

**Implementation Status of Existing SAARC Regional
Strategies in SAARC Member States**

2016

SAARC Tuberculosis and HIV/AIDS Centre

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FOREWORD

HIV epidemic presents a major challenge to the control of tuberculosis (TB) in countries with concentrated epidemics of HIV. Tuberculosis is also one of the most common causes of morbidity and one of the leading causes of mortality in people living with HIV/AIDS. In addition, there is a mutual interaction between Tuberculosis and HIV. The immune suppression induced by HIV modifies the clinical presentation of TB and hence its management. On the other hand, TB influences the prognosis of HIV infection. Therefore addressing TB/HIV co-infection is a high priority in most settings.

Realizing the problem of these two diseases, the leaders of the region stressed the need for evolving a regional strategy to combat the same in the eleventh SAARC Summit held in Kathmandu in 2002. The Summit also mandated the SAARC TB –HIV/AIDS Centre to collaborate with international organization and civil society in developing the regional strategy on TB/HIV co-infection

Advocacy, Communication and Social Mobilization (ACSM) is a critical feature of any health-related intervention that aims to set agendas, raise public awareness, increase knowledge, and alter public attitude towards risk behaviors. In the context of TB and HIV/AIDS control, the objective of the ACSM is to upscale advocacy, communication and social mobilization for all components to achieve the targets enshrined in the MDGs.

Identifying the importance of TB /HIV Co-infection and ACSM, SAARC TB and HIV/AIDS Centre in collaboration with SAARC member states has developed two strategies (TB /HIV Co-infection and ACSM strategy 2011-2015).

Now the time duration of these two strategies was over. This is a high time to review and document the achievement of key objectives along with respective indicators set for this period.

This report is an implementation status of existing SAARC regional Strategies for SAARC Member states. It includes the implementation status on ACSM and TB /HIV Co- infection in SAARC Member states. It has been prepared on the basis of latest documents of Member states and also by reviewing other documents.

Valuable inputs were provided by Programme Managers of TB and HIV/AIDS Control of SAARC Member States. STAC thankfully acknowledges for their comments/suggestions and guidance for further improvement of this document.

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ABBREVIATIONS

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behavior Change Communication's
BHU	Basic Health Unit
CBOs	Community based organizations
CCCs	Community Care Coalitions
CDR	Case Detection Rate
CGHN	Consultant group on Health and Nutrition
CPT	Co-trimoxazole preventive therapy
CTD	Central TB Division
DACC	District AIDS Co-ordination Committee
DCC	District Chest Clinic
DMCs	Developing Member Countries
DOTS	Directly Observed Treatment Short Course
DR	Drug-Resistant
FBO	Faith Based Organization
FCHVs	Female community health volunteers ()
FDCs	Fixed-Dose Combination Drugs
GOI's	Government of India's
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
ICTCs	Integrated counseling and testing centers
IDUs	Injecting Drug Users
IEC	Information Education and Communication
IGA	Income Generating Activities
IPT	Isoniazid preventive therapy
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
KAP	Knowledge, Attitude and Practice
M&E	Monitoring & Evaluation
MDGs	Millennium Development Goals
MDR-TB	multidrug-resistant TB
MIFA	Management Information for Action
MNHSR&C	Ministry of National Health Services, Regulations and Coordination
MoH	Ministry of Health
MoH&FW	Ministry of Health and Family Welfare
MoPH	Ministry of Public Health
NACP	National AIDS Control Programme
NAP	National AIDS Programme
NASP	National AIDS and STD Programme
NATAB	National Anti TB Association of Bangladesh
NCASC	National Centre for AIDS & STI Control
NGOs	Non-Governmental Organizations
NHEICC	National Health Education Information and Communication Centre

NPTCCD	National Programme for Tuberculosis Control and Chest Diseases
NSACP	National STD/AIDS Control Programme
NSP	National Strategic Plan
NSS	New Sputum Smear
NTP	National TB Control Program
OST	Opioid Substitution Therapy
PHL	Public Health Lab
PITC	Provider Initiated Testing and Counseling
PLHA	People Living with HIV/AIDS
PTV	Pakistan Television
RNTCP	Revised National Tuberculosis Control Programme
SAARC	South Asian Association for Regional Cooperation
SHE	Society for Health Education
STAC	SAARC TB AND HIV/AIDS CENTRE
STI	Sexually Transmitted Infection
SWAD	Society for Women against Drugs
TB	Tuberculosis
ToT	Training of Trainer's
VCCT	Voluntary Counselling and Confidential Testing
VCT	Voluntary Counselling and Testing
VHW	Village Health Worker
WHO	World Health Organization
X-DR	Extensively Drug-Resistant

1. INTRODUCTION

1.1 INTRODUCTION OF SAARC

The South Asian Association for Regional Cooperation (SAARC) consists of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal Pakistan and Sri Lanka. SAARC was established during the first summit of the Heads of Governments of state in 1985 and Afghanistan being latest Member to join in 2007.

The role of SAARC is to promote facilitated, collaboration on regional issues and to promote public-private and civil society partnership for the effective implementation of global and regional commitments of social and economic developments.

1.2 SAARC TB AND HIV/AIDS CENTRE (STAC)

Background

The Heads of State or Government of Member Countries of SAARC at their Fifth Summit held in Male on 22-23 November 1990 decided to establish SAARC Tuberculosis Centre in Nepal. The Centre was established in 1992 to work for control and prevention of Tuberculosis in the Region. Considering the role played by the centre through its activities on TB/HIV co-infection, the centre was renamed as SAARC Tuberculosis and HIV/AIDS Centre by the Thirty-first Session of Standing Committee of SAARC held in Dhaka on November 9-10, 2005 (during the Thirteen SAARC Summit) to work for prevention and control of TB and HIV/AIDS in the SAARC Region by coordinating the efforts of the National Tuberculosis Control Programme and National AIDS Control Programme of the Member States, with the following vision, mission, goal and objective.

Vision

SAARC TB and HIV/AIDS Centre be the leading institute to support and guide SAARC Member States to make the Region free of TB and HIV/AIDS.

Mission

The Mission of the SAARC TB and HIV/AIDS Centre is to support the efforts of National TB and HIV/AIDS Control Programmes through evidence based policy guidance, co-ordination and technical support.

Goal

The goal of the SAARC TB and HIV/AIDS Centre is to minimize the mortality and morbidity due to TB and HIV/AIDS in the Region and to minimize the transmission of both infections until TB and HIV/AIDS cease to be major public health problems in the SAARC Region.

Objective

To work for prevention and control of TB and HIV/AIDS in the SAARC Region by coordinating the efforts of the National TB and National HIV/AIDS Control Programmes of the SAARC Member States.

2. SAARC REGIONAL STRATEGIES (2011-2015)

SAARC REGIONAL STRATEGY ON TB/HIV CO-INFECTION (2011-2015)

Tuberculosis (TB) and HIV/AIDS are the two major public health problems in the SAARC region. In the field of TB control DOTS strategy has made a remarkable progress, however, emerging HIV epidemic has posed a major challenge to TB control efforts. HIV/AIDS prevalence in general population of SAARC region is still low but its prevalence among high risk groups has dramatically increased and risk factors are in place to spread the infection from these high-risk groups to general population.

Realizing the problem of TB and HIV/AIDS epidemic, the leaders of the region stressed the need for evolving a regional strategy to combat the same in the eleventh SAARC Summit held in Kathmandu in 2002. “SAARC Regional Strategy for TB/HIV Co-infection” was developed in 2003 and published in 2004. Since then many developments on TB and HIV/AIDS control have taken place in the world. There have been revisions in the existing policies and guidelines and in addition, new policies and guidelines have been recommended. Hence, the need was felt to revise the existing SAARC Regional Strategy on TB/HIV Co-infection. “SAARC Regional Strategy on TB/HIV Co-infection” which presents an outline of regional strategy focused on areas of collaboration and directed towards the development and implementation of successful programmes for control of TB/HIV co-infection. This document highlights the SAARC regional context and points out major TB, HIV/AIDS and TB/HIV co-infection status and concerns, outlines strategy goal, objectives and expected outcomes.

Goal

To establish effective collaboration between National TB Programme and National HIV/AIDS Control Programmes of SAARC Member States and reduce the burden of TB and HIV/AIDS in the SAARC Region

Objectives

1. To establish the mechanisms for collaboration between TB and HIV control Programmes.
2. To reduce the burden of TB in HIV infected and prevent HIV infection in TB patients.
3. To reduce the morbidity & mortality in TB/HIV co-infected individuals.
4. To support the SAARC Member States on TB /HIV collaboration.

The Expected Outcome

- National formal TB/HIV Co-ordination committees established or strengthened
- National joint collaborative TB/HIV strategic plan developed /strengthened and implemented
- Regional and National ACSM plans developed and implemented
- Regional and National epidemiological surveillance network for TB, HIV/AIDS and TB/HIV Co-infection established / strengthened.
- Referral linkage between TB and HIV/AIDS programme delivery sites established.
- HIV case finding among TB patients and TB case finding among HIV infected intensified.
- INH Prophylactic treatment (IPT) for PLHA with latent TB to be started in selective areas in all SAARC Member States.
- Integrated case management for Anti Retro Viral Therapy (or eligible for it) and DOTS.
- Feasible and effective Infection control measures implemented.
- Co-trimoxazole Preventive Treatment (CPT) for HIV infected TB Patients to be initiated in all SAARC Member States.
- Regional and National capacity building plans developed and implemented
- Operational research on pertinent issues to be conducted.

SAARC regional strategies explain five different components, which are given below;

1. Political & Administrative Commitment.
2. Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA.
3. Decrease the burden of HIV in TB Patients and TB in PLHA.
4. Support Regional and National Capacity building including training and research.
5. Monitoring and Evaluation.

3. IMPLEMENTATION STATUS OF SAARC REGIONAL STRATEGIES IN SAARC MEMBER STATES (2011-2015)

TB/HIV CO-INFECTION IN THE SAARC REGION -2014

TB HIV Co-infection poses a critical challenge for the health-sector and for people living with HIV and TB. People living with HIV are 29 times more likely to develop TB disease than those who are HIV-negative. Starting in the 1980s, the HIV epidemic led to a major upsurge in TB cases and TB mortality in many countries.

In 2014, an estimated 1.2 million (12%) of the 9.6 million people who developed TB worldwide were HIV-positive. The number of people dying from HIV-associated TB peaked at 570 000 in 2004 and has since fallen to 390 000 in 2014 (a reduction of 32%). HIV-associated TB deaths accounted for 25% of all TB deaths (among HIV-negative and HIV-positive people) and one third of the estimated 1.2 million deaths from HIV/AIDS.

Globally, 51% of notified TB patients had a documented HIV test result in 2014, a small increase from 49% in 2013. WHO recommended the implementation of 12 collaborative TB/HIV activities. Between 2005 and 2014, an estimated 5.8 million lives were saved by TB/HIV interventions.

In 2014, coverage of antiretroviral therapy (ART) for notified TB patients who were known to be co-infected with HIV reached 77% globally. Further efforts are needed to reach the target of 100%. This is especially the case given that the number of HIV positive TB patients on ART in 2014 represented only 33% of the estimated number of people living with HIV who developed TB in 2014.

WHO recommends that routine HIV testing should be offered to all TB patients, to all those with TB signs and symptoms, and to partners of known HIV-positive TB patients. In 2014, 3.2 million notified TB patients had a documented HIV test result, equivalent to 51% of notified TB cases. This represented an increase from 3 million and 49% respectively in 2013, and more than 17 times the coverage reported in 2004.

ART is an intervention that can have an important impact on TB morbidity and mortality among HIV-positive TB patients. The number of notified HIV-positive TB patients on ART has grown from a very low level in 2004 to reach 392 000 in 2014.

Coverage of co-trimoxazole preventive therapy (CPT) among HIV-positive TB patients remains high, and increased slightly to 87% globally and 89% in the African Region in 2014. The number of people living with HIV who were treated with isoniazid preventive therapy (IPT) reached 933 000 in 2014, an increase of about 60% compared with 2013. However, provision of IPT was reported by just 23% of countries globally, including only 13 of the 41 high TB/HIV burden countries.

Preventing TB deaths among HIV-positive people requires intensified scale-up of TB prevention, diagnosis and treatment interventions, including earlier initiation of ART among people living with HIV and those with HIV-associated TB. Increased efforts in joint TB and HIV programming could facilitate further scale-up and consolidation of collaborative TB/HIV activities.

