National Cervical Cancer Elimination Plan for Indonesia 2023-2030
Cervical cancer is a devastating disease that has affected millions of women and generations of families. Today, it is preventable and can be eliminated.

Humanity’s understanding of Human Papillomavirus (HPV) and its connection to cervical cancer has been a breakthrough toward disease control. It has enabled the development of effective preventative measures such as HPV vaccines, enhanced screening methods, and early detection, thereby increasing the likelihood of successful treatment and survival for women.

While we have made remarkable advances in innovation, we must ensure that these life-saving measures are accessible to girls and women in various socioeconomic backgrounds. Accessibility to HPV vaccines, cervical cancer screening, and treatment is the genuine power of concrete actions.

To attain this goal, we have developed an action plan based on four pillars: service delivery, education training and outreach, key enablers of progress, and governance and policy. These pillars serve as the basis for specific priority areas and corresponding strategies and actions that will drive a comprehensive, whole-society response to eliminate cervical cancer.

In our fight against cervical cancer, we must collaborate. Collectively, we can equip women with the tools they need to fend off this devastating disease. Let our collaboration and determination make cervical cancer preventable, inexpensive, and manageable for every woman.
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Executive Summary
Executive Summary

Cervical cancer is both preventable and treatable and thus can be eliminated from a population. However, in 2020 alone, there were more than 600,000 new cervical cancer cases and over 340,000 estimated deaths globally, despite the availability of modern interventions. Cervical cancer is the second most common cancer among women in Indonesia, with the majority of women (70%) diagnosed in advanced stages when treatment is less effective. As a result, 50% of women diagnosed with cervical cancer die from the disease. Reducing Indonesia’s cervical cancer incidence and mortality rates will require a comprehensive, multi-stakeholder approach to strengthen health system capacity, increase the availability of advanced treatment technologies, and address social, financial, cultural, societal and structural barriers to prevention and treatment.

At the World Health Assembly (WHA) in 2020, Indonesia committed to “recognizing the importance of a holistic health systems approach to cervical cancer prevention and control, integrating vaccination programs, screening and treatment programs, adolescent health services, HIV, sexual and reproductive health services, and communicable disease and noncommunicable disease health services, as well as the importance of inclusive and strategic national, regional, and global partnerships that extend beyond the health sector.”

Indonesia’s Cervical Cancer Elimination Plan Targets

- 90% of girls and boys fully vaccinated by age 15.
- 75% of all women between the ages of 30 and 69 screened with a HPV DNA test.
- 90% of women identified with cervical pre-cancer and cancer lesion receive treatment.

The National Cervical Cancer Elimination Plan for Indonesia (2023-2030), developed by the Ministry of Health in partnership with key national and international stakeholders, is a comprehensive, whole-of-society strategy to accelerate Indonesia’s progress towards the elimination of cervical cancer. The goal of this elimination plan is to provide national vision and clarity at the national level for all stakeholders on the path to cervical cancer elimination. This Plan builds upon and adopts national, regional, and international guidance and planning on cervical cancer elimination.

**OUR VISION TO ELIMINATE CERVICAL CANCER**

Indonesia aspires to become a nation where cervical cancer is eliminated as a public health concern. Together, as a united Indonesia, we envision a future where cervical cancer is a disease of the past, and every women – across all socioeconomic demographics - can live a healthy life free from its threat.

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**PILLAR 1: SERVICE DELIVERY**

- Priority 1: Vaccination
- Priority 2: Screening
- Priority 3: Treatment

**PILLAR 2: EDUCATION, TRAINING & OUTREACH**

- Priority 4: Healthcare Workforce Strengthening
- Priority 5: Public Awareness & Education

**PILLAR 3: ENABLERS OF PROGRESS**

- Priority 6: Monitoring, Evaluation & Research
- Priority 7: Digital Enablers

**PILLAR 4: STEWARDSHIP & COORDINATION**

- Priority 8: Governance & Policy
- Priority 9: Financing For Elimination
- Priority 10: Intersectoral Collaboration & Partnerships

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**The National Cervical Cancer Elimination Plan for Indonesia (2023-2030), at-a-glance**

Anchored on this vision, the Elimination Plan is built upon four pillars of action: (1) service delivery, (2) education, training, and outreach; (3) key enablers of progress, and (4) governance and policy. Through robust local and national leadership, evidence-based programming, and multi-stakeholder collaboration, these pillars lay the foundation for specific priority areas and corresponding strategies and actions to “leapfrog” Indonesia to cervical cancer elimination.
Priority 1: Vaccination

Goals: Ensure the nationwide expansion of the HPV vaccination program is properly implemented in elementary schools, Madrasah Ibtidaiyah, and other entities that can reach target populations, including in and out-of-school children (girls and boys) and women between ages 21 and 26.

• Strategy 1.1: Secure sufficient, affordable, and reliable HPV vaccines, Prioritizing the local procurement of high-quality products.
• Strategy 1.2: Increase the quality and coverage of vaccine delivery.
• Strategy 1.3: Improve the efficiency of vaccine delivery.

Priority 2: Screening

Goal: Ensure the nationwide rollout and implementation of a screening program targeting all women aged 30 to 69.

• Strategy 2.1: Ensure an affordable supply of quality-assured, high-performance screening tests, prioritizing the local procurement of high-quality products
• Strategy 2.2: Increase the quality and coverage of cervical cancer screening.
• Strategy 2.3: Review and improve the efficiency of screening methods, tools and technologies.

Priority 3: Treatment

Goal: Establish a timely and comprehensive treatment pathways for women diagnosed with cervical pre-cancer and cervical cancer to have access to quality treatment and care.

• Strategy 3.1: Strengthen overall service capacity for cancer treatment and care services in alignment with the national cancer control plan.
• Strategy 3.2: Strengthen pathology services for quality and timely diagnosis.
• Strategy 3.3: Improve access to surgery, cryotherapy, radiotherapy, chemotherapy, pathology, and palliative care services for quality and timely treatment.
• Strategy 3.4: Create an enabling environment for patients to receive cervical cancer treatment.
Priority 4: Healthcare Workforce Strengthening

Goal: Strengthen the healthcare workforce through training and capacity building to provide evidence-based information and timely, quality cervical cancer interventions comprehensively and equitably.

- **Strategy 4.1:** Strengthen clinical and allied health capacity building and training to health professionals on cervical cancer interventions and evidence-based information that are in line with national guidelines
- **Strategy 4.2:** Optimise the size and distribution of the healthcare workforce to deliver cervical cancer interventions in a comprehensive and equitable manner.

Priority 5: Public Awareness & Education

Goal: Rally the community towards the goal of cervical cancer elimination, and improve community understanding of the role all interventions - including HPV vaccination, primary cervical cancer screening and secondary prevention - have in reducing cancer risk, severity, and mortality.

- **Strategy 5.1:** Widely disseminate the national goal of cervical cancer elimination to rally individuals and communities to work together towards the cause.
- **Strategy 5.2:** Develop and disseminate evidence-based messaging for the public on the benefits, availability, safety, and efficacy of HPV vaccination.
- **Strategy 5.3:** Develop and disseminate evidence-based messaging to communicate the benefits of cervical cancer primary screening.
- **Strategy 5.4:** Ensure communities and patients have equitable access to quality information about cervical cancer symptoms and that each cancer patient has tailored information about their diagnosis, intended treatment, and planned optimal care pathways.
**Priority 6: Monitoring, Evaluation & Research**

**Goal:** Ensure a robust nationwide monitoring, evaluation and research strategy to monitor progress and advance efforts to strengthen cervical cancer elimination activities continuously.

- **Strategy 6.1:** Strengthen and enhance existing cervical cancer registries that guide monitoring, evaluation, and research, in line with international standards and definitions.
- **Strategy 6.2:** Set specific time-bound targets, milestones and indicators for monitoring and evaluating the national cervical cancer elimination program.
- **Strategy 6.3:** Strengthen the local evidence base through scientific, behavioral, and implementation of research to better inform cervical cancer elimination policies and programs that translate to better patient and population outcomes.

**Priority 7: Digital Enablers**

**Goal:** Use digital tools, as appropriate, to facilitate access to cervical cancer prevention and control services, improve programs effectiveness and efficiency, and promote accountability.

- **Strategy 7.1:** Establish and integrate digital registries to support the program implementation, monitoring, and impact.
- **Strategy 7.2:** Develop a digital cervical cancer elimination information platform, paired with data from Satu Sehat as a repository for information for providers, patients, and partners on cervical cancer elimination policies, programs, and services.
Priority 8: Governance & Policy

**Goal:** Ensure a robust governance mechanism to efficiently and effectively fulfill the national commitment to cervical cancer elimination goals, strategic priorities, and actions as outlined in the Elimination Plan.

- **Strategy 8.1:** Empower and strengthen the role of the Ministry of Health to govern Indonesia’s cervical cancer elimination Program and monitor its progress.

- **Strategy 8.2:** Ensure a whole-of-government approach that aligns with and draws on the respective strengths and mandates of relevant Ministries and local development planning agencies.

- **Strategy 8.3:** Ensure prioritization of local products and local manufacturing that help increase the opportunities for domestic industry, while adhering to global quality standards.

Priority 9: Financing for Elimination

**Goal:** Ensure sufficient and sustainable funding and its efficient allocation for the achievement of national cervical cancer elimination goals.

- **Strategy 9.1:** Undertake a costing analysis that estimates and projects the budgetary needs in support of the Elimination Plan.

- **Strategy 9.2:** Establish a cervical cancer elimination budget for the MOH and other entities to deliver cervical cancer elimination goals.

- **Strategy 9.3:** Engage with domestic and international funders to channel alternative sources of financing for the Elimination Plan.

Priority 10: Intersectoral Collaboration & Partnerships

**Goal:** Promote a whole-of-society commitment to cervical cancer elimination through intersectoral collaboration and partnerships.

- **Strategy 10.1:** In partnership with the multi-stakeholder cervical cancer elimination task force (Action 8.1.2), establish a multi-stakeholder platform for cervical cancer elimination dialogue.

- **Strategy 10.2:** Promote and catalyze partnership opportunities between sectors, including government, international and regional multilateral organizations, global policy and scientific fora, private sector, and civil society.
Acronyms & Abbreviations
## Acronyms & Abbreviations

### ACRONYMS

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>DALY</td>
<td>Disability-Adjusted Life Year</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HPV</td>
<td>Human Papillomavirus</td>
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<td>HPV DNA test</td>
<td>Human Papillomavirus Deoxyribonucleic Acid test</td>
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<tr>
<td>JKN</td>
<td>National Health Insurance</td>
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<tr>
<td>LMIC</td>
<td>Low- or Middle-Income Country</td>
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<tr>
<td>Puskesmas</td>
<td>Public Health Centre / Community Health Centre</td>
</tr>
<tr>
<td>SMILE</td>
<td>Electronic Logistics Information Monitoring system</td>
</tr>
<tr>
<td>TDaP</td>
<td>Tetanus, Diphtheria, and Pertussis</td>
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<tr>
<td>UHC</td>
<td>Universal health coverage</td>
</tr>
<tr>
<td>USD</td>
<td>United States Dollar</td>
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<tr>
<td>VIA</td>
<td>Visual Inspection with Acetic Acid</td>
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### ABBREVIATIONS OF STAKEHOLDERS

