

In Indonesia, stroke care delays accumulate on the way to treatment, new report finds

Indonesian experts call for capability-based referral routing, greater investment in trained stroke teams and broader insurance coverage to close the gap between Western and Eastern Indonesia.

JAKARTA, 2 September 2026 – Structural delays occurring before patients reach treatment remain the biggest barrier to timely stroke care in Indonesia, according to a new report, *Strengthening Stroke System Readiness Across ASEAN*, unveiled today by Siemens Healthineers at Hospital Management Asia 2026 in Bangkok, Thailand.

The report draws on insights from seven leading experts across Indonesia, Malaysia, the Philippines, Singapore, Thailand and Vietnam, including Dr. dr. Affan Priyambodo, Sp. BS (K), Subsp. N-Vas, Chief Medical Officer at Dr. Sardjito National General Hospital in Yogyakarta. Experts identified that in Indonesia, the dominant delay in stroke care is structural rather than clinical, with significant time lost during hospital referral and insurance processing before a patient ever reaches treatment.

Stroke is a leading cause of death and disability across the region: the World Health Organization's South-East Asia Region accounts for over 40% of global stroke mortality,¹ and carries nearly half of the developing world's total stroke burden, with severe long-term disability affecting roughly one-third of all stroke survivors². In Indonesia, stroke is the leading cause of death³, with the burden compounded by an ageing population⁴ and continuing disparities in access to specialist care between Western and Eastern Indonesia.

¹ Pandian JD, Padma Srivastava MV, Aaron S, et al. The burden, risk factors and unique etiologies of stroke in South-East Asia Region (SEAR). *Lancet Reg Health Southeast Asia*. 2023; **17**:100290. [doi:10.1016/j.lansea.2023.100290](https://doi.org/10.1016/j.lansea.2023.100290)

² Ng JC, Churojana A, Pongpech S, et al. Current state of acute stroke care in Southeast Asian countries. *Interv Neuroradiol*. 2019; **25**(3): 291-296. [doi:10.1177/1591019918811804](https://doi.org/10.1177/1591019918811804)

³ Health Development Policy Agency (BKPK), Ministry of Health, Republic of Indonesia. Utilizing Disease Burden Data for Health Policy Transformation, 11 November 2025, citing Global Burden of Disease (GBD) 2023 data, Institute for Health Metrics and Evaluation

⁴ Statistics Indonesia (BPS). 2025 Intercensal Population Survey (SUPAS), May 5, 2026

"Every healthcare system across Southeast Asia is at a different stage of its stroke care journey, yet many of the challenges are shared," said Fabrice Leguet, Managing Director ASEAN and Head of Enterprise Services Asia-Pacific & Japan, Siemens Healthineers.

"In Indonesia, that challenge is to confirm the correct type of Stroke in time. Improving outcomes depends on how effectively the entire stroke system works together, from recognizing symptoms and activating emergency medical services to rapid diagnosis, treatment and rehabilitation," said Alfred Fahringer, President Director, Indonesia, Siemens Healthineers.

Structural delays across the stroke pathway remain the greatest challenge in Indonesia

Indonesia has made substantial progress under its national stroke program, Program Pengampuan Stroke, which aims to build stroke care capability across all 514 districts and cities. As of April 2026, 231 districts could offer clot-dissolving medication (thrombolysis-capable), the standard emergency stroke treatment and 81 had the more advanced capability to physically remove blood clots or treat brain aneurysms (thrombectomy-capable), with a goal of full national thrombolysis coverage by 2027.

However, coverage remains highly uneven in Indonesia: almost all thrombectomy-capable districts are concentrated in the West, particularly Java, while Eastern Indonesia remains largely underserved. As a result, patients with the most severe strokes often need to be transferred from their initial hospital to a thrombectomy-capable facility – a critical source of delay in the treatment pathway. That delay is compounded before a patient is even transferred: low public awareness of stroke symptoms slows initial recognition, the absence of a unified emergency medical services (EMS) and triage protocol leaves many arriving without a clear plan of care, and in-hospital workflows vary widely from one facility to the next.

