

# TB – HIV Collaboration in Medan City

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**Keywords:** TB- HIV, Collaboration, Medan City.

**Abstract:** Based on data showed that only 2% of TB patients who knew about their HIV status and 33% among them with positive HIV outcomes. This study aims to describe the collaboration of TB – HIV in Medan City. This study with Qualitative approaching aims to describe TB – HIV collaboration in medan City. The informants are TB – HIV manager in Puskesmas, doctors, TB – HIV manager, accompanist NGO of HIV patients at hospital. The data collection is received through deep interview. Collected Qualitative data processing made with data transcript and conduct the content analysis. The results reveal that not all TB patients were HIV-tested since not all TB services provide HIV testing and when referred to a referral hospital causes many patients are missing. Referral mechanism has not run maximally, cooperation with NGOs has been intertwined but until now the NGOs which handle TB – HIV are not many. It is suggested that all TB services in Puskesmas equipped with HIV testing, TB – HIV officers training. Hospital services should be comprehensive and build network inter hospitals can run as one of indicators in TB – HIV collaboration.

## 1 INTRODUCTION

The epidemy of *Human Immunodeficiency Virus* (HIV) shows the influence to TB epidemy improvement over the world which causes effect of the increasing of the number of TB cases in public. A lot of evidences show the TB controlling will not work effectively without the successful HIV control. Similarly, TB is one of the most common opportunistic infections and the main cause in people with HIV-AIDS (ODHA). Collaboration between the two programs is essential to overcome these two diseases effectively and efficiently (Kemenkes 2015).

Since 2007 TB – HIV activites were begun to be developed in accordance with national Policy such as collaboration mechanism establishment, ODHA's TB burden decline, and TB patients' HIV burden decline. This collaboration is a part of TB controlling and also an effort to improve th success of HIV-AIDS countermeasures. At this collaboration program, the officers' behavior have

an important role to find TB cases and HIV cases as a door way into collaboration. However, until 2012 the cohort results of Indonesian Republic Ministry of Health showed that only 2% TB patients who knew their HIV status and 33% among them with positive HIV outcomes.

Medan city is one of the TB collaboration project pilot (TB – HIV). An expected target from these TB cases which knew their HIV status in 2016 as many as 45% and 85% in 2017. Nevertheless the TB patients who knew their HIV status in 2015 are 15% and increased to be 24% in 2016 and still lower than the set target. A matter that is quite encouraging that TB patients who knew their HIV status and received ARV was increased high enough (7%) in 2015 became (47%) in 2016, this data indicates that if TB patients know their HIV status then they are willing to consume ARV which improve their quality of life at the end. The low level of TB – HIV collaboration in Medan caused by not all DOTS services like Puskesmas providing the HIV-testing or VCT, an access to HIV-testing is still limited, from 39 Puskesmas

which own HIV's Kidney Transplantation (KT) there are only 18 Puskesmas which have it, 3 Puskesmas which have moderate Treatment Supporting Training (PDP), there are only 12 hospitals which have HIV-testing and initiated by Health care and counseling officers and 18 hospitals which have PDP.

Research of Ari Natalia Probandari 2011 et al. about TB patients willingness to conduct HIV-testing and fear of HIV-testing procedures in *Provider Initiated testing and Counseling (PITC)*. The results showed the high level of willingness to conduct HIV-testing in PICT program, fear of HIV-testing procedures was not a factor which influenced HIV-testing willingness. The researchers recommended to notice the importance of *Patient centered* in PICT program. Based on the background above we know about the description of TB-HIV collaboration in Medan city.

## 2 RESEARCH METHOD

This research is designed with qualitative approaching to describe TB-HIV in Medan city. The informants of this research are TB-HIV manager in Puskesmas, Doctors, TB-HIV manager, accompanist NGO of HIV patients and hospitals. An interviewing guide list has been developed to achieve questions about TB-HIV collaboration, qualitative data processing which are collected and transcript data manufacturing which is containing the whole data as it is without making conclusions, and conduct the content analysis.