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<tr>
<th>Acronym</th>
<th>Description</th>
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<td>AMSA</td>
<td>Asian Medical Student Association</td>
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<tr>
<td>ARSSI</td>
<td>Indonesian Private Hospitals Association</td>
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<tr>
<td>BAPETEN</td>
<td>Nuclear Energy Regulatory Agency</td>
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<td>BAPPEDA</td>
<td>Provincial Development Planning Agency</td>
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<td>BAPPENAS</td>
<td>Ministry of National Development Planning</td>
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<td>BCS</td>
<td>Bandung Cancer Society</td>
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<tr>
<td>BIONS</td>
<td>Inspirational Online Talks</td>
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<td>BKKBN</td>
<td>National Population and Family Planning Board</td>
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National Cervical Cancer Elimination Plan for Indonesia
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<tr>
<th>Acronym</th>
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| BPOM    | National Agency of Drug and Food Control  
|         | Badan Pengawas Obat dan Makanan |
| BPJS Kesehatan | Social Security Agency on Health  
|         | Badan Penyelenggara Jaminan Sosial Kesehatan |
| BRIN    | National Research and Innovation Agency  
|         | Badan Riset dan Inovasi Nasional |
| CHAI    | Clinton Health Access Initiative |
| CIMSA   | Center for Indonesian Medical Students Activities |
| CISC    | Indonesia Cancer Information and Support Association |
| CISDI   | Center for Indonesia’s Strategic Development Initiatives |
| DPR     | House of Representatives  
|         | Dewan Perwakilan Rakyat |
| DMI     | Indonesia Mosque Council  
|         | Dewan Masjid Indonesia |
| GAVI    | Gavi, the Vaccine Alliance |
| GAIN    | The Global Alliance for Improved Nutrition |
| GP2SP   | Healthy, Productive Women Workers Movement  
|         | Gerakan Pekerja Perempuan Sehat Produktif |
| HMI     | Muslim Student Association  
|         | Himpunan Mahasiswa Islam |
| HOGI    | Indonesia Society of Gynecologic Oncology  
|         | Himpunan Onkologi Ginekologi Indonesia |
| HIPPG   | Habibie Institute for Public Policy and Governance |
| HRDTC   | Human Resource Development Training Centre |
| IARC    | International Agency for Research on Cancer |
| IBI     | Indonesian Midwives Association  
|         | Ikatan Bidan Indonesia |
| ICCC    | Indonesia Cancer Care Community |
| IDAI    | Indonesian Pediatric Society  
|         | Ikatan Dokter Anak Indonesia |
| ISMKI   | Indonesian Medical Students Executive Boards Association  
|         | Ikatan Senat Mahasiswa Kedokteran Indonesia |
| ISMKMI  | Indonesian Public Health Students Executive Boards Association  
|         | Ikatan Senat Mahasiswa Kesehatan Masyarakat Indonesia |
| ITAGI   | Indonesian Technical Advisory Group on Immunization |
| KemBUMN | Ministry of State Owned Enterprises  
|         | Kementerian Badan Usaha Milik Negara |
| Kemenag | Ministry of Religious Affairs  
<p>|         | Kementerian Agama |</p>
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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>Kemendagri</td>
<td>Ministry of Home Affairs&lt;br&gt;Kementerian Dalam Negeri</td>
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<td>Kemendesa PDTT</td>
<td>Ministry of Villages, Development of Disadvantaged Regions, and Transmigration&lt;br&gt;Kementerian Desa, Pembangunan Daerah Tertinggal, dan Transmigrasi</td>
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<tr>
<td>Kemendikbudristek</td>
<td>Ministry of Education, Culture, Research and Technology&lt;br&gt;Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi</td>
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<td>Kemenkeu</td>
<td>Ministry of Finance&lt;br&gt;Kementerian Keuangan</td>
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<td>Kemenko PMK</td>
<td>Coordinating Ministry For Human Development And Culture&lt;br&gt;Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan</td>
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<td>Kemenppppa</td>
<td>Ministry of Women Empowerment and Child Protection&lt;br&gt;Kementerian Perempuan Dan Perlindungan Anak</td>
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<td>Kemensos</td>
<td>Ministry of Social Affairs&lt;br&gt;Kementerian Sosial</td>
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<td>Kemhan</td>
<td>Ministry of Defense&lt;br&gt;Kementerian Pertahanan</td>
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<td>Ministry of Health&lt;br&gt;Kementerian Kesehatan</td>
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<td>Kemlu</td>
<td>Ministry of Foreign Affairs&lt;br&gt;Kementerian Luar Negeri</td>
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<td>Kemnaker</td>
<td>Ministry of Manpower&lt;br&gt;Kementerian Ketenagakerjaan</td>
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<td>KKI</td>
<td>Indonesian Medical Council&lt;br&gt;Konsil Kedokteran Indonesia</td>
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<td>Kominfo</td>
<td>Ministry of Communication and Informatics&lt;br&gt;Kementerian Komunikasi dan Informatika</td>
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<td>KOWANI</td>
<td>Indonesian Women’s Congress&lt;br&gt;Kongres Wanita Indonesia</td>
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<td>KSP</td>
<td>Office of the President&lt;br&gt;Kantor Staf Presiden</td>
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<td>KWARNAS</td>
<td>National Council of Indonesian Scout Movement&lt;br&gt;Kwartir Nasional</td>
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<td>MATAKIN</td>
<td>Indonesia Khonghucu Council&lt;br&gt;Majelis Tinggi Agama Konghucu Indonesia</td>
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<tr>
<td>PELKESI</td>
<td>Fellowship of Christian Services for Health in Indonesia&lt;br&gt;Persekutuan Pelayanan Kristen untuk Kesehatan di Indonesia</td>
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<tr>
<td>PERDHAKI</td>
<td>Indonesian Health Dharma Work Association</td>
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<td></td>
<td>Persatuan Karya Dharma Kesehatan Indonesia</td>
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<td>PERKHIN</td>
<td>Indonesia Khonghucu Woman Society</td>
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<td>Perempuan Konghucu Indonesia</td>
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<td>PERSI</td>
<td>Indonesia Hospitals Association</td>
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<td>Perhimpunan Rumah Sakit Seluruh Indonesia</td>
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<td>PERWANAS</td>
<td>Indonesia Woman Movement Society</td>
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<td>Indonesian General Practitioners Association</td>
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<td>Indonesia Churches Association</td>
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<td>PORI</td>
<td>Association of Indonesian Radiation Oncology</td>
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<td>Perhimpunan Dokter Spesialis Onkologi Radiasi Indonesia</td>
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<td>Indonesian Association for Obstetrics and Gynaecology</td>
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<td>PKK</td>
<td>Family Welfare Movement</td>
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<td>Pembinaan Kesejahteraan Keluarga</td>
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<td>National Indonesian Association of Nurses</td>
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<td>Persatuan Perawat Nasional Indonesia</td>
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<td>RCCE</td>
<td>Risk Communication &amp; Community Engagement Working Group</td>
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<td>RPJMN</td>
<td>National mid-term development plan</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YKI</td>
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Introduction
Introduction

BACKGROUND
The human toll of cervical cancer

With over 600,000 new cases and more than 340,000 estimated deaths globally, cervical cancer remains the fourth leading cause of cancer in women worldwide. The human papillomavirus (HPV), the most common viral infection of the reproductive tract, causes almost all cases of cervical cancer and is attributed to several other types of cancer. Adopting evidence-based interventions is important to both prevent infection and detect abnormalities early, reducing the risk of progression to invasive cervical cancer, when treatment is less intensive and incurs a lower cost.

Cervical cancer can be stopped

For the first time in history, we have the tools, technologies, and leadership to end a form of cancer that has devastated the lives of millions of women and their families. Cervical cancer is one of the most preventable and treatable types of cancer and we can all work together to see it eliminated.

In 2020, the World Health Organization issued an unprecedented call to all nations to eliminate cervical cancer by achieving an annual incidence rate of 4 per 100,000 women. The WHO established the “90-70-90” targets to aid in elimination efforts:

- **90% of Girls are Vaccinated**: At least 90% of girls are vaccinated with the HPV vaccine by the age of 15.
- **70% of Women Screened**: At least 70% of eligible women are screened for cervical cancer using effective and affordable screening methods.
- **90% of Women with Cervical Disease Treated**: At least 90% of women diagnosed with cervical disease receive appropriate treatment, ensuring that those with precancerous or early-stage cancerous lesions receive timely and effective care.

While the 90-70-90 goals and their corresponding medical interventions are the cornerstone of any cervical cancer elimination strategy, a broader, comprehensive health system effort is necessary to achieve elimination. Ensuring broad access to vaccination, screening, and treatment will require a multi-faceted approach across the total care pathway (Figure 1), from the global introduction of interventions to their administration in Indonesian women.
INTRODUCTION

**Fig 1** The Total Care Pathway

**PRIMARY PREVENTION**
- Activities to prevent HPV infection
  - HPV vaccination
  - Safe sex practice

**EARLY DETECTION**
- Assessment for probability of cancer
  - Presentation to health facility with symptoms
  - Cervical cancer suspected at screening

**DIAGNOSIS AND STAGING**
- Diagnostic procedures
  - Clinical, speculum and pelvic examination, and colposcopy (if available)
  - Histological confirmation of cancer
  - Staging
    - Clinical
    - Radiological
    - Pathological

- Treatment
  - Radiotherapy
  - Surgery
  - Chemotherapy

- Palliative care
  - Pain management
  - Psychological support
  - Spiritual support
  - End-of-life care

- Survivorship care
  - Follow-up rehabilitation
  - Assessment by multidisciplinary team

Source: Adapted from WHO
What is the situation in Indonesia today?

In Indonesia, cervical cancer takes a significant toll on women and their families, with over 103 million women over the age of 15 at risk. Cervical cancer is indeed the second leading cause of cancer in women, with approximately 36,000 women diagnosed every year. Moreover, approximately 70% of all women diagnosed are at advanced stages of the disease. Consequently, mortality due to cervical cancer in Indonesia is high. In 2020, approximately 21,000 women died from cervical cancer in the country. Without any intervention, it is estimated that over 1.7 million women in Indonesia will die from cervical cancer by 2070 and nearly 4 million women by 2120.

Indonesia expanded HPV vaccination nationally in 2023.

The HPV immunization Program in Indonesia was initially implemented in stages as a demonstration program. It was first introduced in 20 districts and cities between 2016 and 2021, and was expanded to an additional 112 districts and cities in 2022. The pilot Programs achieved high HPV vaccination coverage (93.9% for the first dose and 90.3% for the second dose), indicating that the HPV vaccine was widely accepted. In an effort to accelerate the elimination of cervical cancer, the Ministry of Health expanded the HPV immunization Program nationwide, officially launching in August 2023.

During the pilot Program and now through the national Program, HPV vaccines have been primarily administered in schools to girls in grades 5 and 6, when it is still mandatory for girls to attend school and students also receive the tetanus, diphtheria, and pertussis (TDP) booster dose – optimizing the number of girls who can be vaccinated in a given age cohort. While the immunization program is primarily targeted to girls in school, it is imperative also to reach school-age children who are not attending school, as well as move towards catch-up vaccination for older girls who were not vaccinated in previous years.

The uptake of cervical cancer screening has been limited, despite coverage and free provision of services.

Currently, cervical cancer screening services are covered by the National Health Insurance Scheme for married women ages 30-50 years using VIA or cytology every 3-5 years; services are also available for low-income women for free at puskesmas or during mass screening Programs. “Despite decades of efforts by the medical, public health, and community health forces and the removal of direct financial barriers, screening coverage remains quite low, reaching only 9.35% of women in the target population in 2020, with significant variance between provinces.

A 2021 scoping review of the facilitators and barriers of cervical cancer screening uptake in Indonesia found a number of important factors contributed to low uptake of screening nationwide, including: 1) knowledge: lack of awareness, low health literacy low-risk perception of cervical cancer; 2) logistical constraints: cost, time, and travel needed to access services, and 3) supply-side constraints: limited access and coverage at facilities, lack of skilled health workers, and lack of advocacy and health promotion activities.

Indonesia has high morbidity and mortality related to cervical cancer due to late-stage...
diagnosis and limited treatment options.

Over half of the women who are diagnosed with cervical cancer in Indonesia will not survive, representing about 14.4 deaths per 100,000 women. Reducing Indonesia’s high cervical cancer morbidity and mortality rates will require a comprehensive, multi-stakeholder approach to strengthen health system capacity, increase the availability of advanced treatment technologies, and address social, financial, cultural, societal and structural barriers to treatment.

Treatment options depend on several factors, including the stage of cancer, the patient’s overall health, and individual preferences. Treatment plans often include surgery, chemotherapy, radiation therapy, or a combination of treatments. Independent of the prognosis, quality care requires input and support from a range of multidisciplinary specialists, such as gynaecologist oncologists, radiation oncologists, nurse practitioners, rehabilitation specialists, and psychologists, to ensure the best possible care for each patient.

The range of cervical cancer treatment services varies widely between geographical regions. There is currently a significant mapping exercise being undertaken to standardize the availability of specific services at the puskesmas, district, provincial and national levels.

What can be done?

Indonesia remains firmly committed to providing affordable and comprehensive access to healthcare services through Jaminan Kesehatan Nasional Program. By reinforcing the principles of universal health coverage, Indonesia is making significant advances in reducing the burden of cervical cancer in the population. Important health system transformation efforts and key milestones are now in place to put Indonesia on a firm footing to pursue the path of cervical cancer elimination. This plan lays out a comprehensive, whole-of-society approach to accelerate Indonesia’s path to cervical cancer elimination.
The National Cervical Cancer Elimination Plan for Indonesia (2023-2030) is organized around four pillars of action: 1) service delivery; (2) education, training, and outreach; (3) key enablers of progress; and (4) governance and policy. These pillars lay the foundation for specific priority areas and corresponding strategies and actions that will be driven by a comprehensive whole-of-society response to “leapfrog” Indonesia to cervical cancer elimination.

