Background
Tuberculosis is the most common opportunistic infection (OI) among PLHIV, as HIV infection increases the risk of acquiring TB and its progression to active TB. Though only 5% of TB patients in India are HIV-infected, they account for more than 100,000 co-infected patients annually in India, ranking second in the world in absolute numbers and accounting for roughly 10% of the global burden of HIV-associated TB (TB India 2013: RNTCP Annual Status Report).

Recurrence rate of TB is high with a greater possibility of death if both TB and HIV are not treated in a timely manner. Overall, TB is estimated to cause about 25% of deaths among PLHIV in India. Even though TB is the most common cause of mortality among PLHIV, it is difficult to diagnose and treat owing to challenges related to co-morbidity, pill burden, co-toxicity and drug interactions. The heterogeneous distribution of the disease within the country is a challenge for delivery of integrated services.

Methods
Realizing the need for early identification of TB among PLHIV, Alliance India initiated TB Intensified Case Finding (ICF) as an integral component of the Global Fund-supported Vihaan program. All PLHIV registered under Vihaan are being verbally screened for TB symptoms, and those who require testing are then referred to designated microscopy centers and expert testing facilities for drug-resistant TB, through the CBNAAT technique. After that, TB-positive cases are linked to ATT (Anti-tubercular treatment), and follow-up is done until they complete the full course.

Vihaan outreach workers provide home-based care to co-infected PLHIV and offer counseling for side effect management such as cough hygiene, anti-borne infection control, and nutritional information. Vihaan staff also provide support to PLHIV co-infected with TB in need of emergency, medical and palliative care.

The Vihaan partners are a part of the coordination mechanisms that exist at district, state and national levels under the National Framework for HIV and TB Collaboration, which is a joined initiative of the National AIDS Control Program (NACP) and the Revised National Tuberculosis Control Program (RNTCP). TB/HIV training on the Central TB Division’s new guidelines for TB treatment and diagnosis is offered to service providers at various levels as a part of the Vihaan program. Training components include:
- Intensified case finding through TB screening among registered PLHIV
- Referrals for expert testing
- Linkages with treatment and home-based care through consistent follow-up
- Treatment awareness and education

Results
As of 31st March 2016, 214,788 PLHIV among 932,425 Vihaan registered PLHIV were screened for TB, under the program. A total of 31,160 PLHIV were referred for TB testing on the basis of their symptoms, of whom 2,405 tested positive. 7.72% of PLHIV tested were found to be TB-positive.

Conclusions
Through ICF and symptomatic TB case referral for testing and treatment, more than 210,000 PLHIV have been better protected from TB. The National Coalition of PLHIV in India (NCPI+), an advocacy coalition, has been pressing the Government of India for the past three years for GeneXpert testing of PLHIV for early detection of Drug-Resistant TB (DR-TB) and for third-line ARV treatment for DR-TB cases. This year on World TB Day, 24th March 2016, the Government of India announced the new guidelines for DR-TB in accordance with WHO recommendations. In line with this, Alliance India’s Vihaan programme has been instrumental in enhancing early detection and treatment for TB among PLHIV in India.

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