Minutes of National Technical Working Group on TB/HIV collaborative activities (NTWG) meeting held on 19th Jun, 2017 at 6th 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 19th June, 2017. Inaugural address was made by Dr.R.S.Gupta DDG/CST/NACO and Dr. K.S.Sachdeva DDG/BSD/NACO welcomed all members, highlighted objectives & 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 14th Oct, 2016.

Dr.Deepak Balasubramanian NC (HIV-TB/BSD/NACO) presented the action taken based on the recommendations of NTWG meeting held on 14th Oct, 2016.

Among the recommendation of NTWG 2016, focused joint HIV/TB review meetings (organized and funded by CTD) with principal themes of daily Anti -TB Treatment and Isoniazid Preventive Therapy implementation were to be carried out. The meetings are being planned from August 2017 onwards due to Active TB Case finding campaign in states in Jan, July 17 & other priority activities at National level. DDG /BSD suggested CTD to finalize the dates of the joint visits as well as the review meetings in consultation with NACO and suggested involving national institutes and development partners representatives.

To assess feasibility of decentralized ART services through RNTCP facilities for TB-HIV co-infected patients in selective states (especially Haryana and UP) where linkage
to ART is low. NC/CST/NACO raised a concern on exposure of PLHIV to TB, for which it was clarified that this mechanism would only be for TB HIV co-infected patients, who are on treatment for TB and HIV. It was decided to hold a separate meeting of experts to explore the operational aspects of the implementation.

Isoniazid Preventive Therapy was launched on World AIDS Day 2016. It was highlighted that critical stocks were present at few sites. DDG/BSD highlighted the need to ensure adequate buffer stock. ADDG/CTD also asked NC/CST to send the guidance to ART centres regarding use of Isoniazid drugs as a six months course for initiation of IPT to PLHIV.

Feasibility of combined formulation of Cotrimoxazole (CPT), Isoniazid (INH) and Pyridoxine (B6) (CPT+INH+B6) to be assessed. The combination is under the process of WHO pre-qualification; process for regulatory approval not yet initiated in India, for which CTD was requested to initiate the process.

A protocol to be developed jointly by CTD, BSD NACO & NIRT for piloting implementation of INH + Rifapentine – Protocol to be submitted.

Training of RNTCP LTs of Non-colocated DMCs on HIV screening through Whole blood finger prick test to be conducted and funded by CTD as per letter Z-28015/63/2013 dated 4th Jan 2017 and facilitators will be provided by NACO.

CBNAAT – ICTC linkage micro plan is prepared and shared with CTD but the linkage is approved only for the HIV positive individuals at ICTC. DADG/CTD explained due to limited procurement of cartridges used in CBNAAT, linkage is restricted only to PLHIVs as priority and not for all.

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 sharing of CBNAAT reports pertaining to PLHIV are delayed by RNTCP and RNTCP (DTO, STO & CTD) is asked to share the reports at respective levels on priority basis as early
initiation of treatment depends on the early detection of TB. NC/CST stated that delayed reporting hampers the early initiation of treatment for HIV or TB or both, till the diagnosis is confirmed. Dr. Amar Shah told that Integrated Diagnostics software is under development, which could include ART centres in the report recipient list.

**Dr R S Gupta** highlighted to need to coordinate with the TB programme to utilize spare capacity of CBNAAT for HIV Viral load testing. He suggested that the machine may be used when idle or on specified days.

**Recommendations of NTWG:**

1. Focused joint HIV/TB supervisory visits involving SACS, State TB cell, national institutes and development partners with principal themes of daily Anti TB Treatment (ATT) and Isoniazid Preventive Therapy (IPT) implementation.

2. Review meetings will be organized and funded by Revised National TB Control Program (RNTCP) / CTD and dates will be finalized well in time.

3. DDG/BSD/NACO recommended for a pilot regarding "expansion of ART services through RNTCP for HIV TB co-infected patients" in two states where there is no ART/ LAC /LAC Plus. NC/CST/NACO & NC HIV TB/BSD/NACO were asked to develop a operational plan to explore the option of expansion of ART services through RNTCP for HIV TB co infected patients which will be discussed in a meeting of experts.

4. For the success of IPT and to avoid critical stock, adequate buffer stock is to be ensured.

5. It is also recommended to CST division NACO to send the guidance to ART centres to ensure the full course (Six months) of Isoniazid is available for a patient who is being initiated on IPT.

6. The registration of CPT+INH+B6 formulations is pending in India and CTD is asked to initiate the process for regulatory approval in India.

