

Active Case Treatment is More Cost Effective for Early Stage Lung TB Treatment

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The magnitude of lung TB problem has forced any involved-institutions to be committed in managing thoroughly. It is compulsory to have a correct intervention or accurate treatment regime for curative purposes. Jember Regency is executing Passive Case Treatment (PCT), which lung TB patients should come to puskesmas to take the Tuberculosis Drug (ATD) in a certain day and hour. The method was not effective, an idea to create an ATD delivery to patients' homes was executed, it is called Active Case Treatment (ACT). The purpose of this research is to determine the most cost effective between PCT and ACT for lung TB patients using a quasy experimental research with prospective plan of 16 Puskesmas in Jember Regency. Conducted from beginning of September until end of November 2010, the sample was all lung TB patients who came for treatment in September 2010. Sample criteria were: new case, 15-50 years of age, did not suffer HIV and Diabetes Meliitus, was not malnourished, and was not allergic to ATD. Data collection was done through interview, questionnaires and filling documents exploration. Research result is achieved by comparing total cost with program objective (QoL=quality of life) of each treatment. The result showed that to increase 1 QoL scale of PCT needed an amount of IDR. 35,295.00, while to increase 1 QoL scale ACT was IDR 14,377.00. The cost of ACT was smaller than PCT. Conclusion derived from the result was that ACT is more cost effective than PCT.

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