1. In your country/region, how is long-term care for older persons defined and provided for in legal and policy frameworks? What types of support and services are covered?

There are two guiding policies for the provision of overall health care for older persons overseen by the Ministry of Health (MOH), namely:

i. National Health Policy for Older Persons 2011; and

In addition, the Ministry of Women, Family and Community Development also provides welfare and social support for the long-term care needs of older persons under the guidance of the National Policy and Plan of Action for the Older Persons (2011-2020). Support and services include welfare (financial) assistance for the older persons, public institutions for those independent and bed-ridden older persons, home visit by the volunteers (HomeHelp) and transportation services.

2. What are the specific challenges faced by older persons in accessing long-term care?

Admission or access to private long-term care facilities with better and personalised care plans for individual older persons would very much depend on their financial capacity and capability. The Government’s institutions for older persons cater for those in need, with no immediate family members or relatives to take them in. Currently, there are 10 Federal Government’s home under the management of the Social Welfare Department for older person’s long-term care with few State-owned homes in East Malaysia. There are two homes established specifically to care for the chronically ill older persons, also under the purview of the Social Welfare Department. Apart from that, non-profit based NGOs also provide long-term care facilities with minimal charges.

As the Government is advocating ‘ageing in place’, professional care givers that are trained is highly sought after. The industry for care givers of older persons in Malaysia however is still at its infancy stage, causing supply shortage of care givers with huge demands from households. With care givers who could provide daily services or full time attachment, the needs for older persons to be sent to institutions could be reduced greatly. And it could also provide much needed relief to the children who are not keen in sending their parents or relatives to homes to be taken care of.
3. What measures have been taken/are necessary to ensure high-quality and sustainable long-term care systems for older persons, including for example:
   - Sufficient availability, accessibility and affordability of services on a non-discriminatory basis?
   - High quality of services provided?
   - Autonomy and free, prior and informed consent of older persons in relation to their long-term care and support?
   - Progressive elimination of all restrictive practices (such as detention, seclusion, chemical and physical restraint) in long-term care?
   - Sustainable financing of long-term care and support services?
   - Redress and remedy in case of abuse and violations?

In a move to ensure private care facilities that include minimal healthcare elements, conforming to the basic standards of care delivery to older persons, Ministry of Health has introduced the Private Aged Healthcare Facilities and Services (PAHFAS) Bill 2017 to regulate these care providers. It was passed by Parliament in 2017 but has yet to come into effect, pending the drafting and adoption of its Regulation. Previously, all private care facilities for senior citizens were subjected to the Care Centres Act 1993 enforced by the Social Welfare Department. The standards of care including long-term and health care under PAHFAS Act 2017 are set to be higher than under the previous Act, which will be outlined in its Regulation.

Method of admissions into the Government’s older persons care facilities is either voluntary or by way of court orders for destitute persons. Forced admittance or institutionalisation of a person including the older persons is provided for under certain legislation. For example, the Mental Health Act 2001 permits detention of persons with mental disorders with orders by courts or medical officer.

For cases of abuse, neglect or maltreatment of older persons referred to the Social Welfare Department, the District Social Welfare Officer will manage these cases in accordance to the provisions under the Domestic Violence Act 1994. The Department provides support in terms of assisting the needy older persons to lodge police reports and if needed, applying for court orders; secure and safe place of stay; and counselling services.

The Malaysian Social Protection Council was set up in 2016 to review and formulate a comprehensive social protection system in Malaysia including social protection for the older persons.

4. What other rights are essential for the enjoyment of the right to long-term care by older persons, or affected by the non-enjoyment of this right?

Information not available.
5. **In your country/region, how is palliative care defined in legal and policy frameworks?**

As for palliative care services which was introduced in 1995, MOH has developed and published the Palliative Care Services: Operational Policy in 2010.

6. **What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?**

No definite policy on end-of-life care being established as yet.

7. **To what extent is palliative care available to all older persons on a non-discriminatory basis?**

The palliative care services are given depending on the needs of the patients and as determined by the attending physicians.

8. **How is palliative care provided, in relation to long-term care as described above and other support services for older persons?**

Palliative care services are available in selected government and private hospital.

9. **Are there good practices available in terms of long-term care and palliative care? What are lessons learned from human rights perspectives?**

Recognising and respecting the importance of ageing-in-place and to ensure the dignity of the older persons, the Government of Malaysia has shifted policy focus on institution-based care to community-based care where programmes such as HomeHelp and domiciliary care are emphasised. Advocacies and trainings are also carried out to sensitise family members and communities including volunteers on the issues of ageing as well as to empower them to share the responsibility of care.