### THE FOUR PILLARS OF THE ELIMINATION PLAN

**PILLAR 1: SERVICE DELIVERY**
- Priority 1: Vaccination
- Priority 2: Screening
- Priority 3: Treatment

**PILLAR 2: EDUCATION, TRAINING & OUTREACH**
- Priority 4: Healthcare Workforce Strengthening
- Priority 5: Public Awareness & Education

**PILLAR 3: ENABLERS OF PROGRESS**
- Priority 6: Monitoring, Evaluation & Research
- Priority 7: Digital Enablers

**PILLAR 4: STEWARDSHIP & COORDINATION**
- Priority 8: Governance & Policy
- Priority 9: Financing For Elimination
- Priority 10: Intersectoral Collaboration & Partnerships
INTRODUCTION

STAKEHOLDER COORDINATION

Stakeholder coordination is essential to achieve cervical cancer elimination goals. The realization of the plan is only possible with multi-sectoral stakeholder coordination. Each strategy and action included in the Elimination Plan will require the support and coordination of “lead” and “partner” stakeholders who are crucial for successful implementation. In this plan, the key stakeholder groups are as follows:

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<td>Regional fostership hospitals</td>
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<td>All public and private hospitals that offer cancer services</td>
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**INTRODUCTION**

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<td><strong>Buddhist Groups</strong>&lt;br&gt;Indonesian Health Dharma Work Association (PERDHAKI)</td>
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<td><strong>Christian Groups</strong>&lt;br&gt;Fellowship of Christian Services for Health in Indonesia (PELKESI)&lt;br&gt;Indonesia Churches Association (PGI)</td>
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<td>Center for Indonesian Medical Students Activities (CIMSA)</td>
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<td>Indonesian Medical Students Executive Boards Association (ISMKI)</td>
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<td>Indonesian Public Health Students Executive Boards Association (ISMKMI)</td>
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<td>Gavi, the Vaccine Alliance (GAVI)</td>
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<td>International Agency for Research on Cancer (IARC)</td>
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<td>United Nations agencies, e.g. UNFPA, UNICEF, UNDP</td>
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<td>World Health Organization (WHO)</td>
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<td>The Global Alliance for Improved Nutrition (GAIN)</td>
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## INTRODUCTION

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House of Representatives (DPR)  
Ministry of Communication and Informatics (Kominfo)  
Ministry of Defense (Kemhan)  
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)  
Ministry of Finance (Kemenkeu)  
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Ministry of Health (Kemenkes)  
Ministry of Home Affairs (Kemendagri)  
Ministry of Manpower / Kementerian Ketenagakerjaan (Kemnaker)  
Ministry of National Development Planning (Bappenas)  
Ministry of Religious Affairs (Kemenag)  
Ministry of Social Affairs (Kemensos)  
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Nuclear Energy Regulatory Agency (BAPETEN)  
Office of the President (KSP)  
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Provincial Health Office (Dinas Kesehatan)  
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Provincial, regency, and municipal development planning agencies  
Social Security Agency on Health (BPJS Kesehatan) |
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Specific hospitals  
National hospitals  
Provincial level hospitals  
District level hospitals  
Military hospitals  
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<td>Indonesia Clinic Association (ASKLIN)</td>
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<td>Indonesia Primary Health Care Facilities Association (PFKI)</td>
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Pillars & Strategic Priorities
PILLAR 1: SERVICE DELIVERY

Priority 1: Vaccination
Priority 2: Screening
Priority 3: Treatment

The achievement of cervical cancer elimination fundamentally rests on the successful delivery and uptake of interventions across the cervical cancer prevention and control continuum. The continuum includes primary prevention through HPV vaccination, secondary prevention through cervical cancer screening and early diagnosis, treatment of pre-cancer and invasive cancer, and palliative care, which seeks to manage symptoms and alleviate pain for patients whose cancer is at an advanced stage.

To support the delivery of these crucial interventions to prevent and treat HPV and cervical cancer, this Pillar outlines a comprehensive approach to ensure improved health outcomes. Each strategy and action will require the support and coordination of “lead” and “partner” stakeholders who are crucial for successful implementation.
Almost all cervical cancers (95%) are caused by HPV, which is the most common viral infection of the reproductive tract and is attributed to several other types of cancer. The HPV vaccine is safe and the most cost-effective tool against cervical cancer, protecting against at least 70% of all cervical cancers. HPV vaccines are most effective if administered prior to exposure to HPV, which occurs through sexual activity.

The HPV immunization Program in Indonesia was initially implemented in stages as a demonstration Program. It was first introduced in 20 districts and cities between 2016 and 2021, and was expanded to an additional 112 districts and cities in 2022. The pilot Programs achieved high HPV vaccination coverage (93.9% for the first dose and 90.3% for the second dose), indicating that the HPV vaccine was widely accepted. In an effort to accelerate the elimination of cervical cancer, the Ministry of Health expanded the HPV immunization Program nationwide, officially launching in August 2023.

The Elimination Plan outlines strategies to expand the HPV immunization Program. The initial target population for HPV vaccines for the period of the Elimination Plan is girls in grades 5 and 6, when it is still mandatory for girls to attend school at this age and when students receive the Tetanus, Diphtheria, and Pertussis (TDP) booster dose – optimizing the number of girls who can be vaccinated in a given age cohort. While the immunization Program is primarily targeted to girls in school, the Elimination Plan will also target all children aged 11 and 12 who are not attending school, as well as older girls, boys at age 15, and young women who have not been vaccinated against HPV.
Goals For Priority 1

GOALS FOR PRIORITY 1

TARGET

Phase 1 2023 to 2027
- All girls fully vaccinated at ages 11 and 12 (Grades 5 and 6 or equivalent)
- All out-of-school girls vaccinated at ages 11 and 12
- All girls yet to be vaccinated to receive catch-up vaccinations at age 15
- Catch-up vaccination to be offered to all women beyond the age of 21 up to 26, as requested and needed

Phase 2 2028 to 2030
- All girls fully vaccinated at ages 11 and 12 (Grades 5 and 6 or equivalent)
- All out-of-school girls vaccinated at ages 11 and 12
- All girls yet to be vaccinated to receive catch-up vaccinations at ages 15 and 21
- All boys fully vaccinated at ages 11 and 12 (Grades 5 and 6 or equivalent)
- All out-of-school boys vaccinated at ages 11 and 12
- All boys yet to be vaccinated to receive catch-up vaccinations at age 15
- Catch-up vaccination to be offered to all women beyond the age of 21 up to 26, as requested and needed
PILLARS & STRATEGIC PRIORITIES

ACTIONS FOR PRIORITY 1

**Strategy 1.1: Secure sufficient, affordable, and reliable HPV vaccines, prioritizing the local procurement of high-quality products**

**Action 1.1.1**
Plan for and ensure an adequate budget for the Ministry of Health to procure HPV vaccines as part of the overall national cervical cancer elimination commitment.

**LEAD**
Ministry of Health *(Kemenkes)*
House of Representatives *(DPR)*
Ministry of Finance *(Kemenkeu)*
Ministry of National Development Planning *(Bappenas)*
Office of the President *(KSP)*

**PARTNERS**
Development partners

**Action 1.1.2**
Tap into traditional and innovative financing mechanisms to increase funding for vaccine procurement.

**LEAD**
Ministry of Health *(Kemenkes)*
Ministry of Finance *(Kemenkeu)*
Ministry of Foreign Affairs *(Kemlu)*
Ministry of National Development Planning *(Bappenas)*

**PARTNERS**
Development partners
**Action 1.1.3**
Build and strengthen local regulatory, manufacturing, storage, and supply chain capabilities to produce HPV vaccines and ensure their safety and efficacy in collaboration with global, regional, and domestic regulators and manufacturers.

**LEAD**
Ministry of Health *(Kemenkes)*  
Coordinating Ministry for Economic Affairs *(Kementerian Koordinator Bidang Perekonomian)*  
Ministry of Education, Culture, Research and Technology *(Kemendikbudristek)*  
National Agency of Drug and Food Control *(BPOM)*  
National Research and Innovation Agency *(BRIN)*

**PARTNERS**
Development partners  
Industry groups

**Action 1.1.4**
Build and strengthen opportunities for public-private dialogue, partnership, and other forms of engagement that promote affordable access to HPV vaccines for target populations.

**LEAD**
Ministry of Health *(Kemenkes)*  
Ministry of Education, Culture, Research and Technology *(Kemendikbudristek)*  
Ministry of State-Owned Enterprises *(KemBUMN)*

**PARTNERS**
Community partners  
Development partners  
Industry groups

**Action 1.1.5**
Guarantee the accessibility of HPV vaccines for Program implementation by meticulously planning and procuring an ample and timely supply, ensuring efficient distribution to vaccinate the entire nationwide target population.

**LEAD**
Ministry of Health *(Kemenkes)*  
Ministry of Finance *(Kemenkeu)*

**PARTNERS**
Industry groups

**Action 1.1.6**
Ensure sufficient quantities and quality of HPV vaccines, ancillary products (e.g., syringes), and cold-chain storage solutions are available in all vaccination centers, adhering to vaccine storage and administration specifications.

**LEAD**
Ministry of Health *(Kemenkes)*  
Ministry of Finance *(Kemenkeu)*  
Ministry of State-Owned Enterprises *(KemBUMN)*

**PARTNERS**
Industry groups
Strategy 1.2: Increase the quality and coverage of vaccine delivery

Action 1.2.1
Ensure multi-stakeholder and inter-sectoral government commitments for the nationwide rollout and implementation of the HPV vaccination Program.

LEAD
Ministry of Health (Kemenkes)
Coordinating Ministry for Human Development and Culture (Kemenko PMK)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)
Ministry of Religious Affairs (Kemenag)

PARTNERS
Community partners
Development partners
Hospitals
Industry groups
Professional Organisations
Puskesmas
Other clinics or independent medical practices

Action 1.2.2
Implement school-based vaccination as the dominant strategy, and explore appropriate alternative delivery platforms for out-of-school or other hard-to-reach populations.

LEAD
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)
Ministry of Religious Affairs (Kemenag)
Ministry of Women Empowerment and Child Protection (Kemenpppa)

PARTNERS
Community partners
Development partners
Hospitals
Puskesmas

Action 1.2.3
Develop targeted strategies to improve the efficiency of vaccine delivery to hard-to-reach populations, such as girls out-of-school and those in remote rural areas, including innovative last-mile delivery strategies and information on how they can access the HPV vaccine outside the school-based Program.

LEAD
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)
Ministry of Religious Affairs (Kemenag)

PARTNERS
Community partners, Development partners

Action 1.2.4
Ensure equity in the availability and accessibility of catch-up opportunities across provinces and for the most marginalized groups, including considerations for alternative community locations and providers.

LEAD
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)
Ministry of Religious Affairs (Kemenag)
Ministry of Women Empowerment and Child Protection (Kemenpppa)

PARTNERS
Community partners, Development partners
Strategy 1.3: Improve efficiency of vaccine delivery

Action 1.3.1
Annually review local and international scientific evidence on HPV vaccine effectiveness, including, for example, new technologies and dosing schedule, such as the introduction of single-dose interventions.

**LEAD**
National Agency of Drug and Food Control (BPOM)
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)

**PARTNERS**
Academia
Industry groups
Professional Organisations

Action 1.3.2
Use local data from immunization registries and other monitoring platforms to identify regional or population coverage gaps, as well as manage inventory and stock-outs to ensure access for eligible populations.

**LEAD**
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)

**PARTNERS**
Community partners
Hospitals

Action 1.3.3
Review and update relevant clinical and programmatic guidelines on HPV vaccination in line with local and international scientific evidence.

**LEAD**
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
National Research and Innovation Agency (BRIN)
Regional fostership hospitals

**PARTNERS**
Academia
Industry groups
Professional Organisations
The goal of cervical cancer screening is to identify, remove, and/or treat pre-cancerous lesions that are likely to progress to cancer before they do so. Regular screening can also support the diagnosis of cervical cancer at an early stage, when treatment is typically more effective and less invasive. Preventing the development and progression of cervical cancer is critical to reduce incidence and related morbidity and mortality, with the ultimate goal of elimination.

In Indonesia, the most common screening method is VIA, followed by cytology-based screening, in accordance with previous national and international guidelines. In 2020, the World Health Organization issued new guidelines recommending the use of a high-performance test as the primary method for HPV and cervical cancer screening. Compared to VIA and cytology-based screening, a high-performance test, such as HPV DNA testing, has been shown to be simpler, prevents more pre-cancers and cancer, and is more cost-effective than visual inspection techniques or cytology.

The achievement of the WHO 90-70-90 goals and corresponding national goals are contingent on the transition and widespread adoption of high-performance tests as the primary modality of screening. As of 2023, pilot tests in Indonesia are assessing the effectiveness of a dual approach with HPV DNA testing for screening paired with VIA inspection to detect pre-cancerous lesions.

Currently, screening coverage through VIA and cytology-based methods remains quite low, only reaching 9.3% of women in the target population in 2020, with significant variance between provinces. A 2021 scoping review of the facilitators and barriers of cervical cancer screening uptake in Indonesia found a number of important factors contributed to low uptake of screening nationwide, including: 1) knowledge: lack of awareness, low health literacy low-risk perception of cervical cancer; 2) logistical constraints: cost, time, and travel needed to access services, and 3) supply-side constraints: limited access and coverage at facilities, lack of skilled health workers, and lack of advocacy and health promotion activities.

**PRIORITY 2 SCREENING**

**GOAL**
Ensure the nationwide rollout and implementation of a screening Program targeting all women aged 30 to 69

**STRATEGY 2.1**
Ensure an affordable supply of quality-assured HPV DNA screening tests, prioritizing the local procurement of quality products

**STRATEGY 2.2**
Increase the quality and coverage of HPV and cervical cancer screening

**STRATEGY 2.3**
Review and improve the efficiency of screening methods, tools and technologies
Goals For Priority 2

GOALS FOR PRIORITY 2

TARGET

**Phase 1** 2023 to 2027

70%

- All women between the ages of 30 to 69 are screened using HPV DNA testing as the primary screening method

**Phase 2** 2028 to 2030

75%

- All women between the ages of 30 to 69 are screened once every 10 years using HPV DNA testing as the primary screening method
ACTIONs FOR PRIORITY 2

**Strategy 2.1: Ensure an affordable supply of quality-assured, HPV DNA screening tests, prioritizing the local procurement of quality products.**

**Action 2.1.1**
Plan and ensure an adequate budget for the Ministry of Health to secure HPV DNA screening tests as part of the overall national cervical cancer elimination commitment.

