Advancing the Integration Agenda in India:

Effective synergies between health sector partners towards integrated prevention and care for People Living with Tuberculosis, Human Immunodeficiency Virus and Noncommunicable living diseases and other stakeholders

Drafted by: DakshamA Health, Healthy India Alliance & HRIDAY

DakshamA Health & Education
Your Voices Your Choices

HEALTHY INDIA ALLIANCE
for prevention and control of NCDs

HRIDAY
PROMOTING SUSTAINABLE HEALTH

Table of Contents

Acknowledgements

This report has been developed by DakshamA Health, the Healthy India Alliance/India NCD Alliance and HRIDAY.

We thank the NCD Alliance for their financial and technical support for this project, as well as for all its endeavours focussing on NCD prevention and control, including ongoing efforts related to meaningful involvement.

DakshamA Health, HIA and HRIDAY are grateful to the resource persons and participants of the round table meeting for their valuable insights which made the development of this report possible.

Overview of Report

All over the world, including India, the number of people living with co-morbidities is on the rise, including people living with non-communicable diseases (NCDs) and communicable diseases such as Human Immunodeficiency Virus (HIV) and Tuberculosis (TB). People living with these conditions have increased limitations with quality, access and scope of care. People-centered and integrated care is critical to ensuring greater patient outcomes for the NCD, TB and/or HIV communities.

This report on “Advancing the Integration Agenda in India” was developed to make recommendations for NCDs/HIV/TB and other disease integration as part of Universal Health Coverage, highlighting cross learnings and shared opportunities for NCD and HIV and/or TB communities to improve health outcomes.

The report comprises of findings from desk research of literature and policies, as well as a Round Table Meeting on collective action towards integrated care to map out shared needs and priorities.

The report provides a case for the need for integration, highlighting how the bi-directional relationship between NCDs, HIV and TB reduces quality of life, undermines treatment outcomes and leads to premature mortality. It provides updates globally on documentation and high level meeting held on integration of HIV, TB and NCDs.

The burden of NCDs, HIV and TB in India along with evidence on NCDs and comorbidities at global and country level have been presented. This data highlights growing numbers of NCDs, and high numbers of infectious diseases. The data also highlights co-existence and interactions of conditions, and how some may influencing susceptibility and outcomes of the other.

Status of integration within NCDs, HIV and TB in India within government programmes, guidelines and guidance documents are presented including the National Framework for joint TB-Diabetes collaborative activities. Other policy and programmatic documents for HIV, TB and NCDs which highlight integrated activities or learning opportunities have been highlighted. The report further details learnings from community engagement under National AIDS Control Programme’s Community system strengthening Framework, and opportunities for uptake within NCD programmes. Regulating Laws to protect people living with HIV/AIDS have been included to provide a format for similar laws for TB, NCDs and other conditions to prevent discrimination towards those with lived experiences, in terms of workplace, access to treatment and other situations.

The Round Table Meeting on "Collective action towards integrated care- Cross learnings from NCD, TB, and HIV programmes" is described in detail including its genesis, objectives and outcomes. The meeting was held to identify synergies between health sectors for collective action towards integrated care, including at PHC level. Experiences and case studies were shared from HIV, TB and NCD sectors on successfully increasing investments in the sectors, and community engagement strategies that meaningfully involve people with lived experiences. Key takeaways from the meeting have been consolidated which highlight that integration is at a nascent stage, and opportunities for integration can be found across policy, legislative, community and data systems.

People-centred and integrated care is urgent and timely for the NCD, HIV and TB communities. To achieve this humanistic and holistic approach, we present in this report recommendations for people with lived experience; government and policy makers; civil society organisations and researchers; and medical academia and doctors.

Integrating NCD and other health services into established, funded disease-specific programmes can provide critical priority health interventions to key groups and communities. Such efforts can serve as a starting point by fostering relationships and trust among stakeholders working in different disease areas who must collaborate if the journey to universal health coverage is to be successful.

Abbreviations

AB-HWCs	Ayushman Bharat- Health and Wellness Centres
ACF	Active case finding
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organisation
CLM	Community Led Monitoring
CSO	Civil Society Organisation
CVD	Cardiovascular Disease
GoI	Government of India
HIV	Human Immunodeficiency Virus
MoHFW	Ministry of Health and Family Welfare
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NCDs	Noncommunicable Diseases
NGO	Non-Governmental Organisation
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NTEP	National Tuberculosis Elimination Programme
RNTCP	Revised National Tuberculosis Control Programme
PLWA	People living with AIDS
PLWHIV	People living with HIV
PRI	Panchayati Raj Institutes
SEAR	South-East Asia Region
TB	Tuberculosis
WHO	World Health Organisation

Integration of Human Immunodeficiency Virus and/or Tuberculosis and Noncommunicable diseases

The need for integration

The number of people living with multiple chronic conditions is rapidly increasing. In some countries, half of people seeking Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS) treatment are also living with noncommunicable diseases (NCDs). HIV/AIDS becomes a chronic illness for those taking antiretroviral therapy (ART), increasing their risk for chronic comorbidities like diabetes, cancer, metabolic abnormalities, depression. People living with common co-morbid chronic conditions – e.g. HIV and hypertension, Tuberculosis (TB) and diabetes – face increased physical and financial barriers to access essential treatment, exacerbating impacts on health and wellbeing[i].

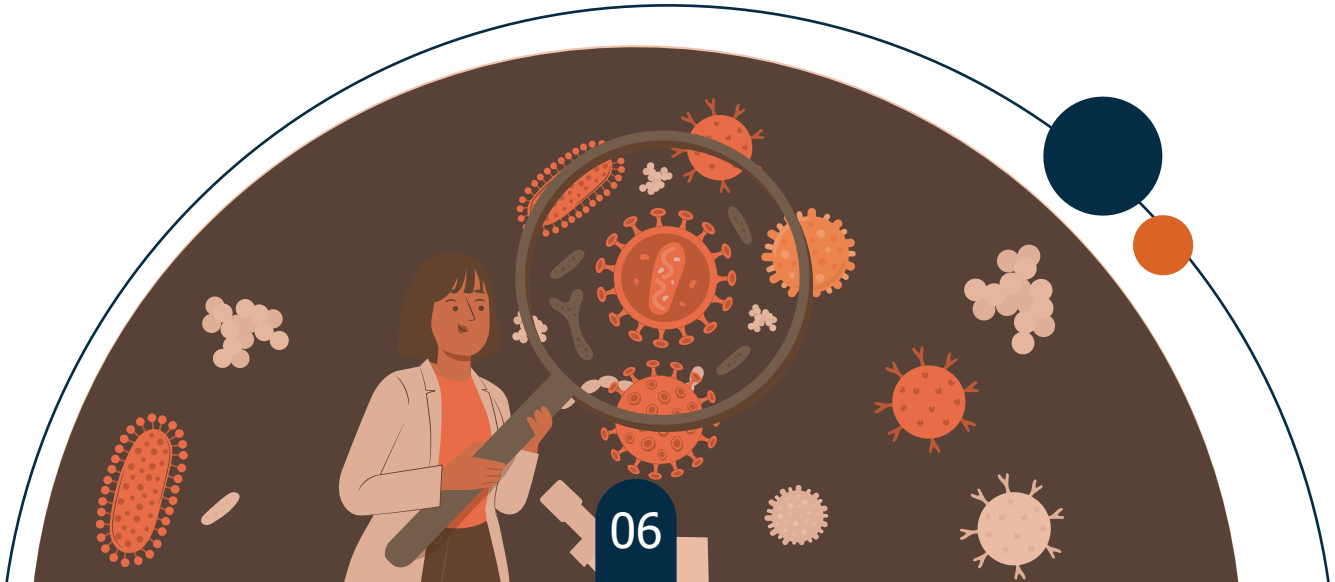
People living with HIV/AIDS (PLWHIV/PLWA) and/or TB are more susceptible to many NCDs, including diabetes, cardiovascular disease, chronic lung disease, fourteen types of cancer including cervical and lung cancers, and depression[ii]. The bi-directional relationship between NCDs, HIV and TB reduces quality of life, undermines treatment life, undermines treatment outcomes and leads to premature mortality.

