

Near Point-of-Care TB Tests

What Communities Need to Know and Advocate for in Global Fund Grant Cycle 8

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NPOC TB Tests at a Glance

Near point-of-care (NPOC) tuberculosis (TB) tests, now recommended by the World Health Organization (WHO; February 2026), bring fast, accurate diagnosis much closer to where people live (district hospitals, community health centers, and outreach sites), with results within 30 minutes. Here are the highlights every advocate should know:

NPOC tests can close the diagnostic gap: An estimated 10.84 million individuals developed TB in 2024, but 2.7 million of them went undiagnosed. NPOC tests can cut the multiple visits, costs, and delays that keep people from receiving timely diagnosis.

NPOCs tests are affordable, accurate molecular tests: PlusLife MiniDock MTB is the first available NPOC test and costs about half as much per TB test as commonly used molecular tests like Xpert MTB/RIF Ultra and Truenat MTB-RIF Dx (\$3.60 vs ~\$7.97, with much lower instrument costs). It runs on both sputum and tongue swab samples, with sensitivity (SE) and specificity (SP) similar to GeneXpert and Truenat and far better than smear microscopy.

How NPOC tests fit in the diagnostic algorithm: The WHO recommends that NPOC tests replace smear microscopy as the initial diagnostic test for adults and adolescents. Sputum samples should be used preferentially, but tongue swabs can be used when sputum is unavailable, expanding access for those who struggle to produce sputum.

What NPOC tests cannot do yet: NPOC tests cannot currently detect drug resistance, so follow-on (reflex) tests are still required for drug-susceptibility testing (DST). Efficient and reliable sample transport and referral systems remain important.

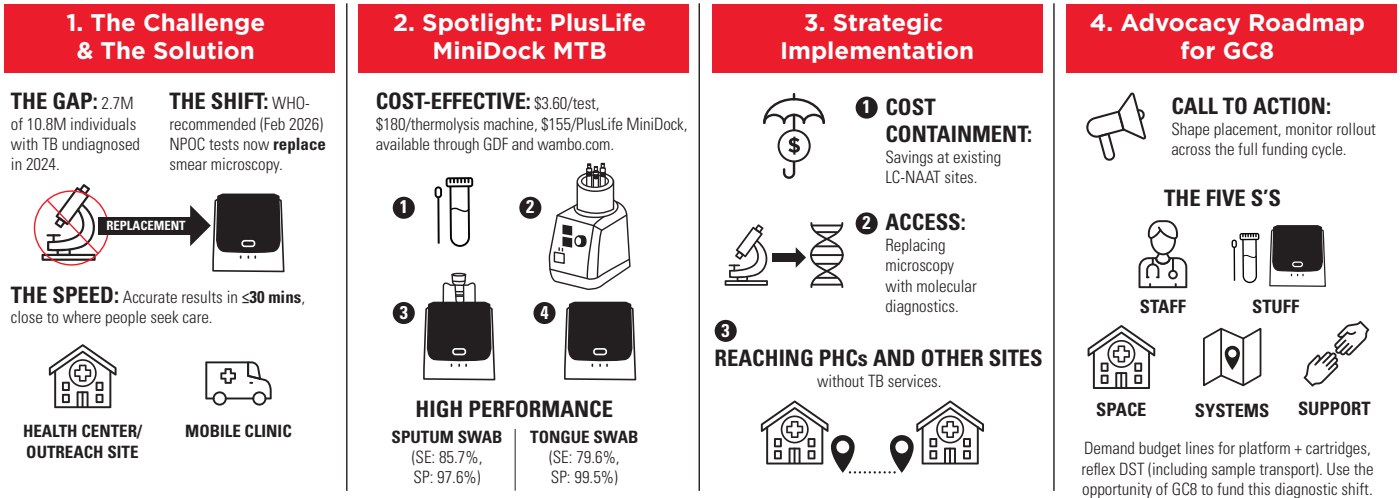
Where NPOC tests add the most value: NPOC platforms offer flexible opportunities across TB programs to (1) save costs at existing molecular diagnostic (GeneXpert or Truenat) sites; (2) improve the quality and speed of TB diagnosis at existing microscopy or treatment sites; and (3) expand access to sites currently without any TB diagnostics infrastructure.

