



INDONESIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Indonesia FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget.

In 2021, the estimated TB incidence in Indonesia was 969,000, and an estimated 150,000 people died from TB. Indonesia notified 432,577 incident TB cases, of which 70 percent with bacteriologically confirmed TB were tested for rifampicin resistance. A total of 8,268 individuals were diagnosed with drug-resistant TB (DR-TB), and 5,234 (63 percent) were put on treatment.

The National Tuberculosis Strategy for Tuberculosis Care and Prevention in Indonesia 2020-2024 aims to accelerate the elimination of TB in Indonesia by 2030 and the TB epidemic in Indonesia by 2050. The National Tuberculosis Strategy 2020-2024 targets all people with TB symptoms and vulnerable high-risk groups, including (1) household contacts of bacteriology-confirmed TB cases; (2) those who are clinically at high risk: people who smoke, the malnourished, diabetics, the elderly, people living with HIV (PLHIV), and immunocompromised persons; (3) settings where people congregate: inmates of penitentiaries/detention centers, urban slums, workplaces (informal and formal), closed mining, refugees camps, barracks, and boarding schools; and (4) health care workers treating people with TB.

The current five-year strategy pays particular concern to four substantial interventions, namely:

- (1) Programmatic management of drug-resistant TB (PMDT), by providing comprehensive and high quality PMDT services and ramping up universal access to DR-TB care and treatment.
- (2) Public-Private Mix (PPM) to improve TB notifications by engaging the private sector to provide quality TB care and notify TB cases to the National TB Program (NTP) through a PPM approach at the district level (DPPM).
- (3) Lab capacity improvement to increase drug-susceptibility testing (DST) coverage by optimizing utilization of GeneXpert, expanding the sputum transportation system, establishing more TB culture laboratories, and piloting Health Technology Assessment (HTA) of the new rapid diagnostic tools.
- (4) TB preventive therapy (TPT) as a protective measure against contacts.



The proposed FY2022 USAID TB budget for Indonesia is \$22 million, and with this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

In 2021, the Government of Indonesia (GOI), with the support of USAID and other development partners, stabilized the decline in TB notification and detected 432,577 individuals with TB, a 13 percent increase compared to 2020.

With FY22 funds, USAID/Indonesia will prioritize TB case finding for both adults and children, as well as support for the TB diagnostic network, making it a top priority. Following are USAID-supported activities:

- USAID will assist the GOI to intensify active TB case finding in public facilities and hospitals; further scale up active case finding (ACF) in private hospitals; and deploy mobile teams in the communities for chest X-ray (CXR) and GeneXpert (GX) screening and testing.
- USAID in collaboration with the NTP will pilot a “screen all” approach in both public and private hospitals. USAID will continue supporting a network of private hospitals and independent providers for TB case finding and early diagnosis.
- USAID will work with the GOI to introduce Truenat instruments in remote areas and at the point-of-care level, mainly at Puskesmas—government-mandated community health clinics—and other primary health care (PHC)-level clinics.
- USAID will provide technical assistance (TA) to assist with expansion of the GX network, install 10-color instruments, and pilot stool-based sample testing via GX among children in selected sites.
- Given the size of the private sector in Indonesia, USAID will assess the diagnostic capacity of private providers and hospitals and initiate development of a concept for a private sector consortium, which will allow patients from the private network to get quick TB and DR-TB testing via GX 10-color instruments.

Engaging all care providers

Recognizing the critical gap in private provider engagement for TB in Indonesia, USAID/Indonesia will continue supporting Indonesia to respond to the challenges of private provider engagement. Following are the key USAID activities:



- USAID will continue providing capacity-building activities and facilitate TB diagnosis and treatment for private health facilities by engaging big chain hospitals to increase TB testing and TB case notifications, implementing e-learning platforms, and facilitating increased engagement at district and provincial levels.
- In 2023, USAID will continue contact investigation activities after successful scale up in early 2022.
- USAID will support local organizations and build their advocacy and outreach skills with the goal to advocate for increased attention to TB, improved services, and to hold district and provincial governments accountable for quality TB services.
- USAID will support supply chain management of commodities for diagnostic technologies—CXR- Computer-aided Detection (CAD), GeneXpert, and TrueNat—support quantifications, and develop a national policy and plan for distributing TB diagnostics machines to private sector providers.
- USAID will assist the NTP with the quantification of TB medicines and fixed-dose combinations (FDCs) for public and private providers.

