The challenge

Indonesia has a high burden of tuberculosis (TB), TB and HIV co-infections, and multidrug-resistant TB. Populations most affected by TB include pregnant women, children, the elderly, diabetics, people living with HIV, prisoners and people living in poor urban areas.

The country faces a range of challenges in mounting an effective TB response. These include rapid urbanisation, underreporting of TB cases, stigma, poverty, and limited awareness of TB. As a result, there is a large number of “missing” TB cases – those that go undetected, untreated and unreported. The Indonesian government is investing to increase detection, including increasing screening of children at risk of TB, people living with HIV, and diabetics.

The partnership

In 2016 David Sin, Chairman of Fullerton Health Foundation (FHF), pledged up to SGD25 million in cash and in-kind contributions to the Global Fund to support TB programs in Southeast Asia over five years. Fullerton Health is a leading vertically integrated healthcare platform in Asia Pacific and the foundation is committed to improving the lives of people in low-income communities where Fullerton Health operates.

As part of this partnership, FHF has complemented the Global Fund’s investment in Indonesia’s TB program by deploying mobile clinics in specific districts, working in close collaboration with the Global Fund’s implementing partners.
Tantang TB pilot project

In 2018, FHF piloted a mobile TB screening program in South Sulawesi, a TB “hotspot.” The Tantang TB pilot project partnered with Tirta Medical Centre, a subsidiary of Fullerton Health Indonesia and one of Indonesia’s leading health care providers with an extensive network of clinics across the country.

Education programs were set up to raise awareness of TB within the community, and TB detection campaigns were rolled out with early TB case detection and selective screening of populations at high risk of TB.

A bus with a built-in chest X-ray machine, a GeneXpert machine to diagnose TB, including drug-resistant strains, and HIV test kits was dispatched to remote areas. Over 2,000 residents were screened, 78 patients were diagnosed with TB and promptly referred for treatment at the local village health centers. These results were higher than national incidence rates, demonstrating the positive impact of mobile clinics in delivering TB awareness to remote communities and identifying the missing TB cases.

Q&A with David Sin, Chairman, Fullerton Health Foundation

1. How did the partnership between Fullerton Health Foundation and the Global Fund start?

Fullerton Health Foundation was incorporated in 2015, and we started working together with the Global Fund in 2016 to explore how FHF could support the global fight against TB, especially in Indonesia, which has the world’s second-highest number of missing TB cases. As Fullerton Health Indonesia is the largest private sector health screening provider in the country, it made sense for FHF and the Global Fund to leverage FHF’s resources to tackle the critical TB issues in Indonesia.

2. What are some of the lessons learned?

Our main takeaways from the TB program in Indonesia are two-fold. We recognized that it is difficult for the government to actively identify missing TB cases on its own, especially in populations where there is unequal access to health care. On the other hand, organizations like FHF do not have the financial resources to take on the cause of the entire country’s missing TB cases and significantly move the needle in the fight against TB.

These learnings led us to re-think our approach this year, as we evaluate how we should best mobilize both public and private sectors through a multi-stakeholder partnership approach in support of the fight against TB.

3. What are FHF’s plans this coming year?

We are working with technical partners from the Global Fund and local nonprofit organizations in Indonesia to pilot a workplace program, with support from StopTB. We have also received support from provincial and district health offices to develop a workplace TB control program because there is no efficient, feasible and replicable model in place.

This is a holistic program that will screen and identify factory workers with TB, help reduce stigma, and support adherence to treatment through awareness and education at the factories. We will seek the employers’ commitment not to dismiss employees identified to have TB to reduce the patients’ fear of diagnosis, as well as garner employers’ support for drug adherence.

If the pilot is successful, we seek to offer such workplace programs to our other clients, to be included as part of their existing compulsory health screening programs. We believe packaging TB screening into existing workplace programs will be a cheaper and faster approach to reach out to the population and help address the issue of missing TB cases.

4. Do you see yourself as a TB champion in the Asia Pacific region?

Yes, definitely. A lot of great work is being done on the ground by social organizations that are passionate about this cause, and by the government, which has invested heavily in the treatment of both TB and multidrug-resistant TB. To reach the tipping point, I believe that leaders need to commit to bold action and greater political commitment. The private sector can help implement solutions and take the lead in closing the gaps. I am proud to be a TB champion and will seek to continue positively influencing and mobilizing different stakeholders to make a greater impact in the Asia Pacific region.

About the Global Fund

The Global Fund is a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As an international organization, the Global Fund mobilizes and invests more than US$4 billion a year to support programs run by local experts in more than 100 countries. In partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases, we are challenging barriers and embracing innovation.

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