AL-IKHLAS CARE GROUP

venus CARE VILLAGES

Healthy Ageing as Infrastructure: An Economic Case for ASEAN

How we age depends on what we build. Across ASEAN, populations are ageing faster than housing and health systems can adapt. The infrastructure, investment and design choices made over the next decade will shape quality of life, and the cost of care, for a generation.

Malaysia has an opportunity to act early: to develop infrastructure that helps people stay healthy, connected and independent for longer. By planning for healthy ageing before dependency develops, the country can turn longer lives into lasting gains in productivity, economic growth and social resilience.

The Challenge

How ASEAN will Age

The question is not whether ASEAN will age. It is how it will age.

The scale is already clear: ASEAN's population aged 60 and over was 74.4 million in 2020 and is projected to reach 127 million by 2035 [1]. The urgency lies in the pace of change. France had 115 years to adjust to an ageing population. Malaysia will have about 27 years [8][10].

Malaysia is well-placed to act now, with 4.2 million people aged 60 and over [3], yet still early enough in the transition to influence its trajectory. Later life is also becoming a long stage of life in its own right. A Malaysian woman who reaches 60 can expect to live another 21.7 years [4], which moves the planning horizon from a short period of care towards two decades of living.

Government has already set a direction. The Malaysia Care Strategic Framework and Action Plan 2026-2030, launched in November 2025, sets out how Malaysia will professionalise, regulate and expand its care system, and positions the country as a regional care hub [9]. The challenge now is what gets built.

A Malaysian woman who retires at 60 can expect to live another 21.7 years.

A man, another 18.9 years.

Source: *Department of Statistics Malaysia, Abridged Life Tables 2024–2026*

The opportunity is to build for longer lives, before unmet needs become lasting needs

COUNTRY	YEARS FROM AGEING (7% aged 65+) TO AGED (14% aged 65+)
France	115
Sweden	85
United Kingdom	47
Japan	24
Malaysia	**27** (2021 to 2048)
Singapore	16

Source: *Ministry of Economy, Trade and Industry, Japan (2010); Malaysia: Ministry of Women, Family and Community Development, citing Department of Statistics Malaysia projections (2026). Malaysia became an ageing society in 2021 and is projected to become aged in 2048.*

ASEAN's population aged 60 and over: 74.4 million in 2020, projected to reach 127 million by 2035.

Source: *ASEAN Secretariat (2023)*

Living Longer is not the same as Ageing Well

The National Health Survey found longer lives have not yet translated into healthier ones. The survey found that only 14.7% of Malaysians aged 60 and over are ageing well [7]. It also found 2.4 million people are pre-frail.

Pre-frailty is the stage at which decline can still be slowed. The evidence increasingly suggests that movement, nutrition, social contact and early clinical attention can delay frailty, and that they do most good before dependency sets in. The lesson for policymakers is to design the conditions for healthier ageing early, instead of waiting for ageing to become a care crisis.

60%

of older Malaysians, about 2.4 million people, are pre-frail.

A further 10.7% are already frail.

Source: *NHMS 2025: Older Persons Health, Institute for Public Health*

AGEING, BUT NOT YET AGEING WELL

FIGURE	CONDITION	SOURCE
14.7%	of older Malaysians meet the definition of ageing well *Ageing well means meeting all five NHMS criteria: high social support, no cognitive impairment, no depression, independence in daily activities, and no chronic disease or well-controlled conditions.*	*NHMS 2025: Older Persons Health, Institute for Public Health*
73.1%	have raised blood pressure	*NHMS 2025*
45.3%	have sarcopenia, or severe muscle loss	*NHMS 2025*
9.8%	are living with dementia, up from 8.5% in 2018	*NHMS 2025*

The Retrofit Lesson

The West is retrofitting for longevity. ASEAN still has the opportunity to design for it.

Across much of Europe and North America, housing, hospitals and neighbourhoods were built for younger populations and are now being adapted, often at great expense, for older ones. Homes are modified after a fall. Hospitals manage older patients who are medically ready to leave but have nowhere suitable to go. Care is delivered in buildings that were never designed for it.

We have worked inside that system in the United Kingdom and seen what it costs, in funding and in quality of life. Those same societies, along with Japan, have also produced some of the most thoughtful purpose-designed models of later life. ASEAN can take those lessons without repeating the detour.

