Allianz | GIFT GLOBAL INSTITUTE FOR TOMORROW.

Accelerating Healthcare for Indonesia's Remote Island Communities

Content

Executive Summary

- **Dokter Peduli Foundation (doctorSHARE)** is a **registered non-profit organisation** that focuses on **medical healthcare services** and **humanitarian aid**. They assist communities and local healthcare systems with the aim of saving lives and alleviating the suffering of those trapped in crisis. For the **remote communities** that reside in Indonesia's **17,000 island archipelago**, access to healthcare is extremely challenging, and therefore limited. doctorSHARE innovatively utilises **floating hospitals to bridge this gap**.
- A team of senior leaders from **Allianz**, facilitated by the **Global Institute for Tomorrow (GIFT)**, closely partnered with doctorSHARE's management representatives to **develop their Vision and Development Model** specifically for their **floating hospitals.** This was supported by team research and analysis, a site-visit aboard the RSA Nusa Waluya II floating hospital, interviews with medical volunteers and personnel, and presentations and Q&A from the district health authorities of Rajat Ampat.
- **Vision 2030: To provide remote islands in Indonesia with sustainable, accessible, and quality healthcare through floating hospitals, and increase patient coverage by 4 times in 2030.**
  - This requires doctorSHARE to **increase their fleet** of floating hospitals **from 2 to 10 by 2030**.
- **Development Model** to support the 2030 Vision, which comprises **four key pillars**:
  1. **Funding Strategies:** A multi-source, sustainable funding model that includes public and private donations, grants, and partnerships with corporations and philanthropic organisations. A Social Impact Fund for investments was also recommended.
  2. **Strategic Partnerships:** Collaborate with ship manufacturers/donors, renewable energy providers, universities, hospitals, and corporate donors to improve operational efficiency and reduce costs.
  3. **Organisational Development:** Brand amplification and scholarships to attract medical volunteers, and career path planning to convert existing volunteers to full-time. A future-proof Target Operating Model would support the resource demands of the 2030 Vision.
  4. **Policy Advocacy:** Advocate for policies that incentivise donations, provide financial support for healthcare professionals in remote areas, and facilitate easier work permits for foreign specialists.

Project Scope

- The scope was specifically on building/acquiring and operating doctorSHARE's **floating hospitals**.

- The Allianz team, facilitated by GIFT, collaborated closely with doctorSHARE's management representatives to develop and agree on:
  - A **vision**
  - A **strategic plan** that is practical and implementable

- **Define the expansion plan in West Papua**, given the region's critical healthcare needs.

- The proposal would address key challenges under the following sections:
  1. **Funding Strategies** to achieve sustainable revenue
  2. **Strategic Partnerships**
  3. **Organisational Development** (including volunteer engagement)
  4. **Key Policy Recommendations** that intersect all sections.

With the above scope in mind, the objective was for the team to THINK BIG when proposing ideas for doctorSHARE's development model.

Allianz Ascent 2030 and the Global Institute For Tomorrow (GIFT)

17 Allianz Participants from 6 countries

4 GIFT team members

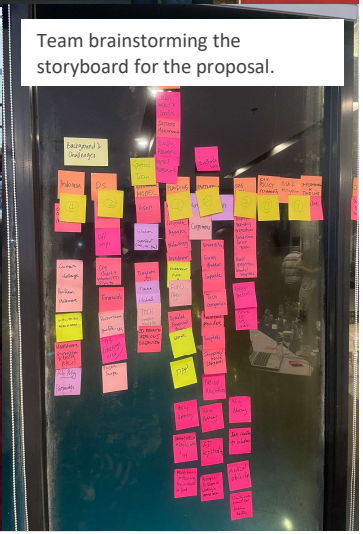
4 doctorSHARE management representatives

Our learning journey

After a 3.5-hour journey by boat, we reached doctorSHARE's largest floating hospital, the RSA Nusa Waluya II, which was docked at Misool.

Presentations and Q&A with Ministers from the Rajat Ampat District Offices, Health, Economic Development, and Social and Health Security. We also met volunteer surgeons from doctorSHARE.

The tour of the floating hospital concluded with a Q&A session with volunteer doctors, nurses, and hospital management and crew.



Team brainstorming the storyboard for the proposal.

Indonesia's Healthcare Landscape

Indonesia's macroeconomic landscape

Population

World's 4th largest population at **275 million**

Geography

Largest archipelago spread across **17,000 islands**

GDP

USD 1.32 trillion
(2022)

GDP Per Capita

USD 4,788
(2022)

Total healthcare expenditure:

government spending on healthcare is at 3.41% of GDP

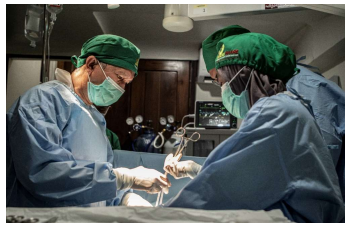
Transportation and infrastructure access:

a challenge, especially in the eastern part of Indonesia

Poverty and marginalised society:

40% of Indonesia's citizens are living in less than USD$ 3.10 per day

Overview of Indonesia's healthcare landscape



Indonesia currently has 2,985 hospitals, including 1,058 public and 1,927 private hospitals. In addition, there are over 10,205 public Health Community Centers (PUSKESMAS), which provide comprehensive primary healthcare and vaccinations.

Indonesia has achieved considerable gains in health outcomes in recent decades, but several challenges remain, especially in maternal health, nutrition, and in tackling persistent communicable diseases such as Tuberculosis (TB).

- High infant mortality rate: 16.85 per 1,000 live births (BPS 2022).
- High maternal mortality rate: 305 per 100,000 live births (MOH 2022).
- Stunting: One-third of children under five years old, or 9 million children, suffered from stunting in 2018 (fifth-highest prevalence in the world).
- TB: Indonesia is the second-largest contributor to the global TB burden, with 1,060,000 cases reported by MOH in 2023.

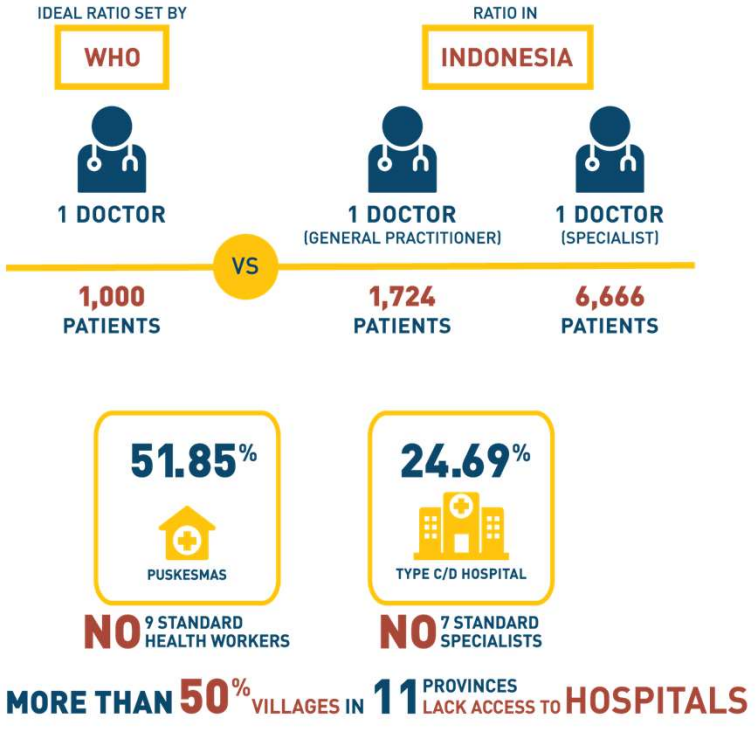
Challenges in healthcare accessibility, especially in remote/rural areas

- 62.9% of population lack access to hospitals (MOH2018).
- 60.8% of population lack access to primary healthcare facilities*
- More than 50% villages in 11 provinces lack access to hospitals.

CHALLENGES AMPLIFIED IN REMOTE / RURAL AREAS

Even though 48% of the population reside in rural regions, only 5% of health facilities are situated there.

Examples of disparity in the number of registered doctors:
- Jakarta: 27,000 Registered Doctors for 10.3m people
- Maluku + Papua: 1,700 Registered Doctors for 6.5m people



Indonesia, home to the **largest archipelago in the world**, makes healthcare **service distribution a significant challenge**; **Geographic and economic challenges** result in lack of healthcare services in Indonesia's rural and remote islands.

doctorSHARE History and Background

How doctorSHARE was founded

IN 2009, DR. LIE DHARMAWAN ESTABLISHED doctorSHARE.

Dokter Peduli Foundation (doctorSHARE) is a registered non-profit organisation that focuses on medical healthcare services and humanitarian aid. They assist communities and local healthcare systems with the aim of saving lives and alleviating the suffering of those trapped in crisis. This enables people to rebuild their futures.

- Witnessing patients endure a three-day journey across the ocean to access medical care has fueled Dr. Lie Dharmawan's commitment to making healthcare accessible to the unreached communities.
- Having been raised in poverty, with first-hand experience in the hardships of accessing healthcare services, has motivated Dr. Lie to become a compassionate doctor for the most vulnerable and in-need communities.
- His most compelling quote is: "As a doctor, refrain from exploiting the poor. While they may afford the medical fees, they might return home in tears, lacking funds for basic sustenance".
- This profound experience has shaped Dr. Lie's vision and mission to ensure that everyone is given the opportunity to access quality healthcare services, and this is also reflected in doctorSHARE's vision.

About doctorSHARE

A non-profit organisation focusing on providing free medical services and humanitarian aid response.

VISION
Empowering people to come out of their suffering holistically by their own power.

MISSION
Improving Indonesia's health outcomes, particularly in the Eastern parts, through holistic healthcare services and innovative sustainable programs with the spirit of volunteerism.

Coverage spans across Indonesia with regional areas of focus

Four programmes to improve rural healthcare accessibility


RSA dr. LIE DHARMAWAN II


JUNIOR DOCTORS


RSA NUSA WALUYA II

CLUB FOOT/ CTEV


FLYING DOCTORS


AVOIDABLE BLINDNESS:
CATARACT SURGERY, PTERYGIUM & HEALTH PROMO

doctorSHARE's long-term goals

REDUCING MATERNAL MORTALITY RATE (MMR)

Target: 305/100,000 to 70/100,000
(by 2030)

REDUCING TUBERCULOSIS

Target: 307/100,000 to 65/100,000
(by 2030)

REDUCING STUNTING RATE

Target: 30% to 0%
(by 2030)

ESTABLISHING BLUEPRINT SOLUTION OF HEALTHCARE ACCESS

Establish a blueprint solution to remote-island healthcare with integrated & holistic program between floating hospitals and land-based community healthcare

INCREASING MEDICAL SERVICE BENEFICIARIES

Provide Primary & Secondary healthcare support to 500,000 patients across the core regions of focus

EXPERT ON DISASTER RESPONSE

Strengthen Disaster Medical Response

doctorSHARE's positive impact on the healthcare landscape (2009 to 2022)

doctorSHARE
sharing accessible health and care

+270,000
LIVES IMPACTED

810 Cataract Surgeries	**203,053** Outpatient Treatments	**2,777** USG & Antenatal Consultations
4,169 Major Surgeries	**6,208** Minor Surgeries	**55,921** Education & Health Promotions

doctorSHARE's floating hospitals

doctorSHARE's floating hospitals aim to solve structural and geographical gaps in healthcare by providing remote islands direct access to free healthcare services.

Indonesians living in rural and remote areas face two major problems:

1. Weak primary healthcare services
2. Almost non-existent secondary specialised care

- Vital infrastructure such as roads, transportation, and basic health services are poorly distributed, especially in the eastern part of Indonesia, where the islands are geographically most-dispersed across large stretches of water. Consequently, those living in Misool island, for example, will need to take an eight-hour boat ride that operates only once a week.
- Even though the infrastructure is in place, a significant number of primary healthcare facilities have no doctors.

Floating Hospital (RSA-3)
RSA Nusa Waluya II
est. 2018

Built together with PT MASA, from a renovated and refitted accommodation barge that was previously used in the oil and gas industry.

