



## **Analysis the Healthy School Campaign in Indonesia: A Health Policy Triangle Approach**

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### **Abstract**

The School Health Program policy was initiated by the Indonesian government in 2014. However, by 2021, student health service coverage was still suboptimal. The Healthy Schools Campaign Program was introduced in 2022 as an alternative policy to revitalize the School Health Programme. The study aimed to analyze the Healthy School Campaign Program using the health policy triangle framework, which includes actors, content, process, and context. This research uses qualitative methods with secondary data sourced from electronic document searches. The main actors in this policy involve official government institutions, supported by collaboration with non-government partners. Policy selection is based on situational, structural, cultural and international contextual factors. The program content focuses on physical health, healthy nutrition, and student immunization. The conclusion is that the selection of content is influenced by how actors identify health problems in the early stages of policy preparation. Implementation of this program requires a clear collaboration system as a reference for its implementation in educational units. Teacher and parent involvement is also very important to increase the effectiveness and sustainability of the program.

**Keywords:** School Health, Healthy School Campaign, Health Policy, Policy Triangle Framework

### **Abstrak**

Kebijakan Usaha Kesehatan Sekolah (UKS) diinisiasi oleh pemerintah Indonesia sejak tahun 2014. Namun, tingkat pencapaian layanan kesehatan bagi siswa pada tahun 2021 masih kurang optimal. Program kampanye sekolah sehat diangkat sebagai alternatif kebijakan untuk merevitalisasi program UKS yang telah berlangsung sejak tahun 2022. Tujuan penelitian ini adalah menganalisis program kampanye sekolah sehat dengan menggunakan kerangka segitiga kebijakan kesehatan yang mencakup aktor, konten, proses, dan konteks menggunakan metode kualitatif dengan sumber data sekunder dari pencarian dokumen elektronik. Hasil diperoleh kebijakan ini melibatkan pelaku resmi pemerintah dan juga dukungan dari kolaborasi mitra non-pemerintah. Pemilihan kebijakan ini didasarkan pada konteks faktor situasional, struktural, budaya, dan internasional yang dimulai dari proses identifikasi masalah dan isu kesehatan anak usia sekolah. Konten program ini berfokus pada kesehatan fisik, nutrisi yang sehat, dan imunisasi. Kesimpulan yaitu pemilihan konten kebijakan ini dipengaruhi oleh cara aktor mengidentifikasi masalah dan isu kesehatan yang ada pada tahap awal persiapan kebijakan. Implementasi program ini membutuhkan sistem kolaborasi yang jelas sebagai acuan pelaksanaan program di unit pendidikan. Untuk meningkatkan efektivitas dan keberlanjutan program, keterlibatan guru dan orang tua juga sangat diperlukan.

**Kata kunci:** Kesehatan Sekolah, Kampanye Sekolah Sehat, Kebijakan Kesehatan, Kerangka Segitiga Kebijakan

## Introduction

Health is a fundamental human right, encompassing the rights of children that must be fulfilled. In Indonesia, school-aged children constitute 24% of the population, highlighting the critical importance of addressing their health needs. According to a 2018 Basic Health Survey by the Ministry of Health, significant concerns arose regarding the health status of school-aged children, particularly in areas such as daily nutrition intake, physical cleanliness, and activity levels.<sup>1</sup> Additionally, mental and emotional health issues, tobacco use, and reproductive health remain pressing problems among this demographic.<sup>1,2</sup> The COVID-19 pandemic further exacerbated these issues, disrupting students' habits and routines due to prolonged home learning and increased use of digital technology.<sup>3</sup>

To improve the health of school-age children, the Indonesian government has implemented the Schools Health Programme or Usaha Kesehatan Sekolah (UKS) since 2014. The UKS programme has yet achieved full efficacy. Only 57.5% of pupils in primary schools (Sekolah Dasar (SD) or Madrasah Ibtidaiyah (MI)), 54.4% in junior high schools (Sekolah Menengah Pertama (SMP) or Madrasah Tsanawiyah (MTs)), and 45.2% in senior high schools (Sekolah Menengah Atas (SMA) or Madrasah Aliyah (MA)) had access to health services, according to 2021 surveys.<sup>3</sup> On 3 August 2022, the Indonesian Ministry of Education, Culture, Research, and Technology started the Healthy Schools Campaign Programme in response to these less-than-ideal results and the growing health issues children face. By focusing on preventive health measures in schools, this program seeks to revitalize the UKS and help students learn more effectively when in-person classes resume after the pandemic.<sup>3</sup>

