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HEALTH SECTOR FINANCING PROJECT

**Ministry of Health
Republic of Indonesia**

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**JPKM Social Marketing Strategy
No. 32
Author: Michael Wood**



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The International Science and Technology Institute, Inc.**

JPKM SOCIAL MARKETING STRATEGY

**No. 32
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LIST OF ACRONYMS

ASTEK	Asuransi Sosial Tenaga Kerja (social security insurance program for wage-based employees in the private sector)
DEPKES	Departemen Kesehatan (Department of Health)
DUKM	Dana Upaya Kesehatan Masyarakat (fund for community health care)
HMO	Health Maintenance Organization
HSF	Health Sector Financing
IDI	Ikatan Dokter Indonesia (Indonesian Doctors Association)
JPKM	Jaminan Pemeliharaan Kesehatan Masyarakat (Indonesian Managed Health Care Program)
KUD	Koperasi Unit Desa (village cooperative)
MIS	Management Information Systems
MOH	Ministry of Health
NTT	Nusa Tenggara Timor
PHB	Perum Husada Bakti (a parastatal which provides health insurance for government employees)
PKTK	Pemeliharaan Kesehatan Tenaga Kerja (health insurance fund for private sector workers)
SATGAS	Task Force
STT	Short-Term Training
USAID	United States Agency for International Development

LIST OF FOREIGN WORDS

bupati	district administrator
banjar	village (Balinese)
Dana Sehat	voluntary health care purchasing cooperatives at the village level

I. OBSERVATIONS AND RECOMMENDATIONS OF SPECIFIC PROJECT COMPONENTS

A. Short-Term Training (STT) Meeting

1. Observations

The idea of convening task forces in the major disciplines seems to be a good one. Forums to facilitate communication make sense and seem even more important when considering new concepts such as managed care and the marketing of health care services.

The forum allowed for a good exchange of ideas and baring of biases. Some aspects of the Ministry of Health/Indonesian Managed Health Care Program (DUKM/JPKM), health sector financing project are not universally accepted and require on-going reinforcement by true believers such as Widodo Soetopo and others. Venal instincts such as self-interest and the profit motive can go against the more traditional view of health care as a selfless service to be provided to the masses without regard to cost. The STT gatherings serve as a useful opportunity to disseminate information about managed care.

The task force observed by the consultant meets to consider social marketing. There are individuals within the group that seem more committed to the social aspects of the phrase than the marketing aspects. It is quite clear that health education, as distinct from marketing or sales, is a much easier concept to deal with, both culturally and ethically. Task force members must understand that in the competitive health care market place envisioned for Indonesia, health education is not an end in itself; increased enrollment is the objective. This observation will surface repeatedly in the following pages.

2. Recommendations

Having identified the existing biases, the STT meetings are the ideal forum for continuing the educational process and for assuring that all participants clearly understand the concepts and vocabulary involved. The trained participants can then serve as organized missionaries for the DUKM concept. There is some disagreement over the elements of the managed care concept. Doctrinal differences should be worked out within the group so that uniform messages can be carried back to the different constituent groups.

The STT meetings would probably be strengthened if Dr. Mariano from Sint Carolus Hospital could be included. His participation would be extremely worthwhile because of his thorough understanding of the marketing concept and his position as the leader of a successful Indonesian health care enterprise.

Finally, the regular STT meetings can serve as a vehicle for discussing the specific, tangible action steps required in developing marketing programs. There is the risk that the group's activities will remain only intellectual exercises that do not evolve into answers to hard questions. In the consultant's presentation to this meeting, major aspects of the marketing process including broad pre-marketing (social marketing) activities and the pure business activities (sales) were highlighted. (See Appendix A and Appendix B in Ken Bopp's Marketing Managed Care: Getting and Keeping Members.)

