

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

Country Reports
FY2025

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1. BANGLADESH

Inception Country Report: Bangladesh

Prepared by:

Prof. Dr. Sheikh Sayidul Haque

Additional Director General (Planning & Development)

Directorate General of Health Services (DGHS)

Ministry of Health and Family Welfare

Basic Information

- **Population: ~175 million**
- **Area: 147,570 sq. km**
- **Capital: Dhaka**
- **Language: Bangla**
- **GDP per capita (2024): ~USD 2,700**
- **Lower-middle-income country with strong social progress indicators**

Demographic Trends & Aging

Indicator	Recent Estimate / Projection
Life Expectancy at Birth	Male : 70.8 years Female : 74.2 years ~ 72.4–74 years (for both sexes)
Healthy Life Expectancy	Lower than total life expectancy by ~3–6 years, indicating years lived with health limitations in older age
% Population Aged 65+ (2025)	~7%
% Population Aged 60+ (2025)	~9-10%
Rapid transition is due to declining fertility and mortality	

Speed of Population Aging

- Years to shift from 7% to 14% population aged 65+: ~21–22 years
(mid-2020s → late 2040s)
- Much faster compared to high-income countries



Epidemiological Situation

- **Leading causes of death: Cardiovascular diseases, stroke, diabetes, cancer**
- **High burden of NCDs among older adults**
- **Disability due to vision, mobility, and increased chronic illness.**



Policies /Plans /Programs for the Older Population

- **National Policy on Older Persons (2013)**
- **Old Age Allowance Program**
- **Ministries: Ministry of Social Welfare, MoHFW**
- **Primary healthcare-based support for the elderly**



Policies /Plans /Programs for the Older Population

- **National Healthy Ageing Strategy and Action Plan for Bangladesh (2024-2030)**
- **A framework to reduce the ageing burden in Bangladesh**
- **Ministries: Ministry of Health and Family Welfare**
- **Primary to tertiary level healthcare support for the elderly**



Key Challenges Related to Aging

- **Limited geriatric-focused healthcare services**
- **Inadequate social protection coverage**
- **Rising burden of NCDs and long-term care needs**



Key Factors Affecting Challenges

- **Rapid demographic transition**
- **Health system historically focused on maternal & child health**
- **Urbanization and weakening family support systems**



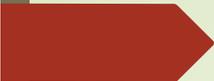
Strengths

- **Strong primary healthcare network (upto ward level)**
- **Nationwide Community Clinics (~18,000 CC)**
- **Growing policy attention to aging and social protection**



Current Work & Challenges

- **Leading planning and development initiatives in DGHS**
- **Involved in health sector program planning and donor coordination**
- **Challenges: resource constraints, data gaps on aging, system readiness**



Expectations & Hopes for the Course

- **Learn global best practices on aging policies**
- **Strengthen skills in age-inclusive health system planning**
- **Apply learning to national health strategies and programs**

Thank You



2.BELIZE



Policies and Practices in an Aging Society: Creating Age-Inclusive Communities (202411532J001)

INCEPTION REPORT

BELIZE

National Council on Ageing
Doralyn Sabal - Program Officer



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- Expectations



Belize

247 Municipalities:

Cities: 2
Towns: 7
Villages: 238



Belize is located on the northeast coast of Central America, bordered by Mexico, Guatemala, and the Caribbean Sea. Though geographically Central American, Belize identifies with the Caribbean region and is a member of CARICOM and the Commonwealth Caribbean.



2024 Population: 410,919

Statistical Institute of Belize

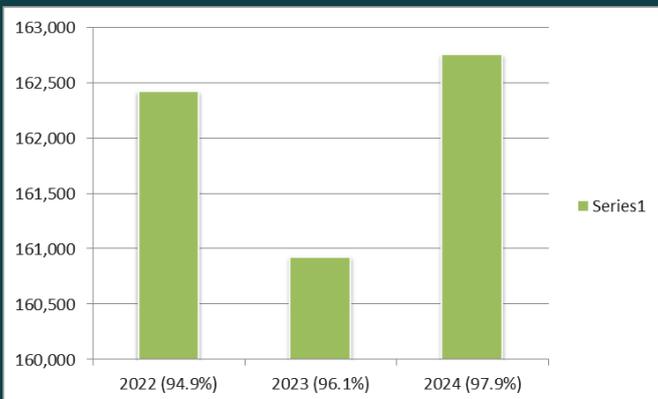
“Melting Pot” of Culture-

English is the main language. We have over 6 ethnic groups, each having their own language.

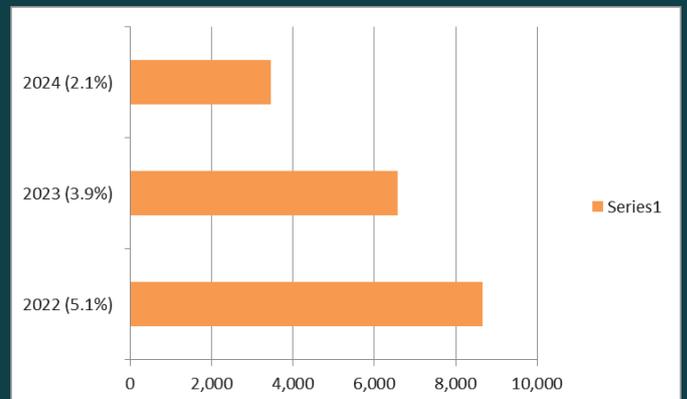
Belmopan became the country capital in 1970, following the devastation of the former capital, Belize City.

Economic Facts

Employed Labour Force



Unemployed Labour Force

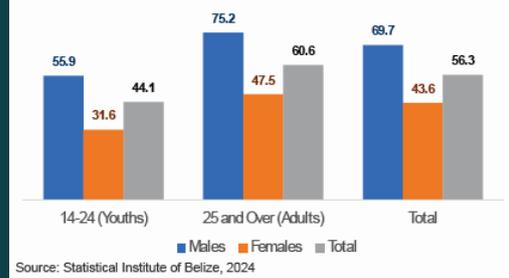


Belize’s most recent Labour Force Survey (LFS) show that the unemployment rate in September 2024 was 2.1%, down 3.9% in September 2023. This drop was primarily driven by a reduction of 3,155 unemployed persons. The number of employed persons grew by 1,711, while at the same time an estimated 1,444 persons exited the labour force.

Working Age Population 2024



Figure 1: Labour Force Participation Rates by Sex and Age Group, September 2024



General Labour Force by Age Group

	2022	2023	2024
Both Sexes Total	171,082	167,499	166,206
14-24	34,981	38,017	34,342
25-34	46,243	41,884	39,596
35-44	38,993	40,239	39,183
45-54	29,110	26,739	27,722
55+	21,759	20,619	25,363



Figure 3: Share of Employed Persons by Main Industry, September 2023 and September 2024

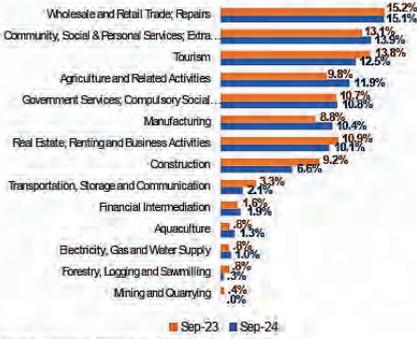
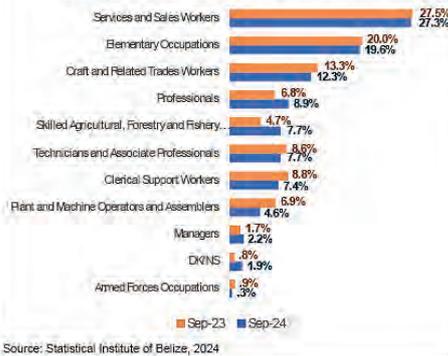


Figure 4: Distribution of Employed Persons by Main Occupation, September 2023 and September 2024



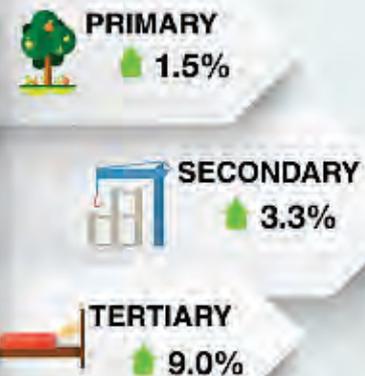
Gross Domestic Product

The Statistical Institute of Belize's preliminary Gross Domestic Product (GDP) estimates for the third quarter (July-September 2024) showed that the value of goods and services produced within the country totaled \$1.23 billion. This represented an increase of 6.6% or \$76.6 million, from \$1.15 billion recorded during the same period in 2023.

1. Primary Sector- production of major agricultural crops of bananas, citrus, sugar cane, etc.
2. Secondary Sector- electricity and water generation.
3. Tertiary Sector- whole-sale and retail sale, accommodation and food service, and transportation

Figure 2:

GDP GROWTH RATE BY SECTOR THIRD QUARTER 2024



Source: Statistical Institute of Belize



Key Facts About Belize



Belize gained its independence from the UK on September 21st, 1981



Key economic sectors includes tourism and agriculture.



Known for our rich biodiversity including jaguars, tapirs, marine life and hundreds of birds.

Tourism Highlights



Belize Blue Hole



Archaeological Sites (Maya Ruins)



Belize's Barrier Reef



Ageing in Belize

Total 60+ Population (2024)
39,228 or 9.5%

Older Men- 19,728
Older Women- 19,500

Life Expectancy:
73.5 years

Total older person population
projected to be 18% by 2050

There has been an increase in the dependency ratio for persons 65+

- > 2010: 6.8%
- > 2022: 8.5%

The average life expectancy in Belize is 73.5 years with a steady increase in our 80+ population. However, high incidences of sickness and disability compromise quality of life for many older Belizeans.

Chronic Non-Communicable Diseases (NCDs) are the primary health challenge. Due to its increase, combined with a growing elderly population, it requires expanded access to services- including prevention detection, and treatment.

Financial Security

Belize has a relatively low pension coverage with less than 50% of the population receiving a pension. Some older persons receive as little as \$60.00 a month through social assistance programs and most older persons rely on family to bare the cost of their needs.



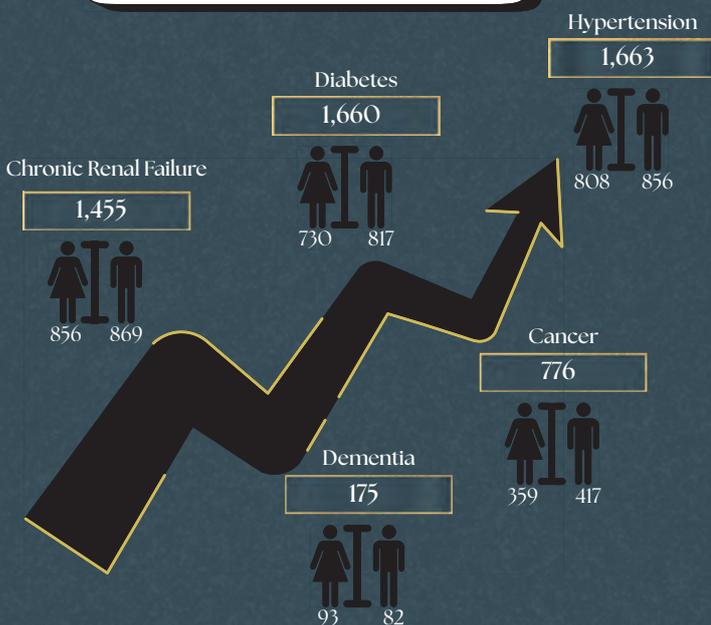
Although Belize's mandatory retirement age is 65, many Belizeans never fully retire.

\$800 monthly- start cost of residential care

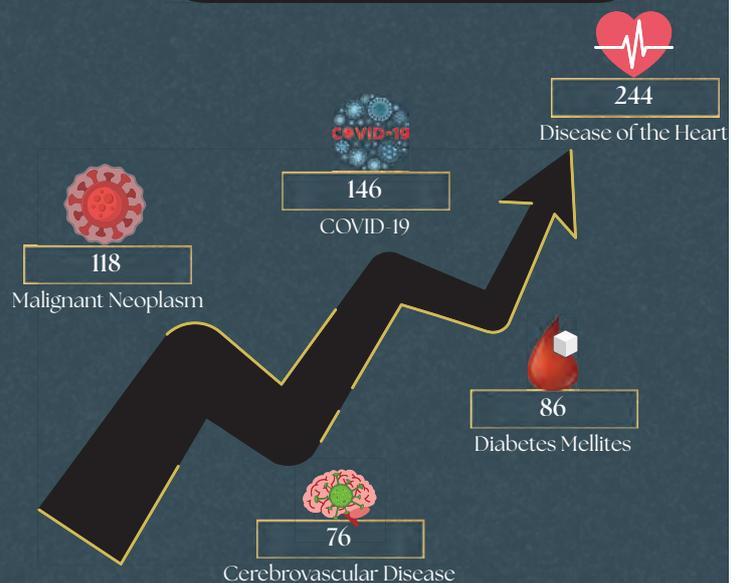
\$60 daily for in-home care.

Health Trends

Chronic Diseases 2018-2022



Leading Causes of Death 2020-2022





Policy



In December 2024 Belize became the first English speaking Caribbean country to accede the Inter-American Convention on Protecting the Human Rights of Older Persons.

The Older Persons Welfare and Protection Act has been integrated into the new Families Bill. A one-week national consultations was held September 2025 and the draft is now before the Cabinet for enactment.

Next steps....

1 Situational Analysis of Older Persons

2 Update National Policy for Older Persons



Programs for Older Persons



Ministry of Human Development, Family Support and Gender Affairs

HelpAge Belize

Mercy Clinic

Living Independently in Full Existence (LIFE)

- 1. Ministry responsible for older persons country wide.
- 2. BOOST Cash Condition Program.
- 3. Wellness check, family mediation, elder abuse cases, removal, replacements, etc.

- 1. Supports older persons through meal distribution, home care visits, social activities and nutritional programs.
- 2. Multiple branches available across the districts.

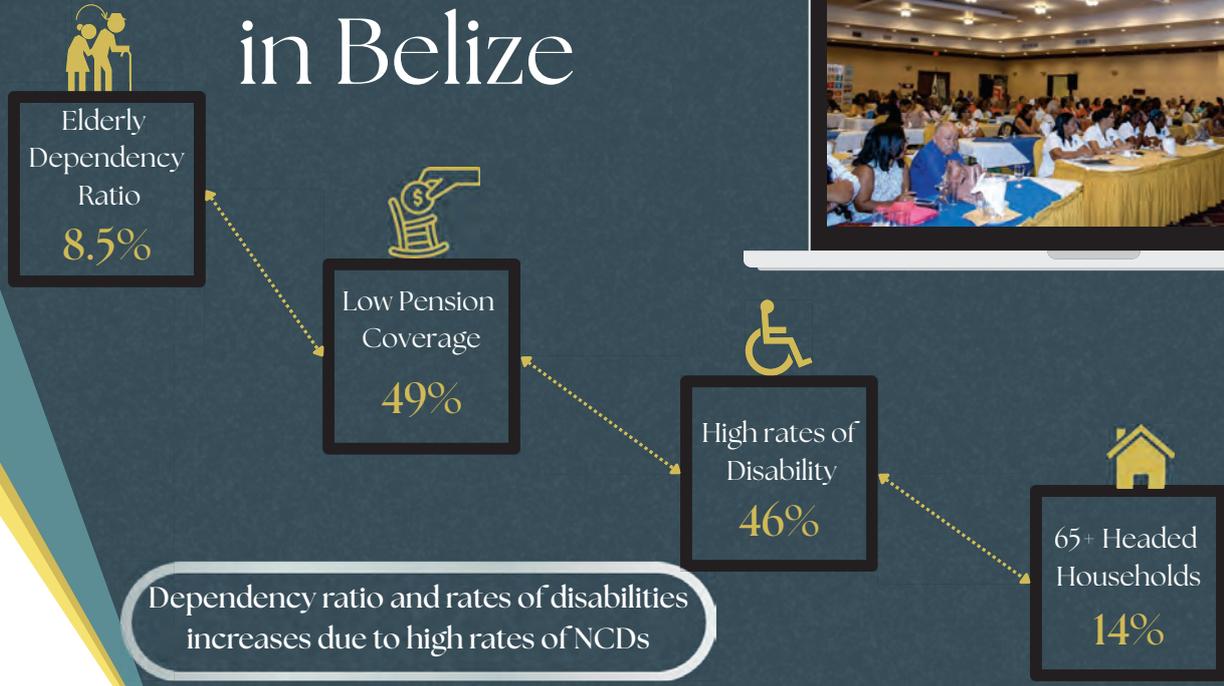
- 1. Primary medical care for older persons who are registered with the National Health Insurance (NHI) in the Belize District (working on expanding).
- 2. Provides doctor visits and meals on wheels program.

- 1. Aims to improve quality of lives for persons living in south-side Belize City.
- 2. Focuses on social support, food, minor house renovations, medical care and transportation support



- 1. Four Residential Facilities
- 2. Several social and advocacy groups for seniors (mainly within Belize City)

Ageing Challenges in Belize



Key Factors to Address Ageing

Key changes must be made to policy, legislation and developmental frameworks to ensure that the needs of an ageing population are met. However, there is an intrinsic shift which must take place to initiate cultural change on how we view ageing.



1

Policy

Belize's National Policy for Older Person is set for revision and updating in 2026.

2

Legislation

The Older Person's Welfare and Protection Bill has completed public consultation and is now awaiting its passage into law.

3

Inclusion

Encourage active participation, strengthen intergenerational programs, promote digital inclusion, encourage health and wellness participation, foster social connections, etc.

Strengths

Mainstreaming Ageing in Development:

There are several key development policy frameworks that are foundational to Belize's National Policy for Older Persons and Council's Strategic Plan. These include:

1. Madrid International Plan of Action on Ageing.
2. Montevideo Consensus on Population and Development
3. Decade of Healthy Ageing

The Council is currently using its 2023-2030 Strategic Plan to guide its work in 5 areas:

1. Strategy 1: Creating and enable environment to protect the rights of older persons.
2. Strategy 2: Supporting healthy ageing.
3. Strategy 3: Strengthening family and social support for older persons.
4. Strategy 4: Increasing income security of older persons.
5. Strategy 5: Creating age-friendly spaces.

The Council has been utilizing a human rights approach, while coordinating with the government, private sectors and community organizations to promote participation of older persons, social protection and income security.



A life course approach to development

Supporting intergenerational families



Including older persons in decision making

Supporting and expanding older persons organizations



Job Description

Program Officer



Advance priority areas outlined in the NCA 2023-2030 Strategic Plan



Develop and implement activities that enhances the quality of life of older persons.



Promote the inclusion of older persons and safeguard their rights.

The National Council on Ageing is a policy implementation unit attached to the Ministry of Human Development, Family Support and Gender Affairs. The Council is mandated to implement Belize National Policy for Older Persons and the Inter-American Convention on Protecting the Human Rights of Older Persons.



Expectations

I look forward to deepening my understanding of ageing-related policies, especially the frameworks and best practices Japan has developed to support its older population. Given Japan's global leadership in ageing policy, I am eager to learn about innovative community-based interventions, long-term care models, and strategies that promote active and healthy ageing.

I especially look forward to gaining practical insights that can be adapted to our local context, strengthening policy development and service delivery for older persons. I hope to my broaden my perspective and enhance future collaboration in the field of ageing and social policy.



- | | |
|---|---|
| 1 | Explore avenues that can possibly help Belize bridge existing gaps in service and care for older persons. |
| 2 | Learn about Japan's policies and programs. |
| 3 | Explore models for age-friendly communities. |
| 4 | Meaningful exchange with experts and other fellow participants. |



**NATIONAL COUNCIL
ON AGEING
BELIZE**

THANK YOU



Unit 17, Garden City Plaza Belmopan



+501-822-1546



ncabze@yahoo.com



www.ncabz.org

3.CHILE



COUNTRY REPORT – CHILE

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

Paula Núñez Brito
National Coordinator of Community-Based Residential Care
National Service for the Elderly
SENAMA

1. BASIC INFORMATION - CHILE

- **Country:** Republic of Chile
- **Population:** Approximately 19.6 million inhabitants
- **Capital City:** Santiago
- **Language:** Spanish
- **Political System:** Democratic republic with a presidential system
- **GDP per capita:** ~USD 15,000
- **Income level:** Upper-middle-income country
- Chile is considered one of the most economically stable countries in Latin America.
- Chile is often the **last country in South America**, located at the southern end of the continent.



