

Indonesia

Research conducted in 01/03/2026

Indonesia's National Dementia Strategy confronts a foundational cultural barrier where symptoms are widely dismissed as a normal part of aging. The response is driven by Alzheimer's Indonesia, which leads public awareness campaigns, while the government is tackling vast geographic care gaps through an ambitious plan to deploy new computed tomography (CT) scanners. This push to build physical infrastructure is complemented by scalable digital tools, such as the Electronic Memory Clinic platform used by hundreds of institutions nationwide.

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**

ADI member association(s): **Alzheimer's Indonesia**

National dementia plan: **Indonesia National Dementia Plan Stage 5A (2016)**

Dementia plan funding: **Inadequately funded plan**

Dementia prevalence rate: **398**

Dementia incidence rate: **68**

Population: **285814430**

Median age: **30**

Health expenditure (% of GDP): **3**

Diagnosis

Alzheimer's diagnosis in Indonesia follows a tiered, guideline-based pathway starting at primary care (Puskesmas or GP clinics) with mandatory referral for insured patients. Specialist evaluation at referral hospitals includes clinical assessment, cognitive testing, and imaging where available. Access is uneven, with limited data on wait times and major rural-urban gaps in specialist and imaging availability. Screening relies on MMSE, AD8, and validated tools like MoCA-INA, while advanced biomarkers and genetic tests are rarely used. Diagnostic costs are largely covered by national insurance when referral rules are followed.

Diagnosis pathway

Alzheimer's diagnosis follows standardised guidelines from the Swiss Memory Clinics network, starting with GP assessments and referrals to multidisciplinary memory clinics when needed. Evaluations combine cognitive tests (MMSE, Clock Drawing, MoCA), structural imaging (MRI, CT), advanced PET scans for complex cases, and biomarker analyses, including CSF tests and upcoming blood-based p-Tau testing. Genetic testing for early-onset forms requires physician oversight and counseling. Wait times are short, with GP appointments within days and minimal delays for specialist care. Mandatory health insurance covers these diagnostics, with deductibles and co-payments capped, limiting annual out-of-pocket costs to CHF 3,200.

The diagnostic approach in Indonesia is guided by clinical practice guidelines developed by professional medical associations in conjunction with national regulations and technical guidelines issued by the Indonesian Ministry of Health. The formal diagnostic journey for Alzheimer's disease is designed to begin at the primary care level. This first point of contact is typically a community health centre, known as a Puskesmas, or a private general practitioner (GP) clinic. For the vast majority of the population covered by the national health insurance program, a visit to a registered first-level health facility is a mandatory step. The GP conducts an initial assessment, and if dementia is suspected, refers the person to a specialist at a referral hospital. At the hospital, the specialist performs a more comprehensive evaluation. This includes taking a detailed history from a family member, conducting physical and neurological examinations, administering neuropsychological tests, and, if available, conduct neuroimaging tests. Since 2025 Ministry of Health Indonesia conducted massive national health screening, including cognitive screening for dementia, there are approximately 6 million older adults that were screened this past year, the national dementia organization known as Alzheimer's Indonesia (ALZI) proposed to collaborate to maximize their post diagnostic support programme called NARAZI (Navigasi Perawatan ALZI), dementia care navigation, after someone is screened at the community health centre (Puskesmas), suspected person living with dementia can be referred to this grass root non-profit organization for further treatment including an online and offline counselling session mainly to educate the family to prepare the dementia care program including training for family members, paid carers and many others. In 2025, Indonesia's health care professionals consisting of geriatricians, neurologists and psychiatrists, psychogeriatricians represented by the medical professionals organizations published a national consensus on agitation treatment for people living with dementia.

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Wait times

There is no official data on Alzheimer's diagnostic wait times or the number of dementia specialists in Indonesia. While patients in major cities like Jakarta may access advanced imaging and multiple hospitals, rural and remote populations often face long travel distances and limited diagnostic capacity. Poor infrastructure and overburdened facilities make accessing neurological care costly, time-consuming, and uneven across regions.

