



Evaluation of the Implementation of the Decree of the Minister of Health of the Republic of Indonesia Concerning Innovation in Financing of TB Control Programs in Primary Health Care Facilities (FKTP) in North Jakarta 2024

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Abstract

Tuberculosis (TB) is an infectious disease that is the leading cause of death worldwide, with major challenges in its control in Indonesia. Presidential Regulation Number 67 of 2021 and Decree of the Minister of Health Number HK.01.07/MENKES/2070/2023 regulate the financing mechanism and governance of TB in Indonesia. This study aims to evaluate the implementation of the Decree of the Minister of Health regarding innovation in financing of TB programs in primary health care facilities (FKTP) in North Jakarta. This study uses a mixed method with an embedded approach. Qualitative participants included the Head of the North Jakarta Health Office, TB Program Manager, and Head of Health Centre's. Quantitative samples involved 6 health centres' that implemented the new payment mechanism. The results of the qualitative study showed that the implementation of the TB financing program was running quite well, supported by adequate human resources and facilities, although ongoing training and improved data access were needed. Effective policies accelerated TB management, especially in patient referrals, although management of drugs approaching their expiration date still needed to be improved. Quantitative results showed some concerns regarding limited human resources and drug availability, although existing facilities and policies were considered adequate. Output indicators showed fairly good case finding, enrolment rate, and treatment success rate, with a loss to follow up rate of 10%. In conclusion, the program was running well but needed to improve human resource training and drug management. The researchers recommend ongoing training for health workers in FKTP and periodic evaluation of the implementation of the TB financing policy

Keywords: Financing; Control; TB

Introduction

Tuberculosis (TB) is an infectious disease that is a major cause of poor health and one of the leading causes of death worldwide [1]. The disease is caused by the bacillus *Mycobacterium tuberculosis*. Although TB usually attacks the lungs (pulmonary TB), it can also affect other organs. Without treatment, the mortality rate from TB is high, around 50% [2]. With the currently recommended

treatment (anti-TB drugs for 4-6 months), around 85% of people can be cured. Universal health coverage (UHC) is needed to ensure that all people with a disease or infection can access this care. The number of people infected and affected by TB, as well as the number of deaths caused by TB, can also be reduced through multisectoral actions to address the determinants of TB such as poverty, malnutrition, HIV infection, smoking, and diabetes [3].

Globally, it is estimated that There are 10.6 million people suffering from TB, with 1.4 million deaths due to TB in HIV-negative people and 187,000 deaths in HIV-positive people. Geographically, the highest number of TB cases are in Southeast Asia (45.6%). In Indonesia, the incidence of TB in 2021 is estimated to reach 969,000 cases, with a death toll of 144,000 [2]. Various efforts have been made to tackle TB in Indonesia. The Indonesian government has prepared a 2020-2030 Tuberculosis Elimination Roadmap which includes six main strategies, namely strengthening district/city-based program leadership, increasing access to quality TB services, controlling infection and optimizing preventive treatment, utilizing research and technology results, increasing community participation, and strengthening program management through the health system (Suwita, Santoso, and Rochmad, 2020). These strategies have been integrated into the 2020-2024 National Medium-Term Development Plan (RPJMN) with the aim of reducing the incidence of TB from 319 per 100,000 population in 2017 to 190 per 100,000 population in 2024 [4].

The Ministry of Health through the Town Hall activity of the fourth Health Transformation Pillar, namely the Health Financing Pillar, announced the Tuberculosis (TB) Program Financing Innovation. This innovation is expected to increase the number of TB case notifications, successful complete treatment and/or recovery, and reduce vertical referrals for TB services [5]. Based on the SAKTI application, the realization of the Centre for Health Financing and Decentralization Policy ,budget in 2023 was IDR 22,212,944,045, - or 93.03%. The realization of this budget has not reached the target of 95% because the implementation of the prepared budget has not been maximized.

Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control regulates the financing mechanism and governance of tuberculosis in Indonesia. From this regulation, the Decree of the Minister of Health of the Republic of Indonesia was issued NUMBER HK.01.07/MENKES/2070/2023 Concerning Technical Instructions for Trial Implementation of Financing Innovations for Tuberculosis Control Programs in Primary Health Care Facilities is the government's commitment to make efforts to control tuberculosis, but the financing mechanism through the National Health Insurance scheme has not provided an optimal impact on several components of tuberculosis diagnosis and

treatment services, including further confirmation for certainty of diagnosis and successful treatment. Therefore, financing innovations are needed that can influence the behavior of service providers in providing more optimal diagnosis and treatment services. However, it is known that efforts to control tuberculosis with a financing mechanism through the JKN scheme have not provided an optimal impact on several components of tuberculosis diagnosis and treatment services, including further confirmation for certainty of diagnosis and successful treatment. With this background, this study aims to evaluate the implementation of the Decree of the Minister of Health of the Republic of Indonesia concerning innovations in financing for tuberculosis control programs in primary health care facilities in the working area of the North Jakarta Administrative City. METHOD

Materials and Methods

The mixed method research method with embedded research design as a strategy to gain a more comprehensive understanding. In this case, elements of quantitative and qualitative research methods were conducted at health centres' in North Jakarta in March 2024. The quantitative research instrument uses data in the form of excel tables which are export data from the Tuberculosis Information System (SITB) and the North Jakarta Health Annual Report. Meanwhile, the qualitative research instrument in this study is an interview guideline with structured questions. The informants of this study consist of main, supporting and key informants.

The stages of qualitative data analysis used include: (1) Data reduction (2) Data presentation (3) Conclusion drawing/ verification. After being collected, the data relevant to this study will be processed through the use of software, especially the Statistical Package for the Social Sciences (SPSS) program, with stages in the form of editing, coding, data entry, cleaning data.

Results

Informant Characteristics: In this study, 3 types of informants were obtained, namely the Main Informant consisting of 6 Persons in Charge of the TB Program at FKTP. Then there are also Supporting Informants consisting of 6 Heads in each FKTP in North Jakarta. And the last is the Key Informant who is the Head of the North Jakarta Health Sub-Department.

- **Qualitative Data:** Theme 1: Effectiveness of TB Financing Policy in Improving Services and Case Findings Sub Theme 1: Impact of Policy on TB Case Findings.

Main informant

The TB financing policy is considered very effective by the informants. This policy is considered to help overcome obstacles in case finding and diagnosis strategies at FKTP, as well as facilitating the referral and treatment process for patients. This policy is also considered to support FKTP in achieving case finding targets and improving services for patients.

Supporting informants

The TB financing policy is considered effective in supporting TB detection and treatment in Community Health Centers, especially in facilitating access to radiology services without BPJS referrals. However, this effectiveness depends on the consistency of implementation and proper budget allocation.

Key informants

This TB financing policy is considered very effective and is fully supported by the Head of the North Jakarta Health Sub-Department. This innovation is important to increase TB case detection and support TB elimination by 2030, and needs to be implemented in all FKTPs in Indonesia.

Sub theme 2: Challenges in implementing TB financing policy

From the three informants, it was concluded that although the TB financing policy has increased case detection, its implementation still faces significant challenges. Limited human resources, lack of training, and technical and administrative barriers hinder its effectiveness. For full success, resources, training, and coordination between health services need to be improved.

The TB financing policy in Primary Health Facilities (FKTP) is implemented with the aim of increasing access to TB diagnosis and treatment, as well as accelerating the discovery of new cases. Based on the interview results, this policy is considered to have a positive impact in increasing the number of TB case detections, which is in line with global efforts to eliminate TB by 2030 [3]. The TB financing policy in primary health care has proven effective in increasing the detection of new cases. Informants stated that this

policy helps primary health care identify more TB patients, who may have previously been missed. It also simplifies the referral and treatment process, such as direct access to radiology without requiring a referral from BPJS, which speeds up diagnosis (IU4, IP1). Previous research supports these findings, showing that appropriate financing and policy support can increase the coverage of TB diagnosis and treatment at the primary health care level [6]. Such policies also support the achievement of national and global targets in TB control, by ensuring that more patients receive early diagnosis and timely treatment [7]. However, the implementation of this policy is not without challenges. The main obstacles faced include limited human resources (HR), lack of ongoing training, and technical and administrative problems (IU1, IP3, IK1). The lack of HR results in an increased workload for health workers, which in turn affects the effectiveness of the policy. Coordination issues between primary health care facilities and referral hospitals are also obstacles in handling more complex cases. The literature shows that limited human resources and lack of training can hinder the effectiveness of health policy implementation, including in TB programs [8,9]. Inadequate training can cause uncertainty among health workers in implementing new policies, which affects the quality of services provided [10]. Overall, TB financing policies in primary health care facilities are considered effective in increasing the detection of new cases and supporting better TB services. However, to achieve optimal results, improvements are needed in terms of training, provision of adequate human resources, and better coordination between primary health care facilities and referral hospitals. Continuous evaluation of the implementation of this policy is also important to identify and address emerging challenges.