2. DEMOGRAPHIC TRENDS RELATED TO POPULATION AGING IN CHILE

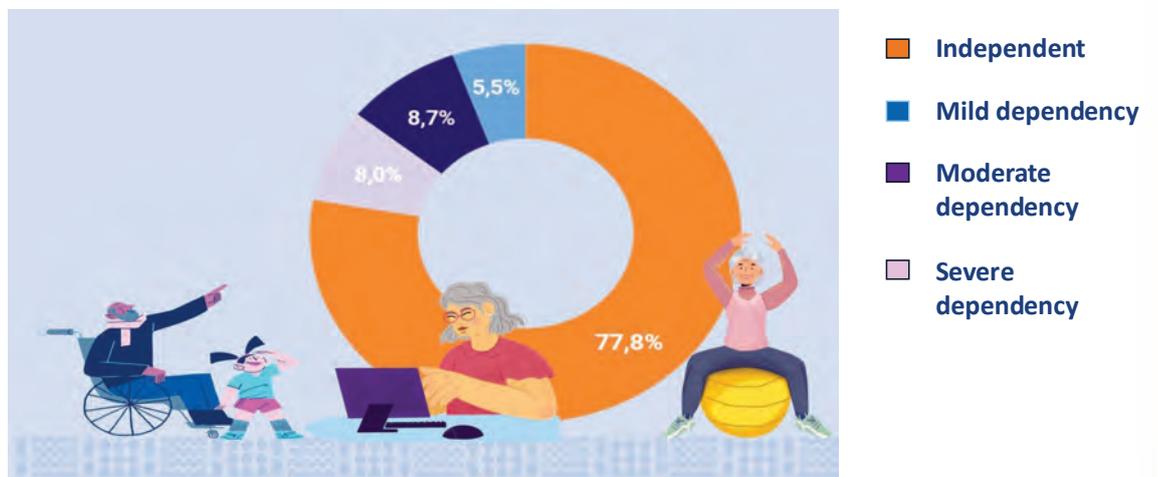
- 3.665.028 (19,8%)

- Life expectancy: años = years

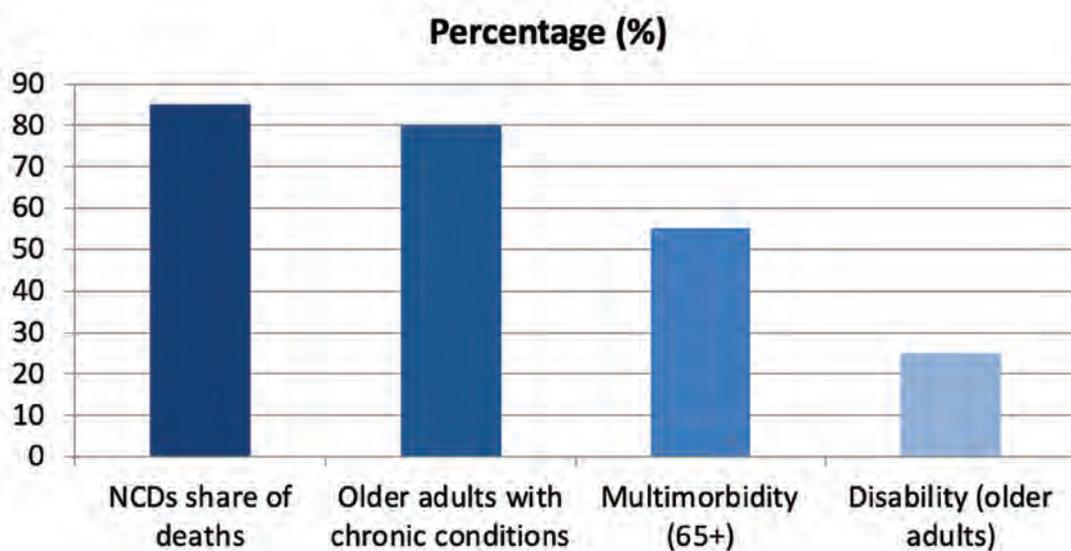
- Year 2050



2. DEMOGRAPHIC TRENDS RELATED TO POPULATION AGING IN CHILE



3. EPIDEMIOLOGICAL SITUATION - CHILE



Chile has a **specific institutional framework** for older persons, led by the **National Service for the Elderly (SENAMA)**.

4. POLICIES, PLANS AND PROGRAMS FOR OLDER PERSONS - CHILE





Community-Based Care Program



DISPOSITIVOS DE CUIDADO



5. Key Factors and Strengths in Addressing Aging in Chile



Key Factors	Strengths and Ongoing Developments
Rapid population aging increasing long-term care needs	Progressive strengthening of public policies on aging and care
Limited availability of formal care services	Expansion of community-based and territorial care initiatives
High reliance on informal caregiving, mainly by women	Growing recognition of care as a shared social responsibility
Territorial inequalities in access to services	Increasing coordination between national and local levels

6. EXPLANATION OF MY CURRENT WORK

I currently work at the **National Service for the Elderly (SENAMA)**, coordinating national-level programs focused on **community-based care and support for older persons**.

Main Responsibilities

- Coordinating national programs focused on **community-based care for older persons**.
- Supporting the implementation of **local care networks** and strengthening coordination with regional and municipal actors.
- Promoting **integrated, people-centered care models** that address the needs of older adults and caregivers.
- Contributing to the development and strengthening of **long-term care systems** and policies.



7. Expectations and Hopes for the Course

Strengthen knowledge on age-inclusive policies and practices

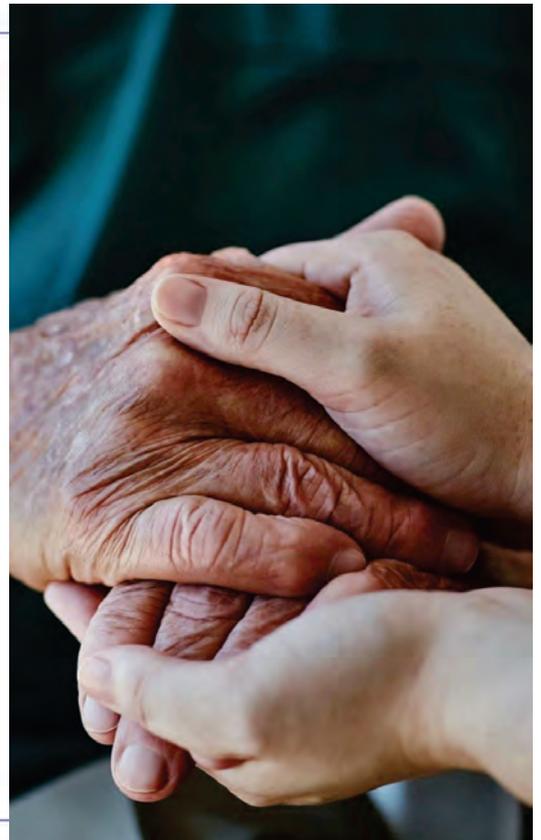
Learn from international experiences and innovative approaches

Build networks for collaboration and knowledge exchange

Apply learnings to strengthen community-based care in Chile

Contribute to the development of sustainable long-term care systems

Thank you for this valuable opportunity to learn, share experiences, and strengthen cooperation toward more inclusive and sustainable care systems.





**CHILE
AVANZA
CONTIGO**

4.INDONESIA



COUNTRY REPORT

INDONESIA

Nindya Savitri

Directorate of Vulnerable Population Health

Ministry of Health, Indonesia



REPUBLIC OF INDONESIA



Population **281,6 million**

Area **8,1 million km² (62% sea)**

Language **Bahasa Indonesia**

Capital City **Jakarta***

GDP **USD 1,37 Trillion**

Per Capita **USD 4,940.5**

Ideology **Pancasila (5 Principles)**

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)

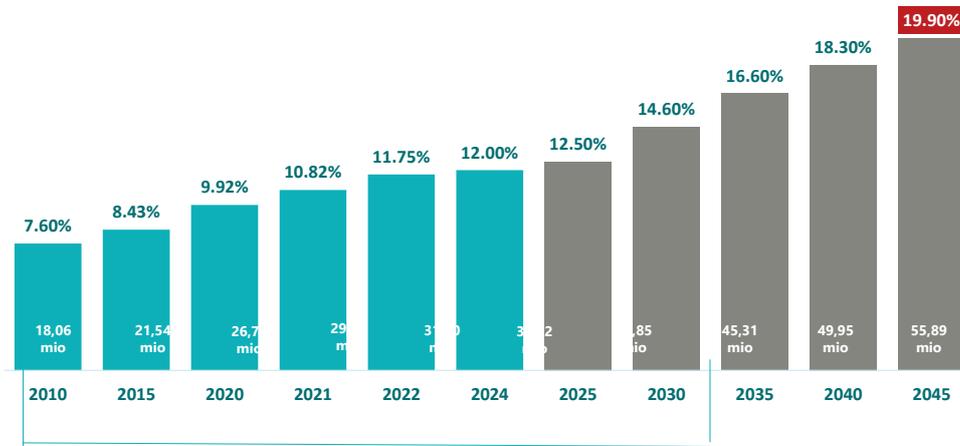
Source: World Bank, GIA Indonesia





Demographic Trends

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



20 years

Life Expectancy (2023)

70,17

74,18

HALE (2021)

59,9

61,5

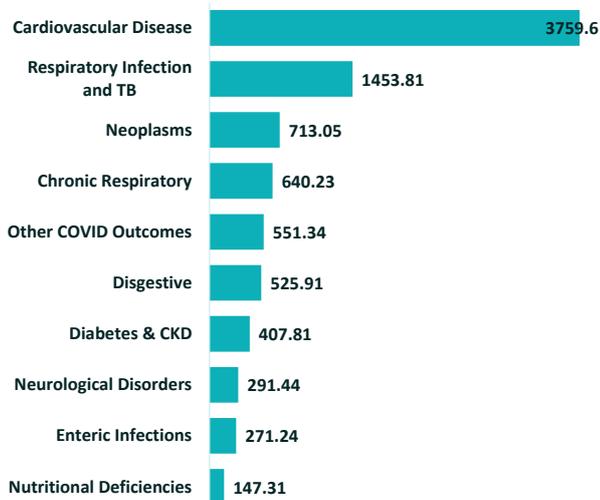
Source: Statistics Indonesia, WHO



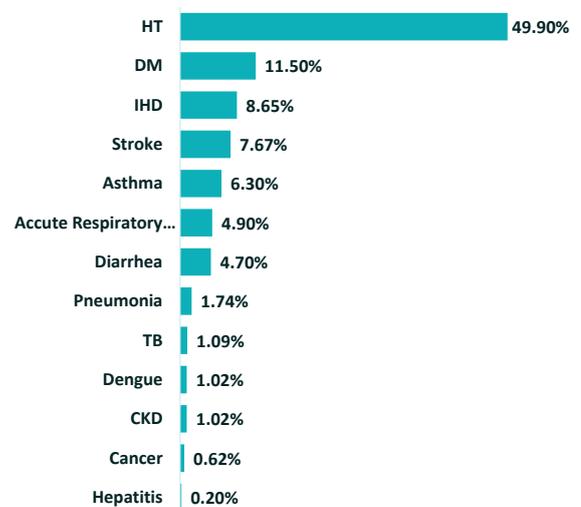
Epidemiological Situation



Leading Cause of Death per 100.000 by age ≥ 70 years old



Prevalence of Diseases (2023)



Source: IHME 2021, IHS 2023

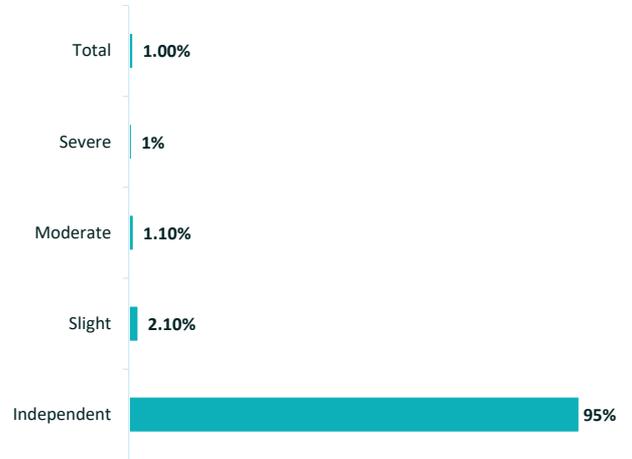




20,5%

Prevalence of Disability
(vision, hearing, and/or mobility)

Activity Daily Living (ADL)



Source: IHME 2021, IHS 2023



Policy, Plan, and Program

Law

- Number 13/1998: Elderly Welfare
- Number 11/2009: Social Welfare
- Number 17/2023: Health

Government Regulation

Government Regulation on the Implementation of Law Number 17 of 2023 concerning 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 19/2024 Management of Primary Health Centers
- Number 2015/2023: Technical Guidance of Integrated Primary Health Services
- Number 33/2025: Technical Guidance of Free Health Check Up

and Letters from another Ministries and Provincial Level Regulation





Policy, Plan, and Program

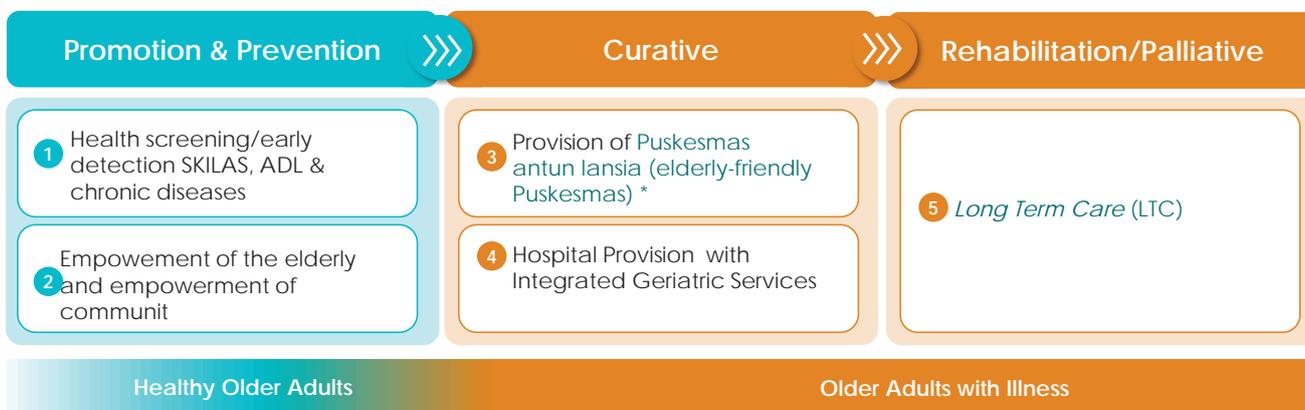


National Strategy on Ageing 2021-2024 (President Letter Number 88/2021)

<p>Strategy 1 Improving social protection, income security, and individual capacity</p>	<ul style="list-style-type: none"> 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 Enterprises, Ministry of Manpower, Ministry of Village and Development of Disadvantages Regions
<p>Strategy 2 Improving the health and quality of life of the elderly</p>	<ul style="list-style-type: none"> Ministry of Health, Ministry of Social Affairs, Family Planning Agency, National Planning Agency, Coordinator Ministry of Human Development and Culture
<p>Strategy 3 Development of an elderly-friendly community and environment</p>	<ul style="list-style-type: none"> Ministry of Education, Research, and Technology, Family Planning Agency, Ministry of Social Affairs, Ministry of Housing, Ministry of Transportation
<p>Strategy 4 Strengthening institutions implementing the elderly program</p>	<ul style="list-style-type: none"> Ministry of Social Affairs, Ministry of Manpower
<p>Strategy 5 Respect, protection, and fulfillment of the rights of the elderly</p>	<ul style="list-style-type: none"> Ministry of Social Affairs, and related ministries

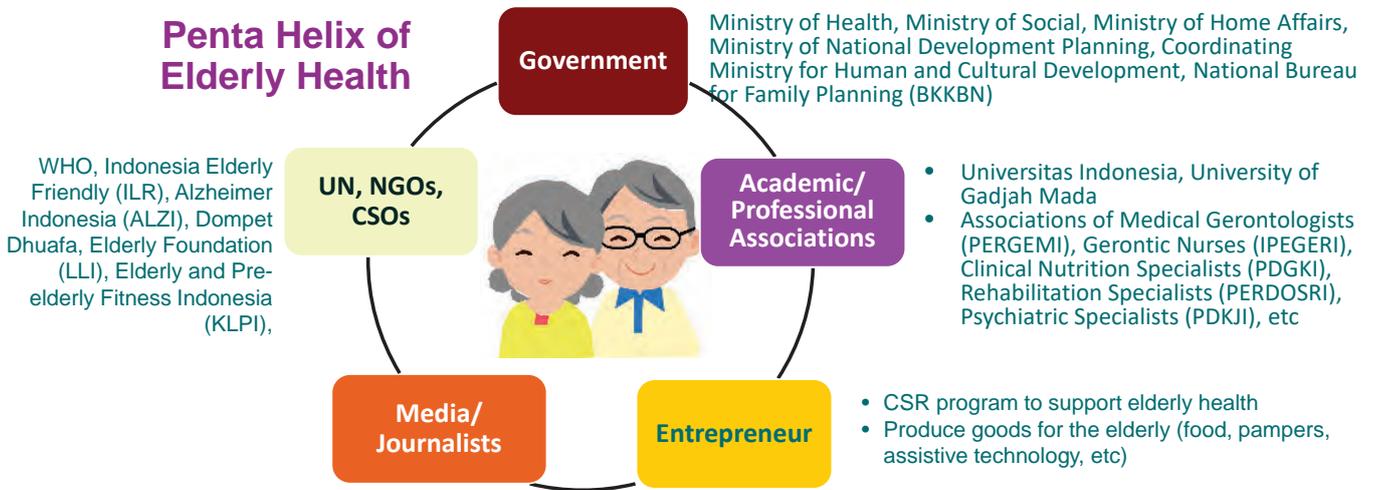


Elderly Health Program aims to improve quality of life of older adults, ensuring their healthy, independent, active and productive, as well as beneficial to their families and society



*Outpatient services: Integrated health post, nursing home or elderly care facilities, homecare

Key Factors/ Partners



Challenges

- 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.
- The system is still disease-oriented, not yet fully person-centered and function-based
- Maternal, Neonatal, and Stunting issues are still a big concern while aging issues begin to rise (affected the priority) and





Strengths and Assets



- Strong policy commitment for elderly health.
- Policy support about aging is **quietly complete** at national and provincial levels, including guidelines for older people
 - Extensive Primary Health Care Network
- Supported by outreach services at village and community levels for reaching older persons.
- Existing Elderly Health Programs and Service Platforms (elderly services at puskesmas, community-based elderly posts/posyandu, routine health screening)
- Training curriculum and modules for elderly health is available
- Coordination among cross-ministries is good
- Developing Health Information and Data System to strengthen health information system and ageing relate data sources but not yet interoperable..



Explanation about current work



My current work focuses on the development and strengthening of elderly health services in Indonesia. My scope of work includes contributing to the development of technical guidelines, training materials, and capacity-building activities for health workers related to healthy ageing, geriatric assessment, and integrated elderly care. At present, I am involved in:

- monitoring and evaluation of pilot elderly health service models integrated within primary health care.
- contribute to the development and strengthening of the Free Health Check Program,
- Recently, I completed the development of a curriculum and training modules on long-term care for older persons aimed at community-based health workers.
- part of the drafting team for the Minister of Health Regulation on elderly health services, as well as a member of the team developing long-term care training modules in collaboration with KAIGO.

Challenges

- limited geriatric competencies among health workers,
- suboptimal implementation of elderly health programs, and
- significant variations in capacity and resource availability across regions.



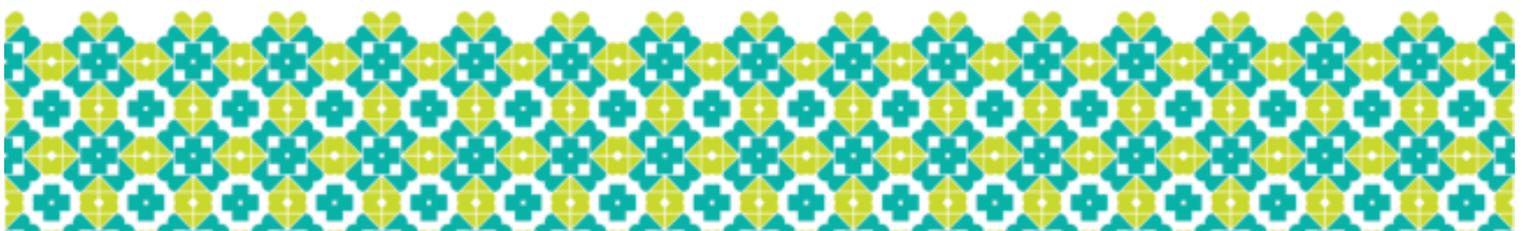


Expectation(s) and hopes for the course

1. To learn how Japan develops age-inclusive communities through integrated policies and practices.
2. To learn **practical models of integrated community-based care**, linking health services, long-term care, and social support
3. Aim to learn effective **governance and cross-sector coordination mechanisms** that support age-friendly and age-inclusive community development
4. To learn **approaches to capacity building** for health workers, community workers, and caregivers in ageing societies
5. To apply the lessons learned to **strengthen elderly health policies, training programs, and integrated community care models** in Indonesia



TERIMA KASIH
ありがとうございます
THANK YOU



5. MALAYSIA

COUNTRY REPORT



Malaysia

**AWATEF AMER NORDIN, SHAKIRAH MD SHARIF, SITI MAIZATUL AKMALISSA MOHD TASERIP,
NORASIMAH KASSIM, RATHMAWATI AHMAD, RAHMAH RASHID**

KCCP Policies and Practices in an Aging Society: Creating Age-Inclusive Communities (2026)

Our team



Dr Awatef Amer Nordin

Public Health Medicine
Specialist, Institute for Health
Systems Research



Dr Rahmah Rashid

Public Health Medicine
Specialist, Sarawak State
Health Department



Dr Rathmawati Ahmad

Dental Public Health
Specialist, Kelantan State
Health Department



Norasimah Binti Kassim

Dietician,
Family Health Development
Division, Ministry of Health



Siti Maizatul Akmalissa

Policy and Strategic Planning Division,
Ministry of Women, Family and
Community Development



Shakirah Md Sharif

Medical Officer (Research),
Institute for Health Systems
Research

Overview



Malaysia



Malaysia, situated in Southeast Asia, comprises thirteen states and three federal territories. It is geographically divided into two regions by the south China Sea.

