Policies and Practices in an Aging Society: Creating Age-Inclusive Communities

Country Reports FY2024

Table of Contents

1. BRAZIL	1
2. CHILE	16
3. SRI LANKA	20
	20
4. MALAYSIA	38
5. INDONESIA	50

1.BRAZIL

Policies and Practices in an Aging Society

Country Report Brazil

Christine Abdalla Brazilian Care Association 2024

1

Brazilian Basic Information

- Brazil is the largest country in South America, with an area of more than 8.5 million km².
- Its capital is the city of Brasília. It presents a tremendous climatic and landscape variety.
- According to IBGE, the Brazilian population reached 212 million in 2024, with more than 87% of them living in cities. São Paulo, the state's capital of the same name, constitutes the largest urban area in Brazil, with 12 million inhabitants.

Brazilian Basic Information

- Capital: Brasília, Federal District, which is in the Central-West region in the interior of Brazil.
- Clima: It presents six climatic occurrences, predominance of tropical, and relief formed by plateaus, plains, and depressions.
- **Vegetation:** Brazilian vegetation comprises five biomes: Amazon, Cerrado, Caatinga, Pantanal, and Atlantic Forest.

3

Brazilian Basic Information

- Economy: Today, Brazil has the 12th largest economy in the world.
- **Government:** Presidential Federal Republic.
- Administrative division: 26 states and one federal district.
- **Demographic density:** 25 inhabitants/km².
- Human Development Index (HDI): 0.765.
- Currency: real (R\$).
- Gross Domestic Product (GDP): R\$7.4 trillion (approximately US\$1.3 trillion)
- **GDP per capita:** R\$ 35,161.70 (approximately US\$ 6200.00)
- **Gini:** 0.518.
- **Time zone:** four zones (from GMT-2 to GMT-5 hours).

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Brazilian Basic Information

• Language: Portuguese.

Religions:

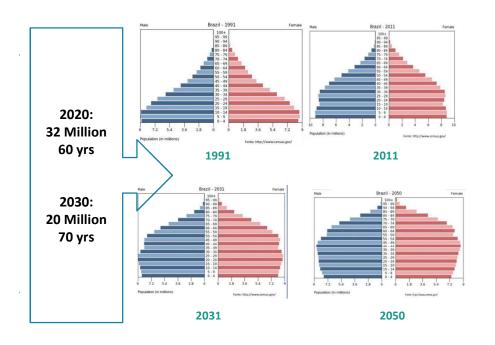
Catholic: 50%;evangelical: 31%;spiritualist: 3%;

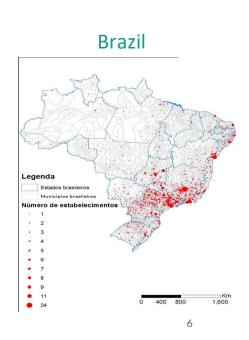
- Umbanda, Candomblé, and other religions of African origin: 2%;

Jewish: 0.3%;no religion: 10%;others: 2%;

others: 2%;atheists: 1%.

DEMOGRAPHIC TRENDS







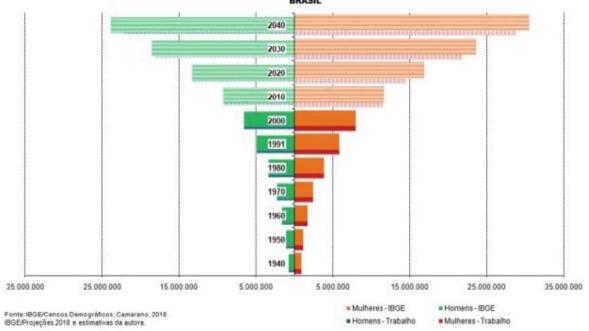
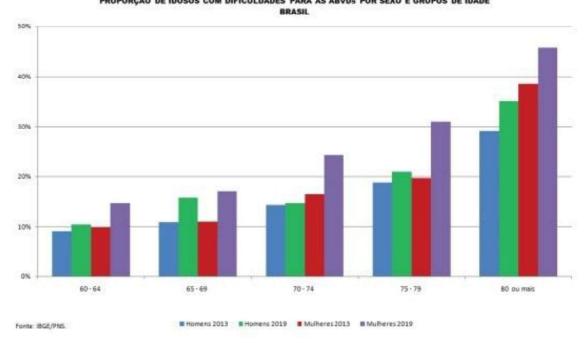


GRÁFICO 2
PROPORÇÃO DE IDOSOS COM DIFICULDADES PARA AS ABVOS POR SEXO E GRUPOS DE IDADE



Epidemiological Situation

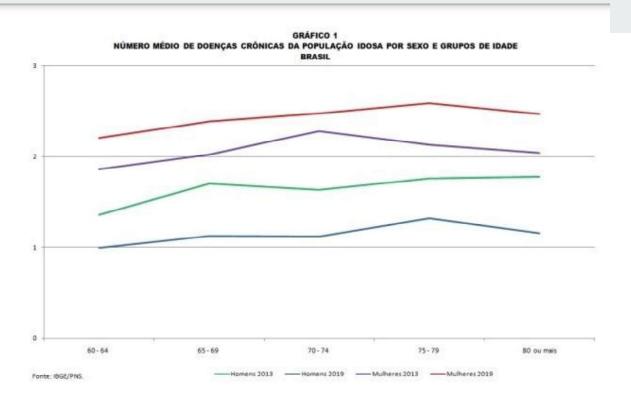


TABELA 1
PROPORÇÃO DE IDOSOS QUE TÊM DOENÇAS CRÔNICAS POR TIPO DE DOENÇA E SEXO BRASIL

	2013			2019		
	HOM EM	MULHER	TOTAL	HOMEM	MULHER	TOTAL
Doença de coluna ou costas	24,1	31,2	28,1	25,5	35,3	31,1
Artrite ou reumatismo	9,7	21,6	16,4	8,3	25,7	18,2
Diabetes	16,1	19,7	18,1	18,9	21,2	20,2
Hipertensão	45,3	54,8	50,6	49,3	59,4	55,0
Doença do coração	12,3	10,7	11,4	13,2	13,1	13,1
Depressão	4,8	13,2	9,5	6,6	15,8	11,8
Colesterol alto	17,0	30,0	24,3	19,9	32,8	27,2
Pelo menos uma doença crônica	73,1	81,2	77,7	60,1	86,2	74,9

Fonte: IBGE/PNS.

