The cost of scaling up the TB Control Program in Indonesia

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Background

- Indonesia’s National Tuberculosis Control Program (NTP) has made significant progress toward reaching the United Nations’ Millennium Development Goal 6 for tuberculosis (TB): to have halted, by 2015, and begun to reverse, the incidence of TB.

- To sustain this progress, the NTP must continue scaling up TB services, especially to the poor, to people living in remote areas, and to people with multidrug resistant TB (MDR-TB).

- Because donor funding is expected to reduce over the next few years, the government is planning ways to increase domestic financing for TB control.

Intervention

- Through the USAID-funded TB CARE I project in Indonesia, Management Sciences for Health (MSH) developed a model to estimate the nation’s recurrent TB service costs and related resource needs.

- The model estimated the resources needed for scaling up:
  - TB treatment coverage from 72% in 2011 to 92% in 2016, and
  - MDR-TB treatment coverage from 4% in 2011 to 31% in 2016.

Results

- The model showed that, if TB and MDR-TB services can be scaled-up to the above levels, by 2016, then:
  - the resources needed would increase from US $77.5 million (2011) to US $118.5 million (2016),
  - the total direct and indirect costs for treating one TB patient would be US $224,
  - the total direct and indirect costs for treating one MDR-TB patient would be US $10,018, and
  - the per capita combined cost for treating TB and MDR-TB would be US $0.47 (see table).

Conclusions

- The NTP is using these cost projections to decide how TB services can best be funded and how much should be budgeted for TB control at each government level.

- The NTP can use the model to analyze the cost-effectiveness of different TB control interventions (especially prevention and case detection), to maximize performance and reduce costs.

### TB and MDR-TB treatment and cost projections for Indonesia

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</thead>
<tbody>
<tr>
<td>Number of TB patients to be treated</td>
<td>321,411</td>
<td>330,051</td>
<td>336,432</td>
<td>364,963</td>
<td>386,694</td>
<td>411,403</td>
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<tr>
<td>Number of MDR-TB patients to be treated</td>
<td>255</td>
<td>436</td>
<td>790</td>
<td>1,692</td>
<td>2,200</td>
<td>2,640</td>
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<tr>
<td>Total cost for TB services (US$ million)</td>
<td>74.9</td>
<td>76.5</td>
<td>77.7</td>
<td>83.2</td>
<td>87.3</td>
<td>92.1</td>
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<tr>
<td>Total cost for MDR-TB services (US$ million)</td>
<td>2.6</td>
<td>4.5</td>
<td>8.0</td>
<td>17.0</td>
<td>22.0</td>
<td>26.4</td>
</tr>
<tr>
<td>Cost per TB patient treated (US$)</td>
<td>233</td>
<td>232</td>
<td>231</td>
<td>228</td>
<td>226</td>
<td>224</td>
</tr>
<tr>
<td>Cost per MDR-TB patient treated (US$)</td>
<td>10,289</td>
<td>10,309</td>
<td>10,138</td>
<td>10,027</td>
<td>10,022</td>
<td>10,018</td>
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<tr>
<td>Total cost per capita for treating TB and MDR-TB (US$)</td>
<td>0.33</td>
<td>0.34</td>
<td>0.35</td>
<td>0.41</td>
<td>0.44</td>
<td>0.47</td>
</tr>
</tbody>
</table>

¹ Estimates do not include inflation  ² Based on population estimate of 250 million in 2016

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