



Implementation of Elderly Healthcare Services in SEARO (Regional Office for South-East Asia): A Systematic Review

Ratna Murpratiwi^{1*}, Sutanto Priyo Hastono²

Universitas Indonesia, Indonesia^{1,2}

Email: ratnamurpratiwi31@ui.ac.id, sutantopriyohastono@gmail.com

KEYWORDS

implementation; health care; elderly; geriatric; country specific geriatric health care in searo

ABSTRACT

The Yogyakarta Declaration on Ageing and Health in 2012, which brought together health ministers in the Southeast Asian Regional States (SEARO), resulted in an agreement to address ageing as a priority health issue. The outcome of the meeting was a commitment to make elderly health care become a national priority for SEARO countries. However, policies and programs on elderly care as well as the implementation and effectiveness of the programs seem to vary widely between countries. The purpose of this paper is to provide an overview of how the implementation of elderly health services is running in SEARO Regional Countries. The study approach is a literature study. Where using population, intervention, comparison, outcomes & study (PICOS) approach as a search strategy, and continued with the method of searching literature sources online using databases such as Scopus, Science Direct, Sage Journal. The keywords used were "implementation"; "health care", "elderly", "geriatric"; with the selection of articles in specific searo countries. The literature search was limited to the years 2014 to 2024 and it is in English. The results obtained were 12 research articles analyzed. Four aspects were highlighted in the literature review. Namely adequate resources for the implementation of elderly health services, health social security for the elderly, ease of access to health services, environmental and family support in elderly health. Further research is expected to identify more in-depth about elderly health services both in primary health facilities and secondary health facilities run in various countries.

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Corresponding Author: Ratna Murpratiwi*

Email: ratnamurpratiwi31@ui.ac.id

INTRODUCTION

In 2015, the World Health Organization (WHO) published its first report on ageing and health (Organization, 2015). Then in 2016, with the World Health Assembly's adoption of a Global strategy and plan of action on ageing and health. WHO then provided direction for each member state to take action across the health and social care sectors (Cieza et al., 2018). Both documents reflect a new conceptual model of healthy ageing built around older people's functional ability to do the things that matter to them. At the same time, through the United Nations (UN), UN Member States adopted the 2030 agenda for Sustainable Development, in which they pledged that no one would be left behind and that every human being would have an equal opportunity to maximize his or her potential regardless of age (Resolution, 2015). These documents call for major reforms to health and long-term care systems that have a fundamental purpose in the focus of clinical care for older people. Interventions are prioritized to optimize the physical and mental capacities of older people throughout their life course (Organization, 2015).

In line with this, the Southeast Asian Regional Organization (SEARO), at its 30th meeting of health ministers in the Yogyakarta Declaration on Ageing and Health in 2012, agreed to address ageing as a priority health issue. The 11 countries participating in SEARO include Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia Maldives, Myanmar, Nepal, Sri Lanka,

Thailand and East Timor. As a result of the meeting, each SEARO country must comply with 14 commitments to improve the health of the elderly, who are then called the elderly, in each country. One of these commitments is to make elderly health care a national priority (Resolution, 2015).

This is due to the fact that the world's population over the age of 60 is increasing faster than any other age group. The world's elderly population has also been increasing in the last two decades at a faster rate than in previous times. According to the WHO, between 2015 and 2050, it is estimated that the proportion of the world's population aged over 60 years will double from around 12% to 22%. Similarly, the number of people aged 80 years or older will increase from 125 million to 434 million over the same period (Organization, 2015). The large number of elderly people has the potential to become a burden if the elderly have health problems that result in increased health care costs, decreased income, and increased disability (Rahmawati & Bajorek, 2015). In Indonesia, data from the Central Bureau of Statistics shows that in 2019, the number of elderly people in Indonesia reached 25.6 million. In other words, 9.6% of Indonesia's population is elderly, and this percentage is predicted to reach 19.8% by 2045 (Sarkozy et al., 2020). Indonesia's attention to the elderly is outlined in Health Law No. 17 of 2023 which regulates elderly health efforts which aim to keep the elderly healthy, qualified, and productive in accordance with human dignity. Every elderly person has the right to access health care facilities and health services that are in accordance with standards, safe, quality, and affordable (Gamalliel & Fuady, 2024). The government's goal in elderly health efforts is to encourage, prevent, cure, and rehabilitate elderly people. Preventive efforts of the elderly aim to prevent elderly people from being physically, mentally, economically difficult, neglected, victims of crime, or victims of natural or social disasters. Curative efforts are activities that help sick elderly people return to normal activities at home, institutions and communities. Meanwhile, rehabilitative efforts are activities that help elderly people who are sick return to normal activities (Hakim, n.d.).

