

Analysis of Lung TB Treatment Strategy in Pangkep District Year 2022

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ABSTRACT

Tuberculosis (TB) is still a world concern with morbidity rates that have not been fully recorded but mortality data continues to increase, so strengthening coordination strategies with various related networks is very important in the target of achieving TB eradication nationally and globally in 2035. This research is a qualitative research carried out to identify phenomena and problems related to pulmonary TB management strategies in Pangkep Regency in October 2022. Data were collected through Focus Group Discussions (FGD), which were then analyzed qualitatively through 3 stages, namely data reduction, data presentation, and data verification as well as drawing conclusions. The results of the study show several important points in the strategy for handling pulmonary TB in Pangkep Regency, namely the applicable policies still follow the policies from the center, access for island areas must have a special strategy, the TB control strategy used is TOSS and there is collaboration between cross-sectors, electronic recording is carried out through SITB and manuals, as well as monitoring and evaluation activities carried out by looking through the system, conducting routine monitoring and evaluation, as well as field visits.

Key words: Policy, Treatment strategy, Pulmonary Tuberculosis.

INTRODUCTION

Tuberculosis is not a new infectious disease, but has remained a global public health problem for the last two centuries in both developed and developing countries because of its effects on vital organs such as the heart, three out of every 1000 people globally carry a latent MDR tuberculosis infection, which it is estimated that about a quarter of the world's population has been infected with mycobacterium tuberculosis. Moreover, patients with drug-resistant tuberculosis also threaten control efforts with mortality of two million deaths annually, exacerbated by the conditions of the Covid-19 pandemic which added to an increase in tuberculosis reporting by around 100,000 globally and developed from a harmless infection to a serious condition. life-threatening, including because of difficulty accessing treatment.

Southeast Asia accounts for 39% of tuberculosis incidents or around 3.4 million new cases each year, generally found in India, Bangladesh, Indonesia, Myanmar and Thailand. Geographically in the world, Indonesia is the third country with the most estimated incidence of tuberculosis cases in 2020, which is 8.4% of 5.8 million cases with a mortality of 12,000 cases, after India 26% and China 8.5%. It is interesting that the world health agency cites India and Indonesia as the main contributors to the large increase in TB notifications globally between 2013-2019.

Tuberculosis control is an effort to reduce the incidence of pulmonary TB disease as low as possible so that it is no longer a health problem for the community, including paying attention to early diagnosis efforts, inadequate treatment that contributes to severity, mortality, risk of

transmission and development of drug resistance. The target to end TB by 2035 globally has been agreed upon by all member countries of the WHO and the United Nations, so an overview of program performance is needed to achieve this sustainable target. Through this study, researchers tried to analyze the strategies used in handling pulmonary TB in South Sulawesi Province, especially Pangkep Regency, which is a district with the highest risk of pulmonary TB, as in previous studies on identification of tuberculosis case mapping areas which are known to have decreased cases in that area.

METHOD

This research is a qualitative study conducted using a descriptive interpretation method based on the results of a focus group discussion (FGD) on each informant's views regarding phenomena and problems related to pulmonary TB management strategies in Pangkep Regency. The number of informants, namely 26 people, consisting of TB policy managers, TB officers, religious leaders, cadres and family contacts, was carried out in October 2022. The data was analyzed in 3 stages, namely data reduction, data presentation, and data verification and drawing conclusions.

RESULT

The results of content analysis to see how the strategy for handling pulmonary

TB in Pangkep Regency is as follows:

Strengthening TB program leadership in Pangkep district

Strategies for strengthening program leadership is coordination by the government with a clear elimination roadmap and strengthened by regulations,

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multi-sectoral collaboration and strong coalitions with community organizations, increasing financing, especially from domestic sourced funding, coordination, harmonization, synchronization and synergy to achieve the best program performance.

Based on information received from informants regarding how to strengthen the leadership of the TB program in Pangkep District. The prevailing policies still follow the policies from the center because they have targets that must be achieved by the district government. In addition, cross-sector cooperation is also carried out to cover all regional communities, the policies that apply still follow the central policy.

"When it comes to strengthening policies, we don't have our own policies for Kab. Pangkep. We still use the standards from the Minister of Health and the rules from the ministry..."

(SR, 9 September 2022)

"Talking about TB, we always work closely with the person in charge of the TB program at PKM. Meanwhile, we carry out several programs, namely collaboration with cross-sectors, in a year we carry out 4x lokmin in cross-sectors, that is where we provide education to help us educate the public so that they play a role in reducing TB rates. Second, collaborate with the cadres. Because if it's just health workers it won't be enough so that cross-sectoral assistance is very helpful in eliminating TB..."