Theme 2: Readiness of resources in primary health care facilities for implementation of TB financing innovation

Sub Theme 1: Availability and quality of human resources (HR) in primary health care facilities

Key informants

In general, the quality of resources (HR, budget, and infrastructure) owned by the Health Centers is good enough to support the implementation of the TB financing innovation trial. However, several obstacles such as limited HR due to officer rotation, as well as technical problems such as disruptions to the

SITB server, still need to be considered. Improving the technology system and continuous training for officers are also considered important.

Supporting informants

In general, the resources in the Health Centers are adequate enough to support the TB financing innovation trial program. However, repeated socialization is needed due to officer turnover, and several Health Centers need to improve facilities such as radiology.

Sub Theme 2: Supporting facilities and infrastructure in primary health care

Informant responses indicate that in general, facilities and infrastructure in the Health Centre including computers or laptops, networks, and other equipment such as printers, paper, and ink, are adequate to support TB program financing policies. However, there are technical constraints in the SITB system that sometimes hinder the data input process, and there is a need to improve special facilities that support the diagnosis and treatment of TB patients.

Sub Theme 3: Pre-trial readiness in the implementation of TB program financing innovations

Most informants stated that their team was ready to run a TB program financing trial, with good coordination between teams and related parties. However, the need for repeated socialization and assistance to human resources due to changes in officers and a lack of understanding regarding the claim mechanism was recognized as a challenge.

According to WHO, improving the competence of health workers through ongoing training is essential to improving the quality of health services, especially in the management of infectious diseases such as TB [11]. Other studies also show that support and strengthening of human resources in primary health services contribute significantly to the success of public health programs, including TB programs [12]. However, rotation of health workers without adequate training can hamper the implementation of health programs [13]. Facilities and infrastructure in FKTP are also important factors that influence the implementation of TB financing policies. Interviews showed that although basic infrastructure such as laboratories and diagnostic tools are available, there are limitations in the availability of diagnostic tools.

follow-up and medicines are still obstacles. The availability of adequate diagnostic facilities is very important in the TB program. Research shows that the lack of diagnostic tools and inadequate facilities can hinder early detection and effective management of TB patients [14].

This is supported by findings from a study in Indonesia which showed that limited diagnostic facilities in primary health services affect the quality of TB diagnosis and treatment [15]. According to the Indonesian Ministry of Health, adequate information technology infrastructure in FKTP is a key element in supporting the implementation of health policies based on data and evidence [16].

According to the study, coordination between various stakeholders and repeated training play an important role in the successful implementation of health programs at the primary service level [17]. Despite some limitations, the readiness of resources in FKTP for the implementation of TB financing innovations is relatively good.

Theme 3: Existing facilities are adequate to support the TB program

The results of the informants' answers indicate that the facilities and infrastructure that support the implementation of the TB financing program, the results of this study indicate that all facilities are adequate and can support, but the complexity is that the SITB network is an obstacle to real-time input and is sometimes difficult to access. Improving TB services requires the provision of radiology services along with human resources in an effort to accelerate TB management to be better. The informant also conveyed that the TCM examination was carried out before the patient was referred to the hospital. The informant conveyed the complexity and other obstacles in terms of conducting manual cross-checks such as active JKN participant data. Constraints on the website are a factor that hinders the claims process.

All informants stated that the facilities currently available are able to support TB program services. In addition, support from other adequate resources is also needed, such as medical devices, funds and other health facilities in order to increase community awareness and ability to live healthily [18].

