MANDATORY NOTIFICATION TB IN INDONESIA
The introduction of mandatory notification – rationale and results

By
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Introduction (1)

• Indonesia among top 5 countries with the highest TB burden
• TB incidence estimated 1,020,000 cases per year (Global TB Report 2016)
• Number of TB case notified: 360,565 (National TB database, 2016)
• Low contribution of private sectors in case notification of TB (NSP 2016-2020) and most of practitioners have not yet applied DOTS strategy.
• TB surveillance system (manual and electronic) in tiers: health center, district, province and national
• Web and case based TB information system (SITT) started in 2014, mainly covers all public health centers and some government hospitals
TB Control Phase

2020
- CDR : > 70%
- SR : > 85%

2030
- Reduce Incidence: 80%
- Reduce Mortality: 90%

2050
- Zero new case
Strategy

1. Health Minister decree 67/2016: mandatory for all health facilities to notify TB cases
2. TB as one indicator in priority program Ministry of Health called Health Indonesia Program with family approach (Health Minister decree No 39/2016)
3. Government Regulation No.2/2018: TB as one indicator of Minimum Standard of Service that should be achieved by local government.
4. Support from Ministry of Internal Affair: requested local government to develop District Action Plan for TB Control
5. Strengthen TB Surveillance System, bridging to other health information system.
Achievement

• In 2017: 46 districts (9%) achieved TB Minimum Standard Target
• Nationally more than 84% of TB cases are prescribed with treatment that adheres to national guidelines (TB Inventory Study 2016-2017)
• Half of incident TB cases are detected and reported to NTP (TB Inventory Study 2016-2017)
• Piloting of Integrated information system within hospital and between hospital and health center/district health office
• Simplified TB reporting system for private practitioner/clinics has been developed and piloted.
Achievement

• Professional Organization Coalition established to provide standard TB services through district based PPM.

• DG of communicable diseases MoH coordinate with DG of health services MoH in making decree about mandatory notification of tuberculosis cases and send to all provinces and districts about to be forwarded to all health services providing tuberculosis services
Comparison of number of TB cases notified from 63 districts before and after conducting data sweeping in hospital

Before

2014: 89,917
2015: 96,160
2016: 109,917

After

2017: 164,967
Notification through SITT and Wifi TB

- Notification in SITT and Wifi TB
- 26 pilot sites Marc-Sept 2017 (preliminary result)
Integration SITT and SIMRS

• SIMRS = hospital information system
• Mechanism:

  - Involving 5 referral hospitals, NTP, Pusdatin (Center of Data and Information MoH), Yankes (DG of Health Services MoH)
  - Status: data from hospitals has been sent to Pusdatin’s server. NTP still waiting for execution from Pusdatin to send data to SITT database.
Indonesia: Case Detection Rate (CDR) TB 2000-2017

Source: per 24 March 2018
Indonesia: TB Case Detection Rate by District 2017

Keterangan:
- 0-39,99%
- 40-69,99%
- 70-89,99%
- ≥90%
TB Control within Health Indonesia Program with Family Approach

**1. FAMILY**

1. Identifikasi anggota keluarga yang memiliki gejala TB (Batuk berdahak lebih 2 minggu, BB menurun, keringat malam hari tanpa aktivitas, Demam meriang lebih dari satu bulan
   Ditambah Faktor Risiko TB
   - Gizi Buruk
   - Kencing Manis
   - Orang dengan HIV Positif
   - Anak < 5 Th
   - Ibu Hamil
   - Merokok
   - Tinggal kontak dg pasien TB
   - Penyakit paru kronik menahun

2. Penyuluhan/Konseling TB;
   a. Tanda dan gejala TB
   b. Cara pencegahan dan penularan
   c. Etika Batuk

3. Penilaian Lingkungan Rumah (Kumuh Padat, Kumuh Miskin, Ventilasi)

**2. COMMUNITY AND INTER SECTORS**

- Sugestive TB and contact children < 5 year *

- UKBM / ORMAS/KADER TB
  - Penyuluhan atau Konseling
  - Penjaringan Suspek TB
  - Investigasi Kontak
  - Pengawas menelan obat

**3. HEALTH SERVICE**

- PUSKESMAS
  - TB Sensitif
  - TB Tanpa Penyulit
  - Investigasi Kontak
  - Pencegahan Dan Pengobatan Profilaksis
  - Pelacakan Pasien Mangkin
  - Pengobatan selama 6 bulan

- Standard and complete treatment (Supervised by Responsible Officer)

Survailens Sosial, Kesehatan, lingkungan dan Gizi

- Mid/long term Intervention
- Short term intervention

- Kontak anak < 5 Th adalah anak umur dibawah 5 tahun yang berkонтакt dengan pasien TB baik anak yang bergejala maupun tidak bergejala.
- PPI TB atau Pencegahan dan Pengendalian Infeksi TB yaitu etika batuk, dan penggunaan masker, memastikan kepatuhan pengobatan dan kesembuhannya

- KONSELING
  - Gizi
  - Rumah
  - Sehat
  - PHBS

- PPI TB
- DPM / KLINIK
  - TB Sensitif Obat
  - TB Resistan Obat
  - TB Dengan Penyulit
  - TB Dengan Kormobid

- Rumah Sakit
  - TB Resistan Obat
  - TB Dengan Penyulit
  - TB Dengan Kormobid

- Rujuk balik
• Tuberculosis Program is one of the healthy Indonesia programs with family approach (PIS PIK) that must be implemented by all provinces and districts / cities
• There are 3 main programs in Indonesia that must be addressed: Tuberculosis, immunization and stunting
TERIMA KASIH
Letter of DG of health service MoH of Mandatory Notification of on Tuberculosis