(NM, September 9, 2022)

Increasing access to quality TB services

Based on the information received by the informants regarding increasing access to quality TB services in Pangkep Regency, namely, Access for the archipelago must have a special strategy. Moreover, people do not want it to be known if they suffer from TB, assisted by a low level of education and a low economic level. On the mainland, at PKM, a separate door has been provided for TB patients so they are not put together with other general polyclinic patients

"I happened to be in the archipelago for a long time. The phenomenon seen in the archipelago requires a special strategy for handling TB in the archipelago. Not only because of distance, but there are fundamental things, for example culture, that they don't want to be called TB. In addition, the level of education and the economy can still be said to be low. There are many cases found, but the drug withdrawal rate is high, access to complete treatment is still difficult for the archipelago. Therefore, a special strategy is needed on how to bring Yankes closer..."

(MI, 9 September 2022)

"If there are people who don't want to go to the PKM, the village midwife and cadres will help bring samples to the PKM. There are also those who say they want to bring their own, we provide a special door for TB sufferers and families who bring phlegm to the PKM. So, it doesn't merge with poly. That is the reason our sputum examination results are high."

(NM, September 9, 2022)

"Personally, it's pretty effective because it is always decrease and the distance to the public health center is close, the TB medicine is free, and the service is good"

(SR, September 9, 2022)

"Not bad, about 2 kilos to public health, center pretty close for me because the alleys turn a little right"

(MA, 9 September 2022)

"This is the first time I've participated in this about TB but I have always been told"

(NR, September 9, 2022)

Control of risk factors

Risk Management is a risk management process that starts with identifying hazards, assessing the level of risk and controlling risk. Based on information from informants, the efforts made by policy makers in Pangkep district related to controlling TB risk factors, namely TPP (Provincial Training Team) have been implemented so that it is easier to detect suspects but there is still a need for a shared understanding of the data.

"The results of the monitoring and evaluation in the province yesterday, Pangkep Regency is in first place in terms of TB prevention, the district that uses TPP is by going through a skin test if it turns out that there is bacteria then TPP will be given, including children and adults."

(IM, September 9, 2022)

"TB is a contagious disease, better lots are found then treated to stop transmission than few are found even though there are many TB diseases in the community that are not found then become a source of transmission that endangers the community. This is what needs to be understood. When a reduction is considered a success that will backfire on the achievement of the program, even though the principle program is find, treat until cured.... The burden of TB will continue to increase every year because the source of infection is not found which will spread again everywhere so that elimination of TB will be difficult to do. This is what we need to understand. Do not let the high cases be considered a failure. Because actually finding more means we are stopping the transmission."

(ED, Sept. 9, 2022)

TB control strategy in Pangkep district

The TB control strategy is the efforts made to control TB disease in Pangkep Regency, the TB control strategy is in accordance with the results of in-depth interviews in Pangkep Regency, namely TOSS (Find Drugs Until Healed) and also collaboration between cross-sectors so that it is easier to control and find suspect in the field. In addition, health workers also help patients deliver drugs so that treatment is not interrupted.

"That was TOSS, if we talk about managing targets because we are also being targeted by the Ministry of Health, what we are trying to achieve and that number is indeed high. So, as Pak Edi said, how do we try to be as active as possible to find suspects, and what we find are indicators of success to be treated until they recover. The point is that nothing positive is left untreated."

(IM, 9 January 2022)

"Indeed, the policy has started to change. In the past, the main target for TB was the discovery of BTA+, today the indicator is now the discovery of suspects. So, the numbers will definitely increase. That suspect will be directed for examination which, if positive, will be treated. Guaranteed to be treated. There is no term strategy to reduce the number of sufferers because TB prevention is actually how to find sufferers as early as possible who are then treated until they recover so that they do not become a source of transmission."

(FA, 9 January 2022)

"The existence of the MoU is one of the policies so that the number of prevention drops with the MoU, that is, if a person who has had a cough for 3 weeks, the clinic asks for the phlegm to be brought to the PKM"

(USA, January 9, 2022)

"In medication, there is also a PMO, whether it's from cadres or from the family. Those who will monitor the patient taking the drug. Usually in the first two months the patient will give up taking medication, and they are the ones who will make sure the medicine is taken until it's finished."

(IM, 9 January 2022)

"If the program has been going on all this time, find and cure until it heals, and we can see the results now. Case finding never reaches all sufferers. Maybe it can be highlighted, for example, cases that make TB treatment are many cases of latent TB who actually already have TB in their bodies. Maybe this can be a strategy that can maximize this prevention. If latent TB treatment is maximized, I am more optimistic if this prevention can be maximized"

(ED, January 9, 2022)

Distribution of anti-TB drugs from the health office to health service facilities

Drug distribution is a network arrangement of facilities, personnel, procedures and quality assurance that is compatible, integrated and patient-oriented in the activity of delivering drug preparations and their information to patients. Based on information obtained from informants on the distribution of anti-pulmonary TB drugs in Pangkep Regency through SITB which will then be confirmed by IFK. After that, it will be picked up by health workers at the Puskesmas to meet the stock availability of the medicine. After that, it will be controlled by the person in charge of pulmonary TB control at the Puskesmas to the cadres and the patient's family to ensure that the drug distribution is carried out properly.