People living with HIV/TB have higher absenteeism, lower wages, higher unemployment, and higher food insecurity, and additional NCDs can have a negative impact on their overall quality of life. HIV and/or TB households face a significantly higher socioeconomic burden than non-HIV and/or TB households. A systematic review sought to explore the socioeconomic burden of HIV/AIDS and the added socioeconomic burden of NCDs on HIV households. It found that households with HIV had a significantly higher socioeconomic burden compared to households without HIV[iii]. Evidence on the additional burden of NCDs is limited, and more research is needed to comprehend the combined socioeconomic impact of HIV/TB and NCDs on affected households.

Low- and middle-income countries (LMICs) are dealing with a triple affliction of HIV, TB, and NCDs, which directly threatens population health and strains already overburdened health systems. This also hinders the ability to meet global public health targets. Integrating HIV/TB and NCD services is advantageous in effectively addressing this shared disease burden. Significant funds have been invested in HIV/AIDS programmes. The urgent need to address the NCD crisis provides a unique opportunity to take advantage of the significant investments made in the current HIV/TB health systems to provide improved care and reduce preventable deaths over the long term.

Effective integration of NCDs within HIV/AIDS and TB care and prevention opens up new opportunities for countries to explore new funding and service delivery models, to identify specific steps to improve equity, participation, and inclusion for key populations throughout their lives, and to use available evidence to better understand the health and economic benefits of timely intervention.

All-inclusiveness has the potential to lead to universal health coverage. Patient friendly services would include integrated services that allow people with multiple conditions to seek care from one source, leading to better care and management, as well as enhanced adherence to treatment protocols.



Global Status on Integration

The United Nations Political Declarations on NCDs in 2011 and 2018 called for the integration of NCDs and communicable disease responses, such as HIV/ (AIDS) and/or TB. In May 2019, World Health Organization (WHO) held a consultation with various stakeholders on how to integrate noncommunicable diseases with national HIV/AIDS, TB and sexual and reproductive health program and issued implementation guidance on how to integrate NCD services into other diseases and health systems. The report developed from the consultation elaborated on how to strengthen integrated service delivery as part of health system strengthening efforts. It further highlighted the need to build back the NCD agenda, including the integration of NCD services[iv].

The NCD Alliance (NCDA) pre-conference on HIV and NCD integration on "Long, healthy and quality lives through integrated NCD and HIV prevention and care for people living with and affected by HIV" at the International AIDS Conference (AIDS 2022) in Montreal in July 2022 provided a forum for HIV and NCD communities to collaborate and identify catalytic and impactful solutions for achieving the highest possible HIV and health outcomes for affected communities worldwide. Speakers included a range of high-profile stakeholders from across the HIV and NCD sectors. The event was co-hosted by NCDA, the Quality of Life partnership (including Global Network of People Living with HIV (GNP+), STOPAIDS, and Frontline AIDS), UNAIDS, International AIDS Society, The Leona M. and Harry B. Helmsley Charitable Trust, and the Norwegian Agency for Development Cooperation[v]. NCD Alliance also published joint policy recommendations in July 2022 with UNAIDS, GNP+, International AIDS Society, STOPAIDS, and Frontline AIDS to support and encourage the achievement of the 90% integrated care target set at the UN High Level Meeting on HIV/AIDS in 2021[vi].

On the occasion of AIDS 2022, the NCD Alliance issued an open letter urging the Global Fund to include noncommunicable diseases (NCDs) and co-morbidities in its programming. This campaign emphasized the critical importance of responding to the growing impact of NCDs on the physical and mental health and well-being of people living with and at risk of HIV, tuberculosis, and malaria[vii].

Most recently in 2023, World Health Organization released guidance on Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes. This guidance document stresses the need to move from addressing NCDs and other diseases vertically, to an integrated manner, with a clinical and public health approach, guided by the principles of universal access and social justice. This is meant to help policy-makers, programme managers and health providers to maximize the impact of health services, extend access to NCD care and scale up.[viii]

Burden of NCDs, HIV/AIDS and TB in India

NCDs or chronic diseases are the number one cause of disability and death the world over. The adverse physical and mental health, social, environmental and economic consequences of NCDs affect all, particularly the poor and vulnerable populations. The common NCDs include cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), diabetes and mental health conditions. In India, NCDs accounted for 66% of all annual deaths in 2019. The country also accounted for nearly 14.5% of all global deaths due to NCDs in the same time period. In the South-East Asia region (SEAR), India contributed to the maximum proportion of deaths due to NCDs (66%)[ix]. Nearly 5.8 million people die from NCDs (heart and lung diseases, stroke, cancer and diabetes) i.e., one in four Indians has a risk of dying from an NCD before they reach the age of 70[x].

In India the number of PLWHIV was estimated to be around 24 lakhs in 2021. AIDS Related Deaths (ARD) are estimated at 41.97 thousand in 2021. About 62.97 thousand new cases were reported in 2021[xi]. The total number of incident TB patients (new and relapse) reported in 2021 was 19,33,381, an increase from 16,28,161 in 2020. 48,232 patients were diagnosed and 43,380 (90%) were put on treatment[xii].

Evidence on NCDs and comorbidities (Global and India)

There is evidence of a growing prevalence of comorbidities among people with chronic diseases. Some conditions may co-exist, some interact, and some may influencing susceptibility and outcomes of the other. Co-morbidities and multimorbidities related to NCDs also are increasing.

People with HIV have a nearly two-fold higher risk of cardiovascular disease, and women with HIV have a nearly six-fold higher risk of developing cervical cancer[i]. 25% of people living with HIV are estimated to have moderate to severe depression[xiiixiv]. One in five PLWHIV have one or more modifiable risk factor for developing cardiovascular disease[xxiii]. Evidence of Type 2 diabetes amongst PLWHIV range from 1.3% to 18%[1].

Those who have been diagnosed with tuberculosis (TB) are roughly twice as likely to develop diabetes and even some cancers as those who do not have TB[xvxvi]. Diabetes mellitus has been 10 associated with a 2-3 fold higher risk of TB[xvii]. In a primary care study of treatment prescriptions in peri-urban South Africa, a strong pattern of comorbidity was found in TB patients, with 80% having HIV, 37% hypertension and 12% diabetes mellitus[xviii].

While there is less data around NCDs and TB and/or HIV in India, few studies show the links between NCDs and these conditions. According to the annual TB report by the Ministry of Health and Family Welfare (MoHFW) in 2022, available evidence and modelling research suggested that nearly 20% of all TB cases in India may have diabetes mellitus[xxii]. In Delhi, a two-stage integrated screening for NCDs and risk factors for NCDs among 403 patients with TB for over 20 years highlighted the prevalence of hypertension to be 7% with 20 new cases detected, and 8% for Diabetes Mellitus with 6 new cases diagnosed[xix].

For PLWHIV, NCD risk factors were found to be high among patients at 5 antiretroviral therapy centres -26% of the subjects were found to be overweight or obese, 36% had tobacco or smoking habits, and 15% had alcohol consumption habits[xx].

