

## Research Article

### Toward a Sustainable Elder Care Policy: Reform Recommendations for Indonesia A Systematic Literature Review

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**Abstract:** Indonesia's demographic transition toward an ageing society presents increasing pressure on its health and social care systems. This systematic literature review synthesizes global long-term care (LTC) policy models to identify reform pathways suitable for Indonesia. Searches across Scopus, Web of Science, PubMed, and Google Scholar yielded 92 eligible studies, which were analyzed thematically. The review identified four essential components of sustainable LTC systems: coherent governance, structured financing, diversified service delivery frameworks, and professionalized caregiving workforces. The findings highlight critical gaps within Indonesia's current elder care landscape, characterized by fragmented governance, reliance on informal care, absence of LTC financing, and limited home- and community-based services. The review concludes that Indonesia must undertake systemic reforms by establishing a national LTC authority, adopting phased LTC financing, developing an integrated community-based care model, and elevating caregiver training standards. These reforms are essential for ensuring equity, resilience, and sustainability as Indonesia transitions toward an ageing population.

**Keyword:** Toward a Sustainable. Elder Care Policy, Indonesia, A Systematic Literature Review

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#### 1. Introduction

Indonesia is confronted with a rapidly ageing population. Projections indicate that by 2050, nearly one-third of citizens will be aged 60 years or older, compared with approximately 10 percent in 2019 (HelpAge International, 2023). This demographic shift creates profound implications for the country's health system capacity, social protection framework, and economic resilience. Studies on community-dwelling older adults in Indonesia show significant levels of functional limitation and chronic illness, conditions that require structured long-term care support which is currently insufficient (Astuti et al., 2022).

Indonesia's policy and regulatory frameworks for elder care are fragmented. Law No. 13/1998 remains the primary legal basis for elder welfare, yet it reflects outdated assumptions about ageing and does not address modern long-term care requirements. More recent policy documents produced by the Ministry of Social Affairs, Ministry of Health, and Bappenas have introduced incremental reforms, but they lack integration, coordination, and a unified national LTC strategy (HelpAge International, 2023). Consequently, elder care responsibilities continue to fall primarily on families. Cultural expectations reinforce this arrangement, but demographic transitions such as smaller household sizes, increased participation of women in the workforce, and internal

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migration have substantially weakened the sustainability of family-based caregiving (Setiawan et al., 2021).

Internationally, countries with advanced LTC systems offer instructive policy models. Japan and South Korea have established universal LTC insurance systems, while Germany integrates LTC insurance within statutory social insurance schemes. Nordic countries rely on tax-based universal care delivered at municipal levels. These systems demonstrate the benefits of centralized regulation, standardized assessment tools, integrated community-based service models, and professional caregiving pathways (Tsutsui, 2010; Szebehely & Trydegård, 2012). Literature emphasizes that sustainable LTC reform must shift from viewing elder care as charity-based social assistance toward a rights-based, institutionalized system that supports ageing with dignity.

Indonesia's demographic reality and policy gaps create an urgent need for reform. This review synthesizes global LTC evidence to identify governance, financing, service delivery, and workforce development reforms appropriate for Indonesia. The aim is to provide a foundation for long-term, sustainable elder care policy that aligns with global best practices while responding to Indonesia's socio-cultural and institutional context.

## **2. Methods**

A Systematic Literature Review (SLR) approach was adopted to ensure methodological rigor and transparency. Searches were conducted across Scopus, Web of Science, PubMed, and Google Scholar using keyword combinations related to long-term care, eldercare systems, LTC financing, ageing policy, and caregiver workforce development. Literature published between 2010 and 2024 was included to capture contemporary LTC policy developments (Rothgang et al., 2020).

