

GLOBAL DAY OF ACTION: #TestToBeatTB

Letter to Regional Bodies • 23 SEPTEMBER 2026

To:

Jean Kaseya, Director-General of the Africa Centres for Disease Control and Prevention (Africa-CDC)

Saia Ma'u Piukala, World Health Organisation (WHO) Regional Director for the Western Pacific

Hans Henri P. Kluge, WHO Regional Director for Europe

Mohamed Yakub Janabi, WHO Regional Office for Africa

Jarbas Barbosa, Director of the Pan American Health Organization

Nilesh Buddha, Officer-In-Charge of the WHO Regional Office for South-East Asia

Cc: Tereza Kasaeva, Director, WHO Department for HIV, Tuberculosis, Hepatitis, and Sexually Transmitted Infections, WHO

Date: 23 September 2026

Subject: Scale-up of rapid molecular TB diagnostics

Dear All,

The undersigned organizations, representing communities affected by TB and their advocates, call for the urgent region-wide scale-up of WHO-recommended rapid molecular diagnostic tests (WRDs) for TB.

During the United Nations High-Level Meeting on TB in 2023, country governments [committed](#) 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.

Of the [10.7 million people](#) who fell ill with TB in 2024, about 2.4 million were never diagnosed. Thirteen years after the WHO first recommended rapid molecular testing as the initial test for TB, only 54% of people diagnosed are tested with a WHO-recommended rapid molecular diagnostic (WRD).

[Recent studies](#) show that people with TB are still diagnosed late because testing is too far away, too slow, or too costly — factors largely contributing to the diagnostic gap. [Research also shows](#) 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.

Closing the diagnostic gap requires countries to move decisively on several fronts:

- **Decentralisation:** placing WRDs where people first seek care — at primary health care sites, community posts, and mobile outreach — not only at centralized laboratories, so testing happens earlier and closer to where people need it.
- **Stronger sample referral systems:** ensuring that when a WRD is not available onsite, specimens can move quickly and reliably to a facility that has one, so distance does not determine whether someone gets diagnosed;
- **Diverse sampling techniques and diagnostic technologies:** As per [WHO guidelines](#) (2025), countries should adopt concurrent testing, i.e., using more than one type of test (WRDs, TB-LAM, etc.) or more than one sample type (sputum, tongue swabs, urine, stool, etc.) to reach those underserved by sputum-based pathways, including children and people living with HIV;

- **Affordability at scale:** prioritising WRD options with low per-test and per-device costs, so molecular testing can reach decentralised health care settings and volumes that have not been possible before.

One of the newer molecular testing innovations—the [near point-of-care \(nPOC\) TB tests](#)—could 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 where sputum cannot be collected. The first WHO-recommended nPOC test is available now through the [Global Drug Facility](#) and the Global Fund's Wambo platform. It returns results in 30 minutes, and the two devices 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 follow-on 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.

We ask that you, as regional technical and normative bodies, call for and support country-level engagement toward the goals below, thereby encouraging governments to develop ambitious roadmaps with bold targets, and integrate WRDs, including nPOC diagnostics, into National Strategic Plans, with the following goals:

In high-TB-burden countries, we want:

- **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 of people (compared to 2026 levels) receiving TB screening, molecular testing and drug-resistance testing in order to close national TB diagnostic gaps.

To inform the roadmap, we ask that you assist countries to:

- Understand the gaps and identify where people are being missed, including priority populations such as people living with HIV, rural communities, and the urban poor, and identify the regions that 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;
- Budget the whole package: devices, tests, updated algorithms, training, supervision, sample transport for drug susceptibility testing, connectivity, maintenance, and community engagement (see the [GLI implementation toolkit](#));
- 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.

Thank you for considering this request. We are ready to work with you to expand equitable access to rapid molecular TB testing.