**LEAD**
Ministry of Health (Kemenkes)
House of Representatives (DPR)
Ministry of Finance (Kemenkeu)
Ministry of Industry (Kemperindustrian)
Ministry of National Development Planning (Bappenas)
Office of the President (KSP)

**PARTNERS**
Development partners

**Action 2.1.2**
Tap into traditional and innovative financing mechanisms to increase funding for cervical cancer screening.

**LEAD**
Ministry of Health (Kemenkes)
Ministry of Finance (Kemenkeu)
Ministry of Foreign Affairs (Kemlu)

**PARTNERS**
Development partners
Action 2.1.3
Build and strengthen local regulatory, manufacturing, storage, and supply chain capabilities to produce tools, technologies and infrastructure needed for quality screening methods, and ensure their safety and accuracy, in collaboration with global and regional regulators and manufacturers.

LEAD
Ministry of Health (Kemenkes)
Coordinating Ministry for Economic Affairs (Kementerian Koordinator Bidang Perekonomian)
Ministry of Industry (Kemperindustrian)
National Research and Innovation Agency (BRIN)

PARTNERS
Development partners
Industry groups
Professional Organisations

Action 2.1.4
Build and strengthen opportunities for public-private dialogue, partnership, and other forms of engagement that promote affordable access to cervical cancer screening for eligible populations.

LEAD
Ministry of Health (Kemenkes)

PARTNERS
Development partners
Industry groups
Professional Organisations

Strategy 2.2: Increase the quality and coverage of HPV and cervical cancer screening

Action 2.2.1
Transition primary cervical cancer screening methods from current methods to HPV DNA screening methods with appropriate clinical guidelines and protocols (including transport for centralized testing) and strengthen laboratory services as well as quality assurance Programs. Strengthen capacity and training for healthcare workforce, including laboratories, to deliver these services.

LEAD
Ministry of Health (Kemenkes)

PARTNERS
Academia
Industry groups
Professional Organisations

Action 2.2.2
Phase scale-up of screening from opportunistic to population-based with updated guidelines and training to support HPV and cervical cancer screening through routine health care visits in primary care settings, reproductive health, HIV / STD, and family health consultations.

LEAD
Ministry of Health (Kemenkes)
National Population and Family Planning (BKKBN)

PARTNERS
Development partners
Professional Organisations
Action 2.2.3
Expand Jaminan Kesehatan Nasional (JKN) coverage of cervical cancer screening methods to include HPV DNA testing.

LEAD
Ministry of Health (Kemenkes)
Social Security Agency on Health (BPJS Kesehatan)

PARTNERS
Academia

Action 2.2.4
Consider, where appropriate, alternative strategies, such as point-of-care screening and self-sampling methods, for hard-to-reach populations and remote communities.

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri)
Ministry of Villages, Development of Disadvantaged Regions, and Transmigration (Kemendesa PDTT)

PARTNERS
Community partners
Development partners
Puskesmas
Primary care networks

Action 2.2.5
Implement a screening and management pathway for HIV / STD infected women and disseminate the pathway to relevant key partners.

LEAD
Ministry of Health (Kemenkes)

PARTNERS
Community partners
Development partners
Puskesmas
Primary care networks
Strategy 2.3: Review and improve efficiency of screening methods, tools and technologies

Action 2.3.1
Review and update relevant clinical and programmatic guidelines on HPV and cervical cancer screening in line with local and international scientific evidence.

**LEAD**
- Ministry of Health *(Kemenkes)*
- National Cancer Centre, Dharmais Cancer Hospital

**PARTNERS**
- Academia
- Professional Organisations

Action 2.3.2
Promote screen, triage and treat approaches, such as Visual inspection with acetic acid (VIA) for HPV DNA-positive individuals, to be used alongside the primary screening method to detect pre-cancerous lesions.

**LEAD**
- Ministry of Health *(Kemenkes)*
- Ministry of Home Affairs *(Kemendagri)*
- National Cancer Centre, Dharmais Cancer Hospital

**PARTNERS**
- Academia
- Development partners
- Hospitals
- Puskesmas
- Other clinic and independent medical practices

Action 2.3.3
Conduct training of healthcare workers on local and culturally-appropriate evidence-based interventions to increase screening participation in under-screened eligible populations.

**LEAD**
- Ministry of Health *(Kemenkes)*
- Ministry of Communication and Informatics *(Kominfo)*
- Ministry of Finance *(Kemenkeu)*
- Ministry of Religious Affairs *(Kemenag)*
- National Cancer Centre, Dharmais Cancer Hospital

**PARTNERS**
- Development partners
- Professional Organisations

Action 2.3.4
Annually review local and international scientific evidence on current methods (e.g. HPV DNA testing only; HPV DNA and VIA co-testing) and emerging technologies and tools such as clinically validated high-sensitivity tests.

**LEAD**
- Ministry of Health *(Kemenkes)*
- National Cancer Centre, Dharmais Cancer Hospital
- National Research and Innovation Agency *(BRIN)*
- Regional fostership hospitals

**PARTNERS**
- Academia
- Accredited Testing Laboratory
- Development partners
- Professional Organisations
Access to timely, quality, and affordable treatment and palliative care options, paired with greater social support services for women and their families, can help slow the progression of invasive cervical cancers and protect the dignity and quality of life of women living with this disease. Demonstrating the potential to treat cervical cancer effectively will support Indonesia in better engaging the next generation of women in screening services.

In Indonesia, cervical cancer is the second most common female cancer, with most – 70% - of women diagnosed in advanced stages, when treatment is less effective. As a result, 50% of women diagnosed with cervical cancer die from it. Reducing Indonesia’s cervical cancer incidence and mortality rates will require a comprehensive, multi-stakeholder approach to strengthen health system capacity, increase the availability of advanced treatment technologies, and address social, financial, cultural, societal and structural barriers to treatment.

Treatment options for cervical cancer depend on several factors, including the stage of cancer, the patient’s overall health, and individual preferences.

The Elimination Plan outlines strategies to support treatment at different stages of cancer: 1) women who are detected with pre-cancer lesions and can thus be quickly and effectively treated at the puskesmas level, 2) women are diagnosed with invasive cancer and require comprehensive specialized treatment with advanced pathology, radiotherapy and chemotherapy services at the regional hospital level, and 3) women who are the most advanced stages of disease who need palliative care within home and community settings.
GOALS FOR PRIORITY 3

TARGET

Phase 1 2023 to 2027

- 70% All women with pre-cancer are treated
- 70% All women with invasive cancer managed

Phase 2 2028 to 2030

- 90% All women with pre-cancer are treated
- 90% All women with invasive cancer managed
ACTIONS FOR PRIORITY 3

Strategy 3.1: Strengthen overall service capacity for cancer treatment and care services in alignment with the national cancer control plan

Action 3.1.1
Assess and improve existing cancer service readiness, healthcare workforce training, and clinical capacity for treatment at the puskesmas, district, provincial and national levels.

LEAD
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Academia
Cancer Services Hospitals Network
Clinicians and Researchers
Provincial Health Office
Professional Organisations
Hospitals
Nuclear Energy Regulatory Agency (BAPETEN)
Puskesmas
Universities
Action 3.1.2
Review and update relevant clinical and programmatic guidelines on cervical cancer diagnosis, management and treatment in line with local and international scientific evidence.

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Academia
Cancer Services Hospitals Network
Development partners
Hospitals
Professional Organisations
Puskesmas

Action 3.1.3
Establish and strengthen referral pathways between primary (e.g. puskesmas, General Practitioner (GP)) to secondary and tertiary levels of care, including consideration of hub-and-spoke and teleconsultation models.

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Cancer Services Hospitals Network
Hospitals
Puskesmas

Action 3.1.4
Build and strengthen local regulatory, manufacturing, storage, and supply chain capabilities to produce treatment agents and care devices, and ensure their safety and efficacy in collaboration with global and regional regulators and manufacturers.

LEAD
Ministry of Health (Kemenkes)
National Agency of Drug and Food Control (BPOM)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Finance (Kemenkeu)
National Research and Innovation Agency (BRIN)

PARTNERS
Development partners
Industry groups
Strategy 3.2: Improve access to cryotherapy, thermal ablation, conization, long loop excision of transitional zone and other appropriate treatments for quality and timely treatment of pre-cancer

**Action 3.2.1**
Assess baseline estimated need and treatment gap for cryotherapy, thermal ablation, conization, long loop excision of transitional zone and other appropriate treatments for women diagnosed with cervical pre-cancer.

**LEAD**
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Academia
Cancer Services Hospitals Network Hospitals
Puskesmas

**Action 3.2.2**
Expand training, quality, distribution, and number of healthcare workforce in line with estimated pre-cancer treatment needs.

**LEAD**
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Cancer Services Hospitals Network Hospitals
Professional Organisations
Puskesmas
Strategy 3.3: Improve access to surgery, cryotherapy, radiotherapy, chemotherapy and pathology for quality and timely treatment of invasive cancer

Action 3.3.1
Assess baseline estimated need and treatment gap for surgery, radiotherapy, chemotherapy, and pathology for women diagnosed with cervical cancer.

**LEAD**
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Nuclear Energy Regulatory Agency (BAPETEN)
Regional fostership hospitals

**PARTNERS**
Academia
Cancer Services Hospitals Network
Hospitals
Puskesmas
Professional Organisations

Action 3.3.2
Strengthen, ensure availability, and expand access to high-quality pathology, chemotherapy, radiotherapy, and surgical services at tertiary facilities to ensure timely access to treatment.

**LEAD**
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Academia
Cancer Services Hospitals Network
Hospitals
Puskesmas
Professional Organisations
Universities

Strategy 3.4: Improve access to palliative care services

Action 3.4.1
Strengthen and improve access to palliative care services, such as end-of-life care and pain relief for patients.

**LEAD**
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Cancer Services Hospitals Network
Hospitals
Puskesmas
Provincial and Regency/City Health Service
Universities
Action 3.4.2

Strengthen supportive therapies, including psychological support, family support and other services. Where possible, implement home-based models of palliative care that are integrated into primary health care.

LEAD

Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS

Cancer Services Hospitals Network
Community partners
District Health Office
Hospitals
Puskesmas
Provincial Health Office

Strategy 3.5: Create an enabling environment for patients to receive cervical cancer treatment

Action 3.5.1

Ensure the JKN Program covers treatment and care costs associated with cervical pre-cancer and cancer. Explore mechanisms to provide financial support for indirect non-medical costs for follow-up consultations and treatment, should they require additional support.

LEAD

Ministry of Health (Kemenkes)
District Health Office
Ministry of Home Affairs (Kemendagri)
Ministry of Social Affairs (Kemensos)
National Cancer Centre, Dharmais Cancer Hospital
Provincial Health Office
Regional fostership hospitals

PARTNERS

Community partners
Hospitals
Puskesmas
Non-governmental organisations

Action 3.5.2

Provide comprehensive support to enhance quality of life and address societal, geographical, and structural barriers to accessing services, including low levels of health literacy and stigma associated with cervical cancer. Incorporate patient engagement and accountability mechanisms where possible.

LEAD

Ministry of Health (Kemenkes)
Cancer Services Hospitals Network
Ministry of Social Affairs (Kemensos)

PARTNERS

Community partners
Development partners
District Health Office
Non-governmental organisations
Provincial Health Office
Achieving cervical cancer elimination will require comprehensive education, training, and outreach Programs to support service delivery for cervical cancer interventions, particularly as guidelines, technologies, and implementation Programs evolve. Development and guidance of such outreach Programs will be completed at the national level, while provincial, district, and other local-level authorities and local education, religious, and political leaders will play an important role in developing and carrying out effective and culturally sensitive campaigns.
PRIORITY 4
HEALTHCARE WORKFORCE
STRENGTHENING

GOAL
Strengthen the health workforce through training and capacity building to provide evidence-based information and timely, quality cervical cancer interventions comprehensively and equitably.

STRATEGY 4.1
Strengthen clinical and allied health capacity building and training to health professionals on cervical cancer interventions and evidence-based information in line with national guidelines.

STRATEGY 4.2
Optimise the size and distribution of the healthcare workforce to deliver cervical cancer interventions in a comprehensively and equitably manner.

A well-trained and competent health workforce stands as an indispensable pillar upon which the success of cervical cancer elimination rests. To ensure equitable access to interventions throughout the nation, the whole health workforce must be properly trained and health system capacities optimized, even at the most rural level. It is important that healthcare providers are not only well-informed but also proficient in the latest clinical evidence and adept at the administration of available vaccination, screening, and treatment options. Beyond clinical services, healthcare workers are the frontline in providing accurate and easy-to-understand information, and to deliver services that make women feel comfortable, safe, and supported.