Malaysi



Malaysia is a multiethnic and multicultural country, with more than half of its population being of Malay ethnicity, in addition to Chinese, Indians, and indigenous communities



Capital city:
Kuala Lumpur

4.1 million people aged **60 years and above**
(around **12%** of the total population)

Populatio

34.2 Million
(2025 projection)

An aged nation by **2036**

Source: Department of Statistics Malaysia (DOSM). Current Population Estimates, Malaysia, 2025

Demography

Population by sex

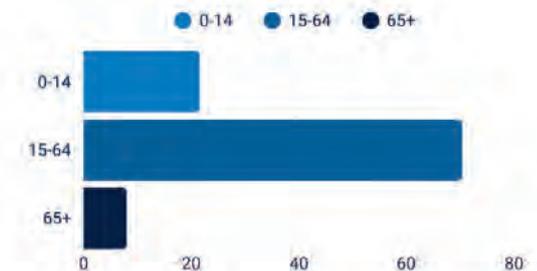


18 mil
(52.5%)



16.3 mil
(47.5%)

Population by age group



Population by citizenship

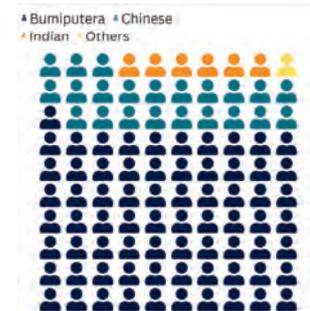


30.9 mil
(90.1%)



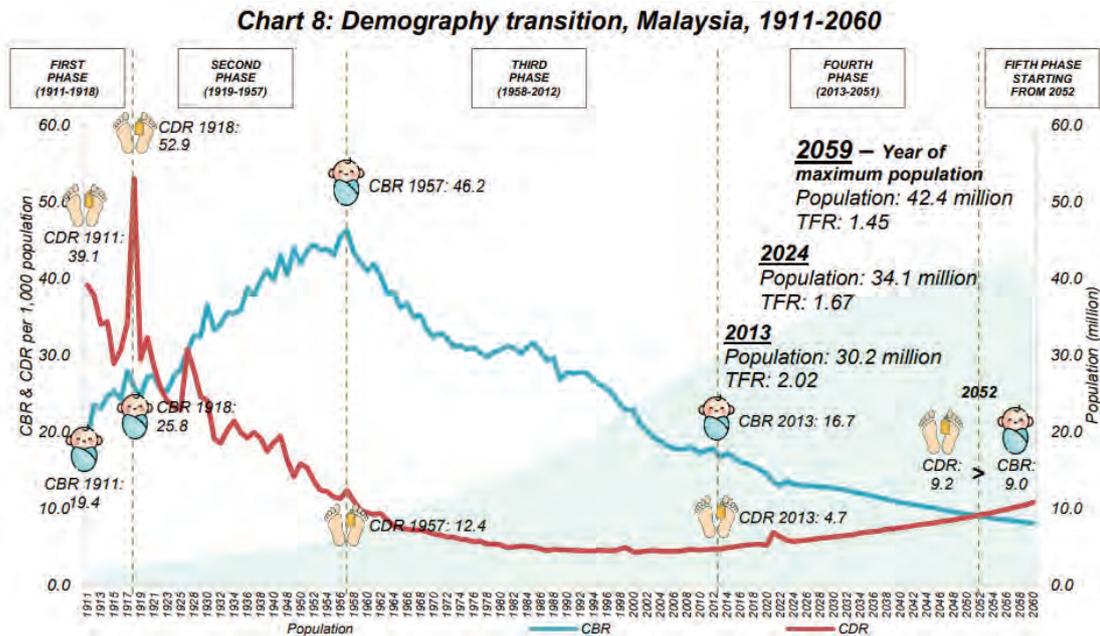
3.4 mil
(9.9%)

Population by ethnic group



Source: Department of Statistics Malaysia (DOSM). Current Population Estimates, Malaysia, 2025

Demography

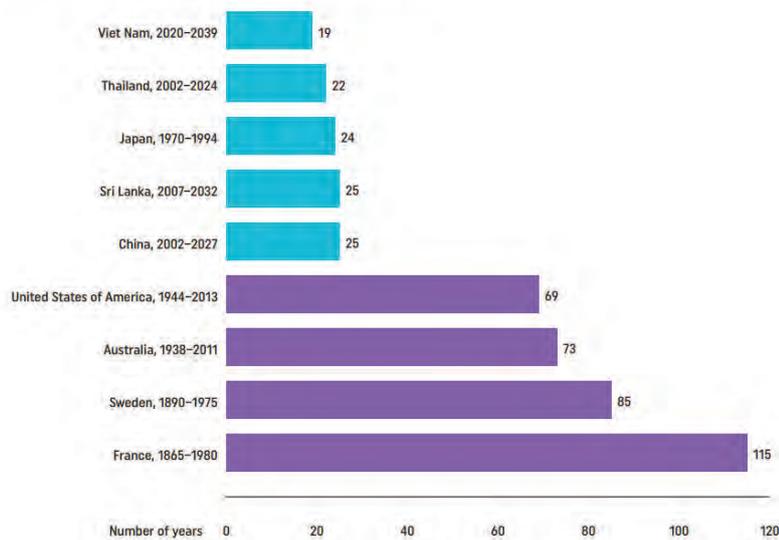


CBR: Crude birth rate. CDR: Crude death rate

Source: Department of Statistics Malaysia (DOSM). Population Projections, Malaysia, 2020-2060.

Demography

FIGURE 3: TIME TAKEN IN YEARS TO MOVE FROM AGEING TO AGED SOCIETY



Source: ESCAP calculations based upon Kinsella and Gist (1995); UN Census Bureau (2005); and Viet Nam GSO(2010)
 Source: Economic and Social Commission for Asia and the Pacific (ESCAP). Ageing in Asia and the Pacific: Overview.

Age-friendly cities in Malaysia



Demography

Definition

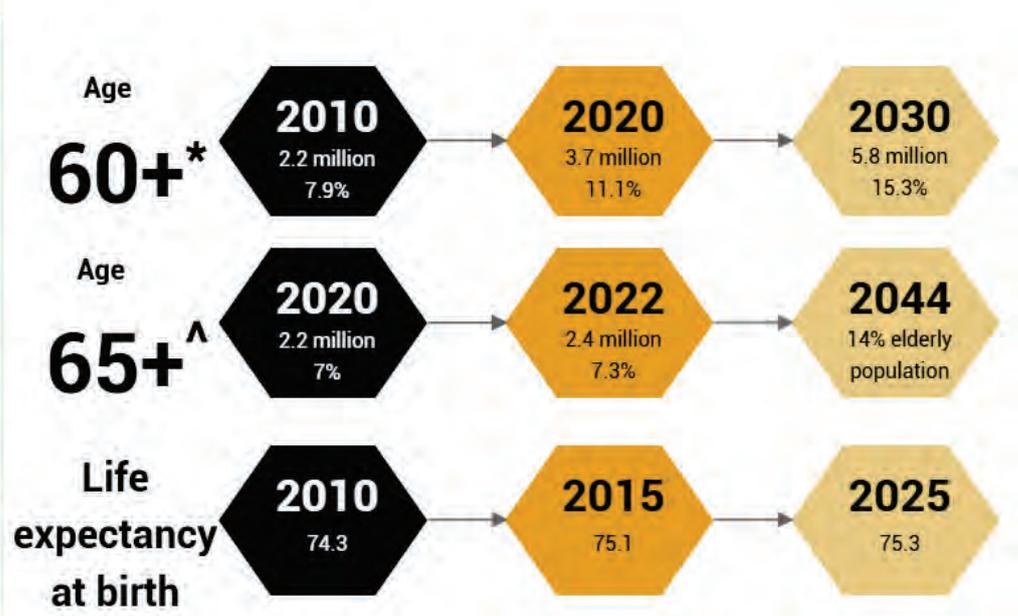
Older adults

*As defined by the 1982 World Assembly on Ageing, Vienna & National Policy for Older Persons, Malaysia

^Definition by OECD and Ministry of Health, Labour and Welfare, Japan

Life expectancy

Average period for a person expected to live

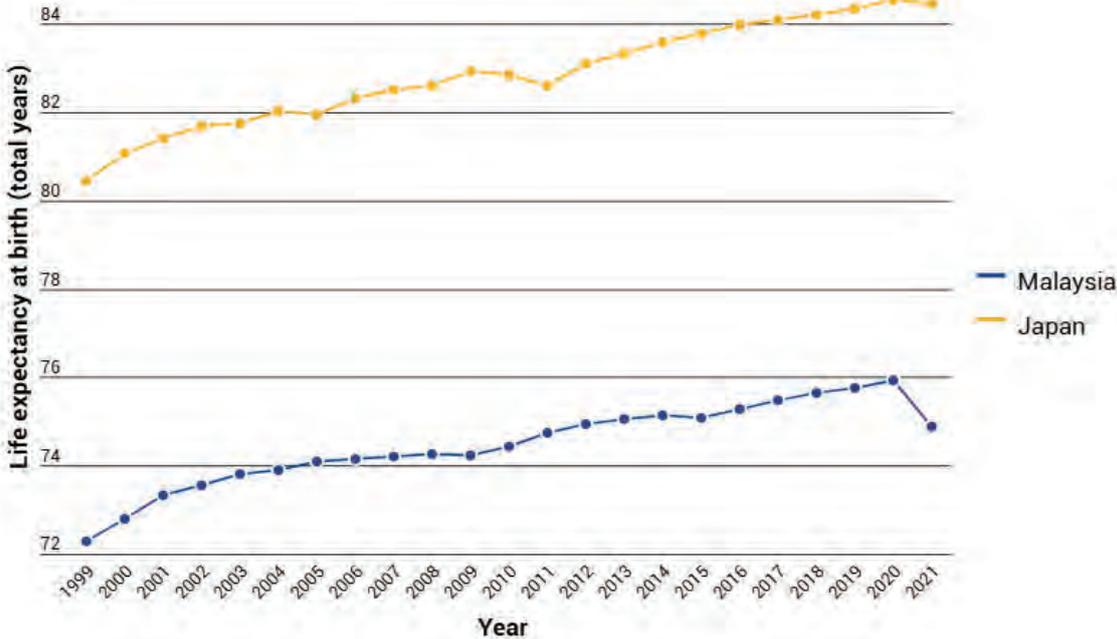


Source: Department of Statistics Malaysia (DOSM), Current Population Estimates, Malaysia, 2025

Demography

Life expectancy

Life expectancy at birth (total years) from 1999-2021



Source: World Health Organization. The Global Health Observatory. Life expectancy at birth (years).

Economic & Social Indicators



GDP per capita

RM54,793 ~ \$11,990 USD (2024)
[GDP growth of 5.1%]



GNI per capita

RM54,793 (2024)
an increase of
RM1,851.



Unemployment rate

3%



Age dependency ratio

42.1% (2025)



Poverty rate

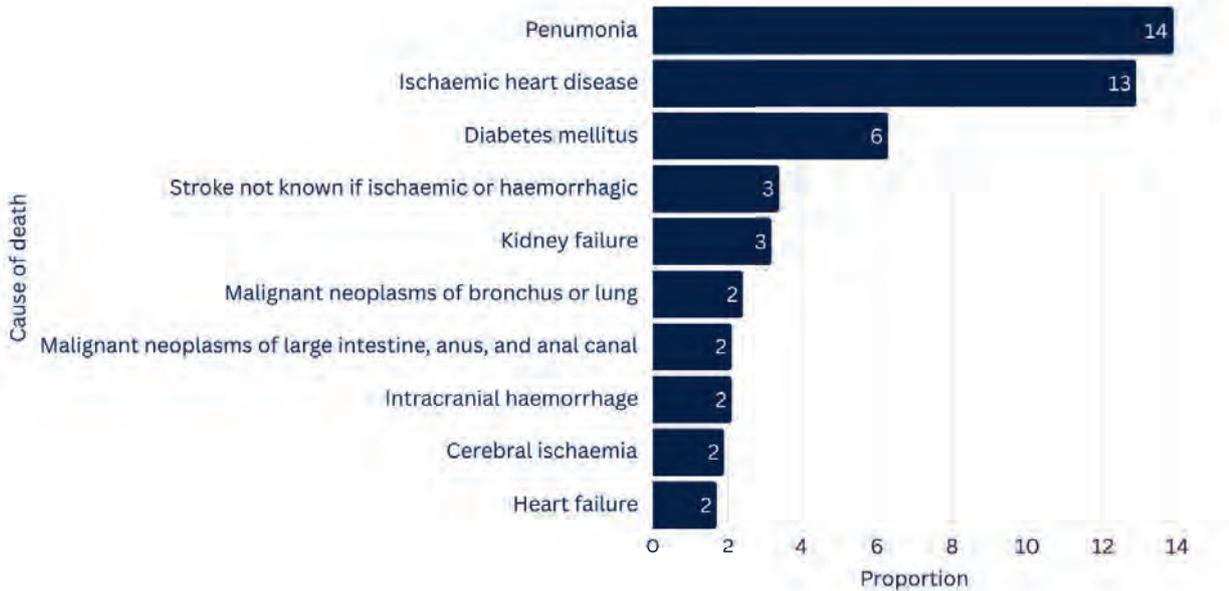
Absolute 5.1%
Relative 16.7%

average Poverty Line Income (PLI) RM2,705

Source: Department of Statistics Malaysia (DOSM). Poverty in Malaysia, 2024.

Epidemiology

10 Principal Causes of Medically-certified Death (Population aged 60+)

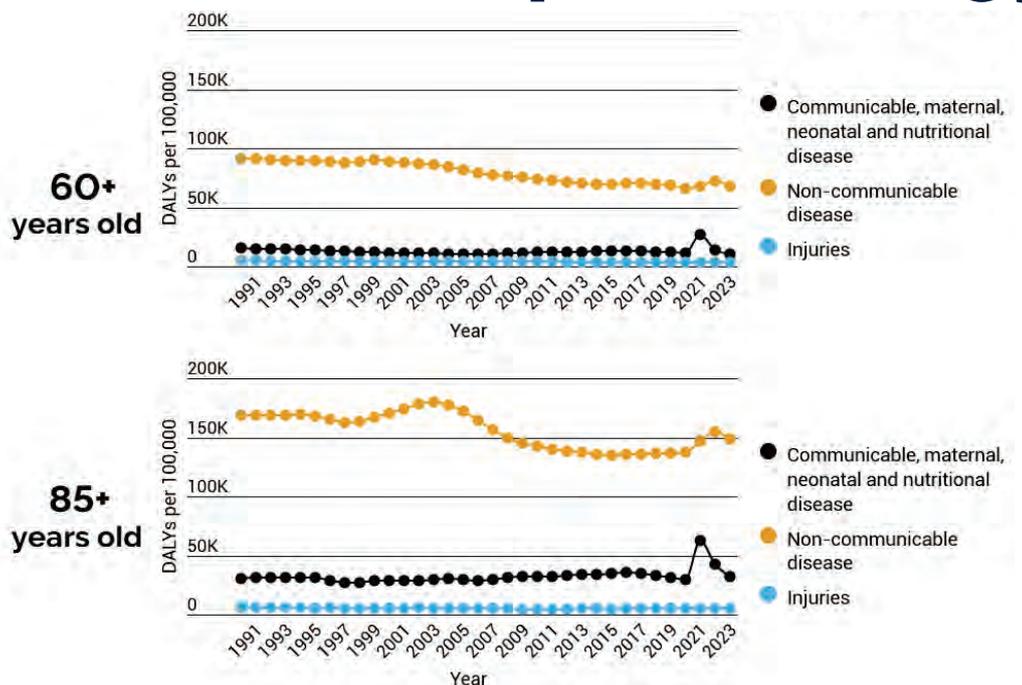


Source: Department of Statistics Malaysia (DOSM). Statistics on causes of death Malaysia, 2025.

Epidemiology

Disease Burden trends in Malaysia

Data from 1990 to 2023 for three different groups of diseases, age group 60+ and 85+



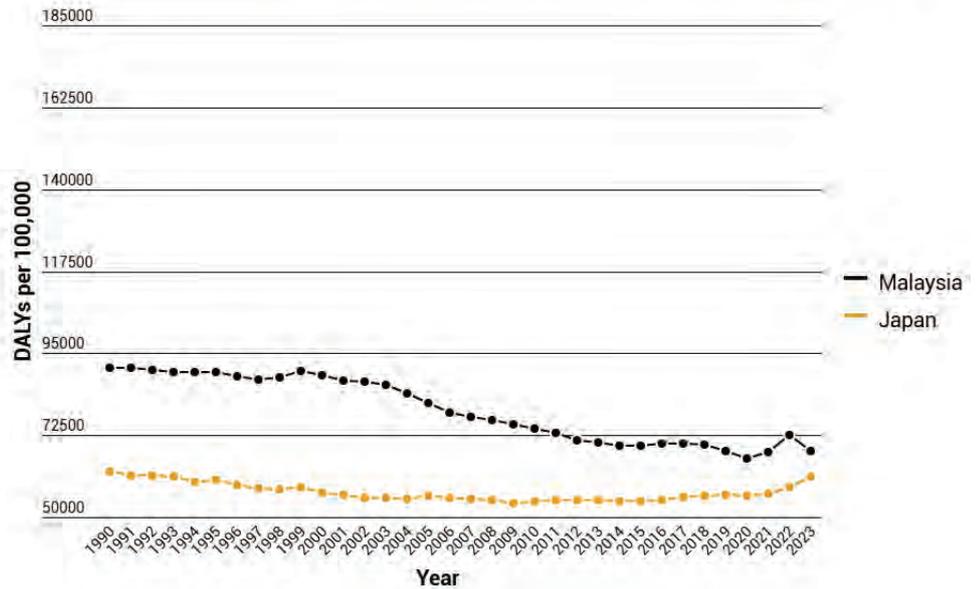
Source: [Institute for Health Metrics and Evaluation, Cause of Death or Injury 1990-2023](#).

Epidemiology

(Non-Communicable Diseases: 60+)

Disease of Burden comparison

Data from 1990 to 2023 for all causes in Malaysia and other key countries for **age group 60 and above**



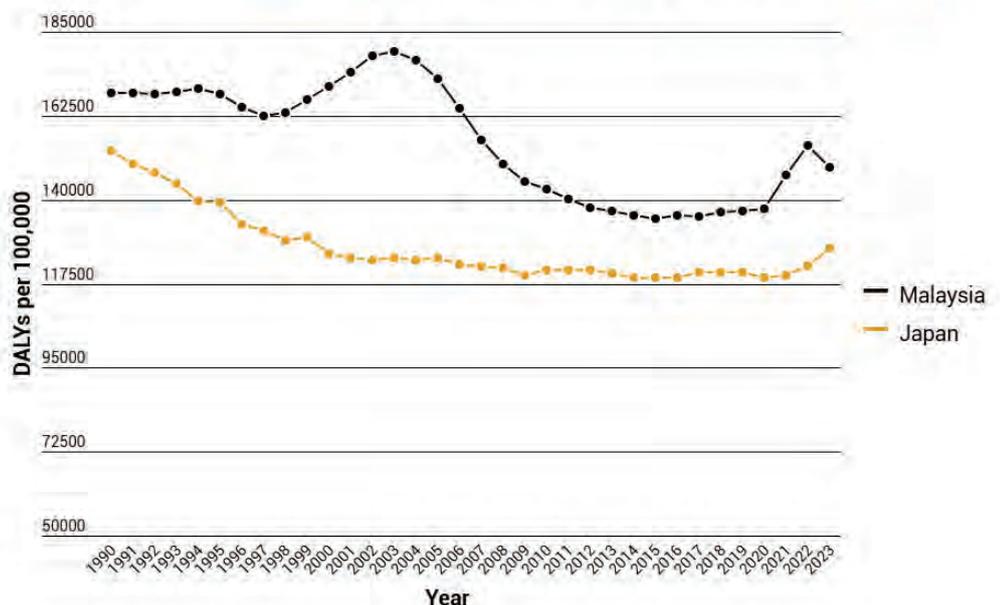
Source: [Institute for Health Metrics and Evaluation, Cause of Death or Injury 1990-2023](#).

Epidemiology

(Non-Communicable Diseases: 85+)

Disease of Burden comparison

Data from 1990 to 2023 for all causes in Malaysia and other key countries for **age group 85 and above**



Source: [Institute for Health Metrics and Evaluation, Cause of Death or Injury 1990-2023](#).

Dichotomous Healthcare System



Public



Private

- Heavily tax-subsidised
Almost free
- 48.9% Outpatient attendance
- 71.2% Inpatient attendance
- 63.9% Oral health

- Fee for service: private health insurance or out-of pocket
- 51.1% Outpatient attendance
- 28.6% Inpatient attendance
- 36.1% Oral health

Source: [Institute for Public Health 2024. National Health and Morbidity Survey \(NHMS\) 2023: Non-communicable Diseases and Healthcare Demand - Key Findings](#)

Healthcare Resources - Public & Private



Notes:
 Clinics comprising all types of clinics; Dental clinics comprises general and community clinics; Both excluding mobile service
 Hospitals including special medical institutions and non-MOH hospitals
 Nurses comprises registered and community nurses
 Data as of 31 December 2024, with exception of Health expenditure (2023)

Source: [Ministry of Health Malaysia. Health Facts 2025.](#)

Policy



The **13th Malaysia Plan (2026-2030)** charts the path towards a more inclusive, resilient, and sustainable future. People's well-being, equity, and **preparedness for an ageing society** are emphasised amidst economic and structural growth.