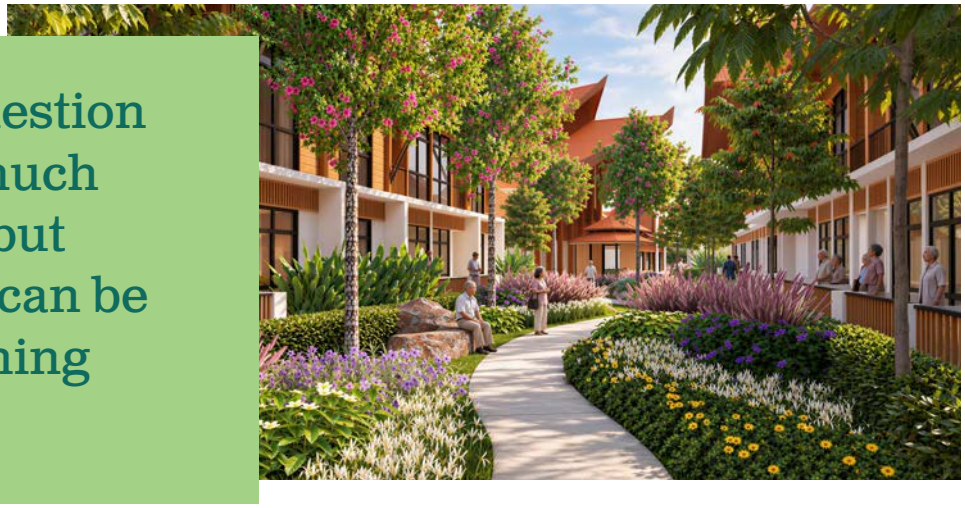
The window is real but limited. The region is ageing at lower levels of national income than Europe or Japan did at the same stage, which makes large-scale retrofitting harder to afford. The question for policymakers and investors is whether healthy ageing infrastructure is built while there is still time to design it well.

The Opportunity

From Burden to Opportunity

Ageing is usually discussed as a fiscal burden. The evidence increasingly points the other way. The Ministry of Women, Family and Community Development, drawing on UNDP analysis, puts the value of care at RM7 for every RM1 spent, and finds that spending on care drives growth in GDP, employment and income[9][11].

The economic question is not only how much ageing will cost, but how much value can be created by designing for it properly.



Older people are a large and growing part of the economy. They are consumers, workers, volunteers and mentors, and very often the family members who make it possible for others to work. Healthy ageing lengthens each of those contributions; poor health cuts them short.

As a market, the scale is significant. Spending by people aged 60 and over in Asia-Pacific is projected to more than double, from US$4.9 trillion to US$10.2 trillion by 2036[12]. That demand runs through construction, healthcare, allied health, hospitality, leisure, technology and transport, and it rests on demographic change that is already under way.

For investors, healthy ageing infrastructure has the qualities of long-term infrastructure: durable assets, sustained demand and a clear public interest in its success. For government, it offers a way to meet rising need in partnership, instead of through public spending alone. The question is how to structure those partnerships so that both public and private interests align. The market is also uneven. Spending power is rising in aggregate, while many older Malaysians will reach later life with limited means.

A model designed for longevity must serve both.

Spending by people aged 60 and over in Asia-Pacific is projected to more than double, from US$4.9 trillion to US$10.2 trillion by 2036.

The fastest-growing older consumer market in the world.

Source: *World Data Lab, NielsenIQ and Silver Economy (2026)*

RM7 for every RM1 spent on care. Investing in care unlocks labour force participation and job creation.

Source: *Ministry of Women, Family and Community Development, Malaysia Care Strategic Framework and Action Plan 2026–2030, p. 15, citing UNDP Malaysia (2023)*

Spending on care drives growth in GDP (+6%), employment (+9%) and income (+11%).

Source: *Ministry of Women, Family and Community Development, Malaysia Care Strategic Framework and Action Plan 2026–2030, p. 15, citing UNDP Malaysia (2023)*

The Workforce Dividend

The largest economic gains lie in the workforce. Malaysian women spend on average 6 hours 7 minutes a day on unpaid domestic and care work; 25.5 per cent of their day[5]. Consequently women's labour force participation is 56.6 per cent, compared with 83.3 per cent for men[6]. Care is not the only reason for that gap, but it is an important one.

