

## ORIGINAL ARTICLE

**ADVANCING PHILANTHROPY FOR OPHTHALMOLOGY IN  
INDONESIA: UNLEASHING THE POWER OF GIVING FOR  
VISION CARE****Jodi Visnu<sup>1,2</sup>**<sup>1</sup>Center for Health Policy and Management Faculty of Medicine, Public Health, and Nursing Universitas  
Gadjah Mada;<sup>2</sup>Rumah Sakit Panti Rapih  
Email: [jodi.c@mail.ugm.ac.id](mailto:jodi.c@mail.ugm.ac.id)**ABSTRACT**

*Health philanthropy plays a crucial role in supporting charitable activities in the field of ophthalmology. The Indonesian Ophthalmologists Association (PERDAMI) has been actively engaged in various social initiatives to improve eye care services. However, it is imperative to consider long-term sustainability in funding to ensure the continuity of philanthropic efforts. Additionally, the recent regulatory changes in Indonesia highlight the need for philanthropic practices to comply with legal frameworks. This study presents the key highlights of a social-entrepreneurship session presented at the 48th Annual Scientific Meeting of the PERDAMI in August 2023, with aim to emphasize the importance of collaboration among stakeholders involved in ophthalmic philanthropy, including professionals, institutions, and grantors. The future sustainability of vision care is vital, and it requires the exploration of innovative funding models, the promotion of public-private partnerships, and the cultivation of a culture of giving. By raising awareness of this issue and incorporating it into strategic planning, stakeholders can work towards ensuring the availability and accessibility of quality eye care services in Indonesia. In conclusion, this study highlights the importance of integrating collaboration, needs assessment, good governance, and sustainability considerations in health philanthropy practices within Indonesian ophthalmology. These efforts will help shape the future of vision care and empower the PERDAMI to deliver meaningful and lasting impact in eye health.*

**Keywords:** *charity, giving, ophthalmology, philanthropy, social-entrepreneurship*

**Background**

Philanthropy can be defined as generosity to share with others, a voluntary action/contribution (from individuals, agencies, or foundations) for the public interest or in general. It is called "voluntary action for the public good"; in simple layman's language, it can mean compassion. Activities that aim to express generosity or love for others can essentially be philanthropic activities.<sup>1-5</sup> The concept of philanthropy has developed and been implemented in concrete activities to respond to social problems with organized, integrated, and patterned goals,<sup>6</sup> and has always been cultivated with a culture of gotong-royong and has inspired several neighboring countries in Southeast Asia.<sup>7</sup>

The era of Universal Health Coverage (UHC) has changed the structure of the health financing system in Indonesia.<sup>8,9</sup> However, this has yet to dampen the enthusiasm for sharing,

especially to provide eye health services in Indonesia's rural communities. For example, the Indonesian Ophthalmologists Association (PERDAMI) regularly collaborates with various parties in social action for free cataract surgery. This social activity aligns with one of the Sustainable Development Goals (SDGs) agendas for improving health, as the Indonesian government has also committed to concern about philanthropic aspects to support SDGs through Presidential Decree No. 111/2022.<sup>10</sup>

We can see globally and in the region, cataract is the most frequent cause of blindness and visual impairment.<sup>11-13</sup> By the report in 2021, the countries in the WHO South-East Asia Region have seen positive changes in the reduction of the prevalence of blindness and visual impairment from 1990 to 2020.<sup>14</sup> Cataract surgery itself is one of a cost-effective intervention that typically restores sight.<sup>15,16</sup> In the era of UHC in Indonesia, the government has recognized the importance of addressing vision impairments and promoting eye health.<sup>17</sup>

In Indonesia, there are several barriers that hinder access to get the medical treatment, especially the cataract surgery. Firstly, the cost of the procedure can be prohibitive for many individuals, especially those from lower-income backgrounds. Additionally, the lack of healthcare infrastructure in certain regions results in long travel distances for patients seeking treatment. Furthermore, social and cultural factors may play a role, as some communities may hold misconceptions or fears regarding cataract surgery. Lack of awareness about the importance of early intervention and limited trust in healthcare providers can also deter individuals from seeking treatment.<sup>18</sup>

