We, people living with Tuberculosis (TB), TB survivors, representatives of the TB affected communities, and civil society members, write to you with grave concerns. In a recent letter, T-18018/06/2020-TB (pt-1) dated 24th of January 2022, the Central TB Division called on states for using the unused stock of anti-TB drugs in public health facilities. In the list of unused drugs, 54.19 lakh vials of Kanamycin have also been listed. We strongly urge you to cease the use of the injectable Kanamycin for treating Drug Resistant TB (DR-TB)/Multi-Drug Resistant TB (MDR-TB).

The Indian government has on various platforms and forums committed to an all-oral regimen for the treatment of drug-resistant TB. Yet the use of injectables continues unabated. The injectable drug – kanamycin - is associated with the most adverse side-effects, i.e. irreversible hearing loss and kidney impairment. Some of the signatories of this letter have suffered irreversible hearing impairment due to this pernicious drug. This second-line injectable was previously difficult to replace due to the lack of effective antibiotics for DR-TB. But that has changed and kanamycin is no longer recommended to treat MDR-TB and has been proven to have high toxicity and poor efficacy against TB. The WHO Consolidated Guidelines on Tuberculosis, Module 4: Treatment - Drug-Resistant Tuberculosis Treatment, no longer recommends using kanamycin and instead calls for a scale up of the two new oral drugs- bedaquiline and delamanid. They are safer options to replace kanamycin for rifampicin resistant and MDR-TB.

TB, as it is, has severe consequences on the quality of life for both patients and families. Without a comprehensive continuum of care for patients with TB, we cannot afford to have irreversible disabilities due to medications. Giving these medicines to people with MDR-TB exposes them to long term unnecessary pain and risk of disability.

In light of this evidence, we call on the CTD to:

1. Stop the use of toxic drug kanamycin with immediate effect.
2. Kanamycin be removed from the list of drugs for donation to medical colleges, hospitals under the state government, central funded hospitals, AllMS, Railways, and Defence hospitals.
3. A clear directive with updated regimen should be issued to these institutions to stop use of Kanamycin in treatment of DR/MDR-TB.
4. Ensure and enhance access to bedaquiline and delamanid for DR/MDR-TB patients particularly those who are at the risk of developing Extensively Drug Resistant-TB (XDR-TB) or have pre-XDR-TB.
5. Kanamycin stocks could be redirected for non-TB use.

This will not only avert the medical crisis and lifelong detrimental effects on the health of people but will also be a right step towards the GoI’s commitment of a people centred TB response.

We urge you to act now. This can avert a crisis and save lives and enable India to move towards its commitments of TB elimination. **We request you to send us your response by Tuesday, 8th February, 2022.**

Sincerely,
Abdul Monaf
Abdul Qadir
Abhijit Gadewar
Abishek Rai  Touched by TB, Sikkim
Ajinkya
Akshada Bharude
Amish Bishwakarma  Touched by TB, Sikkim
Amita Pitre  Vidhayak Trust
Amitranjan Basu  Shaheed Hospital, Chhattisgarh
Ananja van der Westhuizen  TB Proof
Andrew Marbaniang  Touched by TB, Meghalya
Anil Gurung  Touched by TB, Sikkim
Anita Padale  Sahara Aalhad
Anjali Salvi
Anshu  Stop
Anup Singh  TB Champion
Anusha Subba  Reach, Touched by TB, Sikkim
Arbaaz Khan  Medical Student
Archana Oinam  Global Coalition of TB Advocates
Arshi
Arsilian Gympad  Bethany Hospital
Arti
Asha Kilaru  BBN
Ashish Bhaltilak
Ashwani Rajan  AIIMS New Delhi
Bhakta Bihari Mishra  NIHIDA
Bharti
Bharti & Kavita Dhankhad
Bijayalaxmi Biswal
Bijayalaxmi Rautaray
Blessina Kumar
Bushra Khan
Bushra Shaikh
Busisiwe Beko
C.Lalrinchhana
Carolina Moran
Chandni Kumari
Chaudhry Yasmeen
Chuden Sherpa
Chukit Lepcha
Deepika Rai
Dinesh Kumar
Diptendu Bhattacharya
Dolly
Dr Aquinas Edassery
Dr Ilsa Haeusler
Dr Raghavan Gopa Kumar
Dr Ramya Murgesh
Dr Shrinidhi Datar
Dr. Shakeel
Dr. Venice Maity David
Dr. Daisy Dharmaraj
Dr. Sipal Chhabra
Eden Tamang Touched by TB Sikkim
Eldred Tellis Sankalp Rehabilitation Trust
Elizabeth Selhore Sahara CFRCAR
Fahim Shaikh
Faiz Anwar TB Activist
Feli Mizoram State Network of Positive People
Ganesh Acharya TB survivor and TB Activist, Mumbai TB collective
Gargeya Telakapalli Jan Swasthya Abhiyan
Gulshana Babu Jagjeevan hospital
Hari Thapa
Hruaimawia
Iaibakynmaw Tariang Bethany Hospital Shillong
Indira C Public Health Researcher
Indranil JSA Delhi
Ingrid Schoeman TB Proof
Jagdish Patel Peoples Training & Research Centre
Jayesh Saha
Jyotsna Singh Journalist
Ketholelie Angami ARK Foundation
Khageshwar Kumar TEJ Network Jharkhand
Khushboo
Kunal Rashmikant Thakkar Pre XDR-Tuberculosis Patient (On-treatment)
Lapyntngen Swer Touched by TB Meghalaya
Levy Gurung Touched by TB Sikkim
Lindsay McKenna Treatment Action Group
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<td>Madhukar Pai</td>
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<td>Muralidharan, General Secretary</td>
<td>National Platform for the Rights of the Disabled</td>
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<td>Nandita Venkatesan</td>
<td>University of Oxford, Two-time TB Survivor</td>
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<td>Rachel Mbuyamba</td>
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<td>Randall Sequeira</td>
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Ratna bdr Chetri  Touched by TB
Ravikant Singh  Doctors For You
Ribait Lyndoh  Home Care
Rosa Herrera  Global TBCAB
Rosaline Malngiang  Bethany Hospital
Roshan Gurung  Touched by TB Sikkim
Saba  Reach

Sadhana S.
Samjana Limboo  Touched by TB, Sikkim
Santosh  Kolkata Rista
Santosh  IAPH
Sasi Kumar  In Individual Capacity
Sawaka Dkhar  Bethany Hospital Shillong
Shaban Shab  Doctor
Shabana  Allis
Shahazad Ahmad  Happy To Help Foundation
Shaifali  TB Survivor, Living with 40% hearing loss because of Kanamycin
Shekh Mohammad Imran  Jai Institute of Nursing & Research Gwalior [17167]
Shiwani Nailwal  WION
Shmeesti Subba  Touched by TB, Sikkim
Shriyuta Abhishek  Jan Swasthya Abhiyan Chhattisgarh
Shyamala  SIAAP
Silsila Tamang  Touched by TB, Sikkim
Smart Nayak  Community DOTS Provider
Sohail Behlim
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