Theme 4: Proposal for technology improvement, laboratory facilities and diagnostic tools

The need to improve laboratory facilities and diagnostic tools for handling tuberculosis (TB) is very important in improving the quality of health services. In addition to technological infrastructure such as servers and networks, which still need to be improved, a more integrated and efficient laboratory system is also needed. This includes the procurement of modern diagnostic tools such as Molecular Rapid Test Machines (TCM) and the development of adequate bacterial culture facilities. With a more integrated system, patient data management and diagnostic results can be done more quickly and accurately, thus accelerating the diagnosis and treatment process. This proposal aims to ensure that laboratory facilities in health centers are able to meet the needs of TB services with the highest standards, while increasing efficiency and effectiveness in managing TB cases. The obstacles faced were also conveyed by [18], who stated that, although the facilities and infrastructure were sufficient, the Tegal City health center did not have a special TB room for examining or treating TB patients. Increasing access to quality TB services is important to support the success of the TB program [19].

Theme 5: Supplies or distribution of drugs for TB programs is running quite well

In terms of Supplies, informants revealed that the distribution of drugs has improved from before, there was a period when OAT for children was difficult to obtain, for OAT for adults there were no obstacles. Distribution of OAT to health centres was carried out quarterly with data from each health centres request through SITB and hard copies sent manually.

The supply of TB drugs must be a priority for the central and regional governments. The implementation of the distribution of these drugs needs to follow proper distribution standards according to the requirements for drug use. The role of each program manager is very important in the smooth distribution process, further becoming a periodic joint evaluation so that service targets can be achieved optimally [20]. TB control implementers in health facilities emphasized that drug supplies are one of [18].

Quantitative data

Discovery of Suspected TB

Health Centre (FKTP)	Target	Supporting examinations	% Realization
Cilincing	3788	1458	38%
Kelapa Gading	2505	1273	51%
Koja	2901	1207	42%
Pademangan	3335	1065	32%
Penjaringan	4151	1329	32%
Tanjung Priok	3392	1144	34%
Jakarta Utara	20072	7476	37%

Table 1: Achievement of Suspected TB Discovery in June 2024.

From the data above, the highest achievement of suspected TB discovery was the Kelapa Gading Health Centre (51%), but this is still far from the target achievement that must be met. Then the health centres with the lowest achievement were the Penjaringan and Pademangan Health Centres which were the same (30%). So the total achievement of TB suspect detection in 6 health centres reached 37%. The results of TB suspect detection in six health centers showed significant variation in the effectiveness of the TB detection program, with Kelapa Gading Health Centres recording the highest achievement of 51%, while Penjaringan and Pademangan Health Centres recorded the lowest achievement of 30% each. Overall, the total achievement of TB suspect detection reached 37%. This average figure shows that although there are some health centres that have succeeded well, there is still considerable room for improvement in the TB case detection program in other health centres. The highest achievement in Kelapa Gading Health Centres shows that TB case identification efforts in this health center were relatively successful. Possible contributing factors include effective training for health workers, an efficient reporting system, and a good outreach strategy to the community. Successful TB detection programs often involve ongoing training and use of technology to support effective surveillance and case reporting [21].

The lowest outcomes at the Penjaringan and Pademangan health centres indicate greater challenges in TB case detection. Possible contributing factors include deficiencies in health worker

training, lack of resources, or inability to reach at-risk populations. Health centres with low outcomes often face barriers such as lack of access to diagnostic technology and low community awareness of TB [22]. With a total outcome of 37%, the average TB suspect detection rate across the six health centres suggests a need for in-depth evaluation and improvement strategies. The importance of systematic evaluation and development of data-driven strategies to improve the effectiveness of TB detection programs [23].

Health Centre (FKTP)	Case Notifications	Enrolment	% Enrol
Cilincing	282	239	85%
Kelapa Gading	97	81	84%
Koja	234	197	84%
Pademangan	226	168	74%
Penjaringan	287	229	80%
Tanjung Priok	183	142	78%
Jakarta Utara	1309	1056	81%

Table 2: Enrolment Rate Achievement June 2024.

From the data above, the highest TB enrollment rate achievement is at Cilincing Health Center (85%) and the lowest is at Pademangan Health Center (74%). So the total TB enrollment rate achievement is 81%. The results of TB enrollment rates in the six health centers showed varying but generally good performance, with Cilincing Health Center recording the highest achievement of 85%, while Pademangan Health Center recorded the lowest achievement of 74%. Overall, the average enrollment rate in the six health centers reached 81%. Although this average figure shows satisfactory results, there is still room for improvement in registering TB patients into the treatment program.

