

A healthcare worker wearing a surgical cap and mask is seated, feeding a young child with a spoon. The child is wearing a patterned shirt. The background shows a hospital room with a bed and medical equipment.

Integrating TB into RMNCAH Services—with a Focus on Paediatric TB

Sierra Leone's Country Experience

Regional TB Workshop on WHO Guidance Uptake and Global Fund GC8 Integration

Addis Ababa | 24 June 2026

IN PARTNERSHIP WITH

WHO | The Global Fund | Partners In Health | Solthis | CISMAT-SL

Presented by: **National Leprosy Tuberculosis Control Program Team**

Ministry of Health, Sierra Leone

Presentation Outline

01

Health System Context

Health system landscape, population demographics, and the critical gap driving TB integration into RMNCAH.



02

Implementation & Activities

Screening, diagnostic services, CXR protocols, and child TB management pathways.



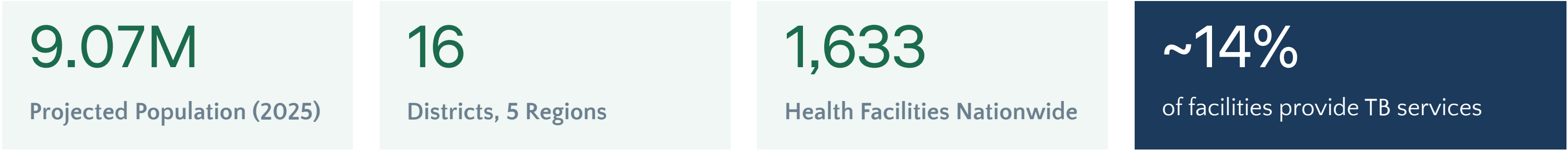
03

Results & Strategic Vision

TB detection and childhood TB trends. progress, NSP 2026–2030 roadmap



Health System Background



■ Health System Structure

- 1 **Primary Health Units (PHUs)**
First point of contact for communities
- 2 **District Hospitals**
Secondary care and referral services
- 3 **Referral Hospitals**
Tertiary specialized care