Not only in Indonesia, but aging is a growing global problem, and health and elderly care programs are being implemented in many countries, including SEARO regional countries. In fact, elderly care policies and programs, as well as overall program implementation and effectiveness, appear to vary considerably between high- and low-income countries (Watanabe et al., 2022). For example, the successful implementation and effectiveness of community-based approaches to healthy and successful elderly programs (e.g. adequate savings and pension funds, subsidy programs for living assistance for the needy) have differed between more developed and less developed countries. In view of this, different elderly care policies, programs, and services among countries, as well as issues concerning the health and social care of elderly individuals need to be further analyzed (Shrestha et al., 2021a). Based on the background, the purpose of this paper is to provide an overview of how the implementation of elderly health services is running in SEARO Regional Countries.

METHOD

This study employs a systematic review research method by conducting a literature search to select relevant scholarly publications that discuss the implementation of elderly health services in SEARO (Regional Office for South-East Asia) countries. The literature search was carried out in May 2024. To obtain relevant literature, the researcher used the PICOS (Population, Intervention, Comparison, Outcomes & Study) approach as a search strategy.

This study focused on Southeast Asian countries that implement elderly health services, with the intervention being the implementation of these services—which encompasses policies, service management, strategies, technology, and health promotion. While no comparison group was established, the outcomes measured included various aspects such as policies, service outcomes, service culture, infrastructure, health insurance, health promotion, and patient satisfaction.

Articles that met the initial criteria were selected based on their titles and abstracts, followed by an in-depth analysis of their contents to extract the most relevant and informative data and results. This article aims to provide an overview of the implementation of elderly health services in the Southeast Asian region. The selection of article sources was carried out using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines according to the inclusion and exclusion criteria and the research objectives. Duplicate and irrelevant articles were sorted out by the researchers, and then the articles that met the criteria were reviewed and grouped according to the research results to be discussed. In the end, 12 articles were selected for analysis in this systematic review.

