

International Atomic Energy Agency Scientific Forum

# A Decade of Action on **Cancer Control** and the Way Forward



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Vienna International Centre  
Board Room D, C Building, 4th Floor

## Implementing ImPACT Review Recommendations In Indonesia



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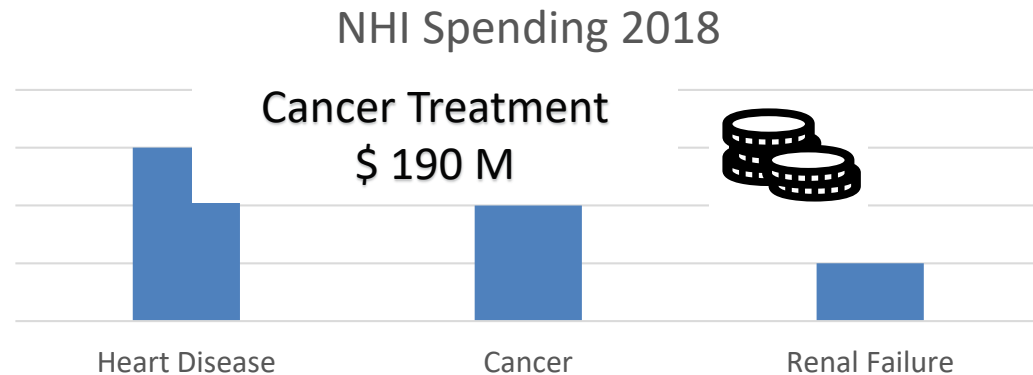
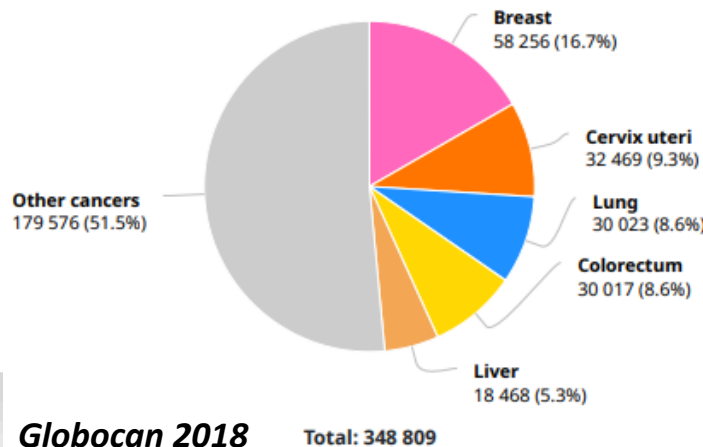
Estimated number of new cases in 2018, all cancers, both sexes, all ages

## Cancer Burden In Indonesia

### CATASTROPHIC DISEASE EXPENSES

based on data from National Cancer Insurance Program

- ❑ Catastrophic disease spending in 2017 was **1.2 billion USD** (20% total health care services spending by National Cancer Insurance Program)
- ❑ Cancer spending was **190 million USD** (17% total catastrophic expenses)



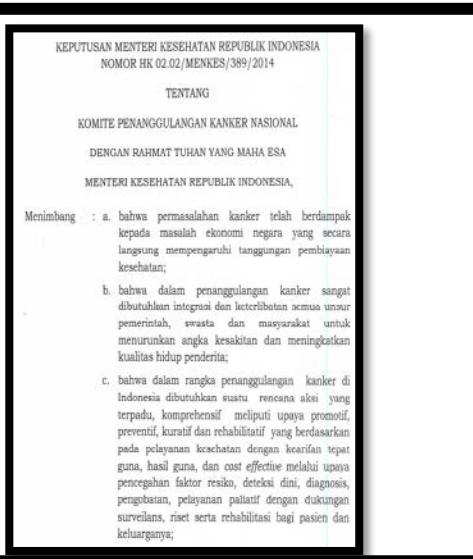
# History of imPACT Review and NCCC in Indonesia

