Department Of AIDS Control (DAC)
Ministry of Health and Family Welfare, GOI
Chandralok Building, 36 - Janpath, New Delhi - 110001

Minutes of Meeting of National TB/HIV Co-ordination Committee (NTCC) held under the chairmanship of Secretary, Department Of AIDS Control/GoI at New Delhi, on 22/01/2014

This first meeting of NTCC was convened under the chairmanship of Secretary, Department of AIDS Control / GoI on 22/1/14, as per the approved agenda at Annexure II

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. Mr. Lov Verma, Secretary DAC and chairman NTCC in his opening remarks mentioned that this being the first meeting of NTCC is of historic importance and a milestone in carrying forward the collaboration between Department of AIDS Control and Central TB Division (CTD / Dte GHS) for HIV TB activities.

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

Following were the issues discussed and decisions taken by NTCC:

1. Overview on HIV-TB Collaborative Activities

Dr. K. S. Sachdeva (Additional DDG, CTD) made a presentation on overview on HIV-TB collaborative activities. It was understood that India has dual burden of high HIV and Tuberculosis. To combat HIV-TB Co-infection India has started TB-HIV collaborative activities since year 2001 for which it follows WHO Policy Framework for collaborative activities and most of the suggested strategies were already in place. There has been significant improvement in performance for indicators given in WHO Policy Framework in recent years. At country level, as of 3rd quarter (July-Sept) 2013, 64% of TB patients knew their HIV status which has increased from 11% in 2008. Similarly Among HIV-infected TB patients diagnosed in 3rd quarter (July-Sept) 2013, 91% were put on CPT. The coverage of ART among TB patients who were known to be HIV-positive reached 85% in patients registered in July- Sept 2012, an increase from 49% in 2008. Despite this

achievement, RNTCP data showed very high mortality (12%) which was less than satisfactory. Hence following areas were identified as thrust areas (Annexure III):-.

1.1. Enhance proportion of TB patients with known HIV status. Currently **51%** of the Designated Microscopy Centres (DMC's) have co-located HIV testing facilities. The proportion of TB patients with known HIV status across the country will be enhanced to **100% by 2014**.

1.2. Intensified TB Case Finding (ICF) with four symptoms complex at ART centres (prioritizing offer of rapid molecular test Xpert-MTB-Rif to all presumptive TB cases among PLHIV): RNTCP has also endorsed the policy of prioritizing offer of Rapid MolecularTest Xpert-MTB-Rif to all presumptive TB cases among PLHIV for early diagnosis of TB as well as Rif resistance. Such 70 existing CBNAAT sites have been identified and linked to nearby ART centers for the early diagnosis of TB among PLHIV. With reference to the same it was suggested that the CBNAAT equipment's placed at the collocated Designated Microscopic Center (DMC) facility will be owned by RNTCP and the related procurement (including the costs) will be undertaken by RNTCP/CTD.

1.3. Addressing challenges in diagnosis of Extra-pulmonary TB among PLHIV: Diagnosis of Tuberculosis among PLHIV is difficult because of atypical presentation. A concern was raised by Dr. Srikanth Tripathy about the diagnosis of extra-pulmonary TB cases. In response to his concern it was suggested to sensitize the ART staff for early diagnosis of TB including extra-pulmonary TB. It was mentioned by Dr. Sreenivas that in light of recent evidence GeneXpert has good diagnostic predictability for extra-pulmonary TB diagnosis and RNTCP is developing the guidelines on how to test extra-pulmonary TB with GeneXpert. It was further conveyed that this issue may be further discussed in National Technical Working Group (NTWG) meeting.

1.4. Daily Regimen for TB among PLHIV: Considering the high mortality among HIV patients co-infected with TB, the National Committee on Diagnosis and Management of TB has taken a decision to provide daily Anti-TB Regimen for this sub-group of patients. However the same is yet to be finalized by the Ministry of Health and Family Welfare.

