

“Treat All”

Experience so far

Dr. S. Rajasekaran
National Consultant
National AIDS Control Organization, New Delhi

Launch First line ART

(April 1, 2004)

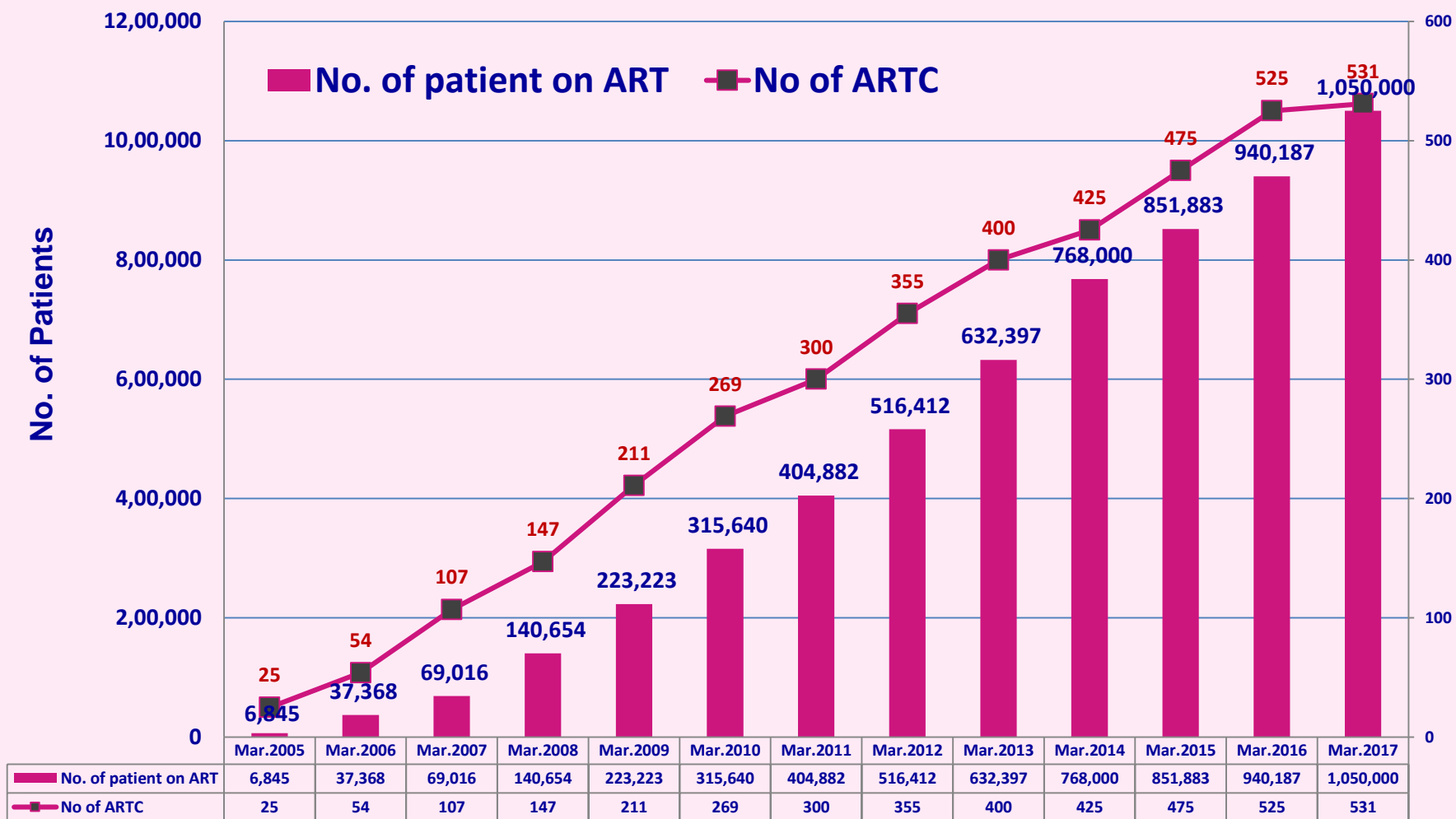
- ▶ Free access to ART was launched to the needy PLHIV on April 1, 2004 at 8 newly conceived ART centres in the country

1. JJ Hospital, Mumbai
2. GHTM, Tambaram
3. LNJP Hospital, New Delhi
4. RML Hospital, New Delhi
5. Osmania Medical College Hospital, Hyderabad
6. Bowring & Lady Curzon Hospital, Bengaluru
7. RIMS, Imphal, Manipur
8. Kohima, Nagaland



