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Implementation of the Minister of Health Regulation Policy Number 29 of 2017 in Preventing Breast and Cervical Cancer at the Sungai Besar Community Health Center, Ketapang Regency

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ABSTRACT: This study aims to analyze the implementation of the Minister of Health Regulation No. 29 of 2017 concerning Breast and Cervical Cancer Prevention at the Sungai Besar Community Health Center (Puskesmas), Ketapang Regency. The research method used a descriptive qualitative approach with Edward III's implementation theory, which encompasses communication, resources, disposition, and bureaucratic structure. The results indicate that policy implementation has progressed quite well, especially in communication and disposition aspects, but faces challenges in human resources and facilities. These findings imply the need for strengthened coordination and budget support to strengthen the sustainability of the early detection program.

KEYWORDS: Policy Implementation; Minister of Health Regulation No. 29 of 2017; Breast Cancer; Cervical Cancer.

INTRODUCTION

Breast and cervical cancer are two types of cancer with the highest prevalence and mortality rates among women worldwide. According to GLOBOCAN data (2020), there were 2.2 million new cases of breast cancer and 604,000 cases of cervical cancer, with more than 80% of cases occurring in developing countries, including Indonesia. In Indonesia, the cancer incidence rate reached 136.2 per 100,000 population, with breast cancer (42.1/100,000) and cervical cancer (23.4/100,000) being the leading causes of death in women.

To reduce this incidence, the government issued Minister of Health Regulation No. 29 of 2017 concerning Guidelines for Breast and Cervical Cancer Management. This policy emphasizes the importance of early detection through the SADANIS and VIA methods in primary care facilities. However, screening implementation in Indonesia still falls short of the national target. A 2017 report from the Indonesian Ministry of Health shows that VIA screening coverage only reached 8.1% of the 80% target.

A similar situation occurred in Ketapang Regency, where SADANIS and VIA coverage in 2024 was only 4,059 out of a target of 92,597 women aged 30–50. At the Sungai Besar Community Health Center, only 225 individuals were screened, with four breast tumors and one positive VIA case found. This indicates that program implementation remains low and suboptimal.

Obstacles faced include limited trained personnel, inadequate infrastructure, and low community participation. Although the Community Health Center has received full accreditation, policy implementation has been suboptimal due to ineffective communication, resources, implementer disposition, and bureaucratic structure. Based on these factors, this study is crucial to analyze the implementation of Minister of Health Regulation No. 29 of 2017 in the breast and cervical cancer early detection program at the Sungai Besar Community Health Center, and to identify supporting and inhibiting factors in its implementation to provide recommendations for improving the program's effectiveness in the future. The implementation of breast cancer control programs has increasingly emphasized early detection, systematic screening, and integrated treatment pathways as key strategies to reduce mortality. According to the *WHO Global Breast Cancer Initiative Framework* (2021), countries are encouraged to adopt three core pillars: (1) health promotion and early diagnosis, (2) timely breast imaging and pathology, and (3) comprehensive treatment. Evidence shows that population-based mammography screening when implemented alongside strengthened primary care referral systems significantly improves stage-at-diagnosis and long-term survival in low-, middle-, and high-income settings (World Health Organization, 2021). Additionally, the International Agency for Research on Cancer (IARC) reports that organized screening programs are more effective than opportunistic screening due to better coverage, equity, and quality assurance mechanisms (IARC, 2016). These programmatic elements highlight the importance of governance, resource allocation, and quality control in implementing effective breast cancer control strategies.

Similarly, cervical cancer control programs rely heavily on the integration of HPV vaccination, evidence-based screening, and timely treatment of precancerous lesions. The *WHO Global Strategy to Accelerate the Elimination of Cervical Cancer* (2020) recommends a "90-70-90" approach: 90% HPV vaccination coverage, 70% screening coverage with high performance tests, and 90% access to treatment for detected lesions. Studies highlight that HPV vaccination particularly when delivered through schoolbased or community outreach programs substantially reduces the incidence of high-risk HPV infections and cervical intraepithelial neoplasia (WHO, 2020). Meanwhile, scale-up of HPV DNA testing has been shown to increase detection of precancerous conditions compared to traditional Pap smears, especially in low-resource contexts (World Health Organization, 2020). Effective implementation therefore depends on cross-sector coordination, trained health workers, community engagement, and sustainable financing to ensure vaccination, screening, and treatment services reach the intended populations.

