Care, Support and Treatment & HIV-TB

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Strategies of under NACP IV

• Providing comprehensive HIV care and support services;

• Up-scaling access to Anti-Retroviral Treatment for all eligible;

• Strengthening systems for management of opportunistic infections;

• Addressing stigma and discrimination issues in health care settings;

• Strengthening systems for quality assurance;

• Building capacities and integrate with health system.
### Scale up facilities during NACP IV

<table>
<thead>
<tr>
<th>Facility for CST</th>
<th>Baseline 2012</th>
<th>(Dec)</th>
<th>As on March 2015</th>
<th>As on April 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART Centers</td>
<td>355</td>
<td>475</td>
<td>525</td>
<td></td>
</tr>
<tr>
<td>Link ART Centers</td>
<td>685</td>
<td>1068</td>
<td>1107</td>
<td></td>
</tr>
<tr>
<td>Centers of Excellence</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Pediatric Centers of Excellence</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>ART Plus Centers</td>
<td>24</td>
<td>37</td>
<td>70 (18 more sanctioned)</td>
<td></td>
</tr>
<tr>
<td>Care &amp; Support Centers</td>
<td>253 (CCC)</td>
<td>325</td>
<td>360</td>
<td></td>
</tr>
</tbody>
</table>
Trends in Number (%) of registered TB patients with known HIV status, 2008-2015, National

Status: 79% with known status (range 39% - 100%). 29 of 36 states have achieved > 70%.
Proportion of HIV-infected TB patients receiving ART 2015

- **<50%** (red)
- **50-85%** (yellow)
- **>=85%** (green)

States and Union Territories:
- Jammu & Kashmir
- Himachal Pradesh
- Punjab
- Haryana
- Uttarakhand
- Rajasthan
- Uttar Pradesh
- Bihar
- Jharkhand
- Chhattisgarh
- Madhya Pradesh
- Chhatisgarh
- Gujrat
- Uttarakhand
- Gujrat
- Madhya Pradesh
- Maharashtra
- Andhra Pradesh
- Karnataka
- Tamil Nadu
- Kerala
- Meghalaya
- Mizoram
- Sikkim
- Nagaland
- Tripura
- Assam
- Dakshina Bharath
- Lakshadweep
- Andaman & Nicobar Islands
- Jammu & Kashmir
- Himachal Pradesh
- Punjab
- Haryana
- Uttarakhand
- Rajasthan
- Uttar Pradesh
- Bihar
- Jharkhand
- Chhattisgarh
- Madhya Pradesh
- Chhatisgarh
- Gujrat
- Uttarakhand
- Gujrat
- Madhya Pradesh
- Maharashtra
- Andhra Pradesh
- Karnataka
- Tamil Nadu
- Kerala
- Meghalaya
- Mizoram
- Sikkim
- Nagaland
- Tripura
- Assam
- Dakshina Bharath
- Lakshadweep
- Andaman & Nicobar Islands
CBNAAT linkages with ART centre

<table>
<thead>
<tr>
<th>District</th>
<th>ART centre</th>
<th>CBNAAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>yes</td>
<td>No</td>
</tr>
<tr>
<td>207</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>86</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>306</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>688</td>
<td>345</td>
<td>601</td>
</tr>
</tbody>
</table>
Challenges/ Limitation
Policy related

• **Gaps in treatment cascade**: gap in the linkage between detection and linkage to care (85%). 93% of those registered for pre-ART undergo CD4 testing. Of all those who are eligible for ART, 85% get started on ART;

• **Effectiveness of strategy of setting up Link ART Centres**: The linkage of patients to LAC has been very slow;

• **Adoption of international guidelines of CD4 eligibility of 500, test and treat for KPs and scale up of viral load testing**: program has been gradually adopting the 2013 recommendations.
Operational

- **Human Resource related concerns:** Vacancies across facilities and trainings;
- **Supply & distribution of ARV drugs:** Drugs provided for short duration
- **Sub-optimal scale up of Second line ART:** increase in the number patients initiated on second line ART is very low;
- **Sub-optimal HIV-TB referral:** coordination between HIV and TB programs; Gap in co-location of HIV TB testing facilities more in Northern India .
- **Inadequate availability of drugs to treat Ois:** Out of pocket expenditure borne by individuals.
**Recommendations: Policy related (Immediate)**

- Consider implementation of new CD4 threshold at CD4 < 500 for ART start and Test and Treat for KPs and SD couples (with emphasis on consistent condom use) to **reduce LFU in pre-ART**;

- To improve quality of services, decrease mortality, avoid HIVDR, **scale up Viral Load testing** for treatment monitoring;

- **Pharmacovigilance** activities need to be scaled up further in collaboration with the pharmacovigilance program of India;

- A pilot at high load ART center to understand feasibility of having LAC in CSC/ TI coupled with longer drug dispensing duration should be considered and **review the LAC concept**.
Recommendations: Strategy related (Immediate)

• Conduct national and state **HIV DR survey**;

• Ensure **Uninterrupted Supply chain management of ARV drugs** to all centres;

• Develop a model of **task shifting** and increase **drug dispensing duration** to manage overcrowding of ART centres and improve quality of care;

• Set up **case tracking mechanisms** through appropriate upgradation & integration of existing softwares with SIMS to plug the gaps in testing and treatment cascade and promote retention on ART.
Recommendations: Operational (Immediate)

- **Simplify SACEP mechanisms**;
- **SACS and DAPCU should coordinate** with general health system for ensuring OI drugs availability and for improving access of HCV testing and treatment;
- **DAPCUs to be engaged in CST reviews** in all districts where they are functioning
- Increase functional co-location of HIV TB testing facilities.
- Implementation of Isoniazid Preventive Therapy for prevention of TB among PLHIV
- Improve counselling of TB patients and PLHIV on **airborne infection control**;
- Improve counselling tools and Regular training for counselors on **positive prevention and counselling for adolescents, self-stigma and viral hepatitis co-infection.**
Recommendations: Long Term

• Consider Test and Treat for all;

• Review the operational guidelines (incl. Finance and HR) for ARTC based on newer initiatives and existing client load;

• Role of Centres of Excellence should be redefined;

• Need to strengthen the positions and role of Regional Coordinators at states in view of the changing guidelines and further scale up;

• Role of CSCs to be expanded (stigma reduction, HIV testing, ARV refill etc);

• Re visit the LAC strategy;

• Simplify data recording and reporting at the facility level.