



# Integration of Cancer Program in Indonesia

October 15th, 2025

1. What strategies are in your national cancer control plan related to the following opportunities to integrate services across cancer and other disease programs or systems? Please share one integration strategy from your plan

Integrated cancer screening in ILP (Integrasi Layanan Primer) and Cek Kesehatan Gratis (CKG)

- In Indonesia, Puskesmas is the backbone of primary health care system. Puskesmas plays
  vital role in delivering comprehensive, and continuous health services, covering both
  individual and public health intervention
- The ILP is Indonesia's national framework for integrated primary health care, aiming to coordinate health services based on a life-cycle approach. The ILP program is divided into several clusters, each representing different stages or areas of care. This cluster-based system is designed to promote integrated, coordinated, and continuous health service delivery across all stages of life, including prevention, early detection, treatment, and health promotion activities:

Cluster 1: management

Cluster 2: maternal and child health

Cluster 3: adult dan geriatric health

Cluster 4: communicable disease control

Cross-cluster (inter-cluster) services



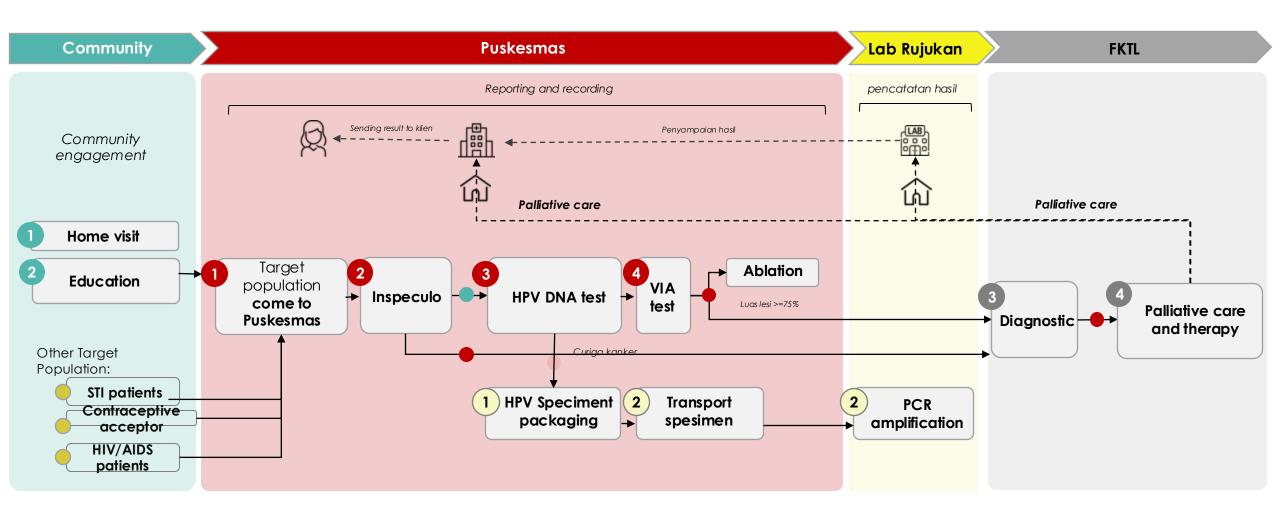
# Through the Integrated Life-Cycle Approach, the implementation of free health screening programs related to cancer includes the following components:

Life cycle intervention		Cancer Screening and Early Detection		
	Infant-Toddler	<ul><li>Risk factor of Hep B and C</li><li>Fibrosis Cirrhosis screening: APRI score</li></ul>		
	Child	<ul> <li>Tobacco use questionnaire among children &lt;18 yo</li> <li>Fibrosis Cirrhosis screening: APRI score</li> </ul>		
	Adult	<ul> <li>Risk factor of Hep B and C</li> <li>Fibrosis Cirrhosis screening: APRI score</li> <li>Lung cancer screening: risk factor questionnaire</li> <li>Colorectal screening: FOBT</li> </ul>	Cervical cancer screening: HPV DNA, IVA test Breast cancer screening: CBE, Breast Ultrasound	
	Elderly	<ul> <li>Risk factor of Hep B and C</li> <li>Fibrosis Cirrhosis screening: APRI score</li> <li>Lung cancer screening: risk factor questionnaire</li> <li>Colorectal screening: FOBT</li> </ul>	Cervical cancer screening: HPV DNA, IVA test Breast cancer screening: CBE, Breast Ultrasound	