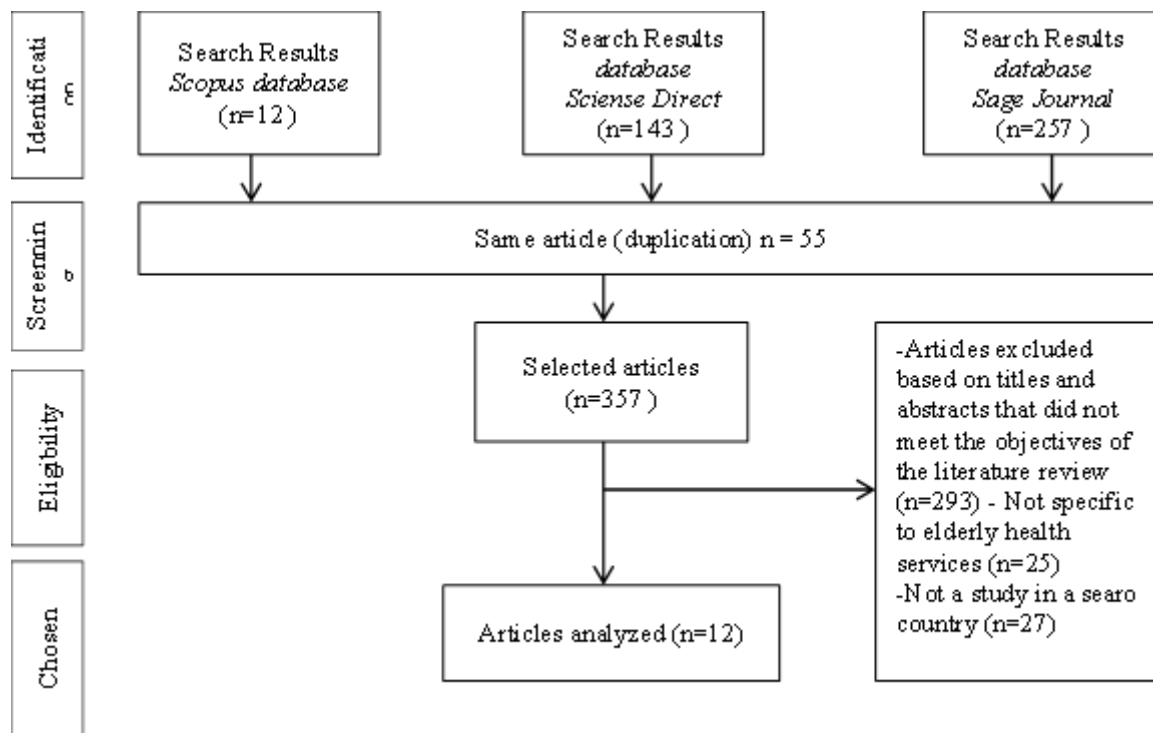


Figure 1. PRISMA scheme for article selection

RESULT AND DISCUSSION

Based on the results of the search using 3 databases, 357 scientific articles were obtained, then filtered based on the PICOS approach with the PRISMA method, the researcher determined 12 selected scientific articles to be used based on the research objectives. Scientific articles that meet the criteria come from the implementation of elderly health services in SEARO region countries, namely Indonesia, India, Nepal, Republic of Korea, Thailand, and Sri Lanka. Of the 12 articles that have been determined, there are 2 articles that discuss the quality of Health Human Resources (HRH) in supporting the implementation of elderly health services, 3 articles that discuss health social security programs that support the implementation of elderly health services, and 5 articles that discuss elderly access to health services. The results of the extraction of scientific articles in this study can be seen in table 1 as follows:

Table 1. Data Extraction Results

No.	Author, Country	Title	Methods	Results and Discussion
1	Naimah et al, 2019, Indonesia ⁽¹¹⁾	<i>Nurses' knowledge and attitudes in providing geriatric care at Ende Hospital of East Nusa Tenggara</i>	Descriptive quantitative research design	The knowledge and attitude of nurses in the implementation of elderly patient care is still not good. The obstacles of nurses in caring for the elderly are caused by several things, namely inadequate facilities, uncooperative elderly patients, and a limited number of nurses. The hope of nurses in caring for the elderly is the availability of more adequate elderly care facilities, the hospital is also expected to provide training or seminars related to elderly care.
2	Anastasia et al, 2020, Indonesia ⁽¹²⁾	<i>The role of digital mobile technology in elderly health management among health care workers in Indonesia: Analysis of knowledge, attitudes, and practice</i>	Quantitative research design with a cross-sectional approach to health workers in Jakarta	The current health care system has begun to enter the period of using ICT (information and communication technology) / Information and Computerized Technology in providing health services for geriatric patients. However, only a few health workers in Indonesia know or use geriatric mobile applications. Of the 134 respondents, 96.3% were unaware of any health apps for geriatric assessment. In addition, 98.5% of the subjects thought that the use of ICT to manage geriatric patients was important, and 94.8% felt that a comprehensive geriatric assessment (CGA) in digital form can help them manage geriatric patients better. However, 35.10% of subjects had never applied CGA to their geriatric patients.