B. Health Sector Financing (HSF)-Project Implementation Office/Social Financing

1. Observations

The project team has approached the task of social marketing in an extremely systematic way. Stake holders and constituent groups (providers, governmental organizations, provincial health officials) seem to have been well identified and are being brought along methodically. Particularly impressive were efforts that involved Ikatan Dokter Indonesia the Indonesian Medical Society (IDI), the Hospital Association and other trade groups in the preparation of JPKM Manuals relating to each interest group's area of expertise. Their early involvement in the development of the concept will help to eliminate major objections as concepts are translated into tradition and law. Although the interest groups can not be given free rein to develop the concept according to their own self-interest, their participation will help assure that a meaningful consensus is established.

Research activities currently underway are excellent pre-marketing devices and will serve the industry well when specific products are available for purchase by the consuming public. Surveys that are conducted will provide information on the normative positions of providers, the commercial sector and policy level organizations. The survey instrument can also be an excellent educational tool to promote the DUKM concept, as group needs, objections and potential hostilities are uncovered.

2. Recommendations

Besides the providers and policy level individuals, the staff of the constituent groups may wish to include the media in the educational process. Similarly, given the substantial financial impact of the pharmaceutical companies in the Indonesian health care system, the project may wish to involve the pharmacy association or the pharmaceutical company association (if one exists) in the development of operations manuals, much as has been done with IDI.

Although the largest market segment is the government, the project should focus substantial attention on involving private purchasers of care, either individually or through representative organizations such as the Chamber of Commerce. The same applies to employee associations where they exist. Although unions are not a major force, there are groups with influence such as the wives of government officials and others that should not be ignored.

The survey of private employer benefit packages will provide useful information as target markets are identified. The two conferences planned for the private sector represent excellent pre-marketing activities which can complement the industry surveys. Media exposure of the JPKM concept in association with well known private sector representatives can boost the image of the concept dramatically.

C. DEPKES JPKM

1. Observations

It is clear that social marketing activities have made some impact. The number of stake holders has increased dramatically since the consultant's last visit. The concern earlier was that managed care principles might represent a concept that had been foisted on the Indonesian system by overzealous Health Maintenance Organization experts. At the highest levels, there seems to be a genuine commitment to the concept of DUKM/JPKM. However, to many people in the Ministry of Health, marketing implies unethical behavior and rapacious profits, to the detriment of the population intended to be served. This bias must be overcome if the concept of JPKM is to be successful, even good ideas need to be sold.

The lack of understanding of marketing role's in implementing the JPKM program is an indication of the enormous amount of training needed among potential managers of the system. Most leaders of the Ministry seemed to have an appreciation of the enormity of the task and were willing to commit government resources to see that it is accomplished. For example, Minister Adhyatma specifically underscored the need for re-training by citing changes in hospital financing that were occurring in Indonesia. With hospitals being permitted to retain greater control over their budgets he said, the need for competent financial managers, trained in the management sciences rather than public health, will grow. John Rogosch or Dr. Adhyatma mentioned the existence of executive training programs run by the American Banking Association (after which the Executive Program in Managed Care is fashioned) as interesting educational models designed to improve the competence of adults.

2. Recommendations

Even many rabid proponents of the free market would advocate some regulation of marketing activities in an area so vitally important as health care. In Indonesia where suspicions run high concerning marketing and profits, regulation of market conduct (as well as other aspects of managed care operations) becomes all the more important. As the regulatory framework is developed by the Ministry of Health and other cooperating ministries, this activity will need to focus on such areas as member services and procedures, contracts and marketing materials, underwriting activities, and overall marketing management. A comprehensive yet reasonable system of regulations within the market place will help alleviate the fears of the traditionalists who see the unleashing of marketing forces in health care as being extremely risky.

