

JEET: Highlights and road ahead

April to June 2021

For project JEET, despite the second wave of COVID-19, quarter two of 2021 comprised a range of activities. With the ongoing knowledge transfer to State funded PPSAs, the project notified >44,000 TB patients, reported 81% successful outcomes, conducted eight webinars and sensitised >13,000 providers.

Addressing latent TB infection

Background: Latent tuberculosis infection (LTBI) is a subclinical mycobacterial infection, where the TB infection remains unactive or passive. It means, that the person infected with LTBI will show no symptoms of TB, nor will they spread the bacilli. However, the individual continues to harbour the infection which may convert into active TB disease as and when the immunity goes down. Typically, the tuberculin skin test (TST) and the interferon gamma release assay (IGRA) are used to establish the diagnosis of LTBI. To achieve its 2025 TB elimination target, India needs to dramatically increase detection and treatment of LTBI. The National Strategic Plan 2017–2025 has set an ambitious target of 95% LTBI identified/eligible cases to be initiated on TB Preventive Treatment (TPT). The recommended treatment regimens for LTBI include a daily dose of isoniazid for 6 months, or weekly doses of isoniazid and rifapentine (HP) for 3 months.

- 40% of India's population is estimated to carry LTBI¹
- Individuals with LTBI have a 5-10% risk of progressing to TB disease, during their lifetime²

India's National Strategic Plan (2020-25) highlights the importance of addressing the Latent TB Infection (LTBI) burden in the country as a key lever to meet the target of TB elimination by 2025. Modelling suggests that TB pre-elimination or elimination targets can only be achieved by proactively addressing latent TB. Post UNHLM, India has set an ambitious target to provide TB preventive therapy (TPT) to 7.5M eligible individuals by 2022 and expand coverage to 5 million contacts per year by 2025¹

The lifetime risk of reactivation of LTBI in healthy HIV-uninfected individuals is 10%, with 5% developing TB disease during the first 2 to 5 years after infection. The risk of reactivation is greatly increased in the context of immunosuppression, primarily due to HIV infection. Child contacts (<6 years) living in TB-affected households are particularly vulnerable populations for progression to TB and severe disease forms such as disseminated and meningeal TB. The World Health Organization (WHO) has included scaling up TB preventive therapy (TPT) for persons at high risk of developing TB in its End TB Strategy. It advocates for increased coverage of contact investigations and TPT for people living with HIV (PLWHIV) and child contacts.

Challenges: So far India was focused on addressing LTBI within the PLHIV and < 6 yrs cohort. However, the coverage remained poor, because of:

- **Lack of awareness and low prioritization** of LTBI amongst program staff

¹ Sanjay Rajpal, V K Arora, Latent TB (LTBI) treatment: Challenges in India with an eye on 2025: "To Treat LTBI or not to treat, that is the question", PubMed, 2020. Source: <https://pubmed.ncbi.nlm.nih.gov/33308671/>

² 2019 India TB Report. Source: <https://tbcindia.gov.in/WriteReadData/India%20TB%20Report%202019.pdf>

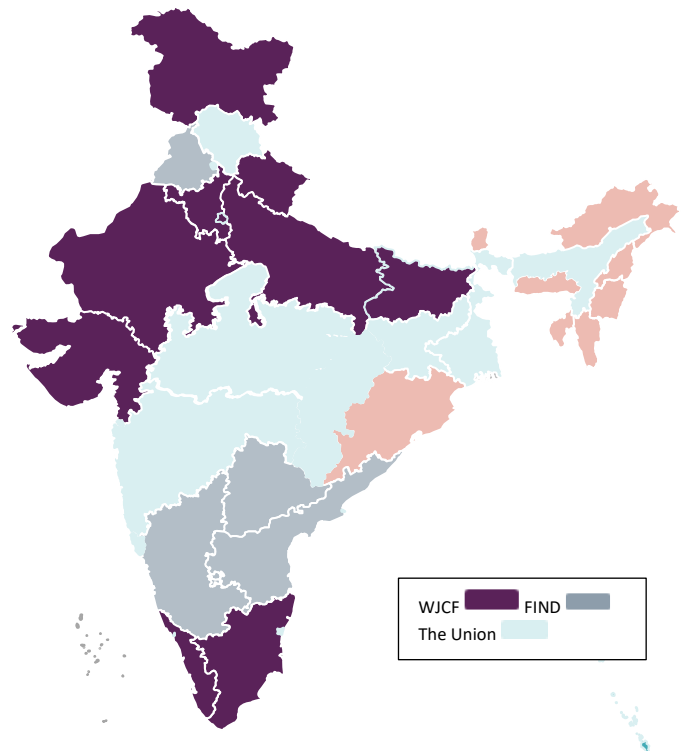
- **Lack of effective operational models** in high burden countries on expanding TPT
- Poor acceptance for TPT by the contacts who are otherwise healthy
- Unavailability of **shorter TPT regimen**

