



ARK FOUNDATION

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Regd.No. HOME/SRC-6993: Date: 28/06/2016

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Date: 06/07/2026

To: 1) Ms. Punya Salila Srivastava
Chair, I-CCM
2) Dr. Shobini Rajan
Focal point, I-CCM, and
3) Members of the India Country Coordinating Mechanism (ICCM)
Cc: DDG, National TB Elimination Program (NTEP)

Subject: Inclusion of near point-of-care TB tests in India's GC8 funding request to close the deadly diagnostic gap

Dear CCM Chair and Members,

Greetings from ARK Foundation

We are writing on behalf of ARK Foundation, Nagaland to urge the India CCM to ensure that near point-of-care (NPOC) tuberculosis (TB) tests are included in the country's Global Fund Grant Cycle 8 (GC8) funding request. And that, the urgent need for NPOC be deliberated on the 6th July meeting to be convened by the ICCM, at New Delhi. TB diagnosis remains a major gap in the TB response, and many people still face delayed diagnosis because testing is too far away, too slow, too expensive, or too difficult to access. NPOC tests offer a timely opportunity to bring accurate TB diagnosis closer to people who need it most, while also supporting more equitable and sustainable TB service delivery.

The timing is critical. The WHO recommended NPOC TB tests in [March 2026](#) and the Global Fund is incentivizing NPOCs adoption in GC8. This is the first major TB diagnostic innovation since GeneXpert. CCMs have a critical role to play in shaping how this innovation is introduced. Country programs should seize this moment to secure both Global Fund and domestic financing for NPOC introduction and scale-up to expand access to rapid molecular testing in peripheral laboratories, health clinics, mobile units, and community-based service delivery points that currently lack laboratory capacity.

The evidence supporting NPOC adoption is compelling. NPOC tests are affordable and accurate molecular tools, with performance comparable to commonly used molecular tests and far superior to smear microscopy. The WHO recommends NPOC tests as the initial diagnostic test for adults and adolescents with presumptive pulmonary TB, replacing smear microscopy, with tongue swabs available as an option when sputum cannot be collected. The first available NPOC test, PlusLife MiniDock MTB, showed a sensitivity of 85.7% and specificity of 97.6% on sputum swabs, and a sensitivity of 79.6% and specificity of 99.5% on tongue swabs. By comparison, Xpert MTB/RIF Ultra has reported sensitivity of 90% and specificity of 96% using sputum samples. The PlusLife MiniDock MTB test can detect TB in under 30 minutes, is available for procurement through the Global Drug Facility catalog at US\$3.60 per test, and requires the portable PlusLife MiniDock Ultra device and thermolyse machine, priced at US\$155 and US\$180, respectively.

The current evidence suggests three broad use-cases for NPOC tests, although countries can select other more targeted use cases most appropriate for their contexts. The three strategic ways NPOC tests can be used are for:

1. **Cost containment** at existing molecular sites, by using NPOC tests to increase testing volume while reserving more expensive molecular platforms for reflex drug susceptibility testing.
2. **Improved access to quality diagnostics** at microscopy and treatment sites, by replacing smear microscopy with molecular testing and improving diagnostic quality and speed.

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3. **Expanded access** at primary health care and other sites without TB diagnostic infrastructure, by bringing molecular testing closer to communities.

We therefore ask the CCM to include a clear NPOC introduction strategy with ambitious, costed targets in the GC8 funding request. India should adopt a bold rollout plan and develop a roadmap with phased targets for the GC8 period, aligned with the national strategic plan and implementation readiness. Through this, India can prioritize on finding the missed cases by expanding TB testing at the community field level, while also prioritizing high-volume TB treatment sites. We encourage adoption of ambitious, phased targets towards the goal of 100% of people with presumptive TB tested with a WHO-recommended rapid diagnostic test (WRD), as well as 100% facility coverage through an on-site WRD or specimen referral system by 2030. We therefore encourage the CCM to reflect this approach in the funding request and to define ambitious, feasible targets for the selected use cases and rollout timeline.

Table 1: Example of an ambitious five-year roadmap¹

Indicator	2026	2027	2028	2029	2030
% microscopy sites with <u>nPOCs</u>	20%*	>25%	>50%	>80%	100%
% PHCs (treatment sites) with <u>nPOCs</u>	5%*	>10%	>20%	> 60%	> 75%
% newly diagnosed TB tested using WRD**	Baseline % +5*	>75%	100%	100%	100%
% facility coverage with WRD**	Baseline % +5*	>60%	>75%	100%	100%

Targets reflect end-of-year goals for each calendar year.