By equipping our healthcare workforce with the knowledge and skills necessary to introduce, practice, and promote elimination interventions, they will be empowered to advocate for all patients at every encounter.
Goals For Priority 4

**ACTIONS FOR PRIORITY 4**

**Strategy 4.1: Strengthen clinical and allied health capacity building and training of health professionals on cervical cancer interventions and evidence-based information in line with national guidelines.**

**Action 4.1.1**
Provide up-to-date and standardized vaccine, screening, and treatment education in medical school Programs, nursing Programs, midwifery Programs, pathology and other relevant post-graduate Programs, and continuing medical education opportunities for for the existing workforce.

**LEAD**
Ministry of Health (Kemenkes)
Cancer Services Hospitals Network
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Hospitals

**PARTNERS**
Academia
Development partners
Professional Organisations

**Action 4.1.2**
Provide and incentivize training, education, and accreditation for general practitioners, primary healthcare and front-line providers at the puskesmas level using standardized and user-friendly digital training systems on vaccination, screening, and basic treatment for cervical cancer.

**LEAD**
Ministry of Health (Kemenkes)
Cancer Services Hospitals Network
District Health Office
Provincial Health Office

**PARTNERS**
Development partners
Non-governmental organisations
Professional Organisations
Puskesmas
Primary care networks
Action 4.1.3
Train and build the capacity of relevant health workforce and community volunteers to deliver education and information on vaccine safety and efficacy and to vaccine hesitancy. Incorporate interpersonal communication techniques as part of the training.

LEAD
Ministry of Health (Kemenkes)
Cancer Services Hospitals Network
District Health Office
Provincial Health Office

PARTNERS
Community partners
Development partners
Professional Organisations
Hospitals
Puskesmas
Primary care networks

Action 4.1.4
Pilot and evaluate remote training options such as, but not limited to, twinning Programs, regional training hubs, telementoring, e-learning, mobile learning and low-cost virtual reality simulation.

LEAD
Ministry of Health (Kemenkes)
Cancer Services Hospitals Network
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Hospitals
Puskesmas
Primary care networks
Strategy 4.2: Optimise size and distribution of healthcare workforce to deliver cervical cancer interventions in a comprehensive and an equitable manner

**Action 4.2.1**
Use evidence-based mapping of healthcare facilities to optimize the allocation of the healthcare workforce to ensure access to cervical cancer interventions and to address service coverage gaps.

**LEAD**
Ministry of Health *(Kemenkes)*
District Health Office
National Cancer Centre, Dharmais Cancer Hospital
Provincial Health Office
Regional fostership hospitals

**PARTNERS**
Cancer Services Hospitals Network
District Health Office
Professional Organisations
Provincial Health Office
Primary care networks

**Action 4.2.2**
Adopt tele-mentoring to aid existing clinical workforce and support task-shifting in areas of low healthcare worker access, when necessary.

**LEAD**
Ministry of Health *(Kemenkes)*
Cancer Services Hospitals Network
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Academia
Hospitals
Professional Organisations
Puskesmas

**Action 4.2.3**
Ensure sufficient staffing of trained healthcare workers to provide appropriate cervical cancer interventions at puskesmas, district, provincial and national hospitals.

**LEAD**
Ministry of Health *(Kemenkes)*
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Cancer Services Hospitals Network
Hospitals
Professional Organisations
Puskesmas
Raising awareness and education on cervical cancer will promote a whole-of-society commitment to achieving cervical cancer elimination. Educating the public on HPV and cervical cancer in clear language that speaks to their questions and concerns is vital to increasing acceptance and uptake of cervical cancer interventions. Moreover, information and education efforts are important to counter broader issues on vaccine and screening hesitancy, as well as the stigma that may be associated with HPV.

By developing and tailoring communication materials to provide information on the national goal of cervical cancer elimination, Indonesia can thoughtfully implement nationwide and local public awareness, education, and social mobilization efforts. Subnational leaders are critically important messengers, who can tailor materials to their community needs. Further, leaders can benefit from collaborative learning and opportunities to communicate about their elimination Programs, share lessons learned, and strategize to overcome shared obstacles.
Goals For Priority 5

ACTIONS FOR PRIORITY 5

Strategy 5.1: Widely disseminate the national goal of cervical cancer elimination to rally individuals and communities to work together towards the cause.

Action 5.1.1
Develop nationwide, evidence-based public awareness, education, and social mobilization efforts, based on knowledge, attitude and practice assessments. Encourage districts, provinces and cities to tailor cervical cancer elimination efforts to their specific contexts.

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Cancer Services Hospitals Network
Community partners
Development partners
District Health Office
Hospitals
Ministry of Manpower (Kemnaker)
Ministry of Women Empowerment and Child Protection (Kemenpppa)
Non-governmental organisations
Professional Organisations
Provincial Health Office
Action 5.1.2
Implement cervical cancer education materials on the national cervical cancer elimination goal and related programs, policies, and interventions. Develop targeted messaging to healthcare workforce, non-governmental organizations, patients, women, adolescents and youth.

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Cancer Services Hospitals Network Hospitals
Ministry of Education, Culture, Research and Technology (Kemdikbudristek)
Ministry of Defense (Kemhan)
Ministry of Home Affairs (Kemendagri)
Professional Organisations

Action 5.1.3
Engage and incentivize cadres of volunteer community workers and community leaders to educate and rally support within local communities toward cervical cancer elimination.

LEAD
Ministry of Health (Kemenkes)
District Health Office
Ministry of Home Affairs (Kemendagri)
Ministry of Villages, Development of Disadvantaged Regions, and Transmigration (Kemendesa PDTT)
Provincial Health Office

PARTNERS
Ministry of Religious Affairs (Kemenag)
Community partners
District Health Office
Non-governmental organisations
Provincial Health Office (Kemhan)
Ministry of Home Affairs (Kemendagri)
Professional Organisations
Action 5.1.4
Engage cervical cancer survivor groups and women advocacy groups to promote awareness and education initiatives to increase awareness of cervical cancer elimination and the importance of timely access to services and treatment.

LEAD
Ministry of Health (Kemenkes)
Ministry of Women Empowerment and Child Protection (Kemenpppa)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
District Health Office
Non-governmental organisations
Provincial Health Office
Ministry of Home Affairs (Kemendagri)
Professional Organisations

Action 5.1.5
Leverage traditional and social media, including local celebrities, champions, and social media influencers, to effectively run public education campaigns and disseminate information widely. Improve and optimise the use of the Ministry of Health’s current efforts such as the Ayo Sehat website.

LEAD
Ministry of Health (Kemenkes)
Ministry of Communication and Informatics (Kominfo)
Ministry of Home Affairs (Kemendagri)

PARTNERS
Development partners
Media
Non-governmental organisations

Strategy 5.2: Develop and disseminate evidence-based messaging for the public on the benefits, availability, safety, and efficacy of HPV vaccination

Action 5.2.1
Develop and routinely review local, culturally-appropriate information and education resources to communicate widely about the benefits, availability, safety, and efficacy of the HPV vaccine, including public education strategies that address vaccine hesitancy.

LEAD
Ministry of Health / Kementerian Kesehatan (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Religious Affairs (Kemenag)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Academia
Community partners
Development partners
Ministry of Women Empowerment and Child Protection (Kemenpppa)
Non-governmental organisations
Professional Organisations
Action 5.2.2
Co-develop and implement innovative education and program delivery strategies using high-quality evidence to address vaccine hesitancy and other participation barriers in school-based and out-of-school programs.

LEAD
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Religious Affairs (Kemenag)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Community partners
Development partners
Non-governmental organisations

Strategy 5.3: Develop and disseminate evidence-based messaging to communicate the benefits of HPV and cervical cancer primary screening

Action 5.3.1
Develop and routinely review culturally-appropriate and easy-to-understand education resources on the importance of cervical cancer screening in early detection, diagnosis, and prompt treatment of precancerous lesions, as well as clinical and care pathways post-screening.

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
National Population and Family Planning Board (BKKBN)
Regional fostership hospitals

PARTNERS
Community partners
Development partners
Non-governmental organisations

Action 5.3.2
Develop and tailor screening recruitment information to reach general and historically under-represented populations.

LEAD
Ministry of Health (Kemenkes)
District Health Office
Ministry of Home Affairs (Kemendagri)
Ministry of Villages, Development of Disadvantaged Regions, and Transmigration (Kemendesa PDTT)
Provincial Health Office

PARTNERS
Community partners
Development partners
Ministry of Religious Affairs (Kemenag)
Non-governmental organisations
**Strategy 5.4:** Ensure communities and patients have equitable access to quality information about cervical cancer symptoms and that each cancer patient has tailored information about their diagnosis, intended treatment, and planned optimal care pathway.

**Action 5.4.1**
Develop and implement evidence-based materials and technologies to inform patients about treatment and care options and pathways

**LEAD**
Ministry of Health *(Kemenkes)*
National Cancer Centre, Dharmais Cancer Hospital
Regional fostering hospitals

**PARTNERS**
Cancer Services Hospitals Network
Professional Organisations

**Action 5.4.2**
Provide information, consultation and support (for example, utilizing the expertise of nurses and allied health professionals) such that patients and their families fully understand and contribute to their preferences and needs to their care pathway.

**LEAD**
Ministry of Health *(Kemenkes)*
National Cancer Centre, Dharmais Cancer Hospital
Regional fostering hospitals

**PARTNERS**
Cancer Services Hospitals Network
Professional Organisations

**Action 5.4.3**
Engage cervical cancer survivor groups and women advocacy groups to address the stigma associated with HPV and cervical cancer.

**LEAD**
Ministry of Health *(Kemenkes)*

Ministry of Women Empowerment and Child Protection *(Kemenpppa)*

**PARTNERS**
Community partners
Non-governmental organisations
As new policies and programs are introduced, several systems enablers that can support their implementation and ongoing improvement. For example, measuring the progress of policies and programs through robust surveillance and monitoring systems will support our understanding of their success, as well as tailor outreach and inform future iterations of policies and Programs. Additionally, growing digital health capabilities can facilitate a wide range of activities, including education and awareness strategies.
PRIORITY 6
MONITORING, EVALUATION & RESEARCH

GOAL
Strengthen the health workforce through training and capacity building to provide evidence-based information and timely, quality cervical cancer interventions comprehensively and equitably

STRATEGY 6.1
Strengthen and enhance, when needed, existing cervical cancer registries that guide monitoring, evaluation, and research, in line with international standards and definitions

STRATEGY 6.2
Set specific time-bound targets, milestones and indicators for monitoring and evaluating the national cervical cancer elimination program

STRATEGY 6.3
Strengthen the local evidence base through scientific, behavior, and implementation research to better inform cervical cancer elimination policies and programs that translate to better patient and population outcomes

Establishing and maintaining robust surveillance and monitoring systems for cervical cancer interventions - at both the national and subnational level - can guide the development and revision of policies, procedures, and Programs by calculating a baseline and monitoring their impact. Linking registry data can further support clinical and policy decision-making by providing a comprehensive overview of access to cervical cancer interventions and their outcomes at the individual and population level, assisting Program managers in recognizing gaps and introducing targeted actions to improve coverage, quality, and outcomes.
Goals For Priority 6

ACTIONS FOR PRIORITY 6

Strategy 6.1: Strengthen and enhance, when needed, existing cervical cancer registries that guide monitoring, evaluation, and research, in line with international standards and definitions

Action 6.1.1
Enhance the existing HPV immunization registry, as needed, to simplify and expedite data collection, to support timely measurement of vaccine coverage rates, and to assess and address performance achievements and gaps.

LEAD
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)

PARTNERS
Development partners
District Health Office
Provincial Health Office

Action 6.1.2
Strengthen the existing national cervical cancer screening registry, Canscreen5, to identify women eligible for screening, track their history and uptake of screening, and notify women if and when screening is recommended.

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Academia
District Health Office
Hospitals
Provincial Health Office
Action 6.1.3
Ensure the diagnosis and treatment of patients, both those with pre-cancerous lesions and those identified with cervical cancer, are properly reported and systematically collected.

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri)
National Cancer Centre, Dharmais Cancer Hospital
National Population and Family Planning Board (BKKBN)
Regional fostership hospitals

PARTNERS
Academia
Cancer Services Hospitals Network
District Health Office
Hospitals
Provincial Health Office

Action 6.1.4
Establish an interconnected system between registries to track uptake of interventions throughout the continuum of services (vaccination, screening, and treatment), as well as related outcomes (e.g., morbidity and mortality).

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Academia
Cancer Services Hospitals Network
District Health Office
Hospitals
Provincial Health Office
Strategy 6.2: Set specific time-bound targets, milestones and indicators for monitoring and evaluating the national cervical cancer elimination Program

**Action 6.2.1**
Define clear, time-bound process (e.g. coverage rates of vaccination) and outcome (e.g. number of deaths averted) metrics to track progress of vaccination, screening, and treatment initiatives.

**LEAD**
Ministry of Health *(Kemenkes)*  
Ministry of Home Affairs *(Kemendagri)*  
National Cancer Centre, Dharmais Cancer Hospital  
Regional fostership hospitals

**PARTNERS**
Development partners  
District Health Office  
Provincial Health Office

**Action 6.2.2**
On a quarterly basis, review and report the impact of the various interventions and their respective progress towards elimination targets, and adjust program interventions as necessary.

