Aged Care In Malaysia

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[Ministry of Women, Family, and Community Development]
OVERVIEW OF PRESENTATION

1. BACKGROUND
   - Brief info on Malaysia,
   - Demographic and scenario

2. LEGISLATION
   - Several laws to matters such as employment,
   - retirement, social and health care

3. POLICY FRAMEWORK
   - National Policy and Plan of Action of Older Persons
   - National Health Policy for Older Persons
   - National Family Policy

4. PROGRAMS FOR OLDER PERSONS
   - Home Based & Community Care
   - Institutional Care

5. ISSUES ON OLDER PERSONS
   - Economy, Health Care and Social Support

6. WAY FORWARD

7. CONCLUSION
1. INFO ON MALAYSIA

Peninsular Malaysia

East Malaysia

Area
330,252 squares Km

No of States
15 States

Population
29.71 million (2013)

Ethnicity
Multi-ethnics (main ethnic groups - Malays, Chinese, Indians)

Official Religion
Islam
2. DEMOGRAPHIC

OLDER PERSONS 8.35% = 2.5 MILLION (2013)

Female: 49.1%
Life Expectancy: 77.2 year

Male: 50.9%
Life Expectancy: 72.3 year

- In Malaysia, older persons are defined as those who are 60 years and above. (UN- World Assembly on Ageing in 1982, Vienna.)
3. SCENARIO

- Ageing nation are defined as – A nation where more than 10% of the population is aged more than 60 years old” (Global Age Watch)

- By 2020, Malaysia will be defined as an ageing nation (9.9%) 
  # By 2030 (15%)

Causes of population ageing

Declining fertility rate:
Total global fertility rate has dropped by almost 50% from 5.0 to 2.7 children per women over the last 50 years.

Declining mortality rate:
Life expectancy at birth rose globally in the last 5 decades by almost 20 years from 46.5 years in the period 1950-1955 to 66.0 years in the period 2000-2005.
## 4. LEGISLATION

There are several laws pertaining to matters such as employment, retirement, social and health care but not specifically focusing on older persons.

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<tbody>
<tr>
<td><strong>1. Employment Act 1955</strong></td>
<td>Older person who are still working benefit from this act since it guarantees their rights and interest. ie – working hours, &amp; over time, public holidays, sick &amp; annual leave, termination &amp; benefits etc.</td>
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<td><strong>2. Wills Act 1959 (Rev. 1988)</strong></td>
<td>Providing guidance in preparing wills for family members or any persons concerned.</td>
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<td><strong>3. Employees’ Social Security Act 1969</strong></td>
<td>Providing social security in certain contingencies etc. especially upon entering retirement age</td>
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<td><strong>4. Pension Adjustment Act 1980</strong></td>
<td>Provide for the adjustment of pensions and other benefits of officer in the public service and in statutory and local authorities</td>
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<tr>
<td><strong>5. Employees Provident Fund Act 1991</strong></td>
<td>Older persons benefit from this act since there are provisions on withdrawal of contributions, which may be used after retirement.</td>
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<tr>
<td>6. Destitute Persons Act 1977</td>
<td>To provide for the <strong>care and rehabilitation of destitute persons</strong> and for the control of vagrancy</td>
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<td>7. Care Centre Act 1993</td>
<td>To provide for the registration, control and inspection of care centres and for matters connected therewith.</td>
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<tr>
<td>9. Private Healthcare Facilities and Services Act 1998</td>
<td>Older person also benefit from this act since they may be patients/clients of private healthcare facilities and services.</td>
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<tr>
<td>10. Persons with Disabilities Act 2008</td>
<td>To provide for the registration, protection, rehabilitation, development and wellbeing of PWDs and for matters connected therewith.</td>
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<tr>
<td>11. Mental Health Act 2008</td>
<td>To consolidate the laws relating to mental disorder and to provide for the admission, detention, lodging, care, treatment, rehabilitation, control and protection of person who are mentally disorder and for related matters.</td>
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</table>
5. THE NATIONAL POLICY AND PLAN OF ACTION FOR OLDER PERSONS

OBJECTIVE OF THE POLICY –
To empower the individuals, families and community to provide friendly services to the older persons effectively and efficiently and to ensure enabling and supportive environment for the well-being of older persons.