## 3 RESULT AND DISCUSSION

### 3.1 The Harmonization of TB and HIV Collaboration Program

TB-HIV needs to get handled from many parties such as hospitals, Health Office, Puskesmas, NGOs and Patients themselves who want to get services to improve their health. Results of interview shows that not all actors who take an important roll do their duties in harmony like one of this informant's opinion :

Not all of TB patients were checked their HIV case at Puskesmas, so not all of TB patients knew their HIV status (informant 1 program manager).

This data happened because not all Puskesmas provide HIV-testing, and absolutely affects the

collaboration program totally. A few previous researches showed the TB-collaboration program has a significant relation with health services facilities.

An one-way door health services means at one hospital cannot accept a test more than 1 poly and influence the low level of collaboration indicator target, which means somebody who was TB-indicated cannot check his HIV status on the same date and place which affects TB-detected patients are unwilling to conduct HIV-testing, thereby a lot of cases are missing.

The research is in line with the opinion of TB program managers such as the Lung Disease prevention Agency (BP4) that there are still obstacles in the collaboration of TB-HIV with referral hospitals, if they send TB patients to check their HIV status at Adam Malik Hospital, then the test result is unknown by the sender and where the next treatment is, although the treated patients at referral hospital is not a concern for the senders like this informant's expression :

"that collaboration should be worked, if so the negative result of the test is referred, well, then make a notice on that service contained referral date. When referred at Adam Malik hospital, it will be found later. Diagnosed, then what is the result? Then back to BP4 but this matter is not happened yet." (Informant 3 TB Implementor).

When the patient was willing to be checked and the result is negative, the officer did not record because the officer just wrote the form of positive TB-HIV, then it made our target was still low. Actually, there were many officers had done it but they were lazy to write, my friends at this service were just like that, when we suggested the patients to be tested then it should be written, that is the weakness from the officers (Informant 1 program manager)."

Referral mechanism, this low records affects a lot of cases are missing, then it is necessary to work harder at this referral problem to make notes. There are still many officers who do not write the forms properly in accordance with the provision. This condition is also related with the low level of socialization on TB-HIV officer at health services. This matter is in line with Mahlija's opinion et al., 2012 that not all the health care officers who got involved in TB-HIV collaboration followed the training (Mahlija, et al., 2012). And also in line with Novelira's research in Semarang it said that the officers had not used HIV risk factors assessment forms on TB patients. Socialization activity is more conducted on officers individually. PITC strategy

has a big role to build a network with HIV-suspected patients. Service activities are conducted by officers in accordance with the work instruction at each unit. Generally, this collaboration activity describes a Parallel Service Model.

TB patients who knew their HIV status in Medan city is low because TB cases which are not included into DOTS system, TB case finding at another poly like internal disease, children, is not reported to Lung Poly so many TB cases are not reported like at Adam Malik Hospital. To detect the patients' presence is of course difficult. Further each Poly is independent, such as Internal Disease Poly, Children Poly, Heart Poly, also have not collaborated with TB services.

This research is different with Mahlija's research at Health Services Facilities (Fasyankes) in Papua which showed that collaboration mechanism of TB-HIV had been done as many as (61.0%) and had a significant relation with Fasyankes and public ( $p < 0.05$ ). TB burden decline efforts on ODHA had been done, as many as 80 people (97.6%) had a significant relation with Fasyankes and public ( $p < 0.05$ ). TB burden decline efforts had also been done, as many as 71 (86.6%) and had a significant relation with Fasyankes and public. There was a relation between Human Resources availability factor (health care workers) of HIV, logistic and fund, and also the public in TB-HIV collaboration management with TB-HIV collaboration mechanism, suppress the burden of TB on ODHA and suppress HIV burden on TB patients.