Officially tracked data on waiting times for dementia diagnosis in Indonesia is not available. There are currently no readily available statistics on the exact number of neurologists in Indonesia who specialize in dementia care, while the most recent available publication on neurology specialty competencies is from 2015 by the Indonesian Neurological Association (PERDOSI). A person in Jakarta may have access to multiple hospitals, with advanced magnetic resonance imaging (MRI) machines, but a person in a rural district or a remote island may have to travel hundreds of kilometres and wait for access to a single, often overburdened, computed tomography (CT) scanner. For rural populations, the physical journey to care is an important obstacle. The great distances to health facilities, often over difficult terrain with poor infrastructure, make seeking care a costly and time-consuming endeavour.

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Diagnosis cost

Status: Mostly or fully covered

In Indonesia, the cost of an Alzheimer's disease diagnosis is primarily borne by the government through its national health insurance program, JKN (Jaminan Kesehatan Nasional), as long as the person follows the mandatory referral system. This coverage is regulated through the INA-CBG (Indonesian Case-Based Groups) scheme. Some sources suggest that this is a bundled payment system where the government covers the full episode of care, including consultation fees with specialists, supporting examinations like cognitive tests and MRI scans. According to different media sources, for those patients following the correct referral procedure, there are typically no copayments for doctor visits, as the co-payment regulation is not currently being implemented. The family bears the full financial burden if they bypass the JKN system for a private diagnosis.

References

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Cognitive tests

Status: Available

At the primary care level, the core screening tools are the Mini-Mental State Examination (MMSE) and the AD8 Informant Questionnaire, which relies on a carer's report of cognitive changes. If a person is referred to the secondary care level (hospitals), the assessment is expanded to include the Montreal Cognitive Assessment (MoCA) and the Clock-Drawing Test (CDT). The MoCA-Indonesian Version (MoCA-INA) has been validated as a culturally-adapted tool and is noted for being more sensitive than the MMSE in detecting mild cognitive impairment. Currently in development is the Brief Cognitive Screening Battery-Indonesian Version (BCSB-INA), a tool specifically designed to be language-neutral and visual-based. It assesses multiple cognitive domains using picture naming and memory tasks, and initial studies have shown it to have good reliability and validity, positioning it as a key tool for more equitable screening in the future. Although the Brief Cognitive Screening Battery Indonesian Version (BCSB-INA) is a promising instrument, current evidence remains limited to localized research settings, and it has not yet been adopted or recommended for regular use at the national level in Indonesia. Therefore, detailed discussion of this tool may be premature at this stage.

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Imaging tests

Status: Used in specific cases

The PERDOSSI clinical guidelines position structural imaging as a key element in the dementia diagnostic workup. Although disparities in healthcare access between urban and rural areas persist in Indonesia, CT and MRI scanners are now available in most major cities across the country, with access in remote and rural regions remaining limited. Due to general disparity in healthcare access between urban and rural areas in Indonesia, the availability of CT and MRI scanners are heavily concentrated in urban hospitals on islands like Java and Bali. In June 2025, the country's first domestic CT scanner assembly line was launched. According to different media sources, this initiative is part of a broader government strategy to localize the production of priority medical devices. The Ministry of Health has set an ambitious target to procure and distribute 300 new CT scanners across the archipelago by 2027, with the explicit goals of reducing import dependency, lowering costs, and expanding population access to modern diagnostics. The availability of positron emission tomography (PET) scans for routine clinical Alzheimer's disease diagnosis in Indonesia is extremely limited, verging on non-existent. While some high-end private hospital networks, such as Siloam Hospitals, list PET scans as part of their neurological service offerings, this is typically for oncology or other conditions.

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Genetic tests

Genetic screening, such as testing for apolipoprotein E (APOE), and blood-based biomarkers are not commonly performed for at-risk patients. This also includes mutations of the APP, PA1 and PS2 genes. Companies offer tests for the APOE gene, which can identify the $\epsilon 4$ variant associated with an increased risk for late-onset Alzheimer's disease. This testing is not included in the national clinical practice guidelines for dementia diagnosis.

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Biomarker tests

Status: Used in specific cases

The national guidelines acknowledge that cerebrospinal fluid (CSF) analysis for key proteins (A β 42 and tau) can aid in diagnosis at the tertiary care level. However, their routine use in clinical practice remains unclear, mostly due to the invasive nature of the required lumbar puncture, complex sample handling protocols, and the absence of in-country clinical labs offering validated, standardized assays that detect levels of A β 42 and tau. Biomarker testing for Alzheimer's disease is not yet routinely available or implemented in clinical practice in Indonesia.

