

EXECUTIVE SUMMARY

Officials from the Ministry of Health (MOH) approved the final district selection in December 2019, eleven months after the U.S. Agency for International Development (USAID) Tuberculosis Private Sector (TBPS) contract was signed, and included five iterations. This approval was the result of a lengthy process of negotiation between MOH and USAID, with USAID TBPS playing an intermediary and facilitating role. The nine districts selected reflect the Government's district public-private mix (DPPM) scale-up plan across different regions (Western, Central and Eastern Indonesia).

During the first year of implementation, USAID TBPS laid the foundation for the activity by engaging in preparatory groundwork while the district selection and official MOH endorsement to begin was finalized. The work focused mainly on consultation, partner selection and identification of areas for collaboration as first steps in developing engagement models with the five end-target private providers (PPs) (hospitals, clinics, general practitioners (GPs), pharmacies and laboratories). Internally, the team established processes for study protocol review, completed the Activity Monitoring, Evaluation and Learning Plan (AMELP), developed a data management and visualization system using Power BI and developed district profile dashboards illustrating the baseline situation for each targeted district.

In Year I, USAID TBPS initiated the following research studies:

Tuberculosis (TB) knowledge, attitude and practices (KAP) survey among pharmacy professionals (KAP study): mClinica began data collection in the last quarter of 2019 and will complete the survey in January 2020.

Access to fixed-dose combination (FDC) survey among pharmacy professionals (FDC study): the protocol received ethical approval from Atma Jaya University and is currently under review by FHI 360's Office of International Research Ethics (OIRE).

Study on referral pathways for presumptive TB clients among pharmacy professionals (referral pathway study): the protocol is currently under ethical review by the Institutional Review Boards (IRBs).

District situational analysis (DSA) for TB program and service delivery (DSA study): the study aims to identify the gaps and the enabling factors in private sector engagement with the TB control program. The protocol is currently under technical review.

Health care-seeking behavior, diagnosis and treatment pathway among TB patients (patient pathway study): the protocol is in a far stage of development.

Cost and network evaluation of the sputum transportation system (sputum transportation system evaluation): the team has agreed with the National Tuberculosis Program (NTP) and Yayasan KNCV Indonesia to conduct this study to inform the design of the strategic health purchasing (SHP) pilots.

The Communication Specialist provided ongoing technical assistance (TA) to MOH on the development of the new visual identity of *Temukan TBC Obati Sampai Sembuh* TB (TOSS TB) and the finalization of the TB National Communication Strategy. USAID TBPS supports Stop TB Partnership Indonesia (STPI) in its advocacy efforts to bring TB higher on the political agenda, including through TA to the Indonesian TB Caucus, if requested. For the overall introduction of the USAID TBPS project, the team produced a short motion graphic video and the activity profile in printed format.

In relation to the four Objectives of USAID TBPS, a short summary of achievements is provided in the

following paragraphs.

OBJECTIVE 1: Increase access to convenient, close-to-home, high-quality TB services that are responsive to patient preferences

- Based on a fact-finding assessment performed by Research for Development (R4D), and in collaboration with the SHP Technical Working Group (TWG), the team produced a policy brief for *Pusat Pembiayaan dan Jaminan Kesehatan* (PPJK, the Center for Financing and Risk Protection — the policy body within MOH that regulates the National Health Insurance) regarding SHP for TB. The recommendations in the policy brief were adopted at the time of writing this report and are listed in table I below.

Table I. Recommendations contained in the policy brief produced for PPJK.

Purchasing component	Recommendations
Contracting arrangements	Refine credentialing process to encourage TB services and primary health care (PHC) network
	Map health facilities to strengthen the referral system for TB
Payment mechanisms and rates	Unbundle TB diagnosis from capitation and pay fee for service
	Episode-based payment for outpatient treatment
Provider monitoring	Interoperability between the Health Information Systems (HISs) of <i>Sistem Informasi Tuberkulosis</i> (SITB, the Tuberculosis Information System) and <i>Badan Penyelenggara Jaminan Sosial – Kesehatan</i> (BPJS-K, the National Health Insurance Agency)
	Contract a TB case manager

- The USAID TBPS team developed a concrete 20-day district startup strategy for Jakarta, where implementation activities started in December 2019.
- A protocol was developed for the DSA study, which informs further engagement activities in the districts where USAID TBPS will be active.
- A secondary data analysis was carried out for the patient pathway study to understand patient flows better.
- Data collection to explore pharmacists' TB-related KAP and beliefs started in December 2019.
- mClinica developed the online TB awareness campaign storyboard and visuals for pharmacy professionals.