Floating Hospital (RSA-1)
Rumah Sakit Apung dr. Lie Dharmawan
est. 2013

The first and smallest private floating hospital in the world.

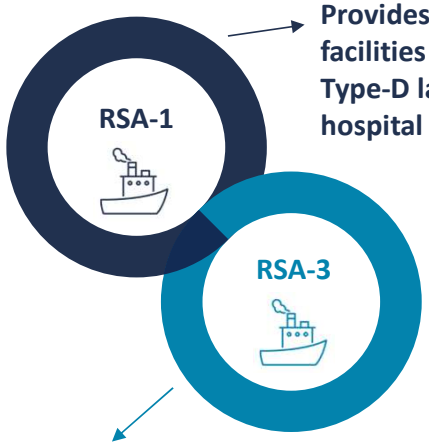
Rotating the floating hospitals throughout the archipelago islands is a key solution to improving healthcare access for remote communities.

doctorSHARE's two existing floating hospitals

Both floating hospitals operated by doctorSHARE are equipped with medical services and facilities equivalent to landed hospitals.

Floating Hospital (RSA-1) – Phinisi Type Ship
Rumah Sakit Apung dr. Lie Dharmawan

- ***Fleet size**: 6.5 x 23.5m; draft 4.4m*
- ***Services:** Basic & Advanced Medical Procedures (Minor & Major Surgeries)*
- ***Facilities:** ECG, USG, Laboratory, Operating Theatre, Resuscitation Space, Patient Examination Room*



Provides medical facilities like a Type-D landed hospital

Floating Hospital (RSA-3) – Barge Type Ship
RSA Nusa Waluya II

- ***Barge size:** 23m x 45m*
- ***Services:** Basic & Advanced Medical Procedures (Minor & Major Surgeries)*
- ***Facilities:** ER, Pharmacy, ECG, USG, Laboratory, Radiology, 2 Operating Theatres, ICU, Resuscitation Space, Consultation Room, Dental Clinic, Eye Clinic, Patient Examination Rooms, 50 In-Patient Beds*

Provides primary and specialised medical services like a Type C landed hospital

Includes empowerment programmes for local healthcare providers and local people through a community-based approach.

DESIGNED TO COMPLEMENT AND SUPPORT INDONESIA'S HEALTHCARE ADVANCEMENT PLANS IN REMOTE AREAS

doctorSHARE's floating hospitals will not replace existing facilities but will work alongside the Indonesian government to ensure easier access to specialised care. They will also strengthen the existing primary care system already provided by the government's Puskesmas / midwifery centres.

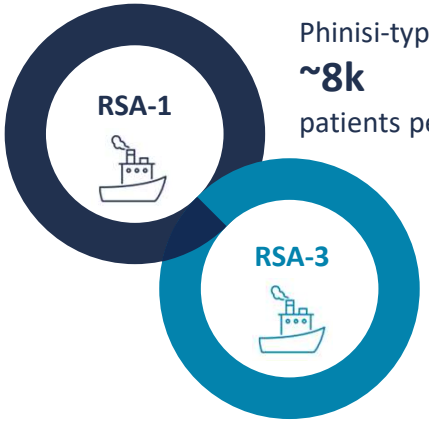
The existing operating model of floating hospitals is difficult to scale in the long-term

Current State

- ✓ **Essential to addressing healthcare gaps**
  The floating hospitals serve around 30k rural-area patients per year
- ✓ **RSA-3 is responsible for most patients**
  Total patients served by RSA-3 (Barge) is ~3x that of RSA-1 (Phinisi)

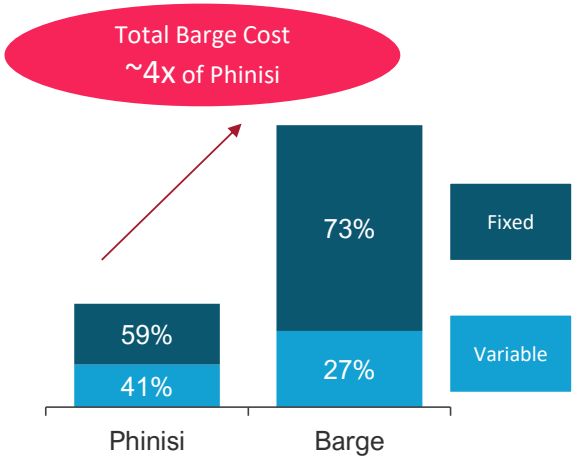
Challenges

- ! **RSA-3 has very high operating costs**
  The cost for a Barge-type floating hospital is ~4x that of a Phinisi-type
- ! **Bulk of the costs are fixed**
  This implies a consistent flow of funds and revenue will be needed to sustain/grow operations



Phinisi-type serves
~8k
patients per year

Barge-type serves
~21k
patients per year



To support their objective of expanding region and patient coverage, what are the factors that will impact doctorSHARE's ability to scale their operations?

Sources: doctorSHARE (2023)

The operating model is unique, and therefore faces a unique set of challenges to growth

High Costs (Fixed & Variable) + **Funding Limitations** → threaten → **Long-Term Viability**

High Expenses

- **Fuel** and **clean water** for the vessels
- **Maintenance** of the ship and barges.
- **Medical supplies and tools**
- **Recruitment** of volunteer medical staff, especially **Specialist Doctors**

Funds Not Guaranteed

- Heavy reliance and concentration on **a few funding sources**
- Business building and operating expenses **vulnerable to changes in donor priorities**
- Donors typically earmark their contributions for particular projects, **limiting financial flexibility**

Unique Growth Challenges

- **Difficulties in developing internal capacity** for effective revenue management and generation
- **Unpredictable** individual donations and income from independent programs contribute to **financial instability**
- There is a **lack of assurance** regarding long-term funding

doctorSHARE can explore tailored development models that will (i) fulfil current operational requirements (of its floating hospitals), and (ii) be scalable in a sustainable manner.

Sources: doctorSHARE (2023)

Development Model

Stakeholder matrix

Four critical parties are essential in growing rural healthcare accessibility via floating hospitals

	Stakeholder	Role
Public Partners	**Ministries**	Providing regulation and integration with national system
	Provincial / District Government	Publishing permit letter, ensuring security during services, and operational support
	Hospitals	Medical volunteers, telemedicine, and medical waste support
	Corporate	Financial support, in-kind donation, provide accessible supplies (fuel, water, etc.)
Private Partners	**Corporate**	Financial support, in-kind donations, provide accessible supplies (fuel, water, etc.)
	Hospitals	Medical volunteers and in-kind donations
	Groups / Associations	Financial support, networking, and in-kind donations
	NGO	Join the program
University	**Public and Private Universities**	Hospital-based Specialist Program: Sending resident specialists, conducting research, and joining the program
Grant Agency	**UN, Foreign Government-based Agencies**	Providing financial support and networking

Vision 2030

To provide remote islands in Indonesia with sustainable, accessible, and quality healthcare through floating hospitals, and increase patient coverage by 4 times in 2030.

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doctorSHARE
sharing accessible health and care

Vision breakdown

What doctorSHARE **aims to achieve**

Vision 2030

To provide remote islands in Indonesia with sustainable, accessible, and quality healthcare through floating hospitals, and increase patient coverage by 4 times in 2030.

The result: **Impact-driven outcomes**

120k patients covered/year

14 provinces in Indonesia

70 local districts

From vision to reality: **What they need**

10 barges (floating hospitals)

IDR 100bn avg funds/year

Strategic Partnerships
Regulatory Support
Future-Proof Operations

Step-changes are needed in the current development model to support the 2030

CURRENT

Funding
Mixed model with individuals, corporates, foundations

Partners
Relationships with government, universities, private sectors

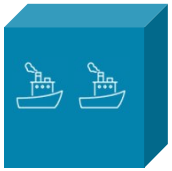
Manpower
Project-based resourcing

Policy
Formalise current program interventions

PROPOSED DEVELOPMENT MODEL

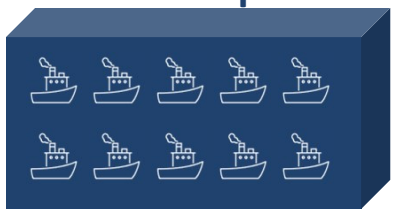
1. **Funding Strategies:** Build sustainable, multi-source funding avenues that support the running of floating hospitals
2. **Partnerships**: Develop sustainable infrastructure to support the expansion of healthcare service through floating hospitals
3. **Organisational Development:** Future-proof organisational changes to accelerate growth and expansion
4. **Policy Advocacy:** Propose enhancements to attract investments, promote infrastructure, and develop talent in remote healthcare

2 ships



Speed: Travel days / ship	**8** travel days	**2** travel days
Cost: Travel cost / ship	**IDR 192m**	**IDR 48m**
Accessibility: Patients / year	**32K** patients	**120K** patients

10 ships

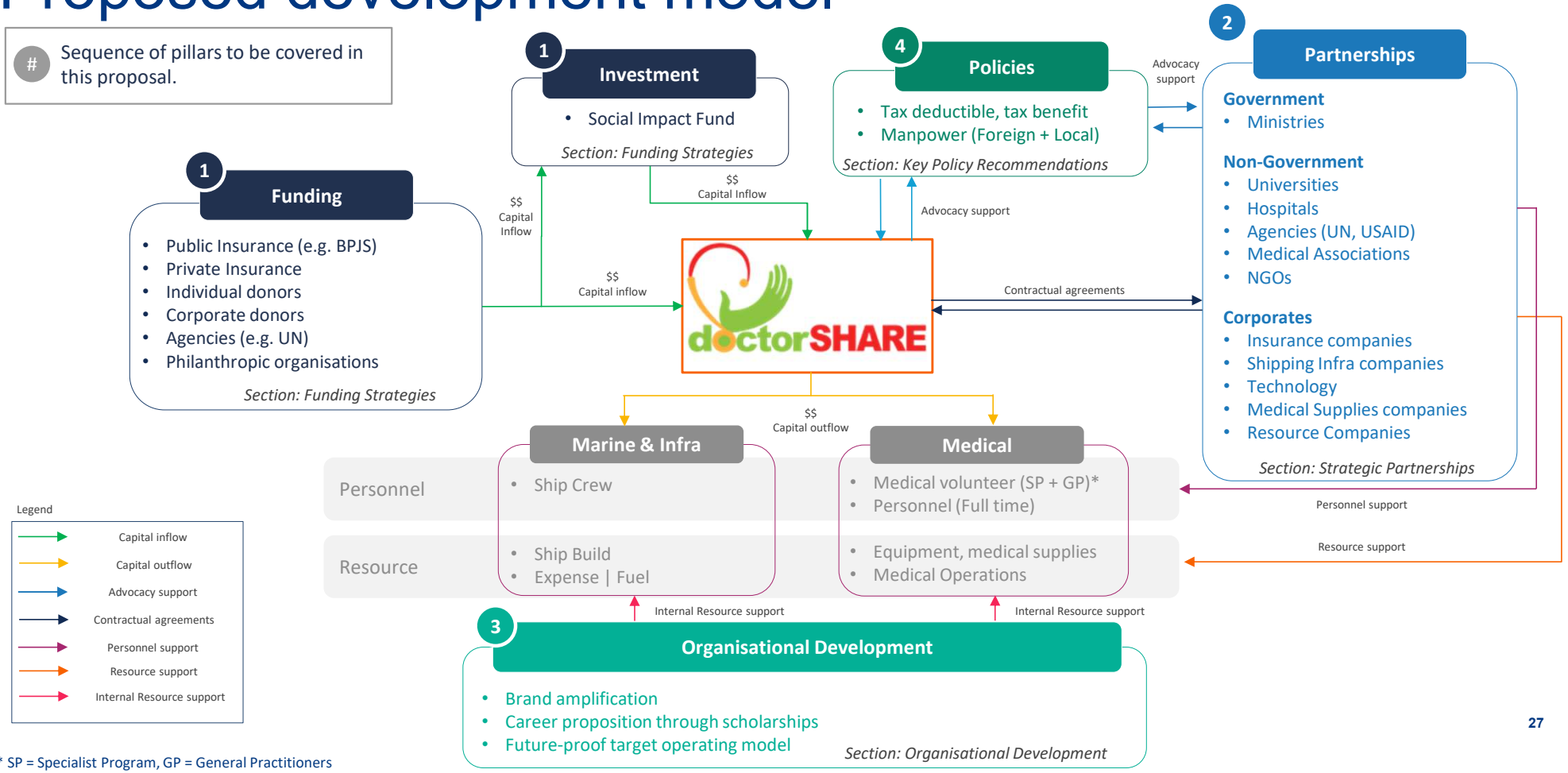


Sequence of pillars to be covered in this proposal.

