

Care, Support and Treatment & HIV-TB

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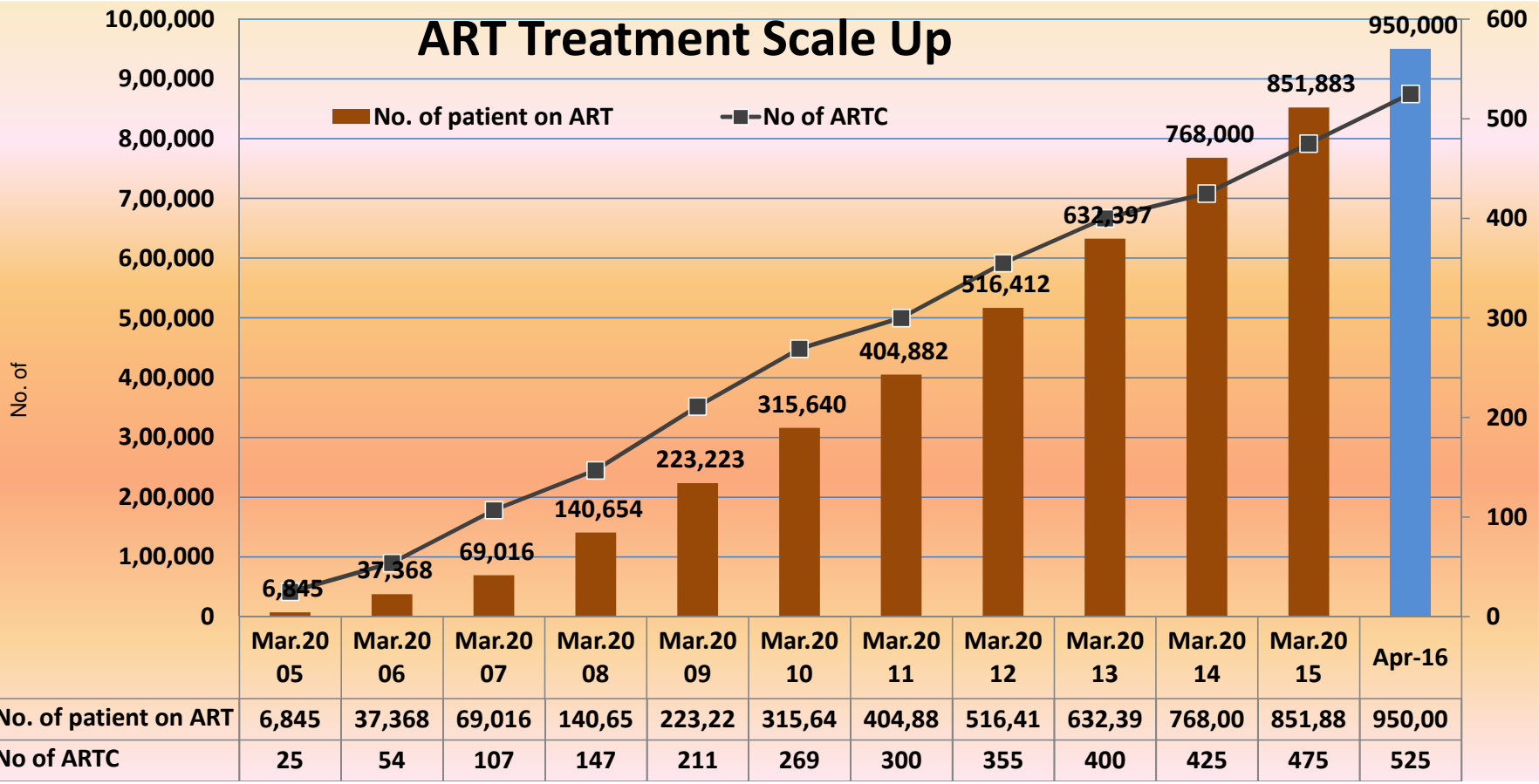
Strategies of under NACP IV