1.5. Isoniazid Preventive Therapy (IPT) Strategy for prevention of TB among PLHIV: The NTWG has endorsed the Isoniazid Preventive Therapy (IPT) Strategy for prevention of TB among PLHIV, to be implemented in early 2014. Dr. Sachdeva informed that, with delay in procurement of INH 300mg and INH 100 mg at central level, the CTD has instructed States to procure it locally

based on requirement. The IPT Strategy implementation would be prioritized in states with sufficient stocks of INH.

1.6. Provider Initiated HIV Testing and Counselling (PITC) among presumptive TB cases: DAC and RNTCP are required to undertake the scale-up of PITC among presumptive TB cases at the earliest. The DAC will commence a detailed forecast analysis to guide procurement orders of HIV test kits for the next financial year. This is critical for meeting the goal of rapid scale-up of this strategy across the country. The DAC may incorporate the requirement of additional HIV test kits in the indents for the financial year 2014-2015 needed to scale up the PITC among presumptive TB cases. Dr. K. S. Sachdeva proposed to consider the travel support to the TB suspects among PLHIV where Dr. B.B. Rewari mentioned that travel support for PLHIV with TB for attending the ART center every month is already in place in 14 States but it does not cover the TB suspects among PLHIV. The uniformity in the travel support system is needed across the States.

1.7. Airborne Infection Control Measures at HIV care settings: It was recommended that Airborne Infection Control measures be undertaken at all ART centers and that the administrative, environmental and respiratory control measures should be put in effect as per the existing Airborne Infection Control guidelines. It was suggested by NTCC, that to comply with Airborne Infection Control guidelines a token amount may be budgeted in the next year Project Implementation Plan (PIP). It was decided that a letter from DAC to all the Project Directors (PD) may be sent along with Airborne Infection Control guidelines (2010) to ensure the implementation of these guidelines at all HIV/AIDS care settings. It was proposed that it should be a major agenda point. National guidelines for Infection Control are already present. It was emphasized that there is a need to ensure administrative control at ART Centers. All project directors may be requested to pursue the Airborne Infection Control guidelines. TB Suspicion Criteria should be expanded for HIV-TB patients for referral to the appropriate center.

1.8. Joint Review of HIV/TB activities at National level: It was suggested by Dr. K. S. Sachdeva ADDG TB that Joint National HIV-TB Review meeting be conducted once every year including the Project Director/SACS, STOs and HIV-TB Coordinators. Further, it was emphasised that PDs, JDs (BSD, CST, and STI) conduct regular co-ordination meetings and send the minutes of the same to the NTCC, DAC and RNTCP.

2. National Framework for HIV-TB collaborative activities November 2013

National Framework Nov 2013 jointly presented by DAC and RNTCP with inputs by all concerned experts was presented to all the NTCC members by Dr. Rajesh Deshmukh. It was mentioned by Dr. Ashok Kumar that this National Framework has also been shared with all SACS, STOs, STDCs, RNTCP Consultants and DTOs for necessary actions at their ends.

3. Proposal for supporting the ART Centers for implementation of 3 'I's:

Dr. A N Sreenivas NPO / WHO, India, put forward the proposal for supporting the ART Centers for implementation of 3 'I's (Intensified Case Finding (ICF), Isoniazid Preventive Therapy (IPT), and Infection Control for Tuberculosis (IC)). It was mentioned that these activities will be implemented in selected high workload ART centers in India. Considering the importance of early diagnosis of the TB and prevention of TB among the PLHIV it was suggested to ART division of DAC to identify the ART centers where these activities will be implemented. Secretary DAC commented that this is an important activity, and the proposal was approved by NTCC to be further examined by NTWG (HIV/TB).

4. Any other points for discussion with permission of Chair

4.1. Research in HIV/TB: Dr. Soumya Swaminathan Director NIRT proposed for strengthening research in HIV/TB for which Dr. Rajesh Deshmukh mentioned that compilation of all HIV-TB related research is going on to gather evidence for policy decisions. It was suggested by Dr. K.S. Sachdeva that TRG (R&D), DAC can add two more people from RNTCP, similarly RNTCP may also include representatives from DAC in the National Research Committee of RNTCP.

