



Desarrollo de Capacidades para Cuidados de Largo Plazo de Base Comunitaria

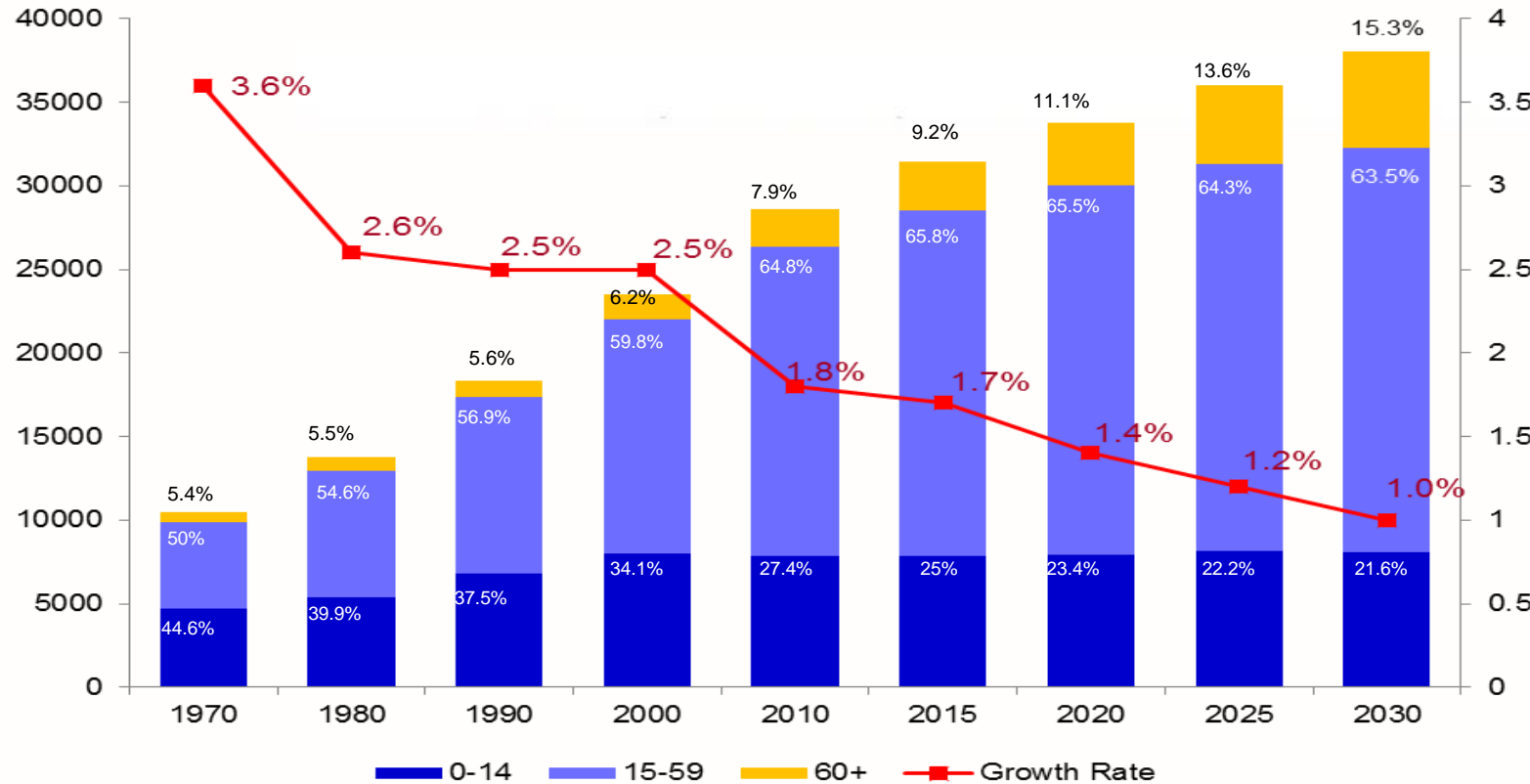
Capacity Building for Community Based Long Term Care