11

TABELA 2

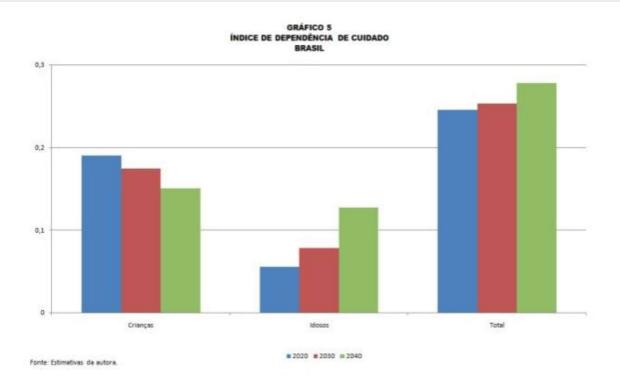
PROPORÇÃO DA POPULAÇÃO IDOSA COM DIFICULDADE PARA AS ABVDS

QUE PRECISA DE AJUDA E RECEBE, POR SEXO E GRUPO DE IDADE

BRASIL, 2019

	PRECISA			RECEBE		
	HOMEM	MULHER	TOTAL	HOMEM	MULHER	TOTAL
60 - 69	27.5	20.8	23.4	90.9	88.5	89.6
70 - 79	32.6	30.8	31.4	93.8	92.9	93.2
80 ou mais	46,6	55,3	52,4	97,3	98,2	97,9
Total	34.0	33.9	34.0	94.0	94.3	94.2

Fonte: IBGE/PNS.



The Ministries and Departments

*National Level:

- -Ministry of Health: Secretariat of Specialized Health Care
- -Ministry of Human Rights and Citizenship: National Secretariat for the Rights of the Older People, National Secretariat for the Rights of Persons with Disabilities
- -Ministry of Women
- -Ministry of Social Development and Fight Against Hunger : National Secretariat of Social Assistance
- -National Council for the Rights of the Older Adults https://www.gov.br/participamaisbrasil/cndpi

Supervisory Offices for LTCF/Care Homes

- -Public Ministry
- -Health Surveillance
- -Federal, State, and Municipal Councils for the Rights and Protection of Older Adults

15

Supreme Documents

- -National Constitution
- -Older Persons Statute

National Policies

- *Ministry of Health:
- -SUS Unified Health System

https://www.gov.br/saude/pt-br/sus

- -National Palliative Care Policy: May 2024: https://www.conass.org.br/conass-informa-n-87-2024-publicada-a-portaria-gm-n-3681-que-institui-a-politica-nacional-de-cuidados-paliativos-no-ambito-do-sus-por-meio-da-alteracao-da-portaria-de-consolidacao-gm-ms-n/">https://www.conass.org.br/conass-informa-n-87-2024-publicada-a-portaria-gm-n-3681-que-institui-a-politica-nacional-de-cuidados-paliativos-no-ambito-do-sus-por-meio-da-alteracao-da-portaria-de-consolidacao-gm-ms-n/
- -National Care Policy: 2024

https://www.gov.br/mds/pt-br/noticias-e-conteudos/desenvolvimento-social/noticias-desenvolvimento-social/politica-nacional-de-cuidados-e-enviada-ao-congresso-nesta-quarta-feira

17

National Policies

- *Ministry of Health:
- -National Immunization Policy: 1973, 31 years

https://www.gov.br/saude/pt-br/acesso-a-informacao/acoes-e-programas/pni

https://bvsms.saude.gov.br/bvs/publicacoes/livro_30_anos_pni.pdf

-National Dementia Report: 2024

https://www.gov.br/saude/pt-br/assuntos/noticias/2024/setembro/relatorio-nacional-sobre-a-demencia-estima-que-cerca-de-8-5-da-populacao-idosa-convive-com-a-doenca

National Policies

-Identification of Dementia in Primary Care - SUS: 2024

https://bvsms.saude.gov.br/bvs/publicacoes/identificacao_demencia_atencao_primaria_d igital.pdf

-National Mechanism for Preventing and Combating Torture; Ministry of Human Rights and Citizenship, Social Development and Fight against Hunger and Ministry of Health.

Protocol for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment in Institutional Care Services for Older Persons

https://mnpctbrasil.wordpress.com

19

Regional Level: State and Municipal

Example: City of Rio de Janeiro/State of RJ

Public Ministry of Rio de Janeiro MPRJ https://www.mprj.mp.br/

Operational Support Center for Older Adults Protection Prosecutor's Offices/CAO do Idoso

https://www.mprj.mp.br/conheca-o-mprj/areas-de-atuacao/idoso-e-pessoa-c/deficiencia

Example: City of Fortaleza/ State of Ceara/CE

Public Ministry of Ceará MPCE: https://mpce.mp.br/

Exemplary program:

Memories of Permanence

Project "Memories of Permanence" was a series of exhibitions about living in Long-Term Institutions for elderly people (LTCF) in the State of Ceará. The project had three primary objectives:

- 1. Work and change the social imagination about these facilities (places of abandonment, suffering, losses, deposits of older adults...), which in reality can and should be places of welcome, respect, and dignity;
- 2. Point out to public managers the need for investments in public policies for older adults:
- 3. Bring fellow PJs closer to the issue and induce more resolute action on

Regional: State and Municipal Levels

Example: State of Rio de Janeiro/RJ

SEIJES: Secretariat for Youth and Healthy Aging

https://prefeitura.rio/tag/secretaria-municipal-do-envelhecimento-saudavel-e-qualidade-de-vida/

Exemplary programs:

*Care Policy for Older People in the State of Rio de Janeiro (Política de Atenção às Pessoas Idosas no Estado do Rio de Janeiro)

*Guide for the Older People in the State of Rio de Janeiro (Guia da Pessoa Idosa no Estado do Rio de Janeiro)

*60+ Rehabilitates (60+ Reabilita)

*Quality Project (Projeto Qualidade)

Regional: State and Municipal Levels

Example: State of Rio de Janeiro/RJ

Exemplary programs:

*Military Police of the State of Rio de Janeiro: Patrol 60+

*City of Rio de Janeiro/RJ

Example: Municipal Health Department

Program Better at Home

PADI: Home Care Program for the Elderly

https://subpav.org/aps/uploads/publico/repositorio/Livro_PADI_PDF2024.pdf

Regional: State and Municipal Levels

Example: City of Volta Redonda, State of Rio de Janeiro/RJ

https://www.voltaredonda.rj.gov.br/noticias/4644-centro-de-alzheimer-synval-santos-amplia-atendimento-em-volta-redonda/

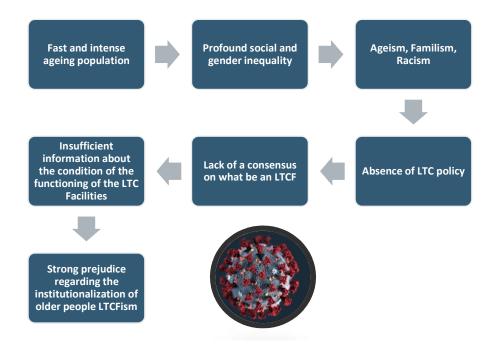
Example: City of Belo Horizonte/State of Minas Gerais/MG