**LEAD**
Ministry of Health *(Kemenkes)*  
Ministry of Home Affairs *(Kemendagri)*  
National Cancer Centre, Dharmais Cancer Hospital  
Regional fostership hospitals

**PARTNERS**
Development partners  
District Health Office  
Provincial Health Office

**Action 6.2.3**
On a half-yearly basis, evaluate the progress towards elimination targets and include its assessment in both a mid-year and annual policy report on the progress towards cervical cancer elimination.

**LEAD**
Ministry of Health *(Kemenkes)*  
Ministry of Home Affairs *(Kemendagri)*  
National Cancer Centre, Dharmais Cancer Hospital  
Regional fostership hospitals

**PARTNERS**
Development partners  
District Health Office  
Provincial Health Office
Strategy 6.3: Strengthen the local evidence base through scientific, behavioural and implementation research to better inform cervical cancer elimination policies and Programs that translate to better patient and population outcomes

Action 6.3.1
Develop a national research agenda for cervical cancer led by the MOH, informed by scientific experts and academia, the cervical cancer elimination interagency committee, the cervical cancer elimination multi-stakeholder taskforce, and key multilateral organizations

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Academia
Development partners
Professional Organisations

Action 6.3.2
Evaluate and develop innovative and emerging technologies, approaches, and sustainable quality assurance systems on their efficacy, feasibility and sustainability, for example, new vaccines, urine testing, TeleDoVIA, digital health diagnostics, and self-sampling.

LEAD
Coordinating Ministry for Human Development and Culture (Kemenko PMK)
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
National Research and Innovation Agency (BRIN)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Academia
Development partners
Professional Organisations
**Action 6.3.3**

Conduct implementation and policy research with local universities and academia to understand and address contextual barriers to uptake for cervical cancer interventions and how to create an enabling environment for access to quality cervical cancer services.

**LEAD**

Ministry of Health *(Kemenkes)*  
Ministry of Education, Culture, Research and Technology *(Kemendikbudristek)*  
National Research and Innovation Agency *(BRIN)*  
National Cancer Centre, Dharmais Cancer Hospital  
Regional fostering hospitals

**PARTNERS**

Academia  
Development partners  
Professional Organisations

**Action 6.3.4**

Conduct economic and financing studies to establish resourcing needs for cervical cancer elimination, relevant cost-benefit analyses, and the long-term impact of cervical cancer elimination in Indonesia

**LEAD**

Ministry of Health *(Kemenkes)*  
Ministry of Education, Culture, Research and Technology *(Kemendikbudristek)*  
National Research and Innovation Agency *(BRIN)*  
National Cancer Centre, Dharmais Cancer Hospital  
Regional fostering hospitals

**PARTNERS**

Academia  
Development partners  
Professional Organisations
In March 2020, Indonesia launched Satu Sehat, a national integrated health services platform, used as a digital COVID-19 contact tracing application. In 2022, patient health data from all health facilities began to be integrated into the platform, to facilitate data entry and allow patients and providers to access health data on demand. The platform is expected to continue its growth trajectory, and can play a key role in monitoring and evaluation of the national cervical cancer elimination strategy.

In addition, leveraging the existing Electronic Logistics Information Monitoring system (SMILE) is instrumental in optimizing the dashboard reporting capabilities and data visualization in Satu Sehat. Developed by the United Nations Development Program and MOH in 2018, SMILE is a mobile and web-based application that plays a key role in strengthening the HPV immunization supply chain system in Indonesia by enabling real-time visibility of vaccine cold chain logistics.

Beyond monitoring and evaluation, digital platforms can be leveraged to facilitate education and awareness strategies and bridge gaps in access across jurisdictions and health facilities. Additionally, digital platforms can support digital reminders for vaccination series completion, follow-up procedures after screening, and next steps for treatment.
ACTIONS FOR PRIORITY 7

Strategy 7.1: Establish and integrate digital registries to support Program implementation, monitoring and impact

Action 7.1.1
Integrate data from cervical cancer and related registries into the Satu Sehat platform to enhance clinical protocols and reduce “loss to follow-up” using the platform’s established digital system of tracking, as well as functions to deploy digital reminder-recall notifications regarding vaccination, screening, and treatment status and appointments. Introduce protocols to ensure patients are registered for the system.

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Ministry of Home Affairs (Kemendagri)
Regional fostership hospitals

PARTNERS
Cancer Services Hospitals Network
Development partners
District Health Office
Hospitals
Other clinics or independent medical practices
Provincial Health Office
Puskesmas
Action 7.1.2
Establish and integrate accessible and digital data systems, including logistics tracking for HPV vaccination, diagnostics and therapeutics, and registries for vaccination, screening, diagnosis, treatment, and deaths, to support implementation, monitoring and impact of the Elimination Plan in a real-time manner.

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Cancer Services Hospitals Network
District Health Office
Hospitals
Other clinics or independent medical practices
Provincial Health Office
Puskesmas

Action 7.1.3
Adopt digital data visualization tools (e.g., dashboard monitoring through Satu Sehat) to synthesize data from registries and visualize data in an effective, useful and real-time manner. Ensure that these tools are made available to every stakeholder involved in the Elimination Plan.

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Cancer Services Hospitals Network
District Health Office
Hospitals
Other clinics or independent medical practices
Provincial Health Office
Puskesmas
**Action 7.1.4**
Optimize the dashboard reporting capabilities by leveraging on the Electronic Logistics Information Monitoring system (SMILE) to accurately monitor the availability of vaccination logistics in real-time so as to increase the effectiveness of vaccinations deployment and planning.

**LEAD**
Ministry of Health (Kemenkes)

**PARTNERS**
District Health Office
Provincial Health Office
Puskesmas

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**Strategy 7.2: Develop a digital cervical cancer elimination information platform, paired with data from Satu Sehat, as a repository for information for providers, patients, and partners on cervical cancer elimination policies, Programs, and services.**

**Action 7.2.1**
Develop and disseminate online training modules for cervical cancer screening, vaccination, and treatment programs in accordance with the latest national guidelines, targeting general practitioners, obstetric and gynaecologist specialists, registered nurses, and other relevant health workers.

**LEAD**
Ministry of Health (Kemenkes)  
National Cancer Centre, Dharmais Cancer Hospital  
National Population and Family Planning Board (BKKBN)  
Regional fostership hospitals

**PARTNERS**
Cancer Services Hospitals Network  
District Health Office Hospitals  
Other clinics or independent medical practices  
Professional organisations  
Provincial Health Office  
Puskesmas

**Action 7.2.2**
Develop and routinely disseminate digital information, education, and strategies to healthcare workers, community groups, religious leaders, and media outlets to effectively communicate and engage with local women on cervical cancer prevention and treatment, as well as access to services.

**LEAD**
Ministry of Health (Kemenkes)  
Ministry of Communication and Informatics (Kominfo)  
Ministry of Women Empowerment and Child Protection (Kemenpppa)  
National Cancer Centre, Dharmais Cancer Hospital  
National Population and Family Planning Board (BKKBN)  
Regional fostership hospitals

**PARTNERS**
Cancer Services Hospitals Network  
District Health Office Hospitals  
Other clinics or independent medical practices  
Professional organisations  
Provincial Health Office  
Puskesmas
**Action 7.2.3**

Use digital channels to raise awareness and education amongst the general population on cervical cancer information, for example by working with technology companies with sizable customer bases to deliver information, resources, and reminders.

**LEAD**

Ministry of Health *(Kemenkes)*
Ministry of Communication and Informatics *(Kominfo)*
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**

Cancer Services Hospitals Network
District Health Office
Hospitals
Provincial Health Office
Technology Compani

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**Action 7.2.4**

Establish hub-and-spoke telepathology and expert telementoring models, where puskesmas healthcare professionals can receive timely and adequate support from specialist doctors in hospitals, to assist in providing high-quality care to all patients, regardless of location.

**LEAD**

Ministry of Health *(Kemenkes)*
National Cancer Centre, Dharmais Cancer Hospital
National Population and Family Planning Board *(BKKBN)*
Regional fostership hospitals

**PARTNERS**

Cancer Services Hospitals Network
District Health Office
Hospitals
Provincial Health Office
Puskesmas
The final pillar provides the foundation for the entire Elimination Plan. The role of government is central and multi-faceted: to raise and allocate resources efficiently, to command public awareness and attention, to lead and coordinate all stakeholders, and above all, to ensure the safety and welfare of the nation. In the following priorities of the Elimination Plan, specific strategies and actions are outlined to build up the governance mechanisms for oversight and decision-making, ensure evidence-based budgeting and allocation of funds to deliver on actions, and to promote and whole-of-society efforts to realize the goals of cervical cancer elimination.
PRIORITY 8
GOVERNANCE & POLICY

GOAL
Ensure a robust governance mechanism to efficiently and effectively fulfill the national commitment to cervical cancer elimination goals, strategic priorities, and actions as outlined in the Elimination Plan.

STRATEGY 8.1
Empower and strengthen the role of the Ministry of Health to govern Indonesia’s cervical cancer elimination programs and monitor its progress.

STRATEGY 8.2
Ensure a whole-of-government approach that aligns with and draws on the respective strengths and mandates of relevant Ministries and local development planning agencies.

STRATEGY 8.3
Ensure prioritization of local products and local manufacturing that help increase the opportunities for domestic industry, while adhering to global quality standards.

The determinants of health and well-being reach beyond the health sector – individual and community health is influenced by education, income, and living conditions, among other factors. Thus, establishing good, strong governance for cervical cancer elimination in Indonesia will involve a whole-of-government, whole-of-system, local product-oriented approach with champions from relevant Ministries to bring different perspectives and experiences into evidence-based planning, oversight, and guidance, as well as to examine, redesign, and introduce policies that impact access to cervical cancer interventions.

In addition to government representatives, the governance structure should include experts from across the continuum of interventions - including health professionals, civil society, academics and educators, and private sector - to provide guidance on organisational issues, manage activities, and ensure the Program’s correlation with the broader health care system.
Goals For Priority 8

**ACTIONS FOR PRIORITY 8**

**Strategy 8.1:** Empower and strengthen the role of the Ministry of Health to govern Indonesia’s cervical cancer elimination Program and monitor its progress.

**Action 8.1.1**
Develop a government interagency cervical cancer elimination committee, including district and provincial level authorities, that promotes a whole-of-government approach and coordination to achieve cervical cancer elimination objectives.

**LEAD**
Coordinating Ministry for Human Development and Culture (Kemenko PMK)
Ministry of Health (Kemenkes)
Ministry of National Development Planning (Bappenas)

**PARTNERS**
District Health Office
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Finance (Kemenkeu)
Ministry of Home Affairs (Kemendagri)
Ministry of Villages, Development of Disadvantaged Regions, and Transmigration (Kemendesa PDTT)
Ministry of Women Empowerment and Child Protection (Kemenpppa)
National Cancer Center, Dharmais Cancer Hospital
National Population and Family Planning Board (BKKBN)
Provincial Health Office
Regional fostership hospitals
Action 8.1.2
Establish a multi-stakeholder cervical cancer elimination task force with national and local representation, that advises the interagency committee and is composed of a secretariat, technical working groups, and local authorities (e.g. district secretary) in line with the strategic priorities of the Elimination Plan.

LEAD
Ministry of Health (Kemenkes)
Coordinating Ministry for Human Development and Culture (Kemenko PMK)
Ministry of National Development Planning (Bappenas)
Ministry of Women Empowerment and Child Protection (Kemenpppa)
Ministry of Home Affairs (Kemendagri) (Bappenas)

PARTNERS
Community partners
Development partners
District Health Office
Ministry of Women Empowerment and Child Protection (Kemenpppa)
Non-governmental organisations
Professional Organisations
Provincial Health Office

Action 8.1.3
Develop and implement a quarterly report on cervical cancer elimination status that aggregates and analyses data from district, provincial, and national data in line with the Elimination Plan’s goals, targets, and actions.

LEAD
Ministry of Health (Kemenkes)
Ministry of Home Affairs (Kemendagri) (Bappenas)

PARTNERS
District Health Office
Provincial Health Office
Strategy 8.2: Ensure a whole-of-government approach that aligns with and draws on the respective strengths and mandates of relevant Ministries and local development planning agencies

Action 8.2.1
Ensure that cervical cancer elimination policies and programming are aligned with major national development, societal, and economic agendas, as well as their corresponding plans, including but not limited to Indonesia’s mid-term development plan, RPJMN 2025 to 2029, long-term development plan, RPJPN 2025 to 2045, and the Golden Indonesia 2045 Vision.

LEAD
All government agencies

PARTNERS
Provincial Development Planning Agency (BAPPEDA)
Provincial Health Office
District Health Office

Action 8.2.2
Reinforce the leadership of provincial and district governments to carry out cervical cancer elimination policies and Programs in accordance to their local context.

LEAD
Ministry of Health (Kemenkes)
Ministry of National Development Planning (Bappenas)
Ministry of Home Affairs (Kemendagri)

PARTNERS
National Cancer Centre, Dharmais Cancer Hospital
Provincial Development Planning Agency (BAPPEDA)
Provincial Health Office
District Health Office
Regional fostership hospitals

Action 8.2.3
Reinforce existing decrees, particularly the Joint Decree on School Based Immunization, signed by four Ministries - Ministry of Health, Ministry of Education, Ministry of Home Affairs, and Ministry of Religious Affairs (03/KB/2022), and consider the establishment of decrees and regulations to ensure local level enforcement.

