

The TB Quarterly Update
Innovations

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THE GLOBAL FUND

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About the TB Quarterly Update

The TB Quarterly Update is produced by the TB team at the Global Fund to share best practices, lessons learned and information from countries supported by the Global Fund, partners and other stakeholders, as well as updates on new innovations and tools coming onto market. If you have any information you would like to share, please reach out to TBQuarterly.Update@theglobalfund.org.

Cover photo: Mg Soe Puing Zaw, 18 years old, is being cared for and supported by a volunteer from a Global Fund-supported TB project. Charr Aye Thor Zon township, Myanmar.
The Global Fund/Kyipyar Soe

1. What's New

The African Society for Laboratory Medicine Laboratory Systems Strengthening Community of Practice Annual Meeting



Credit: African Society for Laboratory Medicine

CSO representatives from across Africa delivering the call to action to bring molecular testing closer to communities.

The African Society for Laboratory Medicine (ASLM) Laboratory Systems Strengthening Community of Practice (LabCoP) held its eighth annual meeting from 22 to 24 October 2025 in Nairobi, Kenya. The aim of the meeting was to reflect on recent progress, share country experiences, and chart a practical, sustainable path forward for laboratory systems strengthening. ASLM convened the meeting in collaboration with the Gates Foundation, the Global Fund and the Ministry of Health in Kenya, bringing together country teams from all 24 LabCoP countries – as well as Benin and Niger – and global health experts, funders, and collaborating partners, including the World Health Organization (WHO), the Africa Centres for Disease Control and Prevention (Africa CDC), Unitaid, the Clinton Health Access Initiative (CHAI), Médecins Sans Frontiéres (MSF) and ITPC. Through an interactive platform that included plenary presentations, Q&A sessions, panel discussions and country group deliberations, participants reviewed action plans, priorities, challenges and funding opportunities. Selected countries also shared their implementation experience over the last 12 months. Key outcomes included the following:

- A list of priority HIV, TB and other essential laboratory services for sustainability planning.
- Country best practices for replication and cross-learning.
- Near-final roadmaps for scaling TB molecular testing coverage to meet WHO targets.
- Innovative service delivery and workforce optimization models.

The meeting further reinforced the role of national civil society representatives and organizations in advocating for diagnostics and domestic funding and helped to strengthen partnerships and resource mobilization opportunities. Next steps include developing and monitoring funded, integrated country work plans; refining priorities and intensifying advocacy through platforms such as the Lab Directors' Forum.

A call to action

Civil society organizations attending the meeting called on countries to bring rapid molecular testing closer to affected communities, which included implementing the following commitments:

1. **Countries with high rates of HIV and TB** to have 100% of outpatient facilities equipped with molecular tests for same-day diagnosis and treatment within five years.
2. **All countries** to have 100% facility coverage using a combination of near-point-of-care (NPOC) or sample transport mechanisms for a 24-hour turnaround time for results within five years.
3. **All countries** to have 100% of TB-diagnosed patients undergo initial testing with WHO-recommended rapid diagnostics (WRD) by 2027, in line with UNHLM targets.
4. **All countries** to double the number of people tested for TB within 5 years.

Stakeholder workshop for early adopters of near-point-of-care TB diagnostics

Near-point-of-care (NPOC) TB diagnostics (+/- with new sample types such as tongue swabs) represent a transformative opportunity to close diagnostic gaps and accelerate treatment initiation, particularly in decentralized and underserved settings. Early adopter countries will lead the way in generating operational evidence, validating implementation models and shaping policy pathways for scale-up.

From 20 to 21 October 2025, the Global Fund – in collaboration with the African Society of Laboratory Medicine (ASLM) – invited stakeholders from 13 selected countries in Africa, Asia and Latin America to Nairobi, Kenya, for a workshop on catalyzing accelerated access to NPOC TB diagnostics. The two-day workshop convened national TB programs (NTPs), laboratory programs, implementing partners, supranational reference laboratories (SRLs) from Uganda and Benin, donors and technical agencies – including WHO, the Stop TB Partnership, Unitaid, the Gates Foundation and the Children's Investment Fund Foundation (CIFF).

Participants collaboratively developed an implementation plan to define support needs, identify key milestones and establish timelines for NPOC implementation in 2026. To ease financial pressure, the Global Fund and CIFF will co-invest with countries to support the procurement of platforms, tests and implementation/technical assistance needs. By fostering early collaboration, this workshop aimed to ensure that country priorities be embedded from the start – accelerating readiness and enabling a coordinated, well-supported rollout, in anticipation of the WHO guidance on this in early 2026.