Exemplary programs:

PMC BH: The Greater Care Program (PMC) is a service that offers social assistance and health care to older adults in vulnerable situations, dependent or semi-dependent, at home. The program started in Belo Horizonte and, due to its success, is being replicated in Salvador (BA) and Contagem (MG).

https://repositorio.ufmg.br/bitstream/1843/33131/1/Monografia%20P%C3%93S%20Mar%C3%ADlia.pdf

CRITICAL CHALLENGES & KEY FACTORS



25

Key factors: Huge care gap for older people & Set of Harms: ageism, familism, LTCFism

-Of the 2.4 million older adults who declared they needed help, only 23.4% declared to receive paid help. At 2021 prices, this meant an annual expense of R\$7.6 billion. To pay the others, it would take another R\$40.1 billion. In other words, only some families will have access to paid care if assistance from the State is available, which can make a difference in the quality of care received. In the Brazilian case, financial assistance from social security so that the insured can paying for this type of service only occurs in the case of disability retirement.

- Only 3.000 geriatrics in the country

Strength(s)/asset(s)

- New Institutions in the Public and Private Spheres, Including the Older Persons agenda;
- -Concepts of Intersectionality: older adults, gender and care, people with disabilities;
- -Formalization of knowledge with undergraduate, master's, and doctorate courses in geriatrics and gerontology

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www.frente-ilpi.com.br

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Santos IS, Vieira FS. The Right to healthcare and fiscal austerity: the Brazilian case from an international perspective. [Direito à saúde e austeridade fiscal: o caso brasileiro em perspectiva internacional]. Rev Ciência & Saúde Coletiva, 2018; 23(7):2303-2314. DOI: https://doi.org/10.1590/1413-81232018237.09192018 [in Portuguese]

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https://repositorio.ipea.gov.br/handle/11058/9146

Instituições de Longa Permanência para Idosos no Brasil: do que se está falando?

CAMARANO, A. BARBOSA,, P, 2016

Política nacional do idoso : velhas e novas questões / Alexandre de Oliveira Alcântara, Ana Amélia Camarano, Karla Cristina Giacomin - Rio de Janeiro : Ipea, 2016. 615 p. : il.: gráfs. Inclui bibliografia. ISBN 978-85-7811-290-5

https://cdn.publisher.gnl.link/ggaging.com/pdf/v14n4a11.pdf

Patrick Alexander Wachholza , Virgilio Garcia Moreirab , Déborah Oliveirac , Helena Akemi Wada Watanabed , Paulo José Fortes Villas Boasa. ESTIMATES OF INFECTION AND MORTALITY FROM COVID-19 IN CARE HOMES FOR OLDER PEOPLE IN BRAZIL Estimativas de infecção e mortalidade por COVID-19 em lares de idosos no Brasil

2. CHILE



Basic information

	Chile	Rapa Nui		
Population	20.09 m (2024)	8872 (2024)		
Área	756,626 km ²	163.6 km2		
Language	Spanish	Rapa Nui, Spanish		
Capital City	Santiago	Hanga Roa		
Economic indicators	GDP= USD 350 b (2024)	GDP= USD 120 m (pre pandemic)		
	Services= 54.26%	Tourism= 75%		
STATE OF THE PARTY	Industry= 31.97%			
	Agriculture=3.54%	The island's economy includes		
	Chile has a strong mining sector and an increasing tourism segment	agriculture, fishing, transportation, and government services		
Social indicators	Between 2010 and 2022, its Gini coefficient was 44.9.			
	Chile has one of the more unequal income distributions in Latin America (and the world), despite having the highest level of per capita income and the human development index in the region			

Demographic trends

Life expectancy	In 2024, the estimated life expectancy at birth in Chile is 80.3		
	years, with 77.3 years for males and 83.3 years for females		
Healthy life expectancy	The healthy life expectancy (HALE) at birth in Chile is 62.4 years		
Proportion of the population that	Based on the population aged 65 and over, the projected		
was 65 years and older	number of older people in the Rapa Nui in 2024 is 7.3%, lower		
	than the regional (16.6%) and national (13.8%) levels. This is		
	explained by the high birth rate in Rapa Nui (15.6), compared to		
	the regional (9.4) and national (10.0) levels (MINSAL, 2020)		
Years to adapt to a change from	30 years		
7% to 14% in the proportion of			
the population that was 65 years			
and older			

Epidemiological situation

4

(Deaths per 100,000 population. WHO, 2019)

Top causes of death

59.2 Ischaemic heart disease

52.2 Stroke

33.7 Lower respiratory infections

24.2 Alzheimer disease and other dementias 20.3 Chronic obstructive pulmonary disease

18.5 Trachea, bronchus, lung cancer 17.9 Hypertensive heart disease

17.8 Kidney diseases

17.7 Colon and rectum cancers

17.6 Stomach cancer

Prevalence of disease Obesity: In 2022, 78.8% of people aged 15 and older in Chile were overweight or obese.

This is one of the highest rates in Latin America

Tobacco use: 27.2% of people aged 15 and older in Chile used tobacco in 2023 Cancer: Cancer is the second leading cause of death in Chile, accounting for 25.6% of total annual deaths. It's estimated that cancer will become the leading cause of death by

Disability

High blood pressure: In 2015, 20.9% of people aged 18 and older had high blood pressure According to the Servicio Nacional de la Discapacidad (SENADIS), 22% of Chile's adult

population has a disability.

Dependence: 11.5% of the population is in a situation of dependence

Policy/Plan/Programs for the older population

5

- Ministry of Health
 - ▶ National Health Programme for Older Persons
 - Designs policies and plans, implements standards and technical tools and coordinates and educates on health issues
 - Supplementary Feeding Programme for Older Persons (PACAM)
 - ▶ Provides fortified food with micronutrients to improve nutritional status and quality of life for older persons
- Ministry of Social Development and Family
 - ▶ Older Persons National Service:
 - ▶ Vínculos Programme: This programme accompanies people over 65 years of age who enter the Subsystem of Security and Opportunities.
 - ▶ Active Ageing: Offers workshops, conferences and seminars to strengthen the skills of older people.
 - ▶ Services Fund for the older persons
 - ▶ National Fund for older persons
 - ▶ Senior Advisors Volunteer Programme
 - ▶ Good Treatment of the Older Persons Programme
 - ► Training School for Older Leaders
 - ▶ Day care centre
 - ▶ Sheltered Housing Condominiums
 - Domiciliary Care
 - ▶ Long-term Care Facilities for older persons (ELEAM)

Challenges 1. Pensions 2. Health access 3. Socio-economic inequality

Key Factors

1. Pensions

- Demographics
- Low replacement rates
- Legislation
- Weak link between contributions and benefits

2. Health access

- Socio-economic status
- Type of healthcare insurance
- Gender
- Waiting times
- Lack of information
- Increased demand

3. Socio-economic inequality

- Income
- Education
- Social capital
- Health behaviors

Strength(s)/asset(s)

8

1. Pensions

Mixed Contributions Reform: The draft bill covers practically all aspects of pension policy. It raises the mandatory contribution rate from 10% to 16%, with a different management criterion for that additional 6%. That money would go toward a state-run fund for current retirees, women, and lower-income contributors and toward financing a national policy for the care of people with disabilities.