## Integration with other programs

01	Cervical Cancer	<ul> <li>Family Planning Program</li> <li>Maternal Care</li> <li>HIV and STI</li> <li>HPV immunization</li> </ul>
02	Breast Cancer	<ul><li>Family Planning Program</li><li>Maternal Care</li></ul>
03	Lung Cancer	<ul> <li>Tobacco control</li> <li>TB</li> <li>COPD and other respiratory disorders</li> </ul>
04	Colorectal Cancer	<ul><li>NCD risk factor</li><li>Tobacco control</li></ul>
05	Liver Cancer	<ul><li>Hepatitis Program</li><li>Hep immunization</li></ul>

#### **Cervical Cancer Screening Pathway from Primary Health Care to Referral Care**











Proses di komunitas Proses di puskesmas Proses manajemen spesimen di puskesmas dan lab



Proses di FKTL



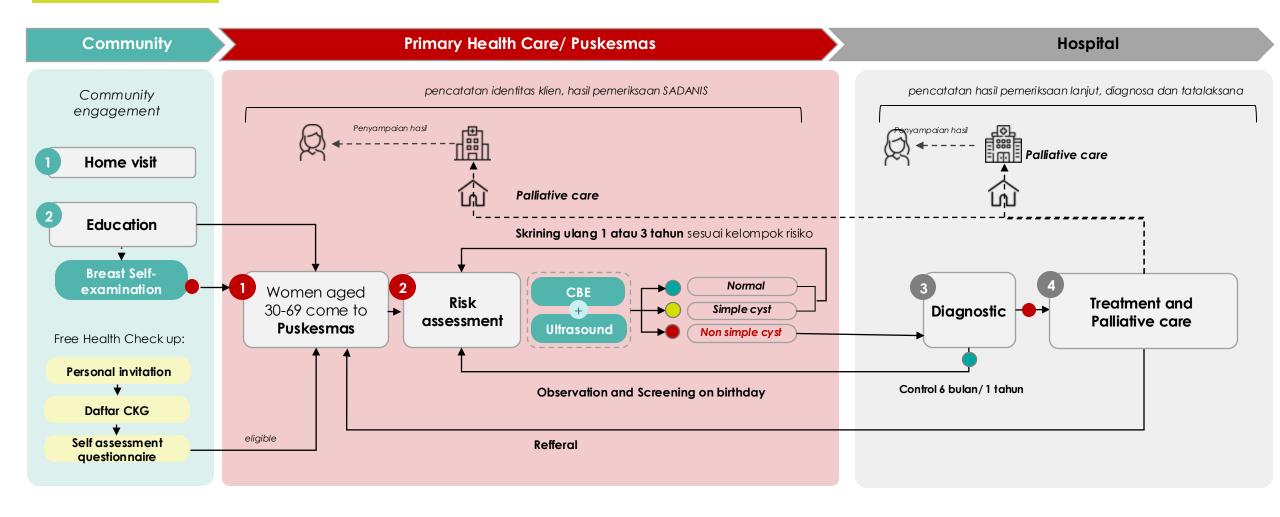


Puskesmas 🕌





### **Breast Cancer Screening in Puskesmas**





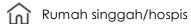












Proses di komunitas X Proses di puskesmas X Proses di FKTL Hasil (+)/terkonfirmasi/perlu TL



2. What is one major challenge you've had encountered while working to integrate cancer efforts with other health programs/systems?

Data and Information System Gaps.

The health information system is still fragmented between programs, making it difficult to track patients across services (for example, linking screening data with treatment outcomes). This hinders continuity of care and effective monitoring of integrated cancer programs.

Weak referral systems between primary and secondary/tertiary health facilities lead to delays in diagnosis and treatment. Integration across levels of care — from screening in Puskesmas to treatment in hospitals — is still inconsistent.

- 3. What is one solution you've implemented or plan to implement to address the challenge in question?
  - Develop integration of various health information systems and program applications into the "SATUSEHAT platform".
  - Through SATUSEHAT, patient data are integrated via electronic medical records (EMR)
  - Integration of SATUSEHAT with primary health care services and community-based digital platform such as ASIK (Aplikasi Sehat Indonesiaku)
  - Through ASIK, health workers in Puskesmas can record and monitor patient data in real time, including NCD screening data

