Chronology of Events leading to rapid scaling up of DOTS

Launch 24 March 1999 by MOH (President support)

- Gerdunas established
- Stepwise training
- TBCTA CIDA start-up
- GDF
- ISAC Start-up

First Partnership Meeting
HRD Program Dutch Started
5 YSP
TB Partners Forum
GFATM start-up
TB Gerdunas Structure and Organogram

National Committee (Komnas) → Minister of Health

Technical Advisory Committee (Komli) → DG of CDC&EH/ Director of Gerdunas TB

TB Partnership Forum → Director DTDC / Deputy Director Gerdunas TB

NTP Manager / Executive Secretary of Gerdunas TBC → TB Team

Working groups: PPM, HDL, Lab/DRS, ACS, TORG, Paediatric, HRD, TB/HIV, Logistic

Partners
- Techn (WHO, KNCV)
- Financial (GFATM, USAID, CIDA, KNCV etc)
Towards 70% case-detection

*Health-seeking*

if having TB symptoms population has intention to go to...

- Indonesians when sick go to Puskesmas (60%-urban and 70% rural)
- TB services are available and 'gratis'

**BUT:**
- Perception population= “puskemas are for poor”
- Treatment seeking to services→regional differences
- Weak ACS capacity at province/ district level

→ We need to build capacity of DOTS teams to promote TB services
Successfully treated

Indonesia’s TB program has high success-rates since 2001 (85%)

**BUT**:  
– Drop-out within 2 months after feeling better  
– High drop-out rate in hospitals (up to 60%)  
– Few ‘tools’ available for education, social mobilisation

→ Need to do a better job in: informing patients, linking treatment follow-up, mobilising Treatment Observer (community-based groups)
Success Rate by province 2002-2003

<table>
<thead>
<tr>
<th>Province</th>
<th>2002</th>
<th>2003</th>
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<tr>
<td>BENGKULU</td>
<td>87.2%</td>
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<tr>
<td>INDONESIA</td>
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Key Recommendations: MOH
(External Monitoring Mission, March 2005)

1. Expand DOTS in a quality manner to the hospital sector, with special attention to referral & the linkages

2. Strongly advocate with provincial and district governments to allocate sufficient funds to meet and maintain minimum service standards (SPM) in light of potential phasing out of external funding

3. Encourage local governments to establish provincial DOTS teams and re-vitalize the local Gerdunas in order to enhance linkages with other sectors and widen the resource base for long term sustainability

4. Strengthen the links between laboratory services and the TB programme at all levels

5. Urge FDA and DG of Pharmacy to ensure that locally produced anti-TB drugs meet international quality standards
TFA-ACS Mission Recommendation
22-31 Agst 2005

1. To fully implement the Strategy Framework on ACS, it is recommended that there be an enhancement of the human resources for ACS available to the NTP.

2. Policy advocacy efforts be enhanced to include ongoing education initiatives aimed at policy-makers and others of influence at the provincial and district levels.

3. The Conceptual Framework needs be completed to ensure that appropriate baseline data are established and measurable objectives and indicators are developed.

4.

5. etc to 8
Knowledge about TB

Source of TB information
Urban-Rural differences
ACS Framework

Goal:
• Achieve high political commitment through TB advocacy and strengthening of Gerdunas and partnerships
• Create informed demand through improved patient-education and community participation

Objectives:
1. Political commitment: District governments are committed to increase funding/ budget allocations for TB control.
2. Informed Demand: Increase the number of TB patients seeking and completed the treatment with appropriate support and care (Tx obsvr).
3. Healthcare provider capacity: Equip health providers and outreach workers to effectively communicate about TB control and promote DOTS
4. Supporting society: Increase public support and resources through revitalized Gerdunas
5. Research & MIS: Establish an evidence base to support, plan, monitor, and evaluate advocacy and communication programs.
Advocacy, Communications, Social Mobilisation Strategic Framework

Social/ Political Environment
- Low Health/ TB awareness, investment, budget allocation
  → Advocate political commitment

Service Delivery System
- Low ACS capacity, tools/ educational materials
- Community support potential
  → Healthcare provider capacity

Community and Individual
- Lack of public involvement for appropriate treatment seeking
- Lack of patient knowledge for treatment success (esp. hospital)
  → Informed demand

Supporting Society: Gerdunas, partnerships, community based DOTS

TB Goals 05/15
- Case-detection
- Cure
- MDGs
1. Political Commitment

District governments are committed to increase funding for TB control leading to increased budget allocations.

Activities
1. District campaign in 15 districts (KuIS)
2. Socialization to Forum of Parliamentarians in Central Level (26 August’05) and further policy debates
3. Advocacy to stakeholders (Professional, Micro credit groups, MDG Campaign, etc)
   - Identify TB ambassadors
   - Advocacy Material Development

Indicator:
• Knowledge of politicians → political commitment expressed in policy and reports → increased budget allocations
• Coverage of advocacy activities/ campaigns at districts
2. Informed Demand

Increase the number of TB patients seeking and completed the treatment with appropriate support and care (Tx obsvr)

Activity Areas
1. Stop TB Campaign nation wide:
   – TB Day 2006 in every level
   – TV Spot, Radio Spot, Chief Editor (Mass Media) workshop and journalist forum
   – GERDUNAS Congress (18-19 Nov’05)
2. Patient information, education and communication products
   – Prototype and procure: Leaflet, Poster, stickers, patient/ provider education tool kit
   – District level IEC campaigns with NGO partners
3. Developing website
4. Develop Logo/Brand for TB Indonesia

Indicators:
• Knowledge of population → Suspect-rates → Drop-out rates
• Coverage of advocacy activities/ campaigns at districts
3. Health Care Provider Capacity

Increase capacity of health providers and outreach workers to provide patient-centered quality care and promotion of DOTS.