Joint activities between national TB and HIV/AIDS programmes are crucial to prevent, diagnose and treat TB among people living with HIV and HIV among people with TB. These include establishing mechanisms for collaboration, such as coordinating bodies, joint planning, surveillance and monitoring and evaluation; decreasing the burden of HIV among people with TB (with HIV testing and counseling for individuals and couples, co-trimoxazole preventive therapy, antiretroviral therapy and HIV prevention, care and support); and decreasing the burden of TB among people living with HIV (with the three I's for HIV and TB: intensified case-finding; TB prevention with isoniazid preventive therapy and early access to antiretroviral therapy; and infection control for TB). Integrating HIV and TB services, when feasible, may be an important approach to improve access to services for people living with HIV, their families and the community.

Table 1

HIV testing for TB patients, provision of CPT and ART to HIV-positive TB patients, and initiation of IPT for people newly enrolled in HIV care, SAARC Region 2014

Country	TB patients with known HIV status		HIV-positive TB patients		No (%) HIV-positive TB patients started on		HIV-positive people provided with IPT
	No.	%	No.	%	CPT	ART	
Afghanistan	10443	32	4	< 1	-	-	7
Bangladesh	1110	<1	45	4	45 (100)	45 (100)	0
Bhutan	703	55	7	< 1	0	7 (100)	-
India	1034712	61	44171	4	41066 (93)	39800 (90)	-
Maldives	130	99	0	0	-	-	-
Nepal	3254	9	369	11	-	273 (74)	43
Pakistan	10715	3	90	< 1	90 (100)	90 (100)	-
Sri Lanka	7418	78	21	< 1	18 (86)	18 (86)	9
Regional	1068485	-	44707	4	92	90	-

Source: Global TB Report WHO, 2015

In 2014, a total 1068485 TB patients with known HIV status has tested in which 44,707 (4%) tested TB patients are HIV-positive among them 92% and 90 % are started CPT and ART in the SAARC region.

In the SAARC region, India accounts for highest TB patients with known HIV status followed by Pakistan and Nepal. Around 93% of HIV-positive TB patients started CPT and 90% started ART in India at the end of 2014. However Bangladesh, Bhutan and Pakistan has 100 % HIV-positive TB patients started ART. In 2014, Afghanistan, Nepal and Sri-Lanka has initiated HIV-positive people provided with IPT.

Table 2 summarize the activities carried out by the SAARC TB and HIV/AIDS centre and Member countries in relation to TB/HIV Co-infection strategy

Table 2: activities carried out by the SAARC TB and HIV/AIDS centre and Member countries in relation to TB/HIV Co-infection strategy

Expected outcome in 2015	Activities of STAC and Member countries	Achievements in 2014
National formal TB/HIV Co-ordination committees established or strengthened	STAC continues to work closely with national HIV/AIDS and TB control programmes of all member countries to provide technical assistance by organizing workshops, seminars and meetings by sharing the epidemiological and other information on various aspects of TB & HIV/AIDS.	National formal TB/HIV Co-ordination committees established in all Member countries
National joint collaborative TB/HIV strategic plan developed /strengthened and implemented	Do	National joint collaborative TB/HIV strategic plan developed /strengthened and implemented in all member countries
Regional /National ACSM plans developed and implemented	ACSM Strategy was developed by STAC with coordination with member states	ACSM plans developed and implemented in all member countries
Regional and National epidemiological surveillance network for TB, HIV/AIDS and TB/HIV Co-infection established / strengthened.	Regional surveillance network has been developed and dissemination of information done through publications	Epidemiological surveillance network strengthened in all member countries
Referral linkage between TB and HIV/AIDS programme delivery sites established.	STAC continues to work closely with national HIV/AIDS and TB control programmes of all member countries to provide technical assistance by organizing workshops, seminars and meetings by sharing The epidemiological and other information on various aspects of TB & HIV/AIDS	Linkage between DOTS Centers and ART Centers established in all member countries
HIV case finding among TB patients and TB case finding among HIV infected intensified	STAC has supported member countries to conduct research on this topics	HIV prevalence among TB patients varies from < 1% to 11% in the SAARC countries
INH Prophylactic treatment		Some countries have been

(IPT) for PLHA with latent TB to be started in selective areas in all SAARC Member States.		already started. In 2014, Afghanistan, Nepal and Sri-Lanka has initiated HIV-positive people provided with IPT.
Integrated case management for Anti Retro Viral Therapy (or eligible for it) and DOTS.		In 2014, a total 1068485 TB patients with known HIV status has tested in which 44,707 (4%) tested TB patients are HIV-positive among them 90 % started ART in the SAARC region.
Feasible and effective Infection control measures implemented.	STAC has developed infection control guidelines with collaboration with Member states	
Co-trimoxazole Preventive Treatment (CPT) for HIV infected TB Patients to be initiated in all SAARC Member States.		In 2014, a total 1068485 TB patients with known HIV status has tested in which 44,707 (4%) tested TB patients are HIV-positive among them 92% started CPT in the SAARC region.
Regional and National capacity building plans developed and implemented	STAC continues to work closely with national HIV/AIDS and TB control programmes of all member countries to provide technical assistance by organizing workshops, seminars and meetings by sharing the epidemiological and other information on various aspects of TB & HIV/AIDS	Capacity building plans developed and implemented in all member countries
Operational research on pertinent issues to be conducted	Do	Many researches have conducted in many member countries and published.

Activities carried out by STAC in relation to **TB/HIV/AIDS Co-infection Strategy during 2011-2015 is annexed. (Annexure 1)**

4. COUNTRY PROFILES:

Afghanistan

Bangladesh

Bhutan

India

Maldives

Nepal

Pakistan

Sri-lanka

AFGHANISTAN

TB/HIV collaboration activities have been initiated since 2005. This includes referral system between two programs (NTP & NACP). TB patients were referred for being screened for HIV and HIV patients for TB. The TB/HIV policy, strategy and operational guideline had been developed and all activities are implemented according to this document. The information regarding TB/HIV has been incorporated in revised TB surveillance. The five different components of SAARC Regional Strategies have been implemented in Afghanistan.

Table 3:

Strategy	Activities done	Achievement
(1)Political & Administrative Commitment	Develop /facilitate guidelines and frameworks	TB/HIV policy, strategy and operational guideline had been developed Translate TB/HIV Guideline, Policy & Strategy into Pashto Language
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA		
(3)Decrease the burden of HIV in TB Patients and TB in PLHA,(Including 4 Is)	Promote and strengthen referral system between two programmes	Implement referral System between TB & HIV Centers in 8 Regions Total 6827 TB Patients (NSS+, NSS- & Retreatment) are

		<p>referred for HIV Counseling & testing to VCCT Centers where 02 Patients were Co-Infected with HIV.</p> <p>80 PLWHIV are referred to TB Centers for TB Screening</p>
(4) Support Regional and National Capacity building including training and research,	Capacity Building activities	<ul style="list-style-type: none"> ➤ Conduct training course for TB/HIV Co-Management for Medical staff ➤ Totally 135 HIV+ Patients received IPT
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	<ul style="list-style-type: none"> ➤ Conduct regular TB/HIV monthly taskforce meeting, regular monthly/HIV collaborative activities and working group meetings

BANGLADESH

Bangladesh is a low HIV prevalence country. Due to several risk factors present in the country (IDU, cross-border traffic) HIV may increase to epidemic levels in the coming years. Although the proportion of HIV positives among TB patients is found as low as 0.1% in three (limited) surveys, the high prevalence of TB infection (approximately 50% of the adult population) and the increasing HIV prevalence among injecting drug users (IDUs) to 7% is crucial for strengthening TB/HIV collaboration and coordination. The latest available data showed a consistently low HIV prevalence level in TB patients. Following different components of SAARC Regional Strategies have been implemented in Bangladesh.

Table 4:

Strategy	Activities done	Achievement
(1)Political & Administrative Commitment	Develop /facilitate guidelines and frameworks	<p>A National Forum for TB/HIV has been formed. TB/HIV operational guidelines were developed.</p> <p>National TB/ HIV Coordination Committee have been formed duly approved by the Ministry of Health and Family Welfare, with representation of the both programmes and other concerned stakeholders</p> <p>Human Resources Development Plan 2011-2015 was developed and was endorsed by the MoH&FW.</p>

		NTP is scaling up public and private partnership in the corporate sector and involvement of civil society and community
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA		
(3)Decrease the burden of HIV in TB Patients and TB in PLHA,(Including 4 Is)	Establish functional linkages between TB and HIV Programme	<p>Initiatives by NGOs for HIV awareness and voluntary counseling and testing were available at city corporation areas and in some districts.</p> <p>Infectious disease hospital in Dhaka function as a main center for management of TB/HIV co-infection;</p> <p>To decrease the burden of TB in People Living with HIV/AIDS, NTP in collaboration with National AIDS and STD Programme (NASP) will establish functional linkages between DOTS and VCT centers with NGOs. NTP plans to cover bordering districts,</p>

		port cities and medical colleges during the five year period of this Strategic Plan. The collaborative activities will include referral and management of TB/HIV co-infected cases, improve recording and reporting system and supervise and monitor activities
(4) Support Regional and National Capacity building including training and research,	Capacity Building activities	NTP has been continued to build capacity of HIV counselors and other staff of VCT and DOTS centers for managing TB/HIV co-infection.
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	The coordination committee meets quarterly to review progress, prepare plan of action, identify issues, review and approve programme reports and arrange workshop with the stakeholders;

BHUTAN

The prevalence of HIV infection in the general population is low, being 0.02%. HIV sentinel surveillance carried out annually has also revealed low levels of HIV infection among TB patients.

TB–HIV collaborative activities are planned under the National Strategic Plan for TB Control 2012–2016. Following components of SAARC Regional Strategies have been implemented in Bhutan.

Table 5:

Strategy	Activities done	Achievement
(1)Political & Administrative Commitment	Develop /facilitate guidelines and frameworks	A guideline on TB/HIV collaboration was developed Policies for referral of TB patients to HIV counseling and testing, CPT and ART are in place, as well as policy for IPT.
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA		HIV testing in TB patients was initiated in 2013, and 60% (162/272) patients have been screened
(3)Decrease the burden of HIV in TB Patients and TB in PLHA,(Including 4 Is)		
(4) Support Regional and National Capacity building including training and	Capacity Building and research activities	Study on TB and HIV prevalence among TB patients was conducted

research		in 2012.
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	Development of new TB–HIV guidelines, including recording and reporting system to capture implementation of collaborative activities, is ongoing.

INDIA

Globally, HIV related TB presents an enormous challenge for both the TB and HIV responses, and as India contributes the second highest burden, this becomes all the more relevant. HIV infection increases the risk of progression of latent TB infection to active TB disease thus increasing risk of death if not timely treated for both TB and HIV and risk of recurrence even if successfully treated. Correspondingly, TB is the most common opportunistic infection and cause of mortality among people living with HIV (PLHIV), difficult to diagnose and treat owing to challenges related to co-morbidity, pill burden, co-toxicity and drug interactions. Though only 5% of TB patients are HIV-infected, in absolute terms it means more than 100,000 patients annually, ranks 2nd in the world and accounts for about 10% of the global burden of HIV-associated TB. This coupled with heterogeneous distribution within country is a challenge for joint delivery of integrated services.

There has been a slow but steady decline in estimated HIV related TB incidence and mortality in India since 2004 and India looks to be on track to achieve the UNGASS and Global Plan targets of halving TB deaths among people living with HIV by 2015. However, an estimated 14% of all TB deaths in India and a quarter of all HIV related deaths were due to HIV related TB in 2013. The case fatality rate among HIV positive TB patients registered in RNTCP care in 2013 was 13 more than three times higher than among HIV negative TB patients. Eleven states reported at least 15% fatality rate among new cases in 2014.

RNTCP has entered in an ambitious National Strategic Plan (NSP) 2012-17 as part of the country's 12th Five year Plan. The theme of the NSP 2012-17 is "Universal Access for quality diagnosis and treatment for all TB patients in the community" with a target of "reaching the unreached". The major focus is early and complete detection of all TB cases in the community, including drug resistant TB and HIV-associated TB, with greater engagement of private sector for improving care to all TB patients. The NSP is backed up by Government of India's commitment for substantial increase in the investment for TB control, with a four-fold increase in budgetary allocation. National Framework for joint HIV/TB collaborative activities and the STCI (State Tuberculosis Cell India) will be crucial in order to make any significant purchase on this dual epidemic, to meet the goals of the National Strategic Plan and in order to at least aspire to the targets set out in the End TB Strategy.

