cisdi

Annual Report 2025

Forging Direction, Affirming Impact

cisdi
Center for Indonesia's Strategic Development Initiatives

CISDI Annual Report 2025:
Forging Direction, Affirming Impact

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OPENING REMARKS

Forging Direction: CISDI's Commitment to Staying Relevant

2025 marked eleventh years of CISDI's journey in advancing a more equitable and people-centered health development agenda. This year, we took a moment to reflect on our organization commitments and strategic direction, with the awareness that organization must be resilient and remain adaptive through any condition. Through an internal transformation agenda, we renewed our mission and organisational identity as a *center of expertise*, reflecting a commitment to produce knowledge and bring it as the foundation of practice and policy. This process also sharpened our organizational values, strengthening both our internal capacity and strategic position. We put that commitment into practice through a cycle of work that connects evidence to program implementation, public campaigns, policy advocacy, and cross-sector collaboration.

Research is our starting point, from Human Resources for Health modelling to the implementation research that conducted in close collaboration with community health workers at *posyandu* (primary care level). In the field, the PN PRIMA programme entered its phasing-over stage after reaching more than 34,000 people through 465 community health workers in Depok City and Bekasi Regency, with a sustainability package managed directly by the local health offices. The *Keluarga Berimun* (Immunization) campaign and PRIMA Application continue to be refined as digital instruments that widen our research and public trust.

In advocacy, we monitored two national priority programs, *Cek Kesehatan Gratis* (free health screening) and *Makan Bergizi Gratis* (free nutritious meals) by delivering evidence-based recommendations to the decision-makers. Our long-standing commitment to tobacco control and healthy food environments also produced a concrete milestone: the launch of *Kantin Sehat* (healthy canteen) program with the Jakarta Provincial Government, proof that advocacy can translate into actionable public policy.

On the global stage, we took part in the 78th World Health Assembly, the World Conference on Tobacco Control, and the 80th UN General Assembly. Across these three forums, CISDI carried experience from Indonesia to international policy discussions. Closer to home, we began laying the foundations of the Primary Healthcare Impact Lab (PHIL) in Tegal together with Universitas Harkat Negeri, Harvard Medical School Office for Research Initiatives and Global Programs, and PT Tamaris Hidro. PHIL serves as a non-clinical policy and innovation platform for research, leadership development, student engagement, and cross-sector dialogue.

None of the journey and achievements of 2025 would have been possible without the trust and hard work of many people. Our thanks go to all partners, networks, collaborators, community health workers, media, and the entire CISDI team who kept moving with such dedication. This report is not only a record of what we learned and what we did. It is also an invitation to continue what remains unfinished, and what deserves to be carried forward.

"The work of improving the health system is never truly finished. But every step taken on the side of the people will always be meaningful."

Diah Satyani Saminarsih

Founder & Chief Executive Officer,
CISDI

CISDI is a center of expertise that aims to advance health system strengthening and development through community-engaged approaches, targeted research, policy advocacy, and campaigns.

Driven by our leadership and a team spanning multidisciplines and areas of expertise, CISDI continues to grow as a strategic partner for government, the private sector, academia, and communities at sub-national, national, and global levels, working towards a more equitable and impactful health system.

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Organizational Transformation

2025 was an important year for CISDI to rethink its role and direction within an increasingly complex health development landscape. Evolving challenges call for an approach that is not only adaptive, but also more focused and sustainable.
This transformation touched three layers at once: our strategic direction, ways of working, identity, and how we communicate.

Renewing Our Vision and Strategy

Alongside the organizational transformation over the past year, CISDI renewed its mission as a foundation to sharpen the focus of work and impact we want to achieve. A key shift involves positioning CISDI as a center of expertise, reinforcing our commitment to place knowledge as the foundation of practice and policy.

The transformation process produced five mission pillars that now frame all of our work, and six values that shape how the CISDI team works and grows.

Transforming How We Work

We redesigned our work processes so that every initiative, from research through to advocacy, runs in a more connected way rather than silos. This process was developed through participative approach, where everyone across functions could give direct input on the organization's direction.

Our Work

CISDI strengthens organizational position as a *center of expertise* that integrates the full cycle of research, implementation, advocacy, and communication.

Within this cycle, our five mission pillars define our scope of work: from research, program implementation, enabling public participation and awareness, to health rights advocacy, as well as collaboration and strategic forums.

2025 Kaleidoscope

A series of significant moments shaped CISDI's journey throughout 2025: collaborations, achievements, and key events that reflect the rhythm of our work.

Januari

Training of Trainers Field Facilitators and PN PRIMA Community Health Worker (21/1)

Februari

Launching the Free Nutritious Meals Study, Second Edition (6/2)

Maret

- World Obesity Day: MISSION POSSIBLE — Resep Berbuka Sehat (Healthy Iftar Recipes) (8/3)
- Global Learning Collaborative for Health System Resilience — Introducing Supportive Supervision (11/3)
- Photo & Video Workshop: Kita Berhak Sehat (We Have the Right to Be Healthy) (19/3)
- TRACK Community Meetup (21/3)

April

Research Launch: Impact of Cigarette Prices and Social Factors on Youth Smoking Initiation in Indonesia (24/4)

Mei

- Joint Learning with Local Governments: *Cek Kesehatan Gratis Series* (Free Health Screening) (9/5)
- 78th WHA Side Event (19–20/5)
- Health Inc Networthing (24/5)
- CISDI Goes to Campus x Sumatera Utara University (26/5)

Juni

- World Conference on Tobacco Control 2025 Dublin (23-25/6)
- Health Inc #NggaHarusNgebutTerus: *Merawat Diri di Kota yang Sibuk* (You Don't Always Have to Rush: Caring for Yourself in a Busy City) (26/6)

Juli

- Health Inc *#BeraniPilihPangan* (Dare to Choose Your Food) (5/7)
- The *Berani Sehat* Festival (Dare to Be Healthy Festival) (26–27/7)
- Harkat Negeri University— *Public Lecture Series* (28/7)

Agustus

Dialogue between CISDI and the Kementerian Kesehatan (Ministry of Health) on Tobacco Excise Policy Reform in Indonesia (14/8)

September

- Dissemination of the Price Elasticity Study (10/9)
- CISDI at the UNGA 80 Side Event (24–25/9)
- CISDI Goes to Campus x Universitas Gadjah Mada (23/9)
- Hearing with Commission IX of the DPR RI together with GKIA, CISDI, and JPPI (22/9)

Oktober

Health Inc × STAND, Community Support System Matters: *Saling Hadir, Saling Kuat* (Showing Up for One Another, Growing Stronger Together) (11/10)

November

- Launch of the Kajian Suara Anak (Children's Voices Study) — CISDI, WVI, and KPAI (Indonesian Child Protection Commission) (12/11)
- National Health Day Action (12/11)
- CISDI Goes to Campus x Pelita Harapan University (26/11)

Desember

- Langit Biru Project: Public Discussion and Installation (6/12)
- Kick off of the *Kantin Sehat* (Healthy Canteen Programme) (12/12)
- *Capacity Building "Strengthening Civil Society Advocacy Capacity to Support Policy and Regulatory Measures that Promote Healthy Diets"* (15/12)

Research as the Foundation for Innovation and Change

Since our founding, CISDI has continuously worked to be both a home for research and a producer of knowledge. We organize research from generating data, interpreting the analysis, to navigating findings into operational recommendations for program implementation and policy advocacy.

In 2025, we reinforced this commitment by positioning research as a strategic pillar of the organization, strengthening our research team's capacity, methodology, and publications.

Methodology and Analytical Strength

Drawing on multi-disciplines, CISDI uses a varied yet scientifically rigorous research methods to obtain high-quality data and produce applicable recommendations.

One of these is implementation research, which has built our team's capacity to run iterative, mixed-methods studies that examine and strengthen the implementation process so that programs are adopted well and deliver intended results. In practice, this approach generates learning about how implementation unfolds, what obstacles arise, and how effective CISDI's flagship programs such as PN PRIMA and *Keluarga Berimun* are being delivered.

Our experience in implementation research deepened as CISDI was selected as a grantee of the Alliance for Health Policy and Systems Research, supported by the World Health Organization (WHO), on the topic of non-communicable disease control. This study oversees integrated care for non-communicable diseases, particularly diabetes and hypertension, at primary care level across six districts and cities.

We also continued to use randomized controlled trials (RCTs) to test causal relationships underlying a program's approach. In 2025, working with KONEKSI (the Australia–Indonesia knowledge partnership that supports research and innovation collaboration), CISDI tested the feasibility and effectiveness of a mobile application-based decision-support tool designed to help community health workers deliver primary health care services: monitoring the nutritional status among children under five.