*Proposed targets specific to “early adopter countries” aiming for rollout in 2026 with Global Fund support.

**WHO-recommended rapid diagnostic with WRD on-site or via specimen referral

The funding request should include the full implementation package needed to maximize the impact of NPOCs on closing gaps in the cascade of care. This includes budget lines for the five S’s: staff, stuff, space, systems, and support. In practical terms, this means funding for devices, tests, updating diagnostic algorithms and relevant policies, training, supervision, sample transport for reflex drug susceptibility testing, connectivity, maintenance, community engagement, and all other operational requirements needed to implement updated WHO guidance. The [Global Laboratory Initiative’s implementation toolkit](#) for NPOC-NAAT and swab-based TB testing provides practical and adaptable resources, and we urge you to utilize this resource to ensure implementation planning is aligned with the updated guidelines.

Finally, communities should be central to NPOC introduction and rollout. Community and civil society actors can help identify priority sites, overcome barriers to testing such as stigma, distance, and clinic hours, link people to care and support, and provide feedback necessary to ensure NPOCs are improving access in practice. We strongly encourage the CCM and National TB Program to involve communities in site prioritization, implementation, and monitoring and evaluation mechanisms throughout the grant cycle.

We thank you for considering this request and stand ready to work with the CCM, National TB Program, and other stakeholders to ensure that NPOC TB tests are included in GC8 and help transform TB diagnosis by expanding timely, equitable access to rapid molecular testing for

¹ “Why Countries Must Move Boldly on Near Point-of-Care TB Diagnostics.” PLOS Global Public Health. March 2026. Available at:

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006134>

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people who need it most.

Yours truly,



Ketho Angami,
ARK Foundation, Nagaland, India
and
Member, Global TB Community Advisory Board (TBCAB)
Dated the 6th July 2026

Resources:

1. Treatment Action Group. Near Point-of-Care TB Tests: What Communities Need to Know. Fact Sheet. New York: TAG; April 2026. Available at: <https://www.treatmentactiongroup.org/publication/npoc-factsheet/>
2. Claudia M. Denking, Seda Yerlikaya, Adithya Cattamanchi, Madhukar Pai, Near point-of-care molecular tests for tuberculosis: what will it take to realize their potential? eClinicalMedicine, Volume 95, 2026, 103972, ISSN 2589-5370, <https://doi.org/10.1016/j.eclinm.2026.103972>.
3. "Why Countries Must Move Boldly on Near Point-of-Care TB Diagnostics." PLOS Global Public Health. March 2026. Available at: <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006134>
4. World Health Organization (WHO). Near Point-of-Care Tests, Tongue Swabs, and Sputum Pooling for TB. Geneva: WHO Global TB Programme; 2026. Available at: <https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/diagnosis-treatment/npoc-tongue-swabs-and-sputum-pooling-for-tb>
5. Médecins Sans Frontières (MSF). Near Point-of-Care Tests for Tuberculosis: What You Need to Know. Fact Sheet. Paris: MSF; February 2026. Available at: <https://www.msf.org/report-near-point-care-tests-tuberculosis>.
6. SamiNAPP. MiniDock Cost Comparison Tool: Cost Analysis for Presumptive TB Testing Using LCaNAAT and NPOC Molecular Tests. Online tool. Available at: <https://saminap.shinyapps.io/minidock/>
7. Diagnostics Equity Consortium. New Near Point of Care TB Tests. March 2026. Available at: <https://tinyurl.com/nPOCs>
8. Treatment Action Group. An Activist's Guide to Diagnostic Tools for Tuberculosis 2025. New York: TAG; April 2026. Available at: <https://www.treatmentactiongroup.org/publication/an-activists-guide-to-diagnostic-tools-for-tuberculosis-2025/>
9. Stop TB Partnership Global Laboratory Initiative. GLI's NPOC and Swab-Based Testing Toolkit. Available at: <https://www.stoptb.org/who-we-are/stop-tb-working-groups/global-laboratory-initiative-gli/gli-guidance-and-tools/tb-near-point-care-and-swab-based-testing-toolkit>