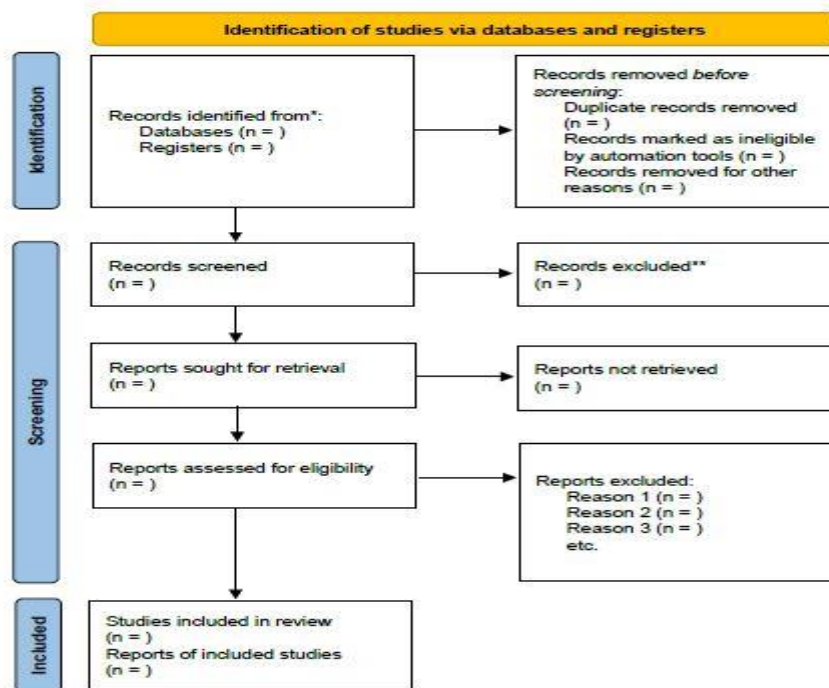
The initial search identified 1,482 studies. After removing duplicates, 1,197 records remained for title and abstract screening. Full-text eligibility assessment resulted in 92 studies that met all criteria, including peer-reviewed status, English language, policy relevance, and focus on national or regional LTC systems. Screening procedures adhered to PRISMA guidelines (Moher et al., 2009), ensuring systematic filtering.

Quality appraisal followed Dixon-Woods et al.'s (2006) interpretive synthesis framework, assessing methodological rigor, conceptual clarity, and policy relevance. Thematic analysis, as outlined by Braun and Clarke (2006), guided synthesis across diverse study types. Four major themes emerged: governance, financing, service delivery, and caregiving workforce development. Although the review includes literature across various contexts, differences in economic capacity and welfare models may limit the direct applicability of some international strategies. Nonetheless, the systematic approach strengthens the robustness of the conclusions.

## **3. Results**

### **3.1 Database Outcomes and PRISMA Flow**

The database search produced 1,482 articles. After duplicate removal and screening, 92 studies were included in the final synthesis. The PRISMA diagram below visualizes the identification, screening, eligibility, and inclusion processes.



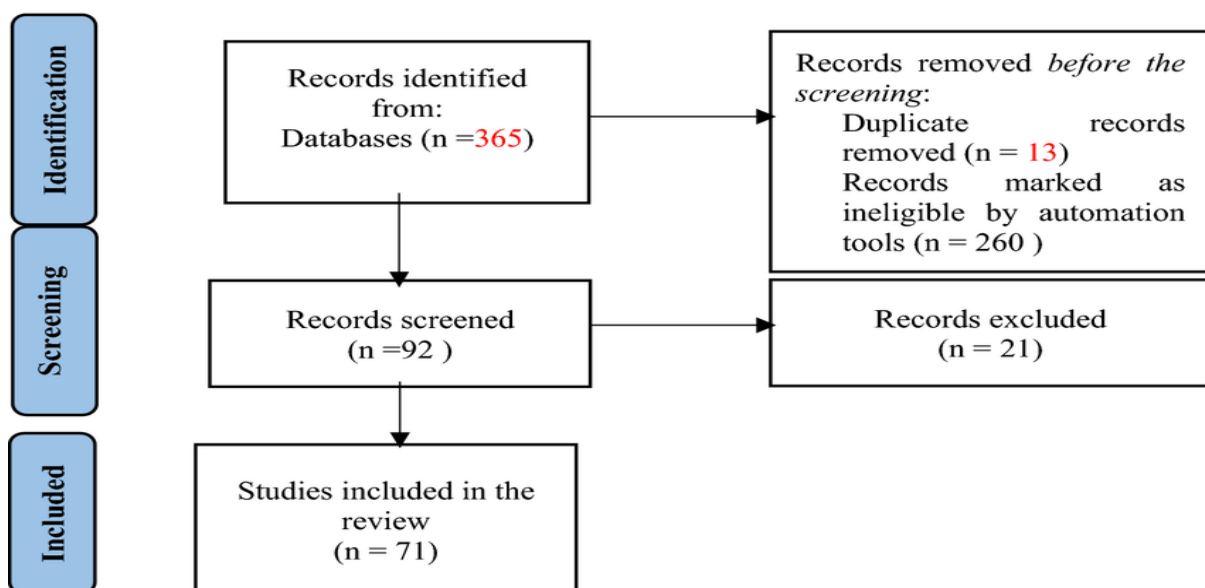
\*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