Department of Social Welfare (DSW) under The Ministry of Women, Family, and Community Development is the Secretariat for the National Advisory and Consultative Council for Older Person and serve as a focal point for all issues related to older persons.

Approved on January 5th 2011.

The policy and plan of action were formulated based on the review made to the earlier National Policy for Older Persons (1995) and Plan of Action for Older Persons (1998).

Improvement Made On The Current Policy -

i. Focuses on the preparation for the older age;

ii. Gives emphasis on the inter-generational solidarity; and

iii. Improved the existing implementation and monitoring mechanism by creating committees at national, state and district level
Strategies Of The National Policy Of Older Persons Malaysia

1. Promotion and Advocacy
2. Life Long Learning
3. Safety and Security
4. Governance and Shared Responsibility
5. Inter-generational Solidarity
6. Research and Development
7 SUB-COMMITTEES

1. Health
2. Social and Recreational
3. Education and Spirituality
4. Housing and Environment
5. Economy
6. Employment
7. Research and Development
PLAN OF ACTION FOR OLDER PERSONS

Inter-sectoral and multi-disciplinary

Involves short, medium and long term

Monitored by the council
### OBJECTIVE OF THE POLICY – Commitment to ensure older persons will achieve optimal health through integrated and comprehensive health and health related services.

### 7 STRATEGIES IDENTIFIED:

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<th>Number</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>1.</td>
<td>Health Promotion</td>
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<td>2.</td>
<td>Provision of a Continuum of Comprehensive Health Care Services</td>
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<td>3.</td>
<td>Human Resource Planning and Development</td>
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<td>4.</td>
<td>Information System</td>
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<td>5.</td>
<td>Research and Development</td>
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<td>6.</td>
<td>Interagency and Intersectoral Collaboration</td>
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<td>7.</td>
<td>Legislation</td>
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Malaysia’s commitments to the health of the elderly are translated into various activities which include:

- **At the Health Centres (clinics)**
  - Health promotion and education.
  - Health screening/assessment.
  - Medical examination, counselling, treatment and referral.
  - Home visit and home nursing.
  - Rehabilitation (physiotherapy and occupational therapy).
  - Recreational, social and welfare activities.

- **At the Hospitals:**
  - Acute medical cares
  - Long term care
  - Discharge plan
  - Psycho geriatric care
  - Physiotherapy
  - Occupational therapy
  - Clinical pharmacy
  - Counselling
  - Medical social / welfare
OBJECTIVE OF THE POLICY - Advocates the concept of ‘Family Well-being’ based on family values such as love, caring, honesty, justice and equity regardless of status, gender and age to impart positive values from generation to generation, thus the importance of family development in tandem with the objective of creating a caring society.
Traditional & New Models

**Public**
- Rumah Seri Kenangan (RSK)
- Rumah Ehsan (RE)
- Rumah Sejahtera (RS)
- Activity Centers (PAWE)

**Private**
- Old folks homes
- Nursing homes
- Mobile nursing

**NGO**
- by Faith-based Organizations (FBOs)
- by Non-FBOs / Charities
- Home help / visits
- Elderly day centres
- Senior citizen clubs

**New Public**
- RSK (Cheras)
- Activity Centers (PAWE), previously
- Rehab hospital

**New Private**
- Retirement villages
- Life Apartments
- Senior clubs/ resorts

**New NGO**
- Pondoks / pasentran (wakaf system)
- Senior citizen activity / learning centres / U3A
- Home help
Care is “the system of activities undertaken by informal caregivers (family, friends and/or neighbours) and/or professionals (health, social services and others) to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life.”

