

# Tackling The Double Disease Burden

## A Nationwide Push for Healthier Behaviors

April 2026 Edition



**This publication** is intended to spark ideas and raise awareness for The World Health Day (7 April). This content is developed from our independent desk research, aiming to contribute to Indonesia's healthcare landscape.

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## A Day in Bunga's Life: From Home to School and Back

From Home

On the Way to School



Stop at a candy street vendor. Buys high-sugary snacks and unsafe street food



At school sleepy, less focused due to high sugar intake

- High blood sugar, untested for diabetes



Back Home

Health Outcomes



- Plays with mother's phone
- Poor sanitation

High Risk of Sickness



- Diarrhea episodes
- Doesn't wash hands
- Unclean water



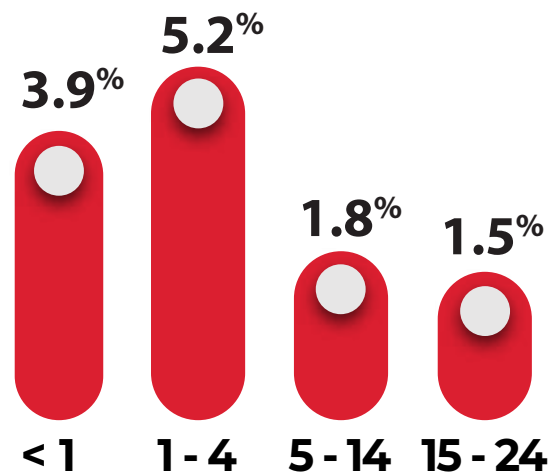
High Risk of Sickness

**Bunga is not alone—double disease burden is more common than we think. Our daily habits shape not only our health today but the future health of our nation.**

## Double Disease Burden



**1 in 9** adults have **diabetes** in 2023 based on blood sugar level<sup>1</sup>



Prevalence of **diarrhea** is highest among children aged 1-4 years<sup>1</sup>



**66.4%** adults have never checked their blood sugar, and only **51.1%** shown proper hand hygiene behavior<sup>1</sup>

## Key Behavior Drivers



Addressing unhealthy diets, physical inactivity, smoking and vaping, and hygiene behavior are critical to curb NCD prevalence<sup>2, 3, 4</sup>



Improving hygiene and sanitation, preventive measures and vaccination are essential to lowering infectious disease rates<sup>5</sup>

## Government Action



The Indonesian government has responded to the double burden of disease through nationwide health promotions—such as stunting reduction (RAN PASTI), tuberculosis elimination (TOSS TB), and healthier lifestyle (GERMAS). These efforts should be evaluated to assess their impact on unhealthy behaviors and the double disease burden. **This analysis uses the example of GERMAS, which has been implemented since 2017.**

Source: <sup>1</sup> Indonesian Health Survey (2023), <sup>2</sup> Nasution, I.S (2025), <sup>3</sup> Maulida, H., et al. (2020), <sup>4</sup> Irawan, A., et al. (2020), <sup>5</sup> WHO (2019), multiple sources see 'Works Cited'

## The government has advanced a nationwide GERMAS movement to promote healthy lifestyles, though key strategic gaps remain unaddressed.

### CORE STRENGTHS



Six concise, behavior-change messages: physical activity, healthy daily habits, improved nutrition, early detection, a cleaner environment, and health education<sup>1</sup>

### STRATEGIC GAPS



GERMAS is widely perceived as a District Health Office initiative, despite being a cross-sectoral national program<sup>3,5,6</sup>



Some key messages may be perceived as impractical to apply in daily life. Actions like reading food labels are often seen as complicated and unnecessary.

## Public Perception



Regional governments are mandated to formulate and adopt local policies to implement GERMAS<sup>1</sup>



Implementation remains uneven across regions<sup>3,4</sup> with well-resourced local governments leading GERMAS while others lag due to limited capacity and prioritization.



Funding from state budget (APBN) and regional budget (APBD) of the respective ministries/agencies/local governments<sup>1,2</sup>



GERMAS implementation is not systematically targeted based on evidence of higher NCD and infectious disease burdens.

## Execution



Positioning GERMAS through a multisectoral lens aligned with sectoral priorities and KPIs, fostering collaboration to drive a collective approach.



The movement has limited grounding in a framework and mandate guided by a theory of change to ensure long-term sustainability and effective behavioral impact.

