

Indonesia Report

33 Physician responses from **Indonesia**.

97% of respondents practice in hospital settings.

621 Physician responses from **18** countries.



Among the 20 million children globally in need of palliative care, 27% live in Asia-Pacific.

In Indonesia, there are 11,948 new childhood cancer cases each year.

The ADAPT study aims to assess physician perceptions towards palliative care integration for children and adolescents diagnosed with cancer.

Palliative Care

Defined by the WHO as the *prevention and relief of patient suffering and the ethical responsibility of health systems that should be integrated with and complement prevention, early diagnosis, and treatment.*



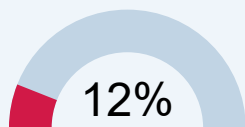
Palliative Care integrated into health care systems at all levels:

- Is cost-effective
- Improves resource utilization
- Decreases patient suffering, parental psychological distress

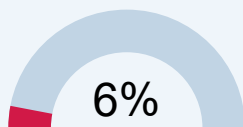
Additional Information: *Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.*

Access to Pediatric Palliative Care

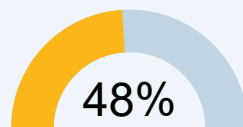
Reported **no access** to palliative care in their clinic or hospital.



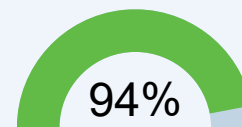
Indicated that **palliative care consultation is not available** when they felt it was needed.



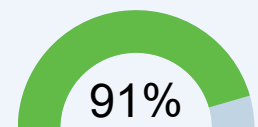
Felt that **palliative care** was involved **too late**.



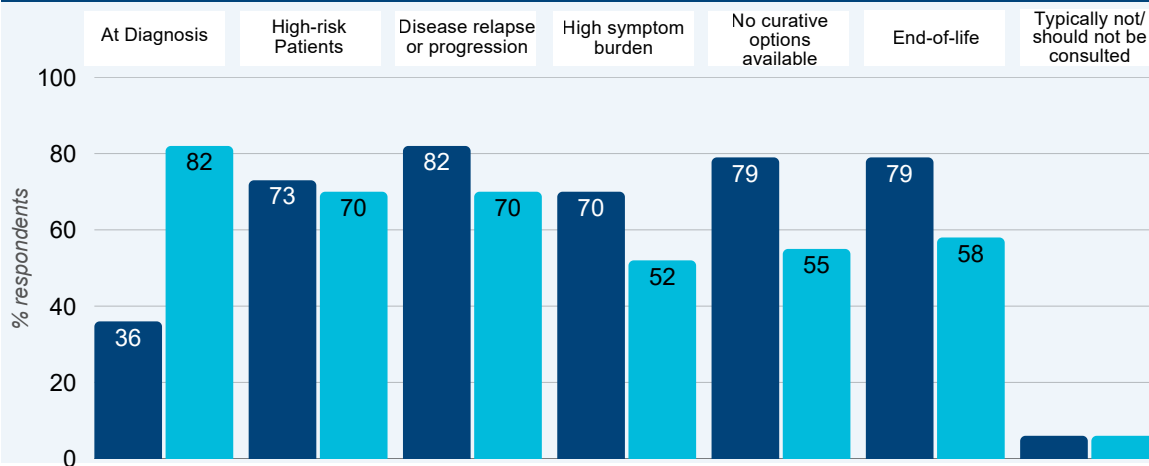
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.



Believe **palliative care integration reduces suffering**.



Ideal Timing of Initial Palliative Care Consultation

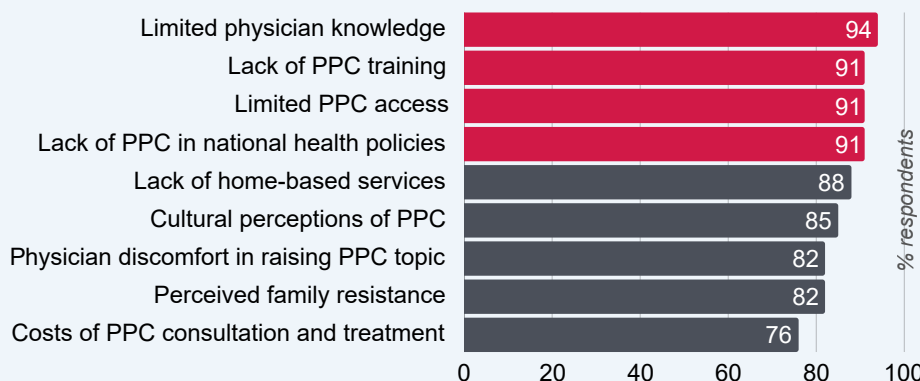


Actual timing of Palliative Care Consultation
Ideal timing of Palliative Care Consultation

According to the WHO, early integration of palliative care is critical to improve the quality of life of children with cancer.

