Large-scale public-private partnership for improving TB-HIV services for high-risk groups in India

S. Kane,* P. K. Dewan,† D. Gupta,‡ T. Wi,§ A. Singh,* G. Bitra,** L. S. Chauhan,‡ G. Dallabetta††

*Development Policy and Practice, Royal Tropical Institute, Amsterdam, The Netherlands; †World Health Organization (WHO) South East Asia Regional Office, New Delhi, ‡Central Tuberculosis Division, Directorate General of Health Services, Ministry of Health and Family Welfare, New Delhi, India; §WHO Western Pacific Region, Manila, The Philippines; ¶Capacity Building Team, Family Health International, New Delhi, Technical Support Unit, Public Health Foundation of India, New Delhi, **India Country Office, Family Health International, New Delhi, ††Avahan India AIDS Initiative, Bill & Melinda Gates Foundation, New Delhi, India

In India, the Revised National Tuberculosis Control Programme and a large-scale human immunodeficiency virus (HIV) prevention project partnered to deliver enhanced TB screening services for HIV high-risk groups. Between July 2007 and September 2008, 134 non-governmental organisations (NGOs) operating 412 clinics and community-based outreach services, screened 124,371 high-risk individuals and referred 3,749 (3.01%) for TB diagnosis. Of these, 849 (23%) were diagnosed with TB. India has translated this model into national policy through a public-sector funded TB-HIV partnership scheme for NGOs serving high-risk groups.

KEY WORDS: TB-HIV; public-private partnership; India; high-risk groups

THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) epidemic in India encompasses an estimated 2.36 million persons, approximately 7% of the global HIV burden.1 With an adult HIV seroprevalence of just 0.31%, however, the HIV epidemic in India is largely concentrated among high-risk groups, namely sex workers, men who have sex with men and injection drug users.2 Moreover, high-risk groups are marginalised by social and occupational stigma and discrimination, and often experience barriers in accessing health services, including tuberculosis (TB) and HIV care services. The Avahan non-governmental organisation (NGO) network supports local NGOs and community-based organisations to implement HIV prevention programmes in 83 districts of the six states in India with the highest HIV prevalence.3 Avahan provides HIV prevention services to nearly 280,000 high-risk individuals through six state-led NGO partners, who support 134 local NGOs with a network of 412 clinics and 7,485 peer educators and outreach workers.

India’s Revised National TB Control Programme (RNTCP), the largest TB control programme in the world, in 2007 initiated 1.5 million persons on TB treatment with DOTS, primarily through the public health system but also in collaboration with NGOs, medical colleges and private sector providers.4,5 Although the RNTCP provides a broad spectrum of services to reduce the burden of TB among persons living with HIV/AIDS (acquired immune-deficiency syndrome), no interventions had previously sought to leverage NGOs to deliver TB-HIV services, and no such national partnerships have been previously reported.

To develop enhanced TB-HIV services for high-risk groups in India, the RNTCP partnered with the Avahan NGO network to intensify TB case finding among high-risk groups through enhanced TB screening incorporated into routine interaction with HIV prevention services. Clinic staff, peer educators and outreach workers were trained to recognise TB symptoms and routinely inquire about these during each interaction. Clients with TB symptoms were referred to TB diagnostic services, usually accompanied and supported by a staff member of an NGO. Clients diagnosed with TB were provided DOTS free of charge by the RNTCP in collaboration with the NGO, who administered treatment or supported patients during their treatment at the RNTCP DOTS centres. For all clients, TB awareness and education was included in behaviour change communication activities.

Implementation of the partnership began at the national level in April 2007. Family Health International, the Central TB Division of the Government of India and the World Health Organization (WHO) developed strategies, operational guidelines and monitoring frameworks for national, state, district and site-level activities. At the state level, lead NGO partners in the Avahan and state TB programmes jointly

SUMMARY

In India, the Revised National Tuberculosis Control Programme and a large-scale human immunodeficiency virus (HIV) prevention project partnered to deliver enhanced TB screening services for HIV high-risk groups. Between July 2007 and September 2008, 134 non-governmental organisations (NGOs) operating 412 clinics and community-based outreach services, screened 124,371 high-risk individuals and referred 3,749 (3.01%) for TB diagnosis. Of these, 849 (23%) were diagnosed with TB. India has translated this model into national policy through a public-sector funded TB-HIV partnership scheme for NGOs serving high-risk groups.