Long-term care services and programmes in **MALAYSIA**

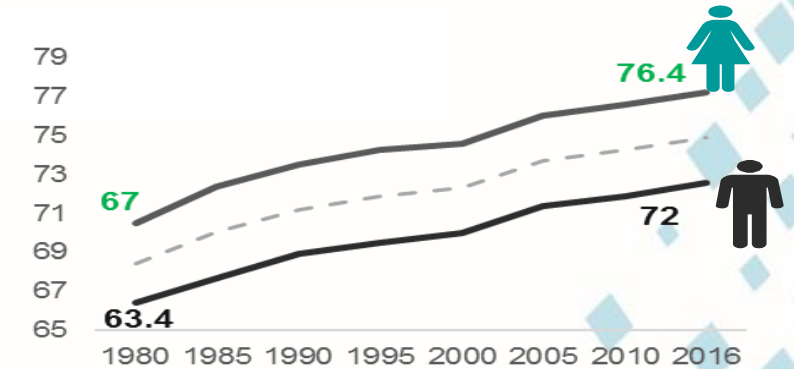


Malaysia's population demographic is transitioning to an aged nation by 2030

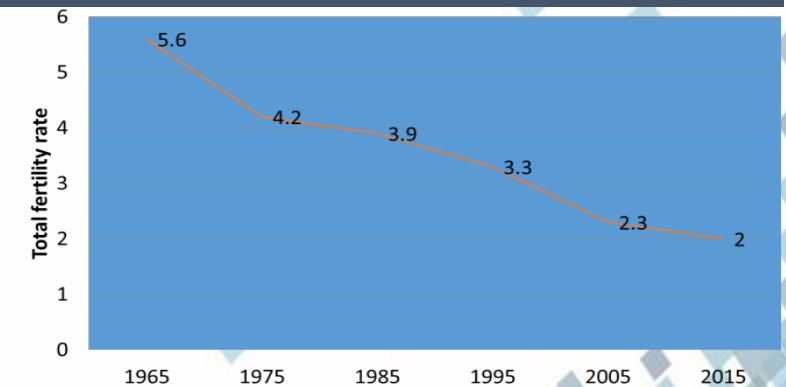
Malaysian Population Growth, (1970 - 2030)



Life Expectancy at Birth, Malaysia (1980 - 2016)



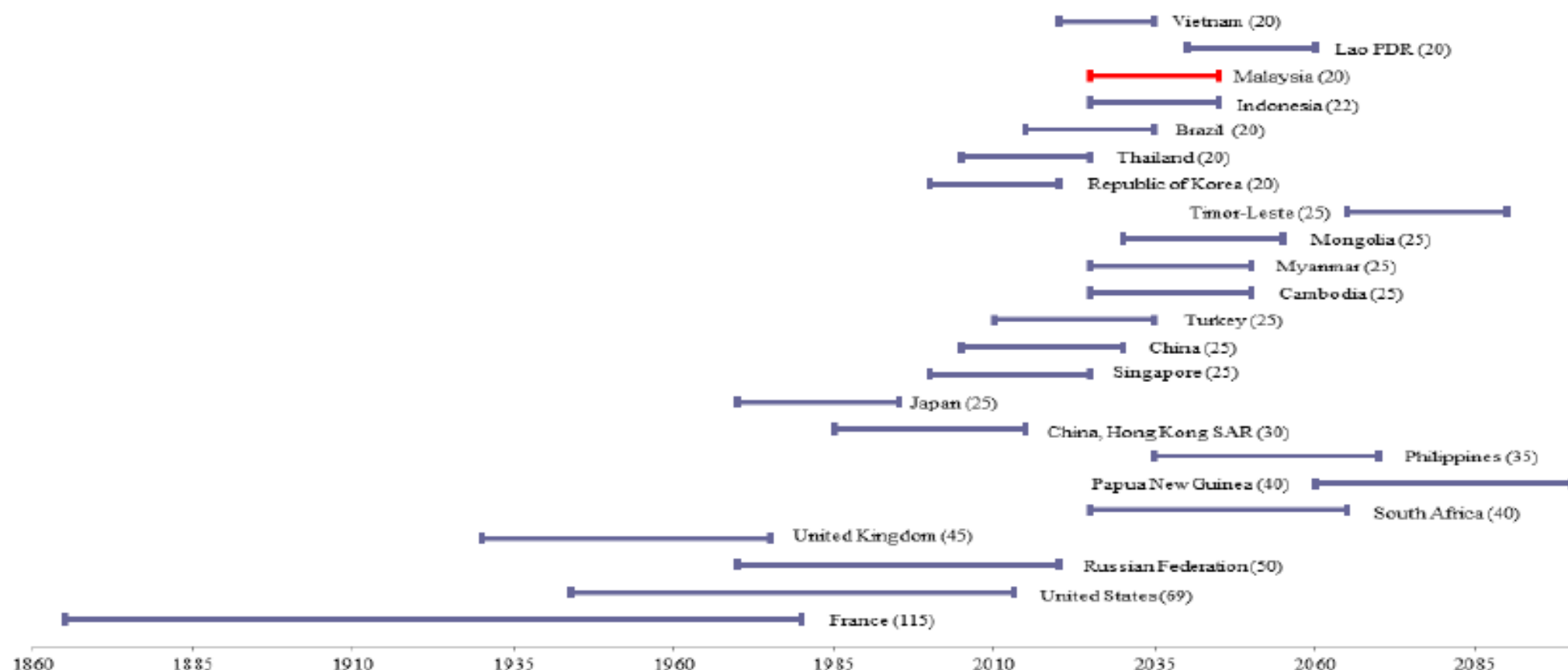
Total Fertility Rate, Malaysia 1965-2015