OBJECTIVE 2: Improve private provider diagnostic quality and treatment outcomes for TB patients seeking care in the private sector

- USAID TBPS developed a study protocol to explore pharmacies' access to FDCs, which has been submitted for ethical approval.
- USAID TBPS led discussions with Chemonics Procurement and Supply Management on piloting

Data2Care connectivity software in 20 private sector GeneXpert machines; the team will follow up in CY 2020.

- USAID TBPS developed a draft road map to conduct a series of webinars entitled “Tuberculosis Management in Clinical Practice” as part of a webinar series co-initiated with *Koalisi Organisasi Profesi dalam penanggulangan Tuberculosis di Indonesia* (KOPI TB, the Coalition of Professional Organizations in the Elimination of Tuberculosis in Indonesia) and NTP.
- Preparatory discussions were held with Imedco Djaja, Phapros, Imedco and the United States Pharmacopeia Promoting the Quality of Medicines project on the introduction of daily 2FDC, and with NTP and the Boston Consulting Group on access to FDCs for the private sector.
- *Lembaga Kesehatan Nahdlatul Ulama* (LKNU, the Nahdlatul Ulama Health Division) and Aisiyyah, two major civil society organization (CSOs), agreed to a collaboration concerning private sector patients in the districts in which they are active.
- USAID TBPS discussed the possibility of piloting a community-based multidrug-resistant TB (MDR-TB) treatment with Rumah Sakit Islam (RSI) Sukapura, the Provincial Health Office (PHO) and LKNU, who are supportive of the concept and interested in co-development.
- USAID TBPS identified RSI Sukapura (North Jakarta) and RSI Muhammadiyah Taman Puring (South Jakarta) as private drug-resistant TB (DR-TB) referral hospitals. The team will support these facilities technically, thus contributing to strengthening Daerah Khusus Ibukota (DKI, Special Capital Region) Jakarta’s DR-TB referral hospital expansion.

OBJECTIVE 3: Increase private sector contributions to case notification to improve case detection rates

- USAID TBPS focused on interoperability requirements and identified four suitable vendors.
- The team identified elements for the construct of a district dashboard to analyze District Health Office (DHO) and BPJS-K data to enhance decision-making at the district level.
- USAID TBPS has completed the district baseline data for calendar years (CYs) 2018 and 2019.

OBJECTIVE 4: Enhance systemic, effective DPPM implementation by adopting proven models for private sector engagement at scale

- USAID TBPS conducted a stakeholder analysis to initiate and prioritize national-level stakeholders that can play a role in the replication phase of the project. It is essential to involve these stakeholders from the start to forge a successful active collaboration, and the team has already made initial contacts with many of them.

During CY 2019, USAID TBPS provided substantial support to NTP in several areas.

In partnership with MOH and STPI, USAID TBPS supported a workshop in conjunction with the STPI high-level meeting on November 10, 2019 that involved all government ministries, legislative members and partners. Dr. Putih Sari, a legislative member and member of Commission 9 (the Health Commission of the National Parliament), announced her support for TB elimination. A commitment by the ministries to support the TB elimination effort was endorsed by the Head of Deputy Coordination for Health Improvement, Coordinating Ministry of Human Development and Culture, Dr. Agus Suprpto.

NTP is developing the National Strategy Plan (NSP) for TB control (2020–2024), which will inform the upcoming funding proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). USAID TBPS facilitated discussions and compiled the results for the NSP drafting team. The project team also provided input aligned with the USAID TBPS activity strategy, which received significant attention in

the NSP drafting process.

During the NSP meeting in October 2019, KOPI TB requested support from NTP for the dissemination of the updated TB guidelines and policy through webinars. USAID TBPS provided TA, including budget allocation, to NTP and KOPI TB for the first webinar session held during the NTP evaluation meeting in Banda Aceh in November 2019. The project team plans to use webinars to share future updates on TB activities with the private sector.

In December 2019, the Global Stop TB Partnership held its board meeting in Jakarta. STPI used this opportunity to organize an audience with Joko Widodo, the President of the Republic of Indonesia. Officials also appointed Mr. Arifin Panigoro, Chairperson of STPI Indonesia, to the *Dewan Pertimbangan presiden/Watimpres* (Presidential Advisory Council). This was followed by a large national event with strong media presence, led by the new Minister of Health. President Widodo took the initiative to become directly involved in the TB control program, declaring that TB is a national health priority. An agenda was set for a string of national-level events in quarter (Q) I of CY 2020, leading up to World TB Day (March 24, 2020). USAID TBPS will contribute to the development of the programmatic content. Kickoff will be done by the President in January 2020 in the City of Cimahi, West Java.

