

EXECUTIVE SUMMARY

NATIONAL CANCER PLAN 2024 – 2034

Indonesia's Strategy in the Fight Against Cancer



Minister of Health
SEPTEMBER 2024

NATIONAL CANCER PLAN 2024 – 2034

Indonesia's Strategy to Fight Against Cancer



Inauguration of the Woman & Children Cancer Service Building at Dharmais Hospital by the President of the Republic of Indonesia on August 30, 2024.

FOREWORD MINISTER OF HEALTH



Cancer is one of the leading causes of death globally and is considered a catastrophic non-communicable disease, as it not only threatens lives, but also requires high treatment costs and lengthy care processes. Indonesia is also experiencing the impact in the form of a high disease burden and rising financial costs. The Global Cancer Observatory (Globocan) reports that without a change in strategy, the burden of cancer cases and deaths in Indonesia is projected to increase by 63% between 2025 and 2040. Therefore, efforts to combat cancer must receive attention and become a national priority.

As a form of commitment and effort in cancer control, Indonesia has developed the *Rencana Kanker Nasional* or National Cancer Plan 2024-2034, globally referred to as the National Cancer Control Plan (NCCP), as a guideline for strategic direction and action plans. This National Cancer Plan is expected to harmonise the steps of all stakeholders to reduce cancer incidence, improve survival rates, and thereby enhance the quality of life for those affected by cancer.

The development of the National Cancer Framework began with a situational analysis based on six pillars of national health transformation, providing an understanding of the current

conditions, gaps, and challenges faced. Subsequently, efforts to address cancer in Indonesia were formulated, covering six cancer prevention and control strategies, namely:

1. Strategies for promotive and preventive
2. Strategies for screening and early detection
3. Strategies for improving access to diagnostics, cancer management, and palliative care
4. Strengthening cancer registry and research strategies
5. Partnership strategies with stakeholders
6. Governance and accountability strategies for implementing cancer prevention and control programs

I want to express my gratitude and appreciation to all stakeholders who have participated in the development of this national strategy. My gratitude also goes to all parties who continue to support and fight together to advance cancer control in Indonesia.

Therefore, it is important for all stakeholders to consistently utilise this National Cancer Plan in formulating their respective work plans. Furthermore, I expect the support of related Ministries and Agencies, as well as partnerships and collaboration with all parties, including communities, development partners, industry, and the private sector, to work together in achieving the goals outlined in the National Cancer Plan.

Let us work together to achieve this noble goal.

Budi Gunadi Sadikin



EXECUTIVE SUMMARY

Cancer is the third leading cause of death in Indonesia. According to data from the Global Cancer Observatory (Globocan), in 2022, there were over 408,661 new cases and nearly 242,099 deaths in Indonesia, with the highest mortality rates attributed to breast cancer, cervical cancer, lung cancer, and colorectal cancer. Additionally, breast cancer and lung cancer have the highest cancer incidence among women and men, respectively. This epidemiological data aligned with the national cancer registry data based on the hospital-based cancer registry (HBCR), covering 26 districts/cities in 14 provinces for cases from 2008 to 2017, and also aligned with cancer prevalence data from BPJS Health patients in 2022.

Given this epidemiological data and the cancer burden, the Government of Indonesia has focused its efforts on addressing the five types of cancer, namely breast cancer, cervical cancer, lung cancer, colorectal cancer, and childhood cancers (under 18 years old). Childhood cancer become a priority because, although it accounts for only about 3-5% of all cancer cases in Indonesia, global experience shows that six common types of childhood cancers are highly curable through access to adequate diagnostics, therapies, and appropriate support services.

From a financial perspective, the burden of cancer on Indonesia's healthcare system has consistently increased, rising from ninth place in 1990 to second place in 2019. Not only straining the healthcare system, cancer also has a significant financial impact on patients and cancer survivors. A study conducted at one of the national referral hospitals indicated that despite patients being part of the JKN (National Health Insurance) program, 79% of respondents experienced financial toxicity after undergoing treatment, which affected their ability to meet basic household needs, such as paying for energy, housing, and transportation. This is partly because not all diagnostic tests and innovative treatments that are tailored to specific cancer types are covered by the JKN program, leaving patients to bear the cost of achieving better clinical outcomes. The government's initiatives are expected to be effective anticipatory measures to manage the predicted increasing cancer burden.

The government has committed to and continues to work on improving the health of the Indonesian population through the six pillars of health transformation, which serve as the policy direction and health development framework post-pandemic in Indonesia. This includes efforts to strengthen the healthcare system in cancer management. A situational analysis was conducted to understand the conditions based on the six pillars of health transformation. This analysis explores various aspects and efforts to enhance the healthcare system related to cancer services and is elaborated in alignment with the six pillars of health transformation.