Treatment & care

Dementia care in Indonesia is highly centralized, with memory clinics, day care centers, residential facilities, and home care mainly in major cities. Palliative care is limited, with few trained staff outside urban hospitals. The national drug formulary covers only Donepezil, and other medications require families to bear full costs or seek special approval. Rehabilitation may be covered if prescribed in public hospitals. Caregiver support is minimal, though NGOs like Alzheimer's Indonesia provide counseling, helplines, and training, while families assume primary caregiving roles.

Specialized facilities and services

Dementia care infrastructure in Indonesia is highly centralized, with memory clinics, day care centers, residential facilities, and home care services largely limited to Jakarta and a few major cities such as Surabaya and Yogyakarta. Services range from hospital-based day programs and private memory centers to digital initiatives like the Electronic Memory Clinic, which expands screening access nationwide. In contrast, palliative care for dementia is extremely limited, remaining largely cancer-focused, with major gaps in trained staff and service availability outside large urban hospitals.

The available infrastructure, including memory clinics for diagnosis, specialized residential homes, day care centres, and professional home care services, is concentrated in the Jakarta metropolitan area and a handful of other major cities like Surabaya and Yogyakarta:

1. Adiyuswa Senior Day Care – RSJ Dr. Radjiman Wediodiningrat, Lawang (East Java) A specialized day care clinic within a psychiatric hospital that offers structured support for individuals diagnosed with dementia.
2. RUKUN Senior Living – Dementia Day Programs (Jakarta & Sentul, West Java) Operated in partnership with Alzheimer's Indonesia (ALZI): Cipete, South Jakarta: Dementia Day Program with state-based activities, snacks, and wellness monitoring.
Sentul, Bogor: Offers day-long programming (9 AM–3 PM), including social engagement, monitoring, and caregiving support.
3. Siloam Hospitals – Memory & Aging Centre (MAC) Located within one of Indonesia's largest private hospital chains, MAC: Offers diagnosis, treatment, and integrated care services for dementia. Also serves as a research and development centre for dementia-related care models. Established in April 2016 to integrate person care with clinical innovation
4. Electronic Memory Clinic (EMC) – by PT Eisai Indonesia & PERDOSSI A pioneering digital cognitive screening and stimulation platform: Designed to streamline screening, analyse cognitive assessments, and deliver non-pharmacological therapy modules. Offered free to medical professionals, deployed in over 275 medical institutions and serving 400 doctors across Indonesia as of 2023.

Palliative care for dementia is almost non-existent, as the field is primarily focused on oncology in a few urban hospitals. Many healthcare providers outside big hospitals lack training in palliative care; there are workforce shortages (few specialists certified in palliative care).

Approved medication

Generic Name	Trade Name	Used for
Donepezil; Official National Product Information; https://registrasiobat.pom.go.id/files/assessment-reports/01731813578.pdf	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine; Official National Product Information; https://registrasiobat.pom.go.id/files/assessment-reports/01741657386.pdf	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Memantine; Official National Product Information; https://registrasiobat.pom.go.id/files/assessment-reports/01731662553.pdf	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

Indonesia's national drug formulary (Fornas) covers only Donepezil for Alzheimer's disease, leaving families to bear the full cost for other standard medications such as Rivastigmine or Memantine. Non-formulary drugs may be prescribed only with special hospital approval, making access limited. Official guidance indicates that medical rehabilitation services, including occupational or physical therapy, can be covered by national insurance when prescribed by a specialist at a public hospital.

The national drug formulary (Fornas) only covers one primary Alzheimer's disease drug, Donepezil. If a person requires other standard medications like Rivastigmine or Memantine, the family must pay entirely out-of-pocket. In cases where a physician determines that a drug not listed on the Fornas is medically necessary for a person, it can be prescribed on a limited basis. However, this requires special approval from the hospital's internal medical committee or its director, making it an exceptional process rather than a routine alternative.

