



Information Note for CSOs on COVID-19 Testing

As vaccines are rolled out globally, testing remains a critical way to manage and monitor COVID-19 outbreaks. Without testing, we cannot track or contain the spread of the virus, address urgent clinical needs, refer patients for treatment, test the efficacy of vaccination, and detect the emergence of new variants.

A combination of different types of tests are needed to facilitate patient management and public health planning for effective control of COVID-19. The Global Fund encourages countries to include all appropriate types of tests when developing their COVID-19 Response Mechanism (C19 RM) funding proposals. [See [C19RM Health Product Segmentation Framework](#), Global Fund info note, 27 May 2021].

Test type	Notes
Polymerase Chain Reaction (PCR)	<p>A Nucleic Acid Amplification Test, or NAAT, is a type of viral diagnostic test for SARS-CoV-2, the virus that causes COVID-19. Reverse transcription polymerase chain reaction (RT-PCR) is one of several methods used by NAATs to detect the virus.</p> <p>The PCR test is considered the gold standard way to detect COVID-19, however this test requires specialized equipment found in central laboratories and results can take 1–3 days or longer. The price of the test is US\$ 10 to US\$ 19.8 per test*. Tests procured by private health care settings may be more costly. In addition to extended turnaround times, there may be significant obstacles for patients to reach facilities where samples for PCR tests are collected and facilities may face bottlenecks when testing demand is high. Such availability issues are particularly acute in low-resource and/or remote settings and during times of high transmission rates.</p>
Antigen rapid diagnostics tests (Ag RDTs)	<p>This type of test provides results in 15–30 min and is well suited for community-based interventions since no special equipment or electricity is required. Since they are less sensitive than PCR, these tests are used where PCR testing is inaccessible or takes too long to return a result. In some countries Ag RDTs are also being used to test individuals in routine or before they engage in certain activities (e.g. schools, workplaces, health care facilities and entertainment).</p> <p>The slow uptake of the Ag RDTs is due to the novelty of the tool and the fact that national policy guidance and additional training is needed to allow task-shifting of COVID-19 testing from laboratory professionals to community health workers.</p> <p>Ag RDTs with WHO Emergency Use Listing (EUL) are currently available from 3 suppliers at around \$3.00** per test. The Global Fund's C19RM encourages countries to include Ag RDTs in their funding requests. PCR tests are often used to confirm a +ve reading.</p> <p>Community-based testing by trained community health workers has been demonstrated to improve ability to reach a wider range of populations at a greater scale. The Global Fund guidance note on COVID-19 testing urges CCMs to consider including funding for training of community health workers and support of service delivery of antigen testing in community settings.</p>

* Eligible prices for LMICs (Ex works (EXW)), for automated PCR.

NOTE: Ex works (EXW) is an international trade term that describes when a seller makes a product available at a designated location, and the buyer of the product must cover the transport costs

** EXW pricing

Test type	Notes
Rapid Antibody Test (Ab RDT)	Ab RDTs detect the immune response to the virus and are used primarily for surveillance and epidemiological investigation. These tests inform public health measures and testing of contacts to establish previous spread of the virus.

The procurement of tests should be aligned with the national testing strategy as well as policies for isolation, contact tracing, and reporting of results. Where new testing strategies are being introduced health authorities may need to provide guidance, training and support for task shifting.

Ag RDT are rapid, cost effective and easy to use. CSO reps on CCMs should verify that C19RM writing teams have considered ordering Ag RDTs for community-led COVID-19 testing initiatives that focus on access to testing in underserved settings in an effort to quickly isolate and monitor asymptomatic cases. By including Ag RDT in the C19RM proposals countries can significantly improve coverage and case finding

In addition, CCMs should be encouraged to consider procuring bi-directional or integrated testing tools which for example can test for tuberculosis (TB) and COVID-19 thus improving case detection for both diseases [See The [Global Fund C19RM Funding Request TB Community, Rights and Gender Activities Guide](#), Stop TB Partnership, May 2020]

Other considerations

- Community-led initiatives to promote COVID-19 testing must ensure that interventions safeguard the rights to privacy and confidentiality of those who test, especially those who test positive.
- Community-led outreach to hard to reach groups and communities should be comprehensive and include education to address stigma, vaccine hesitancy as well as testing .

Resources

- [COVID-19 Diagnostics & testing](#), FIND, May 2021
- [High level forum on diagnostic testing](#)
- [Info note Rapid Diagnostic Tests for COVID-19](#), FIND, May 2020
- [Scale-up of Community Testing for SARS-CoV2 using Ag RDTs](#)
- [5 Steps to Meaningful Community Engagement in the COVID-19 Response Mechanism \(C19RM\)](#): An info note by ICASO, APCASO, Via Libre, GATE and others on how CSO should engage in grant writing processes for C19RM
- [Simultaneous, integrated diagnostic testing approach to detect COVID-19 and TB in high TB burden countries](#)
- [Antigen rapid tests: country implementation support](#)
- ACT-A Dx country [roundtable recording](#)
- [Background information on rapid, point-of-care antigen and molecular-based tests](#) (Cochrane Database of Systematic Reviews)

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