From now on, it is crucial to consider long-term sustainability in funding for the social activities in ophthalmology. Philanthropic efforts need to be supplemented with sustainable financing models to ensure ongoing accessibility. Compliance with legal frameworks is equally important in order to navigate the regulatory landscape effectively and deliver charitable activities within the fund-raising boundaries set by the Indonesian government. The author presented this study in a social-entrepreneurship session at the 48<sup>th</sup> Annual Scientific Meeting of the PERDAMI in August 2023, with aim to emphasize the importance of collaboration among stakeholders involved in ophthalmic philanthropy, including professionals, institutions, and grantors.

### **Author characteristic and reflexivity**

The author has a professional background as a medical doctor and a public health consultant. He holds a doctoral degree in the subject of health philanthropy. He worked as a missionary doctor for two years in a mission (non-government) religious health center located in

Indonesia's easternmost province before the era of UHC. He also has a close connection to religious communities, domestic and international donors, and regularly visited missionary works in several countries.

### **The Concept of Philanthropy, Corporate Social Responsibility (CSR), and Charity**

In 2000, Bill Gates and Melinda French-Gates founded a charitable foundation that works in various sectors, including the health sector in several countries, receiving total donations of 800 million dollars annually. The Bill & Melinda Gates Foundation is one of several large foundations in the United States that "compete" with the Ford Foundation, W.K. Kellogg Foundation, Robert Wood Johnson Foundation, and Rockefeller Foundation in social action for the welfare of society. If we look at the large-scale funding sector carried out by foundations, several entrepreneurs in Indonesia have also established charitable foundations to contribute to health with policies that can penetrate government bureaucratic boundaries with field implementation.<sup>19-26</sup>

Conceptually, philanthropy has differed from Corporate Social Responsibility (CSR). CSR is the responsibility of an organization to pay attention to the environment and society through ethical and transparent behavior. Indonesia has regulated CSR in Law No. 40/2007, Article 74, Paragraph 1 concerning Limited Liability Companies, which states that a company that carries out business activities in the field of natural resources is obliged to carry out social and environmental responsibilities. One example is a clinic established by a palm oil company to serve the surrounding community.<sup>4</sup>

As time goes by, many companies carry out CSR even though their business is not in the field of natural resources, such as mass circumcisions organized by corporate/ for-profit hospitals, distribution of healthy food for toddlers by pharmaceutical companies, and free cataract surgery organized by PERDAMI and well-known companies. In short, if fulfilling social responsibility is related to the company's business, then this is CSR and provides short results, which is different from philanthropy. Philanthropy is an integral part of CSR and has a long-term impact on relationships with grantors that are continuously developed.<sup>27,28</sup>

The difference between the concept of philanthropy and charity lies in the system of assisting. Charity has the nature of direct giving with a tendency to overcome the symptoms of problems that are emerging. The time required is relatively short and does not use a sustainable concept. One example of charity is incidental assistance during disasters.<sup>29</sup> The author emphasizes the concepts of philanthropy, CSR, and charity in this article so that readers can identify the differences between the three social assistance and apply them to health services.

### **Venture Philanthropy Funding Cycle: Investment towards social-entrepreneurship**

Capital-based philanthropy, also known as venture philanthropy, is widely practiced as a new method in the funding system. This system adopts social investment, which focuses on providing funds with a social impact in the future. On the principle of grantmaking, venture philanthropy elevates the concepts of creativity and responsibility that have an impact of at least three to six years. In this case, donors play a role in a philanthropic work's strategy and professional entity.<sup>30,31</sup>