Image Courtesy GHTM Tambaram

ART Scale up in India



Treat all in National Programme History

- ▶ **Clinical Staging**
 - ▶ 2004: Clinical stage 4 conditions
 - ▶ 2011: Clinical stage 3 & 4 conditions
 - ▶ 2017: Treat all
- ▶ **Pregnant and Breast feeding women**
 - ▶ 2014: Treat all
- ▶ **HIV-TB co-infected**
 - ▶ 2009: All extra pulmonary TB
 - ▶ 2011: Treat all TB

Treat all in National Programme History

- ▶ **HIV-Hepatitis co-infection**
 - ▶ Upto 2004: Documented evidences chronic active hepatitis
 - ▶ Nov 2014: With Chronic liver disease
 - ▶ Nov 2016: Treat all HIV-Hepatitis coinfectd
- ▶ **HIV-Leishmaniasis co-infection**
 - ▶ Nov 2016: Treat all co-infected

Treat all in National Programme History

▶ Paediatric ART

- ▶ Upto 2010: All children with Clinical stage 4 conditions
- ▶ May 2011: All children upto 2 years of age
- ▶ Nov 2014: All children upto 5 years of age

Treat all: National ART Guidelines

May 2017

No. T-11020/86/2006-NACO (ART)
Government of India
Ministry of Health and family Welfare
National AIDS Control Organization

9th Floor, Chandralok Building,
36 Janpath, New delhi-11001
Dated: 05th May, 2017

Office Memorandum

Subject: Revised guidelines on initiation of Antiretroviral Therapy (ART).

In accordance with recommendations of Technical Resource group on ART and review of evidence in WHO 2016 ART Guidelines, the guidelines for initiation of ART in PLHIV under National programme have been revised. As per revised guidelines, it has been decided to **TREAT ALL** PLHIV with Antiretro viral Therapy **regardless of CD4 count, clinical stage, age or population.**

Patients who are in Pre ART care should undergo a fresh CD4 count if it is more than three months old and baseline investigations before ART initiation as per revised criteria. Adequate counselling and preparedness needs to be ensured before ART initiation in all PLHIV, particularly for those with higher CD4 count as they are likely to be asymptomatic and more likely to default.

The guidelines on what regimen to start remains same as of now.

This OM is in suppression of all earlier OMs in this regard.


Dr R S Gupta
Deputy Director General (CST)

To,
The project Director, All State AIDS Control Societies

Copy to:
Programme Director of CoE/ pCoE,
Nodal Officer, All ART Centers
JD (CST) / Officer In Charge (CST), All SACS
All Regional Coordinators

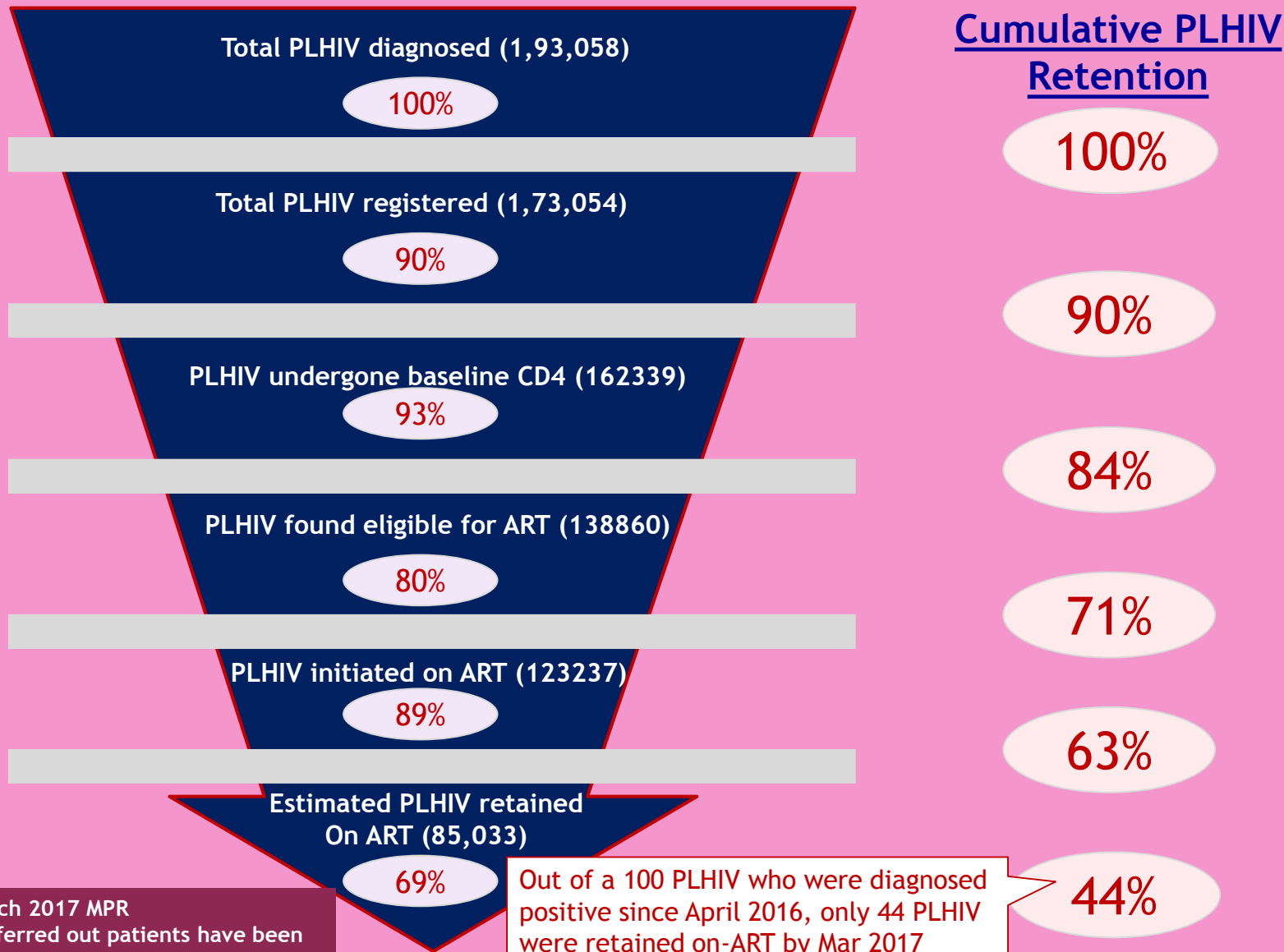
Copy for information to:
PPS to AS, NACO
PPS to Secretary, Health & FW