The Healthy Schools Campaign Program necessitates a comprehensive analysis due to its recent introduction and focus on promoting healthy nutrition, physical health, and immunization among students.<sup>3</sup> The program's execution requires the involvement of various stakeholders and collaboration across different sectors, including the Ministry of Education, Culture, Research, and Technology, the Ministry of Health, the Ministry of Religious Affairs, and the Ministry of Home Affairs.<sup>4,5</sup>

Policy analysis requires a robust conceptual framework to evaluate the factors influencing its formation and implementation. The health policy triangle framework, which encompasses four domains: actors, content, context, and process, was a suitable tool for this purpose.<sup>6</sup> This framework allows for an in-depth examination of the factors influencing policy and its implementation, including the roles of various actors in shaping and executing health policy. The objective of this study was to analyze the Healthy School Campaign Programme by applying the health policy triangle framework. This study aimed to thoroughly understand the program's dynamics by using a qualitative method and analyzing secondary data obtained through electronic document searches.

This research was innovative in applying the health policy triangle framework, allowing for a thorough examination of the factors influencing policy and its implementation. This examination encompasses the roles of various actors, the content of the policy, the contextual factors, and the processes involved. The framework provides valuable insights into the complexities of policy formation and execution, facilitating the identification of key

characteristics that impact the effectiveness of the policies. It provides valuable information about the collaboration between important individuals and related institutions, the content of the policies that were implemented, the context that influenced these policies, and the process of implementing them. This provided a comprehensive understanding of the Healthy School Campaign Program dynamics in Indonesia and formed the basis for policy recommendations and future program improvements.

## **Method**

### **Literature Search**

This study employed a narrative review method with a policy analysis approach using the health policy triangle framework, which encompasses four main components: actors, content, process, and context. The objective was to provide an in-depth analysis of the Healthy School Campaign Program implemented in Indonesia. Secondary data was collected from electronic document searches using various official sources, such as ministry reports, government policies, academic studies, and related publications. Data collection took place in November 2023. A comprehensive search strategy was designed using index and free-text terms related to the Health Policy Triangle framework. The keyword employed was "Healthy School Campaign" OR "Kampanye Sekolah Sehat". The search strategy was confined to 2022, the start of the Healthy School Campaign Programme. The search strategy underwent review and approval by a qualified medical librarian to ensure sensitivity and specificity. The electronic databases searched were Scopus, PubMed, Google Scholar, and ScienceDirect. Government archives from the Ministry of Education, Culture, Research, and Technology (Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi), The Ministry of Health (Kementerian Kesehatan), The Ministry of Religious Affairs (Kementerian Agama), and the Ministry of Home Affairs (Kementerian Dalam Negeri) were also searched. Additionally, manual searches on Google using the determined keywords were performed. A snowballing approach was employed to identify additional literature through manual screening of reference lists from relevant studies.

### **Study Selection**

The retrieved literature underwent screening for eligibility based on pre-specified inclusion and exclusion criteria. The inclusion criteria include: studies published from 2022 onwards, articles in English and Indonesian, focus on the Healthy School Campaign Programme in Indonesia. The exclusion criteria included studies not relevant to the Healthy School Campaign or health policy analysis.

### **Data Analysis**

Data analysis was conducted using a descriptive qualitative approach.<sup>6</sup> This included :

1. Analysis of Actors: Identifying and analyzing the roles of different entities engaged in the development and execution of the Healthy School Campaign Programme, such as central and local governments, schools, NGOs, and other collaborators.
2. Content Analysis: Evaluating the policy content of the Healthy School Campaign Program, focusing on its goals, strategies, and interventions.
3. Process Analysis: Examining the stages, mechanisms, and procedures applied in the formulation and implementation of the policy, including identifying and addressing issues,

formulating the problem, developing the policy, implementing the policy, and monitoring and evaluating the policy.

4. Context Analysis: Evaluating the contextual factors affecting the policy, including situational factors, structural factors, cultural factors, and international factors.

To ensure the accuracy and dependability of the data, triangulation was employed by integrating multiple sources of information and verifying the data by comparing the results obtained from different documents and studies.