According to the Report of the Joint TB Monitoring Mission, India, 2015, following components of SAARC Regional Strategies have been implemented in India

Table 6:

Strategy	Activities done	Achievement
(1)Political & Administrative Commitment	Develop /facilitate guidelines and frameworks	<p>Intensified scale up of the full package of collaborative TB/HIV activities with the appropriate screening, diagnostic, prevention and treatment technologies, as set out in the 2013</p> <p>A policy for the provision of IPT among PLHIV identified as eligible with the four symptom TB screening algorithm was developed in 2012 and is ready for implementation and scale up.</p> <p>The diagnostic algorithm for use of Cartridge Based Nucleic Acid Amplification test (CBNAAT) as the first diagnostic test for PLHIV was revised in 2014</p> <p>The National Framework for joint HIV/TB collaborative activities was revised in 2013.</p>
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA,		72% of registered TB patients knew their HIV status in 2014, representing a 25% increase from 821,807 in 2012 to 1,034,712 with known status in 2014.
(3)Decrease the burden of HIV in TB Patients and TB in		The RNTCP and NACP have, together made tremendous progress in scaling up

<p>PLHA,(Including 4 Is)</p>		<p>access to TB/HIV services since 2012, in particular in HIV testing and ART.</p> <p>Concerted efforts to provide a more integrated response have resulted in the co-location of 57% of the country's expanded network of Designated Microscopy Centres (DMCs) integrated with HIV care facilities ,representing 7,742 co located integrated testing and counselling centres (ICTCs), 470 ART centres and 960 Link ART centres.</p> <p>Provider initiated HIV testing and counselling among clients presenting with presumptive TB has begun in 194 identified districts.</p> <p>The coverage of ART initiation among HIV-positive TB patients has increased by more than 50% with 91% receiving ART in 2014. 70% initiate ART within 30 days (88% within two months).</p> <p>However there are some states with low coverage and 12% that are initiating ART after 2 months.</p> <p>CPT coverage increased from 91% to 94% in 2014.</p> <p>The State Tuberculosis Cell India holds promise for the promotion of a comprehensive package of collaborative TB/HIV activities both within and outside the public sector</p>
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		<p>A number of good state and NGO initiatives for the Enhanced financial and nutritional support for HIVpositive TB patients should be taken to scale and made available for all TB patients</p> <p>Networks of people living with HIV and NGOs supporting HIV targeted interventions are an untapped opportunity for expanding access to TB prevention, diagnosis and care services</p> <p>The UNAIDS Fast Track targets of 90-90-90 promote the earlier identification and treatment of PLHIV which will not only help in the prevention of HIV-associated TB but will also enable earlier engagement in to services offering TB prevention, screening, diagnosis and treatment.</p>
(4) Support Regional and National Capacity building including training and research,	Capacity Building and research activities	The four symptom TB screening algorithm has been revised and has been scaled up, mainly in high HIV burden settings.
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	NIKSHAY could provide an excellent opportunity for improved rea-ltime patient follow-up and to reduce the gaps in the more complicated HIV/TB care cascade.

Source: Joint TB Monitoring Mission, India, 2015

MALDIVES

Maldives remain among low prevalent country for HIV in the region. However, risk factors that might contribute to spread HIV is high and are increasing at an alarming rate. So far only 15 HIV positives has detected among locals out of whom 11 died , 4 are alive and are on ART treatment. HIV positives among TB patient also remain low. Prevalence of HIV among TB patients was 0.01% at the end of 2011. Screening of all HIV positives for TB infection and TB patient for HIV infection started as a collaborative effort of both the program since 2003. Two TB / HIV cases have been recorded so far Following components of SAARC Regional Strategies have been implemented in Maldives.

Table 7:

Strategy	Activities done	Achievement
(1)Political & Administrative Commitment	Policy Develop /facilitate guidelines and frameworks	Collaborative activities between the TB and the HIV programs have been established, however, the policies do not yet cover all WHO recommendations, e.g., there is no standard policy for the provision of IPT.
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA,		Screening of all HIV positives for TB infection and TB patient for HIV infection started as a collaborative effort of both the program since 2003.
(3)Decrease the burden of HIV in TB Patients and TB in PLHA,(Including 4 Is)		
(4) Support Regional and National Capacity building including training and	Capacity Building and research activities	IBBS survey currently carried out in Maldives

research		
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	

NEPAL

The HIV/AIDS epidemic in Nepal is concentrated in high risk groups- mainly drug users and female sex workers. NTP and NAP (National AIDS Programme) are beginning to establish collaboration and coordination. The NTP recognized the need for TB/HIV collaboration in its ten-year Long Term Plan (2002-2012). Similarly, National AIDS Programme (NAP) recognizes TB as one of the most common opportunistic infections among HIV-infected people, and plans to address associated challenges.

The National TB/HIV Collaboration Committee and various Technical Sub-groups working under this Committee are responsible for:

- Governance, policy, strategy development and resource mobilization
- Planning and implementation
- Joint monitoring and evaluation
- Capacity-building
- Ensuring coherence of advocacy and communications
- Ensuring participation of communities including involvement of TB and HIV patients support groups and local communities in the planning, implementation and advocacy of TB/HIV activities
- Overseeing the generation and dissemination of evidence based ‘good practices’ for up-scaling.

Following components of SAARC Regional Strategies have been implemented in Nepal.

Table 8:

Strategy	Activities done	Achievement
(1) Political & Administrative Commitment	Policy Develop /facilitate and guidelines and frameworks	National TB/HIV Collaboration Committee has been formed and formally approved by Ministry of Health & Population, with representation of the both programs and other concerned stakeholders. Similarly, a National TB/HIV Collaboration Strategy has been

	<p>Establish and Strengthen the TB/HIV mechanism for Collaboration at all levels</p>	<p>developed which provides policy and operational framework for effective collaboration.</p> <p>The National TB/HIV Coordinating Committee will ensure mobilization of adequate resources to implement collaborative TB/HIV activities, thus avoiding competition for the same resources</p> <p>National TB/HIV Committee established in 2008 will continue to be the key authority. It will remain responsible for policy, strategy, guideline development and overall planning, monitoring and evaluation at the national level.</p> <p>Regional TB/HIV Committees will ensure coordination, planning and implementation as well as supervision, monitoring and evaluation. Regional TB/HIV Committees will function under Regional Health Directorates and involve concerned authorities and partners from both programmes.</p> <p>District level TB/HIV Committees have been established through DOTS Committee and District AIDS Co-ordination Committee (DACC) where these exist</p> <p>NTP and NAP developed joint TB/HIV advocacy, communication and social</p>
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		mobilization strategies
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA,		<p>Since 1994, the NTP has conducted six periodic sentinel surveillances to determine HIV prevalence among TB. The prevalence of TB/HIV co-infection increased from 1.9% in 1998/9 to 2.4% in 2001/2, but remained the same in 2006/7. It was sentinel surveillances from July 2012 to February 2013, Prevalence of HIV among tested TB patients was 2.4% and Prevalence was comparatively more (2.8%) in male than female (1.4%).</p> <p>NTP will continue to conduct periodic (at two year interval) sentinel site surveys to establish HIV prevalence among TB patients. In addition, NTP in collaboration with NAP, will also conduct regular surveillance of TB among HIV patient at selected sites. All consenting TB patients tested for HIV will receive pre- and post-test counseling from trained staff.</p>
(3)Decrease the burden of HIV in TB Patients and TB in PLHA,(Including 4 Is)	Establish intensified TB/HIV case finding and improve access to TB and HIV services	NTP in collaboration with NAP has established VCT/ART sites in DOTS centers and vice versa in order to improve access . Where a VCT centre is near a DOTS centre, a referral system will be established. NTP will also ensure early

		<p>detection of TB/HIV co-infected individuals and provide TB treatment and support and refer for HIV care to designated sites. Based on the guidelines on provider-initiated and delivered HIV testing and counseling (PTC) HIV testing offered to all those TB patients who are considered to be risk of HIV.</p> <p>A two-way referral system of TB/HIV patients and suspects will be expanded. A mechanism will be established to ensure provision of antiretroviral therapy to eligible HIV-positive TB patients. As part of the package of care for people living with HIV, and after excluding active TB, isoniazid provided in target districts, as per NTP Protocol.</p> <p>In accordance with national guidelines co-trimoxazole preventive therapy will be provided by NAP to eligible people living with HIV/AIDS, who also have active TB.</p> <p>Socio-economic rehabilitation activities will assist TB/HIV co-infected clients to support their families.</p>
(4) Support Regional and National Capacity building	Capacity Building and research	Joint capacity building for TB/HIV activities including training of health care providers so that they are able to better

<p>including training and research,</p>	<p>activities</p>	<p>cope with increased demands of TB/HIV services</p> <p>Joint operational research for further improvement and effectiveness of the programme has planned.</p> <p>NTP plans to recruit a field officer to assist the present National TB/HIV Coordinator. Six staff will be available for the NTP partners to carry out TB/HIV collaboration activities. Training will include:</p> <ul style="list-style-type: none"> ➤ Training of Trainer’s (ToT) for central and regional level trainers on TB/HIV at the national level; ➤ TB/HIV training for regional level supervisors, basic health services (BHS) staff at DOTS and VCT centers and INGO health facilities, and FCHVs at the district and community level for TB/HIV clinical and program management; ➤ Training to people living with HIV/AIDS (PLHWA) through the existing networks; ➤ Treatment literacy and adherence orientation for to TB/HIV co-infected individuals; ➤ Refresher training for the staff (who has been trained two years before);
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		<ul style="list-style-type: none"> ➤ Training of VCT laboratory staff on smear microscopy, where applicable; ➤ Training of TB laboratory staff on HIV testing, where applicable; and ➤ Training for Income Generating Activities (IGA) to TB/HIV co-infected and and/or their dependents.
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	<p>At national, district and local levels joint annual strategic planning meetings have been organized. The joint plan will ensure coherence and coordination for implementation of TB/HIV activities.</p> <p>The existing National HIV/AIDS Programme monitoring system and as well as NTP trimesterly workshops will be the major means for monitoring and evaluation of TB/HIV collaborative activities. Trimester planning, monitoring and evaluation workshops have been held at national, regional, district and community level. Based on the WHO guidelines for M&E of collaborative TB/HIV activities, the joint TB/HIV Coordinating Committee and Technical Sub-groups developed.</p>

PAKISTAN

TB/HIV co-infection project was being implemented in four provinces of Pakistan in order to control TB/HIV co-infection to establish a platform for collaborative planning and monitoring of interventions of TB-HIV co-infected patients, a technical working group has been adapted the WHO technical guidelines for screening, counseling, diagnosis, treatment and support of patients co-infected with TB-HIV. Sixteen sites in four provinces were selected and strengthened, through collaborative efforts of disease control programs and three non-government partners for screening, care and support of TB-HIV co-infected patients

Following major activities have been carried out by the project.

(a)TB/HIV collaboration

Each of the three non-government implementing partners were tasked to either engage or designate a qualified public-health doctor, and provide him/her mobility support, to coordinate their respective TB-HIV related activities. Furthermore, in each of the sixteen TB diagnostic centers, implementing TB-HIV co-infection intervention, a designated paramedic staff will also be enabled through project inputs. The role of project staff is elaborated in the activities below.

(b)Establish a Coordinating Mechanism:

The National TB Control Program and National AIDS Control Program in partnership with non-government partners, patients living with disease/had lived with disease, pressure groups will constitute a National Level Coordinating Forum headed by MoH. This Forum will facilitate collective decision making for TB-HIV collaborative interventions, including activities included in the proposal. The provincial programs (TB and AIDS) and their partners are representatives in the Forum. The Forum will meet on quarterly basis to facilitate the interaction and collective decision making for TB-HIV collaborative interventions.

(c)Development of Guidelines:

The National TB Control Program and National AIDS Control Program in partnership with non-government partners were organized for a TB/HIV technical working group. The technical working

group review the WHO technical guidelines for screening and managing TB/HIV co-infected cases and adapt these to Pakistan context by selecting appropriate screening, counseling, diagnostic, treatment and patient support protocols, according to country situation. The guidelines included: Screening of newly diagnosed TB patients to identify HIV infection Screening of known HIV cases to identify TB infection Referral and management of patients found co-infected with TB/HIV. The technical group comprises mainly clinicians, pathologists, program managers and pharmacists. The draft of adapted guidelines, prepared by a technical working group, will be shared and finalized in the national level consultation with a wider group of experts, including clinicians, program managers, pharmacists, planners, drug control authority and others. The drafted guidelines and materials will be field tested at a selected site. The purpose will be to assess the clarity, correctness and adequacy of guidelines, as well as to identify and carry out the required revisions/enhancements in the guidelines.