Policy

Ministry of Health

- Health White Paper (HWP)
- Developing MOH Strategic Plan (2026-2030)
- MOH Elderly Health Service Action Plan 2023-2030
- MOH Dementia Action Plan 2023-2030

Ministry of Women, Family and Community Development

- National Policy for Older Persons
- National Action Plan for Older Persons (2026 - 2030)
- National Social Policy 2030
- Malaysia Care Strategic Framework and Action Plan 2026–2030
- Developing Older Person Act

Ministry of Economy

- National Ageing Blueprint
- Developing White Paper for National Ageing Agenda

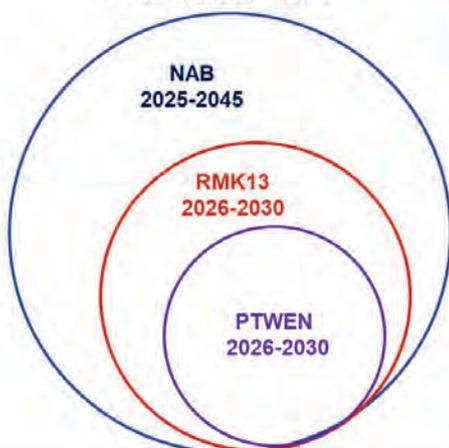


Policy

The **National Policy for Older Persons** represents the Government of Malaysia's commitment to fostering **older persons who are independent, dignified, and respected** by optimising their potential through healthy, positive, active, productive, and supported ageing, with the aim of **enhancing their overall well-being** and enabling their continued contribution to national development.

Current Action Plans for Older Persons in Malaysia

Main Action Plans



NATIONAL AGEING BLUEPRINT (NAB) 2025-2045

- Macroeconomic & Fiscal Policy
- Employment, Skills & Education
- Financial & Social Protection
- Health Longevity
- Long-term Care (LTC)

MALAYSIA 13TH PLAN (RMK13) 2026-2030

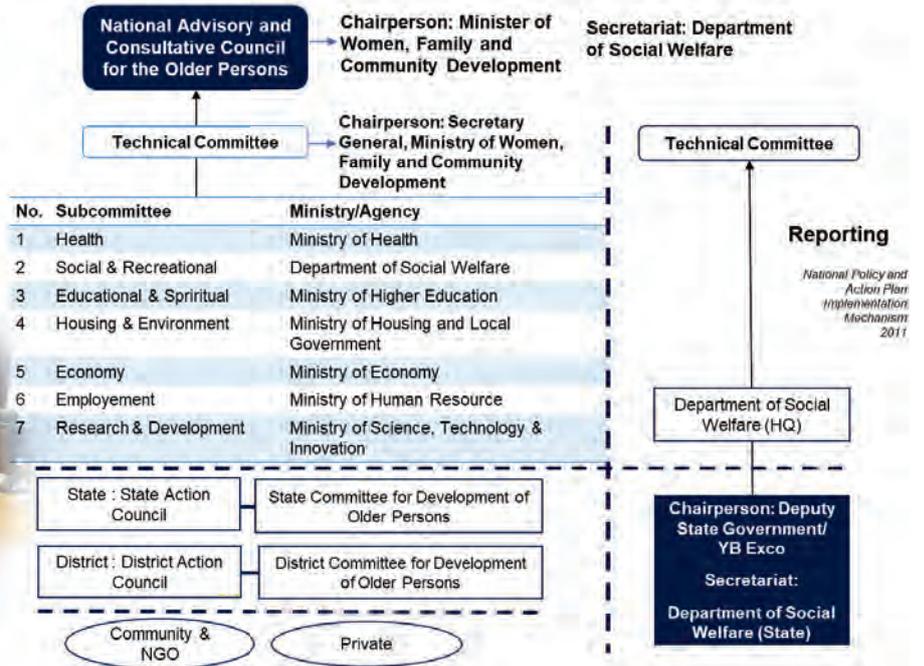
- LTC ecosystem
- Labour Market, Skills and Education
- Fiscal Priorities and Social Protection Benefits
- Well-being of Older Persons

NATIONAL ACTION PLAN FOR OLDER PERSONS (PTWEN) 2026-2030

- Advocacy
- Lifelong learning
- Safety & Protection
- Governance and Shared Responsibility
- Participation & Intergeneration
- Research & Development



National Policy and Action Plan Implementation Mechanism



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

AGEING-IN-PLACE	COMMUNITY-BASED	INSTITUTIONS
<p>Monthly Allowance for Older Persons (BWE) RM600/ month 154,004 aid recipients</p>	<p>Senior Citizens Activity Centers (PAWE) 217 Centres, 47,020 Registered Members</p>	<p>Homes for the Older Persons (Rumah Seri Kenangan) 10 Centres,</p>
<p>Home Help Services (KBDR) 2,170 Volunteers, 6,651 older persons</p>		<p>Homes for the Chronically ill (Rumah Ehsan) 2 Centres</p>
		<p>Care Centers for Older Persons 451 registered, (NGOs)</p>

Health & Health Care



Elderly Healthcare Services Action Plan 2023-2030

- Health Aging with strategies across the spectrum ageing and the life-cycle
 1. High and stable capacity
 2. Declining capacity
 3. Significant loss of capacity
- Emphasis on responsive care, encompassing illness, geriatric syndromes, oral health, nutrition and rehabilitation

Source: Ministry of Health Malaysia (2023).



The Dementia Action Plan 2023-2030

- Aims to improve lives of people with dementia, via
 1. Empowering Healthy and Active Communities
 2. Strengthening a sustainable healthcare and social support system for dementia
 3. Research, innovation and information sharing
 4. Strengthening monitoring and evaluation of health program for person with dementia

Source: Ministry of Health Malaysia (2024).

18.8% of the elderly in Malaysia need dental treatment



59.2% of the elderly in Malaysia with poor oral health-related quality of life

6020 Programme for Oral Health

- Malaysia target: More than 50% of older adults aged **60 years and above** have at least **20 natural teeth**.
- Strategies:
 1. Strengthen the oral health screening during outreach programme for the adults and elderly - to maintain natural healthy teeth.
 2. Improve the infrastructure for the elderly (rapid lane at the counter, elderly-friendly toilet, ramp etc) - to improve access to dental clinics.
 3. Strengthen the oral health promotion for all age groups - for lifelong good oral health practice and literacy.
 4. Promote the once a year dental check-up.

Source: NHMS 2018: Elderly Survey Vol II; Guidelines Oral Healthcare Services for the Elderly 2023 (MOH Malaysia)

Strengths



**Emphasis on Older
Adults' Well-being**



**Universal Health
Coverage**

Challenges



Disease Burden & Health Expenditure

- High Prevalence of diseases, including oral health diseases
- Double burden of malnutrition and obesity
- Functional independence and mobility risk



Demographic Shift & Role of Community

- Emotional well-being and social vulnerability
- Social networks within community and risk of social isolation
- Need for carer and community support, and aging-friendly environment



Old Age Poverty

- Income Insecurity
- Risk of being left behind with technology and digitalisation
- Risk of financial burden from high healthcare needs

Aspirations



Ageing-in-Place

Community



Quality of Life



Sustainability



Acknowledgements

We wish to thank the Director-General of Health, Ministry of Health Malaysia for his permission to present this work.



Thank you

Images of fauna in Malaysia (left to right): Sun bear, Orang Utan, Hornbill

6.MALDIVES



Policies and Practices in an Ageing Society: Creating Age Inclusive Communities

12-24 January 2026, Tokyo, Japan

Country Report _ Maldives

BY: SHIFAZA WAJEEH

COURSE NO: 202411532J001

DATE: 26TH DECEMBER 2025

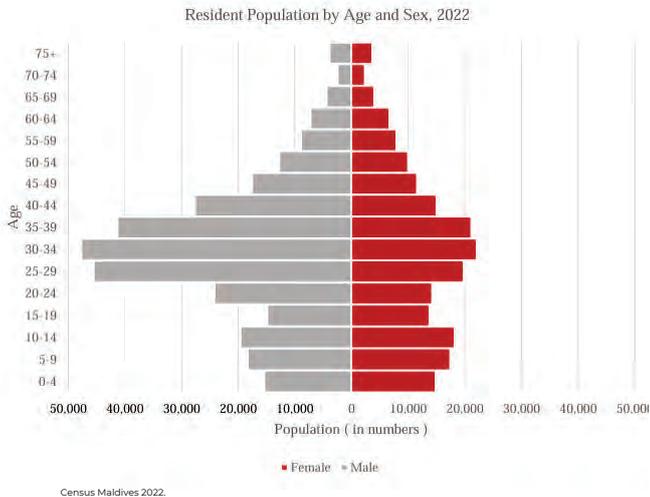


COUNTRY PROFILE



- The Republic of Maldives
 - Location: Tropical archipelago in the Indian Ocean
 - Composition: Over 1192 islands grouped into 20 atolls; with 187 inhabited islands and 825 uninhabited islands
 - Population: Approximately 515,132 (382,639 Maldivians, 132,493 Foreigners)
 - Economy: Predominantly driven by tourism and fishing
 - Tourism: Major contributor to GDP
 - Fishing: Significant economic activity
- Challenges:
 - Geographical dispersion
 - Limited resources
 - Issues in providing equitable access to healthcare and social services across all islands

DEMOGRAPHIC TRENDS IN THE MALDIVES

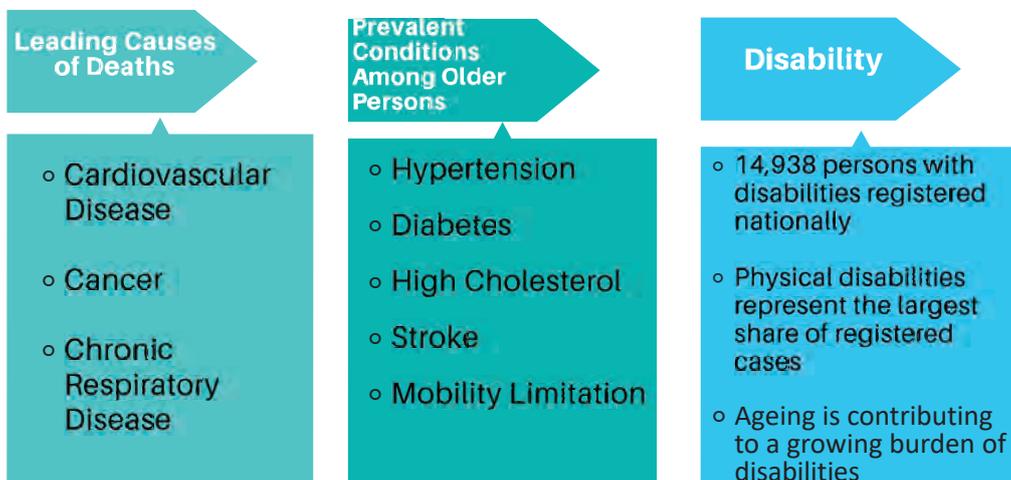


INDICATORS	VALUE
Population age 65+ years (2022)	20,490
Population aged 65+ (% of total population)	5
Total Fertility Rate (2022)	1.7
Life Expectancy (2020)	80.6
Dependency Ratio (2022)	46.8

Census Maldives 2022.

Maldivian elderly population to reach 7% by 2030 and 14% by 2050)

EPIDEMIOLOGICAL SITUATION





PRIORITIES: POLICIES, PLANS AND PROGRAMS TO PROMOTE THE RIGHTS OF OLDER PERSONS



KEY CHALLENGES





KEY FACTORS AFFECTING THE CHALLENGES



STRENGTHS IN ADDRESSING CHALLENGES

SOCIAL PROTECTION AND HEALTH INTEGRATION



Provision of Basic Pension
Health Care Services coverage
Medical Checkup initiatives

HEALTH SECTOR ENGAGEMENT



Engage in mental health strategy development
Integrating healthy ageing and NCD prevention in health strategies

DECENTRALIZATION AND LOCAL GOVERNANCE



Establishing Community-based identification and service delivery platforms (IBAMA) to encourage multisectoral coordination at island level to support older persons.

SPORTS AND FITNESS SECTOR ENGAGEMENT



Collaborating to make outdoor gyms accessible

CROSS SECTORAL COORDINATION



Regular dialogues with stakeholders to sensitize sectors on the implications of demographic transition and promote age-responsive planning.



DISRIPTION OF THE WORK



➤ My Current Work

- Overseeing and managing the Ministry's overall mandate on ageing and older persons
- Leading the formulation and implementation of the National Policy on Ageing and the National Action Plan on Ageing
- Serving as the Ministry's focal point for the development of the Long-Term Care Strategy for Older Persons
- Leading the implementation of the National Action Plan on Ageing

➤ Challenges

- Insufficient disaggregated data to inform evidence-based policies
- Fragmented coordination across sectors and stakeholders
- Capacity constraints within the Ministry to respond to a rapidly ageing population

EXPECTATIONS



- Strengthen technical knowledge on ageing policy and planning
- Learn good practices from other countries
- Improve skills in evidence-based policy formulation
- Explore innovative and sustainable long-term care models
- Build regional and international professional networks



THANK YOU!

7. MAURITIUS



INCEPTION REPORT MAURITIUS

MINACKSHI RAMSAMY

REPUBLIC OF MAURITIUS





A TOUR TO THE REPUBLIC OF MAURITIUS

- Mauritius is situated in the south-west of the Indian Ocean, 2000 km from the east coast of Africa.
- It is of volcanic origin and forms part of the group of islands commonly known as the Mascarenes, which comprise Reunion Island and Rodrigues Island.
- Mauritius achieved its independence on 12th March 1968.
- Mauritius has a cosmopolitan culture encompassing the blending of several cultures. Co-existence among Mauritians of Indian, African, European and Chinese ancestry has led to a sharing of cultures and values, a collective participation in festivals and increased understanding between people of different backgrounds.
- The diversity and plurality is expressed through various ways such as literature, dance, music, local crafts, religion, and tradition.
- Mauritius is today a unique melting pot of people, languages and cultures.



BASIC INFORMATION ON MAURITIUS

- ❖ Population of Republic of Mauritius: 1.2 Billion with 635,871 Female and 632,420 Male
- ❖ Population age structure:
 - Youth (0-14): 14.5%
 - Under 25: 42.4%
 - Working Age: 71.3%
 - Elderly (65+): 14.1%



MAIN FEATURES OF THE REPUBLIC OF MAURITIUS

Languages:

- ✓ English is the official language of Mauritius and is primarily used in government, the judiciary, and formal education. Parliamentary debates, official documents, and court proceedings are conducted in English. Most textbooks in schools are also written in English, and it serves as the main medium of instruction from primary to tertiary education.
- ✓ Creole, a French-based patois, is spoken by about four-fifths of the population and is the lingua franca of the country.
- ✓ Bhojpuri, an Indo-Aryan language, is spoken by one-tenth of the population, and French is spoken by a small percentage.
- ✓ Other languages spoken on the island include Hindi, Chinese, Marathi, Tamil, Telugu, and Urdu.

ECONOMY OF MAURITIUS



- The 1970s were marked by a strong government commitment to diversify the economy from a low-income mono-crop producer of sugar cane to an upper-middle-income diversified economy – driven by tourism, fisheries, manufacturing, and financial services and to provide more high-paying jobs to the population.
- Government efforts to diversify the economy after 1980 have been successful, and the island is no longer as completely dependent on sugar production as it was throughout most of its history.
- Main sectors on which emphasis was put to attain such targets were tourism industry and the creation of the Export Processing Zones (EPZ). The EPZ with investment principally from China, Hong Kong and Taiwan, and came into its own, surpassing sugar as the principal export-earning sector and employing more workers than the sugar industry.
- Education and health services are free and have been expanded in recent years, in order to create further employment opportunities and ensuring inclusive growth.
- Today, the main pillars of the economy are tourism, textile, financial and recently information technology has joined in.

MAURITIUS GDP: STRUCTURE, GROWTH & ECONOMIC EVOLUTION

GDP Overview

- The Gross Domestic Product (GDP) in Mauritius was worth 14.95 billion US dollars in 2024, according to official data from the World Bank. The GDP value of Mauritius represents 0.01 percent of the world economy.
- GDP in Mauritius is expected to reach 15.40 USD Billion by the end of 2026, according to Trading Economics global macro models and analysts expectations. In the long-term, the Mauritius GDP is projected to trend around 16.01 USD Billion in 2027 and 16.66 USD Billion in 2028, according to our econometric models.



MAURITIUS A WELFARE STATE

- ▶ A shining example of a welfare state, where the government's commitment to social protection, universal healthcare, and free education has uplifted the quality of life for all its citizens.
- ▶ Progressive policies like pension schemes, poverty eradication programs, and accessible/free public services, the island nation demonstrates how a small country can achieve remarkable social equity and economic resilience.
- ▶ Harmonious blend of cultural diversity and inclusive development makes Mauritius not just a tropical paradise, but also a model of welfare-driven governance.
- ▶ As an upper-middle-income and well-diversified economy, Mauritius has consolidated its position as the leading business and financial services hub in the Indian Ocean.



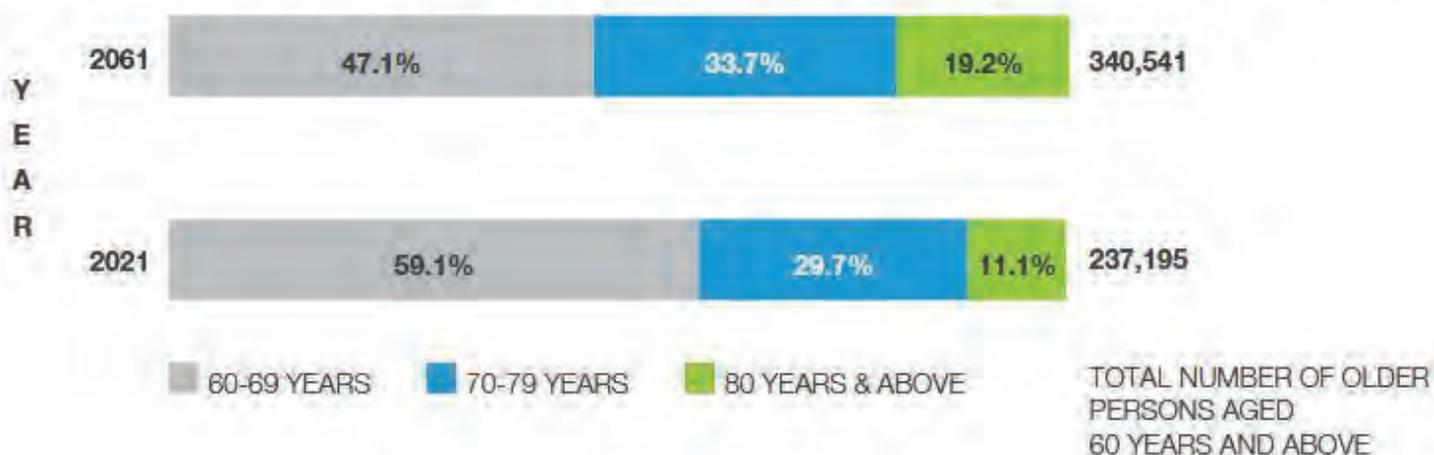
DEMOGRAPHIC DATA AND PROJECTIONS

- ❖ As per the UN definition, in Mauritius, older persons commonly referred to as the elderly, are those aged 60 years and above.
- ❖ Over the past few decades, Mauritius has been experiencing a rapid ageing of its population. The percentage of people aged 60 years and above was 9% in the year 2000, 18.7% in the year 2021 and the figure is projected to increase to 36.5% in the year 2061.
- ❖ The population of older persons is increasing both in numbers and as a share of the total population. The number of people aged 60 years and older is projected to grow by 44%, from 237,195 in 2021 to 340,541 in 2061. The share of the population aged 60 years or above in the total population is projected to increase from 18.7% in 2021 to 36.5% in 2061 while the share of the population aged 15-59 years is projected to decrease from 64.6% in 2021 to 51.9% in 2061.
- ❖ Mauritius is also witnessing a progressive ageing of its older population. The number of people aged 80 years and older will grow by 148%, from 26,432 in 2021 to 65,461 in 2061. The share of persons aged 80 years and above in the population aged 60 years and above is projected to increase from 11.1% in 2021 to 19.2% in 2061



DEMOGRAPHIC DATA AND PROJECTIONS

Figure 1: Percentage distribution of the population aged 60 years and above by broad age group, 2021 & 2061 – Republic of Mauritius





DEMOGRAPHIC DATA AND PROJECTIONS

As per the projection demonstrated in below table, a decrease in the age group 0-14 is expected while the age group 60+ will increase significantly. From 2021 to 2061, the age group 60-79 is expected to double on average.

Table 1: Trend in Age Structure of the population 2015-2055

Age group	2021		2041		2061	
	Number	%	Number	%	Number	%
Total population	1,220,060		1,163,362		933,951	
0-14	210,563	16.6	159,792	13.7	108,818	11.7
15-59	818,302	64.6	671,963	57.8	484,592	51.9
60+	237,195	18.7	331,607	28.5	340,541	36.5
60-79	210,763	16.6	274,386	23.6	275,080	29.5
80 and above	26,432	2.1	57,221	4.9	65,461	7.0

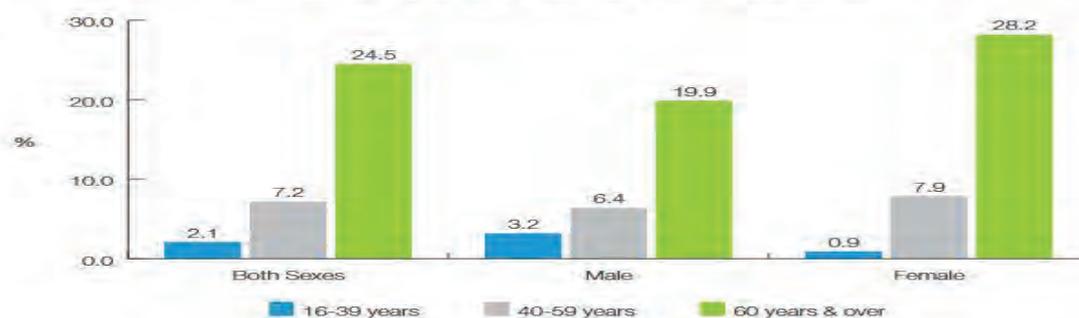
Source: Digest of Demographic Statistics 2021.



