

GLOBAL DAY OF ACTION: #TestToBeatTB

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To: Minister of Health

Cc: National TB Programme Manager

Date: 23 September 2026

Subject: 5-year national roadmaps for ambitious scale-up of rapid molecular TB tests

Diagnosis is the weakest link in TB care

Of the estimated 96,000 TB cases annually, about 20,000 TB cases go undiagnosed annually, with children and other vulnerable groups disproportionately affected. TB case notifications increased from 152/100,000 to 192/100,000. Thirteen years after the WHO first recommended rapid molecular testing as the initial test for TB, only 54% of people diagnosed globally were tested with WHO-Recommended Rapid Diagnostics (WRD). People with TB are still diagnosed late because testing is too far away, too slow, or too costly. Closing this gap requires affordable, decentralized tests; stronger sample referral systems; and more diverse sampling techniques.

At the United Nations High Level Meeting on TB in 2023, Uganda joined the other UN member states in committing to ensuring 100% of people diagnosed with TB are initially tested with a WRD by 2027. Yet diagnosis remains the weakest link in TB care.

Results from recent studies show that placing rapid molecular tests where people seek care leads to faster diagnosis and treatment initiation, reduced loss to follow-up, and increased overall TB case detection compared to centralized testing.

One of the newer innovations in TB diagnostics – the near point-of-care (nPOC) TB tests – has the potential to transform the TB diagnostic landscape. WHO recommended nPOC TB tests in March 2026 in place of smear microscopy as the initial test for adults and adolescents with presumptive pulmonary TB, using tongue swabs when sputum cannot be collected.

The first WHO-recommended nPOC test, Pluslife MiniDock MTB, is available now through the Global Drug Facility and the Global Fund's Wambo platform. It returns results in 30 minutes and requires two devices, which cost \$335 together; each testing card costs \$2.60. The nPOC tests can be used as an initial diagnostic, with low-complexity molecular tests like Xpert MTB/RIF Ultra used for reflex drug resistance testing when TB is detected. Placed strategically, nPOCs can expand test coverage.

Following a recent price reduction from \$3.60 to \$2.60 per test card, the nPOC test is now more affordable through the Stop TB Partnership's Global Drug Facility. Programs should reinvest the resulting savings into expanding TB screening and testing programs.

Ambitious roadmaps

We acknowledge the **ambitious targets already reflected in Uganda's Global Fund Grant Cycle 8 (GC8) application and the national TB plans**, particularly the commitment

to expanding access to rapid molecular diagnostics and introducing appropriate new diagnostic technologies, including nPOC. We encourage the National TB Programme to build on these commitments by developing an ambitious 5-year rollout roadmap, with bold targets and clear investments to ensure that the planned expansion translates into increased access, uptake and timely diagnosis.

We ask that the National TB Programme develop an ambitious 5-year rollout roadmap, set bold targets, and integrate molecular tests, including nPOC diagnostics, into the National Strategic Plan and the Global Fund Grant Cycle 8 (GC8) funding request with the following goals:

- **By end of 2026:** Publish a 5-year costed roadmap with measurable annual commitments to scale-up TB screening and testing, including new innovations.
- **By end of 2027:** 100% of people diagnosed with TB are initially tested with a WHO-recommended molecular test — in line with the UN High-Level Meeting on TB target, which includes replacing smear microscopy as the initial diagnostic test.
- **By end of 2028:** Over 75% of health facilities are able to test with nPOC or a WHO-recommended molecular test onsite or via specimen transport.
- **By end of 2029:** 100% health facility coverage, including primary health care facilities, provides access to nPOCs or other WHO-recommended molecular tests for same-day results and linkage to care.
- **By end of 2030:** Double the number (compared to 2026 levels) of people receiving TB screening, molecular testing and drug-resistance testing in order to close the national TB diagnostic gap.

To inform this roadmap, we ask that the Ministry of Health and National TB Programme:

- **Identify the gaps** – where people with TB are being missed, including in priority populations such as people living with HIV, rural communities, and the urban poor, and also identify which regions have the lowest diagnostic coverage;
- **Map existing infrastructure**, including primary health care sites, microscopy centers, and WRD facilities, so that nPOC tests complement current capacity rather than duplicate it;
- **Budget the whole package:** devices, tests, updated algorithms, training, supervision, sample transport for follow-on drug susceptibility testing, connectivity, maintenance, and community engagement. **In particular, ensure that the GC8 and national investments include dedicated resources for community demand generation for NPoC testing, including awareness, community screening and referral, social and behaviour change communication, and addressing barriers that may prevent people from seeking and completing TB testing.**
- **Involve communities at every stage**, including in choosing sites, implementation, and monitoring, and put accountability mechanisms in place with quarterly reviews to identify and clear bottlenecks. **This should include mechanisms for communities and civil society to monitor access to NPoC testing, uptake, referral and linkage to care.**

Thank you for considering this request. We are ready to work with the Ministry of Health and National TB Programme to expand equitable access to rapid molecular TB testing.

We look forward to discussing these issues with you.

Sources

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