CISDI also conducts in-depth economic analysis using national datasets to strengthen advocacy and campaign on tobacco control and healthy food policy. Our work on tobacco control began in 2018 and continues today, with policy papers and scientific articles published to push higher tobacco excise and reduced cigarette consumption in Indonesia. Our healthy food policy research focuses on building the scientific evidence for an excise on sugar-sweetened beverages (SSBs).

This range of methods is supported by national data sources such as the Indonesian Health Survey (*Survei Kesehatan Indonesia*, SKI) and the National Socioeconomic Survey (*Survei Sosial Ekonomi Nasional*, Susenas), which help us read trends and sharpen the analysis.

Research on Gaps in Health Workforce Management

In 2025, in partnership with the World Bank, CISDI conducted research on human resources for health (HRH). The study combined several methods of in-depth analysis: policy review, supply and demand analysis, service quality measurement, and a comparative analysis using health labour market frameworks.

The findings were reinforced with big data, including the Ministry of Health's medical workforce planning data, community health worker data from the Ministry of Health, the National Population and Family Planning Board (BKKBN), the Ministry of Villages, and health financing data from national to district health accounts.

The research also examined more closely how the supply of and demand for health workers can be brought into balance without compromising the human dimension, particularly related to workload.

Bringing in Local Knowledge and the Perspectives of Vulnerable Groups

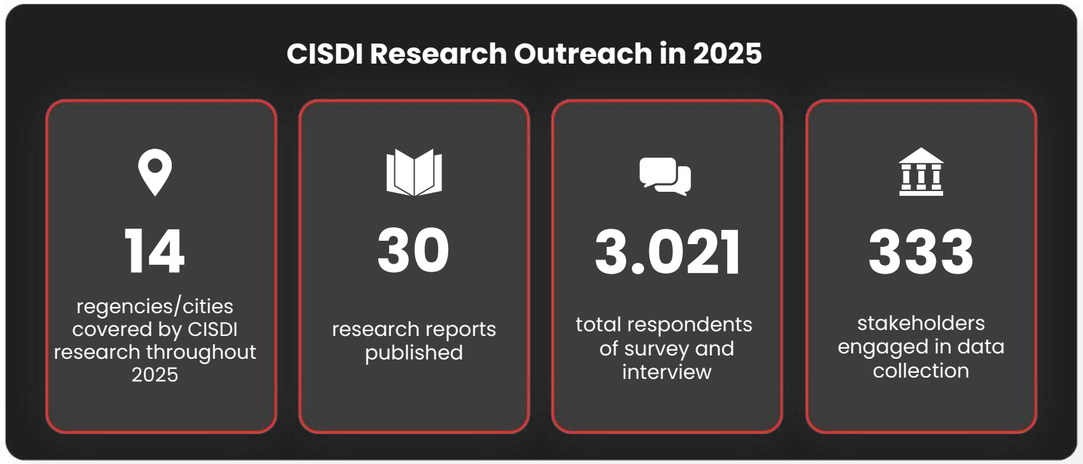
In our research, local knowledge and the involvement of affected groups are not merely treated as a set of data points. We do this through a co-creation approach, where we can work with communities and grassroots stakeholders as equal partners in designing solutions.

We also use social network analysis and vulnerability assessment to map intersectionality and links between the people and the issues involved, both horizontally (policy and stakeholders factors) and vertically (social and economic factors).

Participatory approaches strengthen our research models and methods. In implementation research, for example, combining people participation with rigorous methods produces analysis that is closer to reality, ensuring the adaptive innovations and recommendations that rooted in what communities need and will accept.

By identifying, measuring, and analyzing the vulnerability, CISDI works towards research processes that are inclusive and amplify the perspectives of vulnerable populations, which are often overlooked in policy and public health.

CISDI's research does not stop at reports and publications. We treat research as the starting point for change: through adoption into policy, evaluation of program design, and shaping collective knowledge and awareness that widen health impact.



Looking Ahead

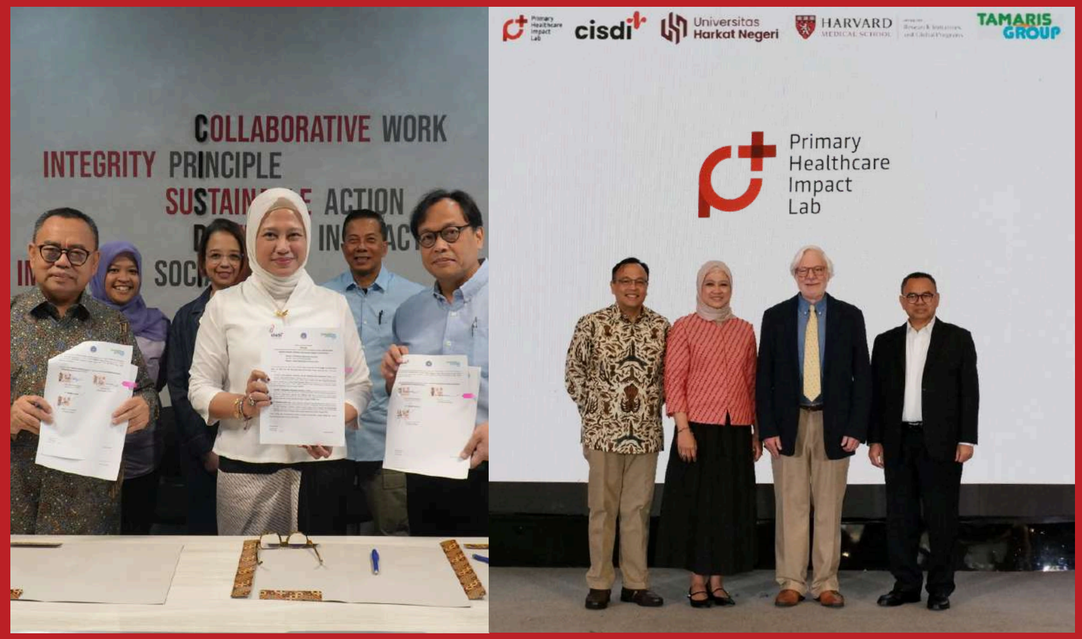
Strengthening Indonesia's Health Research Ecosystem

A shifting funding landscape and the threat of multidimensional crises have triggered donor fatigue that is changing the health research ecosystem in Indonesia. At the same time, efforts to strengthen primary health care are moving toward a *Learning Health System* approach, which brings together science, technology, social factors, and policy. Amid these two currents, the role of health research becomes more vital than ever.

As response, CISDI is developing the Primary Healthcare Impact Lab (PHIL) together with the Harvard Medical School Office for Research Initiatives and Global Programs and the Brigham and Women's Hospital Division of Global Health Equity, Universitas Harkat Negeri, and PT Tamaris Hidro. PHIL serves as an incubation laboratory: a space to develop operationally oriented research and to test models of health innovation.

Through strategic collaboration between civil society, academic institutions, and the private sectors, PHIL is expected to address the funding challenge for health research: strengthening a research ecosystem oriented towards practice and operational implementation for policymakers.

PHIL was officially launched on May 7, 2026, in Jakarta. This collaborative model is also expected to open wider opportunities for collaboration, while demonstrating that cross-sector social innovation can be effectively bridged rather than pursued in silos.



From Initiatives to Impact: Strengthening Primary Health Care

A health system worth having is one that follows people's needs and keeps care within reach.

Through PN PRIMA, CISDI has reached more than 34,000 people by mobilizing 465 community health cadres across 44 integrated health posts (posyandu) in Depok City and Bekasi District, West Java. The approach brings services closer to where people live while providing continuous support to prevent and address health problems early.

In 2025, PN PRIMA worked on two fronts. On the supply side, the program improved service quality by strengthening the roles of health workers and community, while also advocating with local decision makers. On the demand side, the program built community trust, acceptance, and encouraged service utilisation through interpersonal communication, campaigns, and community-based innovation. Together, these two fronts strengthened not only service delivery but also people's ability to access and utilize the services available to them.

This year PN PRIMA entered its final phase of implementation. Several approaches began to be adopted by local stakeholders for continuity. From capacity building for community health workers, supportive supervision, to community-based outreach were gradually integrated into routine health service practices. In parallel, CISDI completed the design phase of a more inclusive primary healthcare innovation model, particularly targeting women in reproductive age.

Reaching Further Through Community-Based Approaches

A Rapid Assessment in Depok City and Bekasi Regency found that access to health services remains limited and heavily dependent on community health workers as the closest extension of primary health centers (*puskesmas*). The findings confirmed how important it is to invest in community health worker capacity as the main driver of primary health care at the community level. Entering its third year of implementation, PN PRIMA focused on strengthening the support ecosystem for community health workers through refresher training and the application of a supportive supervision model, a participatory mentoring framework that helps community health workers improve the quality of *posyandu* services and home visits.