7. Joint proposal on Implementation feasibility of INH+Rifapentine based TB preventive therapy to be submitted by NARI & NIRT to NACO by June 30th. CTD to look towards registration of Rifapentine in India after DCGI approval.
8. Reminder to be sent to SACS & STOs of states where RNTCP lab technicians are not trained on Whole Blood Finger Prick Test for HIV Screening.

9. CST, BSD and CTD asked to device a mechanism for sharing the list of PLHIV tested on CBNAAT with ART centre on daily basis to avoid any kind of delay in initiation of treatment till the Integrated Diagnostics software is functional. The ART centres would also be included in the report recipient list of Integrated Diagnostic software.

Agenda Item 2: Progress on TB/HIV Collaborative activities undertaken during 2016 in public and private sectors

Dr. Mahesh Gorla (Consultant/CTD) presented the progress on TB-HIV Collaborative activities undertaken during 2016. The collocation of HIV testing facilities with Designated Microscopic Centres (DMC) in states was 72% in 2016 report ranging from 17% to 100%. DDG/BSD asked to reiterate the co-location at least in states with <50% of DMC co-located with HIV testing facilities. Training will be budgeted from RNTCP and facilitator will be provided from NACO. Supply of WBFPT kits would be ensured by SACS.

Nearly 88% of the TB patients registered under RNTCP knew their HIV status, which fell to 72% with inclusion of notifications from private sector. DDG/BSD suggested that CTD should focus on HIV testing of all presumptive and diagnosed TB cases in the private sector also in collaboration with various partners.

15 out of 30 States implementing Provider Initiated Testing and Counselling (PITC) among presumptive TB cases (wholly/partially). It was recommended to increase the coverage of HIV testing among presumptive TB case in all DMC either co-located with HIV testing facilities or to be converted as F-ICTC. There was lack of clarity on the source of data of PITC among presumptive TB cases, for which a meeting was suggested.
During 2016, 90% of registered TB HIV co-infected patients were initiated on ART. DDG/BSD asked CST division to analyse last one year data at ART Centre to find out reasons for the gap in initiation.

39 ART centres are not linked with CBNAAT facilities in the same district. Sputum collection & transport mechanism for all ART centres was suggested to establish linkage with CBNAAT.

**Recommendations of NTWG:**
1. DO letter to be sent to states to achieve 100% co-location of DMC with HIV testing facilities.
2. HIV testing in private sector needs to be improved.
3. Reporting mechanism for PITC among presumptive TB needs to be strengthened and supply of Kits to be ensured for HIV screening. Meeting to be held with CTD in this regard to establish reporting mechanisms.
4. CST division is asked to provide last one year data for analysis to find out the gap of 10% of TB case not initiated on ART.
5. NTWG recommends CST division to involve positive networks in RNTCP programme or under partnership schemes for sputum transport mechanism from ART centres to CBNAAT facilities.

**Agenda Item 3: Status of Isoniazid Preventive therapy implementation in country**

Dr. Deepak Balasubramanian NC/PO (HIV-TB/BSD /NACO) presented **Status of Isoniazid Preventive therapy implementation in country.** It was deliberated that the drug (Isoniazid, Pyridoxine and Daily ATT including Injection Streptomycin) adult and Pediatric formulation are not available at many ART Centres. Concerns were raised on the prescription of Daily ATT without pyridoxine supplement as recommended in TOG and also unavailability of recommended formulations of Pyridoxine for IPT prophylaxis.

There were issues with 99 DOTS, especially Internet availability and concerns on training of staff in a few ART centres, which were to be shared with the 99DOTS team.
It was discussed that ICT enabled tools for adherence monitoring may be explored for ART and IPT drugs also.

There was lack of clarity on data source for Global AIDS Report’s TB HIV indicators, for which a meetings was suggested with UNAIDS.

Discussion was on to keep only one register, instead of HIV-TB register keep TB notification register. But the source of all HIV-TB information coming to NACO is HIV TB register.

**Recommendations of NTWG:**

1. DDG/BSD asked CTD to schedule ECHO meeting with state TB Officers to identify reasons for critical stock of daily FDC & Isoniazid, unavailability of pediatric drugs in ART centre and delay in local procurement of Pyridoxine.
2. CST/NACO was recommended to include TB drug consumption in Information Management System (IMS) to have the site-wise status at the National level and to avoid stock-outs.
3. Since the recommended dose of Pyridoxine in national guideline is not available in market for IPT and pyridoxine is not being supplemented with Daily FDC, NTWG recommended to hold a meeting for discussing the issue and the way ahead.
4. A joint evaluation would be carried out by NACO, CTD and partners to collect and validate data pertaining to 30 ART centre study.
5. A meeting to be held with representatives from CTD, CST, BSD /NACO & UNAIDS to discuss the data source for global TB HIV indicators, utility of notification registers in ART centre.
6. A meeting to be held with representatives from CST, BSD /NACO, 99DOTS team & experts to discuss the various means to assess adherence for ART and IPT.

