



Healthy Ageing Policy and Program in Indonesia

Presented at International Symposium on "Public-Private Partnership to Build a Society of Health and Longevity" as an official side event of the G20 Health Ministers

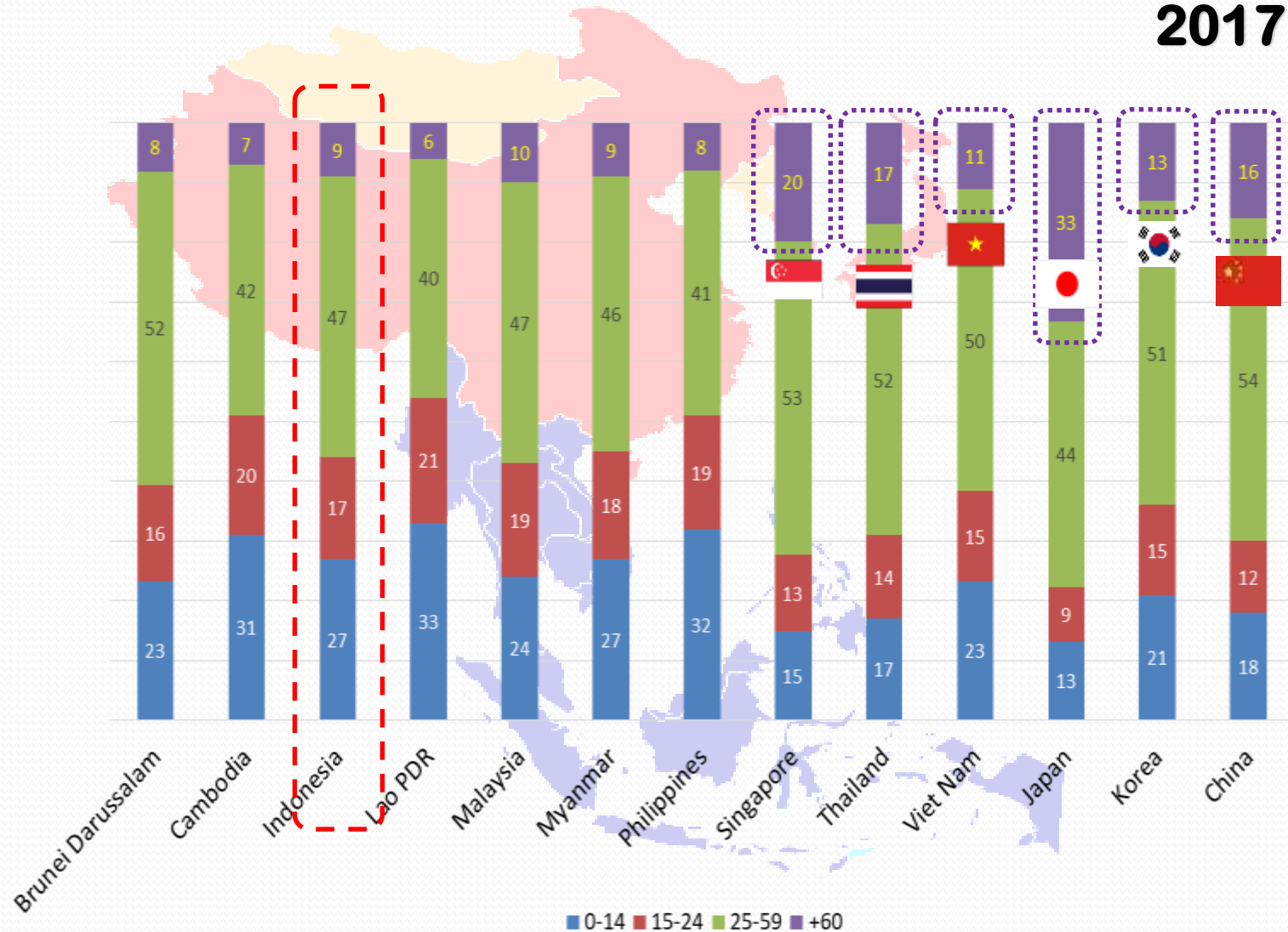
Tri Budi W. Rahardjo, Maliki, Erna Mulan, Tri Suratmi, Susiana Nugraha
and Dinni Agustin

University of Respati Indonesia
Ministry of National Development Planning, RI
Ministry of Health, RI

Introduction

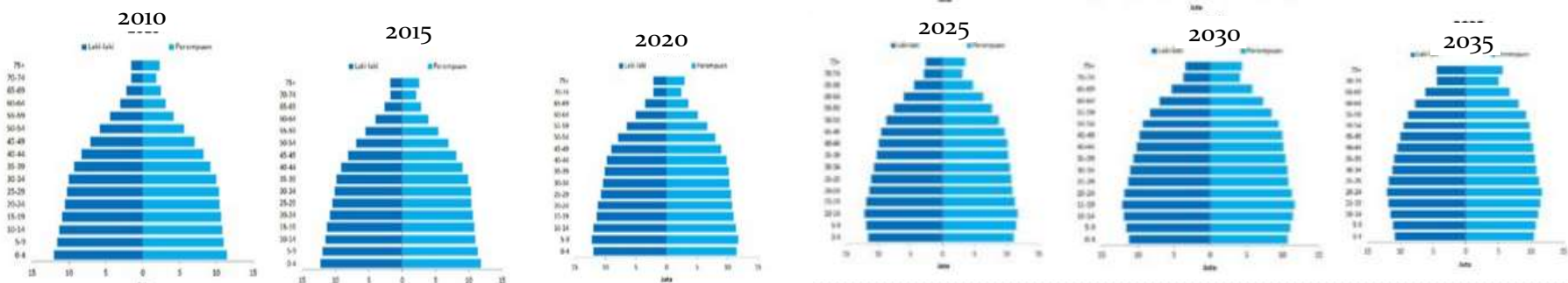
- The number of older persons in Indonesia is expected to increase to 28.8 million (11% of the total population) in 2020, and 80 million (28.68%) in 2050
- The highest disease proportion: hypertension, osteoarthritis, stroke, dental-oral problems, chronic obstructive pulmonary disease (COPD) and diabetes mellitus (DM).
- The development Policy and program on healthy ageing including long term care is highly needed