How you can advocate for NPOC tests in GC8: Advocates have an opportunity to act now, in Global Fund Grant Cycle 8 (GC8), to demand budget lines for platforms, cartridges, the five S's (staff/stuff/space/systems/support), and reflex DST transport systems. They can also ensure communities help decide where NPOC tests are placed and monitor rollout throughout the full funding cycle.

The bottom line

NPOC tests are now recommended by the WHO over smear microscopy for the initial detection of TB without rifampicin resistance. They have the potential to close the TB diagnostic gap by finding more people with TB and getting them started on treatment quicker. Countries should use the opportunity of GC8 to fund this diagnostic shift.

Figure 1: NPOC TB Tests – At a Glance



Purpose of This Fact Sheet

This fact sheet explains what NPOC TB tests are, why they matter for closing the TB diagnostic gap, and how you and other advocates can secure funding and policy uptake of NPOCs through Global Fund GC8 funding requests. It incorporates the latest WHO guidance (February 2026) on NPOC TB tests and how they should be used. After reading this fact sheet, you'll have clear language, budget lines, use case illustrations, and an advocacy timeline to demand NPOC platforms, cartridges, training, and community monitoring — everything that is needed to ensure these promising new tests reach primary health centers and serve populations missed by current TB diagnostics. We hope you use this information to shape national strategies, review GC8 drafts, and track rollout through the full funding cycle.

Background

Tuberculosis remains the leading cause of death from an infectious disease worldwide, in part because of a deadly diagnostic gap that leaves millions of people undiagnosed, unreported, untreated, and uncured. Commonly used TB molecular tests require

laboratories, stable electricity, and skilled staff. This limits access in rural and primary care settings and leads to multiple clinic visits, inaccessible sample types, long waiting times, catastrophic costs, delayed diagnosis, and a higher risk of transmission, severe disease, and death. National TB programs also face high costs and intensive staffing and laboratory requirements.

In February 2026, the WHO recommended a new class of tests, called near point-of-care TB tests (NPOCs for short). The WHO recommends NPOCs as the initial test (over smear microscopy) for adults and adolescents with pulmonary TB symptoms (or positive screen), with the option to use tongue swab samples when sputum is unavailable. NPOCs hold the potential to move accurate, rapid diagnosis much closer to where people live and seek care. This guide is designed to help advocates use Global Fund GC8 funding requests to prepare health systems — through procurement, placement, training, laboratory strengthening, and community-led monitoring — so that countries can introduce and scale NPOC TB tests quickly and equitably to close the diagnostic gap.

What is near point-of-care TB testing?



NPOC TB tests are a new class of rapid molecular test (nucleic acid amplification tests, or NAATs) that can be done where people seek care — places like district hospitals, health centers, or outreach sites without laboratories. These tests are swab based, using easier-to-collect sample types like tongue swabs when sputum samples are not available. They provide results within 30 minutes, are battery operated, and can be performed with minimal hands-on work by health care workers with basic technical training.

Unlike *true* point-of-care tests that can work right at the bedside or in communities with almost



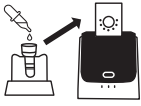





no equipment, NPOC tests use small machines without the need for big labs, and are hence called *near* point of care. Currently, the commonly used molecular tests are low-complexity NAATs (LC-NAATs) like GeneXpert and Truenat. LC-NAATs can be placed in peripheral settings but need basic laboratory infrastructure with electricity and air conditioning. This distinction matters for advocacy, as it helps communities and civil society know what to demand at different levels of the health system — what should be available in community or outreach services, what should be at primary care centers, what belongs at district hospitals, and what still requires reference laboratories.