Apart from this project activity NTP and National AIDS Control of Pakistan has implemented following components of SAARC Regional Strategies in order to control tb and HIV/AIDS Co infection.

Table 9:

Strategy	Activities done	Achievement
(1)Political & Administrative Commitment	Policy Develop /facilitate guidelines and frameworks	Since achieving the country-wide DOTS coverage in 2005, the National TB Control Programme, Pakistan has started expanding the scope of its activities to include TB/HIV interventions as recommended in the New Stop TB Strategy, through the Global Fund support. A joint Coordinating Board for TB/HIV has been constituted under Federal Ministry of Health for policy guidelines to address these challenges. A National Technical Working

		<p>Groups to address TB/HIV has also been formulated for development of national guidelines and manuals for screening and managing TB/HIV co-infected cases.</p> <p>TB/HIV guidelines and manuals have been developed for the screening and management of TB/HIV co-infected patients in consultation with Technical Working Group.</p> <p>Provincial TB/HIV Collaborative Committees have been constituted in consultation with NTP. The committee includes the Managers of both the provincial Tuberculosis and HIV programs and is chaired by the respective Director General Health of the provinces.</p>
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA,		<p>Periodic surveillance of HIV among TB patients and drug resistance surveillance among HIV infected TB patients have been carried out</p>
(3)Decrease the burden of HIV in TB Patients and TB in PLHA,(Including 4 Is)		<p>Sixteen sentinel sites are selected and strengthened, through collaborative efforts of TB & AIDS control programs and non-</p>

		government partners for screening, care and support of TB/HIV co-infected patients. The TB/HIV interventions are being provided through the implementing partners in sixteen hospitals providing coverage to all the four provinces
(4) Support Regional and National Capacity building including training and research	Capacity Building and research activities	
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	

SRI LANKA

The number of HIV positive TB cases in 2014 was 18. Of the 18, only nine HIV positives were found in 2014 by screening TB patients for HIV. The others were HIV positive patients who subsequently developed TB. Though these findings point towards a low burden of HIV-TB Co -infection it should be noted that the number of TB patients tested for their HIV status in 2014 was approximately only one third of the total number of cases.

In 2013, one third (37%) of TB cases had a known HIV status, and 0.8% of them were HIV positive.

Following components of SAARC Regional Strategies have been implemented in Sri Lanka.

Table: 10

Strategy	Activities done	Achievement
(1)Political & Administrative Commitment	Policy Develop /facilitate guidelines and frameworks	Strategic plan (2006-2015) for TB/HIV Co –infection in place. National TB/HIV Co-infection co–ordination committee established
(2)Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA		Periodic surveillance of HIV among TB patients and drug resistance surveillance among HIV infected TB patients have been carried out
(3)Decrease the burden of HIV in TB Patients and TB in PLHA,(Including 4 Is)		All cases of co-infection were treated for TB and given ART and CPT regardless of CD4 level. The same year only 665 PLHIV were screened for TB and 9 were given IPT. According to the TB-HIV guidelines all TB patients should

		<p>be offered an HIV test with proper counseling. Blood samples from TB patients should be collected during registration of the patient and sent to STI clinic for HIV testing. Positive results with screening test are confirmed with confirmatory tests.</p> <p>Links between NPTCCD and National Dangerous Drug Control Board has been established to screen drug addicts for TB and provide them with treatment if they have active TB. This work is facilitated during the 6 months rehabilitation programme organized by the board.</p>
(4) Support Regional and National Capacity building including training and research	Capacity Building and research activities	Many training and researches have been carried out in order to control TB-HIV Co-infection.
(5)Monitoring and Evaluation, of collaboration activities	Regular Monitoring and Evaluation activities	

5. SAARC REGIONAL STRATEGY ON ADVOCACY, COMMUNICATION & SOCIAL MOBILIZATION (ACSM) FOR TB AND HIV/AIDS (2011-2015)

The role of Advocacy, Communication and Social Mobilization (ACSM) is crucial in achieving a world free of TB and HIV/AIDS. The aim of ACSM strategy is to support National TB and HIV/AIDS Control Programmes of the SAARC Region to combat stigma and discrimination, improve case detection and treatment adherence, empower people affected by TB and HIV/AIDS and to mobilize political commitment and resources for TB and HIV/AIDS. ACSM strategy incorporates various types of communication programming, including mass media, interpersonal communication, community mobilization and advocacy.

Advocacy is an organized effort to influence decision making. Advocacy is used at the local, community level to convince opinion leaders about the need for local action. Advocacy is intended to secure the support of key constituencies in relevant local, national and international policy discussions and is expected to prompt greater accountability from governmental and international actors. Communication is concerned with informing, and enhancing knowledge among, the general public and people with TB and HIV/AIDS. Communication also works to create an environment through which communities, particularly affected communities, can discuss debate, organize, and communicate their own perspectives on TB. It is aimed at changing behaviors (such as persuading people with symptoms to seek treatment) but can also be used to catalyze social change such as supporting community. Communication is concerned with informing, and enhancing knowledge among, the general public and people with TB and HIV/AIDS and empowering them to express their needs and take action. Equally, encouraging providers to be more receptive to the expressed wants and views of people with TB /HIV/AIDS and community members will make services more responsive to community needs. Social mobilization is the process of bringing together all possible and practical inter-sectoral partners to increase people's knowledge of and demand for good-quality health care in general and specifically for TB and HIV/AIDS care and treatment and strengthens community participation for sustainability.

ACSM are an integral part of TB and HIV/AIDS care and control activities. ACSM activities can highlight and bring to focus key areas that are essential to control TB and HIV/AIDS; mobilize resources required for these key areas through collaborative approaches; increase awareness about TB and HIV/AIDS and the visibility of available services; and empower communities to be a partner, in decision-

making process and in monitoring the quality of services and generate demand for quality treatment and care.

ACSM is essential for achieving a world free of TB and is relevant to all aspects of the Stop TB Strategy. ACSM efforts in TB control should be linked with overarching efforts to promote public health and social development ACSM and HIV/AIDS

Considering the advantages of ACSM, SAARC TB and HIV/AIDS Centre has developed ACSM strategy with following objectives

Objectives of SAARC ACSM Strategy

Overall objectives:

1. To contribute to the implementation of the global and regional TB, HIV/AIDS and TB/HIV Co-infection Strategy for achieving TB and HIV/AIDS related MDGs
2. To strengthen ACSM capacity in the region
3. To broaden the base of activities with the participation from all stakeholders to maximize synergies and collaboration.

Specific Objectives:

Advocacy

- ❖ To mobilize political and administrative commitment for TB, HIV/AIDS and TB/HIV Co-infection activities in the region and in member countries
- ❖ To support member countries to mobilize resources for TB, HIV/AIDS and TB/HIV Co-infection control

Communication

- ❖ To enhance communication for awareness generation regarding TB, HIV/AIDS and TB/HIV Co-infection care and control in the region

Social Mobilization

- ❖ To support activities for empowering communities in member states for care and control of TB and HIV/AIDS

Role of STAC for implementation of ACSM strategy

1. To strengthen ACSM capacity in the Region
2. To provide technical assistance/ expertise to member countries to develop/ modify country specific ACSM plans to address all components of TB and HIV/ AIDS and TB/HIV Co-infection strategies
3. To provide technical support for monitoring/ reviewing ACSM activities
4. To foster partnerships for implementing the Regional Strategy for TB, HIV and TB/HIV Co-infection.
5. To document and share best practices at the region level and provide platform for learning from experience of others to improve the quality and effectiveness of ACSM interventions in the member countries.

STAC has been performing all the above functions to address three components of ACSM- Advocacy, Communication and Social Mobilization

1. Advocacy for administrative support for policy and resources for implementing TB, HIV and TB / HIV co-infection strategies at the region level and in member states
2. Communication with stakeholders, care providers and beneficiaries for ensuring universal access to good quality TB and HIV diagnosis and treatment for all patients
3. Social mobilization for empowering civil society organization, professional groups, Positive people's network, TB supports groups and communities to demand quality care.

Opportunities for STAC

1. STAC has mandate to build capacities of the member countries by providing training and extending technical support to strengthen ACSM component for monitoring and research

2. STAC has existing mechanism for sharing material (newsletter), website which can be used for sharing communication material and tools and innovations
3. STAC has existing platform for coordination and collaboration, sharing expertise, experience and good/ best practices
4. STAC has Good will Ambassadors Programme which can help support advocacy activities and increase visibility in respective countries
5. STAC has scope to build partnerships formal or informal , that would lead to improved collaboration
6. Plan for inter country referral for better care and services, and plan for TB and Cross border TB and HIV policy

Activities carried out by the STAC in relation to ACSM Strategy

- ❖ STAC has been conducting annually SAARC Regional Meeting of Programme Managers of National Tuberculosis Control Programmes, National AIDS Control Programmes and Heads of National TB Reference Laboratories of SAARC Member States,
- ❖ In collaboration with national TB and HIV/AIDS programmes of member states STAC has been commemorating World TB Day (SAARC TB Day) and World AIDS Day annually.
- ❖ Annually Celebration of SAARC Charter Day
- ❖ Conferment of SAARC Prize on Tuberculosis –
The Twenty-fifth meeting of the Governing Board of STAC has decided to honour SAARC Prize on Tuberculosis – 2015 to Ms. Shameema Hussain of Maldives for her remarkable contributions in control of Tuberculosis, who while working for TB control programme of Maldives for 37 years has contributed also in promoting awareness and reducing stigma and discrimination.
- ❖ Conferment of SAARC Prize on HIV/AIDS-
Mr. Tshewang Nidup of Bhutan has been awarded by SAARC Prize on HIV/AIDS 2012 in recognition of his remarkable contribution for creating awareness on HIV/AIDS in Bhutan.
- ❖ Dissemination of Information on TB, HIV and AIDS by updating STAC Website (www.saarctb.org)

Research Activities

- ❖ STAC Regional Grant Integrated Biological and Behavioural Survey (IBBS) of Most at Risk Population at HIV/AIDS in Maldives.
- ❖ Knowledge, Attitude and Practice (KAP) regarding household infection control practices among DR and X-DR patients in the SAARC Region, Bangladesh, Nepal and Pakistan.
- ❖ Prevalence and Behavioral Survey of Most at Risk Population at HIV/AIDS in Maldives.
- ❖ Situation Assessment of Women and Children Affected by HIV/AIDS in the SAARC Region, Afghanistan, Nepal, Sri Lanka.
- ❖ Frequency and Factors Associated with Childhood Tuberculosis in Bangladesh
- ❖ Frequency and Factors Associated with Childhood Tuberculosis in Afghanistan/Nepal
- ❖ The Pharmaco vigilance Study on FDCs (Anti-TB drugs) in Sri Lanka
- ❖ HIV Prevalence among TB patients visiting National Tuberculosis Centre, Nepal and drug susceptibility pattern of M. Tuberculosis Isolated from TB patients with or without HIV infection in Nepal
- ❖ HIV Prevalence in TB patients in Bhutan
- ❖ HIV prevalence among MDR-TB patients in Bangladesh
- ❖ A study to determine the constraints in involvement of private practitioners in TB control in Sri Lanka
- ❖ Study on culture positivity amongst smear negative TB patients
- ❖ Estimation of under/over diagnosis of the sputum negative & extra pulmonary TB cases in TB/HIV co-infection in resource limited settings
- ❖ STAC has conducted Surveillance HIV among TB patients in SAARC Member States

Situation Analysis

SAARC TB and HIV/AIDS Centre carried out situation analysis of TB and HIV/AIDS control Programme including Laboratory activities in SAARC Member States.

