

# Analisis efektifitas-biaya pengobatan Malaria Vivax di Puskesmas Koba, Kabupaten Bangka Tengah, Propinsi Kepulauan Bangka Belitung tahun 2006 = Cost effectiveness analysis of drug therapy of Malaria Vivax in Koba community health center, District of Bangka Tengah, Province of Bangka-Belitung archipelago in 2006

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## Abstrak

Malaria merupakan salah satu penyakit yang menjadi ancaman masyarakat di daerah tropis dan sub tropis terutama pada bayi, anak balita dan ibu melahirkan. Sejak krisis ekonomi 1997 daerah endemis malaria bertambah luas bahkan menimbulkan kejadian luar biasa pada daerah yang telah berhasil menanggulangi malaria. Kejadian penyakit malaria di Propinsi Kepulauan Bangka Belitung yang merupakan Propinsi baru di Indonesia masih menunjukkan angka kesakitan malaria cukup tinggi. Dari data Departemen Kesehatan tahun 2005 untuk Iuar Jawa dan Bali, data 2001 - 2003, Propinsi Kepulauan Bangka-Belitung masih masuk dalam kategori Medium Incidence Area dengan AMI 45,85.

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Total anggaran bidang kesehatan selama orde baru hanya 2,5%-3% dan setelah krisis ekonomi sangat tergantung kebijakan pemerintah daerah. Kabupaten Bangka Tengah di tahun 2006, anggaran biaya obatnya 1 milyar, untuk obat malaria 45 jutaan, Adanya obat baru Artesunate Combination Therapy (ACT) yang harganya lebih mahal dengan anggaran obat malaria masih kecil maka perlu melakukan studi efektifitas-biaya dengan obat yang sudah lama dipakai.

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Penelitian ini merupakan evaluasi ekonomi kuantitatif bersifat deskriptif dengan melakukan studi perbandingan (comparative study) obat CO + PQ dan obat ACT + PQ secara prospektif di Puskesmas Koba. Diharapkan mendapatkan variasi biaya pengobatan malaria vivax dengan analisis efektifitas-biaya serta perhitungan biaya dilakukan dengan metode activity based costing (ABC).

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Tujuan penelitian untuk memilih biaya pengobatan malaria vivax yang lebih efektif antara obat CQ + PQ dan obat ACT + PQ di Puskesmas Koba.

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Dari hasil penelitian di Puskesmas Koba selama bulan Pebruari sampai dengan April 2006 didapatkan aktifitas biaya investasi terbesar adalah pembacaan sediaan DDR dengan jenis investasi terbesar ruang laboratorium, mikroskop. Aktifitas biaya operasional langsung terbesar obat CQ + PQ adalah anamnesis dan pemeriksaan fisik dan komponen operasional terbesar gaji dan kartu medical record. Obat ACT + PQ biaya operasional langsung terbesar adalah aktifitas menulis cara makan obat di etiket dengan komponen operasional terbesar obat dan gaji. Biaya operasional tidak langsung terbesar kedua alternatif obat adalah aktifitas anamnesis dan pemeriksaan fisik dengan komponen gaji tak langsung. Biaya pemeliharaan terbesar adalah aktifitas anamnesis dan pemeriksaan fisik di ruang periksa. Dari biaya total yang terbesar adalah biaya operasional. Efektifitas cakupan makan obat CQ + PQ 27 orang dan ACT + PQ 26 orang, selesai makan obat CQ + PQ 25 orang dan obat ACT + PQ 24 orang, turun panas hari pertama obat CQ + PQ 16

orang dan obat ACT + PQ 10 orang dan respon klinis memadai obat CQ + PQ 24 orang dan obat ACT + PQ 22 orang.

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Hasil analisis rasio obat CQ + PQ lebih kecil daripada obat ACT + PQ, simulasi analisis sensitifitas rasio obat CQ + PQ lebih kecil dari pada obat ACT + PQ dan dari analisis cost recovery rate obat CQ + PQ lebih sedikit yang disubsidi pemerintah dibandingkan obat ACT + PQ. Obat CQ + PQ lebih cost effective daripada obat ACT + PQ untuk semua analisis dengan semua efektifitas yang didapat. Obat CQ + PQ tetap pilihan utama pengobatan malaria vivax sedangkan obat ACT + PQ untuk malaria falsiparum. Perlunya penyuluhan cara makan obat dengan dosis yang tepat untuk pengobatan malaria vivax dan perlu melakukan penelitian dengan sampel yang lebih banyak sesuai standar.

<hr><i>Malaria was one of disease which becoming a public risk in tropical and sub tropical area. especially for baby, child under five years and child birth's mother. Since economic crisis in 1997, endemic area of malaria increased, even became extraordinary occurrence in the area which has succeeded to overcome of malaria Occurrence of malaria in Province of Archipelago of Bangka Befitting representing new Province in Indonesia still show the malaria index enough was high. In 2005 health data to outside Java and Bali, data 2001 - 2003, Province of Archipelago Bangka-Belitung still enter in category of Medium Incidence Area by AMI 45,85.

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Totally budget of health service during Orde Baru regime was only 2,5 - 3% and after economic crisis was most depend on locals government : policy. Drug budget of Bangka Tengah district was I billion rupiahs and drug. therapy of malaria was over 45 million rupiahs in 2006. The existence of new drug of Artesunate Combined Therapy (ACT) where its price was more expensive and in the other hand drug budget of malaria was not enough, so it need to cost-effectiveness study with drug which have been used before.

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This research was a descriptive quantitative economic evaluation with a comparative study of CQ + PQ and ACT + PQ prospectively. Expected to be got a variation of drug therapy of malaria vivax with cost-effectiveness analysis and calculating has been done with Activity Based Costing (ABC) method.

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These research was to calculated which one more effective in Koba community health center between Cloroquine + Primakuin (CQ + PQ) or Artesunate + Amodiaquine + primakuin (ACT + PQ).

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The result of research in Koba Community Health Center from February until April 2006 was got that the biggest activity investment cost is read of available DDR, with biggest investment component is laboratory room and microscope. The biggest of direct operational cost of CQ + PQ drug were anamnesis and physical examination and the biggest component of operational cost was salary and medical record card. The biggest activity cost of direct operational ACT + PQ was write etiquette of dosage and the biggest operational component was medicine and salary. The biggest cost of indirect operational both drug alternative were anamnesis and physical examination activity and indirect salary component The biggest maintenance cost were anamnesis and physical examination activity and polyclinic. The biggest total, cost was cost of operational. Effectiveness of response CQ + PQ were 27 people and ACT + PQ were 26 people; complete treatment CQ + PQ were 25 people and ACT + PQ were 24 people; afebris in the first day CQ + PQ were 16 people and ACT + PQ were 10 people; and the adequate clinical and parasitological response

(ACPR) of CQ + PQ were 24 people and ACT + PQ were 22 people.

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Result analysis drug ratio of CQ + PQ was smaller than ACT + PQ ; analysis simulation of ratio sensitivity drug of CQ + PQ were smaller than ACT + PQ and analysis cost recovery rate drug of CQ + PQ was smaller subsidized by government compared with ACT + PQ.

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Drug of CQ + PQ was more cost effective than ACT + PQ for all analyses with all of their effectiveness. CQ + PQ was still remain to drug of choice a malaria vivax while ACT + PQ was drug of choice for malaria falcifarum. The importance was counseling of correct dosages for therapy malaria vivax and its importance to research with more minimal samples.</i>