Four pillars have been identified to accelerate growth ambitions.

Proposed development model

Sequence of pillars to be covered in this proposal.



* SP = Specialist Program, GP = General Practitioners

Positive outcomes generated from the development model

INTERNAL

1 SPEED

doctorSHARE has a sizeable fleet of ships to expand coverage to more remote areas per year with faster travel times

2 COST

doctorSHARE operates at scale with an optimal cost structure enabling self-sustaining operations and growth

3 ACCESSIBILITY

doctorSHARE provides quality healthcare in remote areas, maximising number of patients treated per year on floating hospitals

EXTERNAL

4 SOCIAL

Improving accessibility and increasing healthcare provision in remote areas, leading to lower mortality rates

5 ECONOMIC

Higher economic development and empowerment in remote areas, including supporting employability of residents

6 CORPORATE

Corporate donors / partners achieve brand and reputation benefits, meet ESG targets.

Social Impact And Benefits

doctorSHARE's social impact

- The organisation's biggest social contribution is through their work in increasing healthcare access.
- They are also uniquely positioned amongst the remote communities that are otherwise unreachable by the government. Hence, they have better visibility and understanding of what are the interventions needed.
- **As a social enterprise seeking outside investment, doctorSHARE will be expected to measure its social impact and report on its achievements and shortfalls.**

Reporting its social impact and performance can serve as a powerful marketing tool and contribute to advocacy efforts for policy changes.

Reasons for measuring social impact

1. Justifying Funding and Support

Donors expect funds to be deployed in a particular remote area or initiative that is optimised to satisfy:

- **Short-term** goals: Number of patients received, lives impacted, accessibility covered, etc.
- **Long-term** impact on Indonesia's healthcare system: awareness education, preventive care, infectious disease reduction rate, etc.

Data-driven results will validate doctorSHARE's mission and can **help attract new social impact investors.**

2. Improving Programs and Interventions

Measurements will **guide** doctorSHARE in refining programs, allocating resources more efficiently, and therefore maximise the effectiveness of their overall impact. It also helps to identify **areas of best practice, issues / risks, and gaps**.

3. Accountability and Transparency

Transparency and accountability via measurable indicators of effectiveness and value are of increasing importance to existing and potential donors. Oftentimes it is a pre-requisite component in the funding approval process.

4. Advocacy and Policy Influence

Measurable indicators provide a powerful tool for policy advocacy. Data can be used to raise awareness about healthcare disparities and push for policy changes that promote better health outcomes for the nation.

5. Increasing Awareness / Improving Marketing

The availability of insightful and compelling data can aid doctorSHARE's marketing and sales effectiveness, ultimately raising awareness and interest.

Measuring social impact will drive accountability, efficiency, and credibility.

What is to be measured

Potential Indicators

- Indicators for measuring social impact can be in the form of **qualitative** or **quantitative** data.
- Data sources can be taken first-hand from doctors through surveys, cross-referencing local hospitals / Pukesmas / Chief of District / Medical Suppliers.
- Positive outcomes from quantitative and qualitative measurement efforts will attract new funding from donors / investors, while also supporting current donor / investor relationships.

Data-based outcome	Survey-based outcome

• Number of patients treated
• Number of families impacted
• Number of remote islands covered
• Treatment completion rate
• Reduced healthcare disparities
• Healthcare cost reduction
• BPJS data
	• Surveys to health workers on improvements to healthcare, conducted at fixed time periods and pace:
	  • Closed-ended questions with pre-defined answer choices (quantitative)
	  • Open-ended questions allowing for in-depth responses (qualitative)
	• Survey to doctors on their feedback on changes in health knowledge, behaviours of beneficiaries
	• Survey to hospital on re-admission rate reduction
	• Survey to Chief of District / Health Office on healthcare sector

An effective healthcare system is the foundation of social development

- **Breaking the cycle of poverty:** Good healthcare can reduce and further prevent illness and disability, which disproportionately affects those in poverty. It helps families escape poverty and improve their social standing.
- **Social Equity:** An accessible healthcare system can ensure everyone has a fair chance at a healthy life, regardless of background, fostering a more just and equitable society.
- **Productive Population:** Improved health will lead to a more productive population. Everyone can contribute to developing the nation and increase economic performance.
- **Community Well-being:** Healthy communities are better able to collaborate and thrive, building strong social connections that increase people's capacity to participate in social activities.
- **Reduce healthcare spending:** A robust healthcare system with preventive care in place will reduce the overall cost of healthcare in the long run.

doctorSHARE provides irreplaceable social value

doctorSHARE provides accessible healthcare to the remote islands of Indonesia.

Funding Strategies

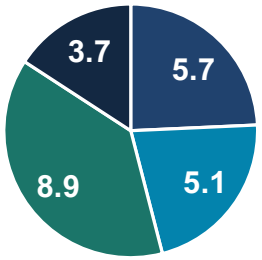
Funding rationale

1. doctorSHARE's ambition is to:
   - **Expand its fleet** - from 2 to 10 floating hospitals by 2030.
   - **Increase coverage** of island districts - from 3 in 2023 to 10 in 2030.

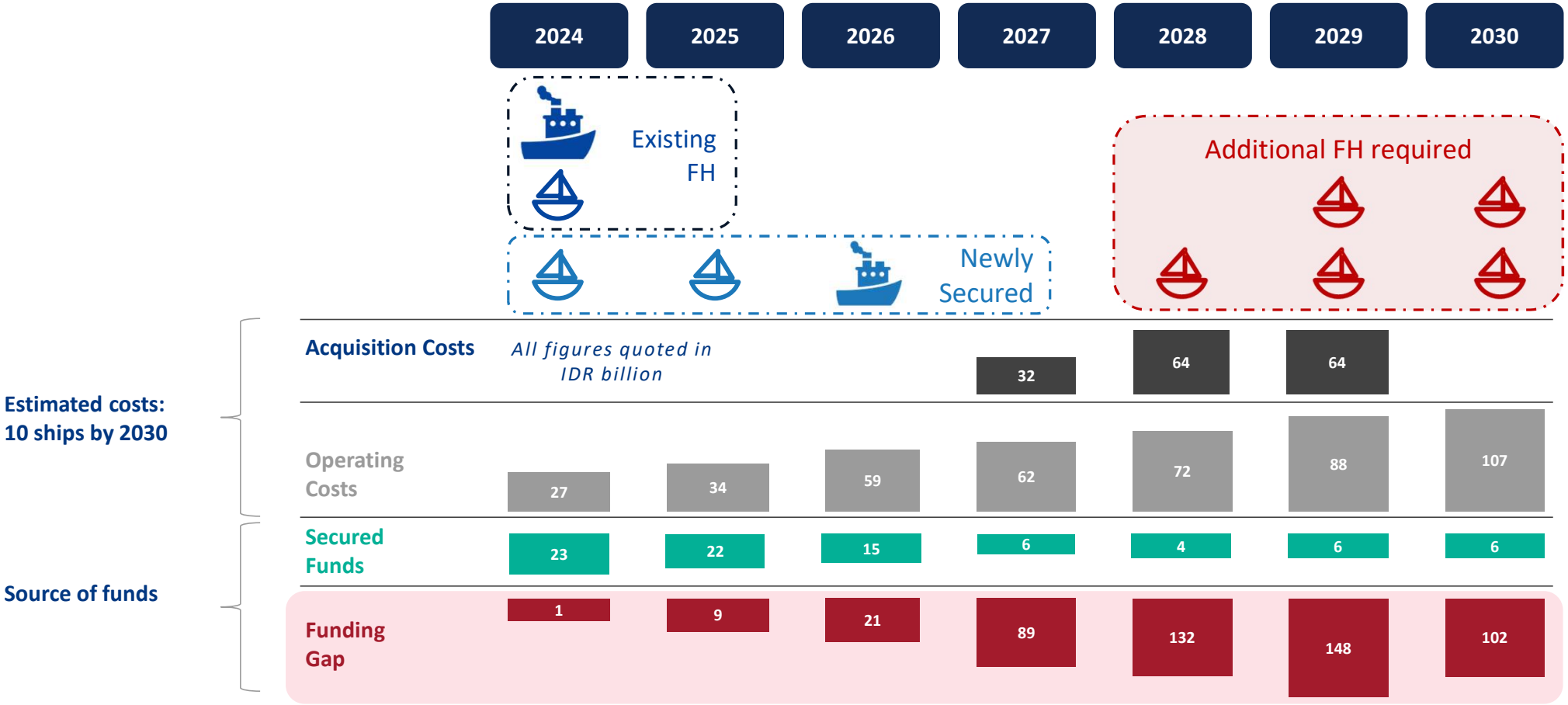
2. The **annual funding** to cover **operational costs** need to increase **4.5X** from **24bn** in 2023 to **107bn** in 2030.

3. doctorSHARE will have to **widen its funding sources and implement a sustainable funding strategy,** ensuring cash flow continuity.

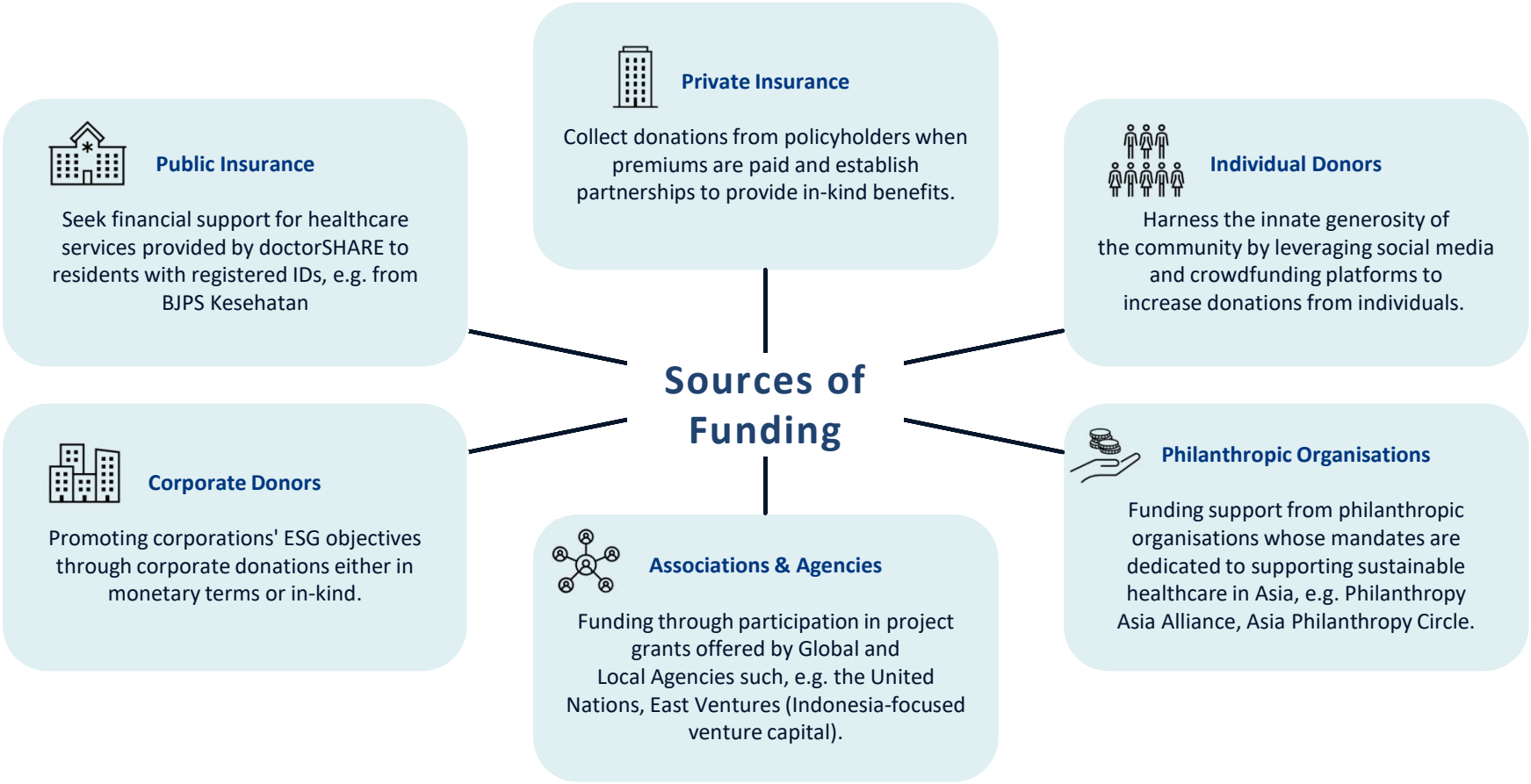
Floating Hospital Operational Costs as of 2023 (IDR Bn)



Expansion plan and funding requirements for floating hospitals (FH)



Funding strategy to focus on expanding sustainable sources of funding…



… through comprehensive action plans

Action Plan for Each Funding Source

Public Insurance

- Increase residents' ID registration to boost sustainable financial support from the BJPS national healthcare scheme.
- doctorSHARE will facilitate ID registration as an extended service (on the floating hospitals) and also collaborate with the village heads.