METHOD

This research employed a qualitative approach with descriptive methods. The research location was the Sungai Besar Community Health Center (Puskesmas) in Ketapang Regency. The informants included the Head of the Community Health Center, the Coordinating Midwife, the Doctor in Charge of the Program, cadres, and community representatives. Data collection techniques included in-depth interviews, direct observation, and documentation studies.

This area was selected because it has an active early cancer detection program, yet still faces policy implementation challenges. Data analysis was conducted using Edward III's implementation theory, which encompasses four main variables: communication, resources, disposition, and bureaucratic structure.

RESULT AND DISCUSSION

Communication in Preventing Breast and Cervical Cancer at the Sungai Besar Community Health Center

The implementation of breast and cervical cancer prevention programs can be analyzed through the lens of Edward III's policy communication dimension, which emphasizes clarity, consistency, accuracy, and continuity of information delivered to implementers and target groups. In the context of cancer prevention, effective communication determines whether HPV vaccination campaigns, cervical screening initiatives, and breast cancer early detection programs are understood and accepted by both health workers and the community. When policy messages are conveyed clearly from national guidelines to local health centers implementers can better translate protocols into actionable steps, such as scheduling screening, educating women about risk factors, or managing patient follow-up. Conversely, fragmented or inconsistent communication, such as unclear referral pathways or contradictory messages about screening methods, often leads to low participation rates, delayed diagnosis, and reduced program effectiveness. Therefore, aligning communication across stakeholders government agencies, public health officers, midwives, community organizations, and media channels is essential to ensure that cancer prevention policies are not only disseminated effectively but also interpreted uniformly. This underscores Edward III's argument that communication is a foundational determinant of successful policy implementation, shaping how preventive programs are perceived, executed, and sustained within the health system.

Communication is a key factor in policy implementation. Based on research findings, communication from the Ketapang Regency Health Office to the Sungai Besar Community Health Center is conducted through circulars, coordination meetings, and technical training. However, information dissemination to the public remains limited due to a lack of promotional media and health educators.

Cadres and midwives are at the forefront of disseminating information about early cancer detection, but the wide coverage area means that information has not yet reached all levels of society. The clarity of the policy message is quite good, but consistency in implementation at the field level still needs to be strengthened through technical guidance and regular supervision.

Resources in Preventing Breast and Cervical Cancer at the Sungai Besar Community Health Center

The implementation of breast and cervical cancer prevention programs within the policy resources aspect of Edward III's theory highlights the critical role of adequate financial, human, and infrastructural resources in translating policy objectives into effective action. In many contexts, the success of HPV vaccination campaigns, cervical cancer screening with VIA or HPV-DNA tests, and breast cancer early detection services depends heavily on the availability of trained health personnel, sufficient medical supplies, and functioning diagnostic equipment. When resources are limited such as shortages of vaccines, inadequate laboratory capacity, or insufficient funding for community outreach program implementation becomes inconsistent and coverage rates remain low. Conversely, when governments allocate stable budgets, provide continuous training for midwives and public health workers, and ensure the availability of screening tools and treatment facilities, prevention programs demonstrate higher effectiveness and community reach. Thus, the resource dimension underscores Edward III's assertion that even well-designed policies cannot be successfully implemented without the material, technical, and organizational capacities needed to support them, making resource adequacy a decisive factor in reducing morbidity and mortality from breast and cervical cancer.

Limited resources are a major challenge in policy implementation. The number of health workers involved in the early detection program is still small and their workload is quite high. Furthermore, supporting facilities, such as VIA test kits, are insufficient to meet service needs.

From a financial perspective, the program budget relies on support from the local government and Health Operational Assistance (BOK) funds, which are still limited. Therefore, increasing the capacity of health workers and providing adequate infrastructure are key to facilitating policy implementation.