Official statements indicate that medical rehabilitation programs can be utilized by the national insurance users. This suggests that therapies like occupational or physical therapy could be covered if they are prescribed by a specialist as part of a comprehensive treatment plan within a public hospital.

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Caregiver support

Indonesia's national health insurance offers no direct support for caregivers, excluding in-home and respite services. Alzheimer's Indonesia, an NGO, provides support groups, counseling, helplines, and training. Culturally, family, particularly women, bear primary caregiving responsibility, though adherence varies across households.

The national health insurance provides no direct financial support or subsidies for carers. Crucially, the insurance excludes long-term services like in-home assistance and respite care, which are fundamental to dementia management.

Alzheimer's Indonesia (ALZI) is the go-to-source national level non-profit organization that has the objective to improve quality life for people living with dementia and family carers. ALZI is the central pillar of family carers support system, advocacy, care treatment and awareness raising on dementia and healthy ageing offering vital services such as educational sessions and risk reduction prevention sessions (brain gym and traditional poco poco dance exercise), carer support groups (Caregivers Meeting), counselling, a helpline (Careline), and dementia care skills training. In 2024, ALZI supported by Atma Jaya Catholic University launched the ALZI Academy and Healthy Ageing Centre at Atma Jaya University aiming to provide integrated support for family carers in Jakarta. Several psychology and medical students from Atma Jaya Catholic University are committed and have been involved in grass roots community-based services including contributing their knowledge and skills in early detection screening, research and educational sessions, assessing the stress burn out level of family carers, assisting in the meaningful engagement with Person with Dementia and supporting the monthly World's Alzheimer's Month events since 2013. ALZI chapters exist in 20 cities in Indonesia and diaspora groups in 8 countries, currently having nearing 20,000 followers and hundreds of volunteers. There is an intergenerational movement on dementia care as well in Indonesia that was pioneered by ALZI and Atma Jaya. In 2025 ALZI's launched ALZI Care the first ever online platform services involving Care Navigators to support families journey of caring supported by the Embassy of Ireland in Jakarta. These psychosocial interventions are proven to reduce carer load and improve the quality of care.

Two studies showed that, in Indonesian society, there is a cultural and religious obligation for families to care for their aging relatives. This responsibility falls predominantly on family members, especially women with many families not following these caring roles.

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Policy

Indonesia's National Strategy for Alzheimer's and dementia promotes healthy aging by integrating brain health, improving service quality, and strengthening management. It emphasizes public awareness, patient rights, service access, early detection, workforce development, cognitive health programs, and research. No new strategies are currently planned. Policy gaps persist, as guardianship laws and low awareness create legal and cultural barriers, fostering stigma, fear, and misconceptions that discourage families from seeking diagnosis and care for loved ones with dementia.

National dementia plan

Indonesia's National Strategy for Alzheimer's and dementia aims to promote healthy aging by mainstreaming brain health, improving service quality, and strengthening management. It focuses on raising public awareness, protecting patients' rights, ensuring access to services, supporting early detection and holistic care, developing the healthcare workforce, and implementing a national cognitive health program. Research on cognition and dementia is also emphasized to guide evidence-based interventions and policy decisions.

National Strategy for the Management of Alzheimer and Other Dementia Diseases: Towards Healthy and Productive Older Persons is built upon three main objectives aimed at enabling healthy and productive aging:

1. Mainstream brain health: Integrate efforts to achieve healthy brains into all levels of national development, using a life-cycle approach.
2. Improve service quality: Enhance the quality of services available for individuals living with cognitive impairment and dementia.
3. Strengthen management: Reinforce the managerial and administrative capacity to optimize all efforts related to brain health.

The strategy outlines seven key action steps that form its implementation framework:

1. Public awareness: Launch campaigns to raise public awareness and promote healthy lifestyles to reduce dementia risk.
2. Human rights advocacy: Advocate for the human rights of people living with dementia and their carers.
3. Access to services: Ensure the public has access to information and quality services for dementia care.
4. Early detection and management: Implement systems for early detection, diagnosis, and holistic management of cognitive disorders.
5. Strengthen human resources: Establish a sustainable system to train and strengthen the professional healthcare workforce.
6. Cognitive health program: Create a national cognitive health program based on a life-course approach.
7. Research: Support the implementation and application of research on cognition and dementia.