Private Insurance

- Policy reforms* to allow insurance companies to collect donations on behalf of policyholders.
- Establish partnerships by providing in-kind benefits.

Individual Donors

- Leverage on marketing efforts via social media and crowdfunding platforms to expand individual donor base.
- Establish digital payment gateways with a regular deduction program to achieve a regular schedule of donations from individuals.
- Policy reforms* to introduce donation relief on Personal Income for individuals, e.g. increase ceiling on tax deduction from 5% to at least 20% to boost attractiveness of the donation program.

Corporate Donors

- Policy reforms* to introduce donation relief on Corporate Income Tax to boost participation from corporate donors.
- Establish multi-year donations commitment to boost sustainability.

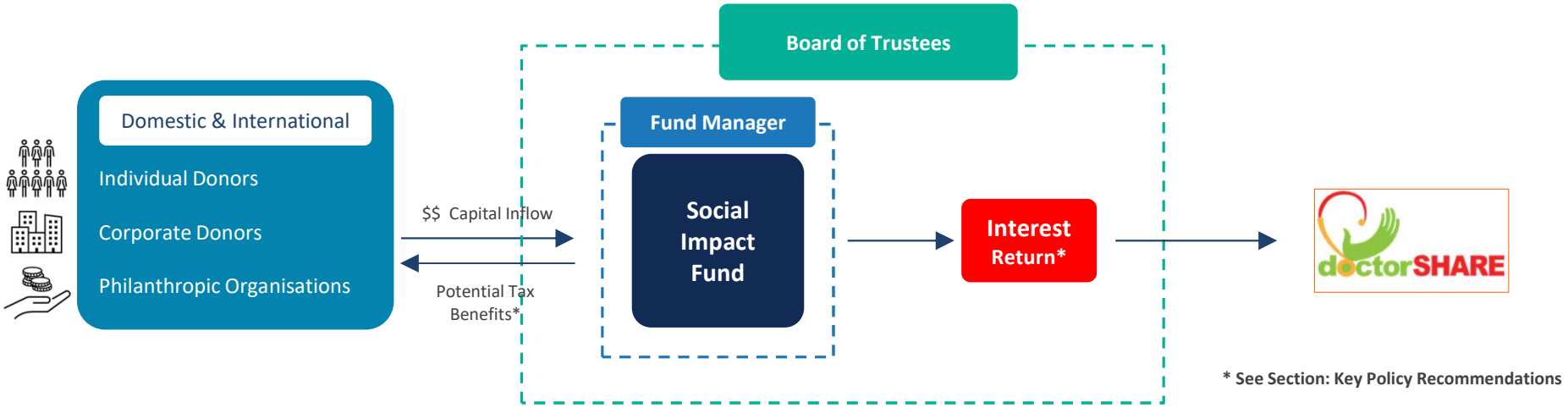
Associations & Agencies

- Active participation in grant applications from Global and Local Agencies.

Philanthropic Organisations

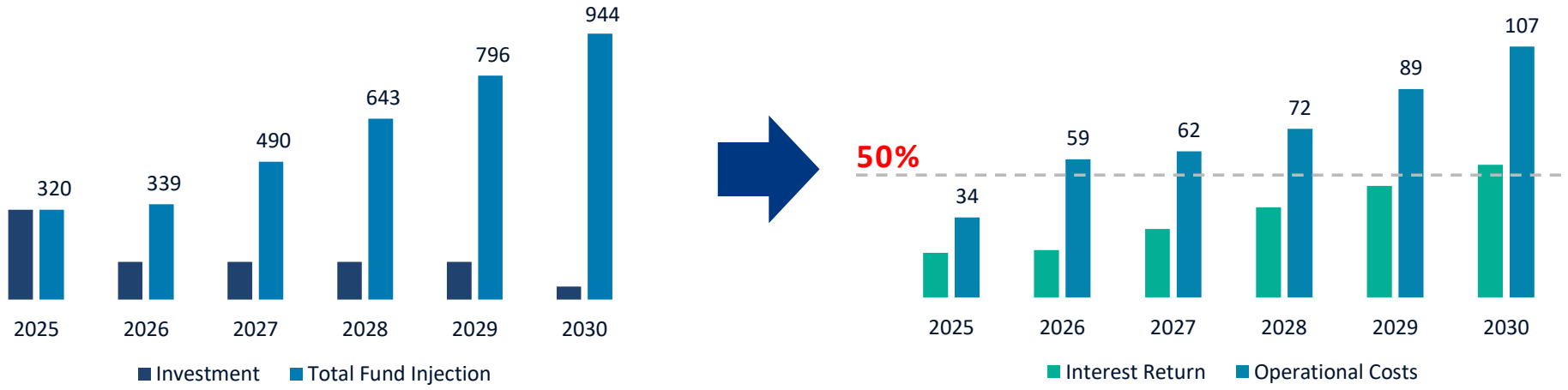
- Develop effective business proposals to increase success rate in securing financial funding from philanthropic organisations that have mandates dedicated to supporting sustainable healthcare services.

The Social Impact Fund model is a key pillar in achieving sustainable funding



1. Part of the funding raised through Individual Donors, Corporate Donors, and Philanthropic Organisations will be invested in a dedicated Social Impact Fund placed under the purview of a professional fund manager.
2. The Social Impact Fund will be governed by an established Board of Trustees that will provide governance and financial oversight of the fund management. It is recommended for doctorSHARE to work with prominent entities. Temasek Trust, for example, is an established independent trustee, a steward of philanthropic assets, and an advocate of sustainability.
3. The purpose of the Social Impact Fund is to build long-term sustainable funding to support the operations of doctorSHARE's floating hospitals. The fund mandate will focus on capital preservation through low-risk investments and financial instruments that provide a stable return (e.g. government bonds and fixed deposits). The annual fund return is estimated to be 6%.
4. It is recommended for doctorSHARE to work with the relevant ministries to establish tax relief on donations towards healthcare to encourage participation from individual donors and corporate donors, and potentially explore suitable structure set-ups.
5. Philanthropy Asia Alliance has been identified as a suitable philanthropic organisation partner for doctorSHARE. Philanthropy Asia Alliance is a Temasek Trust initiative dedicated to catalysing collaborative philanthropy in Asia through dynamic multi-sector partnerships.

The Social Impact Fund model is a key pillar in achieving sustainable funding



- The Social Impact fund is set up to provide a long-term, sustainable source of funding to support the operational costs of managing the floating hospitals. With this objective in mind, the fund mandate will focus on capital preservation and stable returns as the key investment strategy.
- The fund is expected to receive high capital injections for the first 5 years through high quantum funding from corporate donors and philanthropic organisations. Thereafter, fund inflows will be dependent on contributions from individual donors.
- At an estimated fund return of 6% per annum, the fund will yield positive fund returns starting from 2026.
- Returns from the fund will be used to cover a portion of the operational costs from managing the floating hospitals and it will gradually increase to cover at least 50% of operational costs from 2030 onwards.

* Refer to Section: Key Policy Recommendations

Strategic Partnerships

Summary

To achieve 4 times more patient coverage, it is critical for doctorSHARE to increase Fleet Size, Medical Personnel, and Operational Efficiency via:

1. **Fleet expansion** to 10 floating hospitals.
2. **Fuel cost reduction** using Renewable Energy technologies.
3. **Access to medical professionals** from universities and hospitals.
4. **Speed-Cost-Accessibility** effectiveness in providing medical services and operating floating hospitals

The right partnerships, especially with ship manufacturers / owners, donors, universities, hospitals, and other corporate entities, are essential for doctorSHARE in meeting the needs of the target expansion in patient coverage.

With the strengths, resources, and generosity of strategic partners, doctorSHARE can deliver **sustainable**, **accessible** and **quality** healthcare to the remote island regions of Indonesia.

Main categories of focus for doctorSHARE

Fleet Expansion

Fuel cost reduction

Access to medical professionals

Speed, cost & accessibility

A fleet of 10 floating hospitals is needed to serve 10 island districts by 2030

Indonesia is an archipelagic nation comprising thousands of islands spread across vast distances, with 85 archipelago districts clustered into 10 areas. To serve these 10 areas...

- **Fleet will be increased from 2 to 5 ships by 2026**
  - July 2024 the third ship Wadiyo (Phinisi) will arrive.
  - Jun 2025 the fourth ship is sponsored by Bayan Resources.
  - Feb 2026 the fifth ship (Barge) will arrive, sponsored by Pertamina International Shipping.
- **Fleet will be extended from 5 to 10 by 2030**
  - Ship donations (either new, used, or via the donor's decommissioning process) can help quickly and effectively expand the fleet (3-5 years).

Fuel Constraints: The biggest barrier for floating hospitals. At present, this limits each docking service to 1.5 - 3 months (for barges like Nusa Waluya II).

Solar Panels: RSA III – Nusa Waluya II installed solar panels as an add-on power solution, which can save up to 17% of fuel costs through each service mission.

Ship manufacturers and ship donors are the core partners in expanding medical service coverage.

A Shift to renewable energy (solar + hydrogen) -powered ships to reduce cost

Environmental Sustainability: Using renewable energy sources, such as solar or hydrogen, can minimise carbon footprint and contribute to mitigating climate change and preserving marine ecosystems.

Cost Efficiency and Long-Term Savings: Operational cost savings are 14-15% of total cost per Phinisi ship per annum.

In the long run, Solar/Hydrogen-powered ships pay off the difference in initial building costs – approx. IDR 25.6bn vs. IDR 13.6bn for traditional ones.

Operation Costs	Traditional Phinisi (IDR m)	R/E-powered Phinisi (IDR m)
Fuel	798.8	79.9
Logistic	439.3	439.2
Operational	4,058.7	4,058.7
Total Cost	**5,296.8**	**4,577.9**
	Current Operation	Renewable Energy

Through partnering with shipbuilders, the use of Renewable Energy technology reduces the ship operational cost by approximately 14-15%

Tapping universities and hospitals to expand the pool of Specialist Doctors (1/2)

Current Status:

- doctorSHARE currently has a list of **~70 Specialist Doctors** serving as active volunteers.
- Average time of service of each Specialist Doctor is only **7 – 10 days,** since they are using their off-work time to be the volunteer.
- The main motivation of the doctors is to manifest their compassion towards community.

Challenge:

doctorSHARE requires an adequate pool of Specialist Doctors from partnerships with universities and hospitals.

6 Basic Types of Specialist Doctors required:

1. Surgeon
2. Internist
3. OBGYN (Obstetrics & Gynecology)
4. Pediatrician
5. Anesthesiologist
6. Dentist

From 2024-2030, doctorSHARE need **6X Specialist Doctors** of the existing volunteer pool.

Tapping universities and hospitals to expand the pool of Specialist Doctors (2/2)

Potential Strategic Partnerships:

1) Expand from their current partnership with the University of Indonesia to include **other local universities** that can contribute their talent to the **specialist/resident doctors pool**.