Percentage of Population in South East and East Asia by Age Group 2017



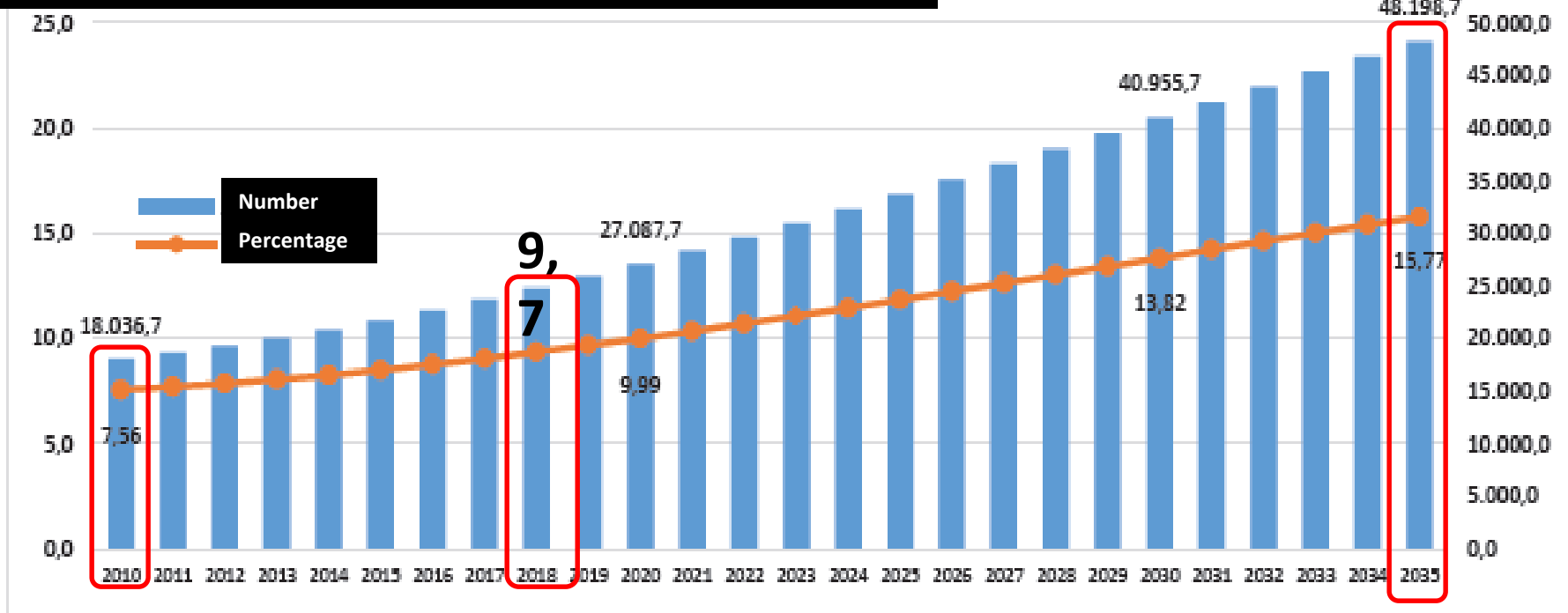
INDONESIA AGEING POPULATION

POPULATION STRUCTURE, 2010-2035



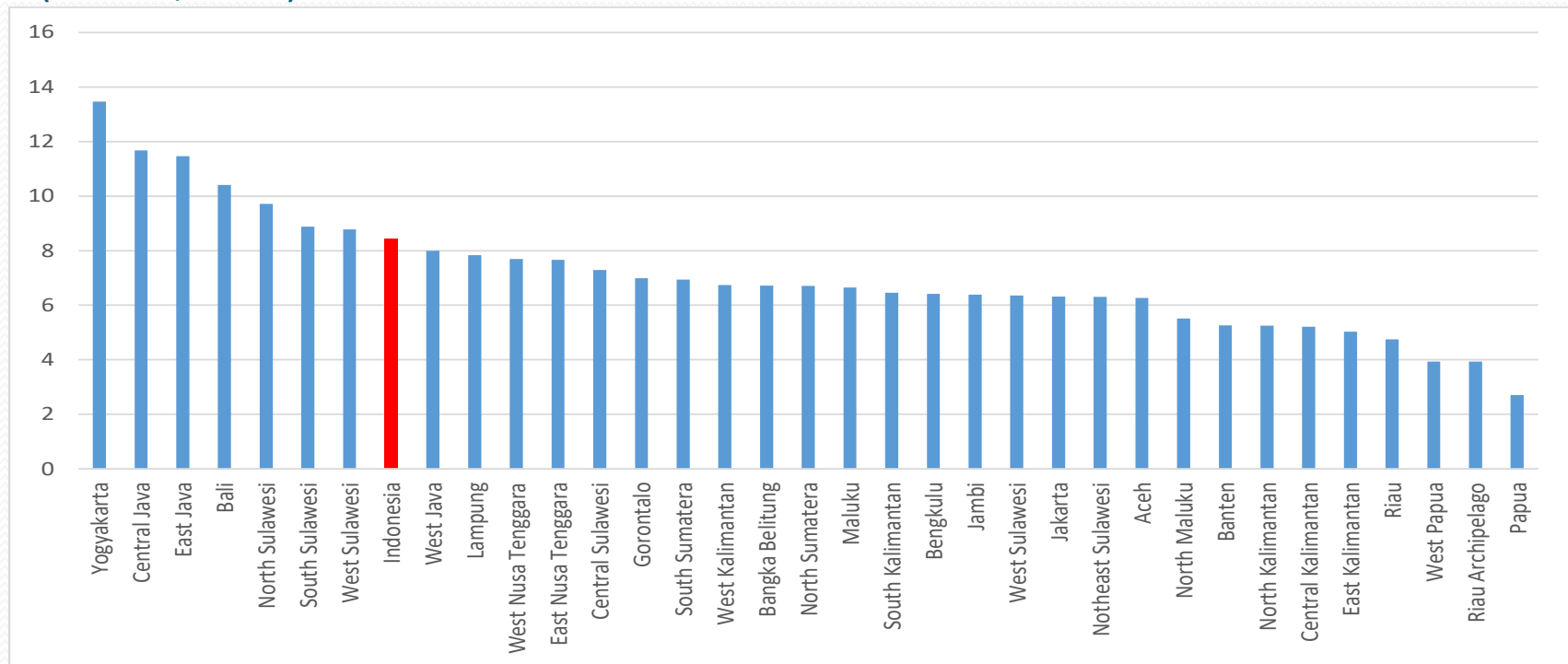
Sumber : Bappenas, dkk. 2013. Proyeksi Penduduk Indonesia 2010-2035

ELDERLY POPULATION PROJECTION YEAR 2010-2035



Proportion of Older Persons by Province

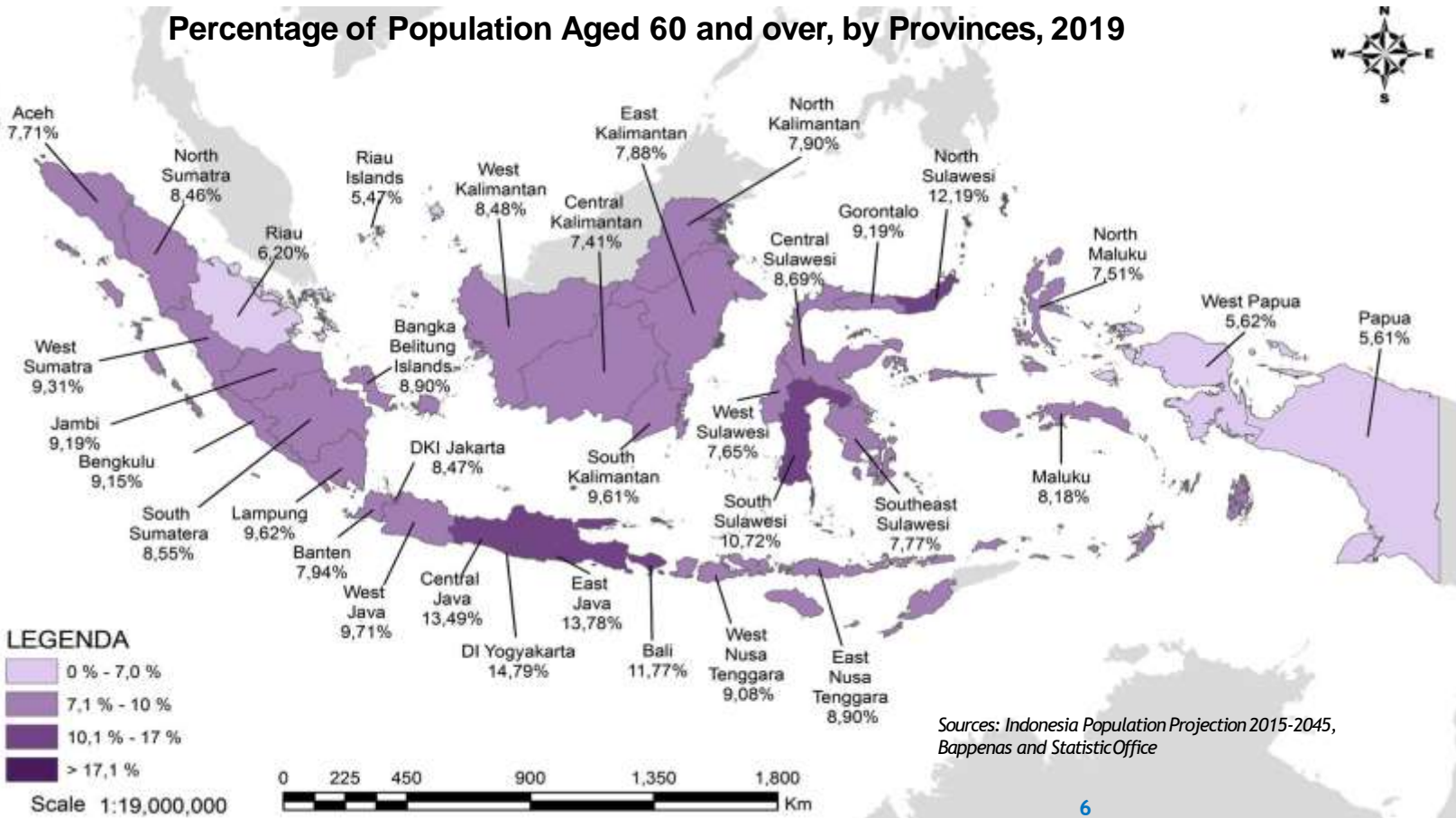
(SUPAS, 2015)