Publications:

1. STAC Newsletters
1. Annual Report
2. STAC Journal – SAARC Journal of TB, Lung Diseases and HIV/AIDS
3. SAARC Epidemiological Response on Tuberculosis & TB/HIV Co-infection

4. SAARC Epidemiological Response on HIV/AIDS Control
5. Wall Calendar
6. Best practices in Tuberculosis and HIV/AIDS in SAARC Region (Under finalization)
7. Progress, Achievement on MDG indicators on Tuberculosis and HIV/AIDS in the SAARC Region (Under finalization)
8. Statistics & Information of MDR and XDR TB in SAARC Region (Under finalization)
9. Collection, Compilation, analysis and documentation on Epidemiological Trend on TB, HIV/AIDS and TB/HIV Co-infection of SAARC Member States of last ten years by STAC (Under finalization)
10. Situation Analysis of mechanism for migration of diagnosed HIV infected persons who need to continue their Care, Support & Treatment for HIV/AIDS (Under finalization)
11. SAARC has prepared different guidelines in prevention and control of Tuberculosis and HIV/AIDS for the SAARC Region which are listed below:
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with School in Prevention and Control of Tuberculosis-2003
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with Media in Prevention and Control of Tuberculosis-2003
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with Pharmacists in Prevention and Control of Tuberculosis-2004
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with Pharmacists in Prevention and Control of Tuberculosis & HIV/AIDS-2006
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with School in Prevention and Control of Tuberculosis and HIV/AIDS-2006
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with Media in Prevention and Control of Tuberculosis and HIV/AIDS-2006
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with Manpower Agency in Prevention and Control of Tuberculosis and HIV/AIDS-2007
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with Travel Agency in Prevention and Control of Tuberculosis and HIV/AIDS-2007
 - ❖ SAARC GUIDELINES FOR PARTNERSHIP with Industry in Prevention and Control of Tuberculosis and HIV/AIDS-2007

Cross boarder issues programmes

STAC has been conducted several programmes to tackle the issues on the cross border issues.

Leader ship programmes

SAARC Regional Training on Leadership and Strategic Management for National/ Regional level TB and HIV/AIDS Control Programme Managers were conducted in SAARC Member states by STAC.

SAARC conference on TB, HIV/AIDS and Respiratory Diseases

STAC has conducted two international conference on TB and HIV/AIDS.. The Centre is planning to conduct Third Conference in year 2017.

Green badge campaign

STAC launched the “Green Badge Campaign” on the occasion of World TB Day 2009. Through this campaign STAC envisages to develop a work force of the motivated persons from the general public.

Good will ambassadors programme

Internationally acclaimed Indian Cine star and Social activist Ms. Shabana Azmi and Sri Lanka’s star Cricketer Mr. Sanath Jayasuriya had been nominated as SAARC Goodwill Ambassadors “Uniting for HIV/AIDS”. The SAARC Goodwill Ambassadors Programme was conceived with the objective of facilitating the SAARC Regional Strategy on HIV/AIDS and its work plan. Ms. Shabana Azmi, visited Nepal and Bhutan as SAARC Goodwill Ambassador.

The second selection committee to select SAARC Goodwill Ambassador meeting was held at the SAARC Secretariat, Kathmandu on 2nd January 2013. The committee decided to confer the honorary title of SAARC Good will Ambassador to Ms. Runa Laila, Shri Ajay Devegan and Ms. Sharmeen Obaid-Chinoy. Ms. Runa Laila, SAARC Goodwill Ambassador for HIV/AIDS made official visit to India on 31st July to 3rd August 2013. (Annex -2). on the invitation of SAARC Secretariat, Shree Ajay Devgan, SAARC Goodwill Ambassador for HIV/AIDS involved in National Youth Day Programme in Mumbai, India on 12th January 2015 (Annex 2).

Table 11 summarizes the implementation status of ACSM strategy in the SAARC member states.

Table 11: IMPLEMENTATION STATUS OF SAARC TB and HIV/AIDS ACSM REGIONAL STRATEGY IN SAARC MEMBER STATES

Activity	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Identification of challenges – Based on desk review/surveys	Done	Done	Done	Done	Done	Done	Done	Done
Prioritization of challenges	Done	Done	Done	Done	Done	Done	Done	Done
Identify elements of TB and HIV that need to be strengthened.	Done	Done	Done	Done	Done	Done	Done	Done
Identifying appropriate activities to meet those challenges	Done	Done	Done	Done	Done	Done	Done	Done
Resource mapping	NRS	NRS	NRS	NRS	NRS	NRS	NRS	NRS
Preparation of ACSM Action plan	NRS	Developed*	-	Developed**	NRS	Done	Done	Developed***
Deciding on indicators	-	-	-	-	-	-	-	-
Development of communication materials	-	-	-	Developed			Developed****	-

Note:

NRS: Not Reported to STAC

Developed: mid-term review of the guidelines to include new strategies and interventions arising from various studies and reports.*

*Developed** : RNTCP has well defined communication strategy which clearly defines communication needs (objectives), communication players (target audiences), communication channels, communication tools (activities), roles and responsibilities at each level and an operational handbook on ACSM has been developed .*

Developed:** A regional framework for ACSM was developed during 2009-2010 with input from several partners and experts*

Developed*:** A strategic Behavior Change Communication strategy, which initiates Mass Media campaigns has been developed by NTP*

ANNEXURE

Annexure 1

Implementation of the TB/HIV/AIDS Co-infection Strategy by STAC

Strategy	Activities done	Achievement
(1) Political & Administrative Commitment	Public Awareness and Advocacy Programmes on TB and HIV/AIDS <ul style="list-style-type: none"> • Commemoration of World TB Day, World AIDS Day and • Programmes for SAARC Goodwill Ambassadors for HIV/AIDS 	
(2) Support National HIV Surveillance among Tuberculosis patients and Tuberculosis Surveillance among PLHA,	HIV Prevalence among TB patients visiting National Tuberculosis Centre, Nepal and drug susceptibility pattern of M. Tuberculosis Isolated from TB patients with or without HIV infection in Nepal	
(3) Decrease the burden of HIV in TB Patients and TB in PLHA, (Including 4 Is)	STAC continues to work closely with national HIV/AIDS and TB control programmes of all member countries to provide technical assistance by organizing workshops, seminars and meetings by sharing the epidemiological and other information on various aspects of TB & HIV/AIDS	
(4) Support Regional and	1. SAARC Regional Training on	

<p>National Capacity building including training and research,</p>	<p>Leadership and Strategic Management for Tuberculosis & HIV/AIDS Control Programmes, Maldives</p> <p>2.The SAARC Regional Meeting of Programme Managers of National TB and HIV/AIDS Control Programmes, Bhutan</p> <p>3.SAARC Regional Training on Management Information for Action (MIFA) for Tuberculosis & HIV/AIDS Control Programmes, Sri Lanka</p> <p>4.SAARC Regional Training on Research Methodology for Protocol Development on National TB and HIV/AIDS Control Programme</p> <p>5.Preparation of draft SAARC Regional Strategy for the Control/Elimination of Tuberculosis in the Region</p> <p>6. Research Activities:</p> <ul style="list-style-type: none"> ❖ Knowledge, Attitude and Practice (KAP) regarding household infection control practices among DR and X-DR patients in the SAARC Region, Bangladesh, Nepal and Pakistan. ❖ Prevalence and Behavioral 	
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	<p>Survey of Most at Risk Population at HIV/AIDS in Maldives.</p> <ul style="list-style-type: none"> ❖ Situation Assessment of Women and Children Affected by HIV/AIDS in the SAARC Region, Afghanistan, Nepal, Sri Lanka. ❖ Operational Research on TB/HIV Co-infection (treatment Adherence among Co-infected) in Nepal 	
<p>(5)Monitoring and Evaluation, of collaboration activities</p>	<p>1.Expert Group Meeting to finalize the SAARC Regional Strategy on HIV/AIDS</p> <p>2.Review, Coordination Meeting and Sharing of Best Practices with Ministry of Health, National TB and HIV/AIDS Control Programmes & SAARC Regional Centres in Member States, Afghanistan, Sri Lanka</p> <p>SAARC Regional Expert Group Meeting of TB Programme Managers</p>	

Programme of Ms. Shabana Azmi, SAARC Goodwill Ambassador for HIV/AIDS in Nepal, 2009

Ms. Shabana Azmi, Indian Cine Star and Social Activist visited Nepal as SAARC Goodwill Ambassador from 5th to 7th January 2009. She was nominated as SAARC Goodwill Ambassador for HIV/AIDS, as per *SAARC Regional Strategy on HIV/AIDS*. The SAARC Goodwill Ambassador's Programme was conceived with the objective of facilitating the SAARC Regional Strategy on HIV/AIDS and its work plan. Ms. Azmi, during her visit mainly focused on importance of advocacy & awareness Programme to increase the understanding about HIV/AIDS and about available services for prevention and control of HIV/AIDS. SAARC TB and HIV/AIDS Centre in collaboration with SAARC Secretariat organized Ms. Shabana Azmi's Press Conference with media for advocacy on TB and HIV/AIDS Control. In the press conference Ms. Azmi highlighted the role of advocacy through media to control HIV/AIDS and also explained that the stigma, discrimination and other social issues of HIV/AIDS could be mitigated by increasing awareness among general population. After press Conference, she proceeded to visit Ketaketi Ashram and AIDS Care Centre being run by Nava Kiran Plus, an NGO belonging to the Network of People Living with HIV/AIDS. She interacted with kids (HIV infected and otherwise) in Ketaketi Ashram. HIV infected and affected facilitators got good opportunity to share their problems and issues with Ms. Shabana Azmi.

Ms. Azmi, made a courtesy visit with, Hon'ble Minister for Health & Population, Nepal at Ministry of Health & Population, Kathmandu, on 6th January 2009. Discussion was held about the need for scale up of the ART services for eligible HIV infected persons and requirement of initiating Regional Project to tackle cross border issues on HIV/AIDS and Tuberculosis. During interaction she expressed the need for improved Public Health Care infrastructure, improved accessibility of services for poor and marginalized sections of the Society especially women, multi sectoral coordination and working at the grass root level. Hon'ble Minister for Health & Population facilitated a meeting of SAARC Goodwill Ambassador for HIV/ AIDS with Mr. Pushpa Kamal Dahal, Rt. Hon'ble Prime Minister, Government of Nepal. During the meeting various issues related to Tuberculosis and HIV/AIDS in Nepal and in regional context were discussed.

Programme of Ms. Shabana Azmi, SAARC Goodwill Ambassador for HIV/AIDS in Bhutan, 2010

On the invitation of SAARC Secretariat and SAARC TB and HIV/AIDS Centre, Ms. Shabana Azmi, SAARC Goodwill Ambassador for HIV/AIDS visited Thimphu, Bhutan from 25th- 26th

August, 2010. Sensitization meeting was jointly organized by the Department of Public Health, Ministry of Health, Royal Government of Bhutan and SAARC TB & HIV/AIDS Centre for the SAARC Goodwill Ambassador for HIV/AIDS. The overall objective of the meeting was to sensitize SAARC Goodwill Ambassador for HIV/AIDS for the need of strengthening of National and regional response to HIV/AIDS and to appraise her on the situation of TB & HIV/AIDS in Bhutan. Ms. Shabana Azmi mainly focused on the situation of TB & HIV/AIDS in Bhutan and about available services for control HIV/AIDS and TB. She praised the Government effort on the both diseases in spite of low numbers of estimated HIV infected.

She had discussions on various issues on HIV/AIDS, Tuberculosis, health, gender inequality and SAARC regional mechanisms strengthening with officials of Foreign & Health Ministries of Royal Government of Bhutan. Ms. Shabana Azmi during her visit made a call on Honorable Prime Minister, Royal Government of Bhutan, Mr. Lyonchen Jigmi Y. Thinley, in his office. Ms. Shabana Azmi expressed her happiness to Honorable Prime Minister on the fact that the State is taking responsibility of the health needs of all the citizens irrespective of their social class. She also said that it is very heartening to see the passion and care with which Health staff of Bhutan dedicates themselves to the health of the people of the country. She expressed her heartiest congratulations to the Honorable, Prime Minister for launching the unique Gross National Happiness Index. Honorable Prime Minister congratulated her on taking up the responsibility of SAARC Goodwill Ambassador for HIV/AIDS and expressed his happiness on the fact that the SAARC Goodwill Ambassador is a female. Honorable, Prime Minister and Ms. Shabana Azmi had detailed discussion on the issues and challenges for HIV/AIDS. Honorable Prime Minister suggested her to have a meeting with Motion Pictures Association to motivate them to prepare features containing socially relevant messages.

Ms. Azmi visited Gidakom Hospital where she observed the general healthcare services and Tuberculosis health services being provided in the hospital and also met and interacted with a few admitted patients and officials working in the hospital.

