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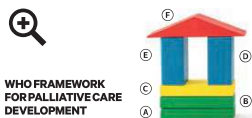


General data

POPULATION, 2023  
**281,190,067**  
SURFACE, KM², 2022  
**1,916,907**  
PHYSICIANS / 1,000 INH, 2022  
**0,695**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper-middle**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**114**  
GDP PER CAPITA (US\$), 2023  
**4876,31**  
HEALTH EXPENDITURE (% GDP), 2021  
**3,71**  
UNIVERSAL HEALTH COVERAGE, 2021  
**55**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC

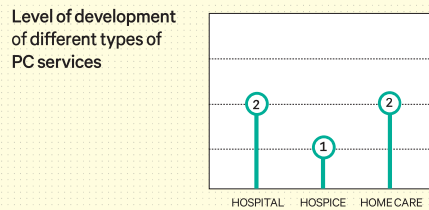
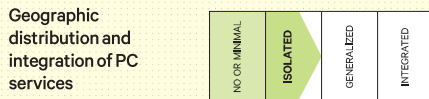
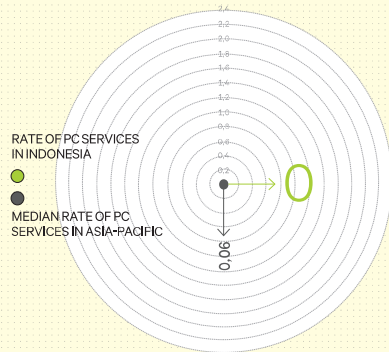


# Indonesia

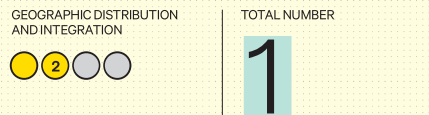
**F Provision of PC (Specialized Services)**

Total number of Specialized PC services **N/A**  
Rate of PC services per 100,000 inhabitants **N/A**

Indonesia in the context of Asia-Pacific regions



Pediatric PC Services



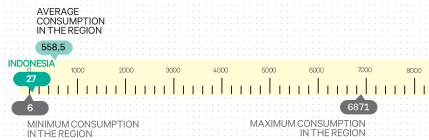
AP

# Indonesia

**D Use of essential medicines**



Indonesia in the context of Asia-Pacific regions



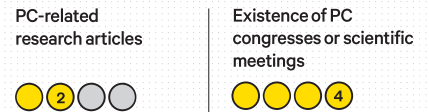
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level

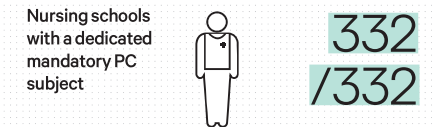


**C Research**

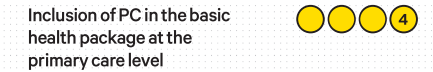


National Association: Indonesian Palliative Society.  
Consultants: Diah Martina; Teguh Kristian Perdamaian.  
Data collected: June-September 2024.  
Report validated by consultants: October - November 2024  
Report sponsored by National Association: No  
Edited by Atlantes Research Team University of Navarra (Spain)