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<tr>
<th>Healthy</th>
<th>vs.</th>
<th>Sickly</th>
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<tbody>
<tr>
<td>Informal Care</td>
<td>vs.</td>
<td>Formal Care</td>
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<tr>
<td>Personal / Social Care</td>
<td>vs.</td>
<td>Health Care</td>
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<tr>
<td>Respite / Short-term Care</td>
<td>vs.</td>
<td>Long-term Care</td>
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<tr>
<td>Home / Community-based</td>
<td>vs.</td>
<td>Institution-based</td>
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<tr>
<td>Non-residential</td>
<td>vs.</td>
<td>Residential</td>
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<tr>
<td>Public / CSO</td>
<td>vs.</td>
<td>Private</td>
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<tr>
<td>Free / Funded</td>
<td>vs.</td>
<td>Paid / Unfunded</td>
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World Health Organization (2000)
8. PROGRAMMES FOR OLDER PERSONS

- Home-based and community care
- Institutional care
  - RSK (9)
- Rumah Ehsan (2)

- Care Centre
  - RUMAH SEJAHTERA (69)
  - Care Centre (188)

- Older persons
  - PAWE (45)
  - Family

- Fully dependent

- Partially dependent

- Independent

- Nursing homes

- Continuum
ACTIVITY CENTRES (PAWE)

- **ACTIVITIES AND PROGRAMMES** provided at the centres: indoor/outdoor games, health services and therapy, religious studies, skills training and volunteer services, economic empowerment programme and life long learning.

- 45 Activity Centres for older persons throughout the country to organize activities and socialize with the community.

- In 2013, these centres have benefited 21,027 older persons.
MOBILE CARE SERVICES (UPWE)

- **TRANSPORTATION** to bring older persons to hospitals/clinics for health treatment or other purposes is provided through this service.
- **Medium for accessibility** to older persons/person with disabilities.
- The services have been operated by Central Welfare Council of Peninsular Malaysia (NGOs) and supervised by Department of Social Welfare.
HOME HELP SERVICES

- **OBJECTIVES**: to provide care for older persons who are living alone. Have been established throughout the country through smart partnership with NGOs.

- Among the services provided: bringing the bedridden older persons to hospitals/clinics for health treatment and assisting the older persons to clean themselves in the aspect of personal hygiene.

- Currently, there are 700 NGO volunteers providing services to 1205 older persons.
COMMUNITY BASED SERVICE
FINANCIAL ASSISTANCE

OBJECTIVE: To increase the quality of life of POOR ELDERLY for better living and to remain them with their families/communities

CRITERIA
• Aged 60 years and above;
• No fixed income and
• In need.

RATE: RM 300 per month
THE OBJECTIVE is to provide proper care and protection for the poor elderly, treatment and better quality of life.

- There are 9 Homes for the poor elderly, financed by the Government (have benefited 1,662 occupants).
- 213 homes run by NGOs and private sector (4,857 occupants) registered under the Care Centres Act 1993.
THE OBJECTIVE of these homes is to provide a comfortable and tranquil surrounding, care, treatment and shelter for those who are bedridden and those with chronic illnesses.

There are 2 homes operated by the Government throughout the country.

These homes have benefited 222 occupants.
There is a variety of aged care models in the facilities and services provided by the government, private sector and civil society organizations.

A typology of residential and non-residential aged care providers, sorted according to the catered levels of care, indicated significant gaps in service delivery (i.e. affordable long-term care facilities).

Apart from quality of care issues, little attention has been paid to the rights and responsibilities of the different stakeholders involved. (e.g. consent, funding, agreement / obligation, role, support)
PRIORITIS ISSUES FOR OLDER PERSONS

“We must be fully aware that while the developed countries became rich before they became old, the developing countries will become old before they become rich” - Gro Harlem Brundtland, WHO Director-General
10. WAY FORWARD

- Advocating positive aging and aging in place.
- Improve health and social services.
- Strengthen caregivers and care providers skills.
- Enhance the collaboration among International, Government, NGOs and private sectors.
- Promoting volunteerism

- Population ageing and rising number of lone persons mean an increasing need for aged care in the future.
- Reducing severe forms of disability will substantially mitigate the need for aged care.
Aged care facilities, programs and services in Malaysia have gradually evolved and diversified in relation to the changing socioeconomic and policy context.

Health and social care demands of future aged generations will be more sophisticated due to different life experiences and expectations, better education as well as financial status of the elderly.

There has to be a greater appreciation of the relative strengths and weaknesses of the present aged care system in Malaysia so that holistic and relevant new approaches and strategies could be adopted.

Aged care development should factor in local culture, business input and governance situations.
THANK YOU

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