DISABILITIES AMONG OLDER PEOPLE

Data disaggregated by sex and age shows that the prevalence of having difficulties in performing daily activities due to health problem(s) is higher among women (9.8%) than men (7.7%). It increases with age, i.e. 10% among women aged below 60 years versus 24% among elderly aged 60 years and over.

Figure 2: Percentage of persons who reported having difficulties in performing day-to-day activities by age group and sex, 2018/19

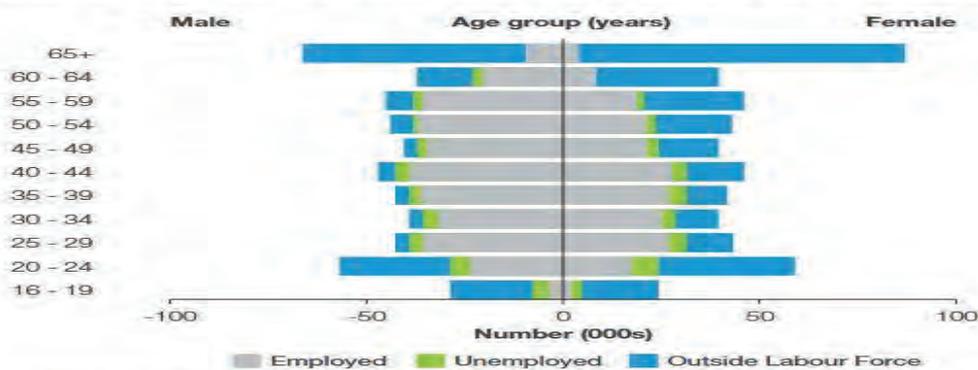




OLDER PEOPLE AND THE WORKFORCE

In Mauritian society, it is noted (Figure 3) that compared to other age groups, a higher percentage of those above 60 years, especially women, are likely to be outside the workforce.

Figure 3: Population structure by age, sex and economic activity, 2020



Source: Statistics Mauritius, Labour Force, Employment and Unemployment Year 2020



OVERVIEW OF THE SOCIAL SECURITY SYSTEM IN MAURITIUS

The Ministry of Social Integration, Social Security and National Solidarity is responsible for providing fair, equitable and responsive social protection in a sustainable manner to citizens of the Republic of Mauritius, with special attention to senior citizens, persons with disabilities as well as vulnerable persons and to reinforce national solidarity. The Ministry aims to enhance social protection and national solidarity, empowering local communities to enhance their quality of life.



BASIC BENEFITS FOR THE ELDERLY

- All citizens who satisfy the residence conditions are entitled to a monthly Basic Retirement Pension payable under the National Pensions Act 1976 as per below:

Basic Retirement Pension	Rates (Rs)
(a) aged 60 and below 90	15,000
(b) aged 90 and below 100	22,710
(c) aged 100 and over	27,710

- There are also other schemes for the elderly under the same legislation:
 - (a) A Carer's Allowance of Rs3,500 is payable if he/she needs constant care and attention of another person.
 - (b) The elderly benefit from a Contributory Retirement Pension if he has worked in the private sector before retirement. If he was in the public service, he is eligible to a government pension.
 - (c) A female elderly can also benefit from a Contributory Widow's Pension if her spouse had contributed to the National Pensions Fund.



OTHER ALLOWANCES PAYABLE TO THE ELDERLY

- The elderly are also eligible to the following allowances:

Allowances	Quantum (Rs)
Incontinence allowance	2,500
Allowance for purchase of rice and flour	353 per member of household
Dentures	4,222
Hearing aid	10,000 per hearing aid
Spectacles	5,000
Wheelchairs	10,000
Rent allowance for persons living alone	3,500
Grant for the purchase of medicines for centenarians	1,459
Funeral grant	12,360



OTHER SERVICES

- Concessionary bus pass - A BRP recipient is eligible to be holder of a concessionary bus pass whereby he/she may travel in public transport free of charge.
- Free vaccination against flu to elderly
- Monthly Medical Domiciliary Visits - BRP recipients aged 90 or above, BRP beneficiaries in receipt of Carer's Allowance receive monthly medical domiciliary visits.



RECREATION CENTRES FOR THE ELDERLY

- Recreation centres were set up to host residential holiday camps for senior citizens as well as persons with disabilities and as such provides accommodation in double bedrooms, food and beverages, indoor entertainment, swimming pool activities, outdoor tours in coach and targeted empowerment talk sessions. The aim is to ensure a comfortable, safe, recreational and hospitable retreat to our elderly people and disabled residents and thus giving them opportunities to cut off from their daily routine life.
- There are 4 Recreational centres across the island:
 - (i) James Burthy David recreation centre at Pointe aux Sables
 - (ii) Sir Seewoosagur Ramgoolam recreational centre at Belle Mare
 - (iii) Lady Shushil Ramgoolam recreational centre at Pointe Aux Piments
 - (iv) Sir Anerood Jugnauth recreational centre at Riambel



PROTECTION OF ELDERLY PERSONS

A Welfare and Elderly Persons Protection Unit (WEPPU) has been set up following the enactment of The Protection of Elderly Persons' Act 2005 to:

- ✓ Deal with complaints from elderly persons who are in need of assistance or protection and take such measures as may be necessary.
- ✓ Organize public awareness and sensitization campaigns on the rights of the elderly and the need to provide them with assistance and protection.

Hotlines: 172 is operational from 9.00 am to 4.00 pm and 199 is operational on 24 hours/7days basis and they are free of charge.



CHARITABLE INSTITUTIONS AND RESIDENTIAL CARE HOMES

- ❖ There are 22 Charitable Institutions and 57 Residential Care Homes in Mauritius. Those who do not have any means except their monthly pension can be admitted to a Charitable Institution. Those who have other incomes over and above their Basic Retirement Pension can seek admission in a (private) Residential Care Home. Prices vary according to the services demanded.
- ❖ The Charitable Institutions and the Residential Care Homes are governed by the Residential Care Home Act 2003. The Government, through the Ministry of Social Integration, Social Security and National Solidarity effect regular visits to ascertain that these Homes comply with the requirements of the law for the welfare of the people.



ELDERLY DAY CARE CENTRES

- ❖ There are 22 Elderly Day Care Centres which operate under the aegis of the Ministry of Social Integration, Social Security and National Solidarity. Officers of the Ministry organize activities during the day for the elderly to keep them active and fit. These Elderly Day Care Centres are overseen by a managing Committee which comprises of elderly members in the area.
- ❖ There are some Elderly Watch Committees which are manned by elderly persons in the same area. They meet once a month and report any suspected case of abuse. The officer of the Ministry who acts as Secretary has to initiate action immediately and report back to them of the outcome.



SENIOR CITIZENS COUNCIL

- ❖ The Senior Citizens Council, established in 1985 as a body corporate under the aegis of the Ministry of Social Integration, Social Security and National Solidarity is dedicated to enhancing the lives of the senior citizens. Its mission centers on fostering an active and fulfilling lifestyle for seniors, addressing their unique needs, and advocating for their rights and welfare.
- ❖ The vision of the Senior Citizens Council is to promote the concept of successful ageing and encourage the senior citizens to lead an active and healthy life in dignity and in full enjoyment of their rights. Its mission is to encourage senior citizens to group into Senior Citizens Associations and to promote programmes/activities for their social integration and welfare in general.
- ❖ As at date, some 847 Senior Citizens Associations in Mauritius and 68 Senior Citizens Associations in Rodrigues (making a total of 915) grouping some 97,284 Members were affiliated to the Council.



CHALLENGES

- ❖ The increase in the number of elderly people will undeniably put pressure on the finances of the country as well as on the services that are provided. In Mauritius, health services are provided free. It is no secret that elderly people will need more health-related services, more residential care homes and more Charitable institutions. More professionals will be required to meet the growing number of abuse cases. More recreational centres will be required to entertain the number of people seeking recreational activities.
- ❖ It is important to notice the growing demand for increase in pensions. It will affect the budgetary allocations for other ministries. Other services will have to be curtailed to satisfy the demands of the elderly.
- ❖ With a rising number of charitable institutions and private nursing homes, together with societal change involving increasing prevalence of the nuclear family mode of living, it is expected that as population ageing accentuates as a trend over the next few decades, the demand for carers will strongly grow.



CHALLENGES

- ❖ With an ageing population, both the number and proportion of senior citizens who are aged 60 years and above are expected to rise exponentially, reaching 350,000 citizens by 2050, and 2 in 5 of all citizens by 2061, compared to 1 in 5 currently.
- ❖ Several elderly citizens who are not bed-ridden may nevertheless also require carer support, as may younger persons who live with a disability, which may be temporary or permanent in nature.
- ❖ Carer support currently can be formal or informal, trained or un-trained.
- ❖ It is expected that as population ageing accentuates as a trend over the next few decades, the demand for carers will strongly grow.



STRENGTHS

- As per Government Programme 2025-2029, Government will review existing legislation and enhance the services to be provided for the welfare of the elderly. The services provided by private Elderly Care Facilities will also be regulated to provide better care to our elders.
- Mauritius has a trained workforce at all levels of the government. Doctors, nurses, social workers, social security services and even legal services will be there to rise up to the challenges.



DESCRIPTION OF CURRENT WORK

- As an Assistant Permanent Secretary at the Ministry of Social Integration, Social Security and National Solidarity, I am directly involved in formulating policies and programs for the benefits and welfare of elderly including persons with disabilities.
- I assist in the formulation of policies, preparation of legislations and administration of the various Acts and Regulations for pensions matters falling under the aegis of the Ministry.
- I represent the Ministry on the board of the Senior Citizens Council which promote the concept of successful ageing and encourage the senior citizens to lead an active and healthy life in dignity and in full enjoyment of their rights.
- I am the Secretary of the Residential Care Homes Board which has been set up to regulate the operations of Charitable Institutions and Private Residential Care Homes for the elderly.



EXPECTATIONS

- Implementation of an integrated approach to ageing and longevity.
- Help in designing policies for long-term care and health for the elderly and for the prevention of old age poverty.
- To acquire knowledge and skills for the promotion of the welfare of the elderly and persons with disabilities and to enhance social protection.

THANK YOU

8.MEXICO



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

Course: 202411532J001

Inception Report Mexico

Mariana López Ortega & Pamela Tella Vega
National Institute of Geriatrics, Mexico



1. Context

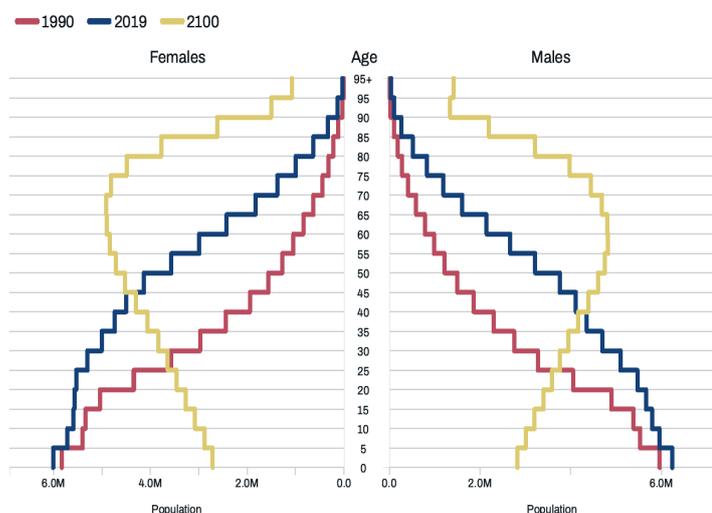


- GDP growth: Economic activity beat forecasts in October 2024, but the Bank of Mexico (Banxico) drastically reduced its 2025 growth forecast from 1.2% to just 0.3%.
- Political transition: First female president Claudia Sheinbaum, agenda with social programs and constitutional reforms

Source: OECD. 2024. Mexico Economic Snapshot

- Mexico is among the 15 largest economies in the world and the second largest economy in Latin America:
- However, also one of the countries with highest inequalities (OECD, MICs) → income, access to and quality of education, also regional (North/South, urban/rural).
- Female labour market increased from 49.3% in 2019 to 51.7% in 2024, but it remains significantly lower compared to most OECD countries and LAC region.
- In spite of many social development programs in place, poverty rates are still high and differ greatly across states.
- In parallel, well-being indicators vary greatly across states → Life expectancy at birth, disposable income per capita, share of labour force with at least secondary education, and employment rate, but also macro indicators such as air pollution, homicide rates, accidents, etc.

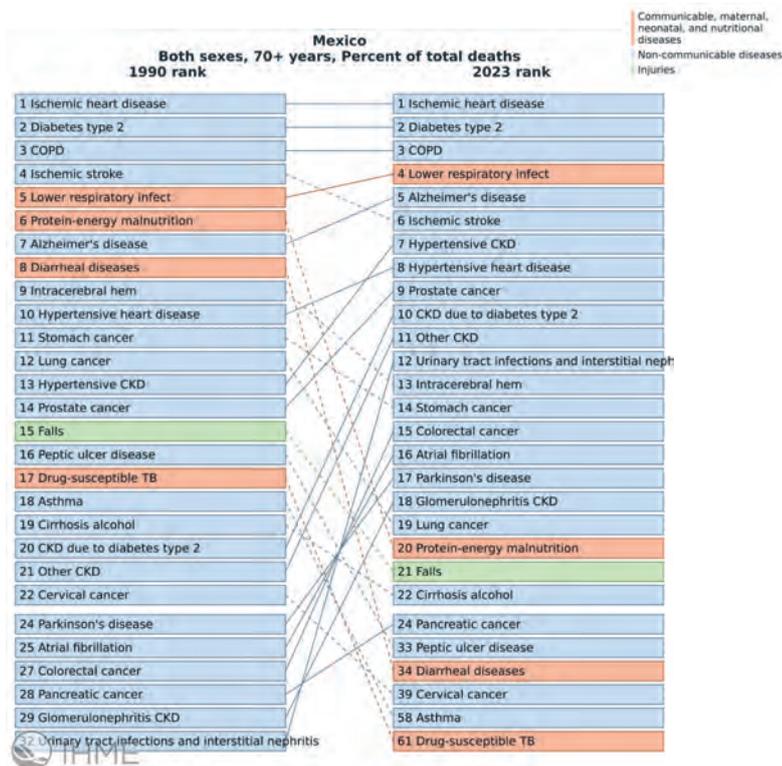
2. Demography



- According to the Country Profile of the Institute for Health Metrics and Evaluation, in 2023 total population in Mexico was 131.9 million people of which 51.3% are women. (IHME, 2025)
- Compared to 2010, In 2020 the population in México increased by 12.2%
- Of this total, 12% are 60 years or older (p 60+) (IHME, 2025).
- The proportion of p 60+ is estimated to increase sharply and represent 25% of total population by the year 2050.
- Life expectancy at birth was 75 years.
- Life expectancy at age 60 was estimated at 22.9 years for women and 20.9 years for men.
- The 2020 Census reported 16.5% of the population had some limitation to perform daily activities, a disability or a limiting cognitive condition (self-reported).
- 26% per cent of Mexican households reported at least one household member 60 years or older (INEGI 2020).
- Older Mexican adults live primarily in urban areas, are married or have a partner, and have little or no formal education (Hernández López et al., 2013)

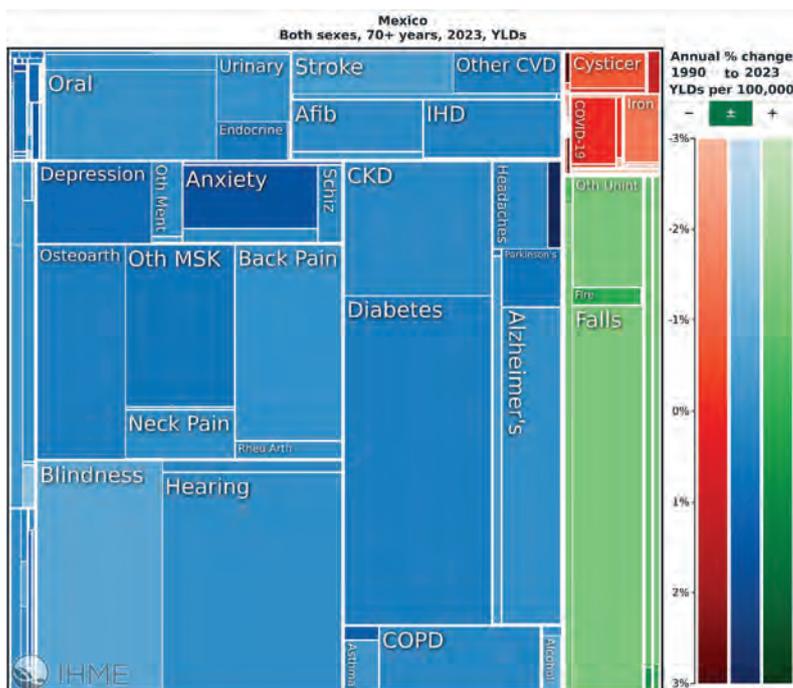
3. Epidemiology: Main causes of death

- Mexico's aging population faces a growing burden of chronic non-communicable diseases.
- Growing dominance of non-communicable diseases—such as ischemic heart disease, diabetes, and chronic kidney disease—while showcasing the decline of infectious and nutritional causes like diarrheal diseases and tuberculosis.
- Rising metabolic and renal complications: Hypertensive chronic kidney disease (CKD) and CKD due to diabetes.
- Increased longevity and neurodegenerative burden: Alzheimer disease
- Better detection and aging-related prevalence: Parkinson's disease and Atrial fibrillation.
- Cancer and injury-related deaths show nuanced shifts, with some rising due to aging and others declining due to better care.



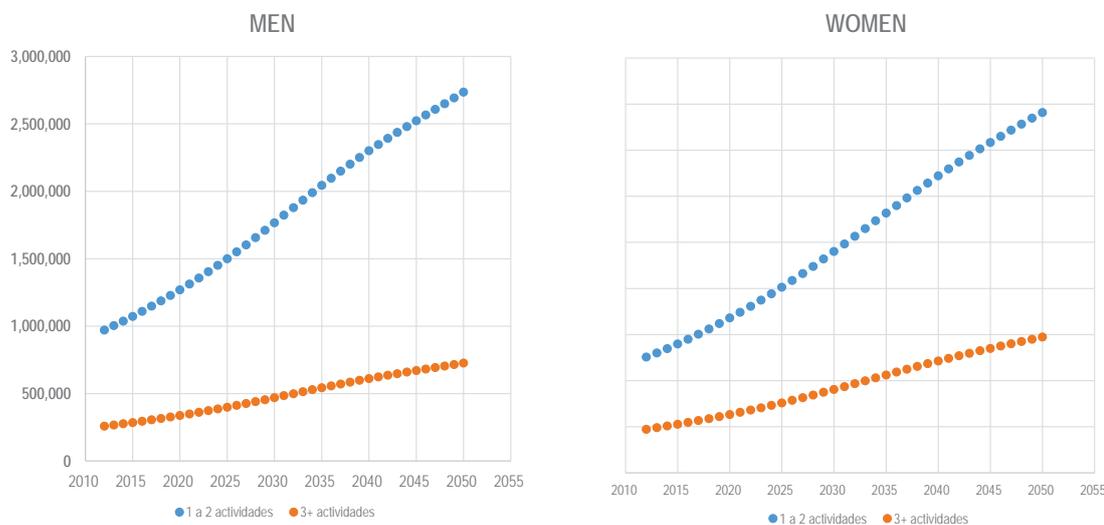
3b. Epidemiology: Years lived with disabilities (YLDs)

- Chronic, non-lethal conditions—particularly those impairing mobility, cognitive abilities, and sensory functions—represent the leading contributors to disability in Mexico’s older population.
- Leading contributors to disability: Musculoskeletal disorders and sensory impairments.
- Since 1990, cysticercosis, COVID-19, and iron deficiency anemia have shown notable increases in YLDs per 100,000 inhabitants, reflecting new health challenges, advances in detection, and possible sequelae of recent epidemics.