Figure 2: The First Available NPOC TB Test – PlusLife MiniDock MTB

PlusLife MiniDock MTB: The First Available NPOC Test

KEY FEATURES: Detects TB (not drug resistance) using sputum swab or tongue swabs  

How It Works – 5 Simple Steps

<p>1 </p> <p>COLLECT SAMPLE: Use a tongue swab or sputum-dipped swab in a tube with special liquid.</p>	<p>2 </p> <p>SHAKE + HEAT: Put tube in ThermoLyse machine (shakes and warms sample to release TB DNA).</p>	<p>3 </p> <p>DROP INTO TEST CARD: Squeeze liquid from tube into MiniDock test card.</p>	<p>4 </p> <p>WAIT ≤30 MINUTES: MiniDock (runs on battery or electricity) shows results via lights.</p>	<p>5 </p> <p>SHARE RESULTS: Results are entered into a health register or transmitted by Bluetooth to a local records system.</p>
SMALL, PORTABLE, BATTERY-POWERED — WORKS IN HEALTH CENTERS WITHOUT STEADY ELECTRICITY.				
<p>PERFORMANCE* </p> <p>SPUTUM SWAB SE: 85.7% SP: 97.6%</p>		<p></p> <p>TONGUE SWAB SE: 79.6% SP: 99.5%</p>		<p>COST </p> <p>\$3.60/test + \$180/thermolysis machine + \$155/PlusLife MiniDock</p>

*Note: Accuracy data (sensitivity and specificity) as reported to TAG by PlusLife and included in the TAG TB Diagnostic Pipeline Report 2025.


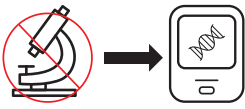

How NPOC Tests Are Being Rolled Out

Global Fund Early Adopter Countries are set to start the programmatic rollout of NPOC TB diagnostics, specifically the PlusLife MiniDock MTB test, in 2026 through the Global Fund/Children’s Investment Fund Foundation (CIFF) Early Adopter Initiative. This strategic effort supports selected countries to accelerate early introduction and scale-up, focusing on same-day diagnosis in peripheral and primary health care settings. Through co-investment mechanisms, technical assistance, and partner coordination, countries will develop actionable implementation plans, validate operational models, and prepare for broader NPOC adoption across Global Fund-eligible countries in GC8.

Strategic Ways Programs Can Use NPOC Tests

From discussions supported by the Global Fund with national programs, lab directorates, and civil society representatives across regions, three broad use cases were identified to determine potential areas for introduction and scale-up of the NPOC class. Advocates can engage in country dialogues to select these and other more targeted use cases (like prisons, antenatal clinics, or screening campaigns) most appropriate for their contexts. These use cases represent flexible starting points, and needs may evolve with implementation.

Figure 3: Three Strategic Use Cases for Using NPOC Tests for TB Diagnosis

STRATEGIC AREAS FOR POTENTIAL INTRODUCTION AND SCALE-UP, SERVING AS FLEXIBLE STARTING POINTS.			
Where to Place	<p>Cost Containment</p> <p>Existing LC-NAAT sites (e.g., GeneXpert, Truenat)</p>	<p>Improved Access to Molecular Testing</p> <p>TB microscopy and/or treatment sites</p>	<p>Expand Access to Sites Without TB Diagnostics</p> <p>Primary health care facilities and sites currently without any TB diagnostic infrastructure</p>
How it Works	<p>Lower test cost for initial diagnosis. Supports reflex DST testing by leveraging current molecular infrastructure.</p>	<p>Replaces diagnostic microscopy. Expands quality molecular testing. Leverages existing sample transport networks for DST.</p>	<p>Places NPOC tests at key PHC and community testing sites for universal access. Will need new training, task shifting, and DST transport linkages.</p>
Why it Matters	<p>Maximizes existing investments without major changes.</p>	<p>NPOC tests can increase the number of people who receive molecular diagnosis as their initial TB test (currently, only 48% globally), and improve diagnosis-to-treatment linkage.</p>	<p>Brings testing closer to communities for maximum impact. Represents the most transformational long-term approach.</p>

*Countries may also prioritize other more targeted use cases. Advocates can engage in country dialogues to shape the selection of use cases most appropriate for their contexts. Needs may evolve with implementation.