2. Health

- Up-to-date National Policy
- SENAMA programs
- **Empowered communities**
- Community-based programs
 Use of participatory methodologies
 Strategic and cooperation alliances

3. Socioeconomic inequality

- Poverty reduction
- Minimum wage
- Social programs
- Access to education

3. SRI LANKA



Sri Lanka

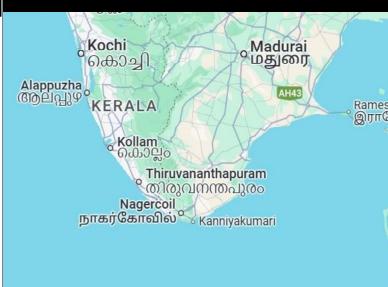




A.H.L.D. Gamini Wijesinghe

1

LOCATION



Sri Lanka is an island in the Indian Ocean, just off the southeastern coast of India.

Rameswaram
இராமேஸ்வரம்

Panadura

Panadura

Panadura

Panadura

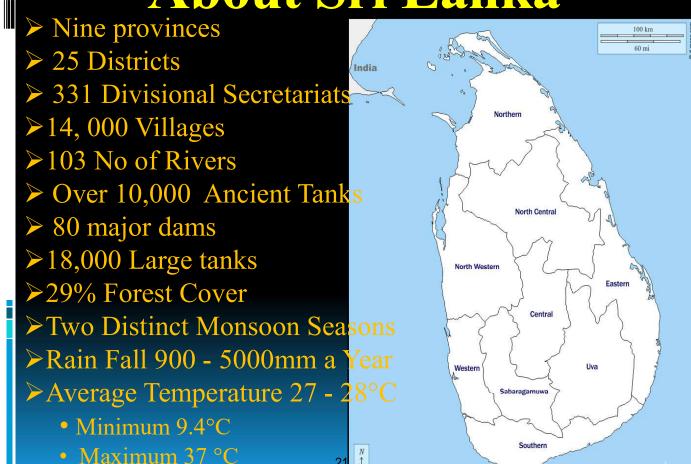
Panadura

Panadura

About the Country

- ➤ Area 65 332 Sq.km
- ► Language
 - Main language Sinhala
 - Other languages Tamil & English
 - International Language English
- Capital City
 - Commercial Capital Colombo
 - ❖ Judicial Capital Sri Jayewardenepura

About Sri Lanka

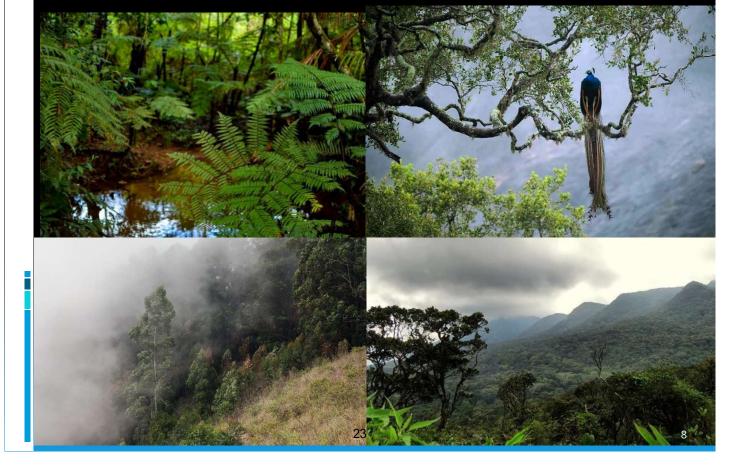


Beaches

Underwater Animals



Rain Forests



Bio Diversity



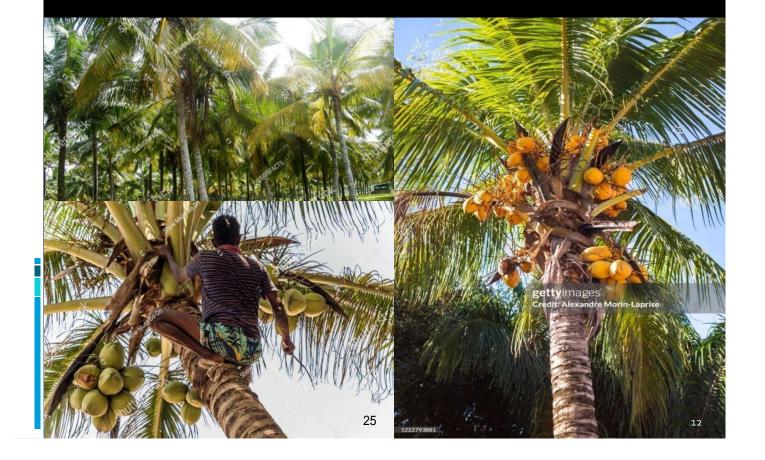
Crops – Tea Plantation



Rubber Plantation



Coconut Plantation



Population age vise

- > Total Population 23,141,400 (2024 latest UN data)
- > Young people under 15 yrs old 5,434,569
 - ➤ Males 2,771,787
 - Females 2,662,782
- ➤ Persons between 15 and 64 yrs old 14,654,675
 - ➤ Males 7,163,612
 - > Females 7,491,064
- ➤ Persons above 64 yrs old 1,711,820 (12.3%)
 - Males 737,748
 - Females 974,072

13

Economic or social indicators

- Unemployment rate 5.24% in 2024.
- Employment rate 50.86% in 2024
- Labor force 8.79m in 2024.
- Number of households 5.69m in 2024.
- Population who earns less than \$2.15 per day - 0.61% in 2024
- GDP (Gross Domestic Product) 83.52 USD Billion

Economic or social indicators Cont...