In the funding cycle in venture philanthropy that has been adopted in several countries, there are four steps to achieve. First, the donor (grantor/ benefactor) already has funds to donate and will select a potential organization to receive the funds (grantee/ beneficiary). Second, donors will send funds that have been approved; in this case, the donor will participate in overseeing the journey of philanthropic work carried out by the recipient of the funds. The third step is observing donors' results achieved by recipients of funds through the evaluation of work capacity. Donors can carry out an exit strategy based on the developments achieved by the recipient to make them independent in their work (self-reliant). The last step is that the donor seeks other funds to help the subsequent work of various organizations.<sup>31</sup>

For donors, making philanthropic donation decisions is very important because it plays a role in this matter, namely human behavior and the accompanying economic interests. Research on charity/ donation has increased from various scientific perspectives in recent years. The philanthropic decision-making paradigm is based on an altruistic attitude, reciprocal relationships (transactional or brotherhood), publicity interests that benefit donors, and minimizing losses (tax incentives). Each donor has a background in providing donations, both individuals and charity institutions/ organizations.<sup>32</sup> Donation recipients can also vary in institutional and individual forms with appropriate action goals.<sup>33</sup>

Philanthropic organizations, in this case donors, have a system of professionalism they adhere to. Good governance in every organization cannot be abandoned and is a milestone in the sustainability of the "business" being carried out. In this case, philanthropic organizations need staff who are paid professionally, not just based on generosity alone. Regarding the funding cycle, philanthropic organizations can be grantors or act as intermediaries/ fund pooling places. Then, the funds are given to the recipient of the funds/ grantee to be used according to the agreed agreement. In the end, recipients of funds report every form of activity and expenditure, up to the remaining operational funds, so that they can be turned back into subsequent social investments.<sup>34</sup>

## **Social Investment for Eye Health in Indonesia**

Philanthropy describes concern for others, showing initiative sparked by a solid commitment to achieving goals. The desire is to give to people experiencing poverty, not only person-to-person but also from an organization to people in need. An organization can carry out philanthropy by giving in public goods without an obligatory reason.<sup>3,35</sup> In 2020, the author mapped health philanthropic institutions in Indonesia and found that 117 private organizations (corporations, foundations, and associations) have been involved in it.<sup>29</sup>

Many private institutions can become grantors for the advancement of ophthalmology, especially in Indonesia. They started from research, education, to community service, which is able to overcome health problems through curative and preventive efforts. Social-entrepreneurship thinking focuses on the ability of individuals and groups to obtain resources (both money and effort) in social services to the community. When connecting to philanthropic terminology, it can be interpreted that service efforts to the community are carried out in a sustainable and systematic manner.<sup>36,37</sup>

One of the philanthropic efforts in health services can be seen in the health services of non-profit private hospitals in Australia, with the mission of a religious network founded in 1893 by the Sisters of Charity congregation,<sup>38</sup> which currently uses the concept of donation via the website to help develop home services. Sick. Likewise, UCLA Health<sup>39</sup> and Ophthalmology Charities<sup>40</sup> also encourage donations for eye health services. In Indonesia, there are also various charity donation platforms, such as Kita Bisa.com and Pedulisehat.id, which can contribute to health services.

In the ophthalmology field, many resources can be mobilized for eye health services in Indonesia. Even though the government has contributed to ophthalmology services through its UHC, it is undeniable that there are many additional needs, such as transportation costs, which are often an obstacle—coupled with several other inhibiting factors, such as financial factors from the family of the patient's caregiver when they work as casual daily laborers. Of course, social factors cannot be avoided in eye health services.<sup>18</sup>

## **Understanding Indonesia's Tax Incentives**

Indonesia does not yet have a policy regarding tax incentives for health donors/philanthropists. The tax incentive policy for humanitarian contributions in Indonesia only applies to religious purposes, national disasters, education, research and development, social infrastructure, and sports. Donations for health still cannot be excluded as tax exemptions or

deductions. Based on Government Regulation No. 45/2019, the super deduction incentives of 200% are given to business actors and industry players who carry out vocational activities in the form of work practices, apprenticeships, and/ or learning in the context of fostering and developing competency-based human resources, in order to meet the needs of the business and industrial world.<sup>41,42</sup>

The government supports the implementation of philanthropy to achieve the Indonesian people's quality of life. However, currently, no regulations regulate support for philanthropy in detail in the health sector. The current tax incentive policy in Indonesia shows that the government has not achieved the principle of reducing taxes on donations for health services, in contrast to other countries that have established tax incentive rules, such as Australia. Systematic tax incentives for the health sector allow donors to provide donations in various forms to improve the quality of eye health in Indonesia. Thus, this regulation can positively impact increasing philanthropic contributions to health services, especially in ophthalmology, which still requires attention in remote areas of Indonesia.