Sincerely,

1. Action 4 Pikin TB, Sierra Leone

2. AHF Mexico, Mexico
3. Aide Internationale pour le Développement Durable (AIDD), Côte d'Ivoire
4. Almagda Community Development Initiative, Nigeria
5. AMPATH Trans-Nzoia, Kenya
6. AMPATH Uzima, Kenya
7. Anglicare PNG Inc., Papua New Guinea
8. Arba Minch University, Ethiopia
9. Arid Lands Action Forum (ALAF), Kenya
10. ARK Foundation, India
11. Asociación Nuevos Horizontes GLBTIO, Panama
12. Association for Social Development, Pakistan
13. Association of Persons with Disabilities Living with HIV/TB (ADPHA), Uganda
14. Beyond Care Initiative CBO, Kenya
15. Beza Posterity Development Organization, Ethiopia
16. Blue Cross Nyatike, Kenya
17. Botswana Harvard Health Partnership, Botswana
18. Caribbean Vulnerable Communities (CVC), Jamaica
19. Christ Soldiers Foundation, Ghana
20. CITAMplus, Zambia
21. Civil Society for the Eradication of Tuberculosis in Nigeria (TB Network), Nigeria
22. Civil Society Movement Against TB, Sierra Leone
23. Coalition for Health Promotion and Social Development (HEPS Uganda), Uganda
24. Coalition of Women Living with HIV and AIDS, Malawi
25. COLTMR CI, Côte d'Ivoire
26. Community and Family Aid Foundation, Ghana
27. Community Empowerment Initiative Network (CEMINET), Uganda
28. Community of Women Living with HIV Lesotho, Lesotho
29. Concern for Integrated Development (CFID), Ethiopia
30. DACASA, Kenya
31. Dcenturyvibes Global International Foundation (DGIF), Nigeria
32. Decisive Minds, Zambia
33. Delhi Network of Positive People (DNP+), India
34. Dopasi Foundation, Pakistan
35. Eastern Africa National Network of AIDS and Health Service Organizations, Tanzania
36. Education For All, Cameroon
37. Efoyeta TB Charitable Organization, Ethiopia
38. Empower Life CBO, Kenya
39. Empowerment Community Based Organization, Kenya
40. Equal Health and Rights Access Advocacy Initiative (EHRAAI), Nigeria
41. Equihealth Bridge and Research Organization, Uganda
42. Eswatini Youth and Woman for Change, Eswatini
43. Ethiopian TB Association, Ethiopia
44. FACT Zimbabwe, Zimbabwe
45. Forearms of Change Center, Jordan
46. Foundation for Good Health and Well-Being Initiative (GOOD HEALTH), Nigeria
47. Fundación Casa Gami, Colombia
48. Fundación Huésped, Argentina
49. Ghana National TB Voice Network, Ghana
50. GHSD, USA
51. Global Coalition of TB Advocates, India
52. Global TB CAB, USA
53. Good Health Community Programmes, Kenya
54. Health Journalists Network, Uganda
55. Health Solutions International, Pakistan
56. Helping Hand Network for TB Survivors, India
57. Hope Destiny Builders PWDs CBO, Kenya
58. Hope Initiative for Health and Empowerment, Nigeria
59. HOYMAS (Health Options for Young Men on HIV/AIDS & STIs), Kenya

60. Ibrahim Fibres Ltd. (Faisalabad), Pakistan
61. ICHANGE/AfroCAB, Côte d'Ivoire
62. ICW Lesotho, Lesotho
63. Ifumbo Youth Organization, Malawi
64. Illinois Commission on LGBTQ+ Aging and Long-Term HIV Survival, USA
65. Impact Research and Development Organization, Kenya
66. Institute of Health Programs and Systems, South Africa
67. International Community of Women Living with HIV – Kenya Chapter (ICWK), Kenya
68. International Helping For The Young, Chad
69. IRD Bangladesh, Bangladesh
70. İstanbul Verem Savaşı Derneği, Türkiye
71. ITPC EECA, Kyrgyzstan
72. ITPC Global, Morocco
73. Janna Health Foundation, Nigeria
74. Japan-Nepal Health and Tuberculosis Research Association (JANTRA), Nepal
75. Jaringan Indonesia Positif, Indonesia
76. Jeevika Shakti Kendra, India
77. Jhpiego, India
78. Jinja TB Survivors Network, Uganda
79. John Kimani, Kenya
80. Jointed Hands Welfare Organisation, Zimbabwe
81. Kakuuto Health Centre IV, Uganda
82. KANCO Wellness Organization, Kenya
83. KELIN, Kenya
84. KNCV Nigeria, Nigeria
85. Kyegegwa Association of People Living with HIV, Uganda
86. LAC Key Correspondent Team, Mexico
87. Liberia TB Free Initiative, Liberia
88. LISHEI CBO, Kenya
89. Liverpool School of Tropical Medicine, United Kingdom
90. LLC “MEDKAM” – Oleksandrivska Hospital, Ukraine
91. Lulu HIV Foundation, Zambia
92. Marrietta AIDS Care and Education Relief Foundation, Nigeria
93. Mask Ethiopia, Ethiopia
94. Médecins Sans Frontières (MSF) / Doctors Without Borders, Afghanistan
95. Ministry of Health National HIV and AIDS Program, Eswatini
96. Moldova National Association of Tuberculosis Patients “SMIT” (Society of Moldova against Tuberculosis), Moldova
97. National Institute of Health (Islamabad), Pakistan
98. Network of TB Champions in Kenya, Kenya
99. North East African Community Health Initiative (NEACHI) Uganda, Uganda
100. Observatorio Social en Tuberculosis de Panamá, Panama
101. ONG ESCAVI, Niger
102. ONG Les Bâisseurs, Democratic Republic of the Congo
103. Organisation Congo Prevention Secours (OCPS), Republic of the Congo
104. Orientadora de Direitos Humanos (ODH-Moçambique), Mozambique
105. Our Lady of Perpetual Help Initiative (OLPHI), now Amaclare Connect and Development Initiative (ACDI), Nigeria
106. Peer To Peer Uganda (PEERU), Uganda
107. Phelisanang Bophelong (PB), Lesotho
108. PLAPERTS, Ecuador
109. Plate-forme des Associations Tous Ensemble pour la Santé au Tchad (PATESAT), Chad
110. Popular Medical Center Ltd., Bangladesh
111. Power of Friendship Association, Cameroon
112. Provincial TB Control Program Balochistan, Pakistan
113. Public Association “Overcoming”, Kazakhstan
114. Public Citizen, USA
115. Réseau Accès aux Médicaments Essentiels (RAME), Burkina Faso