**Agenda Item 4: Implementation status of District Action plan in 7 states**

**Dr. Prakash B. Bhoi** JD/BSD/MSACS and focal person for HIV TB presented Implementation status of District Action plan in Maharashtra
He elaborated on the activities carried out in the high-priority districts, which included mapping, house to house search, trainings, involvement of NGOs, regular review of the programme at district level. Innovations carried out by the state were enlisted, which includes conducting coordination meeting at the block level, Chalta Bolta program, Disha ek jagannaychi kala programme for nutrition support for women and CLHIV. Issues were raised on shortage of Cotrimoxazole, Daily FDC drugs and N 95 masks. He also requested that a central team visit the state to review the collaborative activities.

**Recommendations of NTWG:**

1. State may include the demand for procurement of N95 mask in PIP and procurement may be done from National Health Mission budget

**Agenda Item 5: Other discussion points**

**Dr Bhavani** presented the protocol on “Strategies to address high mortality among TB HIV co-infected patients, which included provision of ART irrespective of CD4 count and offer of TB preventive therapy. It was noted that these interventions were already included in the programme and it was unethical to deny services to a group of services, especially with the “Test and Treat” policy being rolled out. It was decided to review factors associated with high mortality in one of the high burden sites based on a questionnaire to be developed by NIRT. The data collection would be carried out by NIRT with support from NACO and CTD. Based on the observations, interventions would be designed to reduce the mortality.

**Dr Deepak Balasubramanian** discussed a recent study from BMC Infectious Diseases which showed that Abdominal USG can be a part of intensified TB case finding algorithms for HIV infected people living in high TB burden settings. It was also discussed that WHO had recommended a diagnostic tool for TB diagnosis in PLHIV with CD4 count less than 100 cells/cu mm, but the tool has not obtained regulatory approval for use in the country. It was decided that a meeting of experts be called for to discuss the above suggestions, to review the present evidence and for including in the programme guidelines. USAID agreed to facilitate a mechanism for supporting
programmatic operational research with involvement of National Institutes and other stakeholders.

Recommendations of NTWG:

1. A meeting of experts to be held to discuss the relevance of Urine TB LAM and USG for TB Diagnosis/Screening under programmatic conditions in the country.
2. USAID to facilitate a mechanism for supporting programmatic operational research with involvement of National Institutes and other stakeholders.
3. Questionnaire for assessing reasons for high TB HIV mortality to be submitted by NIRT for research on HIV TB mortality based on which NACO, CTD and NIRT will collect data from ART centres.

Recommendations of NTWG:

1. Focused joint HIV/TB supervisory visits involving SACS, State TB cell, national institutes and development partners with principal themes of daily Anti TB Treatment (ATT) and Isoniazid Preventive Therapy (IPT) implementation. *(Responsibility: CTD & BSD/NACO)*
2. Review meetings will be organized and funded by Revised National TB Control Program (RNTCP) / CTD and dates will be finalized well in time. *(Responsibility: CTD & BSD/NACO)*
3. DDG/BSD/NACO recommended for a pilot regarding "expansion of ART services through RNTCP for HIV TB co-infected patients" in two states where there is no ART/ LAC /LAC Plus. NC/CST/NACO & NC HIV TB/BSD/NACO were asked to develop a operational plan for expansion of ART services through RNTCP for HIV TB co infected patients which will be discussed in a meeting of experts. *(Responsibility: CST, BSD/NACO & CTD)*
4. For the success of IPT and to avoid critical stock, adequate buffer stock is to be ensured. *(Responsibility: CTD)*
5. It is also recommended to CST division NACO to send the guidance to ART centres to ensure the full course (Six months) of Isoniazid is available for a patient who is being initiated on IPT. *(Responsibility: CST/NACO)*
6. The registration of CPT+INH+B6 formulations is pending in India and CTD is asked to initiate the process for regulatory approval in India. (Responsibility: CTD)

7. Joint proposal on Implementation feasibility of INH+Rifapentine based TB preventive therapy to be submitted by NARI & NIRT to NACO by June 30th. CTD to look towards registration of Rifapentine in India after DCGI approval. (Responsibility: NIRT, NARI, BSD, CST/NACO & CTD)

8. Reminder to be sent to SACS & STOs of states where RNTCP lab technicians are not trained on Whole Blood Finger Prick Test for HIV Screening (Responsibility: BSD/NACO & CTD).

