



## TUBERCULOSIS PROGRAMS

2014



### THE CHALLENGE

- 450,000 new cases of TB and 65,000 TB-related deaths occur in Indonesia every year.
- The incidence of multi-drug resistant TB is on the rise in Indonesia
- Additional laboratory and human resources are required to stop the spread of TB.

### GOALS AND TARGETS

#### GLOBAL HEALTH INITIATIVE

Treat 1,000,000 additional TB patients and diagnose and treat 5,100 MDR-TB over the next five years.

#### MILLENNIUM DEVELOPMENT GOAL 6

Combat HIV/AIDS, malaria and other infectious diseases.

#### STOP TB PARTNERSHIP TARGET

**By 2015:** Reduce TB prevalence and death rates by 50%, compared with their levels in 1990.

## BUILDING NATIONAL CAPACITY TO CONTROL THE SPREAD OF TUBERCULOSIS

### BACKGROUND

Under the U.S.-Indonesia Comprehensive Partnership, USAID is partnering with the NTP to support training programs, increase laboratory capacity, and increase community participation in identifying and treating TB. Over a five year period, \$90 million has been allocated for these activities. USAID assistance will contribute to the Global Health Initiative (GHI) goal of treating of one million additional TB patients and diagnosing and treating 5,100 MDR-TB patients in Indonesia over the next five years.

Programs to control the spread of tuberculosis (TB) in Indonesia have made remarkable progress over the last decade. In 2006, Indonesia's National TB Program (NTP) reached global targets for TB case finding ( $\geq 70\%$  of detected cases treated) and treatment success ( $\geq 85\%$  of treated cases cured and completed treatment). However, Indonesia's TB burden remains heavy with 450,000 new cases and 65,000 deaths annually, and additional progress is needed to meet the Millennium Development Goal 6 and the Stop TB Partnership goal of halving TB prevalence and death rates by 2015.

Challenges to Indonesia's TB program include the rise in the number of cases of multi-drug resistant TB (MDR-TB) and extensive drug resistant TB (XDR-TB) and limited human, institutional, and laboratory capacity for detecting and treating new cases.

### PROGRAM OBJECTIVES

USAID's TB programs focus on improving prevention, detection, and treatment in at-risk populations in Indonesia with the goal of assisting Indonesia in reaching its target for Millennium Development Goal 6 - combating AIDS, malaria and other infectious diseases.

### PROGRAM COMPONENTS

#### Improved Delivery of TB Detection and Treatment Services

USAID provides technical assistance to the NTP to expand national capacity for diagnosis and treatment of TB and MDR-TB. Activities include expanding internationally recognized best practices for treating TB, upgrading laboratories and training staff to detect TB, MDR-TB, TB in HIV; and investing in human resources to ensure the quality and availability of services. USAID is also working with the Government of Indonesia (GOI) to strengthen supply-chain logistics and to develop strong planning and drug management programs.

#### Strengthening Community Support

Treatment for TB lasts many months and requires extensive support to patients to ensure successful treatment. In addition to investing in diagnosis and treatment, USAID and the NTP work with community-level NGOs to provide support for TB patients, follow-up with patients who drop out of



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treatment or fail to return to health centers for diagnoses, and educate communities about TB to reduce stigma and engage in detection of new cases.

### Local Government Advocacy

Successful TB control programs rely on strong commitment from local governments, reliable allocation of resources for diagnosis and treatment, and collaboration between government and civil society organizations. To ensure the sustainability of TB control programs, USAID works with local governments to build their capacity for advocacy and engagement with the NTP and Badan POM, FDA equivalent, to increase local government leadership in TB control programs at the district level.

### Expanding Research

Partnerships for Enhanced Engagement in Research (PEER) grants were awarded to universities in Indonesia with U.S. National Institutes of Health supported researchers in the U.S. This research will test new clinical protocols for TB meningitis treatment in the Bandung area and study epidemiology and transmission of MDR TB in Sumatra. USAID supports the TB Operational Research Group to conduct operation research for TB and MDR TB. USAID supported GeneXpert pilot projects at 17 sites across Indonesia with operational research study to determine if this new rapid diagnostic technology improved treatment. The data is now being used to expand the use of GeneXpert nationally.

### Improving Access to Anti-TB Drugs

Currently, there are no drug manufacturers in Indonesia pre-qualified by the World Health Organization (WHO) to produce anti-TB drugs, requiring both the GOI and Global Fund to procure TB drugs from outside the country. This results in drug shortages that interrupt treatment and increase the risk of MDR-TB. To ensure sustainable delivery of TB treatment, USAID is providing technical assistance to Indonesian drug manufacturers to meet WHO pre-qualification status for first and second line drug products. Technical assistance has already resulted in two local Contract Research Organizations achieving WHO accreditation to conduct the required bioequivalence. A pilot project utilizing mini-labs - easy to use mobile laboratories - was conducted at five sites in partnership with the NTP and drug regulatory bodies and laboratories to test drug quality. The evidence collected will be used to strengthen routine testing systems, policies, and regulations in Indonesia.

### PARTNERS

In addition to USAID's close partnership with the Government of Indonesia's National Tuberculosis Program, the U.S. is also a major contributor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which has several large grants for TB in Indonesia. USAID maintains strong relationships with private sector, local and international NGOs, and the academic sector. Our programs support TB activities in ten priority provinces where the TB burden is highest: North Sumatera, West Sumatera, DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, South Sulawesi, West Papua, and Papua.