## **Result**

The document search was filtered based on predefined inclusion and exclusion criteria, resulting in five documents being included in the analysis. The first document is the Joint Decree of the Minister of Education, Culture, Research, and Technology, the Minister of Health, the Minister of Religious Affairs, and the Minister of Home Affairs Number 03/KB/2022, HK.01.08/MENKES/1325/2022, 835 Tahun 2022, 119-5091.A Tahun 2022 on the Implementation of Improving the Health Status of Students, issued in 2022<sup>7</sup>. Then, there is the Circular Letter of the Minister of Education, Culture, Research, and Technology Number 7 of 2022 on the Discretion in the Implementation of the Joint Decree of 4 (Four) Ministers on Guidelines for the Implementation of Learning During the COVID-19 Pandemic, also issued in 2022<sup>8</sup>. Following that, the Regulation of the Coordinating Minister for Human Development and Culture of the Republic of Indonesia Number 1 of 2022 on the National Action Plan for Improving the Welfare of School-Age Children and Adolescents, which was published in the same year, 2022<sup>9</sup>. In 2023, there is the Circular Letter of the Director General of Early Childhood Education, Primary Education, and Secondary Education Number 4447/C/HK.04.01/2023 on the Healthy School Campaign<sup>3</sup>. Lastly, the Healthy School Campaign Guidelines were also issued in 2023<sup>4</sup>. The stages of the literature search can be seen in Figure 1 below.

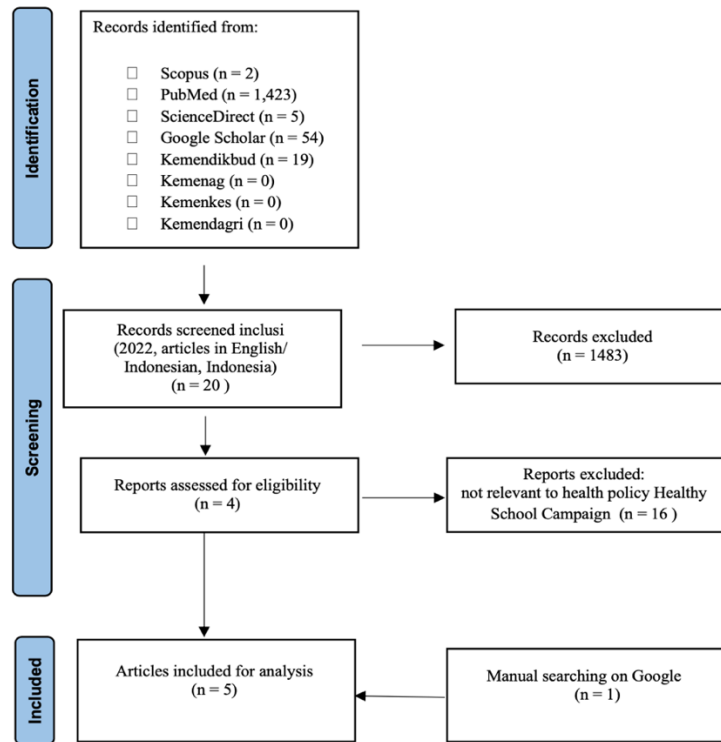


Figure 1. Literature Review Search Stages

Figure 2 is a visual representation of the health policy triangle. The diagram illustrates the key stakeholders involved in school health policy; the top of the triangle represents the policy context, the right side depicts the policy process, and the left details the policy content. Figure 2 illustrates the complex interactions among various elements in school health policy, covering the key stakeholders, the underlying context, systematic processes, and comprehensive content.