Community TB care delivery

A 2017 patient pathway analysis revealed that only 24 percent of people with TB symptoms sought health care. Recognizing the importance of finding those with TB outside health facilities, the national strategic plan for TB in Indonesia included active case finding through community mobilization as one of the essential elements; they set a target for increasing the community referral contribution from 18 percent in 2018 to 38 percent in 2024.

In 2023, USAID will continue conducting TB awareness campaigns at public and private facilities and communities in priority districts. USAID will work with Muhammadiyah hospitals to raise awareness of TB, conduct hospital-based TB screening, and expand contact investigations, while also providing psychosocial and socioeconomic support for people with TB throughout the treatment course. USAID will assist the NTP with the campaigns and activities in the public sector at primary care facilities, in remote communities, and via local Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs).

USAID will scale up pre-treatment counseling, screening via CXR in the communities, and confirmatory testing via GX in hospitals to expand DR-TB screening, testing, and treatment of DR-TB, USAID will scale up pre-treatment counseling, screening via CXR in the communities,



and confirmatory testing via GX in hospitals. USAID will also support TA, mentoring, and supervision of the NGO staff to improve the community-level linkage to DR-TB care and quality of care at the community level.

CURE

Drug-susceptible TB (DS-TB) treatment

DS-TB treatment in Indonesia has a well-established with treatment success rates of 86 percent (cohort of 2020)¹, but challenges remain with treatment monitoring and adherence support.

In 2023, USAID will assist the NTP to continue uptake of Category I Fixed Dose Combinations (FDCs) in order to achieve 100 percent coverage by the end of 2023; provide technical assistance (TA), trainings, and capacity building of both public and private providers; and work with the national team to update guidelines, standard operating procedures (SOPs), and programmatic manuals. To improve treatment adherence among people with TB in remote areas located far from the nearest Puskesmas, USAID will pilot video directly observed treatment (DOT) services—a remote TB treatment monitoring and application of digital adherence technologies; USAID will also work with private general physicians and hospitals to pilot remote treatment monitoring tools and assist local NGOs with the scale-up.

The monthly interim cohort analysis (MICA) has been an instrumental tool for USAID-funded projects to review treatment delivery for people with DR-TB and assess adherence and management of adverse drug reactions (ADRs). By the end of 2023, USAID will gradually introduce MICA for people with DS-TB at select public and private facilities to review and address treatment results for those with patients.

Multidrug-resistant TB (MDR-TB) treatment

Addressing DR-TB is the second priority for USAID/Indonesia after TB case finding; gap analysis performed during the development of the TB Roadmap highlighted many issues Indonesia is facing, such as: extremely large gap between those diagnosed and enrolled on second line drug (SLD) treatment²; poor treatment adherence and management of ADRs, slow uptake of all-oral

¹ According to a World Health Organization (WHO) Global TB Report 2022—cohort 2020

² Out of 8,268 DR-TB patients detected—2019 cohort; only 5,234 enrolled in treatment, according to WHO Global TB Report 2022.



treatment regimens, poor participation of private providers in the detection and treatment of DR-TB, and delays in treatment recording and reporting.

A total of 356 PMDT sites and 1,988 satellites are available across 514 country districts. The obstacles in increasing the performance of MDR-TB care in Indonesia arise from a fragmented health system, a clinical approach that is hospital-based rather than a person-centered approach, inadequate provision of supportive psychosocial interventions, and substantial stigma among individuals with TB and providers.

USAID/Indonesia will address gaps and issues with DR-TB through several interventions and implementing partners in 2023:

- Assist the NTP to establish more DR-TB treatment centers nationwide to have at least one center per district.
- Improve pre-treatment counseling for people with DR-TB:
 - Provide social support and education for affected individuals and families.
 - Partner with the NTP to introduce new interventions to improve the management of ADRs and facilitate Active TB Drug-Safety Monitoring and Management (aDSM) uptake.
 - Assist NTP in piloting video DOT for those in remote areas.
 - Introduce other digital adherence technologies.
 - Assist MICA in expanding to new DR-TB centers.
 - Help improve the quality of DR-TB care.
 - Reduce pre-treatment loss to follow-up.
 - Support the expansion of 10-color GX instruments and XDR-TB cartridges.
 - Use rapid XDR testing for individuals with TB to be initiated on appropriate treatment within a few days—compared to weeks at this moment).
- With the new WHO treatment recommendations released in late 2022, USAID will assist the NTP and private providers to quickly adopt the new short, all-oral treatment regimens, scale up the BPaL regimen, and assist with expanding pediatric treatment regimens.
- To improve general knowledge of TB and DR-TB and assist those receiving care via NGOs or private providers, USAID will support the NTP in developing a website with



information on treatment options, duration, location of treatment providers, ADRs, and helpful links to other useful resources.