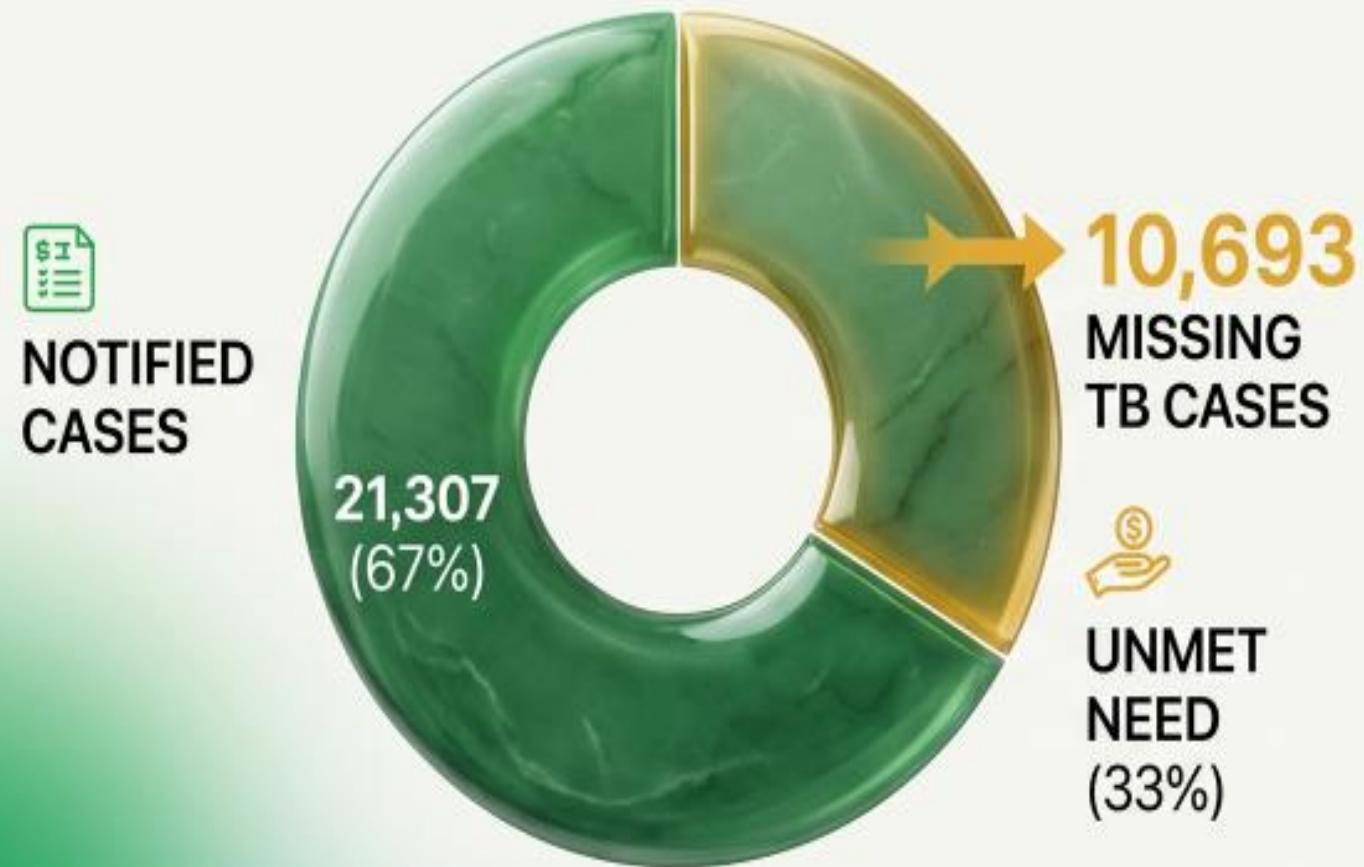
■ Existing Primary Care Services

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|--|--|
|  ANC |  Delivery |
|  PNC |  Child Growth |
|  Immunization |  Referral |

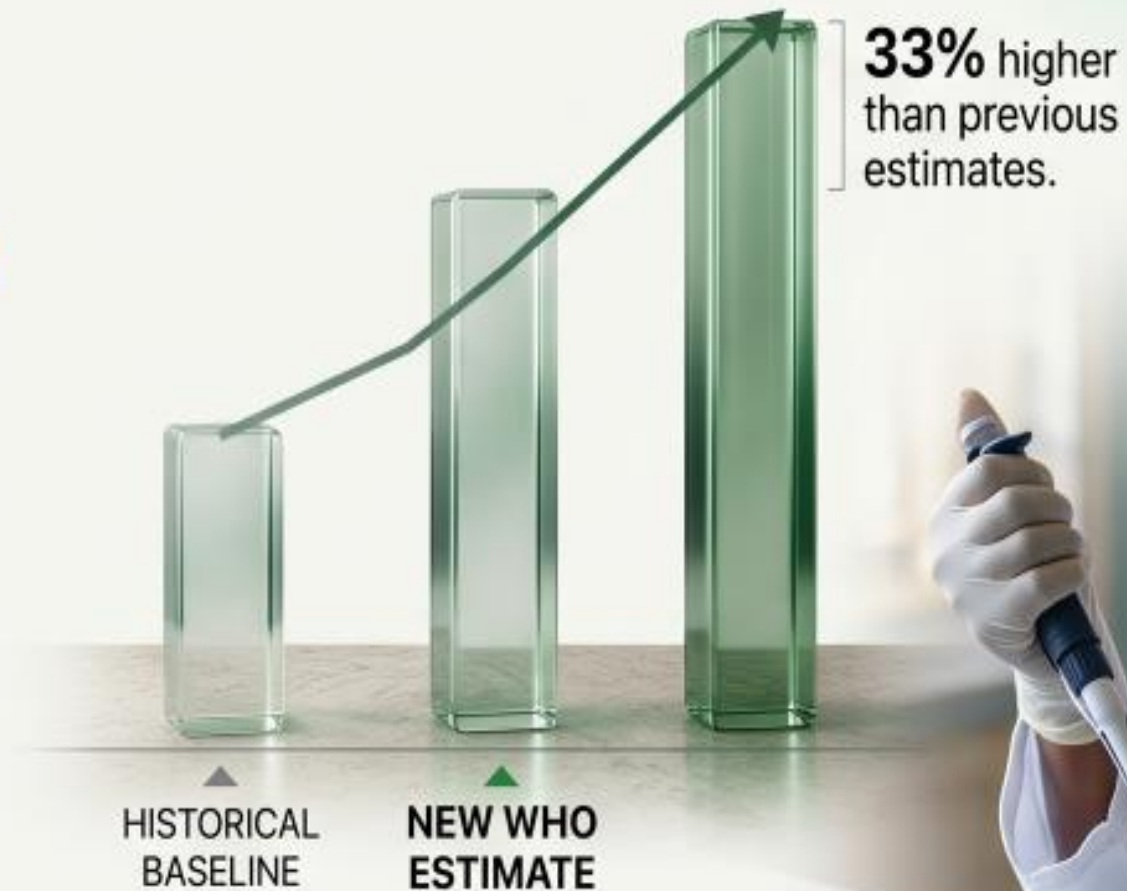
 **The Critical Gap:** Only ~14% of health facilities provide TB services. This creates a strong case for integration of TB into RMNCAH, HIV, nutrition and community systems.