Status of integration in India within government programmes, guidelines and guidance documents

Under some of the governments' TB and HIV programmes, policies and guidance documents, NCDs are mentioned to various extents. These detailed below:

1. National framework for joint TB-Diabetes collaborative activities & National Tuberculosis Elimination Programme[xxixxi]

The National Framework for joint TB-Diabetes collaborative activities under the Revised National Tuberculosis Control Programme (RNTCP) and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was released by MoHFW in 2017. Intensified and early detection of tuberculosis and diabetes are activities detailed in both the RNTCP and NPCDCS respectively. This document highlights bi-directional screening for early detection and prompt management of tuberculosis and diabetes. A collaborative framework was developed jointly by the National NCD Division and Central TB Division to articulate the national strategy for tuberculosis–diabetes mellitus collaborative activities between RNTCP and NPCDCS. Coordination mechanisms and collaborative activities exist at national, state and district level between the programmes.

The document mentions intensified screening for TB cases in the NCD clinics. TB symptoms identified at NCD clinics are referred to National Tuberculosis Elimination Programme (NTEP) facilities for TB diagnosis and follow-up care. All TB patients are tested for blood sugar and, if diabetic, are referred to the NCD clinic for diabetes management. The document also provides guidance on ensuring TB infection control measures in health-care settings where diabetes is managed.

Active case finding (ACF) among risk groups as defined in the National ACF guidelines which includes diabetes, chronic kidney and liver disease, patients on immunosuppressants, etc., was conducted in January 2021. The implementation framework led to nearly 93% of the TB Detection Centres having blood sugar testing facilities. In 2021 of all notified TB patients, 89% were screened for blood sugar, out of which 8% were found to have diabetes. 62% of these patients were referred to the NCD clinics and linked to anti-diabetic treatment. Among the NCD clinic attendees with diabetes, about 7% were screened for tuberculosis and referred for TB testing[xxii].

The India TB Report 2022 also highlights a section on TB and comorbidities, including malnutrition, diabetes, HIV, tobacco smoking, and alcohol[12] A Nutrition-TB App (N-TB App) was developed that facilitates the implementation of the technical aspects of thenutritional assessment and appropriate supplementation in TB patients. The NTEP programme also collaborated with the Ministry of Women and Child Development (MoWCD) to provide additional nutrition support to women and children with TB patients. TB awareness generation activities have also become a part of the annual 'Poshan Mah' to address malnutrition at the population level.

Towards early diagnosis of HIV among presumptive TB patients, the Provider Initiated Testing and Counselling (PITC) initiative ensured that 95% of notified TB patients knew their HIV status in 2012. Single-window TB and HIV services are implemented through existing ART centres, where more than 96% of PLHIV visiting every month are screened for TB symptoms.

Towards engaging affected communities a pilot was done under the NTEP. Two tb champions per block were engaged in activities including awareness generation, stigma reduction, case finding and holding and counselling. Other community engagement activities under NTEP include use of patient-reported score cards on TB Care services. To assess the gaps

and effectiveness of programme interventions, a mechanism of civil society/key stakeholder feedback is in place. Patient/community networks are designated as key stakeholders throughout the planning, decision-making, implementation, and monitoring processes.

Community Monitoring Groups comprised of PRIs, community and religious leaders, cured TB patients, caregivers of affected TB patients etc are established.

2. National Multisectoral Action Framework for TB-Free India[xxiii]

The framework puts forth the need to move from a health sector struggle to a whole-of-society responsibility towards TB elimination. It provides guidance for policymakers and a call-to-action for communities, civil society, private sector and other partners and stakeholders.

The framework identifies key areas and mechanisms of alignment and presents a concrete roadmap for harnessing existing expertise across sectors and institutions. The multisectoral action framework highlights six key strategic areas for integrated action, including integrating TB in healthcare service delivery. Integrated health service delivery includes access to quality diagnostics and treatment services for TB patients wherever they seek care. This would include mapping of facilities and capacity building of medical staff towards providing TB care.

"Lessons from multisectoral action in other health priorities" highlight NPCDCS as a case study. Under the NPCDCS, India became the first country to develop specific national targets and indicators aimed at reducing premature deaths from NCDs. The National Multisectoral Action Plan (NMAP) was developed under the programme which serves as a blueprint for collaborative action towards health.

Key lessons from the NPCDCS mentioned include building accountability from the ground-up through consultation and negotiation; integrating multisectoral action within larger NCD policy framework ; and increasing focus on local solutions and actions.

The Operational Guidelines for TB Services at Ayushman Bharat Health and Wellness Centres[xxiv] mentions generating awareness for screening of TB during active TB case finding campaigns and universal screening of non-communicable diseases as a community level awareness generation activity.

3. National Guidelines for HIV Care and Treatment, 2021[xxv]

The National Guidelines for HIV Care and Treatment, 2021, outlined some of the strategies for screening and management of NCDs in people living with HIV. The strategies are built on the five components for the prevention and management of NCDs in people living with HIV. These include health promotion, screening, diagnosis, management; follow-up to monitor treatment goal achievement and adherence.

Counselling of PLHIV on health behaviours and comprehensive healthy lifestyles including diet, abstinence from alcohol and tobacco, physical activity and treatment adherence is listed.

The guidelines mention screening those on ART for common NCDs including hypertension and diabetes every six months or based on appearance of symptoms. Blood pressure is to be measured at registration, every six months, and on request. Additionally, for those with hypertension fasting blood sugar to assess diabetes and lipid profile for assessing cardiovascular disease (CVD) risk factor are conducted.

Random blood glucose test is conducted at registration at ART center, 1–2 months after ART initiation and then every 6 months. It is also conducted during change of regimen or on request to diagnose diabetes. CVD Assessment is conducted at registration at ART center, 3 months after ART initiation and then every 6 months. History of NCDs and risk factors is taken along with medication for the same. Anthropometric indices are also recorded along with blood pressure and lipid profile.

Screening for common cancers is conducted for PLWHIV. Cancer screenings are conducted at ART initiation and repeated every three years if test is negative. Cervical cancer screening is conducted for women and girls who have initiated sexual activity. Breast cancer screening is conducted for women over 30 years of age. Oral cancer screening is also conducted at the same time intervals.

Screening for mental health disorders is also conducted before initiating ART and thereafter every 6 months. If needed, referral to a psychiatrist is provided.

The guidelines also mention testing for other blood-borne diseases such as syphilis, malaria and kala azar.

"Mission Sampark" was launched in 2017 to bring back People Living with HIV who have left treatment after starting Anti Retro Viral Treatment[xxvi].

Strategic Information Management System (SIMS) is a web-based reporting and data management system that was introduced in August 2008 to replace Computerized Management Information System to strengthen M&E systems at all levels. SIMS collects monthly programme monitoring data and manages users for multiple elements of the HIV/AIDS Control Program across the country. SIMS allows users to enter and access data in real time. The online Data Item Report is available for analysis and evidence-based action, as well as timely corrective measures for programme managers and policymakers to aid in community organizing monitoring.

4. National Framework for Joint HIV/TB Collaborative Activities[xxvii]

India's National AIDS Control Programme (NACP) and RNTCP jointly developed interventions to ensure early detection and prompt linkage of TB and HIV cases to care, support and treatment. The National Framework for joint HIV/TB Collaborative Activities governs these interventions. Collaborative TB-HIV activities between the Department of AIDS Control (DAC) and the RNCTP are carried out towards prevention, detection, treatment and management of HIV/TB. Strategically implemented elements include integration of surveillance for HIV and TB, joint training of field staff, joint monitoring and evaluation, and operational research to strengthen implementation of HIV/TB Collaborative Activities.

Community Based Assessment Checklist Form for Early Detection of NCDs, TB and Leprosy

Community-Based Assessment Checklist (CBAC) Form is an essential tool used for the early detection of NCDs, TB and leprosy in communities. It was introduced in 2016 originally for Population based screening of NCDs, and was revised in 2018 to include questions related to Leprosy and TB. In 2020, it was further revised to reflect the expanded range of services being implemented at the Health and Wellness Centres under Comprehensive Primary Health Care[xxviii].

