
STRATEGIES TO EMPOWER DECISION-MAKERS AND STAKEHOLDERS IN ACHIEVING TUBERCULOSIS ELIMINATION ALIGNED WITH GOVERNMENT GOALS FOR 2030

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ABSTRACT

In 2023, approximately 10.8 million people worldwide contracted tuberculosis (TB), consisting of 6.0 million men, 3.6 million women, and 1.3 million children. TB affects individuals across all countries and age groups. Tuberculosis (TB) remains a significant health challenge, especially in areas such as Solok District. In 2021, the number of TB suspects was 3,322 people, increasing to 7,417 people in 2022 and 5,288 in 2023. The TB Case Notification Rate (CNR) reached 23.6%, with a Treatment Coverage (TC) achievement of 40%. The proportion of TB cases in children is 8.3%. This study aimed to identify possible strategies to strengthen local government commitment to TB control. Using a qualitative approach, the study reviewed previous literature for comparison and presented the results in a narrative manner. Primary data was obtained by conducting in-depth interviews with 8 (eight) informants by purposive sampling. The results showed the need for greater commitment from local governments and relevant stakeholders in TB control. This findings highlight critical gaps hindering Tuberculosis elimination, including the absence of governing policies, insufficient budget allocation, inadequate human resources, and the lack of readiness and effective strategies. To address these challenges, it is imperative to implement strategies that strengthen the commitment and leadership of local governments and foster cross-sectoral collaboration with key stakeholders, such as legislatures, professional organizations, and communities. By taking the measures, significant progress can be made toward achieving the national goal of TB elimination by 2030.

Keywords: Commitment, Strategy, TB control

INTRODUCTION

Indonesia is the second highest TB burdened country in the world after India, with an estimated 969,000 new cases and 150,000 deaths each year (Global TB Report, 2022). To achieve TB elimination in Indonesia by **LLDIKTI Region X**

2030, the incidence target is set at 65 per 100,000 population, while the incidence in 2021 still reached 358 per 100,000 population. The remaining seven years to 2030 must be used to accelerate the TB program to achieve TB elimination. The

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Global Plan to End TB 2023-2030 document also explains that between 2023-2030, a global investment of US\$250 million is needed to save millions of lives from TB (STOP TB Indonesia, 2023).

This is undoubtedly difficult for developing countries like Indonesia, which are still struggling with many other things besides TB. Many factors cause TB treatment coverage to not be optimal, including underreporting, not many trained health workers, policy implementation is not optimal, limited infrastructure, and the COVID-19 pandemic also has much influence (Noviyani et al., 2021).

The trend in the number of TB cases in Solok district in 2021 was 3.322, increasing to 7.417 in 2022 and 5.288 in 2023. The number of factors causing the lack of seriousness in TB control in Solok district, in terms of 3 (three) factors, namely : 1) Governance, starting from TB-related policy making, the role of related sectors including the formation of TB control teams and strategies and steps for TB control in the district, 2) financial problems, namely due to the limited budget available, and only allocated in the district health office and not sufficient according to the proposals that exist each year, including not yet contained in the Regional Medium-Term Development Plan (RPJMD) of Solok District, and has not been written in detail in the 5-year Strategic Plan of the Health Office, and, 3) the implementation of TB prevention in Solok district includes door knocking, sweeping of TB suspects, TB patient discovery, diagnosis and treatment, counselling of patients, PMOs and the community, collection and delivery and sputum examination of TB suspects, as well as PMOs before patients take medicine and when patients add medicine (Law of the Republic of Indonesia Number 23 Year 2014 on Regional Government, 2014). PMO empowerment and selection of the right PMO for each patient being treated, due to limited

personnel at the health center, but the activities carried out have not been optimal, so it still has an impact on the achievement of TB control activities and standard operating procedures have not been optimally appropriately implemented (Kementerian Kesehatan Republik Indonesia, 2020; Sari et al., 2023)

The Solok District Health Office has made various efforts as a form of concern for tuberculosis control but has yet to show optimal results; therefore, strengthening commitment and leadership in local government is needed by the first strategy for tuberculosis elimination in 2030. Recent findings from the research indicate that while the Solok District Health Office has demonstrated commendable efforts in addressing Tuberculosis control, these initiatives have not yielded optimal results. Key challenges include limited resources, fragmented coordination among stakeholders and a lack of cohesive strategies tailored to local needs. The novelty of this research is the policy recommendation/policy brief.

METHOD

The type of research used is descriptive with a qualitative approach. The data is obtained from a review of previous literature, which is used as a comparison and testing material to see the commitment of local governments in overcoming tuberculosis cases. According to Sugiyono (2009), qualitative methods examine a natural object with the researcher as the vital instrument. The object of this research is the local government's commitment to the prevention of Tuberculosis cases.