Latest TB Burden and Performance Snapshot

THE TB CASE DETECTION GAP
(2025 WHO ESTIMATE vs NOTIFIED)



NEW WHO ESTIMATE
(32,000 cases)



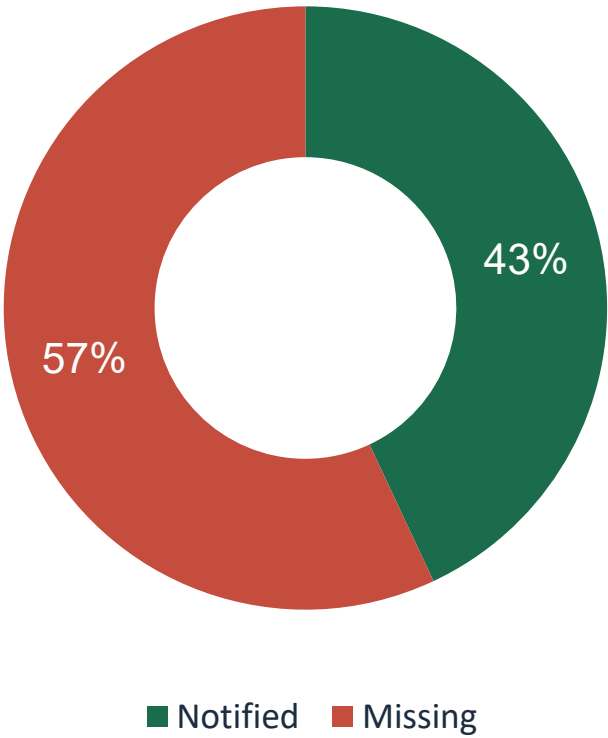
- High-burden country with major unmet need (Global TB Report)
- Closing this gap is critical for integration efforts



4,800 Cases, Only 43% Coverage

WHO ESTIMATE 4,800 Total paediatric TB cases estimated	NOTIFIED 2,065 Cases identified and reported	MISSING5 2,735 Cases not identified – critical gap
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2025 Coverage Gap



■ Key Insights

-  **High-Burden Country** — Sierra Leone classified as high TB burden country with major unmet need
-  **Coverage Rate** — Only -43% treatment coverage under revised WHO estimate
-  **Revised Estimate** — WHO estimate 33% higher than previous due to revised methodology
-  **Urgent Action Needed** — Integration into RMNCAH critical to close the coverage gap

Implementation: Screening, diagnostic services, and clinical pathways for Integration



ACTIVITY 01

Systematic TB Screening

Health facilities started systematic screening of TB among key RMNCAH populations

Pregnant Women

Postnatal Clients

Children

FP Clients



ACTIVITY 02

Documentation at Clinics

Documentation of TB screening at multiple clinic entry points across services

ANC

PNC

FP

PMTCT

IMNCI



ACTIVITY 03

TB Screening Tool

Screening tool developed and distributed to RMNCH and PMTCT clinics for **standardized screening** across all entry points

Standardized Screening



ACTIVITY 04

GenXpert Testing

GenXpert testing enabled through the sputum sample referral system, expanding **molecular diagnostic capacity**

Molecular Diagnostics

CXR During Pregnancy: Safety & Diagnosis

■ Current CXR Availability

Chest X-ray is available at the **district hospital level**, but access remains inconsistent due to equipment downtime, limited capacity, and geographic barriers.