The CBAC form is designed to help community health workers and other healthcare professionals identify individuals at risk in the community. The form contains a checklist of questions that cover different aspects of an individual's health, such as lifestyle habits, medical history, and symptoms. The CBAC form is an effective tool because it is simple to use, can be administered by non-medical personnel, and can be used in low-resource settings.

The CBAC covers general demographic, lifestyle habits and medical history and symptoms. It is used in community-based screenings.

Case study on integration:

Engaging the private sector through an integrated TB-NCD approach[xxii]

Resource Group for Education and Advocacy for Community Health (REACH) provides integrated screening for NCDs for people seeking care for TB in the private sector. The Linking to Care initiative supported by the Lilly Global Health Partnership, screens people with TB symptoms, people with TB and their contacts for TB, Diabetes and Hypertension and provides counseling on lifestyle modification. They are also linked to appropriate services for management of NCDs, in addition to TB services. 40 Nakshatra Centres that are housed at community and private hospitals in Chennai provide these services.

Between January and November 2021, 731 private practitioners referred people with symptoms of TB and facilitated screening of NCDs for eligible people. Of 9051 people, 73% were screened for Diabetes and 71% for Hypertension. 6581 people were screened, and 25% were found to have diabetes. Of 6401 people screened, 755 (11.9%) found to have hypertension.

GDF Global Drug Facility

The Stop TB Partnership set up the Global Drug Facility in 2001 with the goal of using donor funding to integrate demand from multiple countries and negotiate terms for lower prices for quality-assured tuberculosis medications. Considering the need to increase access to essential NCD medicines and health technologies that are safe, effective, affordable, and of high quality, the establishment of the Global Drug Facility for TB, which uses pooled procurement for TB drugs and diagnostics, has contributed to an impressive scale-up of TB treatment in low- and middle-income countries over the last 15 years.

Access to essential medicines for NCDs, such as insulin for diabetes, is currently limited, making effective NCD programmes challenging to implement. As a result, the Global Drug Facility could serve as a good model for an efficient procurement service for NCD medicines

Learnings from community engagement under NACP (Community system strengthening Framework)[xxix]

NACP, in collaboration with UNAIDS, organised a National Stakeholder Consultation on 18th February, 2021 to facilitate community discussion and deliberation on Community system strengthening (CSS) that can provide inputs into the development of a National CSS framework as well as processes and tools critical to undertake a community led monitoring (CLM) pilot.

The CSS framework is a structured component under the NACP on community systems. Interventions that support the development and reinforcement of informed, capable, coordinated, and sustainable structures, mechanisms, processes, and actors through which community members, organisations, and groups interact, coordinate, and deliver their responses to the challenges and needs affecting their communities are referred to as community system strengthening.

Capacity of community organizations and communities are build up within this, and they take part in national HIV/AIDS response. PLWHIV move from being beneficiaries to community-based organization implementors within the NACP.

Specific objectives of CSS

a. Support an enabling environment addressing gender-based violence, stigma, discrimination.

b. Community mobilization and demand generation for prevention and increasing testing for HIV.

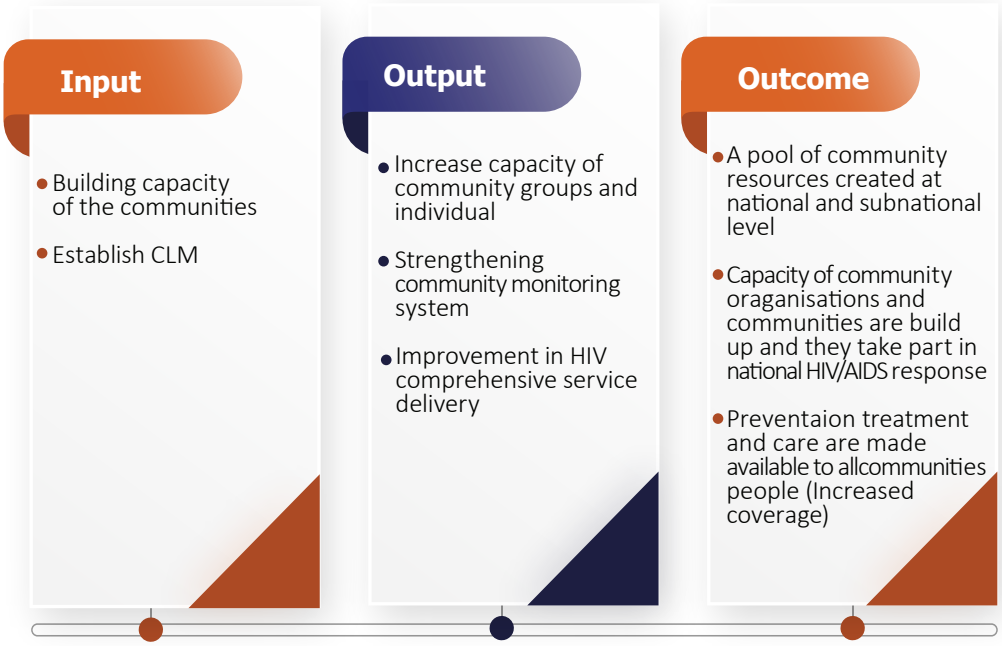
c. Care and support for those on ART including social protection, treatment literacy, adherence.

d. Community monitoring and ensuring effective and quality programme delivery.

The core components of the framework include mobilization of health and social issues; providing linkages for community with service facilities, collaboration with all NACP services; coordination with public and social health components important to key populations; and community led monitoring.

CLM is a part of NACP to structure the programme through community champions. State and district level community resource groups (CRG) monitor the quality of HIV treatment services at community and facility level which feed into a score card.

CSS framework:



- Feedback Collection- Tool (questionnaire) to collect feedback on service delivery at facilities in context of accessibility, availability and quality of services. Both online (self-administrative) and offline (facilitated) platforms as per community requirement.
- Feedback compilation- Compilation of feedback at District AIDS Prevention and Control Unit (DAPCU)/ Technical Support Unit (TSU) level by project Officers. Respective CRG member specific to each district were delegated to support this process
- Feedback Redressal- Respective SACS/ District AIDS Control Societies conduct quarterly CRG meetings to address received feedback. Dedicated plan is developed for improvement with time-bound corrective action.

This framework and its components are generalized and can be utilized to structure community engagement mechanism towards NCD prevention and control.

- The pool of community champions being created at national and district level can include those living with NCDs, HIV and/or TB.
- The NCD sector can also take away how to clearly define who all to be included in the definition of people living with NCDs. Coordination and cross referral opportunities with NACP, NTEP and the National Hepatitis Programme can be seen.
- The use of community resource people for community mobilization, advocacy, and community-led monitoring to provide feedback to NCD program at national/state/district level can be explored.
- An integrated monitoring and evaluation framework can be developed to monitor effectiveness of the NCD, TB and/or HIV community response.

Regulating Laws to protect PLWHIV/AIDS

Patient Right Act 2019 (Charter of Patients' Rights)[xxx]

The Charter of Patients' Rights adopted by NHRC highlights that patients' rights are human rights. It highlights right to nondiscrimination, wherein every patient has the right to receive treatment without any discrimination based on his or her illnesses or conditions, including HIV status or other health condition, religion, caste, ethnicity, gender, age, sexual orientation, linguistic or geographical /social origins. The hospital management is in charge of orienting all staff towards the same, and no discriminatory behaviour or treatment takes place with any person under the hospital's care.

