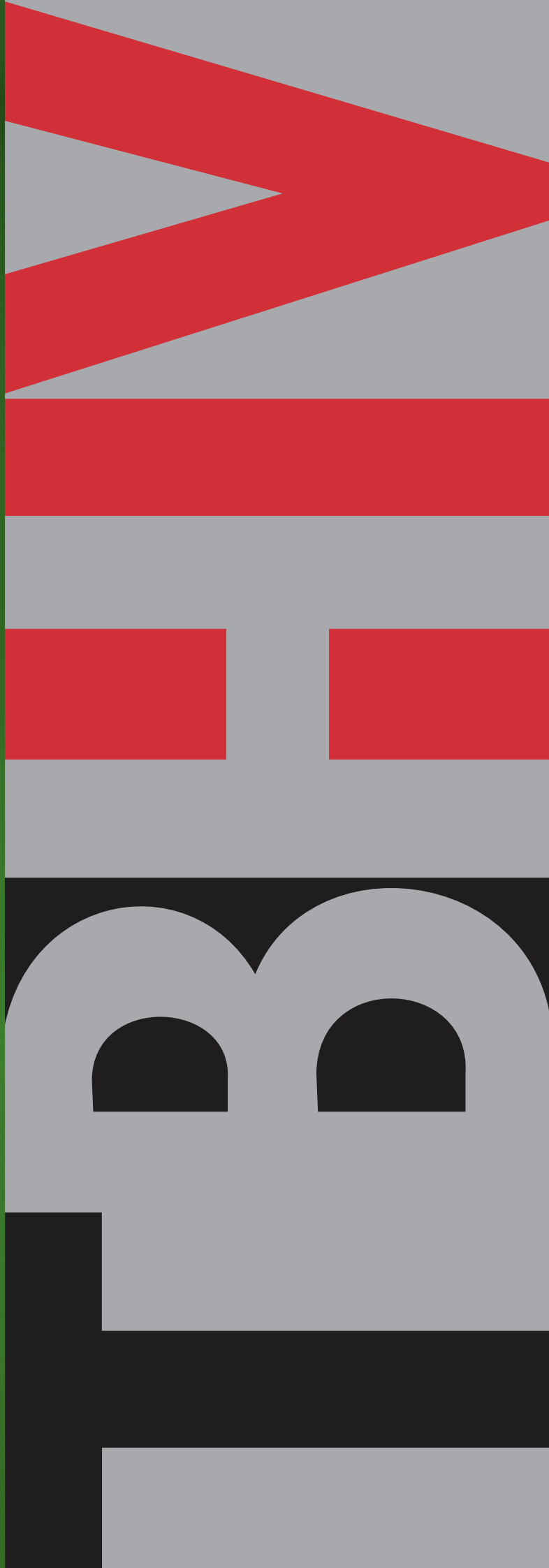
Scaling up of collaborative TB/HIV activities in concentrated HIV epidemic settings

A case study from India



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Abbreviations

ANC	antenatal clinics
ANM	auxiliary nurse midwife
ART	anti-retroviral therapy
ATT	anti-tuberculosis treatment
CFR	case fatality rate
CPT	co-trimoxazole preventive therapy
DCC	district TB/HIV coordination committee
DMC	designated microscopy centres
DOT	directly observed therapy
F-ICTC	facility integrated counselling and testing centres
FSW	female sex worker
HIV	human immunodeficiency virus
HRG	high risk group
HTC	HIV testing and counselling
ICF	intensified case finding
ICTC	integrated counselling and testing centres
IDU	injecting drug user
IPT	isoniazid preventive therapy
LAC	link ART centre
NACP	national AIDS control programme
NTCC	national TB coordination committee
NTWG	national technical working group for collaborative TB/HIV activities
PITC	provider-initiated HIV testing and counselling
PLHIV	people living with HIV
PPTCT	Prevention of parent to child transmission
RNTCP	revised national TB control programme
SCC	state TB/HIV coordination committee
SWG	state TB/HIV working group
TB	tuberculosis
VCT	voluntary counselling and testing
WBFPT	whole blood finger prick test

Executive Summary

India has a high burden of both tuberculosis (TB) and HIV, and faces a high burden of HIV-associated TB. While TB is endemic, the HIV epidemic is concentrated in a few states. A national response to TB epidemic was initially integrated in the general health system through the revised national TB control programme. This differed from the staggered response to the HIV epidemic under the national AIDS control programme, where programmes were initiated in high HIV burden states and gradually expanded to the rest of the country. Over the past decade, the HIV epidemic in India has expanded to historically low prevalence settings. However, this increase was not met by increased local programme capacities, and this situation created hurdles for rapid scale-up of collaborative TB/HIV activities and gaps in the detection and treatment of HIV and HIV-associated TB. Facilitated by the joint national TB/HIV policy, national TB and HIV programmes have systematically addressed these gaps and succeeded in reducing the incidence, prevalence and mortality due to TB, HIV and HIV-associated TB.