No.	Author, Country	Title	Methods	Results and Discussion
3	Czeresna et al, 2013-2015, Indonesia ⁽¹³⁾	<i>Clinical Outcomes of Geriatric Care in Cipto Mangunkusumo Hospital, Before and After the Implementation of National Health Insurance Program</i>	A cohort study with historical controls on geriatric patients admitted to the Acute Geriatric Ward of RSCM.	<p>The incidence of re-hospitalization in the JKN group was lower than in the pre-JKN group 7 [5.2%], compared to 13 [12.7%]; $p=0.038$.</p> <p>There were no significant differences in length of hospitalization, functional status and health-related quality of life between before and after the implementation of National Health Insurance in admitted geriatric patients. However, the incidence of re-hospitalization appeared to be better in the JKN group, making JKN implementation more favorable than before JKN.</p>
4	Kohli et al. (2017), India ⁽¹⁴⁾	<i>Social Security Measures for Elderly Population in Delhi, India: Awareness, Utilization and Barriers</i>	A cross-sectional study conducted on 360 people aged 60 years and above in a secondary care hospital located in a rural area in Delhi.	<p>There was no association between awareness of the National Old Age Pension Scheme and educational status, occupation, religion, family type, marital status and caste ($p>0.05$). In this study, about 79.4% of the elderly were aware of the pension scheme and 45% of the eligible subjects utilized the pension scheme.</p> <p>The main reported barriers to utilization of the scheme are corruption and tedious administrative procedures.</p>
5	Nandita et al, 2017, India ⁽¹⁵⁾	<i>Health needs, access to healthcare, and perceptions of ageing in an urbanizing community in India: a qualitative study</i>	A qualitative study was conducted among participants at the Andhra Pradesh Children and Parents Research site.	<p>Frailty, lack of transportation and dependence on others as factors impacting on older people's access to healthcare. The existing public health system is perceived as overburdened and insensitive to older people.</p>

No.	Author, Country	Title	Methods	Results and Discussion
			Study (APCAPS) in Rangareddy, Telangana.	Urbanization is viewed positively, but traffic accidents, crime and loneliness are significant problems.
6	S. Irudaya et al, 2017, India ⁽¹⁶⁾	<i>Ageing and Elderly Care in Kerala</i>	A longitudinal survey was conducted in 2013; a second survey of the same elderly participants was conducted in 2016, and a third follow-up survey was conducted in 2019.	Caregivers play an important role in caring for the elderly. Children, spouses, relatives, and non-blood related people who are paid or unpaid caregivers can step away. About 11 % of the elderly need special care, About 59 % of these cases, children become caregivers for the elderly. The state of Kerala has been actively involved in providing care for the elderly. Three innovative schemes, implemented by the government
7	Myo Nyein et al, 2019, Thailand ⁽¹⁷⁾	<i>Effectiveness of a community-integrated intermediary care (CIIC) service model to enhance family-based long-term care for Thai older adults in Chiang Mai, Thailand: a cluster-randomized controlled trial TCTR20190412004</i>	A parallel intervention study with a cluster-randomized controlled trial study design.	The CIIC model is an effective model and a potential step towards realizing universal health and inclusive long-term care coverage for the elderly in Thailand. The services of CIIC, such as preventive care, family and community empowerment, have been well identified, and the elderly can see the tangible benefits of the integrated services. Advocacy aimed at stakeholders using narratives to explain why integrated services with the CIIC model are important is necessary.
8	Pawinee et al, 2023, Thailand ⁽¹⁸⁾	<i>Older adult access to health care services in Ban Phaeo,</i>	Using Geographic Information Systems (GIS), the	Older people living in rural areas have challenges in accessing health services,