"So, for TB special program drugs, they are in the pharmacy warehouse. Now that there is a SITB, community service workers can access the system, so they ask the IFK for medicines in the system so they can provide how many medicines. After that the officers took the medicine at the IFK according to their needs. Usually it extends every 3 months"

(IM, September 9, 2022)

"It's from the pharmacy warehouse. For PKM, sometimes there are patients who don't have time, so TB officers who deliver them. So, everyone already has easy access to TB treatment"

(NM, September 9, 2022)

"In our place (the island) they are given monthly. So, a week or 3-4 days before the medicine runs out they have to contact the officers. So, we have delegated control over taking medication to local officials. Usually they are escorted by the Oskesdes staff who will be convinced again after returning home. Indeed, there are some who live on islands who do not have the means, which sometimes makes it difficult for us to control drug distribution. There are also those who ask for up to 3 months. But you still can't get out of control because at the beginning of the regimen there will be some changes that need attention. The success of the therapeutic regimen can be seen after 2 months. The hardest thing is actually MDR TB, which must be controlled in certain systems, for example in Labuang Baji, which must be delivered by officers."

(MI, 9 September 2022)

Electronic registration

Electronic registration in Pangkep Regency is in accordance with information from informants, which is done through SITB and manually

"... for registration besides being registered at SITB they also have manual recording. Because SITB cannot see when the patient is a referral patient. So to cover the whole it is also necessary to do manual recording for suspects and patients and that has been done. And the ministry also has its own form that has been provided for both suspects and patients."

(IM, 9 January 2022)

Monitoring and evaluation

Monitoring and Evaluation (Monev) covers the process of collecting data on the realization of programs/activities, reporting activities, assessing and evaluating the achievements of performance indicators. As for monitoring and evaluation in Pangkep Regency related to the TB program, according to information from informants, evaluation and monitoring are carried out by looking through the system, conducting regular monev and field visits.

"Actually, this has been implemented since 2021 and previously this program already existed. Now there is a new program from the Ministry of Health, namely Public Private Mix to involve clinics and DPM to be involved in the program. And they have also been given access to be able to access SITB. The way we evaluate their achievements is 1. Every day see their achievements in the system. 2. We have a Monev meeting for DPPM. 3. Field visit"

(ED, January 9, 2022)

"Now, in PKM, the funding for them to go into the field is through BOK funds. Then there is also a bit of the Global Fund for finding suspects. So if we are in the district for monitoring and evaluation it is from the global fund"

(IM, 9 January 2022)

DISCUSSION

The results of the study show that the successful strategy for controlling pulmonary TB in Pangkep Regency is by related work networks, that is, still guided by the directives of the central government such as implementing TOSS (Find Drugs Until Healed) and forming TPP (Provincial Training Team) by continuing to coordinate with each other in synergy, as contained in the RI Minister of Health Number 67 of 2016 concerning Tuberculosis Control. Even so, there is still a view that there are still people who do not visit health facilities when they find themselves sick because of reasons of embarrassment about these conditions, especially the economic limitations of coastal communities, so this challenge requires a special strategy in which health service agencies must be able to blend in to understand the conditions of coastal communities and promote early screening efforts as well as conducting contact tracing.

As a research mentions by building relationships with the community, the environment and social can contribute to the management of health problems,¹⁶ if there is an active community-based case finding it can help identify more people with TB in remote areas¹⁷ and direct sufferers to the care they need, as well as through contact tracing is also capable of initiating preventive therapy which in turn reduces the population-level TB burden.¹⁸

Collaboration carried out with various sectors/partnerships has also been able to lighten the workload of health workers in dealing with increasing incidences of pulmonary TB, with active efforts being made by health workers and supporting parties such as cadres including distributing drugs to patients so that the treatment is not interrupted. In addition, electronic recording which is equipped with manual recording is able to minimize errors in recording, monitoring and evaluation are still carried out in order to determine the achievement of the program according to the target in the successful TB control plan in Indonesia.

According to Abri *et al.*, & Sunjaya *et al.*, the challenges of supporting tools that the world health agency can use to achieve its goal of ending TB, namely the development of a partnership system not only for public health services but also for the participation of private partnerships to mobilize the resources needed.^{19,20} The successful implementation of the public-private health service cooperation program has also been proven in Pekanbaru with the increasing trend

of case findings.²¹⁻²⁴ What is important in the industrial era is the application of digital points, especially creating reminder programs in building healthy awareness, especially drug consumption to treatment counseling menus, because strict adherence to the duration of treatment for all components of the Directly Observed Treatment, Short-course (DOTS) strategy can guarantee effectiveness of anti-TB treatment.²⁵⁻²⁸

CONCLUSION

The strategy for treating pulmonary TB in Pangkep Regency has been proven to follow the central government's policy guidelines, but health services for island areas must have a specific strategy so that the program's achievements can be realized. The TB control strategy used is TOSS with cross-sector collaboration. In addition, TPP has been implemented so that it is easier to detect suspects by electronic recording through SITB and manually. Monitoring and evaluation activities are carried out by looking through the system, conducting regular monitoring- evaluation, and field visits.

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