LEAD
Coordinating Ministry for Human Development and Culture (Kemenko PMK)
Ministry of Health (Kemenkes)
Ministry of Education, Culture, Research and Technology (Kemendikbudristek)
Ministry of Home Affairs (Kemendagri)
Ministry of Religious Affairs (Kemenag)

PARTNERS
Not applicable
Action 8.3.1
In line with presidential decree No. 59 Year 2017, prioritize the procurement of tools, technologies, and interventions from domestic entities. Consider international procurement when domestic products are not available or not in line with international evidence-based quality standards.

LEAD
Ministry of Health (Kemenkes)
Ministry of Finance (Kemenkeu)
Provincial Development Planning Agency (BAPPEDA)

PARTNERS
Development partners
Industry groups

Priority 9
Financing for Elimination

Goal
Ensure sufficient and sustainable funding and its efficient allocation for the achievement of national cervical cancer elimination goals

Strategy 9.1
Undertake a costing analysis that estimates and projects the budgetary needs in support of the Elimination Plan

Strategy 9.2
Establish a cervical cancer elimination budget for the MOH and entities to deliver cervical cancer elimination goals

Strategy 9.3
Engage with domestic and international funders to channel alternative sources of financing for the Elimination Plan

The elimination of cervical cancer is an ambitious goal with lasting health, social, and economic benefits, but will likely require additional and targeted resources in the short-term. While existing funding sources and mechanism will be drawn upon, it is important to have a fully costed plan that specifies resource and funding needs to successfully implement each strategy. Budgeting decisions should be informed by locally-relevant economic and costing data and the identification of highest-priority funding needs. This section outlines a stepwise approach to develop an evidence-based budget for each priority that is then reviewed by appropriate governmental bodies for approval or modification.
ACTIONS FOR PRIORITY 9

Strategy 9.1: Undertake a costing analysis that estimates and projects the budgetary needs in support of Indonesia’s cervical cancer Elimination Plan.

Action 9.1.1
Review – and commission when necessary - existing international and local economic and costing studies on cervical cancer elimination interventions and their implications for the Indonesian context.

LEAD
Ministry of Health (Kemenkes)

PARTNERS
Academia
Development partners

Action 9.1.2
Undertake an evidence-based analysis of costing and modelling that will provide an estimated cost for each strategic priority action area in the Elimination Plan.

LEAD
Ministry of Health (Kemenkes)

PARTNERS
Academia
Development partners
Strategy 9.2: Establish a cervical cancer elimination budget for the MOH and other entities to deliver cervical cancer elimination interventions in alignment with goals

**Action 9.2.1**
Based on costing analysis articulated in Strategy 9.1, develop a proposed budget for each strategic priority, including recipients of budget allocation and source of budget (from existing or new funds).

**LEAD**
Ministry of Health (Kemenkes)
Ministry of Finance (Kemenkeu)

**PARTNERS**
Development partners
Non-governmental organisations

**Action 9.2.2**
Review proposed budget with the interagency cervical cancer elimination committee and submit for further review and approval by the Ministry of Finance, DPR, and other relevant decision-making entities.

**LEAD**
Ministry of Health (Kemenkes)
House of Representatives (DPR)
Ministry of Finance (Kemenkeu)
Office of the President (KSP)

**PARTNERS**
Not applicable
Action 9.2.3
Develop an annual review of cervical cancer elimination budget, cost projections, and financial position to assess resource needs and long-term sustainability of cervical cancer elimination goals, targets, and actions.

**LEAD**
Ministry of Health *(Kemenkes)*
Ministry of Finance *(Kemenkeu)*

**PARTNERS**
Not applicable

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**Strategy 9.3: Engage with domestic and international funders to channel alternative sources of financing for the Elimination Plan.**

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Action 9.3.1
Fully engage in local, regional and international efforts for global cervical cancer elimination to explore new and existing alternative funding mechanisms to supplement the official budget for the national cervical cancer elimination Program.

**LEAD**
Ministry of Health *(Kemenkes)*
Ministry of Finance *(Kemenkeu)*

**PARTNERS**
Academia
Development partners
Indonesia’s commitment to eliminating cervical cancer depends on the involvement, collaboration, and coordination of many important stakeholders - including healthcare workers, professional associations, community partners, international development partners, private sector, and the patients themselves. There is a wealth of knowledge, expertise, and capabilities that, when shared and coordinated, can empower stakeholders and multiply the impact of their individual and collective efforts.

This Priority puts forward strategies that encourage knowledge sharing and collaboration amongst stakeholders that will help drive improvements in policy, programming, and practice and ultimately, in better health outcomes.

### GOAL

Promote a whole-of-society commitment to cervical cancer elimination through intersectoral collaboration and partnerships

### STRATEGY 10.1

*In partnership with multi-stakeholder cervical elimination task force (Action 8.1.2), establish a multi-stakeholder platform for cervical cancer elimination dialogue*

### STRATEGY 10.2

*Promote and catalyse partnership opportunities between sectors, including government, international and regional multilateral organisations, global policy and scientific fora, private sector, and civil society*
Goals For Priority 10

ACTIONS FOR PRIORITY 10

Goal: Promote a whole-of-society commitment to cervical cancer elimination through intersectoral collaboration and partnerships


Action 10.1.1
Establish regular multi-stakeholder networking and information-sharing sessions that provide opportunities for stakeholders, particularly patients and providers, to share experiences, understand the latest clinical evidence and guidance, and foster partnerships within the cervical cancer community.

Ensure active participation in sessions by the multi-stakeholder cervical cancer elimination task force and interagency cervical cancer elimination committee.

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Ministry of Health (Kemenkes)
Academia
Development partners
Ministry of Communication and Informatics (Kominfo)
Non-governmental organisations
Professional Organisations
Action 10.1.2
Establish procedures to incorporate findings from the networking and information-sharing sessions into Program governance (e.g., surveys, meeting reports, patient experiences).

LEAD
Ministry of Health (Kemenkes)
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

PARTNERS
Not applicable
Strategy 10.2: Promote and catalyse partnership opportunities between sectors, including government, international and regional multilateral organisations, global policy and scientific fora, private sector, and civil society.

**Action 10.2.1**
Engage in dialogue with multilateral organisations, international organisations, and foreign governments to share knowledge and explore partnership and collaboration opportunities.

**LEAD**
Ministry of Health *(Kemenkes)*
Ministry of Foreign Affairs *(Kemlu)*
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Development partners

**Action 10.2.2**
Actively engage and explore partnership and collaboration opportunities between local patient groups, faith-based organisations, community groups, academics, and private sector entities that can help achieve cervical cancer elimination goals and targets.

**LEAD**
Ministry of Health / Kementerian Kesehatan *(Kemenkes)*

**PARTNERS**
Community partners
Non-governmental organisations
Professional Organisations

**Action 10.2.3**
Engage with private sector providers through partnerships for the delivery of integrated health services to ensure depth of coverage and affordable access to individuals.

**LEAD**
Ministry of Health *(Kemenkes)*
National Cancer Centre, Dharmais Cancer Hospital
Regional fostership hospitals

**PARTNERS**
Academia
Industry groups
Acknowledgements

The Indonesian Ministry of Health would like to extend our deepest gratitude to the following stakeholders for participating in our stakeholder consultation sessions and for their valuable contributions:

1. Coordinating Ministry for Human Development and Cultural Affairs
   Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan

2. Jakarta Provincial Health Office
   Dinas Kesehatan Provinsi DKI Jakarta

3. Ministry of Home Affairs
   Kementerian Dalam Negeri

4. Ministry of Manpower
   Kementerian Ketenagakerjaan

   Kementerian Perencanaan Pembangunan Nasional / Badan Perencanaan Pembangunan Nasional

6. National Population and Family Planning Board
   Badan Kependudukan dan Keluarga Berencana Nasional

7. Clinton Health Access Initiative, Indonesia

8. Fatayat Nahdlatul Ulama

9. Indonesian Cancer Foundation
   Yayasan Kanker Indonesia

10. Indonesian Health Services Association
    Asosiasi Dinas Kesehatan Seluruh Indonesia

11. Indonesian National Nurses Association
    Persatuan Perawat Nasional Indonesia

12. Indonesian Oncology Association
    Perhimpunan Onkologi Indonesia

13. Indonesian Pediatric Society
    Ikatan Dokter Anak Indonesia

14. Indonesian Radiation Oncology Society
    Perhimpunan Onkologi Radiasi Indonesia

15. Indonesian Society of Gynecologic Oncology
    Himpunan Onkologi Ginekologi Indonesia

16. Indonesian Society of Obstetrics and Gynecology
    Perhimpunan Obstetri Ginekologi Indonesia

17. Indonesian Technical Advisory Group on Immunization

18. PT. Biofarma

19. Pimpinan Pusat Aisyiyah


22. World Health Organization

We would also like to extend our gratitude to Crowell & Moring International for their valuable contributions to the development of this plan.
ANNEX 1

PRELIMINARY COSTING ANALYSES OF THE NATIONAL CERVICAL CANCER ELIMINATION PLAN

This Elimination Plan is an important and ambitious initiative to end a cancer that has devastated millions of women and their families. Such an effort requires the full support of stakeholders and society as well as the resources and funding to make it all happen.

Here the Plan presents a preliminary costing analysis that estimates the funding it would take to fully implement this Plan and realize the national goals and targets. As with any analyses, these figures below are derived from a set of assumptions about the multitude of factors and the interplay of these factors that will determine the final cost. Therefore, any significant change in modeling assumptions and external realities that are not previewed in the model, can change the results significantly.

Costing Overview

<table>
<thead>
<tr>
<th>Program Interventions</th>
<th>Cost (in billions, Rupiah)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phase 1</td>
</tr>
<tr>
<td></td>
<td>2024-2027</td>
</tr>
<tr>
<td>Vaccination</td>
<td>13,560</td>
</tr>
<tr>
<td>Screening</td>
<td>30,420</td>
</tr>
<tr>
<td>Pre-cancer treatment</td>
<td>630</td>
</tr>
<tr>
<td>Invasive Treatment</td>
<td>5,650</td>
</tr>
<tr>
<td>All other pillars</td>
<td>97</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50,357</strong></td>
</tr>
</tbody>
</table>
PRIORITY 1: VACCINATION
Estimated cost: IDR 19,860,000,000,000

Variables
Number of people vaccinated in Phase 1

Assumptions
2024 11,484,390
2025 9,693,461
2026 5,642,605
2027 7,033,325

Explanation
Number of people vaccinated is based on the programme (as referenced below)

Variables
% coverage

Assumptions
1) In 2024, girls age 11 yo will receive two doses (85%); girls age 12 yo will receive two doses (35%); girls age 15 yo will receive two doses (85%); women age 21-26 yo (9% of at need population) will receive optional (60% coverage);

(2) In 2025, girls age 11 yo will receive two doses (85%); girls age 15yo will receive two doses (85%); women age 21-26 yo (9% of at need population) will receive optional (70% coverage)

(3) In 2026, girls age 11 yo will receive two doses (85%); women age 21-26 yo (9% of at need population) will receive optional (80% coverage)

(4) In 2027, girls age 11 yo will receive two doses (90%); girls age 15yo will receive two doses (25%); women age 21-26 yo (9% of at need population) will receive optional (90% coverage)

Explanation
Coverage rates were discussed with CCEI informal working group based on MoH guidance
Targets in line with Global strategy to eliminate cervical cancer (though inclusion of gender neutral vaccination (ie, vaccinating boys) is not part of the Global Strategy

Variables
Number of people vaccinated in Phase 2

Assumptions
2028 6,710,369
2029 5,154,487
2030 4,843,924

Explanation
Number of people vaccinated is based on the programme (as referenced below)

Relating to the inclusion of boys and age range, WHO SAGE recommendation is: “WHO recommends that vaccination of secondary target populations, e.g. females aged ≥15 years, boys, older males or MSM, is recommended only if this is feasible and affordable, and does not divert resources from vaccination of the primary target population or effective cervical cancer screening programmes.” (https://iris.who.int/bitstream/handle/10665/365350/WER9750-eng-fre.pdf?sequence=1)
Variables
% coverage

Assumptions
(5) In 2028, girls and boys age 11 yo will receive two doses (90%); man and women age 21 yo will receive two doses (90%); man and women age 22-26 yo (9% of at need population) will receive optional (90% coverage)

(6) In 2029, girls and boys age 11 yo will receive two doses (90%); man and women age 21yo will receive two doses (90%); man and women age 23-26 yo (9% of at need population) will receive optional (90% coverage)

(7) In 2030, girls and boys age 11 yo will receive two doses (90%); man and women age 24-26 yo (9% of at need population) will receive optional (90% coverage)

Explanation
Coverage rates were discussed with CCEI informal working group based on MoH guidance

Targets in line with Global strategy to eliminate cervical cancer (though inclusion of gender neutral vaccination (ie, vaccinating boys) is not part of the Global Strategy)

Variables
Number of total people vaccinated

Assumptions
50,562,562

Explanation
Sum of 2024 - 2030
Variables
Number of doses per person

Assumptions
Two-dose schedule for all ages

Explanation
According to WHO SAGE: “Two-dose schedule. The current evidence supports the recommendation that a 2-dose schedule be used in the primary target group from 9 years of age and for all older age groups for which HPV vaccines are licensed. “

“Current evidence suggests that a single dose has comparable efficacy and duration of protection as a 2-dose schedule and may offer programme advantages, be more efficient and affordable, and contribute to improved coverage. From a public health perspective, the use of a single dose schedule can offer substantial benefits that outweigh the potential risk of a lower level of protection if efficacy wanes over time, although there is no current evidence of this."


