International Agency for Research on Cancer

World Health Organization

Governing Council **GC/69/3**
Sixty-ninth Session (Extraordinary) 16 September 2026

Lyon, 24 September 2026
By web conference

ADMISSION OF A NEW PARTICIPATING STATE
INDONESIA

1. The Director has the honour to inform the Governing Council that the Government of the Republic of Indonesia has applied to be admitted as a Participating State in the International Agency for Research on Cancer. This application was communicated under cover of a letter to the Director-General of the World Health Organization dated 20 July 2026 (see Appendix 1).

2. A report on cancer research activities in Indonesia, as submitted by the Government of the Republic of Indonesia, is also appended (see Appendix 2).

3. The Director-General transmitted this application to all Participating States by a Note Verbale on 5 August 2026 and informed them that it would be considered by the Governing Council in accordance with Rule 50 of the Rules of Procedure of the Governing Council.

4. The documents in relation to the application of the Government of the Republic of Indonesia were sent for review to the members of the Governing Council Subcommittee on the Admission of New Participating States, who met by teleconference on 27 August 2026.

5. The report of the Subcommittee is enclosed (see Appendix 3), including the Subcommittee's recommendations to the Governing Council for consideration at the Sixty-ninth Session of the Governing Council.

APPENDIX 1

MINISTER OF HEALTH
REPUBLIC OF INDONESIA

Ref. Nr : KS.02.03/Menkes/ 350 /2026 July 20 , 2026
Subject : Official Application for Membership of the Republic of Indonesia in the International Agency for Research on Cancer

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

Dear Dr. Tedros,

I have the honour to refer to the recent discussions between the Government of the Republic of Indonesia and the International Agency for Research on Cancer (IARC) regarding Indonesia's prospective participation in the Agency.

I have further the honour to formally request for admission as a Participating State in the International Agency for Research on Cancer, in accordance with the applicable procedures governing the admission of new participating states.

Indonesia recognizes the important role of IARC as the specialized cancer research agency of the World Health Organization and appreciates its contribution to advancing cancer research, cancer prevention, and evidence-informed public health policies. I believe that Indonesia's participation in IARC would provide valuable opportunities to further strengthen scientific collaboration and knowledge exchange in support of national and global efforts to address the growing burden of cancer.

I would appreciate your kind consideration of Indonesia's application and look forward to the next steps in the admission process.

Please accept, Excellency, the assurances of my highest consideration.

BUDI G. SADIKIN
Minister of Health of the Republic of Indonesia

Cc:
Mrs. Elisabete Weiderpass, MD, MSc, PhD, Director IARC

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APPENDIX 2
Report on cancer research activities in Indonesia

Summary information to be filled in by the applicant state for the attention of the Subcommittee on the Admission of new IARC Participating States

- A description of the current cancer research community, including relevant expertise in the areas of IARC activities;

  Indonesia, the world's largest archipelagic nation with a population exceeding 270 million, reported approximately 474,083 new cancer cases and 283,299 cancer-related deaths in 2024, according to GLOBOCAN 2024. The most prevalent cancers among Indonesian men are lung, colorectal, and liver cancers, while in Indonesian women, breast, cervical, ovarian, and colorectal cancers are most common. Indonesia faces unique challenges due to high rates of tobacco consumption, rapidly urbanising environments, and varying access to healthcare across its diverse regions. To address these issues, the Ministry of Health has launched far-reaching population-level preventive measures, including HPV vaccination programmes, implementation of national cancer risk screening through the "Cek Kesehatan Gratis (CKG)" program for breast, cervical, lung, colorectal and liver cancer, strict tobacco control policies, strengthening the control of sugar, salt, and fat consumption policy and culturally tailored public awareness campaigns targeting urban and rural communities alike. These initiatives reflect Indonesia's ongoing commitment to cancer control and investment in public health infrastructure.