References

https://www.alzint.org/u/DementiaPlan_INDONESIA.pdf

- <https://stride-dementia.org/desk-review/04-02-01-05-indonesia/>

Upcoming plans

Since 2025 the implementation of National Health Screening has created the demand to strengthen the collaborations between the government and civil society and other partners specifically on post diagnostic support, another focus in Indonesia is on addressing and evaluating the implementation of the existing plan.

Policy gaps

Legal barriers

The Indonesian Civil Code, which is largely based on the Dutch colonial legal system, allows an individual to be placed under guardianship (pengampuan) if they are in a state of “simple-mindedness (dungu)” or “insanity (gila)”. This language adds to the public prejudice. The Indonesian Supreme Court database reveals numerous contemporary court decisions where these provisions are actively used to declare individuals with a medical diagnosis of “Demensia” as legally incompetent. The existence of this legal mechanism creates a profound fear of diagnosis among families, as a medical label can trigger a legal process leading to the complete loss of a loved one’s autonomy and dignity, discouraging them from seeking the very help they need.

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Cultural barriers

In Indonesia, low public awareness frames dementia as normal aging (“pikun”, as in senility), with 86% unfamiliar with the condition. This misconception fuels stigma, with 44% perceiving individuals with dementia as impulsive or dangerous.

The most significant cultural barrier in Indonesia is a profound and widespread lack of public awareness. A 2024 study found that 86% of participants had never heard of dementia or Alzheimer’s disease. Instead, the symptoms are almost universally referred to as pikun (senility), which is perceived not as a medical condition but as a normal, inevitable, and untreatable part of aging. This lack of awareness contributes to the perpetuation of negative stereotypes, with studies revealing that 44% of Indonesians view individuals living with dementia as “impulsive and dangerous.” In 2013 ALZI conducted a massive successful campaign “Do Not Underestimate Memory Loss” Jangan Maklum Dengan Pikun voicing the importance to understand that dementia is not a normal part of ageing, resulting to an increase of requests of cognitive tests (300% increased) from 3 hospitals in 3 cities in Java. There was a 10 warning signs accordion brochure produced which this initiative by ALZI has influenced other countries in the region to produce their own brochure with their language adapting from the ALZI’s accordion brochure including the 10 countries of ASEAN. ALZI has been in close cooperation and partnership with the Ministry of Health Indonesia and other partners representing academic institutions, private sectors, media and many others since 2013.

Research

Indonesian universities are advancing Alzheimer's research through diagnostics, biomarkers, and clinical trials, while developing national infrastructure such as a Brain Bank. Innovations include neuroprotective functional beverages, novel detection tools, and technology-driven solutions such as VR education and care-quality apps, linking research, clinical innovation, and community-oriented dementia care.

Selected academic institutions

[Atma Jaya Catholic University of Indonesia](#) [University of Indonesia](#) [Gadjah Mada University](#) [Airlangga University](#)

Clinical trials and registries

The primary authority for overseeing and regulating clinical trials in Indonesia is the Badan Pengawas Obat dan Makanan (BPOM), which is the National Agency of Drug and Food Control. Any official interventional trial, including those for new Alzheimer's treatments, must be registered with them. They maintain a national registry of clinical trials conducted in the country at <https://siap-uk.pom.go.id/>

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References

- <https://www.pom.go.id/>

Selected innovative methods

Indonesian universities are advancing Alzheimer's research through innovative diagnostics, interventions, and infrastructure. Atma Jaya combines neuropsychological tests with biomarkers and participates in international prevalence studies. University of Indonesia collaborates on global frontotemporal dementia trials and is developing a national Brain Bank. Gadjah Mada University explores neuroprotective functional beverages and novel tools like an "Electronic Tongue" for detection. Airlangga University focuses on community- and technology-driven solutions, including VR-based dementia education and a "Care Quality Application" to enhance elderly care services, bridging research, clinical innovation, and practical caregiving.