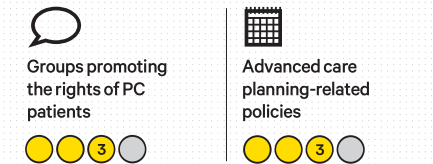
**E Education & Training**



**B Policies**




**A Empowerment of people and communities**




# AP Indonesia

People & Communities

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.</p>	<p>Several Civil Society Organizations (CSOs) are actively involved in cancer care, focusing on prevention, early detection, psychosocial support, and some offering home-based palliative care. Key organizations include Yayasan Kanker Indonesia (Indonesian Cancer Foundation), which provides free palliative home care for adult cancer patients, informal caregiver training, and advocacy. The Indonesia Cancer Care Community (ICCC) and Indonesian Oncology Nurses Association (HIMPONI). Rachel House Indonesia, a Jakarta-based NGO, offers home-based palliative care for children with HIV and cancer. The Indonesian Palliative Society (Masyarakat Paliatif Indonesia) operates as a national interdisciplinary association with most activities at the sub-national level. The Surabaya Palliative Foundation (Yayasan Paliatif Surabaya) is pivotal in local palliative care advocacy.</p>
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<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>Indonesia's Guidelines for the Provision of Palliative Care (MoH Decree HK.01.07/Menkes/2180/2023) and the Regulation of the Minister of Health Number 37 (2014) explicitly address Advance Care Planning (ACP), including the withholding and withdrawal of life-sustaining treatment. However, effective implementation requires further recommendations and stakeholder engagement. Current ACP guidelines are largely limited to terminally ill patients, overlooking its broader application for healthy individuals or those with conditions like dementia, psychiatric disorders, and pediatric needs. Existing tools, such as Do-Not-Resuscitate (DNR) orders and informed consent, do not adequately capture comprehensive ACP discussions. While policies provide general ACP provisions, their dissemination is still in early stages.</p>
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Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>  <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>Indonesia's updated policy, Decision HK.01.07/Menkes/2180/2023, aligns with Law 17/2023 on Health and Law 23/2014 on Regional Government, reaffirming the nation's commitment to accessible, high-quality palliative care. The policy aims to integrate palliative care across all healthcare levels, involving stakeholders such as government agencies, hospitals, and healthcare professionals. It emphasizes providing palliative care guidelines and promoting Advance Care Planning (ACP) but lacks defined frameworks for competencies, quality control, and clinical audits. Indonesia's palliative care journey began with the first national plan in 2007, which lacked structured evaluation. The 2023 updates address these gaps but fall short of delivering a comprehensive national palliative care program with a clear implementation strategy. Current efforts focus primarily on cancer care, and there remains no stand-alone national plan encompassing specific activities, budgets,</p>
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# AP Indonesia

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>Not known or does not exist.</p>	<p>performance indicators, and robust monitoring systems. Further advancements are essential to establish a comprehensive, clearly defined implementation framework.</p>
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<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>Palliative care has been referenced in the Health Law, emphasizing its integration into all healthcare settings, particularly in the primary care level. Additionally, the Ministry of Health (MoH) is actively working on developing technical guidelines for the implementation of palliative care within primary care level.</p>
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<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p>  <p>There are concrete functions and staff, but do not have a budget.</p>	<p>In Indonesia, a designated authority within the Ministry of Health, oversees the palliative care program and its budget. The policy document identifies several potential financing sources for palliative care services, including the State Budget, Regional Budget, health insurance financing, and other legal avenues. However, gaps persist due to the lack of a specific implementation plan for this framework. While palliative care is covered under the National Insurance program, the reimbursement rates are insufficient to meet the actual costs of care. Additionally, significant exclusions limit access and affordability, particularly the absence of coverage for home care services and strong opioids dispensed at public health centers.</p>
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# AP Indonesia

Research

## Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

Palliative care is regularly featured in conferences organized by the Indonesian Psychosomatic and Palliative Medicine Association. It is also included in cancer conferences hosted by the Indonesian Society of Oncology. The last national conference by the Indonesian Palliative Society was in 2019, held alongside the Asia Pacific Hospice Network Conference in Surabaya. The Indonesian Association of Psychosomatic and Palliative Physicians organizes biennial national scientific meetings, with the latest in Jakarta in 2023. Additionally, non-palliative medical associations, such as the Indonesian Society of Hematology and Medical Oncologist (ISHMO) and the Indonesian Association of Family Physicians, occasionally cover palliative care topics during their meetings. ISHMO's most recent biennial meeting was in June 2024, while the Indonesian Association of Family Physicians held its annual meeting in March 2024.

## Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Reflects a limited number of articles published.

The number of peer-reviewed articles on palliative care research from Indonesia remains limited but is gradually increasing as palliative care education expands.