USAID TBPS developed mechanisms and tools to ensure that data collection is gender-sensitive in all aspects of monitoring, evaluation and learning (MEL) and research. Prior to district implementation, the team also conducted an introductory session on gender for all project staff to provide background knowledge and context of gender equality and social inclusion (GESI) within the project's framework.

Lessons learned

The co-selection process of USAID TBPS target districts with MOH is an example of how the team needed to align the technical and epidemiological evidence with political know-how to reach a final consensus.

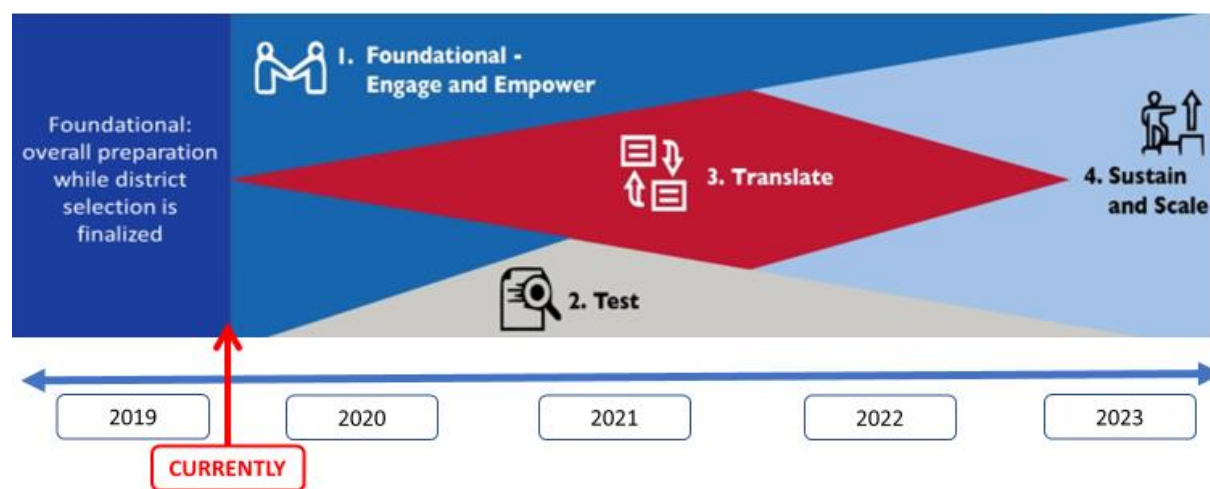
The issues that USAID TBPS is addressing are clearly understood (i.e., case notification, quality service, treatment and sustainable financing system). However, initial work and consultations with subnational institutions suggest that the team must emphasize what is important to local actors in order to make meaningful progress.

The stakeholder engagement process in CY 2019 has demonstrated the importance of change-oriented coalitions and political networks for introducing and sustaining the USAID TBPS TA and reform. The SHP TWG is an example of one such coalition for change that requires nurturing and attention. Collaboration with STPI in engaging high-level political commitment is another example of the importance of utilizing a multisectoral approach in addressing the country's TB problems. USAID TBPS has provided incentives (TA and staff time) to support these change-oriented coalitions, helping the team in securing strategic positions to implement its activities and reach its objectives.

INTRODUCTION

During the first year of implementation, USAID TBPS laid the foundation for the project by engaging in preparatory activities while district selection was finalized. As highlighted in figure 1, the USAID TBPS phased approach allows these activities to serve as the starting point for testing the project model. The preparation work focused mainly on consultation, partner selection and identification of areas for collaboration, as first steps in developing engagement models with the five end-target private providers (hospitals, clinics, GPs, pharmacies and laboratories) and testing them. These models differ per category of providers, will be based on the DPPM model being the NTP policy of private provider engagement and must be flexible enough to be applied to varying contexts in the nine districts where USAID TBPS is becoming active.

Figure 1. USAID TBPS phased approach.



In CY 2019, USAID TBPS, in collaboration with the Health Financing Activity, drafted three reports¹ to provide a deeper understanding of the funds flow, purchasing arrangements and incentives at play for TB service delivery in Indonesia. The reports served as a reference for the development of a policy note on SHP for TB that will be used in designing the SHP pilots for TB (further details under IR 1.1).

In Year 1, the team established internal processes for study protocol review to ensure quality control and the subsequent implementation of seven research activities. These include the KAP survey among pharmacy professionals to explore pharmacists' TB-related KAP and beliefs, which began in Year 1 through the SwipeRx platform. The results of the KAP survey will be used for the development of educational and behavioral change materials, including for presumptive TB referral.