### **Conclusions and Suggestions**

Health philanthropy plays a crucial role in supporting charitable activities in the field of ophthalmology. Philanthropic efforts need to be supplemented with sustainable financing models to ensure ongoing accessibility. Compliance with legal frameworks is equally important in order to navigate the regulatory landscape effectively and deliver charitable activities within the boundaries set by the government.

Philanthropic ophthalmology not only addresses the existing gaps in eye care accessibility but also plays a vital role in preventing avoidable blindness, promoting early intervention, and empowering communities to prioritize eye health. By supporting such initiatives, individuals and organizations can contribute to the overall well-being and development of Indonesia, fostering a society where quality eye care is accessible to all.

The PERDAMI has been actively engaged in various social initiatives to improve eye care services. However, it is imperative to consider long-term sustainability in funding to ensure the continuity of philanthropic efforts. This requires the exploration of innovative funding models, promotion of public-private partnerships, and the cultivation of a culture of giving. By raising awareness of this issue and incorporating it into strategic planning, stakeholders can work towards ensuring the availability and accessibility of quality eye care services in Indonesia. Furthermore, identifying the specific needs and challenges in vision care is crucial to effectively allocate resources and target the most pressing issues in eye health.

## Acknowledgments

The author would like to thank the committee of the 48th Annual Scientific Meeting of the Indonesian Ophthalmologists Association, especially Purjanto Tepo Utomo, for allowing enlightening health philanthropy concept in ophthalmology.

## Funding

This study did not receive specific grants from funding agencies in the public sector, commercial, or non-profit section.

## Conflict of interests

None.