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trained NGO and clinic staff across the 134 Avahan NGOs. In the districts, local NGOs and RNTCP district TB officers jointly trained clinic staff, outreach workers and peer educators. NGOs were responsible for enhanced screening of high-risk individuals during routine clinic services and ensured referrals to the TB diagnostic centres; the TB programme ensured access to services for the referred individuals and with the NGO oversaw TB DOTS provision and follow-up for those eligible.

We evaluated the collaboration in April 2008 through review of standardised NGO monthly reports and field visits to all six states. From July 2007 to September 2008, 387 of 473 (82%) doctors, 478/639 (75%) nurses and 2819/7139 (40%) outreach and peer workers working with the implementing NGOs were trained. By September 2008, 134 (100%) of the network NGOs had working links with the RNTCP, 67 (48%) had formal agreements with the district TB offices as part of the formal RNTCP schemes, and 90 (61%) were involved in clinic or community-based DOTS treatment provision. Although most NGOs had initiated activities only during the latter part of 2008, by September 2008 more than 124 371 high-risk individuals were screened and educated on TB (Table), and 3963 (3.2%) were identified as TB suspects. Among the TB suspects, nearly a quarter were diagnosed with TB, but only 66% of confirmed TB cases had begun TB treatment under DOTS.

Evaluation field visits suggested that coordination required intensive dialogue between the NGO and local TB programme, which was greatly facilitated by the participation of the NGO in district or State TB-HIV coordinating bodies. Such coordinating bodies have been recommended by the WHO, and implemented throughout India. Developing uniform guidelines and rigorous monitoring through standard performance indicators helped scale up the integration of TB services in the Avahan-supported clinics. Integrating TB screening into the routine clinic services was not found to have strained the clinical capacity of the clinics. Somewhat surprisingly, peer educators generally appreciated the additional role and responsibility of TB screening and education. TB-associated stigma might have led some confirmed cases to seek treatment from private providers or other distant RNTCP service points.

This large-scale partnership showed that TB-HIV services can be successfully integrated into HIV prevention services and delivered in public-private partnership with NGOs. This service delivery model has been translated into national policy through a public-sector funded TB-HIV partnership scheme for NGOs serving high-risk groups. The availability of this mechanism is timely, as the Indian HIV programme is rapidly expanding targeted HIV prevention efforts for high-risk groups primarily through NGOs. More efforts are needed to improve access to TB treatment for high-risk groups; treatment initiation might be improved if NGOs intensify follow-up on diagnostic outcomes and encourage TB patients to promptly start anti-tuberculosis treatment. Existing TB programme training material, developed for health workers, was inappropriate for the low-literate peer educators and outreach workers. Re-training them using appropriate low-literacy materials will enhance their role in increasing the proportion of TB suspects diagnosed with TB and strengthening follow-up for treatment initiation and adherence. Further evaluation will characterise the underlying burden of TB in the high-risk groups, the uptake of the TB-HIV partnership scheme, and the effectiveness of this novel partnership model in improving TB-HIV services for marginalised populations.

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References
In India, the RNTCP and a large-scale project on tuberculosis and HIV/AIDS are partners to offer strengthened TB diagnostic services to high-risk groups. Between July 2007 and September 2008, 134 non-governmental organisations (NGOs) managing 412 polyclinics and community services based on collective efforts screened 124,371 high-risk individuals and referred 3,749 (3.01%) for TB diagnostic services. The diagnostic of TB was established in 849 of these referrals (23%). India has translated this model into a national policy through a TB-HIV partnership scheme funded by the public sector and directed at NGOs working with high-risk groups.