The National TB Elimination Program (NTEP) has now expanded the scope of administering TPT to the adolescent and adult populations as well. This is in line with the World Health Organization's (WHO) recommendations.

What is JEET 2.0 doing?

The new Global Fund grant (2021-24) will focus on scaling up TPT amongst household

FIND in partnership with [William J Clinton Foundation](#) and [The Union](#) is **demonstrating and scaling-up models to improve access to TPT** to all contacts (children and adults) of TB cases **across 21 states** in India, through our sub-recipient (SR) partners.³ The project is following a two-pronged approach. While, in a proportion of districts, 'test and treat' modality will be piloted, most districts will follow a 'treat only' model. While in most. In 'test and treat' districts, the project will diagnose LTBI among household contacts of pulmonary TB patients, through IGRA testing and introduce shorter course of TPT. In 'treat only' districts, post the evaluation for contraindications and negating the possibility of active TB, household contacts will be offered TPT. Under both models, all contacts will be counselled and followed up to ensure completion of the treatment regimens.



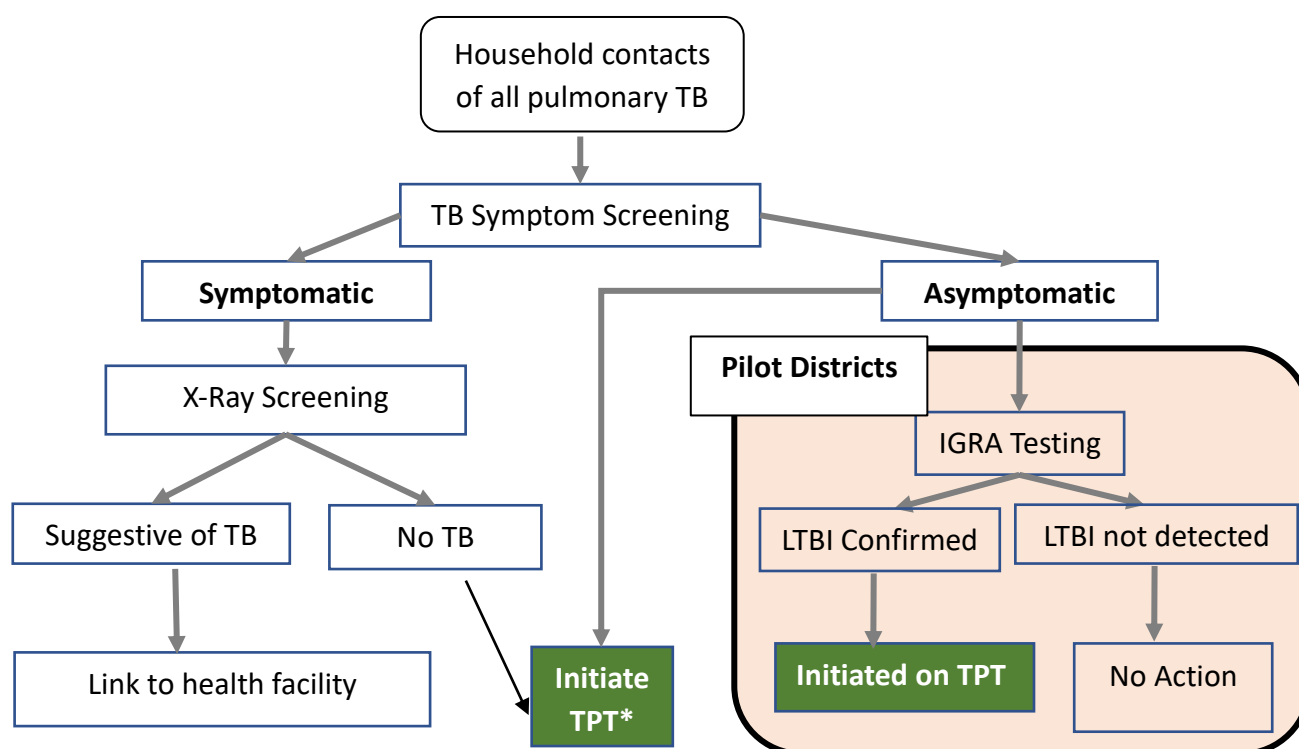
Contacts of all pulmonary TB patients from public and private patients will be targeted