116. Rohingya Youths Development Network (RYDN), Bangladesh
117. Separate Structural Unit of the Charitable Organization “Light of Hope” – “Light Medical Center”, Ukraine
118. Shepherd for Health, Environment, Advocacy and Development (SHEAD) Centre, Nigeria
119. Singular, Mozambique
120. Society for Sustainable Uprising & Networking (SSUN), Pakistan
121. Stapha-c Design Edge, Nigeria
122. Stop TB Partnership Kenya, Kenya
123. Stop TB USA, USA
124. Sufabel Community Development Initiatives, Nigeria
125. Support Organization of Parents with Disabilities (SOPADI), Uganda
126. SWOP Ambassadors, Kenya
127. Tanzania Network of People Who Use Drugs (TaNPUD), Tanzania
128. TB Alert, United Kingdom
129. TB Europe Coalition, United Kingdom
130. TB Free TN Survivors-Led Network, India
131. TB Health Education and Livelihood Support Community, Inc. (TB HEALS), Philippines
132. TB Mukti Vahini, India
133. TB Proof, South Africa
134. TB Survivors’ Association (Gujarat), India
135. TBpeople, Ukraine
136. The AIDS Support Organization (TASO), Uganda
137. The STEM Reporting Network, Sierra Leone
138. The University of Faisalabad, Pakistan
139. Treatment Action Campaign, South Africa
140. Treatment Action Group, USA
141. Trois Fois Sain (TROFOS ONGD), Democratic Republic of the Congo
142. University of Ottawa, Canada
143. Uruguayan Network of Positive People / RedLAC+, Uruguay
144. Utu Bora CBO, Kenya
145. VHS, Ethiopia
146. Wajitakia Mema, Kenya
147. Women4GlobalFund, Ecuador
148. Woplah, Kenya
149. Wote Youth Development Projects CBO, Kenya
150. Yayasan Among Karsa Indonesia, Indonesia
151. Young Potters CBO, Kenya
152. Younite Global, India
153. Youth Health and Right Initiative for Advocacy and Empowerment, Nigeria
154. Youth Hope Network Zambia, Zambia
155. Zero TB Group, Ethiopia
156. Zimbabwe Tariro Organisation, Zimbabwe

Citations

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7. World Health Organization. (2026). TB-Technical Work Frequently asked questions. <https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/diagnosis-treatment/npoc-tongue-swabs-and-sputum-pooling-for-tb/frequently-asked-questions>
8. Stop TB Partnership, Global Laboratory Initiative. (2026). The TB near-point-of-care and swab-based testing toolkit. <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>
9. Lynch, S., Mupfumi, L., Otieno, C., Sharma, A., & Mataka, A. (2026). The case for ambition: Why countries must move boldly on Near Point-of-Care TB Diagnostics. PLOS Global Public Health, 6(3), e0006134. <https://doi.org/10.1371/journal.pgph.0006134>