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Role of Labor Unions in Enhancing Policy Learning in Health Insurance Expansion at the Local Level

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Abstract

This article examines the critical yet underexamined role of labor unions in facilitating policy learning for the implementation of Indonesia's National Health Insurance program (Jaminan Kesehatan Nasional, JKN) at the local level. Drawing on Bennett and Howlett's policy learning framework—instrumental, conceptual, and political—this study analyzes how unions transcend traditional advocacy to function as knowledge brokers in health policy adaptation. Based on qualitative data from interviews with 26 informants, including grassroots labor activists, union leaders, and representatives in formal policy bodies, the findings reveal three distinct contributions of unions to policy learning processes. First, unions facilitate instrumental learning through patient navigation systems, documentation of service variations, and technical feedback loops that identify implementation gaps. Second, they promote conceptual learning by reframing health insurance as a right, redefining implementation challenges as governance failures, and influencing public discourse. Third, they enable political learning through strategic alliance formation, sophisticated negotiation tactics, and leveraging electoral accountability mechanisms. The dynamic interaction between these learning types allows unions to serve as intermediaries between formal institutions and community experiences, enhancing JKN's responsiveness to citizen needs in a decentralized governance context. This study advances our understanding of how non-state actors can strengthen policy learning ecosystems and suggests that formal integration of unions into institutional learning processes could improve both the equity and sustainability of health coverage expansion in Indonesia and similar contexts.

Keywords: health insurance; Indonesia; JKN; labor unions; policy learning

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Introduction

Labor unions have historically played a crucial role in the development and expansion of welfare states and social protection systems. Numerous studies underscore their influence in advocating for the institutionalization of social security measures (Boeri et al., 2001); (Korpi, 1983); (Streeck & Hassel, 2003). However, recent decades have witnessed a transformation—if not a decline—in this role, as the financialization of development, a hallmark of neoliberal governance, has reshaped both the welfare state and labor union dynamics. Across many national contexts, state actors have deliberately curtailed union power, limiting their capacity to mobilize and influence social policy.

Concurrently, the foundational ideals of the welfare state have come under strain. Under the neoliberal paradigm, social security is increasingly framed as an individual

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responsibility rather than a collective right, thereby diminishing the role of the state in providing comprehensive protection. The COVID-19 pandemic further exacerbated the fragility of social protection systems, bringing to light persistent vulnerabilities in policy design and implementation across the globe. This study contributes to the literature on social protection and labor unions by looking at their adaptation in Indonesia's decentralized health governance framework instead of looking at their historical role in advocacy (Kristiani et al., 2024). Other scholars have looked at JKN from the political economy of the system, its design, or elite bargains; this study uses policy learning theory to show how unions, local governments, BPJS, and the civil society engage in instrumental, conceptual, and political learning. It also examines how bottom-up innovations, cross-level feedback, and iterative problem-solving shape JKN's expansion and governance to reveal its adaptive and political aspects that often remain hidden in linear implementation models.

These global shifts find clear resonance in the Indonesian context. Labor unions played a pivotal role in the legislative milestones that formed the backbone of Indonesia's current social protection framework—namely, the National Social Security System Law (Law No. 40/2004) and the Social Security Administering Body Law (Law No. 24/2011). Much of this advocacy stemmed from a coalition of independent unions emerging from the alternative labor movement of the late Suharto era, supported by various civil society organizations. This coalition, later known as the Social Security Reform Action Committee (KAJS), included farmers' and fishers' alliances, as well as NGOs such as the Trade Union Rights Center, Indonesian Corruption Watch, and the Urban Poor Consortium.

Despite lacking unanimous support within the broader labor movement, KAJS was instrumental not only in ensuring the passage of the BPJS Law but also in elevating the visibility and political relevance of labor unions in the national policy arena. Their multi-pronged strategy—ranging from citizen lawsuits and strategic alliances with politicians and academics to direct engagement in parliamentary deliberations—effectively disrupted conventional legislative processes (Caraway & Ford, 2017).

The campaign culminated in a series of large-scale demonstrations, notably the May Day 2010 protest that saw over 150,000 workers mobilized in Jakarta (Tjandra, 2017). These demonstrations crescendoed with the October 28, 2011 rally that pressured parliament into passing the BPJS Law, underscoring the power of sustained grassroots mobilization. In the years since, the coalition has evolved, and labor representation is now institutionalized through formal roles in national social protection bodies such as the National Social Security Council (DJSN) and the Supervisory Boards of BPJS Kesehatan and BPJS Ketenagakerjaan.