Supportive supervision produced visible change. Program monitoring showed that community health workers who previously waited passively at the *posyandu* now lead outreach proactively: they run classes, demonstrate supplementary feeding recipes with local ingredients, screen for non-communicable diseases through home visits, and inclusive *posyandu* for persons with disabilities. Their role has shifted from implementers of activities to drivers of community health who identify needs and respond to challenges in their communities independently.

On immunization, CISDI continued to work with Fatayat NU, the women's organization of Nadhlatul Ulama, and PKK, family welfare cadres to widen service outreach, while using strategic forums convened by district health office and the Ministry of Health for advocacy from the local to the national level. We also documented lessons learned in designing and running immunization program strategies as a reference for government and other organizations facing similar challenges.

This collaboration does not simply fill gaps. It strengthens local capacity and extends the reach of everyone who is involved. The actors closest to and most trusted by the community bridge evidence-based health information and the everyday life of the community, making health messages easier to accept and program interventions better suited to the local context.

Results on the supply side show that investing in service providers and communities widens service reach while driving early detection, case follow-up, and improved access to essential health services.

PN PRIMA Implementation Outreach

26.660
individuals aged over 15 screened for non-communicable diseases

11.978
children under 2 screened for immunization status

6.655
children with nutritional status identified

987
pregnant women reached

767
children supported for immunization by PKK community health workers

465
community health workers given intensive mentoring

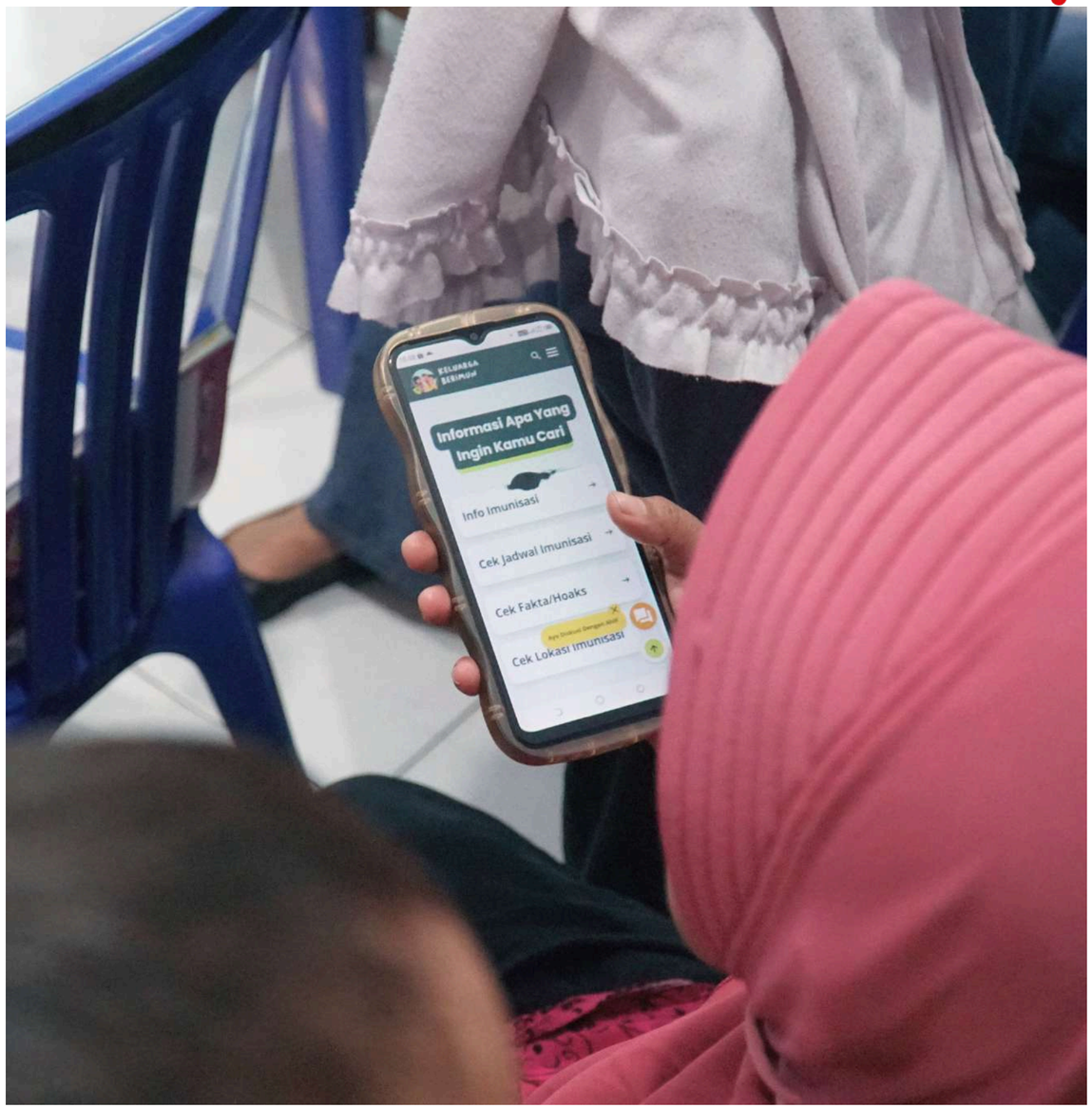
To ensure sustainability, CISDI prepared a *Handover and Sustainability Pack* to local health offices and primary health centers. This package includes an ownership matrix, performance-based community health workers incentive schemes funded through village fund (*dana desa)*, and the institutionalization of supportive supervision so that *puskemas* and community health workers can continue and adapt to local needs after the program closes.

Behind these achievements, the key lesson from PN PRIMA is that strengthening primary health care takes more than upgrading facilities. Investment in community health workers, community organizations, and community-based outreach mechanisms determines whether communities connect with services early, consistently, and sustainably. This lesson is the foundation for CISDI's to develop a primary health care strengthening model that can be replicated and adapted across different locations in Indonesia.

Making Digital Tools “Works” for Health Service Outreach

If community health workers and their supporting ecosystem strengthen the supply side, then trust, acceptance, and accurate information delivered through the channels closest to the people shape the demand side.

In 2025, CISDI developed the PN PRIMA Mobile Application to support community health workers in making decisions more effectively and efficiently. The app interprets children's nutritional status automatically, displays interactive growth charts, sends reminders for schedule visits, and surfaces key messages based on identified criteria. With this support, *Kader PRIMA* (PN PRIMA community health workers) are more confident in reading and explaining growth charts to caregivers. The app is not merely a digital record, it is a decision-support tool that helps community health workers recognize risk, decide the follow up, and sustain their support to targeted groups in the community.



Obtained data from the app also flows into a real-time dashboard, so decision makers can utilize it as evidence from managing performance-based incentives to tracking program indicators. The system translates household-level information into program actions and decisions at both the puskesmas and local government levels. Going forward, integrating the app with national data systems such as ASIK and e-PPGBM could remove the double entry burden that has long consumed time and energy. CISDI has begun exploring opportunities for that integration and sustainability with national stakeholders.

Evidence from PN PRIMA's implementation shows how digital technology can extend the better reach of primary health care, improves the quality of decision-making at the community level, and supports the national health transformation agenda.

In immunization outreach, the Keluarga Berimun initiative entered its second year. We continued to build campaigns and education through the channels closest to the community, including the website, Instagram, Facebook, and TikTok that covered immunization schedules by a child's age and condition as well as corrections to hoaxes/misinformation. To respond to individual needs, health workers directly facilitate a WhatsApp Support Group and a 24-hour hotline as a space for questions and discussion.

Parents and community health workers in the group now actively share their experiences of immunization and child growth, particularly in response to the worries of first-time parents. Through this approach people receive not only accurate and evidence-based information, but also more responsive support at the moment doubt or worry arises.

Impact Story

When the Nearest Information Channel Becomes the Support That Keeps Immunization on Track

Dina (not her real name), a mother in Depok, found that her child was vomiting after an immunization, the kind of moment that often turns caregivers reluctant to continue and complete immunization.