Reliable care infrastructure directly creates jobs. It also allows family carers, most of them women, to choose to remain a carer, or go back to work.

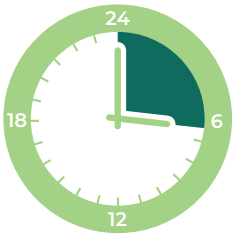
Care infrastructure is labour market infrastructure.

Building the infrastructure also means professionalising care giving, in line with the national target of 50,000 skilled caregivers by 2030[9].

A well designed care economy therefore creates employment twice: first through the jobs it directly supports, and second by enabling family carers to remain economically active.

THE CARE ECONOMY IN NUMBERS

FIGURE	CONDITION	SOURCE
6 hours 7 mins	Average time Malaysians aged 15 and over spend each day on unpaid domestic and care work	*Department of Statistics Malaysia, 2025*
43.8%	of people outside the labour force cite housework or family responsibilities	*Department of Statistics Malaysia, Labour Force Statistics 2025*
32.2%	of primary informal caregivers of older people report caregiver burden	*NHMS 2025*
6,744	people holding Malaysian Skills Certificates in Care and Community Services, against a target of 50,000 skilled caregivers by 2030	*Ministry of Women, Family and Community Development; 13th Malaysia Plan*



Malaysian women spend on average 6 hours 7 minutes a day on unpaid domestic and care work.

25.5% of their day, against around 17% for women in OECD countries.

Source: *Department of Statistics Malaysia, Time Spent on Unpaid Domestic and Care Work in Malaysia 2025*

Labour force participation: women 56.6%, men 83.3%.

Source: *Department of Statistics Malaysia, Labour Force Survey, Q4 2025*

A Destination for Later Life

Malaysia also has an export opportunity. Its healthcare, cost of living and climate already draw healthcare travellers and long-stay residents from abroad.

Unlike short stay tourism, inter-nation retirement brings recurring expenditure over years across housing, healthcare, hospitality, leisure and local services. Built into a domestic system, that demand can strengthen local provision and help fund access for Malaysians. It works best as a complement to the national purpose.

The Solution:
The Five Pillars of the Al-Ikhlas Care Village

Venus has a solution to the challenge: The Al-Ikhlas Care Village. This is a dynamic, purpose-built environment where integrated services, housing, and healthcare are designed to work together from the very beginning. It ensures a coherent ecosystem rather than housing with care added afterwards. Organized around five connected principles, the Village delivers a unified healthy ageing community.

1. DESIGNING FOR HEALTH

A care home responds to dependency. Healthy ageing infrastructure seeks to delay it. The Care Village is designed around movement, nutrition, social connection, prevention and rehabilitation, with independence as the measure of success. Homes are at household scale, each with its own front door. Shared green spaces, places of worship and community hubs turn daily movement and social connection into an effortless routine. Residents have reasons to get up and somewhere to go: work, learning, volunteering and the ordinary business of a community.

2. SUPPORT THAT MOVES WITH THE PERSON

As needs change, support should change around the person instead of moving the person between settings. In the Care Village, homes, community, healthcare and support are planned as one system. Support can be increased or reduced without a move, so residents keep their home, their neighbours and the people who know them. Support moves to the resident, not the resident to the support.

3. AN ANCHOR FOR THE LOCAL ECONOMY

The Care Village is designed to be an economic anchor as well as a place to live. It brings skilled employment and on-site training for care, health and allied professionals, and long-term work for local suppliers in construction, facilities, food and transport. Families within reach of the village gain reliable support, which makes it easier for family members to stay in work.

4. PART OF A COMMUNITY, OPEN TO THE WORLD

International residents form one part of the village, living within a Malaysian community instead of apart from it. Their long-term spending supports local services and helps sustain the village's wider purpose.

The Fifth Pillar: Access for All

The fifth principle determines whether the model can become national infrastructure rather than a premium product. Healthy ageing infrastructure only earns its place in national strategy if it serves the whole population, and the Care Village is designed as a model for every income group.

Premium and international demand can support affordable pathways for M40 and B40 households, through cross-subsidy within and across villages and through partnership with government, long-term investors and community organisations. The aim is a model in which income shapes the choice of home, not the quality of later life.

Healthy ageing should not be the reserve of the wealthy.

Why Venus?

