

# PARTNERSHIP

The effort to eliminate TB continues with various partners supporting Indonesia's NTP. Ending Tuberculosis is a major challenge requiring efforts from all relevant communities and organisations.

The Indonesian Ministry of Health orchestrate efforts from different directions by multiple partners. Through varying strategies, each partner mobilised their resources to ensure that persons affected by TB get tested, diagnosed, enrolled in treatment and completed it successfully.

The types of organisations working to eliminate TB in Indonesia are:

- GOVERNMENT BODIES
- TB PATIENT ORGANISATIONS
- PROFESSION ORGANISATIONS
- CORPORATIONS AND BUSINESSES
- FAITH-BASED ORGANISATIONS
- YOUTH ORGANISATIONS
- COMMUNITY-BASED ORGANISATIONS
- PRIVATE AND PUBLIC HOSPITAL ASSOCIATIONS
- ACADEMIC & RESEARCH INSTITUTIONS
- INTERNATIONAL PARTNERS
- WOMEN'S GROUPS



#CareForUs  
CareForTB

Challenge TB

Coalition of  
Profession  
Organisations  
for TB control  
(KOPI TB)

USAID Indonesia

Indonesian  
Association Against  
Tuberculosis (PPTI)

KNCV Foundation  
Indonesia

Association of  
TB Patient  
Organisations  
(POP TB)

# THE ROLE OF PARTNERS

Within the **Ministry of Health (MoH)**, the **Sub-directorate of Tuberculosis (Subdit TB)** is the primary team that supervises TB program activities in all province. Each staff within Subdit TB works according to the National TB Strategy. All efforts by multiple partners and communities directed to eliminate TB are orchestrated and coordinated by the Subdit TB.

The **provincial health office** assist in the implementation of TB programs at the district-level, primarily for surveillance, logistics and training for district health office human resources, as well as monitoring the implementation of partners' activities. The **district health office** is in charge to supervise planning and implementing TB program in **primary and secondary health facilities**, training of health workers, manage laboratory quality, surveillance, and coordinate partnership activities in respect to the NTP.

## INTERNATIONAL ORGANISATIONS

- Initiate and assist NTP in transitioning and adopting best-practices in TB prevention and control
- Stimulate and fund initiatives that can be sustained locally
- Strengthen host country's preparedness in responding to the TB epidemic prior to international funding's phasing-low and phasing-out

## CIVIL SOCIETY ORGANISATIONS

- Advocate for patient-centred TB prevention, control, and case finding in communities to the government
- Partner with NTP to inform and educate the public to facilitate access to diagnosis, treatment, and prevention services provided by the government and the private sector
- Mobilise resources for TB-related community activities

## TB PATIENTS & FAMILIES

- Support TB patients to complete treatment successfully
- Empower TB affected persons to advocate for better TB prevention and control
- Inform and educate the public, patients' family and neighbours about TB symptoms and treatment
- Ensure policies and policy-making process includes them

## PROFESSION ORGANISATIONS & PRIVATE HEALTH FACILITIES

- Associations stimulate and monitor facilities'/practitioners' adherence to standardised TB care
- Proactive in reporting TB cases and participate in expansion of standardised TB care
- Contribute to research about TB prevention and control in private settings

## CORPORATIONS & BUSINESSES

- Inform their workers about TB prevention and control with NTP
- Integrate TB DOTS in clinics owned and operated by businesses (inc. reporting cases)
- Increase public awareness of TB preferably through different means used by the NTP
- Use CSR fund to support TB civil society organisations

## ACADEMIC & RESEARCH INSTITUTIONS

- Invest and do research about TB diagnostics, prevention and control
- Evaluate practices and advocate for best practices in TB programs
- Increase students' understanding of TB
- Stimulate and involve students in creating innovations to end TB

## GOVERNORS & HEAD OF DISTRICTS

- Implement and monitor 'SPM' or standardised minimal services
- Establish and evaluate local policies to support local CSOs and TB affected communities
- Utilise local budget to accelerate regional TB elimination



### Strengthening Tuberculosis Program at Private Hospitals in DKI Jakarta

In collaboration with ARSSI (Association of Private Hospitals Indonesia) and the Ministry of Health, Forum Stop TB Partnership Indonesia continues to strengthen commitment of managerial-level stakeholders in their hospitals to participate in implementing NTP's public-private mix strategy.

