



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Indonesia

EXECUTIVE SUMMARY

Indonesia faces significant challenges in gastric cancer care, with most cases detected at advanced stages due to limited public awareness and diagnostic capacity. Access to biomarker testing and modern therapies is scarce outside major cities, and national guidelines for standardized treatment are not fully implemented.

While universal health coverage (JKN) provides a framework for reducing financial burden, regional disparities, late diagnosis, and gaps in palliative integration continue to hinder outcomes. This policy brief outlines current conditions and strategic reforms to accelerate Indonesia's gastric cancer maturity.

INTRODUCTION

Building on Initial Gains Amid Systemic Gaps

With a vast geography and diverse population, Indonesia's healthcare system struggles with inequities in access to specialized oncology services. Although efforts are underway to expand universal health coverage and improve cancer services, gastric cancer patients face long diagnostic delays, limited treatment options, and uneven survivorship support.

At **Level 2 - Developing** gastric cancer maturity, Indonesia must focus on building diagnostic infrastructure, ensuring equitable access to molecular testing and therapies, and scaling palliative and survivorship care nationwide.





GASTRIC CANCER IN INDONESIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No routine screening; most patients present at advanced stages. Endoscopy capacity is limited outside Java and urban centres.	National cancer control plan includes priority for early detection of major cancers.	Expand endoscopy units to provincial hospitals; train general practitioners to recognize alarm symptoms; implement fast-track referral pathways for suspected cases.
Biomarker & Molecular Testing	Limited HER2/MSI testing; mostly available in select academic hospitals in Jakarta, Surabaya, Yogyakarta.	Academic centres provide reference labs and early adoption of biomarker testing.	Integrate biomarker testing into JKN coverage; establish regional molecular labs and partnerships with pharma for testing subsidies.
Treatment Access	Access to surgery and chemotherapy available in tertiary centres; HER2-targeted and immunotherapy largely unavailable in public sector.	Universal health coverage reduces financial burden for basic treatments.	Expand reimbursement of essential targeted therapies; strengthen oncology workforce training in provincial hospitals; ensure referral mechanisms to high-volume surgical centres.
Clinical Guidelines & Quality Standards	National guidelines exist but unevenly implemented; many clinicians rely on international protocols without adaptation.	Professional oncology societies support training and guideline updates.	Update and disseminate national gastric cancer guidelines; make adherence mandatory in JKN-funded hospitals; provide continuous professional education.
Palliative & Survivorship Care	Palliative services are limited and concentrated in cities; survivorship support (nutrition, psychosocial) is minimal.	Growing palliative initiatives and NGO-led community programs.	Expand palliative care integration into district hospitals; fund home-based palliative teams; strengthen opioid availability and training.



CONCLUSION & Call to Action

Indonesia's universal coverage and growing expertise offer a strong foundation for gastric cancer care, but fragmented diagnostics, unequal access to therapies, and weak survivorship support hinder progress. Priorities include expanding endoscopy services, integrating publicly funded biomarker testing, improving treatment access outside Jakarta, enforcing clinical guidelines, embedding palliative care, and strengthening data systems for accountability. These steps are essential to accelerate equitable, standardized cancer care across the country.



KEY POLICY PRIORITIES

1 Launch a **fast-track gastric cancer diagnostic program** with expanded endoscopy capacity in provincial hospitals.

2 Ensure **HER2 and MSI testing** is available and reimbursed under JKN.

3 Expand **public sector access to targeted therapies** through national procurement and pricing negotiations.

4 Formalize and enforce **national gastric cancer guidelines** with linked clinician training.

5 Scale **palliative care integration** with community-based teams and opioid access.

6 Expand and modernize **national cancer registries** to guide targeted interventions.

CONCLUSION

With the right reforms, Indonesia can transition from fragmented and late-stage gastric cancer care to a more integrated, patient-centred system. Prioritizing diagnostics, equitable treatment access, and palliative integration will be key to raising the country's maturity level and improving survival outcomes for its population.