No.	Author, Country	Title	Methods	Results and Discussion
		<i>Thailand: A case study using geospatial analysis</i>	accessibility of elderly health services was studied using Space Syntax.	due to lower socio-economic factors (e.g., income) and fewer public transportation options. Road connectivity across the district is poor and inaccessible to many residents living on farms as they are generally close to canals and must use water-based transportation (e.g., boats). Urban and regional planners, transportation, and health, need to identify networks to facilitate better road network connectivity to ensure older people living in rural areas can adequately access health services. Such networks should include initiatives to effectively connect isolated rural areas to the arterial road network where most health facilities are located.
9	Boyoung et al, 2016, South Korea ⁽¹⁹⁾	<i>Health and Long-Term Care (LTC) Systems for Older People in the Republic of Korea: Policy Challenges and Lessons</i>	Descriptive quantitative research design	Longer hospital stays or reliance on formal LTC services are inevitable when family members are not available to provide care. The limited role of the primary healthcare system contributes to an inefficient healthcare system and a lack of coordination between the healthcare system and the LTC (insurance underwriting) system in Korea.
10	Young-eun et al, 2017, South Korea ⁽²⁰⁾	<i>Health-Related Effects of the Elderly Care Program</i>	Quantitative research design with stratified cluster sampling method, with regions strata and participating organizations as clusters.	ECEP (Elderly Care Program) participants experienced an increase in lower total medical costs, lower insurance payments and lower hospitalization costs compared to the elderly who did not

No.	Author, Country	Title	Methods	Results and Discussion
				participate in the ECEP program. In addition, there was also a significant decrease in the number of days (length) of hospitalization, even in terms of medical care utilization. Those who received elderly care scored an average of 7.70 points on the Short Geriatric Depression Scale.
11	Sharad et al, 2020, Nepal ⁽²¹⁾	<i>Elderly care in Nepal: Are existing health and community support systems enough</i>	Secondary data analysis	The need to improve access to proper medical care especially among the elderly in rural and remote areas is high. The elderly especially those living in the poorest areas and facing financial hardship or discrimination, do not have access to health and social care programs and thus they can be supported by implementing community-based programs.
12	Lal panaphitia et al, 2023 Sri Lanka ⁽²²⁾	<i>Proposed System of Integrated Geriatric and Disability Care Services in Sri Lanka (A Concept Note)</i>	Qualitative research design with key informant interviews	The development of service provision for elderly health care in Sri Lanka is critical to ensure that the elderly population receives the care and support they need to age healthily by maintaining a good quality of life.

Care for the elderly should focus on a holistic combination of health care, socio-economic protection, and provision of an appropriate environment for a better quality of life (Rajan et al., 2020a). Therefore, in the implementation of elderly health services to promote the improvement of health and quality of life of the elderly, various aspects must be considered. Below we will discuss the various important aspects of the implementation of elderly health services along with the situation in various SEARO regional countries in selected articles based on 12 articles collected:

Adequate Resources for the Implementation of Elderly Health Services

Providing care to older people is challenging because the disabilities, illnesses and medical history of older people are different from those of adults. The elderly have complex needs, and this

requires specialized care (Lal Panapitiya et al., n.d.). Competent health professionals can provide more accurate diagnosis and treatment, and assist the elderly in managing their illness and maintaining overall health. Appropriate nursing interventions are needed to ensure the quality of care and safety of the patient group. As a health resource, it is very important for nurses to have adequate competence. Gerontological nursing is professional nursing that specializes in handling and caring for elderly patients, where they need special attention. Therefore, it is important to have gerontological skills in nurses who handle and deal directly with the elderly (Bahrami et al., 2019). Based on the literature study conducted, it was found that nurses' knowledge and attitudes regarding elderly care were still poor. This finding was found in East Nusa Tenggara, Indonesia. Where the obstacles of nurses in caring for the elderly are caused by inadequate facilities, uncooperative elderly, and limited number of nurses (Abdurahman et al., 2021). This is in line with the research of Baumbusch and colleagues, in Columbia Canada found factors that affect the readiness of nurses in caring for elderly patients in hospitals. These include lack of knowledge and skills about elderly care, the uniqueness and complexity of the needs of the elderly, family involvement in care, inadequate physical environment of the hospital, unbalanced number of staff with workload, and elderly care is still not a priority in hospitals.

In addition to competence, knowledge, and attitude, the importance of the reliability of health resources in following existing technological developments also needs to be considered. Information technology in the current era plays an important role in the quality of health services. In the findings of research on health workers in Jakarta, Indonesia, the application of technology-based elderly health services is still lacking. This is evident because almost all health workers who were the target of the study stated that they did not understand, know, or even use the geriatric mobile application (Dinakrisma et al., 2022).