Physicians in Indonesia report that palliative care is often introduced late in the treatment of children with cancer, even though earlier integration would be beneficial.

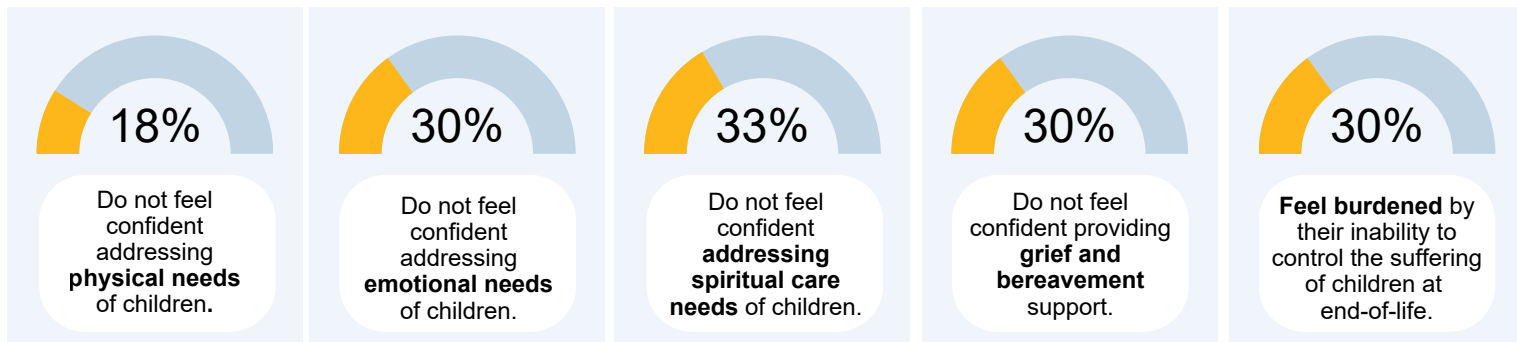
Barriers to Early Palliative Care Integration



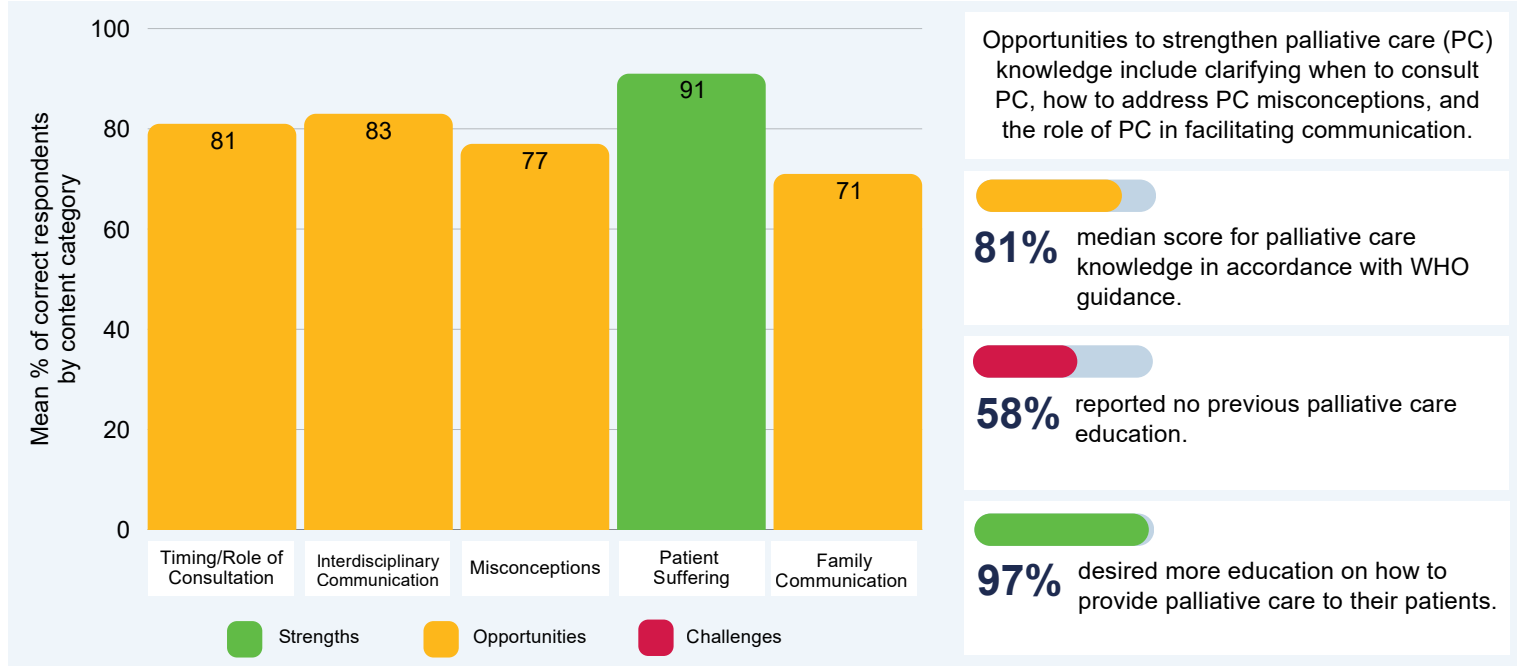
Physicians in Indonesia were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery. The most significant barriers reported were:

- #1 Barrier:** Limited physician PPC knowledge
- #2-4 Barriers:** Lack of PPC training, limited access to PPC, and lack of PPC in national health policies and advocacy efforts.

Physician Confidence in Delivering Palliative Care



Physician Understanding of Pediatric Palliative Care



Strengths



Strong alignment with WHO guidance (81%).



Access to pediatric palliative care consultation (82%).



Recognized need for palliative care training of clinicians to improve access (94%).

Recommended Next Steps for Indonesia



Conduct research to improve the assessment and treatment of pain in children with serious illness, with the goal of improving patient outcomes.



Develop and expand access to pediatric palliative care training to improve provider knowledge and confidence across all care domains.



Improve collaboration to ensure timely access to pediatric palliative care specialists and high-quality services across clinical and community settings.



Collaborate with national partners to integrate palliative care into national health policy, enabling sustainable services and access to essential medicines.



Regional Implementation of ADAPT in Indonesia

Country-adapted pediatric palliative care curriculum based on identified knowledge gaps.

Collaborate with the WHO Regional Office and partner organizations on initiatives aimed at strengthening access to palliative care services for children across the region.

References and Additional Information

Cuviello A*, Salek M*, Handayani SA, Blair S, Lam CG, on behalf of the ADAPT-AP Study Group. Survey Adaptation and Distribution for Physicians Caring for Children Diagnosed with Cancer in Asia Pacific: Unique Study Challenges and Lessons Learned. JCO Global Oncology. 2024.

Salek M*, Cuviello A*, Handayani S.A, Blair S, Chandra A, Job G, Erhlich BS, Chong LA, Bagai P, Buang SNH, Drake R, Gunasekera S, Khaing AA, Kim MS, Mlis R, Mynak ML, Ngoc LB, Lay Dos Santos MM, Sari TT, Sharma KS, Sorrosa R, Souvalansy B, Sriponsawan P, Yotani N, Zaki MA, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Physician perceptions toward palliative care integration in childhood cancer care in Asia Pacific. JCO Global Oncology. 2026.

Cuviello A*, Salek M*, Handayani S.A, Blair S, Chandra A, Job G, Erhlich BS, Chandra L, Drake R, Gunasekera S, Kakazu M, Kang SH, do R. Leão LM, Mahajan A, Miranda MC, Moe T, Mynak ML, Nguyen HTK, Rasheed E, Sipai S, Souvalansy B, Sriponsawan P, Tan TSZ, Teh KH, Yotani N, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Barriers to palliative care integration for children with cancer across Asia Pacific. JCO Global Oncology. 2026.

Lam, C.G. (2025). Estimates derived from CureAll Country Progress Dashboard (2025), GLOBOCAN 2022 (2025), IICC - 3 (2017), UN World Population Prospects 2024 (2025), and World Bank Open Data Catalog (2025).



Scan to access more ADAPT Reports.