Ms. Shabana Azmi held a Press Conference with journalists from print and mass media. During the Press Conference, she stressed on the need for shedding hesitation and reluctance to come forward for HIV infected and utilization of services by them, need for taking care of the local sensitivities, need for robust sex education in schools and removal of stigma and discrimination for HIV infected. She appealed through media for all the women of Bhutan to come forward to access health and HIV/AIDS prevention, treatment, care and support services being provided free of cost by Government of Bhutan. After, her address to media, she interacted with the journalists. She also met with representatives from the film industry in Bhutan, the President & Vice-President of Motion Pictures Association, producers, directors and actors. She applauded Miss Bhutan's efforts of social sensitization through the medium of films and re-iterated to all that Art should be used as an instrument for social change. She got a wide coverage in the print and mass media of Bhutan for her visit.

Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck gave a private audience to Ms. Shabana Azmi and her companion Ms. Tanvi Azmi at the Ministers Enclave, Motithang. Her Majesty, the Queen Mother also took Ms. Azmi for a private tour of the Textile Museum and hosted a dinner in honor of Ms. Shabana Azmi, SAARC Goodwill Ambassador for HIV/AIDS.

Programme of Ms. Runa Laila, SAARC Goodwill Ambassador for HIV/AIDS in India, 2013

Ms. Runa Laila, SAARC Goodwill Ambassador for HIV/AIDS made official visit to India on 31st July to 3rd August 2013. She has been conferred the honorary title of SAARC Goodwill Ambassador by SAARC Secretariat for the next two years along with Shri Ajay Devgan from India and Ms. Sharmeen Obaid-Chinoy from Pakistan. The objective of the visit was to extend support on the prevention of HIV/AIDS and issues of Stigma and Discrimination related to People Living with HIV/AIDS (PLHIV).

Ms. Runa Laila called on Hon'ble Minister, Ministry of External Affairs, Government of India at the Ministry. She explained the concept on how to reach to unreached population for HIV/ AIDS awareness. She extended her gratefulness to the Hon'ble, Minister for RED RIBBON EXPRESS Programme in India. Hon'ble Minister congratulated her on taking up the responsibility of SAARC Goodwill Ambassador for HIV/AIDS and discussed to have a concert programme in different major city in the

region for disseminating proper information to reduce the stigma and discrimination attached to HIV/AIDS.

A sensitization meeting was jointly organized by the NACO, Department of AIDS Control, Ministry of Health and Welfare, Government of India and SAARC TB & HIV/AIDS Centre for the SAARC Goodwill Ambassador for HIV/AIDS in New-Delhi, India.

National AIDS Control Organization (NACO) Programme Officer, HIV/AIDS, made a presentation on regional HIV/AIDS scenario and India's role in controlling the epidemic. The DAC team also made presentation to Ms. Runa Laila on the HIV/AIDS programme in the country highlighting on different interventions being implemented for reversing epidemic. Goodwill Ambassador also congratulated DAC for successful implementation like RED RIBBON EXPRESS mission.

The Goodwill Ambassador and STAC along with NACO team visited an ART Centre at LNJP Hospital, which is one of the first ART centers in the country that has been upgraded as Centre of Excellence in HIV care now. She interacted with the beneficiaries and appreciated the high quality care being provided to PLHIV without any stigma & discrimination. Ms Runa Laila also visited HIV Counseling and Testing Centre at Dr B R Ambedkar Hospital, Rohini, Delhi and interacted with pregnant women availing services.

In the conference STAC representative briefed the situation of HIV/AIDS in SAARC Member States. Ms Runa Laila appreciated the efforts made by the Department of AIDS Control which has resulted in reduction of new HIV infections.

Hon'ble Minister, Mr. Ghulam Nabi Azad extended a warm welcome to Ms Runa Laila and congratulated her on being appointed as SAARC Goodwill Ambassador for HIV/AIDS. During the meeting various important issues related to HIV/AIDS for the benefit of marginalized people of the SAARC region were discussed.

Programme of Mr. Ajay Devgan, SAARC Goodwill Ambassador for HIV/AIDS in India, 2015

Accordingly, as an approved activity of 2014, on the invitation of SAARC Secretariat, Shree Ajay Devgan, SAARC Goodwill Ambassador for HIV/AIDS involved in National Youth Day Programme in Mumbai, India on 12th January 2015. The programme was coordinated by Department of AIDS Control,

Ministry of Health and Family Welfare, Government of India. In the capacity of SAARC Goodwill Ambassador for HIV/AIDS Shree Ajay Devgan would be contributing towards creating awareness on HIV/AIDS through public appearances using different platform.

SAARC and NACO, India in collaboration with Mumbai District AIDS Control Society organized National Youth Day which was celebrated on 12th January, 2015. The event took place at Rang Sharda Auditorium, Bandra, Mumbai. National Youth Day is observed annually on 12th January on the birthday of Swami Vivekananda. Every year, National Youth Day offers a special opportunity to the Government of India and its collaborating partners to draw attention to the burning issues confronting the youth of the country today. The youth of today faced with several issues amongst which one of the critical issues is HIV/AIDS and its prevention. The theme that has been specially decided by NACO for this year's National Youth Day programme is '**Youngmanch**' with the slogan '**hum se hai nayi shuruwaat**'.

The event was participated by about 100 colleges from Mumbai where more than 1300 students were a part of the celebration. Director, SAARC TB and HIV/AIDS Centre (STAC), Nepal on his speech reiterated that SAARC has always been a strong support pillar in minimizing the mortality and morbidity due to TB and HIV/AIDS in the region as well as minimizing the transmission of both infections until TB and HIV/AIDS diseases no longer remain public health problems in the SAARC region. He addressed the issues of stigma and discrimination prevailing in the community of SAARC Member States. He elaborated the role of SAARC Goodwill Ambassador Shree Ajay Devgan to minimize this especially among the youths.

The Country status of ACSM strategy in TB and HIV/AIDS Control programme in SAARC Member States

AFGHANISTAN

I. ACSM IN TB CONTROL PROGRAMME

Advocacy, Communication and Social Mobilization (ACSM) is a key component of TB control program and plays an important role in enabling NTP to overcome challenges such as low case detection, stigma, lack of political Commitment, empowerment of community people affected TB and to play a key role for fund raising of TB control program.

Advocacy

1. Meeting with different level of ministry of public health for advocacy of NTP
2. Interview with different channel of TV and Radio like meli TV, Azadi radio, Ashna radio, Pashto TV, and Negha TV etc.
3. Meeting with ministry of women affairs and with health promotion of MoPH.
4. Meeting with Parliamentarian.
5. Observed of World TB day.
6. Presenting result of ACSM activities for Panjshir province public health team.
7. Meeting with Minister, Deputy Minister of MoPH, Chair and vice chair of STP.

Communication

1. Conducted ACSM working group meetings.
2. Attended different meeting with government official from ministries.
3. Participation in Task force meetings.
4. Interview with TB patients and community people by phone.
5. Prepared, Translated, printed and of IEC Material like brochures, Posters and factsheet
6. Take Part in conducting Patient charter meeting.
7. Conducted TB event in Kabul municipality
8. Presentation on role of health education in community

9. 20 nurses and 20 doctors were trained
10. Broadcasted TB spot through mass media

Social mobilization

1. TB orientation workshop was organized for 200 female Prisoners in Kabul women prison.
2. TB orientation Workshop for 200 school students in Kabul city.
3. TB orientation workshop for 300 Mullah in Wardak Province.

II. ACSM IN HIV/AIDS CONTROL PROGRAMME

- Several advocacy meetings were held with high level governmental authorities
- Opioid Substitution Therapy (OST) policy developed and approved by the consultant group on Health and Nutrition (CGHN) of the MoPH
- Advocacy Training of Trainers (ToT) for Harm Reduction (HR) implementers and relevant line ministries conducted.
- Annual HIV and AIDS Media Award program was announced
- World AIDS Day launched.
- Technical round table on HIV & AIDS prepared and broadcasted
- Short radio and TV clips were produced and broadcasted through radio and TV main channels
- HIV & AIDS Coordination Committee of Afghanistan meetings were held
- HIV&AIDS stakeholders directory developed
- Brochures, posters and red ribbon messages and slogans related to HIV and AIDS for stigma reduction, were developed and disseminated
- Media Monitoring: Afghanistan Media Watch initiated to assess how HIV&AIDS is being presented in Afghan Media.
- 60 (journalists) media focal points from different media agencies trained on HIV& AIDS

BANGLADESH

I. ACSM IN TB CONTROL PROGRAMME

NTP requires long term planning to enhance advocacy, communication and social mobilization. This will improve case detection and treatment adherence, combat stigma and discrimination, empower people affected by TB, mobilize resources and institutionalize social change and reduce poverty. The NTP has been successful in ensuring political commitment to TB control forging partnerships with health and development agencies (NGOs) working in the country. While these activities will continue to be strengthened, particular emphasis will be put to foster inclusion of patients and communities in the fight against TB, since this area of the component to empower people and communities with TB has been lagging behind.

Implementation of ACSM policy and guideline

During the next five years NTP will implement ACSM policies and guidelines with different stake holders. There will be mid-term review of the guidelines to include new strategies and interventions arising from various studies and reports.

Advocacy to gain/maintain political commitment

The activities on advocacy with high-level policy makers, round table meetings, TV talk show, billboard display, media involvement, TV and radio spot airing and folk song, people's theatre, DOTS committee meetings at district and upazila levels will continue by NTP and partners;

World TB Day is observed to create awareness, inform and empower people to have access to TB care. This event will be continued by NTP and NGOs to gain political commitment;

Currently, National Anti TB Association of Bangladesh (NATAB) is conducting advocacy workshop with civil society at district level. This advocacy will be continued. However it is planned to extend advocacy meetings with civil society at upazila level. NATAB will continue to support annual national conference to raise and sustain awareness on TB under the guidance of NTP every year.

Conduct community awareness activities

NGOs will conduct orientation on TB among the folk team, involve women group, support ultra poor to seek care for TB, micro credit workers to disseminate TB knowledge and information among the rural and urban population. This will have positive impact on disease burden more specific to case detection.

Behavioral Change Communication

NTP will develop IEC materials, TB related messages, messages for newspapers;

NTP will organize press conference and/or workshop for journalists at central and district levels in collaboration with NGOs.

Develop capacity of community health workers/ leaders/volunteers

Orientation with cured TB patients, opinion and religious leaders, and other NGO workers will continue during the five year plan by NGOs under the guidance of ACSM steering committee.

This will increase awareness among the individual and the community ensuring that overall case detection will not go down and sustaining high cure rates;

Foster community participation in TB care, prevention and health promotion and promote use of the Patient's Charter for TB care by effective partnerships between health services and the community.

II. ACSM IN HIV/AIDS CONTROL PROGRAMME

- National HIV Advocacy and Communication Strategy had developed in Bangladesh.
- Operational Guidelines for Advocacy, Communication and Social Mobilization is being revised and implemented.

BHUTAN

I. ACSM IN TB CONTROL PROGRAMME

Involving Village Health Workers in TB Care

Involving Village Health Workers: Bhutan's strong Village Health Worker (VHW) programme was introduced by the government. It has since been integrated into the health system, emerging as a successful outreach initiative. As of today, there are 1250 VHWs spread out in all 20 districts of the country's three regions. Most of these districts are situated in remote and hard-to-reach areas. What binds the health workers together is their singular objective of helping people access services in as efficient and economical manner as possible. Serving as health counselors, VHWs provide a link between the community and the health system. All VHWs are volunteers, and they are either nominated by the community or sign up of their own accord. They receive training on basic health care, and how to assist with deliveries, identify health problems and make referrals, besides helping with advocacy.

In the case of TB, VHWs play a critical role by monitoring treatment status of the TB patient. Based on the list of names given by the village headman, they visit the concerned households and remind the person about going to the health centre. They also keep checking the status of other family members to see if they need screening.

II. ACSM IN HIV/AIDS CONTROL PROGRAMME

Recognizing the social and economic impact of HIV on the individual, family and community the response to HIV in Bhutan started long before the first HIV case detection in the country. The government initiated the National STI and HIV/AIDS Prevention and Control Programme

Unique to Bhutan's response to HIV is the high-level commitment and leadership rendered by the Royal family, Religious Institution and the Government for a robust HIV prevention programme. Apart from coordinated government efforts, the high level concern and commitment is reflected in the top-level initiative from the Royal family. On May 24, 2004, Fourth King, His Majesty Jigme Singye Wangchuck, issued a Royal Decree to participate in HIV prevention and to respect the rights of PLHIV. It is important to note that in the country the Royal Decree carries the highest moral authority and are widely respected

and honored by the people. The same year, the Royal Edict broadened the roles of the organizational and individual-level participation for HIV prevention and addressing stigma and discrimination toward PLHIV. With the growing number of infections among the younger generation, in 2005, the Fifth King, His Majesty Jigme Khesar Namgyel Wangchuck, proclaimed to the nation, “HIV is no exception. The youth will use their strength of character to reject undesirable activities; their compassion to aid those afflicted and their will to prevent its spread”. Beside the benevolent leadership of the two kings, Her Majesty, the Queen Mother Ashi Sangay Choden Wangchuck tirelessly works with the local communities for HIV prevention and promotion of reproductive health and rights. Today, after more than a decade of advocacy, Her Majesty remains as the icon of HIV prevention in Bhutan.