The project team also identified areas for collaboration with CSOs. These include conducting contact investigations for private sector patients and support for community-based DR-TB treatment. One CSO

¹ "Incentive mapping analysis for improving strategic purchasing for TB service delivery in Indonesia," "Synthesizing BPJS-K claims data for TB services in Indonesia" and "Budget impact analysis for improving strategic purchasing for TB service delivery in Indonesia;" the three reports will be finalized in early 2020 and submitted to USAID.

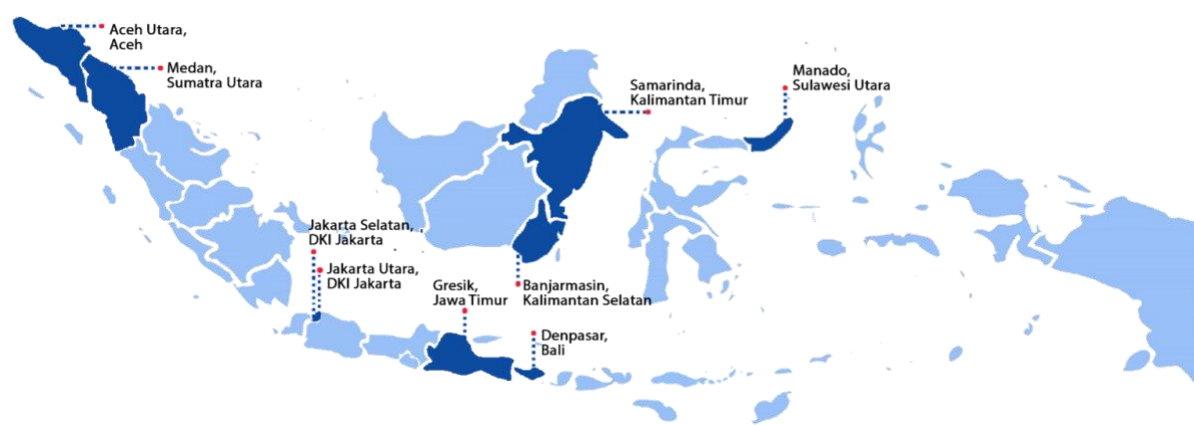
expressed its willingness to support these activities in North Jakarta, where the pilot for community-based treatment for DR-TB will take place.

PROJECT MANAGEMENT, MONITORING AND EVALUATION, RESEARCH AND COMMUNICATION

District Selection Process and Final Result

Officials approved the final district selection (see Figure 2) in December 2019, 10 months after signing the contract. This approval was the result of a lengthy process of negotiation between MOH and USAID, with USAID TBPS playing an intermediary and facilitating role. Criteria for district selection included (1) the estimated TB burden (over 1,000 cases), (2) the number of private hospitals (more than five), (3) the number of clinics and GPs, (4) the spread of the districts over the main islands, (5) the inclusion of several former Challenge TB (CTB) districts, (6) the local political willingness and (7) the direction of MOH. The three former CTB districts will utilize relatively well-developed DPPM teams, as most of the facilities already experience high levels of engagement with private hospitals and, to some extent, clinics and GPs. This will allow for quicker startup and yield early lessons learned, which will benefit engagement in the six other districts. The nine districts selected reflect the Government's DPPM scale-up plan across different regions (Western, Central and Eastern Indonesia). Annex 3 provides detailed district profiles.

Figure 2. District selection for USAID TBPS as of December 2019



Human Resources and Operations

By the end of CY 2019, the USAID TBPS team included a total of 18 project staff, including one staff member from mClinica and two from R4D. In November 2019, USAID TBPS finalized the organogram with clear reporting and supervision lines (see annex 5). Recruitment efforts for two key senior personnel positions (Monitoring, Evaluation, Research, Learning and Communication Advisor and Operation/Finance Director) continue. The team will fill the Advisor position in February 2020, while the Director position is currently vacant.

In December 2019, the USAID TBPS team moved into the permanent office location in the Setiabudi Atrium on Jalan HR Rasuna Said, Jakarta.

Monitoring and Evaluation

Activity Monitoring, Evaluation and Learning Plan

During CY 2019, USAID TBPS completed the AMELP based on the theory of change, results framework and work plan. This document provides guidance for the USAID TBPS team on the design, planning, collection and utilization of performance data. The AMELP aims to inform adaptive project management, improve intervention quality and influence policy decisions and the rollout strategy of the Government of Indonesia (GOI) within all components of health system strengthening for NTP and other GOI stakeholders. The team has also created MEL operational guidelines to provide detailed MEL implementation instructions.