- Life expectancy 77.73 years (2024)
 - Male 73.8,

- Female 79.8
- Education level -
 - Adult literacy rate 96.3%
 - Computer literacy 28.3% (2017)
 - Student population of 4.2 million

Leading Causes of Death

- Stroke
- Heart Diseases
- Chronic Respiratory Diseases
- Diabetics
- Other Non Communicable Diseases
- Chronic Kidney Diseases
- Falls
- Cancers
- Pneumonia
- Road Accidents/Suicide/Drowning

Prevalence of Disease

- Non-communicable diseases including
 - Diabetes
 - Cardiovascular Diseases
 - Strokes and Cancers

account for nearly 90 percent of the disease burden in Sri Lanka

17

Disability

- The main causes for disability are:
 - Poor hygiene
 - Lack of medical care
 - Prevalence of 30 years of war
 - * Aftereffects of the 2004 tsunami, and
 - *An increase in accidents

Outline of the Policy/Plan/Programs and the ministries or departments in charge for them

19

Legislation

Chapter III, article 12, paragraph 4 of the Constitution permits legislation and executive action that creates advantages for disabled persons.

Acts related to Elders

- Protection of the Rights of Elders Act (No. 9 of 2000)
- Protection of the Rights of Elders (Amendment) Act, No. 5 of 2011
- Health and Safety Act No. 38 of 2009

21

Acts related to disability

- 1996, Protection of the Rights of Persons with Disabilities
- Ranaviru Seva Act
- Visually Handicapped Trust Fund Act
- Factories Ordinance

Policy

- National Health and Safety Policy
 - Reducing accidents and diseases
 - Cultivating a safety-conscious culture in workplaces
 - Integrating health and safety into education and training at all levels

2:

Policy Cont...

 National Policy for Senior Citizens Sri Lanka

2.

Ministries or departments in charge for them

Institutes:

- Ministry of Social Empowerment
- Ministry of Health
- Ministry of Defense
- Social Services department
- National Secretariat for Persons with Disabilities (NSPD)

Ministries or departments in charge for them cont...

Institutes:

- National Institute of Occupational Safety and Health (established under the Act No. 38 of 2009 and started its functions since 2011)
- National Council for Elders
- National Secretariat for Elders

National Policies/Programm es for Elders

- National Policy and National Charter:
 - Formulated as per the Madrid Plan of Action,
 - Appropriate strategies were formulated
- National Plan of Action on Ageing 2012-2021:
- National Fund for Elders:
- Maintenance Board:

27

National Policies/Programm es for Elders cont...

- Elders' Committees at Village, Divisional and District Levels:
- Day Centers:
- Training of Medical Personnel in Geriatric Me dicine/Care:
- Counseling:
- Raising Awareness:
- Elders Homes:

National Policies/Programm es for Elders cont...

- Home-Care Service:
- Wedihiti Awarana
- Identity Cards for Elders:
- Home Gardening for Elders:
- Homes for the Aged:
- Social Security for Elders:
- Monthly Public Assistance Scheme:

29

Convention on Right of Persons with Disabilities

Sri Lanka ratified by the Convention on Right of Persons with Disabilities (CRPD) on 8 February 2016

Convention on Right of Persons with Disabilities Cont...

Sri Lanka has been a signatory of the United Nations Convention on the Rights of Persons with Disabilities since 2007

31

Challenges related to aging

Aging and health:

- Hearing loss
- Cataracts and refractive errors
- Back and neck pain and osteoarthritis
- Chronic obstructive pulmonary disease
- Diabetes, depression and dementia

Challenges related to aging

cont...

- Flu.
- Weight Gain.
- Sleep Problems.
- Nutrition Problems.
- Fragile Bones.
- Cancer.
- Depression.
- Memory Loss

33

Challenges related to aging cont...

- Difficulty with everyday tasks and mobility:
 - A person's mobility and dexterity decline as they age, which makes completing everyday tasks more difficult.

Challenges related to aging cont...

Elder Care:

• Care for elders and prevents them from being social, pursuing interests, or taking part in activities they enjoy.

31

END

4. MALAYSIA





Syarifah Norsykin Binti Wan Ahmad Public Health Medical Specialist Bintulu, Sarawak, District Health Office



Nur Ezdiani Binti Mohamed Public Health Medical Specialist Institute for Health Systems Research, MOH

Our Team



Nor Fadilah Binti Alias Community Development Officer Social Welfare Office, Kuala Lumpur



Nurlhuda Binti Jamiluddin Occupational Therapist Jinjang Clinic, Kuala Lumpur



Ang Zen Yang
Pharmacist
Institute for Health Systems Research, MOH



01 OVERVIEW

Malaysia

Introduction

Demographic

- 2023 Malaysia population estimation
- Malaysia as an ageing society

Epidemiological

- Principal causes of death
 in Malaysia
- Burden of Disease in Malaysia

Policy & Services

- National Policy for Older Person (2011)
- 12th Malaysia Plan
- Services and Initiatives

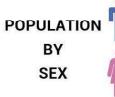
Challenges & Strengths

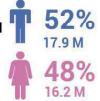
- Strengths of the current health systems
- Challenges of ageing society



02 DEMOGRAPHIC



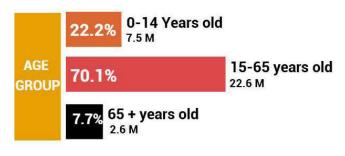


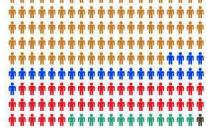


POPULATION BY CITIZENSHIP Citizen

Non-Citizen

10%





58% Malay 17.8 M 12% Other Indigenous 3.8 M 22% Chinese 6.9 M 7% Indian 2 M

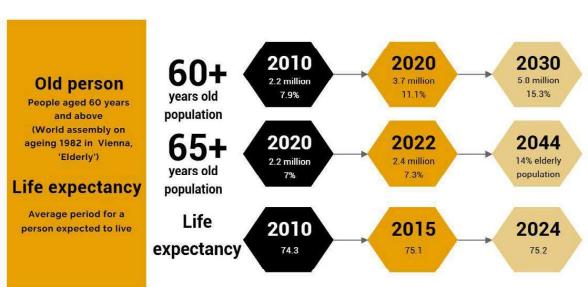
0.8% Others

60 + years old: 3.9 M (11%)