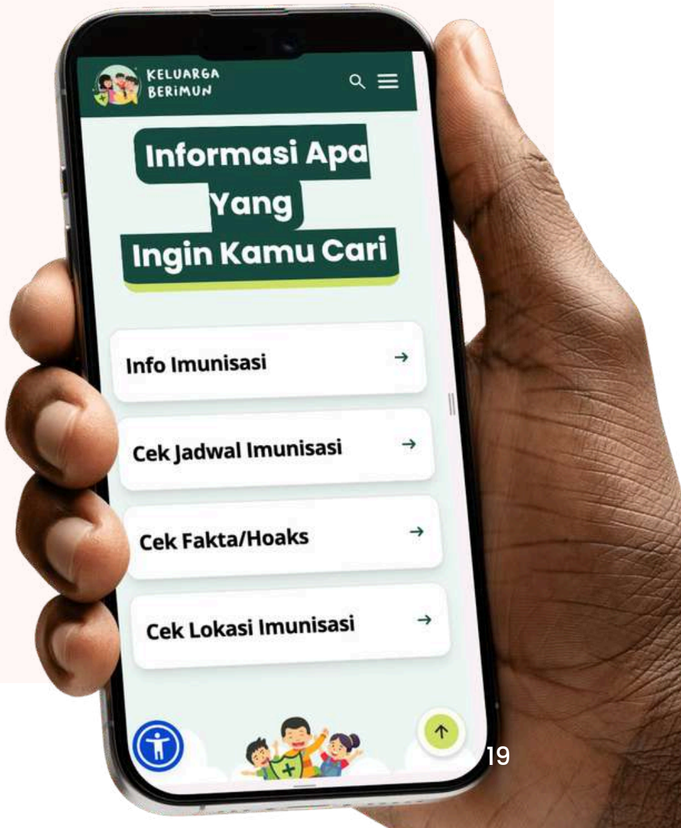
She immediately messaged the Keluarga Berimun WhatsApp Support Group, and within minutes she received guidance from the health worker facilitator.

"*The response was fast and very reassuring*," Dina said afterwards. That night, it was not only her panic that eased, but also one more child stayed on track for complete basic immunization coverage.

Dina's story reflects the 97.5% of caregivers who felt more confident bringing their children for immunization after receiving information from Keluarga Berimun, a behavioural shift born from personal, rapid, and grounded conversations through the channel closest to hand.

At the end of 2025, the Depok City Health Office committed to taking over management of the Keluarga Berimun WhatsApp Support Group, with plans to develop it into an integrated family consultation service. This commitment is one indicator that the approach not only benefits people, but is also considered relevant and worth adopting and continuing by local governments.

VISIT THE KELUARGA BERIMUN WEBSITE



Laying the Foundation for an Inclusive and Sustainable Health System Change

What we learned from PN PRIMA convinces us that what has been built at the grassroots is not merely the program output. It is a foundation for health system change that is more responsive and more meaningful. Three years of implementation show that primary health care strengthening is sustained when change occurs simultaneously across four levels: the individual, the community, the service, and the governance of the.

Trained community health workers, institutionalised support systems, and an integrated digital ecosystem prove that responsive primary health care can work and expands to other areas. Together these elements form the foundation for replicating and adapting similar approaches to the needs and context of each area.

Alongside handing the program over to stakeholders in Depok and Bekasi, in 2025 CISDI completed a comprehensive strategy document. It examines the health conditions and challenges facing women of reproductive age, describes what an ideal future service system would look like, and maps the steps of transformation across services, policy, individuals, and CISDI's own role as a civil society organization.

The process involved a series of studies, reflection on program learning, stakeholder consultations, and the development of a theory of change mapping the long-term pathway toward more inclusive and responsive primary health care. Co-Impact supports this initiative through a strategic partnership for the next five years.

Looking Ahead

Responsive Primary Health Care at the Pustu Level

In many areas in Indonesia, *Puskesmas Pembantu* (*Pustu*), or sub-health center, serves both as a critical and the closest point of contact for community health services. Yet gaps in workforce capacity, limited financing, and weak integration of promotive and preventive care mean that many Pustu do not function as they should. With systematic strengthening, Pustu could be the frontline for detecting community health needs, bringing service closer, and connecting people to the wider health system.

Entering 2026, CISDI sees a strategic opportunity to continue the Pencerah Nusantara initiative with a service model that responds better to the needs of vulnerable groups, especially women of reproductive age. We chosethis group because they often facefragmented health needs across their life cycle: from reproductive health, mental health, to non-communicable diseases, and caregiving roles that shape the health of the whole family.

With Co-Impact, we will take the practices proven through PN PRIMA in Depok and Bekasi to other areas that are facing similar challenges, so that Pustu can function fully and respond better to local needs. The model integrates what we learned across earlier initiatives about capacity strengthening, supportive supervision, digital technology, and community empowerment.

Putting the model into practice will take collaboration and support from multi-stakeholders to ensure that the solutions we offer are to actually reach people. Through cross-sector collaboration and equitable partnerships, CISDI hopes this model will not only improve local service delivery but also contribute broader learning for the transformation of primary healthcare systems in Indonesia.

Public Participation and Awareness

Health issues are too often confined to an exclusive space: discussed at the top, then translated into policy. The consequences policy often fails to reach or involve the communities most affected.

Indeed, sustainable policy change requires active and meaningful public participation. People are not simply the objects of a program. They need to understand the issues, believe their voices matter, and are willing to move from awareness to action.

CISDI believes everyone has the right to factual information about health. So we do not only produce research and policy recommendations. We also create spaces for participation where knowledge, awareness, and the public meet. We do this by building an ecosystem of participation: an approach strategy, a set of platforms for interaction, and channels that turn awareness into action.

Building an Ecosystem of Participation for Community and Youth

We strengthen participation and public awareness through two complementary pillars. First, through a range of event formats that serve as spaces to meet, discuss, and collaborate: Health Inc, TRACK Meetup, CISDI Goes to Campus, and *Belajar Bareng* CISDI (Learning Together with CISDI). Second, through membership-based community platforms: Health Inc Community for youth, and *Teman*CISDI for individuals who want to contribute directly alongside CISDI activities.

Over 2025, more than 400 active members joined the communities CISDI convenes, TemanCISDI and Health Inc Community. Across creative activities involving both members and the wider public, around 91% of events were rated satisfying, with participants keen enough to recommend them to their own networks. This result proved that the engagement we build is not only wide but also meaningful to those who were involved.

Beyond opening up conversation around health, our event formats also aim to build participants' own capacity by sharing the expertise held within the CISDI team. Through the *Belajar Bareng* CISDI and TRACK Meetup series, we create learning spaces that invite participants to examine health problems, while occasionally introducing practical topics such as health policy analysis and career development tips.

Health as a Common Ground for Advocacy and Creativity

Widening public participation takes both the right approach and genuine engagement. Alongside discussion forums and petitions, CISDI works through popular formats: festivals, conversations between public figures, animated characters, and creative campaign products.

The Festival Berani Sehat (FBS), previously known as the Primary Health Care (PHC) Festival, is one expression of our commitment to keeping a vibrant space where people can discuss health issues, meet practitioners, and experience accessing basic health services through the *Puskesmas Kaget, a pop-up health centre*. 2025 marked the third edition of this festival.

Carrying the theme *Aku Berhak Sehat #BeraniSehat* (I Have a Right to Health), FBS 2025 invited the public to get to know deeper with *posyandu* and community health workers through the group exercise sessions, explore healthy food through a cook-and-talk session, and interactive *Kantin Sehat* (Healthy Canteen) installation.

PUBLIC PARTICIPATION

Complementing the festival, CISDI also introduced the *Healthy Rangers* animated characters through comics, animation, and merchandise. The five cat characters, each carrying a health mission, are now protected as registered intellectual property. The aim is to strengthen a creative campaign ecosystem that could bring health messages to a wider audience, including those who have never encountered health-related conversation before.

We extended the creative work with **Setara Goods**, a way of turning goodwill into a concrete contribution. All proceeds from Setara Goods merchandise are channelled as donations to support the work of community health workers and primary health care strengthening efforts.

Setara Talks also launched this year, a podcast of in-depth conversations with public figures and experts across health and development. This podcast is hosted by CISDI Founder and CEO, Diah Satyani Saminarsih and published on the CISDI Channel on YouTub.

The podcast idea grew out of the need for a more substantive yet accessible discussion that could bring health-related conversations in a more popular form and reach larger audiences.

25

Two Advocacy Streams: Tobacco Control and Healthy Food Environment

The awareness that grows within communities is amplified into the public sphere through CISDI's two main advocacy currents: tobacco control and healthy food environment policy. These two issues may appear unrelated, but both are shaped heavily by social determinants, which health is influenced by social and economic factors, and even marketing campaigns. Our advocacy on both fronts therefore has to work across many dimensions at once to be holistic.

On **tobacco control**, public engagement continued through creative work to amplify our research and advocacy on tobacco excise and smoking behaviour. In late 2025, CISDI launched the ***Petisi Mahalkan Harga Rokok*** (Make Cigarettes More Expensive Petition) to build awareness and public support around the weakness of tobacco excise policy and the risks it poses to health and household economies. At this stage, the petition aims to gather 10,000 signatures to push for tobacco excise policy reform, simplification of the tariff structure, and higher retail prices to make cigarettes less affordable, particularly among adolescents and vulnerable groups.