4.2. Medical College Task Force: Dr. Ashok Kumar mentioned that there is an existing mechanism of medical college task force under RNTCP which can be actively involved to prioritize HIV-TB coordination activities and research.

The following action points emerged during the NTCC meeting:

1. The CBNAAT equipment's will be placed at the collocated Designated Microscopic Center (DMC) facility and will be owned by RNTCP and the related procurement (including the costs) will be undertaken by RNTCP/CTD.

(Action to be taken by the RNTCP/CTD.)

2. DAC may incorporate the indents needed for scaling up the PITC among presumptive TB cases for the financial year 2014-2015.

(Action to be taken by the DAC/BSD.)

3. A Joint National HIV-TB Review meeting be conducted once every year including the Project Director/SACS, STOs and HIV-TB Coordinators. PDs, JDs (BSD, CST, and STI) may conduct regular co-ordination meetings and send the minutes of the same to the NTCC, DAC and RNTCP.

(Action to be taken by DAC/BSD and RNTCP/CTD.)

4. A letter from DAC to all Project Directors may be sent along with airborne infection control guidelines (2010) to ensure the implementation of these guidelines at all HIV/AIDS care settings.

(Action to be taken by the DAC/BSD.)

5. The proposal for supporting the ART Centers for implementation of 3 'I's (Intensified Case Finding (ICF), Isoniazid Preventive Therapy (IPT), and Infection Control for Tuberculosis (IC) is approved by NTCC to be further examined by NTWG.

(Action to be taken by NTWG, DAC/BSD and RNTCP/CTD.)

6. TRG (R&D) DAC may invite two more experts from RNTCP similarly National Research Committee under RNTCP may also include representatives from DAC.

(Action to be taken by DAC/BSD and RNTCP/CTD.)

7. The medical college task force under RNTCP may be actively involved to prioritize HIV-TB co-ordination activities and research.

(Action to be taken by RNTCP/CTD.)

.

Annexure I:

List of participants in NTCC meeting held on 22/01/2014

1. Mr. Lov Verma, 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. A. S. Rathore Deputy Director General, Care, Support and Treatment Division, Department of AIDS Control, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
5. Dr. Soumya Swaminathan, Director, National Institute of Research in TB (ICMR), Chetput, Chennai 600031
6. Dr. Srikanth. Tripathy, Director, National JALMA Institute for Leprosy and Other Mycobacterial Diseases (ICMR) P.O BOX 101, Dr. M. Miyazaki Marg, Tajganj, Agra - 282001, Uttar Pradesh
7. Dr. K. S. Sachdeva, Additional Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
8. Dr. B. B. Rewari, National Program Officer (ART) DAC/MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
9. Dr. AN Sreenivas, National Professional Officer (TB), WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029
10. Mr. Narendra Kumar, Additonal Project Director, Uttar Pradesh AIDS Control Society, IV Floor, 'A'Block PICUP Bhavan, Vibhuti Khand, Gomti Nagar Lucknow-226010, Uttar Pradesh
11. Dr. Amar Shah, National Consultant (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
12. Dr. Rajesh Deshmukh, Program Officer (HIV-TB) DAC/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001
13. Dr. Sumit Kumar Bansal, Technical Officer, (HIV-TB) DAC/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001

Annexure II:

Agenda

National TB/HIV Coordination Committee Meeting **Department of AIDS Control and Central TB Division, MOHFW Government of India** **Date: 22nd January, 2014 Time 10 am** **Venue:** Department of AIDS control ,Conference room,6th floor , Chandralok Building, 36-Janpath, New Delhi-110001		
Programme		
10:00am- 10:15am	Welcome and Objectives of the Meeting	Dr Ashok Kumar DDG BSD/DAC
10:15am- 10:25am	Introduction by Individual committee members	
10:25am- 10:35am	Opening Address	Mr. Lov Verma (Secretary DAC) Chairman NTCC
10:35am- 10:50am	Overview on TB/HIV collaborative activities	Dr K.S.Sachdeva ADDG(TB)CTD
10:50am- 11:05pm	National Framework for TB/HIV collaborative activities November 2013	Dr Rajesh Deshmukh PO(HIV/TB)BSD/DAC
11:05pm- 11:20pm	Thrust Areas of coordination	Dr K.S.Sachdeva ADDG(TB)CTD
11:20pm-11:30pm	ICF at ART Centers and management of TB HIV co-infected patients to reduce mortality	Dr AN Sreenivas NPO TB (WHO India)
11:30pm- 11:45pm	Any other points for discussion with permission of Chair	
11:45pm-12:00pm	Closing Comments by chairman	