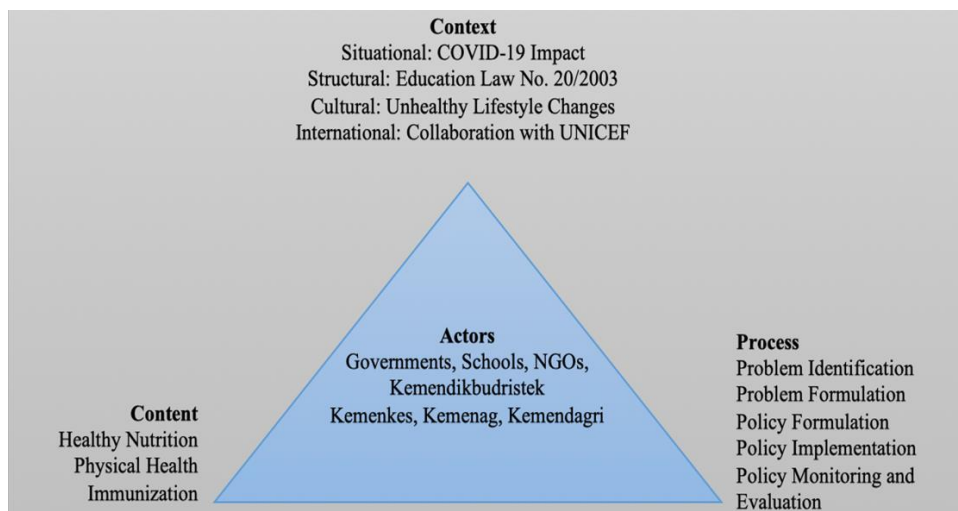


Figure 2. Health Policy Triangle for the Healthy School Campaign in Indonesia

## Discussion

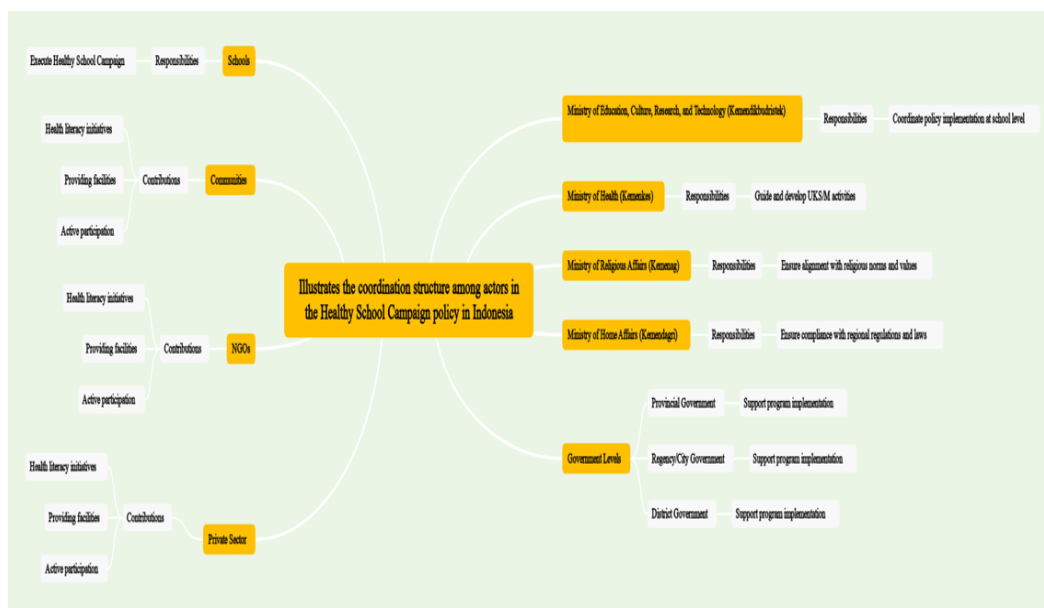
Using the Health Policy Triangle framework, our research highlights four aspects: actors, context, process, and content. The following discussion will explain these aspects sequentially.

## Actors in the Healthy School Campaign Program

Policy triangle analysis reveals that the success of a policy is significantly influenced by the actors involved, including individuals, groups, and organizations within their work environment contexts.<sup>6</sup> In the Healthy School Campaign Program context, official actors such as Kemendikbudristek, Kemenkes, Kemenag, and Kemendagri play vital roles in formulating and implementing policies. The existence of circular letters and supporting policies indicates that coordination among these actors is crucial to the program's success.<sup>10</sup>

The involvement of non-governmental actors such as communities, NGOs, and the private sector ensures the program runs effectively and achieves its targets. Community health literacy, support from the private sector in the form of facilities and resources, and active participation from school communities can enhance the program's effectiveness. The Healthy Schools Campaign Program requires strong cross-sector collaboration and commitment from all related parties.