Variables
Rate of scale-up in Phase 1

Assumptions
Immediate coverage of 85% (from approximately 60-65% in 2023) then to 90% by 2027

Explanation
There is no standard pathway for scaling-up of vaccine coverage. An increase of 15-20% is feasible according to countries that have invested in full-scale vaccination programme.

https://immunizationdata.who.int/pages/coverage/hpv.html

Variables
Rate of scale up in Phase 2

Assumptions
Coverage remains at 90%

Explanation
Recommended target as per recommendation of Ministry of Health CCEI strategy

Variables
Cost of vaccinations per dose

Assumptions
Rp. 178,750

Explanation
Estimation cost given by Ministry of Health and in-line with published studies and modelling for Indonesia (for example, https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0230359&type=printable)

Variables
Discount rate

Assumptions
Costs discounted at 3%

Explanation
Standard WHO-CHOICE methodology uses 3% discount rate. Reference for modelling was methodology used for Best Buy/Appendix 3 update approved by governments at WHA 76 (2023)

https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf?sfvrsn=62581aa3_5
Variables

Inflation rate

Assumptions

Values unadjusted for inflation (nominal or current prices)

Explanation

Multiple methodologies could be used for inflation adjustment and can be used in secondary analysis. The nominal price of the vaccine is expected to decrease; this was also not included in the analysis. To avoid biasing in favour of inflation and against changes in nominal prices, no inflation adjustment was used.


Variables

Program/delivery costs

Assumptions

The cost cover introduction costs (microplanning, training, and social mobilization/Information, Education and Communication [IEC]), recurrent costs (service delivery, monitoring and evaluation, and supervision/adverse events following immunization [AEFI]), and other costs (logistic and waste management, promotion, cold-chain supplement, and vaccine carrier)

Explanation

Reference is made to WHO costing of vaccination programme in Indonesia by WHO


Assumed school based 90%; outreach programme 10%
### PRIORITY 2: SCREENING
Estimated cost: IDR 38,970,000,000,000

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number of women screened in Phase 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assumptions</strong></td>
<td></td>
</tr>
<tr>
<td>2024</td>
<td>9,135,000</td>
</tr>
<tr>
<td>2025</td>
<td>12,420,000</td>
</tr>
<tr>
<td>2026</td>
<td>14,700,000</td>
</tr>
<tr>
<td>2027</td>
<td>17,597,250</td>
</tr>
</tbody>
</table>

**Explanation**
Number of people screened is based on achieving National strategy of 75% coverage by 2030 for target population.


### Variables
Number of women screened in Phase 2

<table>
<thead>
<tr>
<th>Assumptions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2028</td>
<td>5,252,000</td>
</tr>
<tr>
<td>2029</td>
<td>5,202,000</td>
</tr>
<tr>
<td>2030</td>
<td>4,949,000</td>
</tr>
</tbody>
</table>

**Explanation**
Number of people screened is based on the CCEI strategy.


### Variables
% coverage

**Assumptions**
70% coverage reached at 2027
(target of 70% calculated by numerator = number of women screened for cervical cancer in past 10 years between ages of 30-69yo / denominator = number of women aged 30-69yo in 2027).
Variables

% coverage

Assumptions
75% coverage reached at 2030 (target of 75% calculated by numerator = number of women screened for cervical cancer in past 10 years between ages of 30-69 yo / denominator = number of women aged 30-69 yo in 2030)

Explanation
Coverage rates were discussed with CCEI informal working group based on MoH guidance

Targets greater than Global strategy to eliminate cervical cancer and WHO/IARC recommended minimum participation rate for effective screening programmes (70%) though 75% coverage is in line with best practices

Variables

Number of total women screened

Assumptions
69,255,250

Explanation
Sum of 2024 - 2030

It can be noted that the overall women who are in the target population in 2030 is approximately 70.1 million. The explanation for why the coverage is 75% and not greater is because an estimated 10 million women who were screened in 2020-2030 were older than 69 yo in 2030 when the metric is calculated.

Variables

Type of test (HPV DNA test)

Assumptions
Assumed to be high-performing HPV test with sens/specf of 88% and 75%

Explanation

HPV prevalence estimated from https://hpvcentre.net/statistics/reports/IDN_FS.pdf

VIA triage positivity (20-28%) based on published studies:

Variables

Rate of scale-up in Phase 1

Assumptions
2023  12%
2024  23%
2025  36%
2026  52%
2027  70%

Explanation
Scale-up rate aspirational and required to reach 70% by 2027

(Alternate is to scale by screening approximately 13.5 million women each year from 2023-2027, which is a scale-up rate of approximately 13% per year)
Variables
Rate of scale-up in Phase 2

Assumptions
2028 72%
2029 74%
2030 75%

Explanation
Scale-up rate to achieve target

Variables
Cost of screening

Assumptions
Unit cost for HPV DNA test: IDR 363,000 including:
Cytobrush and collecting tube: Rp 54,966
Reagent for DNA extraction: Rp 83,665
BMHP penunjang ekstraksi DNA: Rp 37,829
Reagent for DNA test (PCR reagents): Rp 126,540
Sample transportation: Rp 15,000
Biaya pemeriksaan lab: Rp 45,000
Total: Rp 363,000

Explanation
HPV unit costs provided by Ministry of Health
Additional costs:
- Outpatient visit: two visits with workforce time
- High-performance HPV test every 10 years, at least two in a lifetime

Costs cross-referenced with publications:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616831/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395009/

Variables
Discount rate

Assumptions
Costs discounted at 3%

Explanation
Standard WHO-CHOICE methodology uses 3% discount rate. Reference for modelling was methodology used for Best Buy/Appendix 3 update approved by governments at WHA 76 (2023)
https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf?sfvrsn=62581aa3_5
Variables

Inflation rate

Assumptions
Values unadjusted for inflation (nominal or current prices).

Explanation
Multiple methodologies could be used for inflation adjustment and can be used in secondary analysis. The nominal price of the vaccine is expected to decrease; this was also not included in the analysis. To avoid biasing in favour of inflation and against changes in nominal prices, no inflation adjustment was used.


Variables

Program/delivery costs

Assumptions
Standard programme costs adjustments as per WHO methodology

Explanation
Programme costs include 1. Programme-Specific Human Resources (eg, national-, regional-, district and admin staff); 2 Training (in-service, train of trainers, development of training programmes, updating curricula, support activities, digital learning systems); 3 Supervision; 4 Monitoring and Evaluation; 5 Quality Control/Quality Assurance; 6 Program specific transport cost; 7 Communication, Media & Outreach; 8 Advocacy (including advocacy strategy); 9. General Programme Management and Administration; 10. Research and innovation; 11. Community and civil society engagement, social participation; 12. Multisectoral Engagement
### PRIORITY 3: TREATMENT

*Estimated cost: IDR 12,558,000,000,000*

#### Variables

**Number of women treated (pre-cancer) in Phase 1**

#### Assumptions

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Women Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024</td>
<td>50,816</td>
</tr>
<tr>
<td>2025</td>
<td>81,615</td>
</tr>
<tr>
<td>2026</td>
<td>112,584</td>
</tr>
<tr>
<td>2027</td>
<td>143,681</td>
</tr>
</tbody>
</table>

#### Explanation

Assume 90% of women who screen positive receive treatment as specified above

HPV prevalence taken from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2453028/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2453028/)

#### Variables

**% coverage (target reached)**

#### Assumptions

90% treatment as per 2027 target

#### Explanation

90% coverage maintained throughout programme implementation as per CCEI and MoH target

#### Variables

**Type of treatment**

#### Assumptions

Thermal ablation, cryotherapy and/or additional procedures as indicated

#### Explanation

- Cryotherapy (30%): for those with positive findings on HPV test and positive VIA triage test with equipment including cryosurgical system, mechanical; N2O gas with aggregate cost of 223,000 Rp
- Thermal ablation (70%): for those with positive findings on HPV test and positive VIA triage test with aggregate cost of 200,000 Rp (publication pending)
- Colposcopy (10%): including technologies, provider time
- LEEP (5%): including consumables, technologies, provider time and histology review
- Biopsy (2%): including consumables, technologies, provider time and histology review

Estimates in line with published studies such as [https://d-nb.info/1276934653/34](https://d-nb.info/1276934653/34), [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10107773/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10107773/), [https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-023-02840-8](https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-023-02840-8), [https://bmjopen.bmj.com/content/13/1/e065074](https://bmjopen.bmj.com/content/13/1/e065074), ones referenced above.
Variables
Number of women treated (invasive) in Phase 1

Assumptions
2024 18,167
2025 20,483
2026 22,903
2027 23,476

Explanation
Assume 50% baseline coverage reaching 70% by 2027

Variables
% coverage

Assumptions
70% treatment coverage as per 2030 target

Explanation
As agreed with MoH

Variables
Type of treatment

Assumptions
Multi-modality treatment including radiotherapy for 30%

Explanation
https://cdn.who.int/media/docs/default-source/ncds/mnd/technical-brief-cancer.pdf?sfvrsn=6d4cc25_11

- Inpatient visits: 6 visits for stage I; 2 visits for stage II; • Outpatient visits: 6 visits for stage I; 30 visits for stage II
- Additional 20 visits (twice/year) for surveillance
- Concurrent cisplatin with radiotherapy 6 cycles/doses of chemotherapy (weekly based regimen)
- Management of chemotherapy-associated nausea with ondansetron, or equivalent
- Pre-treatment tests and staging studies when indicated including x-ray and ultrasound
- Pre-treatment diagnostic studies when indicated including cross-sectional imaging (e.g., CT scan) and ultrasound.
- Surgical equipment: hysterectomy set; cone biopsy including biopsy forceps
- Radiotherapy including brachytherapy: machine and supports/boards


Variables
Partial or complete treatment

Assumptions
All women with cervical lesions (pre-invasive and invasive) complete treatment

Explanation
In line with CCEI target and established guidelines

Variables
Number of women treated (pre-cancer) in Phase 2

Assumptions
2028 156,165
2029 153,147
2030 144,970

Explanation
Assume 90% of women who screen positive receive treatment as specified above
### Variables

**% coverage**

### Assumptions

90% treatment as per 2027 target

### Explanation

90% coverage maintained throughout programme implementation as per CCEI and MoH target

### Variables

**Number of women treated (invasive) in Phase 2**

### Assumptions

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Women Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2028</td>
<td>28,073</td>
</tr>
<tr>
<td>2029</td>
<td>30,831</td>
</tr>
<tr>
<td>2030</td>
<td>33,708</td>
</tr>
</tbody>
</table>

### Explanation

- 

### Variables

**(% coverage)**

### Assumptions

90% treatment coverage as per 2030 target

### Explanation

Scenario #3 (coverage 50%-->90% by 2030) as per dialogue with MoH

### Variables

**Program/delivery costs**

### Assumptions

Standard programme costs adjustments as per WHO methodology


### Explanation

Programme costs include 1. Programme-Specific Human Resources (eg, national-, regional-, district and admin staff); 2 Training (in-service, train of trainers, development of training programmes, updating curricula, support activities, digital learning systems); 3 Supervision; 4 Monitoring and Evaluation; 5. Quality Control/Quality Assurance; 6. Program specific transport cost; 7. Communication, Media & Outreach; 8. Advocacy (including advocacy strategy); 9. General Programme Management and Administration; 10. Research and innovation; 11. Community and civil society engagement, social participation; 12. Multisectoral Engagement
PRIORITIES 4 TO 10
Estimated cost: IDR 115,000,000,000

Variables
Activities costed

Assumptions
All activities from plan with exception of three interventions below

Variables
Baseline level of infrastructure, manpower vs. additional

Assumptions
Included in programme costs

Variables
Activities not costed

Assumptions
Activity 1.1.3, 2.1.3, 3.1.4

Explanation
Agreement that activities related to local manufacturing to not be included, specifically
Action 1.1.3: Build and strengthen local regulatory, manufacturing, storage, and supply chain capabilities to produce HPV vaccines and ensure their safety and efficacy in collaboration with global, regional, and domestic regulators and manufacturers.
Action 2.1.3: Build and strengthen local regulatory, manufacturing, storage, and supply chain capabilities to produce tools, technologies and infrastructure needed for quality screening methods, and ensure their safety and accuracy, in collaboration with global and regional regulators and manufacturers.
Action 3.1.4: Build and strengthen local regulatory, manufacturing, storage, and supply chain capabilities to produce treatment agents and care devices, and ensure their safety and efficacy in collaboration with global and regional regulators and manufacturers.
References