9. CST, BSD and CTD asked to device a mechanism for sharing the list of PLHIV tested on CBNAAT with ART centre on daily basis to avoid any kind of delay in initiation of treatment till the Integrated Diagnostics software is functional. The ART centres would also be included in the report recipient list of Integrated Diagnostic software (Responsibility: BSD, CST/NACO & CTD)

10. DO letter to be sent to states to achieve 100% co-location of DMC with HIV testing facilities (Responsibility: BSD/NACO & CTD).

11. HIV testing in private sector needs to be improved. (Responsibility: BSD/NACO & CTD)

12. Reporting mechanism for PITC among presumptive TB needs to be strengthened and supply of Kits to be ensured for HIV screening. Meeting to be held with CTD in this regard to establish reporting mechanisms (Responsibility: BSD/NACO & CTD)

13. CST division is asked to provide last one year data for analysis to find out the gap of 10% of TB case not initiated on ART (Responsibility: CST/NACO)

14. NTWG recommends CST division to involve positive networks in RNTCP programme or under partnership schemes for sputum transport mechanism from ART centres to CBNAAT facilities (Responsibility: BSD, CST/NACO & CTD).

15. DDG/BSD asked CTD to schedule ECHO meeting with state TB Officers to identify reasons for critical stock of daily FDC & Isoniazid, unavailability of pediatric drugs in ART centre and delay procurement of Pyrodoxine. (Responsibility: CTD)
16. CST/NACO was recommended to include TB drug consumption in excel format to have the site-wise status at the National level and same may be included in Information Management System later (IMS) (Responsibility: BSD, CST/NACO).

17. Since the recommended dose of Pyridoxine in national guideline is not available in market for IPT and pyridoxine is not being supplemented with Daily FDC, NTWG recommended to hold a meeting for discussing the issue and the way ahead (Responsibility: BSD, CST/NACO & CTD).

18. A joint evaluation would be carried out by NACO, CTD and partners to collect and validate data pertaining to 30 ART centre study (Responsibility: BSD, CST/NACO & CTD).

19. A meeting to be held with representatives from CTD, CST, BSD /NACO & UNAIDS to discuss the data source for global TB HIV indicators, utility of notification registers in ART centre (Responsibility: BSD, CST/NACO & CTD).

20. A meeting to be held with representatives from CST, BSD /NACO, 99DOTS team & experts to discuss the various means to assess adherence for ART and IPT (Responsibility: BSD, CST/NACO & CTD).

21. State may include the demand for procurement of N95 mask in PIP and procurement may be done from National Health Mission budget (Responsibility: Maharashtra SACS & NHM).

22. A meeting of experts to be held to discuss the relevance of Urine TB LAM and USG for TB Diagnosis/Screening among PLHIV under programmatic conditions in the country (Responsibility: BSD, CST/NACO & CTD).

23. USAID to facilitate a mechanism for supporting programmatic operational research with involvement of National Institutes and other stakeholders (Responsibility: BSD/NACO & USAID).

24. Questionnaire for assessing reasons for high TB HIV mortality to be submitted by NIRT for research on HIV TB mortality based on which NACO, CTD and NIRT will collect data from ART centres (Responsibility: BSD/NACO & NIRT).
**National Technical Working Group (NTWG) Meeting**

*Date: 19th June 2017, Time: 10:30 – 01:00 pm*

*Venue: Conference room, 6th Floor, Chandralok Building NACO, 36-Janpath, New Delhi*

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<td>Welcome and Meeting Objectives</td>
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<td>10:40 am - 10:50 am</td>
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<td>10:50 am - 11:10 am</td>
<td>Action taken and decisions on relevant issues on agenda points of last NTWG meeting held on 10th Oct 2016</td>
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<td>11:10 am - 11:40 am</td>
<td>Progress on TB/HIV Collaborative activities undertaken during 2016 in public and private sectors</td>
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<td>11:40 am – 12:10 pm</td>
<td>Status of Isoniazid Preventive Therapy implementation in country, including availability of Tab Pyridoxine</td>
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<td>Implementation status of District Action plan for high priority districts for HIV TB as per “Pragati review”</td>
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<td>12:40 pm - 12:55 pm</td>
<td>Any other points for discussion with permission of Chair</td>
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<td>Closing Comments by chairman</td>
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