Primary data was obtained by conducting in-depth interviews using interview guidelines, document review, and direct observation. 8 informants were selected by purposive sampling; 1 head of the Solok District Health Office, 2 heads of Puskesmas, 1 head of the Communicable

Disease Prevention and Control Section, 2 persons in charge of the TB Programme at the Health Office, and 2 Puskesmas. The criteria for selecting informants are that the informant can be trusted and competent as a source of data related to the object of research. The informant knows the problem more broadly and deeply in relation to the object of research.

The research was conducted from May 2023 to September 2023. This research has received ethical approval with number No: 26.a/UN16.12/KEP-FKM/2023.

RESULT AND DISCUSSION

Various strategies are implemented to combat TB in Solok District to achieve the set

targets. The target is measured through the recovery of patients or the treatment success rate (SR/Success Rate), which indicates the percentage of new BTA-positive pulmonary TB patients who complete treatment, either cured or undergoing complete treatment among new BTA-positive pulmonary TB patients recorded. Success Rate can help determine the trend of increasing or decreasing patient findings in the region. Based on data from the Solok District health profile in 2022, the number of cases with a confirmed success rate of complete treatment was 1,494 (90.2%). The overall development trend of TB cases in Solok Regency can be seen in Figure 1.

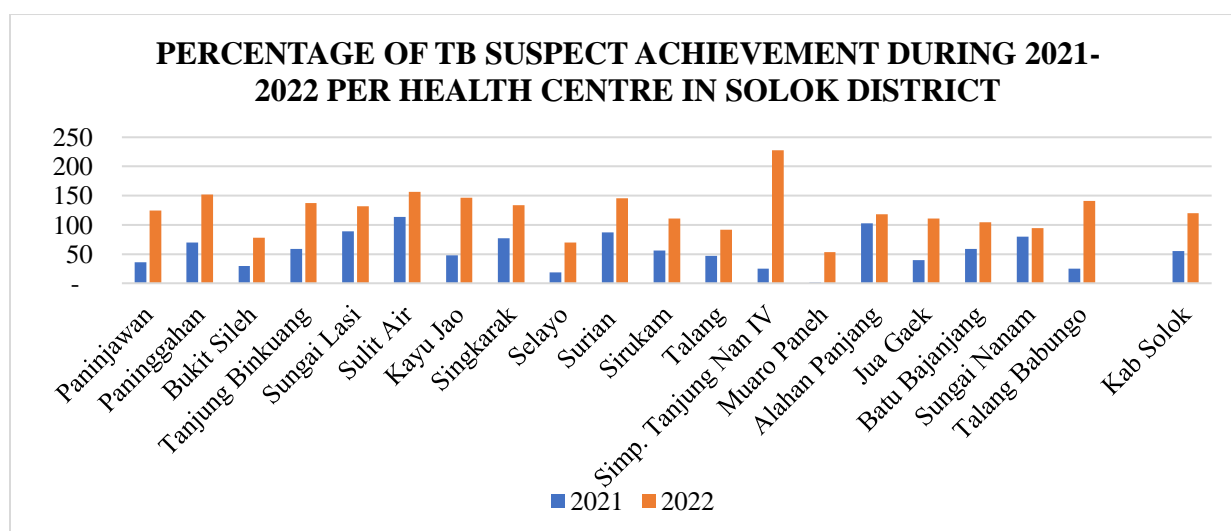


Figure 1. Percentage of tb suspect achievement during 2021-2022 per health centre in solok district

From figure 1, for two years, suspected TB cases tend to increase from 2021 to 2022 due to increased case screening. Screening is carried out passively, actively, and massively only in services but is limited to activities in the community. Therefore, if TB suspect screening is carried out actively and still at all levels of society, it is very likely that TB cases will increase in the following years.

From figure 2, shows that TB cases decreased for five years in 2020 and 2021 due to the COVID-19 pandemic and increased again in 2022. National Treatment Coverage (TC) in 2022: The national achievement of 57% is still below the target of 90%. The province of West Sumatra has not yet reached the national target of 45%, and Solok Regency achieved TC of 40%. The TC target in 2030 TB elimination is $\geq 90\%$.