Prezi

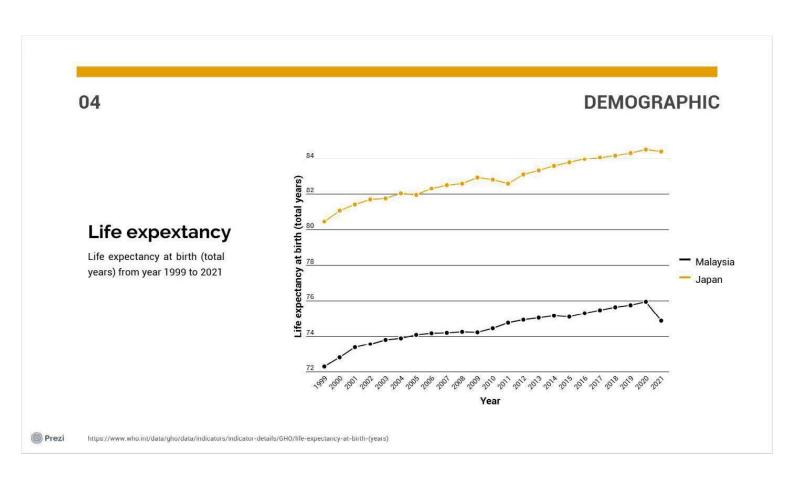
Current Population Estimates, Malaysia, 2023 Department of Statistics Malaysia (DOSM)

03 DEMOGRAPHIC



Prezi

Current Population Estimates, Malaysia, 2023 Department of Statistics Malaysia (DOSM)



05 EPIDEMIOLOGICAL

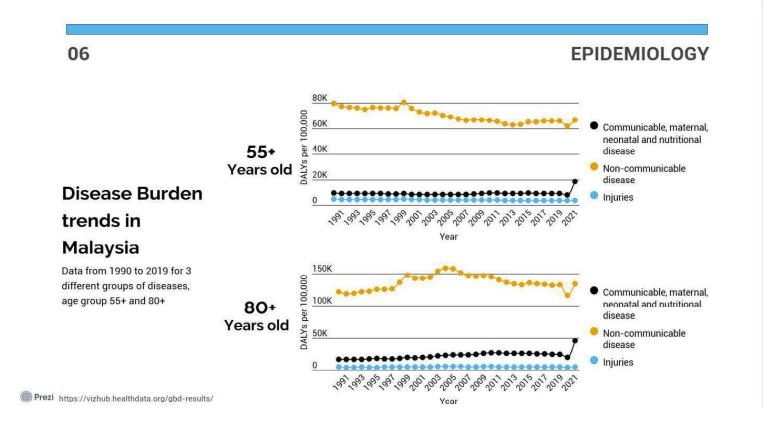
10 PRINCIPAL CAUSES OF DEATH for the year 2022 and

old person age 60 above

Medically certified deaths	No	%
Ischaemic heart diseases	13,329	16.7
Pneumonia	13,000	16.3
Cerebrovascular diseases	6,463	8.1
COVID-19 infection (due to)	4,057	5.1
Malignant neoplasm of trachea, bronchus and lung	1,862	2.3
Chronic lower respiratory diseases	1,831	2.3
Diabetes mellitus	1,496	1.9
Hypertensive diseases	1,442	1.8
Malignant neoplasm of colon, rectum and anus	1,251	1.6
Malignant neoplasm of liver and intrahepatic bile ducts	966	1.2
TOTAL	79,997	100

Prezi

Statistics on causes of death Malaysia, 2022 Department of Statistics Malaysia (DOSM)

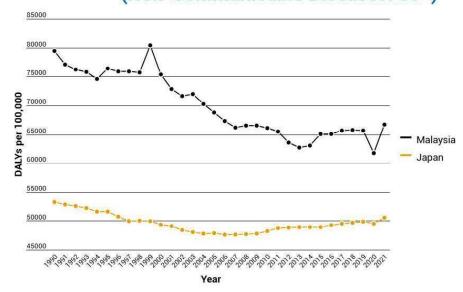


07

EPIDEMIOLOGY - Malaysia and Japan (Non-Communicable Diseases: 55+)

Disease of Burden comparison

Data from 1990 to 2019 for all causes in Malaysia and other key countries for age group 55 and above



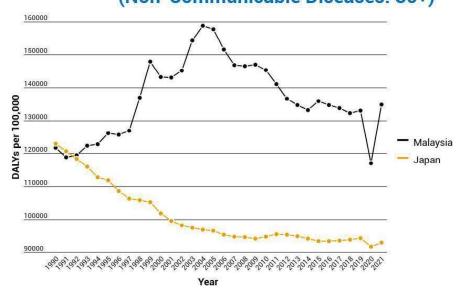
https://vizhub.healthdata.org/gbd-results/

80

EPIDEMIOLOGY - Malaysia and Japan (Non-Communicable Diseases: 80+)

Disease of Burden comparison

Data from 1990 to 2019 for all causes in Malaysia and other key countries for age group 80+



Prezi https://vizhub.healthdata.org/gbd-results/

Dichotomous Healthcare System



Public

- Heavily tax subsidised
- Almost free
- 48.9% outpatient attendance (3,121 clinics) [NHMS]
- 82.5% inpatient (160 hospitals, 49,985 beds) [Health Fact 2023]



- Fee per service: private health insurance or outof-pocket
- 51.1% outpatient (9,830 clinics)
- 17.5% inpatient (207 hospitals, 17,781 beds)



 $https://www.moh.gov.my/moh/resources/Penerbitan/Penerbitan%20Utama/4._Health_Facts_2023-compressed_pdfhttps://iku.nih.gov.my/images/nhms2023/key-findings-nhms-2023.pdf$

10

12TH MALAYSIA PLAN (2021 -2025)



Strengthen healthcare programmes



Strengthen social

POLICY

protection

Protect rights of older persons

NATIONAL POLICY FOR OLDER PERSONS, 2011



Fostering independence and well-being in older individuals



Multi-ministrial committee members

National Social Policy 2030



Strengthen the preparation towards aged country



Create a conducive environment for family

Prezi

11 POLICY

Ministry of Health

- Health White Paper (HWP)
- MOH Strategic Plan (2021-2025)
- MOH Elderly Health Service Action Plan 2023-2030
- MOH Dementia Action Plan 2023-2030

Ministry of Women, Family & Community Development

- Developing Older Person Act
- National Social Policy

Ministry of Economy

 Developing Malaysia National Active Ageing Nation Blueprint and Action Plan

Prezi

12

National Advisory and Consultative Council for Older Persons

- Advises the government on older persons issues, coordinates policy implementation, proposes legal changes, and promotes awareness and research on elderly welfare.



Senior Citizens Caring Units

- Provides transportation services for seniors who live alone, as well as access to hospital/clinic treatment and social activities.
- About 3000 4000 seniors benefited from this service annually.



Long term care services

Services by Department of Social Welfare under Ministry of Women, Family and Community Development

Senior Citizens Activity Centre

- Provides community-based, intergenerational, and interactive programs and activities.
- No. of centres: 193; No. of members: 77,738, in 2024



Home Help Services

- Provides services such as companionship, daily task assistance, and hospital visits to the seniors by trained volunteers.
- Approximately 6700 seniors benefits from this service as of June 2024.

