



BRIDGING THE GAP

Strengthening Colorectal Cancer Care in Indonesia

EXECUTIVE SUMMARY

Indonesia is in the **Level 2 – Developing** stage of colorectal cancer (CRC) care, with gradual improvements in awareness, diagnostic availability, and treatment access. However, most patients are still diagnosed late due to low screening participation and limited awareness. While tertiary hospitals in major cities provide surgery, chemotherapy, and radiotherapy, access in rural and remote areas remains limited. Out-of-pocket costs and uneven health infrastructure further exacerbate disparities.

This policy brief outlines current gaps and strategic actions to strengthen Indonesia's CRC response and move toward a more equitable, patient-centered care system.

INTRODUCTION

Addressing a Growing Colorectal Cancer Burden

Colorectal cancer incidence is rising in Indonesia, particularly in urban populations. Government initiatives have begun integrating cancer into the broader non-communicable disease framework, yet CRC-specific policies remain limited.

The absence of a nationwide screening program, low public awareness, and concentration of advanced services in major cities hinder early detection and outcomes. Building on existing oncology capacity, Indonesia can advance from **Level 2** maturity by scaling structured screening, strengthening regional oncology services, and improving affordability of advanced treatments.



COLORECTAL CANCER IN INDONESIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organized national screening program; opportunistic colonoscopy and FIT testing in urban centers. Late-stage presentation is common.	Growing oncology programs in leading teaching hospitals.	Launch pilot CRC screening programs using FIT in high-risk populations; scale diagnostic services in regional hospitals.
Biomarker & Molecular Testing	Limited availability in major urban centers; not integrated into routine public sector care.	Some biomarker testing available in Jakarta and Surabaya.	Expand biomarker services into public hospitals and subsidize costs through national health insurance.
Treatment Access	Surgery, chemotherapy, and radiotherapy available in tertiary hospitals; access limited in rural areas. Newer targeted therapies are scarce and unaffordable.	Skilled oncology workforce in urban teaching hospitals.	Expand radiotherapy capacity, integrate CRC treatments into universal health coverage, and negotiate lower prices for targeted therapies.
Clinical Guidelines & Quality Standards	CRC treatment guidelines exist but implementation is inconsistent across regions.	Strong adherence to international standards in leading hospitals.	Standardize guideline use nationwide and strengthen provider training.
Palliative & Survivorship Care	Palliative care services are limited and uneven; survivorship programs are rare.	Growing awareness and pilot initiatives in large hospitals.	Expand palliative services into regional facilities and establish structured survivorship care pathways.



CONCLUSION & Call to Action

Indonesia's CRC care is developing but remains fragmented, with late detection, high costs, and unequal access limiting outcomes. Strengthening early detection, scaling biomarker access, and expanding affordable treatment options are key to progress.



KEY POLICY PRIORITIES

1 Introduce National Screening Pilots: Implement FIT-based screening in high-risk populations and expand colonoscopy access.

2 Expand Diagnostic Capacity: Ensure biomarker testing and advanced diagnostics are available beyond major cities.

3 Improve Treatment Affordability: Include targeted therapies and modern CRC treatments under universal health coverage.

4 Standardize Clinical Practices: Enforce nationwide adoption of CRC guidelines and provide continuous training.

5 Strengthen Palliative & Survivorship Services: Scale palliative care programs and integrate survivorship support into oncology services.

CONCLUSION

With **Level 2 – Developing** maturity, Indonesia is progressing in colorectal cancer care but faces persistent challenges in early detection, affordability, and equity of access. By leveraging its expanding oncology infrastructure and universal health coverage scheme, Indonesia can transition toward a stronger, more inclusive CRC care framework. Strategic investments in screening, diagnostics, and survivorship services will be critical to improving patient outcomes and reducing the national CRC burden.