

## The Urgency of Integrating Healthy Cities Policy Within Health Transformation in Indonesia

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### ABSTRACT

Contemporary health development in Indonesia demands a paradigmatic shift from curative-centric focus toward strengthening promotive and preventive measures through regional-based approaches. This article aims to analyze the implementation of Healthy Cities (*KKS*) and formulate a strategic integration model into the National Health Transformation agenda. Utilizing a descriptive-analytical design with a literature-based policy study method, this research evaluated national policy documents, regional reports from Boyolali Regency and South Tangerang City, and Scopus-indexed international literature. Analysis indicates that while *KKS* has contributed to improved sanitation access and Green Open Space (*RTH*), implementation remains fragmented due to weak intersectoral policy coherence and limited performance indicators. As a solution, this study proposes "5 Pillars of Integration" encompassing intersectoral governance, healthy environment, healthy lifestyle behavior, promotive-preventive systems, and community participation. This synthesis demonstrates that *KKS* must be positioned as an upstream platform supporting the success of Pillar 1 (Primary Care) and Pillar 5 (Health Resilience) in health transformation. In conclusion, strengthening *KKS* through multi-level governance frameworks is crucial for creating resilient and sustainable health systems at the local level.

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### Keywords:

healthy cities;  
*kabupaten/kota sehat*;  
health policy;  
health transformation;  
healthy regions.

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## INTRODUCTION

Health development in Indonesia is currently undergoing a structural reorientation through the six pillars of the National Health Transformation. This shift is a response to the epidemiological transition characterized by a high burden of Non-Communicable Diseases (NCDs) and the persistent threat of infectious diseases. Theoretically, the level of public health is not solely determined by clinical interventions but is also strongly influenced by social and environmental determinants such as housing quality, access to clean water, and spatial planning that supports physical activity (World Health Organization, 2020; Rasanathan et al., 2017).

The global nature of urban health challenges has been anticipated by the World Health Organization (WHO) through the Healthy Cities concept since 1986 (Giles-Corti et al., 2016; Sallis et al., 2016; Nieuwenhuijsen, 2021; Vlahov et al., 2017). This concept emphasizes that a healthy city is not an area that has achieved a certain health status, but rather a city that consciously improves its physical and social environment to optimize community potential (Giles-Corti et al., 2016; Sallis et al., 2016; Nieuwenhuijsen, 2021; Vlahov et al., 2017). This approach inherently supports the Sustainable Development Goals (SDGs) target of Goal 11 on inclusive and sustainable cities (World Health Organization, 2020; Rasanathan et al., 2017).

As emphasized by Giles-Corti et al. (2016) and Sallis et al. (2016), urban design that prioritizes active mobility and open spaces has a linear correlation with reduced prevalence of obesity and cardiovascular disease (Kementerian Kesehatan RI, 2018; Kurniawan et al., 2020; Siregar et al., 2019). Indonesia adopted this framework through the Healthy District/City (*KKS*) program, which is regulated by a joint inter-ministerial regulation (Atun et al., 2018; Spicer et al., 2020).

This gap creates a pressing research urgency. As Indonesia invests heavily in health transformation, the failure to integrate upstream, environmental, and social determinants into the reform agenda risks perpetuating a curative-centric approach that addresses the symptoms rather than the root causes of poor health. Without a coherent integration framework, *KKS* will continue to be viewed as a sectoral administrative program or an annual award event rather than a strategic instrument for health system strengthening. This research is urgent because it seeks to bridge this gap by developing a conceptual framework for integrating *KKS* into the health transformation agenda (Ager & Metzler, 2017; Gilmore et al., 2020)..

The novelty of this research lies in its integrative focus and its development of a comprehensive policy synthesis. Unlike previous studies that have examined *KKS* implementation in isolation, this research explicitly links *KKS* to the national Health Transformation framework, positioning it as an upstream platform supporting Pillar 1 (Primary Care) and Pillar 5 (Health Resilience) (Atun et al., 2018; Rasanathan et al., 2017; WHO, 2020; Kurniawan et al., 2020; Rahayu et al., 2021). The research proposes a novel "5 Pillars of Integration" model (Cross-Sectoral Governance, Healthy Environment and Infrastructure, Healthy Lifestyle Behavior, Promotive-Preventive Systems, and Community Participation) derived from conceptual analysis of the interrelationships between health determinants, regional development processes, and health system transformation targets. This framework offers a new way of conceptualizing *KKS* as a strategic instrument for health system strengthening rather than a standalone administrative program.