2010



1<sup>st</sup> imPACT Review

2014



NCCC and NCCP

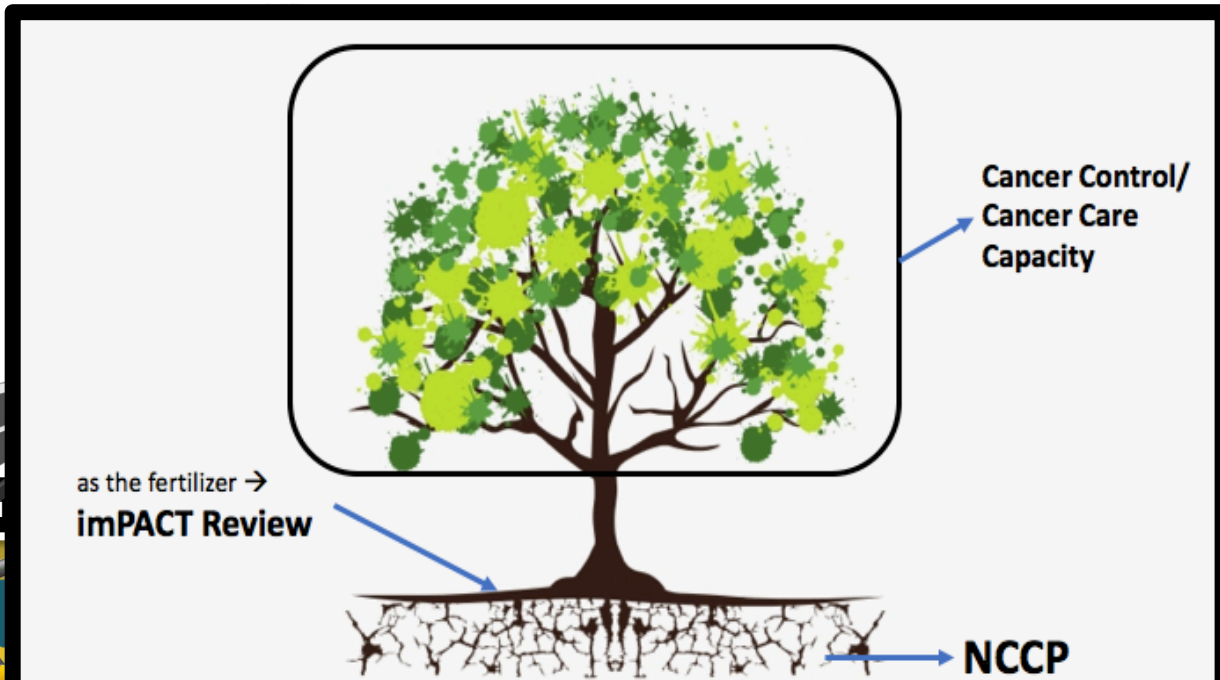
2018



2<sup>nd</sup> imPACT Review

Do we do what we say we do ?





**IN TO  
ATION**

**Treatment  
Access**



### 13 Goals of National Cancer Control Plan

Under Ministry of Health Decree No:02.02/MENKES/389/2014

Vision: Reducing cancer morbidity and mortality in Indonesia

**STRATEGIC GOAL**

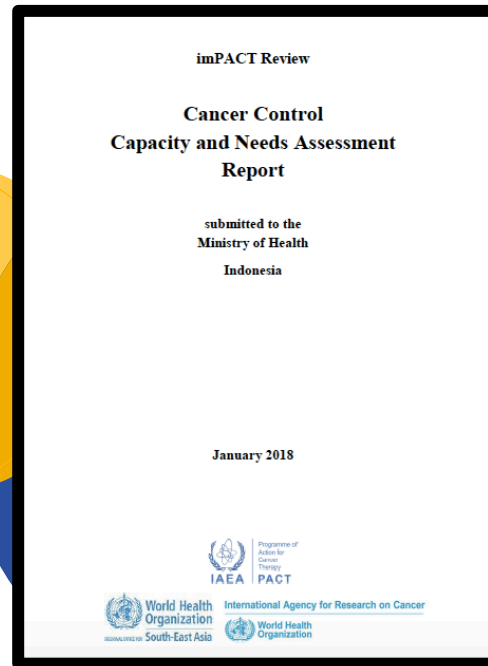
- |  |  |
|--|--|
| 1. Increasing Quality and Quantity of Oncologic Human Resources in Indonesia | 7. Improvement of Oncologic Modul in Medical Curriculum  |
| 2. Establishment of IT System and Cancer Registration                        | 8. Establishment of Effective Education for Healthy Lifestyle  |
| 3. Fulfillment and Distribution of Facility According to Standard            | 9. Empowerment Primary Care Facility for Early Detection, Diagnosis, Palliative Care, and Rehabilitation |
| 4. Implementation of National Cancer Treatment Guidelines                    | 10. Establishment of Cancer Treatment Based on National Standard and Patient Safety                      |
| 5. Effective National and International Partnership and Advocacy             | 11. Empowerment of Hospice Home Care System  |
| 6. Establishment National Cancer Research and HTA Center                     | 12. Referral System for Effective and Efficient Multidisciplinary Cancer Treatment                       |
|  | 13. Establishment of Health Seeking Behavior in Community  |