## REFERENCES

1. Payton RL. *Philanthropy: Voluntary Action for the Public Good*. New York: Macmillan; 1988.
2. Schuyt T, Gouwenberg RM. *Giving in the Netherlands*. Bekkers, editor. Den Haag: Reed Business; 2009. 18 p.
3. Barman E. The Social Bases of Philanthropy. *Annu Rev Sociol*. 2017;43:22.1-22.20.
4. Fransiska A. Filantropi. In: *Mendukung, Bukan Mengungkung: Kajian Sinergi Kebijakan Nasional terhadap Implementasi SDGs untuk Sektor Filantropi*. Jakarta: Filantropi Indonesia; 2017. p. 5–8.
5. Payton RL, Moody MP. *Understanding Philanthropy*. Indiana: Indiana University Press Office of Scholarly Publishing; 2008.
6. Saiaa DH, Carroll AB, Buchholtz AK. Philanthropy as Strategy: When Corporate Charity “Begins at Home.” *Bus Soc*. 2003;42(2):169–201.
7. Eikenberry AM. Philanthropy and Governance. *Adm Theory Prax*. 2006;28(4):586–92.
8. BPJS Kesehatan. Nilai Pancasila dalam Prinsip Gotong Royong JKN-KIS [Internet]. Indonesia; 2017. Available from: <https://bpjs-kesehatan.go.id/bpjs/dmdocuments/12e7a44a59302cedf37cb9cdc92aecc5.pdf>
9. Biro Komunikasi dan Pelayanan Masyarakat Kementerian Kesehatan RI. JKN Layak Ditiru Negara Lain [Internet]. Jakarta; 2017. Available from: <http://www.depkes.go.id/article/view/17120200001/jkn-layak-ditiru-negara-lain.html>
10. Presiden Republik Indonesia. Pelaksanaan Pencapaian Tujuan Pembangunan Berkelanjutan. In: *Peraturan Presiden Republik Indonesia Nomor 111 Tahun 2022*. Jakarta: Presiden Republik Indonesia; 2022.
11. Das T. Blindness and Visual Impairment Profile and Rapid Assessment of Avoidable Blindness in South East Asia: Analysis of New Data. 2017 APAO Holmes Lecture. *Asia-Pacific J Ophthalmol*. 2018;7(5):312–5.
12. Flaxman SR, Bourne RRA, Resnikoff S, Ackland P, Braithwaite T, Cicinelli M V, et al. Global causes of blindness and distance vision impairment 1990–2020: a systematic review and meta-analysis. *Lancet Glob Heal*. 2017;5(e):1221–34.
13. Gurung R, Gogate P, Oli RU, Hussain AHME, Abeydeera A, Sharma IP, et al. Cataract in South-East Asia. In: Das T, Nayar PD, editors. *South-East Asia Eye Health*. Singapore: Springer; 2021. p. 125–44.
14. Keefe JE, Taylor HR, Bourne RRA. Disease Burden: Blindness and Vision Impairment in South-East Asia. In: Das T, Nayar PD, editors. *South-East Asia Eye Health*. Singapore: Springer; 2021. p. 103–8.
15. Grimes CE, Henry JA, Maraka J, Mkandawire NC, Cotton M. Cost-effectiveness of surgery in low-and middle-income countries: a systematic review. *World J Surg*. 2014;38(1):252–63.
16. Riaz Y, Mehta JS, Wormald R, Evans JR, Foster A, Ravilla T, et al. Surgical interventions for age-related cataract. *Cochrane Database Syst Rev* 2006. 2006;4(Art. No. CD001323).
17. Kemenkes RI. PEDOMAN NASIONAL PELAYANAN KEDOKTERAN TATA LAKSANA KATARAK PADA DEWASA. HK.01.07/MENKES/557/2018 2018.
18. Ratnaningsih N, Rini M, Halim A. Barriers for Cataract Surgical Services in West Java Province of Indonesia. *Ophthalmol Indones*. 2016;42(1):71–6.
19. Forum Konstitusi. Undang-Undang Dasar Negara Republik Indonesia Tahun 1945: Dalam Persandingan