Atma Jaya Cognitive & Aging Research centre has conducted a cohort study which combined standard neuropsychological tests with advanced biological markers, including blood sample analysis for the APOE gene, measurement of BDNF plasma levels, and functional assessments like olfactory tests and pupillary response tests to improve diagnostic accuracy for mild cognitive impairment. The university was also the key Indonesian partner for the international STRiDE project, which conducted studies on dementia prevalence and policy impact.

University of Indonesia (UI) collaborates with University College London to establish Jakarta as a research site for the FTD Prevention Initiative, a global effort to study the rare frontotemporal dementia. This project connects the underrepresented Indonesian population to international clinical trials for new treatments and involves sharing advanced brain scanning protocols and translating cognitive assessment apps into Bahasa Indonesia. Furthermore, UI's Neuroscience and Brain Development research cluster is developing a national Brain Bank, a critical piece of infrastructure that will support advanced postmortem research into the molecular causes of neurodegenerative diseases.

A multidisciplinary team of Gadjah Mada University (UGM) has conducted promising research on a functional beverage made from Javanese chili kombucha. Their lab-scale study found that bioactive compounds like piperine could provide neuroprotective benefits by inhibiting an enzyme linked to Alzheimer's disease, and tests on animal models showed it helped maintain spatial memory. In the realm of diagnostics, UGM students have also reported the development of an "Electronic Tongue", a novel technological approach for Alzheimer's disease detection.

Airlangga University, through its Dementia and Aging Care Research Centre (DACRC), focuses on developing community-oriented and technology-driven solutions. A notable innovation is their collaboration with technology institutes to create VR-based dementia education tools, offering a modern approach to training healthcare students and carers. The DACRC also develops practical applications for community use, such as a "Care Quality Application" designed to strengthen elderly care services.

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Support

Alzheimer's Indonesia, in collaboration with Atma Jaya University, drives youth-focused and public awareness campaigns, including ELPHIE Youth and "Don't Be Complacent About Dementia." Acting as the nation's main Alzheimer's information hub, ALZI promotes brain health, corrects misconceptions, inspires fundraising initiatives like "Everest for ALZI," and encourages nationwide dementia screenings.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

[Alzheimer's Indonesia](#) [Perkumpulan Asuhan Demensia Indonesia \(PADI\)](#) is a non-governmental organization (NGO) focused on educating and empowering care partners of people living with dementia in Indonesia through workshops, seminars, and training events. It is active in providing psychosocial support per reports from the STRiDE project review

Selected initiatives

Alzheimer's Indonesia, in partnership with Atma Jaya University, leads youth-focused and public awareness campaigns to combat misconceptions about dementia. The ELPHIE Youth campaign educates young people on lifestyle-related risks and inspires fundraising, such as the "Everest for ALZI" climb. The "Don't Be Complacent About Dementia" initiative challenges the view of dementia as normal aging, significantly boosting public awareness and brain health screenings nationwide.

ELPHIE

The ELPHIE (Elevate, Love, Passion, Humanity, Inclusivity, Engage) Youth campaign is a collaboration between Alzheimer's Indonesia (ALZI) and Atma Jaya Catholic University aimed at increasing dementia awareness among young people. The initiative focuses on educating youth about lifestyle-related dementia risks and encouraging them to help build a dementia-friendly Indonesia. It has inspired creative fundraising and awareness activities, such as the "Everest for Alzi" movement, where a young couple climbed Mount Everest to raise funds for ALZI.

"Don't be complacent about dementia"

"Don't be complacent about dementia" is another initiative by ALZI. The initiative directly confronts the widespread cultural belief that dementia is a normal and acceptable part of aging rather than a medical disease. Since its launch in 2013, the campaign has been credited with significantly increasing public awareness, reportedly leading to a 300% rise in brain function checks at three major hospitals in Indonesia.

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Dedicated media outlets

Alzheimer's Indonesia (ALZI) functions as the nation's primary information hub for Alzheimer's disease. Working closely with the Ministry of Health on advocacy, care, treatment and many other initiatives to support a dementia inclusive society in Indonesia. ALZI develops and disseminates the core public health narrative, including the key campaign "Do Not Underestimate Memory Loss" through the production of hundreds of thousands of posters and accordion brochure of 10 warnings signs of dementia Alzheimer endorsed by Ministry of Health Indonesia and other private sector partners in Indonesia.