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Editorial Protocol: The Lifestyle Crisis Meets Systemic Fragility

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ABSTRACT. This editorial synthesizes recent evidence to highlight a critical convergence in Indonesia's public health landscape: the rapid escalation of unhealthy lifestyle behaviors colliding with a health system facing structural and fiscal constraints. While the Jaminan Kesehatan Nasional (JKN) has achieved remarkable nominal coverage, new data reveals that the system is ill-equipped to handle the surging "double burden" of disease driven by physical inactivity and obesity. We argue that without an urgent shift from curative care to preventive lifestyle interventions, the fiscal sustainability of Indonesia's health reform is at risk © 2026 Published by Public Knowledge Project (PKP).

Keywords: Jaminan Kesehatan Nasional (JKN), Double burden of disease, Unhealthy lifestyle behaviors, Physical inactivity Obesity, Preventive interventions, Curative care, Fiscal sustainability, Health system constraints, public health policy.

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Introduction

Indonesia stands at a precarious intersection of demographic success and epidemiological danger. Recent analyses present a paradoxical reality: while the nation has successfully expanded Universal Health Coverage (UHC) to over 84% of its population (Esfandyari et al., 2025), the health of the average citizen is deteriorating due to modifiable risk factors.

A longitudinal study of 2.3 million adults reveals a dramatic rise in sedentary lifestyles and obesity over the last 16 years (HN & KK, 2025). This editorial posits that the current health system, which spends only 3.1% of GDP on health (Esfandyari et al., 2025), cannot sustain the rising cost of treating lifestyle-related non-communicable diseases (NCDs) unless immediate action is taken to address the root causes.

In The Rise of the Lifestyle Epidemic the transition from traditional to modern living in Indonesia has come with a heavy price. Data from 2007 to 2023 indicates that the prevalence of obesity has nearly doubled, reaching 47.3% (HN & KK, 2025). This is not merely a cosmetic issue but a cause of metabolic diseases that demand long-term, expensive care.

While smoking rates have seen a modest decline, the aggregation of risks is alarming. The proportion of adults engaging in multiple unhealthy lifestyle behaviors—specifically poor diet, inactivity, and unhealthy weight—has surged to 40.1% (HN & KK, 2025). This creates a tsunami of demand for chronic disease management that the current primary care system is unprepared to absorb.

Systemic Fragility, The Coverage Paradox was Understanding the impact of these lifestyle trends requires looking at the system's capacity. Esfandyari et al. (2025) identify a coverage paradox where financial barriers to entry are lowered, but the quality of care is compromised by supply-side bottlenecks.

With a physician density of only 0.4 per 1,000 population and a hospital bed ratio significantly below global benchmarks, the system is already strained (Esfandyari et al., 2025). The influx of patients suffering from lifestyle-induced conditions (diabetes, hypertension, cardiovascular disease) threatens to overwhelm these limited resources. The current model, which incentivizes referrals over primary prevention, creates a perverse incentive that inflates costs (Esfandyari et al., 2025).

The Urban Paradox and Social Determinants

Both studies highlight a counterintuitive trend regarding urbanization and status. Unhealthy lifestyle behaviors are increasingly concentrated among the urban, educated, and employed population (HN & KK, 2025). Simultaneously, these urban centers face high hospital occupancy rates and long waiting times (Esfandyari et al., 2025).

This suggests that economic development in Indonesia has created an environment that promotes physical inactivity and poor dietary choices, while the health system has not yet pivoted to manage the consequences of this modern lifestyle.

Conclusion: The Economic Imperative for Prevention

The evidence is clear: Indonesia cannot build enough hospitals to treat its way out of the lifestyle crisis. With health spending significantly lower than regional peers like Thailand and Vietnam (Esfandyari et al., 2025), the fiscal space does not exist to support a curative-focused approach to NCDs.

The path forward requires aligning the findings of these two major studies. The "Workforce Transformation" and Fiscal Expansion proposed by Esfandyari et al. (2025) must be strictly tied to the lifestyle interventions highlighted by HN & KK (2025). Policy must shift from paying for "sickness" to paying for "wellness," empowering primary care centers (Puskesmas) to become hubs for lifestyle modification and physical activity promotion.

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