We also packaged tobacco control narratives in more popular and accessible formats through the @sebelahmata_cisdi (now **Tobacco Endgame**). The campaign also leveraged the momentum like National Health Day with a peaceful action alongside the Save Our Surroundings (SOS) community in the car-free day zones in Jakarta and Depok. Its message was direct: the right to health must not be traded away for corporation interest.

On **healthy food environment,** public education about the risks of high sugar, salt, and fat consumption continued through a range of activities, from car-free day outreach and university visits, to public events marking World Obesity Day. This education and campaigning runs alongside policy advocacy for an excise on sugar-sweetened beverages and for front-of-pack labelling. The creative side of the campaign included the *Kantin Sehat* installation, which conveys both what balanced nutrition looks like and why supporting policy is urgently needed.

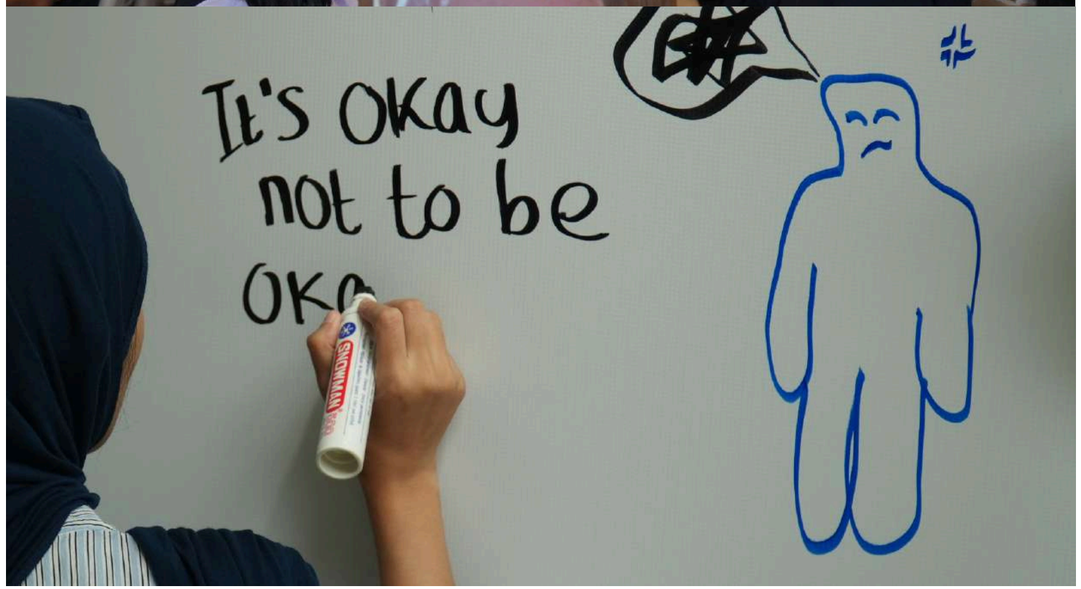
The two campaigns met in a collaboration to hold a photo and video workshop that engaged youth across Indonesia as storytellers. The participants generated narratives that shaped how both campaigns spoke about urgency. Ten selected participants went through a series of preparatory sessions on tobacco control and health-harming food products. Their work was shown in an exhibition titled *Kita Berhak Sehat* (We Have the Right to Be Healthy). To build collective strength on the issues we pursue with advocacy coalitions, this year we introduced Community Meetup (Commet) as our way of connecting a wider civil society network through visits, discussions, and forms of collaboration.

Widening the Campaign Agenda:
Mental Health and Air Pollution

Beyond our two main advocacy streams, CISDI has widened the health conversation into dimensions that are often overlooked amidst urban life: mental health and the right to clean air.

Through a collaboration with STAND, a research program developed with the University of Manchester to strengthen community-based mental health support in Indonesia, CISDI opened a deeper conversation about how communities can act as a support system for mental health. Through the Health Inc x STAND series, we took the theme into more personal space: the strain of life in a busy city, the value of showing up for each other, and how community can be the first place for someone to turn for support. The collaboration reflects our belief that mental health is not a separable issue from community health. They are two sides of the same ecosystem.

2025 also marked the beginning of CISDI collaboration with Viriya ENB, which works on air quality and pollution. Through this advocacy, we are taking a different approach in using art and public communication as the entry point. This initiative is called the Langit Biru Project and invites people to feel and reflect on the air they breathe every day. Rather than only presenting numbers of outreach, this campaign used interactive installations to give people a direct experience of it.



Over 2025, the *Langit Biru Project*'s digital campaign reached 222,741 social media users, exceeding its target, and supported by three reports (a baseline study, situation analysis, and communication strategy) that form the foundation for longer-term advocacy. 2025, we hold the first public discussion and art installation that opens a space for anyone to come, look, and ask: what kind of air do we deserve to breathe?

The community engagement CISDI builds does not stop at participants' attendance and satisfaction scores. At a deeper level, the spaces have worked to gather collective awareness of health issues, and to sustain the improvements we are trying to bring about.

Looking Ahead

Intersectional Awareness and Issues That Overlap

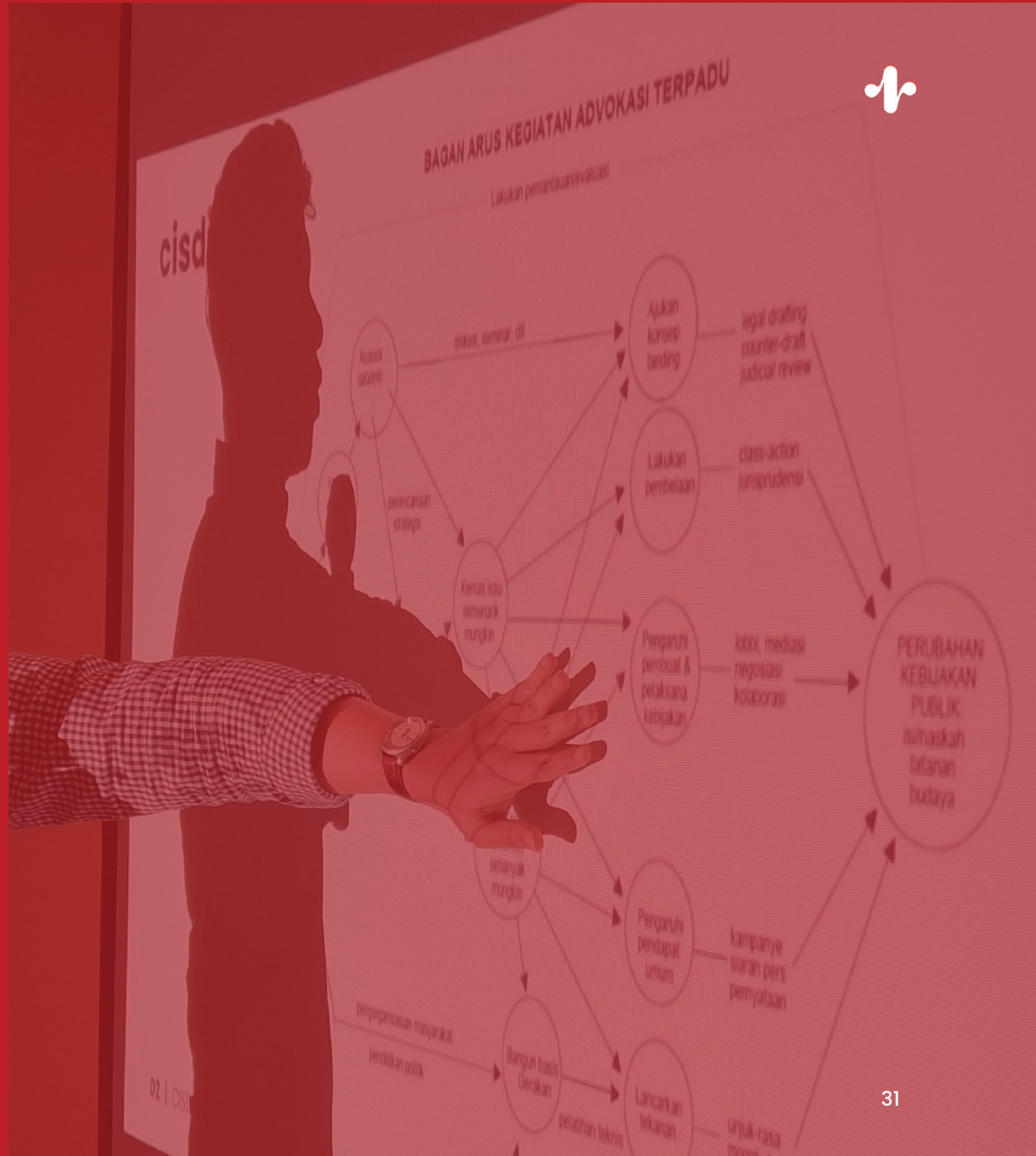
The ecosystem of public participation that CISDI has built over the years opens opportunities worth widening and deepening. *Healthy Rangers*, now protected by intellectual property rights, has the potential to be developed further as a health education vehicle across age groups and platforms, from print and digital media to collaborations with educational institutions. Likewise, the Setara Talks podcast offers to reach more varied audiences through conversations between figures from different fields and across dimensions of issue.