Representatives from 12 countries participated in-person, while the Philippines and additional Indonesian representatives joined the discussions online. Day 1 included presentations on country implementation plans. Day 2 focused on monitoring and evaluation presentations, information about the Access Fund modality (a co-pay mechanism to build demand and generate additional evidence) and dedicated breakout discussions to refine implementation plans and demand planning templates.

Key takeaways:

- **Ambitious, but phased scale-up strategies:** Countries developed ambitious, phased NPOC deployment plans tailored to specific use cases (i.e., replacing diagnostic microscopy, establishing WHO-recommended rapid diagnostics (WRD) services in remote hospitals and enabling primary health care testing in hard-to-reach areas).


Credit: The Global Fund

Representatives from 12 early adopter countries at the stakeholder workshop in Nairobi.

- **Use-case aligned to diagnostic gaps:** Use-cases were well-targeted to address diagnostic gaps.
- **Algorithm complexity:** Discussions were had around updating diagnostic algorithms for the class rather than for specific products to facilitate introduction of other new technologies in this class.
- **Lessons from past decentralized tools:** Lessons from loop-mediated isothermal amplification (TB-LAMP) and lateral flow urine lipoarabinomannan (LF-LAM) rollout, especially regarding linkage to drug-sensitive TB, can offer valuable insights for NPOC rollout.
- **Country and partner engagement:** A community of practice for sharing experiences of this early adoption will be beneficial and reduce duplication of work on implementation tools.

Next steps:
The Global Fund and CIFF will support the 13 early adopter countries on procurement and implementation in 2026. The NPOC early adopter initiative aims to demonstrate how this new class of diagnostics performs in the real world to support wider scale-up in 2027 and beyond.

Stop TB Partnership Board Meeting 2025

The Stop TB Partnership held its 39th annual board meeting from 29 to 31 October 2025 in Manila, the Philippines. The two-day meeting was co-hosted by the Philippines Department of Health, the Asian Development Bank (ADB) and the Stop TB Partnership. Approximately 200 participants and distinguished guests attended the event, including the First Lady of Nigeria; ministry of health representatives and senior government officials from Cambodia, Eswatini, France, Indonesia, Japan, Nigeria, Pakistan, Tajikistan and the United States; and private sector, civil society and TB community representatives. Discussions highlighted the need to increase domestic financing for TB, promote innovative funding mechanisms to sustain and expand national TB responses, and ensure ongoing access to TB products. TB REACH, the introducing New Tools Project (iNTP) and the Re-imagining TB Care (RTC) initiative were recognized for their role in supporting the introduction and scale-up of TB innovations from high- and low- TB burden countries. The meeting concluded with a joint session at the ADB focused on concrete approaches to increasing financing for the TB response. More information about the annual meeting is available on the Stop TB Partnership website.

Partnership as a critical building block for community engagement in TB national strategic plan development

Many countries in Eastern Europe and Central Asia (EECA) are in the process of developing new community health strategic plans. In order to strengthen collaboration with national TB program (NTP) representatives and ensure alignment with the latest WHO requirements for the preparation of national strategic plans (NSPs), the TB Europe Coalition (TBEC), together with the NTP in Moldova, held a regional training from 27 to 29 May 2025. The training was supported through the Community Engagement Strategic Initiative (CE SI) and brought together representatives from NTPs, civil society organizations (CSOs) and community groups working on TB in Ukraine, Moldova and Azerbaijan to foster dialogue and strengthen strategic planning, advocacy and monitoring skills among community and civil society actors.

The three-day interactive training combined presentations, case studies, group exercises and site visits to foster practical learning and allowed countries to identify key steps for engaging TB communities/CSOs in the NSP development process, thereby ensuring their active participation in shaping and implementing TB response programs.

Key activities included:
- Analyzing **TB care cascades** using a people-centered approach.
- Identifying **barriers to CSO engagement** in NSP development.
- Exploring WHO's TB Action Plan 2023–2030 and mechanisms for including certain topics into TB policies that have an impact on access to services,



Participants of the TBEC regional meeting on TB NSPs participating in a site visit to the ISO 15189 Certified National Reference Laboratory in Moldova, May 2025.

such as those related to communities, human rights or gender.