## Incorporating imPACT review recommendations

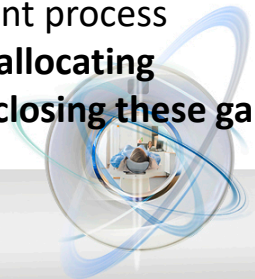
Several **follow up meetings** have been organized by the Ministry of Health to address several key recommendations :

- **Communication intra ministry, inter ministry, with professional societies** requesting roadmap
- Plan for a **review of existing regulations and policies** related to cancer management
- **Empowerment of palliative care initiatives**



Several **recommendations** → **being considered for inclusion in the next NCCP 2020** which will be linked with an **inter-ministry National Action Plan for NCD**

- importance of **collaboration** : inter-ministerial, NGOs and all stakeholders related
- **Approach the review** as a continuous learning/ improvement process
- identifying **gaps and allocating resources/efforts in closing these gaps**



# Incorporating imPACT Review Recommendations

# Existing Modalities Platform

## Implementation of imPACT Recommendation

### Start within 1 year

#### MULTI-SECTORAL ENGAGEMENT

Cancer Control Planning

Cancer Registration

Strengthening Governance

#### PROMOTION

PREVENTION (Primary)

Early Detection (more coverage)

Diagnosis (improve HR competence, standardized services)

Treatment (Increase RT centers)

Palliative Care

Civil Society (Advocacy, and collaborati

### Start within 2 – 5 years

#### PROMOTION

PREVENTION (Scale Up)

Early Detection (Scale Up)

Diagnosis (Advanced imaging)

Treatment (opioid availability and palliative)

Education and Training (CME)

Palliative Care (Home care)

Radiation Safety Infrastructure

Security of Radioactive Sources

### Start in > 5 years

#### PROMOTION

PREVENTION (HPV National Vaccination, Maintain)

Early Detection (Maintain)

Diagnosis (Advanced imaging)

Treatment (Maintain)

Education and Training

Palliative Care (Scale Up Services)

Radiation Safety Infrastructure

Security of Radioactive Sources

# Control Risk Factor

Presidential Instruction  
NO.1 Tahun 2017  
about

Comunity Campaign for Healthy Living  
(GERMAS)



Improve Physical Activity



Improve Healthy Lifestyle



Improve Prevention and Early Detection



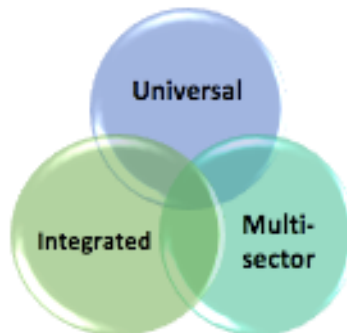
Environment Quality Improvement



Improve Health Promotion



Provide Healthy Food and Nutritional Status Improvement



## Success

- In 2016 → **National GERMAS plan** → improve the health and well-being of the population
- For >15 y.o → A targeted risk assessment and periodic health examination for → include questions about tobacco, alcohol, diet, exercise and adherence to a regime of healthy behaviours, the physical exam(BMI and blood pressure, glucose) for those aged 40 and over.
- For women aged 30–49 → **breast and cervical cancer screening**

## Challenges

- **Monitoring and evaluation in multi-sectoral implementation**

## Futures

- Ensure that the GERMAS healthy lifestyle programme is effectively funded, implemented, monitored and evaluated