1. TRANSFORMATION OF PRIMARY CARE SERVICES

Efforts Undertaken:

- Prevention and control of risk factors
- Prevention through immunisation and early detection via screening
- Palliative care programs at the primary care level

Gaps and Challenges in Achievement:

- Low cancer screening coverage
- Hepatitis B coverage has not yet reached the target
- Various challenges in accessing early detection and palliative care at the primary care level (Puskemas)
- Limited laboratory infrastructure

3. TRANSFORMATION OF HEALTH RESILIENCE

Efforts Undertaken:

- Increasing the self-sufficiency of the healthcare industry
- Consolidating the availability of medicines
- Expanding access to cancer drugs in the National Formulary and updating drug registrations
- Local innovation in diagnostics
- Development of cancer-preventing vaccines

Gaps and Challenges in Achievement:

- Dependency on imported products
- Challenges in the availability of essential cancer drugs
- HPV DNA screening coverage is still far from the target
- Sustainable access and availability of advanced medical equipment

5. TRANSFORMATION OF HEALTH WORKFORCE

Efforts Undertaken:

- Routine mapping of health human resource
- National planning for health workforce through the utilisation of the Health Human Resources Information System (SI-SDMK) to access HRH data at each healthcare facility
- Efforts to improve HRH and its capacity through the Specialist Doctor Education Program based on Primary Education Hospitals (PPDS RSP-PU)
- Implementation of various training programs for medical and non-medical healthcare personnel, as well as fellowship and educational scholarship programs

Gaps and Challenges in Achievement:

- Dependency on imported products
- Challenges in the availability of essential cancer drugs
- HPV DNA screening coverage is still far from the target
- Continuity of the availability of advanced medical equipment

2. TRANSFORMATION OF REFERRAL SERVICES

Efforts Undertaken:

- Enhancing hospital capacity to provide cancer care according to their levels (Intermediate Hospitals, Main Hospitals, and Comprehensive Hospitals)
- Increasing the capacity of primary healthcare (Puskemas) that meet the requirements to become Type D Primary Hospitals
- Improving the capacity of Type D Primary Hospitals to become Type C Hospitals, with palliative care programs at the primary care level

Gaps and Challenges in Achievement:

- Managing the target achievement for cancer care according to the levels of Intermediate Hospitals, Main Hospitals, and Comprehensive Hospitals

4. TRANSFORMATION OF HEALTH FINANCING

Efforts Undertaken:

- Utilization of Health Technology Assessment (HTA)
- Increased healthcare spending on cancer
- Inclusion of cancer screening in BPJS Health benefits
- Adjustment of JKN (National Health Insurance) tariffs
- Monitoring healthcare expenditures through the National Health Account, based on disease-specific therapy, including cancer

Gaps and Challenges in Achievement:

- Limited consolidation of financing
- Limited coverage of financing for palliative care treatments

6. TRANSFORMATION OF HEALTH TECHNOLOGY

Efforts Undertaken:

- Innovation in precision medicine
- Integration of information systems into SATUSEHAT
- Development of telemedicine
- Implementation of distance learning platforms
- Strengthening the cancer registry system through the cancer module

Gaps and Challenges in Achievement:

- Limited access to advanced technology
- Availability of drug databases in SATUSEHAT
- Fragmentation of information systems

Based on the understanding of the current situation analysis related to cancer across the six pillars of health transformation, the National Cancer Plan 2024-2034 has been developed with the vision of “reducing cancer incidence and increasing cancer survival rates.” The plan focuses on six strategies, which consist of short-, medium-, and long-term initiatives and action plans. The strategies aim to strengthen the healthcare system, enhance the capacity of health human resources and infrastructure, develop a national cancer registry that meets global standards, and improve patient outcomes by increasing survival rates. The six strategies are expected to guide efforts to improve the effectiveness of cancer control and create a more responsive and sustainable healthcare system.



1. PROMOTIVE AND PREVENTIVE STRATEGY

Objectives:

- Improve the readiness and capacity of the government in promotive and preventive programs related to cancer risk factors
- Increase public knowledge and awareness about cancer and its risk factors
- Build an ecosystem that supports healthy lifestyles to reduce cancer risk
- Enhance public knowledge and awareness about cancer and its risk factors



2. STRATEGY FOR SCREENING AND EARLY DETECTION

Objectives:

- Improve the readiness and capacity of healthcare facilities to carry out screening and early detection
- Raise public awareness of the importance of early cancer detection through integrated socialisation in both primary and referral care services
- Increase the percentage of the population screened and detected early for the five priority cancers
- Reduce the percentage of cancer patients diagnosed at advanced stages



