

11<sup>th</sup> February, 2016

**Sh. J. P. Nadda**  
**Minister of Health & Family Welfare**  
**Nirman Bhawan, C-Wing**  
**New Delhi- 110001**

**Re: Plan for installation of new GeneXpert devices and PMDT scale up**

Dear Sir,

We welcome the news that 300 GeneXpert devices, the procurement of which was considerably delayed, have finally been delivered to India. Xpert MTB/RIF (also called GeneXpert) is a test which can detect TB bacilli and resistance to the first-line drug rifampicin in approximately two hours. In addition, it is a useful tool in diagnosing TB in people living with HIV, children and in people with some forms of extra pulmonary TB.

As civil society we are reaching out to request CTD act on the following:

1. Provide a complete list of public centres where the devices are already installed and available for patients to be evaluated for TB, and the implementation plan of installing the newly procured Xpert devices. In addition, we request that CTD provide a list of places where GeneXpert will be used as an upfront screening tool.
2. Ensure that the devices receive proper maintenance services and that there is no shortage of cartridges for the devices. The 2015 Joint Monitoring Mission Report mentioned a cartridge shortage lasting as long as 10 months in Andhra Pradesh and sub optimal utilization of a GeneXpert site in Orissa leading to expiry of 59 cartridges. CTD had proposed the procurement of 7,80,000 cartridges. It needs to be confirmed that the procurement process is completed in time and that the cartridges are efficiently distributed and utilized.
3. The pilot project being conducted in 30 selected ART Centres providing GeneXpert as the primary screening tool for TB in people living with HIV should be now up scaled to cover the whole country as per the recommendations of the National TB/HIV Co-ordination Committee (link). This is paramount to diagnose TB in sputum negative HIV+ patients and also to screen for DR-TB in this very vulnerable community.
4. Testing for rifampicin resistance, though of utmost importance, should be considered only as the starting point for DR-TB screening. Screening for rifampicin resistance should be necessarily followed up by a culture and drug sensitivity testing for the complete array of TB drugs to rule out different forms of DR-TB and to provide patients with an effective regimen of TB drugs.
5. The government should also ask Cepheid to conduct studies that expand the use of GeneXpert devices to screen for not just rifampicin resistance, but also isoniazid (INH) resistance. Use of GeneXpert devices to also detect resistance to INH will be extremely valuable in India.
6. It is imperative that the government scale-up second line DST (SL-DST) more quickly, which is currently available in just 6 states through 14 labs, to ensure that all patients receive the correct regimen for DR-TB treatment.

Thanking you in advance for your cooperation.

For further communication and to provide information on progress on the above, please contact **Loon Gangte**,  
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**Signed and endorsed by:**

**Organizations:**

**Public health experts, professionals and activists:**

**Cc:**  
**Prime Minister's Office, India**  
**Shri Shripad Yasso Naik, Hon' Minister of State (Health & Family Welfare), India**  
**Shri Bhanu Pratap Sharma, Secretary, Dept. of Health and Family Welfare, India**  
**Dr. Soumya Swaminathan, Director General, Indian Council of Medical Research**  
**Shri Anshu Prakash, Joint Secretary, Dept. of Health and Family Welfare, India**  
**Dr. Sunil Khaparde, DDG TB-CTD**  
**Dr. K. S. Sachdeva, Addnl. DDG TB-CTD**  
**Dr. Sreenivas Nair, National Professional Officer- Tuberculosis, WHO India**  
**Dr. Perry Mwangla, Senior Fund Portfolio Manager, Global Fund**  
**Dr. Lucica Ditiu, Executive Secretary of the Stop TB Partnership**  
**Dr. Mario Raviglione, Director of the Global Tuberculosis Programme, World Health Organization**