### 3.2 Collaboration TB-HIV and NGOs

There are not many NGOs which get involved in TB-HIV collaboration, during this time Aisiyyah which handle TB-HIV achieves fund from Global Fund, however at this time the number of NGOs which carry on TB-HIV is small amount as this informant expressed :

“until May 2018 during this time Aisiyyah which carry on TB-HIV for 2018 fund was not running enough, Public Health Insurance (JKN) does not handle TB anymore, NGO which still carries on TB-HIV at this time is NGO Medan Plus (Informant 1 TB program office manager).

This result is in line with the result of interview with Medan Plus and showed that during this time NGO Medan Plus handle TB-HIV collaboration along with the other NGOs but in last 3 years the other NGOs like Aisiyyah and JKM were not involved anymore in carrying on TB-HIV. At last,

the conducted strategy by Medan Plus to handle TB-HIV through their cadres just like this expression :

“At the moment when the cadres found the TB patient at field, then HIV-testing conducted, but the result was negative, because he was not related with HIV and then he contacted us, so we could cooperate. So our TB friends are with their TB, and we are with their HIV” (Informant 1 LSM).

The strategy that has been done by NGO in carrying on TB-HIV cases was expressed by informant below :

“At the moment when we took a counseling with patients we stayed giving a very high motivation, because actually, our supporting friends at this Medan Plus are direct-caused with HIV which it means they ever have a TB, so we turn them into a role model at field with a purpose when they found identified case of TB or HIV, they could give an example to that patient. Indeed before you felt like this that I ever had had it before, through our spirit to live healthy, may God always give us a good healthy.”

So the relationship with the other NGOs has been tightly intertwined thereby with government institution like Health Office just like this informant's expression below :

“There is a good strong coordination formally and non-formally (kinship). An officer said directly that he would be delightful to be contacted if there is something happened. So our relation is tightly intertwined because of this TB and HIV.” (Informant 1 NGO).

Furthermore, cooperation is also built with Puskesmas and Health Office through :

“We must obey the office's instruction, to reach the patients we also cooperate with another agency, especially Puskesmas in addition to cooperate with TB cadres, many of us are also oriented with Puskesmas, except if the disease becomes severe, then we refer to Adam Malik Hospital.”

Based on the results above, it was revealed that TB-HIV collaboration needs to involve NGOs and Government Institution and also feel and think the importance of cooperation but NGOs that have been involved in TB-HIV control are fewer during this time, the numbers and qualities of TB-HIV should be improved. This research is related with Muhammad Muqorrobin's research in Blitar Regency it was said that mechanism of collaboration had not run effectively in indicator movement and collective principles enforcement, joint motivation to build together had not been established for collaboration, collaboration movements was still not good.

Based on the description above known that not all patients of TB to be HIV-tested since not all of TB services provide HIV-testing and when they are referred so at the moment a lot of patients are missing. Referral mechanism have not worked maximally, cooperation with NGOs has been intertwined but until now NGOs which handle TB-HIV have not been many as well. It is suggested that all of TB services at Puskesmas equipped with HIV-testing, TB-HIV officers training especially in changing behavior about the importance of data and they are willing to write a record in accordance with the provisions that have been set. Services at hospital should be more comprehensive and build a network between poly to poly and inter hospitals in order to get an effective and efficient work as one of TB-HIV indicators.

#### 4 CONCLUSIONS

The results reveal that not all TB patients were HIV-tested since not all TB services provide HIV testing and when referred to a referral hospital causes many patients are missing. Referral mechanism has not run maximally, cooperation with NGOs has been intertwined but until now the NGOs which handle TB – HIV are not many. It is suggested that all TB services in Puskesmas equipped with HIV testing, TB – HIV officers training.

#### ACKNOWLEDGEMENT

Thanks to the Directorate of Research and Community Service, General Directorate of Research Empowerment and Development, The Ministry of Research, Technology, and Higher Education as the source of research fund, DRPM Kemenristekdikti with research scheme Basic Research University of Fiscal Year 2018 Number 118/UN5.2.3.1/PPM/KP-DRPM/2018.

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