Despite these achievements, Indonesia's labor unions remain politically fragmented and often marginalized in broader policy-making processes—a legacy of New Order authoritarianism and subsequent democratic transitions. This study, therefore, interrogates the contemporary role of trade unions in shaping social protection policy, particularly in relation to the expansion and governance of Jaminan Kesehatan Nasional (JKN), Indonesia's national health insurance program. It seeks to explore the extent to which unions influence, adapt to, and learn from the evolving landscape of health policy in a decentralized governance setting (Dewi & Aprilia, 2025).

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In this research, we examine the contemporary role of trade unions in JKN through the lens of policy learning approach. Policy learning has emerged as an increasingly important analytical lens for understanding policy change, offering an alternative to approaches that focus solely on institutional design, political competition, or international pressures. Rather than treating policy actors as passive implementers of rules, the policy learning perspective emphasizes their active role in interpreting experiences, adapting strategies, and reshaping preferences based on formal evaluation and informal feedback. (Heclo, 1976) conceptualized governments as "learning systems," while (Hall, 1993) typology of first-, second-, and third-order change suggests that learning can affect not only policy instruments but also overarching goals and problem definitions. More recent work by Grin & Loeber (2017) has further distinguished policy learning into instrumental (learning about tools), conceptual (learning about problem framing), and political (learning about legitimacy and feasibility).

The policy learning approach offers critical insights into the dynamics of Indonesia's National Health Insurance (JKN), a large-scale health insurance reform that reflects not only technical innovation but also ongoing processes of institutional and social learning. Unlike accounts that attribute JKN expansion to elite consensus or bureaucratic mandate, the policy learning perspective highlights how local governments, health service providers, and even civil society actors have adapted to implementation challenges—from capitation misallocation to referral hospital overload—by modifying procedures, building coalitions, and generating local innovations. For example, some district governments have experimented with blended funding models or community engagement mechanisms that were later adopted at the national level, demonstrating the bottom-up flow of policy learning.

In addition, learning occurs across levels of governance and actors: local administrators learn to navigate BPJS regulations; BPJS adapts to complaints from service providers; and health policy networks assimilate feedback from NGOs and the media. This complex learning ecosystem shows that JKN is not just a product of top-down policymaking, but also an evolving system shaped by iterative problem-solving and knowledge exchange. In this regard, the novelty of this study lies in using a policy learning perspective to capture the adaptive and political dimensions of health reform that are often invisible in linear implementation models (Febriyanti et al., 2025). It shows how expanding health coverage is not a one-time achievement, but a dynamic process that involves learning from failures, navigating political interests, and responding to citizens' lived experiences. As Indonesia continues to grapple with regional disparities and fiscal sustainability in JKN, embedding policy learning mechanisms—such as feedback, local experimentation, and cross-level dialogue—will be critical to ensuring the program's long-term resilience and equity.

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Literature Review

Policy learning is generally understood as a process by which government actors, institutions, or coalitions acquire and update knowledge to inform policy decisions (Heclo, 1976); (Dunlop & Radaelli, 2013). The intellectual foundation of policy learning lies in early theories of decision-making, particularly Herbert Simon's (1947) notion of bounded rationality, which argued that decision-makers operate under the constraints of limited information and cognitive capacity. Building on this, (Heclo, 1976) work on British and Swedish welfare states emphasizes the distinction between "powering" and "puzzling," where policy change is not only about political competition but also about governments learning to solve complex problems. This perspective laid the groundwork for treating government as a learning entity, capable of accumulating knowledge through various experiences, experimentation, and feedback between policy actors.

Bennett & Howlett, (1992) distinguished between instrumental, conceptual, and political learning, which later informed the work of (Dunlop & Radaelli, 2013, 2018) who developed a typology based on the control over the learning process and certainty about the policy problem. Dunlop and Radaelli proposed four learning modes: Epistemic, Reflexive, Bargaining, and Hierarchical. These models reflect the varied institutional landscapes in Southeast Asia, where centralized mandates coexist with participatory forums, and both technical and political learning occur in tandem. Bennett & Howlett, (1992) and Hall, (1993) introduce the typology of policy learning, namely instrumental, conceptual, and political learning. The typologies originate from policy studies, especially by and have been widely used to describe how policy actors learn and adapt in response to new information, experiences, or shifting political and social environments.