Current NACO Guidelines: May 2017

When to initiate ART

All persons diagnosed
with HIV infection are eligible for
ART initiation
regardless of CD4 count or
WHO Clinical Staging or
Age group or population

Retention Cascade: Current Financial Year (April 2016-March 2017)



Source: March 2017 MPR
Note: Transferred out patients have been excluded for calculation of retention

Out of a 100 PLHIV who were diagnosed positive since April 2016, only 44 PLHIV were retained on-ART by Mar 2017

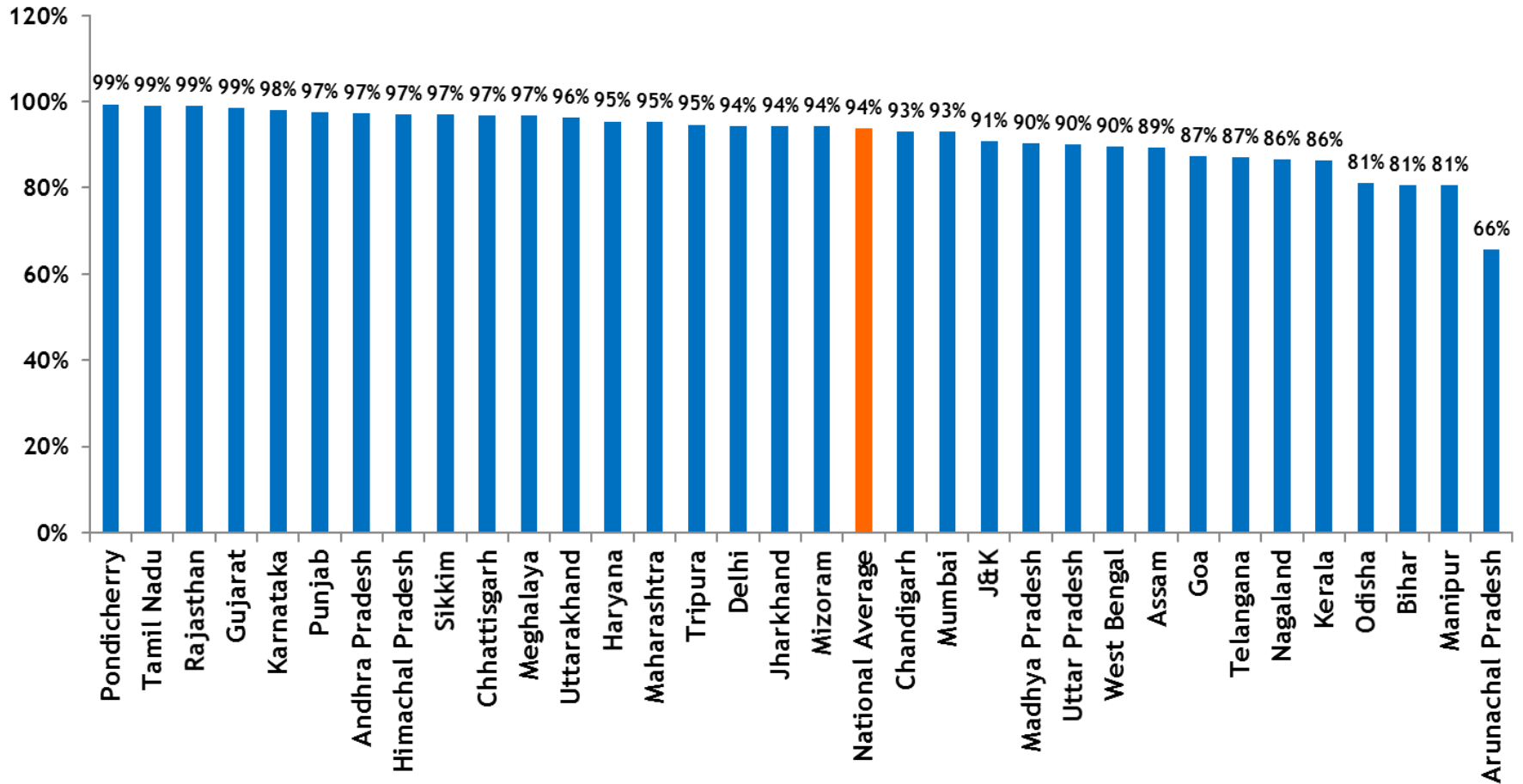
Gaps between HIV detection and registration in HIV care

