Indonesia’s Presentation
Panel Session 4: Establishment of Seamless Health and Welfare Services

The 17th ASEAN Japan HLOM on Caring Societies
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Indonesia Towards Ageing Population

PROJECTION OF ELDERLY POPULATION YEAR 2015 - 2045

- **Elderly 2019:** 9.7% (27 Million)
- **Elderly:** 12.54% (35.5 Million)
- **Elderly 2035:** 16.77% (51 Million)
- **Elderly 2045:** 19.8% (63.5 Million)

In 2018: 14.49

Old population dependency ratio more increasing

Sumber: Proyeksi Penduduk Indonesia 2015-2045, BPS
INDEPENDENCE LEVEL OF THE ELDERLY, 2018

- 74.3% Independent
- 22% Light Dependent
- 1.1% Moderate Dependent
- 1% Severe Dependent
- 1.6% Total Dependent

Proportion Of The Elderly Disability Based On Diseases

- Trauma: 63.2% Independent, 29.7% Light Dependent, 2.2% Moderate Dependent, 0.5% Severe Dependent
- Arthritis: 67.4% Independent, 28.4% Light Dependent, 1.5% Moderate Dependent, 0.5% Severe Dependent
- Stroke: 47.1% Independent, 27.1% Light Dependent, 7.1% Moderate Dependent, 0.4% Severe Dependent
- Diabetes Mellitus: 63.6% Independent, 30.6% Light Dependent, 1.0% Moderate Dependent, 0.1% Severe Dependent
- Heart Disease: 64% Independent, 30.2% Light Dependent, 1.0% Moderate Dependent, 0.0% Severe Dependent

Source: Ministry of Health III (NHIID) – National Basic Health Survey 2018
National Commitments

**LAW**
- Law No. 39/1999: Human Rights
- Law No. 36/2009: Health
- Law No. 23/2014: Local Government

**GOVERNMENT REGULATION & PRESIDENTIAL DECREE**
- Pres Decree No. 52/2004: National Commission for Older Persons
- Pres Decree No. 75/2015: National Action Plan on the Human Right

**Ministerial Regulation**
- MoH Reg. No. 79/2014: Geriatric Health Care in Hospital
- MoH Reg. No. 67/2015: Implementation of Elderly Health Care in PHC
- MOSA Reg. No.1/2017: guidelines for awarding elderly welfare
- MOSA Reg. No.4/2017: guidelines for developing elderly friendly areas
- MOSA Reg. No.5/2018: National standard of social rehabilitation for older persons
Elderly Health Programs in Indonesia

- Development and strengthening basic health services →
  Development of Elderly Friendly Primary Health Centers. 2018: 4,835 (48.4%) PHC

- Community Empowerment through the implementation of activities at the Elderly Integrated services post (Posyandu lansia) → 2018: 100,470 unit

- Improve Home Care Services that integrated with Public Health Nursing

- Development of Long Term Care → →
  Pilot project in 6 Provinces

- Strengthening the Referral health Services →→ Development the Geriatric services with integrated team approach in hospital. 2018: 88 hospitals

- Empowerment of the elderly in the family / community →
  Pilot project in 8 Provinces

- Integration service with cross Programs through a life cycle approach

- Enhance partnerships with cross sectors, public figures, religious leaders, NGOs, Private Sector, etc

Strengthening the utilization of Elderly Health Hand Book
LTC Mechanism

**In Home**
- Family
- Neighbour
- Cadre

**Panti**
- Health Workers
- Social Workers

**ELDERLY GROUP/ POSYANDU LANSIA**
- Cadre, Health Workers, Social Workers
  - Promotive Preventive

**PHC → CLINIC**
- Health workers
  - Inpatient/Outpatient

**HOSPITAL**
- Geriatric Team
  - Inpatient/Outpatient

**CGA**

**Elderly LTC Client**

- Home Care
- Pantil Residential
- Nursing Home
- Transitional Care/Subacute Care

**Referral**

Social Protection for Elderly

Financial Protection:
1) Pension Contribution-based (formal-informal
2) Old age Saving

Non Financial Protection:
1) Health
2) Long-term Care

Active Ageing:
1) Empowerment
2) Inclusiveness

- Improve advocation of regulation and policy at the national and sub-national level
- Develop social counseling to educate and raise community awareness on inclusive environment
- Develop community-based social services for elderly
- Increase availability, quality, and competency of care providers for elderly
- Improve the quality of life of elderly by expanding the utilization of digital information technology to reduce sociological exclusion
- Fulfillment of basic rights
- Inclusiveness into Social Protection Program
- Developing Social Protection Scheme (Social assistant, pension scheme for informal working population)
- Improving public services and access for elderly
- Improve the quality of life of elderly by expanding the utilization of digital information technology to reduce sociological exclusion

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Elderly Social Rehabilitation Programs
Aimed to restore and develop the social functions of the elderly

**Social Care and Family Support**
- **Therapy** includes psychosocial, physical, mental, spiritual, and livelihood therapy (2,655 elderly in 2019)
- **Family Support** includes emotional, respect, instrumental, information, and **Support Groups** (7,000 elderly in 2019)

**Elderly Assistance**
- **Displaced Elderly Assistance Program** (30,000 elderly)
- **Home Care Assistance Programs** 20,000 elderly
- **PKH for Elderly** (8,390 elderly)

**Accesibilities Support**
Community Development and Inclusive Environment

Empowering the Capacity of Institutional Care

Enhancing Social Protection, Incomes Security, and Individual Capacity

Independent, Prosperous, and Dignified Elderly

Uplifting the health status and Quality of life of elderly

Protection, Respect, and Fulfillment of the rights of elderly

Regulation and Coordination Implementation: Presidential Regulation on National Strategy on Aging

Multi-stakeholders formulation team

Progress Report

Substantive Discussion

Data Analysis

Coordination

### CHALLENGES IN DEVELOPING ELDERLY PROGRAM IN INDONESIA

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<th>CHALLENGES</th>
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| • Number of elderly is increasing rapidly, followed by an increase in degenerative diseases with their complication. Also, dementia thread.  
• Limited number of elderly-friendly PHC and hospital with integrated Geriatric Team (not evenly distributed)  
• The demand of LTC services for Elderly are increasing | • Strengthen promotive and preventive efforts (eq. elderly health screening, etc.) with life cycle approach health intervention (*PIS-PK*)  
• Promote socialization and advocacy to accelerate the development of elderly health services (elderly friendly PHC and hospital)  
• Conduct geriatric training and curriculum development  
• Strengthen Geriatric health services training for health provider in PHC  
• Development of LTC system regulation and standardization  
• Engagement with related parties (intersectoral, private and community)  
• Develop a financing system and LTC insurance benefit |
| • Requires cooperation of many parties, such as social, psychosocial, physical, health, economic, identity and appreciation aspects  
• Elderly research requires the comprehensive data availability  
• Guarantees for the value of the social functioning of the elderly can be a good start in research  
• Social protection efforts undertaken by the government should lead to the optimization of the role of families and communities  
• Assistance is not only for the elderly but also for people who are in direct contact with elderly | Draft of amendment of Law on Elderly Welfare has been discussed at the Parliamentary, and would be the National Legislation Program (*Prolegnas*) in 2020. With the amendment, the Law on Elderly Welfare will have an impact on the increasing of need for professionalism in handling and empowering the elderly |