

Date:18/02/2021.

To,

1. Smt. Arti Ahuja, IAS Additional Secretary and Director General National AIDS Control Organisation (NACO) Ministry of Health and Family Welfare, Government of India New Delhi,110001	2. Dr. K.S Sachdeva Deputy Director General Central TB Division Ministry of Health and Family Welfare, Government of India New Delhi,110001
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**Sub: Request to revitalise the TB preventive therapy (TPT) program and to introduce newer TPT short course strategy for PLHIV in India.**

Dear

Smt. Arti Ahuja and Dr. K.S Sachdeva

Greetings.

Tuberculosis (TB), continues to be the leading cause of morbidity and mortality among people living with HIV (PLHIV) in India. This vulnerable population has a 21% higher risk of developing active TB than people who are not HIV positive. We welcome the strategies and policy reforms that have been prioritised by both the national TB and HIV programs to eliminate TB by 2025 and to end HIV by 2030. We observe that for these targets to be reached, integrated HIV/TB delivery models need to be sustained and reinvigorated. The current programmatic trends are threatening this success. This is further exacerbated by the mandatory series of restrictive Covid-19 lockdowns, which have derailed the progress made by the HIV and TB programs. This has unfortunately negatively impacted not only our TB/HIV national targets but also the manner in which the PLHIV are now forced to face undue challenges in order to access TB preventive therapy (TPT).

Studies show that TPT is a powerful way to protect PLHIV from acquiring active TB. In particular, isoniazid preventive therapy (IPT) significantly reduces the risk of illness and death among PLHIV over and above the protection afforded by antiretroviral therapy. We applaud the national AIDS and TB programs for introducing an IPT program in late 2016 with its operational manual in place. We are also aware that the country's IPT program has faced numerous challenges, which contribute to weak outcomes. The most urgent of these

concerns include the lack of **IPT Treatment Literacy, proper stock keeping and supply chain**

**mechanisms, VB6 (pyridoxine), and community involvement.** These challenges have limited the receptivity of PLHIV to IPT, leaving us with the opinion that the IPT program has not lived up to our expectation, nor has the program done justice to itself and the communities it intends to serve.

As affected communities who are vulnerable to TB disease and most at risk of TB exposure, we write this letter to express our utmost concerns about the current weaknesses in the country's TB prevention strategy. **We would equally like to request that the national TB and HIV programs revitalizing the IPT program while simultaneously making all concerted efforts to introduce and scale-up newer TPT regimens, such as 3HP.** An overhaul of the current TPT strategy would go a long way in reducing the high TB incidence and mortality rates in India. This would also lay the foundation for the introduction and scale up of short course TPT regimens, which are recommended by the World Health Organization (WHO).

Therefore, as concerned citizens and affected communities aspiring toward a TB-Free India, we raise the following asks of the national TB and HIV programs:

- 1) **A programmatic review of the current TPT program in India,** with the aim of identifying programmatic gaps. This review should inform the approaches taken to revitalise the TPT program. The review should be conducted in close consultation with the affected TB/HIV communities.
- 2) **The revision of the national TPT guidelines to reflect the latest international standards on TPT endorsed by WHO;** and development of an implementation roadmap in line with the country's other TB and HIV priorities and targets and with support from affected communities.
- 3) **The urgent inclusion of a comprehensive treatment literacy program on TPT,** conducted on a war footing by the ART counsellors and the PLHIV networks (and also including the Vihaan CSC) at the service centre sites and the ground level to demystify and generate demand for TPT.
- 4) **The instalment of a robust forecasting mechanism to prevent shortages and stock outs of TPT commodities,** so that sufficient supplies of isoniazid and vitamin B6 are procured through the national central procurement and supply system and thereby relieving the onus on the states/UTs. Stable vitaminB6 supplies will not only help to

minimize the side effects of neuropathy disorder among PLHIV on isoniazid, but shortages and stock-outs will no longer be sighted as a barrier to TB prevention.

5) **The development of plans to introduce newer, short-course TPT regimens** such as 3HP, 1HP, and 3HR to ensure people at risk of TB can benefit from shorter regimens that have been shown to have better tolerability and higher adherence than IPT.

Further to this point, we observe the commitments made during the UN HLM on TB political declaration in 2018 to prevent TB among the risk groups by providing TPT to a target of 30 Million people by 2022. Accordingly, India has set a target of initiating 2,252,910 people on TPT by 2022. Such an ambitious national TPT target cannot be achieved if IPT remains the only TB preventive treatment option. It therefore becomes imperative to keep up with the evolving scientific research and WHO recommendations by gearing up for the introduction of newer short-course TPT options in the form of 3HP in India. To meet this target, we urge the government to leverage existing donor support—including from the Global Fund and PEPFAR—to procure short-course rifapentine-based TPT, including 3HP, as an essential part of the HIV clinical care package.