Activity Areas
1. Training on Advocacy/Communication for province/district
   - Develop module and curriculum
   - Training
2. ACS guidelines for districts/provinces

Indicators:
Number of TB managers trained → training coverage in country
Number of districts/ provinces with ACS plans and ACS staffing
4. Supporting Society

Mobilize public support and resources for TB control and community level services

Activity Areas

1. Partnership/ Gerdunas National Level
   - Regular partners forum meeting
   - Regular Gerdunas News (Warta Gerdunas)
   - Partners directory/ profiles

2. Partnership in district/province
   - Coalition in district/province ex. Pamekasan, Lampung, South Sulawesi

Indicator:
Number Partners (as part of NTP plan) → joint Working group action
Number partners part of district/ province plans → Number DOTS teams (district/province) linked to Gerdunas
5. Research and MIS

Establish an evidence base to support, plan, monitor, and evaluate advocacy and communication programs.

Activity Areas

1. **Policy research**: evidence base on policy, financing and human resource barriers that may be overcome through advocacy (ACTION?)

2. **KAP research**: evidence base on TB knowledge and patient, provider, public behaviors (Done in Dec 2004 with the Prevalence Survey)

3. **Economic and poverty analysis**
   - Social economic status of TB patient and suspect (SUSENAS data)
   - Financial mapping of districts/province budget allocation to TB program

4. **Media analysis**
Challenges in the ACS strategies implementation

Social/ Political Environment → Advocate political commitment
1. Election for New Local Government all over Indonesia in 2005 → Lack of TB Information
2. Turn over focal point in several Department which related to TB → Lack of awareness

Service Delivery System → Healthcare provider capacity
1. Tools: Lack of tools for ACS
2. Human Resource: Low capacity provider in ACS
3. Less of potential advocator

Community and Individual → Communicate Informed demand
1. “Old strategy” in promotion and socialization
2. Ideas vs Resources
Factors Supporting ACS Scale-up

- *Rapid progress in Indonesian TB program*
- *Programme Management in Place*- NTP and provincial DOTS teams
- *Training Schemes*- Involvement of the wider health sector, particularly hospitals, involved in DOTS
- *Surveillance Capacity Strengthened*- At all levels, particularly through computerized district data management systems at provincial/district
- *Prevalence survey*- detailed information
- *Advocacy Framework finalized* – KAP study, Operational research and formulation of strategy
Planning context

- Amendment to National 5YS Plan 02-06
  - GFATM R1, phase-II (April’05-March’08)–workplan 05/06
  - TBCTA
    - ACS component, focus on IEC and Gerdunas/partnership
- GFATM Round 5-Proposal: ACS
GFATM Round 5
Total Amount nearly 70 mill US$, component 4-5 ~ 11mill US$

1. Health system strengthening through improved management at provincial and district levels
2. Achieve high quality laboratory services including surveillance of drug resistance.
3. Expansion of quality DOTS services to all providers with specific focus on vulnerable groups and difficult to reach populations.
4. Informed demand, improved patient-education and community participation
5. Achieve high political commitment through strengthening of Gerdunas and partnerships
6. Improved case finding and management of TB/HIV co-infected patients
Sectors/ agencies related to TB Control program

- Min of Education
- Min of Religion
- Other ministries

- • Min of internal affairs
- • Ministry of Finance

Attitudes & beliefs

Private sector in health

NGOs

Ministry of Health
TB + CDC + Promkes

Faculty/ Universities

Health/ medical professional orgs

Stop TB

TB Patients
Community

General Policy
## TB Partnerships

<table>
<thead>
<tr>
<th>Type of partnership</th>
<th>Partner-organization</th>
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</thead>
<tbody>
<tr>
<td>TB Technical assistance</td>
<td>WHO, KNCV, MSH, GORGAS (HDL)</td>
</tr>
<tr>
<td>• (CIDA &amp; TBCTA through KNCV)</td>
<td></td>
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<tr>
<td>• Drug management &amp; procurement</td>
<td></td>
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<tr>
<td>• Hospital DOTS</td>
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<tr>
<td>• Joint Leprosy/TB activities</td>
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<tr>
<td>Financial partners</td>
<td>Dutch Govt, TBCTA (USAID), CIDA, GFATM, ADB, AUSAID, JICA</td>
</tr>
<tr>
<td>Inter-sectoral collaboration</td>
<td>Prof ass: ARSADA, ARSI, IBI, IDI, IDAI, IKMI-HMI, IRSPI, PAPDI, PERSI, PDPI, PPNI, Dep. Justice, TNI, POLRI</td>
</tr>
<tr>
<td>• Health care provider linkages</td>
<td></td>
</tr>
<tr>
<td>• Government sectors</td>
<td></td>
</tr>
<tr>
<td>Community based TB</td>
<td>Aisyiyah, AWA, CARE, CCF, CRS, MSF, HOPE, IMC, Muhammadiyah, NU, PELKESI, Perdhaki, PGI, PKK, PPTI, Rio Tinto, WFP, World Vision Intnl, YSA</td>
</tr>
<tr>
<td>Data analysis</td>
<td>PATH, NIHRD</td>
</tr>
<tr>
<td>Advocacy &amp; Communication</td>
<td>KUIS, YPIS</td>
</tr>
<tr>
<td>TB/HIV collaboration</td>
<td>FHI, HIV/AIDS NGOs</td>
</tr>
</tbody>
</table>
Thank you