The Indonesian government has made efforts to improve the health status of the elderly through various strategies. Among them are creating a health care environment that focuses on the needs of the elderly. Both in health centers, development of geriatric services in hospitals, and improving outreach and information dissemination. Indonesia has also issued a Minister of Health Regulation (Permenkes) related to the implementation of health services for geriatric patients in primary health services and hospitals. Including, Comprehensive geriatric assessment (CGA) is a digital format that helps health workers better manage geriatric patients. CGA conducted by trained doctors and nurses in geriatric teams should be implemented from primary health care to tertiary referral health facilities. However, there are several challenges in implementing CGA in clinical practice, such as time-consuming, requiring a lot of paperwork, and lack of human resources in terms of skills and numbers. Various forms/instruments are needed to evaluate the various dimensions covered in CGA, thus the use of digital-based geriatric assessment is needed to provide patient-centered medical interventions quickly, appropriately, and effectively (Dinakrisma et al., 2022).

It can be concluded that, although the elderly health service strategy has been implemented, in practice it still encounters obstacles, one of which is the inadequate condition of health human resources to support the implementation of the elderly health service implementation strategy. So that there is still a need for efforts to increase knowledge about elderly people, geriatric care, and socialization of geriatric health care with e-health literacy among nursing staff, this is so that health resources, especially elderly nurses, can provide high-quality care.

Social Health Insurance for the Elderly

The older population is relevant to the Government's agenda in the sustainable development goals, which are to achieve the goals of poverty eradication, ensuring well-being at all ages, ensuring healthy and productive lives, promoting gender equality, and making settlements inclusive, safe, resilient and sustainable. Therefore, with these shifts, it is imperative for the government to adapt and

revise policies and services that target the elderly population (Rajan et al., 2020b). In addition, the elderly population also presents a growing challenge to the economy, forcing the government to spend more on old-age pensions, health care, and social benefit programs to serve the elderly, rather than focusing on infrastructure investment and education (Rajan et al., 2020b). In the literature review, the researcher found that the government's health insurance to help/subsidize the cost of health care in health facilities seems to have an impact on the incidence of re-hospitalization. This is different when compared to the conditions before the health insurance program (Shrestha et al., 2021a). In line with the health insurance program in Indonesia, ECEP (Elderly Care Program), which is an insurance program in South Korea, shows its benefits. Elderly members of this program experienced lower medical costs, lower insurance payments and lower hospitalization costs compared to elderly who did not participate in the ECEP program. In addition, there was also a significant reduction in the number of days (length) of hospitalization, even in terms of medical care utilization (Kim & Hong, 2018).

In India, a number of social security measures have been taken by the Indian government. The Government of India issued the National Policy for the Elderly in 1999 to promote health care, financial security, nutrition, shelter, education and welfare of the elderly in India (Soejono et al., 2017). Among them, the IGNOAPS guarantee program was launched in 1995 to provide monthly pension to the elderly below the poverty line (BPL). In 2000, the Annapurna scheme was also launched which aims to provide food security to the elderly. In reality, the analysis showed that most of the elderly population was aware of the program but only half of them availed of the scheme (Soejono et al., 2017).

This fact is demonstrated as there is still a gap between awareness and actual utilization of the scheme. Government corruption, difficulty in knowing who and where to approach, and the administrative formalities of enrollment and service delivery are the main obstacles. Inconsistencies in beneficiary identification, political influence and corruption are factors that have also been reported.