# Population Based Cancer Registries

The screenshot shows the 'JAKARTA CANCER PROFILE' web interface. The page title is 'Data Pasien'. The form contains the following fields:

- NIK:
- MIK:
- Nama Depan:
- Nama Tengah:
- Nama Belakang:
- Tempat Lahir:
- Date of Birth:
- Alamat Tetap:
- Propinsi Tetap:
- Kabupaten/Kota Tetap:
- Kodepos Tetap:
- Alamat Sementara:
- Propinsi Sementara:
- Kabupaten/Kota Sementara:
- Kodepos Sementara:
- Jenis Kelamin:
- Ras:
- Agama:
- Status Pernikahan:
- Pekerjaan:
- Telp:

## Success

- Develop a network of 14 PBCRs by expanding the current pathology-based and disease-specific HBCRs.

## Challenges

- Legal basis for registration
- **Staffing, Efficiency, Training**
- **Data quality** (completeness, coverage and timeliness).

## Futures

- Prioritize strengthening of the developing Yogyakarta PBCR and one other designated PBCR → Jakarta ?
- Strengthen the support for CanReg5 to developing PBCRs through a **national course and the development of a designated lead trainer at the National Cancer Registry**

- ✓ Jakarta Cancer Registry Platform → Digital and Centralized → Web Based → Canreg 5 → <http://jkt.inacare.org/>



## Developed New POLICY of Palliative Care

**KEPUTUSAN MENTERI KESEHATAN REPUBLIK INDONESIA**  
**NOMOR : 812/Menkes/SK/VII/2007**  
**TENTANG**  
**KEBIJAKAN PERAWATAN PALIATIF**  
**MENTERI KESEHATAN REPUBLIK INDONESIA,**

**Success**

PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA  
 NOMOR : 812/MENKES/SK/VII/2007  
 TENTANG  
 PELAYANAN PALIATIF

- **Government Commitment**

**Challenges**

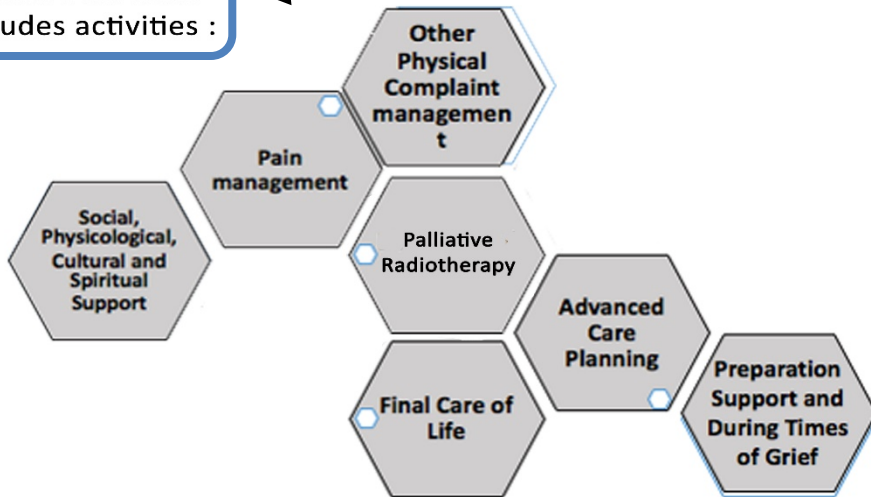
- **Opioid availability**
- **Home Care is not covered by National Health Insurance**
- **Lack of education and training in palliative care**

**Futures**

done at : Palliative House / Palliative Clinic

- **Formulate a national policy for palliative care.**
- **Palliative care units or services should establish treatment and referral protocols**
- **Extend the National Health Insurance to cover home care.**
- **Ensure accessibility of opioid drugs in lower level hospitals and in primary health centres.**

Implementation of Palliative Services includes activities :