- ▶ Now only we are talking about SDG 90:90:90 by 2030; It has not percolated and understood well at the level of ICTCs and ART centres
- ▶ Referral and feedback system of newly detected HIV infected from ICTCs to ART centres not working optimally
 - ▶ Lack of monitoring, supervision and coordination at DAPCU level
 - ▶ Lack of proactiveness among all stakeholders
 - ▶ Monthly coordination meeting is mere a formality

Detection of new HIV infection at ART centres' level could be more

- ▶ Lack of proactiveness at ART centres to detect more new HIV infected people
 - ▶ Family history section of white cards often found to be blank
 - ▶ Lack of Spouse screening and ART initiation
 - ▶ Lack of HIV screening among Children borne to HIV-infected mother registered at ART centres

Percentage of patients who were undergone baseline CD4 Testing (April 2016-March 2017)

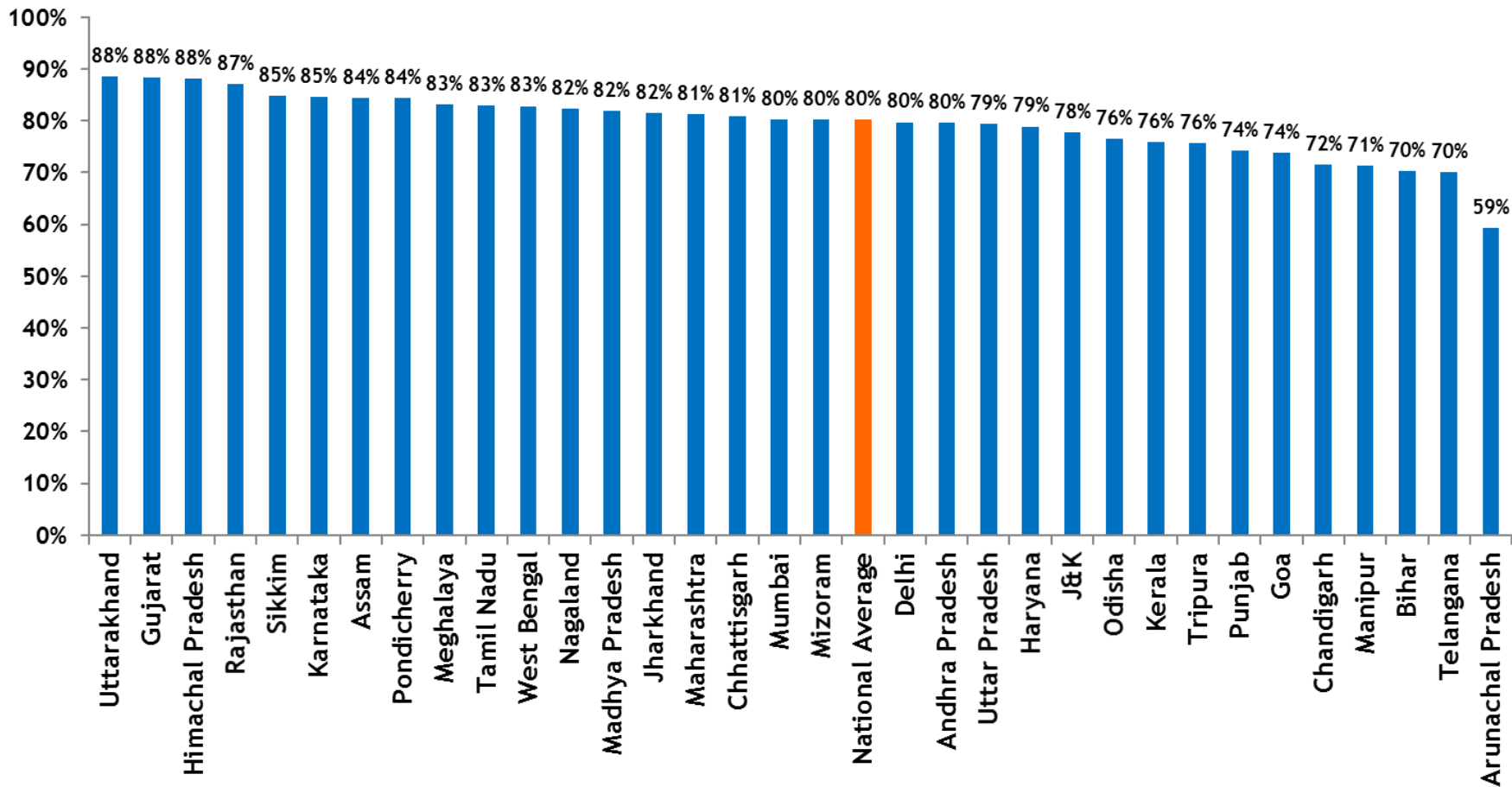


National Average = 94%

Issues related to CD4 testing

- ▶ SCM of CD4 kits is found to be variable across the country
- ▶ Stock outs of CD4 kits are not rare
- ▶ Availability and functional efficiency of CD4 machines
- ▶ Servicing of CD4 machines
- ▶ Training of new lab technicians
- ▶ In many places, performing CD4 tests remains more of guideline-formality rather than required for interpretation by medical officers

Percentage of patients who were eligible for ART (April 2016-March 2017)