2) Support from **top global universities** in providing courses / certification / scholarship programs as a unique selling point for Specialist Doctors who serve doctorSHARE.

3) Support from the **hospitals** and **government** in implementing a ***Hospital-based*** **Medical Specialist Program** to accelerate the fulfillment of the number of specialist doctors in Indonesia.

Active Partnership:

UNIVERSITAS INDONESIA

Potential Partnerships:

UNIVERSITAS BRAWIJAYA
UNIVERSITAS AIRLANGGA UNAIR
UNIVERSITAS GADJAH MADA
UNIVERSITAS PADJADJARAN
UNIVERSITAS SUMATERA UTARA
UNIVERSITAS DIPONEGORO SEMARANG
UNIVERSITAS UDAYANA

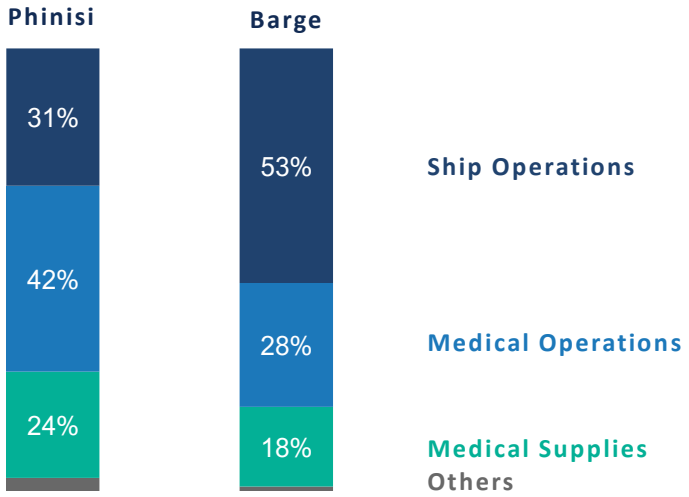
By developing partnerships with local and global universities and hospitals, doctorSHARE can meet the number of Specialist Doctors needed to support their 2030 Vision.

Reducing medical supply costs through partnering with the health/medical industry

Background

- Medical supplies (medication, consumables, and medical equipment) are the 3rd highest expense for doctorSHARE in operating floating hospitals (FH).
- They contribute to 24% of annual total costs for Phinisi-type FH and 18% for Barge-type FH.
- At present, doctorSHARE procures medical supplies from local pharmaceutical distributors, largely from Kalbe Farma and Kimia Farma.

Floating Hospital Expenses



Proposed Partnership

Cost savings

- Establish **formal purchasing agreements** with existing local pharmaceutical distributors to benefit from reduced prices on medical supplies: drugs, consumables, and equipment.
- The **granting of hospital status** by the Ministry of Health to doctorSHARE's floating hospitals will allow for more favorable subsidies and price tariffs on pharmaceutical and medical equipment distributors.

Broader supplier network

- A wider network of **new partnerships** between doctorShare and **local / international pharmaceutical companies** may give access to more variety and cheaper medical supplies and equipment. For example:
  - **Local:** Dexa Medica, Indofarma, Tempo Scan Pacific.
  - **International:** Merck, Norvatis, Darya-Varia Labs, Bayer, Pfizer.

Logistics

- Partnering with logistics companies to enable timely, cost-effective delivery of medical supplies to floating hospitals.
- Logistics companies: PT JNE, PT SPIL.

Partnerships with key parties are essential for doctorSHARE's service expansion

Category	Support provided	Partners	Prospects
Maritime companies (shipping , ship-builder, dockyard, mining)	• Ship donation • Ship construction • Ship operations donation (fuel, docking, maintenance)	• PT MASA • PT Bayan Resource • PT Pertamina Intl. Shipping • Pertamina Dockyard • PT Bayan Resource • PT Samudera Indonesia	• *PT Citra Dockyard* • *PT Dok & Perkapalan Surabaya (DPS)* • *PT Samudra Marine Indonesia* • *IMC* • *Maersk* • *EnergySail by Teramoto Iron Works (Japan)* • *Eco Marine Power (Japan)* • *Solar Sailor Holdings Limited (Australia)* • *Singapore Health Services/SingHealth (SG)*
Universities & Hospitals	• Resident specialist volunteer • Medical personnel volunteer	• Universitas Indonesia • Universitas Atma Jaya Yogyakarta • Universitas Katolik Parahyangan • dr. Cipto Mangunkusumo Hospital (RSCM)	• *Universitas Brawijaya* • *Universitas Airlangga* • *Universitas Padjadjaran* • *Universitas Sumatera Utara* • *Universitas Udayana, … and more*
Medical Supply & Equipment	• Medical supply donation • Medical equipment donation	• Kalbe Farma • Kimia Farma	• *Dexa Medica, Indo Farma* • *Merck, Novartis, Bayer, Pfizer*
Logistics	• Ship operations donation • Logistics (medical)	• PT JNE	• *PT Salam Pacific Indonesia Lines (SPIL)*
Technology	• Internet connectivity in remote regions • Telemedicine & health tech services	• Telkomsel	• *Huawei, Starlink* • *Halodoc, Singhealth*

Strategic partnerships will improve the speed, cost, and accessibility in delivering medical services and operating floating hospitals

Organisational Development

Building up doctorSHARE's resource capabilities

Overview of doctorSHARE's manpower resources

PEOPLE	**450** Volunteers **36** Full-time Staff **40** Staff in Headquarters
SOURCES	**1** University specialty programs **1** Hospital-Based Specialist Program Social Media Word-of-mouth

doctorSHARE relies on a loyal stream of volunteers to support its current floating hospital operations. Over the past 10 years, they depended on online social media and word-of-mouth.

However, there are some challenges in retaining full-time staff in the long term, given the profile of current full-time doctors and the default medical education and career paths.

The setup needs to be operationalised to achieve the vision for floating hospitals

doctorSHARE will need to have **1,600** volunteers and **80** full-time hospital-related staff who are supported by a future-ready Target Operating Model (TOM).

Analysing the employee lifecycle helps identify the priority focus areas that will enhance the resource pipeline.

Employee Lifecycle (✓ Priority Area)	Volunteers	Full-time
Attraction (A)	✓	✓
Recruitment		
Onboarding		
Development		
Conversion (C)	✓	
Retention (R)		✓
Offboarding (O)	✓	✓

Colour Key: Team's assessment based on external interviews
- Needs improvement
- Doing well
- N/A

doctorSHARE will need to focus on improving the attraction, conversion, retention, and offboarding of volunteers and full-time staff to meet the resourcing needs of the 10 floating hospitals by 2030.

Three priority areas of focus to stabilise the resource pipeline

Through the lens of a simplified Employee Lifecycle, the team assessed the current state of the 3 categories of floating hospital personnel…

	Medical	Non-Medical	HQ
Full-Time	GPs A R O	Ship Crew A O	Management A R O
	Others A R O	Admin	Staff
Volunteers	GPs A C O	Admin A O	A R O
	SPs (local) A C O		

A: Attraction **C:** Conversion **R:** Retention **O:** Offboarding
GP: General Practitioner **SP:** Specialist Practitioner

… 3 key areas of focus were identified that will create a sustainable resource pipeline that supports doctorSHARE's 2030 vision.

I. Structured approach to scaling their attraction of GP and SP volunteers.

II. Build a stable pipeline for full-time staff by addressing challenges in converting volunteers to full-time and retaining full-time staff.

III. Build a future-ready Target Operating Model (TOM) to support doctorSHARE's expansion plans.

Colour Key: Team's assessment based on external interviews
Needs improvement
Doing well N/A

Consistent branding strategy needed across all stakeholders to increase brand presence

CURRENT STATE	REQUIREMENTS	2030 VISION
Media outreach • Online channels only (YouTube, Facebook, Instagram, Tiktok, X) • Existing online social presence: ~100K	1. Partner with **global PR firms** that have CSR mandate to provide pro-bono advice and PR pitch creation. 2. Build a **dedicated team for branding and marketing** focused on creating targeted content across all stakeholders. **3. Strategic partnerships** with universities, hospitals, philanthropic foundations, associations.	**Media outreach** • Increase online reach by 50X
Donor outreach • Government grants • Targeted approach to specific donors		**Donor outreach** • Create a holistic branding strategy to attract like-minded corporate donors
Volunteer outreach • Word-of-mouth through existing volunteer base, mainly from 5 universities (3 with speciality programs) • Online social media	1. Build a **volunteer Alumni Club.** 2. Sign **MoUs** with **at least 10 universities** by 2030.	**Volunteer outreach** • Create >10 streams from hospitals / universities • Build up a team of 5,000 alumni by 2030

While doctorSHARE has a strong brand proposition, they need to increase their reach beyond current niche support. This requires ramping up visibility and brand recognition.

Creating a brand proposition

Build Applicant Persona

Specialist doctoral community

- 25-55 age range of staff
- High school and University students
- Philanthropy social community club in Indonesia (e.g. Lions club, Rotary club, etc.)

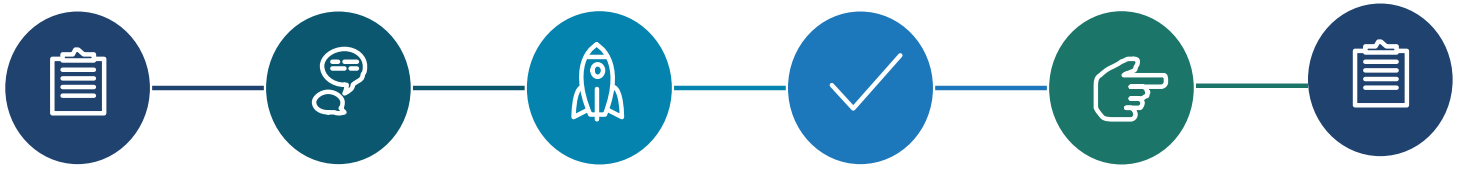
Select Communication Channels

Medical University Alumni WA groups

Instagram, Youtube,
Facebook, LinkedIn,
Twitter, Tiktok

Track and Measure

# of views
# of incoming investments
# of volunteers
# of donors



Measurable Goals

10 Hospitals by 2030

6,000 more medical volunteers needed

Increase reach 50x

Visualise Branding

doctorSHARE to become a social enterprise to attract more social investments with wider impact

Create Content

Highlight volunteer's exciting life working for doctorSHARE to attract more recruits

Partnerships with Global PR Firms

Help to promote doctorSHARE's proposition as a social enterprise

Compelling articles, press releases, and videos

Scholarships and branding play a vital role in doctorSHARE's growth ambitions

GOAL	REQUIRES	STRATEGY (HOW)

doctorSHARE
sharing accessible health and care

4x Patient Coverage

from 32k to 120k patients

6x Doctors & Specialists

from 300 to 1,700 doctors, specialists

Targeting specific focus areas of the employee lifecycle…

	Volunteers	Full-time
Attraction	✓ Priority	✓ Priority
Recruitment		
Onboarding		
Development		
Conversion	✓ Priority	
Retention		✓ Priority
Offboarding	✓ Priority	✓ Priority

…to grow resource and talent pool

1 FORMALISE **SCHOLARSHIPS**

2 AMPLIFY **BRAND VALUE**

Clear career track from formal scholarship program will secure more full-time doctors

1 FORMALISE **SCHOLARSHIPS**

2 AMPLIFY **BRAND VALUE**

Current	Target
Difficult to secure full-time doctors: • Mainly relying on conversions • No predictable pipeline • Full-time doctors leave after 2 years (to pursue Specialist route)	**Two types of scholarships:** • Steady pipeline of medical talent • Higher guaranteed conversions • Binding full-time doctors (2 to 5 year tenure)

Two proposed formal doctorSHARE scholarships

Career track for aspiring doctors

High School

Scholarship

University

Volunteer General Practitioner (GP)

binding

converting

Full-Time GP with doctorSHARE

Scholarship

Full-Time Specialist

Three key partnerships to amplify and increase brand value

1 FORMALISE SCHOLARSHIPS

2 AMPLIFY **BRAND VALUE**

Current	Target
Brand value does not support resourcing • Low brand awareness outside of medical field • Reliance on F2F marketing, word-of-mouth	**Partnerships with external agencies** • Increase branding in non-medical fields • Social media followers: 25% increase YoY