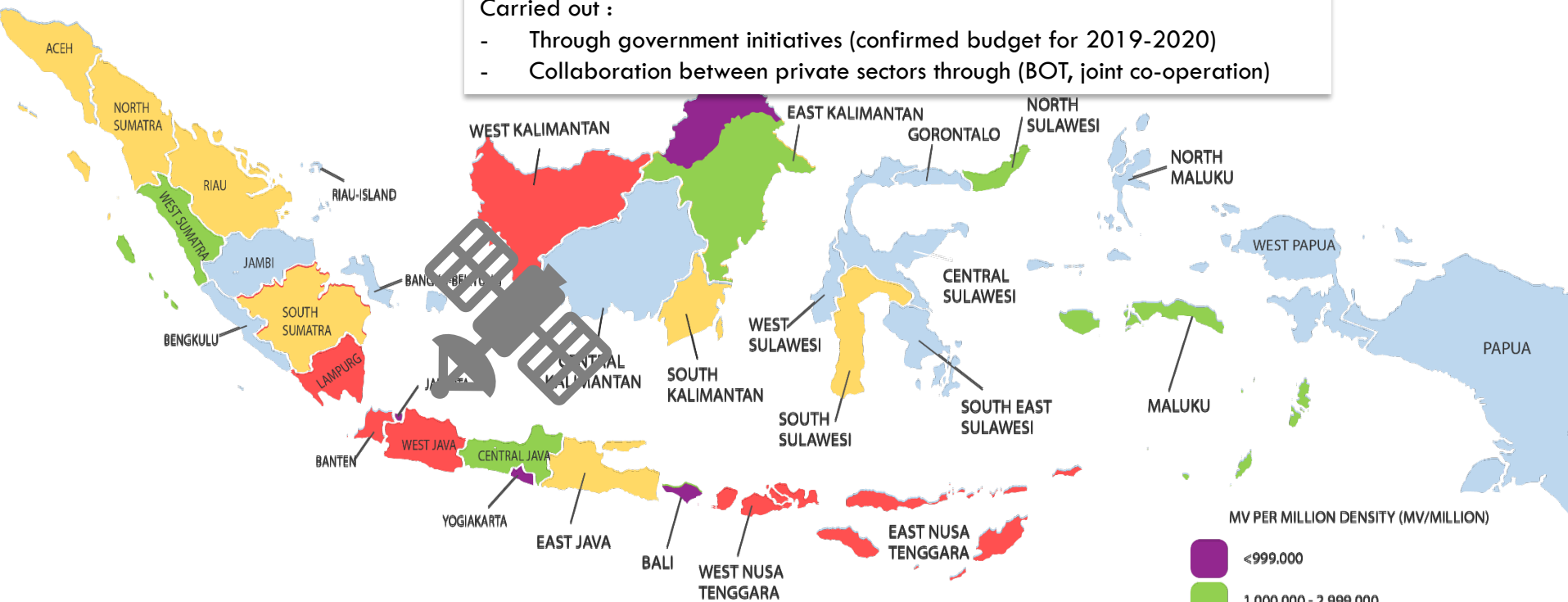


# Expanding Access to Radiotherapy

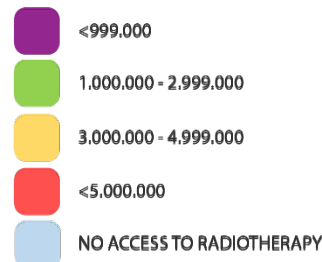
## Radiotherapy Access Projection 2020 .9

Carried out :

- Through government initiatives (confirmed budget for 2019-2020)
- Collaboration between private sectors through (BOT, joint co-operation)