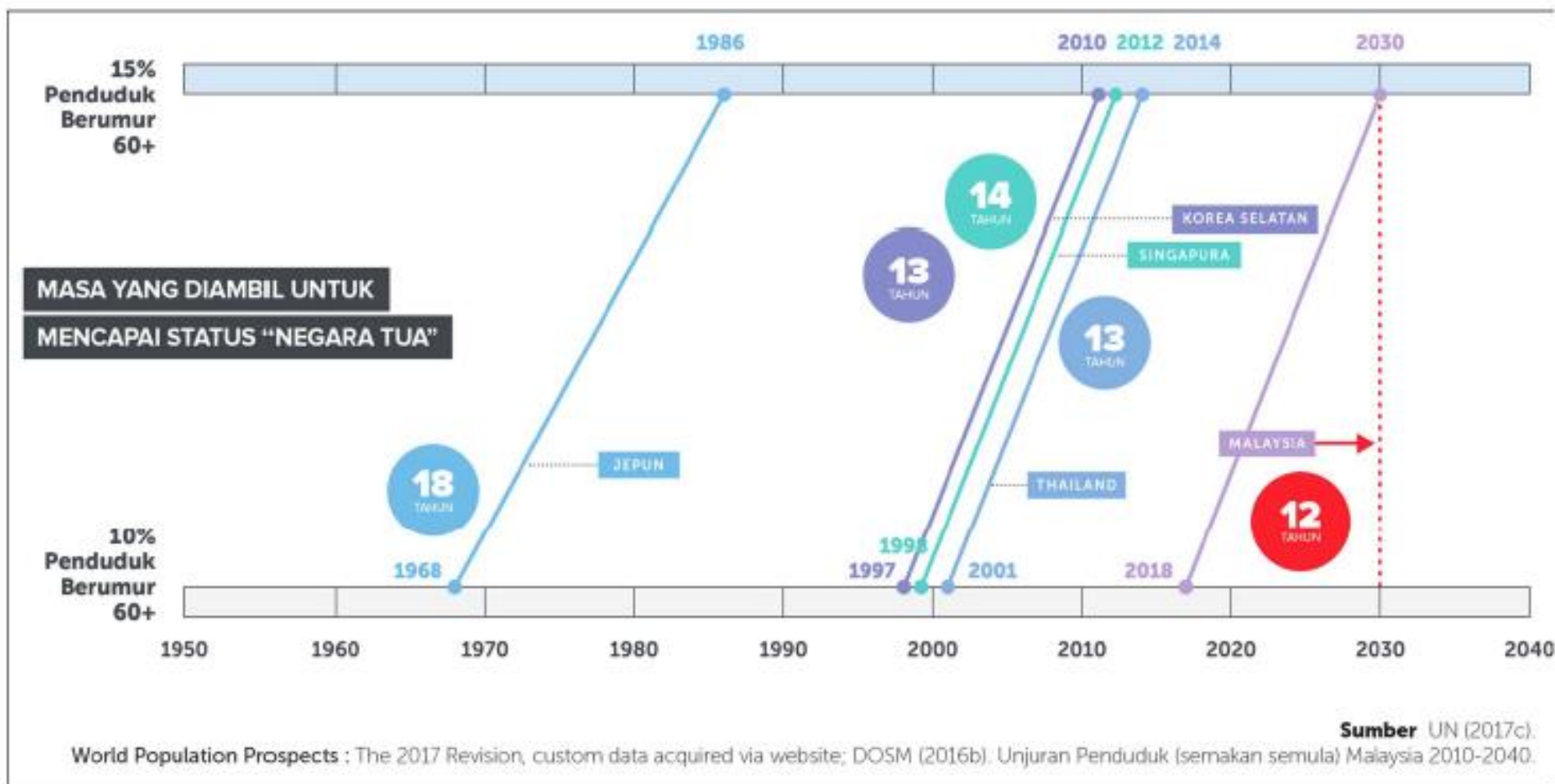
- **Malaysia is expected to become an aged nation (15% population is above 60 years) in 2030** due to drastic decline in fertility rate and increased in life expectancy
- **Increase in old age dependency pose great challenges to social and economic development**, health care, and social protection system