These three learning types represent distinct yet interrelated dimensions of how knowledge influences policy change and adaptation, especially in decentralized governance contexts. Instrumental learning refers to the process of learning about how to implement policies more effectively by adjusting the tools, techniques, or operational settings of existing instruments. This form of learning focuses on improving the efficiency and functionality of policy implementation without questioning the goals themselves. It is technical in nature and usually involves evidence-based decision-making. For example, in health insurance expansion, a local health office in Indonesia might learn that using mobile registration units increases enrollment among rural populations who cannot easily access urban-based BPJS offices. Similarly, Thailand's Universal Coverage Scheme (UCS) incorporated instrumental learning when its administrators shifted from fee-for-service to capitation models to control costs and improve service efficiency.

Conceptual learning occurs when actors redefine the policy problem or challenge the underlying assumptions and frameworks that shape policy decisions. Rather than focusing on specific tools, conceptual learning addresses the fundamental understanding of what the problem is and what goals the policy should serve. This learning often results from deliberation, exposure to new paradigms, or social dialogue. For example, in the Philippines, policymakers initially understood universal health care (UHC) in terms of expanding hospital

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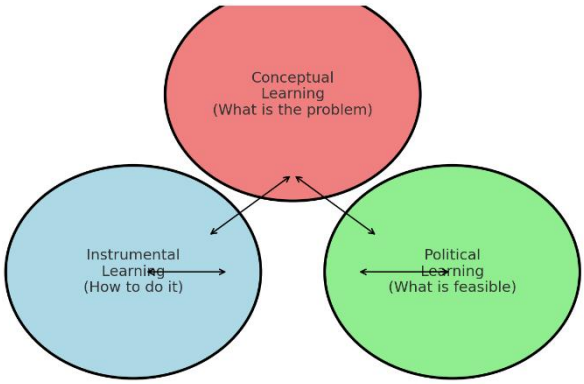
infrastructure. However, exposure to global equity frameworks reframed UHC as a social right, prompting a shift toward community-based health access and risk pooling.

Political learning involves learning about the political feasibility of different policy options. This type of learning centers on understanding what is acceptable to stakeholders, how to manage opposition, how to build coalitions, and how to time reform initiatives effectively. Political learning is strategic and often occurs through negotiation and advocacy. For example, during debates over Medicaid expansion in the United States, state governments learned that framing the policy as a state-specific solution increased bipartisan support. In Indonesia, district leaders have supported JKN premium subsidies partly due to political calculations related to electoral popularity and public image.

These three types of learning—instrumental, conceptual, and political—are not mutually exclusive. In practice, a policymaker or local government may engage in all three simultaneously. A government might begin with instrumental learning by improving administrative efficiency, undergo conceptual learning after public feedback reframes the policy problem, and apply political learning to ensure the policy is politically sustainable. Understanding these forms of learning helps clarify the dynamic and often non-linear nature of policy adaptation, especially in complex sectors such as health insurance reform in decentralized governance systems.



Source: Authors, 2025

Figure 1. Interaction of Three Types of Policy Learning

In contexts like Indonesia, where local governments vary widely in fiscal space, bureaucratic quality, and stakeholder engagement, policy learning becomes a critical lens for understanding why some districts succeed in JKN rollout while others lag. Moreover, actors such as labor unions, community health worker associations, and local NGOs serve as knowledge brokers, gathering citizen feedback, negotiating with BPJS Kesehatan, and diffusing innovations across jurisdictions. Their role in instrumental (eg, enrollment techniques), conceptual (eg, redefining health as a right), and political learning (eg, strategic alliances) is underappreciated but highly consequential.

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Furthermore, in decentralized systems, local governments are often responsible for interpreting, implementing, and adapting national frameworks to local conditions, making the capacity for critical policy learning in ensuring effective and responsive policy outcomes.
In the context of health insurance, policy learning is particularly salient when local governments are tasked with expanding coverage, enrolling informal workers, coordinating health service delivery, and navigating complex stakeholder environments. Given the rapidly changing health needs and political pressures, policy learning serves as a crucial tool for local adaptation and institutional strengthening (Gilson & Raphaely, 2008).