- Jointly designing an **ideal roadmap** for NSP development aligned with Global Fund GC8 priorities.
- Attending a **field visit** to a leading Moldovan CSO to observe community-led practices in action.

The event was the first joint training bringing together both NTP representatives and community/CSO leaders in one setting. The approach emphasized practical, evidence-based exercises using real epidemiological data and empowered community members to engage in technical aspects of TB strategy. Participants also discussed barriers to accessing TB services, such as those related to human rights and gender.

Key results from the training included (i) enhanced technical capacity to interpret TB epidemiological data and apply it in planning and advocacy; (ii) strengthened institutional collaboration, trust and communication between NTPs and communities, promoting inclusive TB governance; and (iii) increased regional coherence and alignment of common advocacy priorities and technical approaches across the three countries. Moldova, for example, decided to integrate pandemic preparedness considerations into its NSP, following WHO feedback during the training.

Next steps include integrating the training outcomes into upcoming NSP and Global Fund GC8 processes, replicating joint NTP–CSO trainings in other EECA countries and developing online capacity-building modules to sustain learning beyond in-person events. Training topics include data analysis and awareness-raising on access and barriers to TB services.

2. Knowledge Sharing and Learning Resources

Case study: Building the capacity of members of the mining community to become TB Champions in Ghana

Context

According to the 2024 Global TB Report, Ghana recorded over 20,000 TB cases in 2024, with a treatment success rate exceeding 90%, marking historic progress.[1] However, this still falls short of WHO's estimated target of 44,000 cases annually, indicating gaps in TB case finding and reporting to the national TB program. Ghana's 2023 WHO Annual Report indicates a surge in case notification from 32% to 43%, but this remains well below target.[2] Key issues for communities affected by TB include limited mobilization of TB-affected populations; weak community-based programming; high prevalence of TB-related stigma, particularly in poor urban settings, among prisoners, miners and people living with HIV; and challenges integrating TB with HIV programming (NSP 2021-2025), (Ghana CRG Assessment report 2025).

People working in and around unofficial mining areas, or *Galamsey* sites, are at risk of TB due to air pollution and poor living conditions. TB vulnerability is high for both those working in the mines and community members living nearby, such as food sellers and sex workers. However, these communities are mostly left behind in TB programs because the mines are unlicensed and unauthorized. Further, people living in these communities rarely access health facilities for fear of being arrested.

The Ghana National TB Voice Network (GNTBVN) has historically worked at the grassroots level in TB case finding and advocacy. However, the network has lacked the expertise to sustain a strong advocacy role at national level.

Implementation

Starting in November 2024, through the Global Fund's Community Engagement Strategic Initiative (CE SI), GNTBVN received long-term technical and organizational capacity strengthening support to engage TB survivors and TB key populations. As the country implementer, GNTBVN received direct mentorship support from ACT Africa. The aim of the support was to increase representation of affected communities in Global Fund decision-making processes and increase access to TB screening, including for TB survivors and champions. GNTBVN supported peer-led TB health education and built the capacity of community members to engage in advocacy at local and national levels. The project targeted three districts in the Western region of Ghana: Ellembelle, Nzema East and Mpohor.

GNTBVN built trust and gained buy-in by carefully engaging with local leaders and mining communities. The organization then adopted a peer-to-peer/word-of-mouth approach to increase awareness around TB prevention and screening and encourage individuals to access TB services. The organization worked closely with district health officers to address low trust between the mining community and local health service providers, highlighting the likelihood of high TB case findings among the *Galamsey* communities. To ensure sustainability, GNTBVN let communities take the lead and encouraged local ownership of the work with health facilities.

Results

GNTBVN trained 25 women and men, ex-miners and members of the mining community as peer educators to raise awareness about TB prevention in the three districts. The project shared information on health seeking behavior – including TB testing and treatment – in community centers, workplaces,

[1] https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2024
[2] https://www.afro.who.int/sites/default/files/2024-06/WHO%20Ghana%202023%20Annual%20Report.pdf



TB Voice TB Champions receiving their certificates after training on TB101, CRG101 and GF101.

businesses or schools, or through trusted community leaders. After the capacity building process, two of the ex-miners were appointed to the Country Coordination Mechanism (CCM) as observers to inform decisions on Global Fund TB grants and to learn from more experienced CCM members. In addition, the project built community trust with local health providers, a pre-condition for improved access to and uptake of TB prevention, screening and care.

