Original Article

Strengthening Palliative Care Systems in Indonesia: A Strategic Policy Brief to Address Health System Gaps

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Abstract

Background: Cancer is one of the most burdensome diseases in Indonesia, ranking as the second-highest cost contributor in the National Health Insurance (Jaminan Kesehatan Nasional) scheme, with expenditures reaching 3.2 trillion rupiahs (approximately 221 million USD). Palliative care is an essential component of cancer management, aimed at alleviating physical, emotional, and psychosocial suffering. However, access to palliative care in Indonesia is extremely limited, with services available in only seven hospitals across three major islands, leaving most regions underserved.

Objective: This policy brief aimed to analyze existing challenges and propose strategic policy recommendations for strengthening palliative care services to address healthcare system pressures in Indonesia, particularly related to cancer.

Methods: A narrative policy analysis was conducted using secondary data from national healthcare reports, cost analyses, and peer-reviewed literature on palliative care effectiveness. The review assessed service coverage, accessibility, financial burden, and policy frameworks to identify key gaps and opportunities.

Results: The analysis highlighted critical disparities in access to palliative care across Indonesia's geographically dispersed regions. Despite evidence supporting the cost-saving and quality-of-life benefits of palliative services, implementation remains centralized and fragmented. Lack of national integration, workforce capacity, and public awareness were identified as major barriers.

Conclusion: Developing an integrated, nationwide palliative care strategy is urgently needed to mitigate healthcare costs and improve quality of life for patients with cancer and other life-limiting illnesses. Policy efforts should focus on decentralizing services, expanding training for health professionals, and incorporating palliative care into primary healthcare systems.

Keywords: Cancer, Health System, Healthcare Cost, Indonesia, Palliative Care, Policy Brief, Service Accessibility

INTRODUCTION

Cancer is the second causal explanation of death globally(1,2). National Health Research of Indonesia indicated an escalation in the prevalence of cancer in Indonesia, ascending from 1.4 per mil in 2013 to 1.79 per mil in 2018 (3). Until the end of December 2020, cancer became a catastrophic disease with the second-highest cost in the Indonesian National Health

Insurance (Jaminan Kesehatan Nasional) health service, which was almost 3.2 trillion rupiahs (nearly 221 million USD) for its financing(4).

A collaborative intervention to reduce symptom burden and improve patients' and family caregivers' quality of life dealing with cancer is often needed through the palliative care approach(5). Palliative care not only focuses on reducing the patient's pain and physical distress but also on the spiritual and psychosocial concerns of the patient and family. This continuum of care spans the holistic approach from an early stage of cancer diagnosis to bereavement care (6).

Each government holds a vital function in palliative care development. In point of fact, there are only 0.3 general physicians and two nurses per 1,000 people(7), and three cancer hospitals in Indonesia with a capacity of 609 patients(8). Palliative care facilities are presently constrained to seven hospitals in urban areas on three islands (9), whereas Indonesia consists of 16 other million islands (10). Based on WHO reports, public cancer centres in Indonesia are 0.4 per 10,000 patients. Palliative care availability, particularly for community or home-based care, is not generally available(1). It depicts that health care services related to palliative care are not easily accessible, especially in rural areas (11).

The impact of early palliative care integration has been supported by robust international evidence. Patients who receive early palliative care not only experience fewer aggressive interventions at the end of life but also show improved survival rates compared to those receiving standard care (12). Furthermore, early palliative care enhances patient and family satisfaction, improves perceptions of care, and reduces emergency department visits and hospital admissions, leading to significantly lower healthcare costs (13). At 30- and 90-days following enrolment, patients assigned to palliative care experienced a more considerable increase in satisfaction with their treatment ($p = 0.05$). Given these findings, the incorporation of palliative care into Indonesia’s cancer care strategy holds the potential to alleviate patient suffering while reducing the burden on the national healthcare system (14).

POLICY OPTION OF PALLIATIVE CARE IN INDONESIA

Indonesia’s palliative care efforts were formally initiated in 1992. However, progress has remained slow and fragmented. In 2007, the Ministry of Health issued Regulation No. 812/Menkes/SK/VII/2007 to provide a legal framework for the implementation of palliative care services. Despite this initiative, palliative care remains concentrated in only five major cities—Jakarta, Yogyakarta, Surabaya, Denpasar, and Makassar. Surabaya was designated as Indonesia’s first palliative care city in 2010 through the mayoral decree No. 188.45/315/436.1.2/2010, which established a citywide palliative care team(15). Eight years later, the national guidelines for palliative care in cancer were released in 2015(16). It was then followed by the updated National Formulary as amended by Decree of the Minister of Health of the Republic of Indonesia no. Hk.02.02/Menkes/137/2016 (17).

In 2015, national clinical guidelines for cancer palliative care were introduced, followed by an update to the National Formulary under Decree No. HK.02.02/Menkes/137/2016, which included specific palliative care medications. This update aimed to align drug availability with technological advancements and legal standards in accordance with evolving disease patterns (18).