Financing adds a further layer of delay. Indonesia's national health insurance scheme, BPJS Kesehatan, provides broad coverage, though gaps in funding for emergency and specialized stroke treatment can slow access for some patients even where capacity exists.

A national model with local innovation

While no single model can be applied across every country, the report highlights approaches that are already demonstrating how the challenges can be addressed. In Yogyakarta and Bali, a 'hub-and-spoke' model has shown how centralising stroke care can improve outcomes across a wider catchment area. At Dr. Sardjito National General Hospital in Yogyakarta, open vascular and endovascular stroke procedures are delivered by a single, integrated team, reducing dependence on any one skill set and helping to keep services running around the clock.

AI can support faster, more coordinated stroke care

Artificial intelligence was identified across the region as an important enabler of more connected stroke care, particularly in countries like Indonesia, where geographic distance separates many patients from stroke care. AI-enhanced tele-stroke networks could support referring hospitals with rapid imaging interpretation and decision support, helping extend specialist expertise into Eastern Indonesia. The experts stressed, however, that technology is most effective when integrated into well-designed clinical pathways and supported by trained professionals, robust referral networks and standardized care protocols.

Five priorities for strengthening stroke readiness

Beyond expanding infrastructure, experts agreed that the next phase of stroke care in Indonesia depends on how effectively patients are routed through the system that already exists. Immediate priorities for Indonesia include:

1. Strengthening referral pathways and inter-hospital coordination to reduce transfer delays
2. Moving from proximity-based to capability-based routing, sending patients directly to thrombectomy-capable centres
3. Investing in trained neurointerventional nurses alongside new equipment
4. Treating the stroke network as one system, with round-the-clock capability at comprehensive centres
5. Improving public recognition of the FAST warning signs

“Stroke care depends on a chain of decisions and actions that begins before a patient reaches hospital. No single institution or technology can strengthen that chain alone,” said Fahringer. “The hub-and-spoke model we’ve seen in Yogyakarta and Bali shows what that looks like in practice and the same principle must be scaled into a truly national referral network, so that geography no longer determines the level of care a patient receives.”

Read the full report [here](#).

Notes to editors: The ASEAN Stroke Response Insights Board brought together seven leading stroke experts from Indonesia, Malaysia, the Philippines, Singapore, Thailand and Vietnam to discuss stroke system readiness across Southeast Asia. Indonesia was represented by Dr. dr. Affan Priyambodo, Sp. BS (K), Subsp. N-Vas, Chief Medical Officer at Dr. Sardjito National General Hospital, Yogyakarta. Through a structured regional dialogue, participants shared country-specific experiences, identified common barriers across the

stroke care pathway and developed practical recommendations to strengthen coordination, improve access and accelerate timely stroke care across the region.

Media contacts

Yanant Aung

+65 9138 4614; yanant@spurwingcomms.com

Tim Cheok

+65 9054 0476; tim@spurwingcomms.com

Kyle Dacosta

+65 9863 2203; kyle.dacosta@siemens-healthineers.com

Evan Akira Zuraida

+62 811 965 09947; evan.akira@siemens-healthineers.com

Visit the [Siemens Healthineers Press Center](#).

Subscribe to our [“Medtech matters” newsletter on LinkedIn](#).

Siemens Healthineers pioneers breakthroughs in healthcare. For everyone. Everywhere. Sustainably. The company is a global provider of healthcare equipment, solutions and services, with activities in more than 180 countries and direct representation in more than 70. The group comprises Siemens Healthineers AG, listed as SHL in Frankfurt, Germany, and its subsidiaries. As a leading medical technology company, Siemens Healthineers is committed to improving access to healthcare for underserved communities worldwide and is striving to overcome the most threatening diseases. The company is principally active in the areas of imaging, diagnostics, cancer care and minimally invasive therapies, augmented by digital technology and artificial intelligence. In fiscal 2025, which ended on September 30, 2025, Siemens Healthineers had approximately 74,000 employees worldwide and generated revenue of around €23.4 billion. Further information is available at [siemens-healthineers.com](https://www.siemens-healthineers.com).