  Indonesia's cancer research community is vibrant and continually expanding, comprising experts in cancer registration, epidemiology, prevention, early detection strategies, and health economics. The country boasts a well-established network of oncologists, pathologists, and biomedical scientists engaged in research spanning genomics, targeted therapies, translational medicine, and survivorship. The Ministry of Health is strengthening the national cancer information system through the development of population-based and hospital-based cancer registries in collaboration with provincial health offices, referral hospitals, and academic institutions. These data support evidence-informed policy development, cancer surveillance, evaluation of national cancer control programmes, and guide research priorities tailored to Indonesia's epidemiological profile.

  Within Southeast Asia, Indonesia maintains strong collaborative ties with neighbouring countries, fostering scientific exchange through joint research projects, technical workshops, and participation in regional oncology conferences. Indonesia plays a proactive role in building research capacity, regularly hosting national oncology congresses and contributing to the advancement of cancer control across the region. These efforts reinforce Indonesia's leadership in cancer research and its commitment to improving cancer outcomes for its population.

- Details of the presence of a national cancer institute or equivalent "lead" cancer organizations;

  Indonesia's national cancer leadership is anchored by the Dharmais National Cancer Hospital in Jakarta, which serves as the principal institution for cancer treatment,

research, and training in the country. The Dharmais Hospital operates as a key referral centre and collaborates closely with the Ministry of Health, functioning both as a centre of excellence and a hub for coordinating national cancer control efforts. The hospital plays an important role in supporting the implementation of the National Cancer Control Plan (NCCP) through clinical services, cancer registration, clinical and translational research, professional training, and national and international collaboration.

A cornerstone of Indonesia's cancer control strategy is the National Cancer Plan, which is coordinated by the Ministry of Health. This plan encompasses a series of nationwide initiatives, including population-level HPV vaccination, tobacco control policies, and public awareness campaigns. In recent years, Indonesia has prioritised breast and cervical cancer screening, rolling out regional programmes that promote early detection through clinical examinations and awareness activities. These coordinated efforts reflect Indonesia's commitment to comprehensive cancer prevention and control at the national level.

- A description of cancer research funding in the public and NGO sectors;

  Cancer research in Indonesia is supported through funding from government institutions, universities, healthcare facilities, international partners, and non-governmental organizations, structured to support the objectives of the NCCP 2024–2034. In the public sector, basic science, biomedical, and genomic oncology research are financed through competitive state grants managed by the National Research and Innovation Agency (BRIN), the National Research Endowment Fund (LPDP), the Ministry of Higher Education, Science and Technology, and institutional research funding from the Ministry of Health. Research activities are also supported by academic institutions and national referral hospitals, including RS Kanker Dharmais – National Cancer Center, which conducts clinical, translational, epidemiological, and implementation research.

  Non-governmental organizations, professional societies, and philanthropic organizations, such as the Indonesian Cancer Foundation (YKI), contribute to cancer research and cancer control through support for research, public education, early detection initiatives, patient advocacy, and capacity-building programmes. International collaborative projects with development partners and research institutions, such as IARC, further strengthen national research capacity and facilitate knowledge exchange. Collectively, these funding streams are shifting from isolated clinical studies toward data-driven, population-level strategies aimed at reducing the overall oncology burden on the national health insurance scheme (BPJS Kesehatan).

- Information on a national cancer control plan, if one exists;

  Indonesia's current cancer programme is firmly rooted in the National Cancer Plan, which is overseen by the Indonesian Ministry of Health. This plan is tailored to address Indonesia's distinct challenges, aiming to reduce premature mortality from cancer across the nation's vast archipelago. Strategies are comprehensive and include primary prevention—such as population-wide HPV and hepatitis B vaccination programmes—to

tackle cancers most prevalent among Indonesians. Early detection initiatives focus on breast and cervical cancer screening, which are particularly relevant for Indonesian women, while effective treatment protocols are regularly updated to reflect the country's epidemiological profile. A major goal is to guarantee equitable access to cancer diagnosis and treatment for Indonesians, reinforced by Indonesia's commitment to universal health care. To ensure that interventions are contextually appropriate, national cancer committees have been established to develop and implement targeted plans for priority cancers, and to revise referral, diagnosis, and treatment guidelines in line with Indonesian healthcare realities. Furthermore, Indonesia's national hepatitis committee supports ongoing hepatitis B vaccination campaigns, recognising the significant burden of liver cancer attributable to hepatitis infections in the country.