Key Tradeoffs and Considerations

When helping country decision-makers choose use cases, advocates should weigh tradeoffs between accuracy, access, and feasibility:

1. Accuracy vs. Access

NPOC tests, especially when using tongue swab samples, are less accurate at detecting TB than laboratory-based molecular tests (LC-NAATs, such as GeneXpert or Truenat). But they enable programs to find more people with TB overall because they are easier to access and use. This tradeoff hinges on **“diagnostic yield.”** Even if each individual test is slightly less accurate, many more people can get tested, so more people with TB are found and treated.

What About Children and PLHIV?

Some groups, including children and people living with HIV (PLHIV), struggle to produce sputum. For these “sputum-scarce” populations, NPOC tests can be combined with other tests and sample types as part of a larger testing strategy. This is called **“concurrent testing,”** or using more than one type of test or sample at the same time to increase the chances of diagnosing TB. For PLHIV, NPOC tests can be used on sputum samples (or tongue swabs when sputum is unavailable) concurrently with urine-based LAM tests (when LC-NAATs are unavailable). For children, the WHO recommends using NPOC tests — only on sputum samples, not tongue swabs — in combination with other tests (such as GeneXpert or Truenat).

2. Drug Susceptibility Testing

Currently, NPOCs are yes/no TB tests only: they tell you if TB is present but cannot tell you if the organism is resistant to certain drugs. When an NPOC test finds a positive result, the sample should be automatically sent to a centralized lab for drug susceptibility testing (DST). Countries must budget for follow-up testing (also called reflex testing), plus reliable sample transport and referral systems, so people get their complete diagnosis quickly and start the right treatment.

3. Turnaround Time

Same-day results reduce loss to follow-up, which usually occurs when people have to wait for results. Since NPOC tests provide results in less than 30 minutes and work in decentralized settings, they help close the gap for people who would otherwise never reach a central laboratory.

4. Operational Needs

NPOC platforms are small, portable, battery-powered instruments with minimal hands-on time. They need little infrastructure and basic training, enabling use in primary clinics and remote settings. However, they still require reliable electricity (or backup power), trained staff, and data connectivity for quality results and supply tracking. For PlusLife, no regular servicing is required — the platforms come with a warranty that includes annual preventive maintenance and ancillary device replacement.

5. Cost Advantage

At a price of \$3.60 per test — expected to be \$2.50 in GC8 — NPOC tests are cheaper than currently used LC-NAAT tests (\$7.97 per test). By replacing more expensive tests, NPOCs can increase molecular testing volumes under tighter budgets, thereby making quality diagnostics accessible at scale.

Community and Civil Society Role in NPOC Adoption

Communities have a critical voice in ensuring that NPOC tests serve people, not just facilities. Use your influence to shape use case decisions and hold programs accountable for equitable rollout, access for key populations, and real-world impact.

Where to Get Involved:

- **Define test priorities:** Tell decision-makers what matters most to communities — speed, easy-to-provide sample types, privacy, fewer visits, quick results or location — to guide use case selection.
- **Spot and solve barriers:** Highlight fees, clinic hours, stigma, gender issues, or communication gaps. Co-design fixes like community outreach or flexible hours.
- **Give feedback on rollout:** Share experiences from pilots (waiting times, satisfaction, acceptability). Demand that programs track these metrics for accountability and as a measure of program quality.