Bhutan is promoting safe sex behaviors, condom use including social marketing of condom and disseminating IEC, STI and VCT etc.

INDIA

I. ACSM IN TUBERCULOSIS CONTROL PROGRAMME

The key objective of Advocacy Communication & Social Mobilization (ACSM) in RNTCP is to generate demand for quality diagnosis and treatment of TB in the community; thus increasing the case detection rate, treatment adherence, resulting in completion of all diagnosed TB cases in the programme. Within the context of RNTCP, ACSM refers to health communication for bringing about awareness, changes in health perceptions and health seeking behaviour.

The goals of ACSM for TB control are as follows:

- a. Improving case detection and treatment adherence
- b. Widening the reach of services
- c. Combating stigma and discrimination
- d. Empowering people affected by TB and the community at large.
- e. Mobilizing political commitment and resources for TB.

Aim of ACSM activities for TB control:

- a. Creating awareness among people about the disease Symptoms & signs, diagnosis, and treatment in order to increase accessibility and utilization of available services for TB control.
- b. Motivating all care providers to provide standardized diagnostic and treatment services to all TB patients in a patient-friendly environment as per their convenience.
- c. Mobilize communities to engage in TB care, and to increase the ownership of the programme by the community
- d. Advocacy to influence policy changes and sustain political and financial commitment

RNTCP has well defined communication strategy which clearly defines communication needs (objectives), communication players (target audiences), communication channels, communication tools (activities), roles and responsibilities at each level, i.e. Centre, State and District level. The programme encourages need based ACSM strategy planning and implementation.

The programme will be taking a paradigm shift in the next five years' strategic plan in the form of reaching the targets of universal access, that is to detect at least 90% of estimated all type of the TB cases of the community and ensuring successful treatment of at least 90% new cases and at least 85% previously treated cases.

Role of ACSM is more challenging in newer challenges of the programme such as Drug Resistant TB and TB HIV. These patients have to undergo treatment for a longer duration with more toxic drugs including injectables. Moreover, most of these patients have a previous history of default which can result in lack of motivation to complete treatment. Added to these is the stigma and discrimination by the family and society.

Important ACSM activities undertaken:

School Awareness Programme:

Realizing the necessity of Universal Access, school awareness programme started and carried out by the RNTCP field personnel to generate awareness among students and teachers of all school and colleges in all the States/UTs. Specific guidelines & timeline were framed and disseminated to all the States/UTs to carry out the activity in time bound manner during 2012 – 2013 FY. As per Guidelines all schools & colleges are visited by RNTCP teams under ACSM activity in order to generate awareness and sensitize them towards TB as a disease, its cause, spread, availability of free diagnosis for early detection and availability of free treatment with quality assured drug (DOTS). Social myths, stigma and other misconception about TB need to be emphasized removed from the community. In this year more than 3.5 lakh schools unless visited all over the states covering more than 4.5 lakh teachers and over 9 lakh students.

The initial first visit to the school included simple messages through quiz, drawing and painting, slogan and essay writing, games etc. and the event concluded with take home message. In order to gauge the impact of the event during follow up visit and to make them more sincere towards the cause, it has asked to assign some target to the children and teachers; like convey the key messages to their parents or share and discuss the issue in the Village Health and Sanitation Committee meetings or discuss the key points with prominent people of their community etc.. To make the event more effective and motivate to the

participants through their class teachers provided some token gifts like - pen, pencils, key rings, colour boxes, notebooks etc. and distribution as prizes to motivate the students for continued TB prevention education in their families and communities.

The second visit carried out after two-three months to follow up and re-sensitization. During this visit same person visited same school/college already visited and the same activity done with focus on the subject already covered. Follow up visit started with a quiz to gauge the remaining level of the information already given followed by the planned activities and token gift items.

ACSM from States

Many hands, many hopes and many ideas have joined together to work towards the this common goal (India a TB free nation). All efforts have been streamlined with a vision to “STOP TB in my Lifetime”. All the states/UTs follow the RNTCP ACSM strategy. State level ACSM Quality Support Group has been formed in all the states/UT to support and review ACSM activities. District specific ACSM action plan is being prepared and implemented to achieve the annual targets.

“Panchayati Raj Institutions” involvement in RNTCP:

Overarching goal of the “**universal access**” to TB care programme in the next five years is somehow related and depend on the involvement of various stakeholders, ownership and mobilization of the community, media, policy makers, CBOs / NGOs, local self-governments, reduce stigma and improve level of trust on the Government health services etc. and involvement of the local PRI members is one of the good approach. Programme initiated process of involving PRI members at village level in RNTCP by sending a greeting letter on the occasion of New Year (2013). The greeting letter was sent by the DTOs addressing to the village PRI head with an appeal to support the RNTCP indicating some important points to focus at village level.

World TB Day:

Every year on March 24, the Stop TB Partnership encourage to observe World TB Day, a day dedicated to raise awareness and knowledge of the disease responsible for the deaths of several million people annually. In 2012 on the occasion of World TB day, CTD planned an outreach activity through hired

media agency in seven states (Andhra Pradesh, Haryana, Madhya Pradesh, Maharashtra, Odisha, Rajasthan and Uttar Pradesh) for massive awareness campaign and mobilization drive to bring about a collective effort from various groups. The outreach plan was carried out from 16th to 31st March 2012. For the outreach activity RNTCP conceptualized the theme “TB Mukti Abhiyan” in conjunction with the World Health Organization’s Global plan theme “Stop TB in my lifetime”. The theme ‘TB Mukti Abhiyan’ – Stop TB in lifetime also gives important messages on collective ownership in bringing about change. Based on this a Pledge wall was developed to get the longest signature campaign. The outreach activity, raising awareness through Vans across the above mentioned seven states, comprised of airing the 22 minute film on TB treatment, adherence and completion of DOTS course; ‘Atoot Door’ in respective regional languages (Oriya, Telgu and Marathi). Promoters pasted/placed communication materials like stickers and posters at strategic points like DOTS centre, chemist shops, general stores and Panchayats etc. and distributed leaflets. Digital flipchart was also shown which was followed by interactive sessions with village locales on subject pertaining to knowledge and awareness related to TB and DOTS. General public were mobilized to come to the van. To engage the crowd the team conducted quizzes and distributed prizes like key chains and pens. While the activity was on, signature campaign pledge wall was taken simultaneously. A target was kept for one unit (1 van team) to cover 3 – 4 villages per day across the 90 districts in 7 states.

Advertisements in Leading Newspapers on Newer Initiatives:

In order to generate awareness on the newer initiatives like TB Notification, TB-HIV co-infection, advertisements are being published in the leading national and regional news papers, all across the country.

ACSM in RNTCPs New Strategic Vision (2012–2017)

RNTCP’s key vision for TB control is to achieve universal access, i.e., all TB patients in the country should have access to early and good quality diagnosis and treatment services in a manner that is affordable and convenient to patients in time, place, and person. All affected communities must have full access to TB prevention, care, and treatment, including women and children, elderly, migrants, homeless people, alcohol and other drug users, prison inmates, PLHIV, and those with other clinical risk factors. The program’s ACSM strategy will complement every other program initiative for achieving universal

access, and be used for better demand generation, early diagnosis and treatment, as well as improved supply of quality care.

II. ACSM IN HIV/AIDS CONTROL PROGRAMME

Advocacy, Communication and Social Mobilization, and Involvement of NGO / CBO working in NACP and RNTCP in HIV/TB collaborative activities

➤ Involvement of affected communities

The empowerment of communities in the response to TB and HIV/TB is crucial; there is a great role for HIV activists to play in addressing the challenge of HIV/TB co-infection. PLHA networks should regularly distribute TB treatment literacy information, so that TB can be suspected early whenever a community member suffers from persistent cough or unexplained illness. Particularly in HIV care settings, community volunteers may make important contributions to TB screening and advocacy for improved TB infection control. The PLHA community needs to increase knowledge and literacy about TB in order to maximize their contribution. Where possible, RNTCP should include PLHA groups in social mobilization activities.

TB prevention is another important area where the community can contribute. Importance of measures like airborne infection control should be frequently emphasized during interactions with community members. Also compliance with Isoniazid preventive treatment is another important prevention intervention that should be widely disseminated.

➤ Involvement of NGOs and CBOs

There are a large number of NGOs and CBOs working with both NACP and RNTCP. These organizations play an important role in programme implementation by increasing out reach of the individual programmes and provision of package of services to difficult to reach populations like migrants, truckers, tribal populations, commercial sex workers, etc.

NACP should include TB-HIV activities in the minimum set of activities required for NACP-supported Targeted Intervention (TI) NGO and CBOs. Similarly RNTCP should promote its “TB-

HIV Scheme” to ensure provision of essential TB screening and referral services by organizations dealing with high-HIV prevalence population. Also all NGO and private providers contributing in RNTCP work should be provided option to contribute in HIV detection and linkage to care and support.

➤ **IEC & BCC activities**

- RNTCP and NACP IEC material should be displayed at ICTCs, ART centres, CCCs, Link ART Centres, TI sites, DMCs and other facilities providing care and support to PLHA and TB patients. Specifically material depicting symptoms of TB, cough hygiene etc. should be prominently displayed in all registration and waiting areas. Health care providers including counsellors should educate all HIV-infected clients on risk of TB, signs and symptoms, and what to do when signs and symptoms occur.
- Counselling at ICTCs and ART centres should specifically include counselling on TB. A “Counselling tool on TB-HIV” is developed for use by counsellors in ICTCs and ART centres.
- Efforts must be made by key RNTCP field staff and all general health care providers to generate awareness amongst all patients about HIV infection and availability of services for HIV care and support.
- President of India’s message on the occasion of World Tuberculosis Day
- Red Ribbon Express has completed a yearlong mission of spreading messages on HIV and AIDS across India and has become an icon of hope and possibilities for the masses in rural and semi-urban India for disseminating information regarding primary prevention services.

- **MALDIVES**

I. ACSM IN TUBERCULOSIS CONTROL PROGRAMME

Traditional Information Education and Communication (IEC) activities to address the long-standing stigma attached to TB and awareness programs are on-going to encourage early self-referrals and to reduce the proportion of nationals seeking care abroad. Sessions on TB have been introduced into school health programs. However, there is no well formulated plan for a comprehensive nation-wide communications campaign and IEC activities are dependent on the availability of resources and staff time.

II. ACSM IN HIV/AIDS CONTROL PROGRAMME

Partnership for capacity building

The Raajje Foundation is conducting a Maldivian NGO Strengthening Pilot Project. The primary objectives of the project are to strengthen the capacity of NGOs to operate effectively and sustainably to the highest possible standards of practice and to contribute to improving the enabling environment for NGOs. The first activity of the project, which commenced in late 2007, was to conduct a capacity and needs assessment of all Male based NGOs known to be active, using a UNDP assessment methodology. Twenty-four out of 25 known NGOs responded to invitations to participate in the assessment. The NGOs included the Society for Health Education (SHE), Journey, and the Society for Women against Drugs (SWAD). The other NGOs included in the assessment are doing work in areas other than HIV and AIDS, but may have access to target groups included in the NSP such as youth, women and detainees. Subsequent activities of the Raajje Foundation Pilot Project include: Structured training programs: regular training workshops to increase knowledge and skills in the essentials of NGO project planning and management. Topics will include NGO and project management; project design and implementation; accountable and transparent systems for NGO finances and operations; resource mobilization; strategic planning and coordination; written and oral communications; advocacy, networking and partnerships; training of trainers; community asset mapping; awareness raising; media skills; staff and volunteer recruitment and retention; teamwork, and problem solving skills; and monitoring and evaluation. Hands on training and guidance: to consolidate and reinforce the knowledge and skills learned during the training workshops through practical application. Other activities include the development of manuals,

toolkits and NGO resources; the establishment of knowledge and skill sharing mechanisms, and the facilitation of NGO networking and output-driven relationship building with other NGOs the South Asia region.

