Indonesia National Action Plan for Cancer Control 2020 – 2024

S. Gondhowiardjo^{1, 2}

T. B. M. Permata^{2,3}, Nurhanita³, N. E. Khumaesa^{2,3}, P. Maharani^{2,3}, Nicholas^{2,3}, L. T. Rahmartani^{2,3}, S. Octavianus^{2,3}

¹Past-Chairperson of National Cancer Control Committee of Indonesia

²Faculty of Medicine, Universitas Indonesia – Department of Radiation Oncology, Dr. Cipto Mangunkusumo National General Hospital – Jakarta, Indonesia

³Coordinator Development Team for National Action Plan 2020 – 2024, National Cancer Control Committee of Indonesia

Email address of Corresponding Author(s): gondhow@gmail.com

BACKGROUND AND OBJECTIVE

Noncommunicable diseases (NCDs) are responsible for 71% (41 million) of the 57 million deaths that occurred globally (2016). NCDs account for the most significant deaths from cardiovascular disease (17.9 million deaths, made up 44% of all NCD deaths and 31% of all global deaths) and cancer (9 million deaths, 22% of all NCD deaths, and 16% of all global death).¹

Cancer will eventually become a major public health problem in Indonesia. The Basic Health Survey (RISKESDAS) revealed that cancer prevalence has increased by 28% from 1.4 per 1,000 (2013) to 1.8 per 1,000 (2018), equivalent to 477,000 increase for the last 5 years.² he data also shows that more than 70% of cancer patients were diagnosed at a late stage. Furthermore, GLOBOCAN (2018) indicates that breast and cervical cancers are the most frequent cancers in Indonesia, amounting to 16.7% and 9.3% of all cancer incidence, respectively.³

In 2014 the Ministry of Health established the National Cancer Control Committee (NCCC). The NCCC was initially intended as a specific Task Force for managing cancer across communities and sectors. Furthermore, regarding the National Action Plan for Cancer Control 2020 – 2024 (NAP), ⁴ which initiated by the MoH, was based on the recommendation from the latest imPACT mission review in 2018.

NAP is a comprehensive, evidence-based cancer control plan of action that emphasizes promotion & preventive efforts towards cancer risk factors through community behaviour changes, and identifying early-stage cancers through screening and early detection at primary health facilities is a top priority. Priorly, the program may prioritize the three common cancers, namely breast and cervical cancer in women and leukaemia in children.

METHODS

With WHO technical support and guidance, the Ministry of Health through the Directorate for Prevention and Control of Noncommunicable Diseases and the NCCC compiled a situation analysis and the NAP for Cancer Control 2020-2024: (1) through the review of the quantitative and qualitative data in the report, review, policy, journal undertaken by other parties such as cancer-related national and international institutions, WHO, MoH and other ministers; (2) indepth interview and focus group discussion with representatives from the experts in medicine, public health, health financing, epidemiologist, medical and other health-allies associations, such as NGOs, patient/survivor groups, faith-based and community-based organizations; (3) in-depth visits and interviews at health facilities.

RESULTS AND DISCUSSION

The strategies and actions to prevent and control cancer along with NCD in Indonesia are inseparable from the local context as well as the regional and global commitments. Moreover, NAP for Cancer Control 2020 - 2024 was designed referring to these related principles: A. Outcome-based provision of a health program in the decentralized system; B. Equality and Universal Health Coverage; C. Community Empowerment; and D. Multi-sectoral Involvement and Stakeholders.

The NAP for Cancer Control 2020-2024 uses a strategic approach that takes into account various determinants which theoretically has the potential to produce synergistic interactions between approaches at the individual and population levels so that they can achieve common goals in these 5 years and for a long term in the next 15 years. These strategies aim to reduce the number of cancer cases, increase cancer patients survival and quality of life.

Outcomes of National Action Plan 2020 -2024 (Figure 1)

- 1. Improvement of individuals with 9 healthy behaviors (no smoking; no alcohol consumption; low intake of salt, sugar and fat; increase physical activity; increase consumption fruits and vegetables; manage stress; participate in National Health Insurance; women to perform breast self-examination; recognize of signs and symptoms of cancer in children).
- 2. Fulfilment of minimum service standards for early detection of breast and cervical cancers under Government Regulation No. 2 of 2018.
- 3. Effective and evidence-based cancer control programme.

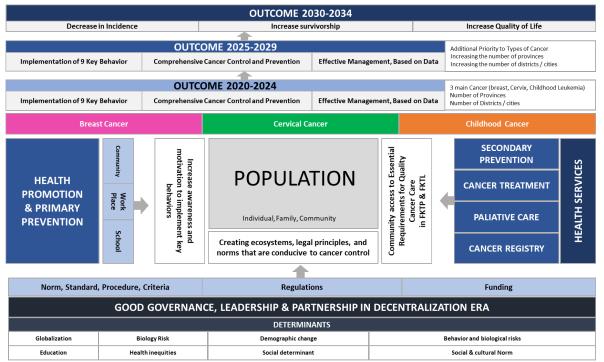


Figure 1. Proposed Road Map and Framework of National Action Plan for Cancer Control in Indonesia

CONCLUSIONS

The NAP was designed in an integrated manner covering two main pillars, namely (1) health promotion-primary prevention, and (2) health services. The basis of good governance and leadership will support the two main pillars. The NAP at national and local levels will be implemented by the national, provincial, and district levels in partnership with various stakeholders. The overall results and success of all plans depend on the commitment, cooperation, collaboration, and optimization of resources from many stakeholders across all government levels.

ACKNOLEDGEMENTS

We thank the Ministry of Health, especially the Directorate of Prevention and Control of Non-Communicable Diseases, and all of the NCCC members for the exceptional support for the development of the NAP. This NAP also would not have been possible without the insightful and tremendous support from WHO, WHO Representative of Indonesia, and WHO–SEAR team (Dr. Gampo Dorji and Dr. Rengaswamy Sankaranarayanan). We are also grateful for the insight and support from national cancer-related professional organizations and non-profit organizations. We also thank all of the related partners for their exceptional contributions. The generous support from all of them in innumerable ways to support NAP helped us finish this work.

REFERENCES

- 1. World Health Organization. Noncommunicable diseases country profiles 2018. Geneva: World Health Organization; 2018.
- 2. Balitbang Kemenkes RI. Riset Kesehatan Dasar 2018. 2018.
- 3. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2018 Nov;68(6):394–424.
- 4. The Economist Intelligence Unit. The 2015 Quality of Death Index: Ranking palliative care across the world. 2015.