Concrete Actions for Advocates for GC8:

- **Collect evidence:** Document stories of delayed diagnosis, multiple-visit costs, and community preferences for test features to make the case to include ambitious NPOC rollout plans in GC8. Your stories and perspectives will determine whether NPOC tests expand access or become another missed opportunity.
- **Engage decision-makers:** Join national TB/Global Fund dialogues, technical working groups, and strategic planning and ask about plans to fund and introduce NPOCs. Ask national program representatives: “What are your NPOC adoption plans, and how will communities shape them?”
- **Monitor implementation:** Track instrument placement, functionality, and access for key populations. Flag stock-outs, breakdowns, long waits, or user fees using community-led monitoring systems and tools.

Linking NPOC Tests to Impact and Global Fund Metrics

NPOC testing drives measurable progress against several Global Fund indicators:

- Increases **bacteriologically confirmed notifications** by replacing microscopy with molecular testing.
- Reduces **pre-treatment loss to follow-up** and **time from first visit to treatment** through same-day results.
- Improves **testing coverage for key populations** (PLHIV, children, prisoners) via easier-to-obtain samples like tongue swabs.

Advocate Actions in Country Dialogues

Your questions ensure accountability beyond procurement. Ask TB focal points and Country Coordinating Mechanisms (CCMs) these questions:

- *“What evidence or modeling do you have on how NPOCs will improve TB diagnosis and timely treatment start in our country?”*
- *“Will the new funding request include clear targets and indicators for NPOC use, focusing on coverage in priority regions and access for key and vulnerable populations?”*
- *“How will you track the number of primary care, outreach, and community sites covered by NPOC tests?”*
- *“How can NPOC-related indicators be built into the grant performance framework from the start, so scale-up and impact are regularly reviewed by the CCM?”*

Push for these metrics in GC8:

1. Percentage of facilities with functional NPOC platforms
2. Percentage of key population tested using NPOC tests
3. Average time from testing to treatment initiation

GC8-Specific: Positioning NPOC Tests in Global Fund Requests

NPOC tests primarily belong in TB modules of GC8 funding requests, so focus your advocacy there.

Where to Position NPOC Tests

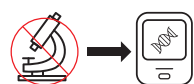
- Service delivery areas (SDAs): Diagnosis of drug-susceptible TB (for adults and adolescents).
- Community systems strengthening: TB case finding and linkage to care.

Sample GC8 Budget Lines and Ready-to-Use Narrative Phrases (by Use Case)



USE CASE 1: Cost Containment (Existing LC-NAAT Sites)

- **Capital:** Procurement of [X] NPOC platforms to complement existing molecular sites.
- **Recurrent:** Cartridges for [X] NPOC TB tests per year.
- **Training:** NPOC integration refreshers for laboratory and health worker staff.
- **Equity:** Community input on platform placement at high-burden sites.
- **Narrative phrase:** “Affordable NPOC tests enable high-volume initial TB testing at existing LC-NAAT sites, reserving more expensive LC-NAATs for reflex testing. This cost-saving approach boosts overall molecular testing capacity within current budgets.”



USE CASE 2: Improved Access to Molecular Testing (Microscopy/Treatment Sites)

- **Capital:** Procurement of [X] NPOC platforms for microscopy replacement at TB entry points.
- **Recurrent:** Test kits for [X] tests per year; sample transport for reflex DST.
- **Training:** Task-shifting from microscopy to NPOC for frontline staff.
- **Equity:** Community-led monitoring of diagnosis-to-treatment linkage.
- **Narrative phrase:** “NPOC platforms replace smear microscopy at TB entry points, enabling higher-volume molecular testing that improves diagnosis quality and speed.”