In 2019, **only** a few provinces experience ageing

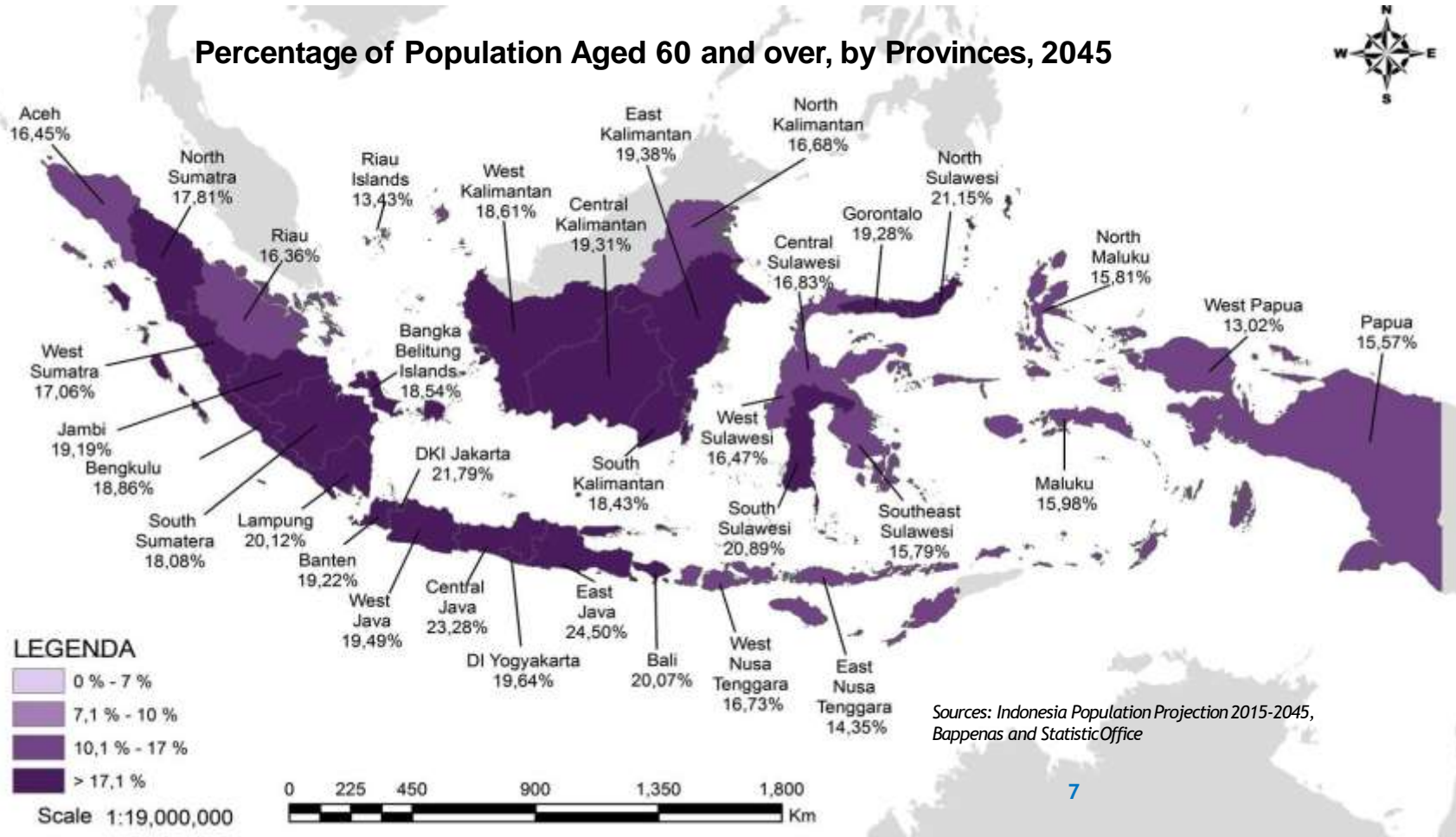
Percentage of Population Aged 60 and over, by Provinces, 2019