The highest enrollment rate achieved in Cilincing Health Center shows significant success in recruiting and registering TB patients. Implementation of a community-based approach and an integrated registration system can significantly increase the enrollment rate [24]. The lowest achievement in Pademangan Health Center shows challenges in the TB patient registration process. Health centres' with low achievement often face obstacles such as lack of health worker training and inefficient administrative systems [25].

With a total enrolment rate of 81%, this average shows good results but there is still room for improvement. An in-depth

evaluation of best practices at Cilincing Health Center and identification of barriers at Pademangan Health Centre need to be conducted. It is important to analyse successful practices and implement data-driven strategies to improve enrolment rates at other health facilities [26].

The results of TB enrolment rates at health centres' showed significant variation with Cilincing Health Centre achieving the highest achievement and Pademangan Health Centre achieving the lowest achievement. An in-depth evaluation of best practices implemented at high-achieving health centres and an analysis of barriers at low-achieving health centres' are important steps to improve overall enrolment rates. A data-driven approach and the use of effective strategies can help ensure that more registered patients and receive optimal treatment for TB.

Health Centre (FKTP)	LTFU	Total Patients	% Enrol
Cilincing	58	585	10%
Tanjung Priok	35	458	8%
Pademangan	20	425	5%
Penjaringan	24	587	4%
Kelapa Gading	4	345	1%
Koja	5	463	1%
Jakarta Utara	146	2863	10%

Table 3: Achievement of Loss to Follow Up Rate June 2024.

From the data above, the highest loss to follow up rate is achieved by Cilincing Health Center (10%). For FKTP, the lowest are Kelapa Gading Health Center (1%) and Koja Health Center (1%). The total loss to follow up rate is 10%. The results of the loss to follow up rate in various health centers show striking variations in the effectiveness of TB patient monitoring. Cilincing Health Centre recorded the highest loss to follow up rate at 10%, while Kelapa Gading Health Centres and Koja Health Centre each recorded the lowest rate at 1%. This figure reflects the significant challenges in retaining patients in the TB care program consistently.

The highest loss to follow up rate at Cilincing Health Centre indicates a major challenge in ensuring patient compliance with TB care. According to [27], the very low loss to follow up rate at Kelapa Gading Health Centre and Koja Health Centre indicates success in

retaining patients in the TB care program [28]. The importance of in-depth analysis of causal factors and the implementation of effective monitoring mechanisms to improve patient retention [29].

Health Centre (FKTP)	Completed Treatment + Healed	Total Patients	% TSR
Cilincing	432	585	74%
Pademangan	298	425	70%
Penjaringan	406	587	69%
Koja	318	463	69%
Tanjung Priok	308	458	67%
Kelapa Gading	196	345	57%
Jakarta Utara	1958	2863	68%

Table 4: Treatment Success Rate Achievement June 2024.

From the data above, the highest Treatment Success Rate achievement is at Cilincing Health Centre (74%). For FKTP, the lowest is Kelapa Gading Health Centre (57%). The total Treatment Success Rate achievement is 68%.

The results of the Treatment Success Rate (TSR) achievement show significant differences in the success of TB treatment at various health centres. Cilincing Health Centre recorded the highest TSR at 74%, while Kelapa Gading Health Centres recorded the lowest TSR at 57%. Overall, the average TSR across the six health centres was 68%.

Cilincing Health Centres achieved the highest TSR, reflecting significant success in ensuring TB patients successfully completed their treatment. Possible contributing factors include good patient management, ongoing support, and a systematic approach to patient tracking and monitoring. Health centres with high success rates often implement effective patient monitoring strategies and strong support systems [30].

The lowest TSR achievement at Kelapa Gading Health Center suggests significant challenges in ensuring patients complete TB treatment. Low TSR is often related to lack of patient support, access issues, and lack of community engagement [31]. With an average TSR achievement of 68%, it is important to analyse best practices from high-achieving health centers and identify and address barriers in low-achieving health centres' [32].

