To

Dr. Rajesh Deshmukh 23rd August 2016
Programme Officer (HIV/TB)
National AIDS Control Organisation
Department of Health & Family Welfare, New Delhi

Sub: Request for speedy implementation of Isoniazid preventive therapy (IPT) for People Living with HIV (PLHIV) in India

Dear Sir,

As you are aware, Tuberculosis (TB) continue to be the leading killer among PLHIV in India with nearly 31,000 deaths in 2014 among people co-infected with HIV-TB as stated by WHO. In order to reduce the TB burden among PLHIV, WHO had recommended 3 Is - Intensified case finding, Isoniazid Preventive Therapy (IPT) and Infection control. Out of these 3, IPT is still not being properly implemented in India. We are writing to request for an immediate roll out of IPT in India to reduce the mortality and incidence of TB among HIV positive people.

We acknowledge the fact that Isoniazid Preventive Therapy (IPT) for children below 5 years has been in place and is being implemented in the country, although the actual coverage on the ground is inconsistent. We also welcome the recent release of "Operational Manual for IPT" by NACO and RNTCP for PLHIV to prevent the development of active TB and avoiding unnecessary complications and mortality.

However, we are extremely concerned about the never ending delays in rolling out any new treatment initiatives in HIV and TB program in India and really hope that timely implementation of IPT will not get delayed.

Isoniazid (INH) drugs have demonstrated benefit, as a preventive therapy for treating PLHIV as shown in the Temprano[i] study, which reduced the risk of severe HIV mortality by 35% with no other adverse events. Isoniazid is an extremely cost effective intervention; which can avoid further expenditure and associated health care cost of National health programs, as it will drastically reduce the cases of TB among PLHIV.

We really feel that unless measures like IPT are made available and offered to PLHIV on immediate basis, TB will continue to be the leading killer of PLHIV in India. WHO issued the guidance for 6 months of IPT for both children and adults living with HIV in 2011, National AIDS Control Program has initiated a pilot on IPT in 2012 and standards for TB care in India issued in 2014 include Standard 10.3; that all PLHIV in whom active disease has been ruled out should be offered 6 months of IPT. Yet, the implementation of IPT at a larger scale for all PLHIVs is still far from reality.

In line of the above, we, the undersigned, request you for immediate roll out of implementation of 6 months of IPT for PLHIV as a part of RNTCP which will result in substantial decrease in the number of TB cases in the country among PLHIV, resulting in overall long-term healthcare achievements and savings. We as community networks will be happy to support the implementation of IPT in whatever way possible.

We look forward to your response.

Kindly direct your response to Ketho Angami at kethoa@gmail.com

Copy to:

1. Shri N.S. Kang
   Secretary & Director General
   National AIDS Control Organisation (NACO)
   Department of Health & Family Welfare, New Delhi- 110 011, India

2. Dr. Sunil D. Khaparde
   Deputy Director General,
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Respectfully submitted:

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2. Network of Naga people living with HIV (NNP+) , Kohima, Nagaland
3. KNP+, Odisha
4. Delhi Network of People Living with HIV/AIDS (DNP+), Delhi
5. Madurai Meenakshi Chokkanadar Foundation (MMCF), Madurai
6. Community Network for Empowerment (CoNE), Manipur, India

[i] http://www.nejm.org/doi/full/10.1056/NEJMoa1507198