## Foundation

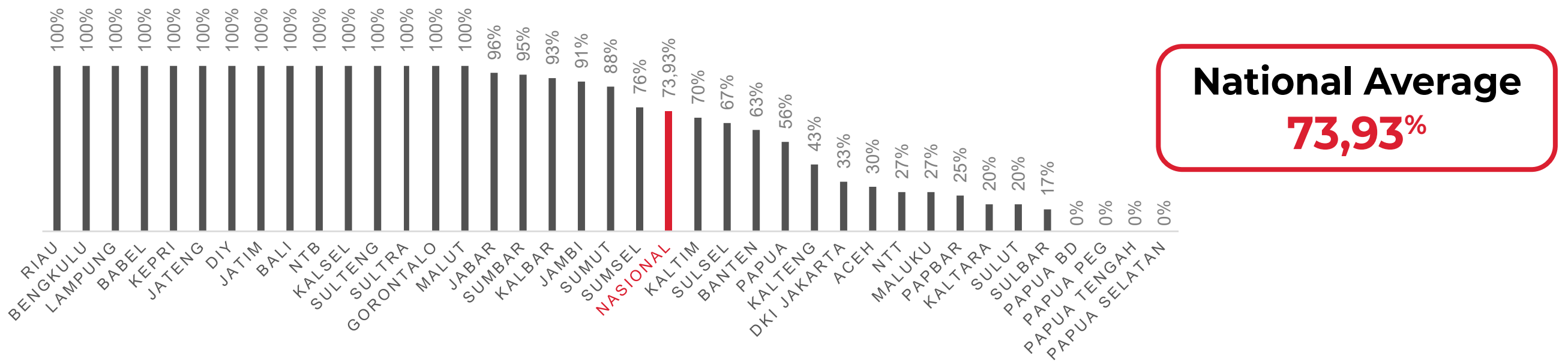
Source: <sup>1)</sup> Instruction of the President No. 1/2017 about GERMAS, <sup>2)</sup> Regulation of the Head of Bappenas No. 11/2017, <sup>3)</sup> MoH GERMAS Evaluation Report (2024), <sup>4)</sup> Nasution, I.S (2025), <sup>5)</sup> Nursalamah, M., et.al (2021), <sup>6)</sup> Setiaji B. (2025), multiple sources see 'Works Cited'

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**While evaluations have been conducted, there is a strong need to link activities to measurable outcomes and define clear calls to action.**

## MoH GERMAS Evaluation Report 2024

### PERCENTAGE OF DISTRICTS/CITIES IMPLEMENTING THE GERMAS POLICY IN 2023



**National Average**  
**73,93%**

### BEST PRACTICE GERMAS



**Kampung GERMAS**



**Car Free Day**

These best practices involve multi-stakeholder collaboration that aims to embed healthy behaviors into societal culture

**!** MoH has evaluated GERMAS, but assessments largely focus on activity outputs. What remains lacking is a **clear connection between GERMAS activities and the intended outcome on behavior change and health literacy**

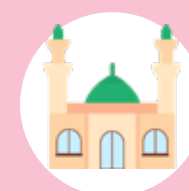
### STAKEHOLDER ANALYSIS

Although the movement strongly encourages multi-sector collaboration, **strategically engaging underutilized actors and communication channels** is essential to enhance campaign

#### Health Literacy



Key Opinion Leaders



Faith-based organizations



Pop culture & Edutainment

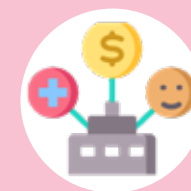
#### Community Empowerment



Other district offices



Small Businesses



Health tech start-ups

#### Monitoring & Evaluation



Research and Academics

Source: MoH GERMAS Evaluation Report (2024), multiple sources see 'Works Cited'

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## The ABC Recommendation

**Current health promotion largely raises awareness, which alone does not lead to sustained behavior change; future efforts must actively stimulate action.**

# A

### Apply Segmentation & Targeting

Low health literacy curb campaign messaging, different groups respond and behave differently. Segmenting messaging and activity to target audience will increase campaign effectiveness. Initiatives should focus central support on high-burden areas with limited government resources, emphasizing local leadership and community empowerment for effective, locally-driven implementation.

# B

### Bridge Awareness to Action

Policies should shift toward fostering a health-oriented culture by reinforcing sustainable, consistent programs and phasing out one-off initiatives. Develop a clear behavior-change initiative framework and roadmap to ensure coordinated program, strengthen planning and budgeting, and enhance cross-ministerial alignment. Policy evaluation should focus on health outcomes and beyond (such as health literacy, productivity and human capital development) guided by the program's theory of change to inform follow-up actions.

# C

### Control on Conflicting Messages

Ensure consistent messages that avoid contradictions or confusions — for example, promoting healthy diets by implementing tighter controls on junk food advertising and the promotion of unsafe food products.

**If we don't start now,  
what will Bunga's future  
look like in the next  
10 years?**

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