Data Eligible	Target of Claim	Enrollment Claim to Target	Number of Claim	Status worth paying	not worth paying	Pay intensive
1440	827	119%	988	965	23	48.250.000

Table 5: Number of Intensive Treatment Claims in North Jakarta (broken down by health centre).

The claim achievement exceeding the target by 119% shows high effectiveness in the claim submission process. This shows that not only can the claim target be achieved, but it can even be exceeded. The ability of managers to identify and process claims efficiently and encourage higher claim submissions is the key to this achievement. High claim achievement can reflect efficiency in the claim administration and management process, as well as success in implementing health programs [33].

From the 988 claims submitted, 965 claims were declared eligible for payment, while 23 claims were declared unavailable. The high percentage of eligible claims (97.67%) shows that the claim verification process is running well and meets the established

standards. The importance of strict claim verification procedures to ensure proper payment and reduce errors in claim submission [34].

The total intensive treatment paid of IDR 48,250,000 reflects a commitment to provide significant financial support for intensive treatment. The right amount of financial assistance and efficient claim management play an important role in supporting the effectiveness of health programs and providing positive impacts for beneficiaries [35]. The results of the number of intensive treatment claims in North Jakarta show good achievements with excess claim realization exceeding the target, as well as a high percentage of claims eligible for payment.

Health Facility	Total Patients (Total Patients x 50.000 rupiah)	Total
Health Centre Cilincing Sub District	40	2.000.000 rupiah
Health Centre Koja Sub District	5	250.000 rupiah
Health Centre Kelapa Gading Sub District	62	3.100.000 rupiah
Health Centre Pademangan Sub District	58	2.900.000 rupiah
Health Centre Penjaringan Sub District	34	1.700.000 rupiah
Health Centre Tanjung Priok Sub District	32	1.600.000 rupiah

Table 6: Number of Intensive Phase Treatment Claims per Health Facility in North Jakarta.

Discussion

The Kelapa Gading Health Centre’s with the highest number of claims indicates a great need or good access to intensive health services in the area. This could reflect a high population density or a better health system in attracting and managing claims. Areas with high population density often have a higher volume of claims due to greater health service needs [36].

The lowest number of claims at the Koja Health Centre may indicate limitations in access to health services, a smaller population, or a lack of public awareness of available health services. The low number of claims in an area can be caused by various factors such as limited facilities or lack of information to the community [37].

The high number of claims at the Pademangan and Cilincing Health Centres indicates a significant need in these two areas, with the possibility of good access to health services. The almost equal number of claims in Penjaringan and Tanjung Priok Health Centers indicates a relatively even distribution of claims between these health centers. Small differences in the number of claims may reflect minor differences in the need for or access to health services. Small differences in the number of claims between facilities may be indicators of differences in health needs or the effectiveness of service management [38]. Table Number of Follow-up Treatment Claims Per Health Facility in North Jakarta.

Health centers with higher claims such as Penjaringan and Pademangan Villages may serve a larger or denser population. A larger population may result in more cases requiring follow-up treatment, leading to an increase in the number of claims.

Conclusion

From the results of the hypothesis testing and discussion in this study, it can be concluded that the results of the evaluation of the implementation of the Decree of the Minister of Health of the Republic of Indonesia regarding innovations in financing the TB control program in FKTP show that the implementation of the TB financing program in FKTP shows that human resources, facilities, policies, and supplies play an important role in the success of the program. Furthermore, human resources are quite good but require ongoing training to improve understanding and performance.

The distribution of TB drugs is getting better, although there are constraints on the availability of pediatric OAT that need to be addressed with proper standards. The relationship between human resources and the number of TB cases shows that competent and well-distributed health workers can reduce TB cases. Well-designed and implemented policies can reduce the prevalence of TB. The availability and quality of medical supplies contribute significantly to reducing the number of TB cases. It is expected that there will be an increase in training programs and continuing education for health workers in FKTP related to innovations in TB financing to overcome obstacles and increase program effectiveness. In addition, it is necessary to prepare practical guidelines on budget management and reporting, as well as provide periodic technical assistance to strengthen the capacity of officers in managing TB financing programs. Implementation of periodic evaluations of the implementation of TB financing policies to ensure their effectiveness and relevance. It is recommended to conduct further research on innovations in financing and implementation of health programs at various levels of service, as well as factors that influence their effectiveness.

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