Medicines

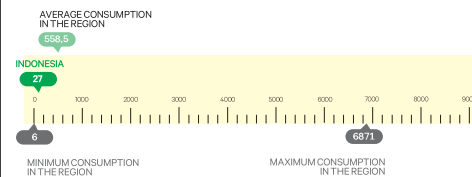
## Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 27 S-DDD



COUNTRY VS REGION



# AP Indonesia

Medicines

## Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

The national formulary, covered by the national health insurance, includes nearly 70% of palliative care medications at the primary care level, though not all formulations are available. For pain management, only mefenamic acid is included. Codeine is rarely accessible, and when available, it is mainly prescribed for cough rather than pain relief. Opioids are usually accessible in university, regional, and many district hospitals, with a generally stable supply chain. However, access remains limited in rural areas, where there are also fewer private practices and pharmacies. The Java/Bali region had the highest medicines availability, and rural areas in Eastern Indonesia had the lowest.

## Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

Strong opioids, including morphine, are not available at public primary health centers because they are not included in the National Essential Medicines List for use in primary health facilities. Patients are required to undergo biometric verification when obtaining these medications, often necessitating long travel for refills. Hospital specialists can prescribe strong opioids for up to one week after discharge and for up to one month for outpatients, as per insurance program regulations. In addition, immediate-release oral morphine is not widely accessible across the country and rural areas have even less accessibility to medicines.

AP Indonesia

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

NA/115



Indonesia has 115 medical schools, some of which have integrated palliative care into their curricula as either mandatory or elective courses. In 2019, palliative care competencies were included in the national education standards for General Practitioners (GPs), but implementation varies, and many institutions have yet to fully incorporate these standards. For nursing education, the Association of Indonesian Nursing Education Institutions (AIPNI) has established a mandatory 3-credit palliative care course in the undergraduate nursing curriculum, and palliative care is included in official examinations. As of June 2022, 332 accredited campuses in Indonesia offer undergraduate nursing programs. \*While there is a requirement for both medical and nursing schools to teach palliative care, there is no systematic process to monitor or evaluate how effectively these standards are implemented, particularly in medical education.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

NA/115

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

332/332

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/332

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

Since 2017, palliative medicine has been recognized as a subspecialty of internal medicine, alongside psychosomatic medicine (Subspecialty of Psychosomatic and Palliative). The University of Indonesia in Jakarta offers a two-year "Psychosomatic Medicine and Palliative Care" subspecialty program under its Internal Medicine division.

AP Indonesia

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

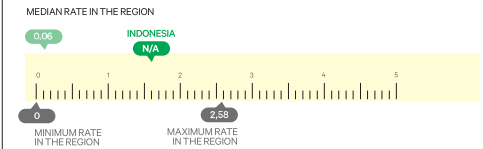


Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

A 2022 policy brief from the Indonesian Ministry of Health reports that palliative care (PC) coverage for terminally ill cancer patients is below 1%. Although more hospitals, including private ones, are offering palliative care, it remains inconsistently available nationwide. PC services are typically limited to inpatient consultations and outpatient clinics, with few hospitals providing dedicated palliative care beds or wards, restricting comprehensive care. Home care services are scarce, often relying on out-of-pocket payments or support from Civil Society Organizations like the Indonesian Cancer Foundation. Public Health Centres offer occasional home visits and emotional support, but limited access to strong opioids hampers effective pain management. While home care from hospitals isn't covered by National Health Insurance (NHI), primary care services under NHI offer limited home care options. Currently, Dharmas Cancer Hospital is the only facility with a fully operational PC unit, and advocacy efforts are ongoing to integrate PC into primary care settings.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



N/A ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



1 PPC TEAMS

Recently, the Pediatric National Cancer Control Plan 2024 – 2034 (NCCP 2024) was launched, outlining plans to expand cancer palliative care services at primary and secondary healthcare facilities. There is a specialized pediatric palliative care team in Indonesia, primarily represented by the Rachel House Foundation. Established in 2006, Rachel House is the first pediatric palliative care service in the country. They offer their services free of charge to children from marginalized communities and also plays a crucial role in training healthcare professionals in pediatric palliative care. They actively engage in community education and mobilization efforts to empower local health workers.