Traditionally, policy learning is discussed in the context of bureaucracies or expert communities. However, new governance models emphasize the role of non-state actors, including NGOs, communities, and labor unions, in influencing public policy through feedback mechanisms, participatory platforms, and informal dialogues (Sabatier, 1988; Béland, 2005). In the health sector, learning becomes vital as governments seek to expand insurance coverage to informal workers, coordinate with fragmented providers, and respond to diverse public needs. Recent critiques of the learning literature highlight the politics of knowledge and the unequal distribution of learning opportunities. (Freeman, 2007) and (Grin & Loeber, 2017) .argue that learning is not merely cognitive but socially constructed and power-laden. Who defines the lesson? Whose evidence is accepted? These questions are crucial in contexts where subnational variations in capacity, elite capture, or informal politics shape the policy environment. In Indonesia, for example, while local governments are formally empowered to support JKN, many face political disincentives to prioritize health insurance for informal workers, especially in patronage-dominated areas (Hadiz & Robison, 2013). Here, learning is constrained not by lack of data but by institutional incentives and political logics.

Labor unions have traditionally been viewed as interest groups aiming to protect workers' rights, especially in wage negotiations and employment conditions. However, in recent decades, their role has expanded into the broader realm of governance, particularly in welfare and health policy (Avdagic, 2010; Hacker, 2004). In many countries, unions are now involved in policy advisory bodies, social dialogue forums, and co-management schemes (Avdagic, 2010). Their presence enhances democratic accountability and embeds labor concerns into social policies. Unions contribute not only through protest and negotiation but also by participating in formal decision-making processes, offering technical expertise, and serving as policy entrepreneurs (Beland, 2005; Skocpol, 1995). In health policy, unions often advocate for more equitable access to services, defend public provisions against privatization, and demand better working conditions for health workers—thereby linking labor rights with health rights. More recently, they have played active roles in policy diffusion, feedback loops, and institutional learning—by gathering data, generating alternatives, and connecting local experiences with national debates (Clarke & Newman, 2012).

While policy learning literature often focuses on government actors and epistemic communities, recent scholarship emphasizes the role of non-state actors—such as NGOs, advocacy coalitions, and labor unions—as facilitators of learning processes. Labor unions, in particular, contribute to learning through several mechanisms. Information sharing and knowledge transfer for example Unions collect and disseminate information about workers'

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health experiences, service gaps, and bureaucratic hurdles. This data becomes critical for local governments attempting to adjust their implementation strategy (Frege & Kelly, 2003). Normative learning by promoting rights-based discourse, unions help reframe health insurance not as a favor but a right—shaping how local leaders and citizens perceive the role of the state in health care (Andrews et al., 2011). Cross-local learning in which federated union structures often enable horizontal learning between local governments by facilitating peer learning among union chapters across districts (Evans & Heller, 2015). Finally, sustained engagement. Unlike political actors whose interests may change after electoral cycles, unions often maintain a consistent commitment to social protection, ensuring continuity and memory in the policy process (Pierson, 2004). In sum, labor unions act as both policy advocates and organizational learning infrastructures, particularly in decentralized governance systems where central oversight is weak or uneven.

Method

This study adopts a qualitative research design to explore the role of labor unions in shaping social protection policy through mechanisms of policy learning in Indonesia. The research relies primarily on in-depth interviews to gather empirical insights from key informants with direct experience in labor advocacy and JKN implementation. Four categories of informants were selected purposively to capture a broad spectrum of perspectives:

1. Grassroots labor activists involved in daily advocacy and patient assistance (12 informants),
2. Union leaders with strategic and organizational oversight (5 informants),
3. Labor activists-turned-politicians who navigate both advocacy and formal political channels (3 informants).

The research focuses on three prominent labor-based organizations that actively advocate for social protection: Jamkeswatch, and POSKO JKN-KIS. These organizations engage in patient navigation, community outreach, and policy lobbying at both national and subnational levels. Interviews were conducted with activists based in Jakarta and Mojokerto. Data analysis followed a thematic analysis approach, which involved several iterative processes. First, all the interviews were transcribed verbatim and read multiple times in order to familiarize themselves with the content. Secondly, initial coding was conducted inductively from the data but also deductively informed by key concepts from the policy learning framework (instrumental, conceptual, and political learning). Third, these codes were sorted into more conceptual themes that identified patterns across informants, with awareness of similarities, differences, and contradictions. Fourth, themes were refined by testing them against the raw data and placing them within the larger literature on social protection and labor unions in Indonesia. To ensure data validity, the study employed a source triangulation approach, cross-verifying narratives across different informant categories and institutional affiliations. Credibility was further strengthened by grouping data into converging, diverging, and unique viewpoints, enabling a nuanced interpretation of how unions influence and respond to shifts in social protection policy. The fieldwork was conducted over an eight-month period, from

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February to September 2024, allowing for the capture of both routine practices and emergent dynamics in JKN-related union activism.