The principle is simple, but its delivery is not. The places in which people age should actively help them remain healthier, more connected and more independent. The Care Village has been designed around that principle, bringing together housing, healthcare, prevention, community and progressive support within one integrated environment.

Most later life models begin either with property or with care. Venus begins with both.

Venus brings care operations, design and development under one roof. We have operated regulated care services in the United Kingdom since 2006, supporting people with complex needs within a demanding regulatory environment.

Alongside this, the group designs, develops and builds its own properties. This matters because later life infrastructure can fail in two familiar ways: when care is fitted into buildings designed without it, and when buildings are designed without sufficient regard for the people who will live in, and operate, them.

Our experience extends beyond providing accommodation and care. Across our specialist UK services, we have developed an integrated approach combining clinical expertise, multidisciplinary support, workforce development and purpose-designed environments. We have seen how this can improve independence, reduce the intensity of support required and, in some cases, deliver substantial savings to commissioners. These outcomes have come from aligning people, buildings and services, informed by years of practical experience.

We have applied those lessons to the Care Village. Physical infrastructure, clinical provision, staffing arrangements and long-term operating costs are considered together from the outset, with services capable of adapting as residents' needs change. This will require appropriate local clinical expertise, workforce development and regulatory oversight, supported by a financial structure capable of attracting long-term investment.

The approach aligns with the direction already established by Malaysia's Care Strategic Framework, particularly its emphasis on professional care, workforce standards and the country's ambition to become a regional care hub. Delivery will depend on effective partnerships between government, institutional investors and experienced operators.

The first Care Village will provide an opportunity to build, measure and refine the model, with its outcomes open to independent evaluation. Our intention is to establish a new piece of national longevity infrastructure in Malaysia, developing the operational experience, investment framework and evidence from which other countries across ASEAN may subsequently learn.

ASEAN cannot choose *whether* it ages. It can choose the infrastructure through *which* it ages.

Footnote and references

Unless stated otherwise, “older” refers to people aged 60 and over, the definition used in Malaysia’s National Senior Citizens Policy. The speed-of-ageing comparison and the old-age dependency ratio use the international measure of 65 and over: an ageing society has at least 7% of its population aged 65 and over, and an aged society at least 14%.

1. ASEAN Secretariat (2023). Old Age Poverty and Active Ageing in ASEAN: Trends and Opportunities. Jakarta: ASEAN Secretariat.
2. Department of Statistics Malaysia (2025). Current Population Estimates, Malaysia, 2025.
3. Department of Statistics Malaysia (2026). Current Population Estimates, Malaysia, 2026. Released 31 July 2026. dosm.gov.my
4. Department of Statistics Malaysia (2026). Abridged Life Tables, Malaysia, 2024–2026. Released 30 September 2026.
5. Department of Statistics Malaysia (2026). Special Release: Time Spent on Unpaid Domestic and Care Work in Malaysia 2025. Released 2 July 2026. dosm.gov.my
6. Department of Statistics Malaysia (2026). Labour Force Survey, Q4 2025 and Annual Labour Force Statistics, Malaysia, 2025.
7. Institute for Public Health (2026). National Health and Morbidity Survey (NHMS) 2025: Older Persons Health. Fact Sheet (MOH/S/IKU/270.26(PT)-e) and Key Findings (MOH/S/IKU/269.26(IL)-e). iku.nih.gov.my/nhms2025
8. Ministry of Economy, Trade and Industry, Japan (2010). White Paper on International Economy and Trade 2010, chapter 2-5-1. meti.go.jp
9. Ministry of Women, Family and Community Development (2025). Malaysia Care Strategic Framework and Action Plan 2026–2030. Kuala Lumpur: KPWKM.
10. Ministry of Women, Family and Community Development (2025–2026). Parliamentary answers on the care workforce (August 2025) and ageing projections (June 2026).
11. UNDP Malaysia (2024). Enabling Investments into the Malaysian Care Economy. Summary report of the 2023 situational analysis. undp.org
12. World Data Lab, NielsenIQ and Silver Economy (2026). Spending Longer and Living More: Why Aging Consumers Will Shape Global Spending Through 2036. Presentation, 18 June 2026.

AL-IKHLAS CARE GROUP

venus CARE VILLAGES

venus HEALTHCARE

www.al-ikhlas.com.my
info@al-ikhlas.com.my