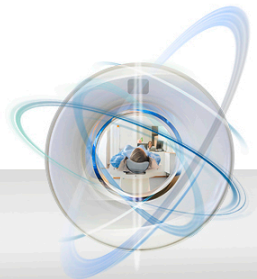
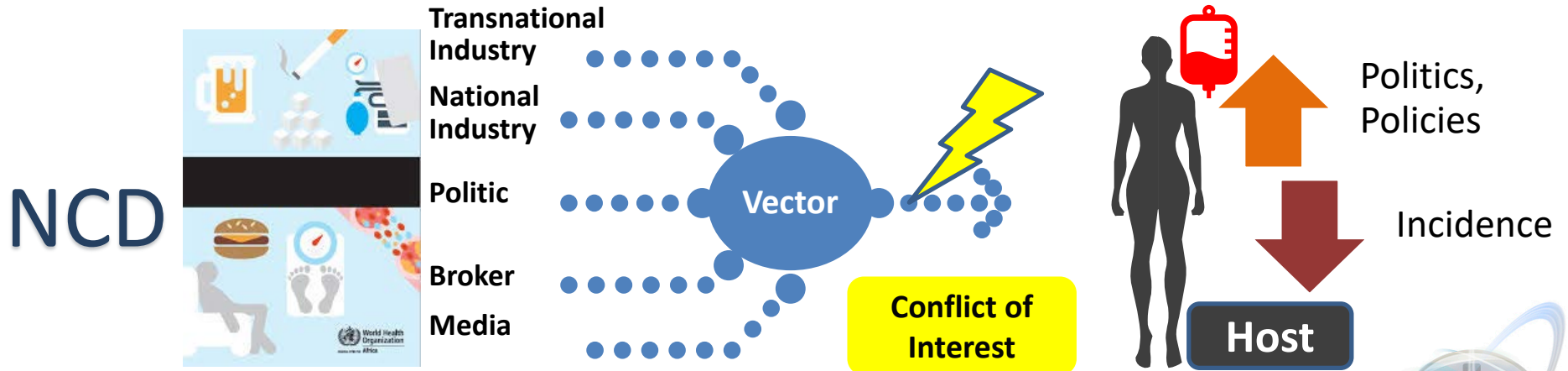
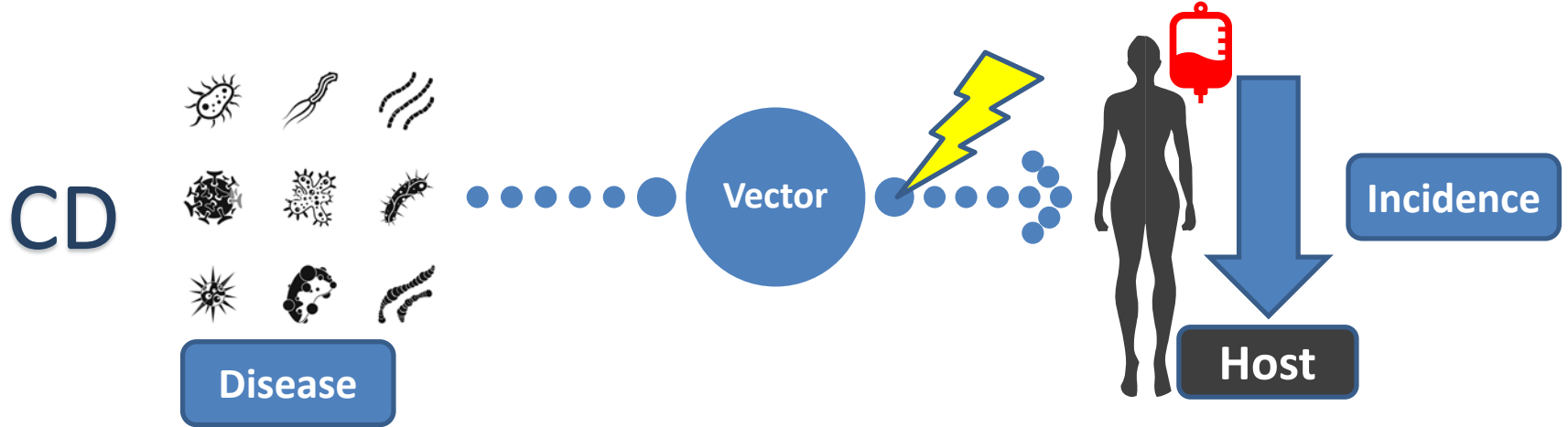
MV PER MILLION DENSITY (MV/MILLION)



**Summary :**  
 15/34 Provinces has Radiotherapy Access  
 40 RT Facilities  
 70 RT Machines; 51 Linacs, 18 Cobalt, 1 Tomo

**Summary :**  
 22/34 Provinces has Radiotherapy Access  
 65 RT Facilities  
 101 RT Machines; 82 Linacs, 18 Cobalt, 1 Tomo

# Communicable Disease vs Non Communicable Disease



# Conclusion

- imPACT Review control capacity to control the
- Development Control Plan 2 WHO is in pro
- Several imPAC collaboration the Recommendation implement im recommendat.



Thank You

AP  
WHO