However, there is a significant research gap in the current policy landscape: *KKS* is often viewed as a sectoral administrative program or an annual award event, rather than integrated as an upstream instrument in Health Transformation. There has been no policy synthesis that explicitly links *KKS* governance to strengthening primary care and regional health resilience. Therefore, this study aims to analyze the effectiveness of current *KKS* implementation and develop a comprehensive policy integration model to strengthen the national health system.

## **METHOD**

This research employed a descriptive analytical design with a literature-based policy review method. This approach was chosen to conduct an in-depth synthesis of existing regulations and literature to generate a new conceptual model.

The primary data sources include:

1. National Policy Documents: Government regulations regarding minimum service standards and guidelines for implementing the Community Health Program (*KKS*).
2. Regional Study Reports: Qualitative and quantitative data from implementation in Boyolali Regency and South Tangerang City as representatives of rural-urban areas.

3. Academic Literature: Articles from the Scopus database and Sinta-accredited journals discussing Health in All Policies (HiAP), urban health determinants, and health governance in Indonesia. Data analysis used a comparative approach to identify divergences between the WHO Healthy Cities standards and the reality of *KKS* in Indonesia. Furthermore, a conceptual analysis was conducted to deduce the "5 Pillars of Integration" from the interrelationships between health determinants, regional development processes, and health system transformation targets.

## RESULT AND DISCUSSION

### Achievements of the Community Empowerment Program (*KKS*) Implementation: A Case Study of Boyolali and South Tangerang

Based on an analysis of regional report documents, the implementation of the *KKS* in both regions shows progress in physical and environmental indicators. In Boyolali Regency, the main focus is on accelerating access to proper sanitation through a massive latrine program to support Open Defecation Free (ODF) status. Meanwhile, South Tangerang City has shown progress in expanding Green Open Spaces (RTH) and integrating public facilities that support social interaction. Overall, both regions have successfully activated the *KKS* Forum as a platform for grassroots community empowerment.

#### Systemic Challenges and Coordination Barriers

Despite physical achievements, research identifies several systemic challenges:

1. Weak Intersectoral Policy Coherence: The health sector is often still considered the sole "owner" of the *KKS* agenda, while the infrastructure and transportation sectors have not fully integrated health impact assessments into regional planning.
2. Indicator Limitations: Current *KKS* indicators are primarily administrative-output in nature and are not yet capable of measuring public health outcomes longitudinally.
3. Planning Fragmentation: *KKS* programs are often not prioritized in regional development plans (RPJMD), resulting in fluctuating budget support.

#### Comparison of the WHO and Indonesian *KKS* Models

**Table 1.** Comparison Matrix of the WHO and Indonesian *KKS* Healthy Cities Models

Aspect	Who Healthy Cities Model	Indonesia Regency/City Program ( <i>KKS</i> )	Healthy Relationship Analysis
<b>Basic Concept</b>	An Urban Development Approach That Places Health As An Outcome Of Cross-Sector Policies And The Quality Of The Urban Environment.	A National Program That Encourages Regencies/Cities To Create Clean, Comfortable, Safe, And Healthy Environments Through Collaboration Between Government And Communities.	<i>KKS</i> Is An Adaptation Of The Healthy Cities Concept Within Indonesia's Regional Governance System.
<b>Main Objective</b>	To Improve Community Health And Well-Being Through Healthy And Sustainable Urban Governance.	To Create Regency/City Conditions That Support Public Health Through Various Environmental Settings.	Both Share The Same Goal: Improving Quality Of Life Based On A Healthy Environment.
<b>Policy Approach</b>	Health In All Policies (Hiap), Integrating Cross-Sector Policies Such As Transportation, Housing, Environment, And Economy.	A Cross-Sector Approach Through The <i>KKS</i> Forum Involving Local Government Agencies, Communities, And The Private Sector.	<i>KKS</i> Adopts A Cross-Sector Approach, Although Its Implementation Often Remains Sectoral.