- 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

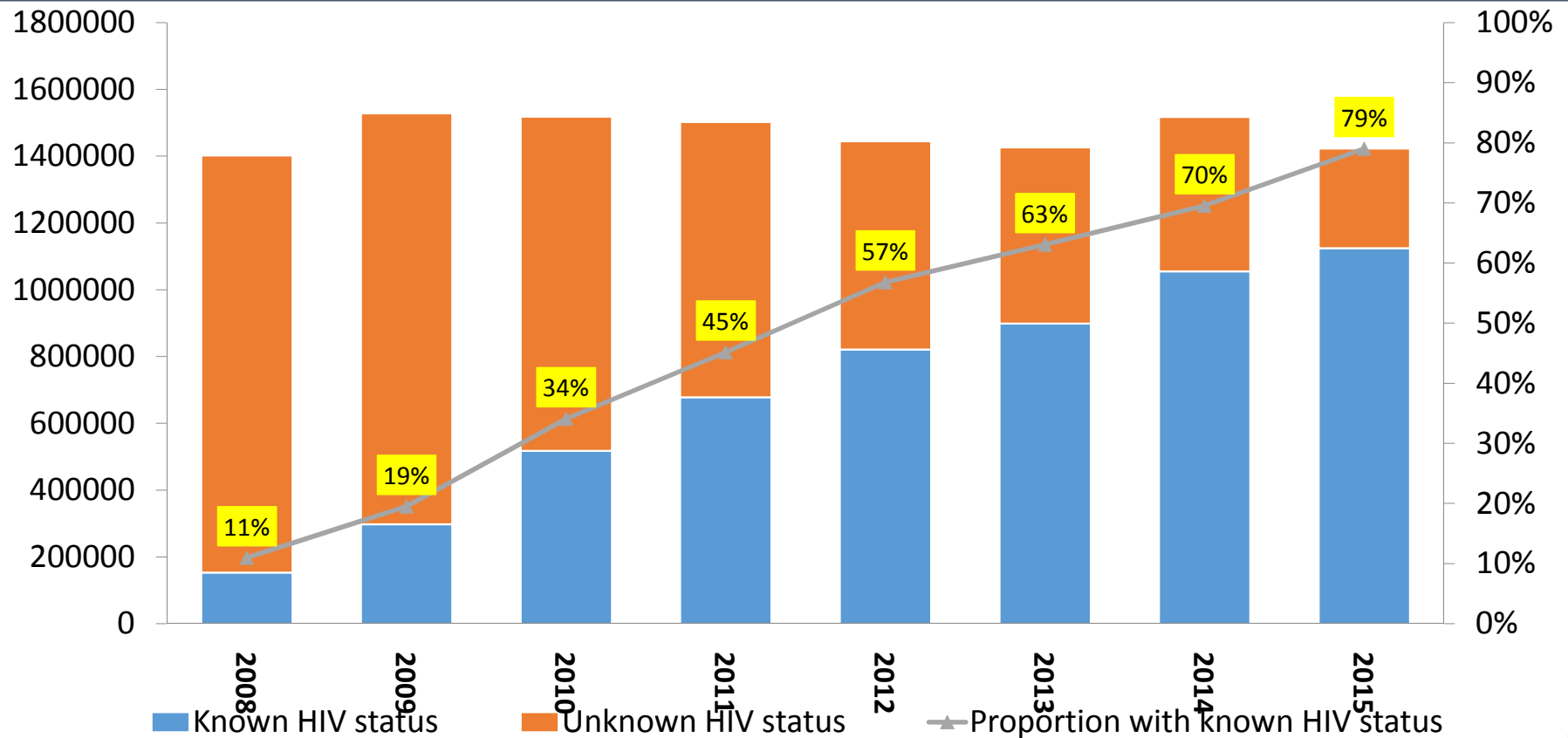
Facility for CST	Baseline (Dec 2012)	As on March 2015	As on April 2016
ART Centers	355	475	525
Link ART Centers	685	1068	1107
Centers of Excellence	10	10	10
Pediatric Centers of Excellence	7	7	7
ART Plus Centers	24	37	70 (18 more sanctioned)
Care & Support Centers	253 (CCC)	325	360