- The potential for the Participating State to contribute to the research priorities of IARC, as described in the Agency's Medium-Term Strategy[1];

  A sustained partnership with IARC would yield substantial benefits for both IARC and Indonesia. Indonesia seeks to contribute to IARC's Medium-Term Strategy through collaborative research in cancer prevention, early detection, cancer surveillance, and implementation research. As highlighted in the preceding sections, Indonesia's large and diverse population poses unique challenges for national cancer control, including disparities in healthcare access across its archipelago and the high burden of cancers linked to infectious diseases and lifestyle factors. Indonesia's proactive approach—exemplified by extensive HPV and hepatitis B vaccination programmes, nationwide cancer risk screening, robust tobacco control policies, and widespread public awareness campaigns—demonstrates its leadership in cancer prevention. These strengths make Indonesia a valuable partner for IARC, especially in projects that support WHO's Global Breast Cancer Initiative and similar efforts. Joint research between Indonesia and IARC could focus on primary prevention, such as evaluating the impact of tobacco use, hepatitis infections, obesity, and diabetes on cancer rates within Indonesia, and developing effective strategies for population-wide risk reduction.

  Additionally, a dedicated joint programme between IARC and Indonesia could centre on screening and early detection, with a strong emphasis on implementation research to ensure cost-effective delivery of prevention measures. For example, collaborative efforts might target colorectal cancer screening, aiming to identify scalable, locally adapted methods of early detection that maximise health impact and optimise resource use. Such partnerships would facilitate the translation of research findings into practice, inform national policy, and improve equitable access to screening services across Indonesia's regions. These collaborative initiatives would not only address Indonesia's specific cancer burden but also generate critical evidence to inform cancer control in other low- and middle-income countries facing similar epidemiological challenges.

[1] IARC Medium-Term Strategy (2021–2025):
https://events.iarc.who.int/event/29/attachments/67/154/GC63_6A_MTS_2021-2025.pdf

- Evidence of current scientific and technical exchange with IARC.

  Indonesia and the International Agency for Research on Cancer (IARC) have forged ongoing collaborations, with further projects planned when Indonesia becomes an IARC member state. At present, Indonesia contributes to cancer surveillance by participating in the Global Initiative on Cancer Registration, drawing on its extensive network of cancer registries spread throughout provinces such as Jakarta, West Java, and Jogjakarta. Indonesian institutions, including Dharmais National Cancer Hospital and other medical centres, also play a prominent role in several international IARC-led consortia, particularly those focused on breast cancer and paediatric oncology. In the coming years, joint initiatives are expected to concentrate on the early detection of breast, colorectal and cervical cancers, responding directly to the significant burden of these diseases among Indonesian women and mirroring Indonesia's robust screening programmes. These partnerships are designed to build on Indonesia's comprehensive National Cancer Plan and prevention strategies, strengthening the country's regional capacity for cancer control and research, and ensuring that interventions are tailored to Indonesia's unique epidemiological and healthcare landscape.