3. STRATEGY FOR IMPROVING ACCESS TO CANCER SERVICES AND MANAGEMENT FROM DIAGNOSIS TO PALLIATIVE CARE

Objectives:

- Ensure qualified and sufficient human resources to meet the needs of cancer services and management, from diagnosis to palliative care
- Fulfill the need for adequate infrastructure to enhance access to cancer services and management, from diagnosis to palliative care
- Alleviate the financial burden of cancer on individuals by expanding BPJS coverage and funding innovations
- Ensure equitable coverage of primary care (FKTP) and referral care (FKRTL) with comprehensive cancer services and maintain quality and sufficiency according to the needs of each province
- Enhance the capacity and capabilities of full-cycle healthcare services for advanced cancer



4. STRATEGY FOR CANCER REGISTRY AND RESEARCH STRENGTHENING

Objectives:

- Ensure the readiness of the platform and human resources for the implementation of integrated cancer registry data
- Ensure the readiness and availability of a Cancer Registry Committee and qualified human resources
- Implement a systematic cancer registry and cancer-related research to support precise cancer data analysis, thereby improving the effectiveness of cancer prevention and treatment
- Maintain continuity of cancer registration in compliance with national and international standards
- Provide precise cancer services based on risk factors through genomic data



5. STRATEGY FOR PARTNERSHIP

Objectives:

- Build the foundation of a stakeholder ecosystem at the national and regional levels
- Strengthen collaboration across Ministries and Agencies
- Strengthen independent partnership ecosystems to meet cancer service needs
- Achieve an independent partnership ecosystem to fulfil cancer service needs



6. STRATEGY FOR GOVERNANCE AND ACCOUNTABILITY STRATEGY FOR CANCER PREVENTION AND CONTROL PROGRAM IMPLEMENTATION

Objectives:

- Build the foundation of a governance ecosystem for cancer prevention and control at national and regional levels
- Strengthen the capacity of healthcare human resources and program managers
- Ensure adequate and sustainable national and regional financial resources according to capacity
- Establish governance and accountability that can be continuously monitored and evaluated
- Ensure optimal and sustainable governance and accountability for accelerating national cancer control efforts

To implement these strategies, an action plan has been developed outlining specific actions and involving relevant stakeholders. The results of the action will be measured using performance indicators within a defined timeframe and by involving the appropriate parties, as described in more detail in this document.

With this comprehensive and collaborative approach, it is expected that Indonesia's healthcare system will be strengthened in addressing the challenges of cancer and other diseases.

ACKNOWLEDGMENTS

The Minister of Health would like to express his gratitude and appreciation to all stakeholders, individuals, and organizations who contributed their time, energy, hard work, and collaboration in preparing the National Cancer Plan 2024-2034.

MINISTRY OF HEALTH

1. Kunta Wibawa Dasa Nugraha, S.E.,M.A.,Ph.D., Secretary General
2. drg. Murti Utami, MPH, QGIA, CGCAE., Inspector General
3. dr. Azhar Jaya, S.H., SKM, MARS., Director General of Health Services
4. dr. Yudhi Pramono. MARS., Acting Director General of Disease Prevention and Control
5. Dr. Dra. L. Rizka Andalucia, Apt., M.Pharm., MARS., Director General of Pharmacy and Medical Devices
6. drg. Arianti Anaya, MKM., Directorate General of Health Human Resources
7. dr. Maria Endang Sumiwi, M.PH., Directorate General of Public Health
8. Syarifah Liza Munira, SE., M.PP, Ph.D., Head of Health Development Policy Agency
9. Setiaji, S.T, M. Si, Chief of Digital Transformation Office/Staf Ahli Bid. Teknologi Kesehatan
10. dr. Nadia Tarmidzi, M. Epid., Director of Non-Communicable Diseases
11. dr. Elvieda Sariwati, M.Epid., Director of Health Promotion and Community Empowerment
12. Laode Musafin, SKM, M.Kes., Director of Health Worker Planning
13. Dr. Dra. Agusdini Banun Saptaningsih, Apt., MARS., Director of Pharmaceutical Management and Services
14. Liendha Andajani S.E., Msi., Head of Planning and Budgeting Bureau
15. Dr. Ahmad Irsan A. Moeis, SE, ME., Head of Center for Health Financing and Decentralization Policy
16. dr. Theresia Sandra, Head of Cancer Working Team

EXPERTS

1. Prof. Dr. dr. Soehartati A. Gondhowiardjo, Sp.Rad(K).Onk.Rad
2. dr. Reni Wigati, Sp.A(K)
3. dr. Kardinah, Sp.Rad(K)
4. dr. Evlina Suzanna, Sp.PA., Subsp. O.G.P(K), M.Epid
5. dr. Nadia Ayu Mulansari, Sp.PD KHOM
6. dr. Nur Melani Sari, Sp.A(K)
7. The imPACT Review 2024 Expert Team (IAEA, WHO, and Indonesian Experts)