In the area of member services and grievance procedures, DEPKES will want to monitor grievances among the health plan membership. To do this it will be necessary to require that the JPKM organization establish complaint and grievance procedures according to guidelines established by the Ministry. Rather than being an onerous process, the availability of grievance procedures can be a positive feature of the health plan to be marketed. Individuals are being asked to take a chance on a new "product" so any procedure designed to provide redress in the event of dissatisfaction may give individuals

a more confident feeling as they sign up. DEPKES will also want to establish standards for recording and reporting grievances within the managed care entity and then set up standards for review of these data by the regulatory body.

It appears that benefits are now provided by Perum Husada Bakti (PHB) quite haphazardly, for example. That is, coverage is described as "comprehensive" but without any definition of the meaning of comprehensive. Much more precision will be required in the future. In reviewing marketing materials, the use of language becomes extremely important. The nature of a pre-paid system is such that just as precise monetary amounts are established (capitation rates or premiums) a precise definition of services to be covered must be understood by both the provider and the member. The regulator must be sure that written materials fully and fairly disclose benefits to be provided and exclusions from coverage so that both provider and member understand the extent of coverage.

Among other aspects of market conduct, regulators should oversee underwriting practices of the JPKM entity to be sure that unfair and inappropriate manipulation of risk (skimming) is not occurring. In even the best of regulatory environments such activities are difficult to document and can only be demonstrated as patterns develop. This implies regular surveillance of new employer groups joining the managed care programs and groups being cancelled. Initially this will not be of major importance, but as the industry matures and the private sector is encouraged to participate the principle of "cross subsidization" inherent in the JPKM concept will run counter to experience rating and profit maximization. Regulatory oversight may be required to keep the concept on track.

Finally, with regard to regulating marketing conduct, DEPKES will need to focus on the JPKM entities understanding of the marketing concept and ability to manage the marketing function. This regulatory task relates more to financial standards than to ethical standards because it is the plans' ability to achieve its enrollment projections through sound marketing management that provides the underpinning credibility for the organization's financial stability.

DEPKES staff should begin now to develop the regulatory information system necessary to support the monitoring activities mentioned above. Regular and timely review of required health plan reports will help assure acceptable marketplace conduct. However, as the regulatory system is established it must be recognized that most inappropriate activities will not be uncovered through regular health plan filings, but through complaints - complaints from members, providers, and competitors. Thus, the regulatory system will need to be prepared to monitor each health plan's relationships with each constituent group.

Particularly good material on the regulation of managed care entities was provided in the Kansas City program. All class members were exposed to the material provided by the National Center through its cooperative arrangement with the National Association of HMO Regulators. The participants should be able to provide additional detail on this topic.

D. Nusa Tenggara Timor (NTT)

1. Observations

On the surface, NTT reliance on the cooperative network seems to be a particularly good vehicle for establishing the JPKM concept. Unfortunately, the poor reputation of some cooperatives regarding financial stability may hinder the implementation of the Dana Sehat project. Although the Koperasi Unit Desa (KUD) may have had problems with corruption and lost dues, the willingness of the bupati to back the cooperative will be an extremely important marketing tool. Of additional importance, though, is the political strength that can accrue to the program with the active participation of the bupati. If he is ultimately responsible for the activities of the health plan, it seems reasonable to assume that he will take an active interest in the program's success. Similarly, the apparent support from the governor for the project bodes well for its success.

2. Recommendations

There seems to be substantial questions regarding the public's attitude toward the cooperative system. Some market research seems to be in order before the program's structure is finalized and the cooperative network is finally selected as the framework for the health plan. Focus groups may be useful vehicles to uncover biases and image problems that may be transferred from the KUD to the JPKM. Naturally, information gathered from this market research will assist in the development of the appropriate emphasis for marketing materials.

There is not enough information to make substantive recommendations for improving the project in NTT at this time. However, the three training program participants from NTT seem extremely competent and should be charged with re-working the business plan and marketing strategy for the project and presenting it in the very near future to the intersectorial SATGAS. Their spirit of self reliance and technical skills will be useful attributes. Among the activities they can undertake is a review of financial calculations for the model plan to verify that projected benefits justify the current premium. There is some question that the premium may be inordinately high. Also, the current marketing projections call for an enrollment of 140,000 members within five years. These numbers should be re-evaluated in light of the questionable image that the KUD brings to the project.