The findings underscore the importance of strong collaboration among various actors for the success of school health programs. The potential of collaboration between Kemendikbudristek, Kemenkes, Kemenag, and Kemendagri, along with support from non-governmental actors, is immense and promising. This collaboration is expected to effectively address the various health challenges faced by school-aged children. Policy triangle analysis thoroughly comprehends the interactions between actors, content, context, and policy processes.<sup>6</sup>



**Figure 3. Illustration of the Coordination Structure Among Actors in Healthy School Campaign Policy in Indonesia**

Figure 3 explains the coordination structure among actors in Indonesia's Healthy School Campaign policy. The main actors involved are the Ministry of Education, Culture, Research, and Technology (Kemendikbudristek), which coordinates policy implementation at the school level; the Ministry of Health (Kemenkes), which guides and develops UKS/M activities; the Ministry of Religious Affairs (Kemenag), which ensures the program aligns with religious norms

and values; and the Ministry of Home Affairs (Kemendagri), which ensures the program complies with regional regulations and laws. At the implementation level, Provincial, Regency/City, and District governments support the program's implementation in their respective areas. Schools are responsible for implementing the Healthy School Campaign program with support from communities, NGOs, and the private sector. Communities, NGOs, and the private sector support the program through health literacy, providing facilities, and active participation. Strong collaboration among these actors is expected to enhance the health conditions of school-aged children through a structured and sustainable campaign.

### **Context in the Healthy School Campaign Program**

#### **a. Situational Factors**

The analysis reveals that context plays a critical role in forming and implementing the Healthy School Campaign policy. The COVID-19 pandemic is a significant situational factor affecting this policy. The pandemic's impact, such as changes in students' habits and daily routines due to prolonged online learning, has led to health issues related to decreased physical activity and other unhealthy behaviours.<sup>6</sup>

#### **b. Structural Factors**

Structural factors are critical in promoting quality health and learning for students. Law No. 20 of 2003 on the National Education System is the primary foundation to ensure that students receive comprehensive health services, including physical, psychological, and social well-being<sup>13</sup>. The health policy triangle framework offers a structured approach to understanding how these elements interact within the policy landscape to influence decision-making and implementation.

Health policy studies, such as those by Khodayari-Zarnaq et al. (2019) and Mondal et al. (2021), highlight the importance of structural factors in policy development and implementation. For instance, the analysis of HIV/AIDS policy in Iran and tobacco control in India underscores the role of institutional architecture and legislative interventions in shaping policy outcomes<sup>14,15</sup>. This illustrates how structural factors, such as institutional arrangements and legal frameworks, influence health policy decisions and implementation strategies.

Understanding structural factors within the context of policy analysis is equally essential. By examining elements like context, content, actors, and policy processes, policymakers can comprehensively understand the complexities involved in policy development and implementation. Integrating structural considerations into health policy decision-making can lead to more effective and sustainable health interventions that cater to the diverse needs of populations.<sup>6</sup>

#### **c. Cultural Factors**

Cultural factors significantly influence the Healthy School Campaign policy, transforming it from UKS to the Healthy School Campaign. A key cultural norm in Indonesia is gotong royong, which emphasizes mutual cooperation and community effort for the common good. This norm fosters active community participation in improving student health. The campaign leverages this cultural value to create a healthier school environment.<sup>3</sup>

Understanding cultural norms is essential in health policy formulation. Bavel & Boggio (2020) highlighted the importance of collective behaviour change in public health interventions,

while Scott (2021) emphasized the need for policies to adapt to societal changes and prioritize preventive health.<sup>16,17</sup> Glassgold & Wolff (2020) pointed out the role of psychological research in public health policy, especially regarding how individuals respond to measures like social distancing.<sup>18</sup>

During the COVID-19 pandemic, Jonsson et al. (2023) stressed the importance of health-promoting policies to encourage better behaviours and reduce health disparities.<sup>19</sup> Similarly, Hasanzadeh & Alishahi (2022) demonstrated the significant impact of government intervention policies on people's health behaviours.<sup>20</sup> These studies show that cultural and behavioural changes are crucial in shaping effective health policies, ultimately improving public health outcomes and overall well-being.

#### d. International Factors

International factors play a crucial role in forming the Healthy School Campaign policy. The Indonesian government collaborates with the United Nations Children's Fund (UNICEF) to address child health issues such as stunting, increased immunization coverage, and participation in early childhood education.<sup>21</sup> This cooperation shows how the priorities and concerns of policymakers in other countries can influence policy solutions in Indonesia.<sup>22</sup>

These findings indicate that contextual factors significantly influence the formation and implementation of the Healthy School Campaign policy. The analysis highlights the importance of considering situational, structural, cultural, and international factors when designing health policies. Stronger cross-sector collaboration and comprehensive health program integration in schools are essential.