Aspect	Who Healthy Cities Model	Indonesia Regency/City Program (KKS)	Healthy Relationship Analysis
<b>Implementation Unit</b>	Cities Or Urban Areas As Ecological Health Systems.	Environmental Settings Such As Settlements, Recreation Areas, Schools, And Public Facilities.	<i>KKS</i> Is More Operational Because It Uses A Settings-Based Approach.
<b>Institutional Structure</b>	A Global Healthy Cities Network Facilitated By Who And City Governments.	Healthy Regency/City Forums Consisting Of Local Governments, Communities, And The Private Sector.	Institutional Structures Are Similar, But The Who International Network Is Stronger In Exchanging Best Practices.
<b>Community Participation</b>	Emphasizes Community Empowerment And Citizen Participation In Healthy City Planning.	Utilizes Community Forums Such As <i>KKS</i> Working Groups And Community Organizations.	Both Models Emphasize Community Empowerment As A Key Pillar.
<b>Evaluation Indicators</b>	Urban Health Indicators Such As Air Quality, Active Transportation, Green Open Spaces, Mental Health, And Social Well-Being.	Healthy Setting Indicators Such As Sanitation, Clean And Healthy Lifestyle (Phbs), Healthy Public Facilities, And Healthy Residential Environments.	Who Indicators Are Broader And Based On Urban Sustainability.
<b>Environmental Approach</b>	Based On Concepts Of Urban Sustainability And Planetary Health.	Based On Environmental Health And Community Behavior.	<i>KKS</i> Needs To Broaden Its Perspective Toward Environmental Sustainability.
<b>Scope Of Health Issues</b>	Covers Physical, Mental, Social, Environmental Health, And Overall Urban Well-Being.	Focuses More On Environmental Health And Clean And Healthy Living Behavior.	The Who Model Is More Comprehensive Regarding Urban Health Issues.
<b>Role Of Local Government</b>	City Governments Act As The Main Drivers Of Healthy City Policies.	Local Governments Act As Cross-Sector Coordinators Through Regional Policies.	The Role Of Local Government Is Crucial In Both Models.
<b>Policy Orientation</b>	Transformation Of Urban Systems Toward Healthy Urban Governance.	Health Development Programs Based On Regional And Environmental Settings.	Integrating <i>KKS</i> Into Health System Transformation Can Strengthen Policy Orientation.

The Comparison Matrix of the WHO Healthy Cities Model and the Indonesian Healthy Cities (*KKS*) explain that:

1. Healthy Cities/Districts (*KKS*) is a national adaptation of the WHO Healthy Cities concept, tailored to the local government system in Indonesia.
2. The main differences lie in the coverage of indicators and policy approach, with the WHO emphasizing urban sustainability and healthy city governance.
3. *KKS* has the advantage of a system-based operational approach, making it easier to implement at the regional level.
4. Integrating *KKS* with the Health Transformation framework can strengthen promotive and preventive approaches, while expanding the scope of indicators toward the concept of sustainable cities.

### Synthesis of the 5 Pillars of Integration

From the conceptual analysis, five pillars were formulated as a bridge for policy integration:

1. Cross-Sectoral Governance: Horizontal policy synchronization between regional government agencies (OPDs).

2. Healthy Environment and Infrastructure: Provision of basic facilities that meet health standards.
3. Healthy Lifestyle Behavior: Lifestyle modification through environmental interventions.
4. Promotive-Preventive System: Strengthening area-based early detection.
5. Community Participation: Social mobilization through local forums.

