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Disease control
framework overhaul
under Ministry of Health
Regulation No. 3 of 2026

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I. Background

The Ministry of Health has issued Regulation No. 3 of 2026 on Disease Control (**Permenkes No. 3/2026**), which came into force on 11 March 2026. The regulation establishes a new integrated disease control framework covering both communicable and non-communicable diseases, and forms part of the implementing regulations of Law No. 17 of 2023 on Health and Government Regulation No. 28 of 2024.

The regulation signals a policy shift towards preventive, risk-based, and cross-sectoral disease management, with potential implications not only for healthcare providers, but also for life sciences companies, employers, operators of public-facing facilities, and investors.

Permenkes No. 3/2026 regulates disease control through an integrated set of promotive, preventive, curative, rehabilitative, and palliative health interventions, expressly taking into account environmental, social, and behavioural determinants of health, and applies to communicable diseases, non-communicable diseases (**NCDs**), extraordinary events (*kejadian luar biasa/KLB*), and disease outbreaks (*wabah*).

II. Key changes introduced by Permenkes No. 3/2026

1. Integrated regulation of communicable and non communicable diseases

For the first time, communicable diseases and NCDs are regulated under a single policy framework, reflecting a shift from outbreak-centric regulation to life-cycle and risk-based disease control.

This integration aligns disease control strategies with long-term public health objectives, including lifestyle-related risk mitigation.

2. Strengthened surveillance and early warning obligations

The regulation reinforces national and regional disease surveillance mechanisms. This increases expectations on relevant stakeholders to align with government-led surveillance and reporting systems.

3. Expanded emphasis on prevention and health promotion

Permenkes No. 3/2026 places stronger emphasis on preventive measures and behavioural interventions, including public awareness and community participation.

Disease control is no longer positioned solely as a healthcare system responsibility, but as a multi-stakeholder public health obligation.

4. Integration of environmental and determinant based health policies

Disease control must be implemented with due regard to environmental health and broader determinants, reinforcing alignment with climate, sanitation, and lifestyle-related public policies.

This approach reflects the post-Health Law policy direction towards holistic health governance.

III. Conclusion

Permenkes No. 3/2026 represents a significant development in Indonesia's post-Health Law regulatory landscape, signalling a move towards integrated, preventive, and cross-sectoral disease control.

While healthcare entities are most directly affected, the regulation's breadth means that non-healthcare businesses should not view it in isolation, particularly where operations intersect with public health, workforce management, or government-led programmes.

Across sectors, the enhanced disease control framework increases regulatory and compliance expectations. Healthcare providers and facilities face stricter obligations on surveillance, reporting, and participation in disease control programmes, with closer alignment to national prevention and response policies.

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