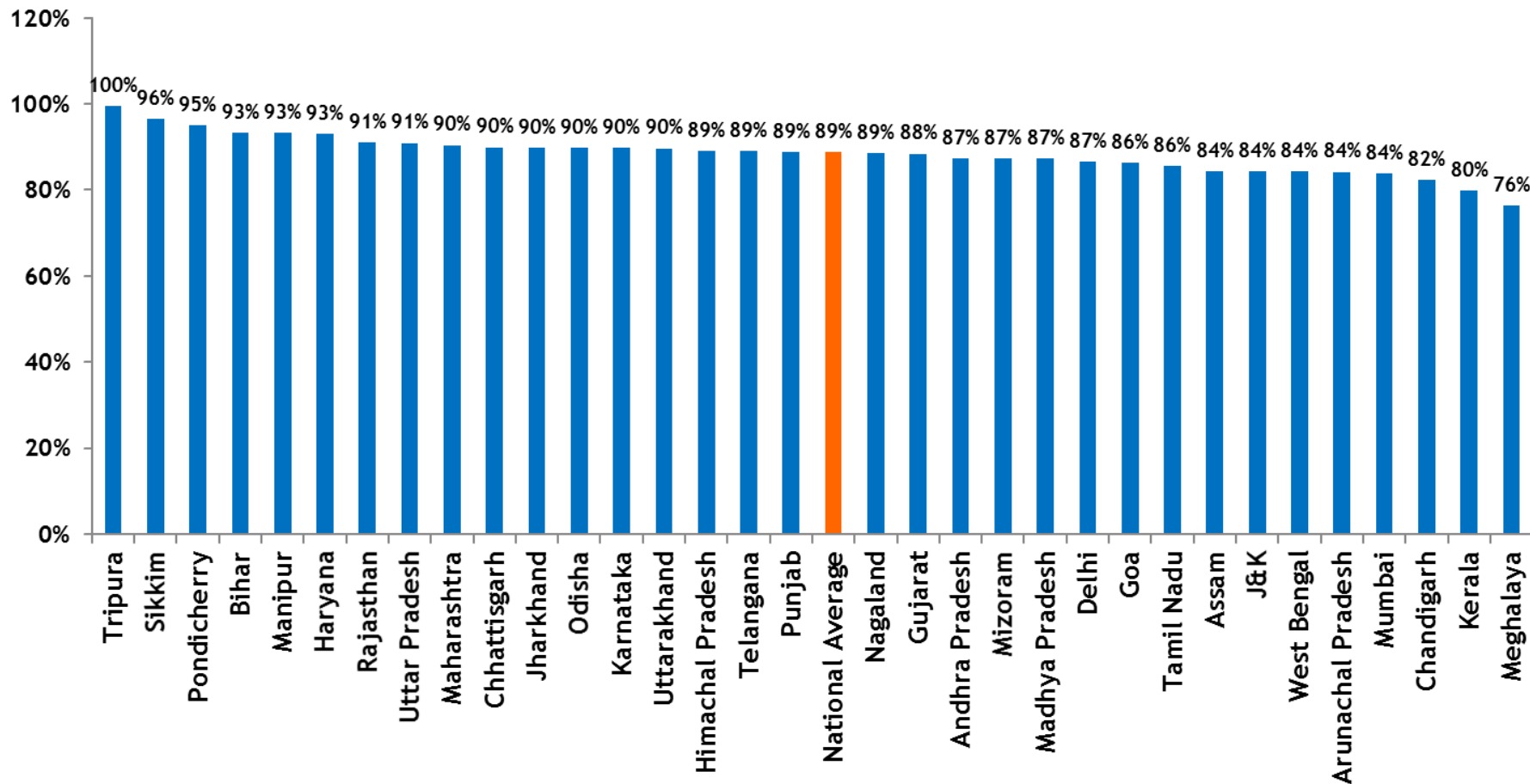


National Average = 80%

Eligible patients for ART initiation

- ▶ Clinical staging 3 and 4 were not considered for registration in the absence or non-availability of CD4 testing
- ▶ Even when “Treat all policy” existed for pregnant women, children <5 years and patients with previous TB history, not all in these groups were initiated on ART
- ▶ CD4 testing issues
- ▶ However, after HIV-TB programme in place, new TB case detection has increased; so also ART initiation among HIV-TB co-infected