Marketing Agencies

PR Agencies

Law Firms

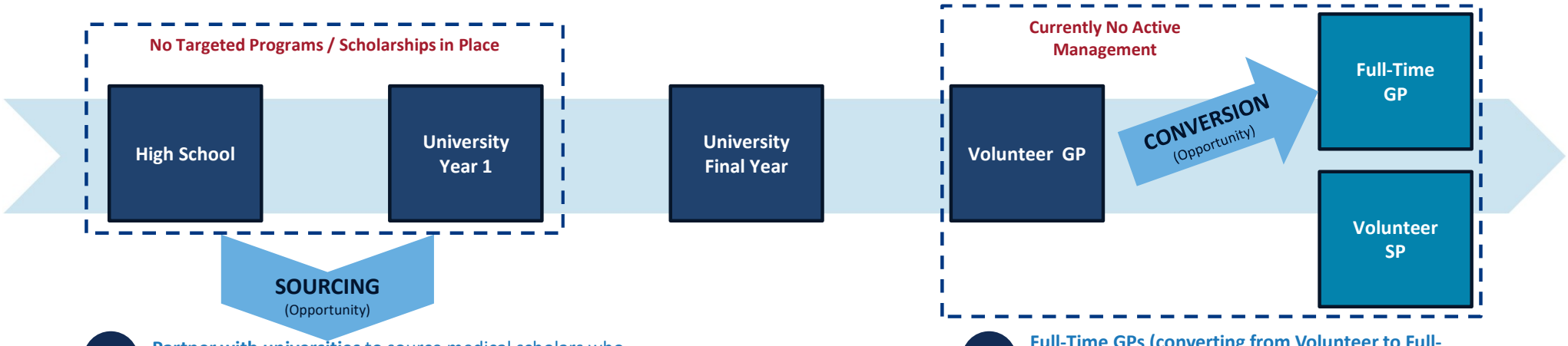
doctorSHARE
sharing accessible health and care

Work with doctorSHARE to **increase their brand value.**

Current career proposition for medical volunteers

- **Turnover: ~15% for full-time staff** for barge-type floating hospital (tenure: 2 - 3 years)
- **Volunteer Base**: **Specialist ~130** (Barge + Phinisi) vs. **Non-Specialist ~320** (Phinisi).

- At present, there is no active management of volunteer medical staff. As such, volunteer medical staff tend to seek more stable careers at prestigious hospitals than to convert into full-time medical staff at doctorSHARE.
- Moreover, some volunteer medical staff will leave for specialist schools after accumulating sufficient working experience.



1 **Partner with universities** to source medical scholars who must work for doctorSHARE upon graduation.

Policy advocacy needed to support this new regulation whereby floating hospitals are recognised as part of the rural mandatory work curriculum.

See Section: Key Policy Recommendations

2 **Full-Time GPs (converting from Volunteer to Full-Time)**

Develop a clear career track by actively managing volunteer medical staff for better conversion and activation of alumni pool.

Note: GP = General Practitioner, SP = Specialist Practitioner

The proposed solution is a scholarship program and clear career track for volunteers

1 **Partner with Universities on Medical Scholarship Program**

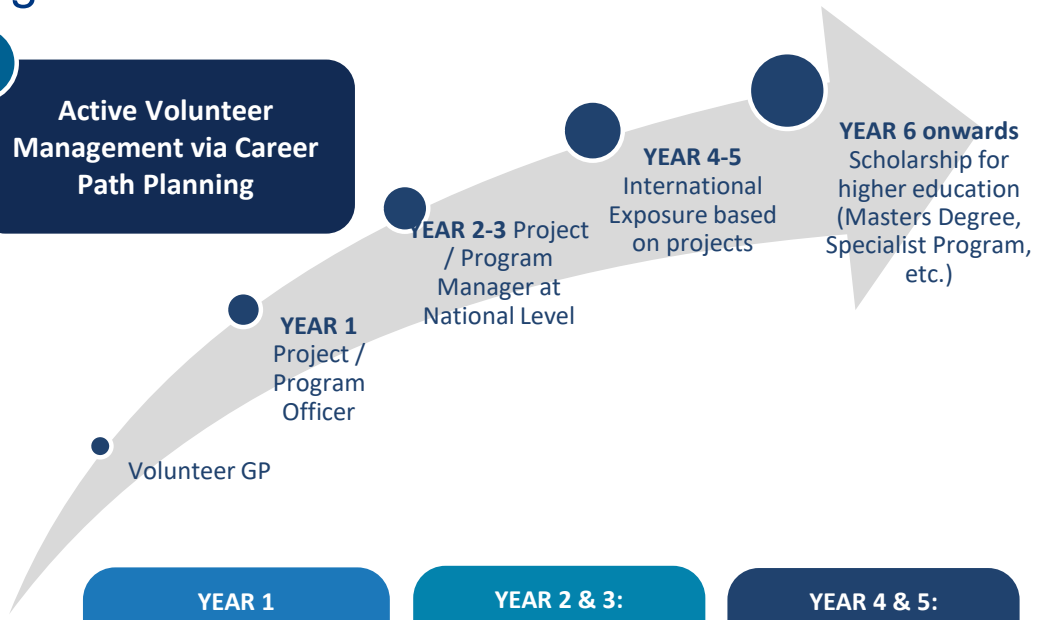
Scholarship Objective
Attract and train medical graduates who, for a specified duration, will work for doctorSHARE in remote areas of Indonesia for the benefit of those with limited access to healthcare.

Financial Support (5-7 years)
IDR 60-100m annually, including registration fee, course fees, examination fees, etc.

Obligations
Upon successful completion of the scholarship, the applicant is obligated to return to doctorSHARE as a Specialist for a certain number of years.

See Section: Key Policy Recommendations

2 **Active Volunteer Management via Career Path Planning**



YEAR 1
Technical skills such as USG training, Antenatal Care training, etc.

YEAR 2 & 3:
Hospital management (education and experience based)

YEAR 4 & 5:
Health Intervention Program on Medical Public Health

Exposure: Interaction with Specialist volunteers & Health Promotion Experts

Soft skills: Communication / English / People management / Project management

Note: GP = General Practitioner, SP = Specialist Practitioner

doctorSHARE's current organisation structure and challenges

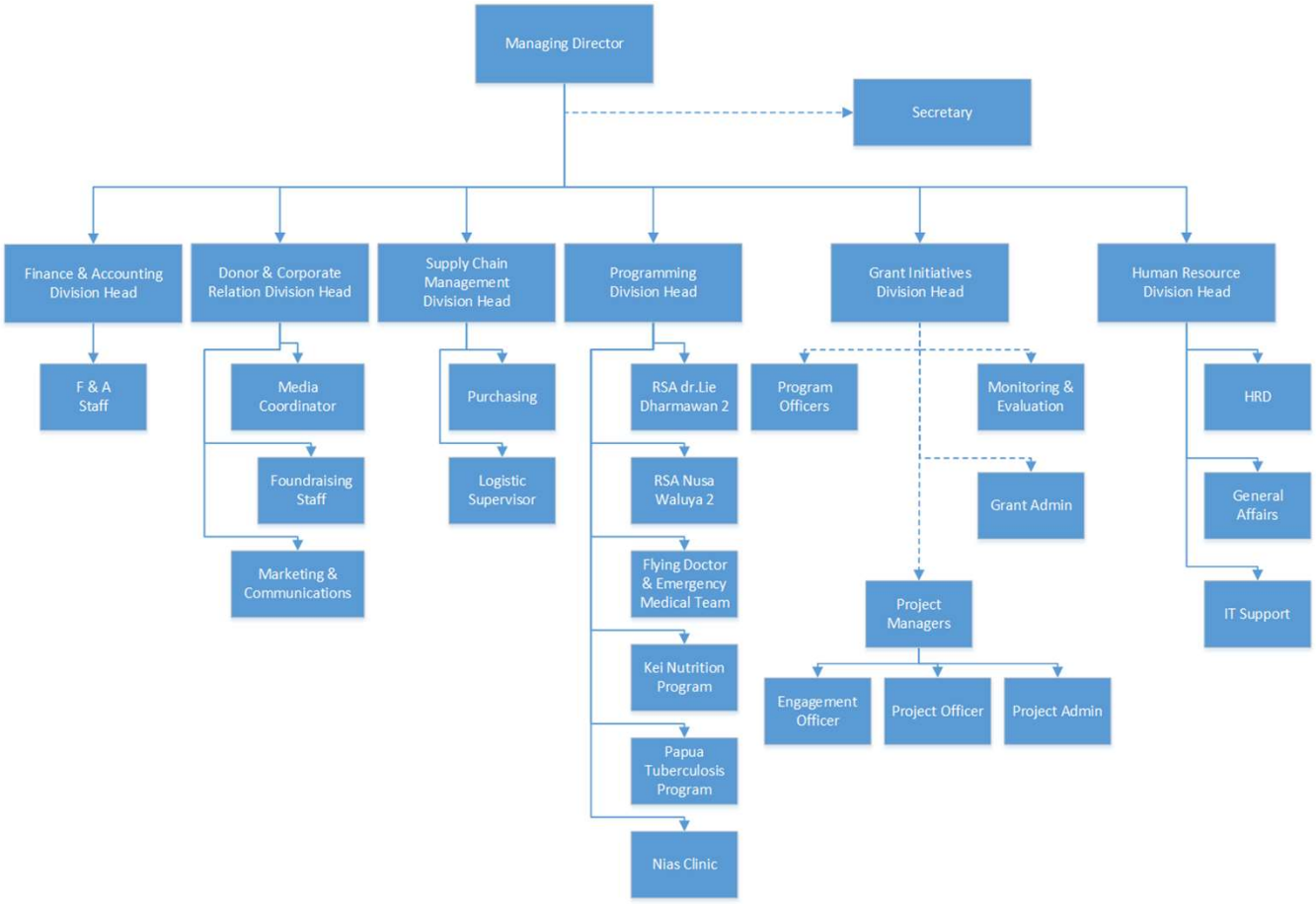
CURRENT STRUCTURE

- 6 Departments overseen by 5 people.
- 1 person "double-hats" by overseeing 2 divisions: Programming and Logistics & Purchasing.
- Fund-raising activities involve several divisions - Donor & Corporate Relation, Programming, and Grant Initiatives.
- Regarding the operational activity of a floating hospital at a certain location, Programming division needs to coordinate with local governments for local medical service permit, with transport facilities, and other relevant stakeholders.
- Human Resources is responsible for three areas: Human Resources, General Affairs, and IT Support.
- Branding & Communication role is handled by Marketing & Communication under Donor & Corporate Relation Division.

CHALLENGES

- Only a few doctors under the Programming Division
- Operations of the floating hospital is split into two categories - Medical and Marine. Currently there is only one person coordinating Marine operations.
- No dedicated person / department that possesses the competency and relationships to coordinate with the government for policy and permit / regulation matters.
- No dedicated person to handle volunteer management.
- One dedicated person to lead Marketing & Communication is due to onboard.
- The person leading the Programming division has no medical background, nor do they have proper knowledge in healthcare facility management that aligns with the Health & Government standards.

Current organisation structure



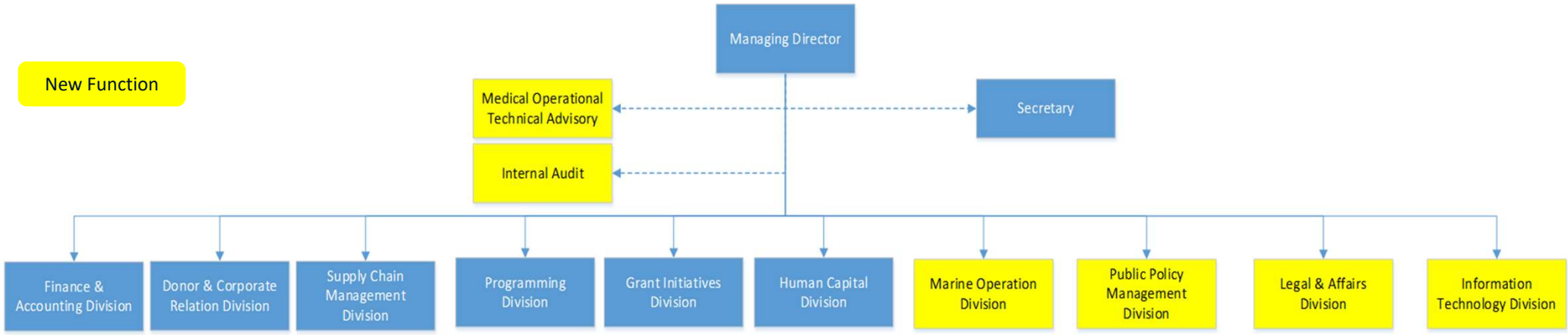
The current operating model needs to be restructured and scaled up to support doctorSHARE's expansion plan for their floating hospitals.