E. Bali

1. Observations

The project team has taken an organized approach to developing a business plan that seems to demonstrate a thorough understanding of both the JPKM concept and the full implications of being a marketing oriented organization. This latter point is clearly demonstrated in the business plan with its commitment to providing high quality service to the membership.

The overall marketing strategy seems to be well conceived as far as it goes. The on-going marketing strategy seems to revolve around four basic premises: one, good service

provided to the initial enrollees will create the most effective sales force; two, a responsive membership services department with an active grievance process will demonstrate commitment to number one, above; three, mass communication campaigns should involve Banjar leadership and leaders on other levels; and four, a linkage between the Dana Sehat program's marketing efforts and other accepted community level activities such as KUE

2. Recommendations

The Health Sector Financing Project should clearly continue support of this activity and may wish to focus its efforts on assuring that marketing materials are developed to carry an appropriate message. That is, the marketing campaign calls for the development of leaflets, posters, radio spots and public relations efforts, but does not clearly specify the message to be conveyed through these media or why these media are suitable. Some effort will certainly need to be devoted to uncovering existing attitudes and potential biases toward the Dana Sehat program. At the same time, a focus group or some other quick research technique might uncover the most appropriate media to be used. For example, it may turn out that spending more time training leaders of community organizations in JPKM principles might be a better use of marketing funds than using radio spots. With such normative information available, the remainder of the strategy seems appropriate.

A timeline exists to support the strategic plan, but it was not presented. Without reference to the timing and sequence of events the plan seems to be only a theoretical exercise. Every effort should be made to relate the timing of the tactical plan to the objectives of the strategic plan.

A real sales job seems to be necessary. The vast majority of the potential market seem to prefer only the minimum level of coverage. Logic would indicate that better value is available by purchasing a higher level of coverage, yet with the limited understanding of the insurance concept in general, and the Dana Sehat program in particular, people seem unwilling to risk very much on a new program. Sales is the process of showing value and relating the needs of the customer to the benefits of the product. This is not being done now. It will only be accomplished when the plan's management has a thorough understanding of the population's needs and responds clearly with benefits of the program. A more aggressive sales program could increase the participation in the two higher level benefit packages.

F. Perum Husada Bakti

1. Observations

PHB clearly has an excellent grasp of the issues and objectives. Dr. Sulastomo and his team seem to be approaching the implementation of the DUKM concept within PHB in a methodical way. The individuals sent to the Kansas City program are capable and should definitely support these efforts.

2. Recommendations

A marketing department is to be created toward the end of the current five-year plan (1992), during the "development" phase. Marketing functions cannot be delayed until the

end of the development process; when basic questions will have been answered. Issues relating to product development, image and message to be conveyed, selection of target markets (private sector), and sales strategy all relate to marketing and need to be dealt with from the beginning of the process, not deferred to the end of development.

Managed care, almost by definition, implies restrictions on the behavior of the member/patients and providers. If the concept is not presented in an appropriate way, consumers in the United States or Indonesia will see such efforts as a reduction in benefits rather than an increase. Generic social marketing efforts can help overcome this misconception, but PHB should supplement these activities within its own membership and within its own workforce. Employees within PHB must be trained in the logic and rationale of DUKM concept: this is a marketing function.

With a captive market, such as PHB enjoys, the selling aspect of the marketing process is somewhat diminished. The problem is that PHB aspires to offer its product to the commercial segment, as well. If the organization does not realize the importance of selling and the difficulty of the task, its aspirations within the commercial sector will not soon be realized. Projects will need to keep the pressure on to promote the value of marketing, particularly if PHB wishes to enter the private sector market.