Percentage of eligible patients who were initiated on ART (April 2016-March 2017)

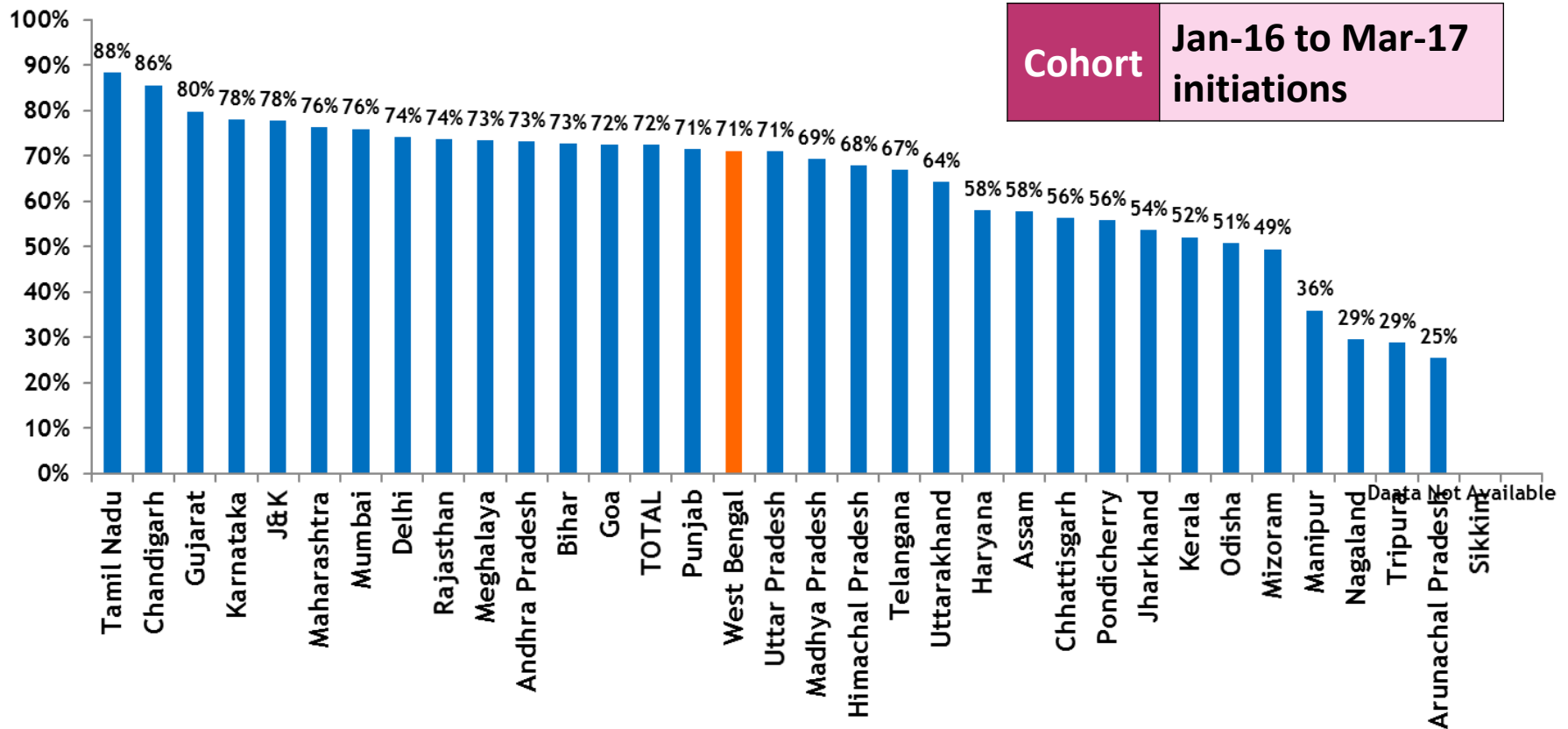


National Average = 89%

12 month retention of PLHIV

All ART Centres need to target more than 80%
12 month retention

Average IMS Usage



National Average = 71%

Source: IMS Data

Note: Retention of a SACS' cohort is directly affected by poor usage of IMS

Quality issues at ART Centres

- ▶ Human Resource issues
- ▶ Quality of counselling
- ▶ Trained manpower
- ▶ Quality of data
 - ▶ Recording and Reporting
 - ▶ IMS data
- ▶ Supervision, monitoring and mentoring