HIV and AIDS (Prevention & Control) Act, 2017[xxxi]

The HIV and AIDS (Prevention & Control) Act, 2017 is a central legislation protecting and promoting the rights of persons infected with and affected by HIV and AIDS. It came into force on September 10, 2018 with the objective to prevent and control the spread of HIV and AIDS and for reinforcing the legal and human rights of persons infected with and affected by HIV/AIDS. This Law makes antiretroviral therapy a legal right for HIV/AIDS patients and states that "every person in the state's care and custody shall have the right to HIV prevention, testing, treatment, and counselling services." This act also requests that states provide treatment that is accessible and has management centres. It also seeks to protect the rights of healthcare providers.

The Act addresses stigma & discrimination and strives to create an enabling environment for enhancing access to services. It provides for diagnostic facilities related to ART and opportunistic infection management to people living with HIV and AIDS. A robust grievance redressal mechanism in the form of Ombudsman at the State level and Complaints Officer at the establishment level aiming to provide speedy redressal is also provided.

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Bill, 2010[xxxii]

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Bill, 2010 includes stringent provisions to prevent HIV/AIDS discrimination. The act of discriminating against anyone infected with AIDS is punishable under the Act. People who disseminate information about patients which would lead to propagating hatred against the infected person are also punished. In workplace, screening process or testing are not meant to be essential requirement for any kind of employment. Proper measures must be taken in order to make a healthy and non-discriminatory space for the patients to work.

HIV/AIDS Bill, 2007[xxxiii]

This Bill is the result of a collaboration between the government and civil society. It ensures that all patients have equal access to rights and opportunities. The Bill's goal is to provide equal and fair and balanced opportunities in education, employment, travel, insurance, healthcare, residence and property, and other areas to PLWHIV.

The Bill asks for voluntary, free, and informed consent from the patients before their medical history or information is collected and used for research purposes. The Bill protects risk-reduction strategies from civil and criminal liabilities, as well as harassment by law enforcement. This Bill also provides provisions related to the right to information and education relating to health and the protection of health from the State. It lays special focus on women and children. The bill requires the state to implement IEC programs that are evidence-based, age-appropriate, gender-sensitive, non-stigmatizing, and non-discriminatory.

Round Table Meeting: "Collective action towards integrated care- Cross learnings from NCD, TB, and HIV programmes"

Given the dearth of evidence around burden of multiple comorbidities in India and on integration and learnings between health sectors, a need was felt to initiate a discussion between government representatives and Civil Society Organisations (CSOs) on cross-learnings between health sectors. Towards the same, a Round Table Meeting on "Collective action towards integrated care. Cross-learnings from NCD, TB, and HIV programmes" was conducted by Healthy India Alliance (HIA), DakshamA Health (an HIA member) and HRIDAY.

Healthy India Alliance (HIA)-India NCD Alliance established in 2015 is a coalition of 26 CSOs which aims to strengthen and streamline coordinated CSO action to address NCDs in India. HIA has absorbed the expertise of the Peoples' Collective, calling for people-centeredness in policy formulation, programme implementation and health system strengthening.

DakshamA Health aims to empower patients and caregivers with the right knowledge, tools and forums to seek and access healthcare options that suit their needs and through their voices bring about a positive change in the healthcare environment.

The meeting aimed to identify synergies between health sectors for collective action towards integrated care, including at PHC level. Experience sharing on success stories including community engagement strategies that meaningfully involve people with lived experiences in HIV and TB sectors were presented. Stories on how to successfully increase investments in the sectors were presented. The deliberations highlighted initial and current challenges and enablers for the HIV and TB movements and how challenges were resolved. Discussions highlighted strategies that the NCD movement could adopt and adapt. Common priorities and opportunities for action were identified.

Multiple stakeholders working on HIV, TB and NCDs, including those with lived experience of HIV and TB came together including National Coalition of People Living with HIV In India (NCPI+); India HIV AIDS Alliance, World Health Organization (WHO) India and SEAR, and MoHFW.

The meeting that underpins this report includes pathways and evidence around successful community engagement, and mapping commonalities and specificities between the three sectors, for what can be adapted and translated from HIV and TB. It recognizes the foreseeable challenges while enhancing community engagement for NCD sector, as well as recommendations toward successfully synergising health sectors for collective action toward.

Key Takeaways from Round Table Meeting

Integrated care is patient centered care. According to WHO, integrated health service delivery is defined as "an approach to strengthen people centered health systems through promotion of comprehensive delivery of quality health services across the life course, designed according to multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care.[1t"
The round table meeting highlighted that integration is at a nascent stage. There are examples of integration between HIV and TB, HIV and Kala Azar, HIV screening in antenatal and prison care. These case studies can be referred to and built upon for further integration of multiple conditions.

The stakeholders highlighted a need to integrate condition specific treatment at a primary and secondary healthcare level, including the private sector. Opportunities for integration can be found across policy, legislative, community and data systems. A perceived challenge is those with singular conditions (HIV/TB/NCDs) may feel that integration dilute the singular condition specific movements.

Integration should be implemented at screening and surveillance level. The National Framework for Joint HIV/TB Collaborative Activities can be used as a case study to further integrate screening of more conditions. Risk behaviour surveillance can be integrated for HIV and NCDs. Similarly, blood tests for detecting and monitoring HIV and NCD indicators maybe integrated. Screening can be integrated in VHNDs Towards adherence mission sampark (AIDS) can be modelled on.

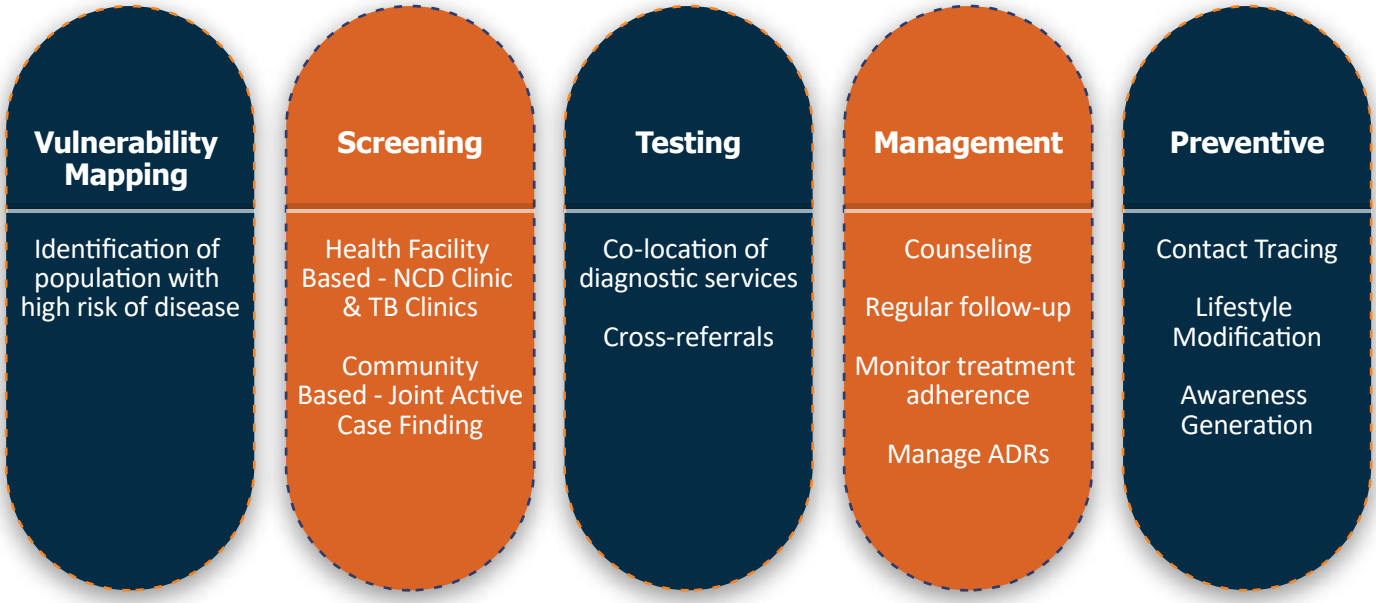
There is a need to strengthen patient voices to build demand as was seen in the HIV movement. The power of voices led to formation of PLWHIV networks who became programme implementers and enhanced advocacy through media as well. This led to increased investments including social protection schemes and financial support for PLWHIV. Within the HIV movement, a legislative framework backing those with lived experience helped reduce stigma and discrimination and enhance access to quality treatment. The HIV and TB movements also received strong political commitment, and support in the form of investments from the Government, administrative support and support from bilateral agencies.

