Terapi Pencegahan Tuberkulosis (TPT) Pada Orang Dengan HIV (ODHIV) Di Kabupaten Bogor: Studi Kasus Berbasis Kerangka Kerja RE-AIM Dan HBM

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Abstrak

Tuberkulosis (TB) masih menjadi penyebab utama morbiditas dan mortalitas pada Orang Dengan HIV (ODHIV). Risiko ODHIV untuk mengalami TB aktif 15 kali lebih tinggi dibandingkan populasi umum sehingga WHO merekomendasikan Terapi Pencegahan Tuberkulosis (TPT) sebagai bagian penting dari layanan kolaborasi TB-HIV. Meskipun demikian, implementasi TPT di Indonesia masih menghadapi berbagai tantangan yang dapat memengaruhi cakupan dan keberlanjutan program. Penelitian ini bertujuan mengetahui gambaran pelaksanaan program TPT pada ODHIV di Kabupaten Bogor menggunakan kerangka Reach, Effectiveness, Adoption, Implementation, dan Maintenance (RE-AIM) serta menganalisis faktor-faktor yang memengaruhi penerimaan dan kepatuhan TPT berdasarkan Health Belief Model (HBM). Penelitian menggunakan pendekatan kualitatif dengan desain studi kasus. Data diperoleh melalui wawancara mendalam terhadap pengelola program HIV, pelaksana program HIV, pendamping ODHIV, serta ODHIV sebagai sasaran TPT, dan diperkuat dengan telaah dokumen program. Analisis data dilakukan secara tematik berdasarkan dimensi RE-AIM dan HBM. Hasil penelitian menunjukkan bahwa program TPT telah menjangkau sebagian besar ODHIV yang memenuhi syarat dan dipersepsikan memberikan manfaat dalam mencegah TB. Adopsi program didukung oleh komitmen pengelola program, kolaborasi program TB-HIV, serta keterlibatan tenaga kesehatan dan pendamping sebaya. Namun, implementasi program masih menghadapi tantangan berupa keterbatasan ketersediaan obat, beban kerja petugas, serta edukasi yang belum merata. Keberlanjutan program dipengaruhi oleh integrasi layanan, dukungan kebijakan, dan kesiapan sistem kesehatan dalam mempertahankan layanan pasca-berakhirnya dukungan Global Fund. Berdasarkan HBM, penerimaan dan kepatuhan TPT dipengaruhi oleh persepsi kerentanan dan keparahan TB, persepsi manfaat TPT, hambatan yang dirasakan, efikasi diri, serta dukungan tenaga kesehatan dan pendamping sebagai pendorong tindakan. Penelitian ini menyimpulkan bahwa implementasi TPT pada ODHIV di Kabupaten Bogor telah berjalan cukup baik, namun masih diperlukan penguatan edukasi, peningkatan kapasitas tenaga kesehatan, penguatan peran pendamping ODHIV, jaminan ketersediaan logistik, dan strategi keberlanjutan program untuk meningkatkan cakupan, kepatuhan, dan kualitas pelaksanaan TPT. <hr /> Tuberculosis (TB) remains a leading cause of morbidity and mortality among People Living with HIV (PLHIV). The risk of developing active TB is 15 times higher among PLHIV than in the general population; therefore, the World Health Organization (WHO) recommends Tuberculosis Preventive Therapy (TPT) as an essential component of TB-HIV collaborative services. Nevertheless, the implementation of TPT in Indonesia continues to face various challenges that may affect program coverage and sustainability. This study aimed to describe the implementation of the TPT program among PLHIV in Bogor District using the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework and to analyze factors influencing TPT acceptance and adherence based on the Health Belief Model (HBM). This study employed a qualitative approach with a case study design. Data were collected through in-depth interviews

with HIV program managers, HIV program implementers, peer supporters, and PLHIV as the target beneficiaries of TPT, and were complemented by a review of program documents. Data were analyzed thematically based on the RE-AIM and HBM dimensions. The findings indicated that the TPT program had reached most eligible PLHIV and was perceived to provide benefits in preventing TB. Program adoption was supported by the commitment of program managers, TB-HIV program collaboration, and the involvement of healthcare workers and peer supporters. However, program implementation still faced challenges, including limited drug availability, high workload among healthcare providers, and uneven delivery of education and counseling. Program sustainability was influenced by service integration, policy support, and the readiness of the health system to maintain services following the end of Global Fund support. Based on the HBM, TPT acceptance and adherence were influenced by perceived susceptibility to and severity of TB, perceived benefits of TPT, perceived barriers, self-efficacy, and support from healthcare workers and peer supporters as cues to action. This study concludes that the implementation of TPT among PLHIV in Bogor District has been relatively successful; however, strengthening education, enhancing the capacity of healthcare workers, strengthening the role of PLHIV companions. ensuring the availability of logistics and medications, and developing program sustainability strategies are still needed to improve coverage, adherence, and the quality of TPT implementation.