Human Resource Issues

- ▶ Huge turn-over rate
- ▶ Vacancies in vital positions
- ▶ Lack of commitment
 - ▶ More of salary related mind-set
- ▶ New recruits remain untrained
- ▶ Counselling issues
 - ▶ Ineffective preparedness counselling
 - ▶ Treatment adherence and follow up counselling inadequate

Training issues

- ▶ It is almost two years since we utilized our CoE training facilities and faculties
- ▶ Some of programme directors and deputy programme directors of CoE and most of ART team members remain untrained
- ▶ ART centres' MOs, counsellors, nurses and other staff remain untrained across the country
- ▶ NDLS and RDLS: unable to penetrate the core group of ART staff through out the country
 - ▶ Poor alternative for regular training programmes

RDLS

- ▶ I-TECH India is striving for the best distance education and information dissemination sessions through RDLS across the country (through CoE/PCoE)
- ▶ Efforts of I-TECH needs appreciation & support
- ▶ However, it is grossly under utilized
 - ▶ Logging into the sessions become a mere formality
 - ▶ Most of the ART MOs and programme manager of SACS are not even participating
 - ▶ No / a few questions asked; minimal interaction
 - ▶ Some speakers are not doing justice
 - ▶ Lack of Monitoring at SACS/CoE level