On the community side, connecting community hub activities with our advocacy efforts on tobacco control, healthy food environments, mental health, and air pollution strengthens CISDI's position and its relevance to the public through the issues closest to people's lives, or the issues that turn out to be intertwined. Rather than passive participation, communities and members of the public could become crucial parts of a movement for meaningful change.

Advocating the Right to Health

Indonesia faces a rising burden of non-communicable diseases. Screening under the *Cek Kesehatan Gratis* (Free Health Screening) program found that 1 in 10 adults over the age 40 has diabetes, while the prevalence of obesity and hypertension continues to climb across age groups.

At the same time, the policies meant to protect people from what drives these diseases still meet strong resistance, whether on tobacco excise, sweetened beverages, or front-of-pack labelling, all of which remain contested. Without well-prepared advocacy, the gap between policy and reality will keep widening. CISDI works at exactly this intersection, defending the right to health for all, with data as the evidence base and cross-sector collaboration as the method.



Navigating the New Government's Flagship Programs: From Free Health Screening to Free Nutritious Meals

In the national advocacy landscape, the end of 2025 marked one year of the leadership under President Prabowo Subianto and Vice President Gibran Rakabuming Raka. The new government administration, and the Kabinet Merah Putih formed in October 2024, reshaped the bureaucratic map, budget priorities, and the direction of the national government's flagship programs.

In health, at least two large-scale programs stand out: *Cek Kesehatan Gratis* (CKG, free health screening) and *Makan Bergizi Gratis* (MBG, free nutritious meals,). To follow CKG closely, CISDI convened joint learning sessions with the provincial governments of West Java, DKI Jakarta, West Kalimantan, Central Java, West Nusa Tenggara, and East Nusa Tenggara, to observe the program implementation directly while drawing up for the Ministry of Health. Those recommendations aim to get more out of the program: secure and sustained financing for screening operations and for health worker incentives, integration of diagnostic results with follow-up services such as *Pandu PTM* and *Prolanis*, and more inclusive outreach for older people and other groups the program has yet to reach.

On MBG, CISDI highlights the importance of stronger regulation and governance so that a program of this cost actually meets its aim to improve children's nutrition, rather than creating unintended risks. Given the scale of public spending involved, robust monitoring and evaluation mechanisms deserve particular attention.

Since MBG was initiated in 2024, CISDI has released three studies: on program design, the urgency of monitoring and evaluation, and on recommendations for integrating it with the health system.

This work involved a series of hearings with stakeholders including the National Nutrition Agency (Badan Gizi Nasional), the Ministry of National Development Planning (Bappenas), the House of Representatives, the National Economic Council, the Ministry of Health, and the Corruption Eradication Commission. We also joined a civil society coalition to strengthen collective advocacy through joint research and recommendations with academics, experts, and other stakeholders. One of the outputs was a civil society open letter to the Head of the National Nutrition Agency. The aim throughout is for decision makers to hear public criticism and input, and to respond to it better.

CISDI Advocacy in Free Nutritious Meals Issue

4 policy Brief for evidence policy

16 advocacy meetings with ministries and government agencies

Advancing Advocacy on Tobacco Control and Healthy Food Environment

Shifting in national administration priorities runs contrast with the commitment on tobacco control. This reflects on the advocacy efforts that depend not only on the political cycle but on a harder reality: industry interests play at the large scale behind the smoking behaviour and keep it increasing.

On tobacco control, CISDI continued to build a counter-narrative and an evidence base against the industry's long-established story. The health costs and economic losses caused by smoking far exceed the state revenue collected from tobacco excise. Yet the opposite claim is repeated constantly by the industry as an argument for blocking tariff reform and excise on tobacco products.

Four tobacco control studies run through 2025: empty packs survey in six Indonesian cities, impact of cigarette prices and social factors on youth smoking initiation, a study on fiscal reform for hand-rolled kretek cigarettes, and comparative study of tobacco excise policy in seven countries.

Tobacco Control Advocacy Achievement Over 2025

- **4** research document
- **2** international conference
- **12** advocacy meeting with national stakeholder

We also took a tactical step: producing a shadow report on Indonesia's tobacco control indicators, a counterpart to the official report the Ministry of Health submits to the World Health Organization. Instead of the government's perspective, it takes the more critical and independent analysis from civil society. Built through rigorous methods including literature review and focus group discussions to reach consencsus, the report was carried to the global tobacco control conference in Geneva, Switzerland.

We continued to strengthen the civil society network on tobacco control alongside Komnas Pengendalian Tembakau (the National Commission on Tobacco Control), TCSC IAKMI, dan PKJS UI. Ahead of National Health Day, we joined the tobacco control network in a peaceful action near the National Monument, criticizing conflicts of interest within the Ministry of Finance and the Ministry of Health on tobacco control policy.

On healthy food policy, the urgency grew compared with the previous year, as 2025 CKG data showed that 1 in 10 adults are living with diabetes and reflects a reality of the uncontrolled ultra-processed food consumption.

CISDI has consistently pushed for an excise on sugar-sweetened beverages and front-of-pack warning labels on products with high sugar, salt, and fat. We also emphasize that healthy food environments are not solely a medical or health matter, but a human rights issue that must be obliged to guarantee through strong regulation.

To carry this advocacy into the public sphere, CISDI runs FYI account, a campaign platform that packages the healthy food environment narratives through content and activations. In 2025, FYI transformed from Forum for Young Indonesians into Food and Youth Initiatives, as part of keeping the platform relevant to both its audience and the issues it speaks to.

CISDI recommends a volumetric tax designed to raise the retail price of sugar-sweetened beverages by at least 20%, the level needed to effectively reduce consumption. The finding comes from our Policy Brief: High SSB Consumption, an Excise Is Needed Now. We pursued this through 20 hearings with ministries and related institutions, eight offline campaign activities, and a national petition run with our coalition that gathered around 27,800 signatures.

We also urged BPOM, Indonesia's food and drug authority, and relevant ministries to make front-of-package labeling mandatory on products high in sugar, salt, and fat, so that consumers can see the health risk before they buy. The recommendation is set out in our Policy Brief: The Urgency of Implementing Evidence-Based, Conflict-of-Interest-Free Front-of-Package Labeling).

Local Government as a Strategic Partner

Meaningful advocacy does not stop at documents and policy conversations with national-level stakeholders; it takes root as real practice at the local level. For CISDI, local governments are not merely implementers of national policy. They are the decision-makers closest to community needs, and in Indonesia's decentralised system they determine whether a policy is ever actually felt.

One of the efforts is to oversee large-scale programs that reach people directly by *Cek Kesehatan Gratis* through a joint learning initiative. Local government is also one most important pillar for the sustainability of grassroots implementation models such as PN PRIMA and the Keluarga Berimun campaign. Local government presence and support matters in the conversation about urban development and health. A concrete form was proven by CISDI collaboration with Jakarta Provincial Government to support *Festival Berani Sehat.*

Looking ahead, CISDI's collaboration with the Jakarta Provincial Government will deepen through the Kantin Sehat initiative, developed with Vital Strategies to set out a regulatory framework, operational standards, and guidelines for running healthy canteens, with a focus on educating people about labelling for products in schools and public facilities. Kantin Sehat shows how a healthy food environment, long pursued at national level, finally breaks through when it becomes local practice and policy that the public can feel directly.

Collaboration achievements with local governments

- **8** meetings with local government authorities
- **8** strategic recommendations at the subnational level

Bringing Advocacy Learning into Academic Sphere

To strengthen the link between research and evidence-based advocacy, in 2025 CISDI took several opportunities to document how the two connect in practice, contributing that learning to the academic and epistemic community.

These included a paper on COVID-19 vaccination financing,"Tracking the financial flows of Indonesia's COVID-19 vaccination program", and one on adolescent smoking,"Loose cigarette purchase and adolescent smoking in Indonesia: a mixed-methods study".

We will continue this work approach, so that knowledge rooted in the experience of doing research and advocacy is documented and support the learning ecosystem for the growth of stronger evidence-based advocacy.