3c. Functional limitations

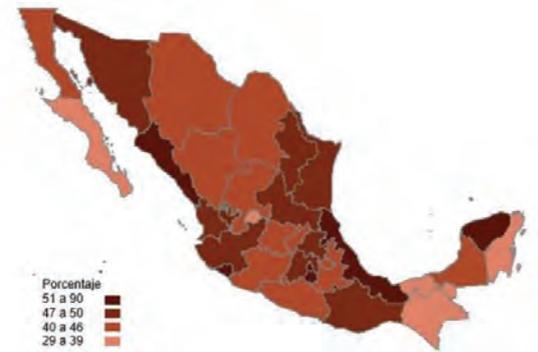
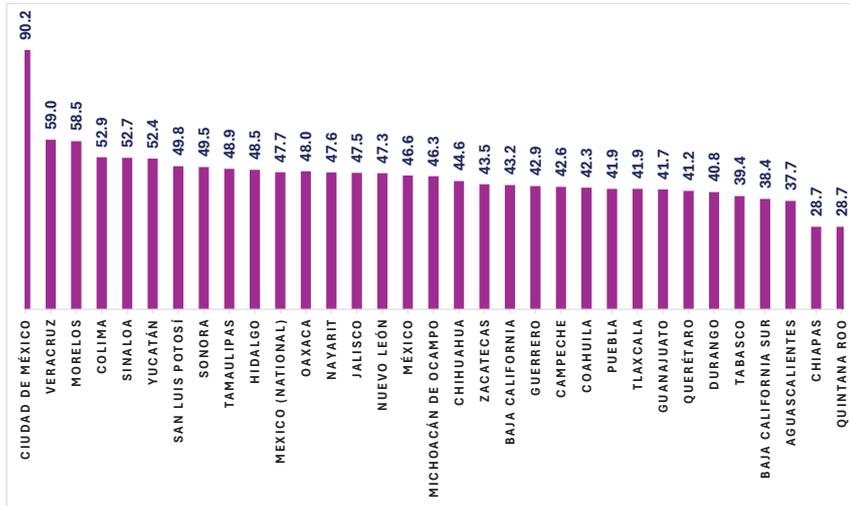
Estimates of total number of p60+ with functional limitations* 2012-2050



Source: Own estimates from data source: Estimaciones y Proyecciones de la Población por Entidad Federativa, CONAPO 2017: Díaz-Venegas C, De La Vega S, Wong R. 2015

4. Ageing Index

The ageing index by state shows the heterogeneity of the ageing process in the country.



Percentage of population 60yrs and older by state.

- Nationwide, 12% of the population is 60 years of age and older, with important differences between north, north-central and southern states.
- The three states with the highest percentage are Mexico City (CDMX), Veracruz and Morelos the three with the lowest percentage are Chiapas, Quintana Roo, and Baja California Sur, the latter being the states with the largest younger, within country migration.

Ageing Index: Number of people 60 yr and older for every 100 younger than 15 yrs.

Source: INEGI. National Population Census 2020 and INEGI, 2021:547/21. www.inegi.org

5. Ageing Policies

- In 2002, Mexico enacted the Law on the Rights of Older Persons (LROA), guaranteeing rights to dignity, health, work, and social security, defining the National Institute for Older Persons, INAPAM as the institution responsible to ensure its application.
- However, second level legislation needed to implement each right and dedicated actions was never enacted and INAPAM has not received optimal support or financing, with little margin to act.
- Mexico's ageing policies have mostly focused on granting a basic income for older adults and implementing non-contributory pensions.
- These started in Mexico City (previously Distrito Federal) in 2001 for legal residents 70 years and older. Followed by many states that developed their own local social or non-contributory pension programs.
- In 2007 the Federal government established "70 y más", a non-contributory pension focalized in poor individuals 70 years and older, in rural areas (<2,500 inhabitants).
- Since 2013, the NCP was expanded and is now Universal for adults 65 years and older with the only requirement being Mexican or having equal residency (naturalized immigrants, 25+ years residency) → Current benefit is: 6,200 pesos, bimonthly (~350.- USD).
- Important efforts, but highly regressive (+ employment-based pensions), still insufficient to cover basic needs for many individuals.

5b. Long-term care

- There is no national (state, local) and mandatory public registry for all institutions.
- There are no quality standards of care that govern how institutions (temporary or permanent residences) operate and that guarantee the well-being of the people who reside there.
- The only existing standard (NOM-031-SSA3-2012) is an incomplete, deficient and outdated regulation.
- There is no single public body in charge of issuing quality standards in care, certifying human resources and care models, evaluating, recertifying... etc.



- The first Census of Social Assistance Establishments (CAAS¹) conducted along the National Population Census in 2020, recorded **1,504 permanent residence institutions (LTC)** for older adults.
- Total number of older adults living residing in these institutions was **27,590, less than 1%** of the total number of older adults in the country.
 - √ 75% of nursing homes¹ were private, non-profit,
 - √ 8% public (federally or locally funded),
 - √ 2.3% religious associations and,
 - √ 2% private for-profit institutions.
- This only partly captures existing institutions, as many are not registered with any local public agency and operate in a gray economy.

¹ INEGI. 2020 Censo de Alojamiento de Asistencia Social CAAS

6. Challenges

- Mexico is at an advanced stage in ageing process with few current health and social policies that cater to their specific needs and that of their primary carers.
- Social development and health sectors unprepared to cater for the needs of the growing elderly population.
- Changes in the public health care services with the end of Seguro Popular, the creation of INSABI and modifications with IMSS-Bienestar have created a vacuum of healthcare services and optimal care and referral channels .
- Healthcare System Gaps - Lack of geriatric services, preventive care, and fundamental services such as dementia care and palliative care services
- Most older adults live in urban areas that were not planned for them and their needs and present scarce recreative and occupational options causing isolation, sedentarism and negative impact in their wellbeing.
- Social & Family - Long-term care crisis, caregiver burden, isolation, mistreatment/abuse.
- Policy & Institutional Challenges - Fragmented policies, insufficient investment

7. Key factors affecting the Challenges

- Demographic factors include an accelerated transition, a rapid decline in fertility, an increase in life expectancy without healthy aging, and changes in age structure and dependency ratios.
- Factors affecting the healthcare system include a highly fragmented structure, insufficient and underfunded infrastructure with little investment, employment-based social security coverage that excludes older adults who worked in the informal sector, women who did not hold employment.
- Policy and institutional factors include the late development of social protection, insufficient public investment, a weak regulatory framework, and a political economy that favors the formal sector.
- Along with dietary risk factors, metabolic risks such as high fasting plasma glucose, high body-mass index, kidney dysfunction and high blood pressure drive the most death and disability combined □ Higher future care needs
 - ✓ Urgent need for changes in healthcare towards preventing/delaying the appearance of these conditions
- Sharp decrease in number of children and family size □ 5 members in 1990 to 3.5 in 2020 □ Much lower pull of potential family carers
 - ✓ Urgent need for care support policies for older adults, adults with disabilities and their family carers both inside and outside the household

8. Strengths / Assets

- While it can be much improved, to date 10+ million older adults currently receive a non-contributory pension
- More than 25 years of quality aging research that can be used as policy inputs:
- Expanding gerontology and geriatric specialization programs at universities in different states.
- International cooperation in ageing and long-term care: JICA, IBD, World Bank
- **Emerging Opportunities:**
 - Telemedicine and digital health potential,
 - Silver economy market growth
 - Creation of a National and Progressive Care System (in-progress)

9. Current Work

Pamela Tella-Vega

- Deputy Director for Evaluation and Dissemination of Research, National Institute of Geriatrics
- As part of the Research Department team, our activities are designed to have a positive impact on the development of public policies, programs, and social and health services for the community through strategic multidisciplinary collaborations in the field of aging.

Mariana López-Ortega

- Principal Researcher in several projects related to Long-term care and dementia care for older persons
- Contribute to different national initiatives such as the National Dementia Plan, and currently part of the Older Persons with Disabilities working group of the Women's Ministry National and Progressive Care System project.
- Translating knowledge and research results to identify priorities and generate recommendations within the public ageing policies agenda, as well as the health and social policy development and implementation process in Mexico.

10. Expectations

- Continue learning from Japan's experience with policies and practices that support healthy and active aging in communities.
- Using the knowledge and experience from the course in generating recommendations for specific dementia and palliative care programs.
- Increasing collaborations with Non-governmental organizations.
- Through the different modules of the program and the experiences observed, to increase our knowledge and strengthen our skills and, through our institution, use these in decision-making policies on aging.
- Integrating knowledge from the program to current collaborations of INGER such as our participation in the working groups for the planning of the National Care System.



- Pamela Tella Vega

ptella@inger.gob.mx

pamela.teya@gmail.com

- Mariana López-Ortega

mlopez@inger.gob.mx

marianalopezortega@gmail.com

9. PHILIPPINES



Country Report Philippines

Angely P. Garcia, RN, MPH

Research Assistant Professor 2

Institute on Aging, National Institutes of Health

Affiliate Faculty, Public Health Specialty Group

College of Nursing

University of the Philippines Manila

The Philippines

Population: 112,729,484 (as of 01 July 2024)

Area: 300,000 km² (298,170 km² land and 1,830 km² water)

- an archipelago with 7,641 islands
 - 3 main islands: Luzon, Visayas, and Mindanao
 - 18 administrative regions

Language: Filipino (main), English, and other dialects (175 indigenous languages)

Capital City: Manila

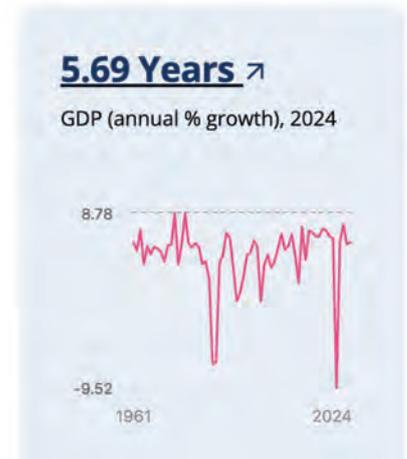


Sources:
Official Gazette (2025). <https://www.officialgazette.gov.ph/2025/07/11/proclamation-no-973-s-2025/>
2024 Census of Population
GovPH (National Government Portal). Accessible from <https://www.gov.ph/the-philippines-3/>
PhilAtlas. Accessible from <https://www.philAtlas.com/>
Ethnologue. Accessible from <https://www.ethnologue.com/country/PH/>

The Philippines

Economy

- **Income level:** lower-middle-income country (LMIC)
 - on track to attain upper-middle-income country (UMIC) status
- **GDI per capita:** \$4,470 in 2024
- **GDP per capita:** \$3,985 in 2024
- **GDP growth:** 5.69 in 2024

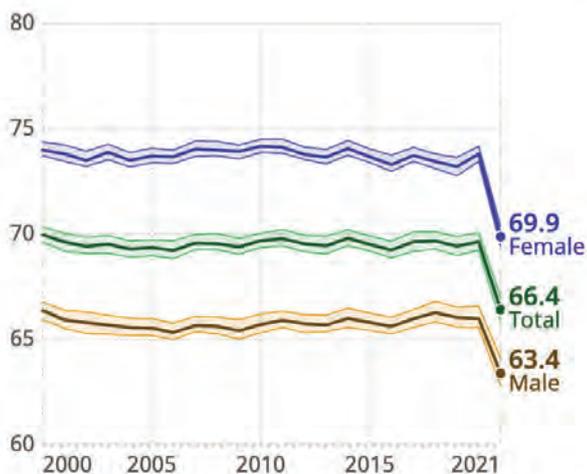


Source: Country Official Statistics, National Statistical Organizations and/or Central Banks; National Accounts data files; OECD Staff estimates, World Bank

Source: World Bank Group (2025). Philippines. [Internet]. Accessible from <https://www.worldbank.org/ext/en/country/philippines#:~:text=OVERVIEW%3A%20PHILIPPINES&text=The%20Philippines%2C%20categorized%20as%20a,triple%2C%20reaching%20%24%2C470%20in%202024.>

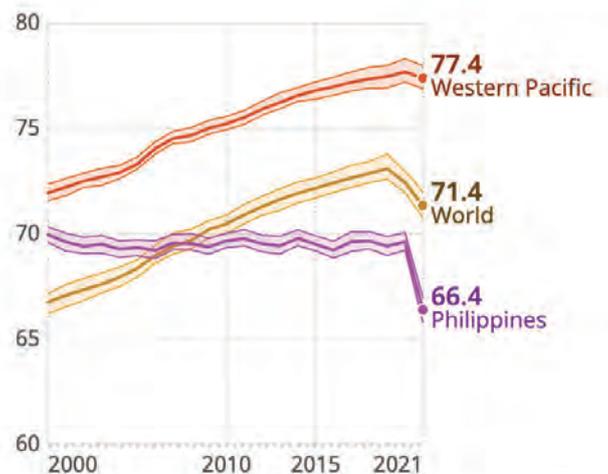
Life expectancy at birth

The average number of years that a newborn could expect to live. Philippines, by sex, 2000 - 2021.



Life expectancy at birth - region / global

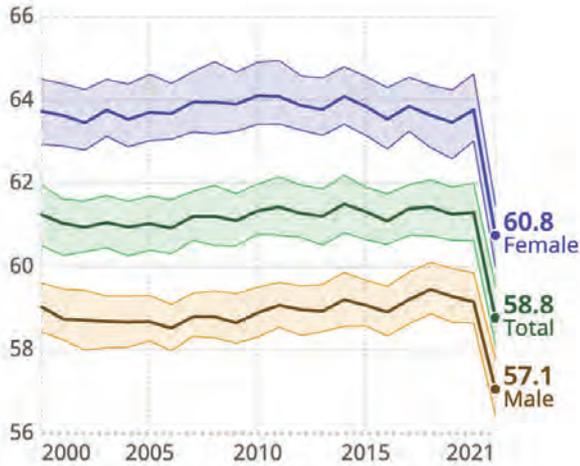
The average number of years that a newborn could expect to live. Philippines, 2000 - 2021



Source: World Health Organization. Health data overview for the Republic of the Philippines. Accessible from <https://data.who.int/countries/608>

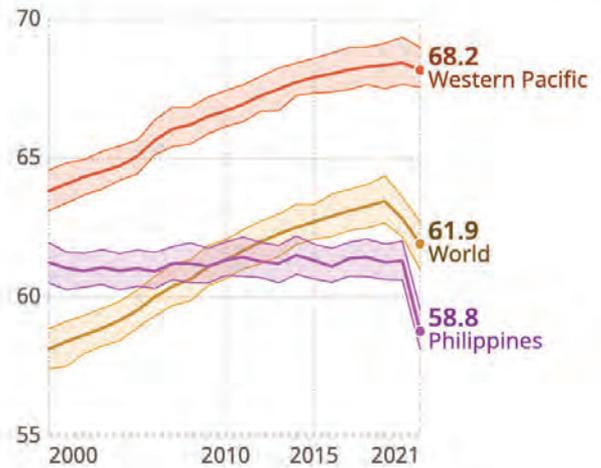
Healthy life expectancy (HALE) at birth

The average number of years that a person can expect to live in "full health" from birth. Philippines, by sex, 2000 - 2021.



Healthy life expectancy (HALE) at birth - region / global

The average number of years that a person can expect to live in "full health" from birth. Philippines, 2000 - 2021



Source: World Health Organization. Health data overview for the Republic of the Philippines. Accessible from <https://data.who.int/countries/608>

The Philippines

Population of aged 60 years and above:

- 9.2 million (8.5% of the total population in 2020)
 - Male: 4.1 million (44.5%)
 - Female: 5.1 million (55.5%)

Population of aged 65 years and above:

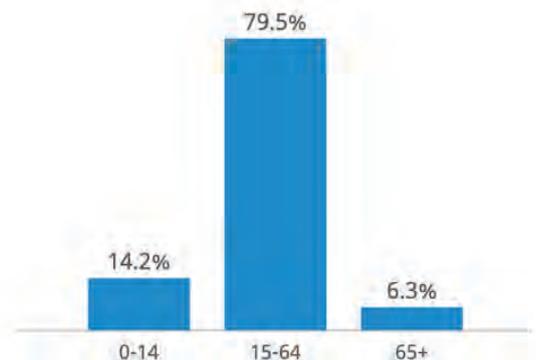
- 5.9 million (5.4 % of the total population in 2020)

Years to adapt to change (7% & 14%):

- 5 years: PSA projection of 7% by 2030
- 44 years: PIDS projection of 14% by 2069

Age distribution of population (%)

Philippines, 2023

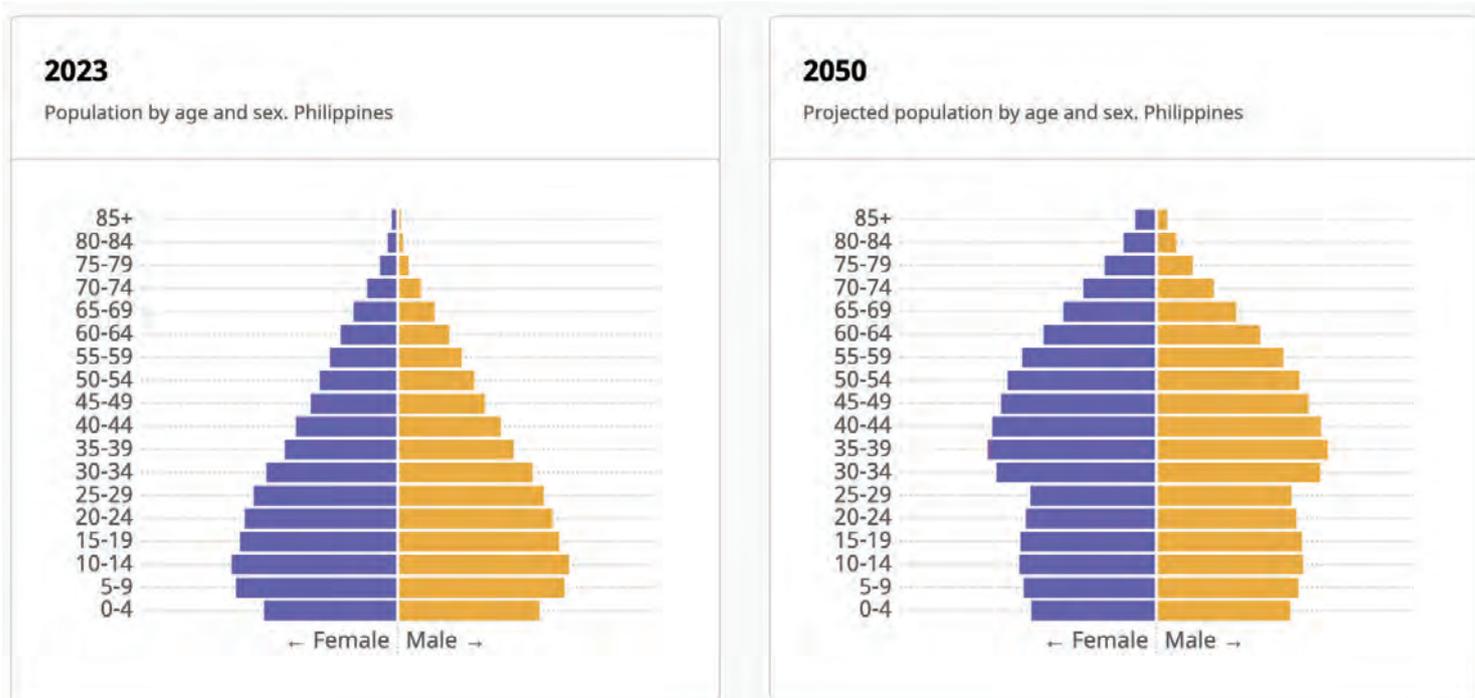


Source: World Health Organization. Health data overview for the Republic of the Philippines. <https://data.who.int/countries/608>

Sources:

- Philippine Statistics Authority. (2022). Age and Sex Distribution in the Philippine Population (2020 Census of Population and Housing). <https://psa.gov.ph/statistics/population-and-housing/node/167965>
- Philippine Institute of Development Studies. (2018). Are We Missing Out on the Demographic Dividend? Trends and Prospects. <https://doi.org/10.62986/dp2018.43>

Demographic trend, 2023-2050 (Philippines)



Source: World Health Organization. Health data overview for the Republic of the Philippines. <https://data.who.int/countries/608>

Epidemiological situation

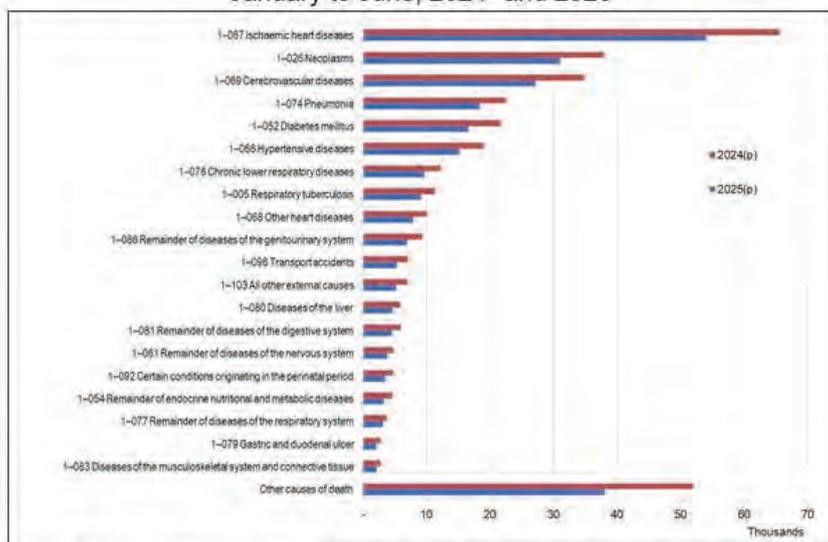
Leading Causes of Death in the Philippines for 2025:

- Ischaemic heart diseases
- neoplasms, and
- cerebrovascular diseases

Disability:

- 1 in 5 older adults (20%) reported experiencing difficulties performing at least one ADL

Figure 1. Top 20 Causes of Mortality, Philippines: January to June, 2024^p and 2025^p



Source: Philippine Statistics Authority (Data on deaths are based on registration at the Office of the City/Municipal Civil Registrars nationwide, and submitted to the Office of the Civil Registrar General; derived from Certificate of Death-Municipal Form No. 103)

Notes: Does not include symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) due to the unspecified nature of these causes
Causes of death are coded based on the ICD-10 Rules and Guidelines and mortality grouping is based on the Mortality Tabulation List of ICD-10
(^p) = Provisional