### **Policy Process in the Healthy School Campaign Program**

#### a. Problem Identification and Issues

The Healthy Schools Campaign Program's policy process involves several stages, from identifying health issues among school-aged children to policy formulation, implementation, and evaluation. The problem identification stage is based on child health data showing high health complaints, low immunization coverage, and other health issues such as obesity, decreased physical activity, and poor hygiene.<sup>4</sup> In 2022, the percentage of school-aged children with health complaints reached 30.85% for ages 5-9, 25.48% for ages 10-14, and 22.75% for ages 15-19.<sup>23</sup>

When examining health policy decisions, it is crucial to consider the problem identification and issues within the process, as these factors significantly impact policy outcomes. The Policy Triangle Analysis framework, developed by Walt and Gilson, provides a structured approach to understanding the interplay of context, content, actors, and policy processes in shaping policy decisions.<sup>24</sup> This comprehensive analysis helps to illuminate the challenges and opportunities present in the policy landscape.

#### b. Problem Formulation

Problem formulation within the Healthy School Campaign involves a detailed analysis of the identified health issues, leading to the development of targeted interventions. The formulation must consider how policymakers raise issues, develop, negotiate, communicate, implement, and evaluate.<sup>6</sup> Healthy School Campaign policy originates from identifying significant health problems among school-aged children requiring immediate intervention. According to the 2021 Indonesia Health Profile, immunization coverage during the School



Immunization Month (BIAS) in 2021 was far below the 95% target, with measles-rubella immunization coverage at only 58.4% and diphtheria-tetanus immunization at 57.1%.<sup>4</sup>

Studies like those by Sentell et al. (2020) emphasize the importance of considering health literacy in decision-making processes, highlighting how changes in personal health behaviours and organizational actions influenced by health literacy can impact policy outcomes.<sup>25</sup> Moreover, Zahidie (2023) emphasizes the significance of elucidating the elements of the Health Policy Analysis Triangle to provide a comprehensive foundation for evidence-based decision-making in health systems research.<sup>10</sup>

#### c. Policy Formulation

Based on the identified problems and formulated issues, the policy formulation stage entails the development of specific policies. The cross-sector collaboration encompasses the Ministry of Education, Culture, Research, and Technology (Kemendikbudristek), the Ministry of Health (Kemenkes), the Ministry of Religious Affairs (Kemenag), and the Ministry of Home Affairs (Kemendagri).<sup>5</sup> This collaboration highlights the significance of synergy among many stakeholders to effectively tackle health concerns.

Dorosti (2023) employed the Policy Triangle Model to examine the policy environment and pinpoint obstacles in the implementation of mental health services integration in primary care in Iran. This study underscores how structural factors within the policy context can pose barriers to effective policy execution, emphasizing the need to address these issues to enhance mental health service delivery.<sup>26</sup>

#### d. Policy Implementation

The effectiveness of the policy process in the Healthy School Campaign Program is evident from the various steps taken to address health issues among school-aged children. This collaborative program requires good coordination among various parties, including schools, parents, and communities. The policy process involving problem identification, policy formulation, and continuous evaluation can help ensure that interventions are targeted and effective in improving children's health status.<sup>6</sup> Strengthening regulations, socialization, advocacy, and publication as well as optimizing the role of the UKS advisory team are essential steps in increasing the program's impact on student health.<sup>4</sup> The program's success also depends on the active involvement of all stakeholders and adequate resource support from the government budget as well as independent contributions from educational units.<sup>12</sup>

The effectiveness of policy implementation in the Healthy School Campaign Program is evident through coordinated efforts among various stakeholders, including schools, parents, and communities. Implementing this program requires good coordination among various parties, including schools, parents, and communities. The policy process involving problem identification, policy formulation, and continuous evaluation can help ensure that interventions are targeted and effective in improving children's health status.<sup>6</sup> Regulations, socialization, advocacy, and publication, as well as optimizing the role of the UKS advisory team, are essential steps in increasing the program's impact on student health.<sup>4</sup>

In addition, Mueller (2020) emphasised the difficulties of adopting a Health Technology Assessment Policy Framework in South Africa. The author stressed the significance of employing rigorous and transparent procedures to assess healthcare technology and guide policy choices.<sup>27</sup>

This study underscores the critical role of process issues in policy implementation and the need for systematic approaches to address complex health technology assessment challenges

#### e. Policy Monitoring and Evaluation

Monitoring and evaluation are critical components of the Healthy School Campaign Program to ensure its effectiveness and sustainability. This stage involves regularly collecting data to assess the program's effectiveness and identify areas for improvement.<sup>6</sup> The evaluation results are used to refine and adjust the program to provide maximum benefits to students' health.

