The tuberculosis (TB) burden in Indonesia is high and the response has not been completely effective to date.

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The analysis highlighted several problematic service delivery patterns that go against regulations and clinical guidelines, reduce quality of care and treatment outcomes, and drive up costs:

**FINDING 1**
- The majority (69%) of TB in hospitals was coded as TB without bacteriological confirmation
- Primary care providers indicated that up-referrals for uncomplicated TB were relatively easy, despite regulations that pulmonary TB should be fully managed in primary care

**FINDING 2**
- Private primary care clinics referred more than half (58%) of patients with confirmed TB to hospitals for treatment
- Almost all (81%) cases that were referred to hospitals for treatment were for uncomplicated TB

**FINDING 3**
- Payments to hospitals for uncomplicated TB care create strong financial incentives against down-referral
- Uncomplicated TB cases in outpatient hospitals were treated at a cost to the government of IDR 188 Billion (12 Million USD)

**EXPECTED RESULTS**
- Link contracting and payment with TB reporting and quality requirements
- Increase incentives for TB diagnosis; training for screening and contact tracing
- Increase incentives for TB treatment in primary care using an episode-based payment
- More TB cases are treated in primary care

**PROPOSED SOLUTIONS**
More strategic purchasing arrangements can increase case notification and shift treatment from hospitals to primary care, where outcomes are better and treatment is more cost-effective.

In 2021 a strategic purchasing pilot will test new payment and contracting arrangements for TB in two districts in Indonesia. The pilot addresses the four core aspects of strategic purchasing (Cashin et al., 2018):

**BENEFITS SPECIFICATION**
- Specifying which services will be included in the JKN contracts and the service delivery/quality standards required in order to be paid
- Pay for TB diagnostics using fee-for-service payment
- Pay for TB treatment using a bundled, episode-based payment
- Link payment to case notification

**CONTRACTING ARRANGEMENTS**
- Add TB to the JKN credentialing process
- Update contracts to link payment with the specified service delivery/quality standards
- Improve referral pathway
- Interoperability between National TB Programs and national health insurance (JKN) information systems
- Contracting TB case managers

**MONITORING**
- More cases notified to the National TB Program
- Increased adherence to regulations and clinical guidelines
- More patients screened and cases detected, especially by private providers
- More patients treated in primary care, more private primary care providers offer TB services
- Improved treatment outcomes
- Lower total cost per completed patient
- Improved medication monitoring
- Decreased burden to the patient

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