The transition from aging to aged societies is faster in EAP than seen previously in history...

(years to move from 7 to 14 percent population 65+, 5 year rounded)

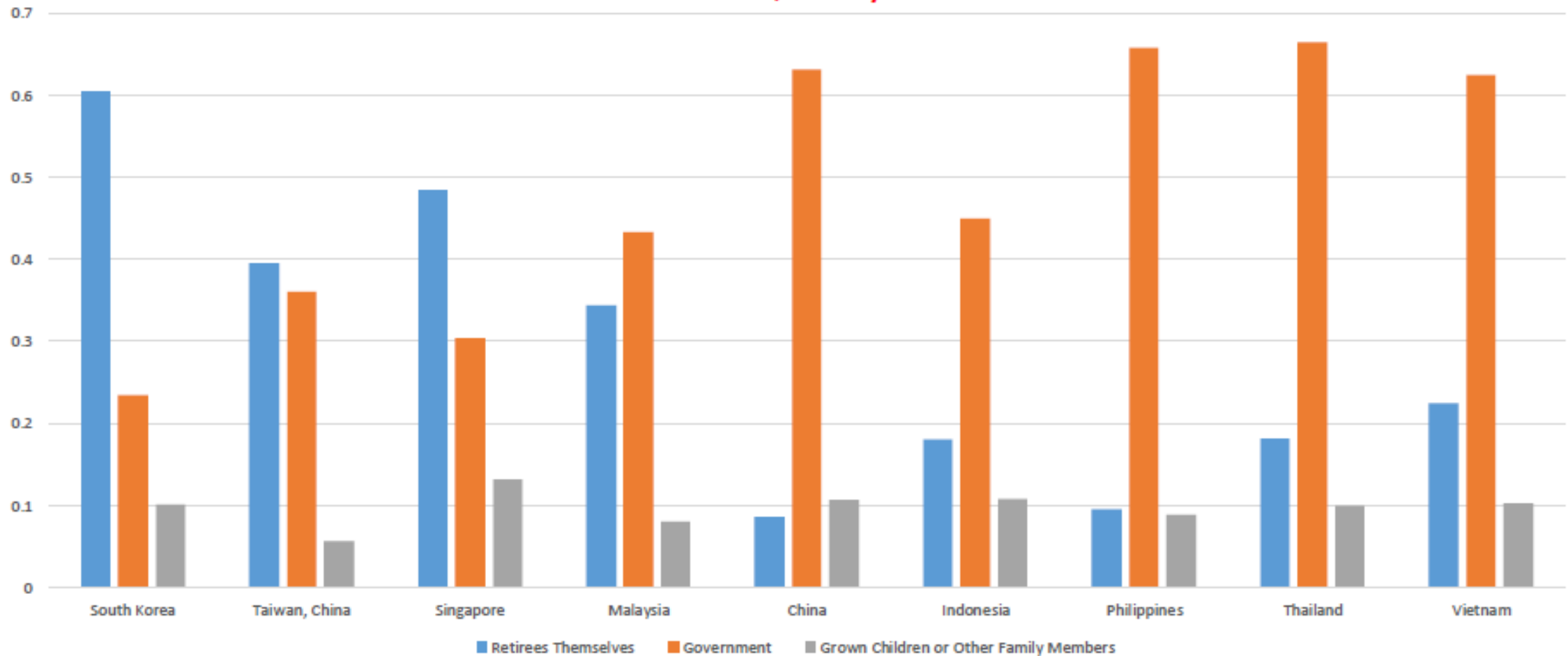


Malaysia is expected to be an aged nation in 2030 (15.3%) , only 11 years from now.