Lessons learned and next steps

This is the first time members of the mining community have been represented in national-level decision-making, representing a significant step towards more voice and visibility in national and Global Fund-related decision-making. A study entitled "Factors influencing TB treatment adherence among miners in the Western region" is being carried out by GNTBVN to collect data and build the evidence base for addressing gaps and barriers to TB treatment initiation and completion. This will be used to influence Ghana's TB NSP 2026-2030 as well as the GC8 funding request.

GNTBVN also recognized that working with local district officials facilitated more consideration of cultural and religious beliefs held by the mining communities. The network supported TB district health coordinators to facilitate the training and act as conduits between the mining communities and the network. Leadership in the hands of local healthcare providers meant that the outcome of the project would reflect back on them and they would take responsibility for ensuring its success, fostering trust among the *Galamsey* communities and the healthcare providers.

Case study: Strengthening national TB reference laboratories in West and Central Africa

Context

The TB-Lab project was initiated in 2019 via funding from the Global Fund, covering a network of 23 countries in West and Central Africa. Its main objective was to strengthen the capacity of national tuberculosis reference laboratories (NTRLs) to ensure high-quality TB diagnosis in participating countries.

The Supranational Tuberculosis Reference Laboratory in Cotonou, Benin (Cotonou SRL) provided technical coordination to manage the network, in collaboration with the SRL in Antwerp, Belgium.

The project has included three successive phases:

- **First phase (2019–2021):** Establishing network, capacity building and harmonizing quality monitoring tools via a multi-country grant. The encouraging results led to renewed funding in Grant Cycle 6 (GC6) for a new phase.

- **Second phase (2022–2024):** Consolidating achievements; enrollment in Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) Quality Management Systems (QMS) programs; training to NTRLs on production of proficiency testing (PT) materials and managing PT programs within domestic TB diagnostic networks; providing technical assistance services to NTRLs on biosafety/biosecurity, equipment maintenance, and other capacity building related to TB laboratory services.
- **Third phase (2025-2026):** Continuing network activities through the WARIL project (funding mechanism shifted to a regional Catalytic Initiative rather than a multi-country grant). Continued focus on QMS activities, SLIPTA training, ISO accreditation objectives, expanding participation in PT schemes; and hosting training events for members.

Implementation

In the first years of the network, the project conducted an initial assessment in each participating country to identify existing gaps related to mycobacteriology culture and drug susceptibility testing, and all aspects of TB diagnostics services. Country-specific action plans were developed to address shortcomings and provide targeted support. The plans have been renewed annually to enable follow-up and track progress.

Activities were structured around several major themes:

- **Skills development** through training courses online or in Cotonou and on-site technical assistance covering key topics such as quality management, biosafety and infrastructure renovation planning, laboratory network management, and sample referral systems.
- **Annual assessments** to evaluate progress, including SLIPTA audits, and regular updates/revisions to annual action plans.
- **External quality assurance**, including production and supply of microscopy panels in NTRLs, GeneXpert, culture and antibiogram equipment to enhance the reliability of diagnostic results.
- **Material and infrastructural support for the Cotonou SRL**, including significant infrastructure upgrades to the facility, provision of essential equipment and reagents.
- **Reference testing services and technical assistance** provided by Benin SRL to the NTRLs of member states as needed, including calibration/certification of biosafety cabinets.



BSC certification, Niamey, Niger, August 2025.

Results

Strengthening the regional network

The TB-Lab project has established and strengthened an active network covering the NTRLs in 23 West and Central African countries. Six annual regional meetings have been organized, fostering exchanges between the NTRLs, the coordination teams of national tuberculosis control programs (NTCPs), and the regional tuberculosis support services (RTSs). This network forms a close-knit community whereby experiences are shared and mutual support initiatives are developed. Communication within the network has been enhanced through the launch of the website https://srlcotonou.org and the regular publication of newsletters (SRL Benin Newsletter 2025).

