

## Private firms form initiative to offer accurate and affordable TB tests

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Patients are to have access to more affordable and more accurate tuberculosis (TB) tests through private healthcare in India than were previously available.

Until now, TB tests endorsed by the World Health Organization have been available at specially negotiated low prices only to the public sector. As a result, appropriate tests have been expensive privately and use of less accurate tests rife.

Now 23 private diagnostic laboratories and other stakeholders (including industry groups such as the Federation of Indian Chambers of Commerce and Industry), non-governmental organisations (such as the Clinton Health Access Initiative), and academic bodies (such as the McGill International TB Centre) have formed an initiative to promote accurate and affordable TB diagnostics in India, endorsed by WHO. The Initiative for Promoting Affordable, Quality TB tests ([www.ipaqt.org](http://www.ipaqt.org)) has already put established agreements to make three WHO approved tests available at affordable prices to patients in the private sector. The automated nucleic amplification assay Gene Xpert MTB/RIF for simultaneous detection of TB and rifampicin resistance will be available for Rs. 1700 (£20.5; €24.3; \$31.0), and the Hain Genotype line probe assay for detecting resistance to second line anti-TB drugs will be available for Rs. 1600. The Mycobacteria Growth Indicator Tube, a liquid culture test, will also be available through the initiative, although the price has yet to be agreed.

Madhukar Pai, associate director of the McGill International TB Centre, which is a part of the initiative, said: "A private laboratory wanting to join the initiative will have to be accredited either by the National Accreditation Board for Laboratories or the College of American Pathologists or by the Revised National TB Control Programme [RNTCP]." Participating laboratories will have to adhere to basic codes, such as agreeing to abide by the ceiling price of the test and report any confirmed cases to the government. The laboratories

are also expected to discourage the use of tests that are not recommended by WHO or the RNTCP.

Sputum smear microscopy, using the Ziehl-Neelsen staining technique, is the standard method for identifying lung TB recommended by the RNTCP, although WHO recommends the use of fluorescent light emitting diode microscopy, which is more sensitive.<sup>1</sup> However, the private health sector in India has been predominantly using serological testing to look for antibodies to the bacterium responsible for TB. An estimated 1.5 million serological tests are undertaken in India every year, each costing around \$10-20.

The Indian government banned the use, sale, and import of serological TB tests in 2012 after WHO recommended that they should not be used in 2011.<sup>2</sup> But some laboratories have continued to use the test and others have switched to using QuantiFERON TB Gold—a test for detecting latent TB infection rather than active TB disease.

Pai said that the initiative was a significant step towards effective TB prevention and control in India, because it would enable more patients to be diagnosed accurately and quickly, and that this would help reduce treatment delays, transmission of TB, and development of drug resistant TB. More private laboratories are expected to join the initiative, and more WHO recommended tests are expected to be made available through it, he added.

TB affects two million people annually in India, and more than half are managed in the private sector.

1 WHO. Global tuberculosis report. 2012. [www.who.int/tb/publications/global\\_report/gtbr12\\_main.pdf](http://www.who.int/tb/publications/global_report/gtbr12_main.pdf).

2 WHO. Commercial serodiagnostic tests for diagnosis of tuberculosis—policy statement. 2011. [http://whqlibdoc.who.int/publications/2011/9789241502054\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241502054_eng.pdf).

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