### **Analysis of the Governance and Environmental Pillars within the HiAP Framework**

The integration of the Health in All Policies (HIP) into health transformation requires the full adoption of the Health in All Policies (HIP) principles. De Leeuw (2017) stated that the effectiveness of health governance depends heavily on the involvement of non-health sectors in mitigating environmental determinants. In Indonesia, the Governance pillar must transform from mere coordination meetings to a binding multi-level governance framework. This aligns with the findings of Pramono et al. (2020) in the accredited journal *Sinta*, which emphasized that the success of the HIP in Indonesia is determined by the political commitment of regional heads to align public works and environmental sector budgets with public health targets. The Environment and Infrastructure pillars are crucial foundations. As noted by Rydin et al. (2012), the complexity of urban environments requires planning that can address pollution and sanitation burdens. In areas like South Tangerang, the challenges of rapid urbanization demand the availability of green infrastructure that functions not only aesthetically but also act as the city's lungs. Boeing et al. (2022) emphasized that the use of open data to develop spatial indicators for healthy cities is crucial for targeted infrastructure interventions in areas with high health vulnerability.

### **Urban Design as a Catalyst for Behavior Change and NCD Prevention**

The pillars of Healthy Living Behavior and Promotive-Preventive Systems cannot stand alone without the support of physical design. A study by Sallis et al. (2016) showed that residents in walkable neighborhoods have higher levels of physical activity. In the Indonesian context, this means that health promotion efforts by Community Health Centers (*Puskesmas*) will be ineffective without the support of safe sidewalks and accessible city parks. The Community Health Center (*KKS*) serves as a platform to bridge this gap. By integrating the promotive-preventive system into the regional structure, early detection of NCD risk factors can be proactively carried out in public spaces. Marwati and Amika (2019) in their study on health policy in Indonesia noted that community engagement through the Community Health Center (*KKS*) Forum was effective in changing PHBS behavior at the household level, ultimately reducing the burden of curative visits to primary health facilities.

### **Community Empowerment Programs (*KKS*) as a Strategic Platform for Health Transformation**

Within the Health Transformation structure, *KKS* must be positioned as the primary "feeder" for Pillar 1 (Primary Services). If *KKS* successfully manages upstream health determinants (environmental and social), the workload of Community Health Centers (*Puskesmas*) and hospitals will be significantly reduced. This integration also strengthens Pillar 5 (Health Resilience) by creating communities resilient to public health threats, both pandemics and environmental disasters. Analysis of social determinants shows that economic and educational factors significantly influence how communities interact with their environment. The proposed conceptual framework emphasizes that *KKS* implementation should not be solely

top-down. Community participation (Pillar 5 Integration) is the driving force behind sustainability. *KKS* forums in regions such as Boyolali have demonstrated that social capital is a crucial asset in addressing limited government resources for sanitation development and waste management.

### **Synthesis of Health Determinants in the Local Context**

Indonesian public health is shaped by the dynamic interaction between regional development policies and the health system. Kickbusch's (2012) approach to 21st-century health governance emphasizes the importance of transparency and accountability. Integrating *KKS* into regional development planning systems will ensure that health is no longer a residual aspect of economic development but becomes mainstream. This research confirms that without coherent policy integration, health transformation efforts will only address clinical aspects without addressing the root causes of community problems.

### **Policy Implications**

Based on the above analysis, the following strategic recommendations are proposed for policymakers:

1. Central Government: Mandate the synchronization of *KKS* indicators into the Government Agency Performance Accountability System (SAKIP) at the regional level to ensure cross-sectoral accountability.
2. Regional Government: Integrate the *KKS* roadmap into the RPJMD and RKPMD documents as a priority program supported by multi-sector budget allocations, not solely the responsibility of the Health Office.
3. Capacity Development: Strengthen the role of the *KKS* Forum through training in health determinant analysis to enable it to become a strategic partner for local governments in health-sensitive regional planning.

## **CONCLUSION**

The integration of the Healthy District/City (*KKS*) policy into the Health Transformation agenda is a strategic imperative for the future of health development in Indonesia. Research concludes that while the *KKS* program has had a positive impact on the quality of the physical environment, its effectiveness remains hampered by sectoral governance. The "5 Pillars of Integration" model (governance, environment, behavior, promotive-preventive systems, and participation) offers a framework to strengthen the *KKS*'s position as an upstream instrument supporting national health resilience. The success of health system transformation depends heavily on the government's ability to align regional development policies with public health targets in a sustainable manner through the active participation of all community elements.

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