This will require more ships (therefore, operations staff), more requests for permits, and stronger branding to attract more volunteers.

Proposed future-proof organisation structure to support doctorSHARE's Vision for 2030

As doctorSHARE expands their operations, it is important that they transition to a Target Operating Model (TOM) that has more of a focus on specialised functions:

- **NEW | Public Policy:** to increase capacity for analysis of relevant policy implications in Marine and Healthcare, taking a proactive approach in | **Marine operation & Medical Tech**: to optimise fleet operations and maximise outreach to patients.
- **NEW |** supporting doctorSHARE's operations.
- **NEW | IT team**: to increase operational efficiencies as doctorSHARE scales up.
- **EXPANDED | Marketing & Comms**: to support the development and execution of the Branding Strategy.



Target Operating model: Increase doctorSHARE team by 9 headcount, increase specialisation, and reduce double-hatting.

Roles and responsibilities of key personnel

Managing Director

Establish vision, mission, values, and strategies of doctorSHARE

Medical Operational Technical Advisory

Ensure all medical operational aspects of doctorSHARE's floating hospitals align with Health & Government standards.

1 staff

Internal Audit

Provide independent assurance and consulting services to add value and improve operations.

Evaluate the effectiveness of risk management, control, and governance processes.

3 staff

Human Capital Division

To organise employees and volunteers who are fundamental assets of the organisation.

7 staff

Finance & Accounting

To monitor and control all the finance cashflows and accounting activities.

5 staff

Relations & Communication

Target opportunities to form relationships with potential donors, develop marketing, branding, and campaign strategies, and create compelling content for social media.

12 staff

Supply Chain Management

Logistics and inventory management - from purchasing, to storing, to distribution.

10 staff

Grant Initiatives Division

Target opportunities to form relationships with potential donors, specifically with grant agencies
(e.g. UN)

15 staff

Key Policy Recommendations

Identification of key policies

Tax relief to attract healthcare donations

WHY To attract more donations into the healthcare sector to increase the funding base for doctorSHARE.

HOW Pass a law to include remote healthcare as one of the sectors to be eligible for tax incentives on donations. Additionally, specify a minimum CSR contribution to remote healthcare for companies engaged in activities related to natural resources.

Medical scholarships in return for mandatory service in remote regions

WHY To increase the supply of doctors in remote regions in the long-term.

HOW Strengthening medical scholarships from the government to include a condition for compulsory service in remote areas for a certain number of years. Scholarship doctors who do not complete the service requirements to pay a financial penalty.

Foreign specialists in philanthropy work in remote regions

WHY To provide immediate access to specialists in the inaccessible, remote areas of Indonesia.

HOW Health law to allow short-term charity work permit (for up to 4 weeks) to foreign specialists coming for healthcare volunteer work. Relax the requirement of adaptation program for specialists coming on charity work permit.

Allowances for medical residents working in remote areas

WHY To attract medical residents to offer specialist clinical services in remote areas.

HOW Allowances and other financial incentives to resident doctors pursuing clinical work in rural areas during their residency program. Universities to provide higher credits to resident doctors for rural service.

Attracting funds

doctorSHARE (a non-profit organisation) relies on donations to run its operations for serving the healthcare needs in the remote islands of Indonesia. The reliance on donations is exacerbated since BPJS Kesehatan (national health insurance scheme) is not available in all the remote regions. A regular stream of donations is needed to ensure the financial sustainability of doctorSHARE. This section outlines policy recommendations to promote fundraising for remote healthcare coverage.

Current Policy	Recommendation	Target Outcomes
Income Tax Law 2008 provides tax incentives on donations, which are available for the following sectors: ➢ Education ➢ Development ➢ Research ➢ Religion ➢ Social infrastructure	• Including **Healthcare for remote regions** as one of the sectors to be eligible for tax incentives on donations. • Donations in-kind (non-cash) to hospitals serving remote areas to also be eligible for tax relief.	• Increases the number of donors (individual and corporates). • Incentivises shipping companies to donate their decommissioned ships to be utilised as floating hospitals in remote areas. • Increases the average donation amount per donor. • Encourages medical equipment suppliers to offer donations to floating hospitals in remote areas. • Waiver of WHT on interest income increases the financial sustainability of floating hospitals.
Donations from individuals and corporations (in eligible sectors) are tax deductible, i.e. the donation amount is subtracted from the income base before tax liability is computed. ➢ 100% of the donation is deductible ➢ Donations only up to 5% of taxable income are permitted to be deducted.	• Offer a tax deduction of 200%. • Increase the current ceiling of tax deductions from 5% of taxable income to 20%.	
Withholding tax (WHT) of 10% is imposed on interest income on safe assets like deposits and government bonds.	Waive the interest income on deposits and government bonds for healthcare organisations that offer services in remote areas (including floating hospitals), if the interest income is being utilised for their operational expenses.	
Law 40/2007 and 47/2012 specify the CSR obligation by companies engaging in activities related to natural resources but there is no pre-defined amount of CSR expenditures and the definition of eligible expenditures.	To specify a minimum CSR contribution for allocation to remote healthcare, with clear definition of eligible expenses to include coverage of building or operating cost of floating hospital.	

Key Takeaway

Tax relief that have a special focus on remote healthcare will increase donations and ensure financial sustainability for doctorSHARE.

Attracting medical residents

- A residency program is a higher-medical study for medical doctors to upgrade their skills in a specialised field. These programs last 8 to 10 semesters on average and are only available in 16 medical faculties (which are affiliated to several academic hospitals) in Indonesia.
- Resident doctors remain unpaid throughout the course of their higher-medical study. In addition, they must shoulder tuition fees, cover living costs, daily operational expenses, as well as health insurance.
- The financial barrier hinders aspiring Specialists with no financial support from applying to residency programs.

Recommendation	Target Outcome
• Government to offer daily allowances and other financial incentives to resident doctors for their services in pre-defined remote areas under registered organisation / hospitals. • Public universities to provide higher credits to resident doctors for services in remote regions.	• Incentivises residents to actively pursue clinical work in remote areas during their residency program. • Encourages doctors with financial challenges to pursue specialisation programs.

A government policy offering financial incentives to medical residents working in remote areas will attract them to work for floating hospitals.

Medical scholarship for remote regions

- The number of qualified healthcare talent is insufficient in remotes areas of Eastern Indonesia.
- The doctor-to-patient ratio in Maluku and Papua is 1 doctor vs 4,000 people, compared to 1 doctor vs 350 people in Jakarta.
- doctorSHARE faces the same resourcing challenges. It is hard to acquire enough qualified doctors to meet the daily demands aboard the floating hospitals.

Recommendation	Target Outcome
• Strengthening medical scholarships by the government in return for mandatory service in pre-defined remote regions for a certain number of years. • Certificate of service completion to be given to the scholarship doctors at the end of the mandatory period. Scholarship doctors who do not complete the service requirements to pay a financial penalty.	• For Indonesia: Improves the doctor-to-patient ratio in remote regions and supports the government in providing healthcare access to under-served citizens. • For doctorSHARE: Acquires more manpower to support current and future operations of floating hospitals

We intend to use scholarships as an incentive to encourage more students to pursue medical degrees and work in remote areas after graduation.

Foreign specialists for remote regions

Laws in Indonesia have strict requirements for foreign specialist work to work locally. doctorSHARE should advocate for some exemption or flexibility on short-term volunteer working permits.

Current Policy

National Policy
Health Law No. 17.2023

Requirements for overseas-trained Specialist to Practice in Indonesia :

1. Completion of adaptation process at local hospital,
2. Application of work permit, and
3. Conduct mandatory knowledge sharing session.

Recommendation

For foreign specialists licensed by pre-selected medical organisations, who apply for work permit up to 4 weeks in remote regions for philanthropic purpose:

- By adjusting the location from local to destination hospital, adaptation process is shortened to 1 week.
- Removal of mandatory knowledge sharing requirement.

Target Outcome

- **For Indonesia:** More foreigners entering and getting to know more about Indonesia. Boosts local market consumption.
- **For doctorSHARE:** Mitigates its manpower shortage for medical specialists in remote regions.

By waiving certain requirements on short-term work permit, we intend to make the application process easier for foreign specialists so as to expand on the number of applicants and lengthen their infield service hours.

Successful funding strategy via policy advocacy

INCLUSION OF REMOTE HEALTHCARE

into donation tax incentive

RECOGNITION OF DONATIONS IN KIND

to floating hospitals in remote area

TO INCREASE EXISTING CEILING OF 5%

for tax deductible expense for donations.

WAIVER OF WITHHOLDING TAX OF 10%

on interest income earned for healthcare organisations that offer services in remote areas.

SPECIFICATION OF MIN. CONTRIBUTION ON CSR

for companies engaging in activities related to natural resources.

Vision 2030 via policy advocacy

STRENGTHENING REWARDS AND PENALTIES SYSTEM

on mandatory remote healthcare service for healthcare professionals enrolled in government scholarship program.

PUBLIC UNIVERSITIES TO PROVIDE SPECIAL CREDITS

for resident doctors for servicing remote regions.

FINANCIAL INCENTIVE FOR RESIDENT DOCTORS

for servicing remote area.

Risk Analysis and Mitigation

Risk analysis and mitigation

Category	Risk	Mitigation	Impact	Likelihood
Funding	Liquidity, Uncertainty in securing funding	1. Cashflow planning 2. Proactive sourcing from global and local agencies 3. Develop effective business proposals to increase success rate	High	Medium
	Interest rate variation	1. Determine fund manager 2. Apply hedging strategies e.g. futures, swaps, options etc 3. Rebalance portfolio to help managing risk to obtain short-term and long-term funding goals	Medium	Medium
	Currency risk as corporate funding may come in USD		Medium	Medium
Partnership	The Strategic Partner have a legal issue which may affect doctorSHARE's reputation	1. Proper screening process 2. Protective clauses in the agreement/MOU	High	Low
	Mismanagement on the operational implementation	1. Proper onboarding process of the doctors/volunteers 2. Dedicate resource to monitor and control the day-to-day Operations	Medium	Medium
Organisation Development	Lack of specialised doctor volunteer	1. Resource planning 2. Proactive sourcing e.g. tapping into the alumni 3. Identify local emergency backup resource in each areas	Medium	Medium
	Brand Impact	1. Dedicate resource for marketing, communication, and service management activities	Medium	Low
Policy	Complexity/difficulty/time constraint on process and stakeholder managements	1. Form a research group 2. Form a working group to corporate with the government	High	High
Others	Catastrophe	**Climate related:** corporate with local government to define on prevention protocol **Disease related:** coordinate with local & international university, health organisation to update on trend, treatment and prevention	Medium	Medium

Colour Key:

Low
Medium
High

Implementation Timeline

Implementation timeline (1/2)

	2024 prior	2024				2025				2026				2027				2028				2029				2030			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Floating Hospital																													
Expected operating of floating hospital																		1				2	3			4	5		
Funding required (IDR BNs)		1.3				8.8				21.3				88.6				131.6				147.6				101.7			
Funding																													
Social Enterprise Investment Fund																													
Determine fund manager and board of trustee																													
Define funding strategy																													
Fund Raising																													
Partnership																													
Shipping, Maritime, and Logistic																													
Sign MOU																													
reconstruction																													
Renewable energy powered ships #1																													
Renewable energy powered ships #2																													
Renewable energy powered ships #3																													
Renewable energy powered ships #4																													
Renewable energy powered ships #5																													
University																													
Sign MOU with local Universities																													
Sign MOU with government and local hospital																													
Sign education MOU with global University																													