Results and Discussion

Indonesia's JKN program operates in a decentralized setting where districts/cities (district and city governments) are responsible for ensuring enrollment and service coordination. However, implementation remains uneven due to variations in fiscal capacity, administrative skills, and stakeholder engagement. This paper argues that unions can support JKN policy learning through several types, namely 1) instrumental learning by improving JKN implementation by assisting access to health care, documentation of quality of service variations, and provide technical feedback loops, 2) conceptual learning by reframing JKN problems and provide solutions, creating right-based reframing of JKN, problem redefinition, and creating public discourse and influencing the public to know their health care rights; 3) political learning through building coalitions and enhancing feasibility of JKN implementation by creating strategic alliance, building negotiation tactics, creating electoral accountability mechanisms, and creating enforcement strategies.

In Indonesia, there are various non-governmental initiatives to help citizens access JKN benefits. In this section, we examine Jamkeswatch and POSKO JKN-KIS. The existence of these navigators cannot be separated from the history of the post-reform social security system, especially in 2010 when BPJS Law was finally enacted. After several years of JKN implementation, community participation in these groups included a wider segment of civil society such as community leaders, retired civil servants, even housewives and seasonal workers. Jamkeswatch and POSKO JKN-KIS are informal groups, do not have legal status as civil society groups, but are driven by the segment of trade union activists.

In terms of organization, Jamkeswatch is considered the most institutionalized because it is present in every office of KSPI (Confederation of Indonesian Trade Unions), the second largest trade union whose members are mostly metal workers. However, Jamkeswatch is a voluntary wing of KSPI, where not all union activists become activists in Jamkeswatch. Each Jamkeswatch at the district and provincial levels has the freedom to recruit volunteers and set up the working mechanisms of its organization. Each Jamkeswatch office at the regional level tries primarily to solve daily JKN problems with their own resources and knowledge, but if the challenge is “too big” they will involve the national leadership of Jamkeswatch to get involved. In complex cases, activists at the local level will inform Jamkeswatch Jakarta to develop an action strategy. Jamkeswatch is quite well-known for its demonstrations and media pressure.

POSKO JKN-KIS is a volunteer organization with the most diverse membership. Its participants consist of individuals who have joined Jamkeswatch, KSPI, SPMI. Its participants work in the chemical, energy or mining sectors or those who have been civil servants, still serve as community leaders, etc. POSKO JKN-KIS only operates in Bekasi although it can serve JKN participants who need portability of benefits to other areas.

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We learned that the JKN system as experienced by JKN members and labor unions is more complex than campaigned by JKN authorities. The referral system, the administrative requirements, the payment issues, and accessing medical treatment may differ from what the rules may suggest. Different hospitals may have different interpretations of JKN system and rules. Not only the documents to verify eligibility may vary from one hospital to another, the patient must bear the possibility of rejection or delay in services. Also, different districts and provinces may implement JKN system and rules differently. In some regions, poor patients who are not listed in the national list of subsidized members cannot access JKN benefits. In other cases, JKN members from another district may not qualify to access health facilities in the district. The implementation of referral system also depends on health service and equipment availability. Services such as ICU/NICU/PICU are especially limited outside of Jakarta.

A. Instrumental learning

With such hurdles to access JKN, non-government activists in Indonesia realize that implementation of JKN is a long-term effort. Therefore, it is important for labor unions to involve in the implementation phase of JKN. In order to monitor the implementation of JKN, labor unions realize that they need to maintain good relationships with government officials even though they may have different positions on certain issues. The relationship might be beneficial to ensure that labor unions can still have influence to ensure correct implementation of JKN. Through this monitoring role, labor unions provide instrumental learning by improving JKN implementation process. The instrumental learning was done throug assisting access to health care, documentation of quality ofservice variations, and provide technical feedback loops. Interview with labor union activists at Posko JKN is below:

"We are helping patients, we also take notes about the differences in service quality, and providing technical input to authorities. Our reports often enhance the implementation process. It's quite interactive. Our activists will begin by inquiring about the patient's circumstances and difficulties. They then confirm that information with the hospital directly or with other union members, some of whom are even town officials. After obtaining the information, they advise the patient on the next course of action" (Interview with JKN activists, 6 July 2024).

