



TUBERCULOSIS PROFILE



Indonesia ranks third on the list of 22 high-burden tuberculosis countries in the world. According to the *WHO Global TB Report 2006*, there were 540,000 new TB cases and an estimated incidence rate of 110 new sputum smear-positive (SS+) cases per 100,000 people in 2004. Based on World Bank disability-adjusted life-year (DALY) calculations, TB is responsible for 7.7 percent of the total disease burden in Indonesia, compared with four percent in neighboring countries. In 1992, Directly Observed Therapy, Short-Course (DOTS) was first piloted in Sulawesi and, according to WHO, had expanded to 98 percent of the country by 2005. Indonesia has met the 85 percent target for DOTS treatment success. Detection of infectious TB cases has increased from 38 percent in 2003 to 53 percent in 2004. Preliminary data (not published) for 2005 shows a significant increase to 67 percent.

Country population	222,000,000
Global rank out of 22 high-burden TB countries	3
Estimated number of new TB cases	540,000
Estimated TB incidence (all cases per 100,000 pop.)	245
DOTS population coverage (%)	98
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	117
DOTS case detection rate (new SS+) (%)	53
DOTS treatment success rate in 2003 (new SS+) (%)	87
Estimated adult TB cases HIV+ (%)	<1

Note: All data are for 2005 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

USAID works closely with the Indonesian government and the USAID-funded Tuberculosis Coalition for Technical Assistance (TBCTA Project) to support DOTS expansion. USAID activities are focused largely on the densely populated provinces of East and Central Java, each with a population of more than 30 million, as well as other areas including West Java, Bengkulu, Yogyakarta, Banten, Jambi, Lampung, West Sumatra, and Babel. Assistance includes strengthening of diagnostic services, human resources, drug management, local government commitment, and operations research. Between 2000 and 2005, USAID funds for TB programming in Indonesia averaged \$1.9 million per year.

USAID provides support for the following activities:

- Building capacity at the national level
- Establishing all elements of TB diagnostic and treatment systems in East and Central Java
- Providing laboratory equipment, supplies, and vehicles for transport
- Strengthening monitoring capacity at the provincial and district levels
- Improving laboratory quality control
- Enhancing the capacity of the national program through support to general and laboratory staff at the district and health center levels in West Java, Bengkulu, Yogyakarta, Banten, Lampung, West Sumatra, and Babel

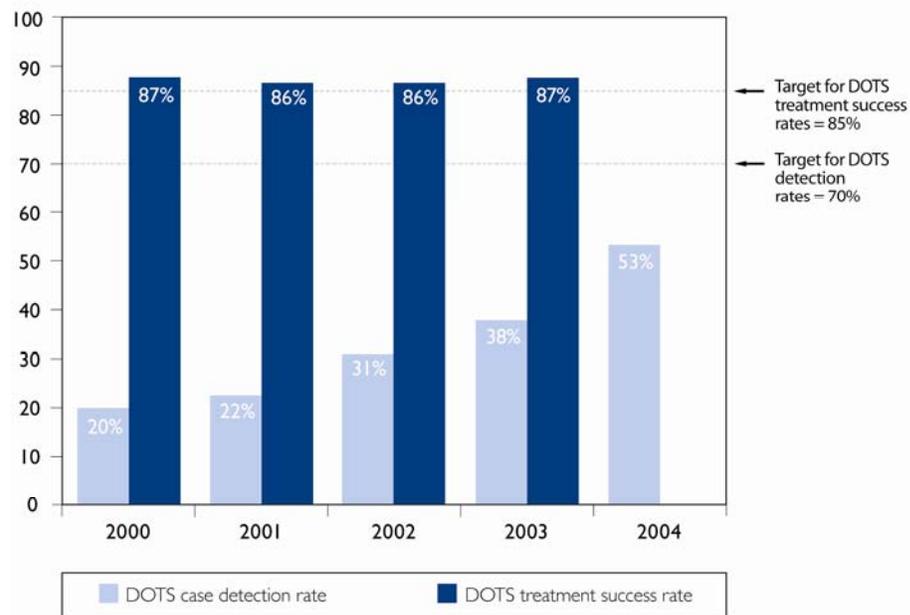
- Strengthening research capacity in the NTP and supporting TB-HIV/AIDS and multidrug resistance surveillance

USAID Program Achievements

USAID support has led to a number of measurable achievements:

- Contributed significantly to increased TB case detection, which increased from 20 percent in 2000 to 68 percent in 2005
- Increased the notification of infectious (SS+) TB cases fourfold in East Java from 5,500 in 2001 to 21,6000 cases in 2005, and threefold in Central Java from 5,200 in 2001 to 17,500 in 2005
- Improved the national treatment success rate from 50 percent in 1999 to 89 percent in 2004
- Strengthened the function of project management units at the provincial level
- Trained more than 13,600 TB program staff, including 5,000 medical professionals, in nine provinces in DOTS implementation
- Supported, in collaboration with the Ministry of Health and WHO, the development of guidelines and training modules, including hospital involvement, and culture and drug sensitivity testing
- Developed surveillance of TB-HIV co-infection and TB drug resistance

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.
Source: Global Tuberculosis Control: WHO Report 2006.

Partnerships

WHO and the KNCV Tuberculosis Foundation primarily lead the external technical partnerships with the Indonesian government. In addition to contributions from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Indonesia receives assistance from the Netherlands government for staff training and from the Canadian International Development Agency for DOTS expansion. The Asian Development Bank provides support for overall health systems strengthening, while the Global TB Drug Facility focuses on drug support. Netherlands Leprosy Relief also assists Indonesia's TB control activities.