Despite these policy milestones, significant challenges remain. The existing guidelines primarily offer a general overview, ethical considerations, and a hierarchical division of responsibilities but lack operational clarity. The implementation of these policies has been hindered by several barriers, including limited knowledge and awareness among healthcare providers regarding palliative care principles (19). Additionally, the Indonesian National Health Insurance does not fully cover palliative nursing care, which restricts access to essential support services for patients and families (20).

RESEARCH UTILIZATION FOR CANCER PALLIATIVE CARE CONSIDERATION

To substantiate the benefits of palliative care in the Indonesian context, three randomized controlled trials (RCTs) were critically appraised using the Joanna Briggs Institute (JBI) checklist. These studies scored 69.2% (21), 76.9% (22), and 92.3% (23), respectively, indicating moderate to high methodological quality. Collectively, these trials provide compelling evidence that early integration of palliative care can lead to better patient outcomes and more efficient use of healthcare resources.

The first RCT demonstrated that cancer patients who received early palliative care had fewer aggressive end-of-life treatments yet achieved longer survival compared to those receiving standard care (21). The second study revealed improvements in patient and family perceptions, as well as enhanced quality of life, throughout the course of oncology treatment (22). The third RCT found that patients receiving palliative care reported significantly greater treatment satisfaction and had fewer emergency visits and hospitalizations, resulting in lower overall healthcare costs(23).

In addition to these RCTs, a critical appraisal of a systematic review on the economic impact of palliative care was conducted using the JBI checklist for systematic reviews. The review scored 81.1% (9 out of 11 items rated “yes”) and synthesized findings from 16 studies across ten databases (24). The review concluded that 13 of the 16 included studies provided substantial evidence of cost savings associated with early palliative care in cancer treatment. Reported savings reached up to USD 20,000 per patient, primarily due to reduced hospitalizations and improved care coordination. These findings underscore the potential for integrating palliative care to optimize healthcare spending while maintaining or enhancing patient outcomes.

The synthesis of this evidence offers a valuable foundation for shaping future palliative care policy in Indonesia and emphasizes the urgent need for its nationwide expansion (see Figure 1).

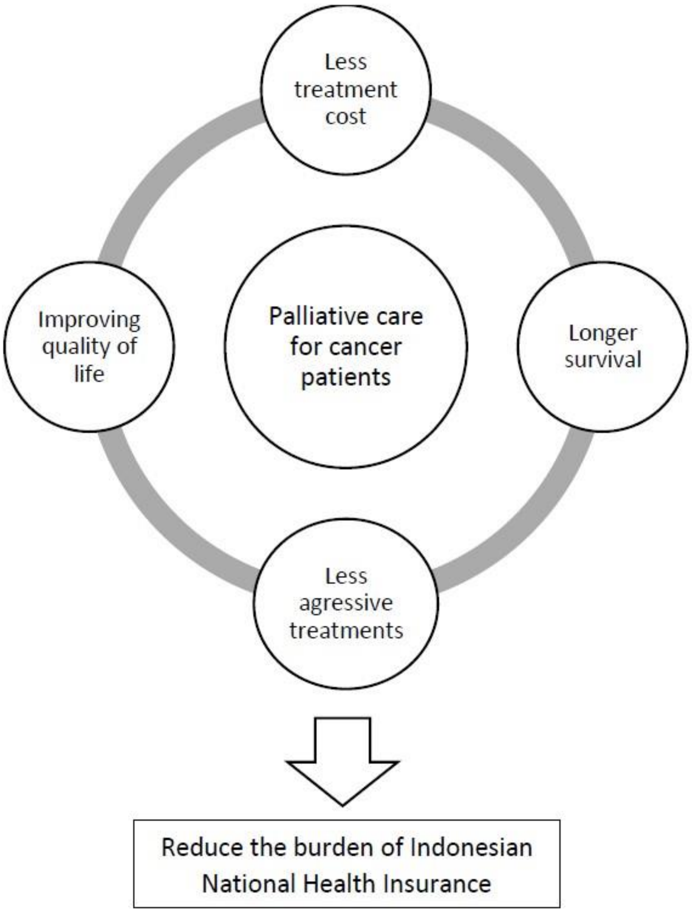

Figure 1. Critical points of research utilization for cancer palliative care in Indonesia

METHODS

Limited Accessibility to Cancer and Palliative Care Services

Governmental leadership plays a crucial role in expanding access to palliative care. However, Indonesia faces a severe shortage of healthcare infrastructure and personnel. With fewer than one physician and two nurses per 1,000 (7), and only three specialized cancer hospitals nationwide serving just 609 patients (25), the current capacity is grossly inadequate. Furthermore, palliative care services are currently available only in urban centers on three of Indonesia's over 17,000 islands (26), while many rural areas lack access entirely. According to WHO, the ratio of public cancer centers in Indonesia is only 0.4 per 10,000 patients, and home-based or community palliative care remains largely unavailable (WHO, 2020). These limitations underscore a profound disparity in healthcare access between urban and rural populations.