The HIV/AIDS movement has a strong social contracting under NCAP. Peer-led HIV/TB/Hepatitis B&C interventions including behavior change communication, distribution of commodities, STI treatment, linkage to HIV testing, linkage to ART etc. are implemented by NGOs/Community–based Organisations (CBOs). This is a decentralized mechanism wherein NGOs/CBOs are contracted and trained through state aids control societies (SACS).

The TB movement has similar decentralized planning. A strategic plan is prepared at national level and translated to state strategic plans. Some states also have district strategic plans including tb free districts, blocks and villages. Collaboration & Partnerships are done through public and private sector engagement. Within the public sector, collaborations are seen with NACO, HWCs, PRI, ministry of tribal affairs, ministry of labour employment and ministry of coal and steel. The private sector is engaged through mandatory TB notification from private chemists through the H1 drug policy. NTEP also has partnership guidelines for NGOs, CSOs and corporates for procurement of services for the government.

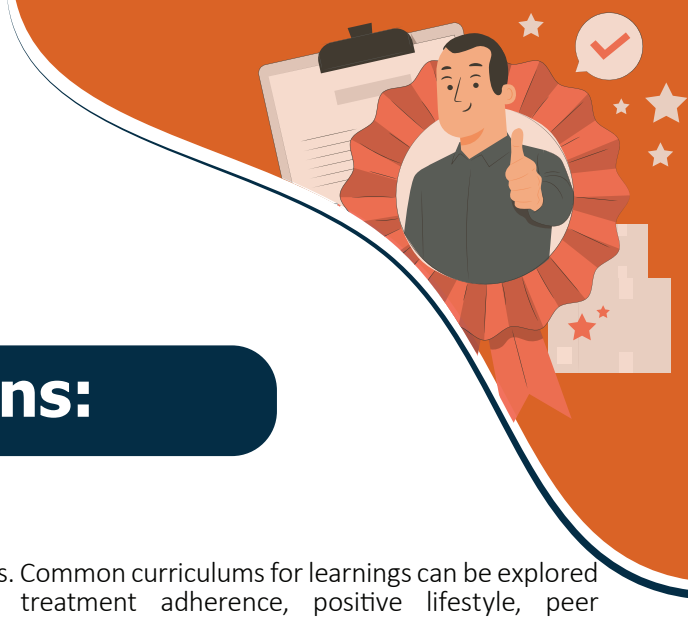
1 WHO Regional Office for Europe. Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery 2016.

Areas for Integration between TB and NCDs



Technology & Research

- Examples were provided on how the CBAP checklist has joint vulnerability mapping that can be further expanded.
- Joint screening activities were highlighted wherein screening is done for HIV and TB/ TB and Leprosy/TB and malaria together, and can be further expanded to include NCDs.
- Within management, the integrated training of lab technicians for HIV and TB markers was highlighted as an opportunity for further integration.
- Within lifestyle modification, an example for highlighted of connecting TB patients in Gujarat to Health and Wellness Centres (HWC) for yoga services. The same can be done for people living with NCDs



Recommendations:

Integration requires collaboration between researchers, people with lived experiences, policymakers, public health officials, healthcare professionals, and other stakeholders. It is also necessary to look into whether such integrated services are feasible and acceptable from both the providers' and patients' perspectives. There is a need to change structure of existing separate programmes and health systems from vertical separate entities to integrated models. Common curriculums for learnings can be explored across treatment adherence, positive lifestyle, peer support and community system strengthening. The above listed programmes and their activities can be used as a steppingstone to consider integrating notlimited to service delivery but also at the planning and monitoring level, towards research and community engagement.

Lived Experience Champions:

- Capacity-building of People Living with multiple conditions on communication and leadership skills to place them as decision-makers in shaping individual and community level health agendas.
- Once empowered, these champions can encourage each other to discuss their lived experiences and challenges with all key stakeholders, and disseminate their stories
- Champions can come together to form larger network of champions with lived experiences to advocate for integrated care.
- These champions need to be meaningful engaged with to develop, lead, implement, and monitor progress (including community-led monitoring of quality services), and to leverage multiple condition platforms and networks. This engagement should be included in and supported by sub-national strategies, policies and public budgets.
- Participation of CBOs in technical working groups across different health conditions (HIV,TB,NCDs and beyond). An example is the technical working group constituted by NACO to deliberate upon the capacity building needs of targeted interventions in NACP IV. Stakeholders included international organizations, donors, academia, and non-governmental and governmental organizations. This group partook in policy formation and programme development.

Government and Policy Makers:

Health Systems Strengthening

- Strengthen interdepartmental and inter-ministerial coordination through task groups to promote intersectoral knowledge sharing between programmes to identify points of entry for integration. Coordination and cross-referral with NTEP, National Hepatitis Program, and NACP (HIV) should be explored.
- Explore integration at primary level through health and wellness centres. Building a support system in the primary setting is crucial; lessons from the TB program could be applied to the NCD program for continued medicine supply, adequate staffing, ongoing capacity building of primary care teams on NCD care competencies, supportive supervision and mentoring.
- Ayushman Bharat can be perceived as an entry point where we can include opportunities to treat co-morbidities, improve efficiency, enable self-care, and generate data and evidence for people living with multiple conditions.
- Seek funding actively for system improvements that will support more than one health condition. Existing funding and program platforms (for HIV and TB) maybe used to gain support for increased investment in secondary and tertiary healthcare, including NCD care integration, for people living with HIV/TB.

Community Engagement

- Ensure that people living with one or more NCDs or chronic conditions have a voice at the table to share their experiences and priorities. Once identified, they must be considered in programme and policy design and adaptation.
- Building upon strong community engagement mechanisms under NACP and NTEP, community engagement processes within the NPCDCS and in the NMAP can be strengthening with increased cross linkages with other health programmes.
- A legal framework can be put in place to protect and promote the rights of people living with NCDs. Lessons for a right based approach for people living with HIV can be build upon towards right to care, education and work.

Robust IT Systems

- The Ayushman Bharat Digital Health Mission aims to bridge the existing gap amongst different stakeholders of Healthcare ecosystem through digital highways. The ABHA (AB Health Account) number holds and shared health records digitally. The same can be used for multiple conditions.
- Apps under different programmes such as TB app can be integrated to access data of all conditions under one source. This will enhance integration as well as treatment of comorbidities.
- Web-enabled strategic management information systems improved programme management and monitoring in India for AIDS control and can integrated with other conditions including NCDs.
- HIV case report systems can be linked with registries where they exist to link associated conditions. Currently, cancer registries are the most prevalent

Civil Society Organisations and researchers:

- CSOs can engage with and build capacity of People Living with NCDs, TB and/HIV and other conditions by bringing them to fore front of programme and policy discussions by engaging groups like self-help groups, to not only take charge of their own health but also transfer their learning and best practices to others.
- Support and amplify the voices of people who are living with multiple chronic conditions and encourage them to share their observations of the healthcare system and unmet care needs.
- CSO's can contribute to agenda setting and towards accountability and monitoring of integrated programmes.
- Develop case studies of best practices from the field on integration across the continuum of care for different health conditions, as well as community engagement practices that can be contextualized for NCD space.
- Sensitize medical professionals and healthworkers towards providing integrated people centered care.
- Develop and demonstrate models of integrated care. Existing integrated models that provide room for the addition of additional conditions should be documented and evaluated.
- Evidence generation on combined morbidity, mortality, prevalence and socioeconomic impact of HIV/TB and NCDs on affected households.

