



BRIDGING THE GAP

Advancing Prostate Cancer Care in Indonesia

EXECUTIVE SUMMARY

Indonesia is gradually strengthening its prostate cancer response, with progress in awareness campaigns, insurance coverage through the JKN scheme, and growing oncology services in urban centers. However, significant barriers remain in early detection, equitable access to diagnostics, and availability of advanced treatments. High costs, uneven infrastructure distribution, and delays in diagnosis continue to impact survival outcomes.

With a **Level 2 – Developing** maturity, Indonesia has established a foundation but requires coordinated national strategies to move toward a more equitable and comprehensive prostate cancer care system.

INTRODUCTION

Building Momentum Amid Systemic Challenges

As Indonesia faces a growing cancer burden, prostate cancer has emerged as a leading male cancer. Public awareness is improving, but screening is opportunistic, and most patients present at late stages. While the national health insurance (JKN) covers parts of treatment, financial barriers persist due to gaps in coverage for advanced therapies. Oncology infrastructure is concentrated in major cities such as Jakarta, Surabaya, and Bandung, leaving many rural areas underserved. Moving from a **Developing (Level 2)** maturity requires scaling up screening, diagnostics, and treatment access nationwide.





PROSTATE CANCER IN INDONESIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Screening is opportunistic; PSA testing is available but not widely promoted or accessible in rural areas. Many patients diagnosed at Stage III–IV.	Government-led men's health awareness campaigns and growing diagnostic services in urban hospitals.	Launch a national prostate cancer screening program integrated into primary healthcare, focusing on high-risk men aged 50+. Expand PSA testing availability to district hospitals.
Biomarker & Molecular Testing	Limited access; mostly available in private or research hospitals. Not part of routine public healthcare.	Academic medical centers offer some molecular testing.	Integrate biomarker and genetic testing into the public healthcare system through partnerships with private labs and universities.
Treatment Access	Surgery and radiotherapy are available in select tertiary hospitals; advanced therapies (e.g., novel hormonal agents, targeted drugs) limited and costly.	JKN national insurance covers some conventional treatment.	Expand insurance coverage to include advanced therapies, increase radiotherapy units in underserved regions, and subsidize essential prostate cancer medicines.
Clinical Guidelines	No standardized national guidelines; practices vary across hospitals.	Some oncologists and urologists adopt international protocols.	Develop and disseminate national prostate cancer treatment guidelines aligned with best practices, supported by clinician training programs.
Palliative & Survivorship Care	Palliative services are emerging but remain fragmented; psychological and survivorship support is limited.	Growth of palliative initiatives led by NGOs and academic hospitals.	Scale up community-based palliative programs, ensure equitable access to pain management, and establish survivorship clinics in cancer centers.

CONCLUSION & Call to Action

Indonesia has made progress in awareness and access through its national insurance scheme and growing cancer care facilities, yet prostate cancer outcomes remain limited by late diagnosis, uneven infrastructure, and affordability challenges. With the right policy reforms, Indonesia can accelerate its maturity level and create a more robust, equitable prostate cancer care system.



KEY POLICY PRIORITIES

1 **Introduce a Structured Screening Program:**

Integrate PSA testing into primary healthcare and ensure accessibility in rural areas.

2 **Strengthen Diagnostic Services:** Expand availability of molecular and biomarker testing in the public system.

3 **Close Treatment Gaps:** Increase radiotherapy capacity, subsidize hormonal therapies, and ensure broader JKN coverage of advanced treatments.

4 **Standardize Care:** Implement national clinical guidelines and provide training to harmonize treatment practices.

5 **Expand Palliative & Survivorship Care:** Build integrated palliative networks and establish survivorship programs in tertiary hospitals.

CONCLUSION

Indonesia's **Level 2 - Developing** maturity in prostate cancer care reflects progress in awareness and treatment access, but significant gaps remain in early detection, equity, and advanced therapies. By investing in screening, strengthening diagnostic and treatment infrastructure, and expanding insurance coverage, Indonesia can transition from a developing system to a mature, patient-centered model. Strong political will, partnerships with the private sector, and scaling community-based care are key to ensuring that all Indonesian men—regardless of geography or income—have timely access to effective prostate cancer services.