

# Elimination of tuberculosis in the COVID-19 pandemic era in Indonesia

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Dear *Editor*,

COVID-19, an international health tragedy, has made various countries do their best to deal with it. However, since it was declared a pandemic, human behavior has also changed (Tosepu, Effendy, & Ahmad, 2020; World Health Organization, 2020). This behavior change follows the pattern of the COVID-19 incident (Imaningsih, Asriati, & Tosepu, 2021; World Health Organization, 2020). In Indonesia, which has a vast area, various strategic efforts continue to be made, including restrictions on community mobility (Megatsari et al., 2020). But, when entering the second year of the COVID-19 pandemic, various disease preventions tend to be neglected. Instead, the government focused on overcoming the spread of COVID-19 (Dharmaraj et al., 2021; Muhyiddin & Nugroho, 2021).

Tuberculosis (TB) is one of the priorities for elimination in the 2030 Sustainable Development Goals (SDGs) program (World Health Organization, 2015). The Indonesian government needs the role of all sectors in achieving the SDGs targets. Until now, TB has not been overcome. In Indonesia, the disease has caused 93,000 deaths per year, or 11 deaths per hour, which puts Indonesia in the third rank after India and China (Kementerian Kesehatan

Republik Indonesia, 2022). As many as 91% of TB cases in Indonesia are pulmonary TB, which can potentially infect healthy people around them. Currently, case findings and high TB treatment have been carried out in several areas, including Banten, Gorontalo, Jakarta, North Sulawesi, and West Sulawesi (Kementerian Kesehatan Republik Indonesia, 2022).

In general, the initial symptoms of TB in a person can be in the form of coughing because it attacks the respiratory tract and respiratory organs, coughing with phlegm continuously for 2 to 3 weeks or more, then shortness of breath, chest pain, weakness and feeling unwell. In addition, decreased appetite, decreased weight, and usually appears to be sweating at night even though you are not doing any activities (Craig, Joly, & Zumla, 2014; Irfani, Fitri, Rofliin, Siburian, & Umar, 2021; Wejse et al., 2008).

Burhan (2022) said that there had been a change in focus since the pandemic; efforts to eliminate TB are no longer a concern. As a result, there has been a decrease in the number of cases examined; the less treatment, the higher the transmission rate. This incident cannot be allowed to continue (Burhan, 2022). Therefore, the Ministry of Health of the Republic of Indonesia must re-run programs related

to TB elimination. Of course, this is not easy to do. TB elimination targets have various obstacles, including socio-demographic and economic aspects related to stigma, lack of family support, and difficulties in accessing health facilities due to cost, distance, and transportation. This understanding and perception are related to ignorance of TB resistance due to drug withdrawal, patient fear of the disease, and negative perception of health services, which can be factors for patients to be reluctant to seek treatment. In addition, the effect of TB treatment associated with the relatively long duration of active TB treatment (6-24 months) is a challenge for TB patients. Not only is boredom felt, but also the emergence of drug side effects that can lead to drug withdrawal (Asyary, 2018; Manurung et al., 2018; Napirah, Wandira, & Aulia, 2017; Ruth Mongan, 2017).

So that in the era of the COVID-19 pandemic, efforts to eliminate TB require collaboration between the government and the community. Of course, they both have different roles. The Ministry of Health of the Republic of Indonesia, which directly runs the tuberculosis program, must maximize case finding and activate tuberculosis drug monitoring officers. Community involvement is also essential because they are the ones who are with tuberculosis sufferers every day.

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#### Author Contribution

This is the original work of the author.

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