Tuberculosis (TB) in Indonesia has become a challenge for the HIV and AIDS program, since TB has the highest co-infection rate among people living with HIV (PLHIV) (31.8%). In 2012, a WHO global report noted that 3.3% of TB patients are HIV positive and the number is increasing.

In 2013, the Ministry of Health launched a road map with strategies as part of an initiative to substantially accelerate HIV testing and increase the coverage of and early access to antiretroviral therapy (ART) as a way of reducing morbidity and mortality linked to AIDS, but also to increase the prevention impact of ART by promoting early treatment, particularly for special groups and Key Affected Population (KAPs), including female sex workers, transgendered individuals, and intravenous drug users.

Three interventions were developed as a strategy to reach KAPs for intensified TB case finding through: 1) civil society organizations (CSOs) and KAP networks; 2) Sexually Transmitted Infections (STI) and Methadone services in health facilities during STI screening/treatment and methadone treatment and; 3) the HIV care/ART hospital, as part of TB-HIV collaboration activities among PLHIV.

As part of the first intervention, when CSO and KAP networks conduct HIV outreach activities they will perform TB screening among KAPs. They will also conduct contact screening for TB if a KAP individual is diagnosed with TB. Health facilities will diagnose and provide treatment for TB. CSO and KAP networks also play a key role in ensuring the implementation of Direct Observation Treatment, Short-course (DOTS). For interventions 2 and 3, medical doctors and health staff will perform TB symptom screening when a person from the KAP population visits the clinic. Patients with TB symptoms will be referred to DOTS unit/services to have a TB examination and appropriate treatment. CSO and KAP networks will collaborate with health services to ensure optimum treatment for KAPs under TB treatment. With all this, there are still challenges to be addressed to facilitate TB screening among KAPs, especially female sex workers and transgendered people, due to stigma and the discriminatory behaviors of primary health care workers.

Coordination meetings among CSOs, TB division, and HIV division have been initiated and training for outreach workers and health providers has been implemented to strengthen the screening activities. A total of 11,258 KAPs were screened for TB through interventions 1, 2 and 3. With the support of TB REACH WAVE 4, it is expected that the number will keep growing.
TB REACH
FINDING AND TREATING PEOPLE WITH TB IN THE WORLD’S POOREST COMMUNITIES

More than nine and a half million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to these people by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to identify people who have TB, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

TB REACH has supported a total of 142 projects in 46 countries. To date, 33 million people have been screened for TB in project areas, of which, 1.7 million have received TB treatment, accounting for 856,000 lives saved. Some projects have seen increases in TB notifications of more than 100%.

Our partners are providing evidence for new case finding approaches and are working with community and policy leaders as well as donors such as The Global Fund to integrate those approaches into national strategies that improve TB case detection.

TB REACH was launched in 2010 thanks to a CAD$ 120 million grant from Global Affairs Canada.

TB REACH acts as a pathfinder, providing fast track funding for innovative projects, monitoring effectiveness and leveraging funding for scale up.