Labor union activists who assist patients would ask standard information about patients and their challenges. The activists would then cross-check the information with other labor unions, some of whom are local village authorities or with the hospital before guiding the patient on what to do. If the patient has low capacity to understand guidance, the labor unions would dispatch assistance to accompany the patient to the hospital. In the hospital, these labor unions are usually known by name or by facial recognition. The actovists will check directly the availability of hospital wards, debating with hospital authorities or BPJS Kesehatan officers, even doing demonstrations in front of hospitals. Even though these activists may need to argue with hospitals, labor unions prioritize maintaining good communication with the government and opening dialogues upon problems. Activists would

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not make frontal confrontation without prior process of communication, dialogue and lobbying (Sari & Hanifah, 2023).

Other avenues to assist patients is by conductiong seminar and local workshop at their localities. Labor unions invite experts and academics to strengthen their arguments, and sometimes they also submit written input to local hospitals. They may also request for a meeting, in which case a group like Jamkeswatch would bring along a team of volunteers.

"We at Jamkeswatch often have regional workshops and seminars. We ask experts to help us to strengthen our effort. Hospitals also asked us to provide written feedback and Jamkeswatch will send a team of volunteers to meet with local officials or politicians if they need to escalate a problem. What does lobbying politicians aim to achieve? It is frequently done to enroll patients in regional health subsidy programs. The meetings are called in response to urgent situations or new regulations rather than being scheduled on a regular basis. These initiatives are typically started by recognized members or senior coordinators." (Interview with Jamkeswatch activist, 8 July 2024)

Jamkeswatch and POSKO JKN-KIS are known for lobbying of politicians to pressure local authorities, hospitals and BPJS Kesehatan branches. Lobbying to local politicians and local authorities is often related to attempts to make patients registered as part of local health subsidy schemes. These groups do not have any regular scheduling of meetings with authorities; all depends on emergence of cases or impacts of newly-introduced regulations. These kinds of approaches are usually initiated by the coordinator or the well-respected and senior member of the group. These labor unions also loosely organized, work by passion and not by rule, and none of them are motivated by financial offline or social recognition from the community, but they build unwritten procedures for helping JKN patients.

B. Conceptual Learning

Furthermore, labor unions also take part in conceptual learning by reframing JKN problems and provide solutions. The difference between labor unions and other community navigators is the fact that labor unions often frame JKN as right-based problem. As consequence labor union redefine JKN problem as citizenship problem and and creating new public discourse to influence citizens' awareness of JKN as citizenship rights. In the case of POSKO JKN-KIS, the POSKO gains support from their monthly discussion agenda. The discussion events were often attended by 20 volunteers who actively support the implementation of JKN in Bekasi Regency and City and Karawang. They also discussed Health Protection for Layoff Workers such as the requirements to get health insurance, how to get layoff agreement between workers and employers, discussions about registration at the Industrial Relations Court (PHI) and how to make a final decision on layoffs from the court as suggested by our interview with POSKO JKN activist below.

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"POSKO JKN-KIS as an example we have monthly discussion meetings that bring together around 20 active volunteers from Bekasi Regency, Bekasi City, and Karawang. These sessions don't just address health insurance requirements; they also cover issues like health protection for laid-off workers, how to secure agreements between workers and employers, how to file at the Industrial Relations Court, and how to navigate final layoff decisions". (Interview with POSKO JKN activist, 6 July 2024).

Discussions with members also addressed current challenges such as how the rainy season can be a barrier to patient access to hospitals that are often hampered by flooding. In various discussions with members, the Representative of the Indonesia Workers Union, a member of the JKN-KIS POSKO, proposed that the national coordinator of JKN-KIS Post coordinate with the national agency for disaster response (Basarnas) to prepare anticipatory steps. This communication aims to arrange emergency solutions such as providing special transportation for patients who are blocked by floods, to ensure they can immediately get the necessary medical care. POSKO JKN-KIS also routinely conducts socialization about the existence of the Posko JKN-KIS organization. They emphasized that this organization was formed by SP KEP SPSI with the aim of helping members to overcome obstacles related to health insurance and providing solutions for SP KEP SPSI members, in particular, and the community in general. Several important topics that are often discussed are types of BPJS Kesehatan membership, emergency condition criteria, JKN-KIS participant contributions, and the legal basis for social security.