- **The key activities include** contact tracing, screening for active TB, counselling, TPT initiation and follow up
- **In eight pilot districts, the adult contacts will be tested through Interferon Gamma Release Assay (IGRA) for LTBI** before initiating TPT.⁴

³ 65 WJCF districts + 22 FIND districts; 11 WJCF states + 4 FIND states

⁴ 6 WJCF districts + 2 FIND districts

Model of care



Progress so far.....

- Signing of MoU with our implementing partners also known as sub-recipients (SRs) has been completed. FIND partners include: Karnataka Health promotion Trust (KHPT), TB Alert India; and WJCF has partnered with Centre for Health Research and Innovation (CHRI), World Vision India, and Alert India, for effective implementation of the project.
- Processes to procure INH and IGRA (for FIND) has been initiated.
- Periodic coordination meetings with National TB Elimination Program (NTEP) and primary recipients (PRs), reviews with state teams for PPSAs and REACH for initiation of activities, is in progress. NTEP released a letter for all State TB Officers (STOs) introducing the LTBI intervention.

Next steps

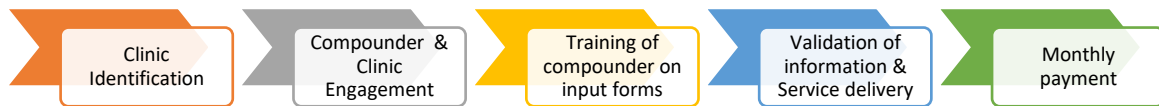
The project will conduct national and state level trainings to sensitize SR partners on the nuances of the project including- monitoring and evaluation, operations and communications; the training modules are being finalized; a memorandum of understanding (MoU) between the PRs is to be formalized; the first phase of the activities have been initiated in select districts. The activities include household contact tracing, verbal screenings to identify symptomatic and asymptomatic patients; as well as recording and documenting their details.

Engaging clinic assistants to enhance service delivery

Project JEET understands the central role that clinic assistants, also known as compounders, play when it comes to service delivery and patient management. In line with this thought, project JEET developed and executed a novel model of care by incentivising compounders to relay important patient

information and deliver critical services. Through the model, the compounders are empowered to also utilize their expertise for sample collection and drug delivery. An incentive of INR 100 (approximately USD 1.30) is paid for each notification or samples collected for CBNAAT testing of presumptive/confirmed TB patients.

Overview of the Compounder Incentive Model



State Program Management Unit (SPMU) in consultation with sub recipient (SR) leadership identifies those clinics where the model is to be rolled out. Upon the identification of the clinics, a service agreement with the interested compounder is signed and their bank details are collected to facilitate payment. Thorough training, as well as orientation is provided to the compounders by JEET Field Officers to file patient as well as claims details on the Management Information System (MIS). As a safeguard measure, the SR staff also conducts verification and validation of the newly registered patients. The incentive payments are made based on the verification carried out by the staff.

The model has been rolled out across **12** districts, training approximately **500** providers to self-notify; close to **100** providers notifying. The model has ensured increased notification having received **700+** notifications, in the past four months. This model draws upon the existing expertise of the TB team both at the national and state levels. It also aims to deploy a sustainable structure, as JEET slowly moves away from a high human resource intensive model.