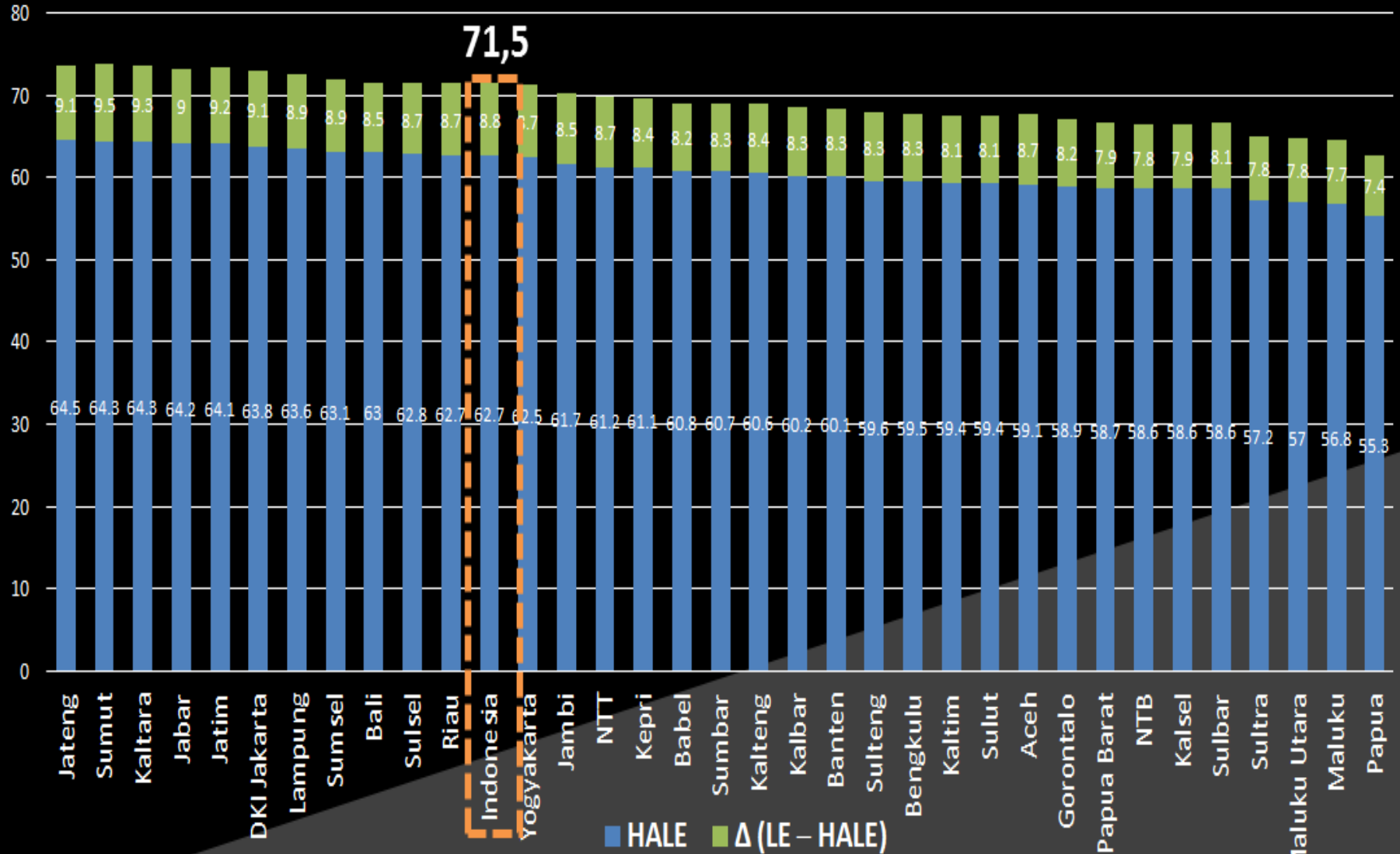


100 Years of Independence will be colored by ageing population

Percentage of Population Aged 60 and over, by Provinces, 2045



LE AND HALE IN INDONESIA, 2017



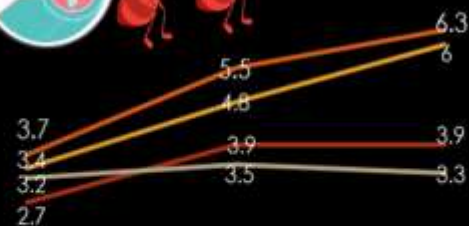
NCD's Trend among Pre Elderly and Elderly 2007-2018



Hypertension

Riskesdas 2007 Riskesdas 2013 Riskesdas 2018

— 45-54 — 55-64 — 65-74 — 75+



Diabetes Mellitus

Riskesdas 2007 Riskesdas 2013 Riskesdas 2018

— 45-54 — 55-64 — 65-74 — 75+



Stroke



Riskesdas 2007 Riskesdas 2013 Riskesdas 2018

— 45-54 — 55-64 — 65-74 — 75+



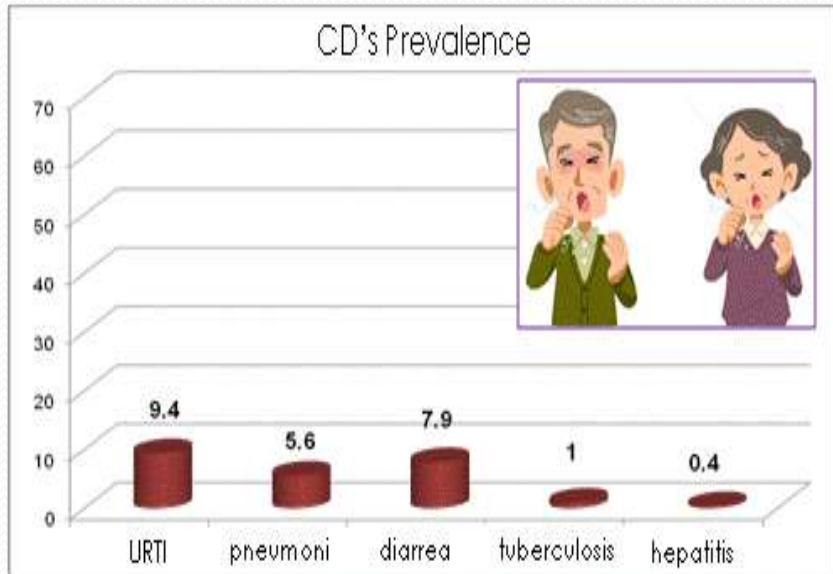
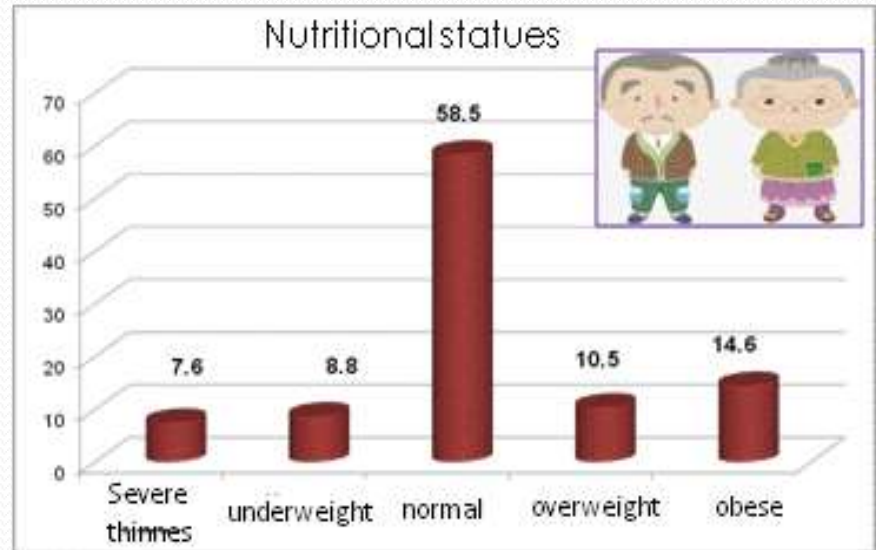
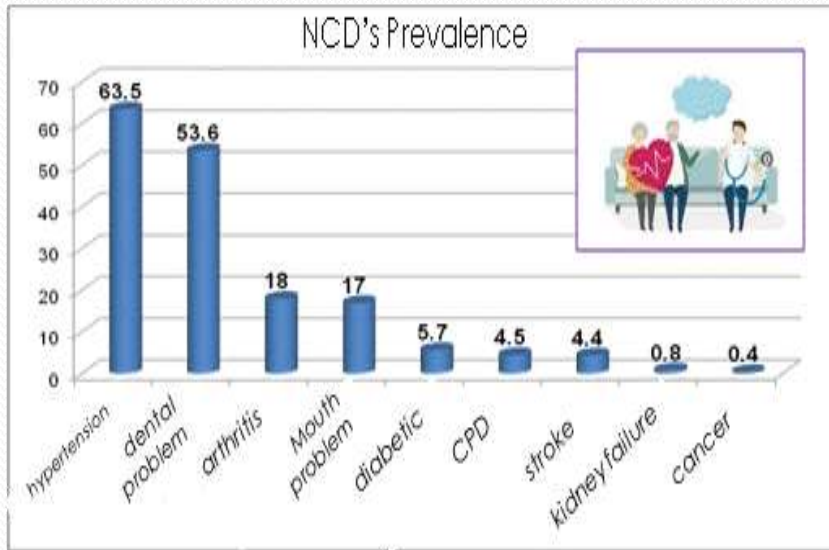
Mental Disorder