Strengthening human and technical capacities

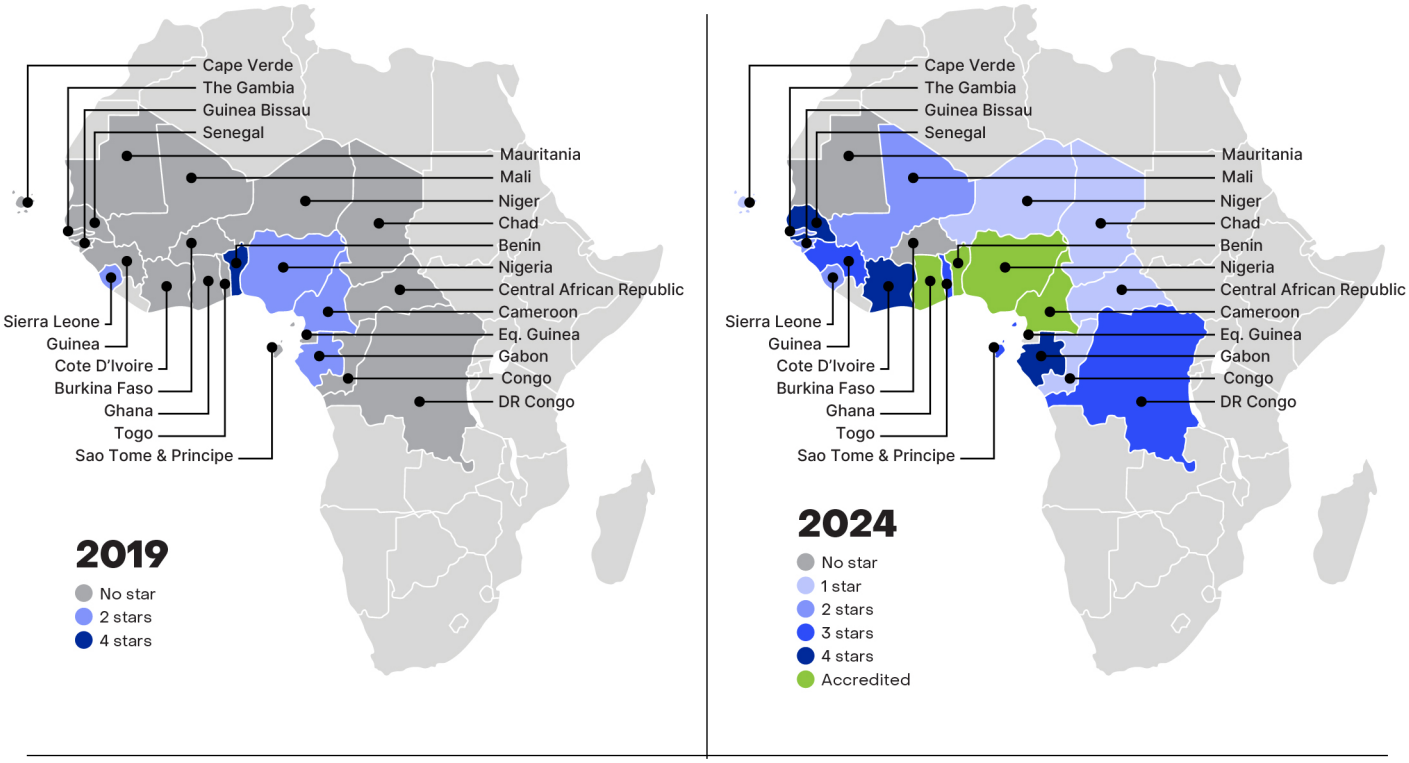
The project strengthened the Cotonou Supranational Reference Lab (Cotonou SRL), which has become a recognized regional center of excellence capable of

supporting the NRLs of the sub-region. It has enabled the following results:

- Adoption of the main molecular diagnostic technologies (GeneXpert, TB LAMP, TrueNat) in all countries in the network.
- First-line phenotypic susceptibility testing capacity established in 11 countries.
- Genotypic testing (Line Probe Assay, LPA) well-established in 11 countries.
- A significant improvement in quality management systems in the NTRLs. For example, in 2019, none of the NTRLs were accredited according to the ISO 15189 standard. The project contributed to the accreditation of seven NTRLs in the following countries: Benin, Cameroon, Côte d'Ivoire, Gabon, Ghana, Nigeria and Senegal.
- Improved management of the national tuberculosis laboratory network across different countries, using the TB-Lab checklist developed during the project.
- Improved NTRL capabilities to produce EQA materials and conduct PT programs within their domestic networks: 11 countries manage their own microscopy PT schemes and seven countries manage molecular diagnostic PT schemes.
- Certification of biosafety cabinets in various countries by the Cotonou SRL.