Annexure III

Summary of issues considered under Thurst Area of Co-ordination

S. No	Thurst Area of Co-ordination	Department Responsible	Co-ordination Issue	Remarks
1.	Enhance proportion of TB patients with known HIV status	RNTCP/CTD	Currently 51% of the Designated Microscopy Centres (DMC's) in India have co-located HIV testing facilities.	This would be enhanced to 100% by 2014 at National level.
2.	Intensified TB Case Finding (ICF) with four symptoms complex at ART centres using Rapid Diagnostic Test	DAC	Prioritizing offer of rapid molecular test Xpert-MTB-Rif to all presumptive TB cases among PLHIV	Guidance tool of Gene Xpert to be circulated to the ART Centers
		RNTCP/CTD	Procurement of the Logistics required for CBNAAT equipment	The CBNAAT equipment placed at the collocated Designated Microscopic Center (DMC) facility will be owned by RNTCP and the related procurement (including the costs) will be undertaken RNTCP/CTD
3.	Addressing diagnostic challenges in diagnosing the Extra-pulmonary TB	RNTCP/CTD	Diagnostic challenges in Diagnosis of Extra-pulmonary TB Using the Gene Xpert	Standard Operating Procedure (SOP) for diagnosing Extra-pulmonary TB using Gene Xpert already sent to all Gene Xpert sites
4.	Daily Regimen for TB among PLHIV	RNTCP/CTD	The high mortality in HIV-associated TB patient on thrice weekly regimen	Provision of anti-TB regimen for PLHIV under review of sub-committee for Daily Regimen in Hiv-TB Co-infected patients
5.	Isoniazid Preventive Therapy (IPT) Strategy for prevention of TB among PLHIV	RNTCP/CTD	Implementation of IPT Strategy for prevention among PLHIV	Already endorsed by NTWG Aug 2013
				IPT Strategy for prevention among PLHIV to be implemented in early 2014

			Procurement of INH 300mg and 100 mg for implementing IPT Strategy for prevention among PLHIV	Subject to local procurement of INH 300mg and 100 mg by states as instructed by CTD
6.	Provider Initiated HIV testing and Counselling (PITC) among presumptive TB cases	RNTCP/CTD DAC	Scale up of PITC among presumptive TB cases	DAC and CTD to undertake Scale up of PITC among presumptive TB cases at the earliest
		DAC	Procurement of additional HIV test kits	DAC to undertake a detailed forecast analysis to guide procurement orders of HIV test kits for the financial year 2014-2015
				DAC needs to incorporate the requirement of additional HIV test kits in the indents for the financial year 2014-2015 needed to scale up the PITC among presumptive
7.	Airborne Infection Control Measures at HIV care settings	RNTCP/CTD DAC	Administrative, Environmental and Respiratory control measures to be put in effect as per the existing Arborne Infection Control guidelines	A letter from DAC to all Project Directors may be sent along with Airborne Infection Control guidelines (2010) to ensure the implementation of these guidelines at all HIV/AIDS care settings.
8.	Joint Review of HIV/TB activities at National and State level	RNTCP/CTD DAC	Conducting regular Joint State and National HIV-TB Review meeting	PDs, JDs (BSD, CST, and STI) conduct regular co-ordination meetings at state level and send the minutes of the same to the NTCC, DAC and RNTCP.
				Joint National HIV-TB Review meeting be conducted once every year including the Project Director/SACS, STOs and HIV-TB Coordinators