Looking Ahead

Widening Advocacy for the Right to Health

The advocacy routes CISDI took through 2025 has to open a number of opportunities. Among the government's priority programs, the quality of CKG and MBG implementation will remain worth watching closely, particularly in pressing for evaluation and governance that are more transparent and more inclusive.

On tobacco control, excise reform will be the strategic advocacy, supported by research on cigarette affordability and modelling of ideal reform scenarios. On healthy food environment, front-of-package labeling and sugar-sweetened beverage excise become more strategic, following the Ministry of Health's decision to adopt nutrition labeling on ultra-processed food products.

Meanwhile, CISDI is beginning to explore new advocacy agendas: air pollution through the *Langit Biru Project*, and the *Kantin Sehat* partnership in Jakarta, which potentially to replicate or adopt in other regions. That opportunities are wider if these agendas are backed by strong regulation to institutionalize them.

Collaboration and Strategic Forums

The important lesson from how the world has responded to health problems, from the pandemic to the rising burden of non-communicable disease, is that no single actor or sector can solve the problem alone. And in many global forums, the story of health in Indonesia and the reality behind it, is rarely heard. At every global forum we attend, CISDI works to bridge grassroots experience in Indonesia with the international health policy agenda, bringing to the negotiating table and the practices built in the field: data, research, and what actually works in communities.

Carrying Indonesia's Voice to the Global Stage

At the **78th World Health Assembly** in Geneva, Switzerland, 19–20 May 2025, CISDI brought the consolidated aspirations of 16 Indonesian civil society organizations, translated into concrete recommendations to support the adoption of the pandemic agreement. Through these joint civil society recommendations, we pushed for inclusive health financing and greater investment in the health workforce.

At the **World Conference on Tobacco Control (WCTC)** in Dublin, Ireland, 23–25 June 2025, CISDI presented research findings that a 10% increase in cigarette prices can reduce the likelihood of adolescent smoking by up to 22%. Our representatives also presented a policy mapping of seven countries that have cut smoking prevalence while increasing state revenue.

At the **80th United Nations General Assembly (UNGA)** in New York, United States, 24 and 26 September 2025, CISDI hosted three side events alongside the General Assembly, a high-level arena for examining non-communicable diseases from several angles. We brought learning from the *Keluarga Berimun* digital campaign as an example of a multi-channel strategy for shifting public behaviour on immunization.

We also raised civil society engagement and the regulatory for fiscal governance of non-communicable diseases, including tobacco and sugar-sweetened beverage excise reform. Highlights also about the urgency for investing in hypertension and type 2 diabetes control through service models built around community health workers and stronger service or care. Beyond discussion, CISDI set up a small exhibition of photographs of community health workers, tobacco excise advocacy, and healthy food work, introducing our work to international audiences.

Collaborative Forums for Wider and Sustainable Impact

CISDI deepened the involvement in strategic networks working at the intersection of global advocacy and national policy change. Entering our second year as lead of the **Scaling Up Nutrition Civil Society Alliance (SUN CSA) Indonesia,** a coalition of 50 civil society organizations, we carry a leadership mandate to address Indonesia's nutrition challenges, strengthen workforce capacity, provide civil society input to the National Nutrition Action Plan, and formulate policy recommendations for a healthy food system.

Through the **Transform Health Indonesia coalition,** CISDI pushed for a more inclusive digital transformation of the health sector. We work closely with the Ministry of Health and GovTech Indonesia. The effort rests on a conviction: digitalization in health only means something if no one is left behind as it develops. That includes carrying grassroots voices and experience from PN PRIMA in Depok City and Bekasi Regency, West Java, into the conversation.

Our involvement in strategic forums also extends to learning forums that examine good practice in global health.

At the 3rd Annual Conclave of the Global Learning Collaborative for Health Systems Resilience (GLC4HSR) in New Delhi, India, on 11-12 March 2025, CISDI shared learning from PN PRIMA, particularly the supportive supervision approach that developed to strengthen the role of community health workers.

At the **Indonesia Council Open Conference (ICOC) 2025**, hosted by the University of Melbourne, Australia, CISDI took part as an advocacy actor and voiced concern about the shifting development landscape and the global funding crisis facing global health initiatives, a crisis whose impact is now being felt in national health development.

Building Alternative Models of Collaboration as Global Partnership Landscape Shifts

Shifts in the global landscape for supporting health innovation has pushed CISDI to explore alternative models of collaboration and partnership, combining local strength, resource mobilisation, and networks of collaborating partners.

One such effort is through the **Primary Healthcare Impact Lab (PHIL)** initiated by CISDI with PT Tamaris Hidro and Universitas Harkat Negeri (UHN) in Tegal, Central Java. This three-way collaboration aims to build an ecosystem that fills a gap: operationally oriented research on primary health care that is easier to adopt and apply directly at local level. Backed by the academic network of the Harvard Medical School Office for Research Initiatives and Global Programs in the United States, PHIL also connects global and local experience and learning in public health.

We also pursue collaboration models rooted in resources that already exist locally, as in the implementation of PN PRIMA and Keluarga Berimun, both delivered through partnerships with Fatayat NU and PKK community health workers in Depok City and Bekasi District.

Looking Ahead

The Foundation for a New, Locally Rooted Model of Collaboration

The collaborative foundations laid in 2025 open several strategic opportunities for wider and deeper partnerships. PHIL in Tegal could become Indonesia's first center of excellence model for primary health care, integrating research, health workforce education, and community service within a single ecosystem.

If it proves successful, this model could be rolled out to other locations as part of a wider effort to strengthen primary healthcare and the health system. Moreover, it opens up opportunities to replicate models of strategic collaboration between civil society, academic institutions and the private sector, with a view to scaling up evidence-based improvements in services and policies.

In the global setting, CISDI's participation in strategic forums such as the United Nations General Assembly (UNGA) and the World Health Assembly (WHA), as well as its involvement in various coalitions, opens up opportunities to strengthen Indonesia's position both as a contributor to global forums and as a source of world-renowned best practices.

Coverage in the News Media

Aside from advocacy efforts with policymakers, we believe that complex health issues can drive change if they are framed as a narrative that the wider public finds relevant. Therefore, building trust and visibility through news coverage become inseparable from CISDI's advocacy work.

CISDI's presence in the media coverage in 2025 reached an all-time high in the organisation's history: 631 news items covering our work and our voice, almost doubled compared to the previous year. Our advocacy effor of the MBG program, including tracking coverage of more than 11,000 food poisoning cases across 24 provinces, made CISDI one of the civil society organizations consistently quoted by national media.

The *Anugrah Karya Jurnalistik: Sehat, Adil, Setara* (AKJSAS), our journalism award to acknowledge reporters and journalists entered its third edition as a form of appreciation for journalists who bring health development issues into public view. A total of 222 entries were submitted to AKJSAS 2025, more than either previous edition: 171 entries for AKJSAS 2023 on the theme of primary health care, and 214 for AKJSAS 2024 on public health policy.

News Media Highlights Throughout 2025

631
total news coverage

222
AKJSAS III

53
published interviews

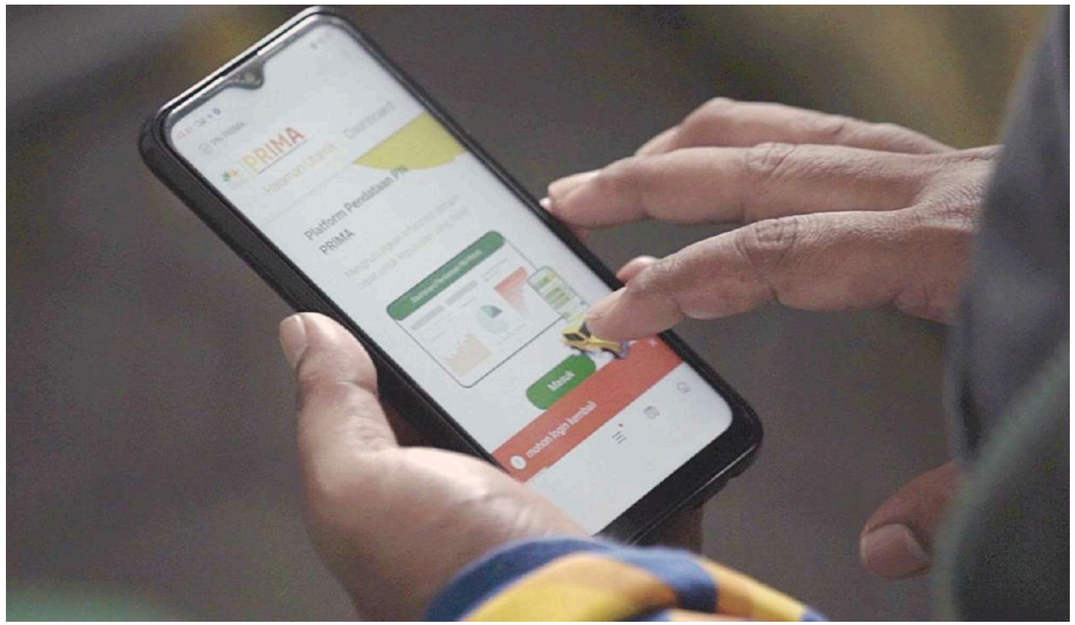
27
press releases published

12
op-eds in national media

Social Media Reach

Across platforms, CISDI uses digital spaces to voice evidence and encourage meaningful public conversation, and make sure every program and initiative reaches a wider audience. More than a third of content we published in 2025 came from our research outputs.