Figure 1: Status of laboratory network upon project completion

Source: Benin Surpanational Laboratory (SNRL) data



Lessons learned and next steps

Thanks to the TB-Lab project, the region now has a network of technically competent, better structured and interconnected NTRLs capable of producing reliable results. At the end of the six-year implementation period (2019-2024), several major lessons emerged. These lessons provide a solid basis for the design and implementation of other regional approaches:

- A strong NTP relies on a robust network of laboratories: The performance of NTPs depends directly on the quality, reliability and interconnectivity of the laboratories that support them.
- Success is a collective endeavor: No laboratory or actor can succeed in isolation. Collaboration, solidarity and the sharing of experiences among NTRLs are critical.



SRL Cotonou, December 2024.

- Regular comprehensive assessments are essential: Regular assessments allow progress to be monitored, gaps to be identified and appropriate corrective actions to be planned.
- Accreditation is possible for NTRLs: TB-Lab's experience has shown that with structured guidance and ongoing technical support, laboratories can achieve compliance with the requirements of ISO 15189. NTRLs can serve as a model for other public health programs.

Following the TB-Lab project, regional momentum continues through the WARIL project (2025-2026), supported by the Global Fund. This initiative focuses on strengthening external quality assurance activities, including the implementation of an external panel quality assessment program for microscopy and molecular testing through targeted training and on-site technical assistance for West African countries. This project also provides an opportunity to maintain the TB-Lab network, particularly ensuring the minimum operational capacity of the Cotonou SRL, including the upkeep of infrastructure, equipment, essential consumables and key personnel. This allows it to respond to requests from the network's NTRLs. The future now lies in resilience, cooperation and the continuity of achievements through the WARIL project.

Case Study: Active case finding campaigns using digital chest X-rays with computer-aided detection in Chad

Context

Chad is a high TB burden country with an estimated incidence rate of 118 (73-222)/100,000 population and TB treatment coverage stands at 71% (WHO Global TB report 2025). The country, which has limited resources and a weak health system, hosts 1.8 million displaced people, including 1.2 million refugees from conflicts in Sudan, Central African Republic and Cameroon. To find the missing people with TB, particularly in high-risk groups and among vulnerable people, the National TB Program (NTP) in Chad adopted a new strategy in 2023 with the support of the Global Fund's TB Strategic Initiative.

Implementation

In 2023, before the intervention began, a situation analysis was conducted to better understand diagnostic gaps. This allowed the NTP to identify a number of challenges, including operational weaknesses of the laboratory networks and TB sample transportation;

inadequate testing strategies for target groups; and insufficient participation of health care providers and community health workers (CHWs). For the first year, the project prioritized active TB case finding activities (ACF) in the three provinces where most of the missing people with TB were thought to be living: N'Djamena, Moyen Chari and Mayo-Kebbi-Est. Activities included X-ray screening campaigns, TB contacts investigation and community interventions. The project developed a budgeted operational plan, along with a guide for healthcare workers, a training manual and tools for TB diagnostic algorithms targeting most-at-risk populations.

From May 2023 to October 2025, the project progressively extended several TB active case finding campaigns in a number of provinces (Figure 2). The campaigns used a mobile van equipped with digital chest X-rays (CXR) with computer-aided detection (CAD) and a GeneXpert machine and targeted people in prisons, nomad populations, people living in refugee camps, miners and undeserved villages with unexpected rises in TB cases.