CONTRIBUTORS

- Dr. Bambang Widiyanto, MA, Senior Advisor to the Minister of Health on Governance and Bureaucratic Reform (Coordinator)
- Dr. Iwan Ariawan, MSPH, Faculty of Public Health, University of Indonesia
- Luh Komang Mela Dewi, S.Farm., M.Sc Apt., Passkas, Ministry of Health
- IQVIA Consulting Team: Nurfadhiah D. Nijan, Nisa Nurkhotami, Dineta Oki Sebayang, Daffa'ulhaq Zaidan Husain
- Nurhanita, M.Sc.
- dr. Chandra Adi Nugroho, Sp.Onk.Rad
- dr. Riyan Apriantoni, Sp.Onk.Rad

LIST OF STAKEHOLDERS

GOVERNMENT MINISTRIES/AGENCIES

1. Ministry of Coordinating for Human Development and Cultural Affairs
2. Ministry of National Development Planning/Bappenas
3. Ministry of Finance
4. Ministry of National Development Planning/National Development Planning Agency
5. Ministry of Home Affairs
6. Ministry of Women Empowerment and Child Protection
7. Presidential Staff Office
8. National Agency of Drug and Food Control (BPOM)
9. Social Security Agency for Health (BPJS Health)
10. Nuclear Energy Regulatory Agency (BAPETEN)
11. National Research and Innovation Agency (BRIN)

PROFESSIONAL ORGANIZATIONS

1. Indonesian Medical Physicist Alliance (AFISMI)
2. Indonesian Oncology Nurses Association (HIMPONI)
3. Indonesian Gynecologic Oncology Society (HOGI)
4. Indonesian Midwives Association (IBI)
5. Indonesian Pediatric Society (IDAI)
6. Indonesian Medical Association (IDI)
7. Indonesian Wound Care Clinician Association (InWCCA)
8. Indonesian Technical Advisory Group on Immunization (ITAGI)
9. Indonesian Pulmonologist Association (PDPI)
10. Indonesian Radiology Specialists Association (PDSRI)
11. Indonesian Surgical Oncology Society (PERABOI)
12. Indonesian Society of Hematology and Medical Oncology (PERHOMPEDIN)
13. Indonesian Society of Nuclear Medicine and Molecular Theranostics (PKNTMI)
14. Indonesian Radiation Oncology Society (PORI)
15. Indonesian National Nurses Association (PPNI)

CANCER CARE COMMUNITIES

1. Cancer Information and Support Center (CISC)
2. Indonesian Palliative Society (MPI)
3. Indonesia Cancer Care Community (ICCC)
4. Indonesian Cancer Foundation (YKI)
5. Indonesian Breast Cancer Foundation (YKPI)
6. Indonesian Children's Oncology Foundation (YOAI)

7. Indonesian Childhood Cancer Foundation (YKAI)
8. Indonesian Child Cancer Care Foundation (YKAKI)
9. Love Pink
10. Anyo Indonesia Foundation
11. Buddha Tzu Chi Foundation Indonesia
12. Yellow Ribbon Foundation
13. Tosca Ribbon Foundation
14. Rachel's House Foundation

RELIGIOUS GROUPS

Islamic Groups

Aisyiyah
Al Hidayah Quran Studies Society
Fatayat Nahdlatul Ulama
Indonesian Mosque Council (DMI)
Muhammadiyah
Muslimat Nahdlatul Ulama
Nahdlatul Ulama

Christian Groups

Christian Service Fellowship for Health in Indonesia (PELKESI)
Communion of Churches in Indonesia (PGI)

Buddhist Groups

Dharma Health Work Association of Indonesia (PERDHAKI)

Hindu Groups

Indonesian Hindu Dharma Council (PHDI)
Indonesian Hindu Dharma Women's Association (WHDI)

Confucian Groups

Confucian Supreme Assembly of Indonesia (MATAKIN)
Indonesian Confucian Women's Association (PERKHIN)

Development Partners

1. World Health Organization (WHO)
2. The Clinton Health Access Initiative (CHAI)

Industry Partners

1. PT. Biofarma
2. PT. Merck Sharp Dohme
3. PT. Roche Indonesia
4. GE Healthcare

5. Prodia
6. Kalbe Inogen
7. Varian
8. Novartis
9. AstraZeneca
10. Elekta Medical Solutions
11. International Pharmaceutical Manufacturers Group (IPMG)



**Jl. H. R. Rasuna Said No.Kav 4-9 Blok X-5
Kuningan, Jakarta Selatan**

Website: www.kemkes.go.id