Contrary to the current reality, expectations of the State are high for old age financial support

(expected primary source of support in old age – proportion of total respondents – Jackson & Peter, 2015)



National Policies on Ageing

Ministry of
Women,
Family &
Community
Development



National Policy
for the Elderly,
1995



National Policy
for Older
Persons, 2011

Ministry of
Health

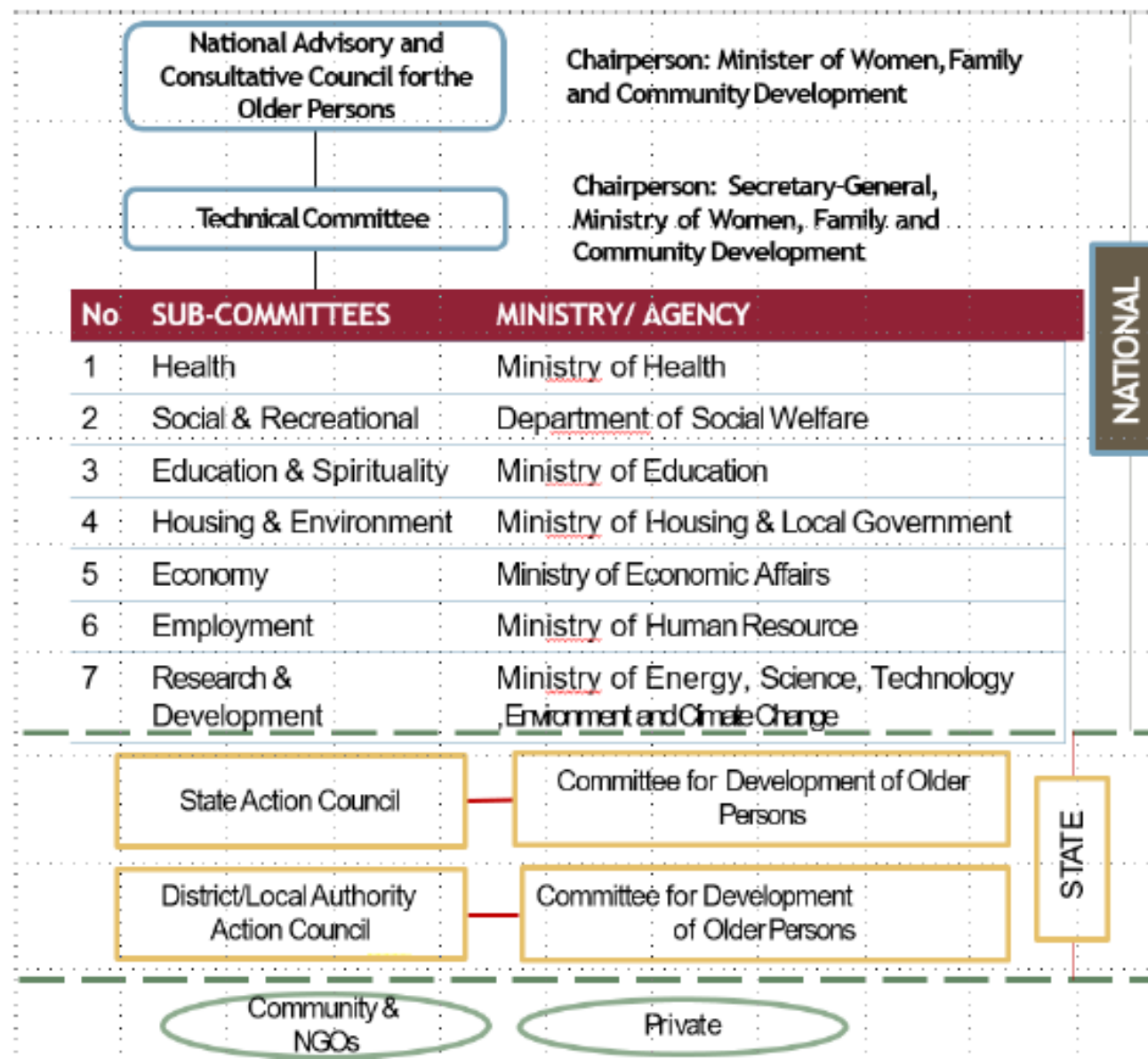


National Health
Policy for Older
Persons, 2008



National Day of Older
Persons celebrated on
1st October since 1992

**Integrated multi-dimensional
national mechanism for older persons**



Long Term Care options currently available in Malaysia :