#### **Content in the Healthy School Campaign Program**

The Healthy School Campaign Program focuses on three main aspects: healthy nutrition, physical health, and immunization.<sup>12</sup> The program addresses the nutritional status of children aged 5-12 years, with 68% undernourished, 16.9% stunted, and 10.8% overweight. Eating habits of children aged 10-14 are concerning: 50.4% consume sweet foods, 31.4% consume salty foods, 11% consume instant foods, and 7.8% consume foods with flavor enhancers. Additionally, 43% of children lack physical activity, and 43% practice improper handwashing. Mental health issues are also significant, with 62% of those aged 15-24 experiencing depression and 10% facing mental and emotional disorders.<sup>1</sup> Immunization coverage fell far below the 95% target during the School Immunization Month (BIAS) in 2021.<sup>4</sup>

The primary goal of the Healthy School Campaign Program is to improve the health status of school-aged children in Indonesia by enhancing nutritional intake, physical activity, complete immunization coverage, effective learning, and the health of educators and school staff. The program involves parents and the community, focusing on reducing obesity through physical activity and increasing immunization coverage.<sup>12</sup> This holistic approach can significantly enhance children's overall health<sup>10</sup> and requires structured collaboration among the government, schools, parents, and communities. The policy content includes substance, guidelines, and strategies to promote student health. Ooi et al. (2020) highlighted the importance of school nutrition policies in improving adolescents' eating habits.<sup>28</sup> Liu et al. (2022) showed that students' positive views of a healthy school environment enhance healthy food choices and physical activity.<sup>29</sup> Chote et al. (2022) emphasized the importance of improving healthy food culture in New Zealand schools<sup>30</sup>. Gillies et al. (2018) underlined the role of school nutrition policies in creating environments that support healthy food choices.<sup>31</sup>

The current policy content included quantitative and qualitative measures to ensure the success of the Healthy School Campaign. Quantitatively, all 38 provinces and 514 local governments in Indonesia had issued circulars regarding the Healthy School Campaign policy. However, specific data on the number of schools implementing the campaign was unavailable. Qualitatively, the program emphasized creating an environment that supports healthy lifestyles. Schools were encouraged to promote balanced nutrition and proper hygiene practices. The campaign fostered a culture of "Healthy Nutrition," "Physical Health," and "Healthy Immunization" to improve students' health status and enhance their learning process. Educators and school staff also benefited from improved health, enabling them to perform their duties effectively. The role of parents and the community was crucial in improving students' health both at school and at home, supporting the successful implementation of health initiatives.<sup>12</sup>

## Conclusion

This study examined the Healthy School Campaign Programme by applying the health policy triangle framework, which encompasses actors, content, process, and context. The analysis indicated that the main entities involved in this process were the central and local governments, as well as non-governmental partners. These entities work together to enhance the health conditions of children attending school. The programme primarily emphasized physical health, nutritious eating, and immunisation for students. It was backed by multiple entities, including the Ministry of Education, Culture, Research, and Technology (Kemendikbudristek), the Ministry of Health (Kemenkes), the Ministry of Religious Affairs (Kemenag), and the Ministry of Home Affairs (Kemendagri).

The findings of this study underscored the importance of cross-sectoral collaboration and active participation from all stakeholders in the implementation of the Healthy School Campaign Programme. This collaboration was essential for several reasons. First, collaboration ensured a comprehensive approach to student health by integrating expertise and resources from various fields, leading to more effective and sustainable health interventions. Second, it facilitated the sharing of best practices and innovations, enhancing the overall impact of the programme. Lastly, it fostered community engagement and ownership, which were crucial for the long-term success and sustainability of health initiatives. For example, the Ministry of Education could implement educational strategies in schools, while the Ministry of Health provided the necessary medical resources and guidelines. The Ministry of Religious Affairs ensured that health interventions aligned with cultural and religious values, making them more acceptable and followed by the community. The Ministry of Home Affairs helped integrate these efforts into regional regulations, ensuring compliance and uniformity across different areas.

Scientifically, a holistic approach that includes aspects of nutrition, physical health, and immunization had proven effective in improving the health of school-aged children. Implementing this program required structured collaboration and adequate resource support to ensure its sustainability and effectiveness. Therefore, the Healthy School Campaign Programme could be a long-term sustainable strategy to improve the health status of children in Indonesia.

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