Key Challenges

- ✗ Equipment downtime and maintenance issues
- ✗ Limited equipment and radiological capacity
- ✗ Geographic access barriers for remote communities

Priority: Improved radiology access remains a critical need for comprehensive TB diagnosis

■ Diagnostic Algorithm

1

Symptom Screening

Cough, fever, weight loss, night sweats



2

Sputum Collection

GenXpert testing where available



3

CXR if Indicated

With abdominal shielding for pregnant women

Safety Protocols

- ✓ Abdominal shielding
- ✓ Trained radiographers
- ✓ Lead shielding of abdomen
- ✓ Clear clinical indications

Alternative diagnostics: Where CXR unavailable, clinical diagnosis and GenXpert are prioritized

Neonatal \ Child TB Management Pathways

 Contact Investigation Systematic contact tracing and investigation for children and exposed infants as priority population	 Child-Friendly Formulations Age-appropriate TB medications with palatable formulations designed specifically for children	 Integrated Child TB Integration of childhood TB services into existing child health platforms and immunization
 TPT Expansion TB Preventive Treatment for eligible children and exposed infants including HIV-exposed	 Birth Cohort Tracking Systematic follow-up of infants born to mothers with TB to ensure early detection	 Improved Diagnostics Stool-based Xpert Ultra, gastric aspirate, and standardized clinical algorithms

Additional Interventions

- ✓ Breastfeeding support for mothers on TB tx
- ✓ Maternity-pediatric care coordination
- ✓ Timely BCG vaccination for all newborns
- ✓ Postnatal care and newborn assessment

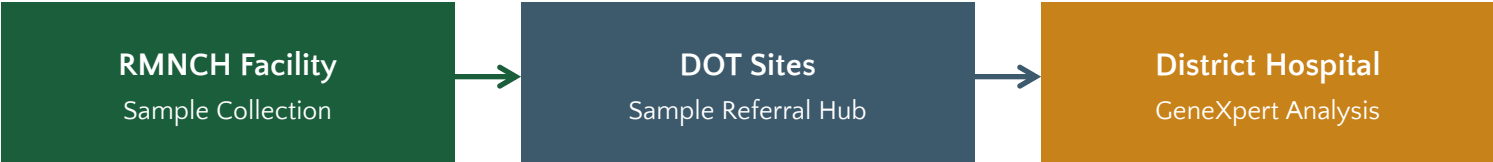
 **Key Principle:** No missed opportunity — screen every child in contact with a TB case

Referral & Sample Transportation from RMNCH Facilities

Sample Transport System

Sputum and stool samples collected at RMNCH facilities are transported to **DOT sites and district hospitals** with GeneXpert capacity for analysis.