- Care in public health facilities (hospitals and health clinics)
- Care options in the community
- Care options in nursing homes

Care in public health facilities (hospitals and health clinics)

- Major **hospital** has a geriatric unit with residence Geriatrician. The services focussed on treating acute illness and on subsequent discharged the case will be follow up in the community at Health Clinics.
- **Health clinics** being the primary health care provider of the population have established comprehensive elderly healthcare service:
 - ❖ health promotion
 - ❖ screening and early diagnosis
 - ❖ treatment of illnesses
 - ❖ rehabilitation.

Care options in the community

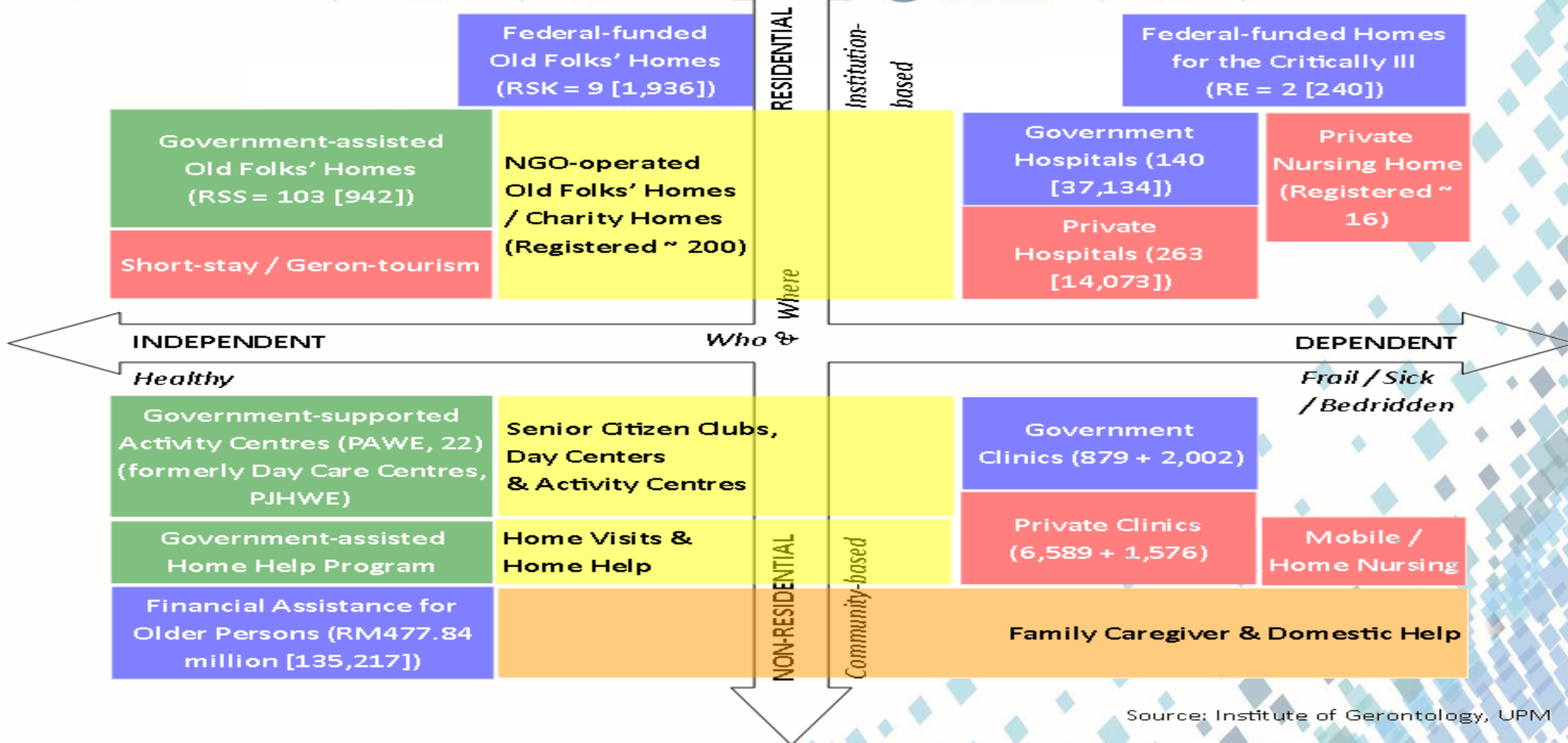
- We aimed to have Community-based primary health care (CBPHC) provide first-contact health services.
- The family care giver is the most important person in the long term care of elderly in the community. They need training in elderly care. Ministry of Health Malaysia conducts **training** for the care givers and **personal hands on training** are being given by the Domiciliary Care Team.
- In urban areas, *Home Health Care* services are gaining momentum in the country. Supported by the private sectors and NGOS.
- Private elderly home industry which its uptake highly dependable on the affordability by the family. The availability of the services is currently only in the urban areas.
- In the rural areas the home care services is still heavily depending on the government provided services from the health clinics such as home visit by health staffs and the Domiciliary Care Services provided by dedicated team from health clinic to selected cases that needs continuous care after discharged from hospital.