# ORGANISATION HIGHLIGHTS

## Association of TB Patient Organisations



Perhimpunan Organisasi Pasien TB Indonesia is a nationwide CSO that aims to initiate the development of ex-TB patient organizations. Their main strategies to eliminate TB are patient-based advocacy, social mobilization, and media communication. Currently, they oversee 16 patient organisations across Indonesia from Sumatra to Papua island.

## KNCV Foundation Indonesia



Yayasan KNCV Indonesia is established in 2016. YKI have develop mobile app(s) to improve sputum transportation between primary health center and the laboratory (SITRUST), MDR-TB enabler system (ENAM), sub-district private primary health center mapping (SIMPEL), and eTB mobile for treatment supporters' recording and reporting (EMPATI).

## Johnson & Johnson Indonesia



J&J Indonesia recently released a digital media campaign in March 2018 to raise awareness that TB can affect anyone among Indonesian youth and urban population. With the Ministry of Health, they collaborated with public figures and initiated a vlog competition about TB promotion. Videos are accessible through youtube and the campaign web: [www.ayotosstb.com](http://www.ayotosstb.com)

## Indonesian Association Against Tuberculosis



Since 1968, PPTI consistently contribute to increasing case-finding and case-holding of TB patients in 40 cities/ municipalities across 12 provinces within Sumatra, Java, Bali, and Kalimantan. PPTI continues to do fund raising initiatives in their districts and advocate to District & Provincial Health Offices as well as MoH for improvement of TB budget allocation including for patient-centred TB care in Indonesia.

## Supported by the Global Fund for AIDS, TB, and Malaria



Lembaga Kesehatan NU, as the sub-recipient under the Ministry of Health (MoH), and 'Aisyiyah, as the primary recipient of GF (2018-2020), continue to empower cadres and communities across Indonesia, from Sumatra to Papua. Under the guidance of these two faith-based CSOs, cadres' activities are integrated into MoH's *Program Indonesia Sehat dengan Pendekatan Keluarga* (i.e. family-centered health program).



Cadres or community health volunteers focus on implementing contact investigation to household members of TB patients; especially those living with pulmonary TB. LKNU aims to train 6,000 cadres to implement contact investigation and who will continue to support primary health centers in sub-districts. By the end of September, there will be 1,500 cadres equipped to do contact investigation in their neighborhood.

## Supported by USAID Indonesia



Challenge TB (CTB) is a 5-year (2015-2019) project implemented in 6 out of 10 national priority provinces. 16 districts receive intensive support in improving access to quality patient-centered TB, TB-HIV, and MDR-TB services. Other activities focus on the prevention of transmission and disease progression, and strengthening TB platforms and the Indonesia's health systems.



In collaboration with the Ministry of Health, CTB supported expansion of 530 GeneXpert machine nationwide and effectively increasing the number of DR-TB detection in the past four years by 180%. CTB also supported DR-TB services in 123 DR-TB hospitals at 32 provinces, improving enrolment of DR-TB patients by 140% since 2015. 16 District Action Plan for TB resources were signed by the

by district governments partnering with CTB. Another program, CEPAT was implemented in Sumatra, Java, Papua and West Papua (5-year program). Over 2,900 community health volunteers in sub-district levels were trained for active case-finding as treatment supporters in 6 provinces. As a result, there is approximately 20% increase of case-detection for smear-positive pulmonary TB.

# Kemitraan Untuk Indonesia Bebas Tuberkulosis

*Partnership to End TB in Indonesia*

→ **END  
TB**