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Implementation timeline (2/2)

	2024 prior	2024				2025				2026				2027				2028				2029				2030			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Floating Hospital																													
Expected operating of floating hospital																		1				2	3			4	5		
Funding required (IDR BNs)		1.3				8.8				21.3				88.6				131.6				147.6				101.7			
Organization Development																													
Brand Awareness																													
Segmentation																													
Communication design																													
Implementation																													
Staff Retention/conversion																													
Define career Track																													
Identify target group																													
Implementation																													
New Organization																													
Design/Setup																													
post implementation review																													
Refining process																													
Policy																													
Tax policy																													
Research and lobbying by working group																													
Development of regulation																													
Policy awareness																													
Manpower Policy																													
Research and lobbying by working group																													
Development of regulation																													
Policy awareness																													

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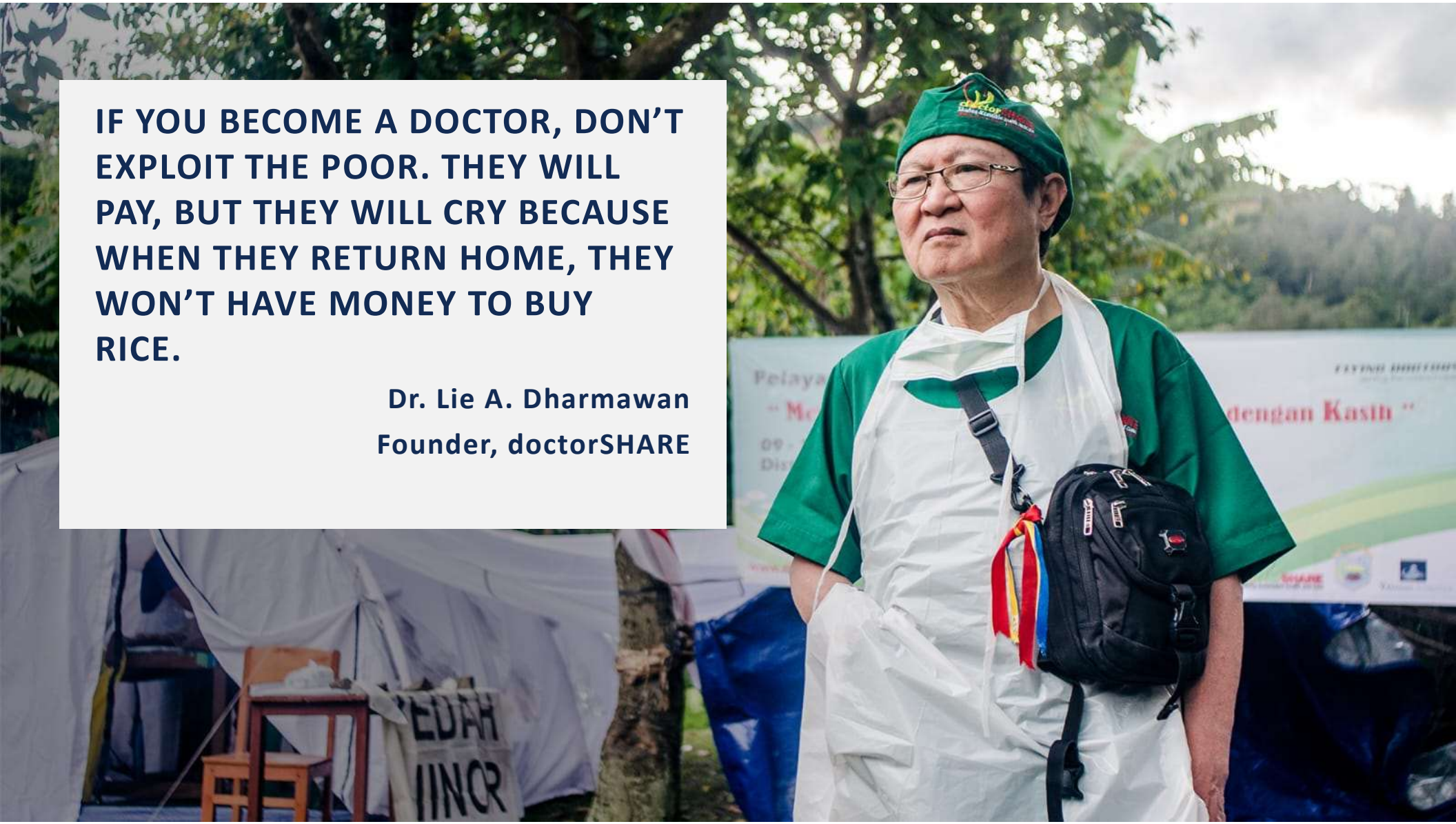

IF YOU BECOME A DOCTOR, DON'T EXPLOIT THE POOR. THEY WILL PAY, BUT THEY WILL CRY BECAUSE WHEN THEY RETURN HOME, THEY WON'T HAVE MONEY TO BUY RICE.

Dr. Lie A. Dharmawan

Founder, doctorSHARE

Appendices

Funding strategies – key assumptions

Fleets projections:

1. Current fleet: 1 Barge + 1 Phinisi + 1 new Phinisi (target operational date in Jul 2024)
2. Planned expansion with identified partners:1 Phinisi (target operational date in Jun 2025) + 1 Barge (target operational date in Jan 2026)
3. Future expansion plans without identified partners: 5 Phinisi with renewable energy (Target operational dates: 1 in 2027, 2 in 2028 and 2 in 2029)

Cost projections:

1. 2024 projected based on 2023 costs
2. 5% year-on-year inflation
3. Renewable energy Phinisi will serve 10 locations instead of 8 and hence increased renewable costs, partially offset by significantly reduced fuel costs
4. Incorporated economies of scale from organisational structure change as doctorSHARE expands
5. Incorporated costs related to scholarships

Fundings:

1. Reflected committed secured fundings

Expanding sustainable sources of funding

Committed funding needs to be secured to help realise the aggressive expansion plans starting 2027.

Year	2024	2025	2026	2027	2028	2029	2030
Existing floating hospital							
Number of barge	1	1	1	1	1	1	1
Barge	18,218	19,129	20,085	21,090	22,144	23,251	24,414
Barge Cost	18,218	19,129	20,085	21,090	22,144	23,251	24,414
Number of Phinisi	1.5	2	2	2	2	2	2
Phinisi per unit	5,171	5,430	5,701	5,986	6,286	6,600	6,930
Total Phinisi Cost	7,757	10,860	11,402	11,973	12,571	13,200	13,860
Total Operational Cost	25,975	29,988	31,488	33,062	34,715	36,451	38,274
Pertamina and Bayan Resource							
Cost of building new barge (in bn IDR)	23000						
Number of barge			1	1	1	1	1
Total Operational cost			20,085	21,090	22,144	23,251	24,414
Cost of building new phinisi (in bn IDR)	12192						
Number of phinisi		0.58	1	1	1	1	1
Total Operational cost		3,167	5,701	5,986	6,286	6,600	6,930
Expansion Plan							
Number of new boats				1	2	2	0
Cumulative number of boats				1	3	5	5
Cost of building new boat (in bn IDR)				32,000	32,000	32,000	
Cost of building boats				32,000	64,000	64,000	0
Operational costs per Phinisi				0	6,068	6,371	6,690
Total Operational cost				0	6,068	19,114	33,450

Expanding sustainable sources of funding

Committed funding needs to be secured to help realise the aggressive expansion plans starting 2027.

Year	2024	2025	2026	2027	2028	2029	2030
Embedded Projected Support Function HQ							
Number of Barge	1	1	2	2	2	2	2
Barge	274	288	605	635	667	700	735
Number of Phinisi	2	3	3	4	6	8	8
Phinisi	206	372	454	635	1,000	1,400	1,470
Total HQ Support Function cost	480	660	1,058	1,270	1,667	2,100	2,205
Projected HQ Support Function cost	570	681	729	763	841	927	967
Delta in HQ Support Function cost	-90	-21	330	507	826	1,173	1,239
Embedded Projected Program Manager							
Number of Barge	1	1	2	2	2	2	2
Barge Program Manager cost + allowance	3,012	3,162	6,641	6,973	7,322	7,688	8,072
Number of Phinisi	2	3	3	4	6	8	8
Phinisi Program Manager cost + allowance	712	1,287	1,569	2,197	3,460	4,844	5,086
Total Program Manager cost + allowance	3,724	4,449	8,210	9,170	10,782	12,532	13,159
Projected Program Manager cost	4,383	5,204	9,480	10,656	12,662	14,842	15,584
Delta in Program Manager cost	-660	-754	-1,270	-1,486	-1,880	-2,310	-2,425
Number of patients	32,550	40,892	65,100	74,725	93,975	113,225	113,225
Barge	21,000	21,000	42,000	42,000	42,000	42,000	42,000
Phinisi	11,550	19,892	23,100	23,100	23,100	23,100	23,100
PV				9,625	28,875	48,125	48,125

Expanding sustainable sources of funding

Committed funding needs to be secured to help realise the aggressive expansion plans starting 2027.

Year	2024	2025	2026	2027	2028	2029	2030
CAPEX	35,192	0	0	32,000	64,000	64,000	0
Operational Costs (excluding depreciation)	25,975	33,156	57,274	60,138	69,213	85,417	103,068
Operational Costs (excluding depreciation) after adjustmen	26,725	33,931	58,215	61,117	70,267	86,553	104,255
Scholarships		364	764	1,204	1,675	2,262	2,666
Total Operational costs	26,725	34,295	58,979	62,321	71,943	88,816	106,920
Total funds required	**61,917**	**34,295**	**58,979**	**94,321**	**135,943**	**152,816**	**106,920**
							3.901047
Funding Projection							
Funds secured	23,180	22,285	15,181	5,688	4,331	5,218	5,218
Adira (3 locations for Phinisi boat)	1,939	2,036	2,138	2,245			
UBS (1 location of barge cost)	9,109	9,564	10,043				
Zayed Award (Phinisi)	8,800	8,800					
PT Pertamina	1,832						
Savings from BPJS	1,500	1,884	3,000	3,444	4,331	5,218	5,218
Funding pipeline identified on CAPEX	35,192						
Funding pipeline identified on OPEX	2,170	3,167	22,461				
Funding pipeline not identified on CAPEX	**0**	**0**	**0**	**32,000**	**64,000**	**64,000**	**0**
Funding pipeline not identified on OPEX	**1,375**	**8,478**	**20,573**	**55,428**	**65,937**	**81,336**	**99,037**
Total funds to be raised	**1,375**	**8,842**	**21,338**	**88,632**	**131,612**	**147,598**	**101,703**

List of partners that doctorSHARE can collaborate with

Type	Name	Industry	Value Proposition
Corporate	EnergySail by Teramoto Iron Works (Japan)	Shipping Renewable Energy	Cost-Effective Retrofitting: Teramoto Iron Works' retrofitting solutions provide a cost-effective way for shipowners to transition to renewable energy, offering long-term savings in fuel consumption and operating costs.
Corporate	Eco Marine Power (Japan):	Shipping Renewable Energy	Specialises in renewable energy solutions for the maritime industry, with a focus on solar and wind-assisted propulsion systems. The company's Aquarius Marine Solar Power system and Wind-Assisted Propulsion are renowned for sustainable technologies in the maritime sector.
Corporate	Solar Sailor Holdings Limited (Australia):	Shipping Renewable Energy	Solar Sailor is renowned for its innovative solar sail technology, which integrates solar panels with sail structures to harness solar and wind energy for propulsion. The company has a strong track record in developing sustainable marine transportation solutions and has collaborated with various industry partners worldwide.
Corporate	Singapore Health Services (SingHealth) (Singapore)	Medical solutions. Telemedicine and further educations for volunteer young doctors	SingHealth is a leading healthcare institution in Singapore known for its excellence in patient care, medical education, Telemedicine and research. They can contribute valuable expertise, resources, and further training opportunities for volunteer medical students who are working for doctorSHARE.


Allianz