G. Sector Swasta/Tugu Mandiri

1. Observations

Although not much seems to have changed since several years ago, the company now seems poised to make some important decisions. Tugu Mandiri has the resources, both technical and financial, to implement a private sector JPKM program. The only question that remains is the willingness of the corporate leadership and board of directors to undertake the necessary investment.

2. Recommendations

Tugu Mandiri should complete its feasibility study at the earliest possible moment. A major element of this process will be the determination of the provider model to be implemented. Clearly, from a market appeal perspective only, using the existing PERTAMINA medical staff has tremendous advantages. The reputation of the providers is high, there is excess capacity, the clinic model lends itself to good utilization management/quality assurance efforts. While there are numerous other issues to be dealt with in the feasibility study, the basic structure of the delivery system is probably the single most important.

Among the target markets being considered by Tugu Mandiri are the foreign oil contractors, other para-statal companies such as Krakatoa Steel Company and the PERTAMINA retirees group. The first two target markets seemed ideally suited to Tugu Mandiri given the influence and stature of PERTAMINA. On the other hand, inviting a group of retirees to join the system at a very early stage seems to be extremely risky. The high utilization that can be projected for this group can result in very high costs and organizational stresses to the system. There must be better prospects.

Tugu Mandiri is unique in the capabilities that it brings to the development of a JPKM program. Its knowledge of both insurance systems and health care gives it strengths that American insurance companies of five years ago did not possess. It may be, however, that in order to round out its professional staff, Tugu Mandiri may wish to add a provider relations function to its organization. This will be particularly important if a new network of providers is to be created, and will be useful when dealing with a potentially reluctant PERTAMINA medical staff. The provider relations staff will serve as liaison between the plan's providers and the insurance aspects of the JPKM entity. Just as other marketing personnel, the provider relations personnel will have to assess the needs of its constituents and introduce the benefits of the product it represents.

H. Sector Swasta-Sint Carolus

1. Observations

Dr. Mariano has an exceptional understanding of the marketing concept and its relationship to quality management. Among all the organizations that aspire to operate a managed care system, Sint Carolus is the most ready to implement its plans. In fact, its employees already participate in such a plan and the hospital has been approached by a private automobile company to provide pre-paid services for its work force.

Dr. Mariano runs his institution as a marketing organization and describes articulately how his management style is based on a thorough analysis of the needs of his clients and an adjustment of the health system's outputs based on this analysis. This is not only his management style but also that of those people he leads whom he empowers to demonstrate individual leadership skills and entrepreneurship. If, as Dr. Mariano indicates, the battle of the JPKM marketplace is ultimately to be won through good service, this management style and strategy will put Sint Carolus far ahead of the competition.

2. Recommendations

Dr. Mariano is a resource to be used at every opportunity. If he does not participate in the task force meetings, he should be encouraged to do so. The only problem is time availability. Because he might very well be able to participate at an equally high level on all the task forces, he would have to limit his participation to the ones that would be most useful.

The Catholic Health Association, (Per Taki) makes an ideal distribution system that should be encouraged. With its 50 hospitals and hundreds of small clinics, the potential appeal of a network of high quality seems very high. What is lacking, though, may be a subordinate staff competent in the principles and organizational issues related to JPKM. The HSF project staff may wish to further encourage Dr. Mariano by suggesting that other staff become involved in the task forces and training projects sponsored by the program.

However, even in an organization as comfortable with marketing as Sint Carolus, there still seems to be a sense that selling is a dirty business. At the hospital, the sales process will be conducted out of a department called community education. Sales is a more substantial tactical activity than the term community education would imply. If the hospital intends to have its managed care business grow beyond the experimental stage it will need specific

staff with specific responsibilities to achieve this end. The project staff would do well to encourage this recognition.