Medical Academia/Doctors:

- Develop standardized treatment and referral guidelines that address multiple disease areas.

Conclusion:

NCDs and HIV are largely preventable with risk factors that must be addressed for effective prevention. HIV and TB are also now chronic long term conditions, similar to the major NCDs (cardiovascular diseases, cancers, chronic respiratory diseases, diabetes and mental health conditions), and they tend to coexist.

These conditions are also impacted by common social and economic determinants, such as financial and social protection issues, which are extremely crucial for chronic conditions. To achieve expected outcomes, they require long-term, well-organized, people-centered disease management, and most of cases necessitate a comprehensive primary care focus. At the policy and programmatic level, some steps have been taken to integrate services, however, very little programmatic data on the implementation and feasibility of including NCDs and their risk factors in such screening programmes is available. Furthermore, it is essential to examine the acceptability and relevance of such integrated services from both the provider and patient perspectives.

There is potential for integrated health communication and community engagement strategies in primary care settings, as well as coordinated opportunities for health worker training, provision of coordinated, linked, or combined care, and strengthening of referral mechanisms that link to a broader health system approach. The needs of the patient, their caregivers, and their communities should be at the center point of integrated care. Community participation should be encouraged, not just in terms of sharing their demands, but also in terms of involving their decisions at policy tables, delivering services, counselling, and generating referrals.

Integrating NCD and other health services into established, funded disease-specific programmes can provide critical priority health interventions to key groups and communities. Such efforts can serve as a starting point by fostering relationships and trust among stakeholders working in different disease areas who must collaborate if the journey to universal health coverage is to be successful.

DakshamA Health & Education
Your Voices Your Choices

HEALTHY INDIA ALLIANCE
for prevention and control of NCDs

HRIDAY
PROMOTING SUSTAINABLE HEALTH

Agenda

"Collective action towards integrated care-cross learnings from NCD,TB and HIV programs"
Venue: India International Centre
Kamala Devi Complex: Seminar Hall 3
Timings: 12:00 PM IST to 4:00 PM IST
Tuesday, 30th Augyst 2022

Session	Time (IST)
Lunch and Networking	12:00 PM IST to 1:00 PM IST
Registration	12:00 PM IST to 1:00 PM IST

Session	Speakers	Time (IST)
Welcome Note	**Dr. Ratna Devi** CEO and co-foundar of DakshamA Health, Member, HIA	1:00-01:10 PM IST
Opening Remarks Meaningful engagement of People Living with NCDs: HIA's Journey	**Dr. Monika Arora** Director and Professor- Health Promotion Division, PHFI , Executive Director, HRIDAY, President Elect NCD Alliance	1:00-01:10 PM IST
Panel Discussion 1 **learning across the board towards UHC: Challenges and enablers in community engagement in HIV, Tuberculosis and NCD movements**		
	Moderator-Ms. Radhika Shrivastav Senior Director, HRIDAY, Member, HIA	1:20-01:30 PM IST
Identifying key enablers for community based NCD initiatives and effective integration into communicable disease programs	**Dr. Anand Krishnan, Professor,** Centre for Community Medicine, AIIMS, New Delhi	1:00-01:10 PM IST
Country led mechanisms for integration of lived experience of HIV, TB into national programs	**Dr. Kuldeep Singh Sachdeva Regional Director-** The Union Southeast Asia, International Union Against Tuberculosis and Lung Disease	1:40-1:50 PM IST

Best practices from the TB initiative, key lessons for integrating into NCD programs	**Dr. Kshitij Khaparde,** Regionalteam lead (west and central) TB, WHO India	
Best Practices from TB/HIV-led community engagement initiatives, for involving people with lived experience of NCDs	**Ms. Mona Balani** Program Director, National Coalition of People Living with HIV in India-NCPI+	
Open discussion	**2:10-2:25 PM IST**	
Open discussion 2 **Rethinking Health systems and UHC-Exploring the potential for integrating care continuum pathways across NCD, TB, and HIV national programs**		
	Moderator: Dr Ratna Devi, CEO and co-founder of DakshamA Health, Member HIA	**2:25-02:35 PM IST**
Keynote speaker Health systems and design challanges for integration of vertical programs	**Mr. Manoj Jhalani,** Director Health System Development Regional Office for South-East Asia (SEARO) World Health Organisation New Delhi, India	**2:35-02:45 PM IST**
Community System Strengthening Approach under National AIDS and STI Control Program-Lesson for NCD Programs	**Dr. Bitra George,** Country Director, Family Health India 360	**2:45-2:55 PM IST**
Breaking the silos, understanding PLWNCDs journey for intergration into various programs	**Dr. P.K Sen** Principal Advisor to MoHFW, Ex-Addl. Director General Ministry of Health and Family Welfare, Government of India	**2:55- 3:05 PM IST**
Patient groups and advocacy-learnings from OVOV and lived experience led advocacy	**Ms. Tamanna Sachdeva,** Manager projects- DakshamA Health	**3:05-3:15 PM IST**
Open panel discussion	**3:15-3:05 PM IST**	
Conclusion	**Moderator: Dr Ratna Devi,** CEO and co-founder of DakshamA Health	**03:30-03:45 PM IST**

References

[i] Schierhout G, Palagyi A, Gadsen T, Dubois G, Renshaw N, Dodd R. Leveraging Global Health Wins for Sustainable, Person-Centered Healthcare Systems. NCD Alliance / The Helmsley Charitable Trust Policy Research Report 2021.
Available at:
https://www.ncdalliance.org/sites/default/files/NCD_%20LEVERAGING_GLOBAL_HEALTH_WINS_8_09 FINAL%20%281%29.pdf

[ii] Marais BJ, Lönnroth K, Lawn SD, Migliori GB, Mwaba P, Glaziou P, Bates M, Colagiuri R, Zijenah L, Swaminathan S, Memish ZA. Tuberculosis comorbidity with communicable and non-communicable diseases: integrating health services and control efforts. The Lancet infectious diseases. 2013 May 1;13(5):436-4

[iii] Dona SW, Mudiyanselage SB, Watts JJ, Sweeney R, Coghlan B, Majmudar I, Abimanyi-Ochom J. Added socioeconomic burden of non-communicable disease on HIV/AIDS affected households in the Asia Pacific region: A systematic review. The Lancet Regional Health-Western Pacific. 2021 Apr 1;9:100111.
Available at:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8315338/

[iv] World Health Organization Consultation on implementation guidance: How to integrate noncommunicable diseases with national hiv/aids tb sexual and reproductive health program. May 2019
Available at:
https://www.who.int/news-room/articles-detail

[v] NCD Alliance. NCDA at AIDS 2022.
Available at:
https://www.ncdalliance.org/news-events/event/ncda-at-aids-2022

[vi]15 transformative solutions to realise better health in people living with and affected by HIV and NCDs: Joint Policy Recommendations. July 2022.
Available at:
https://www.ncdalliance.org/sites/default/files/resource_files/15%20solutions_HIV%20and%20NCDs_FINAL.pdf

[vi] 15 transformative solutions to realise better health in people living with and affected by HIV and NCDs: Joint Policy Recommendations. July 2022.
Available at:
https://www.ncdalliance.org/sites/default/files/resource_files/15%20solutions_HIV%20and%20NCDs_FINAL.pdf

[vii] NCD Alliance. Open letter to The Global Fund to Fight AIDS, Tuberculosis and Malaria Strategies CommitteeJuly 2022
Available at:
https://ncdalliance.org/form/open-letter-to-the-global-fund-to-fight aids-tuberculosis-and-malaria-strategies-committee

[viii] World Health Organization Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes: implementation guidance. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
Available at:
https://apps.who.int/iris/bitstream/handle/10665/366691/9789240061682-eng.pdf?sequence=1&isAllowed=y

[ix] IHME GHDx, Hub Viz. GBD compare–Viz Hub. Noncommunicable Diseases. Both sexes, all ages, 2019, total percent of deaths.
Available from:
https://vizhub.healthdata.org/gbd-compare/.