Care options in nursing homes

- Nursing home facilities provide nursing care for sick and disabled. To meet the growing need, the government has proposed the creation of more facilities and services for the ageing population and has encouraged the private sector to look at the business opportunities.
- The care centers are registered under **the Care Centre Act 1993**
- The nursing homes under **the Private Healthcare Facilities and Services Act 1998**.
- In 2018, **the Private Aged Healthcare Facilities and Services Act** was gazetted with the intentions to regulate the elderly care centres.

REGULATING AGED LONG TERM CARE

1. “Care Centre” → Care Centre Act 1993 [Act 506] under the Department of Social Welfare.
2. “Nursing homes” → Private Healthcare Facilities and Services Act 1998 [Act 586] under the Ministry of Health.
3. “Elderly Care Centre” → Private Aged Healthcare Facilities and Services Act 2018 (Act 802)
4. Town and Country Planning Department (PlanMalaysia) → Seniors Living (Aged-Friendly) Planning Guideline



GOVERNMENT INSTITUTIONS FOR OLDER PERSONS

10

Rumah Seri Kenangan
(RSK)| Old Folks Home
1,547 residents

2

Rumah Ehsan (RE)
220 residents

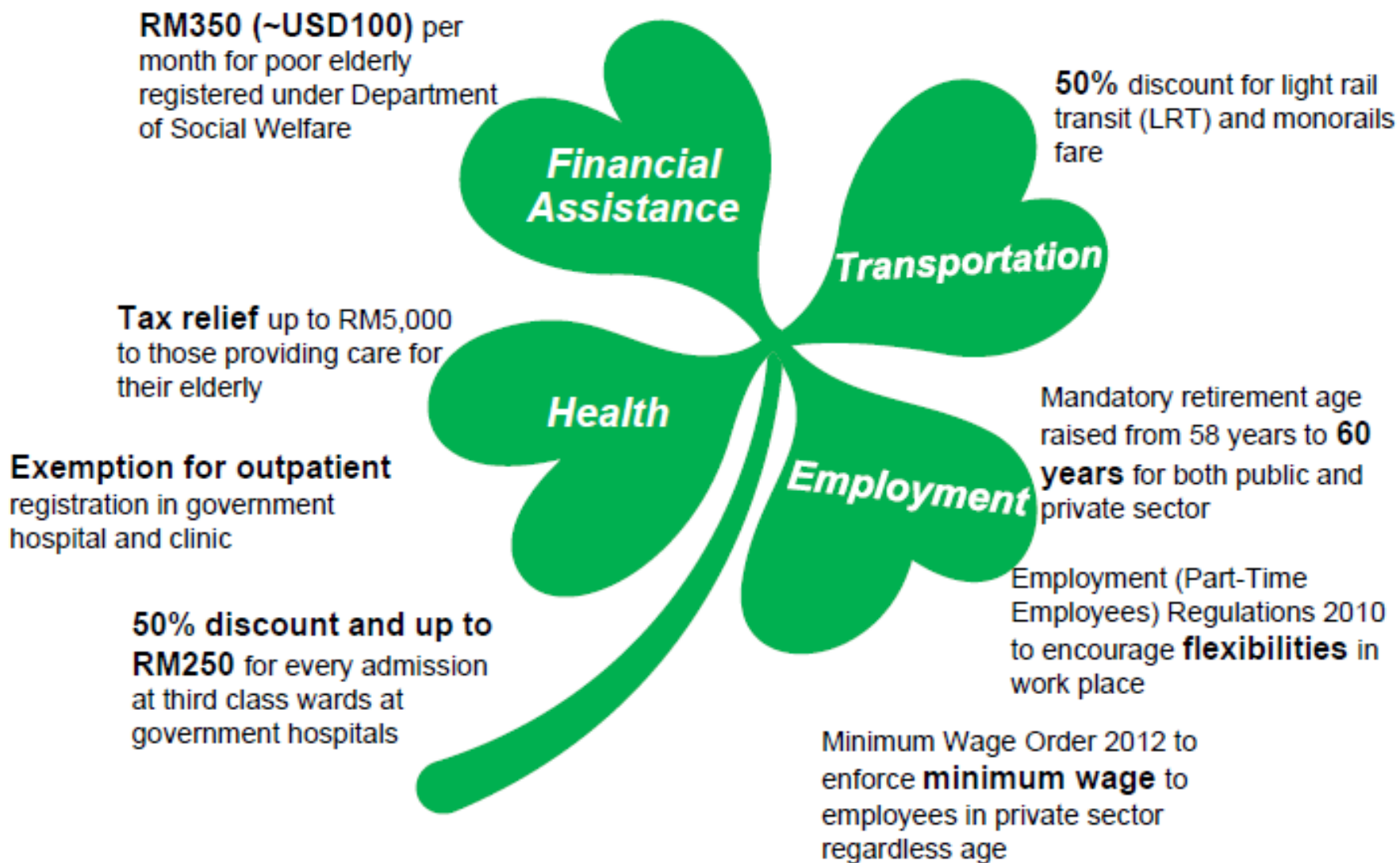
- RE Dungun : 84 older persons
- RE Kuala Kubu Bharu : 81 older persons

RSK	Total Residents
RSK Kangar	98
RSK Bedong	250
RSK Taiping	137
RSK Ulu Kinta	184
RSK Cheras	158
RSK Seremban	0
RSK Cheng	149
RSK Johor Bahru	322
RSK Kemumin	95
RSK Sri Iskandar	40

Initiatives on LTC for the Elderly

- 1. Health: Elderly Health Care Programme
- 2. Financial Security
- 3. Community Activity and Social Care