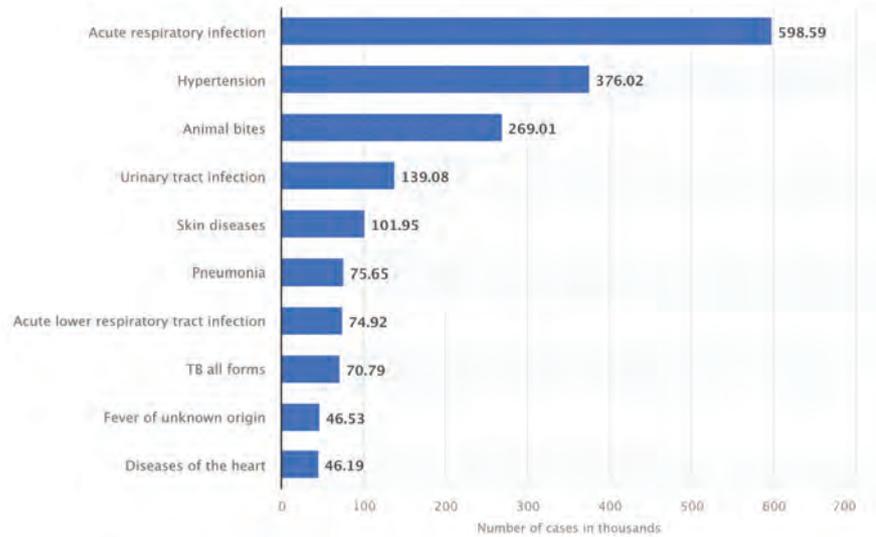
Sources:
• Philippine Statistics Authority (2025). 2025 Causes of Death in the Philippines (Provisional as of 31 October 2025). <https://psa.gov.ph/content/2025-causes-death-philippines-provisional-31-october-2025>
• Cruz, G.T., Cruz, C.J.P., and Saito, Y. (eds.) (2025). Ageing and Health in the Philippines: Wave 2. Jakarta: ERIA (Economic Research Institute for ASEAN and East Asia)

Epidemiological situation

Leading illnesses in the Philippines in 2021, by number of cases (in 1,000s)

Leading illnesses (2021):

- **Communicable**
 - Respiratory infections
 - UTI
 - TB
 - Pneumonia
- **Non-communicable**
 - Hypertension
 - Heart diseases



Source: Statista (2025). Leading illnesses in the Philippines in 2021, by number of cases (in 1,000s). Accessible from <https://www.statista.com/statistics/1118585/philippines-leading-cause-morbidity-by-disease/#:~:text=Leading%20diseases%20Philippines%202021&text=In%202021%2C%20the%20leading%20illness,nearly%20543.2%20in%20th at%20year.>

Epidemiological situation

Health status and risk factors (based on WHO data)

<p>Tuberculosis incidence Philippines, 2023</p> <p>643 [296 - 1,120] +16 worsening since 2022</p> <p>Tuberculosis incidence (per 100 000 population)</p>	<p>Probability of dying from non-communicable diseases (NCDs) Philippines, 2019</p> <p>25.3% [22.3% - 29.4%] +0.3 percentage points worsening since 2018</p> <p>Probability of dying from any of cardiovascular diseases, cancer, diabetes, chronic respiratory diseases between age 30 and exact age 70 (%)</p>	<p>Adult obesity Philippines, 2022</p> <p>8.7% [6.9% - 10.8%] +0.4 percentage points worsening since 2021</p> <p>Age-standardized prevalence of obesity among adults (18+ years) (%)</p>
<p>Hypertension Philippines, 2019</p> <p>33.8% [27.6% - 40.4%] +0.1 percentage points worsening since 2018</p> <p>Age-standardized prevalence of hypertension among adults aged 30-79 years (%)</p>		<p>Children and adolescents obesity Philippines, 2022</p> <p>5.9% [4.1% - 8.1%] +0.5 percentage points worsening since 2021</p> <p>Prevalence of obesity among children and adolescents (5-19 years) (%)</p>

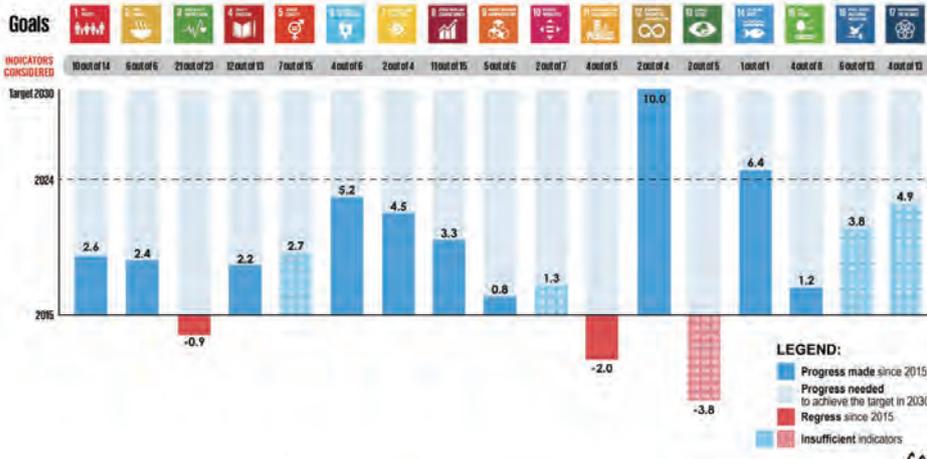
Source: World Health Organization. Health data overview for the Republic of the Philippines. <https://data.who.int/countries/608>

The Philippine Sustainable Development Goals 2024 Pace of Progress Results

(based on the submission as of 28 February 2025)

1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16 17

12 out of 17 goals have sufficient indicators or at least 50% of the indicators per goal satisfied the data requirement.

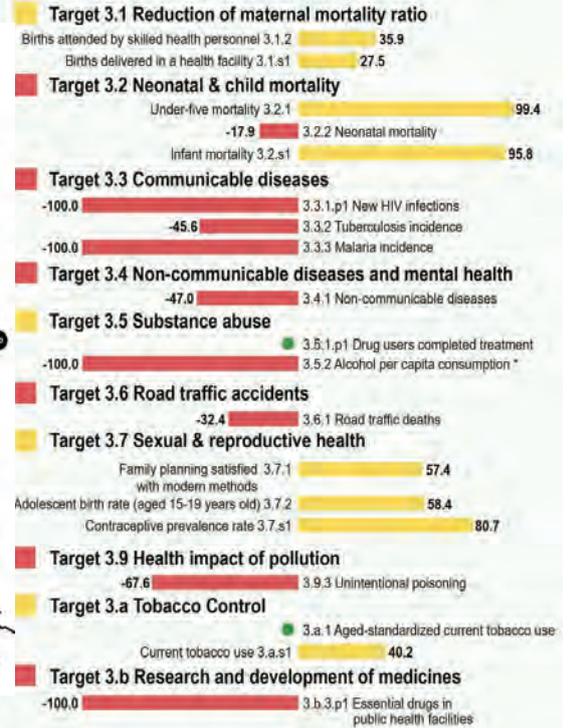


previous year since its estimate is affected by the number of indicators which have updates and available disaggregation in a particular year. Hence, year-on-year comparison of the pace of progress

Source: Philippine Statistics Authority (2025). 2024 SDG Progress Pace Infographics. Accessible from <https://psa.gov.ph/system/files/phdsd/2024%20SDG%20Pace%20of%20Progress%20Infographics.pdf>



GOOD HEALTH AND WELL-BEING



Epidemiological situation

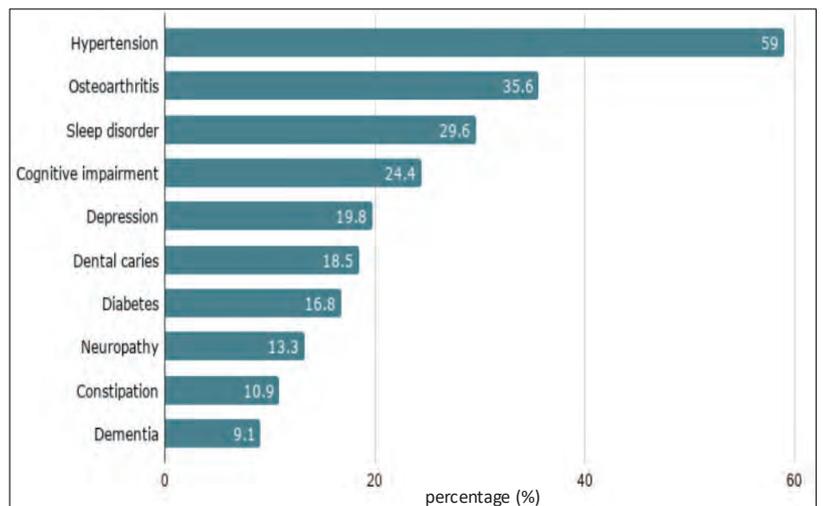
Top geriatrician diagnosed NCDs among aged 60 years and above, FITforFrail Study 2021



Focused Interventions for Frail Older Adults Research and Development Project (FITforFrail)

DOH AHEAD HPSR-funded project among community-dwelling older adults in 4 regions following the healthy aging framework

- Analysis of Health System on Aging
- **Mixed methods on health status of older adults, focus on frailty (n=405)**



Source: De la Vega, SF et al. (2021). Focused Intervention for FRAIL Older Adults Research and Development Project (FITforFrail) Final Report (volume 2) Mixed Methods Studies on Health Status of Older Adults with Focus on Frailty (Quantitative Component). Available from: https://drive.google.com/file/d/13YUJLk90aKdw5wR0bU3pcW0Gsfxcglw8/view?usp=drive_link

Key Policy/Plan/Programs for Older Persons

	Policy/Plan/Program Title	Agency in charge (main)
R.A. 11982	Expanded Centenarians Act, 2024	National Commission of Senior Citizens
R.A. 11916	Social Pension for Indigent Senior Citizens, 2022	National Commission of Senior Citizens
R.A. 11350	Creation of the National Commission of Senior Citizens, 2019	National Commission of Senior Citizens
R.A. 10645	Mandatory PhilHealth Coverage of Senior Citizens, 2014	Philippine Health Insurance Corporation
R.A. 9994	Expanded Senior Citizens Act of 2010	Department of Social Welfare and Development
PPASC 2023-2028	Philippine Plan of Action for Senior Citizens (2023-2028)	National Commission of Senior Citizens
DOH AO 2015-0009	National Policy on the Health and Wellness Program for Senior Citizens (HWPSC)	Department of Health
DSWD AO 2010-005 8	Long-Term Care Program for Senior Citizens	Department of Social Welfare and Development

Challenges

- Political landscape and will
- Resource constraints
- Poor coordination

Key factors

- Existing global and national frameworks and initiatives on aging
- COVID-19 pandemic generated the momentum for healthy aging

Strengths/ assets

- Filial piety and close family ties
- Availability of national government and local agencies, professional organizations, civil society organizations, and other relevant stakeholders dedicated to working for older persons

Sources:

- Department of Health. (2025). Healthy Ageing in the Philippines. Presentation of Dr. Gabriele Dominique P. Domingo (Medical Officer IV), November 14, 2025 UP College of Nursing, Manila Philippines.
- WHO Philippines (2024). Promoting Healthy Ageing in the Philippines. Presentation of Ms. April David (WHO Technical Officer), Development of the Draft National Policy on the Healthy Ageing Program, August 12-15, 2024. Angeles, Pampanga, Philippines.
- Felipe-Dimog EB, Realce Tumalak MJ, Garcia AP, et al. Caring Behavior of Filipinos toward their Elderly Family Members. Acta Med Philipp. 2024;58(15):6-10. Published 2024 Aug 30. doi:10.47895/amp.vi0.6880

Explanation about current work

Current position: Research Assistant Professor 2/
Research Faculty (May 10, 2022-present)

Primary Responsibilities as RAP/RF:

- Completion of one substantial research work per year
- Compliance with the teaching obligations in the University (UP College of Nursing)
- Perform other obligations of regular faculty members such as extension services
 - Consultancy/technical assistance to other national government agencies working for older persons
 - Capacity-building activities

Challenges:

- Limited funding for research on aging
- Inadequate research translation to policies/programs for older persons
- Limited collaboration with neighboring countries

Projects on Long-term care

- Situational and Capability Analysis for Long-Term Care in the Philippines (SiCAP LTC) Project, 2023-2024 (*De la Vega S, Garcia A, Lam H, 2024*)
- Long-Term Interventions for Frail Older Adults with Mental Illness (LIFT ME) Research Program, 2024-2025 (*Sañosa M, Garcia A, Basilio F, De la Vega S, 2025*)
- Home and Long-Term Care Guideline Development Project, 2024-2025 (*De la Vega S, Garcia A, 2025*)

Challenges identified:

- Limited awareness and understanding on LTC
- Political landscape and limited stakeholder support
- Lack of standard LTC policy and program in the country
- Limited workforce trained for LTC and care of older adults in general
- Funding/financing issues

Sources:

- De la Vega SF, Garcia AP, Lam HY. (2024). Situational and Capability Analysis for Long-Term Care in the Philippines (SiCAP LTC) Project. Final Report. National Institutes of Health, University of the Philippines Manila.
- Garcia AP, de la Vega SAF, Balingbing AMSB, Orlino MCDO, Herber JM, Viloria-Larin A. (2024). "Are Filipinos Ready for Long-Term Care? A Qualitative Study on Awareness, Perspectives, and Challenges of Relevant Organizations, Community Leaders, Carers, and Older Persons in Select Sites in the Philippines". *Acta Medica Philippina*. Available from: doi:10.47895/amp.vi0.9778.

Expectations and Hopes for the Course:



Interactive

Informative

Learning by experiencing

Learning materials are available and accessible

At the end of the course, I expect to learn the following:



Best practices of on building age-friendly communities

What are the policies/programs and how research is utilized to support age-friendly communities

Technological innovations related to age-friendly environment

Collaborate with other participants to work together to develop policies and practices in aging societies

thank you

You may contact me through:

Angely P. Garcia
 Email: apgarci@up.edu.ph
 Telephone no.: (+632) 8526-4349
 Address: Room 211, 2/F National Institutes of Health Bldg., UP Manila, 623 Pedro Gil St. Ermita, Manila 1000



National Institutes of Health
 University of the Philippines Manila

"Towards healthy aging and quality of life"

Website:
<https://nih.upm.edu.ph/institute/institute-aging>

Facebook:
<https://facebook.com/InstituteonAging2012>

YouTube:
<https://tinyurl.com/InstionAging>

Dementia Resources
www.healthyaging.ph

10. SRI LANKA



Country Report – Sri Lanka

Dr Nishani Ubeysekera

MBBS, MSC, MD Community Medicine

Director, Youth, Elderly and disabled persons unit, Ministry of Health

Dr Chintha Gunarathna

MBBS, MSC, MD Community Medicine

Director, Estate and Urban Health unit, Ministry of Health



Basic Information

- Population- 21.7 M (2024 census)
- Male 48.3% Females 51.7%
- Area - 65610 Km²
- Language- Sinhalese, Tamil
- Capital City- Colombo
- GDP per capita: 4,516 USD (2023 World Bank report)
- Crude birth rate – 11.2/1,000 (2023 AHB, Medical Statistics Unit)
- Crude death rate – 8.2/1,000 (2023 AHB, Medical Statistics Unit)

Demographic trends

Life expectancy at birth- 77.73 (2023)

male- 72.8 Female- 80.23

Healthy Life expectancy - 67

Fertility Rate- 1.97 births per woman

Proportion of elderly population

60 years and older - 18.2%

65 years and older- 12.6%

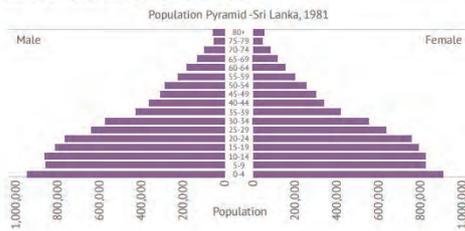
7.9 % to 12.6 % increase (4.6% increase) from 2012 to 2024 (12 Years)



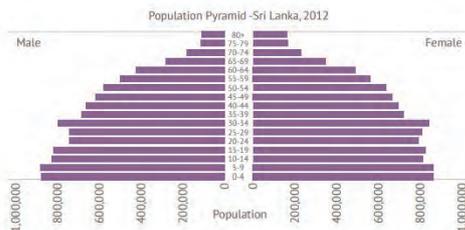
Projections

Population structure of Sri Lanka: 1981 and 2012

Figure 4.1: Age distribution of the Sri Lankan population: 1981 and 2012



Source: Based on SLPHC, 1981



Source: Based on SLPHC, 2012

-Current proportion is 18% Over 60 yrs continuously growing and expected to be 25% in 2050

-The Feminization of ageing is prominent in Sri Lanka

Projected trends in ageing population in Sri Lanka, 2012-2052

Year	Total Population ('000)	Population age 60 or over ('000)	Population 60 or over (%)	Annual growth rate (%)	
				Total population	Population age 60 or over
2012	20,361	2,521	12.4	-	-
2022	22,232	3,625	16.3	0.9	3.6
2032	23,765	4,738	19.9	0.7	2.8
2042	24,918	5,746	23.2	0.5	1.9
2052	25,562	6,254	24.5	0.3	0.8

Source: De Silva and De Silva 2015

Note: standard population projections

Leading causes of Deaths Sri Lanka

NCD s are the main causes of Deaths.

80% of hospital deaths are due to NCDs

Leading causes of Hospital Deaths in Sri Lanka

- Cardiovascular diseases
- Diabetes related diseases
- Malignancies
- Chronic respiratory diseases

- Accidents and injuries

- **Communicable diseases - 15.4%**

Source : AHB 2023



Disease prevalence and disability among older people

NCDs , falls , mental health issues , disabilities and nutritional problems are common among Elders

Non Communicable Diseases prevalence in over 60 population

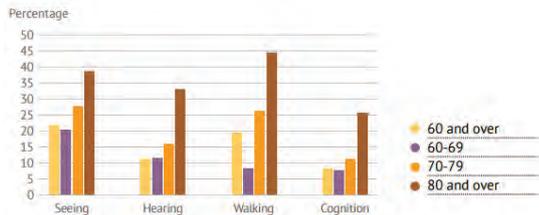
Heart Diseases	7.7
Hypertension	30.7
Stroke	2.2
Asthma/CLD	9.7
Diabetes Mellites	17.3
Hyperchlesterolaemia	16.1
Chronic Kidney Diseases	1.7

Source : DHS 2021



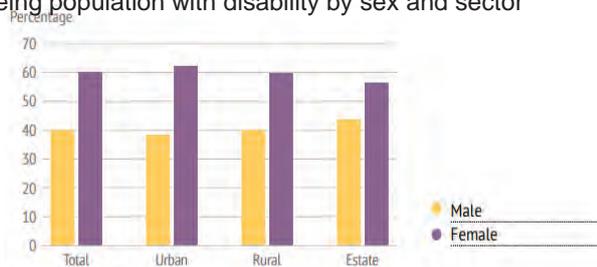
disability among older people

: Percentage of older population with difficulties by age group and type of difficulty, 2012



Source: Based on SLPHC, 2012

Ageing population with disability by sex and sector



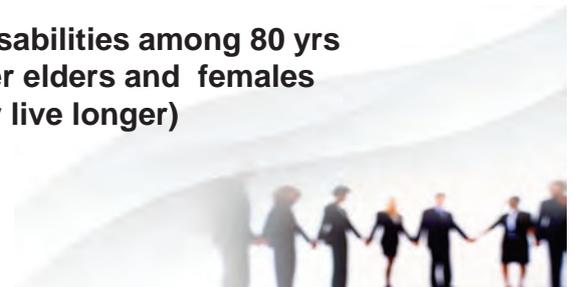
Source: Based on SLPHC, 2012

- Difficulty in seeing - 21.8 %
- difficulty in hearing - 11.3 %
- Difficulty in walking - 19.4 %
- Difficulty related to cognition- 8.3 %

-Difficulty in seeing and walking- 20%

-The disability status of old-age population varies according to their age and gender.

More disabilities among 80 yrs and over elders and females (as they live longer)



Policies and regulatory mechanisms for the older population

1. Enhancement of the Protection of the Rights of Senior Citizens Act (Act No.9 of 2000)

Establishment of National Council for Elders and Secretariat, A National Fund for Elders and Protection of Rights of Elders

2. Protection of the Rights of Elders Act and National Charter for Senior Citizens Protection of the Rights of Elders (Amendment) Act, No. 5 of 2011.

Advancing Health and Well-being into Old Age- separate Directorate for Youth, Elderly, Disabled

3. National elderly policy- revised 2025

Vision: To foster active, productive, and dignified aging.

Focus Areas: Rights, financial security, health, social engagement, and creating age-friendly environments.