Riskesdas 2007 Riskesdas 2013 Riskesdas 2018

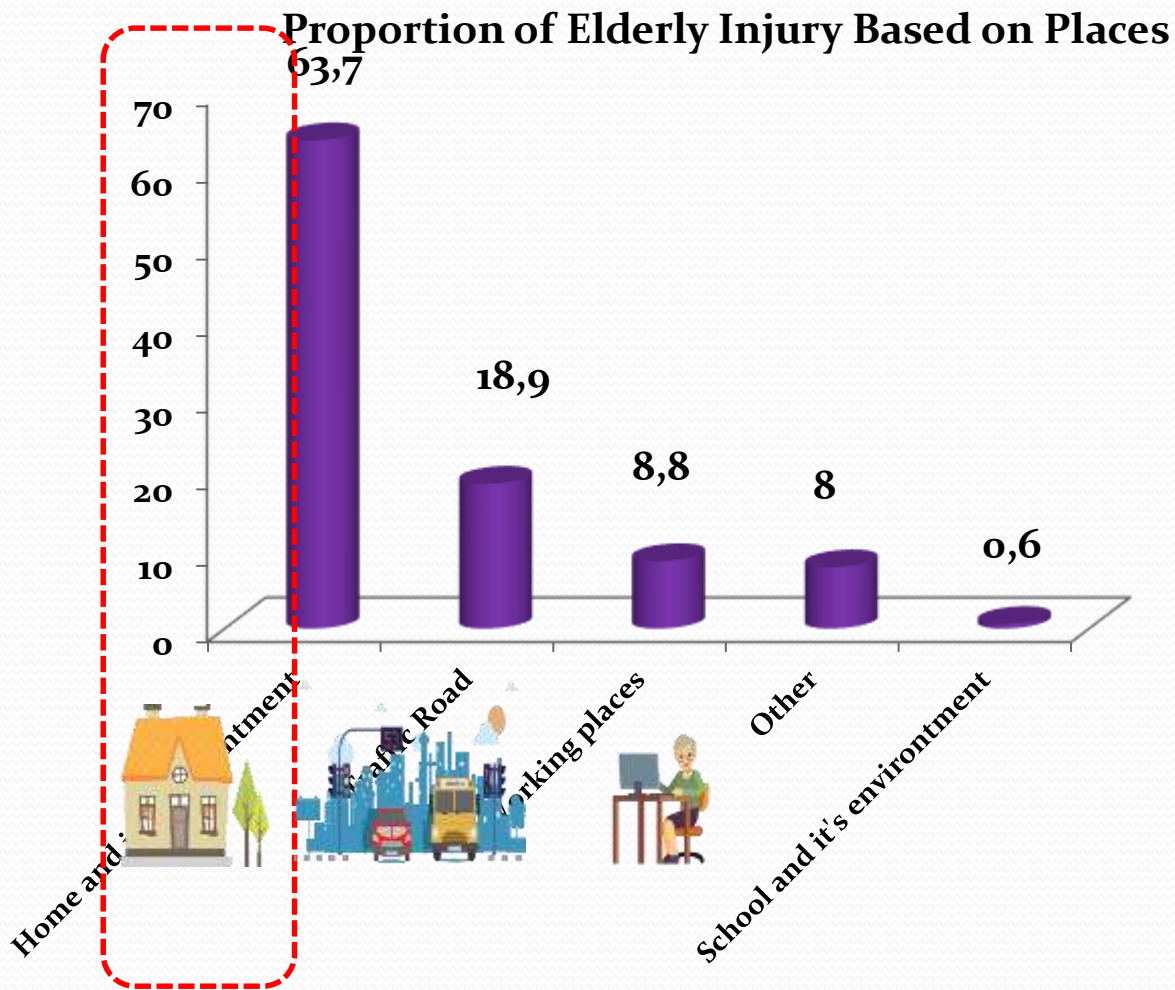
— 45-54 — 55-64 — 65-74 — 75+

ELDERLY HEALTH PROBLEMS IN INDONESIA

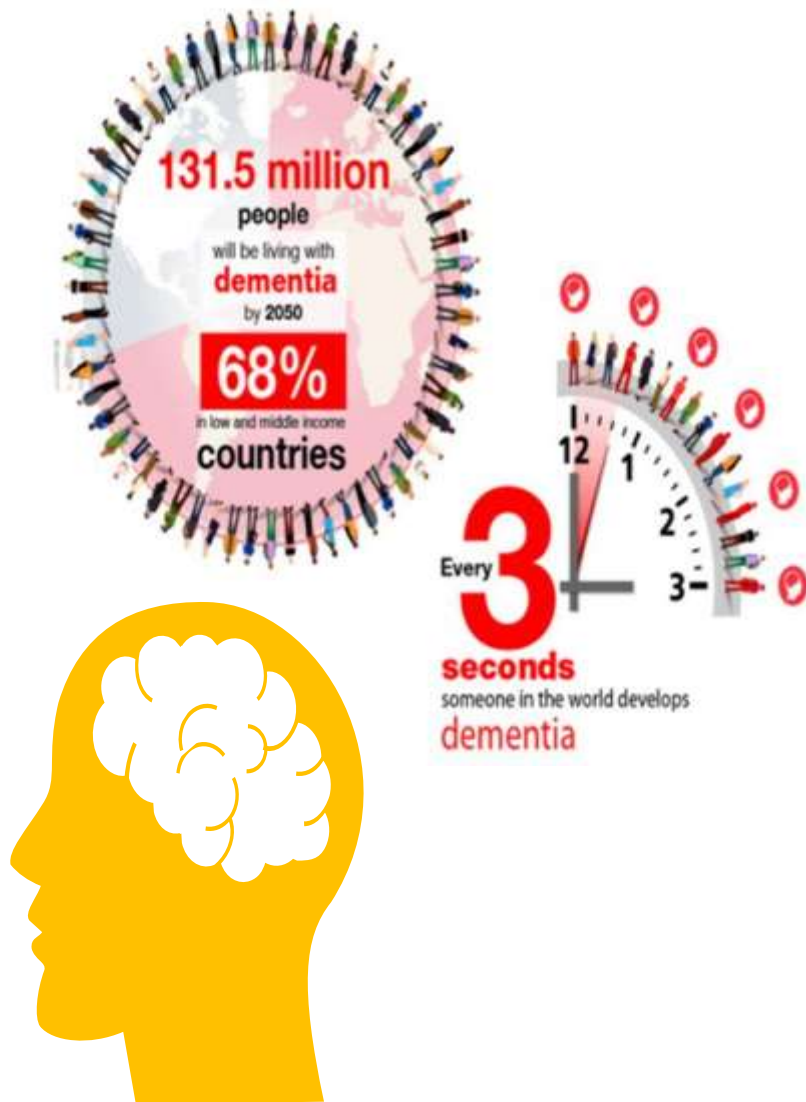


ELDERLY INJURY IN INDONESIA, 2018

Proportion of Elderly Injury
8.2%



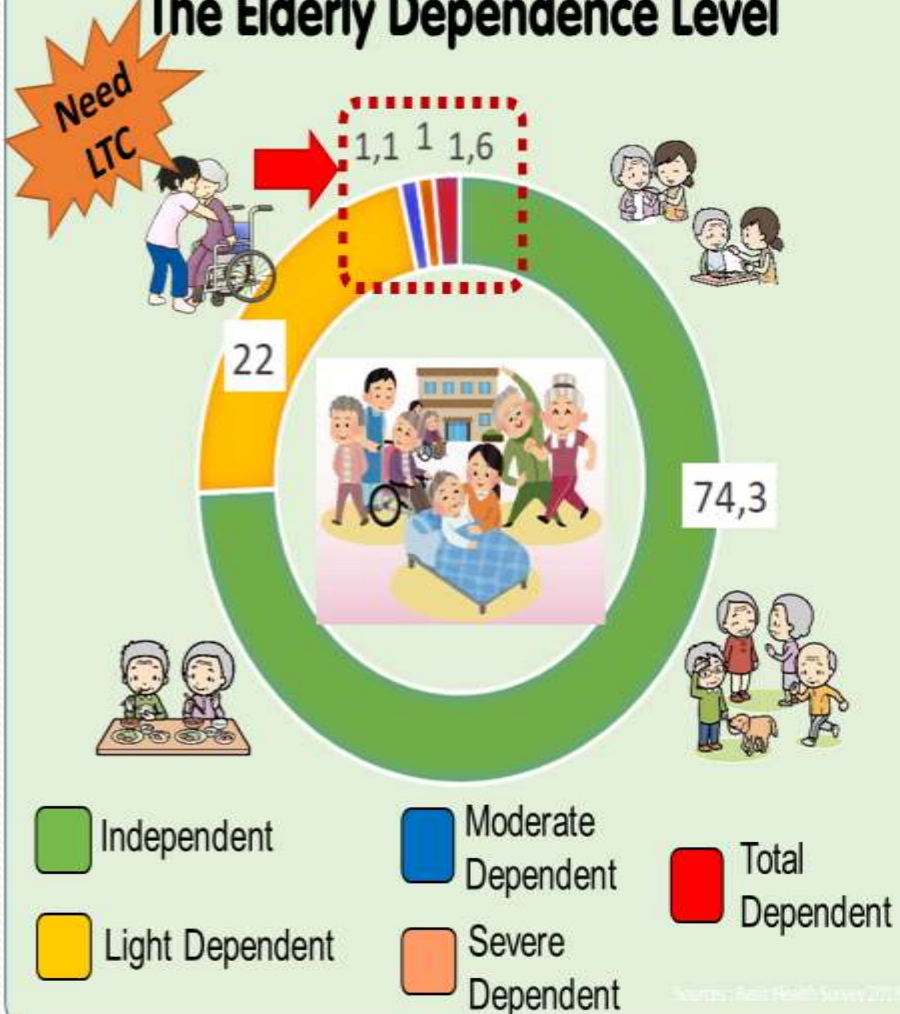
DEMENTIA IN INDONESIA



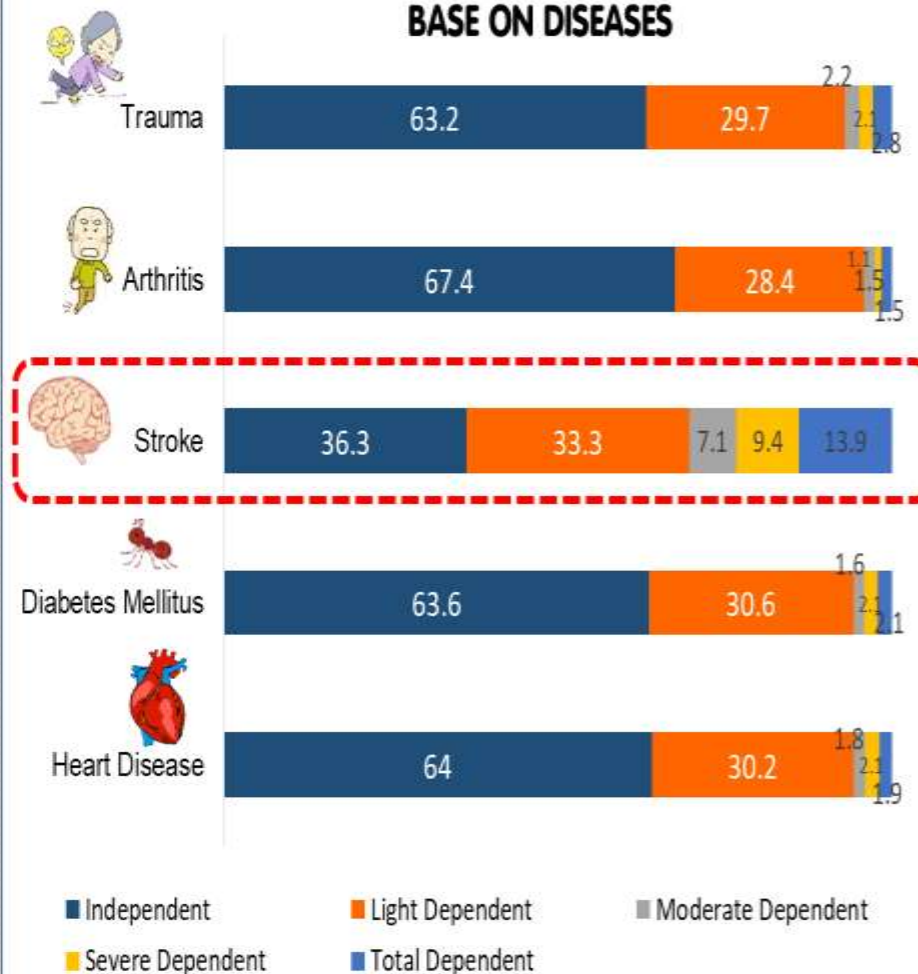
- ❖ **Non communicable disease** caused in increasing of dementia cases
- ❖ People with dementia in Indonesia: **1.2 million (2015)** and will increase to 1.9 million in 2030 and almost 4 million in 2050.
- ❖ Prevalence of Dementia in **D.I.Yogyakarta : 20,1%** (Survey Meter, 2016)

PROPORTION OF THE ELDERLY DISABILITY IN INDONESIA YEAR 2018

The Elderly Dependence Level



PROPORTION OF THE ELDERLY DISABILITY BASE ON DISEASES





Successful Ageing



Avoiding Disease
and Disability



Engagement
With Life

High Cognitive
And Physical
Function



Source:
Rowe and Kahn
(1997) model of
successful ageing

REGULATION

LAW

Law No. 13 / 1998
Elderly Welfare

Law No. 39 /
1999
Human Rights

Law No. 11 / 2009
Social Welfare

Law No. 36 /
2009
Health

MOH REGULATIONS

MOH Reg No.75. year 2014
PHC (Puskesmas)

MOH Reg No.67 year 2015
Implementation of Elderly Health
Services at the PHC (Puskesmas)

MOH Reg No 79 year 2014
Implementation of the Geriatric
Services in the Hospital

MOH Reg No.25 year 2016
National Action Plan of the Elderly
Health
year 2016-2019

Health
Ministerial
decree



MOH DECREE No. HK.01.07/MENKES/144/2018

WORK GROUP OF THE ELDERLY HEALTH IN
MOH





**GOAL OF
ELDERLY HEALTH POLICY**

SMART ELDERLY

*Sehat, Mandiri, Aktif, pRодукTif**

*Healthy, Independent, Active, Productive



Improve the health status of the elderly to achieve a **healthy, independent, active, productive** and usefull elderly for the family and society



Increasing access and quality of health services for the elderly in primary health care and referral and empowering the potential of the elderly



DEVELOPMENT OF THE ELDERLY HEALTH PROGRAM

Development and strengthening the Basic health Services → →
Development the Elderly Friendly Primary Health Centers



Development and strengthening the Referral health Services → →
Development the Geriatric services with integrated team approach in hospital



Increased the Community Empowerment through the implementation of activities at the Elderly Integrated services post (Posyandu lansia)



Increased empowerment of the elderly in the family / community



Improved Home Care Services that are integrated in Public Health Nursing



Development the Long Term Care

Improved integration service with cross Programs through a life cycle approach



Enhancing partnerships with cross Sectors, TOMA, TOGA, NGOs, Private Sector, etc.