I. Pemeliharaan Kesehatan Tenaga Kerja (PKTK)

The visit to Asuransi Sosial Tenaga Kerja (ASTEK) was quite short, but one feature of the JPKM planning process stood out. Like many of the institutions observed during the consulting, ASTEK seems to give little weight to market research. Dr. Sentanoe indicated, for example, that brochures promoting the program had already been designed and produced. A more formal reading of the attitudes of the marketplace might have been useful before producing advertising, yet this does not seem to be the sequence of events.

The HSF project is planning (with PKTK staff) a market research program that will include a needs analysis, training recommendations and parameters for MIS development. It is not clear how this information will fit in with the activities already undertaken. In any event, a demonstration of the usefulness of market research will certainly be useful as ASTEK moves from mandated coverage to a sales mode among private employers. This private sector will be blessed with an abundance of choices as the move towards privatization increases.

J. Dana Sehat

1. Observations

The greatest resistance to marketing health care seems to reside here. The motivations are good but the biases are very great. Sales activity is frequently considered the same as health education. This view seems to indicate that there is not an adequate understanding of the need to meet enrollment projections to support a financial plan which would determine whether an organization stays in business. The entire rationale behind JPKM is that through greater health system efficiency more people will be able to receive more benefits from health care. Presumably, then, the more people that join such a system the greater the benefit. The role of marketing in this process must be explained as a necessary step in achieving the overall JPKM objectives. If the JPKM objectives are accepted by Dana Sehat staff then marketing can be described as a tool to help achieve those objectives.

2. Recommendations

There is little question that Dana Sehat staff are skeptical about the role of marketing. Perhaps the staff should be reassured about the commitment of Dana Sehat personnel to the concept of JPKM. It may be that further selling of the concept by senior Indonesian officials is necessary.

As marketing is pushed as a means to get more health care for more people, health education should not be denigrated. It certainly has a place as part of the product, but it is not an end in itself. In fact, it may be that health education is a good vehicle through which to perform sales activities. There is substantial discussion in Bali whether to hold formal or informal meetings (that is, meetings with a specific marketing topic identified or meetings held for another purpose at which selling is undertaken). The Dana Sehat

community medicine people may be mollified if they are able to design a hard hitting sales program around health education activities such as teaching sanitation techniques, immunization programs, etc. However, the measure of success of the program will be how many people enroll in the Dana Sehat JPKM program, not how many water-seal toilets are constructed.

The activities mentioned above may be a part of the effort to overcome the negative image of previous Dana Sehat efforts which seemed to have soured the public's view of programs sponsored by agency. Dana Sehat's image can be improved while social marketing of the JPKM concept is conducted.

The community's desire as reported by Dana Sehat to have enrollment in the JPKM program for only Rp. 100 at Dana Sehat per month is unreasonable. Part of the sales job is to assure that the premium charged for the product is adequate. A product that is so obviously cheap gives the impression of cheap medical care. Higher prices can be sold, but appropriate sales pitches need to be prepared and explained to the marketing staff. An analysis of why people are unwilling to pay more than Rp. 100 may be very enlightening. For example, a survey might indicate that certain changes in the product or the image may be required and that if these changes are made a significantly higher premium may be tolerated. Extraordinarily high participation objectives for Dana Sehat will be more easily achieved if the needs of the population and the capabilities of the product are better coordinated.

There is no question that a well-organized, methodical approach to marketing should be packaged by the Dana Sehat staff for use within local markets. If such a resource were made available to the staffs in Bali and NTT, it would be well-received.

II. SUMMARY AND GENERAL FINDINGS

The image of marketing in Indonesia is much the same as it was in the early years of the HMO industry fifteen or more years ago. Health care has long been considered a service industry that need not and should not be sold. Our present view, at least in the United States, is that selling is an activity that introduces real benefits to the needs of people. When selling an intangible product such as health care, it is imperative that people involved in the marketing and selling be emotionally and intellectually committed to its value. Dr. Widodo and Dr. Noor make excellent, convincing "salesmen" for DUKM/JPKM because they are so personally committed to it. If individual civil servants and others do not perceive the value of marketing, it may be that they do not see the value of the product. Further selling of the concept to individuals who are supposedly committed may be in order.

