

Indonesia National Action Plan for Cancer Control 2020-2024

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Background and Objective

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.¹ The data also show more than 70% of cancer patients were diagnosed at late stage. Furthermore, GLOBOCAN (2018) indicates breast and cervical cancers are the most frequent cancers in Indonesia, amounting to 16.7% and 9.3% of all-cancer incidence, respectively.²

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 2018.³

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) in-depth 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.

#ICARO3

Results and Discussion

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

- Regulation No. 2 of 2018
- 3. Effective and evidence-based cancer control programme

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.

References

- 1. Balitbang Kemenkes RI. Riset Kesehatan Dasar 2018. 2018.

I. 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 NHI; women to perform breast selfexamination; recognize of signs and symptoms of cancer in children) 2. Fulfilment of Minimum Service Standards for early detection of breast and cervical cancers in accordance with Government

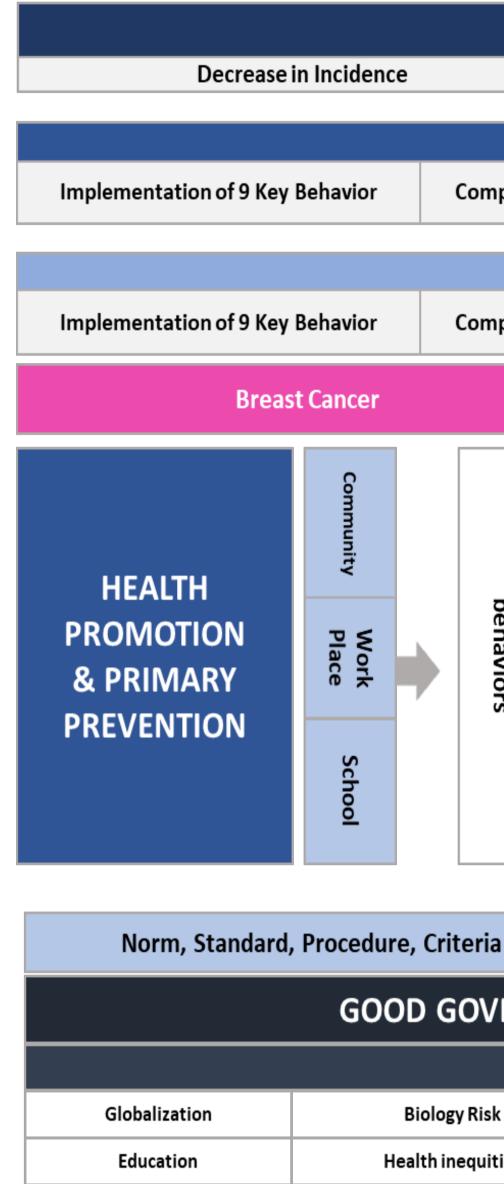


Figure 1. Proposed Road Map and Framework of National Action Plan for Cancer Control in Indonesia





KEDOKTERAN

| OUTCOME 2030-2034 | | | | | | | | |
|--|---|-------------------------------|----------------------|--|--------------------------|---|------|--|
| | Increase survivorship | | | | Increase Quality of Life | | | |
| | | | | | | | | |
| OUTCOME 2025-2029 mprehensive Cancer Control and Prevention Effective Management | | | ement, Based on Data | | | Additional Priority to Types of Cancer Increasing the number of provinces Increasing the number of districts / cities | | |
| | | | | | | | | |
| OUTCOME 2020-2024 | | | | | | 3 main Cancer (breast, Cervix, Childhood Leukemia) | | |
| mprehensive (| ement, Based on Data | | | Number of Provinces Number of Districts / cities | | | | |
| | Cervical Cancer | | | | | Childhood Cancer | | |
| Increase awareness and motivation to implement key behaviors | DOPULATION Individual, Family, Community Creating ecosystems, legal principles, and norms that are conducive to cancer control | | 1 | / access to ments for C ancer Care FKTP & FKT | | <section-header> SECONDARY PREVENTION CANCER TREATMENT PALIATIVE CARE CANCER REGISTRY</section-header> | JERV | |
| | | | | | | | | |
| ia | Regulatio | Funding | | | | | | |
| VERNANCE, LEADERSHIP & PARTNERSHIP IN DECENTRALIZATION ERA | | | | | | | | |
| DETERMINANTS | | | | | | | | |
| sk | Demographic chang | Behavior and biological risks | | | | | | |
| lities | Social determinant | | | Social & cultural Norm | | | | |
| | | | | | | | | |

^{2.} 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. 3. World Health Organization. National cancer control programmes : policies and managerial guidelines. 2nd ed. World Health Organization. Geneva: World Health Organization; 2002.