PREVENT

Prevention

In 2021, only 0.26 percent of total estimated TB contacts received TPT (3,501 of the estimated 1.36 million people), only a slight increase compared to the 2020 figures. In FY 2023, USAID will support a demand creation campaign to address gaps in knowledge and practice in the community and healthcare workers related to TPT provision, focusing initially on 12 districts in nine provinces with the highest TB burden in Indonesia. USAID will also provide technical assistance at the national level for effectively planning and implementing a national BCC campaign by the Ministry of Health's (MOH's) Promotion Unit, Promkes, and the NTP to improve TPT uptake. USAID will continue performing contact investigations to close contacts of DR-TB patients treated in Muhammadiyah's hospital network and administer TPT to eligible contacts while supporting individuals with TB during treatment. Building on this groundwork, in FY22, USAID will expand contact investigation activities and TPT delivery in private providers.

USAID will support NTP's efforts to scale up the TPT coverage to ensure reliable forecasting, procurement, supply, and management of TB preventive logistics; optimize periodic reporting and recording of TPT implementation in the national health information system; and build the capacity of health providers to administer TPT. To anticipate the discontinuity of the Global Fund support for contact investigation activities in 2023, USAID will include contact investigation in its core approaches.

SUSTAINABLE SYSTEMS

Commitment and sustainability

Political commitment to eradicating TB in Indonesia has continued to increase, but an effective and efficient TB response can only be established with a bold investment in TB diagnostics, therapies, surveillance systems, and notably, the development of new vaccines. Despite the consistent commitment to address TB in-country, financial commitment to accelerate TB response falls short of the investment needed for the End TB targets. USAID will support Indonesia's leadership in enforcing the implementation of commitments made by the G20 countries at the 1st health working group side event on World TB Day 2022 in Yogyakarta, March 29-30, 2022, for a stronger global response to end TB. This agenda highlights the urgency



to mobilize additional resources to address the unmet needs required for eliminating TB by 2030.

USAID will continue supporting the Coordinating Ministry of Human Development and Human Affairs to translate the mandate of Presidential Decree number 67/2021 for a coordinated, synergized, and well-evaluated implementation of TB elimination efforts in an effective, comprehensive, and integrated manner through the establishment of Multi-Sector Partnership Forum at national and subnational levels.

Capacity and functioning systems

USAID will support Indonesia's MOH's continued efforts to improve the TB supply and management system with reliable forecasting, drug quality assurance, timely distribution, and good reporting and recording to prevent drug overstock and stockouts. This technical support will primarily focus on planning, procuring, and distributing GeneXpert cartridges, new TPT shorter regimens, first-line drugs, second-line TB drugs, and other TB commodities to meet national needs. Furthermore, in FY23, USAID will also anticipate the need to provide similar support at the subnational level for selected TB commodities.

USAID will continue providing support to 35 districts to analyze gaps and opportunities in optimizing access to GeneXpert. The results will benefit the District Health Offices to assess the suitability of diagnostic tools placement, while also assisting in mitigating the risk of overstocking GeneXpert cartridges and optimizing TB commodities consumption.

Research

USAID plans to commission an analysis of DR-TB quality of treatment in Indonesia, assessing gaps across the DR-TB care cascade and the factors inhibiting engagement in every cascade stage. USAID will pay additional attention in this assessment to the practical adoption of patient-centered care to ensure equity of DR-TB treatment from both treatment beneficiaries and health providers.

USAID also plans to pilot TB screening using CXR in private hospital settings to assess the missed opportunities for diagnosing patients with no clinical TB symptoms and individuals with bacteriologically negative test results. Robust documentation and analysis are carried out throughout this pilot and include plan development to disseminate the learnings to NTP and other healthcare settings outside the focus hospitals to inform necessary policy changes.



In 2023, USAID and TB stakeholders aim to generate a landscape of TB financing that utilizes analysis to explore options that support TB financing GOI efforts in TB elimination. USAID will continue monitoring the National Health Insurance (JKN) implementation by conducting a joint monitoring of JKN performance with MOH, the National Social Health Insurance Agency (BPJSK), the National Social Insurance Council (DJSN), and the Ministry of Finance (MOF) to inform efforts that ensure the sustainability of JKN, so funding for TB priority programs are allocated, to ensure health services are effective and uninterrupted.