These findings are translated into stories that sit close to everyday life online, building CISDI's reputation as a credible organization in policy advocacy and grounded in public conversation.



Instagram

55.051
Total followers

4,29 million
views

~81.000
Total engagements

2,65 million
Unique account reached

instagram Account:
@cisdi.id; @track.sdgs; @pencerahnusantara; @fyindonesians; @sebelahmata_cisdi @keluargaberimun

Youtube

2,4 million
Total views over the yea

Youtube Account CISDI Channel

TikTok

5.936
Total followers

1,15 million
Total Views

TikTok Account:
@CISDI_ID; @pencerahnusantara; @fyindonesians

LinkedIn

44.748
followers

15.141
gained followers

428 rb
impressions

24,5%
engagement per month

Linkedin page:
Center for Indonesia's Strategic Development Initiatives (CISDI)

Kampanye Keluarga Berimun

171 million
Digital impressions (Meta, TikTok, Google, Programmatic)

2.939
Active hotline users per month

133,000
Users visited keluargaberimun .id

1.820
People joined the WhatsApp Support Group

Website: keluargaberimun.id

Financial Accountability

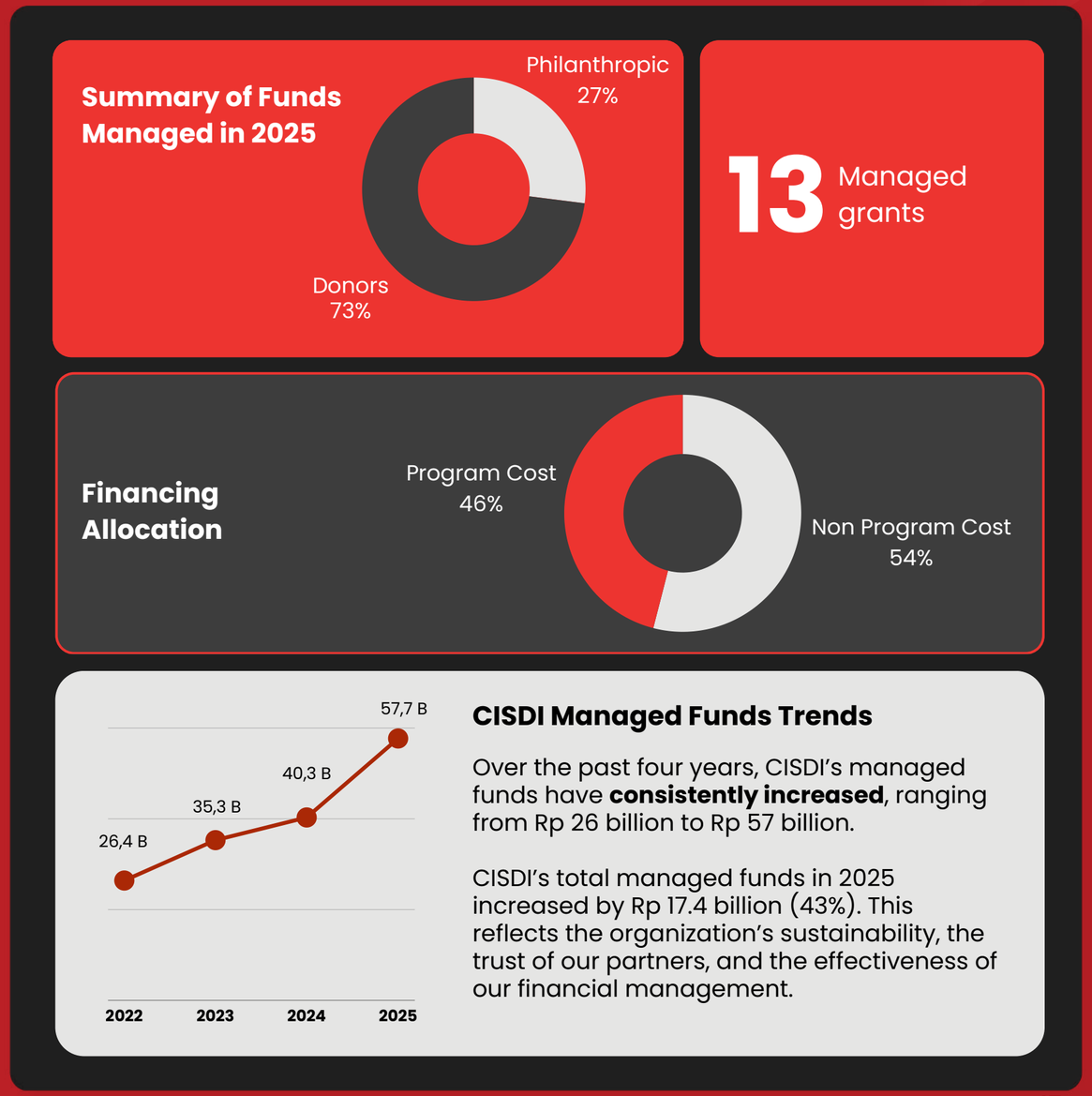
CISDI is committed to managing its finances transparently and accountably as part of maintaining the trust of our partners and stakeholders.

Over 2025, CISDI managed IDR **57.74 billion**, allocated **54%** to non-program costs and **46%** to program costs. Of the program funds, **73%** came from donors and **27%** from philanthropic.

Non-program costs cover the spending that supports organizational functions and continuity across programs: staffing, facilities, systems, and the infrastructure the organization needs to operate effectively over time. Program costs cover spending attributed directly to program delivery during the year, including field activities and the support they require.

As part of good governance practice, CISDI's financial statements for the 2025 financial year were audited by the public **KAP Gatot Permadi, Azwir dan Abimail,** which issued an unqualified opinion (Wajar Tanpa Pengecualian).

Through responsible financial management, CISDI ensures that every resource entrusted to us contributes as fully as possible to strengthening Indonesia's health system.



Life at CISDI

At CISDI, every individual is part of a larger mission. The personal and professional growth of each member of staff is inseparable from the growth of the organization. We continue to build a workplace that is collaborative, inclusive, and geared towards continuous learning.

Diversity, Equity, and Room for Growth

The CISDI team brings together people from different fields of expertise, different experiences, and different identities. That difference shapes a workplace built on inclusion and mutual respect. Diversity at CISDI is not simply a value we hold. It is a strength that widens the perspectives we bring to every piece of work.

We encourage leadership development at every level of the organization. Leadership here is not only a position on an organizational chart, but also the capacity to take initiative, collaborate, and drive change within the area of work.

Through an open working culture and leadership that keeps growing, CISDI makes sure everyone can contribute fully to strengthening Indonesia's health system.

Snapshot Tim CISDI

138 employees

64% positions at CISDI filled by women

intergenerational interaction
the dominant age range **24–36** years old

average working period **3** years

Moving Forward Together

Every achievement in this report is the result of collaboration across many dimensions: donors and strategic program partners, knowledge partners from academia and civil society, and media colleagues who carry health issues into the public sphere.

We are particularly grateful to strategic partners who walked alongside CISDI through 2025 in research, program strengthening, and policy advocacy.

VaxSocial
KONEKSI Knowledge Partnership Platform Australia - Indonesia
Co—Impact
PATH
Global Health Advocacy Incubator
Campaign for Tobacco-Free Kids
Bloomberg Philanthropies
Johns Hopkins University
Economics For Health Healthier People. Stronger Economies.
IDLO
Vital Strategies
Filantropi Indonesia
ViriyaENB
The World Bank
CEPI
World Health Organization
Transform Health Indonesia
STAND Indonesia
Johnson & Johnson
Scaling Up Nutrition ENGAGE • INSPIRE • INVEST

We invite more partners to join us and carry these steps forward together.

Get in Touch with CISDI

Partnerships — programs, brand collaborations, and fundraising
partnership@cisdi.org

Collaborations — requests for guest speakers, event collaborations, and visits
community@cisdi.org

Media & Press — interviews and journalistic requests
media@cisdi.org

Secretariat — administration, procurement, and careers
secretariat@cisdi.org

Sehat, Adil, Setara

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