Department of Social Welfare unpublished presentation slides

13

Long term care facilities

Senior Citizen Institution Services (by Department of Social Welfare)

- 3 types: provides care to the destitute senior citizens (n = 10), frail seniors without next of kin (n
- = 2), and provides care and protection for both older individuals and children (n = 1).
- Total no. of centres: 13, Total Capacity: 2,015; Current no. of residents: 1,209, as of 2024



Registered Senior Citizen Care Centres (by NGOs / private organisations)

- Regulated by Care Centres Act 1993
- Total no. of centres: 425; Current no. of residents: 8,910 with 2,023 carers, as of May 2024



Unlicensed Care Centres

- Estimated to be 1400 centres. (World Bank)
- Assume 20 residents per centre (based on currently registered centre and residents ratio),
- ~ 28000 seniors are being cared.



Total long term care institution capacity:

~ 39000 beds



14

Prezi Department of Social Welfare unpublished presentation slides

CHALLENGES & STRENGTHS

STRENGTHS





15

CHALLENGES

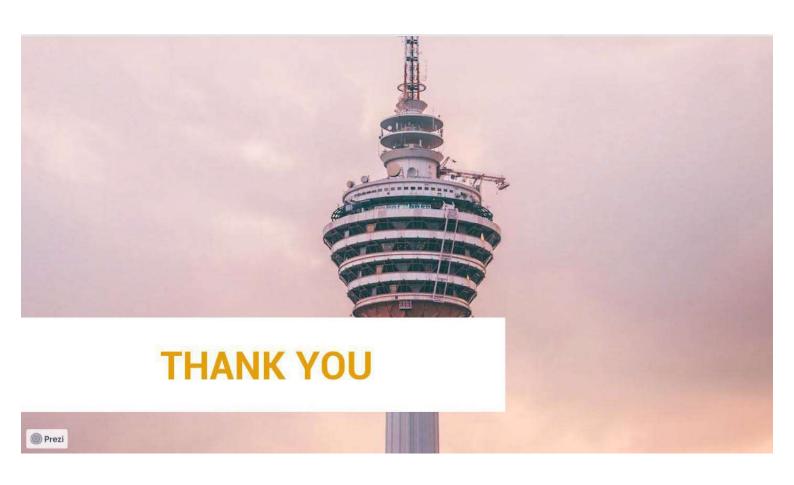
Current and future challenges in facing ageing population in Malaysia

Disease Burden & Healthcare Expenditure

Demographic Shift & Smaller Workforce

Old Age Poverty





Appendix



Other Initiatives & privileges for Older Persons

Department of Social Welfare

- · Eligible senior citizen MYR500 monthly
- Eligible bedridden seniors assistance MYR500 monthly
- Home Help Services: a) volunteers MYR400 monthly, b) senior participants RM80 monthly

Employees Provident Fund

- · Senior employees do not need to contribute
- \bullet Reduction of employer contribution from 6% to 4% to encourage employment of senior citizens
- Tax deductions for employers who employ the seniors, with limit of MYR4,000 a month.

Ministry of Education

• Enroll seniors as student (n = 9,670), lecturers/administrative staff (n = 3,222) and parttime workers (n = 7,756) at universities/colleges.



Inland Revenue Board

- Tax deductions for employer who employ senior citizen up 2025.
- Tax relief for medical treatment, special needs and carer expenses for parents limited to MYR8,000



Social Security Organisation

- Career Programme 2.0 – special incentives MYR1,500/month for 6 months in the year 2024 for senior citizens, persons with disabilities, Return to Work Programme participants, individuals on parole and former prisoners



Ministry of Human Resources

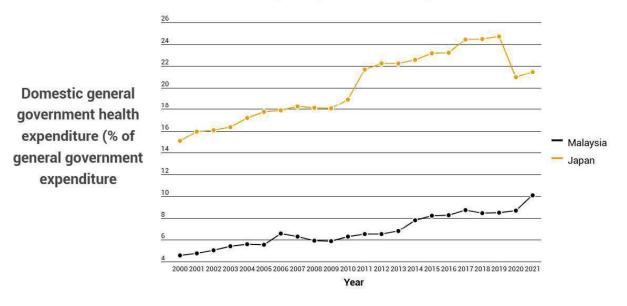
 Up & Re Skilling Programme through e-Latih portal (offers over 200 multi-industry training courses, over 424,244 seniors have registered as of April 2024)





Department of Social Welfare unpublished presentation slides

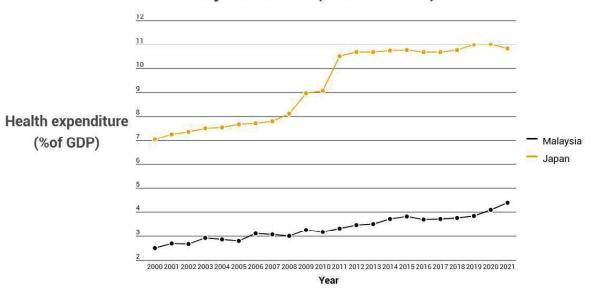
Graph 1: Domestic general government health expenditure for Malaysia and Japan (2000 - 2021)



Prezi

https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4953

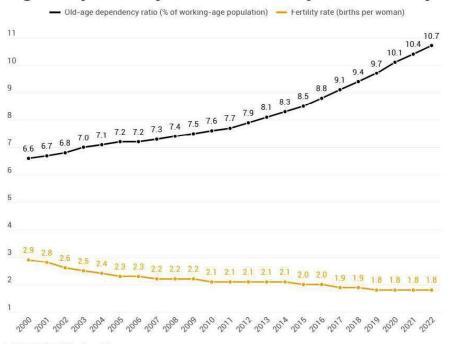
Graph 2: Current health expenditure (%of GDP) for Malaysia and other key countries (2000 - 2021)



Prezi

https://www.who.int/data/gho/data/indicators/indicator-details/GHO/current-health-expenditure-(che)-as-percentage-of-gross-domestic-product-(gdp)-(-)

Graph 3: The aged dependency ratio and fertility rate in Malaysia (2000 -2022)



Prezi https://data.worldbank.org/indicator/SP.POP.DPND.OL?locations=MY https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

5. INDONESIA





COUNTRY REPORT

INDONESIA

Bonardo Prayogo HASIHOLAN

Directorate of Productive Age and Elderly Health Ministry of Health, Indonesia





Ideology Pancasila (5 Principles)

Area 8,1 million km² (62% sea)

Capital City Jakarta*

Population 281,6 million

Language Bahasa Indonesia

GDP USD 1,37 Trillion

Per Capita USD 4,940.5

Main Commodities Coal, Nickel, Palm Oil, Gold



- The largest archipelago country in the world (>17,000 islands)
- Devided into 3 time zones, GMT+7, GMT+8, GMT+9
- Nusantara will be the new capital city of Indonesia
- Consist of 1.340 ethnic groups and speak in 715 local languages
- Prabowo Subianto is the new President of Indonesia (since 20th October 2024)