India's revised national TB control programme and national AIDS control programme address the dual burden of TB and HIV through systematic implementation of collaborative TB/HIV activities across the country. This involved the establishment of a mechanism for regular dialogue between the two national programmes at all administrative levels, adoption of policies and strategies aimed at optimizing use of existing resources and the integration of service delivery into the general health system to improve coverage as well as quality of services.

This case study documents the experience of the scale-up of collaborative TB/HIV activities in India over the past decade, exploring the challenges encountered and the steps taken by national TB and HIV programmes collectively to address them. The key lesson learned from this experience is that collaborative TB/HIV activities can be scaled up successfully in concentrated HIV epidemic settings if TB and HIV programmes share ownership of TB/HIV interventions. In addition, political and administrative commitment is critical to ensure ongoing dialogue, development of joint policies, technical decision-making and day-to-day programme management. Collaborative efforts including strong management information systems, joint supervision and monitoring, joint capacity building, smart use of technology produces efficiency, and optimal utilization of resources. Collaboration also offers opportunities to build on the inherent strengths of individual programmes and scale-up interventions despite challenges like weak infrastructure or shortage of human resources. It is hoped that this documentation will prove beneficial to programme planners and managers in countries implementing collaborative TB/HIV activities, particularly in concentrated HIV epidemic settings.

1. Background

India has the world's highest burden of tuberculosis (TB) and third largest number of people living with HIV in the world; it also ranks third in the world for HIV-associated TB. While TB is endemic across India, the HIV epidemic is concentrated in six out of 35 states and union territories in the country: Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur and Nagaland. These states have an HIV prevalence of around 1% among pregnant women attending the antenatal clinics. The burden of HIV-associated TB closely follows the distribution of HIV epidemic in the country, and more than 75% patients with HIV-associated TB are located in just the six states mentioned above.

India's national AIDS control programme (NACP) and the revised national TB control programme (RNTCP), were established in 1992 and 1993, respectively. Both programmes have been instrumental in impacting the burdens of HIV and TB in India. To address the burden of HIV-associated TB, collaborative TB/HIV activities have been implemented by NACP and RNTCP since 2001. These activities were launched initially in the six high HIV burden states and gradually expanded across the country. Adoption of the joint *national TB/HIV policy framework* in 2007 provided impetus for nation-wide scale-up of collaborative TB/HIV activities which was achieved in 2012. The *national TB/HIV policy framework* which governed implementation of collaborative activities in India was drawn from the WHO interim policy on collaborative TB/HIV activities.[1] It provided a clear outline including the objectives of collaborative TB/HIV activities; monitoring and evaluation mechanisms; roles and responsibilities of staff; drugs and logistics management; and finance management. It steered the scale-up and implementation of collaborative activities across the country by facilitating establishment of coordination mechanisms between the two programmes at all administrative levels. It is a rolling document and underwent revisions in 2009 and 2013 adopting new policies and interventions based on evidence generated by the national programmes through operational research. The 2013 version of national TB/HIV framework also adapts to the national strategic plans (2012-17) for TB and HIV programmes developed by the Indian Ministry of Health and the WHO policy on collaborative TB/HIV activities.[2]

Milestones

The implementation of collaborative TB/HIV activities in India involved extensive consultations and consensus building between the two national programmes. As mentioned above all the key interventions were gradually scaled-up starting from high HIV burden to the low burden states in the country. Table.1 depicts key milestones in this nationwide scale-up.

Table 1: Milestones in scaling-up of collaborative TB/HIV activities in India

Year	Activity
2001	Basic TB/HIV activities initiated in six high HIV burden states
2003	Pilot study for systematic TB/HIV cross-referral and implementation in six HIV high prevalence states