



INDONESIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Indonesia FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

While Indonesia has made progress over the past decade toward reducing TB incidence and increasing treatment success rates, significant challenges to eliminating TB remain. Among the top 30 high TB burden countries, Indonesia ranked third; and among the high multidrug-resistant TB (MDR-TB), Indonesia ranked fifth.¹ In 2018, Indonesia had an estimated incidence of 845,000 and estimated mortality of 93,000 TB cases.² TB is the fourth highest cause of death in Indonesia overall, and among Indonesians aged 15 to 49 years, it is the number one cause of death by a communicable disease.³ In 2018, only 568,865 (67 percent) of the 845,000 estimated TB cases were notified.⁴ Thus, more than one-third of TB patients remain either undiagnosed or diagnosed but not notified to the NTP. Of the new cases diagnosed and started on care, 85 percent were successfully treated.⁵ Additionally, in 2018, an estimated 24,000 patients developed drug-resistant TB (DR-TB)/MDR-TB; however, only 9,038 cases were diagnosed and only 46 percent of those cases were initiated on treatment.⁶

The current National Strategy of TB Care and Prevention in Indonesia 2020-2024 aims to accelerate the TB elimination efforts in Indonesia by 2030 and to end TB in Indonesia by 2050.⁷ To achieve these goals the National Strategy will strengthen leadership of district- and city-based programs; increase access to high quality, patient-centered TB diagnostic and treatment service; control TB infection and optimize the provision of TB preventive therapy (TPT); increase utilization of research results on screening technologies, diagnostics, and treatment regimens; increase the participation of communities, partners, and other multisectoral actors in TB control efforts; and strengthen program management by strengthening the overall health system.

The proposed FY20 USAID TB budget for Indonesia is \$15 million. With this level of funding, USAID will support the following technical areas:

¹ World Health Organization Global Tuberculosis Report, 2019.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ National TB Program. National Strategy of Tuberculosis Care and Prevention in Indonesia 2020-2024.

REACH

TB diagnosis

USAID will provide technical assistance (TA) to address the persisting quality issues in the diagnostic network, make improvements to the specimen transport system, and increase interoperability to improve data availability and usage, which will result in improved quantification and commodity security. USAID will also provide TA to the NTP in achieving their ambitious target for diagnostic expansion. By 2023, the number of Xpert® MTB/RIF (GeneXpert) instruments will more than double from 933 instruments in early 2020 to more than 2,000.⁸ Additionally, USAID will develop and test the models for improved access to diagnostics in the private sector.

Engaging all care providers

USAID will collaborate with the Ministry of Health (MOH), provincial and district health offices, and other TB stakeholders to improve mechanisms and systems for engaging private providers in the provision of high quality TB care. This will include activities to improve strategic purchasing for TB, availability of GeneXpert and quality TB fixed-dose combination drugs (FDCs) in the private sector, and interoperability between the TB and general health system electronic data systems. USAID will also promote the engagement of private hospitals in DR-TB service provision.

Community TB care delivery

Following initial USAID investments in scaling-up community-based TB care interventions, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and Government of Indonesia now support these activities. However, USAID, through support to local organizations, will continue to support a community-based DR-TB care model to increase access to treatment.

CURE

Drug-susceptible TB (DS-TB) treatment

While great progress has been made to maintain the treatment success rate of 85 percent, for private sector facilities (including hospitals, clinics, and general practitioners), the treatment success rate is unacceptably low. USAID support will work to address this issue by engaging with private providers to ensure they are providing high quality care and follow-up. This support will also increase private sector access to FDCs. Additionally, USAID will support the NTP in developing and implementing a roadmap to daily dosing of isoniazid/rifampicin 2FDC for the continuation phase.

⁸ Ibid.

Multidrug-resistant TB (MDR-TB) treatment

USAID, through local organizations, will establish sustainable civil society networks for TB elimination in four districts and empower TB patient organizations with a case finding system that uses digital tools (e.g., EMPATI and SITRUST) and pre-treatment counselling to address the issues in treatment enrollment. Additionally, USAID will establish six private hospitals within the Muhammadiyah network as DR-TB referral hospitals and will develop and implement a community-based DR-TB treatment model.

PREVENT

Prevention

The uptake of TPT remains low. The NTP has set ambitious targets for preventive treatment, with the goal of increasing TPT coverage among household contacts to 68 percent to expedite declining TB incidence and to 55 percent among people living with HIV/AIDS (PLHIV).⁹ USAID, through an embedded NTP advisor, will support the NTP to develop and maintain a forecasting system and help to manage any related logistics. Additionally, USAID will support the MOH in developing and rolling-out a strategic campaign to address the current gaps in the knowledge and practice of TB prevention services, including TPT, among both communities and healthcare workers.

SELF-RELIANCE

Commitment and sustainability

USAID will support the development of a multisectoral advocacy forum at the district level. The system-strengthening interventions (see below) are also aimed at increasing local ownership and sustainability. USAID also plans to target and support local civil society organizations (CSOs) to monitor and advocate for effective TB programming at the district level. These activities will be completed in collaboration with Ministry of Home Affairs (MOHA) activities funded by the Global Fund from 2021 to 2023.

Capacity and functioning systems

Based on the size and economic development of Indonesia, all USAID-supported projects are focused not on large-scale implementation but on strengthening national TB systems. These interventions include improvements in data systems (and their interoperability), strengthening of the strategic purchasing abilities of the national health insurance system for TB services, and the facilitation and support of necessary interactions between the NTP and relevant Government of Indonesia entities aimed at improving governance of TB programming in the decentralized setting of Indonesia.

⁹ Ibid.