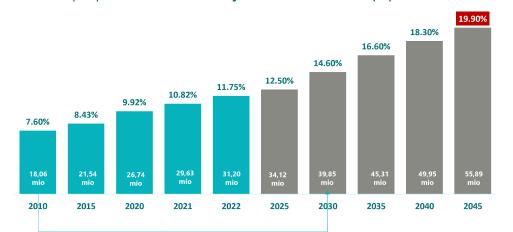
Source: World Bank, GIA Indonesia





Kemenkes

Older people in Indonesia is 60 years old and above (%)



Life Expectancy (2023)

70,17

74,18

HALE (2021)

59,9

61,5

20 years

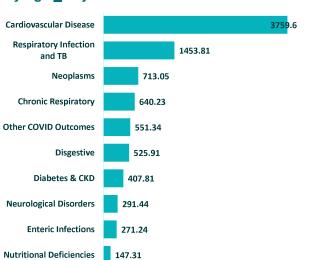
Source: Statistics Indonesia, WHO



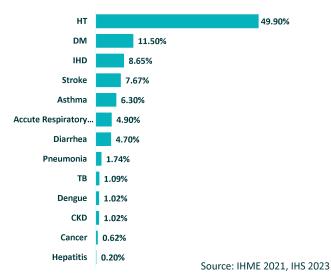
Epidemiological Situation







Prevalence of Diseases (2023)







20,5%

Prevalence of Disability

(vision, hearing, and/or mobility)



Activity Daily Living (ADL)

1.10%

Moderate

Independent



Source: IHME 2021, IHS 2023







Policy, Plan, and Program

Law

Number 13/1998: Elderly Walfare Number 11/2009: Social Walfare

Number 17/2023: Health

Presidential Regulation

Number 88/2021: National Strategy of Ageing

Letter of Minister of Health

Number 79/2014: Geriatric Care in the Hospital Number 67/2015: Elderly Care in Primary Health Care

Number 6/2024: Minimum Standard of Health Services Package

Number 2015/2023: Technical Guidance of Integrated Primary Health Services

and Letters from another Ministries and Provincial Level Regulation



Policy, Plan, and Program



National Strategy on Ageing 2021-2024 (President Letter Number 88/2021)

Strategy 1

Improving social protection, income security, and individual capacity

Strategy 2

Improving the health and quality of life of the elderly

Strategy 3

Development of an elderly-friendly community and environment

Strategy 4

Strengthening institutions implementing the elderly program

Strategy 5

Respect, protection, and fulfillment of the rights of the elderly

- National Social Security Council, National Planning Agency, Ministry of Social Affairs, Ministry of Education, Research, and Technology, Ministry of Communication and Information, Ministry of Small and Medium Entreprises, Ministry of Manpower, Ministry of Village and Development of Disadvantages Regions
- Ministry of Health, Ministry of Social Affairs, Family Planning Agency, National Planning Agency, Coordinator Ministry of Human Development and Culture
- Ministry of Education, Research, and Technology, Family Planning Agency, Ministry of Social Affairs, Ministry of Housing, Ministry of Transportation
- Ministry of Social Affairs, Ministry of Manpower
- Ministry of Social Affairs, and related ministries





ELDERLY HEALTH PROGRAM

Objective: to improve the quality of life of the elderly, to be healthy, independent, active and productive and efficient for families and communities, with a life cycle approach.



HEALTHY
PRE ELDERLY AND
ELDERLY



ELDERLY WITH HEALTH PROBLEMS



Promotive and Preventive:

- 1. Screening/early detection in the elderly
- 2. Elderly Empowerment



- ✓ Integrated Services for the Elderly
- ✓ Sports activities for the elderly
- health services at the Puskesmas for the elderly, including integration of screening and prevention

Promotive, Preventive, Curative, Rehabilitative:

- 3.Health Services in Puskesmas "Santun Lansia"
- 4. Hospitals with Integrated geriatric services including referrals,
- 5.Long-Term Care for The Elderly
- 6.Minimum Service for Elderly
 Health in disaster situations/
 health crises













Limited quantity of elderly-friendly health facilities.

Limited quantity of health workforce trained in elderly and geriatric care.

• Staff rotation is one of the most common reasons.

Limited integrated data on the elderly across ministries

Inadequate multisectoral collaborations.

 Multisectoral coordination meetings is organized regularly by the Ministry of National Development Planning. However, focal points from ministries change quite frequently due to staff rotation Increasing needs of long-term care and caregivers, especially for the funding scheme

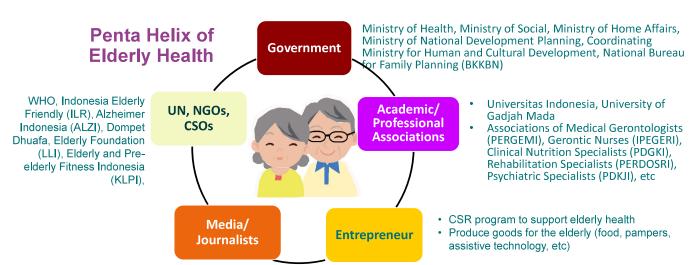
Limited participation of local governments.

• By 2022, only 85 of 514 (16%) cities/regencies have issued regional regulations on elderly health that allow local budget allocation for programmes aiming at elderly health and wellbeing.

Maternal, Neonatal, and Stunting issues are still a big concern while aging issues begin to rise (affected the priority)













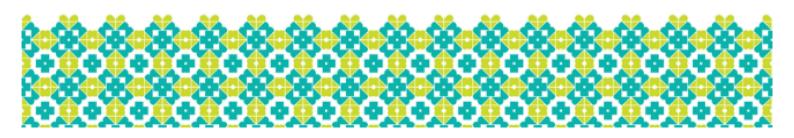
- Policy support about aging is quietly compete at national and provincial levels, including guidelines for older people
- Training curriculum and modules for elderly health is available
- · Coordination among cross-ministries is good
- 97,27% Indonesian covered by National Health Insurance (BPJS Kesehatan)







TERIMA KASIH ありがとうございます THANK YOU



出典: 2024 年度 JICA 課題別研修「高齢化社会の政策と実践:地域における高齢者包摂の推進」インセプションレポート

Japan International Corporation of Welfare Services (JICWELS) was established with the sanction of the Minister for Health, Labour and Welfare in July 1983 and implements international technical cooperation programmes with purpose of contributing to the promotion of health and social welfare activities in the friendly nations.

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