GOVERNMENT INCENTIVES FOR OLDER PERSONS



WELFARE ASSISTANCE

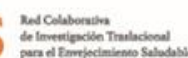
Type of Assistance	Minimum	Maximum
Financial Assistance (BA)	RM100	RM350
Financial Assistance for Children (BKK)	RM100	RM450
Financial Assistance for Older Person (BOT)	RM350	RM350
Incentive Allowance for PWD's (EPC)	RM400	RM400
Financial Assistance for PWD's who incapable of work (BTB)	RM250	RM250
Aid for Care of Chronically Ill and Bedridden (BPT)	RM350	RM350
Financial Assistance for Foster Care Children (BAP)	RM250	RM500
Apprenticeship Training Allowance (BLP)	RM200	RM200
Launching Grant (BGP)	RM2,700	RM2,700
Aid for artificial aids and assistive devices (BAT/S)	Actual price	Actual price
Financial Assistance for the victim of wild animal attack	According to % of injury / Death RM20,000	

In 2019

Total BOT recipients are 135,222 amounting to RM336,181,132.00

Issues related to Long Term Health Care of elderly in Malaysia

- To adequately prepared geriatricians, nurses, social workers, and public health professionals, pharmacists, physical therapists, social workers, occupational therapists in geriatric care.
- To improve effective coordination of specialists such as geriatricians with primary care providers.
- To identify mechanism to finance Long Term Health Care



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Capacity Building for Community Based Long Term Care

Challenges ahead

- Financial sustainability in the face of demographic transition
- Changing levels of political will
- From the policy to action
- Advocacy. Continued support for the topic in the political agenda