
<td>Dr V.K.Subburaj (Secretary DAC)</td>
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<td>02:30pm-02:40pm</td>
<td>Actions taken on the decisions/recommendations of the last NTCC Meeting held on 22/1/2014</td>
<td>Dr Rajesh Deshmukh PO(HIV/TB) / Dr Ashok Kumar Dy.DG / DAC</td>
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<td>02:40pm-02:55pm</td>
<td>Progress on TB/HIV Collaborative Activities undertaken during Jan-June 2014 &amp; priorities for the period Jul-Dec 2014.</td>
<td>Dr K.S.Sachdeva Addl.DDG(TB) / CTD</td>
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<td>02.55pm-03.10pm</td>
<td>Enhanced TB Screening of all PLHIVs registered at ART/ LAC Centers twice a year (in addition to routine screening) for early diagnosis &amp; treatment of TB among PLHIVs to reduce Morbidity &amp;Mortality</td>
<td>Dr Rajesh Deshmukh PO(HIV/TB) / DAC</td>
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<td>03:10pm-03:20pm</td>
<td>Joint HIV/TB Advocacy Communication &amp; Social Mobilization activities and Social Media Campaign for HIV/TB in the country.</td>
<td>Mr.Rajesh Rana (AD Media/ DAC) /Jt.Dir (IEC)/ DAC</td>
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<td>03:20pm-03:35pm</td>
<td>ICT Interventions proposed to monitor and improve adherence to treatment amongst TB/HIV co-infected patients in India.</td>
<td>Dr Arun Verma/ Mr.Arvid Narayanan Health Initiatives IL&amp;FS</td>
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<td>03:35pm-03:50pm</td>
<td>Any other points for discussion with permission of Chair</td>
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<td>03.50pm-4.00pm</td>
<td>Closing Comments by chairman</td>
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