Disposition (Implementer Attitude) in Preventing Breast and Cervical Cancer at the Sungai Besar Community Health Center

The implementation of breast and cervical cancer prevention programs within the policy disposition aspect of Edward III's theory emphasizes the attitudes, commitment, and willingness of frontline implementers to carry out policy directives effectively. In this context, the success of HPV vaccination, VIA or HPV-DNA screening, and breast cancer early detection initiatives relies not only on formal guidelines but also on the motivation and beliefs of health workers, including midwives, nurses, physicians, and community health volunteers. When implementers hold positive attitudes such as believing in the importance of early detection, trusting the effectiveness of HPV vaccines, and feeling responsible for community health they are more proactive in outreach, patient education, and follow-up services. Conversely, hesitancy, lack of confidence in screening methods, or low motivation due to workload or insufficient incentives can weaken program execution, resulting in poor community participation and gaps in prevention efforts. Thus, disposition shapes how policies are internalized and practiced on the ground, demonstrating Edward III's argument that implementers' values and commitment significantly influence whether breast and cervical cancer prevention policies achieve meaningful health outcomes.

The attitude and commitment of policy implementers at the Sungai Besar Community Health Center are considered good. The Head of the Community Health Center demonstrates leadership that supports policy implementation, while health workers are highly aware of the importance of early cancer detection. However, the work motivation of some implementers is still influenced by external factors such as incentives and workload.

Rewards and motivational reinforcement are needed to maintain the enthusiasm of implementers to consistently implement the policy. In general, the implementer's disposition demonstrates a alignment between the policy objectives and the implementers' values.

Bureaucratic Structure in Preventing Breast and Cervical Cancer at the Sungai Besar Community Health Center

The implementation of breast and cervical cancer prevention programs within the bureaucratic structure aspect of Edward III's theory highlights how organizational arrangements, lines of authority, and standard operating procedures shape the effectiveness of program delivery. In practice, prevention efforts such as HPV vaccination, VIA or HPV-DNA screening, and breast cancer early detection rely on a coordinated structure that links national health authorities, provincial health offices, district health agencies, and frontline health facilities. A clear bureaucratic structure with well-defined roles, streamlined referral pathways, and integrated reporting systems enables efficient coordination of resources, monitoring, and service delivery. However, overly rigid hierarchies, fragmented responsibilities, or unclear decision-making channels can create bottlenecks, slow responses to supply shortages, and produce inconsistencies between policy intent and local implementation. Strengthening vertical and horizontal coordination, improving interoperability of health information systems, and simplifying administrative procedures therefore become essential to ensure that prevention programs operate smoothly. This illustrates Edward III's argument that bureaucratic structure directly influences policy outcomes, as the ability of institutions to work cohesively determines the reach, quality, and sustainability of breast and cervical cancer prevention efforts.

The bureaucratic structure at the Sungai Besar Community Health Center supports policy implementation. The division of duties between doctors, midwives, and cadres is clear, and is supported by Standard Operating Procedures (SOPs) that govern activity implementation. However, coordination across programs such as maternal and child health (MCH), health promotion, and laboratory services still needs to be strengthened.

Furthermore, the reporting mechanism for the results of early cancer detection activities is not optimal due to limited information systems and high administrative burdens. Data integration and simplification of the reporting system are needed to improve the effectiveness of policy implementation.

CONCLUSIONS

The implementation of Minister of Health Regulation No. 29 of 2017 at the Sungai Besar Community Health Center has generally gone well. Communication and the disposition of implementers are key strengths, while limited resources and bureaucratic coordination remain major obstacles.

To improve the effectiveness of the policy, the following is needed:

1. Capacity building and training of healthcare workers
2. Strengthening cross-sector communication and outreach media

3. Sustainable budget support from local governments
4. Improvement of SOPs and digital-based reporting systems

With these efforts, it is hoped that the early detection program for breast and cervical cancer can run more optimally and sustainably, and reduce cancer mortality among women in Indonesia.

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