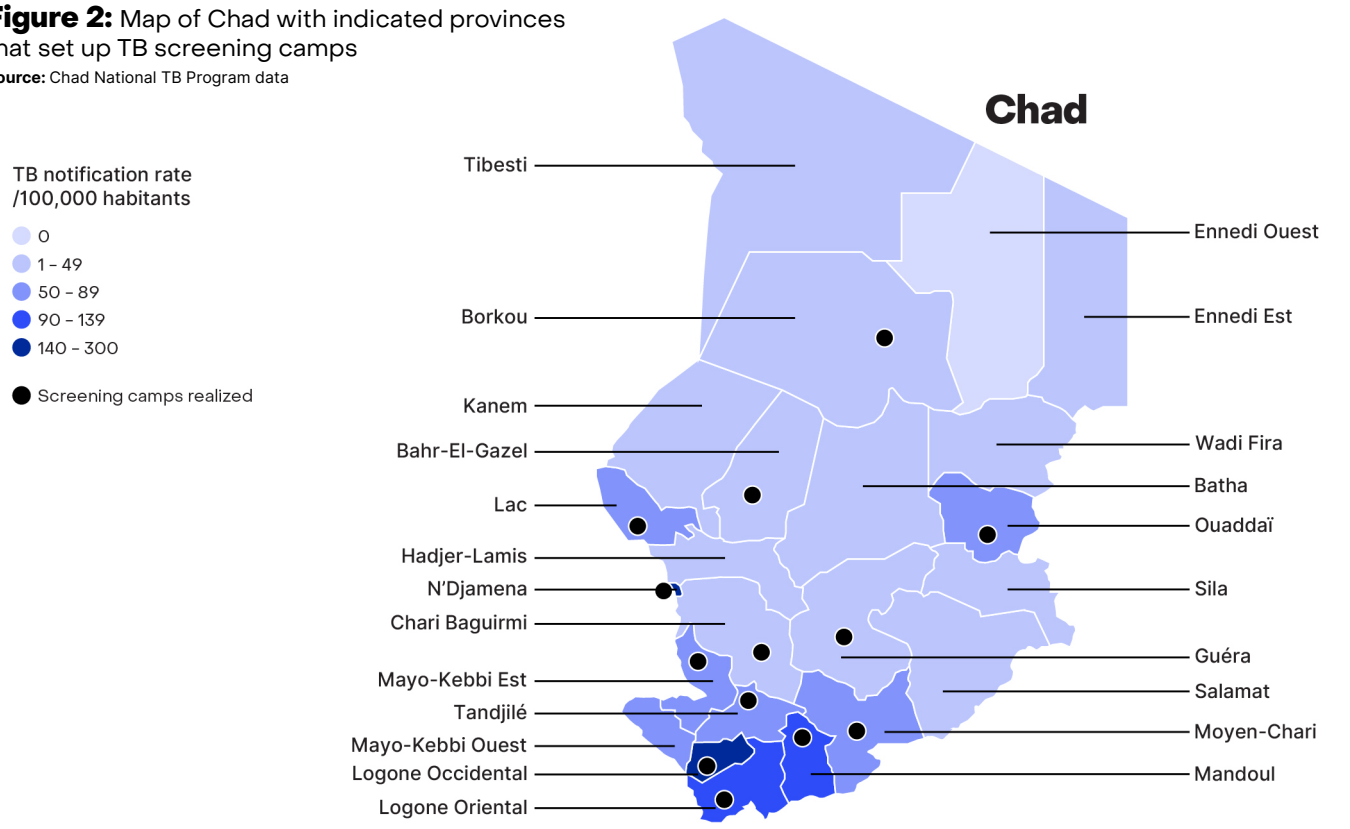
For people living in prisons, the algorithm included both screening for any TB symptom and CXR in parallel. For nomads, refugees, miners and people living in underserved villages, symptomatic screening was performed first to select people eligible for X-ray exams. In 2024 and 2025 the NTP expanded ACF interventions using the mobile van to cover more provinces and particularly high-risk groups. A national consultant to the NTP, initially funded by the Global Fund TB Strategic Initiative, was supported by the grant to collaborate with the NTP and province staff to coordinate and implement active case finding. The aim of this intervention was to ensure early TB diagnosis in certain vulnerable populations with innovative diagnostic tools, using a mobile van equipped with digital radiography, automated X-ray reading software (CAD) and rapid molecular testing (GeneXpert Ultra).

Results

The project collected results from May 2023 to November 2025, presented in Table 1 below. This included conducting screening camps among nomads,

Figure 2: Map of Chad with indicated provinces that set up TB screening camps

Source: Chad National TB Program data



in prisons, in rural undeserved villages (Mandoul Region), in refugee camps among Cameroonian (West) and Sudanese refugees (East provinces, the majority in Ouaddaï) and in miners.

During the 48 screening campaigns organized from May 2023 to November 2025, 13,649 people among targeted groups were screened, 10,960 (80%) were reached with X-ray and CAD and 1,211 people (8%) were identified as presumptive TB patients and realized a GeneXpert test for diagnosis. All 233 TB patients notified (229 MTB+/Rif, 1 MTB+/Rif+, 3 clinically diagnosed) were put on TB treatment.