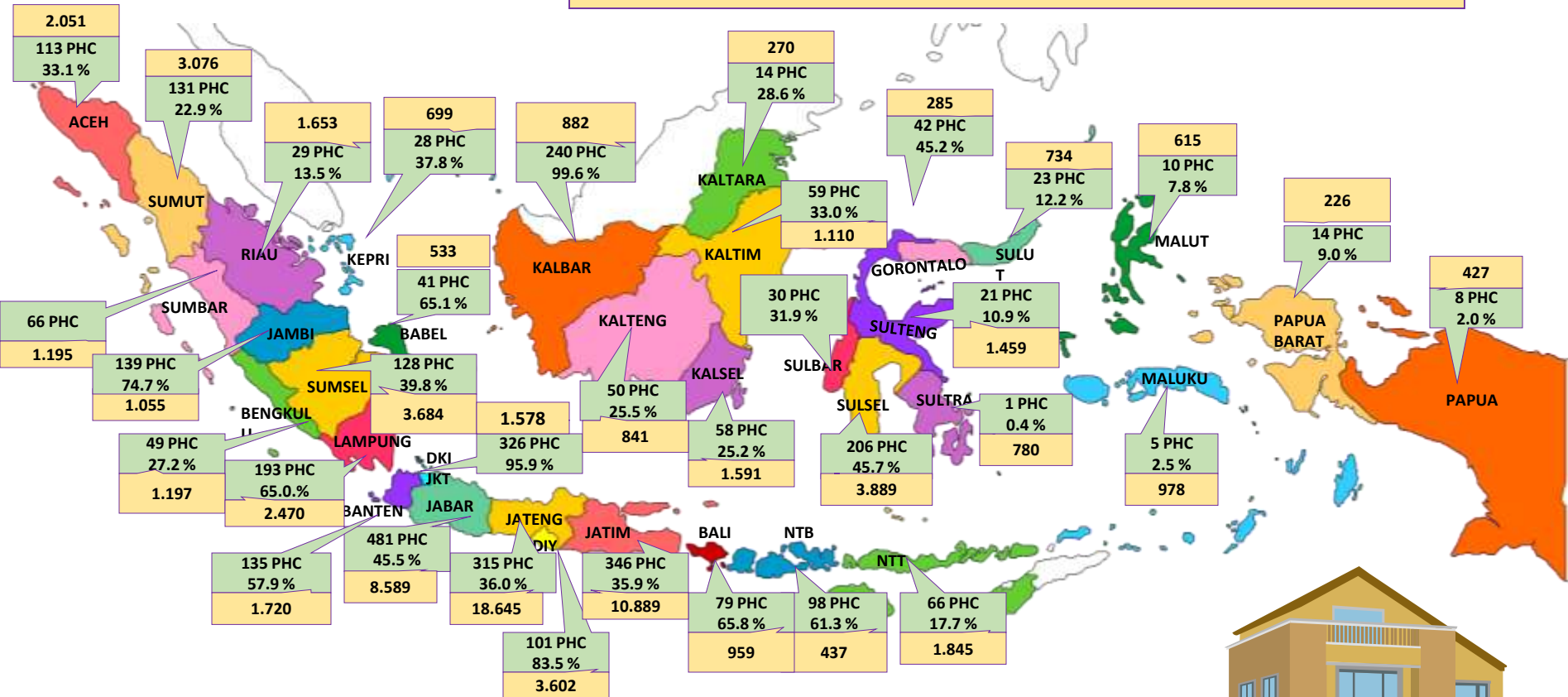


ELDERLY FRIENDLY PRIMARY HEALTH CENTRE (PHC) AND ELDERLY INTEGRATED HEALTH SERVICES POST IN 2017

TOTAL PHC: 9.825

TOTAL ELDERLY FRIENDLY PHC : 3.645 (37,10%)

TOTAL ELDERLY INTEGRATED HEALTH SERVICES POST (POSYANDU LANSIA/POSBINDU) : 80.353



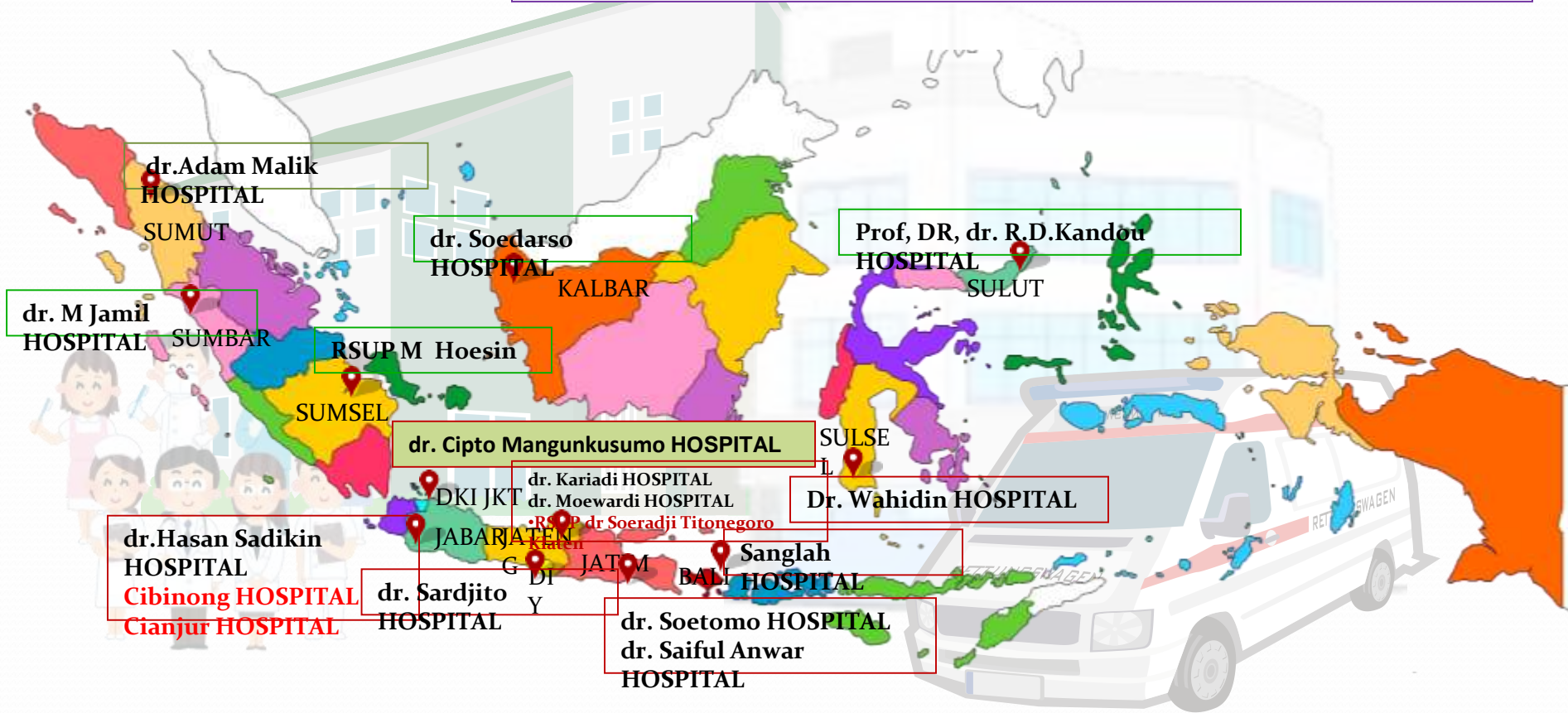
Source : Data of Family Health Directorate, MOH 2017





HOSPITAL WITH INTEGRATED GERIATRIC SERVICES YEAR 2017

TOTAL Government Hospital : 1000 Hospitals
TOTAL Hospital with Integrated Geriatric Services : 17 Hospital



Long Term Care Program for the Elderly



LONG TERM CARE

DEFINITION

- Integrated system of activities carried out by an informal or professional **caregivers** to ensure that the elderly who are not fully capable of caring for themselves, can **maintain the highest quality of their lives**
- Intended for the elderly who are not functionally able to be independent at home but there is no indication to be treated in a hospital and technically difficult to seek the outpatient treatment.



Home Care

(integrated with Public Health Nursing/ *Perkesmas*)

Home Care :