Referral Pathway



Key Components

 **Motorbike Couriers**
For remote facilities

 **Standardized Packaging**
Cold chain maintenance

 **Turnaround Targets**
Timely result delivery

 **Referral Linkage**
Track to treatment

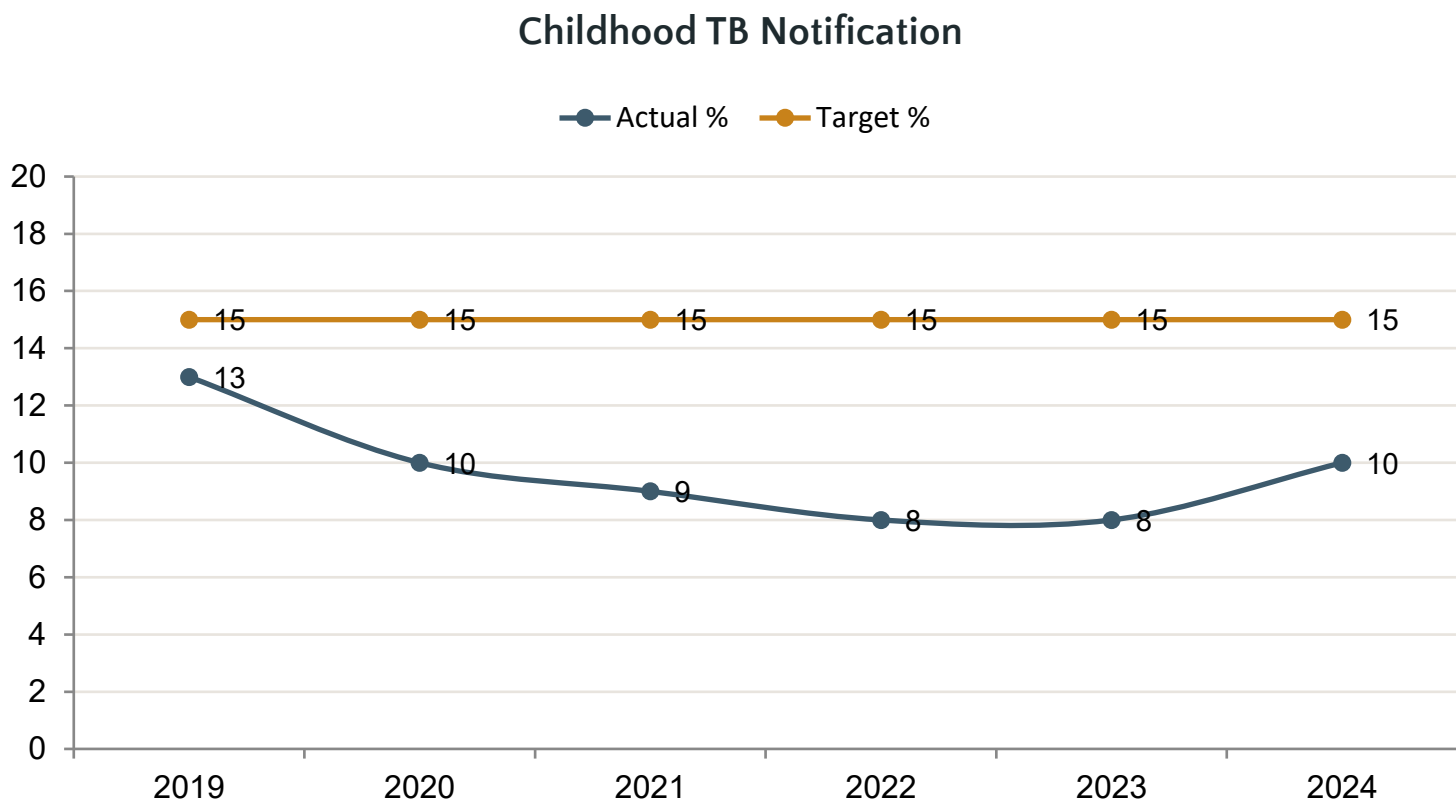
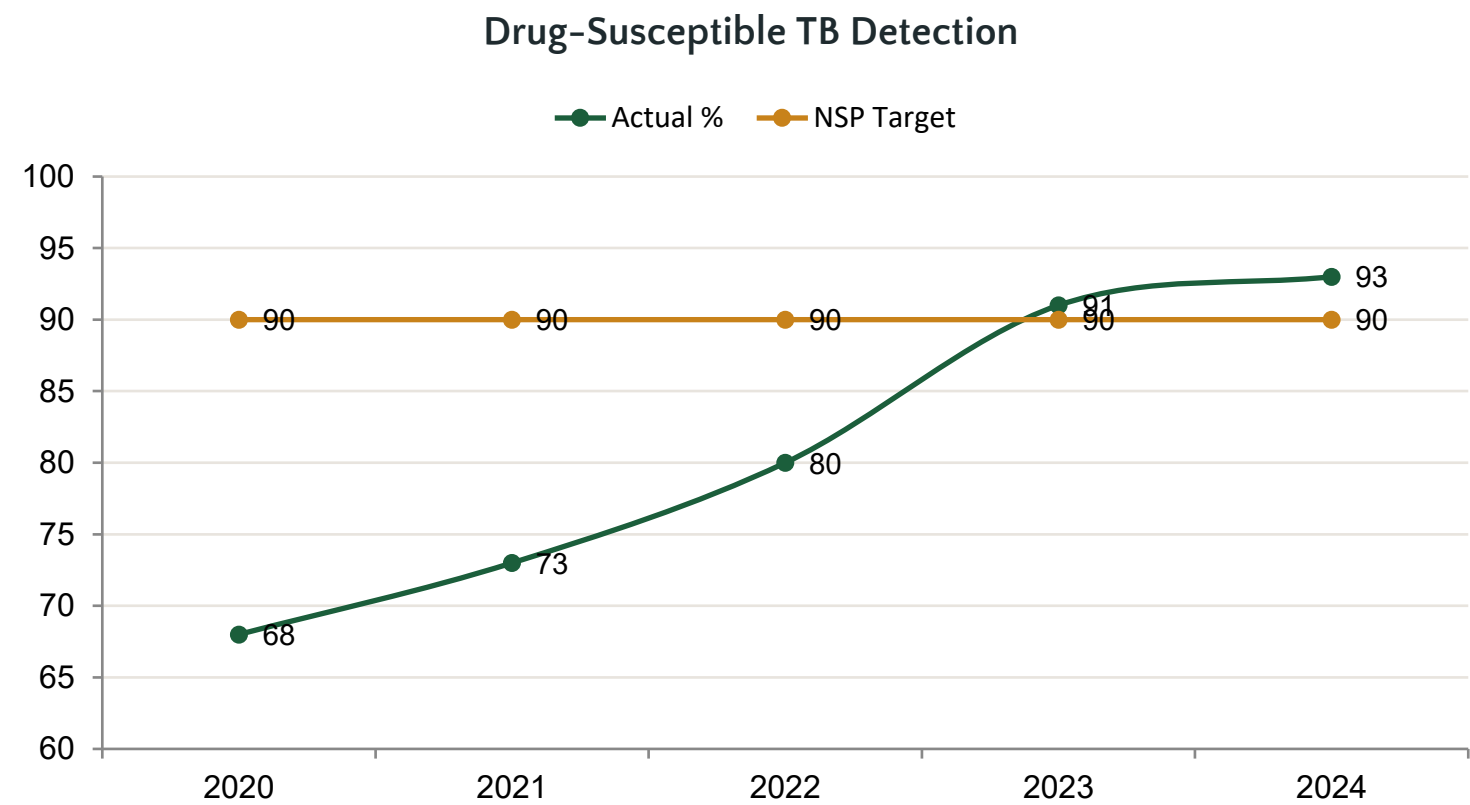
Recording & Reporting / Data Collection