Findings from a systematic review demonstrate that palliative care significantly reduces unnecessary hospitalizations and lowers healthcare expenditures (24). This evidence supports the urgent need for integrated national policies that embed palliative care into all levels of the healthcare system, starting with primary care. One feasible strategy is incorporating palliative care components into accreditation standards for health service providers across Indonesia.

Restricted Availability and Utilization of Opioid Analgesics

Access to opioids for cancer pain management in Indonesia remains a critical issue. Longitudinal research shows that only about half of cancer patients can access basic opioids, such as oral morphine or injectable morphine, while other forms like oxycodone are unavailable. Structural barriers include restrictive regulations that prevent pharmacists from adjusting prescriptions, bureaucratic hurdles for physicians seeking authorization, and limited geographic distribution. Additionally, there is a lack of funding and trained professionals to administer and monitor opioid use. Alarmingly, 98% of Indonesian nurses lack sufficient knowledge about opioid monitoring and pain management in cancer care (13). Evidence from previous studies (23,24) confirms that palliative care patients experience fewer emergency visits and hospitalizations due to better pain control. Therefore, national policies must prioritize opioid availability and training programs for healthcare providers, particularly nurses in primary care settings, to improve safe and effective opioid use.

Inadequate Palliative Care Curriculum and Professional Training

A systematic review by Tampubolon (27) highlights several systemic barriers to the development of palliative care in Indonesia, including the absence of palliative care modules in the training curricula for healthcare professionals, limited exposure to spiritual care competencies, and an overall lack of clinical guidelines. Many nurses and general practitioners are insufficiently trained in cancer pain management, leading to suboptimal care. While the inclusion of palliative care courses in nursing education began in 2016, the first graduates only entered the workforce in 2021. This leaves a significant knowledge gap among practicing nurses who graduated prior to this integration (28).

To address this gap, comprehensive and standardized education in palliative care must be established. It is imperative to ensure that all healthcare professionals, including physicians and nurses, receive formal training in palliative care principles—particularly in pain management, psychosocial support, and ethical decision-making.

Toward an Evidence-Based Policy Framework

The synthesis of four high-quality studies—three randomized controlled trials and one systematic review—demonstrates the multifaceted benefits of palliative care, ranging from improved quality of life (12,22) to reduced emergency visits and treatment costs (23,24). Given that cancer treatment is the second most expensive healthcare expenditure in Indonesia, the integration of evidence-based palliative care policies represents a critical opportunity to simultaneously improve patient well-being and reduce systemic costs. A national commitment involving multisectoral collaboration and coordinated implementation is essential to realize this goal.

RESULTS

Recommended Strategic Actions

1. Integrate Core Palliative Care Services into the National Health Insurance Scheme
   To reduce financial barriers and enhance service delivery, nursing care and other essential palliative care services must be explicitly included in Indonesia's national health insurance benefits. In parallel, a conducive regulatory environment must be established to ensure the equitable and evidence-based distribution of opioid analgesics.
2. Develop and Expand Palliative Care Training Across the Healthcare Workforce
   A nationally coordinated training initiative is needed to build capacity at all levels of healthcare, especially in rural and underserved areas. This program should prioritize pain management, spiritual care, communication, and caregiver support.
3. Establish National Standards and Accreditation for Palliative Care Programs
   Palliative care should be mandated as a core requirement for hospital accreditation. In addition, referral systems must ensure that palliative care services are available in each province, supported by clear operational protocols.
4. Strengthen the Palliative Care Curriculum in Health Professions Education
   Medical and nursing schools must embed palliative care modules into their core curricula. Special bridging programs should be offered to upskill currently practicing professionals who were educated prior to the curriculum update.
5. Create a National Center for Palliative Care Research and Development
   A dedicated institution for palliative care research should be established to foster innovation, monitor outcomes, and support evidence-informed policy. Funding should be allocated for multicenter and community-based studies to ensure relevance across Indonesia's diverse populations.

Target Audiences

This policy brief is directed toward stakeholders involved in shaping and implementing healthcare policy and service delivery in Indonesia, including:

1) Ministry of Health of the Republic of Indonesia
2) Healthcare professionals and provider organizations
3) Indonesian Medical and Nursing Councils
4) Higher education institutions and academic policymakers
5) Cancer patients and families requiring palliative care
6) Non-governmental organizations and healthcare partners

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Author Contributions

RA: Conceptualization, policy analysis, drafting the manuscript, and coordinating the study.
PZR: Literature review, data interpretation, and critical revision of the manuscript.
MFL: Methodology guidance, supervision, and final approval of the manuscript.

Declaration of Conflicting Interests

The authors declare no potential conflicts of interest with respect to the research, authorship, and publication of this article.

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