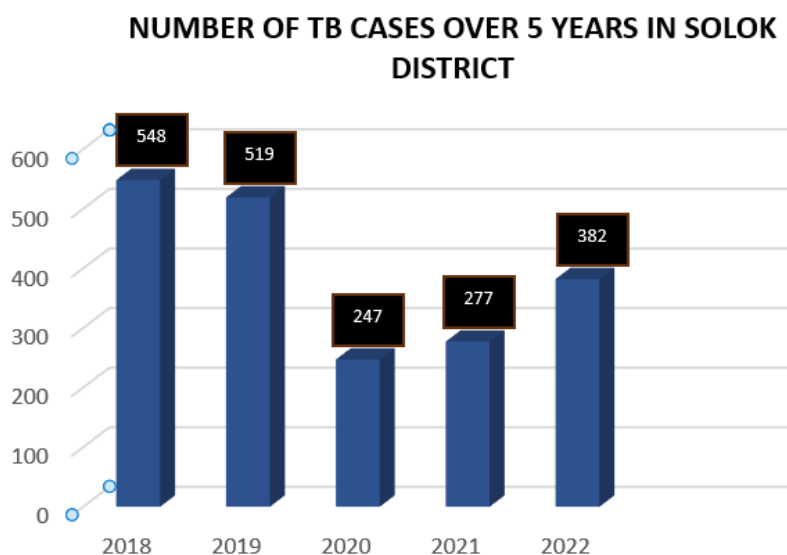


Figure 2. Trend of TB Cases for 5 Years in Solok District

The absence of a Regional Regulation/Regent Regulation on the repetition of tuberculosis shows that there is no optimal concern for the control of tuberculosis in Solok Regency, as stated in presidential regulation number 67 of 2021 concerning tuberculosis management in paragraph 7, which reads strengthening the commitment and leadership of the Centre, Province and Regency / City must compile, among others ; preparation of regional TB Elimination targets concerning the national TB Elimination target; provision of an adequate budget for TB control; fulfillment of the need for trained health human resources to achieve the TB Elimination target and the implementation of regional-based TB control.

Contextual Factors that Contribute to Low Access to Tuberculosis Services in accordance with the Sustainable Service framework are lack of community, partner, and cross-sectoral participation in tuberculosis elimination.

There are few CSOs, and patient organizations involved in TB prevention and treatment at the district/city level. Lack of coordination at the Ministry level (Ministry

of Social Affairs, Ministry of Religious Affairs, Ministry of Village, Rural Development and Transmigration, Ministry of Law and Human Rights, Ministry of Education and Culture, Ministry of Labour and BPJS).

The effectiveness of tuberculosis (TB) control at the district level is hindered by several factors, including limited collaboration with organizations like BAZNAS, philanthropic entities, and private companies, as well as underutilization of research and digital technology in TB screening, diagnosis, and treatment. Leadership in TB programs at the district level is less than optimal, and there are insufficient policies and regulations to support TB control efforts.

Additionally, the role of professional organizations in implementing the International Standards for Tuberculosis Care (ISTC) is weak, and certain TB services are not covered by health insurance. To address these challenges, improvements are needed in human resources, logistics, information systems, and financing to enhance TB control outcomes.



Strategy Development Policy

Tuberculosis remains a significant problem in Indonesia and still results in high levels of disability, morbidity, and mortality. Therefore, it is crucial to pay serious attention to the control of this disease. The government issued Presidential Regulation No. 67 of 2021 on tuberculosis control, a step in the right direction to encourage provinces, districts, and cities to regulate the elimination of tuberculosis by 2030, which, among others, regulates (Ministry of Health Indonesia, 2021);

- a. National TB elimination targets and strategies.
- b. implementation of the strategy,
- c. responsibilities of the central and local governments, coordination of accelerated control, community participation, monitoring, evaluation and reporting, and funding.

In Solok district, the commitment of the local government to TB control has not been demonstrated, resulting in the number of suspected TB cases in 2022 rising to 7. 206 suspected TB cases increased to 120.26% of the target; complete treatment is still low every year, the recovery rate of treatment is still low, and there are still deaths due to TB disease even though it is small, namely 0.8%, then there are several contributing factors, namely related to governance arrangements, local government policies related to regulations governing TB control do not yet exist (Dinas Kesehatan Kabupaten Solok, 2022).

The health office in implementing TB control still uses the Minister of Health Regulation No. 67/2016, and other guidelines related to TB control, so that to overcome TB only the health office and has not involved related stakeholders such as professional organizations, NGOs and the community/KOPI TB, this has not been optimally appropriately implemented. The absence of a tuberculosis elimination strategy

by 2030 as mandated in Government Regulation No. 67 of 2021 on Tuberculosis Control and a strategy to strengthen commitment and leadership in the district government (WHO, 2021; Ministry of Health Indonesia, 2021).

Tuberculosis Financing

The Global Fund (GF) has contributed IDR 20.89 trillion to the Indonesian Ministry of Health and communities active in preventing, treating, and caring for AIDS, tuberculosis, and malaria. GF even provides 76% of all international funding for TB (The Global Fund, 2024). This has reduced TB deaths by 21%. However, TB programs cannot rely entirely on GF funding due to the dynamic public health landscape; for example, there was an 8.7% decrease in TB program funding between 2019 and 2020 due to shifting priorities to COVID-19 (Morishita et al., 2023). Fortunately, the G20 Side Event on TB meeting in Yogyakarta in March 2022 resulted in an agreement to increase TB prevention and control funding to four times the previous level to achieve TB elimination by 2030 (Ministry of Health Indonesia, 2022).