Data Collection Points

- Screening registers at ANC/PNC
- Sample transport logbooks
- GeneXpert result database
- Treatment initiation records

 **Scale-Up Plan:** The Bo District motorbike transport model is being scaled nationally to ensure equitable sample transport access for all RMNCH facilities.

Results: TB Detection Trends: Exceeding 90% Target Since 2023



93%

DS-TB Detection 2024

10%

Childhood TB 2024

Key Drivers of Success

- ✓ Integration into RMNCAH platforms
- ✓ Improved diagnostic access (GenXpert)
- ✓ Systematic screening at ANC/PNC
- ✓ Healthcare worker training & mentorship

Strategic Vision: NSP 2026-2030: Ambitious Targets for Universal Access

■ Development Process

🚩 **Country-Led Process**
Consultative development with all stakeholders

👥 **People-Centred Framework**
WHO's patient-centered approach applied

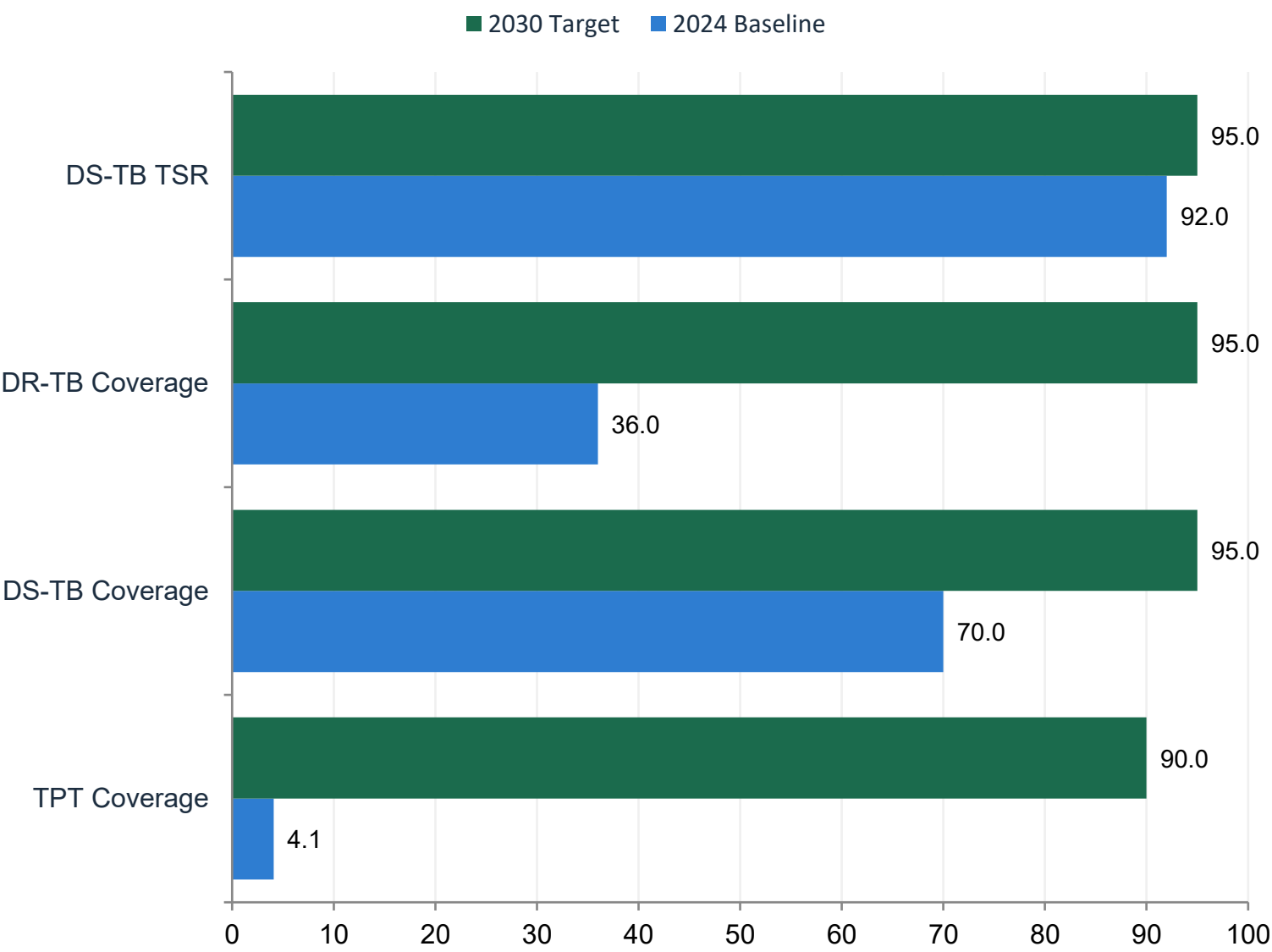
💻 **Digital Evidence Platform**
National TB digital platform for data-driven planning

■ Alignment \ Integration

NHSSP 2026-2030 — Aligned with national health sector strategic plan
Universal Access — TB control within universal health coverage framework
Cross-Cutting — HIV/TB/malaria integration and accountability