[x] Nhp.gov.in. 2022. Non-communicable Diseases | National Health Portal Of India. [online]
Available at:
https://www.nhp.gov.in/healthlyliving/ncd2019

[xi] National AIDS Control Organization & ICMR-National Institute of Medical Statistics (2022). India HIV Estimates 2021: Fact Sheet. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.
Available at:
https://naco.gov.in/sites/default/files/India%20HIV%20Estimates%202021%20_Fact%20Sheets__Final_Shared_24_08_2022.pdf

[xii] Ministry of Health and Family Welfare, Government of India. India TB Report 2022: Coming Together 30 to End TB Altogether. 2022.
Available at:
https://tbcindia.gov.in/WriteReadData/IndiaTBReport2022/TBAnnaulReport2022.pdf

[xiii] Patel P, Rose CE, Collins PY, Nuche-Berenguer B, Sahasrabuddhe VV, Peprah E, Vorkoper S, Pastakia SD, Rausch D, Levitt NS, HIV N. Noncommunicable diseases among HIV-infected persons in low-income and middle-income countries: a systematic review and meta-analysis. AIDS (London, England). 2018 Jul 7;32(Suppl 1):S5.

[xiv] Belayneh Z, Mekuriaw B, Mehare T, Shumye S, Tsehay M. Magnitude and predictors of common mental disorder among people with HIV/AIDS in Ethiopia: a systematic review and meta-analysis. BMC Public Health. 2020 Dec;20(1):1-1.

[xv] Alene KA, Clements AC, McBryde ES, Jaramillo E, Lönnroth K, Shaweno D, Gulliver A, Viney K. Mental health disorders, social stressors, and health-related quality of life in patients with multidrug-resistant tuberculosis: a systematic review and meta-analysis. Journal of Infection. 2018 Nov 1;77(5):357-67.

[xvi] Marais BJ, Lönnroth K, Lawn SD, Migliori GB, Mwaba P, Glaziou P, Bates M, Colagiuri R, Zijenah L, Swaminathan S, Memish ZA. Tuberculosis comorbidity with communicable and non-communicable diseases: integrating health services and control efforts. The Lancet infectious diseases. 2013 May 1;13(5):436-48.

[xvii] Jeon CY, Murray MB. Diabetes mellitus increases the risk of active tuberculosis: a systematic review of 13 observational studies. PLoS Med. 2008;5(7):e152.

[xviii] Oni T, Youngblood E, Boulle A, McGrath N, Wilkinson RJ, Levitt NS. Patterns of HIV, TB, and non-communicable disease multi-morbidity in peri-urban South Africa-a cross sectional study. BMC infectious diseases. 2015 Dec;15(1):1-8.

[xix] Anand T, Kishore J, Isaakidis P, Gupte HA, Kaur G, Kumari S, Jha D, Grover S. Integrating screening for non-communicable diseases and their risk factors in routine tuberculosis care in Delhi, India: a mixed-methods study. PLoS One. 2018 Aug 23;13(8):e0202256.

[xx] Patil SS, Hiremath RN, Viswanath HK, Kadam DB. Non-communicable disease risk factors among people living with HIV/AIDS (PLHA)–A relook during the covid-19 pandemic. Journal of Family Medicine and Primary Care. 2022 Feb;11(2):498

[xxi] Ministry of Health and Family Welfare, Government of India. National framework for joint TB-Diabetes collaborative activities

[xxii] National Tuberculosis Elimination Programme
Avaialble at:
https://tbcindia.gov.in/

[xxiii] Ministry of Health and Family Welfare, Government of India. National Multisectoral Action Framework for TB-Free India 2019.
Available at:
https://tbcindia.gov.in/WriteReadData/l892s/57479351National%20Multisectoral%20Action%20Framework%20for%20TB-Free%20India_30-8-19.pdf

[xxiv] Operational Guidelines for TB Services at Ayushman Bharat Health and Wellness Centres Ministry of Health and Family Welfare, Government of India

[xxv] Ministry of Health and Family Welfare, Government of India. National Guidelines for HIV Care and Treatment, 2021. Available at:
https://naco.gov.in/sites/default/files/National_Guidelines_for_HIV_Care_and_Treatment_2021.pdf

[xxvi] Press Information Bureau, Government of India National Strategic Plan on HIV/AIDS Released on World Aids Day 22 DEC 2017 **https://pib.gov.in/PressReleseDetail.aspx?PRID=1513824**

[xxvii] Ministry of Health and Family Welfare, Government of India. National Framework for Joint HIV/TB Collaborative Activities November 2013.
Available at:
https://naco.gov.in/sites/default/files/National%20Framework%20for%20Joint%20HIV%20TB%20Collaborative%20Activities%20November%20%202...%20%281%29.pdf

[xxviii] Revised Community Based Assessment Checklist (CBAC) 9th October 2020.
Available at:
http://164.100.117.80/sites/default/files/Revised%20Community%20Based%20Assessment%20Checklist%20%28CBAC%29-9th%20Oct%202020.pdf

[xxix] Ministry of Health and Family Welfare, Government of India National Stakeholder Consultation on Community System Strengthening (CSS) (Defining course of action for CSS in NACP-V to strengthen community engagement for improvement of HIV comprehensive service delivery) 18th February 2021.
Available at:
https://naco.gov.in/sites/default/files/National_Stakeholder_Consultation_on_CSS.pdf

[xxx] National Human Rights Commission Charter of Patients' Rights 2019.
Available at:
https://nhrc.nic.in/sites/default/files/charter_patient_rights_by_NHRC_2019.pdf

[xxxi] Ministry of Law and Justice. Government of India. The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 20th April, 2017.
Available at:
Ministry of Law and Justice. Government of India.

[xxxii] Ministry of Law and Justice. Government of India. The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Bill, 2010
Available at:
https://naco.gov.in/sites/default/files/HIV%20AIDS%20Act.pdf

[xxxiii] HIV/AIDS Bill, 2007
https://www.lawyerscollective.org/files/Final%20HIV%20Bill%202007.pdf

DakshamA Health & Education
Your Voices Your Choices

HEALTHY INDIA ALLIANCE
for prevention and control of NCDs

HRIDAY
PROMOTING SUSTAINABLE HEALTH

- **HRIDAY**
  Secretariat
  Healthy India Alliance [India NCD Alliance]
  N-25, 2nd Floor, Green Park Extension,
  New Delhi–110016, India, Ph: +91 11 41031191
- **DakshamA Health**
  Plot No.25, Manish Highway Plaza, S2, Second Floor,
  Near HDFC Bank, Dwarka Sec 20, New Delhi, India – 110075
  Ph.No 011-49442246

DakshamA Health
HIA
HRIDAY

DakshamA Health
HIA
HRIDAY

DakshamA Health
HRIDAY

DakshamA Health
HIA
HRIDAY

DakshamA Health
HRIDAY

August 2022