Tuberculosis control in Solok district has not been optimal due to the limited budget available, and is only allocated in the district health office and is not sufficient according to the proposals that exist each year, including not yet contained in the Regional Medium-Term Development Plan (RPJMD) of Solok district, and has not been written in detail in the Health Office Strategic Plan for five years, only written for Minimum Service Standards, tuberculosis control activities are financed from the Global Fund (GF), non-physical DAK and APBD, but still limited. With limited budgets or lack of adequate local government funding, programs are crippled and do not function to meet global and program targets.



Human Resources

The availability of Human Resources (HR) plays a significant role in the success of TB elimination, and strengthening the capacity of human resources in the management of TB control programs as stated in article 18 letter b is carried out through ; provision of trained personnel in the management of the TB Control program and provision of health workers in Health Service Facilities; mapping of health workers regularly; planning and budgeting for training activities for personnel managing TB control programs and health workers at the district/city level; and Ensure that TB material is integrated into all health worker education curricula.

Although there is still a gap in the availability and quality of health workers, 2030 TB elimination can be achieved by increasing the community's role. The competence of health workers also influences the success of TB control. In healthcare facilities, it is explained that if there are no health workers, the community can become Medication-Swallowing Supervisors (PMOs). Presidential Regulation No. 67 of 2021 also regulates improving TB suspect screening by involving health cadres and community leaders (Ministry of Health Indonesia, 2021; Minister of Health Regulation Number 4 Year 2019, 2019).

The implementation of TB control in Solok district includes door knocking, sweeping TB suspects, TB patient discovery, diagnosis and treatment, counseling of patients, PMOs and the community, collection, delivery, and examination of sputum of TB suspects, recording and reporting, supervision and control of patient treatment, examination of household contacts in the patient's family, providing additional food for patients with chronic diseases, providing counseling to patients and PMOs before patients take medicine and when

patients add medicine (Malehere, 2023; Tamrin, 2022).

The empowerment of PMOs and the selection of the right PMO for each patient treated, due to limited personnel at the health center, but the activities carried out have not been optimal, so actual steps are needed in TB control in Solok district by synergizing between all relevant stakeholders including NGOs, professions, and others so that TB control can be carried out for elimination in 2030.

CONCLUSION

Based on the research objectives, the strategy of strengthening commitment and leadership of the Tuberculosis program can be concluded that Solok district is still working on its own in TB control by the health office and community health centers; the local government has not fully supported TB control and does not yet have a regent regulation governing TB control and still uses the Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2016, and Presidential Regulation number 67 of 2021 concerning Tuberculosis Control.

Financing for TB control already exists, sourced from the APBD, Global Fund, and non-physical DAK, but is inadequate, and support from the local government is not yet clearly stated in the Regional Medium-Term Development Plan, as well as the District Health Office Strategic Plan in detail.

Human resources supporting TB control in Kabupaten Solok still need to be improved. Many people have concurrent positions/tasks, especially in some health centers, and need increased competence or training related to TB. The local government must still be committed to TB control, especially TB elimination, by 2030, by Presidential Regulation No. 67 of 2021 on TB control and the Ministry of Health's 2020 TB control strategy book.

RECOMMENDATION

Addressing the persistent challenges and trends in tuberculosis (TB) cases in Solok Regency, as well as the inadequate regional efforts in TB prevention, requires strategic planning and action to meet the 2030 TB elimination target. Recommendations include the development of a comprehensive TB action plan supported by operational strategies and adequate financing. Policies on mandatory reporting by private healthcare providers must be enforced to strengthen surveillance. It is critical to prioritize TB control in regional development agendas over the next five years and ensure policies focus on retaining qualified human resources dedicated to TB programs. Active case finding should target at-risk populations, including people living with HIV/AIDS, malnourished individuals, and diabetic patients, to increase case detection and treatment coverage.

To achieve sustainable progress, TB control strategies must be systematically integrated into the Regional Medium-Term Development Plan (RPJMD) and Strategic Plan (Renstra). This involves allocating appropriate financial resources and enhancing cross-sector collaboration to screen high-risk populations. Strengthening contact investigation for pediatric TB, particularly through maternal and child health services and geriatric care, is essential. Screening efforts must extend to vulnerable settings such as urban slums, prisons, and congregate living facilities. These comprehensive measures underscore the urgency of a cohesive, multi-sectoral approach to eliminating TB in Solok Regency by 2030. Strategic guidelines to improve the government's ability to control tuberculosis must be developed so that the process of developing tuberculosis control policies can be carried out systematically. The policy needs to be formalized in the form of local regulations, including in the

district/municipality Medium-Term Development Plan (RPJMD).

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