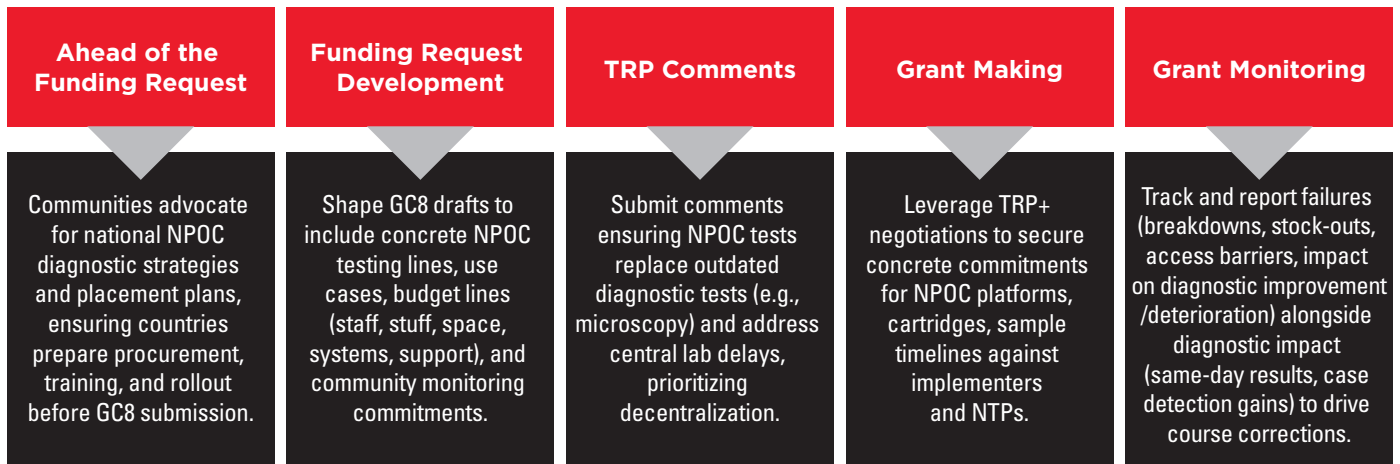


USE CASE 3: Expand Access to Sites Without TB Diagnostics

- **Capital:** Procurement of [X] NPOC platforms for selective PHC coverage in high-burden areas.
- **Recurrent:** Cartridges for [X] tests per year, power backup, connectivity fees; task-shifting training, establishing sample transport for reflex DST.
- **Training:** Task-shifting training for PHC and outreach workers.
- **Equity:** Community input on platform placement at high-burden sites.
- **Narrative phrase:** “This request decentralizes TB diagnosis by introducing NPOC molecular tests at primary health care sites or facilities without TB diagnostic infrastructure, reducing time to diagnosis and treatment initiation. It also targets facilities serving key populations, with community monitoring to ensure equitable access.”

TREATMENT ACTION GROUP

Figure 4: Advocacy for NPOC TB Tests Throughout the GC8 Funding Cycle



Looking ahead

As of April 2026, the PlusLife MiniDock MTB is the only available test in the NPOC class eligible for Global Fund procurement. It detects TB without markers for drug resistance or other diseases. However, there are exciting developments in the pipeline that could expand options by the end of GC8. PlusLife and other developers are creating versions of these tools that integrate multi-disease testing for HIV, HCV, HPV, influenza, COVID-19,

and mpox, paving the way for integrated NPOC diagnostics. They're also upgrading the test to include drug resistance detection, starting with rifampicin and with plans to expand to more TB drugs. By the end of GC8, there could be other NPOC tests recommended, or updated versions of the current test, with the potential to broaden use cases significantly. Now is the time to invest in diagnostics that reach people faster. No one should be left behind because testing is too far or too expensive.

Other Resources

- 1) 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>.
- 2) 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/npo-c-tongue-swabs-and-sputum-pooling-for-tb>.
- 3) 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/>.
- 4) Diagnostics Equity Consortium. New Near Point of Care TB Tests. March 2026. Available at: <https://tinyurl.com/nPOCs>



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