APPENDIX 3

REPORT FROM THE SUBCOMMITTEE ON THE ADMISSION OF NEW PARTICIPATING STATES[1]: APPLICATION OF THE GOVERNMENT OF THE REPUBLIC OF INDONESIA

Participants:
Professor Dorothy Keefe (Governing Council Chairperson), member ex officio

Australia: Ms Merilyn Penn
Brazil: Dr João Paulo Viola
Japan: Dr Rin Ogiya
Qatar: Dr Noora Al Hammadi
United Kingdom of Great Britain and Northern Ireland: Dr Mark Palmer
United States of America: Mr Mark Daghir

IARC Secretariat:
Ms Charu Mehta, Director of Administration and Finance, on behalf of IARC Director
Mr Clément Chauvet, Strategic Engagement and External Relations Officer
Ms Nathalie Lamandé, Governing Council Meetings Coordinator

Apologies:
Dr Elisabete Weiderpass, Director, duly represented by Ms Charu Mehta
Dr Al-Hareth M. Al-Khater (Governing Council Vice-Chairperson)
Morocco: Dr Loubna Abousselham

1. The Governing Council Subcommittee on the Admission of New Participating States met by teleconference on 27 August 2026 to consider the application of the Government of the Republic of Indonesia for admission in the International Agency for Research on Cancer (IARC).

2. The Subcommittee considered the application of the Government of the Republic of Indonesia and noted that it was received by the World Health Organization (WHO) on 20 July 2026 under cover of a letter and transmitted by the Director-General of WHO to all IARC Participating States on 5 August 2026.

3. As required by Resolution GC/54/R17, in order to assess whether "the State is able to contribute effectively to the scientific and technical work of the Agency" (Article XII, letter b) of the IARC Statute), the Subcommittee was tasked to review the report provided by the Government of the Republic of Indonesia, as part of their application, on the status of cancer research activities in Indonesia, which comprises:

a. The description of the current cancer research community in Indonesia, including relevant expertise in the areas of IARC activities;
b. The description of the national cancer institute within the Dharmais National Cancer Hospital in Jakarta, collaborating closely with the Ministry of Health and supporting the implementation of the National Cancer Control Plan (NCCP);

[1] *Composition of Subcommittee (Resolution GC/68/R20):*
[…] Chairperson of the Governing Council (member ex officio), and representatives of Brazil, Japan, Morocco, Qatar, the United Kingdom of Great Britain and Northern Ireland and the United States of America, who shall hold office until the next regular session of the Council.

c. The description of the cancer research funding in the public and non-governmental organizations sectors, structured to support the objectives of the NCCP 2024–2034. Research activities are funded by competitive state grants, academic institutions, professional societies, philanthropic organizations and international collaborations;

d. The description of the National Cancer Control Plan (NCCP);

e. The contribution to IARC's research priorities as described in the IARC Medium-Term Strategy 2026–2030 and its Annexes (cancer prevention, screening and early detection, cancer surveillance and implementation research); and

f. The evidence of current scientific and technical exchanges with IARC (Global Initiative on Cancer Registration, international consortia led by IARC).

4. From this review, the Subcommittee appreciated the important role played by Indonesia in cancer research as well as the scientific and technical exchanges with IARC in many projects. The Subcommittee considers that Indonesia would be able to contribute effectively to the scientific and technical work of the Agency, as required by Article XII, letter b) of the IARC Statute, and therefore recommends that the Governing Council consider Indonesia's application favourably.

5. The Subcommittee noted that the undertaking from the Government of the Republic of Indonesia "to observe and apply the provisions of the IARC Statute" is yet to be received by the Director-General of the World Health Organization, as required under Article III of the Statute. Should the undertaking not be received before the Governing Council session at which the application will be considered, Indonesia's admission will become effective only upon receipt by the Director-General of said undertaking.

6. Considering Indonesia's desire to become a formal member of IARC as soon as possible and the potential opportunity for the Agency to increase its core funding while preparing the proposed programme and budget for 2028–2029, and to maximise the benefits to the IARC community of Indonesia's proposed membership, the Subcommittee further recommends the Secretariat to explore the possibility of convening (virtually) an extraordinary session of the Governing Council, in accordance with the Rules of Procedure of the Governing Council, as soon as time permits.

7. The Subcommittee welcomed the various initiatives taken by the Secretariat to approach potential new Participating States and encourages the Secretariat to continue with this work.