\*\*If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

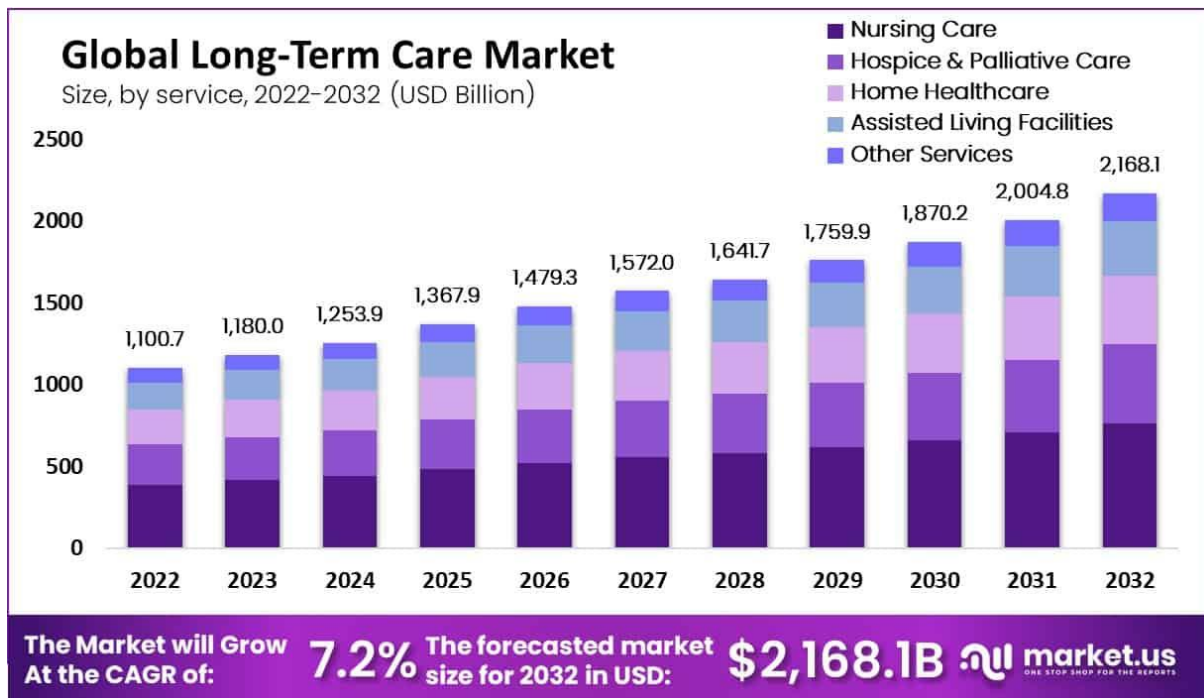
For more information, visit: <http://www.prisma-statement.org/>

### Identification of studies via databases and registers



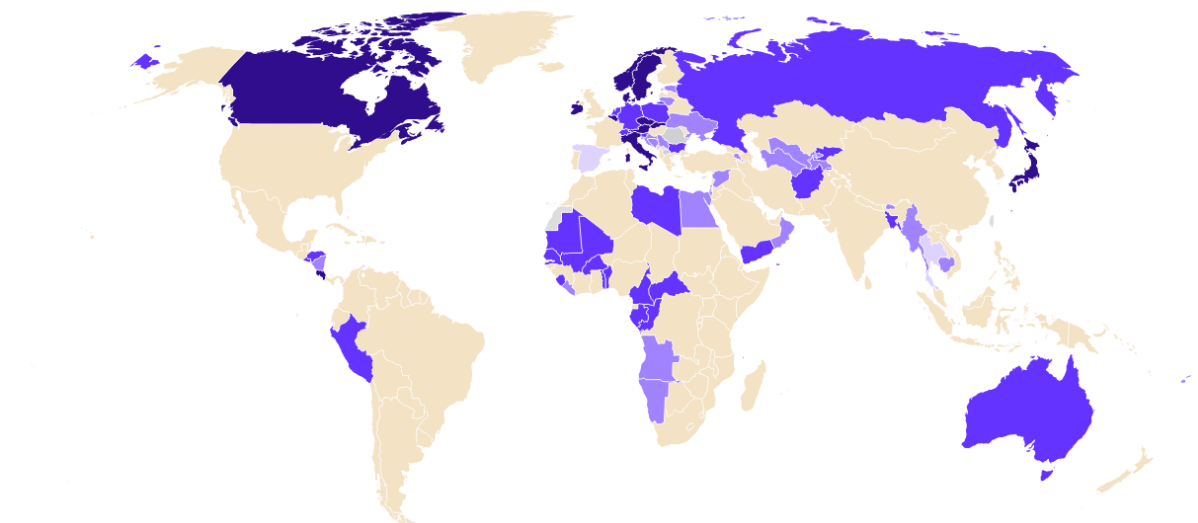
### 3.2 Global Distribution of LTC Literature

The selected studies originated from 14 countries. Most research came from Japan, South Korea, Germany, the Netherlands, Denmark, China, and several Southeast Asian countries. These countries represent diverse LTC models, ranging from highly institutionalized to family-based systems. The following illustration presents the distribution of LTC models globally.