ART Treatment Scale Up

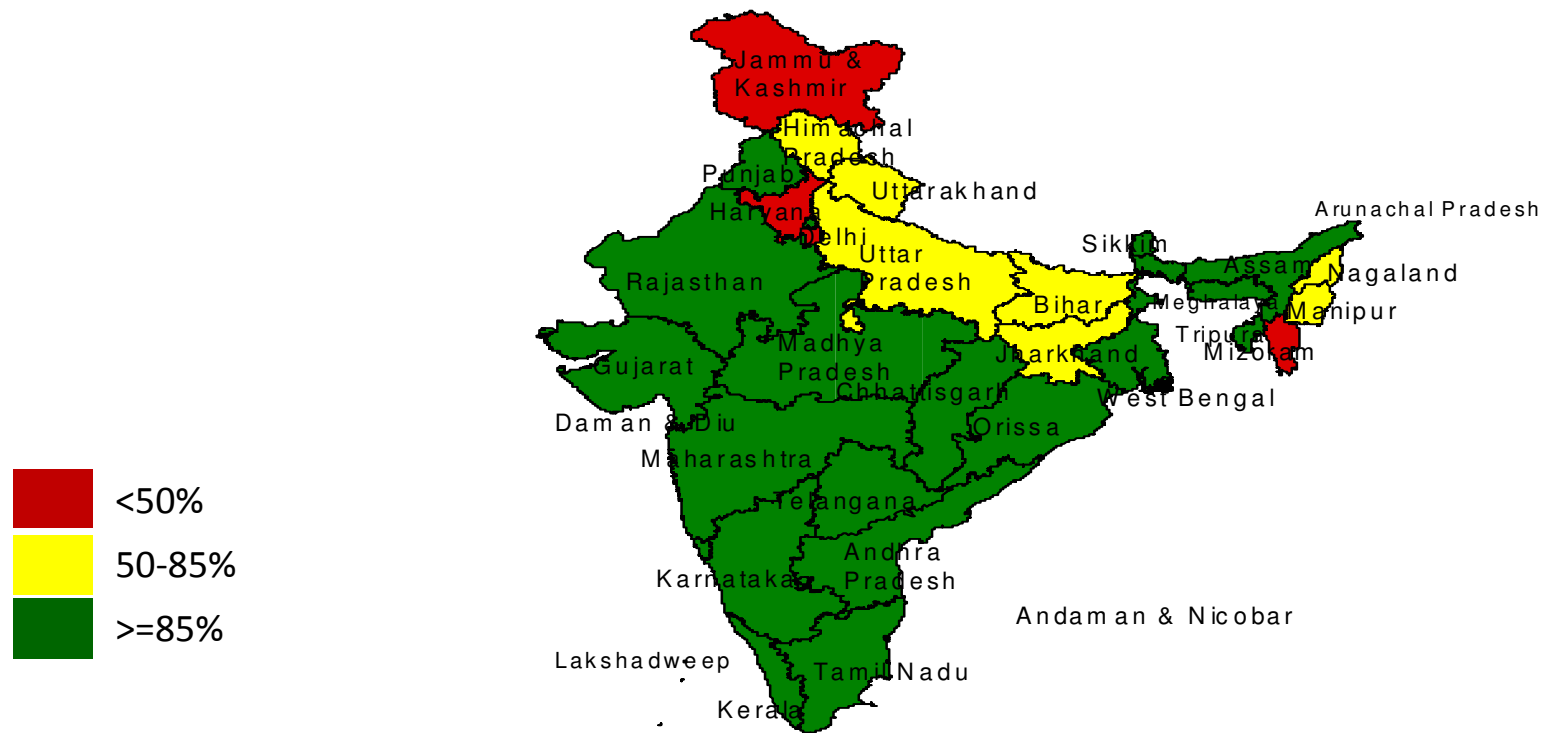


Trends in Number (%) of registered TB patients with known HIV status, 2008- 2015, National