Ease of Access for the Elderly to Health Services

The elderly population in rural India is often limited in their access to health services and infrastructure specifically geared towards elderly care. This adds to the challenge of implementing health services for the elderly, as the health system is not prepared or empathetic to the needs of this population group (Soejono et al., 2017). This is reinforced by research in Thailand, where older people living in rural areas have challenges in accessing health services, due to lower socio-economic factors and fewer public transportation options (Iamtrakul et al., 2023). Road connectivity across the district is poor, and inaccessible to many residents living on farmland as they are generally close to canals and have to use water-based transportation such as boats (Iamtrakul et al., 2023). In Nepal, almost one hundred percent of the elderly live in rural areas where they are economically poor, do not have access to public health services, and depend on traditional agriculture and remittances to survive. Particularly in rural areas, older people tend to be illiterate, have limited sources of income, and have poor health and nutrition. This leads to an increased burden of infectious and chronic diseases and furthermore, they lack access to public health and social services (Shrestha et al., 2021b).

Based on this situation, it is expected that urban and regional planners, transportation, and health, need to identify networks to facilitate better road network connectivity to ensure older people living in rural areas can adequately access health services. Such networks should include initiatives to effectively connect isolated rural areas to the arterial road network where most health facilities are located (Iamtrakul et al., 2023). Government and stakeholder actions to strengthen the infrastructure of elderly health services (Soejono et al., 2017), with a special focus on outreach, are critical to the successful implementation of equitable elderly health services in all regions and even countries of Southeast Asia.

Neighborhood and Family Support in Elderly Health

Elderly care includes meeting the health and social needs of older individuals, Elderly care includes assisted living, elder care, long-term care, nursing homes, and home care. This care emphasizes the social and personal needs of older individuals who need assistance with daily activities and health care, but also want to age healthily and with quality (Shrestha et al., 2021b). In Nepal, older people who are abandoned by their family members face a range of social and health care challenges, including obtaining food, clothing, shelter, health care, and safe drinking water. Alluding to this condition, Due to the lack of empirical studies and limited discussion on elderly issues including the importance of elderly care support, at the political level, issues related to elderly care are often not recognized in Nepal. Only a few government and community-based programs and activities (e.g. old-age benefits, old-age pensions, nursing homes) are available. Information on issues related to the implementation of elderly health programs and their overall effectiveness is not well documented (Shrestha et al., 2021b).

The success of elderly care depends largely on the family and/or domestic helpers. The bad news is that elderly care is determined by the conditions of the family itself. Social issues such as the migration of children result in the elderly being left without physical and psycho-emotional support. In addition, elder abuse is quite common due to their vulnerability. and this is further compounded by financial insecurity and inadequate health care coverage leading to further vulnerability. Often, older people feel insecure and isolated even when they live with their own families. Reasons include lifestyle changes, generation gaps, lack of financial security and independence, etc (Rajan et al., 2020b). As the elderly age, the likelihood of developing chronic functional disabilities also increases, resulting in the need for assistance. Therefore, families are forced to purchase care to meet the daily needs of the elderly. (Rajan et al., 2020b) Family members are the primary or closest caregivers who provide emotional support, functional support and other direct support to those who no longer function independently. As seen from the data, there are different types of care recipients among the heterogeneous group of elderly: some of them are in good health but need daily attention due to some chronic diseases, others are bedridden and need full-time care, another group has mental and cognitive impairments, and so on. In many cases, due to changes in the family structure, the elderly need the support of outside caregivers. In addition, community and institutional support for elderly care is also very important for their physical and emotional well-being (Rajan et al., 2020b). Providing support to the elderly is not always easy. The elderly may experience mood swings, irritability, or forgetfulness. The support of the family environment is one of the most important factors in elderly care. By providing warm and loving support, the environment and family can help the elderly to live healthier, happier and more independent lives.

CONCLUSION

Responses to the challenges of older people and health must take into account the realities of each country or region, and most importantly must have a strong analytical basis to gain a good understanding of the process of implementing elderly health services and the underlying demographic factors. Thus, policies and programs made regarding health resources, health social security, affordability, and support from various parties in supporting the successful implementation of elderly health services must be adjusted to the conditions and capacity of each country. There is great hope that the elderly health service program will enable the elderly to optimize their potential to live independent, healthy and productive lives, and provide adequate protection and care when they need assistance. In addition, sensitizing stakeholders at the institutional, individual, family and community levels will help to support older people to achieve a better quality of life. Thus, a country can have inclusive growth and development of elderly health services.

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