Responsible ministry - Ministry of Social services and community empowerment

4. The National Elderly Health Policy of Sri Lanka, 2017- 2025

National Elderly Health Policy (2017). Process of revision started 2025

National health Policy- 2026-2035

Elderly health is a main policy area of NHP

responsible ministry- Ministry of Health

National focal point - Directorate of Youth, elderly and disabled persons

5. National Social protection policy - 2025

Responsible Ministry -Ministry of Finance



National Plans for older persons

- **National Health strategic action plan for care for older persons– 2025-2035**
- **Responsibility : Youth, Elderly and Disabled persons unit**

contains strategic areas - Elderly health, geriatric care and rehabilitation

- **National Elderly Health Strategic Action plan- 2025-2035**

Strategies

1. Governance and leadership
2. Infrastructure development for ensuring Elderly friendly environment
3. Elderly friendly curative medical services-Screening/diagnosis/treatment /rehabilitation
4. Elderly friendly preventive and community health services
5. Human resource development
6. Improvement of Long term care services
7. Information management and applying modern technology for elderly care services
8. Multi-sectoral collaboration
9. Research for improvement



Programs for older persons

- **Ministry of Health**

Focal point for elderly health : Directorate Youth, Elderly and disabled persons unit

Programs

1. Elderly friendly infrastructure development in all health institutions: All levels of care
2. Elderly friendly curative care services: Primary , secondary and tertiary care levels
3. Elderly friendly community care programs and home based care services
4. Integrated elderly care services
5. Human resource development: Recruitment and training
6. Healthy aging awareness for different target groups: Youth/School students/retirement groups/elder societies
7. 'Happy village' / 'Happy Estate' program



Programs for older persons

Ministry of social services : National elderly secretariat

- Medical support program
- provision of supportive equipment for elders
- financial assistance for elders
- housing schemes for elders
- Elderly care training service
- Register and Support elderly homes
- Empowerment of rural elder societies
- Youth and school student awareness



Challenge(s) of Aging society

- Increase health care demand due to elderly related disease burden with increase elderly population
- Increase dependent population and economical burden
- Unmet need of care services and care givers



Key factors affecting challenges

Increase health care demand due to elderly related disease burden

- High prevalence of NCDs
- Increase mental health issues
- Falls and injuries
- disabilities

Increase dependent population and economical burden

- Decrease fertility rates and increase dependency ratio
- Elders are economically inactive
- Lack of financial support systems for elders

Unmet need of care services and care givers

- Lack of long term care services
- Informal family care givers
- Lack of formal and professional care givers

Strength(s)/ in addressing the challenges

- Strong system of Primary , secondary and tertiary curative health care
- Strong public health system
- Trained health and non health manpower for elderly care
- Integration of different ministries for elderly care: Social services, health, finance , local government and labour
- Availability of elderly secretariat in social services ministry dedicated for elderly care
- Separate focal point in the ministry of health for elderly care
- Political support
- Supportive Policies and acts for addressing challenges

Explanation about your current work

As Directorate of Youth, Elderly and Disabled persons, Ministry of Health

1. Drafting the **Elderly health strategic action plan 2025-2035**
2. **'Elderly friendly hospital' initiative**
3. **Healthy aging** through strengthening primary health care
"Colombo declaration" activities through **'Arogya'** community centers
and **Primary Health Care Institutions (PMCI)** – Started with GOSL and WB funds
4. **Elderly clinics with ICOPE** screening and interventions
5. **'Healthy day Centers'** for older persons- Started 52 pilot centers
Activities: Screening, Falls prevention exercises , Dementia Café , Health education, nutritional interventions, recreational and self employment activities
6. Improvement of **inward services for elderly, disabled and palliative care**
7. **Community elderly care program** - Started with JICA funds in 3 pilot sites and scaled up to 10 sites

Current work- Cont.

8. Secondary care institutions: ongoing

Elderly and disabled friendly services improvement with infrastructure development:

-Guideline development , Information /help desk, Clinic services with proper referral,
Inward geriatric care, Starting Rehabilitation services

9. Tertiary care Institutions:

-Specialized geriatric care units, Rehabilitation services, All specialized services

10. **Pre retirement program**- Healthy aging and retirement planning for pre retirement groups

11. **Healthy Aging awareness** programs for Youth societies and for elderly societies

12. **Elderly nutrition support** program with introducing nutritional standards for elderly homes

13. **Family care giver training for starting community based rehabilitation services**

14. **Home based care** - Through PHNO and Primary care institutions

15. Training of health staff on elderly care/ ICOPE

Current work Cont -Estate and Urban sector – Sri Lanka

- Population: 21.7 million living across 3 sectors
 - Urban : 3,807,135 (18%)
 - Estate : 877,747 (4%)
 - Rural :17,096,918 (78%)
- Estate sector: Encompasses all plantations that are 20 acres or more in extent and with 10 or more resident laborers
- Urban sector: localities governed by 24 municipality councils and 41 urban councils
- Estate and urban poor (under-settled urban dwellers) considered as vulnerable groups due to their low socio-economic condition

Estate Sector



- 24% of the total export earnings of the country
- 16% of the working population

Urban Sector



Plans and programs for Older Persons

- Estate and urban health unit work in collaboration with health and non health stakeholders
- In the process of developing multi-stakeholder five-year strategic plan for then line with National Health strategic action plan
- Elderly health is one main strategic area
- Happy estate program (as health promotion setting) is established in estate sector to uplift the health and quality of life of this population
- Wellness center program is established in urban sector
- one main target area is to address health needs of elderly

Challenges in Estate and Urban Sectors

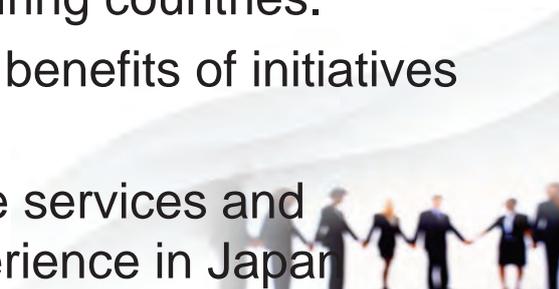
In addition to above mentioned challenges

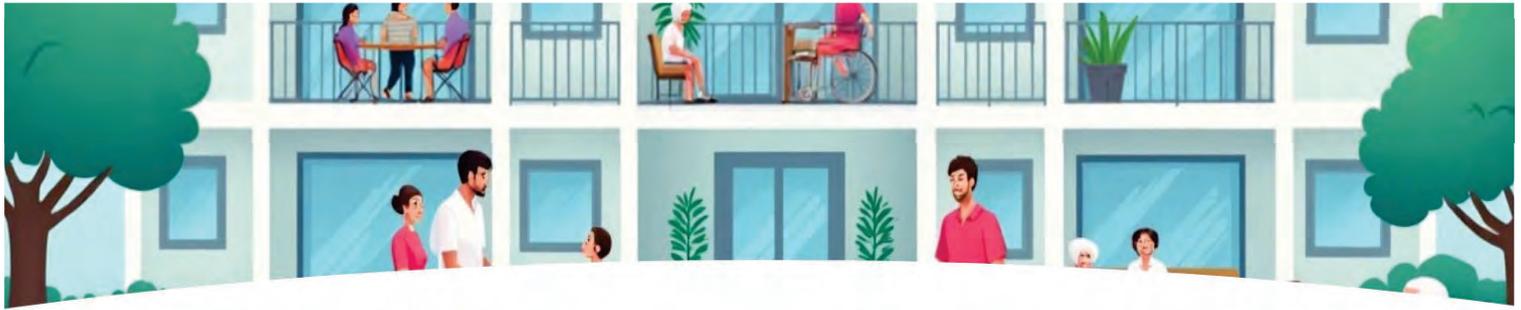
- Poor health seeking behavior among both population
- Low education level
- Poor economic status
- Availability of health facilities especially estate sector
- Geographical location – estate sector
- Rapid and unplanned urbanization



Expectation(s) and hopes for the course

- Observe and learn the policies on elderly care and how they were initiated in Japan
- Learn the strategies and good practices for aging societies and success stories.
- Learn and obtaining experience on elderly care programs available in Japan and other neighbouring countries.
- To understand the effectiveness and benefits of initiatives started in Japan for for elders
- learn how to improve the elderly care services and practices in our society through experience in Japan





Thank You



11. VIET NAM



Country Report: VIỆT NAM

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

Presented by Ms. Chu Thi Lan (chulanvn@gmail.com)
Institute of State organizational and labor sciences- ISOL
Ministry of Home Affairs- MOHA



2

Background information

- Vietnam's population reached 101.1 million people (April 1, 2024).
- Area: 331,000 km².
- GDP growth: approximately 8% (2024), GDP growth rate for the period 2021-2025 is approximately 6.3% per year.
- The size of the economy in 2025 is estimated to reach approximately US\$510 billion; GDP per capita will exceed US\$5,000, bringing Vietnam to the threshold of an upper-middle-income country.

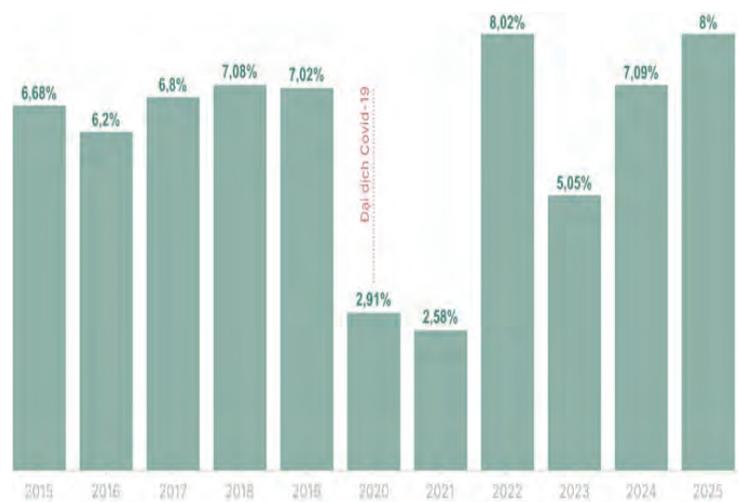


Figure 1. GDP growth rate, 2015, 2025 (GSO)

Background information

Administrative Reform in Vietnam: 2025 Milestones

Central Government Reduction

The government structure will be drastically reduced from **30 to 21 ministries**.

Local Government Restructuring

The number of provinces and cities will be reduced from **63 to 34**.

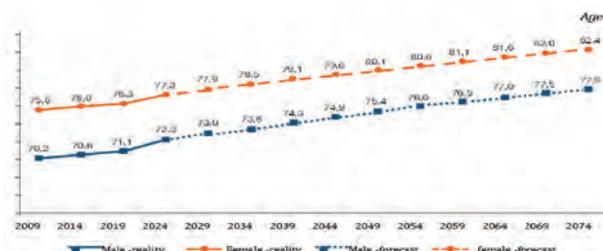
Two-Tiered Model

Abolishing the district level, shifting to a two-tiered model comprising provinces and communes/wards.

The year 2025 marks a significant period of administrative reform in Vietnam, focusing on streamlining government structures at both central and local levels.



Demographic Trends: Increasing Life Expectancy



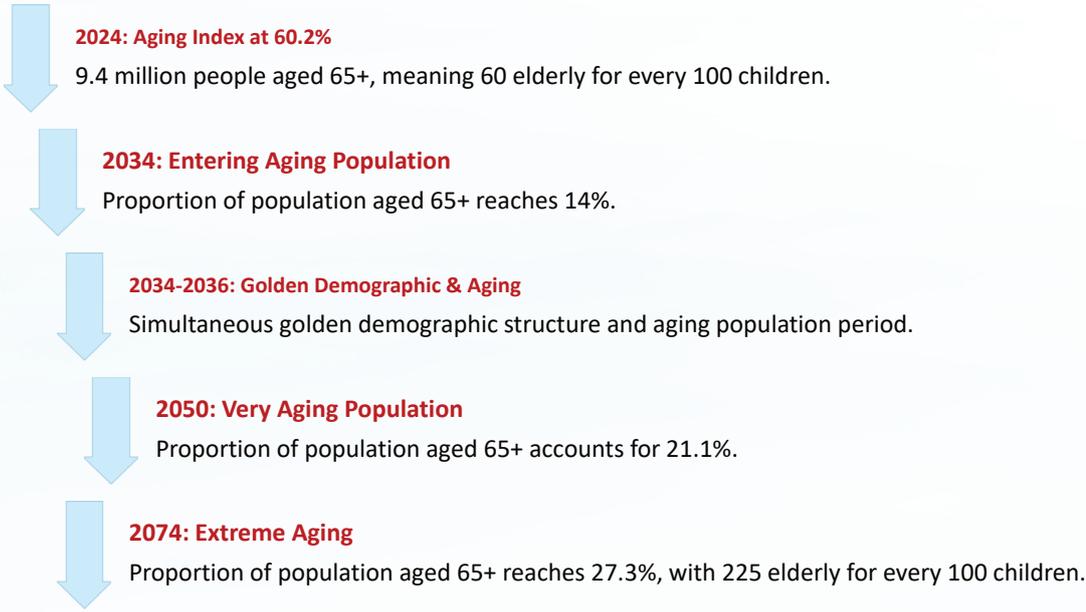
Vietnam's average life expectancy at birth has continuously increased, reflecting improved living standards and healthcare.



This is higher than the world average (73 years) and the ASEAN average (72 years). The difference in life expectancy between men and women is approximately 5 years, aligning with the global average.

Demographic trends: Vietnam's Rapidly Aging Population

Vietnam is experiencing one of the fastest aging populations globally, with significant implications for its demographic structure.



Made with GAMMA

Demographic trends: Pace of Aging: A Global Comparison

Vietnam's transition to an aging society is remarkably swift compared to developed nations, highlighting the urgency for adaptive policies.



This rapid demographic shift necessitates proactive measures to support the elderly population and ensure sustainable social security systems.

Made with GAMMA

Epidemiological situation: Health Challenges

Leading Causes of Death	Double Burden of Disease	Longterm care need
<ul style="list-style-type: none"> The leading cause of death in Vietnam is non-communicable diseases, primarily cardiovascular diseases (coronary artery disease, stroke), followed by cancer, chronic respiratory diseases, and diabetes, accounting for approximately 80% of all deaths. Cardiovascular diseases, especially atherosclerosis and stroke, are increasing and affecting younger people, causing around 200,000 deaths annually. 	<ul style="list-style-type: none"> The elderly in Vietnam face a "double burden of disease," with high rates of chronic conditions.(UNFPA and GSO, 2021) Disability Rate: <ul style="list-style-type: none"> According to 2019 data, 35.73% of the elderly experience difficulties in at least one function, eight times higher than the 16-59 age group (4.39%). 	<ul style="list-style-type: none"> Approximately 20.4% of older adults require long-term care, with common difficulties in vision, hearing, and mobility.

Policies and Programs for the Older Population

Form	Content	Year of enact	Ministries or departments in charge
Law	Elderly Law	2009	Ministries (MOH, MOLISA, MOF, MOHA,..)
	Law on People with Disabilities	2010	
	Health Insurance Law	2024	
	Social insurance law	2024	
	Labor code	2019	
	Employment law	2025	
	Population Law	2025	
Decree, Resolution, Decision of the Government and the Prime Minister	Decree 76/2024/NĐ-CP provides social assistance to disadvantaged groups	2021	Currently: MOH Before 3.2025: MOLISA
	Decree 06/2011/ND-CP on guidelines for the Law on the Elderly	2011	
	Decree 28/2012/ND-CP on guiding the Law on People with Disabilities	2012	

Population Law 2025 (effective July 1, 2026):Diversified forms of care: Self-care, at home, in the community, at facilities.Support measures: Providing knowledge and skills, supporting family members, developing volunteers, clubs.

Besides "social protection," policies have added the aspect of "resource mobilization" through new legal documents:
Employment Law (amended in 2025): Stipulating that the elderly can borrow capital to create jobs and receive support for retraining.
• Decision No. 379/QĐ-TTg (February 20, 2025): The Project "Elderly people participating in promoting digital transformation, green transformation, entrepreneurship and job creation".

The National Assembly's Employment Law

Law No. 74/2025/QH15

Effective from January 1, 2026



Loan Entitlements

Elderly people are entitled to loans to support job creation, maintenance, and expansion of employment according to the provisions of this Law.



Skills Training Support

Support for training, fostering, and improving vocational skills, participation in participation in assessment, and granting granting of national vocational skills certificates.



Job Creation Policies

Based on socio-economic conditions and budget availability, the State has policies to support job creation, retraining, and vocational conversion training for workers to adapt to population aging.



Note: All provisions on supporting the elderly in job creation, training, and certification are new additions in the 2025 Law on Employment, distinguishing it from the previous 2013 Law, The Employment Law (No. 38/2013/QH13) does not have any specific regulations related to elderly workers in borrowing capital to create jobs or receiving support for training and vocational skills assessment.

Clause 3, Article 22 of the 2025 Law on Employment specifically lists the elderly as one of the groups supported by the State when participating in vocational skills training and assessment.

Project to Support Elderly Participation in Digital Transformation

Decision 379/QĐ-TTg (February 20, 2025)

Core Viewpoints



Institutionalization of Party and State Views

Thoroughly grasp and institutionalize the perspectives of the Party and State regarding the elderly's participation in digital transformation, green transformation, entrepreneurship, and job creation.



Recognition of Elderly as a Resource

Acknowledging the elderly as an important resource that contributes significantly to the country's sustainable development goals, fulfilling their needs for work, contribution, and enjoyment of developmental achievements.



Feasible and Inheritable Implementation

Ensuring the Project's implementation aligns with current digital transformation, green transformation, entrepreneurship, and job creation processes, guaranteeing feasibility, inheriting and promoting practical results, and absorbing international experience.

Objectives

2025-2030 Period

90% awareness rate

1,260 elderly entrepreneurs

50% digital skills

100,000 jobs

2035 Period

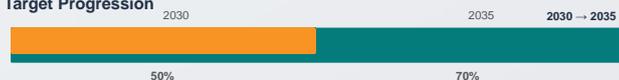
100% awareness rate

2,500 elderly entrepreneurs

70% digital skills

200,000 jobs

Target Progression



Challenges of Population Aging in Vietnam

3 Major Challenges of Population Aging in Vietnam

1. Social Security and Budgetary Pressures

The demand for pensions, benefits, and healthcare is increasing rapidly, while social insurance coverage and savings for the elderly remain low.

2. Shrinking Labor Force

The decrease in the proportion of the population in the working age group poses a risk of labor shortages and negatively impacts economic growth.

3. Increased Demand for Long-Term Healthcare

The high rate of chronic diseases among the elderly increases healthcare costs and places significant pressure on the healthcare system and families.

Key Factors Affecting Aging Challenges

Understanding the underlying causes and consequences of these challenges is crucial for effective policy development.

1

Social Security & Budgetary Pressures

Low pension coverage (~37.4%) and high informal employment (~65%) lead to increased budgetary spending and financial burdens on families.

2

Shrinking Labor Force & Growth Pressures

Rapid aging, low birth rates (TFR ~1.96), and limited digital skills among older workers risk labor shortages and reduced economic growth.

3

Healthcare and Long-Term Care Needs

~70% of older adults suffer from chronic diseases, and 20.4% require long-term care, leading to overloaded healthcare systems and increased family care burdens.



Strengths/assets in addressing the challenges

Strengths of ISOL/MOHA:

- ✓ Direct access to the policy-making process
- ✓ Interdisciplinary research: labor – population – governance
- ✓ Experience with vulnerable groups, the elderly, and informal workers
- ✓ Connecting central, local, and social organizations for piloting and scaling up

Description of current work

Functions and responsibilities: Conducting researches for building and perfecting policies and laws on labor and employment; strategies, plans, programs, and projects within the state management scope of the MOHA in the field of labor, employment, specially policies supporting job creation; employment transition and new employment trends, such as the elderly

In 2026, my task is to develop the report “The Future of Work – Vietnam Facing a Dual Challenge: Population Aging and Digital Transformation,”



- Providing evidence and proposing relevant policies, such as:
- ✓ Pension and social insurance policies suitable for aging to maintain the older workforce;
 - ✓ Developing community-based healthcare and geriatrics services (nursing homes, preventive medicine, long-term care insurance), and recommendations for developing the elderly care industry/economy;
 - ✓ Strengthening a multi-tiered social security system and encouraging long-term savings; developing a "silver economy," promoting flexible working arrangements for older workers;
 - ✓ Providing continuing education, vocational training, digital skills training, etc., for older workers...

The challenges facing in undertaking the task

- ✓ Difficulty in analyzing the impact of pension and social insurance policies. Difficulty in predicting the effectiveness of pension/insurance models suitable for aging to maintain an older workforce. Simulation of fiscal impact, prioritizing expansion of coverage and sustainability of the social insurance fund.
- ✓ Lack of experience in assessing needs and models of geriatric healthcare services: The scale and quality of long-term care services, nursing homes, and preventive medicine are unclear. Lack of a framework for evaluating the development of the "senior care" sector (silver economy).
- ✓ Lack of analysis of multi-tiered social security systems and long-term savings. The issue of designing multi-tiered social security (social insurance, private insurance, voluntary retirement savings) is limited in evidence. Difficulty in identifying solutions to encourage long-term savings for older workers.
- ✓ Lack of experience in analyzing flexible employment and skills in the digital age. Assessment of flexible working mechanisms (remote, part-time) suitable for older workers is lacking. There is a lack of data on vocational training and digital skills needs for older workers to adapt to digital transformation.

Expectations

What I expect from this course:

- ✓ Deepen technical knowledge; borrow Japan's proven age-inclusive community practices
- ✓ Multidimensional lens: aging ↔ labor market ↔ social transformation
- ✓ Build capacity to: scan context – map stakeholders – design feasible policies & community-based services for older adults in fast-changing VN

Cảm ơn!



出典：2025 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

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Japan International Corporation of Welfare Services (JICWELS)

Matsuoka Ginnana BLDG. 3F

7-17-14 Ginza Chuo-ku, Tokyo 104-0061 JAPAN

Tel: +81-(0)3-6206-1137

Fax: +81-(0)3-6206-1164

<https://jicwels.or.jp>

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広報チーム

〒104-0061

東京都中央区銀座 7 丁目 17-14 松岡銀七ビル 3 階

電話 03-6206-1137（国際協力チーム）

Fax 03-6206-1164

<https://jicwels.or.jp>