Title of the project	**Health Financing Analysis of The TB Programs at 7 Districts in 4 Provinces of Indonesia**
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Tuberculosis (TB), a chronic communicable disease caused by mycobacterium tuberculosis, is still a major public health problem (Borgdorff, 2001). WHO has declared that TB is a world-wide public health problem that constitutes a global emergency. In 2004 Indonesia TB prevalence according to sputum smear positive is 104 per 100,000 (95% CI: 66 to 142 per 100,000) (Litbangkes, 2004). Health Surveys (NHHS) 1992, 1995 and 2001 have consistently shown TB as one of the top ten causes of death. For Indonesia to reach the global targets for TB, the issue of district level funding is critical. The situation described above shows that without strong commitments from local government for TB program, efforts in preventing TB as a re-emerging disease let alone eradicating TB are in serious jeopardy.

The overall objective is to gain a better understanding of TB funding at district levels as a basis for a path towards better sustainable funding of TB programs.

Low Spending on TB:

Districts allocate between 2% and 8%, with an average of 4,6%, of their public funds to District Health Office (DHO). The provinces surveyed averaged just 3,1%. The figure is much lower than expected of 15% of district budgets for total health. (Noted that public funds for hospital are not included in this proportion).

Province- and District-level spending for TB program is a tiny fraction of DHO spending, averaging less than 2%.

Overall, provinces and districts spend less than 0,1% of their budgets to Stop TB program.

Over the three years surveyed, the percentage of government funds devoted to TB programs decreased in 3 out of 4 provinces, and 4 out of 7 districts. Funds also decreased in absolute terms in 4 out of 7 districts.

Findings

Political commitment to support TB is not yet reflected with financial support. Less than half of total TB funds come from the districts (Table 2 - APBD II). Almost 90% of district funds are for staff salaries. The average was even lower at provincial level.

Current programmes are dependent upon national and donor money for operational funds. In 2004, only 10% of TB operational funds in the districts were paid for by the districts,

while 88% of money from outside went for operations. Operational funding is highly variable from year to year and not sustainable.

Communicable disease control is not a priority for district health offices, and there are no multi-year district-level commitments to TB. Spending on TB per capita ($0,06 to $0,34) and per TB case ($31 to $160) is highly variable between districts and from year to year.

Donors and districts do not coordinate their funding efforts. Donors' budget cycles do not match local budget cycles. Fund channeling from donors creates an atmosphere in districts that may hamper communication & integrated planning for TB control.

Recommendations

Need a strategy to increase district commitment to TB:

- Efforts, in coordination with community and NGOs, to ensure domestic budgetary needs are met at local and national levels.
- Improved communication between communicable disease control and district planning offices to integrate parallel reporting lines.
- Explore creative means of stimulating local spending such as conditional grants or matching funds, taking into account the financial capacities of districts.
- Formalize financial relations between different levels of government and donors [MOU or other means].
- District planning needs to commit funds for longer term: At least 2 years, but ideally 5 years.