NEPAL

I. ACSM IN TUBERCULOSIS CONTROL PROGRAMME

NTP has been implementing awareness raising activities among community, decision makers, donors and media. NTP and partners also conduct regular ACSM activities aimed at enhancing adherence, combat stigma and discrimination, empowering people affected by TB, mobilizing community people and generating required resources for TB control.

NTP carries out ACSM activities in close collaboration with National Centre for AIDS & STI Control (NCASC), South Asia Association for Regional Cooperation (SAARC), and NGOs working in TB control.

NTP carries out regular behavioural change communication (BCC) activities such as: mass media activities (radio, National TV, press releases on designated days); distribution of IEC materials, school health education and awareness raising programmes in all 75 districts, orientation to health care workers and medical students.

During the Five-year period NTP will implement ACSM to achieve goals of the National Stop TB Strategy. The overall aim of ACSM is to successfully address challenges relating to: improving case detection and treatment adherence; combating stigma and discrimination; empowering people affected by TB; mobilizing political commitment; etc.

NTP carries out simple ACSM activities in every district. In addition, NTP will introduce intensified ACSM activities (described below) in an increasing number of districts, chosen according to the increasing target of the Case Detection Rate (CDR) over the five-year period. The intensified ACSM activities will focus on vulnerable and at-risk groups in these districts, increasing to cover whole country, by 2015.

NTP will consult with the National Health Education Information and Communication Centre (NHEICC) concerning policy matters, development of ACSM materials, etc.

Policy and political commitment

NTP and Partners developed *National ACSM policy and implementation guidelines*. NTP and Partners will hold regular orientation for politicians including Parliamentarians, Members of National Planning Commission, decision makers, technical & donor agencies. On World TB Day, NTP appointed national TB Ambassadors to advocate TB control to policy makers and community people.

Capacity Development

NTP develop the capacity of health care providers/volunteers working in government, NGOs, CBOs in districts with low CDR through the following activities:

- Revitalizing Health Facility Management/DOTS Committee
- ACSM training for health care workers, school teachers, female community health volunteers (FCHVs), and NGO/CBO workers, etc.,
- Mobilize cured TB patients (TB patient club) to motivate suspect TB patients to attend DOTS services and encourage and support TB patients and their families to complete treatment
- Train/orient health workers and peer educators (community volunteers) on effective communication with patients for improving interpersonal communication
- Orient local NGOs, CBOs, Civil Society members on TB, TB/HIV
- Conduct patients empowering activities to reduce discrimination and stigma
- Conduct meetings for peer education to teachers, students, self-help groups
- Conduct TB, TB/HIV orientation to civil society members, community leaders and HIV related organizations

NTP and Partners will develop 'Patients Charter' according the national context which will be disseminated to relevant people and institutions during workshops, trainings and meetings.

Community awareness

Community awareness activities will be targeted to vulnerable groups to increase case finding among: migrants; slum dwellers; factory workers; displaced persons; street children; HIV positive people; and other at risk groups. Planned activities include:

- Orientation in slum areas, factories, cross-border populations, migrants, displaced peoples groups, refugee camps, monasteries, homeless, etc.
- Workshops among HIV at-risk groups
- Orientation in school health programmes
- Orientation to transport workers
- Street drama
- Folk songs "Lok Dohari" "Teej songs"
- Newsletters.

Behavioural Change Communication (BCC)

Behavioural change communication (BCC) includes:

- Development of IEC materials
- Mass media activities: broadcasting TB related messages through radio, FM, TV, etc
- TB messages in newspapers (advertisements, letters to editor of national newspapers)
- Press conferences and/or workshops for journalists at central, regional and district level
- World TB Day (24th March)

PAKISTAN

I. ACSM IN TB CONTROL PROGRAMME

Advocacy, Communication and Social Mobilization (ACSM) is a critical feature of any health-related intervention that aims to set agendas, raise public awareness, increase knowledge, and alter public attitude towards risk behaviors. In the context of TB control, the objective of the ACSM is to upscale advocacy, communication and social mobilization for all DOTS components to achieve the targets enshrined in the MDGs.

The ACSM Unit of NTP has shown great leadership in designing, planning and executing ACSM interventions and further institutionalizing health communications for TB. It has introduced the vision of eliminating differential of quality of health communication products, services and information between the public and private sectors. NTP is now recognized as a leader in producing high-quality ACSM material and products. Its ACSM Unit has also modeled public-public and public-private partnerships with numerous health institutions across the country.

NTP has developed a strategic Behavior Change Communication strategy, which initiates Mass Media campaigns, and conducts awareness seminars at National, Provincial, District levels along with advocacy activities at the grass root level. Advocacy Communication & Mobilization (ACSM) is integral cross cutting through all program components of the National TB Control Program. The ACSM activities predominantly focus on setting agendas, improve awareness, knowledge and in shaping of public attitudes toward risk behaviors. The ongoing efforts will provide evidence based strategic and targeted communication for enhanced visibility acceptability and utilization of the intended TB services throughout Pakistan – hence creating high demand for TB services. The current plan envisages social mobilization to contribute towards high utilization of desired TB services through private sector partner organization operating in communities.

Major Achievements:

- Steering Committee Meetings
- Patient Empowerment Programme
- Information Education & Communication Material developed and distributed Nationwide.

- Two Day Training Workshop on the Role of ACSM in Stigma Discrimination
- Workshop on Use of Media for effective ACSM Intervention
- Workshop of Behavior Change Communication
- ACSM Resource Material Dissemination among General Public & Stakeholders
- Advocacy and Consultative Meetings
- Highlights of the activities carried out on the World TB Day
- NTP and MEDIA as a partner
- Pakistan Television (PTV) Network

Way forward

National Partnerships for TB

National partnerships play a significant role in contributing TB in Pakistan. Since it is unrealistic to expect existing public health care facilities alone to deliver effective health care to all, such partnership do a lot to ease the burden on the health care system. Effective partnerships help increase access to health services, Partnerships include collaboration between government organizations like the ministry of health, ministry of education, media, non government organizations, medical schools, civil society, philanthropists, public figures like religious leaders, sportsmen and women etc. These partnerships can help disseminate information about the disease along with creating awareness of where to seek appropriate help, influence people to come forward if they suffer any symptoms or know anyone who does. NTP foresee to develop such linkages with different vertical programs, parastatal organizations, educational and medical institutes etc and non-traditional partners as a part of its efforts to make Pakistan a TB free country

Engagement of Young Volunteers

Engaging young volunteers is another key strategy for social mobilization. Opportunities should be created to motivate and engage youngsters. NTP foresees a structured national youth volunteers program with defined policies and procedures. Once the program is established, young volunteers from all over the country will be registered with NTP's volunteers program.

Measuring the impact of ACSM interventions

NTP believes that there is a dire need to conduct a review/analysis of ACSM interventions in order to measure its impact on TB care and control activities.

II. ACSM IN HIV/AIDS CONTROL PROGRAMME

The Country has conducted following ACSM activities:

- World AIDS Day
- Educating Emigrant Workers.
- Counseling for HIV-AIDS - The National Guidelines.
- “Parliament Positive” - Red Ribbon initiative –Broachers, Patients charter and IEC materials was developed.
- Role of Religious Leaders in the Prevention of HIV-AIDS (English).
- Role of Religious Leaders in the Prevention of HIV-AIDS (Urdu).
- Study to Access Delivery of Behavior Change Communication (BCC) Services to Prevent HIV/AIDS.
- Delivery of BCC Services through TV & Radio Channels, Print Media and IPC Interventions.

SRI LANKA

I. ACSM IN TB CONTROL PROGRAMME

The issues that could be addressed through ACSM are the level of prioritization of TB control within health services, allocation of resources, accountability and responsiveness of service providers, participation by sectors outside TB control, community awareness (misconceptions, stigma and discrimination against those with TB) and community utilization of TB services. Community ownership and participation in diagnosing and treating TB are crucial to address the social, economic and behavioural determinants that affect health-seeking behaviour particularly among the poorest, most vulnerable and marginalized populations.

With these need in mind, a regional framework for ACSM was developed during 2009-2010 with input from several partners and experts. The overall aims of the framework are to outline key elements of an effective ACSM strategy to support each component of the Stop TB strategy, towards helping countries to develop ACSM plans in support of national strategic plans for TB control; to identify areas of need and the means to build capacity for ACSM in order to achieve an equitable access to quality diagnosis, treatment and care, with dignity for all TB patients.

The objectives specific to each component are articulated below:

Advocacy

To mobilize commitment and resources for sustained quality TB care and control, in collaboration with all sectors and stakeholders.

Communication

To strengthen advocacy, generate awareness on TB and TB control services for better use of services, and to mobilize all stakeholders to support and promote services for TB control.

Social Mobilization

To mobilize civil society and generate support for all those in need of TB services, through sustainable community ownership and participation.

Behavioral Change Communication (BCC)

Behavioral change communication (BCC) includes:

- Development of IEC materials
- Mass media activities: broadcasting TB related messages through radio, FM, TV, etc
- TB messages in newspapers (advertisements, letters to editor of national newspapers)
- Press conferences and/or workshops for journalists at central, regional and district level
World TB Day (24th March)

II. ACSM IN HIV/AIDS CONTROL PROGRAMME

Information, Education and Communication (IEC) on STIs and HIV/AIDS is an important programme area of the National STD/AIDS control programme (NSACP). This work is carried out every day at different levels. Several hundreds of patients with STIs and HIV related issues are seen at STD clinics all over the country. Persons attending STI/HIV AIDS services at STD clinics are provided extensive awareness on related STI and HIV issues. These services are provided by different categories of healthcare providers such as doctors, public health nursing sisters, nursing officers and public health inspectors attached to services. In addition, NSACP carry out awareness programmes on STIs and HIV in different situations. Different organizations (schools, NGOs, armed forces, department of Police, government institutions etc.) request lectures/lecture discussions on STI and HIV from NSACP and other peripheral STD clinics. All these requests are attended without hesitation by different health care providers as appropriate. The NSACP pay special attention to raise awareness among general public on STI and HIV through mass media. At times lectures given on these topics are published in print and electronic media.

Advocacy programs by NSACP

- A needs assessment was carried out by the NSACP and followed by advocacy programmes for planners and contractors.
- HIV prevention Prisons programme also includes advocacy programmes, skills building of welfare officers and medical staff on sexual health promotion. Peers selected among prison inmates were trained to reach out to fellow prisoners through formal and informal sessions using a variety of communication methods.

- Advocacy meetings for drug users were aimed at agreeing on the elements of the HIV risk reduction package. The outcome was to include the BCC, ART, STI services, condom promotion , Hep B and C screening, HIV testing, TB services in the risk reduction package. While no consensus was reached on the provision of opioid substitution therapy (OST) to drug user in Sri Lanka yet, a decision was made to conduct a literature search on OST in 2013 to decide on initiating OST to drug users in Sri Lanka and thereafter to conduct a pilot study.

- Advocacy for creating a conducive environment to conduct targeted interventions for MARP

World AIDS Day

Every year, the National STD/AIDS Control Programme together with the non -governmental organizations and other stakeholders observe this day in order to spread information on HIV prevention to the general public.

REFERENCES:

1. *SAARC Epidemiological Response on Tuberculosis, 2015*
2. *SAARC Epidemiological Response on HIV/AIDS, 2015*
3. *Annual report 2012, National Tuberculosis Control Program, Afghanistan,*
4. *Five Year National Strategic Plan for Tuberculosis Control 2011-15 (Draft), Bangladesh*
5. *TB India, RNTCP, Annual Status Report 2014*
6. *National Strategic Plan for TB Control 2015-2020, Maldives*
7. *National Strategic Plan Implementation of Stop TB Strategy (16 July 2010 – 15 July 2015) Nepal*
8. *NTP Annual Report 2013, Pakistan*
9. *National Strategic Plan for TB Control 2015-2020, Sri Lanka*
10. <http://moph.gov.af/Content/Media/Documents/Brochure-English512011132057342.pdf>
11. http://www.ntp.gov.bd/index.php?option=com_content&view=article&id=48&Itemid=54
12. *TB India, RNTCP, Annual Status Report, 2013*
13. *National Framework for Joint HIV/TB Collaborative Activities, November 2013- India*
14. *Annual Report 2012 National TB Control Programme, Ministry of National Health Services, Regulation & Coordination, Islamabad, Pakistan*
15. *Advocacy, Communications and Social Mobilization for TB Control , Report of the Regional Workshop Colombo, Sri Lanka, 14 – 17 September, 2010*
16. *Annual Report 2015 National STD/AIDS Control Programme, Ministry of Health, Sri Lanka*