### Countries with paid leave to care for sick parents, 2022

Number of weeks of leave:



### 3.3 Thematic Synthesis

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The first theme concerns governance and regulatory arrangements. Countries with advanced LTC systems employ centralized regulation, standardized assessment procedures, and quality control mechanisms. Japan and Korea illustrate the benefits of national LTC authorities that coordinate across government agencies (Tsutsui, 2010; Lee & Chon, 2021). Indonesia's governance structure differs greatly due to fragmented responsibilities among ministries, resulting in duplication, inconsistent standards, and limited accountability.

The second theme relates to financing mechanisms. Japan, Korea, and Germany rely on long-term care insurance that pools financial risks and guarantees stable funding (Ikegami, 2019; Rothgang et al., 2020). Nordic countries use tax-based financing to support universal access. Indonesia lacks any formal LTC financing mechanism, forcing households to rely on out-of-pocket expenditures and social assistance programs. This reliance is unsustainable as ageing accelerates.

The third theme addresses service delivery systems. Advanced LTC systems prioritize home and community-based services (HCBS), providing older adults with support in familiar environments and reducing pressure on institutional facilities (Lopez et al., 2020). Integrated care models in Japan and the Netherlands demonstrate that coordinated medical and social services improve care outcomes. Indonesia lacks structured HCBS and relies almost entirely on family care, with institutional services largely limited to urban centers. The fourth theme concerns the caregiving workforce. Countries with mature LTC systems emphasize professionalization through caregiver certification, competency frameworks, and structured career pathways (Schüssler et al., 2021). Indonesia's caregiving workforce is almost entirely informal, lacking regulatory standards, training systems, and labor protections. Informal reliance increases caregiver burden and reduces service quality.

#### **4. Discussion**

The comparative synthesis demonstrates that Indonesia's elder care landscape stands in contrast to global LTC best practices. Institutional fragmentation remains a principal barrier. Theoretical frameworks on institutional design emphasize that unified governance reduces policy incoherence and improves efficiency (Peters, 2019). Indonesia's multi-agency structure hinders coordination and limits capacity for comprehensive reform.

Financing represents the most significant structural deficiency. Countries with LTC insurance achieve fiscal stability and equitable service access, while nations without structured financing face widening inequalities (Rodriguez-Monguio et al., 2020). Indonesia's absence of LTC financing places disproportionate burden on families, particularly women, who represent the majority of informal caregivers (Setiawan et al., 2021). Service delivery transformation is essential. HCBS models implemented in Japan, Denmark, and the Netherlands highlight that ageing in place improves quality of life and reduces institutional care dependence (Gray et al., 2021). Indonesia has community health structures that could be transformed into LTC hubs, but such transformation requires national policy guidance and investment.

Workforce professionalization is another critical area. International literature demonstrates that structured training and certification enhance care quality and labor market outcomes. Indonesia's informal workforce requires formal recognition, training standards, and legal protection to meet the demands of an ageing population. Indonesia must adopt a systemic reform agenda that addresses governance, financing, service delivery, and workforce capacity. Establishing a national LTC authority would resolve the

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current fragmentation and strengthen regulatory coherence. Developing a phased LTC financing strategy, beginning with high-need older adults before expanding to universal LTC insurance, would create a stable funding base. Transforming community health networks into integrated LTC service hubs would expand HCBS and reduce reliance on institutional care. Implementing caregiver competency standards, certification pathways, and labor protections would professionalize the workforce. Introducing a standardized functional assessment tool nationally would ensure equitable service allocation. Together, these reforms provide a roadmap for building a sustainable LTC system tailored to Indonesia's demographic trajectory.

## 6. Conclusion

Indonesia's demographic transition presents both a challenge and an opportunity to build a sustainable long-term care system. This review demonstrates that successful international LTC systems share foundational characteristics including strong governance, structured financing, integrated community-based care, and professionalized caregivers. Indonesia's current reliance on informal family care, fragmented regulatory environment, and lack of financing mechanisms are incompatible with the demands of a rapidly ageing population (HelpAge International, 2023; Ikegami, 2019). Nevertheless, Indonesia possesses significant institutional assets such as community health infrastructure and expanding social insurance systems that can be leveraged for LTC development.

To ensure dignity, independence, and equitable access to care for older adults, Indonesia must transition toward a unified, rights-based LTC policy framework. Establishing national authority, securing long-term financing, enhancing service integration, and strengthening workforce capacity are indispensable steps. As Indonesia approaches a demographic turning point, proactive policy action will determine whether elder care becomes a social burden or a platform for societal resilience and social justice. Sustainable elder care policy is not only a welfare imperative but a cornerstone of national development in an ageing society.

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