Policy options and levers for financing TB services in Indonesia

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Background

- The national tuberculosis (TB) control program (NTP) in Indonesia has made progress toward reaching the United Nations' Millennium Development Goal 6 for TB.
- Even so, the program needs to continue scaling up TB services, especially to people who are poor, living in remote areas, and infected with multidrug resistant TB (MDR-TB).
- Because donor funding is expected to decline in the coming years, the Ministry of Health (MOH) is reviewing options to increase domestic financing for TB control, including a mix of national social health insurance and government budgets that will achieve the TB program goals effectively and efficiently.
- Developing an effective set of policy levers is crucial. These policy levers may be related to financing, macro-organization, payment, regulation, and persuasion (see figure).
- Such policy levers are just as relevant for a TB control program as they are for the health system as a whole.

Funding means, intermediate outcomes, and final goals of a health system

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<th>Means</th>
<th>Intermediate Outcomes</th>
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<td>Financing</td>
<td>Access</td>
<td>Improved Health Status</td>
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<td>Macro-Organization</td>
<td>Quality</td>
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Results

- Indonesia's total recurrent national service delivery costs will increase from US $77 million in 2011 to US $118 million in 2016 but this should reduce the national economic burden of TB from roughly US $2.0 billion to US $1.0 billion.
- To obtain adequate financing, services will need to be provided cost-effectively and efficiently and key areas, such as TB case-finding, may need to be prioritized.
- Furthermore, an integrated package of policy levers is needed; this package could include supportive government regulations, using insurance to enforce good practices and incentives to strengthen weak links.
- The policy levers that are already being implemented are financing guidelines and regulations for local governments to promote adequate budgetary allocations and the use of accreditation programs to encourage providers to follow appropriate and standardized protocols.

Conclusions and Key Recommendations

- Additional policy levers that should be considered are the withholding of insurance reimbursements from public and private hospitals that do not follow approved treatment protocols, the greater use of provider and patient incentives to encourage the initiation and successful completion of treatment, and the use of various incentives to encourage local governments to follow regulations.

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