

Minutes of the TB/HIV Coordination Meeting held on 17th January, 2007

A meeting was held on the 17th January, 2007, at NACO, to review the implementation of TB/HIV Coordination activities and to discuss and revise the existing national action plan on TB/HIV.

The meeting was attended by:

1. Dr. Jotna Sokhey, APD-NACO
2. Dr. L.S.Chauhan, DDG(TB)
3. Dr. S. Sahu, NPO (TB), WHO
4. Dr. Puneet Dewan, MO (TB), WHO SEARO
5. Dr. Polin Chan, Country Officer (HIV), WHO
6. Dr. Neeraj Raizada, Consultant (TB/HIV), CTD
7. Dr. Rahul Thakur, Consultant (TB/HIV), NACO
8. Dr. B. B. Rewari, Consultant (ART), NACO
9. Dr. Daisy, Technical Officer (TB/HIV), NACO

1. The meeting started with discussion on the action taken on the minutes of previous meeting held on 18th December 2006. The status of the actions taken, is as under:
 - a) DDG (TB) informed the participants that a meeting was held in Hyderabad with PD APSACS and other APSACS officials on the 12th of Jan 2007, to discuss the pilot testing of CPT delivery mechanism for HIV positive TB patients. The meeting was also attended by officials from AP State TB Cell and representatives from CTD. Minutes of the said meeting were earlier dispatched to NACO and CTD, by APSACS.

In the meeting PD APSACS endorsed the operational plan for the pilot and agreed on operationalisation of shared confidentiality of HIV status with in the health care system. In the meeting PD, APSACS suggested that CPT may be provided through the general health care system through the Community volunteers. It was further suggested, by the Project director, that in AP, Cotrimoxazole for the pilot may be stored with the District Nodal Officers for AIDS at the district level Drug Stores, which are functioning well, for further distribution to the health facilities, through the DTOs.

On this point, it was decided that CPT would be delivered through the general health services. Community volunteers would not be utilised for the purpose of CPT delivery. CPT would not be delivered under direct observation. The suggestion of PD, APSACS on distribution of drugs through District level drugs stores was welcomed and agreed.

Action: PD, APSACS to be informed by NACO

- b) It was decided that the pilot would be initiated in the month of March, 2007 in three districts of Andhra Pradesh (Anantpur, Vishakhapatnam, Vizianagaram) from March 2007. The interim results of the Pilot would be available within 6 months of the pilot and would be discussed with NACO.

Action: CTD to share the results with NACO after interim analysis.

- c) The training of Master trainers for the 3 district, comprising of 8-10 people from each district including DTO, DNO, selected of MO-TCs, and concerned staff from STC & SACS would be done on the 2nd February 2007, at Hyderabad. Experts from CTD and NACO would train these trainers on the operationalisation of CPT. These training would be in turn undertaking training for all the concerned field staff for the pilot. DDG (TB) informed that the cost of training can be taken up by RNTCP but if

funds are available under GFATM Rd III for this purpose, NACO may like to utilise this money for the training of field staff. APD, NACO informed the participants that adequate funds were available under the treatment for OIs head of GFATM RD-III budget. It was decided that NACO would communicate the availability of these funds for the training of field staff at the earliest to CTD and SACS.

Action:

CTD: To undertake the training in Hyderabad.

NACO:

- To communicate to CTD regarding availability of funds for training under GFATM-RDIII for the pilot, at the earliest.
- To nominate official to participate in training planned on 2nd February,07 at Hyderabad

- d) It was decided in the meeting in the event of interruption of CPT by HIV positive TB patients, in the proposed pilot, STS would take a note of the same and would provide supportive supervision so as to encourage the patient to continue Cotrimoxazole prophylaxis.

Action: CTD to communicate the same in the training of field staff

2. During the meeting, DDG (TB) informed that a pilot study in Mysore and Trichi is being undertaken by CTD to test the feasibility of routinely offering referral for VCT to TB patients. NACO welcomed the initiative and agreed to provide all requested support for the pilot and write to PDs of Tamil Nadu and Karnataka regarding giving support to this activity.

Action: NACO to write to respective PDs, for providing necessary support to RNTCP in the pilot

3. Periodic HIV Survey in TB patients is ongoing in 15 districts in the country. In Cooch Behar District of W. Bengal serum samples are being sent to North Bengal Medical College for testing. However, these tests are not being done on a weekly basis as per protocol. Also almost 20% of the samples collected so far have been rejected. It was decided to send a communication to PD WBSACS requesting him to probe the matter.

Action: NACO to write to PD,WBSACS on the issue.

4. A presentation on the outline of proposed, revised Joint Action Plan on TB/HIV was made. It was discussed that there was a need to have a time-line for the action plan with regular annual review on the progress made in its implementation. The issues discussed in this regard, are as under:

- a) It was decided during one of the National RNTCP Review meetings, that an annual National review of TB/HIV activities would be held, by inviting officials from NACO, concerned SACS and STC. In the same way states should conduct at least one annual review, on an additional day, with DTOs and DNOs during one of the quarterly review meetings.

Action: CTD to schedule the review meetings and communicate the details to NACO.

- b) TORs for SCC/DCC on TB/HIV to be revised and indicators to be added so that the program managers are aware of their responsibilities and duties.

Action: Draft guidelines to be prepared jointly by TB/HIV consultants of CTD & NACO. The same to be discussed in the next meeting.

- c) Trainings for different level of staff in the action plan was discussed and decided to draw a time frame for the states. TOT for national and state level master trainers to be done so that trainings for all the new states could be started at the earliest. It was decided to combine TB/HIV trainings along with regular HIV and TB trainings for the field staff.
- d) It was decided to simplify the reporting format on cross referrals for the C&D districts. Draft format for the same would be circulated amongst the participants electronically.

Action: Consultant TB/HIV, NACO to circulate the draft formats

- e) It was decided to make a detailed action plan with time line for including all the ICTCs for reporting after providing them the revised reporting format which is being developed and will be circulated and finalized in the next meeting. It was also decided to exclude exclusive PPTCT centres as intensified case finding is not necessary in the antenatal clinic population, which has low HIV prevalence.

Action: NACO & CTD

- 5. Reporting on ICTC-RNTC cross-referrals are not being received regularly from Orissa, Delhi, Punjab, and Himachal Pradesh.

Action: Letter to be sent from NACO to respective PD, SACS

- 6. Supervisory activities are to include participation of SACS in the State TB Internal Evaluation which is done in 1-2 districts per quarter. The evaluation team would comprise of Central level officials along with SACS official in-charge of TB/HIV so that follow up action could be taken. Similarly, a State TB Cell member should be included in any state level HIV programme reviews.

Action: NACO to communicate to SACS. CTD to communicate to State TB Officers.

- 7. Discussion on ART reporting format were held. It was decided that the current reporting formats from the ART Centre do not provide sufficient information on TB morbidity in ART clinic clients. It was agreed that the ART reporting format would suitably modified. The modified draft format would be circulated to the participants for comments.

Action: NACO to incorporate the necessary changes at the earliest and share with CTD.

- 8. It was decided to undertake an OR to determine the burden of TB amongst HIV patients at the ART centres.

Action: CTD to undertake the OR in close coordination with NACO

The meeting ended with a vote of thanks.