- Disertai Catatan. Jakarta; 2005.
20. DeMaria AN. Philanthropy and Medicine. *J Am Coll Cardiol*. 2006 Oct 17;48(8):1725–6.
  21. Grant Makers in Health. *The Field of Health Philanthropy*. Knowledge to Action [Internet]. 2007;7–22. Available from: [http://www.gih.org/files/usrdoc/Knowledge\\_to\\_Action\\_-\\_The\\_Field\\_of\\_Health\\_Philanthropy.pdf](http://www.gih.org/files/usrdoc/Knowledge_to_Action_-_The_Field_of_Health_Philanthropy.pdf)
  22. Stuckler D, Basu S, McKee M. Global health philanthropy and institutional relationships: how should conflicts of interest be addressed? *PLoS Med*. 2011 Apr;8(4):1–10.
  23. Wright SM, Wolfe L, Stewart R, Flynn JA, Paisner R, Rum S, et al. Ethical concerns related to grateful patient philanthropy: the physician's perspective. *J Gen Intern Med*. 2013 May;28(5):645–51.
  24. Zinsmeister K. The Power of Science Philanthropy. *Philanthropy Roundtable* [Internet]. 2016;18–31. Available from: <https://www.philanthropyroundtable.org/philanthropy-magazine/article/the-power-of-science-philanthropy>
  25. King D. How religion motivates people to give and serve [Internet]. *The Conversation*. 2017. Available from: <https://theconversation.com/how-religion-motivates-people-to-give-and-serve-81662>
  26. Sihite GJR. Masyarakat Kelas Menengah Indonesia diperkirakan Naik 5 Kali Lipat [Internet]. *Media Indonesia*. 2017. Available from: <http://mediaindonesia.com/read/detail/124232-masyarakat-kelas-menengah-indonesia-diperkirakan-naik-5-kali-lipat>
  27. Iwannanda R, Sudarmiatin, Adiputra IWJ. Philanthropic Corporate Social Responsibility: A Case Study. *Int J Acad Res Bus Soc Sci*. 2017;7(6):876–86.
  28. Sciortino R. Philanthropy in Southeast Asia: Between Charitable Values, Corporate, Interests, and Development Aspirations. *Austrian J South-Asian Stud*. 2017;10(2):139–63.
  29. Visnu J, Abdalla AS, Ainul AZL, Trisnantoro L. Berbagi Sehatkan Negeri: Laporan Pemetaan Lembaga Filantropi Kesehatan di Indonesia [Internet]. Abidin H, editor. Jakarta: Filantropi Indonesia; 2020. 24 p. Available from: <http://ugm.id/bsn>
  30. Nuryana M. Venture Filantropi: Organisasi Korporasi menanggapi Persoalan Sosial. *Galang, J Filandr dan Masy Madani*. 2006;1(2):93–103.
  31. Qihai C. Venture Philanthropy, A New Model for Cultivating NPOs: The Case of the Shanghai Community Venture Philanthropy Competition. *China Nonprofit Rev*. 2011;3:231–50.
  32. James R. Natural philanthropy: a new evolutionary framework explaining diverse experimental results and informing fundraising practice. *Palgrave Commun*. 2017;3(17050):1–12.
  33. Goodwin IJ. Donor Standing to Enforce Charitable Gifts: Civil Society vs. Donor Empowerment. *Vanderbilt Law Rev*. 2005;58(4):1093–163.
  34. Anheier HK. *Nonprofit Organizations: theory, management, policy*. London and New York: Routledge; 2005.
  35. Schuyt T, Bekkers R, Smit J. The Philanthropy Scale: a Sociological Perspective in Measuring New Forms of Pro Social Behaviour. *Soc Work Soc Int Online J*. 2010;8(1):1–15.
  36. Mayer J, Scheck B. Social Investing: What Matters From the Perspective of Social Enterprises? *Nonprofit Volunt Sect Q*. 2018;00(0):1–21.
  37. King D. Becoming Business-Like: Governing the Nonprofit Professional. *Nonprofit Volunt Sect Q*. 2017;46(2):241–60.
  38. St Vincent's Hospital Melbourne. St Vincent's Foundation [Internet]. 2020. Available from: <https://www.svhm.org.au/support-us/st-vincents-foundation>
  39. UCLA Health. Ophthalmology Philanthropy [Internet]. 2023. Available from: <https://www.uclahealth.org/departments/eye/about-us/philanthropy>
  40. Eyedocs. Ophthalmology Charities [Internet]. 2023. Available from: <https://www.eyedocs.co.uk/ophthalmology-reviews/charities>
  41. Abidin H, Kusumastuti Y, Saidi Z. *Kebijakan Insentif Perpajakan untuk Organisasi Nirlaba: Pelajaran dari Mancanegara*. Depok: PIRAMEDIA; 2007.
  42. Perhimpunan Filantropi Indonesia. Mengupayakan Dukungan Pemerintah bagi Pelaku Filantropi Kesehatan [Internet]. *Filantropi Tanggap COVID-19*. 2020. Available from: <https://covid19filantropi.id/mengupayakan-dukungan-pemerintah-bagi-pelaku-filantropi-kesehatan/>
  43. Morasa J, Nurkolis F, Narasiang BR, Visnu J, Mayulu N, Taslim NA, et al. The philanthropy's crucial role in alleviating stunting in Southeast Asian countries through research funding: a policy brief. *F1000Research*. 2022;11(321):1–8.
  44. Visnu J, Effendy C, Laksono PM, Trisnantoro L. Philanthropic Institutions' Perspectives Regarding Challenges in the Indonesian Health Sector: A Qualitative Study. *Open Access Maced J Med Sci*. 2022;10(E):1–8.