Socialization focuses on the benefits of the JKN-KIS Post for union members and the general public. For example, in the socialization activity at the factory level, the Posko JKN- plans to form an internal volunteer team that will be coordinated by labor activist figures in the company. The socialization was filled with active participants. They actively asked various questions, added depth to the discussion and provided an opportunity for everyone to gain a better understanding of health insurance through the JKN-KIS Post. Jamkeswatch also said that the obligation as a Jamkeswatch volunteer is to provide understanding to the community regarding education in the regulation of Health Insurance services. Jamkeswatch conducts socialization, consultation and advocacy. Knowledge about JKN is very important because the obstacles in each region can be different depending on the implementation of local government policies. In some areas there is already a guarantee of Universal Health Coverage (UHC) and for areas with high UHC levels it is easier to assist. Jamkeswatch also encourages all regional volunteers to encourage their local governments to create regional regulations, special gubernatorial regulations to improve the quality of JKN services.

C. Political Learning

Both POSKO JKN-KIS and Jamkeswatch emphasized on their focus on advocacy work. They create political learning through building coalitions and enhancing feasibility of JKN implementation. They create strategic alliance, building negotiation tactics, creating electoral accountability mechanisms, and creating enforcement strategies. They help patients to access JKN as well as utilizing their findings as input for advocacy meetings with BPJS Kesehatan authorities, Parliament (national or local) and the media. These labor unions acknowledged

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having good relationships and respectful conversations with doctors, hospitals, and JKN authorities. They are usually included in whatsapp groups with these stakeholders and authorities. They would know firsthand if a new regulation was in place and they would be included in discussions about the new regulation. They would voice concerns and speak up about concerns freely. Having able to maintain good relationship with policy makers motivates them even more to continue monitoring JKN. All volunteering labor unions testifying having meetings and having approached government officials. They articulated inputs for adjusting the JKN design to minimize gaps at the implementation levels. However, they complained about the asymmetrical relationship between the labor unions and JKN authority. They are the one approaching the authorities instead of the authorities approaching them for an improved JKN. Only limited scope of labor unions get invited to discuss JKN design or to speak in forums where JKN authorities would listen. Those invited by the government usually are national and local coordinators only.

The labor unions activists also have contacts, meetings, dialogues with the Government. They also conduct demonstrations and critiques in the media about JKN design. And yet labor unions don't think the input from labor unions is heard enough or the particular stage of JKN implementation. The Government often also expresses that they are bound to the limited mandate of their agency. On another instance, they also mentioned the complexity of explaining the matter to politicians in the parliament. Labor unions also perform the function of enforcing sanctions. They seek explanation for any poor treatment of JKN members. When JKN authorities are perceived as failing to provide satisfactory explanations, labor unions may negotiate with hospital authorities, pass judgment, and then condemn the behavior of irresponsive authorities to the public. BPJS Watch is known for its sharp critiques on national media. Jamkeswatch is known for its demonstration and public condemnation of failed authorities. POSKO JKN-KIS resorts to direct lobbying of hospitals, local BPJS Kesehatan and local government authorities (Sandita et al., 2024).

We also find that in some instances; labor unions are capable of enforcing sanctions at the local levels. When they spot poor service from hospitals to JKN members (eg refusal of patients despite medical emergency, refusal of patients despite compliance on national referral system, demand for co-payment, rejection of the poor, etc.), labor unions would not hesitate to confront and pressure the health providers. In Mojokerto, Jamkeswatch was able to force a private hospital to return the co-payment that it charged to some JKN members. Both JKN members and labor unions believe that their presence could prevent JKN authorities from providing poor services for JKN members. But upon cross-checking the claim with JKN authorities, we found that the JKN authorities tended to treat the pressures from labor unions on a case-to-case basis.

