



INDONESIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Indonesia FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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. Indonesia ranks second among high-TB burden countries, and fourth among high multidrug-resistant TB (MDR-TB) countries.¹ In 2020, Indonesia had an estimated TB incidence of 824 000 cases and an estimated 97,800 deaths.² TB is the fourth highest cause of death in Indonesia overall, and among Indonesians ages 15 to 49 years, it is the number one cause of death by a communicable disease.³ In 2020, only 384,025 (47 percent) of the 824,000 estimated TB cases were notified, leaving more than one-third of individuals with TB either undiagnosed or diagnosed but not notified to the NTP. Of the new cases diagnosed and started on care in 2019, 83 percent were successfully treated.⁴ Additionally, in 2020, only 7,921 individuals with drug-resistant TB (DR-TB) were diagnosed, and only 66 percent of those cases were initiated on treatment.⁵

The current National Strategy of TB Care and Prevention in Indonesia 2020-2024 aims to accelerate the TB elimination efforts in the country by 2030 and to end TB in Indonesia by 2050.⁶ To achieve these goals, the National Strategy will strengthen leadership of district- and city-based programs; increase access to high quality, person-centered TB diagnostic and treatment service; control TB infection and optimize the provision of TB preventive treatment (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 COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent

¹ World Health Organization Global Tuberculosis Report, 2021.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ National TB Program. National Strategy of Tuberculosis Care and Prevention in Indonesia 2020-2024.

decline. In 2020, there was a 31 percent decline in TB case notifications and a 31 percent decline in DR-TB case notifications, compared to 2019. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time, and to build more resilient TB programming.

The proposed FY 2021 USAID TB budget for Indonesia is \$17 million. With this level of funding, USAID will support the following technical areas:

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. By 2023, the number of Xpert[®] MTB/RIF (GeneXpert) instruments will more than double, from 1,168 instruments in July 2020 to more than 2,000.⁷ Additionally, USAID will work to establish linkages between private facilities and GeneXpert facilities by implementing an e-referral tool.

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. USAID will work with private providers, including pharmacies, to improve access to diagnostics and quality-assured drugs for TB treatment. In FY 2021, USAID will support strategic purchasing of TB services from private networks, as well as improve access to GeneXpert and fixed-dose combinations (FDCs), data interoperability between the public and private sectors, and the operationalization of dissemination strategies and plans for district public-private mix (DPPM) and other private provider engagement approaches. USAID plans to expand hospital-based intervention under the TB Recovery Plan in the 80 DPPM priority districts, and to use the final strategy plan from this pilot to inform the Muhammadiyah Hospital Network Preparedness Plan for Disease Outbreak to better prepare hospitals for future disease outbreaks and mitigate unnecessary impacts on TB care.

⁷ Ibid.

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 the Government of Indonesia now support these activities. The National Strategic Plan recognizes the importance of community mobilization in active case finding and has set a target for increasing community referral contribution from 18 percent in 2018 to 38 percent in 2024. USAID will continue to expand community support in TB and DR-TB treatment as well as conduct a large-scale campaign and behavior change communication activity to improve the uptake of TPT.

CURE

Drug-susceptible TB (DS-TB) treatment

While great progress has been made to maintain the treatment success rate of 83 percent, for private sector facilities (including hospitals, clinics, and general practitioners), the treatment success rate is still unacceptably low. With USAID support, the NTP will work to address this issue by engaging with private providers to ensure high-quality TB care and treatment. This support will also increase private sector access to publicly-funded FDCs for TB treatment.

Multidrug-resistant TB (MDR-TB) treatment

In support of the national programmatic management of drug-resistant TB (PMDT) program, USAID will provide advisory roles to the NTP and Global Fund for the PMDT acceleration plan 2021-2025. USAID, through local organizations, will establish sustainable civil society networks for TB elimination in four districts and empower TB-affected individual organizations with a case finding system that uses digital tools (e.g., EMPATI client and SOBAT TB) and pre-treatment counseling to address the issues in treatment enrollment. Additionally, USAID will establish three new DR-TB referral hospitals within the Muhammadiyah network and continue to support the community-based DR-TB treatment model introduced last year.

PREVENT

Prevention

The NTP has set 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).⁸ However, the uptake of TPT remains low. USAID will

⁸ Ibid.

support the NTP's effort in expanding contact investigation to household members of individuals with DR-TB treated in hospitals and will provide support throughout the treatment course. USAID will support NTP efforts to increase TPT uptake by providing access to TB prophylaxis drugs and capacity building of private primary care doctors and hospitals. 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, through a local partner award, 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.

SUSTAINABLE SYSTEMS

Commitment and sustainability

In 2019, the MOH and the USAID/Indonesia Mission director signed a Joint Statement for TB elimination in Indonesia, with eight objectives aligned with the Global Fund performance framework. Indonesia also demonstrated commitment to TB elimination by including a TB indicator in the Minimum Service Standards for districts and developing district action plans. 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.