Table 1: Mobile van screening among people living in prisons, refugee camps and undeserved villages, miners and nomads
Source: Chad National TB Program

Type of camps	# of people clinically screened	# of people who benefited from X-ray and CAD (% of people screened)	# of people with presumptive TB tested with GeneXpert (% of people screened)	TB cases confirmed with GeneXpert	Enrolled on TB treatment	Number needed to screen (NNS)
Prisons*	8,293	8,243 (99%)	621 (7.5%)	149 (1 MTB+/Rif+)	149	56
Refugee campsº	2,095	1,407 (67%)	403 (19%)	25	28 (3 clinically diagnosed)	75
Rural undeserved villages (Mandoul)º	1,632	883 (54%)	143 (8.8%)	45	45	36
Nomadsº	1,062	358 (34%)	39 (3.8%)	10	10	106
Minersº	567	69 (12%)	5 (1%)	1	1	567

* Systematic screening using X-ray applied in prisons;
º X-ray realized among people with at least 1 TB symptom/sign

Lessons learned and next steps

The use of mobile vans equipped with modern diagnostic devices, digital CXR with CAD and GeneXpert has allowed a very good yield in terms of the number of TB cases detected and prompt access to TB care, specifically for people living in refugee camps, prisons, or undeserved villages, and for nomads and miners. The small number needed to screen (NNS) (36) among people in the undeserved villages in Mandoul needs to be investigated further. The campaign among miners was realized for the first time in 2025 and the large NNS (567) can be related to the low number of people who realized a GeneXpert test (only 5 people).

During the screening campaigns, CHWs mobilized people and provided support during activities. The inclusion of prompt investigations among the contacts of notified patients was a good approach, even if currently available data doesn't allow us to specify the number of cases identified among contacts. Important challenges include the availability of only one equipped mobile unit in a country of around 1.3 million km2, the costs related to the van maintenance, and difficulties related to

managing patients with an anormal X-ray and negative GeneXpert test identified during screening campaigns.

Next steps include targeted TB screening campaigns; the use of diagnostic algorithms that are sensitive, accurate and efficient among high-risk groups; consideration of screening for other diseases to offer a more integrated service, particularly in refugee camps and in prisons; and collaboration with other technical and financial partners to reinforce mapping of high-risk groups and geographic areas with high incidence ("hotspots") to guide TB ACF campaigns.



Mobile vans equipped to deliver TB services come to conduct TB screening campaigns among high-risk groups in Chad.

3. Voices

"Chad is among countries where the proportion of missing people with TB remains high. In response, the Ministry of Public Health and Prevention, in its health development plan, adopted integrated approaches to reduce the number of missing people with TB among vulnerable and high-risk populations. Since 2023, with support from the TB Strategic Initiative of the Global Fund, the NTP has developed and implemented an active TB case-finding plan, created specific tools and algorithms, conducted mobile screening campaigns using CAD4TB-equipped radiography and improved TB case reporting among populations with poor access to care. Due to the ongoing humanitarian crisis in neighboring countries, particularly Sudan, the number of refugees has significantly increased, challenging the health system. Therefore, the NTP emphasizes the need to accelerate the expansion of active TB case-finding strategies among refugees to provide an appropriate response."



Dr. Oumar Abdelhadi
National TB Control Program Manager, Chad

"Technology alone doesn't change outcomes – we need systems and people to facilitate these outcomes. Communities must be involved from the planning stage, not only the implementation; otherwise we create challenges and repeat past mistakes we saw during COVID-19. When communities are part of the process, they can help create demand and ensure people at the lowest periphery actually access the new point of care test."

Austin Obiefuna
Technical Director, African Coalition on TB, Ghana

"Awareness of the new test is still low, even among frontline health workers, because it is a new technology. But communities appreciate that tongue swabs, and sputum swabs are much easier and more dignified than traditional sputum collection, especially for children and older people. This approach also reduces stigma because people no longer need to cough publicly into containers, which previously discouraged many from testing."

Sunny John Kwaghe
Project Officer, Janna Health Foundation, Nigeria



Global Fund CRG Department welcoming participants of the Community Connector meeting to discuss, among other topics, community perspectives on the introduction of TB NPOC diagnostics, November 2025.



Mohammed Asad Mia (middle), with his family and neighbors in the township of Tongi, Bangladesh, successfully defeated TB during the COVID-19 pandemic with community-based treatment at no cost., Dhaka, Bangladesh.
The Global Fund/ Yousuf Tusha

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About the NextGen Market Shaping Strategic Initiative

The NextGen Market Shaping Strategic Initiative, financed by the Global Fund, supports the implementation of innovative approaches and mechanisms for the introduction and scale up of new tuberculosis tools in Global Fund-supported countries. This initiative is part of the Global Fund NextGen Market Shaping approach, which outlines a holistic set of interventions to shape innovation and accelerate new product introductions at scale, promote capacity building for regional manufacturing and drive environmentally sustainable procurement and supply chains.