

# NEW WHO- RECOMMENDED TB TESTS ARE HERE.

WHO RECOMMENDED



Pluslife  
MiniDock Ultra  
February 2026

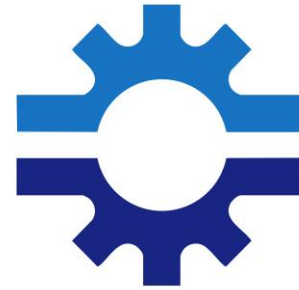
## NEAR POINT-OF-CARE DIAGNOSTICS

**US\$3.60**  
per test

**~30 min**  
results

**2.4M**  
undiagnosed

- **Decentralises diagnosis** - to primary health centres, no lab needed
- **Tongue swabs** - better for those that can't produce sputum
- **GC8 is the window** - countries should include nPOC rollout



DIAGNOSTICS  
**EQUITY**  
CONSORTIUM

Tapiwanashe Kujinga  
Pan-African Treatment Access Movement  
24 June 2026

## Objectives

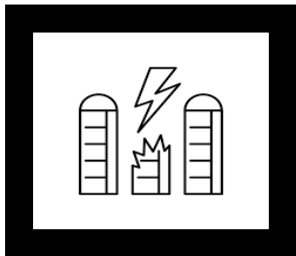


Build **awareness**, literacy, to increase demand



Spur national **ambition** efforts to make diagnostics available & accessible

Hold governments **accountable** for meeting diagnostic access commitments



**Influence upstream to downstream** decisions of how dx are conceived, developed, and administered (person-centred, suitable, affordable, etc.)

## The Diagnostic Gap

Tuberculosis kills more people than any other infectious disease.

**10.7M**  
DEVELOPED TB

**8.3M**  
DIAGNOSED

**2.4M**  
UNDETECTED

Source: WHO, 2025



## The TB Testing Gap

- The UN High-Level Meeting on TB set a goal of 100% coverage with WHO-recommended rapid molecular diagnostics (WRDs) by 2027.
- Yet current global coverage stands at just 54%.

Source: WHO, 2025

# Key gaps and challenges

Access barriers  
(geographic,  
financial, social)

Turnaround time  
issues

Quality assurance  
gaps

Human resource  
constraints

Supply chain  
weaknesses

Data  
management and  
reporting gaps

Equity issues  
(urban/rural,  
vulnerable  
populations)

Weak integration  
and specimen  
referral system

# Near point of care (nPOC) Pluslife MiniDock Ultra and MTB tests

- Reagents: Less than HALF the price of Xpert MTB/RIF price
- Next price breaks by July 2027 or 7 mn tests sold: \$2.70 per test
- Global Fund 13 “early adopters” can purchase for \$1.10 in 2026
- These tests can be used at: Peripheral laboratories, Primary health care centers and community or mobile testing sites

Integration potential:

- MTB, SARS-CoV-2/Flu A/Flu B, TB, Monkeypox, RSV, Strep A, Mycoplasma pneumoniae
- STIs: Trichomonas Vaginalis/Mycoplasma genitalium, HPV (16/18/45), and Group B Streptococcus<sup>15</sup>



- ✓ NPOC is a cheaper option
- ✓ Portable
- ✓ Reagents can be stored at temperatures up to 40°C
- ✓ Provides results within less than 30 minutes
- ✓ The test can be run using tongue swabs when sputum is unavailable

|                      |        |
|----------------------|--------|
| MiniDock Ultra       | \$155  |
| Pluslife Thermolyser | \$180  |
| MTB Test Card        | \$3.60 |





## Minidock and DockPro8 (Pluslife, China)

## Oral swab testing

### Testing Procedure



Stijn Deborggraeve — +



# Lessons from HIV: Access

Point of care tests (HIV testing, EID, CD4, VL, etc.) revolutionized access to testing

## Turn-Around Time

POC EID reduced turnaround time from 35 days to zero across 6 African countries while driving the ART initiation six times higher (Boeke et al.)

POC CD4 testing reduced median TAT from 10.5 days (lab setting) to 0.1 days (POC) (Vojnov et al.)

## Task-shifting

Evidence shows that there is no significant difference in the validity of the results between HCW and lay workers + considerable increase in reach (97.2% results reached people v. 55.4%) (Kaindjee-Tjituka et al)

## Coverage

Made tests accessible for the most marginalized (Mamulwar et al.)

Community HTC modalities achieved higher coverage than facility (Sharma et. al)

# Can nPOCs reduce the price of TB testing?

A study led by Samina et al. developed an open-access cost comparison calculator to help national TB programs estimate the financial impact of adopting nPOC platforms compared with existing molecular testing platforms.<sup>13</sup>

- Using country scenarios modeled on Bangladesh and Indonesia, the analysis found that introducing nPOC testing as the initial diagnostic test for people with presumptive TB could substantially reduce program costs while expanding testing access.

The estimated cost savings over three years include:

- Country A
  - Current testing levels: 43% reduction in diagnostic costs (US\$58 million saved)
  - Ambitious scale-up: 38% reduction in costs, while testing significantly more people (US\$70 million saved)
- Country B
  - Current testing levels: 55% reduction in diagnostic costs (US\$84 million saved)
  - Ambitious scale-up: 40% reduction in diagnostic costs (US\$201 million saved)

Source: Samina P, Dewan P, Mertz C, Kohli M, Pai M. An online, open-access, cost comparison tool for presumptive tuberculosis testing using low complexity, automated, nucleic acid amplification tests (LCaNAAT) versus near point-of-care (NPOCs) molecular tests [Internet]. medRxiv; 2026. Available from: <https://www.medrxiv.org/content/10.64898/2026.02.17.26346475v1> doi:10.64898/2026.02.17.26346475



# Lessons from HIV: Quality

- Same day results improved linkage to care, improved client satisfaction, and reduced anxiety among people tested for HIV (Meulbroek M et al)
- WHO endorses decentralization of HTS to peripheral health facilities (including primary health care facilities) as a core strategy (WHO HIV testing guidelines 2024)

# National Roadmaps for Rollout

| Indicator                     | 2026              | 2027 | 2028 | 2029 | 2030 |
|-------------------------------|-------------------|------|------|------|------|
| % microscopy sites with nPOCs | 20%*              | >25% | >50% | >80% | 100% |
| % PHC with nPOCs              | 5%*               | >10% | >20% | >60% | >75% |
| % TB diagnoses using WRD**    | Baseline %<br>+5* | >75% | 100% | 100% | 100% |
| %facility coverage with WRD** | Baseline %<br>+5* | >60% | >75  | 100% | 100% |

\*Targets for “early adopters” beginning rollout in 2026 with GF support

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

# Roadmap: innovation to impact

## nPOC: the missing link?

- Simpler, diverse sampling methods (e.g., oral and tongue swabs) eliminate the barriers of sputum collection
- Portable, battery-powered nPOC platforms are fit for last-mile settings
- Enabling the right test for people closer to where they live and seek care



## National roadmaps

- Innovation alone isn't enough: requires strong political leadership & sustained financial commitment
- Roadmaps – turn policy into impact



## Targets

- 100% of people tested for TB using a WRD
- More people receiving a TB test
- 100% facility coverage with WRD

# THANK YOU