POSKO JKN-KIS is a grassroots initiative in Indonesia that exemplifies how labor unions and community groups collaborate to enhance access to healthcare services under the Jaminan Kesehatan Nasional (JKN) program. Established in May 2017, POSKO JKN-KIS operates primarily in industrial zones like Bekasi and Karawang. It comprises volunteers from various labor confederations, including KAJS, KSPSI (Confederation of All Indonesian Workers Unions), and KSPI, as well as local solidarity groups such as PPMI (the Brotherhood

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of Indonesian Muslim Workers) and PSM (Social Workers Group in Bekasi). The network also includes community leaders, former civil servants, retired military personnel, and seasonal workers (Zahira & Lestari, 2025).

POSKO JKN-KIS volunteers assist patients in navigating the complexities of the JKN system. Their activities include assessing patient needs and evaluating the specific requirements of patients, such as the need for intensive care or administrative support to verify or activate JKN membership. POSKO JKN-KIS exemplifies how labor unions and community groups can foster horizontal networks to promote policy diffusion and peer learning. Through their collaborative efforts, they share best practices, coordinate assistance strategies, and collectively address challenges in healthcare access across different districts (Setiawan et al., 2023). This model facilitates the dissemination of effective approaches and empowers communities to advocate for improved healthcare services. In summary, POSKO JKN-KIS and Jamkeswatch serve as vital links between patients and the healthcare system, demonstrating the power of community-based initiatives in enhancing access to healthcare services and fostering collaborative networks for policy improvement.

Conclusion

This study shows how labour unions under Indonesia's JKN program perform as multi-dimensional policy learners as they broker through instrumental, conceptual, and political learning simultaneously. These findings, in turn, modify policy learning theory, as in decentralized governance systems, learning is not only confined to state actors, but can be led in large part by non-state organizations rooted in the community. The synthesis of the three learning types shows the unions' contributions are not siloed but are synergistic. Instrumental learning enhances technical efficiency, conceptual learning reframes policy issues to be equitable, and political learning bolsters responsiveness and accountability. These assumptions defy the conventional state-centric view of policy learning and calls for models that weave in knowledge co-production of formal and civic actors.

First, labor unions contribute significantly to instrumental learning by developing patient navigation systems, documenting service variations across facilities and regions, and establishing technical feedback loops with authorities. These mechanisms generate practice-based knowledge about implementation barriers that might otherwise go unrecognised by formal institutions. Labor unions' embeddedness in local communities enables them to identify operational gaps and propose practical solutions that enhance JKN's technical efficiency and service delivery. Second, labor unions promote conceptual learning by reframing health insurance as a fundamental right rather than a government benefit, redefining implementation challenges as governance failures requiring structural solutions, and influencing public discourse through media engagement. This conceptual work shifts how stakeholders understand both problems and solutions in health coverage expansion, moving beyond technical fixes toward more systemic approaches to health equity. Third, labor unions facilitate political learning through strategic alliance formation, sophisticated negotiation tactics, leveraging electoral accountability mechanisms, and developing graduated enforcement strategies. These political capabilities enable unions to navigate complex

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governance arrangements and enhance JKN's responsiveness to citizen needs, particularly for vulnerable populations who might otherwise lack effective representation in policy processes.

The dynamic interaction between these three learning types represents a significant contribution to our understanding of policy learning in decentralized contexts. Rather than viewing policy learning as primarily a government function, our findings demonstrate how non-state actors like labor unions can serve as critical intermediaries, translating between formal institutions and community experiences to create more responsive and equitable policy implementation. This study has important implications for health policy governance in Indonesia and similar contexts. Formal integration of labor unions into institutional learning processes—through regular consultations, participatory forums, and feedback mechanisms—could strengthen the adaptability and equity of health coverage expansion. By recognizing and legitimizing the knowledge brokering role that unions already perform informally, policymakers could harness their unique capacity to bridge implementation gaps and promote innovation in health governance. Future research should examine how these learning processes vary across different regions of Indonesia and explore the conditions under which labor union engagement leads to substantive policy improvements rather than symbolic participation. Additionally, comparative studies across different national contexts could illuminate how varying institutional arrangements shape the capacity of non-state actors to contribute to policy learning.

In conclusion, labor unions' contribution to policy learning extends well beyond their traditional advocacy role. By facilitating instrumental, conceptual, and political learning, they serve as vital knowledge brokers in the complex ecosystem of health governance. Their embedded presence in communities, organizational infrastructure, and sustained commitment to health equity make them valuable yet often underrecognized actors in the ongoing evolution of Indonesia's social protection system. Integrating their insights more systematically into formal policy processes could enhance both the democratic legitimacy and practical effectiveness of health coverage expansion.

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