We encourage the HIV and TB programs to introduce short-course TPT so that we can prevent TB, especially during this COVID-19 pandemic. We remain confident that India can reach its national UN HLM TPT target if the HIV and TB programs work collaboratively with communities to revitalize the TPT program.

We hope this letter is taken with due importance.

Respectfully submitted by:

ARK Foundation, Nagaland

on behalf of:

1. Abdurrahman urf Shazad Ahmad, TB Champion Uttar Pradesh
2. Adhar (NAP+) Bhauudeshiya Sanstha Amravati
3. Ajai Sahani, Purvanchal Drug Users Samiti, Gorakhpur Uttar Pradesh.
4. ALERT India
5. Alok Mohan
6. Ashique Ahmed, Health Activist

7. Assam Network of Positive People
8. BBVVSS Satara (CSC)
9. Bengal Forum of People who use Drugs (BFPUD)
10. Bichitra Jena, TB Champion, TB Survivor Forum, Odisha
11. Bijayalaxmi Rautaray, Secretary, Sahayog
12. Bikram Swain, Voice of patient
13. Blessina Kumar, TB survivor and Health Activist
14. Changsang Ongbou
15. Charan Sharma, Delhi
16. Community Network for Empowerment (CoNE), Manipur
17. Council of People Living With HIV/AIDS of Kerala (CPK+)
18. Delhi Drug Users' Forum
19. Dr. Santosh Kumar Giri. Secretary, Kolkata Rista
20. Eldred Tellis Executive Director, Sankalp Rehabilitation Trust.
21. Faiz Anwar Activist, Journalist.
22. Francis, Social Drug User Activist
23. Ganesh Acharya, TB survivor, TB/HIV Activist Mumbai
24. Global Coalition of TB Activists (GCTA)
25. Guruprasad Ratnagiri
26. Haryana Drug Users' Forum
27. Health Care Community of Positive People, Beed
28. Hepatitis Coalition of Sikkim (HepCoS)
29. Hopers Foundation (CBO), Tamil Nadu
30. Imchawati Kichu. Care and Support Society, Mokokchung, Nagaland
31. Kumar Sharma, Uttranchal Drug Users' Forum
32. Manoj Pardeshi
33. Meera Yadav, TB Champion, XDR Survivor. Mumbai (Maharashtra)
34. Meghalaya State Network of Positive people
35. Meghalaya Users' Forum
36. Moirangthem Sadananda Singh, Community Member, Manipur
37. Mukesh Gill, Delhi
38. Nagaraju, Andhra Pradesh Drug Users' Forum
39. NAP+ Aurangabad
40. NAP+Akola

41. NBP+ Buldana CSC
42. National Coalition of People living with HIV/AIDS in India (NCPI+).
43. Nagaland Users' Network (NUN)
44. Network of Maharashtra People living with HIV/AIDS.
45. Network of Dimapur District People Living with HIV/AIDS (DNP+)
46. Network of Kiphire District People Living with HIV/AIDS (KPNP+)
47. Network of Kohima District People Living with HIV/AIDS (KNP+)
48. Network of Mokokchung District People Living with HIV/AIDS (MNP+)
49. Network of Naga People Living with HIV/AIDS(NNP+)
50. Network of Peren District People Living with HIV/AIDS (NPDP+)
51. Network of Phek District People Living with HIV/AIDS (PNP+)
52. Network of Tuensang District People Living With HIV/AIDS (NTDP+)
53. Network of Wokha District People Living with HIV/AIDS (WNP+)
54. Network of Zunheboto People Living with HIV/AIDS (ZNP+)
55. NHP+ Hingoli
56. NMP+, Nagpur Vihaan 1
57. NTP+
58. NMP+ Drushti CSC Vihaan Gondia
59. NNP+ Nandurbar Vihaan
60. NNP+ Nandurbar Dhule Vihaan
61. NSOP+ Solapur
62. Kevinguto Khamo, President, NUN
63. Pooja Yadav, TB champion, Mumbai (Maharashtra)
64. Prashant Sharma, Sikkim Drug Users' Forum.
65. Raman Chawla, Human Rights, Activist
66. Renbonthung, Health Activist
67. Rokozo Theyo, Drug User Activist.
68. Sagar Karmakar
69. Santosh Solanki TB survivor, Pune Maharashtra
70. Sarthi (NBP+), Kalyankari Sanstha Bhandara.
71. Sikkim Drug Users' Forum (SDUF)
72. Subhankar Das, DLN: VFR (Murshidabad)
73. Sudeshwar kr Singh, Secretary, TB Mukta Vahini
74. Sujeet Singh Malik

75. Sutirtha Dutta, Drug User Activist
76. Tsewang, Drug User Activist
77. Tuensang District Users' Network (TDUN)
78. Udaan Trust
79. V. Karthivkrishnan, Community Member