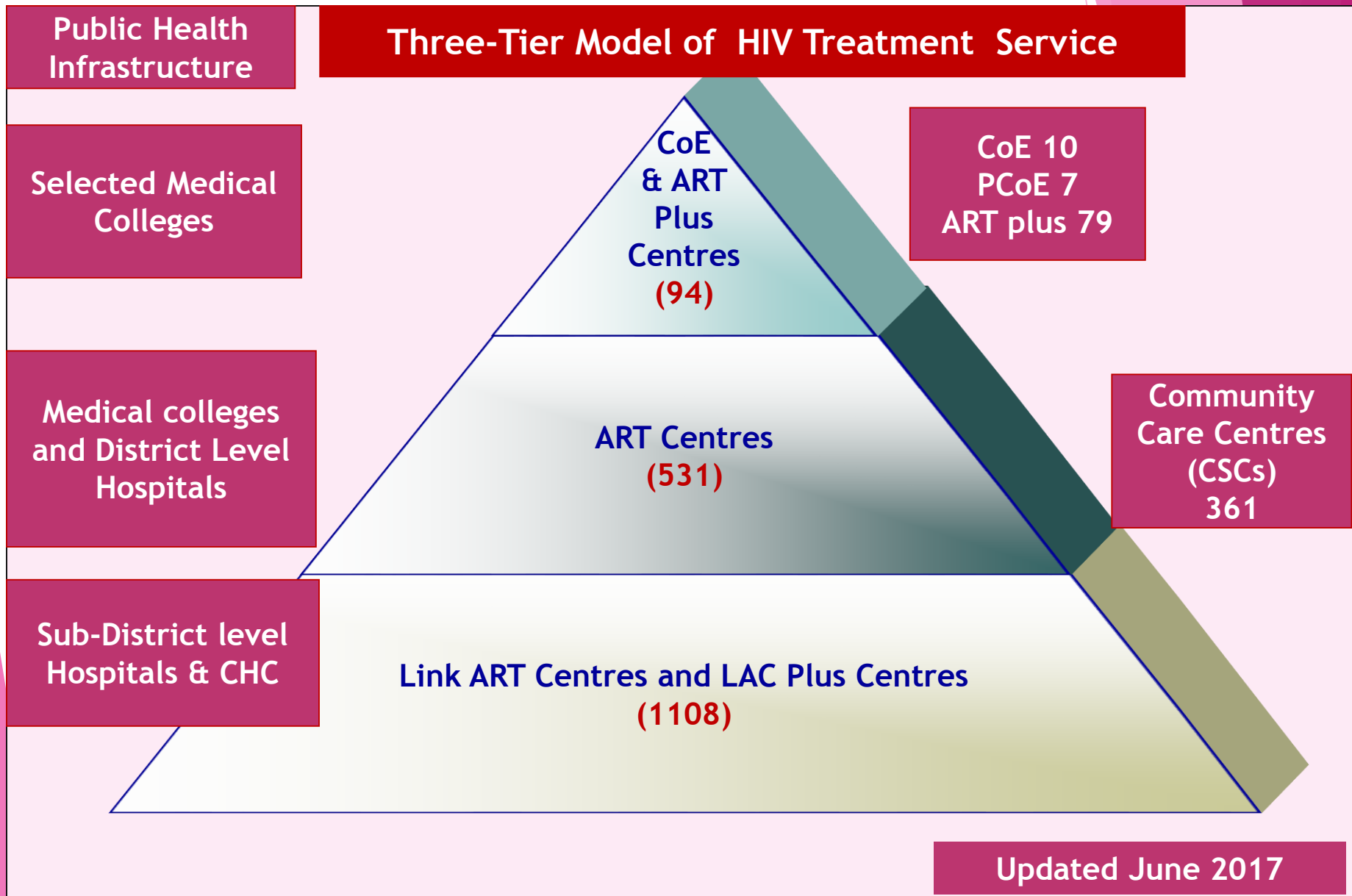
Supervision/Monitoring/Mentoring

- ▶ Roles of SACS CST officials have to be re-defined
- ▶ Vacancies in SACS; many of the available officials are either new or not oriented enough
- ▶ Many Regional coordinators' positions (core-monitoring and supervisory position of NACO) remain unfilled
- ▶ Regional coordinators unable to undertake field visits, as often as required, because of funding restrictions

Differentiated care

- ▶ The differentiated care framework includes specific care packages based on care needs.
- ▶ Differentiated care is characterised by 4 delivery components:
 1. The type of services delivered
 2. The location of service delivery
 3. The provider of the services
 4. The frequency of the services

HIV care in General Health System



Stable Patients

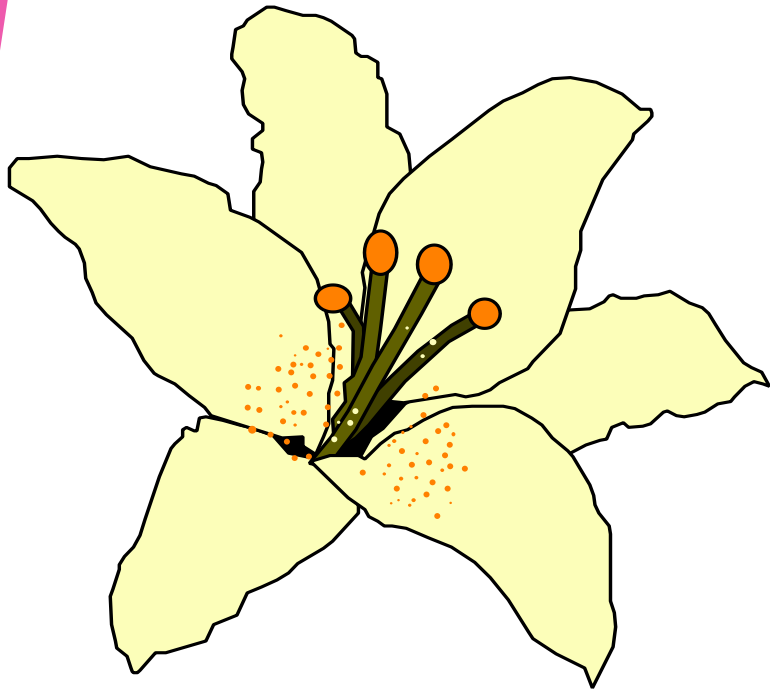
- ▶ People who have received ART for at least 6 months / one year and have no adverse drug reactions that require regular monitoring
- ▶ No current illnesses or pregnancy, are not currently breastfeeding
- ▶ Have a good understanding of lifelong adherence and evidence of treatment success
- ▶ Can be given two/three months of ART

Link ART centres

- ▶ LAC and LAC plus are not the preferential centres for most of the PLHIV
 - ▶ Locally prevailing stigma and discrimination
 - ▶ Quality of HIV care at LACs
- ▶ Quite a sizable number patients become “Lost to Follow-Up”
- ▶ Shocking to find a sizable number of patients die while on ART
- ▶ These aspects have to be discussed, while Differentiated Care for PLHIV in India is considered

Way Forward

- ▶ Scale up of ART services for PLHIV in India is impressive
- ▶ Retention level of PLHIV in HIV care is woefully inadequate
- ▶ Sustainable Developmental Goals (SDG) for ending TB Epidemic and HIV Epidemic by 2030 (90:90:90) has to be disseminated widely
- ▶ Quality of care with adequate trained ART staff is mandatory
- ▶ Robust monitoring and mentoring are critical
- ▶ Strengthening of the existing system should get the priority
- ▶ Differentiated Care for PLHIV has to be considered and developed on the strengthened Care, Support and Treatment system



Thank You