The USAID project team (the American advisors with DEPKES counterparts) support the JPKM project. The concept is sound and critically relevant to the needs of Indonesia. However, it is difficult for the rank and file government bureaucrat to accept the need for a managed health care system when government still seems to assume full responsibility for health care coverage. Inside observers all agree that the public's view will change when the government withdraws its financial backing for the health system in favor of private sector management with the individual assuming greater financial responsibility for medical care. JPKM is a natural evolutionary outcome when the changing role of government is understood. Unless the public and lower ranking government officials understand that the Government of Indonesia is irrevocably committed to this course it may be very difficult to intellectually commit to JPKM. As a consequence, the underlying rationale for moving to a DUKM/JPKM program ought to be incorporated into the basic social marketing message. It is a basic tenet of salesmanship that for a product to be sold, it must respond to a felt-need of the consumer. If the consumer does not feel a need for a change in the structure in the nation's health care system, it should come as no surprise that there is some resistance to JPKM and its marketing efforts.

The overall social marketing program is well conceived and well organized. Particularly noteworthy are the involvement in the marketing process of two categories of natural leadership, one private and the other governmental. Co-opting potential competition from the medical society and other constituent groups is an artful strategy that will certainly pay off. Similarly, even with the strong backing of the central government (which heavily influences the provincial level), the early involvement of health directors and governors should be particularly useful in such areas as NTT and Bali.

The value of market research does not seem to be fully appreciated within the individual project sectors. Just as the project team is recommending that Dana Sehat develop a packaged marketing program that may be taken off the shelf and offered for use on the local level, the HSF may wish to offer a minimal, canned market research program that better explains the importance of this activity and underscores its role in the entire marketing process. It will also help assure that the communications message is more appropriately articulated.

Within Dana Sehat and in Bali, the project leadership seems to have encountered an unwillingness within the target markets to invest in the project. In Bali there was interest

only in buying the lowest benefits option, and Dana Sehat found its surveyed population would spend only Rp. 100 per month for coverage. This lack of willingness among the population to make a financial commitment to coverage must be investigated. It seems that the problem can be traced to one or a combination of three attitudes:

- The target market does not perceive a need for the services being offered through JPKM. This may mean that they do not understand the changes taking place in the national health care system, as mentioned above or they are not finding it difficult to cover their out-of-pocket costs now.
- The target market is skeptical about the abilities of the offerer to deliver. Is there something about the distribution channel or the messenger which makes the target market suspicious (KUD)? Legitimate skepticism can only be countered by proof and documentation that are acceptable to the target market.
- Is there some facet of the product to which the target market objects to specifically? Are there misconceptions about the project because of inadequate explanations? Or is the product well understood but still encountering resistance? In this latter situation, the team might learn to build up the number of benefits to outweigh the very few legitimate objections that people may have to JPKM.

ANNEX A

Partial List of Contacts During Consultancy

Dr. Adhyatma, MPH	Ministry of Health (MOH)
Mr. Rosnim Djafaar	SE, Tugu Mandiri
Dr. Nyoman Kumara Rai	MOH
Dr. S. L. Leimena, MPH	MOH
Dr. Lada	Kan Wil, NTT
Dr. A. Mariano	Sint Carolus Health Services
Mrs. Joy Riggs-Perla	USAID
Mr. John Rogosch	USAID
Dr. Sentamoe	ASTEK
Dr. Soehesti	Sint Carolus Health Services
Dr. Soelastomo	PHB
Dr. Widodo Soetopo, DPH	MOH
Drs. Soewignjo	Governors Staff, NTT
Dr. Widyastuti	Dana Sehat

Staff from the HSF project.

Participants from the HSF Training Program.