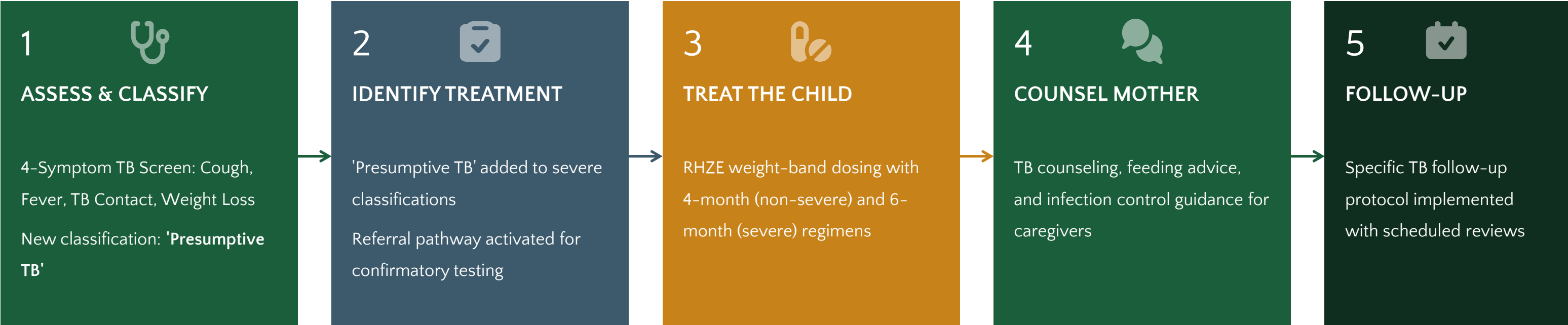
👁️ **Vision:** Integrated TB screening in maternal/child health with patient-centered approach

NSP 2026-2030 Targets



Source: NSP 2026-2030, Sierra Leone

Integrating TB Screening Indicators into IMNCI



IMNCI Chart Booklet Validated — TB indicators officially integrated

Training of Health Workers — Commenced July 2026

Expected Impact

Earlier Detection
TB screening at every child health contact point

Standardized Care
Uniform screening and classification across all facilities

Better Data
Age-disaggregated TB data captured through routine IMNCI

Three Priority Areas for Accelerated Integration



Pillar 1 — Diagnostics & Screening

- Address radiology equipment downtime
- Embed TB indicators in IMNCI booklets
- Strengthen child diagnostic pathways:
 - TPT expansion for children
 - Sputum/stool sample referral
- NPOC DIAGNOSTIC TO BE DEPLOYED



Pillar 2 — Data Systems & M&E

- Strengthen DHIS2-integrated reporting
- Expand eTracker for patient tracking
- Quarterly data validation & district analytics
- Address gaps: TPT cascade and age-disaggregated data



Pillar 3 — Referral & Sample Transport

- Scale Bo District model of motorbike transport
- Pilot results (March 2026):
 - 88 presumptive cases
 - 19 (22%) active TB
 - 16 (84%) initiated treatment
- Equitable access & remove barriers for caregivers

Our Partners: A Collaborative Ecosystem

 WHO Technical Guidance & Policy Support (Capacity Building)	 The Global Fund Primary Financier (GC7 Grants) Investment in Mobile X-Ray & GeneXpert	 Solthis Childhood TB Lead (Bo District) 4-Year 'Free TB' Project Integrating TB RMNCAH & Referrals
 Jhpiego PLHIV TB Screening Backpack X-Ray Procurement Technical Expertise	 CISMAT(CSOs) Community Mobilization & Advocacy Trained Community Mobilizers Operational Support	 MSF / NLTP Childhood TB & DR-TB Care (Bombali) 12 DOT Sites, Sample Transport National Oversight & Coordination

Sierra Leone: Working Towards Zero TB Deaths, Zero Disease, Zero Suffering. Through partnership, we are building an integrated health system that leaves no mother or child behind.

Five Lessons for NTP Programs

- 1 Integrate TB Screening into All RMNCAH Entry Points**
ANC, PNC, FP, PMTCT, IMNCI — systematic screening at every touchpoint
 - 2 Implement the Four-Pillar Framework**
Systematic screening, Documentation, Tools, Molecular Diagnostics
 - 3 Prioritise Paediatric TB**
Contact investigation, TPT expansion, Birth cohort tracking, Child-friendly formulations
 - 4 Embed Within National Health Strategies**
NSP, NHSSP, PHC — align TB integration with broader health system planning
 - 5 Use People-Centred, Evidence-Based Planning**
Care-continuum analysis to identify drop-off points and barriers
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Thank You

Through intensified contact tracing, health system integration, capacity building, and community engagement, we will close the detection gap and ensure every child with TB in Sierra Leone is identified, treated, and cured.

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24 June 2026



Sierra Leone