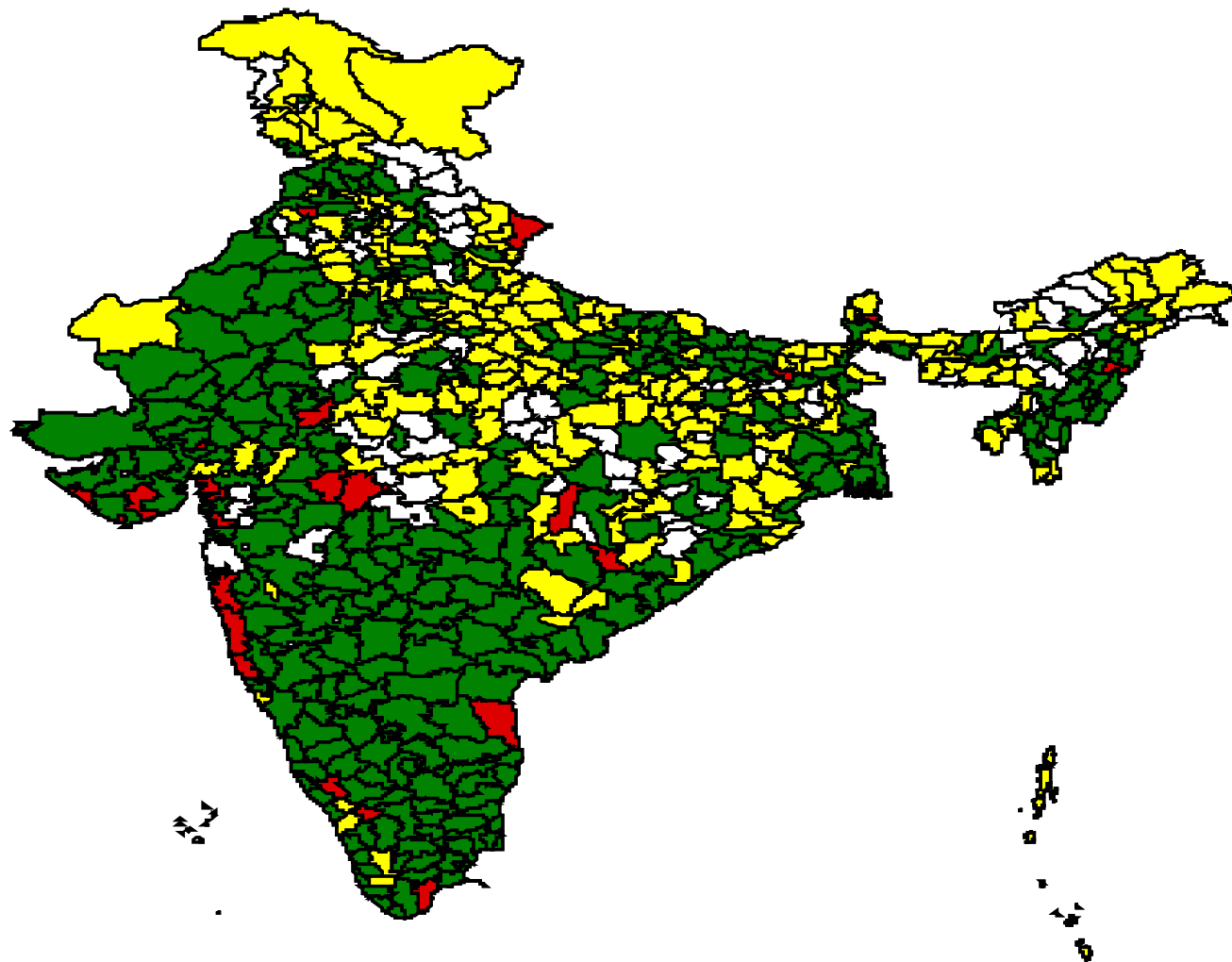
Status: 79% with known status (range 39% - 100%). **29 of 36 states have achieved > 70%.**



Proportion of HIV-infected TB patients receiving ART 2015



CBNAAT linkages with ART centre



District	ART centre	CBNAAT
39	yes	No
207	No	Yes
86	No	No
306	Yes	Yes
688	345	601

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.