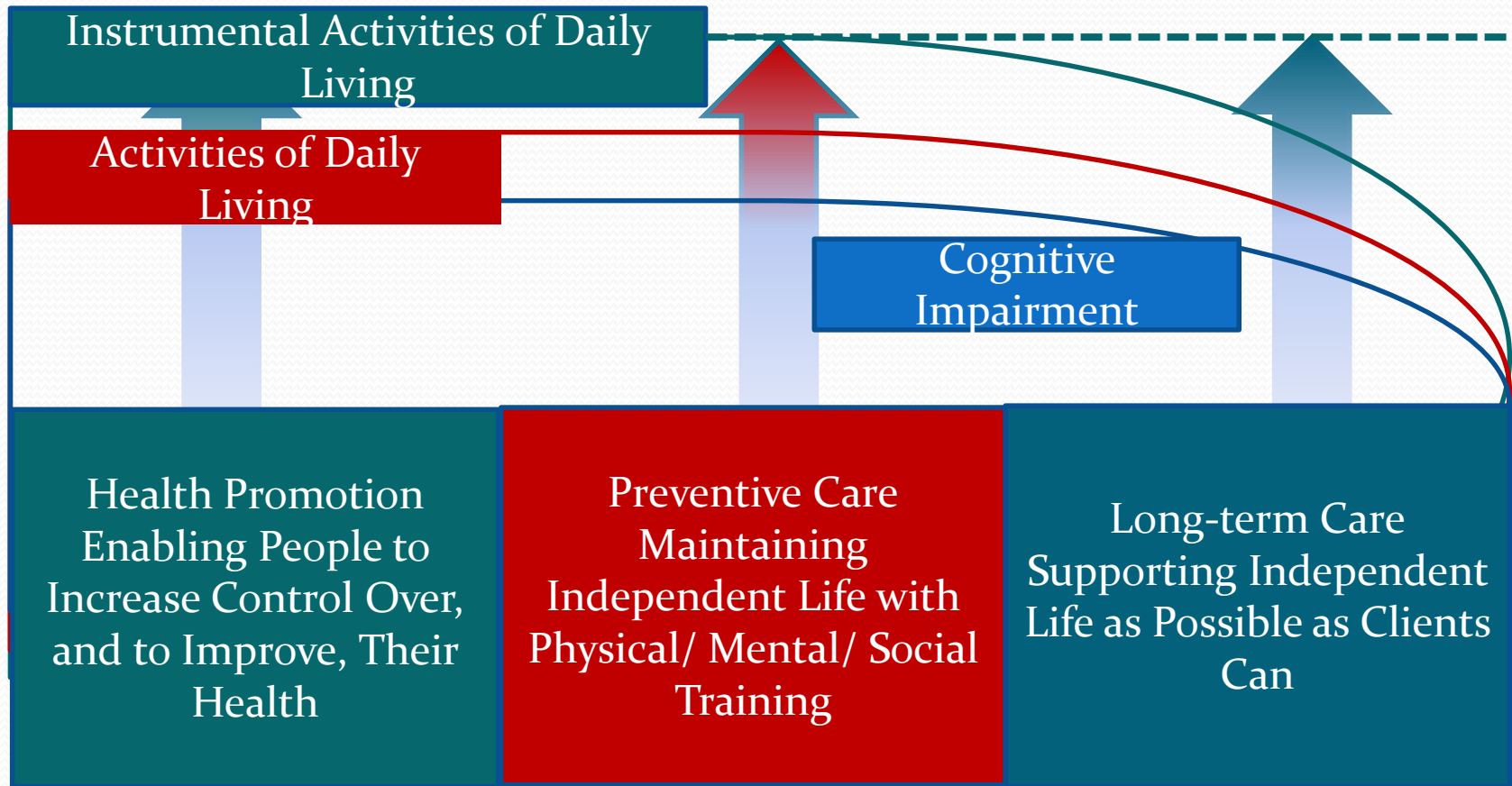
A form of comprehensive health services to the elderly which aims **to empower the elderly and their families** at home, by involving the elderly and families as a subjects to participate in the caring activities brought by **the PHC health workers team**.



THE AWARENESS OF YOUNG GENERATION TO CARE OLDER PERSONS



Aging Risks and Management (Takeo Ogawa, 2018)



Long Term Care Benefit



Increase self-esteem and quality of life so that the elderly will feel dignified

Reduce pain and prevent accidents

Prevent complications of illness or disability

Maintain a level of independence and reduce dependence

Improve family relationships & resilience

Reduce Family Burden

FOR FAMILY

FOR ELDERLY



**ECONOMIC RESEARCH INSTITUTE FOR
ASEAN and EAST ASIA (ERIA) :WITH URINDO, NAGASAKI
UNIVERSITY,
ON ORAL CAERE AND LONG TERM CARE**



The distribution of knowledge about Long Term Care (Result of study 3 in Indonesia)

How do you know about these following issues?	Mean	Min	Max
1 The value of long term care (Q = 6)	60,39 %	0 %	100 %
2 Understanding the ageing process, disfunction and diseases among the elderly (Q = 4)	57,67 %	0 %	100 %
3 Improving the quality of life of the elderly (Q = 7)	60,47 %	0 %	100 %
4 Working with risk (Q = 3)	62,64 %	0 %	100 %
5 Understanding the role of caregiver (Q = 3)	60,00 %	0 %	100 %
6 Safety and safety at work (Q = 3)	56,59 %	0 %	100 %
7 Positive and effective communication (Q = 3)	63,26 %	0 %	100 %

8	Introduction and response to violence and neglect in the elderly (Q = 4)	59,53 %	0 %	100 %
9	Development of the caregiver profession (Q = 4)	56,63 %	0 %	100 %
10	Body Mechanics (Q = 3)	57,83 %	0 %	100 %
11	Supporting Activity Daily Living (Q = 4)	52,79 %	0 %	100 %
12	Supporting Instrumental Activity Daily Living (Q = 4)	49,30 %	0 %	100 %
13	Dementia caring (Q = 3)	59,38 %	0 %	100 %

Care giver training and education on LTC

Ministry of Health The Republic of Indonesia, 2017

Level 5: Professional skills, expertise, and good reputation, 3 years education from high school, /2 years from vocational care giver high school /300 – 600 hrs training from nursing and or social care/adaptation course for care giver returner from Japan

Level 4: Not only work by oneself but also take leadership in a team, 2 years education from high school, or 1 year from vocational care giver high school

Level 3: Work by oneself without a direction, 1 year education from high school

Level 2: Work under a direction, 3 years exp of level 1

Level 1: Entry level. Pre-employment training, 600 hrs training

Family caregivers, Neighbor, Volunteers, 50 hrs training

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graph BT; A[Family caregivers, Neighbor, Volunteers, 50 hrs training] --> B[Level 1: Entry level. Pre-employment training, 600 hrs training]; B --> C[Level 2: Work under a direction, 3 years exp of level 1]; C --> D[Level 3: Work by oneself without a direction, 1 year education from high school]; D --> E[Level 4: Not only work by oneself but also take leadership in a team, 2 years education from high school, or 1 year from vocational care giver high school]; E --> F[Level 5: Professional skills, expertise, and good reputation, 3 years education from high school, /2 years from vocational care giver high school /300 – 600 hrs training from nursing and or social care/adaptation course for care giver returner from Japan];
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HOPE AND PROSPECTS FOR THE LTC PROGRAM DEVELOPMENT IN INDONESIA



Need to develop a LTC insurance and financing system for the elderly



Optimize the role of the private sector on building the LTC networks in Indonesia, include increasing the capacity of caregivers and developing an elderly friendly environment



Optimize and improve coordination of roles across sectors in building integrated LTC services, include strengthening health workforce development



Increase the public awareness about dementia, by involving NGOs and the private sector



Build an integrated IT-based LTC information systems (technology utilization), data base and collaboration in research

National Commitment

Presidential Decree on National Strategy of Ageing

VISION

To realize independent, prosperous, and dignified ageing population

MISSION

- **To strengthen capacity of the elderly**
- **To improve welfare of the elderly**
- **To foster safe neighborhood for the elderly**



Strategies and Policy Directions

- **Social Protection for the elderly**
- **Lifelong education**
- **Empowerment**



1. Social Protection

- **Healthy lifestyle**
- **Morbidity reduction**
- **Long-Term Care**



2. Healthier Ageing Population

- **Awareness raising**
- **Elderly friendly city**



3. Build People Awareness

- **Quality Standard for institutional arrangement**
- **Development of Caregiver Education System**



4. Care giver and Institutional Arrangement

- **Strengthening Ageing Policy**
- **Elderly Abuse Protection**



5. Respect and fulfill the rights of the elderly

Conclusion

- Indonesia is facing ageing population
- Health problems and disability are relatively high
- Policy development has been established
- Productive ageing program has been implemented successfully
- Program implementation on Long Term Care is still in the process
- The result of LTC good knowledge among caregivers was around 60%
- The curriculum on LTC for care giver training and education is still being developed and standardized
- Long term care insurance should be developed
- The commitment of government and community awareness is relatively good

Acknowledgement

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- Japan Center for International Exchange (JCIE)
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- Prof. Yuko Hirano, from Nagasaki University



ARIGATOGOZAIMASHITA

*Age is not how old you are,
But how many years of fun you've had*

Terima Kasih

THANK YOU