

Recent Activities about Cancer Control Programme in Indonesia and Relations with Asia

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Introduction.

The global trends for cancer burden are increasing in both developed as well as developing countries including Indonesia. Currently, Indonesia has a total population of more than 230 million which is the 4th most populated nation after China, India and USA. The archipelago of Indonesia consists of 17 thousand islands extending more than 5 thousand kilometers (3200 miles) from east to west. According to the latest report, overall life expectancy at birth was 69.6 years, GDP per capita U\$. 3843, and literacy rate of 90%.

Background.

Cancer incidence increased up to 8% per year in the last decade and became the 7th cause of death in Indonesia. Several risk factors such as exposure to infections and carcinogens, longer life expectancy, and unhealthy diet all contribute to these rising trends. As we know from research that with proper lifestyle, approximately one-third of all cancers could be prevented; through early detection and treatment, mortality could be avoided in another third; and in advanced cases, palliative care could increase the quality of life of cancer patients.

It is known that cancer control is a public health attempt to reduced the burden of cancer in a population. Obviously, this activity should be done together between the authority, health care providers, academician, and non governmental organization.

Purpose.

To know the cancer control programmes in Indonesia including cancer burden, plan, resources, and collaboration with other countries in the region as well as overseas.

Methods.

Informations from medical journals, reports from hospitals, and related website were collected. We also get some data from the Indonesian Ministry of health and various medical societies concerning their activities in cancer control related to their specialty.

Results.

A population-based National Cancer Registry has not been established yet in Indonesia. So, the exact figures on cancer incidence and prevalence were unknown. However, based on reports from hospitals, medical societies research and NGO such as the Indonesian Cancer Foundation, the most common cancer were: Breast, Cervix, Liver & Gall bladder, Lymphoma, and Leukemia. Child's cancer contribute 4.9% to all cancer cases mainly in form of

leukemia. Cancer mortality rate was increased from 3.4% in 1980 to 5.7% in 2007.

Cancer control program in Indonesia was started in 1977 with the establishment of the Indonesian Cancer Foundation (ICF), a non governmental organization. In 1989 the Ministry of Health launch a plan of comprehensive cancer control program in cooperation with ICF, state major hospitals, and state Medical School throughout the country. This program was followed by constructed a comprehensive Cancer Center Hospital in Jakarta which started to operate in 1993 with the focus on research and tertiary care health services. With the affiliation to the Faculty of Medicine, University of Indonesia, this hospital also functions as a teaching hospital for postgraduate training.

In 2006, the Ministry of Health introduced a plan for cancer control consisted of:

- a. National cancer registry system which is a hospital-based and in some smaller province as community-based program as their pilot project.
- b. National education campaign with informative materials.
- c. Early detection program for cervical and breast cancer as two highest cancer incidence which includes the rural areas.
- d. Health promotion for other cancers including research on risk factors for nasopharynx cancer in certain provinces and “cigarette smoke free” campaign in relation to lung cancer. Currently, Indonesia already implemented smoking ban in public area and transportation.

This plan was supported by NGO such as ICF, Indonesian Pediatric Oncology Foundation, Female Cancer Control Project (FcP) etc. Related medical societies such as gynecological, surgical oncology, hepatology, gastroenterology, hematology, ENT, orthopaedics, and urology support this program in the form of public education campaign and developing specific guideline for each cancer. Beside this plan, early detection program for cervical, breast, prostate, colorectal, and liver were routinely done in tertiary care as well as private hospitals.

Collaboration with international organization started in 1981 when the ICF joined the Union Internationale Contre le Cancer (UICC) and Asia and Pacific Federation of Organization for Cancer Research and Control (APFOCC) in 1983. The Ministry of Health of Indonesia became a UICC associate member in February 2009. In the past ten years several collaborations have been made, among others with WHO, UNDP, and other Asian countries to develop a national cancer control program.

Conclusions.

According to reports from various medical societies and hospitals as well as from the Ministry of Health, the incidence of cancer in Indonesia increased in the last two decades. The most common cancer are breast, cervix, liver, lymphoma, and leukemia. This phenomenon also followed by increased cancer mortality rate.

Based on this problems, the Indonesian Ministry of Health in collaboration with other party launched a national cancer control program with national cancer registry, prevention, early detection, and health promotion as the main activities.

Since it is a relatively new program, evaluation has not yet been done. Hopefully, collaboration with other countries in the region as well as international organization (WHO, UICC, UNDP etc) will make this program more improved and greater quality.